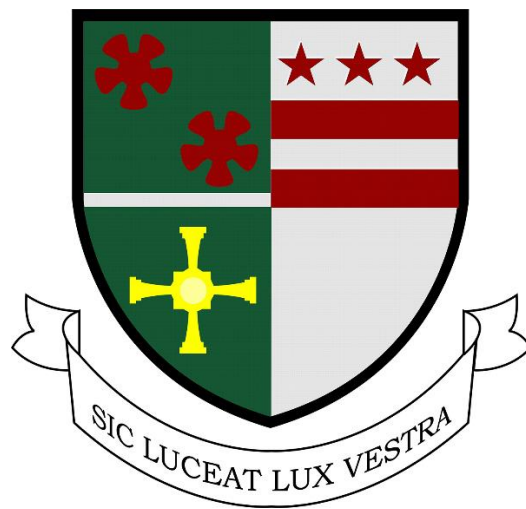


Year 11

Relationships, Sex and Health
Education



Ten Ten Resources

Name:

Tutor Group:

Relationships, Sex and Health Education

Year 11 Substantive Knowledge

By the end of the RSE unit in Year 11 pupils should be able to demonstrate knowledge of:

1. Self-Worth:

- How to respect themselves and others
- The importance of self-respect and human dignity

2. Addiction:

- The dangers and risks of drug addiction
- The pull of short-term highs and the importance of maturity
- Their own patterns or tendencies to addiction
-

3. Eating disorders:

- How poor emotional health can be a contributing factor to eating disorders
- How to improve their own well-being
- Their own complexities and needs

4. Birth control:

- The Catholic attitude linked to the importance of the gift of fertility
- The different types of contraception (artificial and natural)
- The choices people can make regarding contraception

5. Pornography:

- How adult content can have an effect on people's behaviour and how people think about themselves
- The struggles that young people have with pornography due to its availability and presentation of sex
- The power of sexual desire and how this should be channelled responsibly

6. STIs:

- How risky behaviours can have consequences such as STIs
- The reality of sexually transmitted infection and the actions/behaviours that can lead to them
- How promiscuity, addiction and drug misuse can increase the risk of STI

7. Coercive Control:

- What is meant by coercive control?
- How this type of abusive relationship can develop
- Issues such as rape, victim blaming, sexism and misogyny

Year 11 Substantive Knowledge (Key Concepts and their meaning)

By the end of the RSE unit in Year 11 pupils should be able to demonstrate knowledge of the following key concepts:

Concept	Definition
Self-Worth	Having confidence in yourself, your own ability and showing yourself respect
Addiction	Being dependent on a particular substance or activity e.g., pornography, alcohol, or drugs
Eating disorders	A condition where a person has irregular or abnormal eating habits
Artificial contraception	A human made method of preventing pregnancy from occurring e.g., condoms and the contraceptive pill
Natural contraception	A natural method of preventing pregnancy from occurring
Sexual Desire	The motivation to engage in sexual activity
STI	A disease caused by infection passed through unprotected sexual contact
Coercive Control	A pattern of controlling, threatening and humiliating behaviour from one person to another

Diagnostic Assessment

Put a tick in the box that best describes your thinking. Be honest, it does not matter if you are not confident, the lessons that follow will help you think about these topics in more depth.

Topic	Not confident	Slightly confident	Fairley confident	Completely confident
How to respect yourself and others				
The dangers and risks of drug addiction				
Short term highs and their addictive qualities				
How to improve your own well-being				
Catholic beliefs about fertility and sexual relationships				
The different types of contraception (artificial and natural)				
The different choices young people have about contraception				
How adult content can have an effect on people's body image				
How adult content (pornography) gives a distorted view of sexual relationships				
Sexual desire and making good choices				
How risky behaviours can have consequences such as sexually transmitted infection				
The different types of sexually transmitted infection				
Meaning of promiscuity, addiction and drug misuse				
What is meant by coercive control and types of abusive relationships				

Catholic understanding of the body



Imago dei

The belief that humans are created in the image of God

Self Esteem






Having confidence in your own ability and showing yourself respect

Body

The physical and material part of a person

Soul

The spiritual or immaterial part of a person

Human Dignity and Respect	
Imago Dei 	<p>Catholics believe that human beings are made 'imago Dei', which means "in the image of God". This is taken from the Genesis account of the creation of Adam, when God says, "Let us make human beings in our own image."</p>
One Person: Body & Soul 	<p>Catholics believe that each human is made of the body and the soul . These are the two parts which make one whole person. The main distinction between the body and soul is that the body is material and the soul is immaterial.</p>
Human Dignity 	<p>Catholics believe in human dignity which is the belief that all people, no matter their sex, race, religion , culture of gender has value. They believe that human life was created by God, is sacred and all lives should be treated with respect. This influences Catholics to focus on both their needs and the needs of others.</p>
Respect for others 	<p>'Respect' means treating everyone and everything with care. Jesus taught the 'Golden Rule ' which is to treat others the way you would like to be treated. You can show respect for others in how you speak to them, how you behave towards them and how you treat them, even when you're not in their company.</p>
Respect for ourselves 	<p>Self-respect is loving yourself and treating yourself with care. It's the result of staying true to your values and principles. Respecting yourself also prevents you from comparing yourself and your life with other people. This may be especially important in today's digital world which can have a negative impact on self-esteem.</p>

Lesson One – Self Worth

Enquiry Question: How can experiences shape my beliefs, values, and attitudes?

This first session shows two young people, Torema and Joseph, sharing individually about how they experienced a lack of self-respect and dignity as a result of their formative experiences, and then had a lightbulb moment (conversion) through which they began to see their true value. This session invites you to consider how you respect yourself and others, and the role God can play within that.

Discuss and write:

Is respect earned or given?

-
-
-
-

Video 1 (8 mins): Mairi and Nathan introduce the first pair of interviewees, Torema and Joseph, who talk about their formative experiences and how these affected them. Be aware that Torema speaks about racial abuse and Joseph speaks about physical abuse.

Beliefs	An idea you hold to be true e.g., belief in God
Values	A set of principles that guide your actions and behaviour e.g., respect and integrity
Attitudes	A way of thinking or feeling with regards to someone or something e.g., positive attitude toward exercise

1. Can you identify what beliefs, values and attitudes (their own or those of parents/adults/siblings) were at play for Torema and Joseph at this stage in their lives?

2. Can you identify any formative experiences of your own? How did they make you feel and how did you respond?

3. What are the beliefs, values and attitudes which shape you and form your behaviour? How do these make you feel, e.g. proud, embarrassed?

Video 2 (3 mins): Torema and Joseph share about specific moments growing up where they realised deep down that their behaviour was wrong.

Personal Writing:

Have you ever lived a 'double life' - when the person you were on the inside and the person you showed to others was completely different?

Can you remember a time when your behaviour was wrong but, deep down, you didn't want to face it? Describe what happened and why.

Quote explosion: - annotate the quote below outlining what you think it is suggesting. You could use the following words:

- Compelled
- Opposite
- Conscience
- Guilty
- Frustration
- Temptation
- Addiction

'I do not understand what I do. For what I want to do I do not do, but what I hate I do' (Romans 7:15)

Video 3a (6 mins): Torema and Joseph share about the events which led to their conversion experiences. Be aware that, in this part of the film, Joseph talks about feeling suicidal.

Conversion Experience:

A **Conversion Experience** describes a gradual or sudden change in someone's life. Their life may have been impacted by grief, addiction, or issues with their mental health. However, their life is changed by their experience with faith and belief.

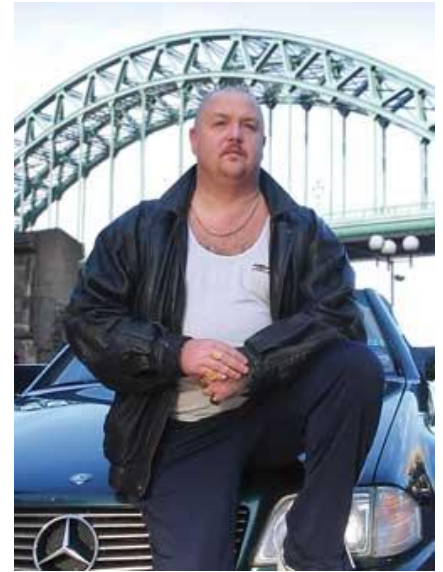
The story on the next page is an example of a North East based criminal whose life was changed dramatically following an encounter with the Christian faith.

Read the story about the conversion of Davey Falcus and answer the questions below:

The Davey Falcus Story: From Gangland To God

From my early teens, I was involved in organised crime and lived the life of a gangster. My name is Davey Falcus. I was born in Cumbria in 1966 and adopted at six weeks old after my mother died. At the age of five, death struck again, this time three of my adoptive grandparents an uncle and my adoptive mother. I was shattered; everyone I loved was taken away from me in the space of a few months.

I did not get on well with my adoptive father. At seven I was drinking, smoking, and stealing. At thirteen I was in care; I was angry and hated the world. I grew up working with the crime families of Newcastle's Notorious 'West End'. At 17 I was locked up after an armed siege with the police and at 18 jailed for dealing Heroin.



At twenty-one, I was helping to run pubs and working as a bouncer, I was also heavily involved in the drug scene, working with the 'firm' who controlled Newcastle - 'The Geordie Mafia'. I was a very violent man who was known and feared. I had been in gang warfare all my life, been shot at, stabbed, hit with glasses, bottles, and iron bars, as well as being imprisoned and locked up for bank robberies. I blew fortunes on drink, drugs, and high living. My life was spiralling out of control because of my Cocaine/alcohol addiction, I was hooked on other substances as well and overdosed many times. By the age of 29 I'd had enough, I had become mentally ill, totally unstable, and very dangerous, breakdown was coming, and I needed to change my life!

I was desperate for peace and came to the verge of suicide, until; one day, to my utter amazement a bright light filled the room; it was brighter than the sun. Wave after wave of pure bliss rolled over my body, I looked up and Jesus was standing over me shining in all His Glory, He said; ' Son, your sins are forgiven, go now and sin no more'. At that moment a 15-year drug habit was broken instantly, also my desire for alcohol left me. The voices became silent for the first time in many years and a beautiful peace entered my body.

I have travelled to five continents preaching in Churches as well as Schools, Youth Events, Prisons, Stadiums, Bible schools and Conferences. I have also been invited to speak on many media platforms worldwide, including, BBC Radio, BBC Songs of praise, Premier Christian radio, and have been involved in various TV series on Channel 4 & 5. And have appeared in local and national newspapers where I have been given the opportunity to share everything the Lord has done in my life.

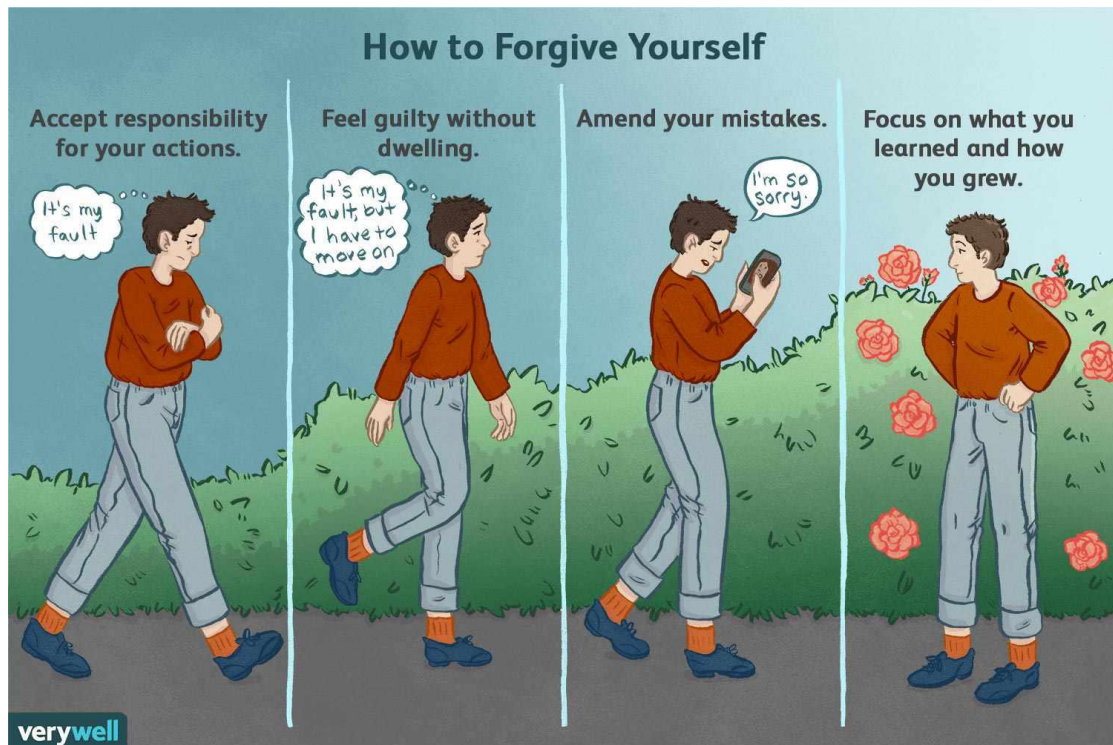
1. Describe 3 aspects of Davey's early life (paragraph 1):

2. What actions and activities were having a negative impact on Davey's life (paragraph 2)?

3. Describe what happened in Davey's life between the ages of 21 and 29 (paragraph 3):

4. Outline what happened to Davey during and after his conversion experience (paragraph 4 & 5):

Video 3b (2 mins): Torema and Joseph share about how knowing Jesus changed their lives.



