

**European Network of Ombudspersons for Children (ENOC)**  
**Position Statement on a "Comprehensive Relationship and Sexuality**  
**Education: The right of children to be informed"**

**Adopted at the 21<sup>st</sup> ENOC General Assembly, 21 September 2017, HELSINKI**

**We, members of the European Network of Ombudspersons for Children (ENOC), call upon our governments, the European Commission and the Council of Europe to undertake all appropriate actions to ensure children's right to Comprehensive Relationship and Sexuality Education.**

ENOC adopts the following definition of Comprehensive Relationship and Sexuality Education (CRSE):

*CRSE is a process of acquiring information and informing opinions, beliefs and values as well as acquiring skills to generate closeness and to be safe. It also means supporting and protecting an age-appropriate positive attitude towards oneself, respecting diversity and experiences of safe closeness. CRSE has a rights-based and gender-focused approach. CRSE includes scientifically accurate information about human development, interpersonal relationships, affection, body image, anatomy and reproductive health.*

Having considered the international binding and non-binding legal instruments, and in particular:

- The UN Convention on the Rights of the Child (1989);
- General Comment No. 1 (2001): The aims of Education
- General Comment No. 3 (2003): HIV/AIDS and the Rights of the Child;
- General Comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child;
- General Comment No. 12 (2009): on the right of the child to be heard (art. 12);
- General Comment No. 14 (2013): on the right of the child to have his or her best interests taken as a primary consideration;
- General Comment No. 15 (2013): on the right of the child to the enjoyment of the highest attainable standard of health;
- General Comment No. 18 (2014): on harmful practices;
- General Comment No. 20 (2016): on the implementation of the rights of the child during adolescence;
- The European Convention of Human Rights: Article 2 of Protocol No. 1
- The Council of Europe Convention for the Protection of Children from Sexual Exploitation and Sexual Abuse (Lanzarote Convention)

and having consulted with the children and young persons who participated in activities of the European Network of Young Advisors (ENYA) run by ENOC who produced a set of recommendations which are outlined later in this Statement,  
ENOC encourages making children's Comprehensive Relationship and Sexuality Education an

integral part of the development of children's rights and well-being. The current task related to improving the quality of CRSE is to make it more responsive to the real issues and questions with which children and adolescents are struggling with. There are many competing sources offering contradictory information about sexuality and only a few of them provide reliable and age-appropriate facts. CRSE helps all children to explore and nurture positive values regarding themselves and their sexual and reproductive health. CRSE includes information and discussions about many topics; family life, relationships, culture and gender roles, contraception, childbirth and sexually transmitted infections, bodily integrity and also addresses human rights, sexual and gender diversity and equality, and threats such as prejudice, discrimination and sexual abuse. Children and young people need to learn about the risk of sexual exploitation and abuse in order to recognise these and to protect themselves as far as possible and to identify and access available sources of support.

The aim in Comprehensive Relationship and Sexuality Education is to support all children's sexual health including in early childhood education. This strengthens children's rights, health, safety skills, knowledge, positive self-image and body confidence. This needs to be done both in early childhood education and at home. Professionals need clear instructions and information on how to appropriately support both children and their parents around educating children about their bodies, relationships and sexuality.

ENOC urges that there must be national regulations and programmes for CRSE. Schools must have mandatory, consistent, systematic CRSE plans and content based on the needs of children. Teachers need high-level training and competences. Sexual health services for children should be close to them and available to help them. There should be educational campaigns to empower young people to form their own identities and sexual orientation.

**ENOC recommends the following actions to strengthen CRSE:**

**1. Children have the right to be safe**

Comprehensive Relationship and Sexuality Education provides extensive support for the development and growth of children and young people. For example children's safety education promotes children's self-esteem and self-confidence, coping skills, emotional resilience and wellbeing, interactive skills and good interpersonal relationships and encourages them to talk about difficult issues. Safety education teaches children skills which may help them avoid bullying, violence, incitement, harassment and sexual abuse or, in case they end up in such situations, help them to protect themselves, defend their boundaries and report to a responsible adult whom they trust. This in turn makes adults more sensitive to children and young people's issues.

One misconception is that children should be given an answer only if they ask a question and only to the question they ask. This does not take into account the fact that children socialise early and learn taboos and norms, which can mean that they are not likely to ask anything. This is particularly the case if a topic causes discomfort among adults, sensitive, shy or frightened children keep silent. Also children are not always aware or capable of asking about their rights or ethical issues. For these reasons, they must be encouraged to ask, wonder and express themselves.

*ENOC urges Governments to support parents and professionals to hear children and empower them to express their views and also fears. Parents and professionals must be guided in fulfilling this task and helped in giving sexuality and relationship education.*

## **2. CRSE in education from early childhood onwards**

Children express their sexuality and curiosity in several ways at home, in day care and at school, yet adults may override their right and need for sexuality education. For example, 0–6-year-old children may ask questions or express their sexuality through their behaviour on a daily basis. Early childhood education and care professionals are usually left without training and instructions on how to respond to children and must guess what constitutes normal, deviant or alarming behaviour. It has to be ensured that children are not afraid of turning to an adult with any questions or problems and that all questions that children have are answered.

Fears and misconceptions cause resistance to children's age-appropriate CRSE. Adults themselves have rarely received any high-quality, developmentally adequate CRSE in their childhood, but many have negative experiences of badly provided information. This raises understandable fears, concerns and a desire to protect their own children. In addition, poor-quality information available on the Internet and content that jeopardizes children's development further emphasizes the need to provide children and their parents or guardians with sexuality education that is high quality, takes account of the child's and their specific needs.

