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SEXUALITY AND RELATIONSHIPS EDUCATION IN GROUP HOMES

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This chapter summarizes the current state of international research on approaches to sexuality and sexuality education in out-of-home youth care. Although research has picked up in recent years, the field remains understudied. It is baffling, for two reasons, that the area has yet to be addressed more comprehensively. First, the need for research into and concerted action on sexuality education is demonstrated by existing studies showing that young people in out-of-home care are exposed to specific sexual risks to a greater degree than peers living within their families (e.g. Finigan-Carr, et al., 2018). Second, studies have also shown that sexuality is omnipresent in residential out-of-home care and throws up significant and unavoidable challenges for those working in these settings (Mantey, 2017). Before exploring the substantive issues at work, several terms used in this chapter will be defined to avoid misunderstandings flowing from the divergent terminology used in multiple Western countries.

A Note on Terminology

"Residential care" is largely state-funded and typically describes placements in community-based group homes or residential campus facilities for children and young people who cannot live at home with their families or are in similar structures such as kinship care or foster care. Its deployment as an option for out-of-home care and its service delivery by social workers and social care staff varies widely internationally. Comparing current placement numbers makes this plain: Only about 100,000 children and young people were in residential out-of-home care in the United States in 2018 (Finigan-Carr, et al., 2018), while the equivalent figure for Germany stood at 143,000 (German Federal Statistics Office, 2018). **"**Group homes" may be defined as discrete residential units that represent the principal temporary or long-term living environments for groups of normally about 4–12 young people. Care and support are provided by social workers and similar professionals.

"Sexuality" is understood broadly on the basis of the definition supplied by the World Health Organization (WHO, 2020) that makes the breadth of human sexual experience visible:

> Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs,

> attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, ethical, legal, historical, religious and spiritual factors.
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> *(p. 17)*

In parallel with this broad view of sexuality, this chapter conceives of sexuality and relationships education broadly. This broad view extends outward in two different directions. First, it will be broad in terms of its curricular scope, since sexuality education will not be reduced to the communication of biological facts; sexuality education as understood by the WHO (2010) must also encompass emotional and social issues with a bearing on sexuality and questions of values. Terms such as relationships and sexuality education (RSE) are now in widespread use in some locations, such as to signal that this breadth is always expressly intended. Second, it will be broad in the sense that sexuality education will not only be used to describe sex education in schools and other settings involving group interaction. As understood here, it will also encompass intentional interactions between professionals and young people in care; for instance, conversations taking up sexuality-related issues. Structural features of care settings such as rules on sexuality will, finally, also be understood as aspects of sexual education.

Recent Research

While there are a number of recent studies, the state of research on sexuality in residential care settings must still be described as limited. In most Western countries, including the US, the UK, and Ireland, residential care is quantitatively so under-represented that research tends to focus more generally on young people in out-of-home care. As such, research tends to foreground young people and their knowledge, attitudes and behaviors regarding sexuality and sexual health, and a differentiated focus on the specific living situations of young people in residential care settings is often lacking. Studies from the United States (Oman, Vesely, Green, Fluhr, and Williams, 2018, Finigan-Carr, et al., 2018), Ireland (Hyde, Fullerton, Lohan, McKeown, et al., 2016), and the United Kingdom (Chase, et al., 2006, Billings, et al., 2007) nevertheless offer important insights into aspects of the sexual health of young people that have yet to be investigated in Germany.

Interactions in residential settings have been analyzed mainly in three German-language studies (Wolff, et al., 2017, Helfferich and Steiner, 2015, Mantey, 2017). The applicability of research results attained in one context to another is likely to be limited; differences in the types of residential placements provided and in their uptake may preclude knowledge transfer. But similarities in existing research results and structural parallels between settings suggest that some transferability may indeed be given.

The Sexuality of Young People in Group Care Settings

Research on Sexual Health and Sexual Risk-Taking Behavior

Both the two quantitative American studies by Finigan-Carr et al. (2018) and Oman et al. (2018) and the Irish SENYPIC study (Sexual Health and Sexuality Education Needs of Young People in Care) by Hyde, Fullerton, Dunne et al. (2016) have recently mapped out the sexual health and sexual risk-taking behavior of young people in care in some depth. It became evident that young people in care exhibited risky sexual behavior significantly more often than their peers (Oman, Vesely, Green, Fluhr and Williams, 2018; Finigan-Carr, et al.,

2018). This took different forms, such as engaging in sexual intercourse early, switching partners frequently, or not using contraception (Oman, et al., 2018; Finigan-Carr, et al., 2018). At the same time, it became apparent that differences existed at the level of attitudes, too; young people in care proved more willing than their peers to engage in risky sexual behavior and were less likely to perceive risks such as unintended pregnancy as threatening (Oman, et al., 2018).

Gaps in the knowledge of young people in care were also highlighted (Oman, et al., 2018; Finigan-Carr, et al., 2018). Finigan-Carr et al. (2018) showed, for example, that 53.3% of the young people surveyed in the US were unaware that condoms can prevent the transmission of sexually transmitted diseases (STD). Studies have also identified below-average socio-sexual skills that may be an indicator for poorer sexual health (Hyde, et al., 2016). These issues have been shown to result in young people in care facing a higher risk of unintended pregnancy, teenage pregnancy, HIV infection, and other sexually transmitted infections (Oman, et al., 2018; Finigan-Carr, et al., 2018). This highlights, again, the necessity of improving sexuality and relationships education provision for this target group.

Developmental Tasks Linked to Sexuality

Developmental psychology has identified multiple developmental tasks faced by adolescents (Fend, 2005). These naturally must also be accomplished by young people in care and feature in studies of relationships and sexuality education (Hyde, et al., 2016; Mantey 2017):

- Young people undergo extensive and visible physical changes in puberty. These changes can have a dramatic impact on their lives, for example because of their consequences for young people's social standing in their peer groups (Göppel, 2011);
- Most young people develop new emotions and needs during puberty that affect their interactions with peers. These new emotional experiences include falling in love and desiring physical closeness and/or sexual satisfaction (Göppel, 2011). These needs prompt young people to take on the challenges involved in initiating, conducting, and ending intimate relationships (Fend, 2005);
- Many adolescents and young adults have experienced sexualized violence (Bode and Heßling, 2015). Young people who find that heterosexual and cisgender social norms do not work for them proved especially likely to be affected (Fisher, 2009, Bode and Heßling, 2015);
- Dannenbeck and Stich (2005) showed that engaging in sexual intercourse for the first time also presents challenges, among them the question of the right partner, the right time, and the use of contraception;
- Young people face existential risks when entering into sexual relationships that include unintended pregnancy and sexually transmitted infections;
- The social norms and ideals young people are confronted with can prove challenging, especially when they are at variance with a young person's behavior or with their personal desires and experiences. Such norms include body and beauty standards (Göppel, 2011), the ideal of sexual abstinence before marriage propagated widely in the United States, and sexual identity norms;
- Constructing a sexual identity is a significant developmental task for young people (Fisher, 2009; Timmermanns, 2008). They must find answers to questions about their current and future sexual orientation and gender. Who are they now and who do they seek to become? By what route?

