Social, Personal and Health Education

Resource Materials for

Relationships & Sexuality Education

Post-Primary: Senior Cycle
Social, Personal and Health Education

Resource Materials for

Relationships & Sexuality

Education

Post-Primary: Senior Cycle
Foreword

The resource materials presented here are based on the Interim Curriculum and Guidelines for Relationships and Sexuality Education prepared by the National Council for Curriculum and Assessment and approved by the Department of Education and Science. They are not prescriptive, rather they provide a menu of options for classroom lessons from which teachers can choose in accordance with their school RSE Policy.

The materials have been prepared by experienced teachers under the guidance of the RSE Training Support Service for Schools. They have been evaluated by personnel from the Department of Education and Science, the RSE Training Support Service for Schools and classroom teachers in the Pre-Test Schools. The NCCA has been consulted in the development of these materials and has deemed them to be compatible with the Interim Curriculum and Guidelines.

It is the responsibility of those who are drawing on these resources to satisfy themselves that the content of materials which they use is appropriate to the needs of students and in line with their school RSE Policy and Programme.

A sincere word of gratitude is due to all who contributed to the development and compilation of these resource materials. Undoubtedly they will be of immense help to all who are involved in the social, personal and health education of young people.
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The RSE Training Support Service for Schools
Nora Brennan, Training Co-ordinator
Áine Lawlor, Assistant Co-ordinator
Jocelyn Kelly, Secretary

The Authors
Helena Browner, Author and Editor
Elaine Kelly Conroy, Author
Karen Keogh, Author
Frances Ruane, Author

The RSE Implementation Group
Chair: Emer Egan, Senior Inspector, In-Career Development Unit

The RSE Project Management Group
Chair: Paul Doyle, Principal Officer, In-Career Development Unit

Pre-Test Schools
The Pre-Test Post-Primary Schools, co-ordinated by Siobhan Cluskey

RSE Trainers
The National Team

Staff at the Department of Education and Science
Feargas Ó Casaide, Psychological Service
Austin Vaughan, Psychological Service
Fionnuala Úi Chathasaigh, Cigire Sinsearach
Maire Úi Luain, Cigire
Paddy O’Dwyer, Senior Psychologist

The NCCA Post-Primary Working Group
Anne Looney, NCCA
John Lahiff, Health Promoting School Project
Brian McAuley, Post-Primary School Principal
Sr. Pat Murray, NCCA

The Council Members of the NCCA

Medical Advisor
Dr. Therese Wilson, South Eastern Health Board

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# Resource Materials for Relationships and Sexuality Education

## Senior Cycle

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Introduction

**Background**
Relationships and sexuality are key elements of healthy social and personal development in all our lives, but particularly in the life of an adolescent. Adolescence is marked by the onset of physical sexual maturity. This stage of development is also marked by the establishment of first significant boyfriend/girlfriend relationships, by the first experience of sexual attraction and by the experience of falling in, and out, of love. There is greater freedom, responsibility and exposure to a bewildering variety of messages about sexuality, issues of sexual orientation and the place of sexuality in personal and social life. Sexual development calls for the critical evaluation of the wide range of information, opinions, attitudes and values with which adolescents are bombarded.

Building on the work done in primary school, Relationships and Sexuality Education (RSE) at post-primary level seeks to provide opportunities for young people to learn about relationships and sexuality in ways that will enable them to think and act in a moral, caring and responsible way.

**RSE Aims and Objectives**

**Aims**
- to help young people understand and develop friendships and relationships
- to promote an understanding of sexuality
- to promote a positive attitude to one’s own sexuality and in one’s relationship with others
- to promote knowledge of and respect for reproduction
- to enable young people to develop attitudes and values towards their sexuality in a moral, spiritual and social framework.

**Objectives**
RSE should enable the students to:
- acquire the understanding and skills necessary to form healthy friendships and relationships
- develop a positive sense of self-awareness and the skills for building and maintaining self-esteem
- become aware of the variety of ways in which individuals grow and change especially during adolescence and to develop respect for difference between individuals
- understand human physiology with particular reference to the reproductive cycle, human fertility and sexually transmitted infections
- understand sexual development and identity and explore aspects of sexuality including sex role stereotyping, gender issues and cultural influences on sexuality
- value family life and appreciate the responsibilities of parenthood
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- develop strategies for decisions and actions consistent with personal moral integrity and respectful of the rights and dignity of others
- develop skills for coping with peer pressure, conflict and threats to personal safety.

Some of these objectives will be supported by other elements of Social, Personal and Health Education (SPHE), by the broader curriculum and the whole school climate.

(Relationships and Sexuality Education, Interim Curriculum and Guidelines for Post-Primary schools, page 10)

The Purpose of these RSE Resource Materials

These resources were compiled with a view to providing teachers with a range of methodologies and a variety of resources which they can use in implementing an RSE programme in schools. The resources have been drawn together using the three themes set out in the Interim Curriculum and Guidelines: Human Growth and Development, Human Sexuality, and Human Relationships. How these resources are used will depend on:

- the school policy on RSE as drawn up by the staff, principal, parents, board of management;
- existing provision for RSE in the school;
- the RSE needs within the school, given the school's cultural context;
- the ongoing evaluation of the strengths and weaknesses of the school's RSE programme.

In planning for RSE at Senior Cycle, account must be taken of what was covered in Junior Cycle so that the students experience a comprehensive developmental programme of RSE during their years in post-primary school.

The Relationship between the Teacher and the Students

In organising the learning environment, the teacher will be careful to create an atmosphere which respects the privacy of each individual student and treats all students with due sensitivity and care. Some important considerations might be:

- the degree of trust, respect and positive regard for students;
- the relationships between the teacher and the students and among the students themselves;
- the need for clear expectations, goals and learning objectives.

It is important that ground rules and codes of behaviour should be discussed and agreed with the class. It is therefore, within this context that the teacher would provide a stimulating and supportive environment. Doing this will also facilitate and enhance effective teaching and learning in the class group. Some suggestions for setting ground rules in general, and in particular for group discussions, are set out on pages 11 and 12 of this introduction. Along with setting ground rules, it might also be useful to establish good communication and listening skills among the student body before using these RSE resources (see Lesson 1 and 2: Communication and Assertive Communication).

The Role of the Teacher

A key factor in the role of the teacher in RSE is the facilitation of experiential learning. 'Teacher-talk', although at times necessary, should be kept to a minimum.
Teacher training in RSE or other aspects of SPHE is essential for the effective and appropriate use of these resources. Throughout the resources, topic notes and background information for teachers have been provided. It is intended that this information be used as briefing notes for teachers, and is therefore not intended to be passed on directly to the students. Wherever possible, participatory methods are suggested so that students can creatively interact with material, thus learning is ultimately more real and relevant to the students’ present and future lives.

The Moral Context
The Interim Curriculum and Guidelines make it clear that the values in an RSE programme should be consistent with the core values and ethos of the school (p.9). Resource materials chosen in support of a school’s RSE programme should also reflect these values.

These resource materials were prepared in the light of the following value statements:
- human beings grow and develop only within relationships;
- every individual is unique and valued in his/her own right;
- we are all sexual beings throughout our lives;
- making decisions about sexual behaviour is not simply a private and personal matter - there are also social and community implications;
- sexual behaviour is an expression of intimacy and relationship;
- the commitment of marriage is a positive context for sexual intercourse;
- any sexual contact by force or due to pressure is a violation of the person;
- men and women have equal rights and responsibilities in sexual matters.

Schools may wish to supplement or amend these materials in order to reflect particular values set out in school policy. For example, a school may wish to emphasise that sexuality is a gift from God, and therefore would include additional resource material to reflect this dimension. Another school might wish to highlight rights and responsibilities and would amend the resource materials accordingly.

A Climate of Gender Equality within the School
It is vitally important that the equality promoted between the girls and boys in the context of RSE be reflected, and witnessed to, in the school as a whole. In so far as it is possible, women and men should take an equal role in the promotion and facilitation of RSE in the school. This sharing of responsibility should be apparent to both parents and students at all times.

The Menu-Style Presentation
Within each lesson a range of options is provided so that maximum flexibility is encouraged in accordance with the particular needs and developmental stage of the students. The choice of options for each topic also means that the teacher can choose a method which is most appropriate to the needs of the students and in which s/he is skilled. The wide range of materials also recognises and addresses the varied
cultural contexts in which RSE will be taught. What may work for one group of students in one classroom may not be suitable for another group of students in a different setting. Therefore, choice and flexibility are essential for each group of students to gain maximum benefit from their school's RSE programme.

Range of Lessons
There are more lessons provided in these resources than can be covered in a Senior Cycle RSE Programme. The choosing of resources will depend on the school policy. In addition, consideration will have to be given to students' familiarity with the topics covered in RSE. What have the students covered before that need not be repeated? What have they covered before that can be built upon? The choosing of lessons may also depend on the level of cross-curricular links that are made with other subject areas in the school. For example, if the students have been taught the female and male reproductive systems in science or home economics it may not be necessary to repeat the same learning in RSE.

The Benefits of Cross-Curricular Links
As already suggested under the last heading, linking with other subject areas can be an extremely valuable exercise in using available RSE time most effectively. It also brings the area of RSE into the wider context of the whole school. RSE does not take place exclusively in a designated set of lessons e.g. six classes in the school year. It should be seen by students and teachers alike as an ongoing part of the students' growth and development and as being relevant to all areas of the students' education. Using cross-curricular links effectively also enhances the possibility of pooling teaching resources. There may be some teachers with specialist interests in some of the areas covered by RSE. If so, these teachers could facilitate student learning for these topics. Some teachers, more than others, may feel more comfortable with certain topics than with others. Again, these factors could be built into the design and implementation of the school's RSE programme.

Home/School Links
It is recognised that parents are the primary providers of RSE to their children. The function of the school is to play a supportive role in this area.
To ensure that parents are involved in the introduction, development and implementation of a programme of RSE, the Board of Management will ensure that:
- All parents are consulted on the development of a policy for RSE;
- Opportunities are given to parents to view the content of the programme to be taught at each level;
- Students are advised to discuss particular topics and issues at home.

Journeying through adolescence can be a challenging time for both parent and child. The school has a crucial role to play in easing the tensions and anxieties that can accompany this stage in a young person’s development. There may also be individual and sensitive issues for young people which only a parent can adequately address. Where appropriate, the possible home/school links are indicated in the lessons. These
suggested home/school links should be used so that the messages coming from home and school, to the students, are complementary and mutually enhancing.

**Ideal Size of Group**
The promotion of maximum group involvement in each lesson is of primary importance. In most cases, the smallest possible number in a large group is the ideal. However, these lessons take into account the fact that most teachers using this material will be dealing with a group size of approximately 22-30 students. If the group is particularly large, small group work, role plays and simulation games will be very useful methodologies to employ so that the opportunities for full student participation are maximised.

**Using these Resources with a Mixed/Single-Sex Group**
School policy will have to consider whether some RSE lessons might be more appropriately used with a single-sex group. Some topics might benefit from the division of the students into separate male and female groups if in a co-educational situation. Setting and maintaining ground rules may be useful in overcoming embarrassment and in promoting genuine sharing between girls and boys in the context of RSE.

**The Creative Approach to Teaching RSE**
Teaching approaches should form some part of the overall school policy on RSE. Teachers will be familiar with many of the suggested approaches. Where teachers choose to use an approach with which they are unfamiliar, time, practice and patience with themselves will be rewarded in terms of the skill development of the teacher and the student's movement towards achieving the objective of the lesson. The following are some of the methodologies suggested in these resources:

- Group Work
- Role Play
- Visualisation
- Story
- Worksheets
- Case Studies
- Brainstorming
- Project Work
- Debates
- Visitors/Guest Speakers

For a more detailed description of the above methodologies refer to the Interim Curriculum and Guidelines.

*The following might be helpful when facilitating a large group discussion.*
Large Group Discussion:
This is an essential element of the methodology used in this programme. Advance preparation is essential for successful use of a discussion methodology. The teacher is not a neutral chairperson. Large group discussion is used as a method to achieve an educational goal or aim. To this end the lessons in these resources will often include a comprehensive list of questions/pointers for classroom discussion.

The teacher will also need to ensure that one student or group of students do not dominate the class discussion. At the same time the student's right to 'pass' and to privacy must be respected. Support from, and clarification by, the teacher will be necessary, particularly where students may find it difficult to articulate their point adequately.

Large group discussions usually take on their own pace depending on student interest in the topic and teacher facilitation. You may find it useful to practice drawing students out on the points they are making. Teacher prompts could include:
- What do you mean by that?
- Could you tell me more about that?
- Does anybody agree/disagree with what (student) is saying?
- Do you think both sides of the argument have been covered – what about ... (other side of the argument)?
- Do you think other groups of people feel the same way as you do about this issue, for example, parents, boys/girls, famous people, etc.?

Ground Rule Exercises
[Taken from Poverty in Focus, A Transition Year Supplement to “Fair Shares?”, Combat Poverty Agency and ASTI, 1995]

To establish ground rules for group work, the teacher leads the class through the following exercises:

1. Imagine that your group is stranded on a desert island and you need to find a way to live together in harmony;

2. Alone - list five ways in which members could make life difficult for one another; 
   Alone - list five ways in which members could make life more pleasant for one another;

3. Teacher takes feedback and lists both on classroom board for general discussion and clarification, if that is necessary;

4. In groups of four, using the list outlined as a guide, draw up five rules which must be adhered to by all if you are to live together in a mutually beneficial way. Try to reach a consensus about the rules chosen. Prioritise the five rules.
5. One member from each small group gives feedback to the larger group and all rules are written up on classroom board for everyone to see and discuss.

To examine how group members worked together, ask the following questions:
- Was it easy to start the discussion going?
- How did I contribute?
- How did others contribute?
- Did I listen?
- Was I listened to?
- Did our group work well together?
- Did anyone feel left out?
- If so, what might we do to include them in future?

Or

Read and discuss ‘Ground Rules for Group Discussion’.

**Ground Rules for Group Discussion**

- **Confidentiality**: Agree that personal details and disclosures are not discussed outside the group. You can talk about yourself, your learning and the course content.

- **Respect**
  - **difference**: You have the right to be different as do all members of the group.

- **No interrupting**: Give each other time to clarify thoughts and articulate them. Wait until the other is finished before speaking.

- **Equal time**
  - **Equal space**: Take responsibility for how often you speak in the group and for allowing others equal time and space.

- **No advice**: Speak from your own experience and do not give unasked for advice to others e.g., ‘If I were you I would...’

- **Listen**: Pay close attention to what each person is actually saying, rather than what you want to hear said.

- **Speak in the first person**: If it is possible and appropriate, speak directly out of your own experience. Use ‘I’ or ‘I feel’ rather than ‘everybody says’ or ‘most people feel’.

- **Responsibility**: Take responsibility for what you think, do, say and feel in each session. Equally, take responsibility for what you do not say in each session.

- **Disclosure**: Only say what you are comfortable with, no matter what others disclose.
Senior Cycle RSE Resource Materials

These resources are intended for use with students in Transition Year, Fifth and Sixth Year. If appropriate, they could also be used with any Post-Leaving Certificate group. These materials build on and develop the themes covered in the Junior Cycle materials; Human Growth and Development, Human Sexuality and Human Relationships. The materials are presented using the same style and structure as the Junior Cycle materials.

The resources have been written using the widest range and choice of content and methodology for each topic covered. Particular preference is given to the promotion of active learning. It is intended that these materials address the needs of the students according to their physical, emotional, social and spiritual maturity. However, the teacher will choose resources, firstly in line with the school’s RSE policy for Senior Cycle and secondly, considering the specific group of students being taught. The school’s RSE policy will determine which of the topics are to be covered. The teacher/team will still need to assess the maturity and readiness of the students for the materials used in each lesson and adapt them if necessary.

These resources begin with lessons on ‘Communication’ and ‘Assertive Communication’, fundamental to the development of positive relationships and sexuality. Here, these topics are introductory, setting an appropriate context for talking about relationships and sexuality. They will be covered more comprehensively and in greater depth in other sections of Social, Personal and Health Education.

Following on from the Junior Cycle resources that look at the range of human feelings and their expression, a lesson is included here on ‘Feelings’. This lesson seeks to build on and to develop the topic appropriate to the growth and maturity of the students.

‘Keeping your Cool’ is a lesson that examines ways we can deal with conflict in relationships. It examines ways of acting and reacting to situations. The methodology used allows the students to role play sample situations, giving them time to reflect on their present and future behaviour in relation to others. ‘Living with Loss’ is a lesson designed to help students reflect on the experience of loss as part of human relationships.

A lesson on Human Reproduction has been included in these resources simply to ensure that all students are aware of and familiar with the physiology of human reproduction. However, it may not be necessary to spend a lot of class time on this if students have a high level of knowledge on human reproduction from Junior Cycle RSE and/or Science.

The lesson ‘Human Sexuality’ is included to provide students with opportunities to explore the nature of human sexuality and some of the myth surrounding it.

A more detailed and specific examination of conception, fertilisation, pregnancy and birth are included in these resources. However, the lesson ‘Responsible Parenthood’ focuses more on the responsibility and demands of parenthood than on the physical processes already covered in Junior Cycle RSE.
The lessons ‘Planning for the Future’ and ‘More Than you Bargained For’ deal with family planning and the spread of sexually transmitted infections respectively. These lessons are included both as a response to students’ future needs in the area of relationships and sexuality and in recognition of the fact that young people are increasingly becoming sexually active during the teenage years.

As with Junior Cycle resources, lessons are included on friendships, dating and related issues. The lesson ‘Implications of Sexual Activity’ enables students to examine some of the implications of sexual activity and to consider appropriate behaviour in the light of these implications. ‘Loving Relationships’ is a lesson that deals with the complex nature of love and loving relationships. This is followed by two lessons entitled ‘Marriage’ and ‘Life Support’ both of which address the importance of marriage and family life.

A lesson is included on gender stereotyping in relationships and it is called ‘Challenging Roles’. The students are asked to examine general assumptions that we make when it comes to male and female roles in relationships – household chores, careers, etc.

‘Accepting Sexual Orientations’ is a lesson that explores the topic of sexual orientation. It asks the students to examine a number of assumptions associated with different sexual orientations, with a view to enabling the students to look at difference with respect rather than prejudice.

The topics of sexual harassment, rape and sexual abuse are included in these resources as a means of increasing the students’ awareness and understanding of all issues related to the topics. The lessons ‘Sexual Harassment’, ‘When Sexual Assault Becomes a Reality’, ‘Without Consent’ and ‘Sexual Abuse’ also indicate where help can be found if the students themselves are experiencing or have experienced any of these problems.

**Other Useful Resources**

In many places throughout these resources other sources of material are indicated which the teacher may find useful. The necessity and extent of the teacher’s use of other sources of material will depend on the particular needs and interests of the teacher and students. Does a topic need to be covered in more depth? Does another aspect of a topic need to be addressed? The inclusion of other useful sources of material also indicates the flexibility inherent in this presentation of resources. Where the teacher finds other resources more suitable, these should replace the resources presented here.
Lesson 1

Communication

Aim: To deepen the students’ awareness of the importance of developing good communication skills.

Outcomes:
As a result of participating in this lesson, students should:
- be able to identify characteristics of effective communication;
- recognise the importance of developing good communication skills;
- continue the practice of using good communication skills in all areas of their lives.

Background information for the teacher: See Appendix II, Reference Sheet 1.

Other useful resources:
- Social and Health Education, A One Year Programme for Senior Cycle Pupils: Section II.
- On My Own Two Feet (SAPP): Assertive Communication.

Materials needed for this lesson:
- Copies of Student Sheets 1 and 2.

Lesson Plan
1. Introduction
2. Role Play
3. Student Sheet 2: The Good Listening Guide
4. Conclusion
**Procedure in detail:**
1. Teacher introduces the lesson by outlining aim, etc.

2. Role Play
Divide the students into groups of three, assigning the label A, B and C to each person in each group. A choice of role is included for A and you may decide to use one or both with different students. Using the role cards on Student Sheet 1, allow the students sufficient time to read the roles and then to act out the role play. When this is complete, teacher facilitates classroom discussion.

**Discussion pointers:**
* How easy/difficult was it for A and B to act out their roles as speaker and listener?
* Why do you think it was easy/difficult to act out the roles?
* What did C observe in the role plays?

Alternatively, you could ask three students to role play for the large class group, asking the rest of the class to be the observers.

Teacher Input, see Appendix II, Reference Sheet 1.

3. Student Sheet 2: The Good Listening Guide
Distribute Student Sheet 2 to each student. Ask the students to read through the student sheet and to role play in pairs the situations suggested. Alternatively, this student sheet could be adapted to suit the needs of your particular group.

4. Conclusion
In this lesson we have:
- identified effective and ineffective ways of communicating;
- role played situations where people’s body language contradicted what they were saying;
- recognised some skills that can help us communicate better;
- practised these skills.
In words, describe how happy you are because you have been picked to play basketball for your school’s Under 18 team. Use body language to give the opposite message, for example, you might speak in a monotone, breathe heavy sighs, avoid eye contact.

You are totally depressed since your brother left home to take up a job in a city which is a three hour journey away from your home. You describe this event to B. When doing this use body language to communicate the opposite feelings, for example, shrug your shoulders as if it doesn’t bother you; smile, laugh, etc.

Try to respond to what you think the person is really saying to you. Only when you are satisfied that A has told you everything should you finish the conversation.

Carefully observe what kind of communication is taking place between A and B.
Student Sheet 2
A Guide to Better Communication

- Make good eye contact with the other person, without staring at him/her.
- Sit/stand up straight and try to relax your body.
- Speak clearly and slowly so that you can be both heard and understood.
- Be sensitive to how the other person is feeling, be aware of his/her body language as well as vocal language.
- Be respectful of what the other person has to say. You may not agree with him/her but everyone has the right to be heard.
- Don’t interrupt the person unnecessarily. You can ask what was meant by something when there is a natural pause in the conversation.
- Be honest and be yourself.
- Don’t use any physical barriers when talking or listening to someone, for example, a table, arms crossed, etc.
- Try to concentrate on what the other person is saying, putting everything else out of your mind.
- Try not to fidget or distract the person.
- You could give a summary of what you have heard, to make sure you have understood what the other person is saying to you.

Using good communication skills, describe how you would approach the following situations:

- You have heard rumours that your best friend’s boyfriend wants to break up with her.
- You want to enquire about any part-time job vacancies in the local pub.
- As prefect, you are asked by your classmates to ask your tutor if your class group can go on an outing.
- Your friend calls late at night and is obviously upset. He begins to tell you that he has been attacked in a local alley-way by a gang from the town.
- You want to go out next weekend. However, it is the weekend before your Christmas exams. You approach your parent(s)/guardian(s)
This lesson only touches briefly on the topic of communication. It is more fully developed in other modules of SPHE.

Being a good listener is a fundamental skill in human relationships. It requires learning and skill to be able to understand and decode the meaning of what people say. It involves learning the skills of decoding body language as well as listening to verbal messages.

Sometimes when we are listening to others it can be easier to grasp what they are feeling not by the words they are using but by their body language, the expression on their face, their hands, nervous gestures, etc. Sometimes when we communicate, we are not true to our feelings, we may find it difficult to say in words what we mean, our body language may contradict what we are saying.

It is important when listening and communicating verbally that we pay attention to our own body language and to the body language of the other person. It is also important that we are true to our feelings and that we try to find the most appropriate words to express how we are feeling.
Lesson 2

Assertive Communication

Aim: To enable the students to communicate more assertively.

Outcomes:
As a result of participating in this lesson, students should:
- be able to identify passive, aggressive and assertive ways of communicating;
- have practised communicating assertively.

Background information for the teacher: See Appendix II, Reference Sheet 2.

Other useful resources:
- On My Own Two Feet (SAPP): Assertive Communication.
- Developing Myself and Others, Senior Cycle Programme 1: Assertiveness.