Forgiveness is an important way in which people can gain and maintain self-worth. If we constantly feel guilty about our actions or refuse to forgive others for how they have treated us then it can have a impact on our mental health and wellbeing.

Discussion and write: - Forgiveness and Respect

Why is forgiveness so hard?

People often describe forgiveness as having 'power' - what do you think they mean by this?

What role does respect have in forgiveness?

Does respecting others mean we always have to agree with them?

How can we respect people that we disagree with?

How can we respect people whilst also maintaining boundaries?

Does being respectful mean being boring?

Video 4 (3 mins): Nathan and Mairi explain that Torema and Joseph both experienced a lack of self-respect and dignity as a result of their formative experiences, and then they had a light-bulb moment through which they began to see their true value.

Extension Activity:



16-year-old Jimmy Mizzen was murdered in May 2008 when he and his older brother went into a bakery near their home in Lee, south east London. While inside, Jake – who had been cautioned by police several years earlier for harassing Jake's older sibling – brushed past the brothers. A scuffle followed resulting in Jake hurling a glass dish at Jimmy and fatally wounding him.

Jimmy's parents, Barry, and Margaret Mizzen, hit national headlines when immediately after the attack they spoke of compassion rather than revenge. In March 2009 Jake received a life sentence for murder. The For Jimmy foundation was set up as a positive way of remembering Jimmy and works within the community.

Watch the following video and answer the questions on the next page:

<https://www.youtube.com/watch?v=AsHq5FBpsX8>

Jimmy Mizen & Forgiveness

Do you think Jimmy's parents made the correct decision to forgive? Explain your thinking

What is your experience of forgiveness? What have you forgiven and why?

Are there people you have yet to forgive or you will never forgive? Why is that?

What are the benefits or challenges of forgiving? For yourself, for the other person, for the community?

Should we always forgive?

Addiction



Stimulant

A drug which cause a person to feel like they have more energy or more awake.

Depressant

A drug which cause a person to feel calmer or lethargic.

Hallucinogen

A drug which cause a person to experience sensations that are not really there. This could be visual, auditory or physical.

Analgesic

A drug which reduces the feeling of pain.

Withdrawal

a predictable group of signs and symptoms that result from either the sudden removal of, or abrupt decrease in the regular dosage of a drug.

Addiction

The feeling of needing a drug in order to get through the day.

Drug	Analgesic	Hallucinogen	Stimulant	Depressant
Caffeine			✓	
Cocaine			✓	✓
Heroin	✓			✓
Cannabis		✓		✓
Crack Cocaine			✓	
Amphetamines		✓	✓	
Ecstasy			✓	
Alcohol				✓
Inhalants		✓	✓	
Tobacco				✓
LSD		✓		
Magic Mushrooms		✓		
Steroids	✓			

Mental and Emotional Risks

Anxiety: Anxiety, panic attacks, restlessness, irritability

Depression: Social isolation, lack of enjoyment, fatigue, poor appetite

Sleep: Insomnia, difficulty falling asleep or staying asleep

Cognitive: Poor concentration, poor memory

Physical Risks

Head: Headaches, dizziness

Chest: Chest tightness, difficulty breathing

Heart: Racing heart, skipped beats, palpitations

Stomach: Nausea, vomiting, diarrhoea, stomach aches

Muscles: Muscle tension, twitches, tremors, shakes, muscle aches

Skin: Sweating, tingling

Dangerous Withdrawal Symptoms

- Grand mal seizures (loss of consciousness)
- Heart attack
- Stroke
- Hallucination
- Delirium

Who can you turn to for help and support?

Parents and Family members

School Staff and Safeguarding Team

Your GP or Practice Nurse

NSPCC

Helpline: 0800 800 5000
nspcc.org.uk

Childline

Helpline: 0800 1111(
<https://www.childline.org.uk>

NHS Live Well Website

www.NHS.UK/Livewell

The Mix

Helpline: 0800 808 4994

Talk to Frank

Helpline: 0300 123 6600
talktofrank.com

Action on Addiction

Helpline: 0300 330 0659
actiononaddiction.org.uk

DrugFAM

Helpline: 0300 888 3853
drugfam.co.uk

Lesson Two – Addiction

Enquiry Question: How can addiction affect a person’s life and what strategies can I use to overcome the temptation of short-term highs?

In this session, you will hear the story of Dina, who overcame severe drug addiction through the help of family, community, responsibility, and faith. You will learn through her story and discussion activities that the pull of short-term highs is strong, but that maturity and growth happens through appreciating one’s own life as a gift and learning to make a gift of oneself to others. Mairi and Nathan invite you to consider your own patterns or tendencies towards addiction, because being aware about our own addictions can help us to be more patient and honest with ourselves and others.

Discuss and write: - What do you think it means to be ‘mature’?

Video 1 (8mins): Mairi and Nathan introduce Dina, who tells the first part of her story about how she spiralled into the dark path of drug addiction.

Discuss and write:

1. What aspects of Dina’s story did you find most compelling or interesting?

2. Peer pressure and ‘friendship’ seemed to play an important part in Dina’s story. What criteria do you use in choosing who you make friends with or hang out with?

3. To what extent could you relate to Dina's story and her journey into addiction?

4. At one point, Dina said she 'wasn't strong enough to stop'. Why can it be so difficult to resist short-term highs? What would you say to someone if they said something like Dina did?

5. In the midst of her addiction, Dina described feeling in a very dark place: empty and with no desire to live. How can addiction lead to these kinds of feelings?

SUBSTANCE USE among adolescents

What leads to youth drug use?

- the desire for new experiences
- wanting to deal with problems
- lack of positive peer or parental support
- availability of substances, lack of adult supervision
- family drug use
- genetic predisposition

Prevalence of substance use among adolescents

By 12th grade,

- 47%** of teens will have tried alcohol
- 39%** of teens will have vaped nicotine
- 41%** of teens will have used an illicit drug

Marijuana is the most common illicit drug used by adolescents

8 out of 10 high school seniors say it would be easy to get marijuana if they wanted some.

Risks and outcomes

Substance use disorder or prolonged use can lead to:

- mental health problems
- school failure
- impaired memory
- loss of interest in activities
- problems with family and other relationships
- increased risk of contracting an infectious disease
- overdose and/or death

2 out of 3 juveniles with a substance use disorder also have at least one mental health disorder

Multisystemic Therapy (MST) is an evidence-based program endorsed by the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). MST effectively treats troubled youth and their families by utilizing a built-in suite of services within the home, school, and community settings. Services include but are not limited to: drug and alcohol intervention, social skills training, mental health services, and peer management.

For more information, visit www.mstservices.com

MST SERVICES

Sources: drugabuse.gov | monitoringthefuture.org

Complete the True or False Quiz:

True or False

	True	False
All drugs are either stimulants (resulting in increased heart rate, respiration and raised blood pressure) or depressants (resulting in decreased heart rate and respiration).		
80 % of young people receiving drug treatment in secure settings are there on account of cannabis use.		
Cannabis is a Class C drug.		
Regular cannabis use increases the risk of developing a psychotic illness, such as schizophrenia.		
Alcohol is a depressant.		
1 unit of alcohol is equal to 10 ml of pure ethanol.		
A pint of cider has, on average, 2.3 units of alcohol.		
The penalty for possession of a Class A drug, such as ecstasy (MDMA) or cocaine, is 5 years in prison.		
Speed, whizz and crystal are all street names for cocaine.		
Ecstasy/MDMA is a stimulant and hallucinogen that has the capacity to create a sense of empathy and closeness to others.		
Xanax is the safest illegal drug to take.		
'Legal Highs' are now called New Psychoactive Substances.		
London was the region with the highest drug seizure rate in England and Wales in 2019/20 at 4.6 thousand seizures per million people.		
Addiction is fundamentally a brain disorder.		

Answers

	True	False
<p>All drugs are either stimulants (resulting in increased heart rate, respiration and raised blood pressure) or depressants (resulting in decreased heart rate and respiration).</p> <p><i>These are just two categories of substances. There are also analgesics, which are used to prevent pain receptors within the body recognising pain and hallucinogens which change an individual's perception through all 5 senses.</i></p>		✓
<p>80% of young people receiving drug treatment in secure settings are there on account of cannabis use.</p> <p><i>The figure is actually much higher: 91%.</i></p>		✓
<p>Cannabis is a Class C drug.</p> <p><i>Cannabis was reclassified as a Class B drug in 2009. Amphetamines, barbiturates, codeine, and mephedrone (MCAT) are also Class B drugs.</i></p>		✓
<p>Regular cannabis use increases the risk of developing a psychotic illness, such as schizophrenia.</p> <p><i>The NHS describes a psychotic illness is one where you have hallucinations (seeing things that are not really there) and delusions (believing things that are not really true). The risk of developing a psychotic illness is higher in people who start using cannabis at a young age.</i></p>	✓	
<p>Alcohol is a depressant.</p> <p><i>This means it can disrupt that balance, affecting our thoughts, feelings and actions. Drinking a lot can harm your brain and lead to depression. When you drink too much, you're more likely to make bad decisions or act on impulse.</i></p>	✓	
<p>1 unit of alcohol is equal to 10 ml of pure ethanol.</p> <p><i>On average, it takes the body 1 hour to metabolise 1 unit of alcohol.</i></p>	✓	
<p>A pint of cider has, on average, 2.3 units of alcohol.</p> <p><i>That's the number of units in an average 175ml glass of wine. A pint of cider has 2.6 units on average.</i></p>		✓

	True	False
<p>The penalty for possession of a Class A drug, such as ecstasy (MDMA) or cocaine, is 5 years in prison.</p> <p><i>The penalty for possession of a Class A drug (which also include heroin and LSD) is 7 years in prison, an unlimited fine or both. The penalty for supply and production is up to life in prison.</i></p>		✓
<p>Speed, whizz and crystal are all street names for cocaine.</p> <p><i>These street names are for Amphetamine. Street names for cocaine include coke, charlie, crack and nose candy.</i></p>		✓
<p>Ecstasy/MDMA is a stimulant and hallucinogen that has the capacity to create a sense of empathy and closeness to others.</p> <p><i>Overdose of MDMA results in increased body temperature and blood pressure, dizziness, cramps, heart palpitations and seizure.</i></p>	✓	
<p>Xanax is the safest illegal drug to take.</p> <p><i>There is no 'safe' illegal drug! Much of Xanax in the UK is fake and contains powerful opiates that carry a risk of dependency and overdose. Risk of fatal overdose is higher when mixed with alcohol.</i></p>		✓
<p>'Legal Highs' are now called New Psychoactive Substances.</p> <p><i>NPS such as Benzo Fury, Spice, Ivory Wave, Clockwork Orange and Go Caine are very risky, because the effects to both mental and physical health are unknown. They affect people in different ways, and may also include pain killers and anti-nausea medication.</i></p>	✓	
<p>London was the region with the highest drug seizure rate in England and Wales in 2019/20 at 4.6 thousand seizures per million people.</p> <p><i>This was followed by the North East of England, and then Wales. By contrast the North West of England had the lowest of any region, with 1.6 thousand seizures per million people in the same year.</i></p>	✓	
<p>Addiction is fundamentally a brain disorder.</p> <p><i>The core pathology of addiction is a biological process, but a significant number of psychological and psychosocial factors are also involved in the development, and maintenance, of addiction.</i></p>	✓	

Video 2 (5 mins): Dina shares about her journey to recovery, including going cold turkey in Kosovo and unexpectedly finding faith as part of the Cenacolo community. Dina's story reveals incredible maturity and growth in moving through her addiction to a place where she recognised her life as a gift and learned to make herself a gift to others.

