



# Sexual Choices

and PSHE Education

Professionals' Pack

# 2024

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# Introduction

This pack aims to support education providers to deliver quality PSHE education around sexual choices through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Schools with a religious character may teach the distinctive faith perspective on relationships, and balanced and debate may take place about issues that are seen as contentious. For example, the school may wish to reflect on faith teachings about certain topics as well as how their faith institutions may support people in matters of relationships and sex
- In all schools, teaching should reflect the law as it applies to relationships, so that young people clearly understand what the law does and does not allow

Effective RSE does not encourage early sexual experimentation. It should teach young people to understand human sexuality and to respect themselves and others. It enables young people to mature, build their confidence and self-esteem and understand the reasons for delaying sexual activity. Effective RSE also supports people, throughout life, to develop safe, fulfilling and healthy sexual relationships, at the appropriate time.



# Local Quality Framework

We believe that for PSHE education to be effective it must:

- Be delivered in a safe learning environment based on the principles that prejudice, discrimination and bullying are harmful and unacceptable.
- Have clear learning objectives and outcomes and ensure sessions and programmes are well planned, resourced and appropriately underpinned by solid research and evidence.
- Be relevant, accurate and factual, including using the correct terminology.
- Be positively inclusive in terms of:
  - Age
  - Gender Identity
  - Race
  - Sex
  - Disability
  - Pregnancy and Maternity
  - Religion or Belief
  - Sexual Orientation
- Designed to include the development of knowledge, skills and values to support positive life choices.
- Use positive messaging, that does not cause shame or victim blaming.
- Challenge attitudes and values within society, such as perceived social norms and those portrayed in the media.
- Be reflective of the age and stage of the children and young people and be tailored to the environment and group.
- Utilise active skill-based learning techniques to encourage active participation.
- Ensure that children and young people are aware of their rights, including their right to access confidential advice and support services within the boundaries of safeguarding.
- Be delivered by trained, confident and competent professionals.
- Empower and involve children and young people as participants, advocates and evaluators in the development of PSHE education.



# Safe Learning Environment

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently.

We have created a guidance document to support professionals to create this safe in their own setting.



## **No. 01 – Ground Rules**

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



## **No. 02 – Collaborate with DSL**

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.



## **No. 03 – Staff Confidence**

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone



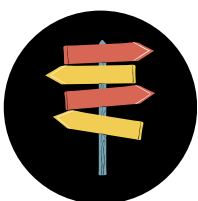
## **No. 04 Learning Techniques**

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



## **No. 05 – Difficult Questions**

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



## **No. 06 – Signposting**

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

# Best Practice Principles

## Inclusivity

Every child and young person deserves to see themselves, their family and the richness of diversity across Stoke-on-Trent, Staffordshire, the West Midlands, England, the UK and the World reflected in their curriculum.

For primary schools the guidance on Relationship and Sex Education says that:

- Relationships Education must be taught in all schools in England
- It is recommended that schools teach Sex Education too, although they can choose not to
- All schools should teach about different families (which can include LGBTQ+ parents), along with families headed by grandparents, single parents, adoptive parents, and foster parents/carers, among other family structures

For secondary schools the guidance states:

- RSE must be taught in all schools in England
- Sexual orientation must be explored at a timely point
- Same-sex relationships should be included within lessons discussing healthy and stable relationships
- Schools should 'be alive to issues such as everyday sexism, misogyny, homophobia and gender stereotypes' and take positive action to build a culture where these are not tolerated

Overall the guidance states that:

- Schools need to make sure that the needs of all pupils are appropriately met
- All pupils need to understand the importance of equality and respect
- Schools must ensure they comply with the relevant provisions of the Equality Act 2010, which name sexual orientation as a protected characteristic
- At the point at which schools consider it appropriate to teach their pupils about LGBT, they should ensure that this content is fully integrated into their programmes of study for this area of the curriculum rather than delivered as a stand-alone unit or lesson

# Best Practice Principles

## Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to start a fire. They will need to recall learning from PSHE education at that moment to help them make a decision.

They will, of course, require knowledge e.g., of the legality (or not) of their actions. However, in order to make a safe decision in the moment, they will also need skills to negotiate with their peers to resist pressure from others, to exit the situation (if they choose to) and access appropriate help or support if necessary. They will need a strong sense of their own values, to make the right decision and the confidence to stick to it.

Knowledge on its own won't necessarily stop someone from trying things. In many cases young people end up in situations where they know what they are doing is "wrong", but they do it anyway, as they lack the essential skills or attributes to help them effectively manage the situation.

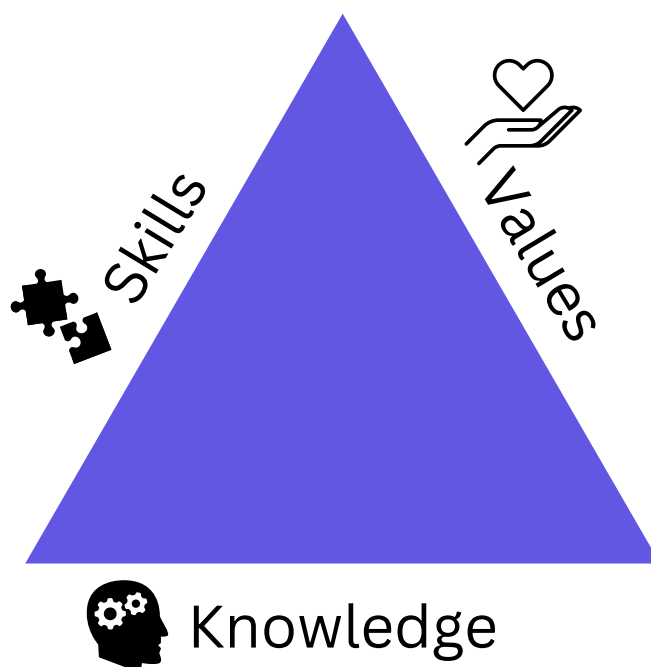
To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

**Knowledge:** gaining new information on a topic

**Skills:** gaining new skills on a topic

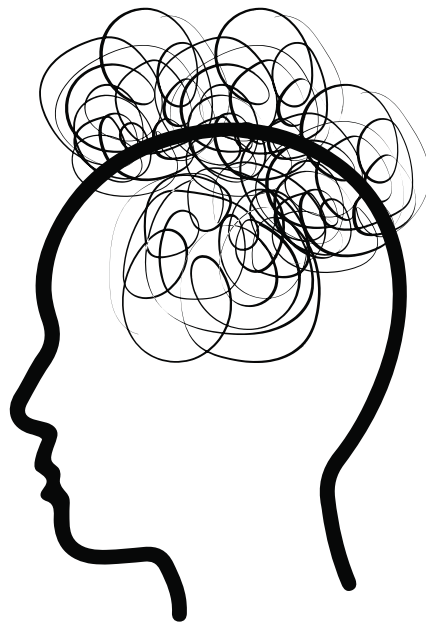
**Values:** reflecting on, and potentially altering, your own values in relation to a topic



# Trauma Informed Approach

## Being Trauma-Informed

It is important to be aware of the risks of educative interventions, if not delivered carefully. PSHE resources – when used with children and young people who have been affected by the topic being covered – can re-traumatise children and young people or induce vicarious trauma – this is defined as the feelings of trauma experienced by a third party when witnessing or engaging with the harm or trauma of another (Eaton, 2017).



The National Youth Agency provides a free e-learning course to help professionals gain a greater understanding of trauma and how it affects mental and emotional wellbeing. The module provides tools and reflection space for professionals to enable them to better support young people in this area.

You can access the course [here](#) – you will need to create a Youth Work One account to be able to access the course.

