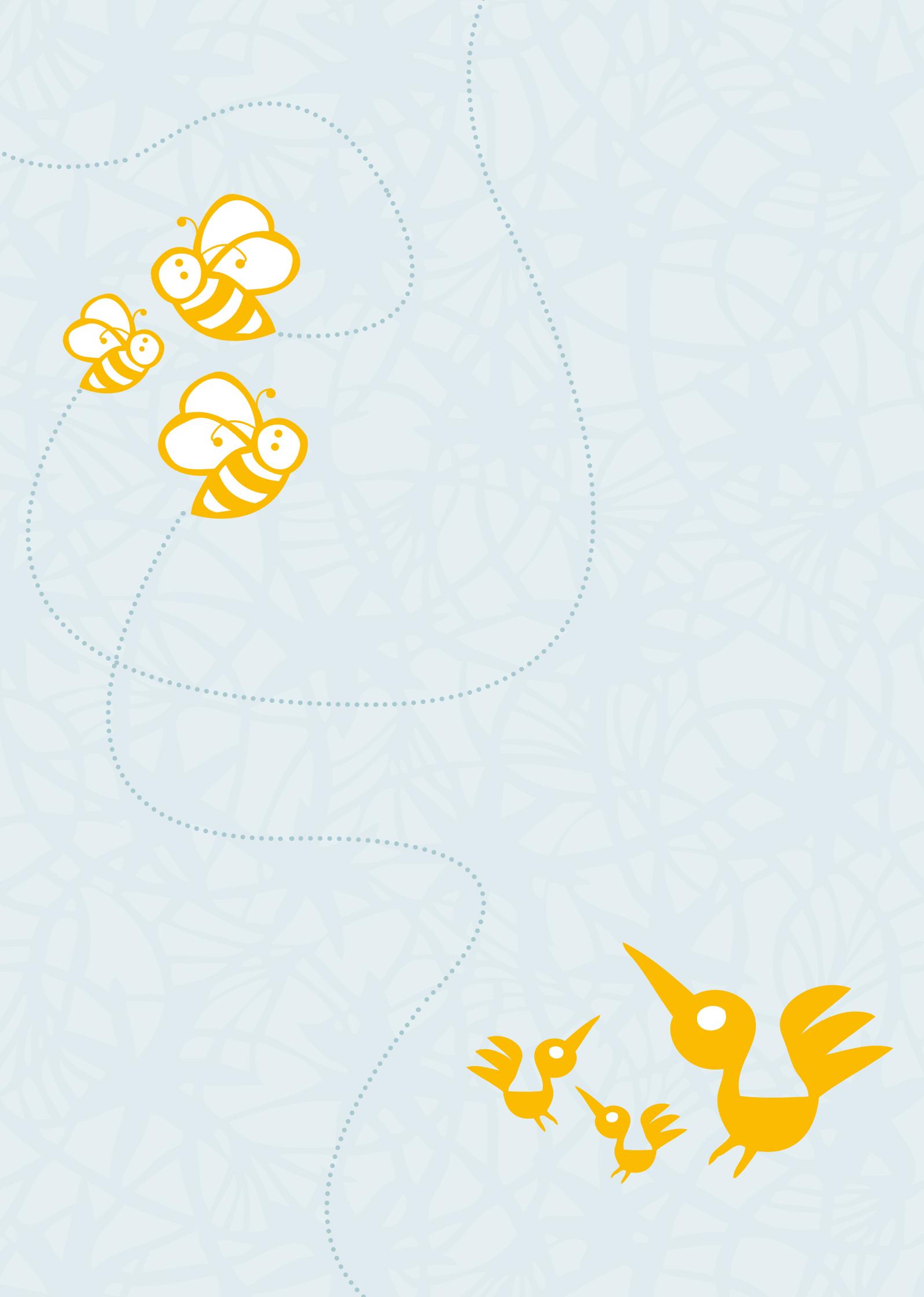




Report on the outcome of
consultations with teenagers
on the issues to be considered by the
Minister for Children when
examining **the age of consent**
for sexual activity



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Office of the Minister for Children
November 2006

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Summary

Following the Supreme Court ruling on Statutory Rape in May 2006, the Minister for Children, Brian Lenihan, TD, took a decision to seek the views of teenagers on the age of consent and other matters relating to teenage sexual activity, since he believed that the voice of young people had not been heard during this debate.

Two hundred and ten young people between the ages of 15 and 18 were consulted in five locations around the country. Pavee Point conducted two additional internal consultations.

Despite the diversity of participants and locations, there was remarkable consistency in the issues that young people felt were important for the Minister for Children to consider when examining the age of sexual consent. There were four issues in particular that young people deemed important:

- sex education;
- information and resources on sex;
- equality and the law;
- sexually transmitted infections (STIs) and services.

Other issues that were considered extremely important by the participants when examining the age of consent included the role of parents, maturity, teen pregnancy, contraception, confidentiality, peer pressure, the role of alcohol and drugs on decision-making, and child protection.

Specific to the legislation, equality in the law, confidentiality, parental consent and maturity were considered of utmost importance.

The participants were appreciative of the opportunity to express their views on the issues that they felt were important for the Minister for Children and the Oireachtas Committee on Child Protection to consider when examining policy and legislation on the age of sexual consent. It was the expressed wish of the participants that their contribution to the debate on the age of sexual consent, which they considered to be an important aspect of their lives, would be heeded and respected during the policy and legislative decision-making process.

Introduction

Following the Supreme Court ruling on Statutory Rape in May 2006, the Minister for Children, Brian Lenihan, TD, took a decision to seek the views of teenagers on the age of consent and other matters relating to teenage sexual activity, since he believed that the voice of young people had not been heard during this debate.

At the request of the Minister, the Office of the Minister for Children commissioned a consortium — comprising the National Youth Council of Ireland (NYCI), Foróige and Youth Work Ireland — to seek the views of teenagers on the age of sexual consent.

The consultations were framed in a way that the participants were asked to consider ‘What issues do you think are important for the Minister to consider when examining the age of sexual consent?’ Participants then identified the key areas for action on each of the identified issues.

To ensure the voice of the participants is at the fore, this report first outlines the outcomes from the consultations and the recommendations of the participants, as presented and prioritised by them. It then goes on to consider the identified key issues that are specific to the legislation on the age of sexual consent.



1 – Overview



Selection of participants

Young people between the ages of 15 and 18 were invited to participate in this consultation. They came from schools, student councils, NYCI Member Organisations, Comhairlí na nÓg, the Dáil na nÓg Coiste na dTeachtaí (Representative Committee), the Children and Young People's Forum of the Office of the Minister for Children, Youth Reach centres and 'special interest' groups. In total, 210 young people, broadly representative of gender, age and social background, attended one of five consultations (see Figures 1 and 2). These took place in Sligo, Tullamore and Cork, and to reflect the size of the population, two in Dublin (one for the north city and surrounding counties, and the second for the south city and surrounding counties).

Pavee Point (an organisation promoting Travellers' human rights) conducted its own process internally, consulting with a cross-section of males and females.

Figure 1: Participants by location

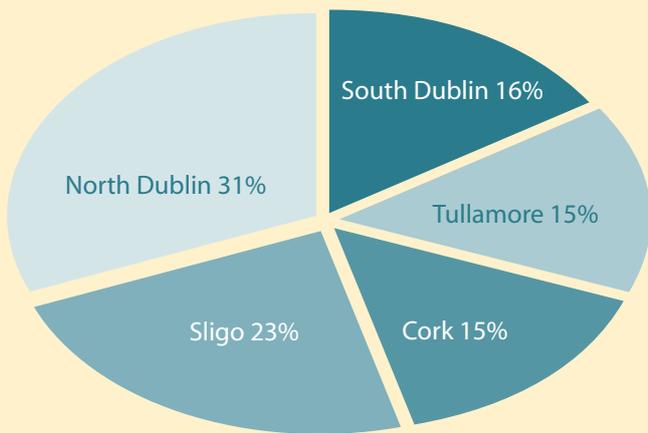
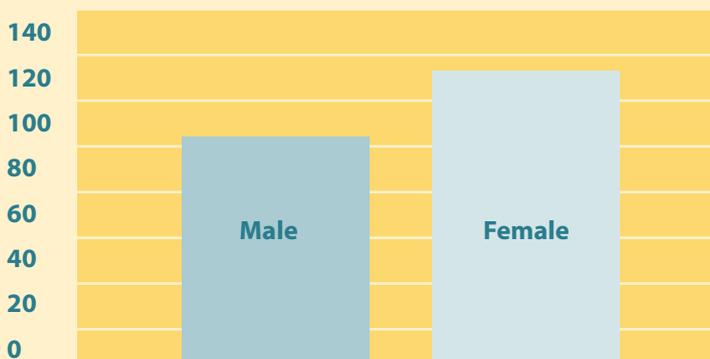


Figure 2: Participants by gender



Child protection

Child protection arrangements were put in place for each of the consultations and carried out in accordance with the Code of Good Practice on Child Protection for the Youth Work Sector, which is based on *Children First: National Guidelines for the Protection and Welfare of Children*, published by the Department of Health and Children in 1999. A Child Protection Designated Officer was present at each of the consultations and only adults directly involved in the process were permitted in the venue once the consultations had commenced.

In addition, a counselling service was made available to all participants for a month-long period after the consultations had ended. This was to ensure that the participants had an option to talk through any issues or concerns raised as a result of the consultations with an experienced professional.

Methodology and programme

The methodology and programme were designed to facilitate a process in which the participants themselves could identify the issues that they felt were important for the Minister to consider when examining the age of sexual consent.

To do this, it was important to put some of the issues into context, such as existing legislation and criminalisation, as well as the reasons behind the current consultations on behalf of the Minister for Children. To this end, an introduction was given by an expert speaker at the start of each consultation: Rosie Toner, Director of Counselling with the Irish Family Planning Association, delivered factual, yet youth-friendly overviews, providing information on the important issues and current legislation.

Using a methodology called 'Open Space', the participants were then asked to identify the key issues that they wanted to discuss in workshops and to put forward to the Minister. Each individual participant identified as many issues as they desired and posted their contribution on an open wall. These issues were then clustered together thematically to form the 'workshop agenda'. Between six and eight thematic workshops took place at each location, depending on the number of issues identified by the participants.

The workshops were youth-led, but directed and assisted by experienced facilitators, where necessary. The facilitators directed the participants to rank the key points in order of priority, ensuring that the 'top three' most important issues under each heading were ranked in order of importance. A representative from each of the workshops then fed the prioritised 'top three' back to the plenary group. All participants were invited to comment, ask questions or make suggestions for change to the prioritised list of key issues, which would represent the outcomes from that location and be presented to the Minister for Children.

In this way, the participants themselves identified the issues of importance, ranked the key points under each issue in order of importance and collectively agreed the outcomes from the consultation.