Challenging Questions:

1. People speak about addiction as a compulsive need - without this or that thing, they simply could not function. Is there anything you feel you could not live without?

2. What could persuade you to give it up?

3. What help might you need?

4. Most people agree that the reasons people are led into addiction are complex - they can be biological (genetic), psychological and also social. Do you think anyone is immune (can't become addicted)?

5. Why do people often find it hard to talk about issues surrounding addiction?

6. What is moderation, and is it always a healthy way to manage addictive behaviours?

Addiction Case Study:

Resource 1: Caffeine scenario

Jordan started drinking energy drinks as he wanted to make the school first team but often felt too tired to stay for training. After using the drinks for a while, he found his energy levels and mood were very 'up and down' and he got in trouble at school for being disruptive. By bedtime he struggled to sleep and spent most of the night wide awake, anxious about how little sleep he was getting. But if he tried not to drink energy drinks, he felt too tired to do anything.

Key questions:

1. Why is Jordan drinking energy drinks?
2. How do you think they are affecting his health?
3. What are the risks if he continues to consume them?
4. Are there any laws or recommendations on caffeine Jordan should be aware of?
5. What advice could you give Jordan to help him stop drinking energy drinks?

1.

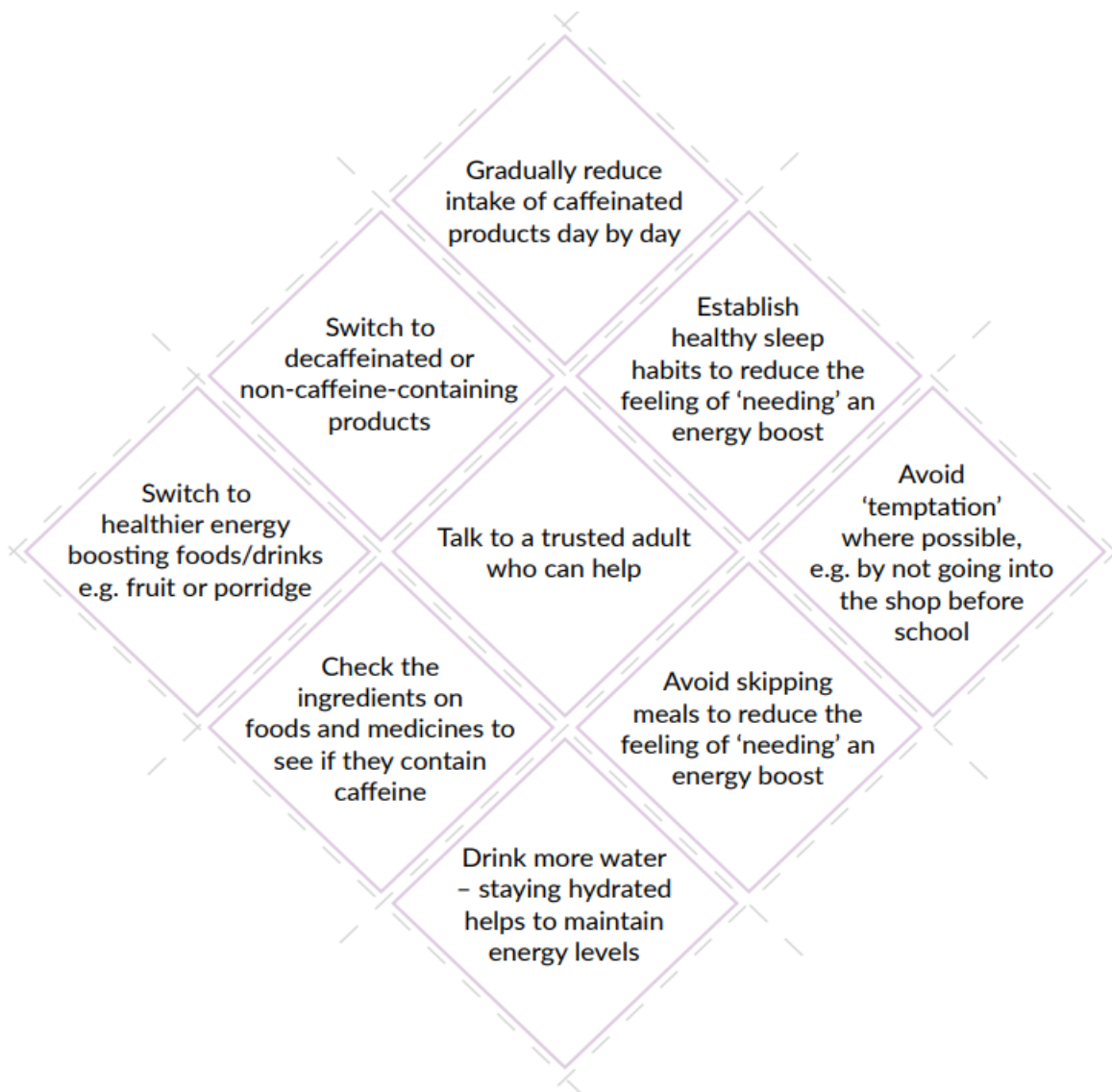
2.

3.

4.

5.

Read and rate: - read the nine points below and number them in order of what you think is the most effective (1 = most effective and 10 = least effective)



Explain you thinking:

I believe this is the most important because:

I believe this is the least important because...

Video 3 (4 mins): Mairi and Nathan suggest that we are all addicted to something, and that being aware about our own addictions can help us to be more patient and honest with ourselves and others.

Look at the images below linked to drugs, alcohol, and addiction. Answer the questions below each image:

A



What risks are present?

Who is at most risk?

B



What risks are present?

Who is at most risk?

D



What risks are present?

Who is at most risk?

Eating Disorders



Body Image

The perception that a person has of their physical self and the thoughts and feelings that result from that perception.

Eating Disorder

Any of a range of psychological disorders characterized by abnormal or disturbed eating habits

Anorexia

An emotional disorder characterized by an obsessive desire to lose weight by refusing to eat.

Bulimia

An emotional disorder characterized by a distorted body image and an obsessive desire to lose weight, in which bouts of extreme overeating are followed by fasting or self-induced vomiting or purging.

Binge Eating

The consumption of large quantities of food in a short period of time, typically as part of an eating disorder.

Factors affecting body image

- Puberty and the changing body.
- The Media
- Peers and Family

Ways to promote positive body image

- Accept Your Body.
- Remember Nobody's perfect.
- Don't body-shame yourself.
- Build a better habits.
- Like Your Body - Find things to like about your looks.
- Take Care of Your Body
- Eat healthy foods.
- Get a good nights sleep.
- Be active every day.
- Keep to a healthy weight.

Statistics on Eating Disorders

- Between 1.25 and 3.4 million people in the UK are affected by an eating disorder
- Around 25% of those affected by an eating disorder are male
- Eating disorder are most common in individuals between the ages of 16 and 40 years old

Causes of Eating Disorders

Eating disorders are not simply about food; the behaviours that accompany them may often serve as a coping mechanism or a way to feel in control. Eating disorders have many causes which are individual to the person however some common causes are:

- Distorted Body Image
- Bullying
- Depression and/or Anxiety

Symptoms of Eating Disorders

Symptoms of eating disorders will vary between individuals and type of eating disorder. Not matching the symptoms exactly does not mean that someone does not have an eating disorder, however, some common symptoms include:

- Eating very little food or eating large amounts of food in a short time in an uncontrolled way
- Having very strict habits, rituals, or routines around food
- Spending a lot of time worrying about your body weight and shape
- Changes in mood
- Deliberately making yourself ill after eating
- Avoiding socialising when food may be involved
- Withdrawing from social groups, hobbies you used to enjoy or from family life
- Physical signs such as digestive problems or weight being very high or very low for someone of your age and height.

Treatments for Eating Disorders

Although there is no easy treatment for eating disorders, they are treatable and manageable. The treatment will often be linked to the underlying causes of the eating disorder.

Common treatments include:

- Cognitive behavior therapy
- Talk Therapy
- Group support
- Medication – Anti-Depressants

The best course of treatments will be decided by a Doctor and team of specialists.

Where to get more help and support

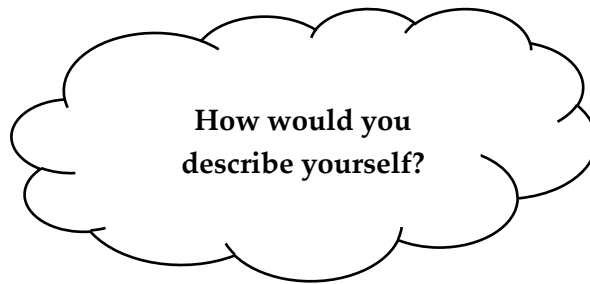
- Parents and trusted family
- School Staff, school nurse and Wellbeing Team
- Your GP or Practice Nurse
- Youth Access - www.youthaccess.org.uk
- The Mix - www.themix.org.uk
Freephone: 0808 808 4994 (13:00-23:00 daily)
- B-eat - www.b-eat.co.uk
Helpline: 0808 801 0711 (Daily 3pm-10pm)
- Men Get Eating Disorders Too - mengetedstoo.co.uk
- Anorexia & Bulimia Care - exiabulimiacare.org.uk
Helpline 03000 11 12 13 (option 1: support line, option 2: family and friends)

Lesson Three – Eating Disorders

Enquiry Question: How can pressure, anxiety and stress contribute to poor emotional health. Why is it important to talk about the difficulties I am facing?

In this session, Mairi and Nathan introduce two people, Sarah, and James, who both suffered with poor emotional health when they were growing up, which led to an eating disorder. James and Sarah have now come through their difficult experiences and speak with great insight about their past emotional and physical struggles. Through their stories and classroom discussion, you will learn that gaining insight into oneself is a key to well-being. This session invites you to consider your own deepest needs and the complexities and contradictions within yourself.

Discuss and write:



Video 1 (7 mins): Mairi and Nathan introduce the stories of James and Sarah, who both suffered with poor emotional health when they were growing up. Whilst their experiences were different, this part of the film shares how they both developed an eating disorder.

Discuss and write:

1. What observations do you have about their stories so far?

2. What pressures, stresses or anxieties did James and Sarah face? Can you identify with these?

Video 2 (7 mins): Throughout their time at school, the condition that both Sarah and James suffered from got worse, until other people began to notice and tried to intervene.

Discuss and write:

a) Was Sarah's school wrong to treat her like they did? What could they have done better/differently?

b) Why is it so important to talk to others? Why do you think Sarah and James found that difficult?

c) In confronting an eating disorder, what kind of realisation is needed on the part of the person affected and those supporting them?

Read and discuss: - read the information on the following page about the different types of eating disorder and spotting the signs. Discuss the ways in which you could:

- a) **Help yourself if you have any symptoms**
- b) **Help others who may have symptoms**
- c) **Support people who are diagnosed with an eating disorder**

UNDERSTANDING DIFFERENT TYPES OF EATING DISORDERS



ANOREXIA NERVOSA

Is when someone tries to keep their weight as low as possible by not eating enough food, exercising too much, or both.



BULIMIA NERVOSA

Where someone is caught in an unhealthy eating cycle of binge eating then purging to compensate for their overeating, for instance by vomiting or taking laxatives.



BINGE EATING

Where someone eats excessively in a short period of time in an out-of-control way and feels compelled to do so on a regular basis.