Materials needed for this lesson:
- Copies of Student Sheets 3, 4 and 5.

Lesson Plan
1. Ways of Communicating
2. Assertive Communication
3. Practising Assertive Communication
4. Some Useful Tips About Assertive Communication
5. Conclusion
Procedure in Detail:
Teacher introduces the lesson.

1. Student Sheet 3: Ways of Communicating
Distribute Student Sheet 3 to each student. Allow time to read the scenario. Facilitate discussion using the following:

**Discussion pointers:**
- Who do you think acts a) aggressively; b) passively; c) assertively in the story? Give reasons for your answer.
- What do you think are the positive and negative things about the way a) Rebecca; b) Aisling; c) Clare communicates in the story?
- If you were to choose a person to admire in the story, who would it be? Give reasons for your choice.

2. Student Sheet 4: Assertive Communication
Read through the descriptions of passive, aggressive and assertive communication with the students. Ask the students to role play acting passively, aggressively and assertively in the following situation:

You and your friends are planning to go to the disco this Friday night. Everyone has decided they want to go to it. It’s for over 21s. The last time it was on, you tried to get in but were refused. You don’t want to go through the same embarrassment as before. There’s another disco on for your age group. How do you tackle the issue with your friends?

3. Practising Assertive Behaviour
See Appendix II, Reference Sheet 2.

Read the situations suggested below to the class group. Ask the students to identify how they would behave in each situation, giving reasons for their answer. Alternatively, you could ask the students to role play the situations suggested in small groups using the three types of behaviour described on Student Sheet 4.

**Suggested situations:**
- You are on a city bus and someone beside you lights up a cigarette.
- You are queuing to pay for a magazine when someone skips ahead of you.
- You are in a night club with friends and they offer to buy you a drink which you don’t want.
- You are asked to go to a film by someone you are not interested in going out with.
- You think a friend may have taken one of your tapes accidentally and you want to get it back.
- Your friend loses a book you lent him/her.
4. Some Useful Tips About Communicating Assertively
Distribute a copy of Student Sheet 5 to each student. Read through the tips with the students. You may wish to ask students to suggest examples of situations where they might make use of the tips provided on the student sheet.

5. Conclusion
In this lesson we have:
- examined different types of communication;
- explored the factors that contribute to unassertive communication;
- practised communicating assertively.
Appendix I

Student Sheet 3

Battle of the Burger Bars

Clare, Rebecca and Aisling are good friends, or at least they have been hanging around together since first year in school. Recently, Clare has been avoiding going out or doing anything with Rebecca and Aisling. She finds that Rebecca always wants her own way. Whenever they listen to music together it has to be Rebecca’s choice. Whenever they go to see a film, again, it has to be Rebecca’s choice. She goes mad when she doesn’t get her own way and goes into a sulk which can last for days.

Clare has told Aisling how she feels about their friendship. Aisling says she doesn’t like the way Rebecca puts her down when she voices an opinion, but she doesn’t see the point in causing any bad feeling between friends.

The next time they are out together as a threesome, Clare challenges Rebecca. The three friends decide to go for something to eat: Rebecca doesn’t even bother to ask Clare and Aisling where they would like to go. She leads the way to ‘Meaty Burger’. Clare stops walking and calmly tells Rebecca and Aisling that she would prefer to eat in ‘Mighty Burger’ because they serve a veggie-burger that, as a vegetarian, she can eat. Rebecca angrily replies that they always eat in ‘Meaty Burger’ and why should she have a problem now. Clare responds that she has always had to make do with a portion of chips and that this time she would prefer to eat in ‘Mighty Burger’. Rebecca storms off. Aisling looks at Clare helplessly and then goes after Rebecca.

Discussion pointers:

* Who do you think acts a) aggressively; b) passively; c) assertively in the story? Give reasons for your answer.
* What do you think are the positive and negative things about the way a) Rebecca; b) Aisling; c) Clare communicates in the story?
* If you were to choose a person to admire in the story, who would it be? Give reasons for your choice.
**Type of Communication**

<table>
<thead>
<tr>
<th>AGGRESSIVE</th>
<th>PASSIVE</th>
<th>ASSERTIVE</th>
</tr>
</thead>
</table>

**AGGRESSIVE**

When we communicate aggressively we try to make sure we get what we want without considering the other person's feelings or rights.

<table>
<thead>
<tr>
<th>Body Language</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Loud and demanding tone of voice.</em>&lt;br&gt;&lt;br&gt;<em>Glaring eyes. Pushy, bossy, angry and manipulative.</em></td>
</tr>
</tbody>
</table>

**PASSIVE**

When we communicate passively we fail to respect ourselves and only do what others want. We can find it difficult to say 'no', and we say 'sorry' a lot.

<table>
<thead>
<tr>
<th>Body Language</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Hunched shoulders, little or no eye contact, apologetic tone of voice, feels weak and helpless.</em></td>
</tr>
</tbody>
</table>

**ASSERTIVE**

When we communicate assertively we say clearly what we want in an open, honest and direct way that takes equal account of the wants and needs of others.

<table>
<thead>
<tr>
<th>Body Language</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Relaxed, calm, good eye contact. Upright stance, feels strong and equal.</em></td>
</tr>
</tbody>
</table>
Some Tips on Communicating Assertively

**Body language**
Stand tall, keep your head up, feel strong and equal. Believe in yourself.

**Setting the scene**
Decide what you want beforehand, if necessary. This helps you feel in control of the situation. Respect your right to do what you want as long as you respect the rights and dignity of others.

**Speak personally**
'No, I don't want to because ...'
'No, I have a problem with that ...'
'No, I don't feel ready ...'

**Be clear**
Use short clear statements. Avoid unnecessary explanations, keep to the point and don't laugh nervously.

**Stay with your statement**
Avoid being manipulated into giving further explanations. Avoid being side-tracked, stay with your short clear statement.

**Empathise with the other person**
Acknowledge that you have heard what the other person has said. For example: 'Yes, I hear what you are saying and I don't want to ...'

**Say something positive**
Begin by saying something positive to the other person, for example, 'I have always valued you as a friend and I enjoy ... and I want to say I felt hurt ...'

**Believe in yourself**
Avoid:
- I should
- I ought
- I must

Replace with:
- I could
- I want to
- I can if I choose
Appendix II

Reference Sheet 2

Teacher Input

Being assertive means knowing what you want to say and saying it in a way that does not infringe upon the rights and dignity of another. It is an essential skill in human relationships.

Assertiveness means:
- respecting myself
- respecting other people
- taking responsibility for myself
- recognising my own needs and wants, independently of others
- allowing myself to make mistakes
- allowing myself to enjoy my successes
- changing my mind
- making clear ‘I’ statements
- being able to say ‘no’ without unnecessary explanations
- asking for what I want
- setting clear boundaries
- asking for ‘thinking it over’ time.

If you find it difficult to say something, practise beforehand, write it down, say it to a family member/close friend, say it in front of a mirror. Take note of your body language. Choose your opportunity carefully: is it a suitable time/place to say what you want to say?
Aim: To enable students to recognise the range of human emotions and some of the ways we can deal with them.

Outcomes:
As a result of participating in this lesson, students should:
- have a deeper understanding of the range of emotions;
- have considered different ways of dealing with emotions.

Background information for the teacher: See Appendix II, Reference Sheet 3.

Other useful resources:
- On My Own Two Feet (SAPP): Feelings.
- Social and Health Education. A One Year Programme for Senior Cycle Pupils: Section II.
- Developing Myself and Others, Senior Cycle Programme 1: Managing my Emotions.

Materials needed for this lesson:
- Copies of Student Sheets 6 and 7.

Lesson Plan
1. Warm-up
2. Student Sheet 6: Emotional Times
3. Student Sheet 7: Dealing With Your Feelings
4. Conclusion
**Procedure in detail:**

1. **Warm-up Exercise**
   Ask the students to consider the following situations and to identify the feeling or emotion they might have if they found themselves in such a situation. Take some very quick general feedback after calling out each one.

   A) The boy/girl you have liked for ages makes it clear he/she wants to go out with you.
   B) You have just heard from a reliable friend that your boy/girlfriend is rumoured to be moving abroad with his/her family.
   C) You arrive late to a party to find your boy/girlfriend kissing a stranger.
   D) After six months together, your boy/girlfriend tells you that he/she wants to end the relationship.

2. **Emotional Times**
   Some of the emotional ups and downs of life are easier to deal with than others. Some can bring great suffering and pain; others can bring great joy and laughter. Dealing with our emotions can be very easy if the intensity is low, but stronger emotions need more work to control, release or move them along.

   Distribute Student Sheet 6: Emotional Times and ask students to fill in their response. You may wish to remind them to recall the feelings/experiences they encounter during their school day and not issues that may be personal or private. Ask the group for some examples of their answers and write these on the chalkboard/ flipchart or OHP. Alternatively, you could ask the students to work in small groups to compare the emotions they had and the different ways they expressed them.

   OR

   If you believe the worksheet is not suitable for your class group, you may wish to identify situations where students would experience different emotions e.g. going back to school after the summer holidays, going to a concert with close friends. Using these situations, ask the students to identify the emotion, how they would express it and other ways in which the emotion could be expressed.

   When the students have completed this exercise, you could use the following questions as discussion starters.

   **Discussion pointers:**
   - How easy/difficult did you find doing this exercise? Give reasons for your answer.
   - The student sheet asks you to suggest alternative ways of expressing each emotion. Do you think this exercise is useful in helping us to deal with our emotions?
   - Can you think of situations where you reacted in a way that you later regretted?
   - Can you think of any ways we can be more in control of how we express our emotions?

3. **Student Sheet 7: Dealing With Your Emotions**
   Distribute a copy of Student Sheet 7: Dealing With Your Emotions to each student. Ask the students to read through the student sheet and to share any views they may have on the suggested exercises.
4. Conclusion

In this lesson we have:

- examined the possible range of human emotions;
- looked at different words used to describe emotions;
- looked at the different ways of dealing with emotions.
Appendix I

Student Sheet 6

Emotional Times

Identify a time you experienced each of the emotions listed below. Describe how you dealt with the emotion and if appropriate, how you might like to have dealt with it on reflection.

**Happy**
I felt very happy when_____________________________________________________________________________________
I expressed it by_______________________________________________________________________________________
Another way I could have expressed it__________________________________________________________________________
___________________________________________________________________________________________

**Sad**
I felt very sad when_______________________________________________________________________________________
I expressed it by_______________________________________________________________________________________
Another way I could have expressed it__________________________________________________________________________
___________________________________________________________________________________________

**Angry**
I felt very angry when_______________________________________________________________________________________
I expressed it by_______________________________________________________________________________________
Another way I could have expressed it__________________________________________________________________________
___________________________________________________________________________________________

**Afraid**
I felt very afraid when_______________________________________________________________________________________
I expressed it by_______________________________________________________________________________________
Another way I could have expressed it__________________________________________________________________________
___________________________________________________________________________________________

**Comfortable**
I felt very comfortable when_______________________________________________________________________________________
I expressed it by_______________________________________________________________________________________
Another way I could have expressed it__________________________________________________________________________
___________________________________________________________________________________________

**Safe**
I felt very safe when_______________________________________________________________________________________
I expressed it by_______________________________________________________________________________________
Another way I could have expressed it__________________________________________________________________________
___________________________________________________________________________________________
Dealing With Your Emotions

1. As with most other important things in our lives, it is better to face up to our feelings, to acknowledge them rather than to run from them.

2. Try to put a name on the feeling, for example, hurt, anger, jealousy, frustration, etc.

3. Try to step back from the feeling and observe it objectively. Sometimes distancing ourselves from our feelings allows us to deal with them better.

4. Try to understand exactly what has caused you to feel the way you do. Do you feel the way you do because of something which keeps happening or has happened in the past?

5. Call the feeling your own. It is yours.

6. While it is good to express your feelings, it is important to make sure that before doing so that you are in control. Can you think clearly? Note your breathing - are things moving too fast? Is this an appropriate time to express your emotion? Is there a better time to do it? There may be times when it is better to keep your feelings to yourself.

7. Release your feeling in the most appropriate way (for you): laugh, shout, cry, talk it over with a trusted friend, do some physical exercise, dance, use some relaxation techniques, take a relaxing bath, create something, etc.

8. Think about what you have learned about your feelings and about yourself.

Suggested Exercises:

- Practise naming your feelings as they happen and becoming more aware of how they can affect you.
- Create a feelings diary and monitor the range of feelings you can encounter in one day. Are you in control? When do you feel most vulnerable? Is it for example, when you’re tired?
- Work at building up a number of ways to deal with your emotions.
Feelings and emotions are a vital part of human experience. To feel is to know that you are alive. When our feelings flow freely we feel connected to life. Feelings are neither good nor bad – they register our response to the different circumstances we find ourselves in. How we react to our feelings is all-important. Ideally, we process the feeling fully and it flows through us. This is easy when the feelings are light and happy ones like joy and gladness. When feelings are heavy and painful, our fear of these feelings can cause us to suppress and ignore them.

We experience our feelings in our bodies and communicate them through body language and facial gesture. Feelings can give rise to action. The form this action takes depends on:

- The strength of the emotion and how aware we are of it;
- How much we are in control of our feelings;
- The circumstances in which we find ourselves;
- How appropriate it is to act on the feelings.

Emotions change and may be short-lived. Some can persist, deepen and endure. For example, anger can turn to hatred, happiness can transform into love. This is most likely to happen when the cause of the emotion is known.

Emotions create energy which spurs us into action. Some are very basic (fright and flight – escape or we’ll get hurt) and socially acceptable (cheering at a football match). It is the more complex emotions which can cause problems, for example, resenting a younger brother or sister whom we are supposed to love. Instead of voicing what we believe to be unacceptable emotions we may deny the feelings altogether.

Sexual feelings can be very strong in later adolescence. For a healthy relationship, it is essential that the extent of physical closeness is matched by emotional closeness e.g. you would hardly go up to a stranger and embrace him/her. Yet when you are very good friends with somebody you may give them a friendly hug or kiss on meeting. Sexual intimacy should be a mirror of emotional intimacy where we know and trust the other sufficiently to share our deepest thoughts and feelings. When unconditional acceptance of the other person is present, our sexual experiences can be true reflections of our loving and caring for each other.
Lesson 4

Keeping Your Cool!
Lesson 4

Keeping Your Cool!

Aim: To develop skills for dealing with conflict in relationships.

Outcomes:
As a result of participating in this lesson, students should:

- be able to identify situations in which conflict is most likely to occur;
- be aware of what can happen in conflict situations;
- have developed and practised conflict resolution skills.

Other useful resources:

- On My Own Two Feet (SAPP): Assertive Communication.
- Social and Health Education, A One Year Programme for Senior Cycle Pupils, Section III.

Materials needed for this lesson:

- Student Sheets 8, 9 and 10.
- Observer’s briefing sheet.
- Situation cards.

Lesson Plan

1. Introduction
2. Conflict Situation Role Play
3. Identifying Conflict Situations
4. What Happens in Conflict Situations?
5. Conclusion
Procedure in detail:

1. Teacher Input: Introduction To Conflict
Conflict occurs in almost every group of living creatures. Dogs fight over bones, children struggle over toys, families fight about household chores, unions dispute pay and conditions in their work place and governments experience conflict about national and international policy.

2. Conflict Situation Role Play
Assign a role card from Student Sheet 8 to six volunteers from the class. The rest of the class will act as observers using Student Sheet 9.

When the role play is finished allow time for the players to let go of the role they played. The players may wish to say what it was like for them to role play. Invite the class to comment on the outcome of the role play. Refer to questions on Student Sheet 9.

3. Identifying Conflict Situations
Divide the class into groups of 3/4. Set them the task of identifying examples of conflict situations. You could use the following discussion pointers to expand on suggested examples.

Discussion Pointers:
* What is the conflict about?
* What caused the conflict to occur?
* Where did the conflict occur?
* Between whom has the conflict taken place?
* What are the consequences of these conflict situations for the people involved and for society?

Each group should come up with four or five suggestions. To start group discussion you may wish to include one or two examples of conflict situations which have been reported in the media recently.

4. What Happens In Conflict Situations?
Teacher Input: describe what can happen in a conflict situation:

A) One or both parties become aggressive, they sit tight and refuse to budge from their position. People involved in this sort of conflict often find that tension builds up.

B) One or both parties ignore the issue and refuse to discuss it or sort it out. People involved in this sort of conflict often find that bitterness builds up.

C) Negotiation and discussion is the method of dealing with conflict that is most likely to lead to an agreement or compromise, but it involves great patience. Guidelines and/or skills may be necessary.
Ask participants for suggestions on how the group of role players might have come up with a compromise situation or what they might have done to come up with some sort of agreement.

Distribute Student Sheet 10: Guidelines for Conflict Resolution.

**Discussion pointers:**
- Can you think of situations in your own lives where these guidelines might have saved a lot of hurt or bitter feelings?
- Can you give examples of how you dealt with conflict in these situations?
- Did your methods work or did anyone get annoyed in the process?
- What happens when conflict is ongoing and is not resolved?

Alternatively, you may wish to ask participants to think of a conversation they had in a conflict situation and write it down using the conflict resolution guidelines. Rewrite it in a realistic way making changes where possible.

5. Conclusion
In this lesson we have:
- identified situations in which conflicts are most likely to occur;
- become aware of what can happen in conflict situations;
- practised conflict resolution skills.
Last week Class 5A and their teacher Mr. O’Brien discussed a weekend field trip to the Burren. Mr. O’Brien told the class that a walk on the beach was being planned for Saturday afternoon. The class had other ideas. They heard from last years Fifth Year group that they had gone to Galway on Saturday afternoon. This was the real reason why some of the students had opted to go on the field trip this year. The class put it to Mr. O’Brien that this is what they had in mind for Saturday afternoon. Mr. O’Brien was adamant that there would be no trip to Galway at any stage during the weekend.

You have permission from the principal and parents to bring your Geography students away for the weekend. You suggested a beach walk for Saturday afternoon. The reason for this was because there were rumours last year that a number of students came back drunk from a Saturday afternoon in Galway. You don’t want to give this as a reason to the students but you can’t allow a trip to Galway.

You would be willing to allow a suitable alternative.

Your friend went on the same trip last year. She told you the best thing about the weekend was the trip to Galway. She and a number of others were served alcohol in a pub and they spent the afternoon there. This is the real reason you want to go on the weekend. You threaten to pull out of the trip.

You really want to go away to the Burren. You think it would be great crack to go away with the class. You are not bothered about going to Galway on Saturday afternoon.
Student C

You have heard different reports about the trip to the Burren last year and you know that the class group were allowed to go shopping in Galway on Saturday afternoon. You think as a class you should be allowed to decide on one activity during the weekend.

Student D

Your parents have reluctantly given you permission to go on this weekend. They are concerned about giving you too much freedom. You feel they wouldn’t let you go at all if they knew the class was going to Galway on Saturday afternoon.

Student E

You are enthusiastic about the weekend away in the Burren. You are concerned that Mr. O’Brien will cancel the whole trip.
Your job is to observe what happens within the group.

The following are a few questions that might be useful to consider in your observations.

- Is everyone being listened to and is everyone getting a fair chance to speak?
- Is anyone being ignored?
- How do people get their opinions heard?
- What happens to the suggestions that are being made?
- What are the concerns of each of the members of the role play?
- Does anybody try to get agreement in the group? If so, how?

Note: You will find it useful to make notes as you observe what happens in the group.
**Student Sheet 10**

**Guidelines for Conflict Resolution**

**Set an agenda.**
Decide what is to be discussed, how long will it take to discuss it and where will the discussion take place?

Sometimes a cooling down period is useful for both parties to think about what is really annoying them in a situation.

**Believe that the conflict can be resolved.**
Focus on finding an agreed solution for everyone.

**Give everyone a chance to speak, one at a time.**
Let each person express her or his feelings without interruption. One way of ensuring that this happens is to pass an object so that only the person holding the object can speak.

**Accept** that each person's needs are equally valid.

**Listening** when someone is speaking is really important. Many conflicts can arise simply because people are not really listening to one another.

**Be honest** with yourself and with others.
Admit how you really feel to yourself and to others without blaming anyone.

**Use ‘I’ statements.** For example, instead of saying: ‘You were mean and awful to yell at me in front of my friends.’, you could say: ‘When I heard what you said, I felt angry and embarrassed that you corrected me in front of my friends.’

**Try to think of what is positive in any situation.**

**Be willing to compromise.**
Lesson 5
Living with Loss

Aim: To enable students to reflect on the experience of loss as part of human relationships.

Outcomes:
As a result of participating in this lesson, students should:
- recognise the many ways we experience loss;
- be aware of different human reactions to loss;
- have critically examined the ways in which the media cover death and loss (optional);
- have identified ways of coping and living with loss.

Background information for the teacher: See Appendix 11, Reference Sheet 4.

Other useful resources:
- Developing Myself and Others; Senior Cycle Programme: Managing My Emotions and Relationships Education.
- In the Event of Tragedy; Leaflet produced by the North Western Health Board.
- Suicide, Bereavement and Loss; IPACE, Marino Institute.

Materials needed for this lesson:
- Copies of Student Sheets 11, 12 and 13.
- Chalkboard/Flipchart/OHP.

Lesson Plan
1. Different Kinds of Loss and Reactions to it
2. Option–The Media and Loss
3. The Value of Support
4. Helping Another to Cope with Loss
5. Closure
6. Conclusion
Procedure in detail:

1. Different Kinds of Loss and Reactions to it

Introduce the lesson by acknowledging the commonality of loss in our experience of human relationships e.g. the death of a relation, the ending of a relationship or family breakdown. Feelings of loss can also arise around changes we experience, e.g. a parent being made redundant, moving house or leaving school. Some losses are traumatic while others are relatively minor and each person's response will also vary. During this lesson you may wish to remind students that it may be more helpful to focus only on the less traumatic losses from students' own experience. Students also have the right to pass in regard to any activity.

Invite students to recall an event in their lives in which they experienced the loss of a person or thing. Allow time to write about the event. Ask students how they reacted in this situation. It may be helpful to look at their reactions under each of the following headings:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. headache, sickness</td>
<td>e.g. feeling sad, angry</td>
<td>e.g. crying, not eating</td>
</tr>
</tbody>
</table>

Acknowledge that reactions differ between different people and different events. Divide the class into small groups of 4-5 and allow 15 min. to share their experience. Return to the large group and facilitate discussion.

Discussion Pointers:

- What kind of situations evoked feelings of loss?
- What were the different reactions?
- What was it like for you to talk about your experience of loss?
- What was it like for you to hear other people talk about loss?

2. Option – The Media and Loss

Give a brief overview of the many ways in which the media cover loss. News and current affairs programmes present “eyewitness” accounts of wars and disasters, ‘soaps’ deal with death and loss, newspapers carry an “In Memoriam” or “Death Notice” section, songs are written about loss and grief in relationships. You may wish to bring in samples of articles from the print media or the words of songs or invite students to bring these into class.

Divide the class into four groups. Group 1: study TV programmes, Group 2: study newspapers, Group 3: study pop songs, Group 4: study magazines.

Some Questions:

- How much of the programme/paper etc. is devoted to stories involving loss?
- Are references made to the circumstances of the loss?
- What kind of language is used to describe the loss e.g. factual, emotive?
- What kind of visual imagery is used e.g. sensational, intrusive?
3. The Value of Support
Introduce this section by acknowledging the value of support systems in times of grief and loss. Invite students to contribute examples of support. Remind them that we are all individuals and what might help one person might not help another. However, there are some general things that help another cope with loss. Distribute Student Sheet 11 and discuss.

Distribute Student Sheet 12 and allow time for students to write responses. Share in pairs. Return to the large group.

Discussion Pointers:
- What was it like for you to reflect on your willingness to receive support and to give support?
- What is helpful in times of loss?
- What is unhelpful?
- What might stop someone from sharing problems with others?