## Top Tips

- Do not use resources that include graphic images, victim blaming or scenes of abuse.
- Ensure that the work is part of a planned, sequential curriculum that builds on prior knowledge.
- Work with your pastoral team to understand if there is anyone who could be affected by this scheme of work. Ask the individuals if they want to be included in the class or if they would prefer to do some other work - explain there will be no explanation given to their absence.
- Use resources only within class-sized groups and not within assemblies.
- Ensure that a trigger/content warning is given beforehand.
- Ensure there is plenty of time for class-based discussions and signposting and that children/young people do not move onto a different topic/lesson before having time to debrief.
- When exploring themes with the participants do not ask “what could x have done to not be a victim of...” or “what signs should they have spotted” this encourages victim-blaming and abuse is never the fault of the child or young person.
- Use distancing techniques - Avoid questions or activities which encourage students to consider their personal experiences, or ask them to put themselves in a particular situation. It is more appropriate to ask “how do you think x is feeling?” or “how would you feel if x was your friend?”. This helps to develop skills of emotional literacy and empathy. You could also ask young people to imagine the response of “a young person, about your age who goes to school around here”
- How can you make it easy for participants to leave the room and communicate this in advance?
- How will you ensure parents/carers have information about this scheme of work to support it within the home?
- You might want to consider a Disassociation Game to close the session. This is a quick, light-hearted, unrelated activity following the plenary on learning from the session. The purpose of this is to help students emotionally detach themselves from the content of the session before they leave.

# Tips for Communication

## Communication difficulties

Special provision should be put in place to support conversations with children, young people or adult learners who:

- have communication difficulties
- are too young
- are unable to communicate
- cannot or will not explain

You should refer to the child, young person or adult learner's behaviour plan and the information available from any assessments. This may include visual cues to help facilitate discussion, such as picture exchange communication cards.

Mencap has published further information on communicating with people with learning difficulties.

The National Autistic Society has also published tips to communicate more effectively with an autistic person.





The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to sexual choices.

## Primary PSHE Association

### Key Stage 1

H28.	About rules and age restrictions that keep us safe
R13.	To recognise that some things are private and the importance of respecting privacy; that parts of their body covered by underwear are private
R16.	About how to respond if physical contact makes them feel uncomfortable or unsafe
R17.	About knowing there are situations when they should ask for permission and also when their permission should be sought
R19.	Basic techniques for resisting pressure to do something they don't want to do and which may make them unsafe

### Key Stage 2

R15.	Strategies for recognising and managing peer influence and a desire for peer approval in friendships; to recognise the effect of online actions on others
R25.	recognise different types of physical contact; what is acceptable and unacceptable; strategies to respond to unwanted physical contact
R26.	About seeking and giving permission (consent) in different situations
R28.	How to recognise pressure from others to do something unsafe or that makes them feel uncomfortable and strategies for managing this

R34.	how to discuss and debate topical issues, respect other people's point of view and constructively challenge those they disagree with
L1.	To recognise reasons for rules and laws; consequences of not adhering to rules and laws

## SEND

### SA3- Playing and Working Together

Encountering	<ul style="list-style-type: none"> <li>Respond with curiosity to modelling of 'good listening'.</li> </ul>
Foundation	<ul style="list-style-type: none"> <li>Identify things we can do by ourselves to look after ourselves and stay healthy and things we need adult help with</li> </ul>
Core	<ul style="list-style-type: none"> <li>Identify reasons why it is important to listen to other people.</li> </ul>
Development	<ul style="list-style-type: none"> <li>Demonstrate ways of sharing opinions, thoughts and ideas on things that matter to us.</li> </ul>
Enhancement	<ul style="list-style-type: none"> <li>Explain why listening and respecting others' points of view helps us to get on with others.</li> </ul>

Enrichment	<ul style="list-style-type: none"> <li>• Give examples of how others may put us under pressure to do something.</li> <li>• Explain what a 'dare' is and what people might say or do if they are 'daring' us.</li> <li>• Identify some basic strategies for saying 'no' to pressure or dares.</li> </ul>
Enhancement	<ul style="list-style-type: none"> <li>• Describe how we might feel if someone has dared us to do something.</li> <li>• Explain or demonstrate strategies to resist pressure to behave in inappropriate ways.</li> <li>• Demonstrate what we can say and do and where to get help if we have been pressurised, or seen someone else being pressurised, to do something risk</li> </ul>

## SSS5- Public and Private

Foundation	<ul style="list-style-type: none"> <li>• Explain that we have a right to keep our bodies private</li> </ul>
Development	<ul style="list-style-type: none"> <li>• Explain what is/is not appropriate to do in a public place; give reasons why this is the case (include masturbation if appropriate).</li> </ul>

## CG3- Dealing with Touch

Foundation	<ul style="list-style-type: none"> <li>• Demonstrate ways we can let people who help us know if we are not comfortable with the way we are being touched</li> </ul>
Core	<ul style="list-style-type: none"> <li>• Explain that our bodies belong to us and that we have a right to feel safe.</li> <li>• Recognise the need to respect other people's bodies and to ask for permission before we touch them.</li> <li>• Explain when and why physical contact may be inappropriate (e.g. it causes us to feel upset, hurts us, we feel uncomfortable about it).</li> </ul>

Development	<ul style="list-style-type: none"> <li>Describe or demonstrate how to respond to unwanted physical contact; how to let someone know we don't like it or want it.</li> </ul>
Enrichment	<ul style="list-style-type: none"> <li>Explain how we can respect other people's right to protect their bodies from inappropriate/ unwanted touching.</li> </ul>

## DfE Statutory Guidance:

By the end of Primary pupils will know:

RR8.	The importance of permission-seeking and giving in relationships with friends, peers and adults.
BS3.	That each person's body belongs to them, and the differences between appropriate and inappropriate or unsafe physical, and other, contact



# Secondary

## PSHE Association

### Key Stage 3

R5.	To recognise that sexual attraction and sexuality are diverse
R8.	That the portrayal of sex in the media and social media (including pornography) can affect people's expectations of relationships and sex
R12.	That everyone has the choice to delay sex, or to enjoy intimacy without sex
R16.	To further develop the skills of active listening, clear communication, negotiation and compromise
R18.	To manage the strong feelings that relationships can cause (including sexual attraction)
R24.	That consent is freely given; that being pressurised, manipulated or coerced to agree to something is not giving consent, and how to seek help in such circumstances
R25.	About the law relating to sexual consent
R26.	How to seek, give, not give and withdraw consent (in all contexts, including online)
R28.	To gauge readiness for sexual intimacy
R42.	To recognise peer influence and to develop strategies for managing it, including online
R43.	The role peers can play in supporting one another to resist pressure and influence, challenge harmful social norms and access appropriate support
R44.	That the need for peer approval can generate feelings of pressure and lead to increased risk-taking; strategies to manage this

## Key Stage 4

R10.	To understand a variety of faith and cultural practices and beliefs concerning relationships and sexual activity; to respect the role these might play in relationship values
R21.	The skills to assess their readiness for sex, including sexual activity online, as an individual and within a couple

## Key Stage 5

R1.	How to articulate their relationship values and to apply them in different types of relationships
R3.	To recognise, respect and, if appropriate, challenge the ways different faith or cultural views influence relationships

# SEND

## SA4- Managing Pressure

Core	<ul style="list-style-type: none"> <li>Recognise what is meant by peer pressure and peer influence.</li> </ul>
Development	<ul style="list-style-type: none"> <li>Identify some of the ways in which pressure might be put on us by other people, including online.</li> <li>Describe ways we might challenge peer pressure.</li> </ul>
Enhancement	<ul style="list-style-type: none"> <li>Describe strategies that can be used if someone is using pressure to persuade us to do something, including online</li> </ul>



## SSS2 Feeling Frightened or Worried

Core	<ul style="list-style-type: none"> <li>• Explain what unwanted physical contact means.</li> </ul>
Development	<ul style="list-style-type: none"> <li>• Explain what is meant by 'personal space'.</li> <li>• Describe ways we can safely challenge unwanted physical contact and ask for help</li> </ul>