SYMPTOMS INCLUDE:

- Spending a lot of time worrying about weight and body shape
- Avoiding socialising when food is involved
- Eating very little food
- Deliberately being sick or taking laxatives after eating
- Exercising too much
- Having very strict habits or routines around food
- Changes in mood
- Physical signs, including: feeling cold, tired or dizzy
- Problems with digestion



WARNING SIGNS IN SOMEONE ELSE:

- Dramatic weight loss
- Lying about how much and when they have eaten, or how much they weigh
- Eating a lot of food very fast
- Going to the bathroom a lot after eating, often returning looking flushed
- Exercising too much
- Excessively or obsessively exercising
- Avoiding eating with others
- Wearing loose or baggy clothes to hide their weight loss



Eating disorders. Know the first signs?



Lips

Are they obsessive about food?



Flips

Is their behaviour changing?



Hips

Do they have a distorted beliefs about their body size?



Kips

Are they often tired or struggling to concentrate?



Nips

Do they disappear to the toilet after meals?



Skips

Have they started exercising excessively?

Video 3 (6 mins): James and Sarah discuss their long roads to recovery and reflect on how their lives and the dynamics of their family situations have changed alongside their recovery.

Case Study: Read through James' story and answer the questions as a class:



For two years, I lived with anorexia but convinced myself that I was fine. Only when my weight dropped did I finally agree to get the help that I needed. I was a relatively big child and, as I'm sure you know, kids can be mean. I was bullied at school for the way I looked and at one point was even called names because of my weight.

But looking back, it didn't make me desperately unhappy. Not at the time. It wasn't like those unkind words made me want to change myself or fit in, triggering an eating disorder. Although, I suppose in some way that's what did happen. It just crept up, surprising me years later when I was 22.

After leaving school I was happy. As I got older, I did want to look good and feel better in my skin, so I signed up to the local gym and found that I actually really enjoyed it. I fell into a good routine; making my own lunch in the morning, going to work and then the gym after that. I lost weight, felt good and my life as an 18-year-old seemed very normal. Until I got offered a job in London which meant being away from home and routine. And that's when things began to change.

I began eating all my meals alone and doing nothing but work and going to the gym, isolating myself from other people. I didn't feel comfortable being around anyone else – having people watch what I was (or wasn't) eating – so I cut myself off. My work colleagues didn't really know me, so they didn't notice much difference, but when I went home after my job ended, my family saw that my behaviour had changed.

I just wanted to be left alone and the more they told me to eat, the less I wanted to. I was angry, snappy and volatile. My parents didn't understand what was happening to me or how to help. This is where my mental health actually hit rock bottom.

My aim was just to be healthy and for it all to be over; to be left alone. So, I went from being extremely anorexic, to binge eating. People started saying that I looked good and how much 'healthier' I must be now that I was gaining weight. What they couldn't see was the way I was crumbling inside.

I then decided to get some help. Therapy helped me see things differently, admit that I *did* need help and recognise that I never want to be back in that painful place again. But I'm very aware that there are so many people convincing their friends, family – and themselves – that they're fine. I hope that by talking about my experience, it might help them.

James' Story

1. How long did James live with an eating disorder and what made him seek help?

2. Outline the different events/triggers that led to James' eating disorder:

-
-
-

3. What signs of an eating disorder did James display?

4. Describe when James had a healthy approach to food and exercise and describe what changed in his life:

5. Why might binge eating be more of a risk to young people than anorexia nervosa?

Video 4 (4 mins): Sarah and James share some final words of advice, including encouraging everyone to consider their relationship with food, to speak out about any issues and to talk kindly to themselves. Mairi and Nathan finish by speaking about how to build resilience through gratitude.

Read the scenarios and outline the following information:

- What symptoms are they displaying?
- How are they masking (hiding) their condition?
- What pressure(s) is the person facing?
- What could their friends and family do to support?

Case Study #1: Megan

Shelly is concerned about her friend Megan. No matter what they talk about the conversation always turns to food. Megan has gone from exercising 3-4 days a week to 7 days a week, sometimes even twice a day. Megan is always talking about how fat she is even though it seems she has lost a lot of weight. It is hard to tell how much since she wears baggy clothes; she says she is always cold. Yesterday, Megan fainted in her Chemistry lesson.

Case Study #2: Melissa

Melissa is a 14-year-old who has always been thin but her recent weight loss has brought her BMI down and her mother says school has been impacted and she is showing little interest in food. Melissa says her weight loss is from starting cross country running with her father on weekends. She denies having little interest in food – rather she is simply careful about what she eats. She reports recently becoming a vegetarian for health reasons. The only symptom of concern to Melissa is that she reports feeling constantly cold.

Case Study #3: John

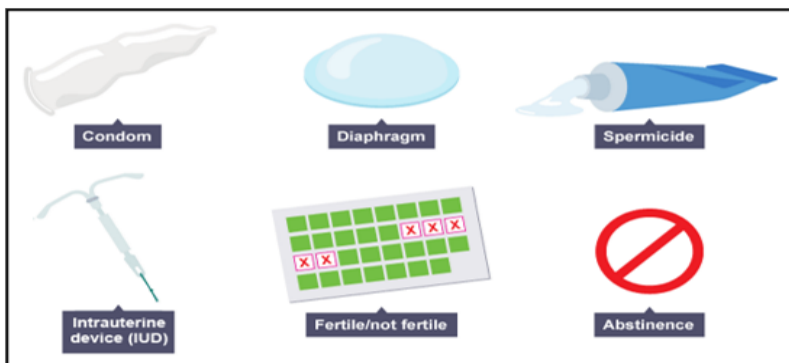
John is going into Year 12 and is an excellent boxer. His coach wants him to fight in a weight class down which means he will need to lose 15 pounds. He is not allowing himself to eat more than 500 calories a day and he only sucks on ice instead of drinking water. His girlfriend has noticed that he falls asleep in class and at night when they try to talk on the phone. If they do go out he always gets up and goes to the bathroom after he finishes eating and his face is red and his eyes are watering when he gets back.

Birth Control



Forms of Contraception

Condom	Non-hormonal	Made of thin rubber, plastic or latex and it's put over the erect penis to stop sperm from entering the vagina.
Diaphragm/ Cap	Non-hormonal	A latex or silicone device that is put into the vagina to stop sperm entering the uterus to meet an egg. It uses spermicide to kill the sperm
Abstaining (NFP)	Non-hormonal	Not having sexual intercourse when an egg may be in the oviduct
Intrauterine devices (IUD)	Hormonal	A small T-shaped plastic and copper device that's put into your womb (uterus) by a doctor or nurse. It releases copper to stop you getting pregnant.
Emergency Contraception	Hormonal	A pill taken after sexual intercourse. It's not intended as a regular form of contraception. It can give you a headache or tummy pain and make you feel sick.
Contraceptive Pill	Hormonal	A pill a woman takes, which releases the hormones oestrogen and progesterone to stop ovulation. The pill sometimes prevents a fertilised egg (early embryo) from implanting in the womb
Injection, implant or patch	Hormonal	Long term forms of artificial contraception.



Where to get more help and support

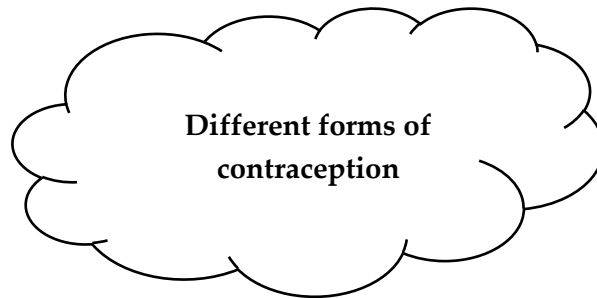
- Your Doctor
- Community Nurse
- School Nursing Team
- NHS Online
- www.healthforteens.co.uk
- www.brook.co.uk

Session Four – Birth Control

Enquiry Question: What does the Church say about contraception and how are sex, love and procreation linked?

Mairi and Nathan lead pupils through an interview with Em and Sammy, a married couple who tried artificial contraception before moving on to use Natural Family Planning as they grew to appreciate that sex includes the gift of fertility. This led them to a deeper reflection on how love, sex and procreation are all intrinsically linked - because that's how God intended it to be. Through activities and discussions, you will end the session with an invitation to consider what you want your future lives to be like.

Discuss and write:



Video 1 (6 mins): Mairi and Nathan introduce Em and Sammy, a couple who in this session will share about their decisions around sex, contraception, and family planning. This part of the film focuses on how they met and chose to save sex for marriage.

Discuss and write:

1. What is your reaction to Em and Sammy's decision to save sex for marriage? Do you agree with this? Is this view too traditional and old fashioned?

2. Why might a couple choose to save sex for marriage? Is it only for religious reasons that people might do this?

Extension: - give arguments for and against the statement:





'Marriage is a just a piece of paper, you might as well just live together'

For	Against

Video 2 (7 minutes): Em and Sammy share about how saving sex for marriage was 'well worth the wait', but that using condoms to manage their fertility didn't sit well with them. Mairi and Nathan share some of the Catholic Church teaching about artificial contraception.

Look at the table below and decide, based on the information provided, whether this would be a type of contraception you would use within a relationship




Contraceptive Chart

METHOD	HOW WELL DOES IT WORK?	HOW TO USE	PROS	CONS
INJECTABLE CONTRACEPTIVES 	94-99%	Get shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
THE PILL 	91-99%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive—some of these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs
PROGESTIN-ONLY PILLS 	91-99%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
THE PATCH 	91-99%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs

Would you choose to use?

Injectable contraceptive	
The Pill	
Progestin only pills	
The patch	



Contraceptive Chart

METHOD	HOW WELL DOES IT WORK?	HOW TO USE	PROS	CONS
THE RING 	91–99%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1–2 months of use Does not protect against HIV or other STIs
MALE/EXTERNAL CONDOM 	82–98%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off
FEMALE/INTERNAL CONDOM 	79–95%	Use a new condom each time you have sex Use extra lubrication as needed	Can buy at many stores Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation May be noisy May be hard to insert May slip out of place during sex

Would you choose to use?

The Ring	
Male external condom	
Female internal condom	



Contraceptive Chart

METHOD	HOW WELL DOES IT WORK?	HOW TO USE	PROS	CONS
WITHDRAWAL (Pull-out)	78–96%	Pull penis out of vagina before ejaculation (that is, before coming)	Costs nothing Can be used while breastfeeding	Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
DIAPHRAGM 	88–94%	Must be used each time you have sex Must be used with spermicide A health care provider will fit you and show you how to use it	Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding	Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
RHYTHM (Natural Family Planning, Fertility Awareness) 	76–99%	Predict fertile days by—taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/spermicide during fertile days	Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant	Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs

Would you choose to use?

Withdrawal	
Diaphragm	
Natural Family Planning	

Contraceptive Chart

METHOD	HOW WELL DOES IT WORK?	HOW TO USE	PROS	CONS
<p>SPERMICIDE (Cream, gel, sponge, foam, inserts, film)</p> 	72–82%	Insert more spermicide each time you have sex	<p>Can buy at many stores</p> <p>Can be put in as part of sex play/foreplay</p> <p>Comes in many forms—cream, gel, sponge, foam, inserts, film</p> <p>Can be used while breastfeeding</p>	<p>May raise the risk of getting HIV</p> <p>May irritate vagina, penis</p> <p>Cream, gel, and foam can be messy</p>
<p>EMERGENCY CONTRACEPTION PILLS (Progestin EC)</p> 	58–94%	<p>Works best the sooner you take it after unprotected sex</p> <p>You can take EC up to 5 days after unprotected sex</p> <p>If pack contains 2 pills, take both together</p> <p>You should start a birth control method right after using EC to avoid pregnancy</p>	<p>Can be used while breastfeeding</p> <p>Available at pharmacies, health centers, or health care providers—call ahead to see if they have it</p> <p>Women and men of any age can get some brands without a prescription</p>	<p>May cause stomach upset or nausea</p> <p>Your next period may come early or late</p> <p>May cause spotting</p> <p>Does not protect against HIV or other STIs</p> <p>Women under age 17 need a prescription for some brands</p> <p>Ulipristal requires a prescription</p> <p>May cost a lot</p>

Would you choose to use?

