

Year 9 PSHE Work Booklet



Name- _____

Tutor- _____

Created by Mr B Denham in collaboration with EC Publishing



How does gender equality benefit everyone in society?

The sexes, our personalities and why we need to work together.

25 years ago, a book was released on the differences between the sexes, called 'Women are from Venus, Men are from Mars.' This was an international best seller, because the differences between men and women is a topic many people are fascinated by. As the title of the book suggests, the author showed how and why there were differences (which didn't make either better or worse, just different from each other). Since then, we've been inundated with studies, conjecture, talking points and internet pundits espousing that either yes - they are both noticeably different in personalities, or no, there's no difference really. Some people focus on nature and say it's all about our genes, our DNA, determining our behaviour from birth. Some say that no, nature takes effect immediately, from when we first see (for example) a mother nurturing us and a father mending the car – we're just influenced to act in this way, when it's just as easy really, and also common today, for both of these roles to have been reversed – but what we see early on sticks with us and informs our thinking. Then there's a third group, of a religious and usually conservative persuasion, who would say that God created man and women to be different and take on different roles.

As Britain is a mostly secular society, today we'll be focusing on the first two points – and, as you may have guessed if you've been paying attention in these PSHE lessons (and I'm sure you have), that as is usually the case, the truth lies somewhere in the middle.

Are men and women different (on average) in their personalities?

A study, printed in LiveScience, conducted last year at the University of Manchester showed that the personalities between the sexes are indeed noticeably different on average:



The results show that about 18 percent of women share similar personalities with (average) men, and 18 percent of men share similar personalities with (average) women. But the majority of women have personality traits that are quite distinct from those of men, and vice versa, the researchers say.

Men tend to be more dominant (forceful and aggressive) and emotionally stable, while women tend to be more sensitive, warm (attentive to others) and apprehensive, the study found.

Another famous study tried to show how naturally boys and girls tend to gravitate towards certain types of toys from a young age (remember – this is on average). It was found that children as young as 9 months-old prefer to play with toys specific to their own gender, as reported by academics at City University London and UCL (as reported in ScienceDaily).

To investigate the gender preferences seen with toys, the researchers observed the toy preferences of boys and girls engaged in independent play in UK nurseries, without the presence of a parent. The toys used in the study were a doll, a pink teddy bear and a cooking pot for girls, while for boys a car, a blue teddy, a digger and a ball were used.



Stereotypical toy preferences were found for boys and girls in each of the age groups, demonstrating that sex differences in toy preference appear early in development. Both boys and girls showed a trend for an increasing preference with age for toys stereotyped for boys.

This may surprise many people, as if you bring up boys and give them dolls with an absence of other toys, they may still play with them – and if you bring up girls with stereotypically boy-toys like diggers, they will play with them too – but this is in an absence of their toys of preference. And the golden term here is **on average**. You will still find a minority of boys and girls who much prefer to play with the toys associated with the opposite sex.

Dr Brenda Todd, a senior lecturer in psychology at City University said about the study; "Biological differences give boys an aptitude for mental rotation and more interest and ability in spatial processing, while girls are more interested in looking at faces and better at fine motor skills and manipulating objects. When we studied toy preference in a familiar nursery setting with parents absent, the differences we saw were consistent with these aptitudes.'

Critics of the study have pointed out that this took place with babies aged 9 months onwards, and a lot could have been absorbed by the babies in those formative 9 months already – they could have been presented with stereotypical toys by parents previously.

However, using these studies (and many others, researching people across cultures through life, into old age) researchers have started to put together personality qualities which we would expect to see differently in males and females, on average. This has been backed up further research across different countries where people are asked to rate themselves in different personality traits.

The results are that women tend to be more agreeable, more cautious and neurotic (have fluctuating emotions, but prone to things like anxiety and depression) and men tend to be more extravert, less cautious and prone to competitiveness (but also more prone to aggression than the average women). Additionally, interest-wise, women tend to be more interested in people – and men tend to be more interested in things.

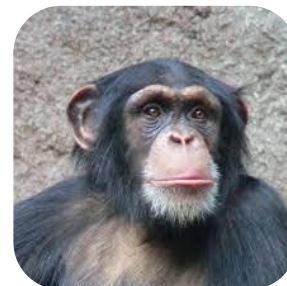
Differences in intelligence are negligible – although some academics have stated that women may have better emotional intelligence and men better spatial intelligence (which would correlate with the toy preferences mentioned earlier too).

A recent article in Scientific American states:

Females, on average, tend to be more sociable, sensitive, warm, compassionate, polite, anxious and self-doubting. Where aggression does arise, it tends to be more indirect and less openly confrontational. Females also tend to display better communication skills, displaying higher verbal ability and the ability to decode other people's nonverbal behaviour.

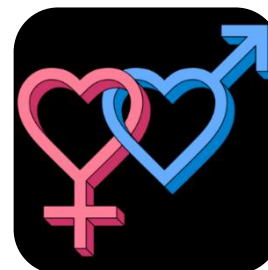
On average, males tend to be more dominant, assertive, risk-prone, thrill-seeking, tough-minded and emotionally stable. In terms of communication style, males tend to use more assertive speech and are more likely to interrupt people (both men and women) more often-- especially intrusive interruptions-- which can be interpreted as a form of dominant behaviour.

Yet this doesn't fully explain the extent to which personality qualities are informed by nature (which are a social construct). Do boys see their dads and other male relatives, take an interest mostly in things, rather than people, and then act the same way? Do girls take the same cues, but from older females around them? Nurture certainly must play a role too, as people look at the society around them to fit in and be successful – however, the same toy experiment was replicated by zoologists in ape and monkey communities and had the same results. Although we are not apes and monkeys, they are our closest relatives, so maybe these traits are indeed a part of our nature. There is still much research to be done until we know all the answers.



Of course, all this must be taken as indicators of the average man, and the average women. We are all hugely different – some males are very feminine in personality and some females very typically male in personality. Yet it's interesting for us to know the truth about humanity so we can reclaim it from anyone trying to use it to push a narrative online.

