

Building Boundaries and Breaking Taboos:

Empowering Tools for Sexual Education

Toolkit

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Co-funded by
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Building Boundaries and Breaking Taboos: Empowering Tools for Sexual Education

Toolkit

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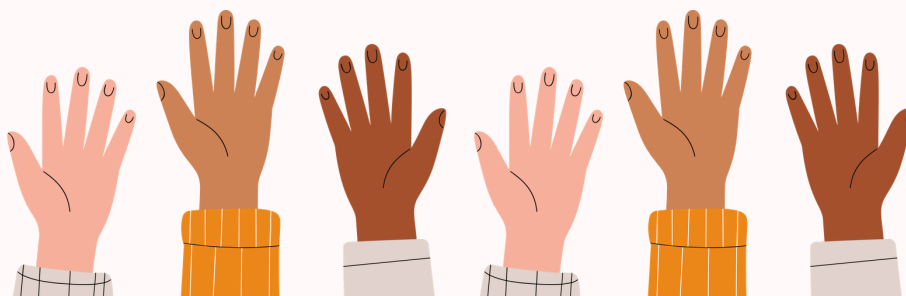
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Introduction

This toolkit was developed as part of an intensive international Training Course on comprehensive sexuality education, held in Ribes de Freser, Girona, Spain, from 10 to 16 of April 2026. The project brought together 17 youth workers, educators, and facilitators from across Europe to explore how non-formal education can support open, inclusive, and empowering conversations about sexuality with young people.

The training created a space for critical exchange among professionals from diverse cultural, national, and educational backgrounds. Some participants already had experience working with sexuality education, while others were beginning to explore the topic in their youth work practice. This diversity enriched the learning process and allowed participants to reflect on how sexuality education is understood, discussed, and sometimes silenced in different local contexts.

Throughout the course, participants strengthened their competencies in inclusive, intersectional, and context-sensitive sexuality education. The programme focused on supporting youth workers to address sensitive or taboo topics in safe, participatory, and empowering ways.



Key themes included healthy and stigma-free dialogue about sexuality, menstrual health and sustainability, LGBTQIA+ inclusion, gender justice, democratic engagement, and the use of creative, digital, gamified, and participatory tools in youth work.

A central aim of the project was not only to exchange knowledge, but also to create practical educational tools that could be adapted and used in different youth work settings. During the Training Course, participants worked in international groups to design, develop, and test their own workshop concepts. These activities were shaped by their professional experience, local realities, and the needs of the young people they work with.

This document presents the workshops created and tested by participants during the Training Course, together with implementation tips for youth workers, educators, and facilitators who wish to use or adapt them. The toolkit is designed as a practical collection of non-formal education tools that can support sexuality education activities across Europe and beyond.

By sharing these methods, the project aims to encourage youth workers to facilitate safer, more inclusive, and more informed conversations around sexuality. It also supports the wider goal of empowering young people to understand their rights, challenge stigma and discrimination, and contribute to more equal, respectful, and democratic communities.

Activities & Step-by-Step Guides

Busting a myth (or two)

BY AYODELE OLUWATOBI, STRAHINJA ZEKANOVIC, CAROLA STÅHL

WHAT TOPIC DOES IT ADDRESS?

Sexually transmitted infections, with a focus on HIV, syphilis, and hepatitis.

AIM OF THE SESSION

This short introductory workshop helps participants explore common myths and facts about sexually transmitted infections in an interactive and non-judgmental way. Through a group-based “Two Truths and One Lie” activity, participants discuss transmission, symptoms, testing, treatment, vaccination, and prevention practices related to HIV, syphilis, and hepatitis.

The activity is designed to open a safe learning space, encourage peer discussion, and challenge stigma or misinformation around STIs.

OBJECTIVES

By the end of the session, participants will be able to:

- identify common myths and facts related to HIV, syphilis, and hepatitis;
- better understand how these STIs can be transmitted, diagnosed, treated, or prevented;

- reflect on the role of testing, vaccination, treatment, and safer practices;
- discuss STI-related topics in a more open, informed, and stigma-free way.

TARGET GROUP

18+ Young Adults (Penis owners)

APPROXIMATE DURATION

30 minutes to 1 hour

STEP-BY-STEP DESCRIPTION

1. Welcome and Introduction - 5 minutes

The facilitators welcome the group and briefly introduce themselves. They explain that the session will focus on STI-related myths and facts, especially around HIV, syphilis, and hepatitis.

Participants receive new name tags, which can be used to create a more relaxed and playful atmosphere. This can also help reduce hierarchy and support interaction among participants who may not know each other well.

The facilitators briefly present the objective of the session:

"In this activity, we will explore common myths and facts about STIs. The goal is not to test who knows more, but to learn together, clarify misinformation, and create space for open and respectful dialogue."

2. Group Division – 5 minutes

Participants are divided into three groups, based on where they are sitting.

Each group is assigned one STI:

- Group 1: HIV
- Group 2: Syphilis
- Group 3: Hepatitis

Each group receives one flipchart divided into two columns: "Truth" / "Lie"

3. Two Truths and One Lie – 10 minutes

Each group receives three sets of statements about their assigned STI. Each set contains two true statements and one false statement.