## CG4- Intimate Relationships, Consent and Contraception

Core	<ul style="list-style-type: none"> <li>• Explain what seeking and giving/not giving consent means in relationships, that we have the right to say 'no' or 'please stop' to anything we feel uncomfortable about, and demonstrate how we might do this.</li> <li>• Recognise what sex means, what happens during sexual activity and that consequences of sex might include pregnancy and sexually transmitted infections (STIs).</li> </ul>
Development	<ul style="list-style-type: none"> <li>• Define what intimacy means.</li> <li>• Identify readiness (emotional, physical and social) for a relationship that may include sex.</li> <li>• Identify expectations we may have of being in a romantic/intimate/physical relationship, which may include sex.</li> <li>• Recognise that although it may seem (in the media etc.) that everyone is having a sexual relationship, in reality this is not the case.</li> <li>• Explain that there are laws about the legal age of consent for sexual activity.</li> <li>• Identify how others may manipulate/persuade us to do things we do not want to do or do not like.</li> </ul>
Enrichment	<ul style="list-style-type: none"> <li>• Describe ways to manage others' expectations in relationships and our right not to be pressurised to do anything we do not want to do.</li> <li>• Demonstrate different strategies to deal with manipulation/persuasion in relationships.</li> <li>• Recognise that the portrayal of sex in the media and social media (including pornography) is an unrealistic representation of sexual behaviour and can affect people's expectations of relationships and sex.</li> </ul>

Enhancement	<ul style="list-style-type: none"> <li>• Identify how saying 'yes' under pressure is not consent, and is not the same as freely given, CG4 enthusiastic consent.</li> <li>• Describe how alcohol/ drugs may influence choices we or others make in relationships, including sexual activity</li> </ul>
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## DfE Statutory Guidance:

By the end of Secondary pupils will know:

16.	That there are a range of strategies for identifying and managing sexual pressure, including understanding peer pressure, resisting pressure and not pressurising others.
17.	That they have a choice to delay sex or to enjoy intimacy without sex.

## NYA Youth Work Curriculum:

HR1.	Offering relationship support and guidance to young people, including sex and relationship education, in settings and in a way chosen by young people
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# Useful Resources

Please check all resources are suitable for your settings and children before use

## Sexual Choices

### Videos:

TrueTube – [Screwball](#) – A comedy drama about two young people working their way through their first sexual encounter.

The Sex Talk – [Sex and Relationships](#) ft. Hannah Witton

Amaze – [Virginity](#)

Amaze – [Are You Ready to Have Sex?](#)

Amaze – [Am I Ready to Have Sex?](#)

Let's Talk About – [Sex and Consent](#)

Let's Talk About – [Sex and Social Media](#)

### Lesson Plans:

14-16 years – Relationships, Sexual Health and Parenthood – [First Encounters](#)

14-18 years – Advocates for Youth – [Sexual Choices in Relationships](#)

14-18 years – Advocates for Youth – [Making SMART Choices](#)

Please check our [Resource Library](#) “Sexual Choices” for the latest quality-assured resources. on this topic.

### Training:

Department for Education – [Intimate and Sexual Relationships including sexual health training module](#)

# DEVELOPING SUBJECT KNOWLEDGE



**SEXUAL CHOICES**



# What is Sex?

Sex, means different things to different people. When people talk about “having sex”, they are often referring to having sexual intercourse, but not always.

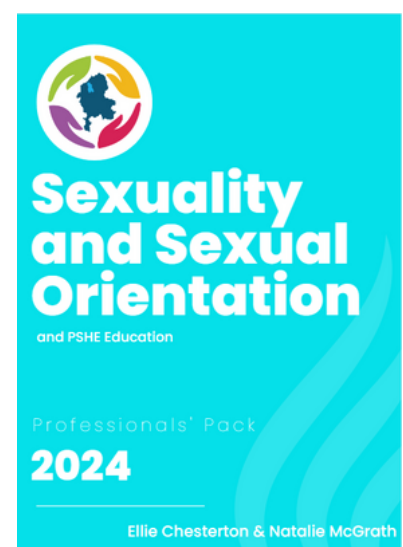
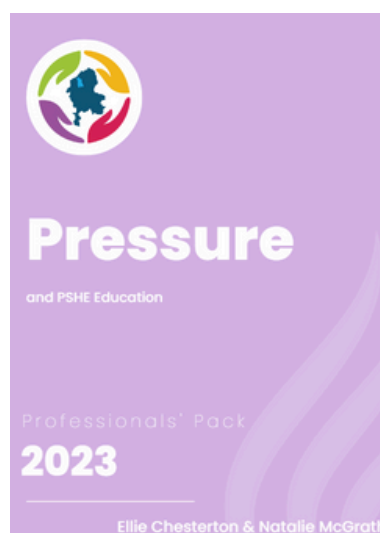
Having sex is not the only way people can be intimate or sexual with each other. There are lots of ways to be intimate, like hugging, kissing or watching something sexual with someone else.

It is always important for partners to talk about what everyone is comfortable, for each individual, before deciding whether to keep going

Nobody has the right to pressure anyone or make them feel like they have to do or continue to do something they do not want to do. The Pan-Staffordshire Pressure & PSHE pack provides information about sex and pressure.

Young people should be reminded that consent applies to anything sexual, not just sexual intercourse. Please see the Pan-Staffordshire Consent & PSHE pack for more information on this topic.

Our Sexuality and Sexual Orientation pack provides information for educators to feel more confident in facilitating sessions around sex and sexual activity.



# Talking about Sex

When talking about sex it is important to reflect on if the messages being shared are “risk-based” or “positive”.

Here is an example of the differences using Road Safety as the PSHE topic.

*Two children live beside each other on a busy road. On the other side of the road is a playground and each child asks their parents whether they can go to the playground.*

*The parents of the first child tell him that the road is dangerous. There is too much traffic on the road and he might be injured if he tries to cross it alone.*

*The parents of the second child tell her that yes, the road is dangerous, but she will have to learn to cross busy roads like everyone else. So they show her how to look left and right and wait until there is no traffic so that she can cross the road safely.*

A **risk-based approach** focuses mainly on the risks or negative consequences of certain behaviours. With sexuality, this means focusing on the negative consequences of sex e.g. an unintended pregnancy or STI and ignores the reasons why people may have sex and the possible positive outcomes. A risk based approach only warns people against ‘bad’ things, without giving proper information.

A **positive approach** focuses on sexuality as a potential source of well-being and pleasure in people’s lives. It aims to support people to be able to choose safely, to enjoy their sexuality safely no matter what their sexual orientation or gender identity is. A positive approach also teaches people skills and knowledge on how to prevent problems, and how to cope with them if they appear.

PSHE should empower young people to help them manage their developing sexuality so they understand their feelings and can keep themselves self.

Both approaches have the intention of keeping young people safe, but do so in very different ways.



It is essential that, as educators, the conversations around sex is more than just focusing on avoiding pregnancy and STIs. Without acknowledging that sex can and should be a pleasurable act, we ignore:

- a deeper understanding around communication and consent. When an individual themselves knows what they like and do not like they can be empowered enough to communicate this.
- Those who are in a same-sex relationship who could feel excluded from PSHE, which prioritises sex as a means for having babies.
- Conversations around gender and power and links to coercive relationships. If someone has not been taught how to recognise a positive, pleasurable sexual relationship it can be difficult for them to recognise abusive behaviours.
- Linking pleasure to condoms and contraception: understanding that there are ways to share pleasure that have lower risk than vaginal or anal intercourse and that condom use can be sexy! Feeling protected during sex may improve people's enjoyment and ability to relax.
- Real-world messages that young people get about sex may contradict what they are being told by parents/carers or in school. This may lead them to find out from other less reliable sources e.g. pornography.