This methodology was fine-tuned following a staff evaluation of the first consultation in North Dublin. At this first consultation, participants had constructed the agenda by volunteering to identify important topics and take the lead in a workshop. Following the evaluation, it was decided to give all participants the opportunity to identify key issues for the workshops, using post-its, and that these issues could then be thematically clustered. It was also decided that participants would be asked to prioritise three key issues in ranked order within the workshop setting. This methodology was used for the four other consultations.

The consultations in Pavee Point were conducted internally using a methodology suitable for a smaller special interest group.

Each consultation typically followed the programme set out in Table 1.

Table 1: Programme for each consultation

Time	Agenda item
10.00am	Registration
10.30am	Welcome, Introduction and Overview
10.35am	Ice-breaker/Group agreement
10.50am	Setting the scene: Context and case studies
11.15am	Introduction to 'open space' technology
11.35am	<i>Break</i>
11.50am	Workshop Session 1
12.30pm	Workshop Session 2
1.15pm	<i>Lunch</i>
2.00pm	Feedback session
2.50pm	Next steps and Close



2 – Outcomes and Analysis



At the start of each consultation, the participants were asked to consider what issues they thought were most important for the Minister for Children to consider when examining the age of sexual consent. Having identified these key issues, participants then identified the key areas for action on each of the identified issues.

One of the most remarkable outcomes of the consultations was the consistency of the issues that young people felt were important for the Minister to consider when examining the age of sexual consent. In all locations, a total of only 16 issues were suggested for the 'workshops agenda' (see Table 2), as follows:

- sex education;
- information and resources on sex;
- equality and the law;
- sexually transmitted infections (STIs) and services;
- maturity;
- teen pregnancy;
- peer pressure;
- contraception (free);
- confidentiality;
- consequences of having sex;
- relationship with parents;
- child protection;
- negative attitudes to sex;
- Irish attitudes to sex;
- changes in society;
- issues for Travellers.



Table 2: Identified issues, by location

Workshop issues	Dublin North	Sligo	Tullamore	Cork	Dublin South	Pavee Point
Sex education	Yes	Yes	Yes	Yes	Yes	
Information and resources on sex	Yes	Yes	Yes	Yes	Yes	
Equality and the law	Yes	Yes	Yes	Yes	Yes	Yes
STIs and services		Yes	Yes	Yes	Yes	
Maturity	Yes	Yes	Yes	Yes		Yes
Teen pregnancy		Yes	Yes			Yes
Peer pressure		Yes				
Contraception (free)	Yes			Yes	Yes	
Confidentiality					Yes	
Consequences of having sex		Yes				
Parents (relationship with)		Yes			Yes	
Child protection	Yes					
Negative attitudes to sex	Yes					
Irish attitudes to sex	Yes					
Changes in society	Yes					
Issues for Travellers						Yes

Four key issues emerged from the consultations. These were identified as workshop headings and pervaded many other discussions and workshops. At the close of the final consultation, it was clear that it is these four issues that young people consider of acute importance when considering the age of sexual consent and teenage sexual activity. The four issues were:

- sex education;
- information and resources on sex;
- equality and the law;
- sexually transmitted infections (STIs) and services.

1. Sex education

"It has to be mandatory to teach sex education... I mean, if we don't learn about it in school, how are we supposed to know what to do and when to do it or not to do it?"

Based on the participants' experience of the school system, it would seem that sex education is not taught at all in many schools, is taught too infrequently to make an impact and is based solely on the biological aspects of sex. Young people also felt that teachers were not best placed to deliver sex education classes and that the message delivered was also unrealistic and negative.

"You're only ever told, don't have sex before you are married... that's just not realistic anymore... even if schools have a religious ethos, they have to accept that this is not a realistic message and young people will just ignore it."

In light of the above, the participants made the following key recommendations on sex education in schools:

Sex education structure

- Sex education needs to be **mandatory** in schools. This will lead to increased maturity and a better understanding of the 'age of consent'.
- Sex education needs to be delivered by a **specialist person**, independent of the regular staff teachers. It was suggested that this person should have a medical background and be interested in young people's sexual health. There was also a suggestion that this service might include some peer education elements.
- Sex education needs to be **covered every year** in school. The course should start in 6th class in primary school and knowledge should be progressed over the years until the final module in 6th year of secondary school.

Sex education focus

- The focus of sex education should **not just be biological**, but should also include information on the consequences of sex, maturity, emotional aspects of sex and teen pregnancy. Young people were also emphatic that education needs to focus on the **positive aspects of sex** and not just the negative aspects.
- Sex education **needs to be unbiased** regardless of the religious ethos of the school or the personal opinions of the person delivering the class. It was considered vital to avoid the simple message of 'Don't do it until you are married'. A comparison was drawn between the USA, where sex education is based on chastity and the average age to lose one's virginity is 15, and the Netherlands, where there is a more non-judgemental approach to sex education and Dutch society has the lowest rate of teen pregnancy and STIs in Europe.
- There needs to be more education and information to deal with the **social stigma on sex and sexuality**. Equal time must be given on the role of the male and the female, and also to heterosexuality and homosexuality.

Sex education materials

- A **free book or DVD** should be distributed to all young people in school so that they have a resource to consult, even if they are afraid to ask questions. This book should be distributed through schools.

2. Information and resources on sex

"I don't think I want to have sex. I just want to get some information."

There was considerable cross-over between the topics of sex education and 'information and resources'. This is not surprising since school provides the main source of information and resources for most young people in Ireland. Despite this cross-over, the predominant opinion was that there was not enough information on sex, the consequences of sex, sexually transmitted infections (STIs), existing services or whether young people were permitted to access the existing services.

In short, it was felt there was a general lack of information available to young people on sex and that young people did not know where to look for or access existing information. This problem was particularly acute in rural areas where youth centres or facilities are not as easily reached. The participants also felt that young people should not have to seek out the information ("*Most people won't bother, like, it has to be just there...*") and that it should be widely available in schools, youth services and any other venues where young people 'hang out'. In addition, participants felt that it was wrong to assume that just because you wanted information on sex that you were actually having sex or wanted to have sex: many young people simply wanted access to information for information sake.

Participants made the following key recommendations on information and resources on sex:

Information structure

- Sex education should be **mandatory in schools** and delivered by a qualified professional.
- Information on sex should be **available in all schools**.
- There should be voluntary **information programmes available in youth services** as well as in schools.
- **Adults need to take responsibility** and ensure young people get enough information on sex.

Information focus

- **Unbiased information** on STIs, pregnancy, sexual orientation and the consequences of sex should be available in schools.
- Myths versus facts — **accurate information is vital** because there are so many myths 'out there' and young people do not know what to believe.



3. Equality and the law

"There is no point in having a law if it doesn't treat boys and girls equally."

It is fair to say that all 210 participants were unanimous in their assertion that young boys needed to be treated equally in law. In fact, participants were incensed to learn that young boys could potentially be criminalised for having sex if their female partner was under the age of 17. While understanding the reasoning behind the law to protect young girls, all parties felt strongly that the law needed to be equal for boys and girls.

The notion of a 'two-year gap' was raised and discussed at all of the consultations. In light of the existing law and the existing age of sexual consent, the majority of participants felt that it was appropriate to have a 'two-year gap' law which would prevent young people being unnecessarily criminalised. Under this 'two-year gap' law, an 18-year-old male could engage in consensual sexual activity with a 16-year-old female and not break the law. Similarly, a 17-year-old male should be able to engage in consensual sexual activity with a 15-year-old female and not face criminalisation. The participants felt that this was a way of maintaining the law to account for statutory rape, while ensuring that young people were not criminalised, and as a result stigmatised, for engaging in consensual sexual activity.

It is important to note that a minority grouping at the Dublin South consultation did not agree with the notion of the 'two-year gap' since they felt it was unfair on existing and consensual relationships between people where the gap was wider than two years.

Having given the matter of 'equality and the law' considerable thought, the following key recommendations were made on the issue:

- **Boys should not be criminalised** for consensual sex even if their partner is under the age of 17.
- Any new law must **treat boys and girls equally**.
- The new law should contain a **'two-year gap' clause** (*as outlined above*) to prevent criminalising young people in consenting sexual relationships, while still protecting young children.
- Laws and sex education must treat **homosexuality and heterosexuality equally**.

4. Sexually transmitted infections (STIs) and services

According to the 210 young people consulted with across the country, there is limited information on STIs available to young people and the majority of participants did not know what services or treatments were available if they did contract an STI. A number of participants in one workshop had received an 'educational talk' on STIs in their school, which they felt was very informative. They also felt the use of graphics during this talk was a good method of making young people aware of the severity of contracting STIs and also of the importance of seeking treatment.

The participants felt that there was still a "... massive stigma attached to having an STI, like nobody would admit it, as they'd be afraid nobody would ever go out with them again ...". It was important to have information and education so as to transcend that stigma.

Participants who had experience of 'The Gaf' in Galway or the 'Exit' youth health café in Tallaght felt that these services were examples of where young people would go to get information and be treated.

According to another participant, *"You need somewhere that is confidential, where you can trust them, but somewhere there is a good vibe, not judging you because you have an STI"*.

Generally speaking, young people were unaware of the sexual health services available to them and presumed they would have to go to their GP for any sexual health matter. On learning that there were additional services, such as the existing youth health cafes and other sexual health clinics, they felt it was important that these existing services were better promoted in places where young people would hear about them, as in youth services and schools. Again, participants from rural areas seemed to have less information on and access to services.