The group's task is to discuss each set and decide which statements are true and which one is the lie. They then place the statements on their flipchart under "Truth" or "Lie".

During the last minute, facilitators check in with each group to support them and make sure they have identified the correct answers before presenting.

4. Group Presentations – 10 minutes

Each group presents their results to the full group.

Each group has approximately 2 minutes to share:

- which STI they worked on;
- which statements they identified as true;
- which statements they identified as false;
- whether anything surprised them.

The facilitator can briefly correct or clarify information after each group presentation.

5. Short Input Presentation – 10 minutes

After the group work, the facilitators give a short presentation summarising key information about the three STIs.

The presentation can follow the same structure for each infection:

1. Infection and transmission - How can it be transmitted? What are common misconceptions?
2. Diagnostics and check-ups - Why is testing important? Can symptoms be absent or unnoticed?
3. Treatment and vaccination - Is treatment available? Is there a vaccine?
4. Safer practices - How can people reduce risk and protect themselves and others?

The presentation should be factual, simple, and non-stigmatizing. For example, HIV cannot be transmitted through ordinary day-to-day contact such as hugging, shaking hands, kissing, or sharing food or water; people living with HIV who are on treatment and have an undetectable viral load do not transmit HIV sexually. Syphilis is curable with antibiotics, but it

can remain in the body for years if left untreated. Hepatitis includes five main viral types, A, B, C, D, and E, and hepatitis A and B are vaccine-preventable, while there is currently no vaccine for hepatitis C.

6. Closing Reflection – 2 minutes

To close the session, the facilitator asks:

“Would anyone like to share one myth that was busted for them today?”

Participants can answer voluntarily. The facilitator may also do a quick “headcount” or show of hands to see how many participants learned something new.

The session ends by reminding participants that STI education should be based on facts, care, consent, non-judgment, and access to testing and support.

MATERIALS

- 3 clusters of facts & lies per STI, already printed and cut / written on post-its
- One flipchart per group, with Truths and Lies
- Fact sheet about HIV + condoms (to hand out at the end of the workshop)
- Sources:
 - Syphilis
 - STI Training
 - Hepatitis
 - The HIV manual “Navigating Health Together”

ANNEX 1 - STATEMENT CARDS

Group 1: Syphilis

Set 1

- Truth: A syphilis infection develops in stages: primary, secondary, latent, and tertiary.
- Truth: During the first stage of syphilis, a person may notice one sore or multiple sores where syphilis entered the body.
- Lie: If the signs of syphilis, such as a sore, go away, treatment is no longer needed.

Set 2

- Truth: Having syphilis once does not protect a person from getting it again.
- Truth: Gay, bisexual, and other men who have sex with men are disproportionately affected by syphilis in many contexts.
- Lie: There is no cure for syphilis.

Set 3

- Truth: Without treatment, syphilis can remain in the body for years.
- Truth: A sore or break in the skin caused by an STI such as syphilis can make it easier for HIV to enter the body.
- Lie: Syphilis can be transmitted through casual contact with objects such as toilet seats, doorknobs, swimming pools, bathtubs, shared clothing, or eating utensils.

Facilitator note: Syphilis spreads mainly through direct contact with a syphilis sore during vaginal, anal, or oral sex, and it can also be passed from a pregnant person to a baby during pregnancy. It is not spread through casual contact with objects.

Group 2: Hepatitis

Set 1

- Truth: Hepatitis can cause liver damage.
- Truth: The main types of viral hepatitis are A, B, C, D, and E.
- Lie: All people with hepatitis are at high risk of HIV co-infection.

Set 2

- Truth: A person can develop immunity to hepatitis B, for example through vaccination or recovery from a past infection.
- Truth: Hepatitis D only occurs in people who are infected with hepatitis B.
- Lie: Every type of hepatitis currently has a globally available vaccine.

Set 3

- Truth: Men who have sex with men may have a higher chance of exposure to hepatitis A, B, and C, depending on practices and context.
- Truth: Vaccination is one of the best ways to protect against hepatitis A and hepatitis B.
- Lie: Hepatitis B is commonly transmitted through kissing.

Facilitator note: Hepatitis B is mainly transmitted when blood, semen, or certain other body fluids enter the body of someone who is not infected. Although the virus can be found in saliva, CDC states that hepatitis B is not spread through kissing or sharing utensils.

Group 3: HIV

Set 1

- Truth: HIV is a virus that attacks immune cells, weakening the body's ability to fight infections.
- Truth: HIV can remain asymptomatic for a long time, which makes regular testing important.
- Lie: HIV attacks the reproductive and digestive systems, causing infertility and chronic diarrhoea.

Set 2

- Truth: HIV can be transmitted through blood, semen, vaginal fluids, rectal fluids, and breast milk.
- Truth: HIV cannot spread through casual contact, such as shaking hands, hugging, or sharing food.
- Lie: There is no treatment for HIV and it is fatal for everyone who has it.

