



Newport Safeguarding Children Board  
Bwrdd Diogelu Plant Casnewydd

**INTER - AGENCY PRACTICE  
GUIDANCE FOR  
CHILDREN & YOUNG PEOPLE  
WHO DISPLAY  
SEXUALLY HARMFUL BEHAVIOUR**

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## 1. Introduction

Newport Safeguarding Children Board (NSCB) recognises the importance of establishing a consistent, multi-agency, integrated response to children and young people who display sexually harmful behaviour. To this end NSCB have established a Protocol of Practice that should be referred to in cases where it is suspected or alleged that a child or young person has committed a sexually harmful act. This practice guidance supports that document and should be read as a supplementary to the Protocol.

An analysis of statistics indicate that children and young people commit between about one-quarter and one-third of alleged sexual abuse or sexual harm. (Masson, H and Erooga, M (2006) *Children and Young People Who Sexually Abuse Others*, London: Routledge). Assessment and intervention with young people should recognise that they are a heterogeneous group who present a multitude of risks and needs (Refer to *Safeguarding Children; Working Together Under the Children Act 2004*). Intervention with children and young people who display sexually harmful behaviour aims to encourage them to take responsibility for their behaviour and prevent further incidents of harm by addressing both the risks and needs of the child or young person. Intervention should always be informed by a clear assessment of the child or young person and their sexually harmful behaviour.

## 2. Definitions

Sexually harmful/abusive behaviour has been defined as any sexual interaction with person/persons of any age which is perpetrated:

- Against the victim's will
- Without consent
- In an aggressive, exploitative, manipulative or threatening manner

*(Ryan & Lane "Juvenile Sexual Offending" 1997)*

This definition should be used to distinguish sexual abuse from non-abusive /non offending sexual activity, and as such should be used as an indicator for initiating child protection enquiries. It is not a tick box definition and practitioners should be mindful that "The only **safe** definition of child abuse is that it is a conclusion reached by a group of professionals on the examination of the circumstances of a child, normally at a case conference"

*(Corby "Child Abuse: Towards a Knowledge Base" 2000)*

Consideration should also be given to the context of the act, as well as the act itself. It is known that children can commit sexual offences. Abusive sexual behaviour should not be dismissed as normal or adaptive.

## 3. Healthy Sexual Development

In order to establish what behaviour is harmful/ abusive behaviour it is important to have a clear understanding of what constitutes healthy sexual behaviour at a variety of ages to use as a base line of understanding.

There are a number of references that provide guidance in this area, for example:

AIM: An Initial Assessment and Intervention Manual for Children Under 12 Years Who Display Sexually Harmful Behaviour – Carol Carson (March 2007)  
Facing the Future: A Guide for Parents of Young People Who Have Sexually Abused – Simon Hackett (2001)

Reference should also be made to NSCB City of Newport Quality Approach to Sex and Relationships Education

A consensus of guidance on healthy sexual behaviours can be drawn from these references. These lists are not exhaustive and each behaviour should be assessed within the context it has taken place. Account also needs to be taken of the cultural; familial; religious context a child or young person comes from which will influence their understanding of healthy sexual behaviour.

0 – 4 Commonly understood as a sensual stage in all aspects of child development. It is also the stage at which children will form very important early attachments and experience intimacy through close physical contact. Children within this age range receive significant intimate care. They will also imitate and copy behaviours around them.

Behaviours you may see within this age range are:

Genital erection in boys (this can occur from birth); exploration of their own bodies; rubbing of genitals for comfort; touching; hugging; kissing; desire to be naked; exploration of the genitals of others within play and games (Simon Hackett reports this will be with children of the same age, stage of development, usually unplanned and light hearted); interest in the physical differences between sexes; and at the latter stages talking about physical differences between sexes; wanting to look and touch adults eg: female breasts

5 – 7 Commonly understood as the Gender Socialisation Stage. Children will exhibit more exploratory play with peers, ask more questions and compare body parts to try and answer questions they have. Questions will change from what? to the Why? and How? of sexual matters. There is an increased awareness of the good bodily feelings that can come from touching behaviours. Children become more aware of gender differences and learn more about their roles as boys and girls. Self separation into single sex groups may be apparent towards the latter stages of this developmental period.