Given the enormous societal and contextual influences bearing on these tasks, it seems plausible that young people in group care must also have to cope with some additional, or at least qualitatively different, developmental tasks resulting from their specific living situations. Existing research has demonstrated that youth sexuality is not separable from young people's life situations and biographies and should not be viewed in isolation (Hyde, et al., 2017; Mantey, 2020). Close links between sexuality, emotional well-being, and social skills have come to light (Hyde, et al., 2017). The study by Hyde et al. (2017) has drawn attention to the enormous significance of biographical experiences for the sexual experiences and behaviors of young people, and hence also for the sexual health risks they face. A lack of stability, fleeting relationships, and problematic family ties were threads running through the data in Hyde et al. (2016). This points toward the importance of involving parents in sexuality and relationships education. Similar links became evident in the British qualitative study by Chase (2006), showing that the need young people have to form close attachments and to be loved is one factor giving rise to teenage pregnancies. This suggests that the scope of sexuality and relationships education must extend well beyond the imparting of biological information and take in social and emotional issues (Hyde, et al., 2017).

Sexuality in Interactions in Care Settings

Interactions relating to sexuality in group homes have been subject to little research so far. The most detailed results up to now have come from my own study (Mantey, 2017), but this was confined to the perspective of young people themselves and primarily examined interactions between young people and professionals in a German setting. Further research and the incorporation of additional perspectives is urgent. The topics that young people mentioned as having been taken up in interactions are listed below (Mantey, 2017). The list highlights the different perspectives of both groups of actors, the young people, and the professionals supporting them. The list is revealing in and of itself, but it is also interesting to compare the topics mentioned against current data on youth sexuality (Bode and Heßling, 2015) and what we know about the developmental challenges of adolescence, as doing so reveals topics that may be going unaddressed in these interactions.

Topics of and Perspectives in Sexuality-Related Interactions

Two fundamental kinds of interaction processes can be distinguished (Mantey, 2017). Young people described interacting with care staff to seek help and support. In these situations, coping with puberty and navigating adolescence were evidently seen as a task sometimes best approached with expert help. Young people reported opting to talk through issues such as romantic relationships, their first sexual intercourse, or bodily changes with experts. Whether young people sought support turned out to depend on multiple factors, including the immediacy of the pressure they were under to act and the quality of their relationships with a suitable professional. The overarching perspective of young people in such contexts was the desire to cope and to become capable of action. Other coping or developmental tasks; for example, in relation to sexualized violence, tended not to be broached in these interactions initiated by the young people.

Interactions in a second category were initiated by care staff (Mantey, 2017) and foregrounded aspects of sexuality fraught with risk. Topics in this category of interactions included routine conversations on contraception methods, monitoring of whether birth control medication was taken, and rules on heterosexual intimacy. Caregivers clearly initiated these interactions primarily with the objective of protecting young people (Mantey, 2017).

Finally, the following topics were *unrepresented* in the interactions narrated by the young people, even though they were of considerable significance for the young people in group homes who were interviewed (Mantey 2017):

- Sexual urges, for instance in connection with masturbation;
- Sexualized violence, for example between residents;
- Media, including pornography;
- Sexual identities.

Several plausible reasons for these gaps were apparent in the narrations of the young people. These topics appeared to be perceived as taboo, excessively intimate, or associated with feelings of shame (Mantey, 2017). Other reasons—including research design issues—cannot, however, be excluded.

Taboos, Intimacy, and Shame

It became evident in my study that taboos, intimacy, and shame or embarrassment have considerable influence on sexuality and relationships education in group care settings (Mantey, 2017; Mantey, 2019). The concept of taboos—social rules often (but not always) understood without being expressly spelled out that regulate actions, words, objects, and communication within a society (Trumm, 2014)—could explain why certain topics such as minority sexual orientations or sexualized violence were not broached by young people in group homes or could only be broached with difficulty; for example, because suitable communication spaces were unavailable, particular topics were subtly labeled as undesirable, or attempts at communication were expressly shut down. Professional care staff are spared from having to deal with taboo issues when this happens, but young people are frustrated in their learning and in their efforts to get to grips with specific topics (Mantey, 2017). Making questions of sexual identity or sexual orientation taboo can also lead to the systematic non-recognition of young people's identities, but also to their humiliation and to persistent discrimination (Höblich 2014).

The concept of intimacy relates to topics perceived as private by society or by individuals. These topics may be subject to taboos and linked to feelings of shame or embarrassment. Situations and actions relating to sexuality, certain body zones and emotions are understood as intimate (Dörr, 2012). My research demonstrated that the degree of intimacy attributed to a topic is linked to specific access criteria. The key criterion evident in the interviews was the quality of relationships between young people and caregivers (Mantey, 2017). When the relationship quality was inadequate, young people reported attempting to break off interactions featuring questioning perceived as invasive and to avoid such questions in the future; for example, by hiding their sexuality. As a result, these young people could be less likely to receive effective support in emergency situations and at times of crisis. In situations featuring interactions that are not managed by the young person and cannot be broken off, feelings of embarrassment or shame may result. Shame can be thought of as an affect that regulates behavior by prompting individuals to conform to social norms (Blumenthal, 2014). In the narrations of the young people, shame, taboos, and intimacy often all occurred together (Mantey, 2017). Connections between all three are plausible, as taboos and intimacy mark social conventions and the breaching of these conventions gives rise to shame. When the intimate sphere of young people is breached, triggering shame, this may lead them to try and hide their sexuality more successfully.