None of this research even slightly shows that one sex is somehow 'better' than the other. What it absolutely shows is that for humanity to benefit from the best of our qualities, we need to work together. 'Better' is all based on personal preferences and opinion. If you are a woman who want to find a man with excellent emotional intelligence, who will never appear rude, an introvert who won't interrupt you and will be interested in the ins and outs of gossip relating to friendship groups – you're not looking for an average man. If you are a man looking for a woman who will never have moments of self-doubt, will be interested reverse-engineering your computer's new soundcard and will aggressively yell at opponents on FIFA, you're not looking for the average women. However, both of those types of people are out there too, they're just a bit harder to find.



Questions to answer:

1. Identify, on average, traits which are common in the personalities of males.
2. Identify, on average, traits which are common in the personalities of females.
3. What percentage of both tend to have more of the average personality traits of the opposite sex?

4. Does this research surprise you? Why / why not?
5. Why is it important to be aware of this?
6. Explain the conclusions of researchers from two of the scientific studies.
7. Explain why the studies have been criticised.
8. Why is it harder for some men and women to find their perfect partners?
9. Why do men and women need to work together in society?

Task Three:

Complete the mind map and add additional ideas about why gender inequality simply doesn't make sense if we want our societies to improve.

<https://www.youtube.com/watch?v=4viXOGvuu0Y>

<https://www.youtube.com/watch?v=WvPuXHjOVh8>

Problems

**Solutions +
benefits**

**Why doesn't
gender equality
make sense on
any level?**



How does gender equality benefit everyone in society?



Signposting support:

Useful helplines and charities

[Young Minds](#). Child and adolescent mental health charity. Call: 0808 802 5544 (parents' helpline)

[Samaritans](#). Samaritans provide 24-hour online and phone support to people in distress. Call: 116 123

[SANE](#). National out-of hours mental health charity offering emotional support, guidance and information. Call: 0300 304 7000 (4.30pm to 10.30pm)

<https://mensadviceline.org.uk/contact-us/> Men's advice and support site

<https://www.youngwomenstrust.org/get-support/additional-support/> Women's advice and support site

<https://www.equalityadvisoryservice.com/app/ask> Advice on discrimination and equality issues

Why should we only use appropriate and legitimate health services?



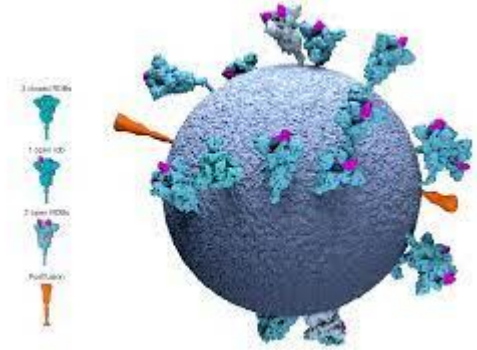
CASE STUDY ONE:

Except from The Guardian: <https://www.theguardian.com/world/2020/mar/24/coronavirus-cure-kills-man-after-trump-touts-chloroquine-phosphate>

A Phoenix-area man has died and his wife was in critical condition after the couple took chloroquine phosphate, an additive used to clean fish tanks that is also found in an anti-malaria medication touted by Donald Trump as a treatment for Covid-19.

Banner Health said on Monday the couple in their 60s got sick within half an hour of ingesting the additive. The man could not be resuscitated at hospital but the woman was able to throw up much of the chemical.

"Trump kept saying it was basically pretty much a cure," the woman said.



CASE STUDY TWO:

Except from The Guardian: <https://www.theguardian.com/us-news/2016/apr/13/followers-of-christ-idaho-religious-sect-child-mortality-refusing-medical-help>

Mariah is 20 but she's frail and permanently disabled. She has pulmonary hypertension and when she's not bedridden, she has to carry an oxygen tank that allows her to breathe. At times, she has had screws in her bones to anchor her breathing device. She may soon have no option for a cure except a heart and lung transplant – an extremely risky procedure.

All this could have been prevented in her infancy by closing a small congenital hole in her heart. It could even have been successfully treated in later years, before irreversible damage was done. But Mariah's parents were fundamentalist Mormons who went off the grid in northern Idaho in the 1990s and refused to take their children to doctors, believing that illnesses could be healed through faith and the power of prayer.

As she grew sicker and sicker, Mariah's parents would pray over her and use alternative medicine.

CASE STUDY THREE

Except from WIRED: <https://www.wired.co.uk/article/tiktok-tourettes>

The rise of Tourette's content on TikTok has also sparked a controversial medical debate. Earlier this month, doctors at Great Ormond Street Hospital for Children warned in the British Medical Journal (BMJ) that they were seeing a significant rise in the number of teenage girls – who ordinarily have Tourette's at a much lower level than boys – presenting with tics in the early months of 2021.

The physicians cautioned "there is some concern that social media and websites such as TikTok that promote the sharing of videos of influencers with symptoms may have a part to play."

Suggestibility could be one root cause, says Uttom Chowdhury, who works in an NHS community clinic focused on tics and Tourette's in Bedfordshire.

CASE STUDY FOUR:

Except from The US Daily Mail:

<https://www.dailymail.co.uk/news/article-10490941/Texas-sues-fitness-influencer-giving-bad-health-advice-led-eating-disorders.html>

The State of Texas is suing a former fitness influencer who allegedly misled customers with eating disorders, charged shipping fees for digital products, and scammed customers with phony 'personalized' nutrition plans. At least 14 women with eating disorders turned to Davis for help in their recovery, but claimed she instead made their conditions worse with low-calorie diet regimens that would only be suitable for those looking to shed pounds, the lawsuit said.



CASE STUDY FIVE:

Excerpt from ZeroHedge : <https://www.zerohedge.com/medical/star-body-positivity-show-dead-heart-failure-age-37>

The body positivity movement, at least in the case of women, has been highly promoted by every area of the entertainment media and among social justice activists based on a singular claim: You can be healthy at any size (HAES).

The claim has inspired numerous efforts to normalize obesity in American society as not only socially acceptable but also medically acceptable. It attempts to ignore or dismiss decades of studies on the negative effects of obesity and asserts that being grossly overweight has minimal or no health consequences. This argument is often debunked by the very people that tend to promote it and encourage it, as they die incredibly young and from health problems that are usually reserved for the elderly.