Behaviours you may see within this age range:

Masturbation of self and others; playing of sex games eg kiss chase; boyfriend/ girlfriend relationships are very transient and superficial; exploratory behaviours with peers – questioning and comparison; may show embarrassment about seeing sexual matters eg seeing people kissing; use “rude” words and see these as funny; increase desire for privacy at times of bathing, dressing;

- 8 – 12 Commonly understood as the Informed Questioning stage of development. Information base of children within this age range increases as they are more cognitively able to understand and process information, questioning therefore becomes more considered. An intense interest in sexual information and their bodies remains, but children increasingly desire privacy. Friends and peers become more influential at this stage as children become more aware of their attractiveness to others and social relationships. This however can lead to a gain of inaccurate information and children may show confusion, misunderstanding or anxiety about sexual matters. Children’s sense of their own sexuality is starting to develop in the latter stages and this can be an anxious period for children, particularly if they feel different to their peers.

Behaviours which are common within this age range:

Sexual swearing; lessening of exploration play with others that is evident in younger years; increased sense of privacy; discussions with friends about sexual matters; body prepares for pubescent changes and so children become aware of own attractiveness and become attracted to others; pubescent changes that will lead to sexual arousal and emotions; body may show physical signs of pubescent changes; may be interested in exploring wider range of sexual activities eg sexual petting; comparison of body parts becomes more competitive; boyfriend/ girlfriend relationships start to become more established;

Note: Legally a child under 13 cannot consent to sexual activity, this is a reflection of a child’s level of understanding prior to 13 and the potential vulnerability of the younger age groups. It is important when exploring sexual behaviour in younger children not to place an adult interpretation upon events, but explore an understanding of the behaviour from the child’s point of view.

- 13 – 17 This is the consolidation stage of development. Young people are becoming young adults. Pubescent changes are established. Young people become aware of their deficits in sexual knowledge and experiences in comparison to peers, they may show an increased embarrassment to approach parents/ adult figures with concerns or for information. There is an increased interest in experiencing sexual activity. Peers are very influential at this stage and pressure to conform remains high. Consequently while young people within this age range can

become increasingly involved in sexual activity with others, anxieties and uncertainties about sex can also increase. Young people have a stronger sense of their own sexuality and social self. They also form views of the behaviour and presentation of others – eg sexual promiscuity in girls is differentiated from sexual promiscuity in boys

Behaviours common within this age range:

Pubescent changes result in the ability to ejaculate for boys, this can lead to masturbation games of a competitive nature; become pre-occupied with sex; seek sexual materials; physical needs for sexual activity increases and so masturbation in relation to sexual arousal and needs also increases; masturbation is accompanied by sexual fantasies; young people become involved in more advanced sexual behaviours; become involved in more advanced relationships – ie they are longer in length; making an attachment to one person becomes more important; increased involvement in consensual sexual activities with others;

#### 4. Initial Assessment of Sexual Behaviour

NSCB Protocol states that:

“Where there is a suspicion/ allegation of a child having displayed sexually harmful behaviour to another child, a referral must **always** be made to Children and Family Services....”

Once sexual behaviour by a child or young person has been witnessed or disclosed an initial assessment should take place as to whether that behaviour is a part of healthy sexual development and can be managed within the family or individual setting (eg education); or if it is demonstrative of more worrying sexual behaviour and requires a child protection referral to be made. It is important that an accurate description of the behaviour is recorded.

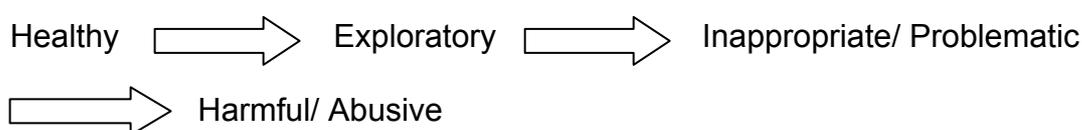
Within CYPP City of Newport Quality Approach to Sex and Relationships Education an Information Gathering Questionnaire has been developed the majority of which can be applied across agencies:

- How often does the behaviour occur?
- How long has it been happening for?
- Was there anyone else involved?
- If so, are they of a similar age and level of understanding?
- Has the child been spoken to about their behaviour?
- What was their response?
- Has the behaviour continued?
- Where did/ does the behaviour occur?
- When did/ does it happen?
- Could it be happening anywhere else?
- Is there an element of force or coercion involved?