The research leads to the following suggestions for sexuality and relationships education (Mantey, 2019). Firstly, it is necessary to reflect on and consciously shape taboos that operate in

group homes. The influence of taboos that disrupt necessary processes of learning and development should be minimized. Secondly, the intimate sphere of young people should be respected to the maximum extent feasible so that young people do not feel compelled to hide their sexuality, a reaction that makes support processes harder to deliver in crises and emergencies. Thirdly, the same logic dictates that topics with the power to trigger shame or embarrassment (and, indeed, sexuality more generally) should be treated with sensitivity.

The Provision of Individual Support to Young People

Multiple studies from across the globe have shown that young people in care benefit from personal and consistent sexual pedagogical support provided by key workers (Chase, et al., 2006, Billings et al., 2007, Hyde, et al., 2016; Mantey, 2017). Such support, firstly, provides young people with stability that in turn allows a trustful relationship to develop in which questions of sexuality can be addressed. In practice, unfortunately, this stability is often lacking in care settings (Hyde, et al., 2016). Secondly, stable and ideally regular one-to-one support is also important, because it allows young people to be seen in a holistic way that does not seek to separate sexuality education from their personalities. This allows individual and sometimes complex needs to be foregrounded (Chase, et al., 2006, Hyde, 2016). Thirdly, one-to-one work is important as a means of ensuring that responsibility for sexuality education is embraced by key workers or assigned by team leaders in a targeted fashion and thereby not lost from sight (Hyde, et al., 2016). Fourthly, it matters because the support services and information provided in this way match the needs of young people more accurately than school can (Billings, et al., 2007; Mantey, 2020). Delivering one-to-one sexuality education is, however, demanding. Professionals must be willing to engage with the process and possess the necessary skills (Hyde, et al., 2016) For example, they need to adopt a non-judgmental attitude and be empathetic toward the emotional needs of this population group (Hyde, et al., 2016). Specific organizational conditions must also be put in place for sexuality education to be feasible (Mantey, 2020); they include a reflective approach to taboos and a relationship between young people and the professionals supporting them that meets certain criteria.

Welcome Support, Unwelcome Supervision? The Situation of Young People

The enormous significance of relationships between young people in care and the professionals supporting them becomes clear when one reflects on the young people's situation (Mantey, 2017): As they undergo puberty and navigate adolescence, their capability to act is limited in some respects and they can draw on professionals as a resource to help with this. At the same time, however, they are confronted with the risk of the same professionals curtailing their capability to act. Relationships with a violent partner, for example, could potentially be seen as problematic and prohibited. Young people may therefore see support workers as liable to restrict their capability to act and carefully weigh the pros and cons of openness in various situations. Their thinking depends strongly on the strength of the relationship they have with key workers and the experiences they have shared with them (Mantey, 2017). A differentiated picture of relationship quality can be reached by considering three factors: Trust, closeness, and recognition (Mantey, 2017).

Trust

Trust can be understood as a positive expectation young people have toward care staff and other specialists (Stanulla, 2004). It is a key variable here because the expectations of young people

have ramifications for both of the other two variables identified as impacting on relationships and relationship behavior (Mantey, 2017). Trust is clearly essential and arises out of shared experiences. This points toward the importance of consistency in care. The significance of trust and consistent relationships for both sexuality education and successful group care provision more generally has been borne out by a host of studies (Billings, et al., 2007; Chase, et al., 2006; Helfferich and Kavemann, 2016; Mantey, 2017).

Closeness

Countless interactions are subjectively experienced as successful or unsuccessful every day. Dörr and Müller (2012) have shown that we feel close to people we interact with successfully. Closeness is regarded as a key prerequisite for successful pedagogical action in general (King, 2012) and as an important factor for ensuring positive outcomes for young people in residential care (Hamberger 2008). Its significance was confirmed in my study of the delivery of sexuality and relationships education (Mantey, 2017). Five dimensions of closeness can be differentiated (Mantey, 2017):

1. Personal emotional involvement;
2. Affectionate communication;
3. Understanding and feeling understood (see also Billings, et al., 2007; Hyde, et al., 2016; Helfferich and Kavemann, 2016);
4. Caring and showing empathy;
5. Proffering advice and information.

Recognition

The concept of recognition offers a third route to determining relationship quality. When young people can anticipate that their opinions, needs, feelings, and boundaries, including the bounds of their intimate spheres, will be recognized and respected, they are more likely to be open with care staff (Mantey 2017). Six dimensions can be distinguished (Mantey, 2017):

1. Self-determination;
2. Approaches to norms and values/judgments (Chase, et al., 2006; Billings, et al., 2007, Hyde, et al., 2017);
3. Understanding;
4. Willingness to take young people and their concerns seriously;
5. Approaches to intimacy (Hyde, et al., 2016);
6. Responsiveness/availability (Billings, et al., 2007; Helfferich and Kavemann, 2016).

Implementing One-to-One Work—Development Discussions

Regular development discussions are considered the most important tool for realizing personalized sexuality education in group homes (Mantey, 2020). The form, content, and extent of such discussions depend on the specifics of the situation; for example, the young person's need for protection or their self-consciousness, and must be clarified in participation-oriented processes (Mantey, 2020). Using reflection sheets appears to be beneficial in sexuality-related development discussions (Bärenz, 2014; Mantey, 2020). By formalizing discussions of sexuality, reflection sheets concentrate the attention of all participants on certain topics, loosen taboos, and create

transparency. Such discussions fulfill important functions (Mantey, 2020). They make it possible, for example, to provide support to young people that closely matches their needs and to realize important principles of sexual education, among them transparency and participation.

Sexuality Education for Groups

Three formats for group-based sexuality education can be distinguished: Sexuality education in schools, individually designed sessions given by regular caregivers or external specialists, and organized programs such as Power Through Choices. All three formats are much more strongly geared to communicating information than one-to-one work. Given that young people in care are typically less well-informed on sexuality than the wider population (Finigan-Carr, et al., 2018; Oman, et al., 2018), the content covered in such sessions is clearly relevant for them. But the information supplied and individual needs are often poorly matched. Information may miss the mark because it is too general or comes too late, for instance (Billings, et al., 2007; Mantey, 2017; Finigan-Carr, et al., 2018).

For this reason, but also because of other factors such as shame or embarrassment, young people in group homes often prefer to seek personal advice from experts or other contacts (Billings, et al., 2007; Mantey, 2020). At the same time, however, group sessions are important for some young people (Mantey, 2020), especially those who make little use of other information sources.