Set 3

- Truth: AIDS is the advanced stage of HIV, usually associated with untreated HIV infection over time.
- Truth: People living with HIV who are on effective treatment and have an undetectable viral load cannot sexually transmit HIV.

- Lie: Everyone with HIV develops AIDS.

Facilitator note: HIV treatment, called antiretroviral therapy, allows people living with HIV to live long and healthy lives. When treatment leads to an undetectable viral load, HIV is not transmitted through sex, often described as U=U: undetectable equals untransmittable.

SYPHILIS

- 2 TRUTHS
- 1 LIE

TRUTHS:

HAVING A SORE OR A BREAK FROM AN STD SUCH AS SYPHILIS MAY ALLOW HIV TO MORE EASILY ENTER YOUR BODY.

GAY & BISEXUAL MEN (PENIS OWNERS) ARE DISPROPORTIONATELY IMPACTED BY SYPHILIS.

ONCE YOU GET TREATMENT, YOU CAN CONTINUE TO HAVE SYPHILIS IN YOUR BODY FOR YEARS.

HAVING SYPHILIS ONCE DOES NOT PROTECT YOU FROM GETTING IT AGAIN.

THE FIRST STAGE OF SYPHILIS, YOU MAY HAVE A SINGLE SORE OR MULTIPLE SORES IN, ON OR AROUND THE PENIS, VAGINA, ANUS, RECTUM, LIPS OR MOUTH.

A SYPHILIS INFECTION DEVELOPS IN STAGES:
PRIMARY
SECONDARY
LATENT
TERTIARY

LIES:

YOU CAN GET SYPHILIS FROM TOILET SEATS, DOOR KNOBS, SWIMMING POOLS, HOT TUBS, BATHUB, SHARING CLOTHING OR EATING COENUSIS

THERE IS NO CURE FOR SYPHILIS.

THE SIGNS OF SYPHILIS (SORE) GOES AWAY, YOU DO NOT NEED TO RECEIVE TREATMENT ANYMORE.

HEPATITIS C

- 2 TRUTHS
- 1 LIE

TRUTHS:

If you have hepatitis B, you are also at risk for hepatitis D via blood or sexual contact

The best way to protect oneself against HIV & HBV is to get vaccinated

MSM have a higher chance of being exposed to hepatitis A, B & C

You can be immune to hepatitis B

Hepatitis C can cause liver damage

Types of hepatitis are: A, B, C, D, E

LIES:

Persons with hepatitis are at high risk of HIV co-infection

Hepatitis B can not be transmitted through deep kissing

Every single type of hepatitis currently has a globally available vaccine

HIV

- 2 TRUTHS
- 1 LIE

TRUTHS:

HIV can remain asymptomatic for a long time without a treatment

HIV is a virus that attacks immune cells, weakening the body's ability to fight infection

AIDS is the advanced stage of HIV acquired after a long time of not treating HIV

HIV is transmitted through blood, semen, vaginal or rectal fluids

HIV is not fatal and there are effective treatments which allow people with HIV to live long, healthy lives

People whose blood has a very low amount of HIV become undetectable over time and cannot sexually transmit HIV

LIES:

HIV is a virus that attacks reproductive and digestive systems, causing infertility and chronic diarrhea

HIV can spread through casual contact such as shaking hands, hugging and kissing

Everyone who is positive will develop AIDS

IMPLEMENTATION TIPS FOR YOUTH WORKERS

Before running this activity, facilitators should remind participants that STI-related discussions can feel personal or sensitive. It is useful to set basic group agreements, such as listening without judgment, not sharing personal stories about others, respecting privacy, and using inclusive language.

The activity works best when it is framed as myth-busting, not as a knowledge test. Participants should feel safe to be wrong, ask questions, and change their understanding. The facilitator's role is to gently correct misinformation without shaming anyone. Facilitators should prepare an accessible follow-up resource, such as a QR code, short manual, factsheet, or list of trusted websites, and distribute it at the end of the workshop. This allows participants to continue learning and revisit the information after the session, especially if some topics raised questions or curiosity.

It can also be helpful to prepare additional flipcharts with clear information about treatment options, testing, vaccination, and prevention practices. These can support the final explanation and help participants visually connect myths and facts with practical health information.

During the small-group work, facilitators should avoid spending too much time correcting or explaining details separately to each group. Instead, they can briefly check whether groups are

on track and save the main explanations for the plenary discussion. This ensures that all participants receive the same important information and that no key facts are missed.

When giving instructions, facilitators should clearly explain that the statements are divided into three clusters of facts and that these clusters are colour-coded. This helps participants understand the structure of the activity and makes the task easier to follow.

Facilitators should also be mindful of the physical space. The three groups should have enough distance from one another to discuss the statements freely without interference, distraction, or overhearing from other groups. A well-arranged space can make the activity more comfortable, focused, and participatory.

For younger groups or groups with limited prior knowledge, facilitators can reduce the number of statement sets or provide simpler language. For more experienced youth workers, the activity can be expanded with follow-up discussions on stigma, access to testing, LGBTQIA+ inclusive health services, or how STI misinformation affects young people's choices.