## Young People with SEND

Around 15% of the world's population lives with a type of disability. this could be a physical disability or one which affects a person's mental health or learning ability. Often people with disabilities find that their sexuality is ignored, neglected or stigmatised by society.

It is important that young people with SEND have access to effective PSHE education too.

The NSPCC reports that a significant proportion of children who display HSB also have a learning disability (see the Pan-Staffordshire PSHE Education Service's Sexualised Behaviours & PSHE for more information of this topic). This demonstrates that young people with SEND are developing sexually too.

# Attraction

A person might think about another person a lot and imagine being together or having a relationship with them.

Some young people may develop crushes. This is a normal part of puberty and growing up.

They may have a crush on someone younger, older or a similar age and could be someone they know or they don't know. It is not always a sexual attraction and they might have a crush on someone of the same sex but identify as heterosexual for example.

Often a crush is someone the person admires and looks up to. They might like their personality, their abilities, how they behave or how they look. The crush might never know about these feelings and trying to understand whether they have the same feelings can sometimes feel confusing or frustrating. In some situations, a crush can't develop into a relationship, especially if the crush is a celebrity or someone like their teacher or youth worker.

It's natural for people to have these feelings and being attracted to someone can feel nice but it can also hurt sometimes, like when the other person doesn't feel the same way or having a relationship with them isn't the right thing to do. If a person finds that thinking about their crush makes it difficult to focus on other things or stops them from doing everyday tasks, it is best to talk to a trusted adult and get some support.

Just because a person is attracted to someone else it does not mean that they have to have sex with them. There are lots of ways someone can show they are attracted to someone else without having sex. This is something that can be explored and strategies developed during PSHE education.

# Communication

Communication is an essential part of having sex. It is important that the people who are going to have sex are able to have a conversation (or conversations) with each other.

Childline have put together the following advice that can be shared with young people to help them decide:

- Do you feel comfortable doing something sexual with another person?
- Can you talk to your partner about sex or sexual things?
- Will your partner support you if you do not do something?
- Would you want to be sexually active if other people were not pressuring you?
- Do you have contraception and know about safer sex?
- Do you feel confident about what to do if you change your mind?

If a young person says no or is not sure about any of the above questions, they might not be ready.

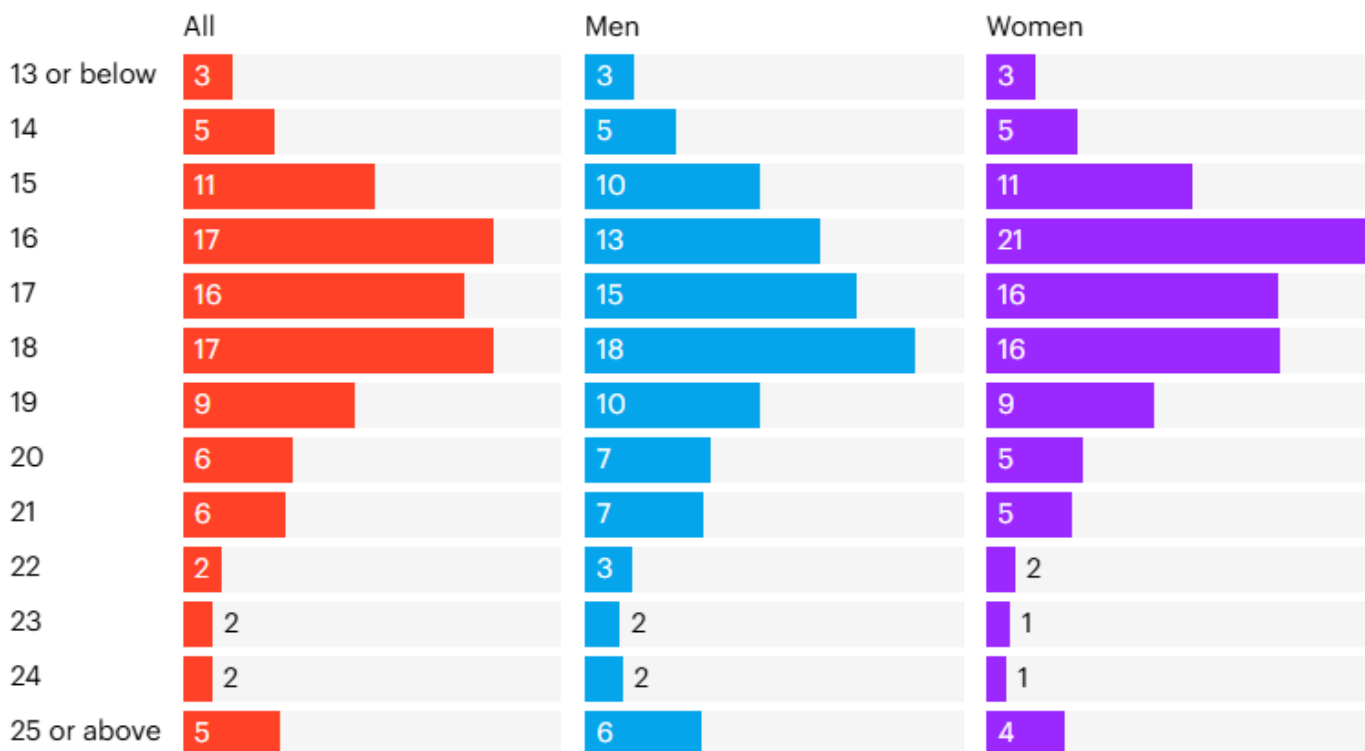
# Average Age

There is a common misconception that lots of people have sex under the legal age. A 2023 [YouGov survey](#) revealed that one in five Britons (19%) who were willing to say when they had lost their virginity confessed to having done so before when they were under the legal age of consent.

The median age at which Britons lost their virginity is 17, with half of Britons having sex for the first time between the ages of 16 and 18. One in six (17%) lost their virginity at the age of 16, with similar numbers doing so at age 17 (16%) and age 18 (17%).

## At what age did Britons lose their virginity?

At what age did you lose your virginity? % of 2,588 Britons who were willing to reveal the age at which they lost their virginity



Of 4,006 Britons asked, 63% were willing to disclose at what age they lost their virginity, 6% said they had not lost their virginity, 22% preferred not to say, and 10% couldn't recall

# Virginity

The word “virginity” has been used for thousands of years to describe the state of a person who has not engaged in sexual activity. There is a debate around the concept of virginity being problematic, and different ways of thinking about having sex for the first time.

The term virginity is generally used in relation to women and people with vaginas than men and people with penises. Historically, in lots of cultures, someone who has not had sex before, a virgin, has been considered pure, or innocent. This implies that someone who has had sex, especially before marriage, may be considered impure or not respectable.

In some cultures, a high value is placed on a women’s purity or “virginity” and not having sex until she is married to a man. This may be for cultural, economic or religious reasons and can mean that a woman may be expected to prove she is a virgin before a marriage is agreed through invasive and potential harmful ‘virginity testing’.

Whilst lots of people do not agree with these ideas of virginity anymore, these ideas can still impact people’s ideas and values about relationships and sex.