4. Option: Student Sheet 13, Situation Cards
Divide the class into groups of 4-5 and distribute situation cards on Student Sheet 13 one situation per group. Allow time to reflect and share in small groups. Process in the large group, paying particular attention to coping strategies and behaviours that are supportive.

5. Closure
Invite the students to close their eyes, place both feet on the ground and sit comfortably on the chair.
'Become aware of how you are feeling at the end of this lesson (pause). Recall the experience of loss which came to mind earlier. Allow your feelings to emerge around this loss.... become aware of the people who helped you to cope with this loss.... Notice if there is any unfinished business around your experience of loss..... What will you do as a result of this lesson......When you are ready, bring your reflection to a close and slowly and gently open your eyes'

6. Conclusion
In this lesson we have:
- reflected on different experiences of loss and reactions to it;
- explored the ways loss is dealt with in the media;
- recognised the value of a support system;
- identified ways of supporting others and of being supported in times of loss.
Appendix I

Student Sheet 11

Helping Another to Cope with Loss

- Listen without interruption.
- Recognise that you cannot take away the pain or sadness of another.
- Allow the person to express his/her feelings of loss rather than talking the person out of their feelings.
- Avoid passing judgement on the behaviour or feelings of the other person.
- Do something practical for the person e.g. prepare a meal, take notes in class if the person is absent, invite him/her to go shopping with you.
- Respect the person’s need for space and time alone but make sure s/he knows that you are available to listen and support.
- Encourage behaviour that will restore the person’s self esteem.
- Support the person if more professional help is needed.
1. Imagine you have a relationship problem e.g. with a boyfriend/ girlfriend. Who would you be the most likely to talk to about this problem?

Why?

2. What might stop you from sharing problems with others?

3. What can you do to be supportive to others?

4. What could you change about the way in which you give/receive support?
Catherine is in Transition Year at her local school. She was struck by a car on a pedestrian crossing when she was in First Year. Since that time, she has been in a wheelchair.
- How do you think Catherine felt about the accident?
- How do you think she coped?
- If Catherine were a friend of yours, how would you support her?

Michael is eighteen and repeating his Leaving Certificate. He has been going out with Amy for the past year. Recently Amy has been distant with Michael and is always too busy when he tries to meet her. When they eventually meet up she tells him she wants to end the relationship as she has met someone else.
- How do you think Michael felt when Amy ended the relationship?
- How do you think he coped with the loss?
- If Michael were a friend of yours, how would you support him?

David is in Sixth Year. His mother died after a long illness. David's father kept telling him that his mother was getting better. David's mother died shortly before he sat his Junior Certificate examination.
- How do you think David felt when his mother died?
- How do you think he coped with the loss?
- If David were a friend of yours, how would you support him?

John had worked in the local factory for twenty years. He was proud of his achievements at work, especially on the two occasions when he was promoted. John heard rumours that the factory was in financial difficulty but he felt secure in his job because he was floor manager. It is two years now since the factory closed leaving John redundant.
- How do you think John felt when he was told he was redundant?
- How do you think he coped with the loss?
- If John were a friend of yours, how would you support him?

Linda knew that her parents were not getting on lately. She often heard them arguing and other times she noticed they would not be talking to each other at all. Last Halloween Linda's parents told her they had decided to separate as they no longer loved each other. They assured her of their love for her.
- How do you think Linda felt when her parents told her of their decision to separate?
- How do you think she coped with the loss?
- If Linda were a friend of yours, how would you support her?
Appendix 11

Reference Sheet 4

Background Information for the Teacher

The experience of grief and loss is a normal part of human growth and development. Losses may range from minor experiences such as the loss of some object you hold dear to more painful and emotionally disturbing losses such as the death of a parent, sibling or close friend. Young people today are more likely to experience losses which were less common in previous generations e.g. parent separation or divorce, change of house and therefore of friends. They are also less likely to have support structures such as the extended family. In former generations the inevitability of death was acknowledged and the response to death in terms of community support and religious ritual was part of the social fabric.

The school community may be confronted by traumatic events such as the death of a student or teacher, a suicide, or a serious accident e.g. involving the school bus. It would be useful for the school to have a strategy in place to deal with traumatic situations e.g. procedures for notifying parents, for enlisting support from the school psychologist or guidance counsellor, for organising a school ritual or 'service' so that students and staff can express their grief.

Learning to cope with loss and grief is a life skill and there are ways in which we can help prepare young people for these inevitable experiences. By naming the different kinds of loss and our reactions to it, by recognising the value of support, we can help young people to see loss as a natural part of life and living.
Lesson 6

Human Reproduction
Lesson 6

Human Reproduction

Aims:
1. To develop a greater understanding of the structure and function of the reproductive systems of men and women.
2. To deepen appreciation of the precious gift of reproduction.

Outcomes:
As a result of participating in this lesson, students should:
- understand a woman’s and a man’s reproductive system;
- have developed a deeper understanding of how a woman’s and a man’s reproductive system works;
- appreciate the wonder and awe inherent in human reproduction;
- (Optional) be more familiar with a woman’s menstrual cycle.

Background information for the teacher: This lesson should only be included in your schools’ RSE programme for Senior Cycle if reproduction has not been covered by the students in Junior Cycle RSE/Science. See Appendix II, Reference Sheets 5, 6, 7 and 8.

Other useful resources:
- Junior Cycle RSE Lessons 10 and 11.
- Developing Myself and Others, Senior Cycle Programme 1, Growth and Development to Adulthood.

Materials needed for this lesson:
- Overheads/Flipchart/Chalkboard.
- Copies of Student Sheets 14, 15 and 16.
- Paper and pencils for group work.

Lesson Plan

1. Table Quiz/Questionnaire
2. Reflection ’I am Woman’/’I am Man’
3. The Male and Female Reproductive Systems
   Teacher Input: The Reproductive Cycle
   Project (optional)
4. Conclusion
Procedure in detail:

1. Choose one of the options below to briefly revise the students’ knowledge of the male and female reproductive systems. Fill in any gaps in the students’ knowledge, referring to lessons 10 and 11 in Junior Cycle RSE.

**Table Quiz**
Divide the class into groups of 3/4. Provide each group with paper and pencil. Using the questions on Reference Sheet 5: Table Quiz, call out the questions. Give the groups enough time to answer each question. Collect the answer sheets. Distribute the answer sheets to alternative groups. Call out the answers (see Reference Sheet 6).

**OR**

**Questionnaire**
Provide each student/small group with a copy of the Student Sheet 14 Questionnaire on Human Reproduction. Ask the students to fill in the questionnaires. After the students have been given enough time to fill in the questionnaires, go through the answers filling in any gaps in their knowledge (see Reference Sheet 7).

2. Reflection: ‘I Am Woman’

I am woman.
Created by God, perfection is me.
Fertile, nurturing, my body is me.
New life I create,
my womb, my baby’s home.
All needs, all comforts are met within me.
For nine months new life is part of me,
depending on me.
How awesome! How wonderful!
- my body and nature,
mirroring perfection.

*By Helena Browner.*

You may wish to use the following questions as discussion starters after reading the reflection with the students.

**Discussion pointers:**
* The reflection ‘I Am Woman’ speaks about fertility and human reproduction. Do you consider this to be an awesome and wonderful thing? Why/Why not?
* What kind of body image of women is spoken of in this reflection?
* Is this our typical image of women? Why do you think this is?
Reflection: 'I Am Man'

I am man.
Gifted I am.
Born to grow and mature
until one day I am destined
to create new life.
Through my fertility another
being is created.
How awesome is this miracle!
The miracle of love and commitment,
commitment to love and to cherish
another being, who trusts and depends
on my strength and my love.
I am thankful for the
wonderful gift of my body.

By Helena Browner.

You may wish to use the following questions as discussion starters.

**Discussion pointers:**

* Why is man gifted?
* Would you agree that creating another human being is ‘awesome’? Give reasons for your answer.
* What would you say are the responsibilities that come with being able to create another human being?

### 3 (a) Defining the Male/Female Reproductive System

Present the students with the list of terms related to the male and female reproductive systems on Student Sheet 15(a). Ask them, in groups, to write a definition of each of the terms listed. Take feedback on each of the terms for each of the groups. Present the students with Student Sheet 15(b). Compare the definitions the groups came up with and the definitions on the information sheet.

**OR**

### 3 (b) Optional – Learning More About A Woman's Reproductive Cycle

This step is probably most suitable for use with a group of girls as it focuses on the menstrual cycle. You may wish to refer to Lesson 12, Junior Cycle RSE.
Use the information provided on Reference Sheet 8 to talk about the female menstrual cycle. Allow the students time to digest and to ask questions about the topic. You could distribute a summary of the Reference Sheet to the students which the students could take home with them. During the next session they may wish to ask questions about the information contained in the sheets. You may like to suggest that they talk to a close family member or friend about the topic.

OR

3 (c) Project
You could suggest that the students research the attitudes of women and men towards menstruation in Ireland and in other cultures, in the past and today. A suggested Student Sheet 16 is included for background information. Alternatively, a small group could undertake to do the project and give feedback to the whole class.

4. Conclusion
In this lesson we have:
- looked at the human reproductive system;
- explored some of the terms associated with human reproduction;
- explored the stages in a woman's menstrual cycle.
Read through the statements below. Answer true or false for each statement by placing a tick in the appropriate box.

1. Ova are stored in the ovaries.  
2. The penis is a muscle.  
3. Fertilisation occurs in the uterus.  
4. At least five sperm are needed to fertilise a female ovum.  
5. Another name for the uterus is the womb.  
6. The scrotum is the name given to the sac that holds the testicles.  
7. The cervix is the name given to the entrance to the uterus.  
8. The foreskin covers the tip of the penis in an uncircumcised male.  
9. The average length of a female menstrual cycle is 14 days.  
10. Sperm is produced in the bladder.  
11. The ovum/egg dies after six days, if it is not fertilised.  
12. Ejaculated semen is gradually absorbed into the female body.  
13. For fertilisation to occur, the penis is inserted into the vagina during sexual intercourse.  
14. When the male is sexually aroused the penis becomes erect.  
15. A woman cannot have sexual intercourse during her menstrual cycle.  
16. During menstruation the uterus sheds its lining.  
17. Another name for a male orgasm is an erection.  
18. Urine is stored in the testes in the male body.  
19. Semen is a fluid that contains sperm.  
20. Semen and urine both exit the male body through the urethra.
Some terms used to describe the Male and Female Reproductive Systems

- Puberty
- Ovulation
- Sperm
- Cervical Changes
- Semen
- The Menstrual Fluid
- Circumcision
- Orgasm
- Clitoris
- Erection
- Fertilisation
- Ejaculation
- Impotence
- Menopause
Some terms used to describe the Male and Female Reproductive Systems

Puberty
During puberty we make the transition from childhood to physical sexual maturity. Physical changes for girls during puberty include; breast growth, hips widen, hair in pubic area and in armpits. Ovulation and menstruation (menarche) begin (9 – 16 years). Physical changes for boys during puberty include; growth in width of shoulders, voice ‘breaks’ or deepens, the testes and the penis enlarge, hair in pubic, chest, legs and underarm areas.

Ovulation
Each month during a woman’s reproductive years, several follicles (balls of cells with an immature egg in the centre), begin maturing under the influence of hormones. Usually only one develops fully and becomes a mature ovum ready for fertilisation. During ovulation the egg floats out of the ovary.

After ovulation the released egg is trapped by the funnel-shaped end of one of the fallopian tubes (oviducts) and begins its several-day journey to the uterus. Fertilisation or conception, the union of an egg from a woman with a sperm from a man, usually occurs within one day of ovulation in one of the fallopian tubes.

If the egg is not fertilised it disintegrates and is discharged before menstruation. It is part of a woman’s normal vaginal secretions and is not noticeable.

Sperm
When a boy reaches puberty the testicles produce millions and millions of male sex cells called spermatozoa, or sperm for short.

Cervical Changes
The kind of mucus produced by a woman’s cervix changes through the cycle in response to hormones. At ovulation, under the influence of oestrogen, the mucus changes to form longer strands to help propel the sperm into the uterus. After ovulation, the level of oestrogen drops off and a woman’s vagina gradually becomes drier.

Semen
This is the name given to the mixture of sperm and fluid from the glands in the male body. Involuntary muscular contractions force the semen from the penis during ejaculation.

The Menstrual Fluid
The menstrual fluid contains cervical and vaginal secretions and the lining or endometrium of the womb which consists of blood and tissue. The menstrual flow is a clean substance. However, as with all body secretions, good hygiene is necessary to prevent odour.
Circumcision
When the foreskin, in the male, is operated on and removed, sometimes for medical or religious reasons e.g., Judaism, Islam.

Orgasm
The climax of sexual excitement.

Clitoris
The small erectile part of the female located in the woman’s vulva (external genitalia). It is made of spongy tissue.

Erection
The spongy tissue in the penis fills with blood and becomes erect. During puberty a boy begins to have erections frequently.

Fertilisation
The fusion of the man’s sperm and the woman’s ovum at conception. This is the first stage of new life.

Ejaculation
When the man reaches orgasm, semen is ejaculated or propelled from the penis. This is the climax of sexual excitement.

Impotence
When an erection does not occur and a man cannot experience orgasm for medical or psychological reasons.

Menopause
The permanent cessation of menstruation. It usually occurs between the ages of forty five and fifty five.
Attitudes Associated with Menstruation

Cultural, religious and personal attitudes about menstruation are a part of our experience. Think about the ways you have been influenced. How did you first hear about menstruation? How else have you found out about it: family, friends, advertising, books, films, teachers, nurses, doctors, taboos, slang names, jokes? What particular experiences stand out in your mind? How did you feel? Certain cultures have isolated women entirely, or put them only in the company of other women during their periods, because people thought menstrual blood was "unclean". Current taboos include refraining from exercise or taking a shower, or hiding the fact of menstruation entirely. Listen to the wording in advertisements for menstrual products - do they reinforce these taboos?

Research Questions:
What comes to mind when you hear the word 'period' or 'menstruation'?
How did you first hear about 'periods'?
Was this a positive or a negative experience for you?
Do you know any slang words used for periods?
Do you think these words are appropriate/inappropriate? Give reasons for your answer.
In the time when the Old Testament was written it was thought that a woman was unclean for seven days during her period. Why do you think this was so?
In some religions today a woman having her period cannot go to her place of worship. What kind of attitude do you think this shows towards periods?
In other cultures a girl’s first period is a community’s celebration of her fertility. How do you think our culture compares with this?
Would you talk about periods to the following people. In each case say why/why not?

1. Your mother?
2. Your father?
3. Your brother?
4. Your sister?
5. Your male friends?
6. Your female friends?
7. Your teacher?
8. Your family doctor?
9. A member of the opposite sex in class?
Girls/Women Only
Do/Did you have a slang word or term for periods?
Where did this/these name(s) come from?
What do you understand by pre-menstrual symptoms (PMS)?
Do you know of any useful remedies for painful periods?
Do you see periods as illness or normal?
Appendix II

Reference Sheet 5

Table Quiz

Questions:
1. Where are the ova stored in a woman’s body?
2. Where does fertilisation occur in a woman’s body?
3. What is another name for the womb?
4. What is the name given to the entrance to the woman’s uterus?
5. What is another name (taken from a word meaning monthly) given to a period?
6. On average, how many days is a woman’s menstrual cycle?
7. During an average cycle, on which day does a woman ovulate?
8. How long does the average woman’s ovum/egg survive if it is not fertilised?
9. For fertilisation to occur the man’s penis is inserted into which part of the woman’s body during sexual intercourse?
10. Ejaculated semen is gradually absorbed into the woman’s body; true or false?
11. What is the name of the sac that holds a man’s testes?
12. What is the name of the skin that covers the tip of a man’s penis if uncircumcised?
13. Where is a man’s sperm produced?
14. What happens to a man’s penis when he is sexually aroused?
15. What is another name for a man’s orgasm?
16. Where is urine stored in a man’s body?
17. What is the name given to a man’s sex hormone?
18. What is the name given to a man’s sex glands?
19. How many sperm are needed to fertilise a woman’s ovum/egg?
20. Name one of the two fluids that flow through a man’s urethra.
Reference Sheet 6

Table Quiz Answers

Answers:
1. Ovaries.
2. Oviduct/fallopian tube.
3. Uterus.
5. Menarche/menstruation.
6. 28.
7. 14 (depending on the length of the cycle).
8. 2 days.
10. False (it is discharged through the vagina).
11. Scrotum.
12. Foreskin.
13. Testes.
15. Ejaculation.
16. Bladder.
17. Testosterone.
18. Testes.
19. One.
1. True.
2. False (sponge-like space that fills with blood during an erection).
3. False (the oviducts/fallopian tubes).
4. False, only one is needed.
5. True.
6. True.
7. True.
8. True.
9. False (28 days).
10. False, in the testes.
11. False (2 days).
12. False (it is discharged through the vagina).
13. True.
14. True.
15. False.
16. True.
17. False (ejaculation).
18. False, in the bladder.
19. True.
20. True.

Learning More About A Woman’s Cycle
A good way for a woman to start learning more about her own cycle and what is usual and normal for her is to keep a simple chart. Note the start of the menstrual flow on a calendar. Add whatever else you are interested in or make a separate chart or journal, for example, any changes in how you feel physically/emotionally. You may find that some changes occur at particular times in your cycle.

Feelings About Menstruation
Many girls were scared or even embarrassed when they first started to menstruate. Some thought they were dying when they first saw menstrual blood. Some were desperately afraid that a teacher or somebody would notice when they had their period. On the other hand, others felt inadequate if they didn’t menstruate. Beginning and ending menstruation will always be different for each person – welcome to some, not to others. Women know that as they feel better about their bodies and learn more about themselves, they accept menstruation as a normal part of womanhood.

Pre-menstrual Symptoms
Particular symptoms such as feeling tense, moody and tired often occur around the menstrual period. Some women get great relief from dietary changes, vitamin/mineral supplements and daily exercise.

Depression
One symptom that some women experience pre-menstrually is depression. Often their concerns are about problems that are there all the time but, because of heightened feelings during the premenstrual period, they may not be able to ignore or handle them as well. It is important to remember the problems that bother you, even if it means writing them down, so that when you are feeling better you don’t forget to try to work towards solving them. You might plan to get support for yourself for the times when you feel worst – get a friend to drop over.

Period Pain (Dysmenorrhea)
Dysmenorrhea is the medical term used to describe cramps or pain during your period. It can often be accompanied by nausea and diarrhoea. Since the uterus is a muscle, relaxation exercises help, as does regular exercise. Anticipation often makes the pain worse by making us tense up. There are drugs that can be prescribed for dysmenorrhea but it is best to start with more natural treatments.
Self Care during Menstruation
Eat a healthy diet. Take plenty of exercise, get sufficient rest and sleep and pay particular attention to personal hygiene. If you get cramps or backache try using a hot water bottle at your back. If pain persists, consult your doctor for advice.

Absence of Periods (Amenorrhea)
Amenorrhea is the absence of menstrual periods. Primary amenorrhea is the condition of never having had a period by the time menstruation usually starts (usually by the age of sixteen); secondary amenorrhea is the cessation of menstruation after at least one period. Some causes are pregnancy, menopause, breastfeeding, too little body fat, dieting, starvation and heavy athletic training, especially during early adolescence. Consult your doctor if your periods stop. It is normal for periods to be irregular or stop for a while when periods first begin.
Lesson 7

Human Sexuality
Lesson 7
Human Sexuality

**Aim:** To explore the nature of human sexuality and the myths surrounding it.

**Outcomes:**
As a result of participating in this lesson, students should:
- have explored their understanding of human sexuality;
- be able to recognise some of the influences on human sexuality;
- have examined some of the myths around male and female sexuality.

**Other useful resources:**
- Social and Health Education, A One Year Programme for Senior Cycle Pupils: Section VI.
- Developing Myself and Others, Senior Cycle Programme 1, Gender Issues.

**Materials needed for this lesson:**
- Copies of Student Sheets 17, 18 and 19.

**Lesson Plan**
1. Brainstorm: Student Sheet
2. Influences on Human Sexuality
3. Some Myths around Sexuality
4. Conclusion
Procedure in Detail:

1. Introduce the lesson by outlining the aim.
   Brainstorm the word “sexuality”. Invite the class to buzz in pairs and formulate a definition of human sexuality. Take feedback from the class. Divide the class into small groups of 4/5. Distribute Student Sheet 17. Explain the meaning of sexuality as outlined on this student sheet. In small groups, list examples of how each of the dimensions outlined are part of human sexuality. When the groups have completed this exercise, ask one person from each group to feedback their examples. Record examples on chalkboard. Ask the students to look again at their definitions of sexuality and see if they would like to make any changes in the light of the exercise.

2. Influences on Human Sexuality
   From the moment we are born, we are subject to influences. The messages we receive at home, at school, and in the wider community all contribute to our sense of ourselves as boys or girls/men or women. You may wish to ask students if they remember when they first realised there was a difference between boys and girls.

   Distribute Student Sheet 18 and invite each student to complete it individually. In pairs, ask the students to discuss their answers taking note of the similarities/differences in the messages they received. Some of these can be fed back into the larger group.

   **Discussion pointers:**
   - Was it easy/difficult to recall the messages you received?
   - Did any of these messages surprise you? Disappoint you?
   - Who/What has the greatest influence on your understanding of human sexuality? Is this positive or negative?
   - Does this influence reflect the broad dimensions of human sexuality as reflected on Student Sheet 17?

3. Some Myths About a Woman’s and a Man’s Sexuality
   Present the students with Student Sheet 19: Some Statements about Sexuality. Ask the students to read through the statements and to decide whether they agree, disagree or are not sure about each of the statements. Ask the students to feedback their responses in small groups or in the larger class group. These statements should initiate good class discussion. You may wish to use the following questions as discussion starters.
Discussion Pointers:
- Were you aware of any myths about sexuality?
- Why do you think these myths develop?
- Do you think myths like these ones have a positive or a negative influence on a person’s sexuality?
- In what ways do you think boys and girls or men and women can develop a better understanding and acceptance of their own sexuality?

4. Conclusion:
In this lesson we:
- explored the meaning of human sexuality;
- identified some of the messages received about sexuality;
- examined some of the myths surrounding male and female sexuality.
"Sexuality includes all aspects of the human person that relate to being male or female and is subject to change and development throughout life. Sexuality is an integral part of the human personality and has biological, psychological, cultural, social and spiritual dimensions. It especially concerns affectivity, the capacity to give and receive love; procreation and, in a more general way, the aptitude for forming relationships with others".


List examples of how each of the dimensions below are part of human sexuality:
Student Sheet 18
Influences on Human Sexuality

What messages did you receive about sexuality from some or all of the following?:

Home

School

Religion

Peers

Media

Other
### Some Statements about Sexuality

Read through the following statements about female and male sexuality. Decide whether you agree, disagree or are not sure about each of the statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>A</th>
<th>D</th>
<th>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Football is a sport for girls as well as boys.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Sexuality is about how we live as boys or girls/men or women.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Men and women take equal responsibility for family planning.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Men should be the ones to initiate sexual activity, not women.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>It is not appropriate for a woman to propose marriage to a man.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Men are just as concerned as women with their appearance.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Women have a natural instinct to care for a baby: men don’t.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Once a couple agree to marry, they can’t back out of it before the ceremony.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Being sexual is more than just being sexually active.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>In formal situations, it is not appropriate for women to wear trousers.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Men are more rational and clear thinking than women in management positions.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Boys who have had sex are ‘cool’, girls who have had sex are ‘cheap’.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>Men who show feelings are braver than those who hide them.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>A person who ‘leads their partner on’ deserves what they get.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
</tbody>
</table>
Lesson 8

Planning for the Future
Lesson 8
Planning for the Future

Aims:
1. To clarify how and when conception can take place.
2. To deepen awareness of the importance of, and methods of, family planning.

Outcomes:
As a result of participating in this lesson, students should:
● be able to identify myths about conception and fertility;
● have deepened their knowledge of conception and fertility;
● be able to identify the different methods of family planning;
● have explored the concept of choice and responsible planning in sexual relationships.

