



**RCNI Submission on Junior Cycle Social, Personal and Health
Education (SPHE)**

Short Course Specification

18th Oct 2022

Introduction

Overall RCNI feel [these specifications](#) are a strong holistic framework and a significant advance. We are reassured about the expert support and learning offered to this age group through these specifications in terms of self-awareness and development, as well as life skills. For the RCNI we strongly welcome the recognition of the sexist and misogynistic context of sexual harassment and violence and the explicit manner in which this is addressed. This includes naming the exposure to pornographic material and the need to upskill this age group on safety online and cyber harassment and other technology-enabled vulnerabilities. We raise some concerns regarding how the specifications acknowledge trauma and victimization as well as the circumstances of structural violence to which young people are variously exposed.

The aim is very welcome in its brevity. Our only hesitation here is that it focuses exclusively on matters within the domain of control of the individual person when we know a great deal of the harms and risks are structural and social, with young people themselves having often limited capacity to make choices within these constraints and power dynamics. In an effort to stay centred on a child's locus of control do we risk being dishonest through omission with them?

The **statement of learning** however, does establish an intention to engage them in their context and their relationship with that context. The key skills outlined are comprehensive and holistic, with clear engagement with difference, difficulty and challenge, coupled with skills building on decision making.

The Traumatized Child

One of the core challenges for RCNI in reviewing the curriculum specification is that this programme will be reaching two different audiences simultaneously - the young person learning and exploring themselves and their society and developing life skills, and the young person who has already experienced victimisation and or indeed may come from circumstances of poverty, neglect or violence. The first - the children who enjoy safety and security - are, in essence, receiving a primary prevention set of messages. Overall, bar some minor comments, RCNI would see that this cohort are well served by this curriculum.

The second cohort however, if exposed to primary prevention of this nature, without acknowledgment of what has been done to them already or their circumstances, risk harm, re-traumatisation, frustration, anger, apathy, self-hatred, internalised trauma and internalised victim blaming. To take a non-sexual violence example - in 'Wellbeing', under the heading 'responsible' - an indicator for the responsible child is 'do I make healthy eating choices?'. A child may be living in a home with poverty or neglect, where these healthy choices are simply not available, is this child irresponsible? Translating that to sexual violence, a child who is a survivor of sexual violence may well 'fail' many of the wellbeing

indicators. In terms of a trauma-informed response to victims, this is to set up the ‘wrong’ measures. For example, a victim may have developed highly sophisticated skills in numbing and locking away feelings, memories, or indeed selectively neglecting self-care. These may be strategies that in the short or medium term enable them to survive and maximise their wellbeing within their circumstances. Removing those survivor strategies prematurely and in an unsupported environment, and designating those strategies as ‘unhealthy’, may be seriously detrimental for the traumatised child.

We have no doubt that most teachers will have a deep appreciation for the diversity of need, known and unknown, in their classrooms and may vary how and what material they deliver to suit the diverse needs of their students. Indeed, the spiral approach and built-in consultation with students on learning progression would appear to us to take account of that. That said, should the specifications not explicitly outline and address the challenge of the cohort of abused and disadvantaged children for whom unfiltered primary prevention may well cause harm?

Below we offer a ‘proofing’ from the perspective of the abused and/or neglected child. Overall, we think the curriculum specifications can serve them well but are mindful of where matters not explicitly stated may fade in translation and delivery over time.

Trauma proofing and addressing context:

Under **key skills** add ‘understanding inequality’

Under table 2 key skills – ‘managing myself’ is explicit on structural constraints, ‘wellbeing’ is also strong, followed by ‘working with others’. In between the lines in those three we can see the possibility of an exploration of abuse. However this is not explicit. RCNI recommend it explicitly states that a key and valued skill is knowing when *not* to negotiate and when *not* to engage with someone further.

Overview of the course:

Strands:

The **four strands** engage with context and acknowledge areas where the child will not have agency. It would be useful to treat the limited controls children may have over negative things in their lives in the same way we treat sexual relationships, shifting the focus from a fear-based approach to empowerment. Mental health and trauma are treated in a somewhat passive way at times. The child challenged by the context of relationships and sexuality is offered introspection, they are not offered action, only resilience. For example, the exploration of ‘finding support’ is only for the child ‘failing’ at emotional wellbeing.

The **cross-cutting elements** outlined have a thread throughout of the development of critical thinking and awareness. These are powerful and essential tools for the abused child and for those around them in responding appropriately to them.

Under **Dialogue** (pg 11),

Respectful dialogue is aided by presuming a diversity of backgrounds, identities, cultures and experiences in every classroom and seeing these as a resource for learning.

A concern is that this sentence is not explicit about negative background circumstances and experiences. Does the word 'background' do the work of holding things like poverty, neglect, and violence? Likewise, 'experiences' is where we assume something like abuse is potentially encompassed. In the absence of some of the specific words, our concern is that they will not be addressed.

Strands Pg 13 – 16 RCNI were pleased to engage in a very constructive discussion at the NCCA face to face consultation and will not repeat all recommendations discussed, agreed and recorded there. Below are additional matters or matters we wish to highlight in particular:

Strand 1: Understanding myself and others

1.4 Students should be able to appreciate that sexual orientation, gender identity and gender expression are core parts of human identity and that each is experienced along a spectrum

That gender expression and gender identity are 'core parts of human identity' is not a universally held belief, indeed it is a contested belief. We feel it would be advisable for the curriculum to engage on sex, sexuality and gender identity and expression in a more objective and inclusive manner. We would suggest something like 'appreciate/value that sex, gender and sexuality is experienced in diverse and unique ways, with no right and wrong way'.