# Why is the Concept of Virginity Problematic?

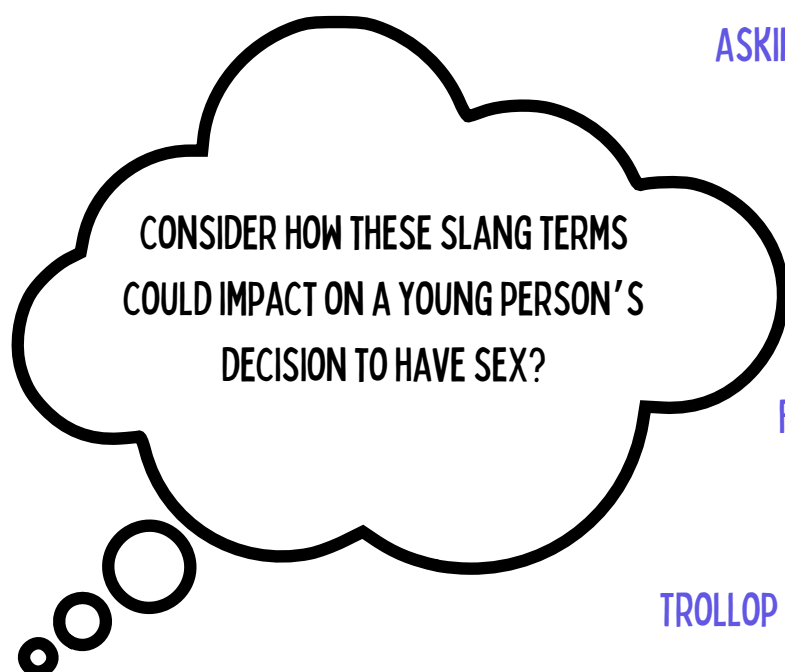
## Gender Stereotypes

The idea of virginity perpetuates gender stereotypes about how men and women should behave.

Young people, particularly men and boys, may feel under pressure to have sex before they are ready or with someone they don't want to, especially if they think their friends are all having sex before they are.

Some people, particularly women and girls, may feel pressure to 'preserve their virginity' and to not have sex because of a negative perceptions of girls and women who have sex too young or outside of marriage or a long-term relationship.

These pressures can prevent people of all genders from making an informed decision about if and when they would like to have sex.



ASKING FOR IT

WHORE

STUD

GOD'S GIFT

PLAYER

ROMEO

SLAG

WIMP

EASY

FRIGID

SCRUBBER

LAD

TRAMP

LADIES MAN

TROLLOP

ESSEX GIRL



## Limits what is considered as “sex”

Often when people talk about ‘having sex’, they mean two people having penis-in-vagina sex, (vaginal sex). So when people talk about having sex for the first time or ‘losing their virginity’ is often code for having vaginal sex for the first time.

There are lots of different ways people can be intimate with each other, to feel sensual, or to orgasm and having sex ‘for the first time’ can mean different things to different people. It is important that within PSHE sessions the word sex is used to include all sexual activity, not just those relating to penetration to ensure inclusivity.

Some young people experience pressure to have kinds of sex they do not want or are not comfortable with because those types of sex are not counted as ‘losing your virginity’. For instance, oral sex, anal sex and hand-to-genital sexual contact may not be considered ‘sex’ when, in fact, they are all types of sex.

Limiting the idea of sex to meaning penis in vagina sex excludes people who identify as LGBTQ+, who many not have vaginal sex at all. It is also restrictive to everyone, regardless of sexual orientation; anything from kissing to sexual touching to penetration, exists under the umbrella of sexual activity on a continuum and needs consent every time.

## **Pressure to have Sex Before They are Ready**

There is no right or wrong way to have sex for the first time, including not having it at all, as long as the person/people involved are comfortable with the decision and are making the choice freely and consensually.

In real life, people have different types of sex with different types of people at different times in their lives. Lots of people choose to delay having sex for the first time until they are married, or until they are older. In contrast, others begin to be sexually active with other people as a teenager, and some choose never to have sex with anyone.

Having sex, or not, regardless of gender or sexual orientation, has no impact on a person's worth. It is important that young people feel empowered to make choices about their bodies. This is their right to decide not just about the first time, but every time.

Remember - a person can change their mind at any point. No one should feel pressure from anyone else to have sex; not for the first time or the hundredth.

# Virginity Testing

There is no way to tell from a person's body if they have or haven't had sex before. In some cultures, the absence of a hymen as evidence that someone with a vagina has had sex. The World Health Organisation is clear that the appearance of a hymen is not a reliable indication of intercourse.

The hymen is a thin membrane that partially covers the entrance to the vagina. During puberty, oestrogen causes the hymen to change in appearance and become very elastic.

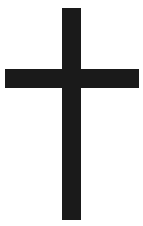
The purpose of the hymen is not known and everyone's hymen is different - some people born with a vagina are born without a hymen.

When someone has vaginal sex for the first time there may be some bleeding afterwards, if the hymen tears quickly - this does not happen to everyone. Some people will have vaginal sex with no changes to the hymen. The hymen can also be stretched or tear from using tampons, or horse riding or masturbation.

# Sex and Religion

The views of different religions regarding sexuality vary widely. This can influence individual people's attitudes and values towards sex.

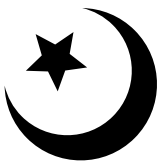
## Christianity



There are many different views within Christianity about sex. The majority of Christians view sex as a gift from God and emphasise that it is an expression of love and is considered sacred.

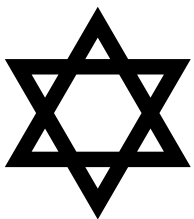
Most Christians accept that sexual relationships should only occur within marriage. Some Christians do not advocate the use of contraception. Some Christians accept homosexuality whereas others do not.

## Islam



Islam confines sexual activity to marital relationships. Contraceptive use is permitted for birth control purposes. Acts of homosexual intercourse is prohibited, although non-sexual relationships are not explicitly forbidden by Muhammad.

## Judaism



Judaism has a positive view of sex, that pleasure is an important element as well as reproduction. Traditional Jewish law prohibits certain sexual relationships and sets specific parameters for permitted ones.

There is no universal prohibition on men having sexual relations out of wedlock, it is believed that this is partly due to concerns about paternity.



## Sikhism

The Gurus taught that God made male and female to complete each other in marriage and procreate. Although some Sikhs accept the use of contraception in certain circumstances.

Sikhism has no specific teachings about homosexuality. The universal goal of a Sikh is to harbour no hate or animosity towards any person.

## Hinduism



Hinduism maintains a liberal attitude towards sex, recognising it as a natural part of life. The Kama Sutra, a guide to sex and desire is considered sacred in Hinduism.

Hindu theologies emphasise sex within the context of marriage and essential for procreation.

Remember religious perspectives of sex vary widely, even within the same faith.

Young people should have the space and opportunity to consider why people have different perspectives about sexual activity and to explore their own value-base.

# Sexual Choices and Disability

People with disabilities have the same rights as anyone else to express their sexuality and engage in sexual activity if they want to. Article 24, section A states that :

“Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes”

This means that young people with disability have the right to be included in PSHE lessons and that some adjustments to the information may be required. For example, if a person’s disability means that they find it difficult to open a condom packet, then as educators we need to find another way to make this work for them.

A Picture of Health has several Easy Read leaflets that can be adopted for local use around Sexual Health.

Scope has more information about Sex and Disability Advice.

Brook shares Emily from Enhance the UKs’ experience of online dating with a disability.

In the eyes of the law, consent is defined as when a person:

*“Agrees by choice and has the capacity to make that choice”*

The legal age at which someone is able to give consent, in the UK, is 16. The age of consent is different in different parts of the world and it is important to recognise this if you are working with children and young people from other parts of the world.

0-12

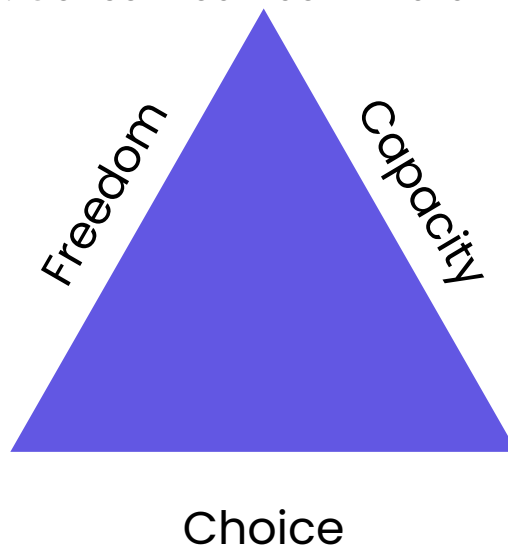
A child under the age of 13 is not considered to have the capacity to provide consent to engaging in any sexual activity. If information shared suggests this is the case, a referral to Children's Social Care is required (details on page 60).