Jamie Lopez, star of the body positivity-based television show 'Super Sized Salon', was an advocate of a 'beauty at any size' philosophy, more so than a health at any weight ideal. However, social justice proponents often held up her example as justification for the HAES lifestyle. She is now dead, suffering from heart failure at age 37.



Why should we only use appropriate and legitimate health services?



Signposting support:

Useful, legitimate and appropriate helplines and charities:

Young Minds. Child and adolescent mental health charity for teens struggling with any subject. Call: 0808 802 5544

Teen Line | Teens Support hotline - Connect, talk, get help! Teen Line's highly trained teen listeners provide support, resources and hope to any teen who is struggling.

SANE. National out-of hours mental health charity offering emotional support, guidance and information. Call: 0300 304 7000 (4.30pm to 10.30pm)

Mental Health Foundation. Information and support for anyone with mental health problems or learning disabilities.

<https://www.nhs.uk/> The National Health Service website

111 / 999 - None health emergency and real health emergency phone numbers




Sexual harassment: attitudes, reporting it and the law.

What exactly does harassment mean anyway?

Harassment is any repeated and unwanted behaviour that is intended to cause distress, annoyance, fear or injury to another person. It can take many forms, including physical, verbal, or written behaviour. Harassment can have serious consequences for the victim, including anxiety, depression, and a decreased sense of self-esteem. It is illegal in many countries and employers and institutions are responsible for providing a safe and respectful work and educational environment.



Examples of harassment include:

- Physical harassment: includes unwanted touching, assault, or physical intimidation.
- Verbal harassment: includes name-calling, insults, threats, or repetitive teasing.
- Written harassment includes threatening or insulting messages through emails, text messages, or social media.
- Cyberbullying: the use of technology to harass, humiliate, or threaten someone.

- Racial harassment: the use of racial slurs, hate speech, or any behaviour that is intended to demean or intimidate someone based on their race.
- Sexual harassment: unwanted sexual advances, comments, gestures, or physical contact of a sexual nature. This is what we're focusing on today.

Sexual harassment is a form of discrimination that involves unwanted sexual advances, comments, gestures, or physical contact of a sexual nature. It can create a hostile or offensive work or social environment and is illegal in many countries, including the United States and the United Kingdom. Examples of sexual harassment include sexual comments or jokes, physical touching, sexual advances, and displaying sexually explicit materials. It can happen to anyone, regardless of gender, sexual orientation, or other characteristics.

Sexual harassment can take many forms, here are a few examples:

- Unwanted sexual advances: This can include propositions for sexual favours or physical contact, repeated requests for dates, or pressure for sexual activities.
- Inappropriate comments: This can include comments about a person's body, sexual orientation, or sexual history. It can also include sexual jokes or innuendos.
- Displaying sexually explicit materials: This can include displaying or distributing sexually suggestive pictures, videos, or other material.
- Physical contact: This can include unwanted touching, such as hugging, kissing, or grabbing.

It's important to note that the perception of what constitutes sexual harassment can vary from person to person, and what may be considered harassment to one person may not be to another. The key factor is whether the behaviour is unwanted and creates a hostile or offensive environment.

What does UK law say about sexual harassment?

Under UK law, sexual harassment is illegal and considered a form of discrimination on the grounds of sex. The Equality Act 2010 provides protection against sexual harassment in employment and education, as well as in other areas of daily life.

According to the Equality Act, sexual harassment is defined as unwanted conduct of a sexual nature that has the purpose or effect of violating a person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment. This includes unwanted physical, verbal, or non-verbal conduct.

Employers have a legal duty to prevent sexual harassment and discrimination in the workplace and are responsible for taking action if it occurs. Employees who have been subjected to sexual harassment can make a claim to an employment tribunal.

Individuals who experience sexual harassment outside of the workplace, such as in a social setting, can also seek legal remedies. The Crown Prosecution Service can bring criminal charges for behaviour that constitutes



harassment or assault under the Protection from Harassment Act 1997.

It's important for everyone to be aware of their rights and the steps they can take to prevent and report sexual harassment.

What form does sexual harassment in the workplace often take?

Sexual harassment in the workplace can take many forms, and can occur between co-workers, between an employer or supervisor and an employee, or between a client or customer and an employee. Here are some common examples of sexual harassment in the workplace:

- Unwanted sexual advances: This can include propositions for sexual favours or physical contact, repeated requests for dates, or pressure for sexual activities.
- Inappropriate comments: This can include comments about a person's body, sexual orientation, or sexual history. It can also include sexual jokes or innuendos.
- Displaying sexually explicit materials:
 - This can include displaying or distributing sexually suggestive pictures, videos, or other material.
- Physical contact: This can include unwanted touching, such as hugging, kissing, or grabbing.
- Quid pro quo: This occurs when an employer or supervisor demands sexual favours in exchange for employment benefits, such as promotions, raises, or favourable assignments.



It's important to note that sexual harassment can also take the form of gender-based harassment, which is behaviour that is not necessarily sexual in nature but is directed at a person because of their gender. For example, a female employee may be subjected to persistent teasing or ridicule by her male co-workers.

Sexual harassment can have a serious impact on a person's well-being and job satisfaction, and it is the responsibility of employers to take steps to prevent and address it. If you are experiencing sexual harassment in the workplace, it's important to speak up and seek help.

How do I report sexual harassment if it happens to me or I see it in the workplace?

If you ever experience sexual harassment at work, you have several options for reporting it.

Here are some steps you can take:

1. Talk to your employer: Your employer has a legal obligation to prevent sexual harassment and discrimination in the workplace. You can raise the issue with your supervisor or human resources department or follow your company's complaint procedure.
2. Seek advice from a trade union: If you are a member of a trade union, you can seek their advice and support in dealing with the issue.
3. Contact an external agency: You can report sexual harassment to the Equality and Human Rights Commission, which provides information and guidance on dealing with discrimination and harassment.

4. Make a claim to an employment tribunal: If you have experienced sexual harassment in the workplace, you can make a claim to an employment tribunal, which has the power to award compensation.
5. Report the harassment to the police: If the harassment you have experienced constitutes a criminal offense, such as assault or stalking, you can report it to the police.