- Are other children complaining?
- Are other parents complaining?
- Is there a history of like behaviour?
- Are there other behaviours reported that are of concern?
- Has a change in the child's participation in school been noted?
- Has the child got friends?
- Has the child been absent from school recently?
- Is the child known to other agencies?

Appendix 1 is a helpful guide in relation to warning signs regarding children's sexual behaviours also taken from the SRE toolkit guidance.

A significant amount of research indicates it is helpful to explore the nature of sexual behaviour by children and young people on a continuum:



Answering these questions should highlight any concerning factors about the behaviour that will assist in forming a view. It is recommended that no individual forms a view of the behaviour in isolation but utilises agency specific procedures/ supervisory opportunities to agree a view. Within AIM guidance it also states that:

“Any evaluation of behaviour without all information needs to be viewed as a temporary initial outcome, which may be reviewed and revisited when information is obtained.”

We should be prepared to change our view in consideration of any new information that comes to light and respond accordingly.

## 5. Immediate Safeguarding Issues

The level of response to the commission of a sexual act by a child or young person should be proportionate to the level of perceived concerns regarding the behaviour. If the behaviour is deemed as healthy/ exploratory, with no concerning factors highlighted from the initial assessment, then this can usually be responded to appropriately by the single agency concerned. Individual agency guidance should be referred to in order to inform this response.

Sexual behaviour by children and young people that involves concerning factors and is viewed as inappropriate or harmful will require additional considerations and it is recommended that a multi-agency view is sought on how such behaviour can be responded to and managed appropriately. Agencies should follow the NSCB protocol of practice in such cases.

It is important that in the initial stages immediate safeguarding issues are considered. Issues which should be considered are:

- Safety of the child

- Is there an immediate risk of harm?
- Safety of other known children
- Contact with other children
- Safety within the home
- Who needs to be informed of the concerns relating to the child/ young person's behaviour?
- Monitoring of child's behaviour

These are not exhaustive and if other issues are apparent for particular cases these should also be considered. If any professional has doubt regarding any safeguarding issues it is recommended they seek advice via intra agency/ multi-agency procedures.

### **Safety of the child:**

Is the immediate safety of the child compromised by their own behaviour or the response of others? If so alternative placements (home/ education) may need to be sought at least in the short term. If this is not thought necessary at this stage and the immediate risk to safety identified can be managed then appropriate strategies and monitoring should be agreed and implemented.

### **Is there an immediate risk of harm?**

Does the behaviour displayed by the child present an immediate risk of harm to themselves or others? Consideration will need to be given specifically to the known victim; other children in close contact (eg: siblings). Again if the risk is perceived as unmanageable an alternative placement may need to be sought at least in the short term.

The risk maybe perceived as manageable with additional safeguards put in place related to boundaries and supervision of the child/ young person in contact with other children and young people. This should be proportionate to the perceived risk so the child/ young person can continue to experience appropriate opportunities to relate to peers and family members in a safe setting for all involved. It is important that a consistency is gained with regard to the boundaries and supervision put into place. Additional consideration may need to be given to disclosure of relevant information to other agencies/ family members to achieve this.

### **Safety of other known children/ contact with other children:**

The response required to ensure the safety of other known children will depend on the context of the contact the child/ young person has with others, the nature of the perceived risks that child/ young person may represent and to whom. No child or young person who displays sexually harmful behaviour is a high risk to all other children all of the time and so careful consideration needs to be given to the restrictions put into place that balance the management of the potential risks with the needs of the child/ young person. It is accepted that initially cautionary restrictions may be put into place while information is being gathered and an informed initial assessment is being made. It must be emphasised that such restrictions should only remain whilst information is being gathered and analysed and post assessment the supervision requirements and/ or restrictions placed on a child/ young person

should be informed by the assessment and proportionate to the perceived risks.

Individual agencies may have detailed guidance that will support them in making a risk assessment and planning an appropriate response for their particular context – for example schools have the safety of all children to consider (see SRE toolkit guidance); social services will be assessing the risk to siblings and other known children within the family context. However, in most cases multi-agency discussion and agreement of the appropriate response is beneficial, ensuring consistency of response and clarity of messages provided to the child/ young person and their family.