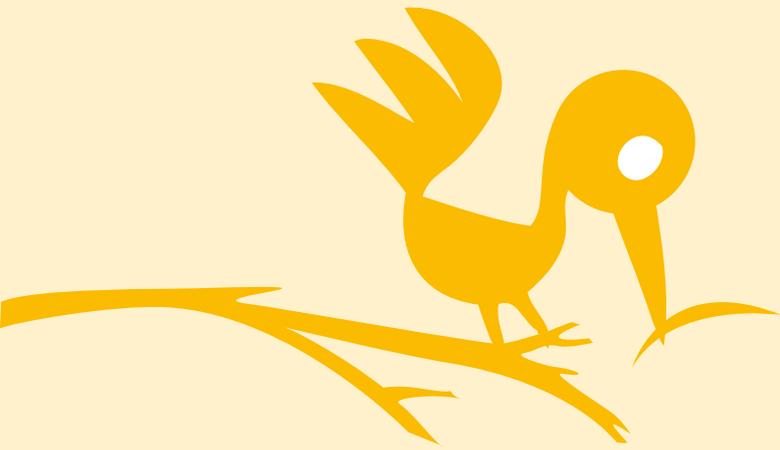
The following are the key recommendations made by the participants in relation to STIs and sexual health services:

Structure of services

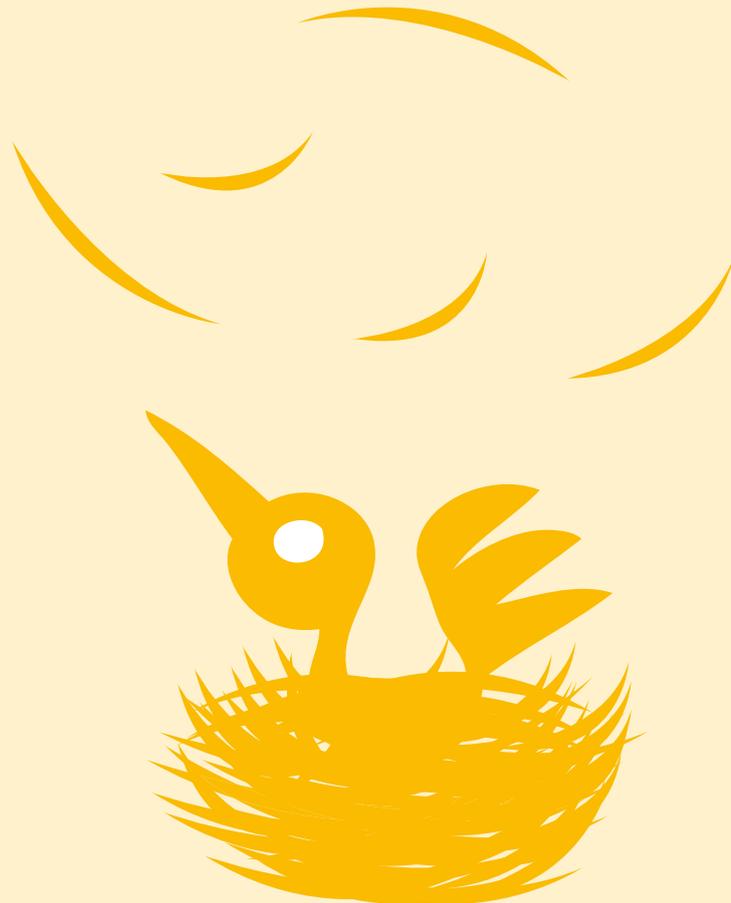
- There should be specific **confidential services for under-18s**.
- There should be more **multi-functional youth services that incorporate youth health cafés**, such as 'The Gaf' in Galway and 'Exit' in Tallaght. This would ensure stigma and embarrassment are not issues.
- Rural isolation is an issue in accessing services and information on STIs. Thus **regional youth services** need to play a role in providing sexual health services and information at a more local level.

Focus of services

- There needs to be **more information on STIs** — how you can avoid them and how you can treat them.
- The **social stigma around STIs needs to be transcended** since young people let STIs go untreated because they are embarrassed to admit they have one.
- Services and information on STIs need to be **unbiased**.
- Sexual **health checks** should be encouraged.
- Existing sexual health services need to be **better promoted** and need to have a **youth section**.



3 – Additional issues identified



There is no doubt that young people considered the four issues outlined in Chapter 2 to be of paramount importance to the debate on sexual consent and teenage sexual activity. However, a number of additional issues were also identified as important for the Minister to consider when examining the age of sexual consent (*see below*).

The range of issues discussed at the consultations and the recommendations made revealed a maturity among the young participants and a sense of responsibility to ensure better sexual health for themselves and their peers.

Contraception and teen pregnancy

The discussions on contraception and teen pregnancy were obviously strongly linked and either one of the two topics was identified as an issue of importance in every consultation location (*see Table 2*). Indeed, the point was made that all the other identified issues were linked to teen pregnancy. It was felt that education, information, sexual health services and accessibility to contraception all had an important role to play in avoiding unwanted pregnancies and in making young women aware of the consequences of unprotected sex. It was also asserted that there was not enough support for young mothers in schools and that additional support services should be made available. In addition, the participants thought that young boys need to take more responsibility in the event of a teenage pregnancy.

Recommendations on contraception and teen pregnancy included:

- Contraception should be **more accessible** and should be **free or significantly cheaper**.
- The **morning-after pill should not be free** because this would discourage young people from using contraceptives, which also prevent STIs. However, it was felt that the morning-after pill should be **more accessible and cheaper** since young people would not have €50 to spend on it.
- Additional and **stronger awareness campaigns** on contraception and the consequences of unprotected sex are needed. The Crisis Pregnancy Agency's 'Think' campaign was cited as a good example, but the product needed to be more widely distributed.
- **Education** on the risk of pregnancy and STIs needs to start **in 6th class**.
- There should be **additional supports put in place for teenage mothers** who want to remain in school/further education.

Maturity and child protection

There was a firm appreciation from the participants that the law on the 'age of consent' was necessary to protect young children. The majority of participants felt that the law on the age of sexual consent needed to take 'maturity' into account. However, participants also recognised that 'maturity' was difficult to measure and that it would be difficult to account for 'in law'.

Nevertheless, having been discussed in all locations but one, there was a strong consensus that:

- Young people would **make a decision** to engage in sexual activity when they were ready and wanted to, regardless of the law on the age of sexual consent.
- Similarly, young people who do not engage in sexual activity make this decision based on personal preferences and **not because the law prevents them**.

The participants felt strongly that this considered decision should be respected by adults, even though there was also a feeling that *"teachers and schools don't respect young people to make decisions for themselves"*.

Confidentiality

Participants were extremely strong in their opinion that young people had a right to privacy and confidentiality. This was particularly pertinent in rural locations where communities are smaller and more intertwined. They felt that they should have the right to attend a sexual health clinic or GP on a sexual health matter and not need to worry that their parents would be informed, unless they requested this. Indeed, as they pointed out, if this proved to be the case (informing their parents), young people simply would not seek advice or help on matters of sexual health. There was a clear preference for confidential 'youth sections' of sexual health clinics rather than having to attend a GP's clinic.

In light of the above, the key recommendation on 'confidentiality' was:

- Doctor/patient **confidentiality should be assured** no matter what age you are.

Parents

It was felt that perhaps parents themselves needed assistance and guidance on how to deal with the sexual education and sexual health of their children. The participants were of the opinion that society and sexual practices had changed significantly since their parents were young and hence they needed to be 're-educated'. However, it was also felt that it was important that parents discussed sex with their children and not rely solely on the information provided at school. As with their stance on schools, participants urged the need to discuss the positive aspects of sex as well as the issues of concern.

Participants were also of the opinion that young people had independent rights, even when parents did not want them to avail of sex education in school. Many schools give parents the right to remove their child from sex education classes, which means that the student misses out on the class and sex education. The young people felt that anyone over the age of 15 had the right to decide for themselves if they wanted to avail of sex education.

Specific recommendations in relation to parents included:

- **Parental consent should not be required for young people over 15** to attend sex education classes.
- A **free phone service should be available to parents** to provide help and guidance on educating their children on sex.
- **Scare tactics do not work** — parents should discuss sex realistically and positively with their children.

Role of alcohol and drugs in sexual activity

Participants were quick to point out that alcohol and drugs could play a key role in decision-making about sexual activity. However, they felt it was *"too easy to lump all the issues together"* and stereotype young people for being out of control. However, it was deemed important that:

- **Information services and education** include reference to the effects of alcohol and drugs on people's ability to make clear decisions about sex.

Peer pressure

There was a consensus from the participants that good friends would not try to influence each other about their sexual behaviour and that those who did should be ignored. However it was also pointed out that *"Sex is everywhere, it's in the media, in every ad, in magazines, it's impossible to avoid"*.

With this in mind, young people felt it was important that:

- **Personal development should be a pivotal part of education** in schools, so that young people were supported and able to make their own decisions about sex.



4 – Issues specific to the legislation



The outcomes and recommendations from the consultations can broadly be captured under the following three themes:

1. Issues relating to the support of young people.
2. What influences young people's decisions.
3. Issues specific to the legislation.

For the purpose of this report, it is important to consider again the issues that the young participants felt were particularly important to take into account when specifically examining the legislation on the age of sexual consent. These issues include:

Equality and the law on the age of sexual consent

The participants could not have been more unequivocal in their assertion that 'any new law must treat boys and girls equally'. There was also explicit agreement that boys should not be criminalised for engaging in consensual sex even if the female partner was under the age of 17. However, there was considered appreciation of the need for a law on the 'age of sexual consent' to protect young children. Taking this necessity into account, participants in all locations suggested the clause of the 'two-year gap', where young people would be free to engage in consensual sexual activity as long as there was not more than a two-year age gap between the two consenting partners.

Key recommendations

- Any new law must treat boys and girls equally.
- Boys should not be criminalised for engaging in consensual sex even if their female partner is under 17.
- A 'two-year gap' clause should be included in the new legislation.

Confidentiality and parental consent

The participants were strong in their view that young people had a right to confidentially access education, information and services on sexual health, independent of the view of their parents or school ethos. Specifically, they believed that they should be able to confidentially attend a GP or sexual health clinic and that parental consent should not be required for young people over 15 to attend sex education classes or access information on sex and sexual health.

Key recommendations

- Doctor/patient confidentiality should be assured regardless of the age of the patient.
- Parental consent should not be required to access education or information on sex.

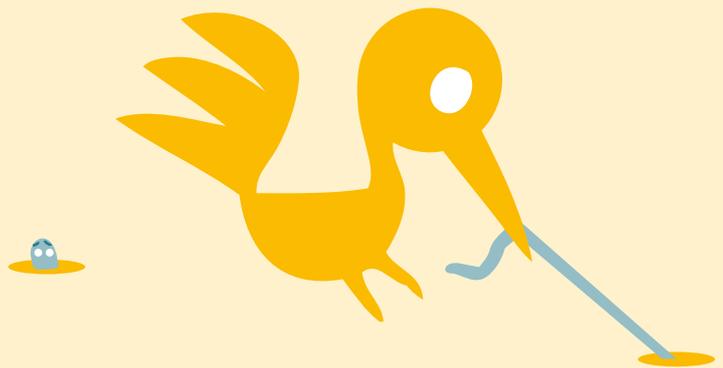
Maturity

The majority of participants felt that the law on the age of sexual consent needed to take 'maturity' into account, even though it would be difficult to measure. There was a consensus that young people would decide to engage in sexual activity when they were ready and wanted to, regardless of the law on the age of sexual consent. The participants felt that this decision, if it had been considered maturely, should be respected.

Key recommendations

- 'Maturity' should be taken into account in the law on the age of sexual consent.
- The decision by young people to engage in consensual sexual activity should be respected.

5 – Conclusions



The Minister for Children, Brian Lenihan, TD, should be given enormous credit for his commitment to Article 12 of the United Nations Convention on the Rights of the Child, which gives young people the right to have a voice on matters that affect them.

The process his Office commissioned has led us to the point where we have a clear picture of what young people consider are the issues of importance. Indeed, young people have not only given openly and honestly of their opinions and views, but have also made key recommendations for action on each issue.