Because medical information can change and may differ between countries, facilitators should check local public health guidance before implementation and provide information about local testing centres, sexual health clinics, or trusted support services whenever possible.

Period.

BY VALERIJA KOMISAROVA, SARA BATTISTELLO, MARGARIDA JAREGO, JOVANA
VUJIČIĆ, PASQUALE DAVIDE PENNINO

WHAT TOPIC DOES IT ADDRESS?

This workshop explores the physical and emotional dimensions of the menstrual cycle through visual and artistic expression. It invites participants to reflect on the emotions, sensations, associations, and social perceptions connected to menstruation, while creating space for open dialogue and collective reflection.

AIM OF THE SESSION

The activity uses brainstorming, group work, and photography to support participants in expressing ideas and emotions related to menstruation in a creative and non-verbal way. It helps break taboos, raise awareness, and create a more open and empathetic environment for discussing menstrual health and menstrual experiences.

OBJECTIVES

By the end of the workshop, participants will:

- raise awareness of the physical and emotional aspects of the menstrual cycle;
- reflect on personal and social perceptions connected to menstruation;

- express ideas and emotions through artistic and visual creation;
- contribute to breaking taboos around periods and menstrual health.

TARGET GROUP

Young people aged 18-30

The activity can also be adapted for other age groups depending on the setting, facilitation style, and the participants' needs.

APPROXIMATE DURATION

30 minutes to 1 hour

STEP-BY-STEP DESCRIPTION

1. Introduction and Framing

The facilitators introduce the session and explain that the workshop will explore emotions, associations, and experiences connected to the menstrual cycle through a creative group process. The topic should be introduced in a respectful, inclusive, and non-judgmental way.

If needed, facilitators can briefly acknowledge that menstruation is often surrounded by silence, shame, or misinformation, and that this activity aims to create a safer space for reflection and open conversation.

2. Brainstorming Session

The facilitators guide a brainstorming session with the whole group, inviting participants to share words, feelings, images, or ideas they associate with menstruation and the menstrual cycle. These contributions are collected visually on a flipchart or board.

The brainstorm can include:

- emotions;
- bodily sensations;
- social attitudes or stereotypes;
- images or symbolic associations;
- words linked to discomfort, power, shame, care, energy, or change.

After gathering a range of ideas, the facilitators select four words from the brainstorm. These words will become the basis for the creative task.

3. Group Work: Creating a Photo Representation

Participants are divided into four groups. Each group is assigned one of the selected words and is invited to create a black-and-white photo that represents this word visually. The photo can be abstract, symbolic, staged, emotional, or expressive, depending on the group's interpretation.

The objective is not technical perfection, but rather to encourage participants to think creatively and collaboratively about how menstruation and menstrual-related emotions can be represented visually.

4. Collecting and Projecting the Results

Once the groups have completed their photos, the facilitators collect the images and project them on the wall or screen.

This creates a shared visual gallery of the group's interpretations and provides a starting point for reflection and discussion.

5. Discussion and Feedback

Each group briefly presents its image and explains:

- the word they received;
- how they interpreted it;
- why they chose that visual representation.

After all groups present, the facilitators open a short discussion with the whole group.

Questions may include:

- What similarities or differences did you notice between the images?
- What emotions or ideas stood out to you?
- Did any photo challenge a stereotype or make you think differently?

6. Debriefing

The activity ends with a short debriefing focused on both the content and the process.

Possible reflection questions:

- How was the process for you?
- Was it easy or difficult to represent the topic visually?
- Did you discover something new about the topic?
- Did any part of the discussion challenge your previous assumptions?
- How do social taboos influence the way we talk about menstruation?

This final moment helps participants connect the creative exercise with broader reflections on menstrual health, emotional awareness, and social stigma.

MATERIALS

- At least one phone per group for taking photos
- Flipchart paper or large sheets of paper
- Pens or markers
- Projector
- Internet access/Wi-Fi if needed
- Optional: QR code linking to additional menstrual health resources or follow-up information



PINK TAX



THE ORIGINAL SIN



MENSTRUAL POVERTY

IMPLEMENTATION TIPS FOR YOUTH WORKERS

This activity is highly adaptable and can be used for many different topics, not only menstruation. Depending on the target group and the learning objectives, facilitators can use the same method to explore emotions, identities, health topics, social issues, or taboo themes.

If time is limited, facilitators should pay close attention to timing and keep the activity focused. If more time is available, the workshop can be expanded to allow deeper exploration of both the topic itself and the visual methods used, including a richer conversation about photography, symbolism, and representation.

In the facilitation team, it is helpful if each person has a clear role. For example, one person can lead the group, another can support timekeeping, and another can collect the photos and manage the projector. Having someone specifically monitor time can make the activity flow more smoothly, although this is not strictly necessary.

All materials should be prepared in advance, including paper, pens, projector setup, internet connection if needed, and any QR code or follow-up resource. This helps the session run more efficiently and reduces interruptions.

If the participants do not know each other well, it can be useful to begin with a short icebreaker or energiser before starting the activity. This can help participants feel more comfortable working creatively together.