### **Safety within the home:**

The risk to siblings and other known children in the family context should be immediately considered. As previously stated, if the potential risk is unknown due to lack of clarity of known information then precautionary measures may need to be taken. It is important to bear in mind that the families of children and young people who display sexually harmful behaviour will go through a range of emotional responses to such disclosures. Tony Morrison has likened the emotional processing to that of grieving stating parents/ carers will show emotions such as shock; disbelief; denial; anger; guilt; acceptance. There is no linear process to this and the parental response may fluctuate considerably. Acknowledgement of the position of parents/ carers who are attempting to support their child is key to positive engagement with the family as a whole.

Simon Hackett states risk management within the home will depend on:

- the nature of the abuse that has occurred
- the needs and vulnerabilities of the victims
- physical layout of the home and the challenges this presents
- parental ability to help reduce risk situations within the home
- the child's own awareness of their behaviour
- child's ability to contribute to the management of risk

There are further references in practice guidance written to date that identify the issues that should be considered when assessing and ensuring safety within the home:

1. Creation of a safe family environment/ development of a family plan:  
Issues that should be considered in the family plan are:
  - boundary setting and strategies for dealing with the sexual behaviour
  - physical interactions and personal space to reinforce appropriate behaviours
  - privacy including bath and bedroom routines
  - talking about sexual behaviours in a non judgemental and non punitive manner
  - permission to talk about worries or concernsIt is recommended that the creation of such a plan is done in partnership with the family and that it is delivered in a developmentally sensitive way to ensure the child/ young persons understanding.

2. Nature of contact the child/ young person has with other children within the family environment:  
This will not only include routines and boundaries around contact with siblings within the home, but also consideration will need to be given to contact with other children who may visit the family home and agreed boundaries and allocation of responsibility for monitoring when visiting other family members with children.
3. Parental ability to change and maintain appropriate boundaries and supervision:  
Taking into consideration the emotional impact on families of such disclosures it is likely parents will need guidance and support to consider; agree and implement changes to boundaries and supervision of their child. It is important for workers to give clear direction to parents/ carers about what the child/ young person is able to continue doing and give definition to any changes that may need to be made.
4. What support can be provided by significant family members/ significant others?  
Children/ young people and their parents describe feeling a sense of isolation and shame regarding the sexually harmful behaviour displayed by the child/ young person. Positive support that can be gained from significant family members or significant others therefore will assist in enabling parents to meet the changes that may be requested of them in order to safeguard children within the family.
5. Desexualising of the environment:  
This is ensuring the living environment is free from confusing sexual behaviour and information. It can be a sensitive area for families as it requires discussion about routines regarding sexual practices and accessibility of sexual materials that may be in the home. Some examples are more explicit than others – for example pornographic dvd's kept in same place as children's films; inappropriate portraits of adult family members in communal areas; sexual intercourse taking place in the same room as a sleeping child. It may result in the removal of age inappropriate posters; restricted access to adult dvd's; the television and internet. It is also asking parents/ carers to think about what they say and do in front of the children to ensure they do not hear or see anything about adult sexual activity.

**Who needs to be informed of the concerns relating to the child/ young person's sexual behaviour?**

Consideration should be given to what information should be shared with who once a disclosure has been made and within the subsequent process to ensure the safety of the child/ young person; the known victim and other children. It may be that a child lives with one parent but has contact with their other parent who would need to be told to safeguard that child while in their care. Other significant family members may be able to offer positive support to parents/ carers to ensure safety of the children. A child may sexually assault another child within the family but the information is pertinent to

education to ensure safeguarding of that child and other children whilst in school. The risks will be dynamic and so the risk the child may present in different environments should be considered. Also the emotional impact on the child of their behaviour becoming known should be considered and supported, agencies will only be in a position to offer such support if the relevant information is shared with relevant staff. The decision of who should be told and what should be considered at all stages:

- strategy meetings
- multi-agency planning meetings
- child in need planning meetings
- child protection conferences
- core group meetings

(dependent on what stage and what context the case is being considered within) to meet the changing needs of the child/ young person; the victim and their families.

### **Monitoring of the child/ young person's behaviour:**

Once boundaries/ supervision has been agreed appropriate monitoring of the response of the child and family should also be decided. This is not only to ensure safeguarding measures are adhered to but also to provide clear information to re-assess and review the measures as required. This ensures that positive responses are recognised as well as problematic behaviours monitored and changes made accordingly.

Such information can inform agencies decisions to maintain a child within the family home or seek alternative placements and inform the basis and nature of contact with other children. Such monitoring would be an on-going process not only within the assessment period but importantly while intervention is carried out with the child/ young person and their family. Who is responsible for monitoring which aspect, and at what level, will be dependent upon the initial safeguarding plan put in place and subsequent plans informed by assessment and interventions with the family.