The report has been framed so as to accurately represent the responses of the participants to the question 'What issues do you think are important for the Minister to consider when examining the age of sexual consent?' Though much of the feedback, on which there was considerable accord across the various locations, relates to the supports needed and the influences on decision-making, the young people have given a very clear message on what they consider to be important when examining the actual legislation on the age of sexual consent. Most notably, equality, confidentiality, parental consent and maturity were considered of utmost importance in this area.

There is little doubt that there is a range of issues that must be considered when legislating and making policy in the area of sexual consent. The participants demonstrated considerable maturity in recognising this fact and were extremely conscious of the ultimate objective of protecting children when examining the age of sexual consent.

Although there was some disappointment that the Minister could not be present to hear their views directly on the related issues, the participants expressed the hope that both he and the Oireachtas Committee on Child Protection would give due weight and respect to their recommendations for action and change during the policy-making and law-making processes on the age of sexual consent and teenage sexual activity.



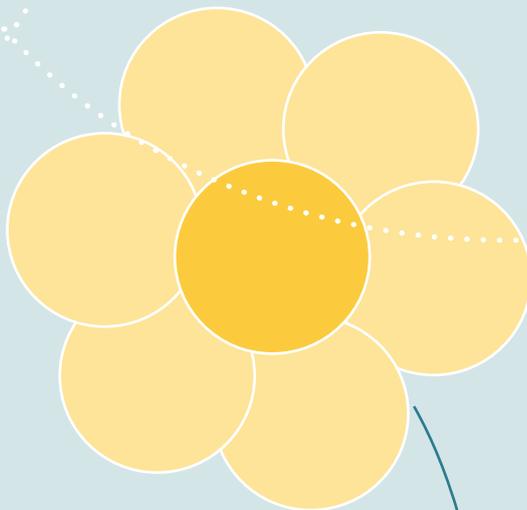


Appendices

Appendix 1: Outcomes of consultations

As outlined in 'Methodology and programme' in Chapter 1, the participants had the opportunity to identify the key issues for the agenda, to be discussed in workshop settings. Discussion on these issues produced a number of relevant points. Before the end of each workshop, the facilitators asked the participants to identify the three most important key points under each heading.

The overall agenda for workshops, relevant points from those workshops and the three priority key points (ranked in order of importance) are now outlined, location by location.



Consultation 1

Location: Dublin North
Venue: Ozaman House, Mountjoy Square
Date: 11 October 2006

Issues identified by participants for discussion in workshops

1. Availability of information/education
2. Negative attitudes to sex
3. Irish attitudes
4. Child protection
5. Maturity
6. Equality
7. Changes in society
8. Free contraception
9. Lack of information and resources

Workshop 1: Availability of information/education

Relevant points from workshop

- Equality for everyone.
- Nothing wrong with being gay.
- Most men that are gay hide behind saying they are bisexual so that they don't get bullied.
- Should have more awareness in schools and in youth clubs.
- Consent should be thrown away.
- Nobody should care if it's behind closed doors.
- Sex is everywhere — TV, magazines, radio, in the streets.
- Sex is natural — can be addictive.
- Shouldn't lower the age — just don't higher it.
- Some children have sex due to peer pressure.

Workshop 2: Negative attitudes to sex

Relevant points from workshop

- Sex and alcohol debate often get lumped together.
- Alcohol affects ability to negotiate.
- Morning-after pill should be available over the counter, link with current laws.
- Should be more emotional support, i.e. school counsellor to talk to when deciding whether or not to have sex.
- Wouldn't go to parents — they tend to exaggerate.
- Parents need sex education — they are from a different culture, young people are growing up quicker, education should be through local parents' groups.
- Needs to be more emphasis on respect/attitudes and not just concentrate on contraception/physical.
- Need to look at positives — sex is not just about a law.
- Sex and young people seen as a bad thing — young people too young, dangerous (pregnancies and STIs), young people seen as not ready, parents are trying to keep control.
- Not able to access information or support.

Workshop 3: Irish attitudes to sex

Relevant points from workshop

- Different schools, different religion.
- Sudden shock when introducing sex education in 6th year.
- Message is often 'don't have sex'.
- Generation gap between young people and parents/teachers.
- Attitudes create barriers for support to young people.
- Attitudes create labels like 'slut'.
- Asking questions doesn't always mean 'I am sexually active'.
- Information is empowering.
- Social stigmatism — needs to be transcended.
- Old values passed down.
- Irish attitudes — once you do it, you keep doing it.
- Do Irish attitudes affect our decisions?
- Government needs to be able to support those of sexual age when pregnant.
- Information to people before age of consent.
- Will attitudes be able to change? Always be someone not happy!
- Government sending mixed messages — that you shouldn't have sex, but they're treating drugs and alcohol and your ability to vote more important since the age for these is higher. Sex is equally important, so should be the same age.

Workshop 4: Child protection

Relevant points from workshop

- Issues around statutory rape. The law is there to protect younger children against being a statutory rape victim.
- Boys and girls should be equally responsible for consenting to sexual activity.
- Important to make sure there are no loopholes for criminals to abuse the law.
- What happens when the girl lies about her age? There should be some protection for males.
- The Minister should take into consideration the age for things like pornographic videos (18s) in relation to age of consent, voting, etc. You can have sex, but you can't watch it!
- If information is not given out, how do young people know what is allowed?
- There should be no age limit to giving information; clinics, doctors should be obliged to give out information.
- There should be more information and sex education given in schools at a younger age.

Workshop 5: Maturity

Relevant points from workshop

- Maturity means someone who is aware of the risks they are taking.
- Need to have more involvement of parents — communication.
- In relation to law, we need to take regard of maturity. Need to take personal responsibility.
- If you think you are mature enough, you need to get information — not easy if you're under 16.
- Young people told they can't have sex until they are 18, until they are adults, because then 'adults' don't have to take responsibility.
- Mixed schools versus single sex schools — mixed are more mature, healthier environment.
- Sex education is often quite clinical or medical. Need to discuss all different methods of contraception.
- Gender differences in maturity.
- Girls are the ones who get a bad name.

Workshop 6: Equality

Relevant points from workshop

- Equality is a major issue.
- Equal responsibility.
- Legally, both should be responsible.
- People think it is the responsibility of the male as he takes advantage of the girl.
- Young people have the right to have opinions heard, but should be consulted and work together with professionals in deciding issues.
- Young people have the right to confidentiality, depending on the age, situation, etc. However, there should be times when the need for child protection overrides this.

Workshop 7: Changes in society

Relevant points from workshop

- Ireland is maturing at a younger age — sex, alcohol, etc.
- People don't care about the age of consent.
- Sexuality/sex — there is more acceptance in society and media.
- Lack of info in schools and misinformation.
- Some parents wish changes in society weren't as fast.
- Sex can be seen as a hobby.
- Catholic Church — less influence.
- Lack/barrier of communication between young people and government/adults.
- Consent — maturity, not age, counts.
- Can't make laws on maturity.
- More information is needed.
- Older young people care about age of consent, some young people don't.

Workshop 8: Free contraception

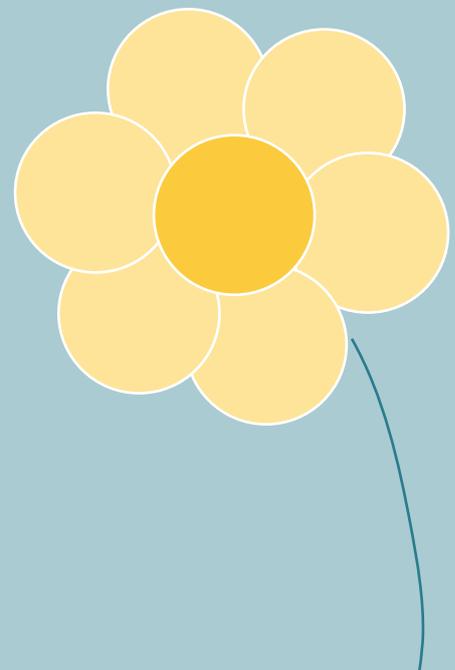
Relevant points from workshop

- Protected sex comes at a cost, most people wouldn't bother paying.
- Free contraception promotes sex, conflicts with consent law.
- Positives outweigh negatives.
- How it can be distributed — school, chemists, doctors, friends, nightclubs, pubs.
- Parents will have a problem with it.
- Older age group to get free contraception.
- More education in schools.
- There is a problem with underage people in discos/nightclubs.
- You should be able to get contraception in chemists, toilets in pubs, doctor.
- Young people are embarrassed to buy contraceptives.
- Shop-owners may ask for ID.
- All forms of contraception should be free.
- Security of morning-after pill will lead to more young people suffering from STIs.
- Morning-after pill shouldn't be free, but should be cheaper and more available.

Workshop 9: Lack of information and resources

Relevant points from workshop

- No family planning centres in some areas; only place is the doctor's.
- Complete lack of information on contraception and STIs. If this was changed, youth may decide to have sex later since they would be aware of the dangers involved.
- It's not right or fair that boys can be prosecuted and girls can't. Men have an equal right to be protected legally.
- Young people aren't informed of where they can go for advice or information. This lack of support and information causes young people to make decisions they may later regret.
- Education will help protect self.
- Teachers/parents don't always know the answers.
- Stigma still exists around sex.
- Get rid of impression that wanting information means wanting sex.



Consultation 2

Location: Sligo
Venue: The Crib Youth Centre
Date: 13 October 2006

Issues identified by participants for discussion in workshops

1. Consequences of having sex/role of parents
2. Teen pregnancy
3. Information
4. Sex education
5. Maturity/age of consent
6. Peer pressure
7. Equality
8. STIs/services

Workshop 1: Consequences of having sex/role of parents

Relevant points from workshop

- Risks — pregnancy/STIs.
- Different stigmas — cool for guys, girls are slagged.
- Media pressure — soaps, e.g. *Hollyoaks*.
- Should be someone in schools to talk to and be more easily available.
- No legal consequences for girls if they have underage sex.
- If the age of consent is too high, people aren't going to wait.
- At 17, people are nearly finished school.
- Scare tactics are used too much, but don't really work.
- Scientific/biological approach used too much as sex education method.
- Nothing positive or good said about having sex. Always focus on the negative.

Key recommendations

1. Boys and girls should be treated equally.
2. Scare tactics don't work.
3. Sex education in schools should be enforced and should begin in 6th class.

Workshop 2: Teen pregnancy

Relevant points from workshop

- Teenage pregnancies — boys are responsible too.
- Not enough support for pregnant teens/not enough education in schools.
- Changing attitudes towards teenage mothers.
- Law cannot change people wanting to have sex.
- Young people need to get information.
- Is the law really a law?
- Importance needs to be placed on this as a topic through sex education.
- Sex education should be an open subject.
- Should there be an age?
- Boys need to have more responsibility.

Key recommendations

1. Education — need to deliver standard programme to young people in schools. It should be compulsory in schools and voluntary outside, e.g. in youth services.
2. Support — young people should be treated with respect and equality.
3. Attitudes towards pregnant teens need to be more positive.