Because the topic may feel personal or sensitive, facilitators should create a respectful atmosphere and use inclusive language. It can be useful to acknowledge that people have different experiences and relationships with menstruation, and that not everyone who menstruates identifies as a woman, just as not all women menstruate.

At the end of the workshop, facilitators may also share a resource or QR code with additional information related to menstrual health, emotional wellbeing, sustainability, or local support resources, so that participants can continue exploring the topic afterwards.

Consent-Race

BY SOFIA BUSATO, ELENA POAL DOMÍNGUEZ, NAZAR DOMINCHUK, RITA PAULOS

WHAT TOPIC DOES IT ADDRESS?

This workshop addresses the concept of consent through an active, game-based activity. Participants explore how consent can be asked for, given, refused, changed, and negotiated in different everyday situations.

AIM OF THE SESSION

The aim of this session is to help young participants understand consent in a simple, practical, and age-appropriate way. Through movement, teamwork, questions, and role-play situations, participants learn that consent is about respect, communication, boundaries, and listening to others.

The activity encourages participants to reflect not only on verbal answers such as “yes” or “no”, but also on body language, hesitation, and the importance of checking whether another person feels comfortable.

OBJECTIVES

By the end of the session, participants will be able to:

- explore the meaning of consent;
- understand that consent can be given, refused, or taken back;

- practise asking for consent in different situations;
- reflect on how it feels to receive a “yes”, “no”, or “maybe”;
- recognise the importance of personal boundaries and body language;
- understand that respectful communication is needed in friendships, relationships, and everyday interactions.

TARGET GROUP

Young people aged 11-13 years old

The activity should be facilitated in an age-appropriate way, using clear language, simple examples, and a supportive atmosphere.

APPROXIMATE DURATION

30 minutes

The activity can be extended up to 60 minutes if facilitators want to include more rounds, more examples, or a longer debriefing discussion.

STEP-BY-STEP DESCRIPTION

1. Preparation Before the Activity

Before the participants arrive, facilitators prepare the space and materials.

Facilitators should:

- mark the starting lines on the floor or ground using tape;
- place or hang the scoreboard somewhere visible;
- prepare two cups or bowls for Round 3;

- prepare the question papers for Round 3;
- print or write the questions that will be read at the flag or cloth spot;
- prepare the numbers that will be assigned to participants during the rounds;
- place the flag or cloth at the end point of the race area.

The space should allow participants to run safely and should be free from obstacles, slippery areas, or sharp objects.

2. Introduction to the Game

The facilitators introduce the game and briefly explain that the activity is about consent.

Before starting, facilitators can ask participants:

“Have you heard the word consent before?”

“What do you think consent means?”

“In what situations do we need to ask before doing something?”

After a short introduction, the group is divided into teams. Each team chooses a name. Participants are given numbers. These numbers will be called during each round to decide who races.

The facilitators explain that each round gives points to the teams, and the points will be written on the scoreboard.

3. Round 1: Warm-Up Race

The facilitator explains:

"In the first round, your task is simply to be the first person to grab the cloth or flag. The team of the person who grabs it first gets one point."

This round works as a warm-up and helps participants understand the basic structure of the game. The facilitator calls out numbers. The participants with those numbers run to grab the flag or cloth. This round can be repeated a few times.

Scoring:

The winning team receives 1 point.

4. Round 2: Consent Questions

The facilitator explains:

"In the second round, you still need to be the first person to catch the cloth or flag. But this time, if you catch it first, you must answer a question about consent. If the answer is correct, your team gets two points."

The facilitator calls out numbers again. The participants race to the flag or cloth. The first participant to grab it answers one question related to consent.

Round 2 Questions - examples:

1. What is consent?
2. Can you take consent back?
3. Can you show how you can ask for consent?

Facilitators should support participants if needed and use their answers as a chance to clarify the topic.

Scoring:

A correct answer gives the team 2 points.

5. Round 3: Consent Obstacle Race

The facilitator introduces Round 3 by saying:

"In the third round, there is an obstacle before the race. If you pass the obstacle, you can continue running to grab the flag or cloth and answer a question. If the answer is correct, your team gets three points."

The facilitator then explains that the obstacle is not a physical obstacle, but an interactive consent challenge.

There are two cups or bowls with paper strips:

- one cup contains questions;
- one cup contains answers: Yes, No, or Maybe.

Participants choose one strip from the cup that is placed on the side where their team is positioned. Before continuing the race, the two participants must stop, face each other, make eye contact if comfortable, and interact respectfully.

One participant reads the question out loud. The other responds using the answer from their paper strip.

How the Consent Obstacle Works

If the answer is Yes:

Both participants may continue the race to the flag or cloth.

If the answer is No:

Only the participant who gave the answer may continue. The other participant must respect the "no" and stop.

If the answer is Maybe:

The participants must try to clarify the situation.

They can ask follow-up questions, such as:

"What would make you feel comfortable?"

"Would you prefer something else?"

"Do you need more time?"

If they reach a mutual agreement, both can continue. If they do not reach an agreement, both stop and cannot continue the race. This round allows participants to practise asking, answering, listening, and respecting boundaries.