A further problem with group sessions—at least in the US—is that they do not reach the target population often enough or are not provided to the extent necessary. Finigan-Carr et al. (2018) showed that less than 30% of the young people in care surveyed had experienced group sexuality education sessions in the previous 12 months. While missing out can be attributed to frequent placement changes and unstable living environments (Finigan-Carr, et al., 2018) and to missed education, truancy, and high exclusion rates from school (Hyde, et al., 2016), this figure also suggests that group sessions in group care settings may not be provided frequently enough.

Schools-Based Sexual Education

Hyde et al. (2016) ascertained that sex education in schools is, alongside information from friends, the most common source of relationships and sexuality education in Ireland. But other studies from Germany and the UK (Billings, et al., 2007; Mantey, 2017) have shown that frequent mentions of schools-based sexuality education do not translate into it being of great significance to young people. While many young people were aware of and familiar with sexuality education in schools, they did not necessarily perceive it to be helpful (Billings, et al., 2007) and saw its remit as restricted to imparting information on biological facts (Hyde, et al., 2016; Mantey, 2017). It has also often been described as coming too late, not meeting young people's needs, or not reaching them at all (Billings, et al., 2007; Finigan-Carr, et al., 2018). Young people have also reported that sessions are frequently conducted in mixed-gender groups and that this creates embarrassment (Billings et al., 2007; Hyde, et al., 2016).

In-House Sessions

Studies from Ireland and Germany have highlighted that group sessions covering aspects of sexuality are held in some group homes (Hyde, et al., 2016, Mantey, 2017). These are either run by external specialists or by regular care staff (Hyde, et al., 2016). Topics frequently tackled include contraception, sexually transmitted diseases, and hygiene during and after puberty

(Hyde, et al., 2016, Mantey, 2017). Sessions like this meet sexuality education needs extending well beyond the simple communication of information (Mantey 2020). They stimulate further communication on the topic of sexuality in the living group, for example, and send out important signals to young people; for example, in relation to group home staff being willing to discuss sexuality.

In comparison to individual support processes provided by, for instance, care staff or friends, group sessions have both advantages and disadvantages for young people (Mantey, 2020).

Disadvantages:

- The sessions are a poorer fit for the needs of the individual young people, who often have little or no control over their timing, their content, the providers delivering the content and the other people who are present.

Advantages:

- These less-intimate, less-personal sessions are less likely to trigger embarrassment;
- Young people can participate passively and need "only" listen;
- Young people have additional strategies at their disposal for reducing embarrassment and invasiveness, such as "messing around" and being silly;
- Sessions can be fun when they are varied and permit moments of levity.

While the advantages may seem to dominate, the disadvantage of poor fit is so severe that many young people report preferring one-to-one conversations with experts, friends, or family members. Group sessions are, however, important for young people who have nobody they trust enough to talk to about sexuality (Mantey, 2020). From the perspective of professionals, group sessions are an important component in facility-wide sexuality education because of their knock-on effects for sexuality-related communication in residential settings such as group homes and their signal function.

Organized Programs with Established Curricula

In addition to in-house sessions with varying topics, programs with fixed curricula and goals geared to the needs of young people in group homes exist. Power Through Choices (PTC) (2010) from the US is one example. The program was developed with the needs of teenagers aged between 13 and 18 in mind and hones in on "the unique risks of youth in foster care and other out-of-home care settings" (Office of Adolescent Health, 2014, p. 1). It is delivered in 10, 90-minute units in single-gender groups by professionals working in pairs (Office of Adolescent Health, 2014).

The core content covered includes reproductive and sexual anatomy, conception, reproductive and sexual health, sexually transmitted diseases, contraception, communication, planning for the future, making decisions that match one's goals in life, and sexual health resources (Office of Adolescent Health, 2014). Comprehensive evaluation of the program's impact on contraceptive behavior and teenage pregnancies by Oman, Vesely, Green, Clements-Nolle, and Lu (2018) has demonstrated its effectiveness. The evaluation team concluded that PTC is an effective program for sexually experienced young people in care that influences contraceptive behavior positively and reduces the risk of teenage pregnancy. Against the background of this success, bolstering the program's implementation appears desirable, and similar programs should be designed, delivered, and evaluated elsewhere.

Additional Sexuality Education Resources

In addition to one-to-one discussions and group sessions, various other resources can also support young people in care in their sexual development. They fall into two categories, with media such as books, films, brochures, and websites making up the first and people and organizations the second. The importance of particular media, people, and organizations for young people varies with their individual needs. The internet and books have been found to be relatively more important for young people who do not have a person they are happy to talk issues through with (Mantey, 2020).

Media and Materials

A hugely varied range of media and materials have proved to be of fundamental value to young people as resources they can draw on as they discover their sexuality (Klein, 2017). The great advantages of such media are that young people can use them to focus on their own questions and interests and that they can avoid embarrassment, especially when materials are accessible away from prying eyes (Mantey, 2020). It seems desirable, in this light, that the broadest possible range of age-appropriate and development-stage-appropriate media and materials be made available to young people in group homes (Mantey, 2020). As with group education sessions, it is important that media are matched to young people's needs and not, for example, provided too late. One way in which this can be achieved is by involving young people in the selection of media.

At the beginning of the twenty-first century, when internet access still mainly required bulky computers, Billings et al. (2007) established that the internet was not especially useful to young people in residential group care. It can be assumed, however, that it has become one of the most important vehicles for sexuality education in the interim—at least in the eyes of young people themselves (Bode and Heßling, 2015). Virtually ubiquitous internet access via smartphones is probably the most important development in this regard (Klein, 2017). Recent studies highlight the significance the internet has now taken on for young people in residential group care (Hyde, et al., 2016). The internet creates both extensive opportunities and extensive risks; whether it is beneficial or harmful on balance depends on the skills of young people and their situations.

Risks include exposure to sexualized violence in online forums and on social networks and websites (Martyniuk, et al., 2013) and the unintended disclosure of personal sexual information; for example, texts or images sent during sexting and subsequently shared (Martyniuk, et al., 2013). Risks associated with pornography consumption have also been discussed (Klein, 2015). While the underlying mechanisms have yet to be adequately researched, it seems likely that pornography may trigger insecurities and modify existing attitudes and behaviors, perhaps by reinforcing them (Klein, 2015). As young people in care may have had problematic previous sexual experiences, sexuality and relationships education in the context of out-of-home care should be alert to these risks.