Workshop 3: Information

Relevant points from workshop

- Adults just presume young people know about sex.
- Adults should be more upfront about talking to young people, even if young people are embarrassed at first — young people will get over the embarrassment.
- Sex education needs to happen in school.
- It would be better if information was given by someone from outside of the school who is trained and knowledgeable.
- Young people in Ireland are not getting enough information.
- Irish teen magazines should have more ads giving more information to young people.
- There are a lot of myths about STIs.

Key recommendations

1. Information needs to be delivered by a professional with medical knowledge and experience with young people — not a teacher.
2. Adults need to take responsibility for sex education.
3. Sex education has to happen in school.

Workshop 4: Sex education

Relevant points from workshop

- Sexual education in schools needs to be better.
- Sex education in schools needs to be implemented.
- Sexual health needs to be taught in schools.
- Sexual education needs to be at a young age to make children aware.
- Why is sexual education in schools not enforced?
- Sexual education in schools needs to be enforced and a new, more efficient course made up.
- Teach more about sex and explain better.
- Sex education needs to be taken more seriously by teens.
- Teenagers need to have people that they can relate to as regards sexual activity.
- Should be where adolescents learn, i.e. school.
- Accurate information (myths vs fact) — parents and friends are not always accurate.
- Government should enforce sexual education.
- Mandatory for teachers to teach sex education, e.g. in Holland, which has the lowest rates of teen pregnancies and STIs.
- Education book for free.
- Chastity and abstinence taught in America, average age to lose virginity is 15.
- Cover all aspects of sex — protection, maturity.
- Things that lead to sex — drugs and alcohol.
- Free/cheaper contraceptives.
- Social stigma needs to be lifted — equality between boys and girls, and homosexuality and heterosexuality. Don't assume everyone is straight.

Key recommendations

1. Government should enforce sexual education, which would lead to maturity and more understanding of the age of consent.
2. Mandatory for teachers to teach sex education.
3. Social stigma needs to be lifted. There needs to be more equality between boys and girls, and between homosexuality and heterosexuality.

Workshop 5: Maturity and age of consent**Relevant points from workshop**

- How can we decide how mature anyone is? Is it really up to us or the Minister?
- When teenagers feel ready to have sex, it's their own decision, nobody else's!
- People/teenagers are going to have sex whether they are the age or not. People that don't have sex make that decision for themselves and not because of the law.
- Teach more about the laws of the age of consent.
- If you're mature enough to decide you want to have sex, are you not mature enough to not have your parents run your life?
- There should be more to deciding the age of consent than just an age; maturity and education should also be taken into account.
- Should be a clause in the legislation: if someone is a maximum of 2 years older, it shouldn't be illegal for them to have sex.
- Alcohol has a strong impact on sexual behaviour.
- If you're old enough to make that big a decision, you're mature enough not to need your parents' consent.
- If adults gave information to young people, then they might be mature enough!
- Information should start at 1st year.
- There is a two-fold embarrassment, for teachers and young people.
- Unbiased information is needed.
- There is enough information, but don't know where to get it.
- Make information more accessible.
- Age of consent is more about protecting young people from older people.
- Maturity is about when you're ready, whether you're 16 or 20.
- Young people need to take personal responsibility.

Key recommendations

1. There should be a clause in the legislation — if someone is a maximum of 2 years older than the other partner, they shouldn't be prosecuted, e.g. it should be OK for an 18-year-old guy and a 16-year-old girl to have consensual sex.
2. More information/advice on risk of underage drinking and sex.
3. If you're old enough to make the decision to have sex, then you're old enough not to need parental consent.

Workshop 6: Peer pressure

Relevant points from workshop

- Caving in to peer pressure — how to avoid doing that?
- If you're influenced by peer pressure, you are obviously not mature enough.
- Not accurate information.
- Good friends wouldn't influence you.
- Media pressure on young people.
- Education — education for parents, more talking about it, religious presence.

Key recommendations

1. Good friends wouldn't pressurise you.
2. Personal development for young people, to be able to develop their opinion and to be able to have their opinion heard.
3. Process of decision-making should include young people at all stages and levels.

Workshop 7: Equality

Relevant points from workshop

- If a girl lies about her age to a man or other woman, she should be held accountable.
- Equal rights for boys and girls.
- No sexism in the law.
- Why are boys treated differently to girls? Why? It's not fair.
- Boys and girls should be treated equally under age of consent.
- Girls should be treated the same as boys under the new law, with same laws, protection and penalties applied.
- Equality between different sexualities in law and sex education.
- Gender equality in the law — boys and girls both responsible.
- Should be no difference in ages of consent for boys and girls.
- Complete necessity for an enforced sex education in schools to assess maturity so young people will be mature.
- Young people should have the choice to participate in discussions with regards to issues affecting young people.
- What are the rights of an underage consenting couple?
- Inequality in rural settings — isolation and lack of information. Facilitators (independent of schools) should frequently visit schools to teach sex education.
- Information should be distributed through schools.
- Shared/equal responsibility for sex education for young people between parents and teachers.
- Sex education should be unbiased, regardless of religion or personal opinions of the person/teacher.
- Mandatory sex education, starting in primary school — onus should be on schools to provide it.

Key recommendations

1. Sex education should be unbiased, regardless of religion or personal opinions of the person/teacher.
2. Equality between different sexualities in law and sex education, e.g. homosexuality/heterosexuality.
3. Complete necessity for mandatory sex education in schools.

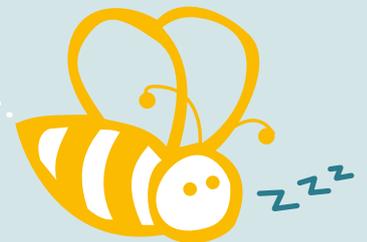
Workshop 8: STIs/services

Relevant points from workshop

- STIs — information needed on how you can catch them and how to avoid them.
- Risk of AIDS and STIs.
- Embarrassment — service needed for teens to go to if they contract an STI.
- Little awareness of existing services.
- Need for separate services for under-18s.
- Approachable, confidential, somewhere comfortable, good vibe.
- Local venue — services need to be local and accessible.
- Services should be free.
- Accessible information.
- STI-support clinic.
- STIs, teen pregnancy should all be covered in sex education.
- Different ways of contracting STIs — more information, ads on TV, radio and posters.
- Shock advertising, graphic pictures — they work!

Key recommendations

1. Embarrassment — an STI service is needed for teens.
2. A specific service should be available for under-18s.
3. Places should be available that are approachable, confidential, somewhere comfortable, good vibe.



Consultation 3

Location: Tullamore
Venue: Midlands Regional Youth Service
Date: 16 October 2006

Issues identified by participants for discussion in workshops

1. Services/STIs
2. Teen pregnancy
3. Education
4. Information
5. Equality
6. Maturity

Workshop 1: Services/STIs

Relevant points from workshop

- STIs kill.
- Do you want an STI?
- Responsibility after sexual intercourse.
- Use protection.
- Doctors should not be allowed to tell your parents.
- How can we tell if we have an STI?
- We don't know if there are any services available.
- There should be free information for all — should be confidential, information booklets, easy to find.
- Should be able to get information from schools, libraries, youth centres.
- Information should be unbiased, broad to include consequences of having sex.
- There should be regional counsellors specifically for young people, whose ethos would be to support young people and keep as much confidentiality as possible.
- Regional youth centres would help deal with the problems young people are facing from smaller towns about accessing services in confidence.
- Services should be brought to young people instead of young people having to go and search.
- Services should be unbiased and not condemn young people; it would make them easier to go to.
- The law should be there to protect younger people from older adults, but should not prosecute consenting younger couples.
- There should be promotion of services for young people.

Key recommendations

1. Regional youth centres would help deal with the problems young people are facing from smaller towns about accessing services in confidence.
2. Services should be unbiased and not condemn young people; it would make them easier to go to.
3. Information should be unbiased, broad to include consequences of having sex.

Workshop 2: Teen pregnancy

Relevant points from workshop

- Contraception.
- Abortion.
- What do you do before/after if having unprotected sex?
- Support services for boys and girls.
- Payment of child support — what age do you have to start paying it?
- Why do women always want custody?
- Prevention.
- Should be an age limit on all contraception. However, should be available from 14 plus.
- THINK Contraception campaign is good, but only seen at concerts and not by others.
- Need to have a supportive environment — give practical skills, youth workers and public health workers should be available for both young fathers and mothers.
- Financial support.
- Should be allowed to stay in school — school counsellors should be in schools, access to childcare should be priority for teen parents.

Key recommendations

1. Should be allowed and supported to stay in schools.
2. Contraception should be more accessible, e.g. THINK Campaign.
3. Should be community service, e.g. young mothers' project in Tuam, but should also be for girls and boys.

Workshop 3: Education

Relevant points from workshop

- More education in schools.
- The lack of education in school.
- Earlier education outside of parents.
- Make people aware.
- Timing — information on when and what?
- Consequences.
- Mandatory in all schools.
- More often — one class per week.
- People are more likely to ignore the law, so they have to be educated.
- Sex education should start in 6th class.
- Better for young people and parents.
- Type of young person — specialist, medical, educated.
- Free book.
- More information on STIs.
- Important information to come first.

Key recommendations

1. Mandatory education in all schools.
2. Free book.
3. Education should be by specialist person who is familiar with subject.

Workshop 4: Information

Relevant points from workshop

- Freedom of information, without bias, no doctors, etc.
- 10-15 year-olds do not have enough information.
- I want to know more about sex.
- Are young people mature enough to be sexually active at the age of 17? Do they know what they are doing and have they got enough information?
- Do young people have enough information on sexual activity and STIs?
- Do young people fear talking about sex?
- Who would be the right person to talk to about sex?
- Lack of information in schools.
- SPHE — not enough information.
- Someone separate needed (specialist).
- Need to structure programme.
- Something needed outside school.
- Mandatory programme in school.
- Voluntary programme out of school.
- Comprehensive information from a young age, not to wait until older.
- Info for parents.
- Bring up serious issues.
- Better precautions.
- Open up discussions about sexual health.
- Need similar approach to that of alcohol use.
- Awareness of what STIs are.
- Free up attitudes towards STIs, nothing to be ashamed of.

Key recommendations

1. Formal programme in schools — mandatory and delivered by outside specialists.
2. Outside information — outside of schools for young people/parents (voluntary).
3. Programme should include STIs, pregnancy, sexual orientation, open discussion.

Workshop 5: Equality

Relevant points from workshop

- More equality.
- Lads get prosecuted and girls don't — we want equal rights.
- It's not fair that boys get prosecuted and nothing happens to girls.
- Unfair that boys are treated differently to girls.
- The law should be there to protect younger people from older adults, but should not prosecute consenting younger couples — decriminalise.
- It's not just the lad's fault — both people in a relationship should be responsible equally and accountable.
- Young people should be heard and have a say in things affecting them. Adults sometimes make laws concerning young people to make themselves more secure.
- There should be a transitional period between 16-18 year-olds relating to rights of young people in general.
- Don't be talking shop. Do something about what young people are saying.
- Young people want to see change. It's not just about recognising young people, it's about results too.