It is important to take action as soon as possible after experiencing sexual harassment, as there are time limits for making a claim to an employment tribunal or reporting a crime to the police. You should also keep a record of any incidents of sexual harassment, including dates, times, and details of what happened.



Questions to answer:

Define harassment in no more than 30 words. Give three examples of this.

What are four different forms that sexual harassment can take?

- 1.
- 2.
- 3.
- 4.

What is the key factor in defining if something is sexual harassment? Why do you think this is?

How does the Equality Act define sexual harassment?

Describe in detail the actions employees can take if they are sexually harassed at work.

Give three common types of sexual harassment in the workplace. Why do you think these are still common today?

- 1.
- 2.
- 3.

What impact can sexual harassment at work have on a victim?

How could you report sexual harassment if it happens to you at work?

Why is it so important to take action if you are sexually harassed?

Why do you think it's important to keep a record of the incidents? How could this help?



Case report from employee:

| | Is it sexual harassment? Will you call the police, give out warnings or fire them for misconduct? | Explain why you have decided this is the case: |
|--|--|--|
| <p>I was unpacking the boxes with Claud, and he kept talking about his wife – I was trying to work, but ok, whatever, I didn't mind listening. Then he started talking about how he wishes she'd do this that and the other with him in bed. I didn't want to hear about that, and I told him so. He said sorry, he understood. Then asked me, [he reckoned, to get a better understanding of women], what I wore to go to bed.' Avril Smith – Warehouse Operate, Floor 3.</p> | | |
| <p>I was on the work's night out with Amy and Clarissa and they were drunk and thought it would be funny (it wasn't), to do dance. I was dancing in a club on the dancefloor and Amy came up behind me and pulled my jeans down. I had boxers on, but it was still humiliating.' Gene Pascal – Admin Assistant, Warehouse 2B.</p> | | |
| <p>I feel really unsafe around Craig. I was walking up the stairs and he was behind me and put his hand up my skirt. I turned around in pure terror, and he actually smiled at me and said, 'what? You love it.' – Emma Windsor, Finance Assistant, Floor 4.</p> | | |
| <p>I'm not entirely sure about this but I thought I'd report it to be on the safe side. Trevor always comes and sits next to me at lunchtime. He always asks me how I am and how my cats are. I wouldn't care but he's like, my granddad's age. Why would I wanna' talk to him? What a creep.' Justina Peters, Reception, Floor 3.</p> | | |
| <p>Mr Ferguson from Floor 4 has just offered me a promotion if I sleep with him. This is not a joke. Someone needs to expose this pervert immediately. I have a recording of it all on my phone – this isn't the first time he's said something like this.' Karen Gibbs, Floor 4.</p> | | |

Mental Health Stigma and the language we use.

Where does the stigma surrounding mental health actually come from?

Throughout history, mental health has been intertwined with a pervasive and stubborn stigma, a link that has persisted across cultures and centuries. This association between mental health and stigma can be traced back to ancient civilizations, where mental illnesses were often perceived as punishments from God, or the result of evil spirits. The Middle Ages brought forth the belief that individuals with mental health problems were possessed by demons, while the Age of Enlightenment saw the establishment of asylums, further isolating and marginalizing those suffering with poor mental health. Even as knowledge and understanding of mental health have evolved over time, stigma has endured, fuelling misconceptions, fear, and discrimination.

In the 17th and 18th centuries, asylums were established to house people with mental health issues.

These institutions were often overcrowded and understaffed, and the patients were subjected to inhumane conditions. Mental illness was often stigmatized as a sign of weakness or "madness," and the idea of locking people away in asylums perpetuated the belief that they were dangerous or unfit for society. By the 19th century, the idea of "moral treatment" gained popularity, emphasising

kindness and compassion in the care of individuals with mental health issues. However, even with this shift, certain mental health disorders were still linked to moral failings. For example, hysteria, a diagnosis primarily given to women, was often attributed to repressed sexual desires or emotional instability, reinforcing gender stereotypes and stigmatisation.



By the early 20th century, people with mental illnesses were considered "defective" and were subjected to forced sterilisation, in many countries, to prevent them from passing on their perceived "inferior" traits to future generations. This appalling practice demonstrates how stigma led to severe human rights abuses. As the decades went on, movies and media often portrayed individuals with mental health issues as dangerous or violent characters. For example, characters like Norman Bates in "Psycho" or Jack Torrance in "The Shining" perpetuated the harmful stereotype that mental health challenges were synonymous with unpredictability and violence, adding to the stigma surrounding such conditions.

While society has come a long way in understanding mental health, stigma still persists in various forms. In workplaces, individuals may fear disclosing their mental health struggles due to concerns about being perceived as incapable or weak. Additionally, the use of derogatory terms like "crazy" or "insane" to describe those with mental health issues continues to perpetuate harmful stereotypes.

Mental Health and stigma today

Despite this long history of stigma, there is hope on the horizon. In recent years, public awareness campaigns, celebrity advocacy, and increased access to mental health resources have helped to reduce stigma and promote understanding. As a society, we are gradually moving towards greater empathy and support for those facing mental health challenges, with the goal of breaking down the barriers that have kept mental health in the shadows for far too long.



Is there still much stigma surrounding mental health today?

Interestingly, the stigma surrounding mental health today is more often suffered by those of older generations – not from younger people, but by those in the same peer age bracket, who grew up when there was definitely more stigma attached to mental health issues. For example, anxiety or depression would not have been seen as an acceptable reason to have time off work in the 1970s. Language, up until very recently, was used without discretion for those suffering – people were commonly called unkind words such as ‘crazy’, ‘nutters’ and worse. Mental Health Institutions were frequently referred to as ‘Loony Bins’. This is something which, rightfully, today we would severely frown upon as we know that mental health conditions cannot be helped and are equally as serious as physical health conditions.

In fact, Gen Z has been criticised for the opposite of stigmatisation; glamourising mental illnesses on social media apps such as TikTok, where some creators choose to make a living from documenting issues such as severe social anxiety, often using memes, popular music and cute emojis as complements. Criticisms of this group include the fact that, if a person did indeed have severe social anxiety, the last thing a person would want to do is present themselves to millions of people online. This is the same as depression. It is unlikely a person in an episode of severe depression would be able to navigate the effort, spotlight or even be able to muster the motivation to record and present to the world hundreds of videos talking about it. A common sign of depression is the exact opposite – withdrawing and not wanting to interact with anyone, online or in person.