As well as risks, the internet is rich in opportunities: Firstly, Klein (2017) found that young people see the internet as a source of information, supplying more information than other sources, with less embarrassment, and in ways that address their own specific questions and problems. The internet also covers topics young people find no answers to in other sources of sexual education; for example, sexual practices (Klein, 2017). Secondly, the internet provides young people with opportunities to initiate, experiment with, and experience relationships (Tillmann, 2018). They can, likewise, also avail of opportunities to explore their sexual identity online (Tillmann, 2018). Thirdly, the internet can facilitate experiences of self-efficacy; for example,

when young people produce content by actively creating profiles for themselves (Tillmann, 2018). And, young people in care can, last but not least, find like-minded people to engage with on the internet; for example, on topics connected to their sexual identities or sexual orientation. This appears to be especially important for young people who do not conform to societal norms and may have difficulty finding people they can confide in or role models (Döring, 2017).

Given the potential value of media consumption in this regard and the connections between media consumption and participation in society, group homes are challenged to facilitate media participation for young people in healthy ways that promote their development (Tillmann, 2018). Most researchers take a negative view of blanket bans that can hinder young people from participating in society and unfolding their potential (Tillmann, 2018). Fostering media skills appears to be a more promising approach (Tillmann, 2018). This must thus be one further aim of sexuality and relationships education in group homes.

Friends, Parents, and Other Contacts and Organizations

Friends, family members, and service providers such as staff in advisory agencies or doctors play an important role for many young people grappling with sexuality-related challenges (Billings, et al., 2007; Hyde, et al., 2016; Mantey 2017). The importance of people and of agencies in specific cases depends on various situational variables (Mantey, 2017). Firstly, young people consider the substantial issue they need help with in a given situation, the kind of support they need, and the people available for consultation. Secondly, they consider the same qualities and relationship criteria that matter in their relationships with caregivers in group homes: Trust, fears of being judged, closeness, and recognition (Billings, et al., 2007; Hyde, et al., 2016; Mantey, 2017). Thirdly, the level of intimacy young people are comfortable with and the potential for being shamed or embarrassed have again been identified as relevant criteria here (Billings, et al., 2007, Hyde, et al., 2016). Fourthly, how much pressure young people are under to act is also a factor; when young people have, say, had unprotected sex, the need to address the situation by gaining access to the morning-after pill is obviously an urgent priority (Mantey, 2017).

The fact that people in a disparate range of different roles can prove to be significant for young people highlights the importance of multidisciplinary networks for sexuality education (Mantey, 2017). The goal of giving young people in care access to a broad and diverse range of communication partners should be pursued. This can be achieved by giving them opportunities and support to deepen their relationships with parents, siblings, and friends, introducing them to doctors and advisory services by accompanying them on initial visits there, and making them aware of support available from regional service providers by distributing literature such as flyers.

Working with Parents

The significance of parents for the sexual development of young people in care goes far beyond their above-mentioned role as people who young people can talk to. Parents will typically have influenced the sexuality of their children significantly during childhood, and their influence is often still quite marked during adolescence (Günder, 2015). Young people often adopt behaviors, attitudes, and positions learned from their parents. Parents can exert positive or negative influence on the sexual development of children and young people; it is well known that sexualized violence tends to run in families (Günder, 2015). In their meta-study on the influence of families, Wight and Fullerton (2013) identified the attitudes and values of parents, parent–child connectedness, and behavioral control exerted by parents as important factors influencing the sexual development of young people.

In this light, factoring in how parents approach sexuality and discussing sexual education with parents to, say, negotiate common goals, would appear to be an important part of delivering sexuality education (Mantey, 2020). Parents should be involved in sexuality education from the outset and informed about the sexual pedagogy approach pursued in the facility and accordingly also about planned interventions and sessions (Mantey, 2020). Informing parents right from the outset can open up dialogue so that a clear picture of parents' attitudes emerges. The ongoing involvement of parents should be determined individually together with the young people involved. In some cases—especially those involving particular risk constellations, such as teenage pregnancy—involving parents may be mandatory. But in other situations, involving parents could present an additional risk to young people; for example, by exposing a pregnant young person to the risk of parental violence (Mantey 2020).

Rules

The only studies specifically examining how sexuality is regimented in group homes have appeared in German (Domann, et al., 2015; Helfferich and Kavemann, 2016; Mantey, 2017). They have shown that sexuality is often regimented strictly: Romantic relationships between young people in group homes, hosting visitors overnight, closing and locking bedroom doors, and being able to bring a partner into one's bedroom are all often subject to restrictions (Mantey, 2017). Further issues professionals may perceive the need to regulate include physical contact in interactions (appropriate closeness/distance, violations of sexual boundaries) and sexualized language and music, especially, perhaps, in texts and phrases that discriminate against sexual minorities.

Facility operators appear to take the view that the enforcement of rigid house rules may be the simplest way to minimize the work demanded of staff, provide young people with a seemingly secure environment, and avoid inviting criticism (Mantey, 2020). But recent empirical studies have undermined the basis for these assumptions and demonstrated that rigid rules can have problematic consequences (Domann, et al., 2015; Helfferich and Kavemann, 2016; Mantey 2017):

- Rigid rules do not prevent young people from being sexually active; they only ensure that this activity is hidden and perhaps displaced into spaces outside the facility;
- Rigid rules hinder the delivery of support processes, since young people cannot discuss banned aspects of sexuality with caregivers without fearing sanctions;
- Rigid rules also hinder support processes by damaging the trust that is so important for sexual education; young people see the associated enforcement measures as invasions of their privacy;
- Rigid rules lead to the emergence of unofficial and untransparent workarounds. These, in turn, allow room for untransparent power structures—a risk factor for sexualized violence—to be created (Bundschuh 2015);
- Rigid rules remove space that is needed for sexual development. Exploring one's body or masturbating in private may be impossible, for example, when locking bedroom doors is not permitted;
- Rigid rules shut down educational spaces. A no-touch rule, for example, can make it difficult to talk about closeness, distance and different forms of physical contact.