Professionals' competences and willingness to implement CRSE vary and children do not receive equitable, reliable, age-appropriate responses and information to ensure their well-being and development. Symptoms of health-related problems or abuse may be missed or ignored. A young person needs extensive information in a timely manner on all areas related to CRSE. It has to be planned and agreed on how to answer for example questions about pregnancy, how it starts, and giving birth. ENOC notes that the mandatory 'health education' including a curriculum of CRSE has decreased teenage abortions.<sup>1</sup>

*ENOC recommends that a mandatory high-quality CRSE is included within early-childhood education, primary, elementary and secondary education. Professionals, e.g. teachers, supported by external actors must have adequate education and in-service training in CRSE.*

## **3. Health care and counselling services should meet the needs of children**

Part of high-quality CRSE is to provide children with easily accessible health care services that give them the opportunity to access personal advice and services. It is particularly important that the services respect the child's right to be informed and right to privacy. Children must also have the opportunity to access the services independently. In addition, contraception should be free of charge. Integrating services as part of the school environment is recommended. This may increase access to appropriate information and services.

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<sup>1</sup> Kirby DB, Laris B, Roller LA. Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world. *J Adolesc Health* 2007;40(3):206-217. AND Apter D. Sexuality education programmes and sexual health services: links for better sexual and reproductive health. *Entre Nous* 2016;69:12-13.

The professional skills of health care professionals are strongly defined by their ability to hear children, and their skills in face-to-face contacts with children. The professionals must have sufficient time to get to know the children. They must possess strong competencies and the right attitude for dealing with, for example, issues relating to gender and sexual minorities and ending the discrimination of LGBTIQ people. The key is to acknowledge that a child may broach a relationship and sexual health issues during a regular, periodic health examination.

*ENOC recommends strengthening the quality and availability of sexual health services. The competencies of health care professionals' face-to-face contacts with children and adolescents must be improved.*

#### **4. Knowledge base must be strengthened**

Europe is missing data on the quality and level of children's CRSE. With data on the current situation, it would be possible to develop services, make necessary advocacy plans and boost communication strategies.

Governments must develop indicators for measuring the sexual health of children and adolescents. However, data production is not enough; children must be talked to in order to hear their views and experiences. It is important that the indicators contain both experience data of children and adolescents and data on the well-being of children available in various dataset records.

*ENOC recommends that the European Commission and the Council of Europe jointly launch the preparation of a periodic, e.g. every three years, report on the state of CRSE of children. National and regional governments should launch campaigns in social media about relationship and sexuality education.*

#### **5. International treaties are binding for all states parties – the obligations of international treaties must be taken seriously**

The UN Convention on the Rights of the Child gives a right to CRSE to each child. Children have a right to be informed, right to education, right to health care and right to non-discrimination. Cultural or religious reasons cannot override a State's obligation to follow the international law.

The European Ombudspersons for Children recognise the need to bolster the efficient rights-based execution of children's rights. In addition to the obligations set out in the UN Convention on the Rights of the Child, being able to promote the sexual health of children, requires knowing the General Comments issued by the UN Committee on the Rights of the Child

*ENOC urges governments to take effective measures to implement CRSE and to include in their periodic reports to UN Committee on the Rights of the Child reference to the actions taken to promote the CRSE.*

## RECOMMENDATIONS FROM EUROPEAN NETWORK OF YOUTH ADVISORS (ENYA)

As part of the generation of this statement ENOC liaised with children and young people from all over Europe and they put forward a range of recommendations which are both different and at times mirror those above. These are listed here as a vital indication of the importance of hearing directly from those most directly affected by the current poor CRSE programmes in different countries.

- A compulsory non-assessed subject on personal and social development, including sexual education, should be introduced in the curriculum of all schools and be taught by specially trained professionals. It should start in primary school, go on until high school and be age appropriate. This subject should include reference to emotional aspects of sexuality and relationships and provide information about pleasure, love, feelings and sexual practices, the notion of consent, gender and transgender identities, legislation related to relevant issues, etc. It should be a moment for children to ask all their questions without taboo.
- Interactive talks for young people regarding sexuality education should take place in schools, supported by specialized professionals who should help children and young people build healthy relationships and to identify abusive/unhealthy relationships. Appropriate child friendly tools should be used in these talks such as animations, videos, movies etc.
- Different relationships should be normalized, we need to stop highlighting them and stop LGBTIQ discrimination.
- Counsellors should be present and available to students in every school. These counsellors should have relevant education and experience, so that they can properly and seriously address students' concerns, helping them to overcome them and giving them advice. School staff should be able to refer students to support services or professionals in the community, when appropriate, for particular issues.
- All teachers should be educated specifically to help young people to build healthy relationships and to identify abusive / unhealthy relationships. Educators should be better trained to recognise LGBTIQ discrimination, sexual harassment and to be able to freely speak about emotional and sexual education if needed.
- Educational campaigns should develop to empower young people to form their own identities and sexual orientation.
- Gender neutral toilets should be available in schools.
- Social stigma need to stop towards virginity. Reinforce sanctions to doctors who deliver virginity certificates.
- Provide access of young people to contraceptives.
- Training for parents should include how to speak to children about sex without being

judged and eliminating taboos. Joint activities should be organized to include both parents and children in order to promote communication so that young people can ask for help.

## DISTRIBUTION

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World Health Organization

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