Key recommendations

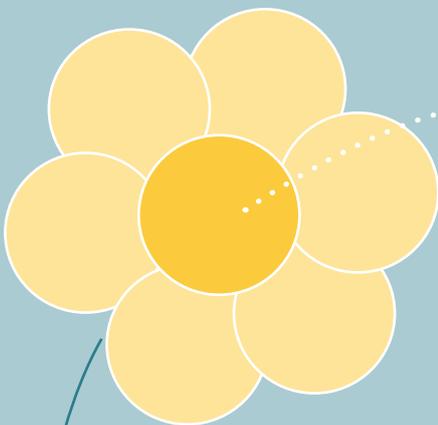
1. There should be a transitional period between 16-18 year-olds relating to rights of young people in general.
2. The law should be there to protect younger people from older adults, but should not prosecute consenting younger couples — decriminalise.
3. The law should be equal for boys and girls.

Workshop 6: Maturity**Relevant points from workshop**

- When would be the right age and right time to have sex?
- If you feel ready and love the person, it should be OK.
- 17 is too high — if people want to have sex, they will.
- Borderline cases should not be criminalised.
- The age of consent should be different if you love the person.
- Different ages when you can love someone.
- One-night stands are immature — alcohol/drugs inhibit ability to communicate.
- Number of people you've been with, i.e. doesn't matter if it's 1 or 100, chances are still the same.
- At 15, you need a lot of information.
- Schools don't give young people the respect that they can make decisions.
- No places for young people to go.
- Need to have more youth clubs.

Key recommendations

1. Young people need to understand risks: whether with 1 or 100 people, chances of getting STIs or pregnant are the same if you don't use protection.
2. Schools and teachers don't respect young people to make decisions.



Consultation 4

Location: Cork
Venue: Nemo Rangers GAA Club
Date: 17 October 2006

Issues identified by participants for discussion in workshops

1. Education
2. Maturity
3. Contraception
4. STIs/services
5. Information
6. Equality and the law

Workshop 1: Education

Relevant points from workshop

- I think there should be more information in schools.
- Sex education in secondary school. More is needed at a young age.
- Sex education should be given to people in primary schools.
- Sex education should start in primary school at 6th class/1st year and should be progressive.
- Girls are more mature and usually take the responsibility because of pregnancy.
- Boys should not be discriminated against in terms of age.
- Need more support for boys.
- Alcohol inhibits ability to talk about consequences.
- Perception is that sex is wrong and therefore all the more exciting.
- Need more sex education classes.
- Condoms should be cheaper.
- Contraception should be available to over-14s.
- People only think about pregnancy and not STIs.
- Drugs and alcohol affect your ability to make decisions.
- Age of consent should be 14, but no more than a 2-year age gap between 2 partners (only for under-18s).
- Law should also protect boys in terms of under age.

Key recommendations

1. Contraception should be available to everyone over 14.
2. People only think and worry about pregnancy and not STIs.
3. Law should protect boys and girls equally.

Workshop 2: Maturity

Relevant points from workshop

- Doctors should be given more power when deciding if someone is mature enough to have sex.
- It doesn't matter what the age is — people are going to do it if they want.
- Age of consent should be risen to 18 so that people are more ready.
- Think a lot of people don't think about the law when it comes to sex.
- How will you know if you are ready to have sex?
- A big pressure is peer pressure.
- The age of consent has no effect in a relationship when deciding the 'next step'.
- Doctors should not be in a position to judge.
- How do you measure maturity?
- Everyone over 14 should be allowed to use/access contraception (shouldn't be subject to parental consent).
- Shouldn't worry so much about having a law, more about giving information.
- Doctors shouldn't tell young people they are too young.
- Are 14-year-olds mature enough to know the consequences?
- Are there consequences about being on the pill too young?
- No matter what age a young person is, a doctor should not disclose that he or she was looking for information.
- Doesn't matter what age you are.

Key recommendations

1. Everyone over 14 should be able to access and use contraception — their maturity should not be questioned.
2. Sex education should start in 6th class and be progressed through secondary school.
3. All services and information should be gender-balanced.

Workshop 3: Contraception

Relevant points from workshop

- Lower the price of condoms.
- Why is the age to buy condoms 17?
- Sexual protection (e.g. condoms, contraception pill) is very expensive and hard to get.
- Sometimes condoms will not be sold to young people. Why is this?
- Should contraception be available free of charge?
- Price of contraception is too expensive — should be free to under-18s.
- Available to young people.
- Packs should be available from machines — then it's a personal choice.
- Mature enough to choose.
- Law? Should it be maturity-based?
- Maturity issues.
- Age for young people to go up or be lowered?

Key recommendations

1. Contraception should be available to young people at a reasonable age.
2. Contraception should be cheaper.
3. Information for young people in schools and for parents.

Workshop 4: STIs/services

Relevant points from workshop

- Help about STIs.
- What do you do when finding out you have HIV?
- Is it worth dying when having sex?
- Services people to talk to.
- Where to go/availability.
- Someone to trust.
- Health/contraception/law.
- Education.
- Outside specialist.
- 6th class/1st year appropriate.
- Health and protection.
- Availability of contraception and medical support.
- Should be free or cheaper.
- Information for younger people during school time, outside school.
- Teach from a young age.
- People need to know the rights and wrongs.
- Need to know about more services.

Workshop 5: Information

Relevant points from workshop

- Where do I go if I'm pregnant and need information?
- Have the issue of sex more out in the open.
- If you're underage, can doctors tell your parents?
- I got my girlfriend pregnant. What do I do?
- I feel like I'm being pressured into having sex. What do I do?
- It should be made easier for teenagers to go and see their doctor without fear of their parents knowing.
- I think I need an STI test. Where do I go if I don't have enough money?
- All STI clinics should be free.
- Visits to the doctor should be confidential, but should get the opportunity to negotiate with parents if needed.
- Information should be given in school in a class discussion every week.
- Information should be widespread — media, Internet, etc.
- Information should be given to all age groups in gradual amounts.
- A speaker should be available in every school who is experienced and have medical knowledge.
- Information for people who are confused and want to delay sexual activity.

Key recommendations

1. Visits to the doctor should always be confidential, but you should be able to ask the doctor to talk to your parents if needed.
2. Information should be more widespread, including in the media and on the Internet.
3. A speaker should be available in every school — somebody with both personal experience and medical knowledge.

Workshop 6: Equality and the law

Relevant points from workshop

- How come age of consent was younger for lads than girls?
- In terms of the law, maturity is a factor.
- It doesn't matter what the law says because it still happens — but there should be a law to protect young people.
- For under-18s who want to have sex, the person they want to have sex with should be more or less 2 years younger or older.
- Should not be the case that males get prosecuted for consensual sex.
- The law should be equal or not there at all.
- More education for young people on sex and the law (school).

Key recommendations

1. It doesn't matter what the law says because young people will still have sex, but there should still be a law to protect young people.
2. The law should treat young boys and girls equally or not be there at all.
3. Under-18s should be allowed to have sex with who they are close to as long as they are not more than 2-3 years older.

Consultation 5

Location: Dublin South
Venue: Whitefriar Street Centre
Date: 20 October 2006

Issues identified by participants for discussion in workshops

1. Contraception
2. STIs/services
3. Parents/confidentiality
4. The law
5. Information
6. Education

Workshop 1: Contraception

Relevant points from workshop

- Contraceptives should be free and easy to access.
- The advertising for the 'THINK Contraception' campaign is too amusing.
- Teenagers are not educated enough on what form of contraception is right for the individual.
- There should be more information on how to receive contraception.
- Contraceptives are too expensive.

Key recommendations

1. School counsellors should be in schools or else a free service should be provided in the community.
2. Doctor confidentiality should be assured no matter what age. Cost and accessibility is also an issue — pregnancy tests, the Pill, morning-after pill.
3. Need to have more follow-up services to things like 'THINK' campaigns so that they are not just one-offs, e.g. posters and condom distribution.

Workshop 2: STIs/services

Relevant points from workshop

- Where can we get more information on infections and contraception?
- We need to know more about infection and diseases that can occur when having sex.
- If a person got a disease from having sex and were self-confident, where would they go to talk about their problems?
- Very little services for young people.
- Need to have more talks/information in schools.
- Example given of 'The Guide', a school journal that provides lots of information. However, it does not seem to be given out in schools.
- Young people do not really use websites because they do not know which ones to use or because people (parents) may see history on computers and know what they were viewing.
- Family planning clinics are not accessible to young people — name is deceptive and you do not really see advertisements.
- Examples of best practice given of services like youth health cafés, e.g. The Gaf in Galway and Exit Café in Tallaght.

- Sexual health checks on a regular basis should be encouraged.
- There needs to be equal responsibility in accessing services from both guys and girls; it doesn't matter if the girl is on the pill — both partners need to take precautions.
- The issue of age is more about age gap than age of consent.

Key recommendations

1. Existing services should be better promoted and should have a special youth (under-18) section that is confidential and free.
2. More youth health cafés should be accessible to *all* young people, e.g. Exit in Tallaght and The GAF in Galway.
3. Sexual health checks should be encouraged and not just through a GP.

Workshop 3: Parents and confidentiality

Relevant points from workshop

- Teenagers should be given the right to privacy (parents).
- Parents should discuss sex with their children.
- It is not fair that doctors tell your parents that you asked for contraception because then you just won't go to the doctor and will end up pregnant.
- Maturity levels differ between young people, therefore who should decide when to get education? Parents? Young person?
- Where can a young person go for support in the case of a confrontation with their parents over sexual matters?
- Confidentiality between patient and doctor, and within all services.
- The law should recognise confidentiality when seeking information.
- Confidentiality within all services and not just doctors.
- More information for parents about how to deal with the subject.
- A parents' information line, managed by professionals, which parents can ring if they need advice on how to handle a situation with their children about sex.
- Parents should receive the talk (in schools) prior to their children.
- Parental consent should not be required in secondary schools.

Key recommendations

1. There should be confidentiality between patient and doctor, and this should be maintained within all services.
2. More information for parents about how to deal with the subject *and* a parent information line, managed by professionals, which parents can ring if they need advice on how to handle a situation with their children about sex.
3. Parental consent should not be required in secondary schools.

Workshop 4: The law

Relevant points from workshop

- Why is the age 17?
- Why should we change the age of consent?
- The law regarding young men being criminalised is unfair and goes against the law of equality.
- How can the government enforce laws relating to sexual activity? They can't watch everyone!
- Should take into consideration that people who are over the age of consent can and will be

with people under the age of consent.