Background information for the teacher: See Appendix II, Reference Sheet 9.

Possible home/school links:
You may wish to suggest that the students discuss the issues in regard to family planning with their parents.

Other useful resources:
● Family Planning and Contraception, Health Promotion Unit, Department of Health and Children.
● Developing Myself and Others, Senior Cycle Programme: Growth and Development to Adulthood.

Materials needed for the lesson:
● Chalk board/Flip chart/OHP.
● Paper and pens for group work.
● Copies of Student Sheets 20, 21, 22, 23 and 24.

Lesson Plan
1. Quiz
2. When is a Woman Fertile?
3. Family Planning Methods
4. Situation Cards
5. Conclusion
Procedure in Detail:

1. **Introduce the lesson by outlining aim. (Refer to Reference Sheet 9).**
   Distribute Student Sheet 20. Divide participants into small groups and ask them to read through each statement answering true or false. Where there is a dispute within the group over the answer ask them to discuss and record why there was a dispute. When the students have completed this exercise, ask each group to report back to the larger group. Using Reference Sheet 10, correct any misinformation.

2. **When is a woman fertile?**
   If the students have covered the Junior Cycle Lesson 12 they will be familiar with the menstrual cycle, when ovulation takes place and when the woman is fertile. Briefly recall this information with the students. If the students have not covered this lesson it will be necessary to ask them to draw a chart similar to the following.
   
   Draw a large circle on a sheet of paper. Divide the circle into 28 segments, each representing one day in the average woman’s menstrual cycle. Mark one segment in the circle ‘1’ which represents the first day of a woman’s period. Continue marking each segment ‘2, 3, 4, 5, etc, ’ until all 28 are marked. Usually ovulation occurs on day 14, mark this in. The egg will survive for approximately 2 days, i.e. until day 16. Sperm can survive for approximately 4 days. Therefore fertilisation is most likely to take place between day 11 and 17.

   It would be important to point out to students that a number of factors can influence a woman’s fertility:
   
   - The length of her cycle, it may be shorter (less infertile days) or longer (more infertile days) than the average 28 day cycle.
   - Stress, illness, travel, etc., can all affect a woman’s menstrual cycle. Working out fertile and infertile days, with certainty, in an irregular cycle is difficult.
   - The life-span of the sperm and female egg are approximate.

3. **Family Planning Methods**
   Family planning methods are used when a couple wish to avoid or prevent pregnancy taking place. Some family planning methods require skill and practice to ensure they are effective, others may require a visit to a medical doctor. Ask the students to list any family planning methods that they have heard of before. Record on the flipchart. Distribute Student Sheet 21 to each student. Using this page, explain each family planning method.

   When students are familiar with the family planning methods, divide them into groups of four. Give a different family planning method to each group and ask them to consider the advantages/disadvantages of the method as described. When the groups have completed this exercise, take feedback from each group compiling all the advantages and disadvantages on the chalk board/flip chart (see Reference Sheet 11).

   **(A)** Distribute Student Sheet 22 to each student. Divide the students into small groups of 3/4. Ask the groups to match the method of family planning with the descriptions. When the students have completed this exercise, use Reference Sheet 12 to elaborate on each of the family planning methods presented on Student Sheet 22.
It may be important to highlight that no family planning method is one hundred percent effective. There is user and method failure attached to all methods.

**OR**

(B) You may wish to prepare a quiz on the different family planning methods. Proceed as in Step 1 of this lesson.

After completing either (A) or (B), Student Sheet 23 can be used to explore family planning methods as protection against STIs/HIV and the issue of who takes responsibility in the use of each family planning choice. The answers to this student sheet are on Reference Sheet 13. It would be important to stress that a couple should take joint responsibility for using a method of family planning.

4. Situation Cards

(A) Ask the students to consider situations where family planning may be considered and ask them to decide on whose responsibility it is in each situation. The facilitator may wish to use situation cards on Student Sheet 24 to stimulate this discussion. Divide the class into small groups of 3/4. Give each group a situation card. Tell them that they as a group must consider the most suitable form of family planning for each of the characters and must be able to support their suggestion with reasons. When the groups have completed this exercise, each group reports back to the larger group by firstly reading out the situation they were given and then, secondly, by giving their suggestions and reasons. The students are asked if they agree with the group’s decision or not. Use the information gained to stimulate class discussion around the choice of family planning methods, decisions not to use family planning or become sexually active and to initiate students’ awareness of STIs and other risks. STIs and pregnancy are dealt with in more detail in Lessons 9 and 10.

**Discussion Pointers:**
* What do you think are the values and beliefs of each of the couples/individuals?
* Do you agree/disagree with the suggestions and reasons given?

**OR**

(B) Alternatively, the participants could formulate their own situation cards which are relevant to them and situations with which they are familiar.

5. Conclusion

In this lesson we have:
- explored some of the myths and truths surrounding conception;
- identified when a woman may be fertile;
- deepened our knowledge of family planning methods;
- recognised the advantages and disadvantages of each;
- examined sample situations where responsible family planning is an issue.
Conception Quiz

Indicate whether you think the following statements are true or false:

1. A woman cannot get pregnant the first time she has sex.
2. If a woman has a bath after sex it prevents pregnancy.
3. Breastfeeding mothers cannot get pregnant.
4. A woman cannot become pregnant if she has sex during her period.
5. If a man withdraws his penis before ejaculation pregnancy cannot occur.
6. A woman has certain days when she cannot get pregnant.
7. Touching of the genitals can lead to pregnancy.
8. The pill can increase the risk of having a stroke/heart attack if a woman smokes, is over-weight, or is over thirty-five.
9. The 'pill' is one hundred percent safe.
10. Condoms are an effective method of preventing pregnancy.
The use of family planning methods is required by a couple who wish to avoid or prevent pregnancy as a result of sexual intercourse. There are many different methods and it is important that a couple give thought to the method most suited to their needs and circumstances. Some people may opt for a particular method for religious reasons while others may choose a method because it is convenient or it is medically safe.

The following are the most common methods of family planning:

**Abstinence**
If a couple decide that they do not want to conceive a baby they must abstain from sexual activity for a number of days before, during and after ovulation, or use some other method of family planning. Abstinence ensures that conception does not occur and it is therefore a completely reliable form of family planning.

**The Billings (Ovulation) Method**
This involves monitoring the texture of the secretions (mucus) from a woman's vagina. Just before ovulation, a woman's mucus changes from a whitish colour to a clear and stretchy secretion.

**Cap or Diaphragm and Spermicide**
The Cap or Diaphragm is a rubber device, placed in the vagina before intercourse. It forms a barrier across the entrance to the womb and so prevents sperm from meeting the egg. It is ineffective unless used with a spermicide. Spermicides are substances that are used to kill or immobilise sperm.

**Condoms**
The condom is a thin rubber that fits over the erect penis. It traps the sperm and prevents them entering the vagina. There is also a female condom which fits into the vagina and it traps the sperm in much the same way as the male condom.

**Intrauterine Device (I.U.D)**
This is a small object made up of plastic or copper which is inserted into the womb by a doctor. It prevents the egg meeting the sperm or from settling in the womb.

**The 'Pill'**
The pill is the term used to cover a broad range of tablets containing hormones which work by introducing various combinations of female hormones, oestrogen and progesterone, into the body. In more recent years, these hormones can be given by injection or implant and the effects can last for a number of years. It is essential to have a medical check up before taking the pill.

**Sterilisation**
Sterilisation is a simple surgical procedure which puts an end to possible pregnancy. Both men and women can be sterilised. Male sterilisation is called a vasectomy.
where the tubes leading from each testicle to the penis are cut so that sperm can no longer enter the semen. Female sterilisation, sometimes called tubal ligation, is where an abdominal operation closes off the fallopian tubes so that the egg cannot meet the sperm.

The Temperature Method
This involves the woman taking her temperature first thing every morning and keeping a diagrammatic chart of her temperatures. Ovulation is indicated by a rise in body temperature.

Urine Testing to Establish Hormone Levels
There is a product available to test a woman’s early morning urine to monitor changes in her hormone levels. The hormone levels rise and fall at different times during a woman’s monthly cycle. By monitoring these changes it is possible to identify the days around ovulation when a woman is at risk of becoming pregnant.
Read through the list of family planning methods 1 – 7 and the method descriptions, A – G. Match each method with its corresponding description.

1. The "Pill"
2. Condom
3. Intra-uterine Device (IUD)
4. Cap or Diaphragm and Spermicide
5. Sponge
6. Sterilisation
7. Ovulation method

A. A rubber device, placed in the vagina before intercourse. It forms a barrier at the entrance of the womb thereby preventing the sperm from meeting the egg. It must be used with a spermicide and left in place for six hours after intercourse. It provides no protection against STIs/HIV.

B. This method of family planning requires that a couple become familiar with the woman’s menstrual cycle so that they know when ovulation is taking place. Ovulation takes place when an egg is released from the ovary. Sexual intercourse before, during and after ovulation is when a woman is most likely to become pregnant.

C. The hormones oestrogen and progesterone are introduced into the woman’s body in tablet form or by injection. The hormones work by preventing ovulation. It is essential that women have a medical check up beforehand and regular check ups while they are taking this. It provides no protection against STIs/HIV.

D. Made of polyurethane foam containing spermicide, it is inserted into the vagina, at the entrance to the womb. It is effective for 26 hours and must be left in place for six hours after intercourse. It must be removed after thirty hours. It provides no protection against STIs/HIV.

E. Device which is inserted into the womb. It is usually made of copper and/or plastic. It prevents the sperm fertilising the egg and settling in the womb. It is put in place by a doctor and must be replaced every five to seven years. It provides no protection against STIs/HIV.

F. Made of a thin but very strong rubber and placed over the erect penis or in the vagina before sexual intercourse. It traps the sperm and prevents them entering the uterus. It is sometimes lubricated with a spermicide which increases its effectiveness. Reliability depends on correct and careful use. As with preventing pregnancy, if used carefully, it provides protection against STIs/HIV.

G. Operation which either ties the fallopian tubes in the woman or cuts the tube carrying the sperm (vas deferens) in the man. In this way the sperm and the egg cannot meet. It is generally permanent so careful thought must be given to it beforehand. It provides no protection against STIs/HIV.
The following is a list of family planning methods described in this lesson. Read through the list. In the first column you are asked whether the family planning method is effective in preventing the transmission of STIs/HIV. Answer **Y** if you think it is, or **N** if you think it is not. In the second column you are asked who has responsibility for the family planning method. In the case of each, answer **W** if you think it is the woman, **M** if you think it is the man, or **B** if you think both are responsible.

<table>
<thead>
<tr>
<th>Form of Family Planning</th>
<th>Helps protect against STIs/HIV</th>
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<td>10. Sterilisation</td>
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### Situation Cards

1. John and Mary have been dating for a year. They are both in their twenties and want to have a sexual relationship. Mary is afraid of becoming pregnant. Neither of them have ever had sexual intercourse with anyone else. Mary doesn't smoke and is about average weight for her height.

2. Ann and Tim are in their early twenties and recently got married. They don’t feel ready to start a family.

3. Simon and Sarah are in their early 40s. They have been married for almost twenty years and have five children aged between 2 and 18 years. They feel that they are finished having children and any more would be a real financial strain.

4. Rachel and Tom have been dating for several months. Rachel has been in two previous sexual relationships, one of which she left because she was unfaithful to her partner. In the past Rachel has used the pill as a method of family planning.

5. Joan is in her early twenties. Last night she went to the local disco with some of her friends. She had a bit too much to drink and late in the night she met one of her brother’s friends whom she had fancied for ages. He offered to walk her home. When they got back to the house there was no one around and they got a bit carried away. Paul used a condom but it tore during sex. Joan is beside herself with worry and is very embarrassed about the whole thing.
Reference Sheet 9

Background Information for the Teacher

The context for this lesson is an awareness of the importance of conception as an event in the life of all human beings. We all began at that moment when a sperm joined an egg. Future generations will also have the same beginning.

Given the content of this lesson, it is important that the teacher is approachable to students, that the content is dealt with in an open and forthright manner and that the atmosphere is supportive. It would also be necessary to reassure students that should they find themselves in a situation where they believe they may be pregnant or may have contracted an STI (see Lesson 9 for a more detailed exploration of these topics), that they are not alone and that there are agencies there to help them.

One support for the students might be their family doctor, with whom any communication would be confidential. There are many health professionals available who have particular expertise in this area and who would come and talk to the students about family planning, conception and fertility. You could contact your local health board or clinic to find out if there are such people available in your area. Some clinics provide a drop-in service which the students may wish to avail of at a later date. In particular many maternity hospitals have classes in the effective use of family planning methods.

The topic of family planning should be addressed within the context of the school’s RSE policy. Outside speakers should also be informed of the school’s policy with regard to RSE.
Reference Sheet 10

Answer to Conception Quiz

1. False.

2. False.

3. False. It is believed to be a fairly effective method of family planning, provided the baby is fed only on breast milk and the woman’s periods have not returned. However, ovulation occurs before menstruation so it is difficult to be certain when the woman’s periods are going to return.

4. False. If a woman’s cycle is short and her period is long, pregnancy can occur during her period.

5. False. It is possible that a certain amount of semen can leave the penis before ejaculation. Even if a man is determined to remove his penis before he ejaculates, it is still not safe. Sperm are very mobile: they can still make their way to the egg even if deposited in the vaginal area.

6. True.

7. False. Touching of the genitals cannot result in pregnancy if ejaculation has not occurred. If ejaculation has occurred it is important that none of the semen comes in contact with the woman’s vaginal area.

8. False. Prior to taking the pill you will need a medical check-up to see if it is medically safe for you.

9. False. While the ‘pill’ is an effective method of family planning, it is not one hundred percent effective. Sickness diarrhoea and some drugs may interfere with it working.

10. True and false. The condom is by no means 100% safe. Its failure rate depends on the skill of the user. Condoms are, however, useful in preventing STIs. This protection, as well as protection against pregnancy, is lost if the condom tears.
Family Planning Methods – Some Points to Consider

Abstinence
- No harmful side effects
- No medical or chemical intervention
- No expense incurred
- May be difficult to abstain

The Billings Method
- Cost effective
- No harmful side effects
- Takes time to learn the method
- May be difficult to differentiate mucus types

Cap or Diaphragm and Spermicide
- Necessary to have cap fitted by a health professional
- Must be left in place for a minimum of six hours after intercourse
- Needs to be checked annually or following a weight gain/loss or following childbirth
- Cost effective

Condoms
- Inexpensive
- Easily available
- No physical side effects
- Help to prevent STIs

Intrauterine Device (I.U.D.)
- Cost effective
- Not recommended for women who have not had babies
- Can cause pelvic inflammatory infections
- Must be fitted by a health professional

The ‘Pill’
- Must be prescribed by a G.P.
- Some expense incurred
- Side effects
- Chemical intervention to the body

Sterilisation
- Useful for couples who have decided not to have any more children
- Generally permanent
- Initially another form of family planning must be used if it is male sterilisation.
  (It takes some months for remaining sperm to clear from the tubes)
- Cost effective

The Temperature Method
- Non invasive
- Inexpensive
- Need to have a regular cycle
- May take time to learn

Urine testing for Hormone Levels
- Non invasive
- Relatively inexpensive
- Careful record keeping is needed
- Takes time to learn
The word contraception is often used to describe different family planning methods. The aim of contraception is to prevent contact between the ovum and sperm so that fertilisation is impossible. Note: The term is sometimes used to include methods that prevent implantation of the fertilised egg in the womb. Such methods are not strictly contraception as conception has already taken place.

**Oral contraceptives**

There are a great many types of oral contraceptive pills. Basically they work by introducing various combinations of female hormones, oestrogen and progesterone into the body.

They work in a variety of ways:

1. They can interfere with the production of the follicle-stimulating hormone which prompts the ovaries to produce eggs, so that ovulation does not occur.
2. They can interfere with the implantation of the fertilised egg.
3. They can make the cervical mucus thick and sticky so that it obstructs the movement of sperm.

Women who smoke, are overweight or have a history of blood pressure problems are less likely to be suitable candidates for this method of family planning as it increases the risks associated with it. It is essential that women have a medical check up before taking the pill. Using the pill as a method of family planning places the responsibility entirely on the woman and the man has no way of knowing if the woman is on the pill.

It is important that women read the information leaflet provided with the pill.

**Long-acting contraceptives**

These are hormones that are given by injection or implant, lasting for up to 5 years. Their effectiveness is comparable to the pill. Fertility usually returns once treatment stops but can take up to 18 months. Some implants may cause irregular bleeding. Responsibility for use of this method of family planning lies with the woman. Effectiveness: 99+ %.

**Intrauterine devices (IUD)**

IUDs are devices which are inserted into the womb. They are usually made of copper and/or plastic. Some of them release progesterone; others release copper ions which act by causing a slight but persistent inflammation of the womb lining so that implantation of the fertilised egg cannot take place. It is also necessary to use a spermicide with this form of family planning. They are unsuitable for some women and should not be used if:

- Pregnancy would be a risk to health;
- There is a question of infertility;
There is any local infection or STI;
The lifestyle involves a risk of sexually transmitted infections.
IUDs are always fitted by a medical person. In most cases fertility returns to normal once the IUD is removed. Effectiveness: approx. 97% if used with spermicides.

**Condoms**
These are made of a thin but very strong rubber and are placed over the erect penis (male condom) or into the vagina (female condom) before any genital contact occurs. Most have a space at the end to accommodate ejaculated sperm. If used properly they seldom tear, but the user must also be careful to remove the condom carefully and avoid genital contact. Vaseline, or any oil-based lubricant/ointment should not be used with a condom as it damages the rubber. Condoms are useful in preventing the spread of some sexually transmitted infections but there is always a risk of tearing or spillage. Condoms are available in chemist shops, dispensing machines in many public toilets and in other places. Effectiveness: the failure rate for couples over 30 is about 4% but is much higher in younger couples due to inexperience, the use of alcohol etc. Approximately 85-98% effective. Use of a spermicide increases their effectiveness.

**Diaphragm (cap)**
This is a soft rubber dome with a covered metal spring in the outer dome. The diaphragm covers the cervix, acts as a container for spermicides, prevents the sperm from entering the womb and keeps the cervical mucus (through which the sperm swims) out of the vagina. The diaphragm is inserted several hours before it is needed and must be left in place for at least 6 hours and up to 26 hours after intercourse. It must also be used in conjunction with spermicides. Effectiveness: used correctly and with a spermicide, approx. 95%.

**Spermicides**
These are substances that are used to kill or immobilise sperm. Used alone they are not very effective. They are sometimes used in the form of an impregnated sponge but more often used with some other form of family planning such as the diaphragm, IUD or condom.

**Sterilisation**
Sterilisation for the woman usually involves tying, cutting or clamping both fallopian tubes (tubal ligation). This closure leads to the healing together of the surfaces so that sperm or eggs cannot pass. It is almost impossible to reverse this operation. Vasectomy is the term used to describe male sterilisation. The vas deferens, the tubes which carry sperm from the testicles, are cut. The cut ends must be kept well apart so that there is no chance of them meeting up again. It takes up to 4 months for all stored sperm to clear from the tubes, so another form of family planning must be used during this time. It is very difficult and sometimes impossible to reverse this operation.
Abstinence
If a couple decide that they do not want to conceive a baby they must abstain from sexual activity for a number of days before, during and after ovulation, or use some other method of family planning. Abstinence ensures that conception does not occur and it is therefore a completely reliable form of family planning. It also prevents any risk of contracting a sexually transmitted infection.

Coitus interruptus
This is the practice of withdrawing the penis before ejaculation. It is not recommended as some semen leaks from the penis before ejaculation.

Urine testing for hormone levels
This method works by testing a woman’s early morning urine in order to monitor changes in her hormone levels. A woman’s hormone levels rise and fall at different stages in her monthly cycle. By monitoring these changes it is possible to identify the days around ovulation when a woman is at risk of becoming pregnant. If used according to instruction, this method is said by the manufacturers to be up to 94% reliable. It is available in most large chemists.
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<tbody>
<tr>
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<td>No</td>
<td>Woman</td>
</tr>
<tr>
<td>2. Intra-uterine Device (IUD)</td>
<td>No</td>
<td>Woman</td>
</tr>
<tr>
<td>3. Condom</td>
<td>Yes</td>
<td>Man/Woman</td>
</tr>
<tr>
<td>4. Cap or Diaphragm and Spermicide</td>
<td>No</td>
<td>Woman</td>
</tr>
<tr>
<td>5. Sponge</td>
<td>No</td>
<td>Woman</td>
</tr>
<tr>
<td>6. Urine Testing for Hormone Levels</td>
<td>No</td>
<td>Woman/Both</td>
</tr>
<tr>
<td>7. Billings Method</td>
<td>No</td>
<td>Woman/Both</td>
</tr>
<tr>
<td>8. Temperature Method</td>
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</tr>
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<td>9. Abstinence</td>
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<td>Both</td>
</tr>
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<td>10. Sterilisation</td>
<td>No</td>
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Lesson 9

Responsible Parenthood

**Aim:** To deepen the students’ understanding of the implications of pregnancy and parenthood for a couple.

**Outcomes:**
As a result of participating in this lesson, students should:
- have explored the implications and consequences of pregnancy for a couple;
- be able to recognise the demands of parenthood.

**Background information for the teacher:**
- Junior Cycle RSE Lessons 12 and 13 comprehensively cover issues such as conception, pregnancy and the responsibilities of expectant couples.
- See Appendix II, Reference Sheet 14.

**Possible home/school link:** You could suggest that the students talk to their parents about what it was like when they were first born, and what being a parent means to them now.

**Other useful resources:**
- Food and Babies: Pregnancy and the first year of life. Booklet from the Health Promotion Unit, Department of Health and Children.
- Planning the Future: Senior Cycle Programme 2. Growth and Development.

**Materials needed for this lesson:**
- Chalkboard/Flipchart.

**Lesson Plan**
1. Parent/Baby Exercise
2. Brainstorm
3. Fill in the Blanks
4. Story
5. Conclusion
Procedure in Detail:

1. ‘Parent’/‘Baby’ Exercise
   Divide the large group into two. One half of the group are ‘baby’ and the other half are ‘parent’. Sub-divide the two halves into three groups. The three groups of ‘baby’ each write down three things they need from their relationship with their parent. The three groups of ‘parent’ each write down three things they need from their relationship with their baby. When the students have completed this exercise, pair the student off; one ‘baby’ and one ‘parent’. Ask the pairs to compare their ‘baby’ and ‘parent’ list. When their lists have been compared, take feedback in the large group, recording the list of ‘baby’ needs and the list of ‘parent’ needs.

2. Brainstorm
   What words, images, ideas come to mind when you hear the word ‘baby’? Record these words on a flip chart/chalk board. Ask the students to select which words have a practical aspect, for example, changing a nappy, wheeling a pram, etc. Highlight these words. Ask the students to select which words have to do with relationship skills, values, etc., for example, love, caring, etc.

3. Fill in the blanks
   Distribute Student Sheet 25 to each student. Ask the students to fill in the questionnaire. Answers and more information are provided on Reference Sheet 14.

4. It’s hard work
   Distribute Student Sheet 26 to each student. Read through the story with students.

Discussion pointers:

* What is your reaction to this woman’s experience of the early days of motherhood?
* How might she have been helped?
* In what ways do you think couples could prepare better for the prospect of becoming parents?
* What advice would you give to someone who was about to become a parent?

5. Conclusion
   In this lesson we have:
   - identified the most essential needs of both a parent and child;
   - examined the importance of healthcare before and during pregnancy;
   - explored the responsibility of becoming a parent.
Bringing a baby into the world is perhaps the most ___________ and ___________ task a couple can undertake. It requires careful planning so that parents are prepared and the baby gets the best start in life. ______________ includes adopting a ___________ ____________ with adequate nutrition, fresh air and exercise for both of them for several months before conception occurs.