Spermicide	
Emergency Contraception	

True or False

	True	False
A woman has a 30% chance of conceiving at 30 years.		
After 35, a woman's chances of conceiving dramatically decline.		
In both men and women, weight, diet and stress can affect fertility and regular exercise is beneficial.		
Infertility affects 1 in 20 men (5%).		
100 million sperm are mixed with semen to form what is technically called 'ejaculate' (hence the term ejaculation).		
Only 40 sperm reach the vicinity of the egg.		
1 in 5 men in a relationship are affected by low sperm count.		
A woman is born with all the eggs she will ever have.		
By the onset of pregnancy, a woman has approximately 3 million eggs left.		
A woman releases one egg (ovum) per month due to a rise in the hormone testosterone.		
80-90% of couples who are trying for a baby will fall pregnant within a year.		
1 in 6 couples have problems getting pregnant.		
Smoking, alcohol and caffeine intake affect fertility.		
Sperm quality is known to be negatively affected by recreational drugs such as cannabis, cocaine and anabolic steroids.		

True or False Answers

	True	False
<p>A woman has a 30% chance of conceiving at 30 years. <i>In fact, it's only 20%.</i></p>		✓
<p>After 35, a woman's chances of conceiving dramatically decline. <i>By age 35, the odds of conceiving after 3 months of trying are about 12 percent. The risk for miscarriage and genetic abnormalities also begins to rise after age 35.</i></p>	✓	
<p>In both men and women, weight, diet and stress can affect fertility and regular exercise is beneficial.</p> <ul style="list-style-type: none"> • <i>Being overweight or obese (having a BMI of 30 or over) reduces fertility in both men and women, and can affect ovulation in women.</i> • <i>Stress can affect ovulation and sperm production, as well as contributing to a loss of sex drive.</i> • <i>Other factors which can affect fertility include sexually transmitted infections (STIs) and environmental factors, such as exposure to certain pesticides and solvents.</i> 	✓	
<p>Infertility affects 1 in 20 men (5%). <i>True, and 20% of men have low sperm count.</i></p>	✓	
<p>100 million sperm are mixed with semen to form what is technically called 'ejaculate' (hence the term ejaculation). <i>It's actually 200 million sperm that are mixed with semen to form the ejaculate, however in most men only 15 – 45 million of these sperm are healthy enough to fertilise the egg, and only 400 survive after a man ejaculates.</i></p>		✓
<p>Only 40 sperm reach the vicinity of the egg. <i>True, but just one lone sperm fertilises the egg.</i></p>	✓	
<p>1 in 5 men in a relationship are affected by low sperm count. <i>It's actually 1 in 3 men in a relationship who are affected.</i></p>		✓
<p>A woman is born with all the eggs she will ever have. <i>A woman has six to seven million eggs prior to being born.</i></p>	✓	
<p>By the onset of pregnancy, a woman has approximately 3 million eggs left. <i>A woman has approximately 300,000 eggs by the onset of puberty.</i></p>		✓

	True	False
<p>A woman releases one egg (ovum) per month due to a rise in the hormone testosterone.</p> <p><i>A woman does release one egg (ovum) per month, but due to a rise in oestrogen (not testosterone). After this, due to a rise in the hormone progesterone, the womb lining starts to thicken to prepare for implantation of a future embryo. The egg travels down the fallopian tube ready to meet with a sperm. If fertilisation does not occur, the woman's period brings an end to the fertile period, then there is a period of infertility before the cycle begins again.</i></p>		✓
<p>80-90% of couples who are trying for a baby will fall pregnant within a year.</p> <p><i>The remaining 10-20% of couples will find it takes longer or that they need help to conceive.</i></p>	✓	
<p>1 in 6 couples have problems getting pregnant.</p> <p><i>That's 3.5 million people in the UK.</i></p>	✓	
<p>Smoking, alcohol and caffeine intake affect fertility.</p> <p><i>Whilst smoking and alcohol do affect fertility, there is no evidence to suggest caffeinated drinks, such as tea, coffee and colas, are associated with fertility problems. In terms of how smoking and alcohol affect fertility:</i></p> <ul style="list-style-type: none"> <i>• Smoking can decrease sperm production and can even decrease the size of male testicles.</i> <i>• In women, tobacco changes the cervical mucus, thus affecting the way sperm reach the egg.</i> <i>• Alcohol use by women can affect ovulation and/or have severe consequences on the foetus.</i> <i>• Alcohol use by men interferes with the synthesis of testosterone and has an impact on sperm concentration. Alcoholism may also delay a man's sexual response and cause impotence by interfering with a man's ability to have an erection.</i> 		✓
<p>Sperm quality is known to be negatively affected by recreational drugs such as cannabis, cocaine and anabolic steroids.</p> <p><i>Cannabis use may disrupt a woman's ovulation cycle, affecting the release of the egg. In men, cannabis use can decrease the sperm count as well as affect the quality of the sperm.</i></p>	✓	

Video 3 (6 mins): Mairi and Nathan explain what Natural Family Planning (NFP) is. Em and Sammy share about how using NFP rather than artificial contraception not only supported them in their beliefs but helped to improve their communication and sense of unity.

Scenario #1 - Zainab and Tom

When she was 15, Zainab's GP prescribed the combined contraceptive pill to help manage her period pains. When she met Tom in fresher's week at uni, the fact that she was already on contraception made the decision about having sex for the first time easier. After graduation they moved in together and Tom proposed.

Zainab hadn't been to church for ages, but knew her Mum would want her to get married in a church. Tom took a bit of persuading, as he wasn't religious, but Zainab won him round.

To get married in her Mum's church, Zainab and Tom had to attend marriage preparation classes there. Different kinds of contraception were mentioned (since this particular church approved of these within marriage). Natural Family Planning or NFP was also mentioned, which required periods of abstinence, meaning not having sex. Tom joked afterwards about giving up abstinence for Lent. Zainab knew her Mum had never been keen on her taking the pill, but they had never discussed it.

10 years on, Zainab and Tom have a daughter called Grace, but they would have liked a boy as well. However, they had had an unexpected pregnancy whilst using the pill during their engagement which had ended in a miscarriage. Zainab had another miscarriage a year after Grace was born and they were devastated.

Zainab and Tom agreed that they couldn't take any more heartbreak and needed to be strong for Grace, so they decided not to try for another baby. Zainab moved onto more permanent contraception - the hormonal coil (IUD). Tom is considering having a vasectomy.

1. What questions are important to consider or ask about before using contraception?
2. How do you think using contraception can change people's perspective on sex?
3. What factors can influence people's decisions about contraception?
4. Why do you think Zainab and Tom didn't give much thought to NFP?
5. Tom is 'considering' having a vasectomy. Why might this be a life-changing decision?

1.	
2.	
3.	
4.	
5.	

Scenario #2 - Declan and Kate

Declan is from an Irish Catholic family but had stopped going to mass; Kate used to belong to an evangelical church. Best friends since nursery, the pair started dating at 16 and promised that they'd save sex for marriage. Declan didn't have the same strong beliefs, but he liked Kate and wanted to be with her. They talked about marriage and got engaged on New Year's Eve when they were just 20.

Despite their best intentions, after a romantic date to celebrate their engagement, they slept together. Declan thought a baby wouldn't be the worst thing in the world, but Kate was terrified that she would become pregnant -then everyone would know they had not stuck to their intention to save sex for marriage! Kate took emergency contraception (the morning after pill) without telling Declan.

Kate used various contraceptive methods over the years - the implant which led to prolonged episodes of bleeding and the combined pill which led to her feeling anxious and stressed. She talked with her female friends - nearly all of whom had had a different contraceptive journey. It seemed that what worked for one person didn't work for another. Kate talked with Declan and he suggested they should use condoms instead, but Kate worried it might impede their sex life so Declan left contraception to Kate to sort out.

They were open to the idea of having children, but it never felt like the right time. They were both busy with work and saving for a house deposit. It didn't seem financially responsible to have a child, even if they wanted one.

Then, through a chance encounter with an old friend, Declan was roped into attending a talk about NFP - Natural Family Planning. The couple were hilariously open about their sex life, and about the joy and the challenge of having kids. They shared how using NFP had been a challenge but had brought them closer and really deepened their relationship. Declan found himself intrigued. He told Kate about it and to cut a long story short, they ended up taking an NFP course and later becoming NFP teachers with the couple to couple league. Ten years on, Declan and Kate have three children and have not ruled out having at least one more.

1. What good/bad communication do you see throughout the couple's relationship?
2. What differences might there be between male and female attitudes towards contraception? Is it solely the responsibility of women? Why/why not?
3. What kind of pressure led to Kate taking the morning after pill and why do you think she didn't tell Declan? What do you think he would have said if he knew?
4. What are the pros and cons of different contraceptive options? Think about potential side effects as well as efficiency and perfect vs typical use.
5. What are your thoughts on becoming a parent and 'the right time' to have a child?

1.	
2.	
3.	
4.	
5.	

Video 4 (3 mins): Em and Sammy talk about the joy of conceiving a child using NFP. Mairi and Nathan summarise the main learning from the session: that fertility is a gift to protect, nurture and value through the understanding that love, sex and procreation are all intrinsically linked - because that's how God intended it to be.

Pornography



Pornography Laws in the UK

- It is legal to watch pornography in the UK as long as it doesn't feature under 18's, sex with animals, torture, scenes of rape or sexual assault, scenes which are violent to the point of life threatening or likely to cause serious harm.
- Pornographic material can be shown on TV after 9pm as long as it doesn't show erect penises or close ups of genitals.
- The legal age to buy pornographic material is 18, be this magazine, DVD's or internet access. The internet tries to prevent under-age access using credit cards or disclaimers.
- Under 18's who film or take sexual pictures of themselves or others can be charged with child pornography offences which can lead to prison sentences of up to 10 years. Even if all involved agreed.
- It is illegal to watch pornography with an under 18, this is considered a form of abuse.
- It is illegal to make and/or distribute pornographic photographs or films without all participants knowledge and consent. This can lead to up to 2 years in prison.

Ways in which Pornography can distort views of relationships and Sex

- Sex ends when the man ejaculates and orgasms.
- Women orgasm every time they have sex.
- People use insults and abusive language when having sex.
- Everyone wants to have sex all the time.
- Sex is an aggressive act of dominance of one partner over another.
- Women are portrayed as bored and sexually frustrated.
- People want to have sex with more than one person at a time.
- External ejaculation is expected and common.
- Anal Sex is common and popular amongst heterosexual couples.
- Sex is good every time.
- Penises are large (over 6 inches)
- Sex is all about what men want and men are in control.
- Women are expected to dress up and wear make up for sex.
- Sex is loud.
- Consent to sex means all sex acts.
- You must look and dress a certain way to be considered sexy.

Where to get more help and support

- Parents and trusted family members
- Teachers and School Staff including School Nurse and Safeguarding Team
- Report any inappropriate images to the website.
- NSPCC - <https://www.nspcc.org.uk>
- Childline - Helpline: 0800 1111 (24 hours, every day) / <https://www.childline.org.uk>
- CEOPS - <https://www.ceop.police.uk/safety-centre/>

- Lowered relationship quality
- Increased risk of infidelity
- Financial issues or job loss
- Having difficulty in sexual encounters
- Negative impact on intimate relationships

Lesson Five – Pornography

Enquiry Question: How does pornography affect relationships and why is it addictive?

This session looks at ‘adult content’ in an adult way: asking questions about how it affects people’s behaviour, how it affects the way people think about themselves, others and their relationships. Mairi and Nathan introduce Isaac and Charlotte, who speak frankly and honestly about their own struggles with pornography. The ultimate takeaway for you is that sexual desire is powerful: making it a part of authentic love is a lifelong challenge and responsibility, but one that leads to maturity and fulfilment.

Discuss and write:

‘Porn is just for men’

How far do you agree with this statement? Present your ideas as a clear point of view:

Video 1 (7 mins): Mairi and Nathan introduce Charlotte and Isaac, who share about their first experiences of pornography and how they became hooked in.

1. Do you think Charlotte and Isaac’s experiences are representative of young people today?

2. To what extent is porn spoken about/kept secret and why?

3. Should porn be freely available to all ages? Why? Why not?

4. Do you think there is a difference between how men and women use/talk about porn, at school/as adults?

Video 2 (7 mins): Mairi and Nathan draw the link between pornography and masturbation, arguing that masturbation cannot satisfy sexual desire and instead leaves emptiness and frustration. Isaac and Charlotte describe how their porn habits took hold as they got older, until they started to realise the damaging effect it was having on their lives.

Discuss and write:

1. What do you think about the idea of porn as an 'addiction'?

2. What's the difference between thinking with your mind, listening to your emotions and following your desires when it comes to these issues?