13-15

Whilst the law stipulates it is illegal for 13-15 year olds to have sex, the law is there to protect children and young people rather than prosecute them. The law aims to keep children and young people safe from abuse or exploitation rather than prosecuting two young people (13-15yrs) for engaging in consensual sexual activity.



Based upon the Fire Triangle, that helps people to learn the necessary ingredients required for most fires. The Consent Triangle provides an easy illustration to represent what is required for someone to be able to give consent to sexual activity. All three elements must be present for the activity to be consensual. This is important to recognise as young people who are being abused may believe they are consenting, but do not have the freedom to make that decision. Consent can be withdrawn at any time during any sexual activity.



**Choice** - The person can say either yes or no. That the person actually wants to engage in sexual activity. Consent is not ongoing, it can be withdrawn at any time. Just because a person said yes once, does not mean it is always a yes, it needs to be negotiated every time. Consent is contextual which means if a person agreed to a sexual activity with particular conditions e.g. wearing of a condom, the consent is tied to this. If the sexual activity takes place outside of this stipulation then the activity is not consensual.

**Freedom** - Nothing bad would happen to them if they said no. For instance being threatened with violence, or they are being pressured into it. Being kidnapped, forced, pinned down, coerced or pressured to have sex or feeling like you can't say no or are too scared would mean someone does not have the freedom to give their consent.

**Capacity** - Is the person physically and/or mentally able to make a choice and to understand the consequences of that choice.? It's the same as the law that says someone may be physically able to drive a car when they are drunk but they are not mentally able to - the law recognises that when a person is drunk or high they do not have true capacity to consent to sex. They do not have to be passed out, like with drink driving someone can still be physically able to have sex but they can't give legal consent. Capacity can also be affected by age, or some types of learning disabilities, where a person doesn't have the capacity to give legal consent.



# Sex and Pressure

*Taken from Pressure & PSHE*

Young people can feel pressure around sharing images, sex and sexual activity. It is important that young people understand their rights and responsibilities around this topic.

It is important to remind young people that they only person who can say if they are ready for sex if themselves.

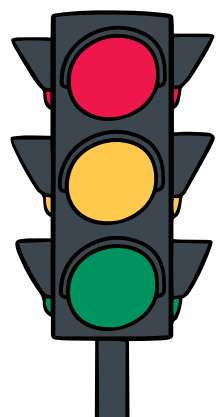
In this video created for Childline talks about having sex for the first time featuring Hannah Witton.

This checklist can help young people to ensure they have thought about their decision. A person should be able to answer “yes” to all of these questions before they are ready.

- Do you feel you could say no if you wanted to, but you still want to have sex?
- Do you have fun together without anything sexual involved?
- Do you each want it for yourself, not for the other person or to fit in with friends or others expectations of you?
- Are you certain that nobody is forcing you, pressuring you or coercing you?
- Have you and your partner discussed using condoms and contraception, agreed what happens next and whether to tell your friends afterwards or not and have you talk about the implications if a pregnancy occurs?

It is important to reiterate to young people that even if they are ready for sex, it does not mean that have to have sex. It is their choice and no-one else's.

No-one should feel pressured into doing something sexual until they are ready and want to.



When it comes to sexuality, the term used to describe how some expresses themselves in a sexual way (their behaviours, attractions, like, dislikes and preferences, everyone is unique. This means that not everyone will share the same desire and expectation as others. As such, communication is key; it is the best way to ensure that partners understand each other and can in engage in sexual activity, when they are ready, and that they find enjoyable, fulfilling and safe for everyone involved.

Talking about sex with partner(s) is important for exploring consent. Everyone needs to feel comfortable and able to express what they do or do not want from a sexual encounter, and to know that they will be listened to and their choices respected.

Before any sexual activity, conversations about sex should take place. This helps partners to understand each others boundaries and creates space to share concerns.

**When it comes to sex no-one should ever feel that they have to do something that they are no comfortable with or do not want to do. Everyone involved must be consenting at all times.**

**Just because a person has consented to do one thing does not mean they have consent to something else. It is completely okay to say no or stop at any point if they do not want to continue.**

To consent means to agree to something. When it comes to sex or sexual activity this can include kissing, sexual touching, oral, anal and vaginal sex with a penis or another other type of object.

The Sexual Offences Act (2003) states that consent is when a person "agrees by **choice** and has the **freedom** and **capacity** to make that choice.

This is important to highlight as it means that even if someone says say i.e. makes a choice, it may be that legally they were not able to give consent. This is often they case when a person is being exploited or abused, they believe they are consenting i.e. saying yes, but they do not have the freedom to make this choice.

# Ways to Say No

People who want to have sex may say things to try and get someone else into bed. Here are some suggestions on what can be said in return. PSHE sessions provide a great opportunity, in a safe space, for young people to develop their own strategies on what to do if they find themselves in this situation. Using scenario cards is a great way to distance the learning and showcase different approaches that can be taken.

**Don't you fancy me?**

**Yes, but I respect you too**

**You're gorgeous, but I want to get to know you better**

**My friends think we should have done it by now**

**They don't know what's best for us**

**You should care more about what I think**

**We don't need to use a condom**

**I don't want to get an infection**

**I'm not ready to be a parent yet**

**Let's just get it  
over with**

**If we wait until  
we are ready it'll  
be much better**

**If you loved me  
you'd want to do  
it**

**It's because I  
love you that I  
want to wait**

**If you loved me  
you wouldn't say  
that**

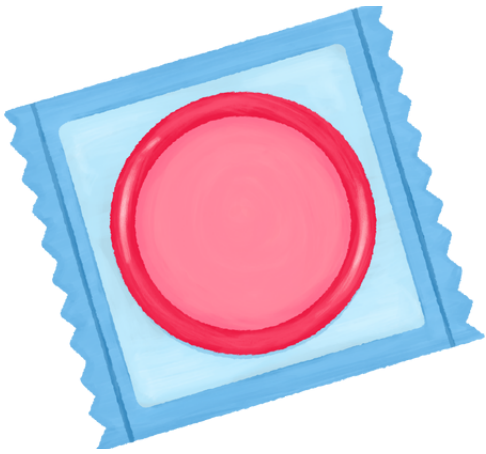
**If we don't do it  
soon I'll explode**

**You need biology  
lessons... it's not  
bad for you to  
wait**

**But you're 16**

**Just because it is  
legal does not  
mean I have to.  
I'll decide when I  
am ready**

If everyone agrees to have sex, they need to make sure that:



Condoms are used to protect from sexually transmitted infections.

Condoms are available for free in Stoke-on-Trent and Staffordshire through C-Card. Young people should be made aware of and signposted to the service.

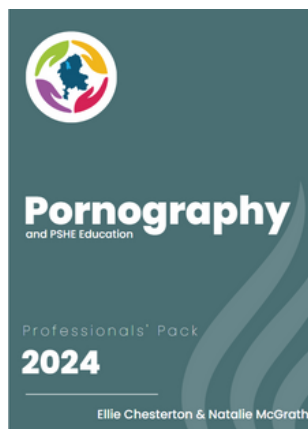


Use contraception to help prevent an unintended pregnancy.

Our Sexual Health & PSHE pack has details of the 15 methods of contraception. Open Clinic's website also has details.



# Pornography



Our Pornography & PSHE pack contains more information about this topic, including linked learning outcomes and information to help professionals have more confidence to facilitate PSHE sessions on this topic.

It is important that young people are able to differentiate between pornography and real life.