The unilateral imposition of rigid rules has been identified as problematic for all of these reasons. Pleas have been advanced that more flexible ground rules recognizing young people's situations,

skills, wishes, and risk profiles be applied instead (Mantey, 2020). Some matters, however, brook no ambiguity and must be regulated uniformly. Sexual violence, for example, must be clearly prohibited (Mantey, 2020). Transparent, participative decision-making processes are necessary to develop rules. Rules should reflect the wishes of young people, but they must also reflect statutory requirements and the views of other stakeholders including parents and statutory agencies.

Organizational Conditions

Organizational conditions with ramifications for sexuality education—which also affect the sexual culture of facilities, as has been discussed in Germany (Sielert, 2017)—have barely been investigated thus far, although their impact on the radius of action of individual stakeholders in sexuality and relationships education is believed to be considerable (Sielert, 2017). Only isolated insights have been uncovered by researchers concerned with the prevention of violence at the institutional level (including Thole, et al., 2012) and sexuality education (Hyde, et al., 2016; Mantey, 2017). The following issues have been highlighted as important in the literature on institutional sexuality education, but they have only been partially studied empirically.

The shaping of internal communicative processes and cooperation within care teams represents one significant organizational factor (Hyde, et al., 2016, Mantey, 2020). Working successfully within defined communicative structures and processes, such as work groups set up to address issues related to sexuality, depends vitally on how teamwork is organized, as does the safeguarding of processes in specific challenging situations, for instance when worrying sexual behavior is observed and this triggers a cooperative risk-assessment process (Mantey 2020).

Such communicative processes depend in turn on specific background conditions, and this highlights a second organizational factor: Management. Establishing a culture of feedback that treats errors as learning opportunities is the responsibility of managers, as is ensuring that staff have the leeway they need to act effectively and are allocated the resources they need for tasks such as elaborating a sexuality education policy (see Dörr 2018, Bärenz 2014, Mantey 2017).

Networking and cooperation linking disparate agencies represents a third significant organizational factor. Residential care providers need to liaise with each other and with specialist advisory services that can assist with issues related to sexuality and sexualized violence (Hartwig, 2015; Mantey, 2020; Schubarth and Ulbricht, 2012.) External contacts can be helpful when challenging situations arise, for instance when sexualized violence is suspected, as they can contribute both a valuable external perspective and much-needed specialist expertise (Hartwig 2015).

Public outreach is a fourth key organizational factor (Mantey 2020). For example, cooperation between parents, staff, and young people can run more smoothly when everybody knows right from the start how sexuality will be approached.

Having a clear written policy on sexuality and relationships education in place and ideally also developing it further on an ongoing basis is a fifth important organizational factor (Mantey 2020). What matters here is not just the result created on paper, but the process of creating and reworking a policy and the opportunities for professional development and participation this process provides for all the stakeholders in a care setting (Neubauer 2015). But the outcome, a policy fixed in writing, is also important for sexuality education (Mantey 2020): Having a policy in place creates transparency, delineates responsibilities, and clarifies questions relating to the allocation of resources. Policies also supply guidance and instructions that can be readily accessed and assimilated in practical situations (Bärenz 2014).

Training and professional development for staff represents a sixth factor (Mantey 2020). As well as supplying useful factual knowledge, training can open up a protected space care staff can

avail of to reflect on their own sexual socialization and their own experiences and insecurities (Bärenz 2014, Wanielik 2015).

The mechanisms put in place to protect young people from sexualized violence represent a seventh organizational factor (Wolff, et al., 2017). It appears that implementing measures to protect people from violence also influences sexuality in ways not directly linked to violence; sexuality education and protection against violence appear to be partially overlapping areas (Mantey 2020).

Implications for Social Work Research, Education, and Practice

This chapter outlines the current state of research on sexual education in group homes. It has become clear that young people in care can be classified as a vulnerable group from a sexual health standpoint—because of factors such as gaps in their knowledge or a propensity to risky sexual behavior—and that improved sexuality education provision for this target group is needed (Finigan-Carr, et al., 2018; Hyde, et al., 2016; Oman, Vesely, Green, Fluhr, and Williams, 2018). Multiple approaches to delivering sexuality and relationships education have been identified and the current state of research on each summarized: One-to-one support provided to young people on the basis of trusting relationships, group education sessions, media, additional resources including friends and outside agencies, work with parents, and organizational conditions.

It has also become clear that the state of international research can still be seen as quite limited, although some current or recent research shows great promise. A quantitative picture of what sexuality education looks like in residential care placements around the world is still largely missing. No clear picture exists of how and to what extent sexuality education is delivered in homes, of the organizational conditions that obtain, or of the training and professional development that is provided to people with responsibility for sexuality education. The systematic approaches to the issue adopted in policies and similar contexts have not been mapped. Many aspects of how sexuality-related issues are dealt with in concrete situations are also unclear: Further research is needed on the work conducted with parents on sexuality, the use of resources such as the internet by young people, and the general approaches taken to sexuality in interactions between young people and their peers and between young people and care workers. The specific development tasks and challenges that arise for young people on account of their specific life situations and biographies would also merit more precise investigation.

Practice, too, must continue to evolve. We can conclude from what we already know that more sexuality education needs to be provided on the ground and that it ought to be more closely tailored to young people's needs to compensate for existing disadvantages. Currently prevalent rigid and restrictive approaches to sexuality will need to be critically interrogated to strike a more successful balance between protecting young people and giving them space and opportunities to develop. The protection of young people (and of care providers and their staff!) cannot be allowed to take precedence over all other considerations. Communication taboos covering gender and sexual diversity or other issues will need to be challenged where they present barriers to young people's development and reproduce forms of discrimination found in society at large. It has also become apparent that the delivery of sexual education should not be reduced to conveying biological facts. Sexual education should align with the needs flowing from young people's biographies and also be extended to include their parents. The development of a strategy for enabling media participation is another important issue, and the internet should be integrated into educational provision as a major element in young people's learning experiences in relation to sexuality.

As the training of care workers and social workers must reflect these demands, sexuality ought to be systematically integrated into higher education curricula. The significance of the issue for working with young people—and specifically with young people in care—is too great and the issues and effects that arise during the provision of help are too complex for the topic to be neglected. Care workers require extensive knowledge and skills in this area that must include anatomical knowledge, an awareness of sexual identities, and knowledge about how sexuality evolves over the life course (Dodd 2020).