Individual agencies may have more detailed guidance to inform appropriate monitoring within their particular context. All monitoring of the child should be informed by the assessment and actions made from the multi-agency processes followed.

## **6. Risk Management Plan and Intervention**

Once the immediate safeguarding issues have been identified and addressed this will provide a safe context for assessment of risk and need to be undertaken. Any future risk management plan and intervention should be informed by the assessment that has taken place.

Children and young people who display sexually problematic/ harmful behaviours are a very diverse group with differing levels of needs. Risk management plans and interventions therefore will need to reflect this in their content and nature. It is stated that elements of good practice are:

- a holistic view of the child
- good communication and sharing of information
- multi-disciplinary systemic approach
- flexible and responsive approach

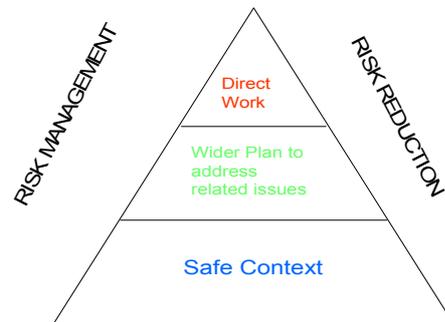
(NSCB Protocol Children and Young People Who Sexually Harm)

Any direct work with the child/ young person and family should therefore take place within a wider, multi-agency management plan.

In addition research into effective intervention indicates that intervention should:

- take a strengths based approach
- be goal specific
- focus on multiple needs
- be developmentally sensitive
- promote continuity of care
- connect young people with appropriate peer groups
- promote better parenting practices

As such the focus of work to be determined would fall under three areas – one providing the platform for the other to take place and all working together to meet the aims of risk management and reduction.



There is a shift in the focus of intervention that should take place according to the age of the child. Research supports differing approaches being taken with younger children and their families to that of adolescents.

### **Working with Younger Children and their families:**

It is vital that the focus of intervention with younger children is developmentally and age appropriate. This entails giving different considerations to the emphasis placed on direct work with the child and wider work to address related issues within the family and environment. In respect of much younger children (0 – 7) the greater emphasis should be placed on direct work with caregivers. Much younger children need concrete and consistent messages about their behaviour across settings to affect change.

Positive reinforcement and modelling of healthy behaviours by all significant adults is as instrumental as clear instruction and boundary setting around problematic behaviours for this group of children.

Simon Hackett proposes that work undertaken to promote positive changes in the child's living environment should be a significant intervention goal. This would include work with parents/ carers to address family problems; increase parenting capacity and help parents/ carers to develop parenting strategies to manage children safely within the home. Carol Carson states that components of the family programme should include:

- knowledge of safeguarding issues
- empowering parents
- support with dealing with their own emotions about the sexual behaviours
- education and the provision of information
- boundary setting and strategies for dealing with the sexual behaviour
- parenting skills
- reducing isolation and increasing support

Older children within this age range can begin to engage in direct work about their behaviour and worries, this would need to be age appropriate and the greater emphasis would remain on work with caregivers supported by consistency in the child's wider environment and networks.

During the latter years of pre-adolescence direct work can be undertaken with the child in addition to work with the family. Children in this age range should have a clearer understanding of right and wrong. Direct work should enable the child to discuss their behaviour and worries; help the child understand the link between thoughts, feelings and behaviour; identify tasks to demonstrating healthy behaviours – these need to be simple, concrete and measurable.

When discussing sexual behaviours with younger children it is important not to impose an adult view of the behaviour upon the child but gain a clear understanding of their view of the behaviour and the needs it meets for them. Consequent work to change and manage behaviours should be informed by the wording and understanding shown by the child. Suggested areas of direct work with younger children are:

- getting to know the child
- building up of coping strategies and resilience
- work on sexual behaviours
- concept of good and bad touches
- recognition of victim experiences
- life skills work
- healthy boundaries and behaviours
- sex education

It is of note that the percentage of female children displaying sexual behaviour problems is higher amongst the younger age groups. There is no definitive reason established for this trend, however, it is also noted that sexually reactive behaviours are more prominent amongst younger children and this could partially explain the higher number of female children in this group.