Round 3 Obstacle Questions - examples:

- Can I see your phone?
- Can I hug you?
- Can I touch your ear?
- Can I sit next to you in class?
- Can I compliment you?
- Can we hang out together after school?

Round 3 Flag Questions

After completing the obstacle and grabbing the flag or cloth, the participant answers one consent-related question or scenario.

Examples:

1. Tell us two situations where consent is needed.
2. Maria and Anna have been in a relationship for one year. Anna is really worried because she has a test, but Maria keeps asking her to cuddle and kiss. Should Anna do what Maria wants?
3. Expected reflection: No. Anna should not feel pressured. Being in a relationship does not mean someone must always say yes. Consent is needed every time.
4. Mark and Julia are friends. They are usually very caring with each other and they hug a lot. One day, when they are alone, Julia tries to kiss Mark. Is that okay?
5. Expected reflection: Not without asking or checking first. Even if people are close friends or usually hug, this does not automatically mean they consent to kissing.

Scoring:

A correct answer gives the team 3 points.

Throughout the game, facilitators write each team's points on the scoreboard.

6. Debriefing

At the end of the activity, facilitators bring the group together in a circle.

The debriefing should help participants reflect on both the game and the topic of consent.

Possible questions:

- How did you feel answering the questions?
- How did you feel when you received a "no"?
- How did it feel to say "no"?
- What happened when the answer was "maybe"?
- Was it easy or difficult to negotiate?
- Were there any answers during the obstacle round that you disagreed with?
- Why is it important to respect someone's answer, even if it is not the answer we wanted?
- Where might consent be important in everyday life?

Facilitators should close by reminding the group that consent means asking, listening, respecting the answer, and understanding that people can change their mind.

At the end, facilitators should also tell participants:

"If anything from this activity made you uncomfortable, or if you want to talk more about this topic, you can speak with a teacher, youth worker, or one of the facilitators after the session."

MATERIALS

Tape; Paper strips; Markers; Two cups or bowls; Flag or cloth; Printed or written question cards; Scoreboard or flipchart; Pens; Optional: whistle or timer.

IMPLEMENTATION TIPS FOR YOUTH WORKERS

As this activity can be done outside, facilitators should first make sure that everyone is dressed appropriately, including jackets and suitable shoes. The outdoor space should be safe, comfortable, and suitable for running. The weather should also be considered. The activity can also be implemented indoors if the room is large enough.

Before starting the game, facilitators should ask whether participants already have some background knowledge about consent and give a short, age-appropriate introduction to the topic. This helps ensure that participants understand that the activity is not only a race, but also a learning exercise about respect, boundaries, and communication.

When participants are not actively playing, they should still be given a role. For example, they can help write the points on the scoreboard, cheer for their team, observe the consent interactions, or support the facilitator by helping with materials. This keeps the whole group engaged.

The rules of Round 3 should be repeated as many times as needed. This round is the most complex part of the activity, so facilitators should check that everyone understands what happens with "yes", "no", and "maybe" before starting.

When a participant is answering a question, facilitators should bring the rest of the team and the other team closer so that everyone can hear the question and the answer. This ensures that the learning moment is shared by the whole group, not only by the person answering.

If the group has more than 12 participants, facilitators should prepare more questions and situations so that everyone can participate actively. If there are only two facilitators, one participant who is not playing can hold the cloth or flag, while the two facilitators stay in the obstacle zone during Round 3.

Facilitators should pay close attention to emotional safety. Some participants may have personal experiences related to pressure, unwanted touch, or boundary-crossing. The activity should remain playful, but facilitators should be ready to slow down, clarify, or pause if needed.

Because the target group is 11-13 years old, examples should be clear, concrete, and age-appropriate. Facilitators should avoid overly abstract explanations and instead focus on everyday situations such as borrowing a phone, hugging, sitting next to someone, giving compliments, or spending time together.

The debriefing is essential. Without it, the activity may feel only like a race. Facilitators should always leave enough time to discuss what happened, how participants felt, and what they learned about giving and receiving consent.

Educate YOU'th

BY ANASTASIIA KYSELOVA, DAR KLIMOVICH, YULIYA YARMAK

WHAT TOPIC DOES IT ADDRESS?

This workshop addresses sexual education through the lens of respect, personal boundaries, safety, and open dialogue. It is designed especially for young people coming from conservative backgrounds or contexts where sexuality education may be limited, taboo, or influenced by social, cultural, religious, or political restrictions.

The activity can be particularly relevant for young people from countries or communities where open conversations about sexuality, gender, consent, identity, or relationships may be less accessible, including young people from Slavic-speaking contexts, Eastern European backgrounds, or Muslim families arriving in European countries.

AIM OF THE SESSION

The aim of this session is to create a respectful and safe learning space where teenagers can ask questions, receive reliable information, and reflect on topics related to sexual education, boundaries, and personal safety.

The session uses a short presentation and anonymous questions to support participants who may feel uncomfortable asking sensitive questions openly. It encourages participants to explore

what respect, boundaries, and safety mean in everyday life, relationships, peer interactions, and personal decision-making.