References

Bärenz, P. (2014). Es geht um das "und": Erarbeitung eines sexualpädagogischen Konzeptes im Pestalozzi Kinder- und Jugenddorf e.V. Ajs-Informationen. *Fachzeitschrift der Aktion Jugendschutz*, *2014*(1), 26–30.

Billings, J., Hashem, F., and Macvarish, J. (2007). *Looked-after children's views of sex and relationships education and sexual health services*. University of Kent.

Blumenthal, S.-F. (2014). *Scham in der schulischen Sexualaufklärung: Eine pädagogische Ethnographie des Gymnasialunterrichts*. Springer Fachmedien.

Bode, H., and Heßling, A. *Jugendsexualität 2015: Die Perspektive der 14- bis 25-Jährigen. Ergebnisse einer aktuellen Repräsentativen Wiederholungsbefragung*. https://www.forschung.sexualaufklaerung.de/fileadmin/fileadmin-forschung/pdf/Jugendendbericht%2001022016%20.pdf

Bundschuh, C. (2015). Sexualisierte Gewalt in der Erziehungshilfe. In M. Macsenaere, J. Klein, M. Gassmann, and S. Hiller (Eds.), *Sexuelle Gewalt in der Erziehungshilfe: Prävention und Handlungsempfehlungen* (pp. 33–55). Lambertus.

Chase, E., Maxwell, C., and Aggleton, P. (2006). Pregnancy and parenthood among young people in and leaving care: What are the influencing factors, and what makes a difference in providing support? *Journal of Adolescence*, *29*(3), 437–451.

Dannenbeck, C., and Stich, J. (2005). *Sexuelle Erfahrungen im Jugendalter: Aushandlungsprozesse im Geschlechterverhältnis. Eine qualitative Studie im Auftrag der BZgA* (3rd ed., Vol. 23). Bundeszentrale für Gesundheitliche Aufklärung.

Dodd, S. J. (2020). *Sex-positive social work*. Columbia University Press.

Domann, S., Eßer, F., Rusack, T., Klepp, N., and Löwe, C. (2015). Jugendliche in der Heimerziehung zwischen Verboten, informellen Regeln und Klatsch: Umgangsweisen mit Körperkontakt. *Neue Praxis*, *2015*(5), 503–518.

Döring, N. (2017). Online-Sexualaufklärung auf YouTube: Bestandsaufnahme und Handlungsempfehlungen für die Sexualpädagogik. *Zeitschrift für Sexualforschung*, *30*(4), 349–367.

Dörr, M. (2012). Intime Kommunikation in professionellen pädagogischen Beziehungen. In W. Thole, M. Baader, W. Helsper, M. Kappeler, M. Leizinger-Bohleber, S. Reh,... C. Thompson (Eds.), *Sexualisierte Gewalt, Macht und Pädagogik* (pp. 174–185). Barbara Budrich.

Dörr, M. (2018). Nähe-Distanz-Verhältnisse und sexualisierte Gewalt. In A. Retkowski, A. Treibel, & E. Tuider (Eds.), *Handbuch Sexualisierte Gewalt und pädagogische Kontexte: Theorie, Forschung, Praxis* (1st ed., pp. 178–186). Beltz Juventa.

Dörr, M., and Müller, B. (2012). Einleitung: Nähe und Distanz als Strukturen der Professionalität pädagogischer Arbeitsfelder. In M. Dörr (Ed.), *Nähe und Distanz: Ein Spannungsfeld pädagogischer Professionalität* (3rd ed., pp. 7–30). Beltz Juventa.

Fend, H. (2005). *Entwicklungspsychologie des Jugendalters*. VS Verlag für Sozialwissenschaften.

Finigan-Carr, N., Steward, R., and Watson, C. (2018). Foster youth need sex ed, too!: Addressing the sexual risk behaviors of system-involved youth. *American Journal of Sexuality Education*, *13*(3), 310–323.

Fisher, C. (2009). *Sexual identity development: Process and importance*. https://cascw.umn.edu/wp-content/uploads/2013/12/SexualIdentitySubSum.pdf

German Federal Statistics Office. (2018). Hilfen zur Erziehung, einschließlich Hilfen für junge Volljährige in Deutschland 2018 nach Art der Hilfe. https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Soziales/Kinderhilfe-Jugendhilfe/Tabellen/hilfen-erziehung-jungevolljaehrige.html;jsessionid=D9BB93E88C2D44CBD59C31326C707AAF.internet712

Göppel, R. (2011). Erwachsen werden.: Der pubertierende Körper aus bio-psycho-sozialer Perspektive. In Y. Niekrenz and M. D. Witte (Eds.), *Jugend und Körper: Leibliche Erfahrungswelten* (pp. 23–40). Juventa.

Günder, R. (2015). *Praxis und Methoden der Heimerziehung: Entwicklungen, Veränderungen und Perspektiven der stationären Erziehungshilfe* (5th ed.). Lambertus.

Hamberger, M. (2008). *Erziehungshilfekarrieren: Belastete Lebensgeschichte und professionelle Weichenstellungen*. Internationale Gesellschaft für erzieherische Hilfen (IGfH).

Hartwig, L. (2015). Mädchen-Sein und Sexualpädagogik in der stationären Erziehungshilfe. *Forum Erziehungshilfen*, 21(2), 75–79.

Helfferich, C., and Kavemann, B. (2016). "Kein Sex im Kinderheim?": Prävention sexueller Gewalt in der stationären Jugendhilfe. *Sozialmagazin*, *41*(7–8), 52–59.

Helfferich, C., and Steiner, S. (2015). *BuFo—BIS: Begleitende Interviewstudie zum Modellprojekt 'Bundesweite Fortbildungsoffensive für Mitarbeiterinnen und Mitarbeiter der Kinder- und Jugendhilfe.'* Ev. Hochschule Freiburg. http://www.soffi-f.de/files/BuFo-Abschluss-SoFFI_2015-01-21.pdf

Höblich, D. (2014). "Das ist doch voll schwul!": Sexuelle Orientierung und Scham in der Kinder- und Jugendhilfe. *Sozial Extra*, 43–46(3), 43–46.