### **Working with Adolescents and their families:**

Developmentally, adolescents should show a much stronger sense of what is right and wrong and be able to apply some reflective thinking on their behaviour which they can then possibly apply across settings. The ability of a young person to demonstrate reflective thinking can be influenced by factors such as maturity; disabilities and developmental delay. Assessments of a young person's cognitive skills and abilities should be used to inform the approach of intervention to be undertaken. As a general rule however, we can state there is an increased ability to apply abstract thinking in the work they undertake. A higher level of direct work with adolescents can therefore be completed alongside work with their family.

The motivations and triggers into sexually problematic/ harmful behaviours, as with younger children, are many and varied. Intervention should therefore be informed by assessment of risks and needs. There is a consensus in research regarding the characteristics of adolescents who display sexually harmful behaviours. This indicates that issues such as social and emotional isolation; family problems and rejection; previous experiences of abuse; poor family and peer relationships are commonplace within this group of young people. It is vital therefore that, as with younger children, direct work with adolescents should take place within a wider plan that is holistic and systemic – i.e. addresses the young person's individual needs across all dimensions of their lives and development, and involve significant adults across the systems the young person lives within. The work should take a strengths based approach and set clear goals from which outcomes can be measured – that is we know where we hope the young person is going to get to and how we will know they have got there. There are four main areas outcomes should focus on:

- the young person gaining an understanding and accepting responsibility for their behaviour and developing keeping safe strategies and coping skills
- promoting physical, sexual, social and emotional well-being of the young person
- for carers to acknowledge the behaviour of the young person, support change and take responsibility for making positive changes in the family context
- ensuring community safety

Whilst a minority of young people may be assessed as requiring specialist intervention work to address their sexually abusive behaviour, many will not. In all cases intervention by all agencies working with young people and their families can influence risk management and reduction. Again there is a consensus regarding the issues that can be explored with young people displaying sexually harmful behaviour outside of specialist intervention:

- improving positive supports within the systems of the young person
- improving young persons relationships and attachments with significant others
- life skills based work to increase thinking and social skills
- development of emotional awareness and competence
- development of self awareness and confidence

- empowering the young person to make appropriate life choices
- development of positive educational and training opportunities
- development of positive leisure activities
- improving positive social relationships with peers
- development of healthy attitudes regarding sexual behaviour and relationships including understanding of healthy boundaries and consent
- age appropriate sex education
- promotion of healthy relationships and sexuality
- increasing keeping safe strategies and skills

The sections above highlight areas of work that can be considered when developing a risk management and intervention plan with children and young people who display sexually problematic or harmful behaviour. They are not exhaustive and the individual circumstances of each child should be considered and the plan composed to address the relevant issues for that particular child.

## Appendix 1

### **Warning Signs Regarding Children's Sexual Behaviours**

- The children engaged in the sexual behaviours do not have an on-going mutual play relationship
- Sexual behaviours which are engaged in by children of different ages or developmental needs
- Sexual behaviours which are out of balance with other aspects of the child's life and interests
- Children who have too much knowledge about sexuality and behave in ways more consistent with adult sexual expression
- Sexual behaviours which are very different from those of other children of the same age
- Sexual behaviours which continue in spite of clear and consistent requests to stop
- Children who seem unable to stop themselves from engaging in sexual activity
- Sexual behaviours which occur in public, or other places, where the child has been told they are not acceptable

- Children’s sexual behaviours which are eliciting complaints from other children and / or adversely affecting other children
- Children’s sexual behaviours which are directed at adults who feel uncomfortable receiving them
- Children (four years and older) who do not understand their rights or the rights of others in relation to sexual contact
- Sexual behaviours which progress in frequency, intensity and/ or intrusiveness
- When fear, deep shame or guilt is associated with sexual behaviours
- Children who engage in extensive, persistent, mutually agreed upon adult-type sexual behaviours with other children
- Children who manually stimulate or have oral or genital contact with animals
- Children who sexualise non-sexual things, or interactions with others, or relationships
- Sexual behaviours which cause physical/ emotional pain or discomfort to others
- Children who use sex to hurt others
- When verbal and/ or physical expressions of anger precede, follow or accompany the sexual behaviour
- Children who use distorted logic to justify their sexual actions: “She didn’t say no”
- When coercion, force, bribery, manipulation or threats are associated with sexual behaviours

*CYPP City of Newport Quality Approach to Sex and Relationships Education*