It is a good idea to give up smoking before becoming pregnant. ______________ crosses the placenta to the baby in the womb and each time a pregnant woman takes a ___________ her baby’s heart rate increases. Babies born to women who ________ are ________ and may even be ____________, which leaves them less able to fight infections. __________ has now been highlighted as one of the factors which can contribute to ‘cot deaths’. __________ also crosses the placenta and so may affect the developing baby.

It is best not to drink alcohol or to take any kind of drugs other than those which may be prescribed by the doctor.

It is important that women maintain as ___________ a life as possible during pregnancy. ______________ _____________ to the _____________ _____________ and adhering to his/her advice are essential.

It is important that pregnant women do not ________ ________ and if they are involved in physical work that they learn how to ________ ________ ________ properly and safely.

All girls are given a ___________ and ____________ while in primary school. __________ is not a serious illness for the woman but if it crosses the placenta and reaches the developing baby it may cause blindness, deafness or other serious problems for the baby. ______________ occurs in early and again in late pregnancy. It is important that pregnant women get plenty of ________ and _________. __________ during pregnancy is important as ________ may weaken and ____ may ________ more easily. Drinking milk which is a good source of calcium and a visit to the ________ are steps which can be taken to prevent problems while pregnant. A balanced __________ of ________, ________, _______, ________ and ________ should be ____ by the mother so that the developing baby gets all the ________ it requires.

Recent research shows that taking a __________ ________ for three or more months before conception can help in the prevention of neural tube defects such as spina bifida.*

List of missing words:
Lift heavy weights (twice); family doctor; normal; healthy lifestyle; nutrition; smoking; nicotine; folic acid supplement; diet; relaxation; pull of a cigarette; rest; teeth (twice); careful planning; rubella (twice) test; protein; vaccination; taken; minerals; underweight; tiredness; vitamins; decay; joyous; alcohol; smaller; carbohydrates; rewarding; gums; smoke; regular visits; dentist.

*Congenital defect of the spine, in which part of the spinal cord is exposed through a gap in the backbone.
It's hard work

When the doctor handed me my baby it was the most earth-shattering experience in my life to date. Nothing can describe that moment of pure elation and disbelief that this new being had finally arrived into the world.

In the first few days after the birth I felt overwhelmed and unable to cope with my new baby. My labour was a difficult one, it lasted over 24 hours and in the end my baby was born by Caesarean section. I put my inability to cope down to tiredness; all I wanted to do was sleep. At the back of my mind I realised I resented this tiny baby for putting me through so much.

My husband and I had planned our baby down to the very last detail. We had no trouble conceiving a baby and we had nine months of excited anticipation. We tried to hold back on buying anything but we couldn't resist going into baby shops. We talked about how wonderful it would be to care for another human being. We were going to share everything, all the nappy-changing, bathing, dressing, feeding, etc. I hoped to breast-feed so this would be down to me in the beginning.

On the second day the nurse asked me would I like to put the baby to my breast. I knew I was over-anxious but I couldn't relax. It was like I couldn't bear to let this baby take anything else from me. It didn't make sense but I couldn't help the way I felt. The nurse was very kind and helped me to relax. After a while, I felt more at ease and I started to breast feed my baby. Still, when my husband arrived into the ward, I gladly handed our son over to him.

Every time the baby cried in the hospital I felt inadequate; like I was doing something wrong. Emotions were running high, and at times I was angry with him for demanding so much of me. I put it down to being so tired that I just wasn't able. Everyone was arriving in with presents for the baby and flowers for me. I smiled and told them that I was over the moon.

Things got worse when I went home from the hospital. I felt isolated and the demands of this new lifestyle were too much for me. I didn’t want my husband to leave me alone with the baby. Eventually he had to go back to work. I was on the phone to him hourly. Things came to a crisis point. The baby, probably sensing my resentment of him, seemed to cry constantly. He never slept, or at least he never seemed to. The baby had taken over our lives. When my husband came in from work I was waiting at the door with a crying baby. I’d hand him over and go to bed.

It was a close friend who got me the help I needed. I blurted everything out to her one afternoon. She told me that everyone found it difficult at first. She said she thought she was cracking up. No one tells you about the sleepless nights, the crying, the lack of time to even think about anything other than nappies and feeds.
I still have bad days but they are very rare and probably normal for any first-time mother. My husband and I are thoroughly enjoying our son, watching him change and grow. He continues to be a lot of hard work. I wouldn’t go back to not being pregnant, but I might have waited longer until I was really ready to make the commitment that parenthood requires.

It is not easy to prepare anyone for the difficulties that can lie ahead, the new 24 hours a day, 7 days a week responsibility, the limits to your freedom, the fact that you have less time to yourself. It doesn’t have to be a negative thing but maybe it would have helped me cope in the beginning if I had had a more realistic outlook about what life would be like after the birth of our baby.
Bringing a baby into the world is perhaps the most joyous and rewarding task a couple can undertake. It requires careful planning so that parents are prepared and the baby gets the best start in life. Careful planning includes adopting a healthy lifestyle with adequate nutrition, fresh air and exercise for both of them for several months before conception occurs.

It is a good idea to give up smoking before becoming pregnant. Tests have shown that nicotine crosses the placenta to the baby in the womb and each time a pregnant woman takes a pull of a cigarette her baby's heart rate increases. Babies born to women who smoke are smaller and may even be underweight, which leaves them less able to fight infections. Smoking has now been highlighted as one of the factors which can contribute to ‘cot deaths’.

Alcohol also crosses the placenta and so may affect the developing baby. It is best not to drink alcohol or to take any kind of drugs other than those which may be prescribed by the doctor.

It is important that women maintain as normal a life as possible during pregnancy. Regular visits to the family doctor and adhering to his/her advice are essential. It is important that pregnant women do not lift heavy weights and if they are involved in physical work that they learn how to lift heavy weights properly and safely.

All girls are given a rubella test and vaccination while in primary school. Rubella is not a serious illness for the woman but if it crosses the placenta and reaches the developing baby it may cause blindness, deafness or other serious problems for the baby.

Tiredness occurs in early and again in late pregnancy. It is important that pregnant women get plenty of rest and relaxation.

Looking after teeth during pregnancy is important as gums may weaken and teeth may decay more easily. Drinking milk which is a good source of calcium and a visit to the dentist are steps which can be taken to prevent problems while pregnant.

A balanced diet of protein, carbohydrates, vitamins and minerals should be taken by the mother so that the developing baby gets all the nutrition it requires.

Recent research shows that taking a folic acid supplement for three or more months before conception can help in the prevention of neural tube defects such as spina bifida.*

* Congenital defect of the spine, in which part of the spinal cord is exposed through a gap in the backbone.
Lesson 10

More Than You Bargained For

Aim: To develop a deeper understanding of the link between sexual behaviour and sexually transmitted infections (STIs).

Outcomes:
As a result of participating in this lesson, students should:
- have knowledge of times when a person is at risk from STIs and HIV/AIDS;
- be aware of the silent way in which STIs and HIV can spread;
- have identified some of the causes, symptoms and treatment associated with STIs, HIV and AIDS.

Background information for the teacher: See Appendix II, Reference Sheet 15.

Note: What were formally called Sexually Transmitted Diseases are now referred to as Sexually Transmitted Infections.

Other useful resources:
- AIDS Education Pack and Video Don’t Turn Away. Health Promotion Unit, Department of Health and Children, Department of Education and Science.
- STDs Sexually Transmissible Diseases Leaflet. Health Promotion Unit, Department of Health and Children.
- Social and Health Education, A One Year Programme for Senior Cycle Pupils: Section VII.
- Developing Myself and Others. Senior Cycle Programme: AIDS Education.
- Planning the Future, Senior Cycle Programme 2. Growth and Development.

Materials needed for this lesson:
- Copies of Student Sheets 27, 28 and 29.
- Chalkboard/Flipchart/OHP.

Lesson Plan
1. Some Myths Surrounding STIs/HIV/AIDS
2. STIs/HIV/AIDS – The Facts
3. The Silent Chain
4. Conclusion
**Procedure in Detail:**

1. **Some Myths Surrounding STIs/HIV/AIDS**
   Distribute Student Sheet 27. Ask the students to rate as true or false each of the statements about STIs. When the students have completed this exercise go through the statements correcting any misinformation (see Reference Sheet 16). Ask the students to take another look at the statements and reflect on the following questions:

   **Discussion Pointers:**
   - Did you learn anything new from this exercise?
   - Do they tell us anything about our attitude to STIs?
   - How can we be responsible about our sexual practice?

2. **STIs, HIV/AIDS – The Facts**
   Distribute Student Sheet 28. Ask the students to read through the infections, their causes, symptoms and treatment. Provide the students with an opportunity to clarify any questions they might have.

   OR

   Divide the class into small groups of 3/4. Give each group a list of STIs and separately give out a list of the causes, symptoms and treatment for each STI (see Student Sheet 28). Ask the students in their groups to match the STI with the causes, symptoms and treatment. When the groups have completed this exercise, ask them to feedback to the larger group correcting any misinformation.

3. **The Silent Chain**
   Present the students with the diagram on Student Sheet 29. Read through the sequence of events which has left Alice at risk of contracting any sexual infection which Michael had and which he transmitted through Laura, Ryan, Clare and Mark to her.

   Use the following questions as discussion starters.

   **Discussion Pointers:**
   - How would Alice feel if she developed symptoms of an STI?
   - Who would she blame?
   - Do you think Alice’s situation is an unusual one? Give reasons for your answer.
   - What advice would you give to Alice?
   - Have you ever heard the saying: ‘Closing the stable door, after the horse has bolted’? In what ways can you be responsible for your safe sexual behaviour in the future?

4. **Conclusion**
   In this lesson we have:
   - examined some myths surrounding STIs, HIV/AIDS;
   - identified the causes, symptoms and treatment of some of the major STIs, HIV/AIDS;
   - recognised the ways in which STIs, HIV/AIDS can silently spread.
Some Myths Surrounding Sexually Transmitted Infections

Answer true or false for the following statements by placing a tick in the appropriate box:

1. You would know if you had an STI.  
2. Only dirty people get STIs.  
3. You can get an STI the first time you have sexual intercourse.  
4. You can catch it from (a) toilet seat, (b) swimming pool, (c) bath.  
5. You can get an STI more than once.  
6. Condoms can help prevent you getting STIs.  
7. Kissing spreads STIs.  
8. You can have more than one STI at the same time.  
9. You cannot catch STIs if you don’t have sexual intercourse.  
10. You cannot get an STI from oral sex.  
11. There is no cure for STIs.  
12. The symptoms of an STI will go away if you wait long enough.  
13. If the symptoms of an STI go away the STI is cured.  
14. STIs are on the increase in our society.  
15. Having sexual intercourse with one partner only, whose history is known to you, is an effective way of not contracting an STI.
STIs can be transmitted through sexual intercourse and oral-genital contact. It is important to note that the sexual partner(s) of an infected person must also be treated by a doctor.

<table>
<thead>
<tr>
<th>Infection</th>
<th>Cause</th>
<th>Symptoms</th>
<th>Treatment</th>
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</thead>
<tbody>
<tr>
<td>AIDS/HIV</td>
<td>Human Immuno-Deficiency Virus</td>
<td>May be no visible symptoms.</td>
<td>Drugs may delay the onset of AIDS</td>
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<tr>
<td>Genital Warts</td>
<td>Virus similar to that which causes ordinary skin warts.</td>
<td>Fleshy growths on genitals. Very common.</td>
<td>A variety of treatments are available. Women should have an annual smear test following infection.</td>
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<tr>
<td>Gonorrhoea</td>
<td>Bacteria</td>
<td>Discharge from vagina or penis. Pain when passing urine.</td>
<td>Antibiotics. Early detection and treatment essential to avoid sterility.</td>
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<tr>
<td>Hepatitis B</td>
<td>Virus</td>
<td>Two stages: (1) 1 to 6 months after contact: flu-like symptoms. May be silent. (2) Jaundice, brown urine, soreness in the abdominal area.</td>
<td>No satisfactory treatment. Natural recovery usual in approximately 90% of cases. There is a vaccine available.</td>
</tr>
<tr>
<td>Herpes</td>
<td>Herpes Simplex Virus (Similar to cold sore)</td>
<td>Small painful sores/blisters in the genital area. Flu-like symptoms. Pain or burning sensation when passing urine.</td>
<td>No specific cure and it recurs. A number of remedies ease pain and shorten the course of the infections.</td>
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<td>Infection</td>
<td>Cause</td>
<td>Symptoms</td>
<td>Treatment</td>
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<tr>
<td>Non Specific Urethritis</td>
<td>Various micro-organisms, e.g. Chlamydia</td>
<td>Abnormal discharge from the vagina, urethra, penis or back passage. Pain or burning sensation when passing urine. Very often no symptoms.</td>
<td>Antibiotic treatments are available in most cases. Early treatment is essential to prevent infertility or the occurrence of pelvic inflammatory disease.</td>
</tr>
<tr>
<td>Pubic Lice</td>
<td>Lice living in pubic hair</td>
<td>Severe itching. Eggs (nits) on the pubic hair or underwear.</td>
<td>Special lotions.</td>
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<tr>
<td>Syphilis</td>
<td>Bacteria</td>
<td>Begins with a sore appearing in genital area. A rash may develop with other flu-like symptoms. It may damage heart, brain and vital organs.</td>
<td>Antibiotics.</td>
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</table>
# The Silent Chain

## How STIs can Silently Spread

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<tr>
<th>Month</th>
<th>Relationships</th>
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<tr>
<td>December</td>
<td>Michael (had sexual intercourse with someone who had an STI)</td>
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<td></td>
<td>Ruth → Laura</td>
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<td>January</td>
<td>Ryan ← Clare</td>
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<tr>
<td>April</td>
<td>Clare ← Mark</td>
</tr>
<tr>
<td>June</td>
<td>Alice ← Mark</td>
</tr>
</tbody>
</table>

Michael has an STI. Alice did not have sexual intercourse with anyone before she met Mark. Mark contracted the STI from Michael through his chain of sexual partners over a six month period. Mark has never met Michael. Alice has never met Michael, yet she risks contracting any STI affecting Michael which he passed through Laura, Ryan, Clare and Mark to her. All of these people could in turn affect other partners.

**How can you avoid infection with STIs?**

STIs are transmitted by sexual contact with an infected person. Therefore, abstaining from sex altogether is a certain way of avoiding infection.

If a person is sexually active and remains faithful to one sexual partner who is also faithful to him/her, there is little risk of acquiring STIs. This assumes that neither person has previously had sex with partners who were infected, or had partners who engaged in intravenous drug abuse.
Appendix II

Reference Sheet 15

Background Information for the Teacher

This lesson seeks to provide information on sexually transmitted infections which is vital if young people are to care for themselves and each other in the future. It is a reality that some students will meet, and want to engage in sexual intercourse with someone who, perhaps, has had previous partners. It may even be the case that they themselves have had other sexual partners.

In this lesson the students are given the opportunity to reflect on their responsibility towards themselves and towards others. It is not the intention in this lesson to scare students, or to give them an abhorrence of sexual intercourse. It would be important that the teacher approach the content of this lesson in a practical yet sensitive way.

There are services available to students who believe they may be at risk. Firstly, their family doctor can help them confidentially. Secondly, there are specialised clinics which deal specifically with STIs/HIV/AIDS. For more information on these contact the local health board, regional or local hospital. If possible, ensure that any student who believes that he/she may be at risk, seeks help immediately. Something which is treatable now may not be as easily treated later.

NB: What were formerly called Sexually Transmitted Diseases are now referred to as Sexually Transmitted Infections. It is important to note that some of the infections described in this lesson may occur in non sexually active persons. e.g. thrush or hepatitis.

Help Agencies

A comprehensive list of STI clinics and their telephone numbers is included on the Health Promotion Unit leaflet; STDs Sexually Transmissible Diseases.
1. False.

2. False.

3. True.

4. False.

5. True.

6. True. Care when using condoms is essential.

7. While no case of HIV infection has been recorded from kissing, there is a potential risk since HIV is present in saliva but in a very low concentration. There is potential for transmission if both partners have mouth infections with bleeding.

8. True.


10. False.

11. False. The majority of STIs can be cured. However, while there is as yet no cure for AIDS and Hepatitis B, modern medicine can greatly enhance the quality of life expectancy of patients with these diseases. There is a vaccine for Hepatitis B. Viral infections such as Herpes and General Warts can recur.

12. False. All STIs left untreated will go on to cause serious health problems and in rare cases even death.

13. False. If one is tested and treated as soon as possible then cure is easier and the damage done is minimised.

14. True. STIs are on the increase in our society perhaps because people are engaging in sexual intercourse more frequently, at an earlier age and with increasing numbers of partners.

15. True. People who have sexual intercourse with more than one partner or with a partner whose sexual history is unknown, are at risk. They are, in effect, sexually linked with everyone with whom their partner has had sexual intercourse. Couples who are totally faithful to each other and who have had no previous sexual partners, run no risk of contracting any STI.
Lesson 11

Implications of Sexual Activity
Lesson 11

Implications of Sexual Activity

Aim: To examine some of the implications of sexual activity and to consider appropriate behaviour in the light of these implications.

Outcomes:
As a result of participating in this lesson, students should:
- have acknowledged personal values and beliefs in the area of relationships and sexuality;
- be aware of the pressures within our society which promote sexual activity at a young age;
- have examined the reasons for delaying sexual activity;
- be able to use decision-making skills;
- have become more aware of some of the consequences of sexual activity: social, emotional and physical.

Background information for the teacher: It is intended that this lesson would enable the students to examine their present attitude towards early sexual activity, with a view to reinforcing responsible attitudes and behaviours. It would be important to stress that decisions on sexual matters need to be thought out, accepted and decided upon away from and before any sexual encounter. This lesson provides an opportunity to do just that. Students are also asked to become aware of their own personal values and beliefs in the area of relationships and sexuality.

Other useful resources:
- Lesson 9: Responsible Parenthood.
- Lesson 10: More Than You Bargained For (STIs).
- Social and Health Education; A One Year Programme for Senior Cycle Pupils: Section VI.
- Developing Myself and Others, Senior Cycle Programme 1, Relationships Education.

Materials needed for this lesson:
- Chalkboard/Flipchart.
- Copies of Student Sheets 30 and 31.

Lesson Plan
1. Class Discussion
2. Decision-making Skills
3. Conclusion
Procedure in Detail:

1. What decision would you make?
Divide the class into small groups of 5/6. Give each group a situation card from Student Sheet 30. Each group must decide on the decision the couple should make in the situation they have been given. Take feedback from each group, the decision they reached and their reasons for reaching it. Alternatively, you could ask the students to come up with their own scenarios which would reflect their main concerns with regard to sexual activity.

Discussion pointers:
- What responsibility do you have towards yourself and towards others with regard to your sexual behaviour?
- What role do religious and moral traditions have to play in the decisions we make with regard to sexual activity?
- What other influences do we bring to our decisions on sexual activity?

2. Decision-making Skills
When making a decision it is important that a number of steps be taken beforehand. It is especially important when it is a decision with the implications and consequences that are possible if a young person becomes sexually active in his/her teens. Present the students with Student Sheet 31. Ask them to read through the steps given. Divide the large group into smaller groups of 3/4. Ask each group to come up with a situation where a potentially important decision must be made. When they have done this ask them to outline what decision they would make, after using the steps outlined on the student sheet. Take feedback from each group, the situation chosen and the steps taken. Open it up to the larger group to agree/disagree with the decision made by the group and the steps they took in making a decision. There are a number of possible situations suggested on the student sheet.

3. Conclusion
In this lesson we have:
- looked at the responsibility we have towards ourselves and others with regard to our sexual activity;
- deepened awareness of decision-making skills and applied them.
Brendan, Michael and Kevin are going to a party. On the way Brendan buys a packet of condoms. He gives one to Michael, he has one for himself and he offers the third one to Kevin. Kevin does not want to take it but he doesn’t want to make a fuss or be teased. Kevin believes that he will only have sexual intercourse with the woman he marries.

Kathy and Sean are both in their late teens. They have been going out together for 3 months. They often baby-sit together Sean’s sister and her husband and while at their house alone, their kissing and embracing seems to be getting more serious. Kathy knows this is leading to sexual activity and she would prefer the relationship to stay as it is. Sean listens to his friends boasting about what they have done and he does not want to seem different even though he feels some of his friends may not be telling the truth. He is beginning to put pressure on Kathy to have sexual intercourse.

Mandy is upset because she had too much to drink at a party and she allowed John, whom she knows but is not involved with, to touch her sexually although they did not have sexual intercourse. Now John is telling his friends that Mandy is willing to have sex with anyone and that she had sex with him.

Matthew has been in a relationship with Katie for three years. Katie has been getting more and more frustrated with Matthew’s refusal to have sexual intercourse with her. Matthew has a strong faith and believes it is morally wrong to engage in sexual activity unless the couple is married.
Steps to consider beforehand:

1. Examine the situation carefully:
   - What are the facts?
   - Have I got all the facts?

2. Reflect on your own beliefs and values:
   - What do I value in my relationships with others?
   - What do I believe is the right thing to do?

3. What are my choices?
   - Do I need to know more about my choices?
   - Ask advice of parent/brother/sister/teacher/trusted friend/clergy, etc?

4. What are the consequences of my choices?
   - For myself?
   - For the other person?
   - For the future?

5. What decision will I make?
   - Reflect on preferred option?
   - Is there anything telling me not to make that choice?
   - Take more time if necessary.

6. Act upon decision made.

7. Reflect on choice made afterwards.
   - Would I make the same decision again or would I do it differently?

Sample situations to apply decision-making skills:

1. You are the eldest in your family. Your younger sister tells you that the guy she has fancied for ages has asked her out. You have heard that this boy has a child from a previous relationship. She asks you for advice. What would you do?

2. Your best friend tells you that he thinks his girlfriend might be pregnant. You believe it spells disaster for the two of them. You know your friend really wants your opinion. What advice would you give him?
3. Jim has been going out with his girlfriend for two years. He feels she’s getting restless wondering when he will agree to have sexual intercourse with her. He has always wanted to wait until he knows for sure that this is really right. Besides he doesn’t feel ready to live with the possible consequences. What should he do?

4. It’s 2 am on a Saturday morning. Mary and her friends have exhausted themselves dancing, chatting and generally having a laugh. The guy Mary has been interested in has asked her to go back to his flat for the night. Mary knows she has had a lot to drink. She doesn’t want things to get out of hand on a first date. What should she do?
Lesson 12
Loving Relationships

Aim: To develop an awareness of the complex nature of love and loving relationships.

Outcomes:
As a result of participating in this lesson, students should:
- have reflected on the nature of love and attraction;
- have explored their understanding of the qualities of a loving relationship.

Background information for the teacher: See Appendix II, Reference Sheet 17.

Other useful resources:
- Lifeways, from the Keyways series.
- Social and Health Education, A One Year Programme for Senior Cycle Pupils: Section VI.
- Managing Myself and Others, Senior Cycle Programme 1, Relationships Education.
- Planning the Future, Senior Cycle Programme 2, Relationships Education.

Materials needed for this lesson:
- Chalkboard/Flipchart and pens/OHP.
- Paper and pens for group work.
- Copies of Student Sheets 32, 33 and 34.

Lesson Plan
1. Brainstorm
2. Group Work: Dear Helpful Helen
3. Group Work: Lasting Love / Loving Qualities
4. Conclusion
Procedure in Detail:
1. Introduce the lesson using Reference Sheet 17. Divide the chalkboard/flipchart into two, putting the heading love on one side and attraction on the other. Brainstorm the words with the class group.

2. Divide the class into groups of 3/4. Give each group a problem from Student Sheet 32. Allow 10 - 15 mins. for each group to write a response to the 'problem'.

   In the large group discuss each 'problem' and the response from students.