Pornography is created for entertainment – it is important to remember that the people in it are actors and the storyline and sex have been scripted and planned.

Educators to feel confident to help young people to recognise that sex in real life can be different from that featured in pornography.

**In pornography, the men stay hard for ages.**

Sometimes in porn, people with penises may struggle to get an erection – the stress of the lights, having people watching and a director instructing you on what to do all add to the stress. If this does happen then they might not get work again – so some people might take Viagra to stay hard.

Porn videos are often edited to make it look like the sex goes on for a long time without breaks or multiple sessions. A ten-minute clip will have taken hours to film.





**Men always cum loads in pornography**

Porn that features penises will put a lot of attention on the moment of ejaculation, it often happens visibly (on or over someone) and usually at the end of the scene.

People do not always orgasm or ejaculate when they have sex. Sometimes the ejaculation in pornography is faked (this is sometimes obvious but not always).



**They always have an orgasm in pornography**

Orgasms can be faked, particularly in pornography. Contrary to what porn might show only 20% of people with vaginas can orgasm from penetrative (penis in vagina) sex alone - most need clitoral stimulation. It's quite rare for two people to reach orgasm at the same time.

Orgasms can vary according to mood, where someone is in their menstrual cycle, sexual position, communication with a partner(s), and lots of other things. This means that the time to orgasm varies from person to person and might be different each time. On average it takes a person with a penis much less time than people with vaginas to have an orgasm.

The important thing to remember is that sex is about intimacy and pleasure and there are plenty of ways of having sex that do not centre around orgasms and ejaculation.

**Sex is never messy or awkward in pornography**

Sex in pornography is planned and scripted to make it appealing and easy to watch. Sex in real life is a lot less smooth and can be clumsy and awkward. There can be fumbling, laughing, breaks, body noises, and talking. They are all completely normal, whether it is someone's first time or their hundredth.

**They never use lube in pornography**

Just because the use of lubricant isn't always seen in pornography doesn't mean it isn't being used. Lubricants can add to the pleasure of penetrative sex by reducing friction.

**She won't get pregnant if I pull out before I cum**

It is rare to see condoms feature in porn videos and often the "pull-out method" (withdrawal) will feature to capture ejaculation.

In pornography, it may seem like the actors are using the "pull-out method" as contraception but this isn't the case as it is not an effective way of preventing pregnancy.

Instead, they use different methods that aren't visible and they are regularly tested for Sexually Transmitted Infections (STIs) to make sure they are having safer sex.

If people are using a different method of contraception or if they are not having sex that could result in pregnancy they still need to use condoms to protect against STIs (see our Sexual Health & PSHE pack for more information on condoms).



# Pornography and the Law

It is not illegal for children and young people under the age of 18 to watch pornography, but it is against the law to show anyone under the age of 18.

It is the responsibility of distributors (websites and shops) not to sell or show pornography to children and young people.

It is illegal for anyone under the age of 18 years to share explicit images or films of themselves or another young person, even if it is shared with their permission.

Some types of pornography are illegal for people of any age - Extreme Pornography- These include porn that:

- Threatens a person's life or results in serious injury
- Shows violence such as rape or abuse
- Involves a sexual act with an animal (bestiality)
- Involves a sexual act with a human corpse (necrophilia)
- Involves anyone aged under 18 years

The penalties for extreme pornography vary depending on the classification of the image. For example, possession of extreme pornography showing bestiality and necrophilia can result in up to two years in prison and/or an unlimited fine. In cases of extreme pornography showing rape, serious injury, or threat to life the maximum sentence is up to three years in prison and/or an unlimited fine. When the person being prosecuted is over 18 and receives a sentence over two years they can also expect to be subject to register as a sex offender.



# Sex Toys

*There is no expectation that educators will teach young people about this topic. This information is provided to help answer any questions that may be raised during PSHE sessions. and to recognise that sexual choices are more than just about to have sex or not.*

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Sex toys are objects that are used for arousal, sexual pleasure or to make sex easier. They can be used by an individual, or with another person and come in many forms to suit different bodies and what each person finds pleasurable.

Sex toys are advertised on mainstream media, discussed on sex-related social media and shown in pornography, but nobody should feel pressure to use them. Many people are not interested in them and have enjoyable sex lives without them.

## The Law

It is not illegal for someone aged under 18 years to purchase sex toys but it is illegal to enter premises that only sells sex toys.



Before purchasing a sex toy, it should be checked to ensure it meets the required safety standards. This means the sex toys should feature the CE mark – if it has one this means it is a safe device.

## Risks

Sexually Transmitted Infections (STIs) can be passed on through sex toys. To reduce the risk of this people should:

- Avoid sharing sex toys with other people
- Clean them after use – follow the advice given on the packaging
- Use the right type of lubricant (lube) – follow the advice given with the product
- Use condoms with sex toys that are used for penetrative sex and a new condom each time it is used with a different person and/or a different part of the body e.g. if used with the vagina and the anus
- Check for stretches and tears as these can foster germs

# Why do people use sex toys?

Sex toys have been around for a long time and can play a supportive role in healthy and happy sex lives for many people.

Disabilities can impact the sexual experiences and pleasure of individuals. There is a wide variety of sex toys and aids available on the market, each with different shapes, sizes, and functions. Some of these products are specifically designed to assist individuals with specific disabilities, such as remote-controlled sex toys for those with limited hand mobility. The availability of a diverse range of sex toys makes sexual experiences more accessible and satisfying for people with disabilities.

Sex toys can also benefit people who have experienced sexual assault or rape, helping them to reconnect with their bodies and pleasure. This could be any sex toy, there are some designed specifically for this purpose, for example, toys that monitor breathing and encourage the person using them to relax whilst exploring their bodies, or some toys that look like objects rather than penises.

Toys are helpful for people to explore different types of sex, particularly those that do not involve penetration. Conditions such as vulvodynia and vaginismus can make penetrative sex uncomfortable or painful for people with vulvas. Using sex toys enables people to explore sex in other ways and helps them to overcome their condition in a safe space.

Sex toys can make all types of sex accessible, this means they can form a big part of LGBTQ+ people's sex lives. Sex toys have become more inclusive, including toys designed for people who identify as transgender and to explore a variety of ways to give and receive pleasure.

Sex toys can be used alone (masturbation) or with a partner(s). Some people may use them at specific times of their lives for instance during medical treatment, after childbirth or for those experiencing erectile problems.

Some people may be curious about sex toys and want to try other ways to be aroused. Using them alone can help people to understand more about what they like and do not like.

Using a sex toy with a partner still requires consent from everyone involved. Sex toys are a personal choice and it is up to the individual to decide if they wish to use them or not. – no one should ever feel pressured or be forced to use them. There is no right or wrong way for people to have sex and different people like different things. It is important that people can talk about their feelings and preferences to help each other understand each other and their likes and dislikes.

# Kinks and Fetishes

*There is no expectation that educators will teach young people about this topic. This information is provided to help answer any questions that may be raised during PSHE sessions. and to recognise that sexual choices are more than just about to have sex or not.*

48

A kink is defined as sexual activity that falls outside of the types of sex traditionally seen as “socially acceptable”. This could include role-playing and experimenting with bondage and whips.