Addiction: - create a list of different behaviours that might show that someone has an addiction to pornography:

-
-
-
-

True or False

	True	False
Hugh Hefner published the first copy of Playboy in 1953.		
Today, porn sites receive more website traffic in the U.S. than Netflix.		
Pornhub, one of the leading porn sites in the world, had 32 billion visitors in 2019.		
PornHub estimates that their uploads in 2019 were at the rate of 12,500 gigabytes per minute.		
The average internet user spends over 30% of their waking hours online.		
According to studies, most young people are exposed to porn by the age of 14.		
91.5% of men consume porn, and 48% of women.		
More than 1 in every 3 porn videos depicts sexual violence or aggression.		
One study found that 80% of the targets of violence or aggression in porn appeared either neutral or appeared to respond with pleasure.		
In one 2016 study, researchers found that 22.9% of respondents reported that, over time, they began watching pornography that had previously disinterested or even disgusted them.		
According to a UK survey of over 22,000 adult women, 16% reported having been forced or coerced to perform sex acts the other person had seen in porn.		
Sex trafficking victims can be forced, tricked, or coerced into pornography production.		

True or False (Answers)

	True	False
<p>Hugh Hefner published the first copy of Playboy in 1953. <i>It heralded a huge moment in the history of porn: pornographic imagery became increasingly available to the public. Its popularity soared further when 80s' technology allowed pornographic videos to be watched on VHS at home.</i></p>	✓	
<p>Today, porn sites receive more website traffic in the U.S. than Netflix. <i>U.S. porn sites do receive more traffic than Netflix, but that's not the end of the story: they receive more website traffic than Twitter, Instagram, Netflix, Pinterest, and LinkedIn combined!</i></p>	✓	
<p>Pornhub, one of the leading porn sites in the world, had 32 billion visitors in 2019. <i>It was actually 42 billion visitors, with 39 billion searches performed. That's 115 million a day - almost 5 million an hour, and almost 80,000 a minute -and that's just one site.</i></p>		✓
<p>PornHub estimates that their uploads in 2019 were at the rate of 12,500 gigabytes per minute. <i>That's enough to fill the memories of every smart phone in the world!</i></p>	✓	
<p>The average internet user spends over 30% of their waking hours online. <i>It's actually over 40% of waking hours that are spent online!</i></p>		✓
<p>According to studies, most young people are exposed to porn by the age of 14. <i>It's actually even younger – 13.</i></p>		✓
<p>91.5% of men consume porn, and 48% of women. <i>91.5% of men is correct, but the figure for women is actually 60.2% These figures are not dissimilar to a survey of U.S. teens, where 84.4% of 14-18 year-old males and 57% of 14-18 year-old females reported that they had viewed pornography.</i></p>		✓

True or False (Answers)

	True	False
<p>More than 1 in every 3 porn videos depicts sexual violence or aggression. <i>In fact, this is just the minimum. Other studies suggest that it's more like 9 out of 10. All studies agree though, that the targets of sexual violence and aggression in these videos are nearly always women. One study found that women were the victims in 97% of cases.</i></p>	✓	
<p>One study found that 80% of the targets of violence or aggression in porn appeared either neutral or appeared to respond with pleasure. <i>It's actually 95%. In other words, porn is sending the message that sexual violence is just a part of sexual pleasure.</i></p>		✓
<p>In one 2016 study, researchers found that 22.9% of respondents reported that, over time, they began watching pornography that had previously disinterested or even disgusted them. <i>The figure is much higher: 46.9%. These findings are consistent with other research that demonstrates that changing tastes and escalating is not an uncommon experience amongst consumers of porn.</i></p>		✓
<p>According to a UK survey of over 22,000 adult women, 16% reported having been forced or coerced to perform sex acts the other person had seen in porn. <i>Other studies show that teens often report trying to copy porn in their own sexual encounters, and that the pressure to imitate porn was often an aspect of unhealthy relationships.</i></p>	✓	
<p>Sex trafficking victims can be forced, tricked, or coerced into pornography production. <i>This is just one of the ways in which modern sex trafficking shares a symbiotic connection to pornography. In addition:</i></p> <ul style="list-style-type: none"> • <i>Porn performers can be trafficked into acts they didn't consent to</i> • <i>Porn can be used to groom trafficking victims and 'train' them on what is expected of them</i> • <i>Porn can normalise sexual violence and objectification to the extent that in some cases, the desensitisation of consumers can manifest in more willingness to buy sex, thus increasing the demand for sexual exploitation and sex trafficking</i> 	✓	

Video 3a (3 mins): Charlotte describes a 'line in the sand' moment after meeting some women who had worked in the porn industry.

'Porn is an industry which employs people - if people choose to make a living through it, then there is no problem.'

Agree	Disagree

Video 3b (3 mins): Isaac describes his turning point and how he sought help through technical and relational accountability.

A recent BBFC report, found that:

51% of 11 to 13 year-olds

66% of 14 to 15 year-olds

79% of 16 to 17 year-olds

had seen pornography.

Read the following information and reduce this down into 2-3 bullet points:

Guided Reading: What are the harms of pornography?

Pornography is often presented as a question of freedom of choice, simply part of people's freedom to pursue their sexual lives without interference. However, large numbers of children are being exposed to pornography at a point at which their understanding of sex, sexuality and relationships is developing. They need high quality relationships and sex education and at best pornography is a poor sex educator, at worst it is a corrosive one.

Accessing pornography online is different to offline in terms of the volume and range of content young people will encounter. Online pornography also differs in how it is presented to young people. Research shows that online pornography can cause real harm and put young people's freedom to develop meaningful, intimate relationships at risk.

Watching pornography can make real-world sex less enjoyable because pornography can make people feel less happy in their relationships. In addition, pornography can lead people to think about sex a lot more. This can make it harder for them to enjoy their friendships and other interests. Furthermore, pornography can lead to people viewing others, especially women, as 'sex objects' and not as people with intelligence and feelings, meaning they are respected less. Therefore, over time, pornography can shape the types of things people are aroused by, and this may lead to an increased interest in extreme or violent pornography.

One method pornography companies use is to expose people to extreme or violent content (through adverts and thumbnails) moving them from more 'typical' sexual fantasies to those which they have to pay to access. This manipulation may make people desire more extreme content. Pornography also promotes sexual scripts that are impersonal and performance-oriented, presenting others as objects for an individual's gratification. For young people encountering this content at an early stage of their sexual development, this can be damaging.

Read the different statements about films and decide on their age classification:

Violence will generally be very mild. Mild violence may be acceptable if it seems reasonable for the setting (for example, comedic, animated, completely unrealistic).	No promotion of potentially dangerous behaviour which children are likely to copy. It will not make realistic or easily accessible weapons such as knives seem appealing.
Scary or potentially worrying scenes should be mild, brief and unlikely to cause undue anxiety to young children. The outcome should be reassuring.	Misuse of drugs must be infrequent and should not be glamorised or give detailed instruction.
Mild bad language/swearing only. Aggressive or very frequent use of mild bad language may result in a film being passed at a higher category.	Drug taking may be shown but the film as a whole must not promote or encourage drug misuse (for example, through detailed instruction).
References to illegal drugs or drug misuse must be mild or carry a suitable anti-drug message.	Violence may be strong but should not dwell on the infliction of pain or injury. The strongest gory images are unlikely to be acceptable.



Which age classification would you give to pornography and why?

Video 4 (6 mins): Nathan and Mairi summarise some ideas from the session to leave with pupils, about how pornography is powerful, habit forming and potentially damaging. They share some insights from Isaac and Charlotte about how they managed to break free.

Resource 1: Attitude Continuum

Watching TV and film is a good way to learn about romantic relationships

Strongly Disagree 1 2 3 4 5 Strongly Agree

Why do you think this?

The best place to get advice about relationships is friends or family

Strongly Disagree 1 2 3 4 5 Strongly Agree

Why do you think this is?

Most romantic relationships on TV and in film seem realistic

Strongly Disagree 1 2 3 4 5 Strongly Agree

Why do you think this?

TV and film are very good at showing a range of diverse relationships and families

Strongly Disagree 1 2 3 4 5 Strongly Agree

Why do you think this?

TV and film have influenced what I expect from a romantic relationship

Strongly Disagree 1 2 3 4 5 Strongly Agree

Why do you think this?

Read through the myths linked to relationships and answer the questions:

Myths: How relationships are portrayed in the media	How is this likely to be different in real-life healthy relationships?
It is typical to fall in love at first sight	
Characters who fall in love often start off hating / disliking each other	
Most relationships involve dramatic arguments where lots of their friends get involved	
Characters rarely ask permission before kissing another character	
Grand, romantic gestures help to win someone over if they're not that interested	
Most relationships include lots of break ups and getting back together several times	
Women like to be 'chased' and men regularly hassle women until they get what they want	
Kissing usually leads to other sexual behaviour (often in the same scene)	

Myths: How relationships are portrayed in the media	How is this likely to be different in real-life healthy relationships?
It is typical to fall in love at first sight	Although some people report falling in love at first sight, this is not often the case in real life. People usually spend a long time getting to know someone before they consider themselves 'in love'.
Characters who fall in love often start off hating / disliking each other	In real life, people are much more likely to fall in love with people they start off liking, and have a healthy friendship with, they share things in common, have the same values etc. It is very rare for people who are dramatically different or who upset each other to form a healthy relationship.
Most relationships involve dramatic arguments where lots of their friends get involved	Whilst this may be the case with teenage relationships, it is rarely the case in ongoing, healthy adult relationships. While it can be helpful to talk to friends or family about challenges in a relationship, people learn where to draw the line about how much to discuss with others and how much to get involved in others' relationships.
Characters rarely ask permission before kissing another character	It is important to always seek permission (consent) before kissing or intimately touching someone. Sometimes this is communicated through body language but it is easy to misread these signals, and it is much clearer and respectful to ask, particularly at the early stages when a person is less used to reading their partner's body language.
Grand, romantic gestures help to win someone over if they're not that interested	Romantic gestures can be wonderful and help to show someone how important they are to the person. However, a one-off romantic gesture cannot win over someone who is not interested and could make someone feel uncomfortable or be seen as over-the-top or even harassment. They are not a replacement for everyday healthy relationship behaviours such as showing respect, good communication and keeping promises.
Most relationships include lots of break ups and getting back together several times	Again, this can be a feature of teenage relationships but are not a regular feature of healthy relationships, and should raise a concern. This happens a lot on TV because the storylines are more interesting this way, or there is an incentive through the reality show/competition to change partners.
Women like to be 'chased' and men regularly hassle women until they get what they want	No-one likes to be pursued if they have already said they are not interested. It can feel difficult turning someone down or being rejected, but a person's decision should be respected and continuing to hassle someone is likely to make them less interested – not more. It can even be considered harassment or stalking which are illegal behaviours.
Kissing usually leads to other sexual behaviour (often in the same scene)	It can do, but not always. Kissing can take place outside of romantic relationships (e.g. kissing a family member or friend). At the start of a romantic relationship, when people are dating or getting to know each other, many couples only want to kiss. There are lots of different ways to show affection, but sexual behaviours are only one way to do this. Most people take time to get to know someone so they feel comfortable with them before they have sex.