- The law should not just protect girls — boys get assaulted too.
- People over the age of consent having sex with people under the age of consent, e.g. a 27-year-old man and a 15-year-old girl.
- The law and sex — criminal responsibility.
- Law — fairness and equality.
- The age of sexual consent should reflect whether someone is ready to have a baby or not.
- Not fair on boys.
- One rule for all.
- Maturity matters.
- Age group between 15-17 approximately.
- Respect all sexualities by same age of consent.
- Age of sexual consent should be same as doctor confidentiality consent.

Key recommendations

1. One equal rule for all.
2. Clear reasons why ages are set.
3. Some assessment before criminality.

Workshop 5: Information

Relevant points from workshop

- There should be more information about sex from 1st year up to 6th year.
- All teenagers should be informed about sex at least once a week.
- What information can I get on sex and what help can I get where I live?
- Available advice from other places besides school, e.g. youth groups.
- Information about what the consequences of sex are should be more available to young people.
- How information about sex is given and at what age it should be given.
- Information should be taken a lot more seriously.
- More information should be provided in schools.
- People should be told about the dangers of casual sex and more emphasis on serious relationships.
- Full and proper information should be given in all schools regarding sexual education and relationships in a realistic manner, relating to young people.
- More information in youth services.
- More information in schools' SPHE should be given from 1st-6th year.
- Sexual education should become more important on the SPHE curriculum, covered regularly over the year.
- Information should be more about the consequences of having sex.
- Information should be available to parents.

Key recommendations

1. Put a programme in place in all schools for sex education from 1st-6th year, covering all aspects of sexual activity.
2. Parents need to be brought up to date on the reality of what it is like to be a teenager today, e.g. know what options are available for their children.
3. Information should be more about the consequences of having sex and should be taken more seriously by everyone.

Workshop 6: Education

Relevant points from workshop

- In our school, religion is a big deal — it's not fair to teach sexual education like it's wrong to do it outside marriage.
- There should be more education information available.
- Peer education courses on sexual education — teens talking to teens.
- People need to be made more aware of risks.
- Education needs to be inside and outside of school.
- They should have SPHE in all schools. Why do some schools not have it?
- There should be a curriculum taught each year in SPHE.
- Guys and girls should learn how to put condoms on.
- More education in schools about STIs.
- Sex education needs to be compulsory in schools.
- Schools should provide information on all categories discussing sex.
- In today's society, people may feel pressured into having sex. How should we address this?
- Every school should have sex education up to 6th year, using outside sources and with separate male/female classes.
- Education should be throughout secondary school at all levels.
- Somebody that is not a teacher should deliver the sex education course.
- Trust between teachers of sex education and the students.
- Peer education courses.
- From 15, people should have the right to sex education (without parental consent).
- Separate classes for boys and girls on the same course.
- Confidentiality about issues discussed in schools with staff.

Key recommendations

1. Set curriculum in all schools, delivered by outside source, for all students at all levels — free choice, without parental consent if over 15 years.
2. Confidentiality about issues discussed in schools with staff.
3. Peer education courses.

Consultation 6

Location:	Pavee Point
Venue:	Pavee Point, Dublin
Date:	11 October 2006
Group:	Young Traveller men, aged 15-18

Issues identified by participants for discussion in workshops

1. Discrimination against boys
2. Teen pregnancy
3. Maturity/age of consent
4. Issues for Travellers

Workshop 1: Discrimination against boys

Relevant points from workshop

- Unfair law.
- Discriminates against boys.
- Nothing happens to girls so it is unfair.

Workshop 2: Teen pregnancy

Relevant points from workshop

- The age of consent does not make any difference — young people will still do it.
- The only way people are going to get caught is if the girl becomes pregnant.
- Maybe they will try harder not to get pregnant.

Workshop 3: Maturity/age of consent

Relevant points from workshop

- Law does not make any difference for most young people — they are going to do it anyway so it doesn't make any difference.
- The age of consent should be 16.
- People are getting married at 16, so if they're old enough to have sex at 16 legally as a married couple, then they should be able to have sex too.
- Old enough to know at 16 — have a bit of common sense at 16.

Workshop 4: Issues for Travellers

Relevant points from workshop

- The law does not make a difference for Travellers — effects the same as for settled people.
- Traveller girls don't have sex before marriage.
- Traveller boys might, but only with settled girls.
- Law does kind of discriminate because Traveller boys and girls can be married at 16, so it is legal for them to have sex, but it isn't before they are married — discriminates against unmarried young people.

Consultation 7

Location:	Pavee Point
Venue:	Pavee Point, Dublin
Date:	12 October 2006
Group:	Young Traveller women, aged 16-18

Issues identified by participants for discussion in workshops

1. Fairness of law for boys
2. Issues for the Minister
3. Issues for Travellers
4. Age of consent/maturity
5. Married vs unmarried — discrimination?

Workshop 1: Fairness of the law for boys

Relevant points from workshop

- Yes, it keeps young women from becoming pregnant and ruining their lives.
- No, you shouldn't blame the boy unless he rapes you. If she consents, the boy should not be blamed. He shouldn't be blamed if he doesn't know her age. If she tells him she's older, then he shouldn't be sentenced.
- If girl is 13 and boy is 16, yes he should be blamed. If girl is under 15 and boy is older, he is to blame. If both are same age, e.g. 15, then both are to blame. If girl is much older (boy 14, girl 16), the boy is not to blame.
- After the age of 15, it is the boy's and girl's own business. They are mature enough to decide what they want to do in their lives.

Workshop 2: Issues for the Minister

Relevant points from workshop

- He needs to know more about the ways and lives of young Travellers and settled people.
- He should show his face more to young people so that they know who he is.

Workshop 3: Issues for Travellers

Relevant points from workshop

- It doesn't discriminate against Travellers because 99% of Traveller girls do not have sex before marriage.
- The Minister needs to know more about Travellers. Having sex and getting married is about culture and not about laws. Travellers mostly don't have sex before getting married. 99% of Traveller girls do not have sex before marriage.

Workshop 4: Age of consent/maturity

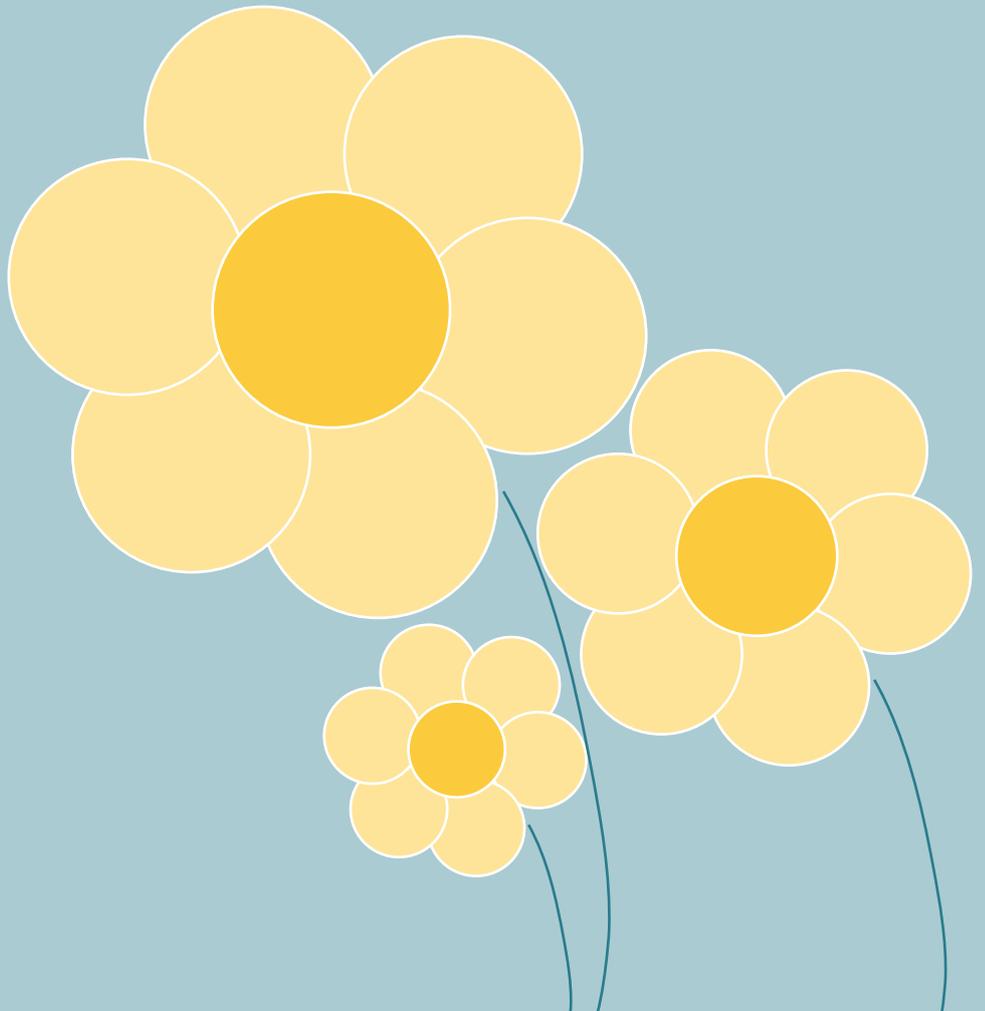
Relevant points from workshop

- At 16, you are old enough to know what you want.
- 15 and older is old enough.
- It should be 17/18. Because smoking and drinking law is 18 and there is no reason that you are mature enough to have sex if you are not mature enough to drink and smoke.
- At 16/17, you are old enough to know what you are doing.

Workshop 5: Married vs unmarried — is it fair?

Relevant points from workshop

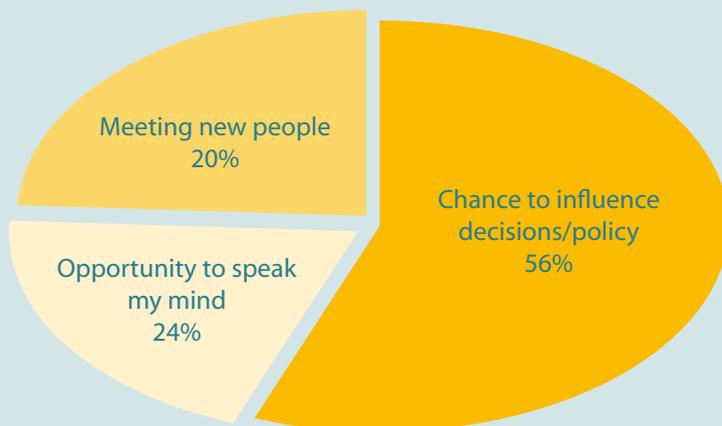
- It is not discriminating against those not married because Traveller girls are getting married at 17/18.
- Some young people could feel a pressure to get married, but you cannot marry until you are 18 in Ireland anyway.



Appendix 2: Evaluation

A brief written evaluation sheet was given to all participants at the end of each consultation. The purpose of the evaluation was to secure information on the type of experience that young people had during the consultations and to ensure any improvements could be made for subsequent consultations. 198 evaluation sheets were completed by the participants. The following is a brief analysis of the completed evaluation sheets.