Hyde, A., Fullerton, D., Dunne, L., Lohan, M., and Macdonald, G. (2016). *Sexual health and sexuality education needs assessment of young people in care in Ireland (SENYPIC). The perspectives of care leavers: A qualitative analysis*. Report no. 5. HSE Crisis Pregnancy Programme and Child & Family Agency (Tusla). https://www.sexualwellbeing.ie/for-professionals/research/research-reports/senypic-report-5-final.pdf

Hyde, A., Fullerton, D., Lohan, M., McKeown, C., Dunne, L., and Macdonald, G. (2016). *Sexual health and sexuality education needs assessment of young people in care in Ireland (SENYPIC)*. Report no. 6. HSE Crisis Pregnancy Programme and Child & Family Agency (Tusla). https://www.sexualwellbeing.ie/for-professionals/research/research-reports/senypic-report-6-final.pdf

Hyde, A., Fullerton, D., McKeown, C., Lohan, M., Dunne, L., and Macdonald, G. (2017). Doing relationships and sexuality education with young people in state care. *Health Education Journal*, 76(2), 194–205.

King, V. (2012). Pädagogische Generativität: Nähe, Distanz und Ambivalenz in professionellen Generationenbeziehungen. In M. Dörr (Ed.), *Nähe und Distanz: Ein Spannungsfeld pädagogischer Professionalität* (3rd ed., pp. 62–75). Beltz Juventa.

Klein, A. (2015). Zur These der Pornografisierung der Jugend. *Sozialmagazin*, 40(1–2), 16–25.

Klein, A. (2017). Körper—Sexualität—Beziehungen im Jugendalter. In I. Bosse (Ed.), *Zwischen Freiräumen, Familie, Ganztagsschule und virtuellen Welten—Persönlichkeitsentwicklung und Bildungsanspruch im Jugendalter. Materialien zum 15. Kinder- und Jugendbericht* (pp. 371–421). Deutsches Jugendinstitut (DJI).

Mantey, D. (2017). *Sexualerziehung in Wohngruppen der stationären Erziehungshilfe aus Sicht der Jugendlichen*. Juventa.

Mantey, D. (2019). Manchmal ist weniger mehr… Tabus, Intimität und Scham in der sexualpädagogischen Praxis der Kinder- und Jugendhilfe. *Sozial Extra*, *43*(2), 122–126. doi:10.1007/s12054-019-00156-7

Mantey, D. (2020). *Sexualpädagogik und sexuelle Bildung in der Heimerziehung—Jugendliche individuell und beteiligungsorientiert begleiten*. Beltz Juventa.

Martyniuk, U., Dekker, A., and Matthiesen, S. (2013). Sexuelle Interaktionen von Jugendlichen im Internet: Ergebnisse einer qualitativen Interviewstudie mit 160 Großstadtjugendlichen. *Medien und Kommunikationswissenschaft*, *61*(3), 327–344.

Neubauer, G. (2015). Erst mal beschreiben, auch mal drüber reden—oder gleich richtig etwas tun. Sexualpädagogische Konzeptionen im Praxistest. *Sozial Extra 39*(6), 31–35.

Office of Adolescent Health. (2014). Addressing teen pregnancy risks for youth living in out-of-home care. Executive Summary. https://powerthroughchoices.org/wp-content/uploads/2015/10/ppa-powerthroughchoices-execsummary-2.pdf

Oman, R. F., Vesely, S. K., Green, J., Clements-Nolle, K., and Lu, M. (2018). Adolescent pregnancy prevention among youths living in group care homes: A cluster randomized controlled trial. *American Journal of Public Health*, *108*(S1), 538–544.

Oman, R. F., Vesely, S. K., Green, J., Fluhr, J., and Williams, J. (2018). Sexual knowledge, attitudes, and behaviors of youth living in group homes. *Health Behavior and Policy Review*, *5*(2), 74–87.

Schubarth, W., and Ulbricht, J. (2012). Sexualisierte Gewalt an Schulen. In W. Thole, M. Baader, W. Helsper, M. Kappeler, M. Leizinger-Bohleber, S. Reh,... C. Thompson (Eds.), *Sexualisierte Gewalt, Macht und Pädagogik* (pp. 238–248). Barbara Budrich.

Sielert, U. (2017). Sprache, intime Kommunikation und Sexualkultur in der Sozialen Arbeit. In A. Klein and E. Tuider (Eds.), *Sexualität und Soziale Arbeit* (pp. 133–148). Schneider-Verlag Hohengehren.

Stanulla, I. (2004). Über den Vertrauensaufbau in der Heimerziehung. *Unsere Jugend 56*(1), 3–13.

Thole, W., Baader, M., Helsper, W., Kappeler, M., Leuzinger-Bohleber, M., Reh, S., Sielert, U., and Thompson, C. (Eds.). (2012). *Sexualisierte Gewalt, Macht und Pädagogik*. Barbara Budrich.

Tillmann, A. (2018). Erziehungshilfen im Kontext der Digitalisierung: Herausforderungen und Aufgaben. *Forum Erziehungshilfen*, *24*(3), 135–140.

Timmermanns, S. (2008). Sexuelle Orientierung. In R.-B. Schmidt and U. Sielert (Eds.), *Handbuch Sexualpädagogik und sexuelle Bildung* (1st ed., pp. 261–270). Beltz Juventa.

Trumm, T. (2014). *Dem Schweigen Worte geben: Wege der Annäherung an Tabu und Tabuisierung im Deutschunterricht* (= Schriftenreihe der Deutschen Akademie für Kinder- und Jugendliteratur Volkach e.V 42). Schneider-Verlag Hohengehren.

Wanielik, R. (2015). Sexualität als (pädagogisches) Thema in Institutionen der Kinder- und Jugendhilfe. *Unsere Jugend*, 67(1), 13–21.

WHO Regional Office for Europe and BZgA. (2010). *Standards for sexuality education in Europe: A framework for policy makers, education and health authorities and specialists*. https://www.bzga-whocc.de/fileadmin/user_upload/WHO_BZgA_Standards_English.pdf

Wight, D., and Fullerton, D. (2013). A review of interventions with parents to promote the sexual health of their children. *Journal of Adolescent Health*, *52*(1), 4–27.

Wolff, M., Schröer, W., Fegert, J. M., and Rörig, J.-W. (Eds.). (2017). *Schutzkonzepte in Theorie und Praxis: Ein beteiligungsorientiertes Werkbuch* (1st ed.). Beltz Juventa.

World Health Organization. (2020, February 25). Sexual and reproductive health. https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/