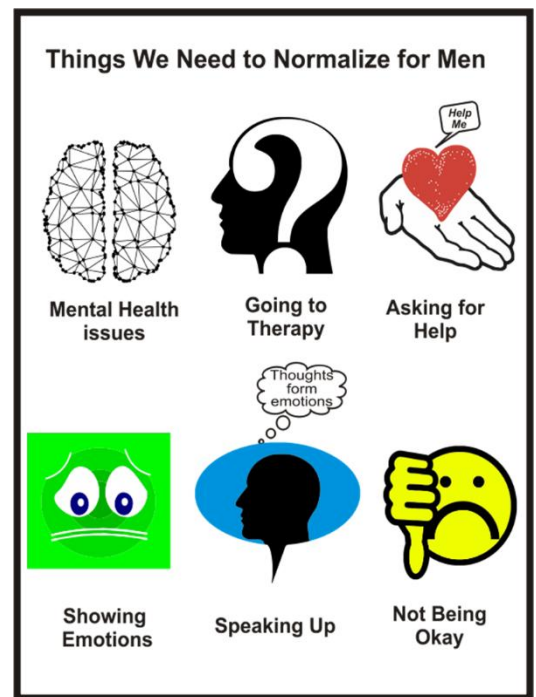


Some Gen Z TikTokers also will include mental illnesses in their bio, which has led commentators to suggest that they are either romanticising mental illness for attention, or wearing such dubious accolades as if badges of honour. There is nothing wrong of course, with suffering mental illness. Most of us will at some point in our lives – but mental illness is not the same as following a ‘sadgirl’ / ‘sadboi’ aesthetic trend or being temporarily unhappy because of an unfortunate but mild life event. Claiming to be mentally ill, when actually you are not, takes precious resources and attention away from those who truly are mentally ill. Fortunately, most young people are wise enough to realise this.

What should I do if I am feeling mentally ill?

We all feel down sometimes. We all feel anxious sometimes. Mental illness is diagnosed by a GP when it has been going on for an extended period of time and doesn't have just one mild life event (e.g. a minor row with parents), or a set of small annoyances as a cause. A person may also have prolonged periods of profound sadness for a long period of time and still not be mentally ill. For example – if someone close to us dies, we are supposed to feel grief, we are supposed to be sad for a very long time. This is perfectly normal. However, if we have been through a very traumatic experience, it *can* trigger a mental illness (especially if you have suffered mental illness previously), or it can leave you with anxiety and shock for a while - which again is a normal human experience.

The best thing to do, if you are unsure, is to speak to your GP, or a mental health specialist. The worst thing you can do is ask people on TikTok to diagnose you.



The link between stigma and language

<https://www.youtube.com/watch?v=eVv21d8Z4e8>

What is self-stigma?

What happens to people who are told the odds are stacked against them and they'll never succeed?

How are people working to de-stigmatise mental health?

How is language perpetuating stigma around mental health?

How can we help with the destigmatisation?

How is conversation the key?

Watch the clips and complete your questions on your task sheet. We will then go through the answers together so you can fill in any you've missed.





Mental health: stigma and the language we use



Signposting support:

Useful helplines and charities

Samaritans. Samaritans provide 24-hour online and phone support to people in distress. Call: 116 123.

Mind. Mind is a charity that provides advice and support for people experiencing a mental health problem in England and Wales. Call: 0300 123 3393 (Mon to Fri, 9am to 6pm)

Rethink Mental Illness. Support and advice for people living with mental health problems. Call: 0300 5000 927 (Mon to Fri, 9.30am to 4pm)

SANE. National out-of hours mental health charity offering emotional support, guidance and information. Call: 0300 304 7000 (4.30pm to 10.30pm)

Mental Health Foundation. Information and support for anyone with mental health problems or learning disabilities.

Childline. Support for people under 19 in the UK. Call: 0800 11 11

Young Minds. Child and adolescent mental health charity. Call: 0808 802 5544 (parents' helpline)

How can pornography re-wire our brains in a negative way?

What reasons does Sam's mum have to be worried?

The pornography problem in context:

Pornography in one form or another has existed for thousands of years. Erotic depictions have been created by nearly every civilization, ancient and modern – the Greeks and Romans were especially keen on creating naughty images – on pottery, wall-art and even mosaics.

One particularly intriguing piece of artwork is The Venus of Willendorf (pictured) - an 11.1-centimetre-tall figurine estimated to have been made around 25,000-30,000 years ago. This figurine probably served a dual purpose – there is a widely-held belief amongst historians that depictions of nude women with exaggerated sexual features represented an early fertility deity, perhaps a mother goddess, so therefore it may have played some part in fertility rituals. Perhaps as some sort of good luck charm that women would have healthy pregnancies.



However, it's also heavily speculated that what we are looking at here is one of the earliest surviving examples of pornography. We can look at an image of this, however, and realise that this is an ancient artifact. It's nude – yet it's not scandalous. You can go and see it in a museum with your parents and there would be no embarrassment. Why is this?

Our ancient, pre-historic ancestors had a very naturalistic view of sex and beauty compared to us today. Women's bodies were very important – essential to survival, and curvier forms especially were worthy of worship, as they indicated health at a time of scarcity. There is nothing too unnatural about this figure – no boob-jobs, no photo-shopping – although the curves may be slightly exaggerated. There's no indication of exploitation of women, forced submission or derogatory acts. It's just a natural-looking figure of a larger, curvy (maybe pregnant or recently pregnant) woman's body.

But it's doubtful anyone today would find it a turn-on either.

So, something has changed since ancient times, something which has affected the brains of all of us and our development of technology is just the vehicle for this change. We are already aware that we are bombarded every day with images of unattainable beauty standards – through advertising, social media, whichever streaming service you're using. The modern idea of beauty has become unattainable for most, as standards rise higher and higher to impossible and unnatural bodily forms – with cosmetic surgery, fillers and photoshopping, boundaries are always being pushed. What was naturally beautiful fifty-years ago would be seen as average today. This is the same in pornography. Only a decade or so ago, it was a scandal if a teenager came across a top-shelf magazine, that an older brother had left hidden under their bed. They might see women with their tops off (something they'd never seen before) and this was enough to be a massive turn on.