OBJECTIVES

By the end of the session, participants will be able to:

- reflect on the importance of respecting personal boundaries;
- better understand how to support their own safety and the safety of others;
- ask questions about sexual education in an anonymous and non-judgmental way;
- identify topics related to relationships, sexuality, boundaries, and safety that they would like to explore further;
- participate in a respectful discussion where different cultural, religious, and personal backgrounds are acknowledged.

TARGET GROUP

Teenagers from conservative backgrounds. This may include young people from communities where sexuality education is limited, sensitive, or considered taboo. The workshop can also be adapted for young people from Belarus, Ukraine, Serbia, and other Eastern European or Slavic-speaking contexts, as well as young people from Muslim families arriving in European countries. Facilitators should adapt the language, examples, and depth of discussion to the age, maturity, and cultural background of the group.

APPROXIMATE DURATION

30 minutes

The session can be extended up to 90 minutes if there is time for more interaction, group discussion, deeper exploration of questions, or additional activities.

STEP-BY-STEP DESCRIPTION

1. Preparation Before the Activity

Before the workshop, facilitators prepare a short presentation titled "Respect, Boundaries & Safety."

If possible, facilitators send participants an anonymous pre-workshop form, such as a Google Form, one day before the session. The form allows participants to submit questions anonymously about topics they would like to discuss during the workshop.

Possible form prompt:

"What questions do you have about respect, boundaries, safety, relationships, sexuality, or growing up that you would like to discuss anonymously during the workshop?"

Facilitators review the anonymous questions before the session and select the ones that are most relevant, appropriate, and useful for the group.

If it is not possible to send a form in advance, facilitators can prepare a question box in the room where participants can anonymously write and submit questions during the workshop.

2. Introduction of Facilitators and Participants

The session begins with a short introduction.

Facilitators introduce themselves and explain their role. If appropriate for the group and context, facilitators can invite participants to share:

- their name;
- their pronouns;
- one expectation for the session.

This should remain optional, especially in groups where participants may not feel comfortable sharing personal information. The facilitator explains that the workshop is a respectful space where participants can learn, ask questions, and listen to each other without judgment.

Suggested framing:

"Today we will talk about respect, boundaries, and safety. You do not have to share anything personal. You can participate in the way that feels comfortable for you. The goal is to learn together and make space for questions that are not always easy to ask."

3. Group Check-In: What Do We Already Know?

Before starting the presentation, the facilitator asks participants what they already know about the topic.

This can be done through a short verbal brainstorm, Mentimeter, sticky notes, or anonymous written answers.

Possible questions:

- What does “boundary” mean to you?
- What does it mean to feel safe with another person?
- Where do young people usually get information about relationships or sexuality?
- What topics are difficult to talk about in your community?

This step helps facilitators understand the group’s existing knowledge and adapt the session accordingly.

4. Presentation: Respect, Boundaries & Safety

Facilitators present the prepared slides on “Respect, Boundaries & Safety.” The presentation should be clear, accessible, and not too long. It can include topics such as: personal boundaries; consent; emotional and physical safety; respectful relationships; peer pressure; asking for help; trusted adults and support services; myths or misinformation; how culture, family, religion, or social expectations can influence conversations about sexuality.

Throughout the presentation, facilitators should pause regularly to invite comments, reactions, or questions.

The session should not feel like a lecture only. Facilitators can make it more interactive by asking short questions, using examples, or inviting participants to reflect privately before discussing as a group.

5. Anonymous Questions and Group Discussion

After or during the presentation, facilitators answer questions from the anonymous Google Form or question box.

Questions should be answered in a factual, respectful, and age-appropriate way. If a question is too personal, inappropriate, or outside the facilitator's competence, the facilitator can acknowledge it and redirect participants to trusted support services, teachers, counsellors, or health professionals.

Suggested facilitator response:

"This is an important question, but it may need a more personal conversation with a trusted adult or professional. We can talk after the session about where to find support."

Facilitators should avoid shaming any question. Anonymous questions are often a sign that participants are curious but may not yet feel safe asking openly.

6. Debriefing and Future Topics

To close the workshop, facilitators ask participants which topics felt most relevant, useful, or interesting for future collaboration.

Possible debriefing questions:

- What topic from today felt most important to you?
- Was there anything you would like to learn more about?
- What questions are still unanswered?
- What would make future workshops safer or more useful for young people?
- Which topics should we explore next?

Participants can answer verbally, through sticky notes, or through a short anonymous feedback form.

This final step helps facilitators identify the needs of the group and plan follow-up workshops.

MATERIALS

- Projector;
- Presentation slides: "Respect, Boundaries & Safety";
- Box for anonymous questions;
- Paper;
- Pens
- Optional: Google Form or other anonymous online form
- Optional: QR code linking to the anonymous form or additional resources

Respect, Boundaries & Safety



Boundaries & Consent

Consent means:

- + a clear "yes"
- + given freely (no pressure)
- + can be changed at any time

If it's not a clear "yes", it is a "no".