   **Discussion pointers:**
   * What is the problem?
   * How are those involved likely to feel?
   * What could each do in the situation?
   * What responsibility does each have?
   * How might each get help and support?
   * What does each of the situations tell us about the nature of love and attraction?

3. (A) Group Work – Lasting Love
   Divide the class into groups of 3-4. Distribute Student Sheet 33: Lasting Love and allow 10 mins. to complete. Ask each group to read out their definition of love.

   OR

   (B) Loving Qualities
   Divide class into groups of 3-4 to work through Student Sheet 34: Loving Qualities. There are no right or wrong answers in this exercise. The aim of the exercise is to engage the students in exploring the complexity of love and loving relationships by:
   - Asking what makes for a lasting relationship?
   - Attempting to determine the indeterminate – what makes relationships 'click'.
   - Asking students if they believe there is a 'right' person for them and if they find him/ her how do they maintain a life-long relationship?

4. Conclusion
   In this lesson we have:
   - reflected on the nature of love and attraction;
   - explored the qualities of mature love;
   - created our own definitions of love.
Dear Helen,
I have been going out with my boyfriend for three months. We are both eighteen. Recently it has become more difficult to be alone together because he is always putting pressure on me to have sex. While I really like my boyfriend, I don’t feel I am ready to have sexual intercourse with him. He says he doesn’t think we can go out together any more because I don’t love him enough. I don’t want to lose him.

Deirdre, Co. Galway.

Dear Helen,
I feel there must be something wrong with me. I’m seventeen years old and I have never had a girlfriend. All my friends talk about the girls they have been with. I feel totally left out. Anytime I meet a girl I like, my mind goes blank and I don’t know what to say.

Andy, Cork.

Dear Helen,
I can’t sleep or eat lately. I can’t stop thinking about a man who lives up the road from me. He always stops and talks to me and I know he doesn’t have a girlfriend. He runs the local Youth Club and I meet him there too. He is very attractive and I am mad about him. My sister says he is old enough to be my father. Please don’t tell me I am stupid or that this is just a teenage crush. I know it is true love. Should I let him know my true feelings?

Una, Westmeath.

Dear Helen,
I have been married for three years and my wife and I are both 28. We recently had our first child. Lately my wife and I have been having a lot of rows, sometimes over nothing. Neither of us is getting a full nights sleep but instead of talking to each other, she is becoming more distant and is totally wrapped up in our son. There is a lot of tension in the house at the moment. It is getting to the stage where I don’t want to go home in the evenings.

Conor, Dublin.
In groups of 3–4, consider the questions below.
Appoint somebody to report back to the main group.

Loving relationships which last tend to share a number of nurturing and empowering qualities. One of the best descriptions of such love comes from the Bible 1 Corinthians 13:4–8:

“Love is patient; love is kind; love is not envious or boastful or arrogant or rude. It does not insist on its own way; it is not irritable or resentful; it does not rejoice in wrongdoing, but rejoices in the truth. It bears all things, believes all things, hopes all things, endures all things.

Love never ends.”

(New Revised Standard Version Bible)

**Discussion pointers:**
* Identify the qualities of love described above. Can you give ‘real-life’ examples of three of them in action?
* How would these qualities help a relationship to last?
* What other qualities besides those above might be part of a lasting relationship?
* How would you, as a group, define love?
Listed below are some qualities and characteristics associated with love and relationships. Read through the list and choose ten qualities or characteristics which you think are most important for a loving relationship. Rank these in order of importance to you, ranking 1 as most important and 10 as least important.

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<tr>
<th>Good looking</th>
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<td>Ambitious</td>
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<td>Likes animals</td>
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<td>Adventurous</td>
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Discussion pointers:
- What qualities do you consider important in a loving relationship?
- Who/what influences your choice of qualities?
- In your opinion how do you foster a life-long relationship?
Love has many faces from the polite 'hello' to the intimate embrace, from the hurt scowl to painful loneliness. Each encounter teaches us more about love and as we grow and develop so does our understanding of what love is. In sexual relationships our experience of love can range from the delightful intoxication of infatuation and the perfection of romantic love to the magnificence of mature love with its unconditional embrace. In this complex range of experiences how can you tell if it is an exciting confection or a more staple diet?

Feeling attracted to another is a most enjoyable and exciting phase in one’s growth and development. It is experienced by many teenagers and adults alike, and can be both thrilling and traumatic. It can create passions and feelings which are powerful and intense. People have been heard to say “I’ve never felt like this before”. True love usually matures into a stable relationship where feelings and emotions remain strong and committed.
Aim: To develop a deeper understanding of the loving commitment that is marriage.

Outcomes:
As a result of participating in this lesson, students should:
- have reflected on the actions which are part of a loving commitment in marriage;
- have reflected on the qualities of a marital relationship;
- have clarified their understanding of marriage;
- have considered the commitments of marriage.

Other useful resources:
- Social and Health Education. A One Year Programme for Senior Cycle Pupils: Session 30.
- Lifeways from the Keyways series.

Materials needed for this lesson:
- Chalkboard/Flipchart and pens/OHP.
- Paper and pens for group work.
- Copies of Student Sheets 35, 36 and 37.

Lesson Plan
1. Student Sheet 35: For Better Or For Worse
2. Group Discussion and Feedback
3. Teenage Marriage (optional)
4. Conclusion
Procedure in detail:
1. Student Sheet 35: For Better Or For Worse
Introduce the lesson by saying you wish to explore all that is involved in marriage. Distribute sheets and allow time to read through and tick the first section. Now work with the whole class group in answering questions. You could use Reference Sheet 18, Appendix II and the following questions when taking feedback from larger groups.

Discussion pointers:
• Which of the activities would be appropriate in both a good friendship and a marital relationship?
• Respond to the idea that ‘a good marriage shares many of the qualities of a good friendship’.
• Are some of the above activities easier to do in a good friendship than in a marriage? Which ones? Why?
• Examine the activities you have considered exclusive to a marital relationship. What are the key qualities differentiating them from a good friendship? Why would somebody do these things for another?
• List the qualities ideally shared in a marital relationship.
• What is your understanding of what marriage is about?

2. (A) Group Work: Marriage
Divide class into groups of six. Distribute copies of Student Sheet 36 to each group. Allow plenty of time for discussion. Take feedback in the large group. Allow students time to name and hear some of the ups and downs of married life. Stress the importance of a committed loving relationship in coping with the uncertainties of life.

OR

(B) Ask students to discuss with the person beside them why people marry.

3. Teenage Marriage (Optional)
Divide the class into groups of 4-5 and ask each student to complete the worksheet on Student Sheet 37. Invite students to discuss their responses. Each group appoints somebody to report back. List on the board why couples might marry in their teens and the advantages and disadvantages of doing so. Also list the ideal prerequisites for marriage.

4. Conclusion:
In this lesson we have:
• reflected on the loving commitment that is marriage;
• examined our own thoughts about marriage;
• examined real life examples of the ups and downs of married life.
### Student Sheet 35

**For Better Or For Worse**

Which of the following activities would be appropriate for/with a close friend (F) and/or a husband/wife (H/W)? Tick as appropriate.

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>F</th>
<th>H/W</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Laugh with him/her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Be a shoulder to cry on</td>
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<tr>
<td>3</td>
<td>Pay the car insurance</td>
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<tr>
<td>4</td>
<td>Bring meals when he/she is sick in bed</td>
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<tr>
<td>5</td>
<td>Offer compliments and praise</td>
<td></td>
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<tr>
<td>6</td>
<td>Care for his/her relations</td>
<td></td>
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<tr>
<td>7</td>
<td>Accept emotional shortcomings</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>Share holidays with him/her</td>
<td></td>
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<tr>
<td>9</td>
<td>Allow for personal space and separate friends</td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Wash the dirty linen</td>
<td></td>
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<tr>
<td>11</td>
<td>Give financial and emotional support if he/she is unemployed</td>
<td></td>
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<tr>
<td>12</td>
<td>Give financial and emotional support in a personal project</td>
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<td></td>
<td>e.g., third level education/setting up business/climbing Mt. Everest</td>
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<tr>
<td>13</td>
<td>Have a child together</td>
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<tr>
<td>14</td>
<td>Raise a child/children together</td>
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<td></td>
</tr>
<tr>
<td>15</td>
<td>Forgive</td>
<td></td>
<td></td>
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</tbody>
</table>
Continued

No. Description

16 Be honest

17 Remember and celebrate special days

18 Allow him/her to make mistakes

19 Plan and dream with him/her

20 Allow him/her to change and grow

21 Share your deepest fears and private feelings

22 Buy a house together

23 Stand by him/her when things go seriously wrong

24 Wear a ring to symbolise your commitment to him/her

25 Listen sympathetically to everyday problems

26 Pray with him/her

27 Cry with him/her

28 Show interest in his/her hobbies

29 Challenge him/her to grow

30 Put up with annoying personal habits e.g., squeezing top of toothpaste tube/leaving dirty clothes on floor
In groups of six, complete the following exercise:

In western culture when couples take their vows in marriage, they usually promise to love each other: “For better or for worse, for richer or for poorer, in sickness and in health, all the days of our lives.” Each group is to supply examples of what each of these loving commitments might mean in married life:

For better

____________________________________________________________________

____________________________________________________________________

For worse

____________________________________________________________________

____________________________________________________________________

For richer

____________________________________________________________________

____________________________________________________________________

For poorer

____________________________________________________________________

____________________________________________________________________

In sickness

____________________________________________________________________

____________________________________________________________________

In health

____________________________________________________________________

____________________________________________________________________
Worksheet

1. List reasons why a couple might get married in their teens.
   ______________________________________________________
   ______________________________________________________

2. In what ways might the reasons to marry for a teenage couple differ from those of a couple in their twenties or thirties?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3. What are the advantages of getting married in your teens?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

4. What are the disadvantages of getting married in your teens?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

5. How do you think people could ideally prepare for marriage?
   ______________________________________________________
   ______________________________________________________
Appendix II

Reference Sheet 18

For Better or For Worse

- Suggest that a good marriage will also involve a good friendship.

- Marriage is a public contractual expression of love. Friendship is a private arrangement between two or more people.

- Point to the intimacy and loving commitment that is marriage.

- Identify the qualities ideally shared in marriage.

- Give students five minutes of quietness to reflect on and complete Student Sheet 36. Some students may wish to share their understanding of marriage.
Lesson 14

Life Support

Aim: To develop a deeper appreciation of the importance of family life.

Outcomes:
As a result of participating in this lesson, students should:
- have reflected on the importance of family as a source of support in good times and in bad;
- be able to appreciate the many and diverse connections between family and the wider community;
- have increased their awareness of the interdependent nature of the family unit.

Background information for the teacher:
It would be important to be sensitive to the fact that an increasing number of students are from families other than ‘mum, dad and 2.4 children’. Family relationships in adolescent years may be characterised by tension as teenagers assert their need for greater freedom and independence. This lesson focuses on the positive and attempts to take a long-term overview of the importance of family life. It is important to stress that every family has its ups and downs and that this is healthy and normal. Some students may need reassurance that this is so.

Other useful resources:
- Lesson 5: Living With Loss p. 45–52

Materials needed for this lesson:
- Chalkboard/Flipchart and pens/OHP.
- Paper and pens for group work.
- Copies of Student Sheets 38 and 39.

Lesson Plan
1. Life support card exercise
2. Family life-lines
3. Conclusion
Procedure in detail:

1. Life Support

This exercise draws connections between the family (immediate and extended) and the wider world. It demonstrates how family life is an integral part of society and how important the family is in our lives. Divide the class into groups of six. Each group gets a set of People Cards and set of Situation Cards from Student Sheet 38, which are then shuffled. Every student in turn selects one card from each set. The student is to identify a family situation, involving both selected cards and suggest ways the family might be involved as a source of support. The situation could be anything – easy, difficult, happy, sad. For example, if I choose the People Card: ‘grandmother’ and the Situation Card: ‘education’, I could then identify a situation where the grandmother might provide time, money, information which might help her grandchildren’s education.

Allow two rounds per group. Ask one group member to keep a record of the types of support being offered.

Discussion pointers:

- What are the different types of support offered? Record response on chalkboard (for example, advice, emotional, practical, financial)
- Why is family support so important?
- What is the value of family life?
- How does society benefit from family life?

2. Family Life-line

Teacher Note: The story used in this exercise is one of a family who are separating. The story is written in the third person. However, this will not prevent the topic hitting a raw nerve with students who may be directly affected by a family separation. Nevertheless, it is important to stress that this is a time when the family’s need for support is great and when all concerned can feel very vulnerable. Due consideration for their feelings should be shown and ground rules should be emphasised, particularly those which highlight respect for personal privacy and the privacy of others.

Distribute Student Sheet 39: ‘Family Life-line’ to the students. Read with, or to, the students the story from Conor’s, Anne’s and David’s point of view. You could use the following discussion pointers to elicit the need for support and reassurance in the family situation described.
Discussion pointers:

- How do you think Conor, Anne and David are feeling at the moment?
- How do you think Conor, Anne and David can support each other during this time of separation?
- Anne’s mother lives nearby. How do you think she could help in this situation?
- How do you think Conor, Anne and David will feel three months/one year/five years down the road? Give reasons for your answers.
- Can you think of other family situations where support for each other would be really important?

3. Conclusion

In this lesson we:

- explored the importance of family life;
- acknowledged that family situations can be painful;
- recognised the need for family support throughout our lives.
### Life support cards

<table>
<thead>
<tr>
<th>People Cards</th>
<th>Situation Cards</th>
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<tbody>
<tr>
<td>Mother</td>
<td>Work</td>
</tr>
<tr>
<td>Father</td>
<td>Travel</td>
</tr>
<tr>
<td>Son (younger)</td>
<td>Religion</td>
</tr>
<tr>
<td>Daughter (younger)</td>
<td>Education</td>
</tr>
<tr>
<td>Son (older)</td>
<td>Money</td>
</tr>
<tr>
<td>Daughter (older)</td>
<td>Health</td>
</tr>
<tr>
<td>Baby</td>
<td>Community</td>
</tr>
<tr>
<td>Grandmother</td>
<td>Legal</td>
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<tr>
<td>Grandfather</td>
<td>Sport</td>
</tr>
<tr>
<td>Cousin</td>
<td>Shopping</td>
</tr>
<tr>
<td>Aunt</td>
<td>Food/drink</td>
</tr>
<tr>
<td>Uncle</td>
<td>Music</td>
</tr>
</tbody>
</table>
Conor
Conor was devastated when his Mam and Dad sat him down to tell him that they were no longer going to live together as a family. He felt a deep, sharp pain in his stomach that made him physically wince. He wanted to close his ears, to run outside and to pretend those words had never been spoken.

His Dad interrupted his thoughts: ‘You know we both love you very much Conor, but we no longer love each other. Being married to each other was making us very unhappy. The best thing for everyone is for your Mam and I to separate and to live apart. You’ll stay here with your Mam during the week and I’ll see you at weekends.

Conor’s mother intervened at that point, perhaps sensing that too much was being said at the one time.

‘It’s OK love, things will be fine. You’ll see your Dad every weekend and any other time you need to see him, for whatever reason. We’re going to stay here and things won’t be very different to before.’

Conor thought nothing could be further from the truth.

Anne
Anne kept putting off the evil day. She and her husband David had decided to tell Conor their marriage was over months ago. They had tried to be as mature as possible about it all. Of course, there were times when nasty, hurtful comments were made on both sides but on the whole they strove to keep the whole ordeal as painless as possible. It wasn’t long after Conor was born that she and David realised they had made a mistake getting married. In the beginning, they put their endless arguments down to getting used to each other. Things never improved. They had been living very separate lives now for many years. Anne wanted to protect Conor from the truth for as long as possible. They decided long ago to tell Conor when he was 12. David would then move to a flat. Conor turned 12 and two months later Anne gave in and both agreed they should talk to Conor and explain the situation to him.
David

David was anxious to stop living a lie. His marriage to Anne was over long ago in all but name. He wanted to move on. He wanted to be able to meet someone else, to find new happiness. He knew Anne felt the same. Over the years of marital estrangement, they had gone their separate ways.

David’s main concern, like Anne, was how Conor would take their plans to separate. He knew it wouldn’t be easy but he was sure that things would work out well. Conor was getting to an age where David was sure he had sensed something wasn’t quite right about his parents’ relationship. He saw other parents being intimate. Anne and himself never even have a row nowadays – surely this wouldn’t seem normal to a twelve-year-old. David had arranged to rent a flat nearby. There would be room for Conor to stay at weekends. David was determined to be there for Conor no matter what.
Lesson 15

Challenging Roles
Aim: To provide an opportunity for the students to consider the roles of women and men in relationships and in society.

Outcomes:
As a result of participating in this lesson, students should:
- have deepened their understanding of what it means to be a woman and a man in our society;
- be able to identify some of the expectations people can have of women and men in relationships;
- have explored ways in which these expectations could be challenged.

Other useful resources:
- Exploring Sex Stereotyping, Department of Education and Science.
- Balance, Department of Education and Science.
- Planning the Future: Senior Cycle Programme 2, Sexuality Education.

Materials needed for this lesson:
- Copies of Student Sheets 40, 41 and 42.
- OHP/flipchart/chalkboard.
- Paper and pencils for small group work.
- Poster paper.

Lesson Plan

1. Student Sheet: Stereotyping–Where do you Stand?
2. Brainstorm Woman/Man
3. (A) Sean’s Situation and/or (B) Case Studies
4. Class Charter
5. Conclusion
**Procedure in Detail:**

1. Distribute Student Sheet 40: Stereotyping—Where do you Stand? Ask the students to read through each statement and to number their level of agreement about each of them. Take feedback from the students and facilitate group discussion.

2. Divide flipchart/OHP/chalkboard into two columns. Entitle one side Woman and the other side Man. Brainstorm what comes to mind under each title. Compare what came up under the two headings.

**Discussion pointers:**
- Have the students responded with stereotypes of men and women?
- Where do these stereotypes come from? You may wish to suggest some of the following:
  - parents, families, television, magazines, papers, school, religion, etc.
- How do they form the stereotypes?

3. (A) Distribute Student Sheet 41: Sean’s Situation.

**Discussion pointers:**
- Do you think Sean’s wife should have given up work and stayed at home to mind their children?
- Why would Sean think other men might consider him to be less of a man because he stayed at home?
- Why do you think Sean might be more socially isolated than women in the same position as himself?

**OR**

3. (B) Distribute Student Sheet 42: Case Studies

Ask the students in small groups to work out possible compromises for each of the situations outlined.

4. Class Charter on Challenging Roles

In pairs ask the students to suggest three points to be included in a class charter on gender equity. Take feedback from each pair and decide on 10-15 points. Put these on a poster and display them in the classroom.

5. Conclusion

In this lesson we have:
- explored what it means to be male and female;
- identified the roles of women and men in relationships and in society;
- looked at ways in which we can challenge limiting roles.
Read through the following statements and use the following code to reflect your stance in relation to each statement: 1 = Agree, 2 = Agree Somewhat, 3 = Not Sure, 4 = Disagree Somewhat, 5 = Disagree.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Code</th>
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<tbody>
<tr>
<td>1. A woman should always try to look attractive to men.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Most women go for the 'strong and silent' type of man.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. A woman should never make the first move.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. On a date, a man should pay for everything.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. If a woman says no to sex, she's only trying to be coy. In other words the man should keep trying.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. If a woman wears a short skirt and a low-cut top she's asking for trouble.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. If a man tells a woman how he really feels about her she'll think less of him.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. Men who work in the home aren't 'real' men.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. Women 'use' men more than men 'use' women.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. It's a real 'turn-off' for men if women are assertive and have their own opinion.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. It's up to the woman to stop when things are going too far.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. A man cannot control his sexual urges.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. In any relationship, the man should always drive a bigger car than the woman.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**Exercise**
Choose three of the above statements. In small groups of 4/5 describe what you think would cause someone to make these statements. Do you think women or men typically make the statements you have chosen? Explain your answer.
I stay at home to mind our two boys aged three and one years of age. It wasn't a decision we made by choice. I lost my job shortly after Jack (our first child) was born. My partner, Paula, worked and wanted to continue to do so. I began looking for another job but had no success. It seemed far too extravagant to employ a childminder while I was going to be at home anyway.

I found being at home all day OK at first. I was busy; a new baby takes up a lot of time. It wasn't long before things became very routine and I became very lonely. I missed my old job. I longed for the companionship of fellow workers. I found it very hard to face other men, even friends I had outside my old job. I felt they considered me to be less of a man because I stayed at home.

Sometimes the day would drag. The baby would sleep and I'd pace the house trying to occupy myself, trying to resist the temptation to turn on the television. I got into a routine of housework but there were times when I couldn't face it, it seemed so pointless.

I stopped going out. Paula would encourage me to go down to the pub on a Friday night like I had always done. I couldn't bear to hear the lads talking about the pressures of holding down a job; the 'Thank God it's Friday' syndrome I used to call it. The odd time I did go I found I had absolutely nothing to say. All I could talk about was babies or that morning's episode of Sesame Street or the Teletubbies - hardly appropriate!

When our second baby was born things got worse. I felt more trapped. I began to resent that Paula went to work each morning and I stayed at home. I would purposely not tidy the house during the day. I was making a statement: 'I'm not here to clean up after everybody.' Paula was very understanding. She would often come in from her job and do housework for an hour, play with the children, bathe them and put them to bed without a word about how tired she was. I even resented that she was so perfect, so understanding whereas I was a failure at everything.

The only day of the week I enjoyed was Saturday. I'd feel normal on a Saturday, going out doing the shopping with my family. Other dads were out playing with their children. By the time Sunday came around I was already dreading the coming week. Occasionally, I would get out the job section of the newspaper. But it was now three years since I had lost my old job. Nobody seemed to value the skills I now had; minding two children, washing, cleaning, cooking, etc.

Discussion pointers:
- Do you think Sean's wife should have given up work and stayed at home to mind their children?
- Why would Sean think other men might consider him to be less of a man because he stayed at home?
- Why do you think Sean might be more socially isolated than women in the same position as himself?
- Do you know any men who work full-time in the home?
- In what ways might men be supported to work full-time in the home?
(I) Elaine and Ross
Elaine and Ross have been married now for just over a year. After the excitement of the wedding and honeymoon they slowly settled into living together. Elaine found the adjustment particularly hard. Ross had been living in their house for two years before she moved in. Sometimes Elaine felt having her own home was a huge burden. She was brought up to believe that a woman should take pride in her home. Ross was very capable and willing to share all the housework straight down the line. But Elaine's standards were so high that most Saturday mornings ended up with rows about things like the way Ross hung the clothes on the line, the state he left the wardrobe, drawers or presses in, etc. Eventually they would both calm down and talk things over. But that didn't stop the same rows happening the following Saturday morning.

Discussion pointers:
• Should Ross try harder to meet Elaine's expectations?
• Why were Elaine's standards higher than Ross's?
• What kind of compromise would you suggest?

(II) Jim and Mary
Jim and Mary have been married for twenty-five years. When they celebrated their anniversary they both looked back on the last twenty-five years with immense pleasure and pride. Everyone congratulated them on having made it so far, so successfully. It was true, they were happy most of the time. Lately, however, Mary had been getting very restless being at home most of the time. She had enjoyed rearing the children but the last one was going off to college in September. Mary thought this would be an ideal time for her to pursue some study or get a job outside the home. When she brought up the subject with Jim, he hit the roof. His response was 'No wife of mine is going out to work. People will think I can't provide well enough for my family. Anyway, aren't things grand the way they are.' Mary had tried talking it through with him on several occasions but he never budged on the issue.

Discussion pointers:
• Do you believe Mary is being unreasonable when she proposes that she get a job or do a course?
• What expectations does Jim have for himself and for his wife, Mary?
• What kind of compromise would you suggest?