Unfortunately, porn is like a drug – both release massive amounts of the feel-good chemical, dopamine. Drugs lose their effects over time – a drug user might start with a tiny amount, which the body isn't used to, to get a high (the parallel here might be the Venus of Willendorf). They will then need more to gain the same high next time (here, humanity reaches the older brother's top-shelf mag), and then before you know it you need extreme amounts (the overly explicit and

gratuitous porn videos of today), to reach a high at all. And at this point, like a drug, the porn-high comes with a huge mental and social cost. At this point, you can't go backwards (a small amount of the drug won't work anymore). The damage is done – but it is possible to recover.

What is the damage caused by porn today?

First, let's look at some statistics and research:

- Around 35% of all internet downloads are pornographic
- Up to 65% of young adult men and 18% of young women report watching pornography at least once a week
- The median age of first exposure to pornography is now only 12 years old.
- Early exposure to porn is correlated with increased porn use and addiction later in life
- A significant relationship exists among teens between frequent pornography use and feelings of loneliness, including major depression
- Adolescents exposed to high levels of pornography have lower levels of sexual self-esteem
- Pornography use increases the marital infidelity rate by more than 300%
- Pornography viewing by teens leads to uncertainty about their sexual beliefs and moral values
- long-term chemical and structural changes from viewing porn leave people less able to enjoy real-life sexual pleasure.
- Regularly watching porn changes your brain's prefrontal functioning and connections between the reward circuit and the frontal lobe. This leads to poor willpower and less control over your impulses.

It's all very easy to shrug off these statistics and think, well that probably just applies to the odd basement dwelling middle-aged loser. It doesn't though. The unnatural and unrealistic scenarios of modern pornography are ruining the sex lives of many – the men who can no longer gain an erection unless they're watching some very specific and unusual fetish, and the women who wanted to be in a relationship with men who can now no longer satisfy them sexually. This can cause major conflict and break-ups of otherwise healthy relationships.

No woman with an active sex-drive wants to be with a man who doesn't seem to find them sexually attractive, even if that man loves them. It may be that the man does find them attractive – the sad thing is, they're so used to the major dopamine rush that they get from hardcore porn, that making love with a woman someone who cares for them, who isn't a porn-star, just doesn't cut it anymore. And yet high chances are, they'll never get that porn-star – and they'll never play out that fantasy scenario. The scenarios don't exist in real life – the porn-stars are being paid to do those things. Men get caught up in the fantasy all too easily, then first lose their erections and then lose their girlfriends – left with nothing, all for a dream that was fake to begin with. It sounds brutal, but it's happening.

So how can you prevent this from happening? Simple – stay off the porn. If you think that's too big a step at first – start by cutting out the hardcore stuff altogether and go from there. Use your imagination – think about your significant other. Then when you do get together, things will be explosive. Your body and your brain will thank you.

Task Three:

Watch the following clips and complete the questions on your answer sheet.
Your teacher will then go through the answers.

<https://www.youtube.com/watch?v=3adhnlRoxig>

<https://www.youtube.com/watch?v=3adhnlRoxig>

What aren't porn addicts satisfied by anymore?

What is the medical name for the symptoms created by porn over-use?

Why are heavy porn users giving it up by the thousands?

What is internet porn killing?

What other symptoms come from porn over-use?

Why did Terry Crews quit porn?

What does he say he learned from porn?

What's his relationship like now?



Signposting support:

Useful helplines and charities:

Young Minds. Child and adolescent mental health charity. Call: 0808 802 5544

Teen Line | Teens Support hotline - Connect, talk, get help! Teen Line's highly trained teen listeners provide support, resources and hope to any teen who is struggling.

<https://www.themix.org.uk/sex-and-relationships> Relationships advice for young people

<https://mensadvice.org.uk/contact-us/> Men's advice and support site

<https://safeline.org.uk/mens-mental-health-a-silent-crisis/> Men's mental health site

Mental Health Foundation. Information and support for anyone with mental health problems or learning disabilities.



What are illegal drugs and what harm can they do?


Task Two:

How do **illegal drugs** affect people's lives? .Be ready to make as many notes as you can – remember alcohol and prescribed painkillers are not illegal (if used within the law).

Watch the clips below and complete your table:

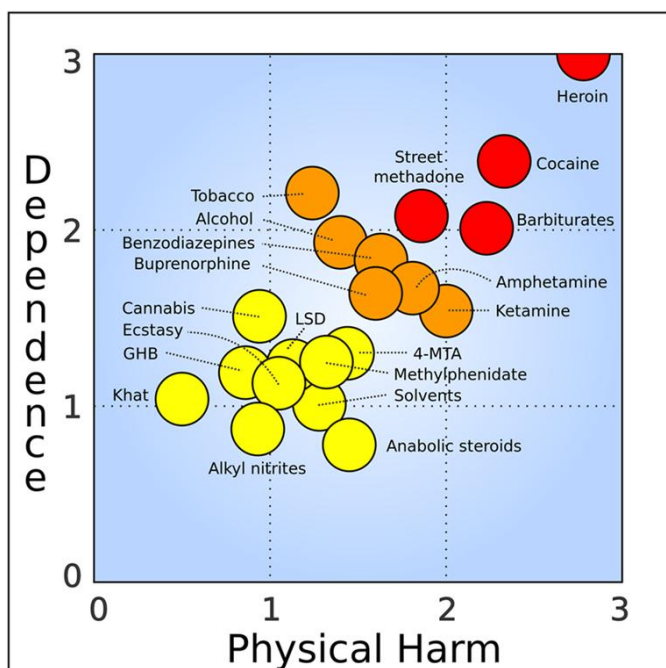
[Substance Use Disorder – YouTube](#)
[Scotland's drugs crisis: Hundreds die every year from deadly 30p pills | ITV News – YouTube](#)

| Positive effects of illegal drugs | Negative effects of illegal drugs |
|-----------------------------------|-----------------------------------|
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| | |

| Type of drug | What it looks like (sketch) | Other names for it | Class? | How it affects you |
|--------------|-----------------------------|--------------------|--------|--------------------|
| Cannabis | | | | |
| Ecstasy | | | | |
| Speed | | | | |
| Cocaine | | | | |
| Poppers | | | | |
| Heroin | | | | |