- + If someone is silent, is that consent?
- + If someone said yes before, can they change their mind?
- + If someone feels pressured, is that real consent?

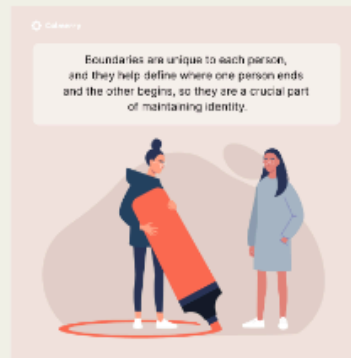
We can think about it like this:

- + YES → clear agreement
- + NO → not okay
- + NOT SURE → also means NO



It's important to know how to communicate your boundaries

- + "I don't want this"
- + "Stop"
- + "I'm not comfortable"
- + "Not now"



Pressure & Respect



- + "If you love me, you should..."
 - + "Everyone is doing it"
 - + "Don't be boring"
- This is not respect. This is pressure.

If someone pressures you, is that a healthy situation?



Healthy interaction =

- + Respect
- + Safety
- + no pressure

Safety & Health

There can be risks in intimate situations, such as:

- + Infections
- + Unwanted pregnancy



Diversity & Closing

People can be different in how they feel, think, and build relationships.

What is important is:

- + Respect
- + Safety
- + Understanding boundaries

IMPLEMENTATION TIPS FOR YOUTH WORKERS

This workshop works best when it is interactive rather than lecture-based. Even if slides are used, facilitators should include questions, short reflections, examples, and moments where participants can share what they already know.

Before the workshop, it is useful to find out what topics are most interesting or relevant for the teenagers. This can be done through an anonymous form, a question box, or a short needs-assessment activity. This is especially important when working with participants from conservative backgrounds, where young people may have many questions but may not feel comfortable asking them openly.

Facilitators should create a respectful and emotionally safe atmosphere from the beginning. Participants should know that they do not have to share personal experiences and that they can participate silently if they prefer.

The use of anonymous questions is strongly recommended. It allows participants to ask about sensitive topics without fear of embarrassment, judgment, or exposure in front of peers.

When working with young people from conservative, religious, migrant, or conflict-affected backgrounds, facilitators should avoid making assumptions about their experiences or beliefs. The workshop should not frame any culture, religion, or country as “backward” or “wrong.” Instead, facilitators can acknowledge that people grow up with different rules, expectations, and access to information.

Language should be simple, respectful, and age-appropriate. Facilitators should avoid overly technical terms unless they are explained clearly.

If participants raise questions related to trauma, violence, abuse, coercion, or unsafe situations, facilitators should not try to handle these alone in the group. They should follow safeguarding procedures and refer the young person to appropriate trusted adults, counsellors, protection services, or local support organisations.

For a 30-minute version, facilitators should keep the presentation short and focus mainly on anonymous questions and basic concepts. For a 90-minute version, facilitators can include more interactive elements, such as small-group discussions, scenario analysis, role-play, or a myth-busting exercise.

At the end of the workshop, facilitators can ask participants what topics they would like to explore in future sessions. This helps build trust and makes the programme more responsive to the needs of the group.

Conclusion

The project has demonstrated the strong potential of comprehensive sexuality education as a tool for empowerment, inclusion, and social change in youth work. Through collaborative work among participants from Italy, Sweden, Portugal, Spain, Germany, Lithuania, Poland, and Serbia, the Training Course created a valuable international space to exchange experiences, challenge taboos, and develop practical non-formal education tools that can be adapted to different cultural and local realities.

The workshops presented in this toolkit reflect the creativity, sensitivity, and commitment of the participating youth workers, educators, and facilitators. Each activity approaches sexuality education from a different perspective, including STI awareness, menstruation, consent, personal boundaries, safety, and inclusive dialogue. Together, they show that sexuality education is not only about sharing information, but also about creating safer spaces where young people can ask questions, reflect on their experiences, understand their rights, and learn to respect themselves and others.

A key lesson from the project is that sexuality education must be context-sensitive, inclusive, and participatory. Across Europe and beyond, young people grow up with different levels of access to reliable information, different cultural expectations, and different social norms around sexuality, gender, relationships, and the body. For this reason, youth workers need flexible tools that can be adapted to the needs, age, background, and comfort level of each group.

This toolkit offers a small but meaningful collection of such tools. The activities were created and tested during the Training Course and are intended to support youth workers in opening conversations that are often avoided or treated as taboo. They encourage learning through dialogue, creativity, movement, reflection, and peer exchange, making them suitable for diverse youth work settings.

Ultimately, the project highlights the role of youth workers as facilitators of trust, care, and critical thinking. By addressing sexuality education through respect, consent, inclusion, and dignity, youth work can contribute to healthier relationships, stronger self-awareness, reduced stigma, and more equal communities. The toolkit invites educators and youth workers to continue adapting, testing, and improving these methods in their own local contexts, helping young people across Europe and the world access the knowledge, confidence, and support they need.

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Building Boundaries and Breaking Taboos: Empowering Tools for Sexual Education

Toolkit

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