(III) Pat and Stephen
Pat and Stephen spoke about their career ambitions before they got married. They agreed that both of their careers were very important to them. Pat is offered a promotion in work. She goes home to tell Stephen her good news. Stephen is thrilled at first. Pat tells him then, that the promotion means moving to her company's headquarters in Limerick. Still very excited, Pat tells Stephen that she will receive a very substantial pay rise into the bargain. Stephen becomes quiet. Pat wonders what
is wrong and why Stephen isn’t getting as excited as she is. Eventually Stephen gets angry with Pat telling her that she has a nerve expecting him to give up his job and uproot their lives to a city miles away. He tells her she can go if she wishes but he’s “staying put”. Pat responds to Stephen by telling him that she’s going whether he likes it or not. Deep down Pat is terribly disappointed. She knows that she would have moved if the situation was reversed. She wonders if Stephen is threatened by her increase in salary.

**Discussion pointers:**

- Do you think Stephen is being unreasonable when he tells Pat that he’s “staying put”?
- Do you believe Pat’s increase in salary might have anything to do with Stephen’s negative reaction?
- What compromise do you think Pat and Stephen could come to?

**(IV) Bill and Maeve**

Bill and Maeve have been going out together for four years. For two of those years they have been saving hard to buy a house. They discuss the type of house they both want and how they will furnish it. Maeve gets a huge shock when Bill tells her that she can have what she wants in the kitchen, after all she’ll be the one using it. Maeve flies off the handle and tells him that he has his wires seriously crossed. Bill wonders what all the fuss is about.

**Discussion pointers:**

- What expectations does Bill have about their relationship when they move into their new house together?
- What possible compromise would you propose to Maeve and Bill?

**(V) Ronan and Mary**

Ronan jumped out of bed the minute he heard the letter hit the hall floor. Every morning this week he had been waiting for the post to arrive and nothing came. Would he get the news he had been waiting for? At last, he would be put out of his misery. Ronan began to open the letter, he was all thumbs he was so nervous. He read the words ‘We are very pleased to offer you the position of Receptionist with...’ ‘Yes! Yes! Yes!’, Ronan shouted with sheer joy. ‘I got the job!’ This was soon followed by a sinking feeling. Would he have the courage to take the job after all? In his mind he heard Mary his sister saying: ‘Receptionist–don’t be a sissy! That’s a job for a woman not a man!'

**Discussion pointers:**

- Do you agree with Ronan’s family and friends that being a receptionist is a job for a woman not a man?
- How do you think Ronan felt?
- What do you think Ronan should do?
Jerry and Laura have been going out together for a few weeks when Laura breaks it off out of the blue. Jerry is really upset and confused, he thought everything was going so well between them. He confronts Laura: ‘I don’t understand why you’re breaking it off. I thought we were getting on really well together.’ ‘Well I thought I’d save myself some heartache later on. I know you’re only going out with me because you feel sorry for me. How could you find me attractive? No one wants to be with someone with legs and arms like mine.’ Laura replied. ‘You obviously think very little of me and what we have together. I like you for who you are not what you look like. I stopped noticing your arms and legs long ago. I thought you felt the same way about me.’ Jerry replied.

Discussion pointers:
* Why did Laura break up with Jerry?
* Why is Jerry confused?
* How do you think Laura and Jerry can make their relationship work?
Lesson 16

Accepting Sexual Orientations

**Aim:** To deepen the students' awareness and understanding of sexual orientation and to explore associated attitudes.

**Outcomes:**
As a result of participating in this lesson, students should:
- be able to recognise the ways in which people with different sexual orientations can be discriminated against;
- be able to identify their attitudes to sexual orientation;
- have deepened their understanding of the need to value and respect difference.

**Background information for the teacher:** See Appendix II, Reference Sheet. 19. Lesson 24 Junior Cycle RSE.

**Other Useful Resources:**
- Planning the Future: Senior Cycle Programme 2, Sexuality Education.

**Materials needed for this lesson:**
- Chalkboard/Flipchart.
- Copies of Student Sheet 43.

**Lesson Plan**
1. Exercise: What's Your Attitude?
2. Reflection: The Right To Be Different
3. Group work: Describe Me
4. Conclusion
Procedure in Detail:

1. What's Your Attitude?
This exercise is designed to generate discussion about some of the issues around sexual orientation. It seeks to explore the type of attitudes students might have and how these attitudes reflect their personal prejudices. Distribute Student Sheet 43. Ask the students to read through a list of statements. Beside each statement answer whether they agree, disagree or are not sure about the statement. When they have completed this exercise, read out each statement. After each one ask students to explain their choice of answer.

2. The Right To Be Different
Read the following reflection to the class. Alternatively, you may prefer to copy the reflection and give each student a copy to read themselves.

The Right To Be Different

I am a person
        just like you.
I walk, talk, laugh, dance
        just like you do.
I enjoy sport, going to see a film,
        chatting with my friends,
        as I'm sure you do.
But I'm different to most people in one way,
        I'm attracted to men and not women.

Sometimes I feel so isolated,
        like it's me against the whole world.
        Everywhere I look:
the television, my family, my neighbourhood -
        it's like gay people don't exist,
or if they do it's just a weird and dirty phase they're going through.

I can laugh at myself
        as good as the next person can.
But I also want to be taken seriously,
        for me, for who and what I am.

By Helena Browner.

Discussion pointers:

• How do you think this person feels about his sexual orientation?
• Why do you think people use slang words to describe gay men/women?
• How do you think people could show more respect and tolerance for people of different sexual orientations?
3. Describe Me

Divide the class into small groups of 3/4. Give two cards from the following list to each group:

- Gay Man
- Bisexual Woman
- Lesbian
- Bisexual Man
- Prostitute
- Mother
- Heterosexual Man
- Father
- Heterosexual Woman
- Celibate Person
- Seventeen-year old

Ask the groups not to show their card to any other group during this exercise. Ask the groups to write on a poster the sort of assumptions people make about the persons named on their two cards. Ask them to do it in a way that does not give away the person’s identity too much. In particular they must not use the name on the card on the poster. When the groups have finished this part of the exercise, put the posters on the wall. Allow all students to read each poster. Read through each poster, one by one, asking the students who were not in the group describing the person, who they think the person is. You may wish to provide all students with a full list of possible persons described.

The following questions can be used as discussion starters.

**Discussion pointers:**
- Were you surprised by the description of any person?
- Are the images on the posters true to life or stereotyped? Explain your answer.
- How do you think a person would feel/react if s/he was described in a way similar to what came up in the exercise here?
- What does this type of stereotyping tell us about the society in which we live?
- Can you think of anything we can do to change this?

4. Conclusion

In this lesson we have:
- examined some of the stereotypes which can surround sexual orientation;
- recognised the ways in which different sexual orientations can be discriminated against;
- identified our own attitude towards people with different sexual orientations;
- sought to show respect and tolerance towards people of different sexual orientations.
### Appendix I

**Student Sheet 43**  
**What’s Your Attitude?**

Read through the following statements. Say whether you agree, disagree or are not sure about each of the statements.  
A = agree, D = disagree, ? = not sure.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agreement</th>
<th>Disagreement</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Many people, especially teenagers, can feel attracted to people of both sexes.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>2. You could never tell your parents if you were gay.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>3. Sexual orientation is not a matter of choice.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>4. Gay people should be able to marry, rear children and live as a family.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>5. Heterosexual people are more loyal to their partners than homosexual and bisexual people.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>6. Children are not safe with gay people.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>7. If my best friend told me s/he was gay, s/he would still be my best friend.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>8. You can tell by looking at a person if s/he is gay.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>9. There is no such thing as a bisexual person.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
</tbody>
</table>
### Resource Materials for Relationships and Sexuality Education

#### Senior Cycle Lesson 16 Accepting Sexual Orientations

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>10. Heterosexual people are prejudiced against homosexual or bisexual people.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>11. Gay people could change if they wanted to.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>12. Heterosexual people are just as likely to get HIV/AIDS as homosexual people.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>13. Life is tough for lesbian and gay people—they often have to hide their real values and feelings.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>14. Being homosexual is not natural.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
<tr>
<td>15. Prejudice against gay people parallels prejudice against refugees, travellers and other minorities in Ireland.</td>
<td>A</td>
<td>D</td>
<td>?</td>
</tr>
</tbody>
</table>
Homosexuality is often a difficult topic to discuss with young people. There may be an atmosphere of fear as early adolescence is a time of unsettled sexual orientation and young people often find themselves attracted to people of both sexes. Antagonism and rejection are attitudes that may surface when this topic is discussed. Fear and ignorance have perpetuated myths, unsavoury jokes and comments around homosexuality. Even though the criminal aspect has been legally removed in Ireland, the ghost of prohibited behaviour, involving secrecy, unclear activities and general deviation from the accepted norm, can still present itself when this topic is mentioned.

The majority of people are heterosexual (sexually attracted to people of the opposite sex). Some people are homosexual (sexually attracted to people of the same sex). Other people are bisexual which means they can be attracted to both sexes. Female homosexuals are commonly known as lesbians. There are various statistics quoted as to what percentage of the population are homosexual: usually ranging from 5% - 10%. Experts do not agree on why people are heterosexual or homosexual. Some think it has a biological cause, some think perhaps it is because of up-bringing and environment, while others still believe it is a combination of both factors. Recent research seems to indicate a more definite biological difference which would mean that a person has no choice in her/his sexual preference. Tolerance and understanding are important qualities to encourage in young people with regard to sexual orientation. In Ireland, the present legal position states that it is illegal to discriminate against people because of their sexual orientation.
Lesson 17

Sexual Harassment
Lesson 17

Sexual Harassment

Aim: To develop a deeper understanding of sexual harassment and how to deal with it.

Outcomes:
As a result of participating in this lesson, students should:
- be able to identify sexual harassment;
- have explored situations where sexual harassment can occur;
- have explored ways in which we can deal with sexual harassment in various situations including school, college and workplace.

Background information for the teacher: See Appendix II, Reference Sheet 20.

Other useful resources:
- Bullying in the Workplace, Guidelines for Action. A leaflet produced by the Irish Congress of Trade Unions.
- Planning the Future: Senior Cycle Programme 2, Sexuality Education.

Materials needed for this lesson:
- Flipchart/Overhead projector.
- Paper and pencils for ‘Snowballing’ exercise.
- Copies of Student Sheets 44(a), 44(b) and 45.

Lesson Plan

1. Snowballing – What is Sexual Harassment?
2. Options: Case Study: Student Sheets 44(a) and 44(b)
3. Student Sheet 45: Sexual Harassment
4. Conclusion
Procedure in Detail:

1. Use 'Snowballing' method to explore students' understanding of sexual harassment. Begin by asking the students to write down their response to the question: What is sexual harassment? After they have done this they turn to the person beside them, compare what they have written and come up with a joint understanding of the term sexual harassment. When they have completed this stage of the exercise ask each pair to join with another pair beside them. Again they compare what they have written and come up with a group understanding of the statement. Depending on the size of the group you may wish to ask each quartet to join with another and so on. During this exercise it is important that the teacher monitor carefully each step in the 'Snowballing'. When every group of 4/8 have come up with an understanding of sexual harassment, take feedback from each group and decide on a class definition of sexual harassment. Compare the class definition with the following definition: Sexual harassment is sexually-orientated behaviour that is both unwelcome and unreciprocated, the effect of which is to embarrass, frighten, humiliate or bully the victim. Refer to Reference Sheet 20.

Sexual harassment can include any of the following:
- repeated and unwanted verbal or physical advances,
- sexually-explicit or discriminatory remarks,
- unwelcome comments about person or dress,
- demands for sexual favours,
- offensive use of pin-ups, pornographic pictures, etc.

2. Case Study - Julie-Anne's New Job / Joe's Story
Distribute Student Sheet 44(a) or 44(b) to each student. Ask the students to read through the case study either individually or in small groups. You could use the questions at the end of Student Sheet 44(a) or (b) as discussion starters.

Discussion pointers:
- Invite students to finish off Julie-Anne's or Joe's story by describing what happens next. Alternatively, you could role play Julie-Anne confronting the older barman, or Joe confronting the man in charge.

3. Distribute Student Sheet 45 Sexual Harassment.
Discuss the information contained on the sheet with the students.

4. Conclusion.
In this lesson we have:
- developed a working understanding of the concept of sexual harassment;
- recognised that sexual harassment happens in many different situations and takes many forms;
- identified the laws that exist to protect individuals from sexual harassment in the workplace.
Julie-Anne had been really looking forward to starting her new job. Just after her eighteenth birthday she went down to the local pub and enquired about a job as one of the lounge staff. Tonight was her first night. Julie-Anne was very careful about how she was going to look; her white blouse was spotless and she spent ages ironing a black skirt belonging to her mother. She hoped to buy her own when she got her first wage packet. When she arrived at eight on the dot the boss introduced her to the other lounge staff. They were really helpful and friendly. By 10 p.m. she felt as if she was an old hand at the work.

One thing began to bother her as the night went on. One of the older barmen kept winking at her. At first she thought he was just being friendly. Then every time he went to pass behind her he would lean really close to her; much too close for Julie-Anne's liking. When she ordered a round of drink from this barman he always replied: ‘Sure darling, I’ll get those for you!’ His voice made her shiver. Some of the other girls had warned her about his ‘hands-on’ approach, but nothing prepared her for what happened next. She was getting ready to go home, really pleased with herself. Her boss had praised her and told her to come back on Friday night and he’d put her on the rota. She went to the staff cloakroom to get her jacket when the same barman who had been winking at her followed her into the cloakroom and leaned against her saying: 'You're a very sexy young lady Julie-Anne!' “I bet you’re great in bed”. He left and Julie-Anne just stood there in shock. She went through the motions of putting on her jacket and headed home. When she got home she broke down in tears. She knew that Friday night’s rota included working with this barman. What was she going to do?

Discussion pointers:
- Was Julie-Anne sexually harassed by the older barman? Give reasons for your answer.
- Why do you think Julie-Anne didn't report the barman's behaviour?
- What do you think you would do if you were in Julie-Anne’s shoes?
- What do you think her employer should do if Julie-Anne tells him what has happened to her?
- Can you think of other situations where women or men are sexually harassed: At school? In college? In the workplace?
Joe was sixteen but looked a lot older than his age. The local club were recruiting new members for the under 18 B Team and Joe's uncle said, “Go for it!” Joe turned up on the day and found that several others were already togged out and talking among themselves. The man with the whistle seemed to be in charge. When Joe approached, the man put his arm around his shoulder and drew him close to himself. “And where do you play young man?” Joe felt he wanted to draw back but didn’t want to do anything which might jeopardise his chances of getting on the team. “In goal Sir!” said Joe. “Never mind the Sir” said the man in charge, “I’m Danny! And who are you?” “Joe”. “Well Joe, you play ball with me and you’ll be in whatever position you want!” As he spoke, Danny winked and Joe felt most uncomfortable.

During the weeks that followed, Danny seemed to find lots of opportunities to be alone with Joe. He often insisted on Joe staying behind for some extra skills practice. He sometimes followed Joe into the dressing room and remained there while Joe dressed. Joe felt very uneasy in his presence and tried to find excuses for either not staying back or not having to dress in the changing room.

**Discussion pointers:**
- Was Joe sexually harassed by the man in charge? Give reasons for your answer.
- What do you think you would do if you were in Joe's situation?
- How do you think Joe's uncle would respond if Joe told him about Danny?
- Can you think of other situations where boys/girls or men/women are sexually harassed:
  - At school?
  - In college?
  - In the workplace?
Definition: Sexual harassment is sexually-orientated behaviour that is both unwelcome and unreciprocated, the effect of which is to embarrass, frighten, humiliate or bully the victim.

Sexual harassment in the workplace is one of the most serious and damaging forms of bullying. Those most at risk include:

- Young people, especially recent recruits;
- Persons who by age, gender, sexual orientation, ethnic or national or regional background are different from others in their workplace;
- Persons who are shy or withdrawn or who have personality traits which are seen as strange or 'different';
- Persons with speech impediments or other communication difficulties.

- Why do you think these groups of people are likely to be bullied or sexually harassed?
- Can you think of other situations apart from the workplace, where women or men are sexually harassed:
  - At school?
  - In college?

Give examples of how sexual harassment could take place in school.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Using the above definition can you think of other situations where women or men are sexually harassed?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Steps to take in a situation where you are being sexual harassed:

- Report it to your employer
- Report it to the union
- Report it to the class teacher/tutor/school counsellor
- Report it to a parent/guardian
- Report it to a friend

Important: The law is there to protect employees from sexual harassment in the workplace.
The topic ‘Bullying’ will have been covered in detail with the students in Junior Cycle Social, Personal and Health Education. In this lesson one form of bullying, sexual harassment, is explored. Before introducing this lesson you may wish to briefly refer back to the issue of bullying.

Sexual harassment takes place any time a person is victimised or discriminated against, because of his/her gender. We tend to associate sexual harassment with the workplace, probably because we are dealing with adults who are responsible for the consequences of their behaviour and actions.

Sexual harassment can be very subtle. In the workplace the law is there to protect the individual from sexual harassment. In 1985 the Labour Court in Ireland recognised that all employees are entitled to work in an environment free from sexual harassment. Any denial of that freedom is recognised as discrimination under the terms of the Employment Equality Act 1977. It is the responsibility of the employer to ensure that sexual harassment in the workplace is stopped effectively.
Lesson 18

When Sexual Assault Becomes a Reality

Aim:
To enable students to become aware of the impact of sexual assault on the victim and to identify ways of protecting themselves and each other from possible assault.

Outcomes:
As a result of participating in this lesson, students should:

- have examined common reactions to sexual assault and ways in which support can be given to the victim;
- be aware of the way in which the print media report sexual assault;
- have identified steps young people can take to protect themselves from possible assault.

Background information for the teacher: See Appendix II, Reference Sheet 21.

Other useful resources:

- Healing the Trauma of Rape and Sexual Abuse, Resource pack from Dublin Rape Crisis Centre.
- Living with Loss, Lesson 5; Without Consent, Lesson 19, RSE Senior Cycle Resource Materials.
- Planning the Future: Senior Cycle Programme 2, Sexuality Education.

Materials needed for this lesson:

- Copies of Student Sheets 46(a), 46(b), 47, 48, and 49.
- Chalkboard/flipchart/OHP.

Lesson Plan

1. Reactions to Sexual Assault
2. Supporting another if s/he has been Sexually Assaulted
3. Reporting of Sexual Assault in the Print Media
4. Protection against Sexual Assault
5. Conclusion
Procedure in Detail:
1. Introduce the lesson by referring to the definition of sexual assault (i.e. any kind of sexual activity inflicted on another against her/his will). See Reference Sheet 21.

2. Reactions to Sexual Assault and the Support Required.
Victims of sexual assault experience a range of reactions, some are immediate, and some are delayed while others may manifest themselves in later years. The support of those who care is crucial in helping the victim to come to terms with what has happened. Distribute Student Sheet 46(a) or 46(b) and ask students to complete. Share in small groups of 2-3. Return to the large group and take feedback.

Discussion pointers:
- Anne/Peter were sexually assaulted by Mark/Marie. Would you agree with this? Why/Why not?
- Both victims had many questions and doubts after the assault. How would you respond to these?
- What explanations can you give for what went on between Anne and Mark or Peter and Marie?
- If either victim told you his/her story, how would you respond?

Distribute Student Sheets 50 and 51 for additional information.

3. Optional
Invite students to examine the print media and how it reports sexual assault. Ask them to keep reports from Irish daily newspapers for the week prior to this lesson. The following questions may be used for class discussion:
- How did you feel about the style of reporting in the newspapers?
- Comment on the language used, the amount of information and the headline for each article.
- How did you feel about the people involved when you read the articles?
- How do you think the victims felt about the way their cases were presented?

4. Refer to the importance of protection against sexual assault. While it ought to be possible to walk the streets at night without fear, people (particularly women) need to take precautions until such time as society is free of crimes like sexual assault. Divide the class into pairs. Ask each pair to draw up a list of four suggestions that will help protect young people from sexual assault. When this task is completed, one pair joins with another to form a group of four. This group decides on a list of six suggestions. When this is done, the group joins with another group to form a new group of eight. Each group of eight has to draw up a list of ten suggestions that will help protect young people from sexual assault. Take feedback from the groups and finalise a class list of steps, which they can take to protect themselves from sexual assault. You may wish to refer to Student Sheet 49 for suggestions or use as a handout. You may also wish to state that despite the fact that a person may take care, there are, unfortunately, situations where assault occurs.

5. Conclusion
In this lesson, we have:
- Become aware of common reactions to sexual assault;
- Explored ways in which support can be given to another who has experienced the trauma of sexual assault;
- Examined the way in which sexual assault is reported in the print media;
- Become aware of ways in which young people can protect themselves and each other from sexual assault.
Appendix I

Student Sheet 46(a)

Anne’s Experience

It’s six months now since Anne was at her brother’s twenty first birthday party. She remembers the night clearly. All her friends were there and when Mark, her brother’s best friend, offered to drive her home she was thrilled. She had fancied him for ages. Anne had taken a lot of alcohol that night but she felt safe going home with Mark. Half way home Mark stopped the car and started kissing her. Anne got scared when Mark pinned her to the seat and said he wanted to have sex. She did not want this. She screamed and shouted stop when he tried to remove her clothes. Anne struggled free and escaped from the car. Later that night at home, Anne was in shock and many questions kept going round in her mind. Why did she let Mark bring her home? Was it her fault because she had too much to drink? How could she tell anyone about what happened? After all, everyone liked Mark.

1. Anne was sexually assaulted by Mark. Would you agree with this? Why/ Why not?

2. Anne had many questions and doubts after the assault. How would you respond to these?

3. What explanations can you give for what went on between Anne and Mark?

4. If Anne told you her story, how would you advise her?
Peter and John were in first year at the local secondary school. At the weekends, Peter often went to John’s house just to watch T.V. or hang around for an hour or two. Sometimes they listened to music along with John’s sister Marie. Marie was in Transition Year and really cool. Peter liked Marie and was thrilled when she offered to teach him how to play the guitar. One evening when Peter and Marie were alone together, Marie asked Peter if he ever kissed a girl. Peter blushed and said, “not really”. Marie said she would show him what a real kiss was like. Suddenly she started to kiss Peter and said they would have sex. Peter started to panic and said he didn’t want this. He grabbed his bag to leave. Marie told him to grow up and not to be so immature. She said if he ever told anyone that nobody would believe him and anyway, they’d all laugh at him. She also said he fancied her and that it was all his fault. Peter was in shock when he got home. Was it all his fault? How could he tell anyone about what happened? Who would believe him?

1. Peter was sexually assaulted by Marie, would you agree with this? Why/Why not?

2. Peter had many questions and doubts after the assault. How would you respond to these?

3. What explanations can you give for what went on between Marie and Peter?

4. If Peter told you his story, how would you advise him?
Common Reactions of Victims

Sexual assault and rape are very traumatic and horrifying experiences. While no two people respond in the same way, many feelings are common among victims.

- **Self-Blame and Feelings of Guilt.** This is a common reaction. The person may feel humiliated, ashamed or embarrassed about what happened. S/he may also feel responsible for decisions that were made before the assault, e.g. “If only I didn’t go that route”. The truth is that **RAPE OR SEXUAL ASSAULT IS NEVER THE FAULT OF THE VICTIM**.

- **Anger and Rage.** These feelings are common though not easily acknowledged especially by women. Very often anger is repressed or it may be misdirected i.e. it may be that the anger is directed towards the people who care about the victim (because it is safer.)

- **Loss/Powerlessness.** Rape and sexual assault rob the victim of all power and control that s/he has at that moment.

Other common reactions may include isolation, depression and panic attacks. These reactions may manifest later on in life. It is important that victims have access to counselling and support.
Supporting a Friend if s/he has been Sexually Assaulted

Friends and relatives have an important role to play in helping the person who has been sexually assaulted.

- Accompany her/him to the parent, teacher, doctor, other trusted adult or the gardai.
- Reassure her/him that s/he has your belief and support and that the assault was not her/his fault.
- Allow her/him to express feelings as they emerge. Do not try to tell the victim to ‘forget about it.’ Listen if the person needs to talk.
- Support the victim if s/he wishes to go for counselling. Talking about the trauma to a sympathetic counsellor will help the victim work through painful feelings.