Drugs, harm, society and the law



After studying the drugs and harm graph, you may be surprised at how the UK government decides to criminalise some drugs and not others. Drug laws in the United Kingdom are rules made by the government that control the use and possession of drugs. There are different types of drugs, some of which are legal, such as caffeine and tobacco, and some are illegal, such as cannabis and cocaine. Illegal drugs are drugs that are not allowed by law to be produced, sold, bought, possessed or used. This means that if you are caught with an illegal drug, you can get into trouble with the law, and you can be punished. Punishments can range from a warning to a prison sentence, depending on the seriousness of the offence.

The UK has three classes of illegal drugs: Class A, Class B and Class C.



Class A drugs are considered to be the most harmful and carry the most severe penalties for possession and supply. These include heroin, cocaine, ecstasy and LSD. Class B drugs are considered to be less harmful than Class A drugs, but still carry penalties for possession and supply. These include cannabis, amphetamines, and some synthetic cannabinoids. Class C drugs are considered to be the least harmful and carry the least severe penalties for possession and supply. These include drugs such as GHB and some tranquilisers. Some drugs are still legal because they are not designed to be recreational drugs and have use in other industries, therefore have so far evaded drugs laws. This includes laughing gas (nitrous oxide) – but the government is already discussing a possible ban on this too, which would mean you would have to be a registered medical practitioner or work in the food industry to be able to purchase it.

Drug laws in the UK are not just based on harm because there are other factors that are considered when deciding whether a drug should be legal or illegal. Some of these factors include the potential for addiction, the risk of criminal activity associated with drug use, and the social and cultural impact of drug use. For example, drugs like cocaine and heroin are very addictive and can lead people to commit crimes to support their habit. This means that allowing these drugs to be legally available could increase the level of crime and harm in society. Additionally, drugs like cannabis have a social and cultural impact, as some people believe they are harmless or even beneficial, while others see them as a dangerous and damaging influence. Some drugs are still legal because people have used them for thousands of years (alcohol and caffeine) and have become part of our culture – or partly because the government makes a lot of tax on them (alcohol and tobacco).



Furthermore, drug laws are also influenced by international treaties and agreements, as the UK is part of a global community that seeks to control the production and distribution of illegal drugs. The UK government is committed to reducing the harm caused by drugs, but must also consider the wider impact of drug use on society as a whole. It wouldn't be worth banning caffeine, for example, as measured correctly and drunk occasionally it's pretty harmless – besides, many people in the coffee industry would lose their jobs.

In summary, drug laws in the UK are based on a range of factors, including harm, addiction potential, criminal activity, social and cultural impact, and international agreements. The aim of these laws is to balance the risks and benefits of drug use, while protecting individuals and society from harm.



What are illegal drugs and what harm can they do?



Signposting support:

Useful and appropriate helplines and charities:

If you, or someone you know, are affected by any of the issues raised today, you can contact the following organisations for further help and guidance:

<https://www.supportline.org.uk/problems/drugs/>

<https://www.talktofrank.com/>

<https://www.childline.org.uk/>

<https://www.drugwise.org.uk>



The Crimestoppers hotline is anonymous – **0800 555 111**
Always call **999** if you think there is an immediate danger.



How can we get help and perform First Aid in emergencies?

First Aid – The Basics

Would you know what to do in an emergency?

Read these top tips on First Aid – it might just save someone's life.

Bleeding

The first thing to do is decide whether the bleeding is severe or not. Minor cuts can be treated by washing the wound and putting a plaster on it. Severe cuts will need different treatment.

You can tell if the bleeding is severe by how much blood is being lost. If someone is losing lots of blood, it means their bleeding is severe and they may be at risk of dying.

If the bleeding is severe, you need to focus on stopping the bleeding. Wear gloves to protect yourself, and remove the person's clothing if it is covering the wound or in the way. If there is an object in the wound, for example a knife, don't remove it – this would make the bleeding worse. Apply pressure to the sides of the wound.

Ring 999 as soon as you can – emergency help will arrive and take the bleeding person to hospital. While you are waiting for the ambulance to arrive, apply pressure to the wound and wrap a bandage very tightly around the wound. Then help the person to lie down and raise their legs.

Choking

If the person who is choking can talk, let them clear the blockage on their own.

If the choking is severe, i.e. the choking person can't speak, do the following:

Stand behind the person who is choking. Put your arms around their waist and bend them forward. Make one of your hands into a fist and put it right above their belly button. Put your other hand on top of your fist and then pull sharply inwards and upwards. Repeat this movement up to five times. Call 999 if this does not work.

If the person becomes unconscious, you will need to do CPR (see below).



If Someone Is Unconscious

To check whether someone is unconscious, you need to check **DR. ABC**: **D**anger, **R**esponse, **A**irway, **B**reathing and **C**irculation.

Danger – check whether it is safe for you to go and help the person. e.g. don't go and help them if there is oncoming traffic or dangerous machinery.

Response - ask them to open their eyes, or tap them on the shoulder. See whether or not there is a response. If they are unresponsive, do the following:

Airway – tilt the person's head and lift their chin up to open their airway.

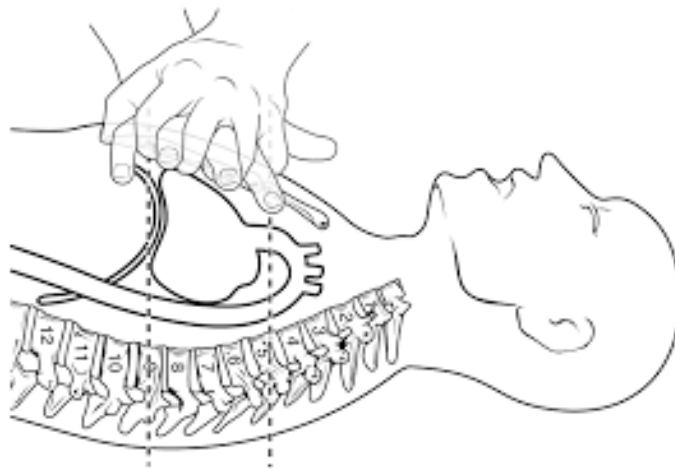
Breathing – get someone to dial 999 (or dial 999 yourself) whilst starting CPR (see below).