1. What did you enjoy most about today?



Over half the participants (56%) cited the chance to influence decisions and policy-making or legislation as the most important element of the day. Participants also had an opportunity to indicate 'other' reasons for enjoying the day and these included:

- It was great to hear how people my age feel about sex.
- Hearing other people's opinions and experiences, which allowed me form an opinion of my own.
- I enjoyed everything that we did today.
- Getting a chance to hear viewpoints I had never thought about before.
- Talking and learning about the issues.
- Getting off school for a day!

2. Were there any difficulties in you taking part today?

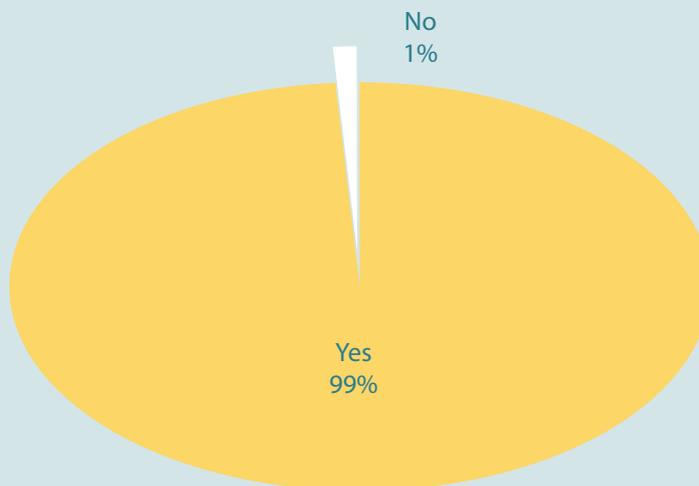
Difficulty	No. of people
Getting permission from school/parent	3
Transport to the venue	12
The topic didn't interest me and I was bored	1

12 people cited transport to or finding the venue as a difficulty. It was consciously decided to host the consultations in venues that were not accessible to the public. This was to ensure a safe space was provided for the young participants, away from the public and the media. Many of the consultations were held in youth services premises or venues that may not have been as central as a local hotel.

Among the other difficulties cited by participants were:

- Missing classes/school/work.
- Not getting your say at all of the groups.
- Talking about some points that I didn't agree with.
- I found it difficult to start participating, but once I did I was fine.
- Some people didn't seem to take the talk seriously.
- I didn't really understand the concept, but I thought it was a good idea.
- Some of the staff did not agree with the young people's opinions.

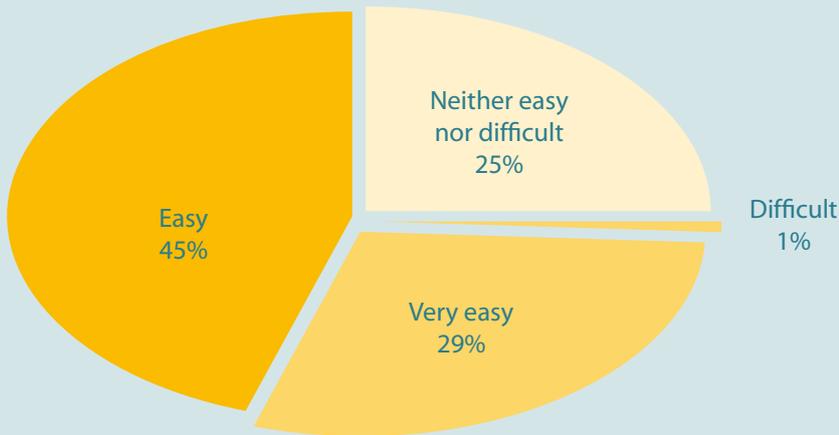
3. Did you get enough information in the introduction so that you could understand the issues being discussed?



In planning the consultations, it was considered important to provide enough factual information so that young people had the background on the issues in relation to sexual consent without pre-empting the issues that would emerge at the consultation. To this end, an introduction was given at the start of each consultation in which an expert speaker addressed participants on the background information on the age of consent, the current legislation, the reason for the current debate, confidentiality and how the law affects young people.

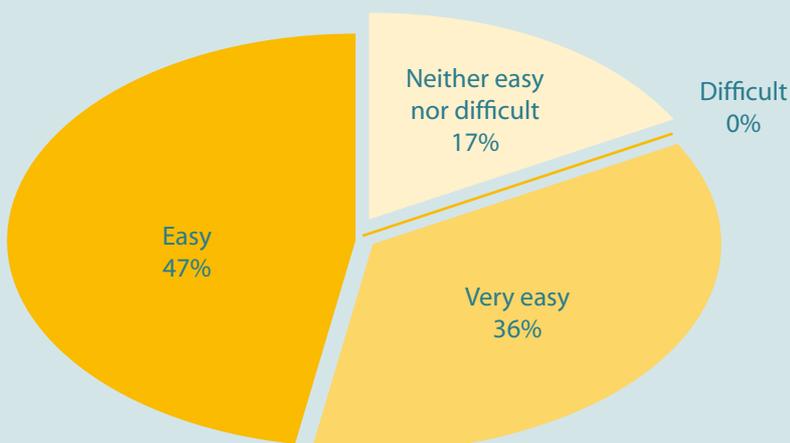
The vast majority of participants (99%) felt that they had enough information in the Introduction to enable them to participate properly in the workshops.

4. How easy/difficult did you find it to contribute to the plenary session?



The majority of participants (74%) had no difficulty in contributing to the plenary session, which varied from 31 to 66 participants, depending on the location. The expert speaker was skilled at creating an informal environment around a sensitive issue.

5. How easy/difficult did you find it to contribute to the workshop session?



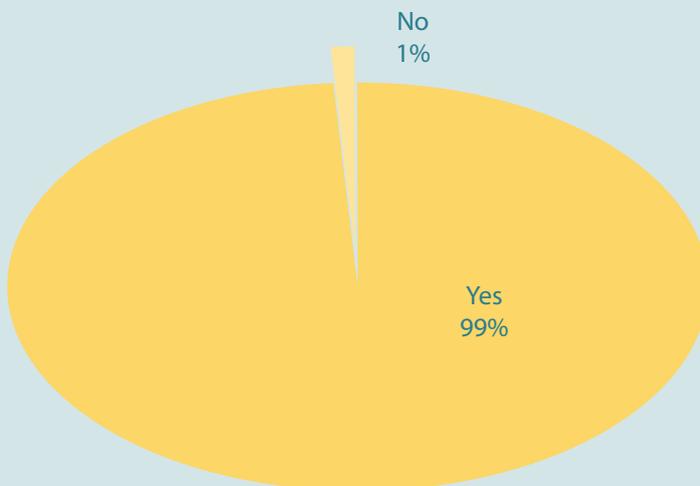
Young people were keen and willing to contribute their ideas and opinions in the workshop sessions. Facilitators were briefed to let the discussions be youth-led where possible. It is testament to the willingness of the young people and the expertise of the facilitators that the vast majority of participants (83%) had no difficulty in contributing to the workshop sessions.

6. Did you like the use of the 'Open Space' for the workshops?

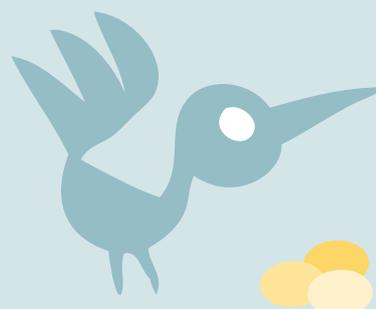
196 of the 198 participants liked the use of the 'Open Space' for the workshops. The permission to move from one workshop to another if 'no longer contributing or learning' was much appreciated by participants, although not greatly used at the actual consultations. Among the comments in relation to the 'Open Space' were:

- I like the law of two feet.
- Open Space works well — it's good you can move about.
- It was easier to talk in the workshop you had chosen yourself/in the smaller groups.
- It's a great idea — you hear about lots of different topics.
- No confinement.
- I would prefer to have been in a set group.
- Workshops needed to be longer.
- Sometimes it is hard to express your views in front of so many people.

7. Do you feel that you were listened to at the consultation today?



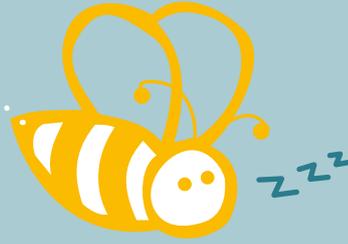
The majority of young people (99%) felt that they were listened to on the day of the consultation. A number of participants made the point that while it was important to be listened to on the day, they hoped that their opinions and ideas would be taken into account when actually drafting policy and legislation on the age of sexual consent.



8. Is there anything that you would like to change about the consultations?

The vast majority of participants said that they would not make any changes to the consultations and that they had greatly enjoyed their experience of the day. There were a number of additional comments, including:

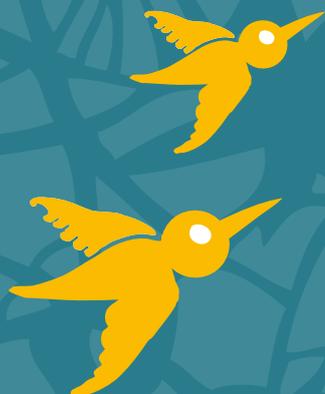
- I would have liked to discuss all of the topics — it was hard to choose.
- There should be more emphasis on social backgrounds when choosing the debaters.
- More breaks!
- It would have been good to have more breaks so that we could get to know each other better.
- Consultations should have been longer.
- Consultations should have been shorter.
- They were done very well — to have all the groups talking was a good idea.
- I really enjoyed this workshop — thanks!
- Criticism of others makes it hard to give opinions. People from different backgrounds have different views.
- The adult in charge should have been a specialist in the area.
- I thought that these were very interesting. I really felt like my voice was heard.
- I'd have liked more time for the workshops so that you could move around more.
- Personal notes or a letter from the Minister would have been good to know that he really does care and is actually involved.
- Better audio.



Appendix 3: List of adult staff

Every effort was made to limit the number of adult staff necessary to conduct the consultations. In keeping with child protection guidelines, at least one adult staff member per 8 young people was on site at all times. The following is a list of the adult staff involved in the consultations:

Office of the Minister for Children	Anne O'Donnell Sinéad Hanafin
Project Coordinator	Olivia McEvoy, Olivia McEvoy Consulting
Project Officers	Bryan Gavin, Foróige Clive Stone, Youth Work Ireland
Child Protection Designated Officers	Rachael Long, NYCI Ruth Griffin, Youth Participation Consultant Caitriona MacNeidhe, Ógra Chorcaí Fiachra O'Callanáin, Ógra Chorcaí
Expert Speaker	Rosie Toner, Irish Family Planning Association
Facilitators	Ruth Griffin Rachael Long Clive Stone Bryan Gavin Olivia McEvoy
Open Space Facilitator	Thomas Riedmuller



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