Remember

- Sexual assault is a crime and should be reported.
- Sexual assault is never the fault of the victim.
- The school guidance counsellor, year head or other teachers will help a student who may have experienced assault.
- The most important thing to do if you have been sexually assaulted is to get help. Tell your parents or other trusted adult immediately. They will help you get prompt medical attention and report it to the gardai. The Dublin Rape Crisis Centre has a 24-hour Telephone Crisis Line and a 24-hour Outreach Service where volunteers will accompany victims to hospital where they undergo medical and forensic tests. Other Rape Crisis Centres around the country also offer a comprehensive support service for victims of sexual assault. See local telephone directory for local numbers.
Protection against Sexual Assault

- Do not walk alone late at night especially on poorly lit streets or through alleyways or parks.

- If you are afraid or worried about your safety tell your parents or your friends.

- If you think there is someone following you, cross the street and walk on the other side. Keep to the outside of the kerb.

- Never thumb a lift no matter what the circumstances or how many times you were lucky in the past.

- If you are travelling alone by bus or rail, sit near the front of the bus or on a carriage where there are lots of other people.

- Always carry a call card and some cash in case of emergencies. A personal alarm is also useful.

- Take responsibility for your alcohol intake.

- Be clear about what you want and don't want from any situation.

- Pay attention to how you feel and trust your hunches or instincts.

- If you feel threatened, get away from the situation, shout or call a friend.

- If you are at home and your parents are out, make sure that the windows and doors are securely locked. Find out who is at the door before opening it to anyone.

- If you are travelling to an unfamiliar town, city or country, get advice about personal safety from someone who has already been there.
Reference Sheet 21

Background Information
For the Teacher

Sexual assault and rape are not new problems. However, public awareness of these problems is new. There are constant media reports about sexual abuse. The growing awareness and concern has encouraged people to tell about their sexually abusive experiences which they may have been keeping secret for some time. The drawback in all of this is that it may induce an unspoken acceptance of rape and sexual crime as just another social problem that we have to learn to live with.

In this lesson the students have an opportunity to examine the impact of sexual assault on the victims, their families and friends. It also examines ways in which sexual crime is reported in the print press. You may also wish to look at TV and the manner in which such crimes are reported. It is important that young people can critically examine the kind of language, the visual impact and the amount of information presented by the media when reporting sexual crime. It is also necessary to revise and discuss safety measures which young people can take to protect themselves and each other from sexual assault. Teachers may wish to advise, in advance, that the topic will be covered in the next lesson.
Lesson 19
Without Consent

Aims:
1. To develop a deeper awareness of the issues associated with rape and sexual assault, including legal issues.
2. To provide information on agencies which are available to help anyone who may be affected.

Outcomes:
As a result of participating in this lesson, students should:
- have discussed the complex issues associated with rape and sexual assault;
- have increased their knowledge of factual information regarding rape and sexual assault;
- have explored commonly held myths about rape;
- have become more aware of the various helping agencies for victims of sexual assault and rape.

Background information for the teacher: See Appendix II, Reference Sheets 22 and 23.

Other useful resources:
- Lifeways, from the Keyways series.
- Lesson 18, When Sexual Assault Becomes a Reality.
- Planning the Future: Senior Cycle Programme 2, Sexuality Education.

Material needed for this lesson:
- Copies of Student Sheets 50, 51 and 52.
- Chalkboard/flipchart/OHP.

Lesson Plan
1. Common Myths about Rape
2. Case Study: Aisling’s Story
3. Rape and Sexual Assault- The Facts
4. Conclusion
Procedure in Detail:
1. Common Myths about Rape.
Distribute Student Sheet 50.
(A) Divide the students into groups of three or four. Explain that each of the groups will be given a set of myths. They are to discuss each of the myths as a group and try to give a reason as to why the myths have been created. When the groups have completed this exercise, take the feedback. Record on chalkboard/flipchart/OHP.

OR

(B) Alternatively, you could assign one part of the room for agreement with myths, one for disagreement and one area for people who are not sure. Each participant has two minutes to reflect on each myth and to decide whether s/he agrees, disagrees or is not sure. Students then move to the appointed place in the room in line with their decision. Three people from each side can challenge somebody on the other side to find out their reason. Different people must make the challenge on each occasion.

It will be necessary to clarify the myths by distributing Student Sheet 51. (see also Reference Sheet 22 and 23).

Discussion pointers:
* Which of the statements did you find most difficult to make a decision about?
* How did your own experiences influence your decisions?
* How did it feel to be part of a minority/majority?
* What did it feel like when your attitude was challenged by someone else?
* Was there a difference in the view of the males in the class to the females?
* Why are these issues so complex and sensitive?

2. Case Study: Aisling’s Story
Distribute Student Sheet 52. Ask the students to read the case study. You could use the questions provided on the student sheet either to generate large group discussion, to use for small group discussions or as an individual exercise.

3. Rape and Sexual Assault – The Facts
Distribute Reference Sheet 23. Read through the information on the sheet with the students. Alternatively, you may prefer to read through this information yourself and to pass it on to the students in an appropriate way.

4. Conclusion
In this lesson we have:
* discussed some of the common myths and the reality about rape;
* become more aware of common attitudes towards victims and assailants of sexual assault;
* become more aware of the legal situation regarding rape and sexual assault;
* increased awareness of helping agencies in this area.
Appendix I

Student Sheet 50

Common Myths about Rape

1. Rape occurs because a man has an overwhelming sexual urge that he cannot control.

2. Rape is not something that happens to men.

3. There is no point in a person reporting rape because the offender is never convicted.

4. If a rape case goes to court the victim is asked about her/his sexual history.

5. Most rapes are caused by strangers.

6. In some cases it is difficult to know what rape really is.

N.B. See Student Sheet 51 for Responses to these Myths
1. A common belief about rape is that it occurs because of an overwhelming sexual urge when the man loses normal self control. The reality is that it is a vicious, violent act and research shows that the primary motivating factors are anger and the wish to dominate and degrade, not sexual desire.

2. Anybody, regardless of age or circumstances, may be the target of a sexual attack. Although the majority of victims are women, men may also be subject to attack. Both men and women can bring charges of rape, aggravated sexual assault or sexual assault against someone.

3. Figures from the Dublin Rape Crisis Centre Counselling service for the years 1996/7 show that the rate of convictions for rape or child sexual abuse is very low. “For 242 clients who had been raped there were only five convictions (2%) despite the fact that almost half had reported the rape to the Gardai.” Healing the trauma of Rape and Sexual Abuse. (Dublin Rape Crisis Centre). Deciding whether or not to prosecute can be very difficult. It is important to remember that a crime has been committed and reporting it to the Gardai is a way of doing something about the problem of rape in our society. Reporting can also be a way for the victim to deal with her/his anger and guilt.

4. The defence barrister is not allowed to refer to the person’s previous sexual history, except with the permission of the judge.

5. While many believe that rape is carried out by a stranger, the majority of reported rapes happen between people who know each other, or who have seen or met each other before. These rapes happen on dates, in people’s homes, at parties and during the day as well as the night.

6. If the offender is well known to the victim it may be difficult to come to terms with the fact that a rape has been committed. If a person, using verbal or physical force, pressures another to have sexual intercourse against her/his will, then s/he has been raped.
When I was eighteen I had a boyfriend. We had been dating for about two months when one night after the disco we went back to my house. We started hugging and kissing when all of a sudden he pinned me down and forced me to have sex with him. At first I resisted and said no until he threatened to kill me. I knew he was serious and I was scared that my family would hear all the commotion so I kept quiet. He had never shown any hint of violence to me before but this scared me. We had sex a couple of times before this happened but he had never been forceful. I just could not understand it. That night when I lay in bed I wondered was it something I had done but the next day he acted as if nothing had happened.

**Discussion pointers:**

- Was Aisling sexually assaulted or raped? Give reasons for your answer.
- Was Aisling right in wondering was it something she had done?
- How do you think she felt when her boyfriend acted as if nothing had happened?
- What do you think Aisling should do next?
- How do you think her family and friends would react if she told them her boyfriend had sexually assaulted or raped her?
In this lesson the topic of rape and sexual assault will be dealt with in two ways; firstly the students will explore some of the myths around rape and secondly, they will identify the facts about rape and sexual assault. Teacher sensitivity with regard to these topics is crucial if the subject is to be dealt with in a supportive way, taking into account the fact that within the class group there could be one or more victims. While students should be encouraged to engage fully with the material in the lesson, there should be no obligation to share anything other than what they are comfortable with. It would be important to acknowledge that there may be painful experiences within the room, but that it is not the purpose of this lesson to bring these experiences into the class forum. As with other lessons in the area of RSE, the teacher should be approachable so as to assist students who may want to initiate action on abuse they have suffered or are suffering. The teacher has an obligation to pass on any such information to the school principal who in turn will contact the relevant authorities.
Rape and Sexual Assault

Rape occurs when someone forces a person to have sex against her/his will.
The following definitions of sexual offences have been taken from The Criminal Law (Rape) Act, 1981 and The Criminal Law (Rape) (Amendment) Act 1990.

**Rape** “A man commits rape if
(a) he has unlawful sexual intercourse with a woman who at the time of the intercourse does not consent to it, and
(b) at that time he knows that she does not consent to the intercourse or he is reckless as to whether she does or does not consent to it.”

**Rape under section 4** as sexual assault that includes
“(a) penetration (however slight) of the anus or mouth by the penis, or
(b) penetration (however slight) of the vagina by any object held or manipulated by another person.”

**Aggravated sexual assault** means “a sexual assault that involves serious violence or the threat of serious violence or is such as to cause injury, humiliation or degradation of a grave nature to the person assaulted.”

**Sexual assault** means “the offence of indecent assault upon any male person and the offence of indecent assault upon any female person”.

**What happens once a rape is reported?**
The person who reports being raped to the Gardaí will generally be interviewed by a Garda to find out exactly what happened. A female Garda will be provided where possible if the person is female. The person will have to undergo a medical examination to collect forensic evidence. It is advisable not to wash or shower before the investigation and to keep the clothes that were being worn at the time. The Gardaí will then interview the accused if his identity is known. The Gardaí will prepare a Book of Evidence which is sent to the Director of Public Prosecutions, who will decide if there is sufficient information to proceed with the case. If the accused person pleads guilty, there will be no trial and the Court will proceed with sentencing.

**Who represents the victims of rape in a Court case?**
It is the state who prosecutes the accused in a rape trial. The victim acts as a witness for the prosecution and usually has to take the stand. The lawyer for the accused has the right to cross-examine the victim on the statement s/he has given.

**What happens to the rapist who is found guilty?**
The maximum sentence for rape offences and aggravated sexual assault is life imprisonment. The maximum sentence for sexual assault is five years imprisonment. However, the judge in each case has discretion as to the sentence he/she imposes. There are no guidelines except that in 1988, the Supreme Court held that the normal
sentence for rape should be a substantial prison sentence. The Supreme Court has held that if the accused confesses to the crime early in the investigation, some reduction in the sentence may be given. In such cases, the victim does not have to go through the ordeal of the trial.

**Will the victim’s name be published in the newspapers?**
The victim’s name cannot be published except in very exceptional circumstances and only with the judge's approval.

**Rape within marriage**
The Criminal Law (Rape) (Amendment) Act 1990 states that a married woman may charge her husband with a sexual offence.

**Support Services for Victims of Rape and Sexual Assault**

**Rape Crisis Centres: Counselling Services**
- A comprehensive list of Rape Crisis Centres and telephone numbers is available in the telephone directory. Many Rape Crisis Centres have information packs and leaflets on rape and sexual assault and teachers may find these useful.

- **Domestic Violence** which may include Rape and Sexual Assault. (The area of domestic violence is covered in greater detail in Social, Personal and Health Education) There is a National Network of Women’s Refuges and Support Services. Tel: 046 49049

- **Womens Aid, P.O. Box 791, Dublin 1.** Provides support and refuge for women who have experienced domestic violence. Helpline 1800 34 19 00

- **Amen**
  Support group for men suffering violence from women. Tel: 046 23718
Aim: To increase the students’ awareness of sexual abuse and to identify support structures available.

Outcomes:
As a result of participating in the lesson, students should:
- have explored what constitutes abusive activity;
- have clarified factual information surrounding sexual abuse;
- be able to identify helping agencies and steps to be taken in the event of sexual abuse.

Background information for the teacher: It would be important to be aware of the school’s policy with regard to sexual abuse. It would also be advisable to indicate to the students in advance when the topic will be dealt with in your class. See Appendix II, Reference Sheet 24 and 25.

Other Useful Resources:

Materials needed for lesson:
- Chalkboard/flipchart and markers/OHP.
- Paper and pens for group work.
- Copies of Student Sheet 53 and 54.

Lesson Plan
1. What do we Know about Sexual Abuse?
2. Coming Forward
3. Conclusion
Procedure in Detail:

1. Introduce the topic by stating that it is a particularly sensitive topic and refer to the class contract stating that nobody will be asked about any personal experiences. Sexual abuse is a topic which is surrounded by secrecy and there is much misinformation around the whole issue. Ask students for any common facts/myths they have heard associated with sexual abuse. Get them to buzz in pairs. List suggestions on the chalkboard/flipchart/OHP. It may be necessary to take some ideas from Student Sheet 53 to begin with. Working in groups of 3/4 ask the students to try to decide whether they agree or disagree with these statements. When the groups have completed this exercise, take feedback from each group, giving them factual information from the response sheet where possible. (See Student Sheet 54). Reference Sheet 24 may also be used to provide further information.

Discussion pointer:
* Why do you think there is misinformation around the issue of sexual abuse?

2. Coming Forward

There is a lot of secrecy surrounding sexual abuse. You may wish to refer to the following statement taken from the book 'The Colour Purple' to generate class discussion.

‘You’d better not tell nobody but God. It’d kill your mother.’ The Colour Purple by Alice Walker.

Ask the students to say what they believe happens if children or teenagers reveal that they have been sexually abused. Use Reference Sheet 25 to help you tease out the issues. Outline the procedure for dealing with a disclosure, giving details of who could be approached. Ensure that students are aware of the limitation of confidentiality in this regard.

3. Conclusion

In this lesson we have:
- discussed some facts about sexual abuse;
- explored some of the attitudes towards and features of sexual abuse;
- considered the effects of abuse on the victim and others;
- identified steps to be taken in the event of sexual abuse and explored some of the issues associated with disclosures.
Appendix I

Student Sheet 53

Sexual Abuse – What do you know?

Read through the statements below and indicate if you agree/disagree.

1. If you know that someone is being sexually abused you should keep it to yourself.

2. When a child is sexually abused the abuser is usually a stranger.

3. Girls are sexually abused more often than boys.

4. The vast majority of sexual abusers are men.

5. Sexual abuse victims usually hate those who sexually abuse them.

6. Family sexual abuse only happens in low income families.

7. A number of sexual offences are perpetrated by adolescents.

8. The relationship between a victim and an abuser is about power.

9. There is no cure for those who sexually abuse.

10. Children often make up stories about being sexually abused.

NB. See Student Sheet 54 for a response to these statements.
Response to: Sexual Abuse
– What do you Know?

1. Sexual abuse is a crime and must be reported. If you know that someone is being sexually abused, tell your parents or a teacher, guidance counsellor or school principal. They in turn will report it to the health authorities. If you feel completely alone, telephone the nearest Rape Crisis Centre or child helpline (numbers are in the tel. directory). Sexual abuse is too big a burden to carry in secret and getting supportive help early will often lessen the trauma. Neither the victim nor the assailant can be helped if the silence is maintained.

2. The child knows the abuser in 80%-90% of cases. Most sexual abuse occurs within the immediate or extended family situation, by an adult who has close contact with the child and is in a position of trust. In addition, a significant number of abusers are neighbours, close family friends and baby-sitters.

3. Statistics vary but boys are almost as much at risk as girls. It may be more difficult for boys to disclose abuse partly because of the belief that sexual abuse was something that only happened to girls.

4. True. The majority of known abusers are male. A high percentage of cases reported to the health boards involve male abusers in their teens and twenties.

5. Children who are being sexually abused experience many conflicting emotions. They may both love and hate the person; they may feel terrified of the abuse happening again, yet enjoy parts of it. Strong emotions are natural reactions and children find it hard to make sense of them.

6. Family sexual abuse crosses all classes in society. There is no social or economic class that is immune to it.

7. Current statistics indicate that around one in three cases of sexual abuse are perpetrated by adolescents, some of whom have themselves been abused.

8. True. Very often the reason a victim does not come forward is because of fear.

9. “Sexual abuse is not an illness; there is no cure, only management and control. A vital part of the treatment programme involves the abuser accepting total responsibility for the abuse and acknowledging its unacceptable nature.” (The Stay Safe Programme, User’s Handbook)

10. Children rarely lie about being sexually abused though they may deny it happened to protect the abuser or because they themselves may feel shame, guilt or fear.
Sexual abuse of children occurs when an adult or adolescent uses his or her power or authority to engage a child to take part in sexual activities which they do not truly understand or to which they are unable to give informed consent. A child is never in a position to make a valid choice about appropriate sexual acts. Sexual abuse may range from inappropriate touching, or fondling to full vaginal or anal intercourse. Incest refers to sexual abuse by a family member.

Sexual abuse also refers to allowing children to view sexual acts or to be exposed to, or involved in, pornography, voyeurism such as watching a child undress, obscene phone calls, child prostitution, exhibitionism and other perverse activities. (Guide to the Child Care Act 1991)

A person who chooses to involve a child in sexual activity may be able to make the child believe that it is a special game or a normal part of being loved.

Older children may believe that they are at fault for seducing the adult.

Children may feel fear, hatred, blame, anger, violence or rejection if they explain what is happening to them.

They may fear that they may not be believed because they are children.

Children may feel that other adults know what is going on.

Children are sometimes taught not to argue or fight and to obey adults without question.

Teenagers may find it difficult to identify what is appropriate for them. What was appropriate when they were children may no longer be appropriate. For example, a boy may enjoy playing a chasing and tickling game with his aunt at ten years of age but it might arouse uncomfortable feelings at fourteen. In other words, teenagers may find different types of touch confusing and may not be sure what kind of touch is appropriate. It is the responsibility of the older person to ensure that no boundaries are encroached upon.

Children can be easily bribed or blackmailed.

For teenagers and adults the communication gap often widens at this time so it may be more difficult to explain what is going on.

People often have inaccurate and unrealistic images of those who abuse others. An abuser may be the stranger offering rewards or it could be a ‘respectable’ family friend or family member.
Reference Sheet 25

Procedure for Dealing with Disclosure of Sexual Abuse

Teachers are advised that they should emphasise to young people the importance of disclosing sexual abuse. Young people need to know that if they report such an experience to a trusted adult, they will be supported and helped to cope with their situation. The matter will be dealt with confidentially between the school authorities, health professionals and Gardai. Young people will be referred to the relevant persons or agencies where individual counselling is available.

All schools were issued with a booklet from the Department of Education and Science entitled ‘Procedures for dealing with Allegations or Suspicions of Child Abuse’. Teachers must adhere to the official guidelines and procedures as set out in this booklet. The following extract is taken from the Department of Education and Science booklet.

“Reporting Procedures
(a) If a teacher receives an allegation or has a suspicion that a pupil is being abused, the teacher should, in the first instance, report the matter to the principal or in exceptional circumstances directly to the Chairperson of the Board of Management or the School Manager or the Chief Executive Officer of the Vocational Education Committee as appropriate.

(b) Where the matter is reported to the principal and he or she is satisfied that there are reasonable grounds for the suspicion or allegation the Chairperson or Manager or Chief Executive Officer should be advised.

(c) The Chairperson/Manager/Chief Executive Officer, together with the teacher, should report the matter to the local Director of Community Care/Medical Officer of Health (DCC/MOH). Addresses and phone numbers of the various regional offices are enclosed for this purpose. It is essential that at all times the matter be treated in the strictest confidence and not discussed except among the parties mentioned above(see par.7).”

Please Note: Since these reporting procedures were written, the health boards have appointed Child Care Managers as the people to whom sexual abuse must be reported. Reference to DCC/MOH in the above text should be replaced with Child Care Manager.

What happens next?
The health board has a statutory duty to identify children not receiving adequate care and protection, including children who have suffered abuse. The health board is also required to provide a range of child care and family support services. In these duties the welfare of the child is the first consideration. The health board must also have regard for the rights and duties of the parent and give regard to the principle that it is generally better to bring a child up in their own family.
When sexual abuse is reported, the health board may hold a case conference in which the case is discussed with the relevant professionals. The purpose of a case conference is to ensure that the child is protected and that s/he and their family receive the appropriate treatment and care. A teacher or school principal may be asked to attend a case conference. Decisions are then made as to what action, if any, is to be taken. If a prosecution is to be made the case must be referred to the Director of Public Prosecutions who decides whether there is enough evidence to prosecute. If it is thought that the child is in a serious risk situation s/he can be removed through court proceedings and placed in alternative care. If the child remains at home s/he and the family are supported by health board staff.

Helping agencies in the area of sexual abuse and rape (See Lessons 18 and 19)

- The Department of Education and Science has issued a booklet to all schools entitled 'Procedures for Dealing with Allegations or Suspicions of Child Abuse'. This booklet is being revised.
- For all children under eighteen years, the local community care social worker in the health board is responsible for organising therapeutic help.
- The Rape Crisis Centres provides a professional therapy programme for teenagers over 16 and adults who have been sexually abused. See local telephone directory for local numbers.
AIDS Education Pack and Video ‘Don’t Turn Away’,
Department of Health and Children and Department of Education and Science.

Bullying in the Workplace: Guidelines for Action.
Leaflet from the Irish Congress of Trade Unions, Dublin.

Developing Myself and Others. Senior Cycle Programme 1.
Teacher’s Book and Student Worksheets on Social, Personal and Health Education for Pre-Leaving Certificate Classes.
McAuley, B. Health Promotion Department, North Western Health Board.

Exploring Sex Stereotyping – Video and Teacher’s/Facilitator’s Manual
Department of Education and Science.

Gender Equality.

Health Promotion Unit, Department of Health and Children,
Hawkins House, Dublin 2.
Leaflets available free of charge on family planning and contraception, sexually transmitted infections, pregnancy etc.

Knowledge is Power HIV/AIDS Education Pack – National Youth Council of Ireland,
Health Promotion Unit, Department of Health and Children, Department of Education and Science.

Lifeways - Student text, teacher’s guide, video, work cards.
Keyway series, Veritas Publishing, Dublin.

Our Bodies, Ourselves for the New Century
Boston Women’s Health Book Collective.

On My Own Two Feet – A Substance Abuse Prevention Programme (SAPP)
Resource pack on themes of substance abuse, self-esteem, assertive communication, decision-making and feelings.

Planning the Future. Senior Cycle Programme 2.
Teacher’s Book. Social, Personal and Health Education for Leaving Certificate Classes.
McAuley, B. Health Promotion Department, North Western Health Board.

Poverty in Focus, A Transition Year Supplement to Fair Shares?
Social and Health Education
A One Year Programme for Senior Cycle Pupils - Teacher's Handbook.

Suicide, Bereavement and Loss. Ed. Luke Monahan,
Irish Association of Pastoral Care in Education, Marino Institute, 1999.

The Colour Purple – Alice Walker

The Stay Safe Programme
Personal Safety Skills for Primary Schools.
*Department of Education and Science.*

N.B: A comprehensive Resource Catalogue listing materials for Relationships and Sexuality Education and Social, Personal and Health Education, was issued to post-primary teachers in the context of RSE training.

For further information on Relationships and Sexuality Education, please contact

Relationships and Sexuality Education
Training Support Service for Schools,
Drumcondra Education Centre,
Drumcondra,
Dublin 9.
Tel: 01 836 7624  Fax: 01 857 1128