The idea of sex, gender and sexualities being 'along a spectrum' is also highly value-laden, and we believe negatively so, inviting judgement rather than acceptance. An inclusive model invites us to see people as unique expressions of themselves rather than requiring them to select points on a scale, especially when that scale is based on the traditional subjugation of one sex by the other, including discriminatory gendered stereotypes used to perpetuate gender inequality. We believe the aim here is that diversity on sex, gender and sexuality should be respected and indeed expected. Diversity is diverse, not restrictive, exclusionary or linear.

We are strongly supportive of 1.5 and 1.6. However, we do note that dis/ability gets very little explicit mention. Following sex, this comes up for us as the second most important variable in terms of sexual violence, yet it is infrequently explicitly listed. We think it particularly important when talking about sexual expression, autonomy and diversity to name and consider disability. Similarly, though perhaps less relevant here, socio-economic background is not listed. Considering that according to Department of Education statistics in

the 2021/22 academic year there are 884 schools (687 primary and 197 post-primary) in the DEIS programme serving over 180,000 students it is likely that many students in this cohort will be from disadvantaged communities.

Strand 2: Making Healthy Choices

Students should be able to:

2.2 investigate how unhealthy products (cigarettes, e-cigarettes, alcohol, and snack and diet foods) are marketed and advertised to appeal to young people

2.4 demonstrate skills and strategies to help make informed choices that support health and wellbeing and apply them in real-life situations that may be stressful and/or involve difficult peer situations

2.6 consider scenarios where, for example, using alcohol, nicotine, drugs, food and screens might be used to cope with unpleasant feelings or stress and discuss possible healthy ways of coping

2.2, 2.4 are again very important skills being taught through the examples of harmful substances – understanding pressure, manipulation and grooming are key skills in preventing and addressing sexual violence.

2.6 is an important explicit engagement with negative coping strategies which will often be responses to trauma. This is a highly sensitive issue that we feel should be named. However, this topic requires those delivering the curriculum, to have the skills and capacity to create and maintain a safe place around the subject and the supports available to both facilitators and students. This curriculum content needs particular care in design, taking into consideration capacity and setting careful boundaries to support safety in this conversation.

Strand 3

Students should be able to

3.9 investigate the influence of digital media (in particular, the influence of pornography) on young people’s understanding, expectations and social norms in relation to sexual expression

We feel this strand is very strong. RCNI recommendation is to change text as per the NCCA consultation day. And to reiterate here – the inclusion of pornography explicitly here is strongly endorsed by RCNI and essential.

Strand 4

Students should be able to:

4.1 discuss the fluid nature of emotional wellbeing and ways to protect and nurture it

4.4 discuss ways to support themselves in challenging times and where/how to seek support, if needed

We note there was some important discussion regarding using the heading 'mental health' or the more positive 'emotional wellbeing' at the NCCA consultation day. Our own reflection is that it should be emotional wellbeing but to acknowledge and engage consciously with the calls for mental health approaches. In our experience much of this is driven by a need to increase control, which in turn is driven by an inappropriate sense of responsibility to 'correctly identify' and 'fix'. This is counterproductive to the aim as stated in 4.1.

In terms of the balance between agency, responsibility for self-regulation and our context – we feel 4.4 is critical in ensuring we acknowledge and address any victimisation and victim blaming and establish for the adolescent the limits of what they are being expected to be responsible for. We would recommend adding 'and other' after 'themselves', and 'when' to seek support to the wording 'where/how'

Appendix 2: Glossary of Key Terms for SPHE:

Gender identities: a person's felt internal and individual experience of gender, for example, cisgender, transgender, non-binary, which may or may not correspond with the sex assigned to them at birth.

Not everyone holds a gender identity. This definition should be inclusive of those who do not hold a gender identity.

LGBTQI+: an umbrella term to signify gender and sexuality diversity and refers to lesbian, gay, bisexual, transgender, queer and intersex. The 'plus' is used to signify additional gender identities and sexual orientations that are not specifically covered by the other five initials, such as non-binary and pansexual identities.

Regarding the 'I' we feel this should have its own definition, not least because there is a yet to be settled discussion on terminology here that might be helpful to name. Those with the collection of medical condition which generally puts them under this umbrella term are not agreed on the umbrella term or its association with sexual orientation and/or gender id advocacy. There is usage of alternative terms such as VSC, DSD. An outline of this contested landscape can be found [here](#).

There are three overlapping and contradictory definitions. This is the antitheses of a definition:

Sexuality: the components of a person that include their biological sex, sexual orientation, gender identity, sexual practices, sexual fantasies, attitudes and values related to sex. Aspects of sexuality can alter/change as we go through different ages and relationships.

Sexual orientation: each person's capacity for emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender. Some people do not feel sexual attraction or may have very low levels of sexual attraction, and this is termed asexuality.

Spectrum of sexual orientations: people's sexual identities and orientations are complex and resist easy classification. The sexuality spectrum recognises the fluidity of sexual orientations that exist. There are several types of sexual orientation; for example: heterosexual, homosexual, bisexual, pansexual and asexual.

Sexuality, as distinct from sexual orientation, is a broad definition of a phenomenon. The inclusion of 'gender identity' is potentially stigmatising here. Its inclusion suggests that 'gender identity' is itself sexualised and pertaining to the phenomenon of sexuality. This contradicts other definitions where we have defined gender in more holistic terms, sexuality as diverse and not restricted to heteronormativity and sex not defining gender. Likewise, including 'biological sex' here also contradicts in similar ways.

Having a definition for both 'sexual orientation' and 'spectrum of sexual orientation' suggests we have a definition for neither. We would suggest these be merged into one that defines that it's about sexual attraction, practice and fantasy and acknowledges that this differs for people and is diverse and potentially fluid over a person's lifetime.