STI's



Infection	Symptoms	Treatment
Chlamydia	Most people with chlamydia do not notice any symptoms and do not know they have it. Pain when urinating,. Unusual discharge from the vagina, penis or bottom. Pain in the tummy. Bleeding after sex and bleeding between periods (women only). Men may experience pain and swelling in the testicles.	Sexually active people under 25 are recommended to have a chlamydia test once a year,
Genital Herpes	Small blisters that burst to leave red, open sores around the genitals, anus, thighs or bottom. Tingling, burning or itching around the genitals. Pain when urinating. Vaginal discharge that's not usual (women only)	Anti-herpes drugs and pain relief can be given to treat symptoms, but the infection cannot be cured.
Genital Warts	One or more painless growths or lumps around their vagina, penis or anus. Itching or bleeding from their genitals or anus. A change to their normal flow of urine (e.g. flow sideways) that does not go away	Visible warts can be treated, but the infection cannot be cured
Gonorrhoea	Around 1 in 10 infected men and almost half of infected women do not experience any symptoms. Symptoms of gonorrhoea may include a thick green or yellow discharge from the vagina or penis. Pain when peeing and, in women, bleeding between periods.	Antibiotics
HIV	Usually no obvious symptoms for many years. HIV can be transmitted through blood, semen and vaginal fluids, sharing needles and from mother-to-baby. Raised temperature , sore throat, body rash, weight loss and chronic diarrhea	No cure for HIV, but there are very effective treatments that enable most people to live a long and healthy life.
Human Papillomavirus (HPV)	HPV has no symptoms, so a person may not know if they have it. It's very common. Most people will get some type of HPV in their life.	HPV vaccine for girls and boys aged 12 to 13 in England protects against cervical cancer and genital warts.
Pubic Lice	Intense itching in the pubic area, small nits (eggs) on pubic hair.	Special shampoo, cream or spray applied to pubic area.
Scabies	Intense itching which is particularly strong at night	Cream or lotion for a person to apply over their whole body.
Syphilis	Small, painless sores or ulcers that typically appear on the penis, vagina, or around the anus A blotchy red rash that often affects the palms of the hands or soles of the feet Small skin growths (similar to genital warts) that may develop on the vulva in women or around the bottom (anus) in both men and women. White patches in the mouth. Tiredness, headaches, joint pains, a high temperature (fever) and swollen glands in the neck, groin or armpits.	Antibiotics, either injected or in tablet form.
Trichomoniasis	Women can suffer vaginal discharge, unpleasant smell, vaginal soreness and swelling and pain when urinating. Men can suffer white discharge from the penis, soreness on the foreskin or head of the penis and pain when urinating or when ejaculating.	Antibiotics

Where to get more help and support

Your Doctor
Community Nurse
School Nurse
NHS Online
www.helathforteenhs.co.uk
www.brook.co.uk

Things to Remember

You can have an STI and not know it.
Only a Doctor can diagnose an STI.
If you are diagnosed with an STI you must inform prior partners so they can be tested.
Some STI's can be transmitted without having sex

Video 1 (6 mins): Mairi and Nathan introduce Bobbi, who was born in East London, but whose Indian heritage and values played a strong part in her upbringing. She shares about how her behaviour changed as she grew up.

Discuss and write:

What impact did Bobbi's upbringing have on her choices?

Extension: - give arguments on each side:

'Parents should protect their children - this includes preventing them from entering into sexual relationships before they are ready.'

Agree	Disagree

Video 2 (5 mins): After her first abortion, Bobbi shares about how she went to Tenerife with a friend, which signalled the start of a downward spiral involving drugs, casual sex and increasingly risky behaviour.

1. In what ways did peer pressure affect Bobbi?

2. How can peer pressure affect our choices around sex and relationships? Can peer pressure ever be good?

3. What experience have you had of peer pressure?

Video 3 (7 mins): Bobbi describes her second pregnancy and abortion, and her increasing awareness about her chaotic sexual behaviour and the physical and emotional impacts it had on her. Mairi and Nathan share information about various STIs.

1. What thoughts/fears/questions might someone have when facing an unplanned pregnancy? Where can they turn for help?

2. Do you think there is always a right or wrong action to take?

3. What support would you show to someone considering an abortion? What about if they have already had an abortion?

Read through the following information to develop an understanding of STIs:

A sexually transmitted infection (STI) is an infection that's spread through sexual contact. This includes **skin-to-skin** contact. In general, STIs are **preventable**.

Barrier contraception such as condoms and diaphragms can help protect against some STIs, but if any skin that's not protected by a condom is **infected**, it can still be passed on.

Each year, there are an estimated 376 million new infections with 1 of 4 STIs: **chlamydia**, **gonorrhoea**, **syphilis** and **trichomoniasis**. The majority of STIs have no symptoms or only mild symptoms that may not be recognised as an STI. In some cases, STIs can have serious **reproductive** health consequences beyond the immediate impact of the infection itself (e.g. infertility or mother-to-child transmission).

General symptoms of STIs can include unusual **discharge** from the vagina, penis or anus, **pain** when peeing, lumps or growths around the **genitals**, a rash, itching, blisters, warts or unusual bleeding. If a person is worried because they think they've got an STI, they should go for a check-up at a sexual health clinic as soon as they can.

Sexual health clinics treat problems with the genitals and urinary system, so another name for them is '**GUM**' clinics, which stands for '**genitourinary medicine**'. GUM clinics offer free and **confidential** testing for STIs and HIV. They also offer advice and information about contraception and **abortion**, as well as help for people who have been sexually assaulted. Those facing a crisis **pregnancy** can also access advice as well as practical and financial support from the charity Life (lifecharity.org.uk) who also provide post-abortion counselling.

At a GUM clinic, a person can expect a doctor or nurse to ask some questions about their **sex life**, perhaps ask to look at their genitals or anus and then tell them what **tests** they think they need. If the tests show they have an STI, they should tell their **sexual partner** and any ex-partners so they can get tested and treated as well.

A person should feel **comfortable** sharing information about their sexual activities or **orientation** with a doctor. They do not need to give their real name or tell staff who their GP is if they do not want to. No **information** about their visit to the clinic will be shared with their GP or anyone else outside the clinic unless they ask for it to be. It's also possible to ask to see a **female** or **male** doctor or nurse as preferred.

Match one of the above sexually transmitted infections to each description below and outline treatment (use your knowledge organiser to help:

Note that the HIV and AIDS description describes them both individually and together


Chlamydia	Genital Herpes	Genital Warts	Gonorrhoea	HIV and AIDS
Human Papillomavirus (HPV)	Pubic Lice	Scabies	Syphilis	Trichomoniasis

Infection	Symptoms	Treatment
	Most people with chlamydia do not notice any symptoms and do not know they have it. Pain when urinating, unusual discharge from the vagina, penis, or bottom. Pain in the tummy. Bleeding after sex and bleeding between periods (women only). Men may experience pain and swelling in the testicles.	
	Small blisters that burst to leave red, open sores around the genitals, anus, thighs, or bottom. Tingling, burning, or itching around the genitals. Pain when urinating. Vaginal discharge that's not usual (women only)	
	One or more painless growths or lumps around their vagina, penis, or anus. Itching or bleeding from their genitals or anus. A change to their normal flow of urine (e.g., flow sideways) that does not go away	
	Around 1 in 10 infected men and almost half of infected women do not experience any symptoms. Symptoms of gonorrhoea may include a thick green or yellow discharge from the vagina or penis. Pain when peeing and, in women, bleeding between periods.	
	Usually no obvious symptoms for many years. HIV can be transmitted through blood, semen, and vaginal fluids, sharing needles and from mother-to-baby. Raised temperature, sore throat, body rash, weight loss and chronic diarrhea	
	HPV has no symptoms, so a person may not know if they have it. It's very common. Most people will get some type of HPV in their life.	
	Intense itching in the pubic area, small nits (eggs) on pubic hair.	
	Intense itching which is particularly strong at night	
	Small, painless sores or ulcers that typically appear on the penis, vagina, or around the anus. A blotchy red rash that often affects the palms of the hands or soles of the feet. Small skin growths (similar to genital warts) that may develop on the vulva in women or around the bottom (anus) in both men and women. White patches in the mouth. Tiredness, headaches, joint pains, a high temperature (fever) and swollen glands in the neck, groin or armpits.	
	Women can suffer vaginal discharge, unpleasant smell, vaginal soreness and swelling and pain when urinating. Men can suffer white discharge from the penis, soreness on the foreskin or head of the penis and pain when urinating or when ejaculating.	

Checking in...

Being aware of your own physical health is important. Read the following information for females and males on how to check for other issues:

Information and support for females:



TOUCH
Touch both breasts. You're feeling for any lumps or thickening of the tissue, even up into the armpits.

LOOK
Look in front of a mirror. Can you see any physical changes to the breast shape, skin or nipples?

CHECK
Check any breast changes with your doctor. Even if you've had a mammogram recently.

WHAT TO LOOK OUT FOR



LOOK for changes in skin texture eg. puckering/dimpling



LOOK for swelling in your armpit or around collar bone



FEEL for lumps and thickening



FEEL constant pain in your breast or armpit



LOOK for nipple discharge



LOOK for a change in size and shape



LOOK for nipple inversion and changes in direction



LOOK for a rash or crusting of the nipple or surrounding area

Be breast aware

All woman's breasts are different in terms of size, shape and consistency. It's also possible for one breast to be larger than the other. Get used to how your breasts feel at different times of the month. This can change during your menstrual cycle. For example, some women have tender and lumpy breasts, especially near the armpit, around the time of their period.

Five-point plan:

1. know what's normal for you
2. look at your breasts and feel them
3. know what changes to look for
4. report any changes to a GP without delay
5. attend routine screening if you're aged 50 to 70

Look at your breasts and feel each breast and armpit, and up to your collarbone. You may find it easiest to do this in the shower or bath, by running a soapy hand over each breast and up under each armpit. You can also look at your breasts in the mirror. Look with your arms by your side and also with them raised.

Breast changes to look out for...

See a GP if you notice any of the following changes:

- a change in the size, outline or shape of your breast
- a change in the look or feel of the skin on your breast, such as puckering or dimpling, a rash or redness
- a new lump, swelling, thickening or bumpy area in one breast or armpit that was not there before
- a discharge of fluid from your nipples
- any change in nipple position, such as your nipple being pulled in or pointing differently
- a rash (like eczema), crusting, scaly or itchy skin or redness on or around your nipple
- any discomfort or pain in one breast, particularly if it's a new pain and does not go away (although pain is only a symptom of breast cancer in rare cases)

CHECK YOUR TESTICLES



CHECK YOUR TESTICLES
AT LEAST ONCE A MONTH



PERFORM THE TEST
IN THE SHOWER



SOAP
YOURSELF UP



CHECK ONE TESTICLE
AT THE TIME



GENTLY ROLL IT
BETWEEN THE FINGERS



FEEL UP THE SPERMATIC CORDS
ON THE BACK SIDE OF TESTICLES



LOOK FOR HARD LUMPS,
SMOOTH OR ROUNDED BUMPS ...



...CHANGES IN SIZE,
SHAPE OR CONSISTENCY...



...OR ANY
PAINFUL AREAS

What should my testicles look and feel like?

Most men's testicles are about the same size, but it's common for one to be slightly bigger than the other. It's also common for one testicle to hang lower than the other. The testicles should feel smooth, without any lumps or bumps, and firm but not hard. You may feel a soft tube at the back of each testicle, which is called the epididymis.

If you notice any changes or anything unusual about your testicles, you should see a GP.

What causes lumps and swelling in the testicles?

There are several causes of testicular lumps and swellings:

- varicocele – caused by enlarged veins in the testicles (may look like a bag of worms)
- hydrocele – a swelling caused by fluid around the testicle
- epididymal cyst – a lump caused by a collection of fluid in the epididymis
- testicular torsion – a sudden painful swelling that happens when a testicle becomes twisted (this is a medical emergency and requires surgery as soon as possible)
- epididymitis – a chlamydia infection in the epididymis can cause inflammation, swelling and tenderness inside the scrotum (ball sack); a few men will notice that the whole of the scrotum is red and tender (this is called epididymo-orchitis)
- Testicular cancer - an uncommon cause of lumps

What are the signs of testicular cancer?

The early signs of testicular cancer are easy to spot. Look out for one or more of the following:

- a hard lump on the front or side of a testicle
- swelling or enlargement of a testicle
- an increase in firmness of a testicle
- pain or discomfort in a testicle or in the scrotum (the sac that holds the testicles)
- an unusual difference between one testicle and the other

If you find a lump or swelling, or have any of the above signs, it's important to get it checked out by a doctor.

Video 4 (4 mins): Bobbi describes how after so many years of being hurt and abused by others, and hurting and abusing herself through risky behaviour, she finally started to see her true value as a beloved child of God.