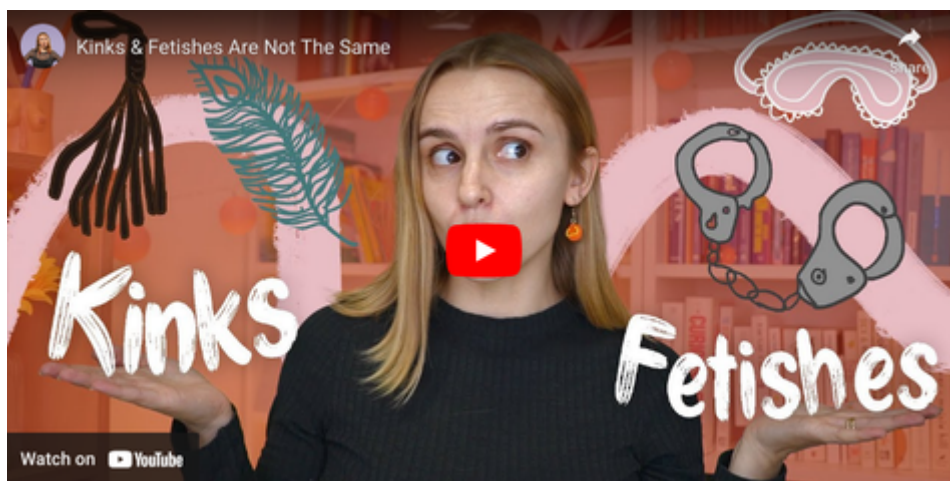
A fetish refers to an attraction to an inanimate object, this could mean body parts e.g. feet.

As sex is subjective, and people can be curious to try different things. If someone wants to try to do something with their partner it is important to remember the two important words – Consent and Communication.

It is important to establish boundaries, someone may agree to try something but discover they do not like it. They have the right to change their mind at any time.

Some people may agree upon a particular word, a safe word, this enables each person to stop the experience whenever they feel uncomfortable to enable a “check’in” to take place.

Some kinks and fetishes can be harmful. For instance, appearance, race, hair colour, body type and sexuality seen within pornography can create stereotypes and have real-world consequences in how the viewer respects and treats other people.



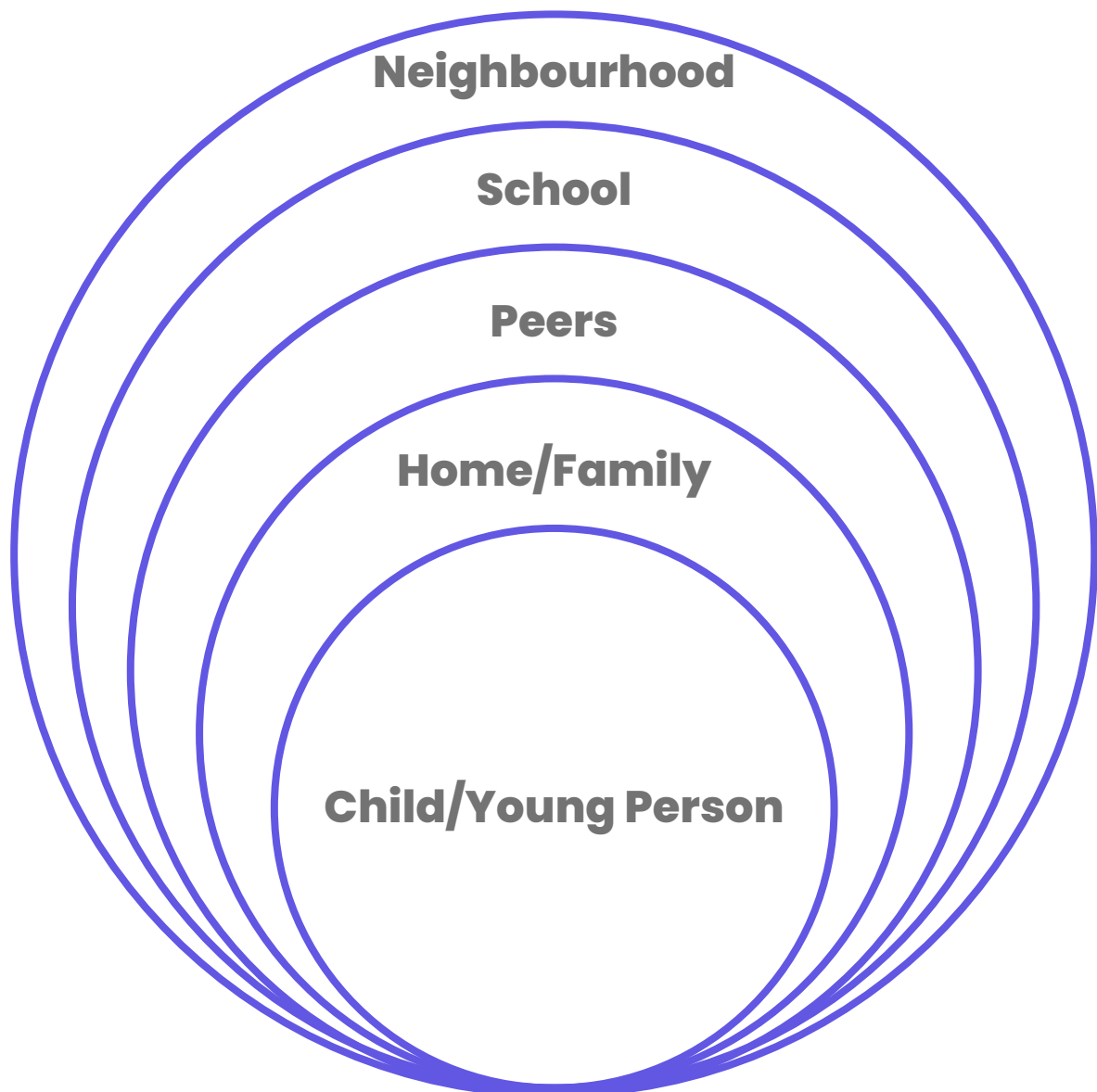
In [this video](#) Hannah Witton discusses Kinks and Fetishes

# Contextual Safeguarding<sup>49</sup>

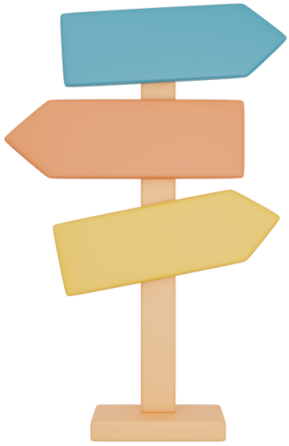
Contextual safeguarding recognises the impact of the public/social context on young people's lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people.

Using Contextual safeguarding can enable professionals to build a holistic picture of the child or young person's individual factors and also identify where and by whom interventions can occur

More information on contextual safeguarding can be found [here](#)



# Signposting Information:



**It is important to signpost children and young people to relevant local and national organisations who can provide further advice and support.**

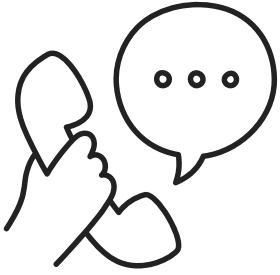
## **Local Commissioned Services**

- School Nursing Service
- Sexual Health Services
- C-Card

## **National Services**

- Brook
- Childline
- The Mix

# Useful Contacts:



**If you would like more information or support about sexual choices please contact:**

School Nursing Service  
Sexual Health Services

**If a referral to Children's Social Care is required, please contact:**

**Staffordshire:**

Staffordshire Children's Advice Service - 0300 111 8007  
Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm  
Out of Hours - 0345 604 2886 / 07815 492613

**Stoke:**

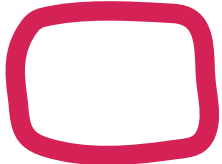
CHAD - 01782 235 100

Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm  
Out of Hours - 01782 234 234

# Further Reading:



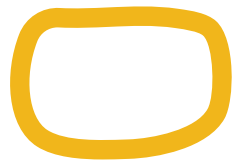
National Survey of Sexual Attitudes and Lifestyles



Scope - Intimacy, Disability and Relationships



Choice Support - Aids and Equipment



WHO- Comprehensive Sexuality Education



Sefton Sexual Health Services - Are you ready for sex?



# VERSION CONTROL

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Date	Changes	Made by
July 2024	Pack first published	Ellie Chesterton Natalie McGrath



**PSHE**  
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