Coercive Control



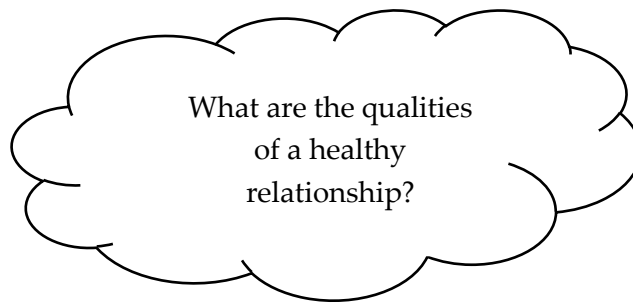
Coercive control	Signs of coercive control & abusive relationships	
Assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.	Jealous and possessive behaviour	Your partner may display signs of extreme jealousy toward you and others that you spend time with such as friends and colleagues.
Rape	Controlling choices such as clothing and friendships	Controlling the clothing you wear and the people you spend time with.
Sexual assault involving sexual intercourse / sexual penetration carried out without consent.	Control of finances	Controlling your access to money or resources. They might take your wages, stop you working, or put you in debt.
Victim Blaming	Pressure to have a physical relationship	They might manipulate or coerce you into doing things you don't want to do.
Questioning people who experience violence about their actions, and what they could have done to prevent it, or invite it.	Mood swings (charming and abusive)	Includes name-calling, threats and manipulation, blaming you for the abuse or 'gas-lighting' you. This might be followed by extreme affection.
Misogyny	Controls your mobile device and monitors messages	They might send abusive texts, demand access to your devices, track you with spyware, or share images of you online
A dislike or a prejudice against women.	Uses anger and intimidation	Not only hitting. They might restrain you or throw objects. They might pinch or shove you and claim it's a 'joke'.
Sexism		
Unfair treatment of someone based on their sex.		

Lesson Seven – Coercive Control

Enquiry Question: What is Coercive Control and why might someone find it hard to leave an abusive relationship?

In this final session of the Year 11 programme, Mairi and Nathan explain how we are a social species: isolation is not in our nature. Our longing for intimate, exclusive relationships is a beautiful thing, but one that can make us vulnerable. The final interviewee is Annabel, who shares about her own journey of looking for love. Through Annabel's story, pupils will be able to consider what is meant by coercive control and how this type of abusive relationship can develop. They will also be able to discuss issues such as rape, victim-blaming, sexism and misogyny.

Discuss and write:



Which one of these qualities is the most important and why?

Video 1 (7 mins): Mairi and Nathan explain how, biologically, we are a social species: isolation is not in our nature. They introduce Annabel, whose longing for love – which is a beautiful thing – led to her being vulnerable. This part of the film shows how somebody else started to take advantage of that vulnerability.

Discuss and write:

If it was your friend in Annabel's situation, what would you be concerned about at this point?

What do you imagine might have been going on in the boyfriend's mind during this time? What about Annabel's?

Do you think Annabel's presentation of the roles of men and women are representative of today's understanding? Why/why not?

Video 2 (9 mins): Annabel shares about how the red flags of abuse in her relationship escalated. Mairi and Nathan discuss more about abuse and why victims should never be blamed. They talk about some of the many complex reasons why victims can find it difficult to leave an abusive relationship.

Why did Annabel stay with her boyfriend? Use the words below and add these to your table below in order of how important you believe them to be:

Low
SELF-ESTEEM

FEAR

EMBARRASSMENT OR
SHAME

CULTURAL OR
RELIGIOUS
REASONS

DISABILITY

LACK OF
MONEY OR
RESOURCES

LOVE

FEAR OF
BEING OUTED

LANGUAGE
BARRIER OR
IMMIGRATION
STATUS

BELIEVING
ABUSE IS
NORMAL

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Video 3 (6 mins): Annabel shares about how she finally got free from the relationship and how she came to realise that what she'd experienced was coercive control. Mairi and Nathan discuss some of the many forms that the crime of coercive control can take.

Which of these signs of coercive control did you see in Annabel's relationship with her boyfriend? Tick all that apply:

Isolating a person from their family and friends

Controlling their finances

Monitoring their activities and movements

Repeatedly putting them down, calling them names or telling them they are worthless

Threatening to harm them

Threatening to publish information about them

Damaging their property or household goods



Describe the different signs of coercive control within abusive relationships (use your knowledge organiser to help you):

Signs of coercive control & abusive relationships

**Jealous and possessive
behaviour**

**Controlling choices such
as clothing and friendships**

Control of finances

**Pressure to have a
physical relationship**

**Mood swings (charming
and abusive)**

**Controls your mobile
device and monitors
messages**

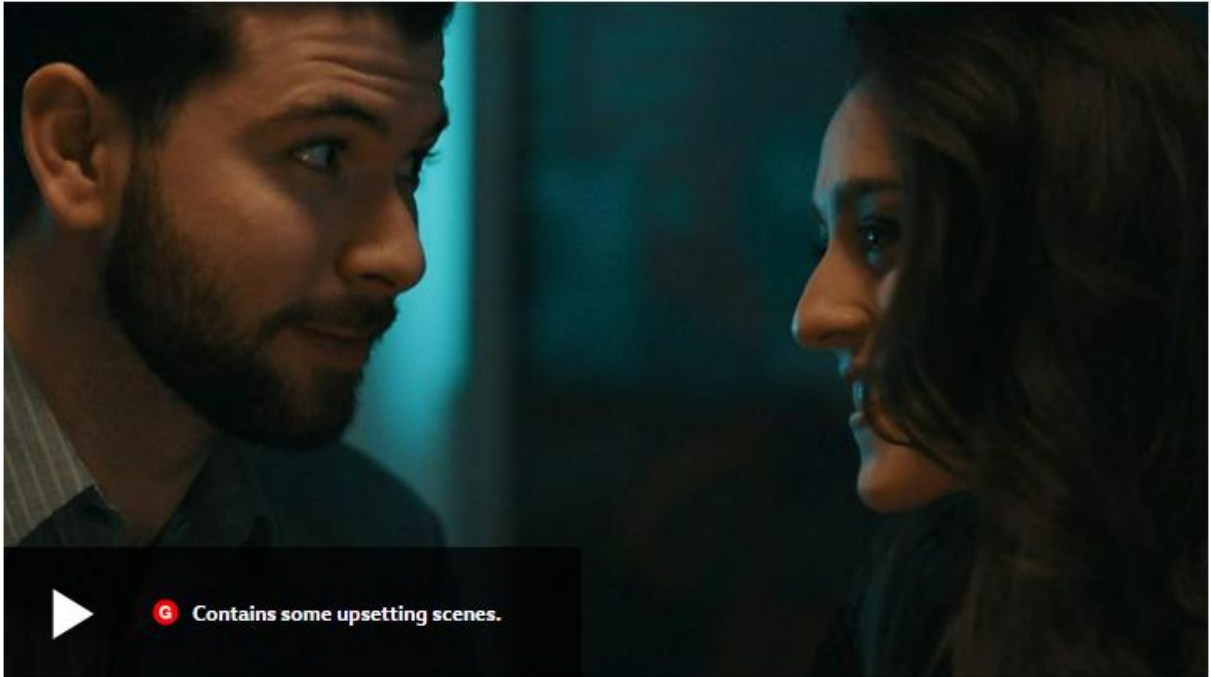
**Uses anger and
intimidation**

Coercive control

<https://www.bbc.co.uk/teach/class-clips-video/is-this-coercive-control/z2bbsk7>

Coercive control is a pattern of behaviour by an abuser to harm, punish or frighten their victim. It's been illegal since 2015, but would we be able to spot it if we saw it happening?

Part 1

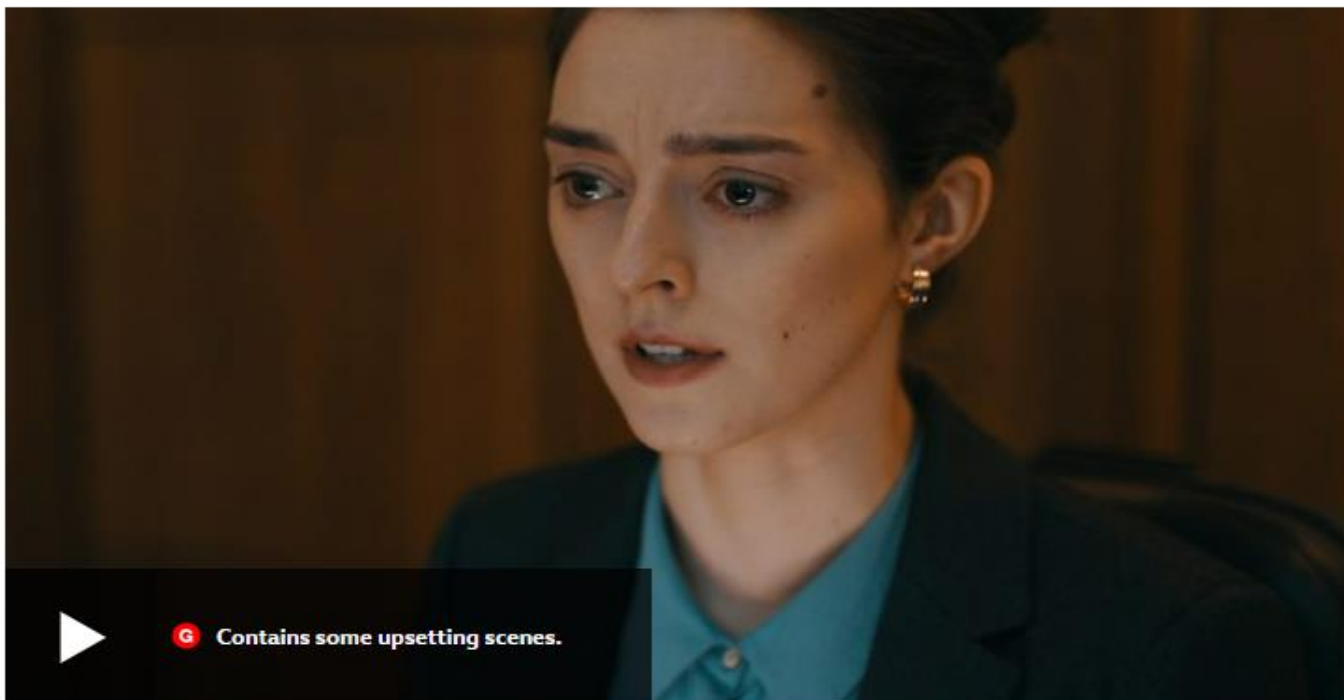


Rachel and Alex have celebrated three months together and he's met her work mates. When Rachel loses her job, Alex asks her to move in with him.

Discuss and write:

- Does the relationship seem healthy?
- Are there any warning signs about either character's behaviour?
- Identify any clues as to the characters' feelings about one another.

Part 3 - Rachel's Evidence



With the help of her friend, Rachel brings a case of coercive control against Alex, and gives her evidence in court. Before viewing this part it may help to define coercive control for your students and explain that Rachel has brought a case against Alex. Ask them to identify reasons why she might have accused him of coercive control, and compile a 'for' and 'against' list of evidence.

Discuss and write:

- How does Rachel seem at the beginning of this film? Identify any clues that the relationship affecting her feelings or behaviour.
- Why is Rachel's friend important? (Reinforce messages around the importance of speaking to a friend/family member, or a trusted source such as a helpline if someone feels afraid or unsafe).
- Discuss Rachel's evidence and how it compares to the 'for' and 'against' evidence that the class drew up.
- Are there any other clues as to Rachel's feelings?
- What does the class think the verdict should be having heard Rachel's evidence?
- Is there anything that raises questions or concerns?

Part 5 - What is coercive control?



Barrister Clare Ciborowska explains the law and answers the question posed by the drama: Is this coercive control?

Discuss and write:

- Discuss the lawyer's explanation of coercive control.
- Do you think Alex will be convicted? Why/why not?

Video 4 (4 mins): Mairi, Nathan and Annabel comment further on rape, sexual violence and consent. Annabel shares some final, encouraging words for men and women, about how everyone deserves to be respected as a person, for their worth to be seen and their dignity upheld.

Summative Assessment

Now we are the end of the module, put a tick in the box that best describes your thinking:

Topic	Not confident	Slightly confident	Fairley confident	Completely confident
How to respect yourself and others				
The dangers and risks of drug addiction				
Short term highs and their addictive qualities				
How to improve your own well-being				
Catholic beliefs about fertility and sexual relationships				
The different types of contraception (artificial and natural)				
The different choices young people have about contraception				
How adult content can have an effect on people's body image				
How adult content (pornography) gives a distorted view of sexual relationships				
Sexual desire and making good choices				
How risky behaviours can have consequences such as sexually transmitted infection				
The different types of sexually transmitted infection				
Meaning of promiscuity, addiction and drug misuse				
What is meant by coercive control and types of abusive relationships				