Circulation – check for severe bleeding. If you find that the person is bleeding severely, follow the advice on bleeding at the top of this sheet.

If the person is unresponsive, you will need to do CPR, which stands for cardiopulmonary resuscitation. This means compressing someone's chest.

To do emergency CPR:

1. Open the person's airway (lie the person on the floor, tilt their head and lift their chin up)
2. Check for breathing (look to see if their chest is rising, listen for signs of breathing)
3. Place the heel of your hand on the person's breastbone. Put your other hand on top of your hand and interlock your fingers.
4. Press down about 5-6cm with your full bodyweight. Let the chest come back to its original position. Repeat this between 100-120 times per minute, until the ambulance arrives. It is very tiring work: if you become exhausted, get someone else to take over.



Task Two:

Another common affliction from household injuries are burns and scalds. Watch the following clips and complete the questions on your answer sheet. Your teacher will then go through the answers.

<https://www.youtube.com/watch?v=JwISXhSg69A>

What do we do first if there has been a burn or a scald?

You should remove clothing or jewellery from the burnt area, but what shouldn't you do?

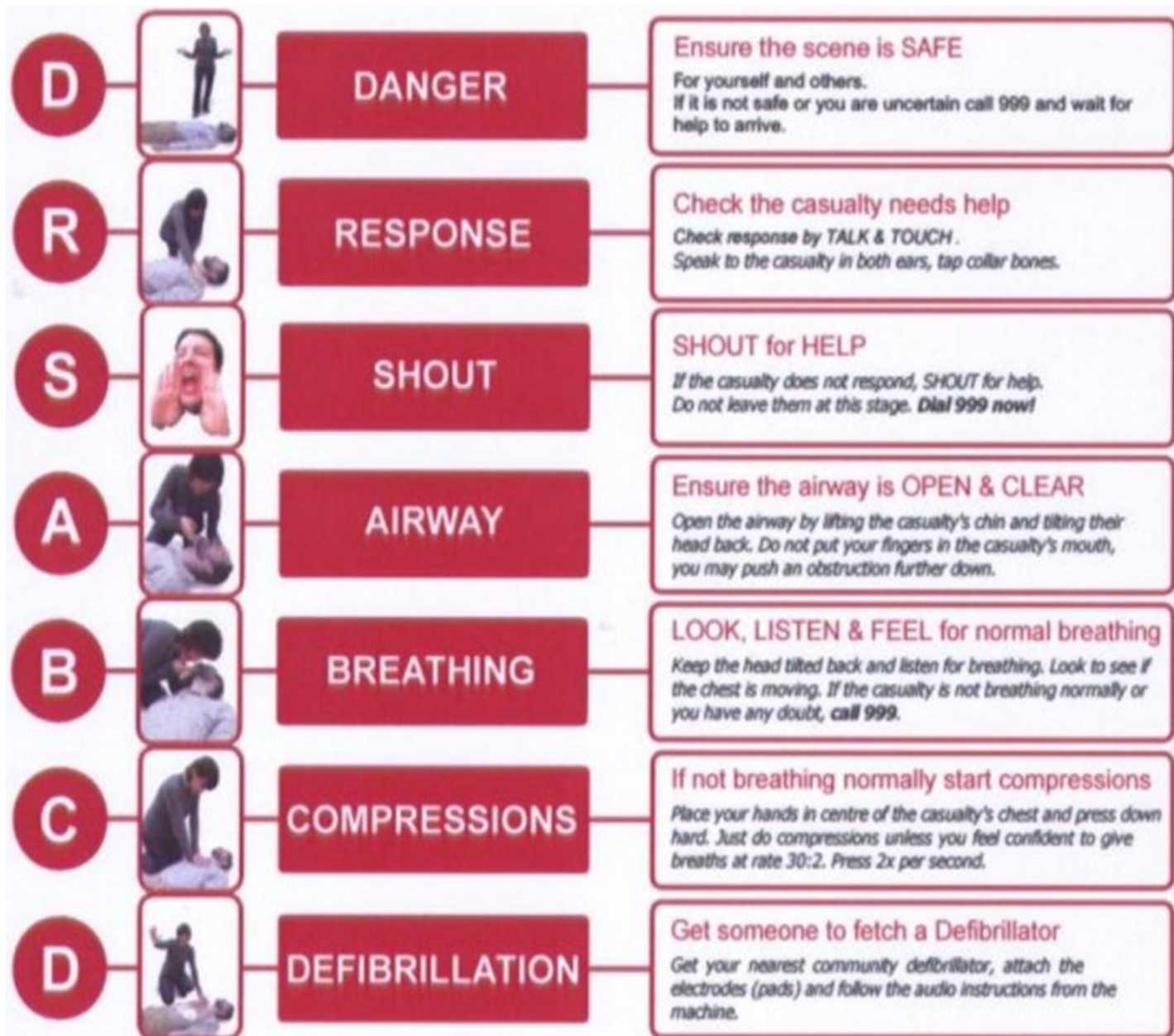
You should run a burn under cool water – but never....

What does keeping warm prevent?

Cover the burn, but don't wrap it, with...

If the burn is not light, is chemical, on a child, on a person with a medical condition, smoke was inhaled or you're just unsure, go to





ADDITIONAL COMPRESSION/BREATHING INFORMATION

- ♥ If you are unable or unwilling to give rescue breaths just do the compressions continuously.
- ♥ Give 30 compressions at a rate of 100-120 per minute and then give 2 breaths.
- ♥ Repeat 30 compressions and 2 breaths sequence.
- ♥ Continue until help arrives, you are too tired to continue, or the casualty starts breathing normally again.

| | |
|----------------------|---|
| FOR AN ADULT | USE 2 HANDS & COMPRESS 5-6 cm |
| FOR A CHILD | USE 1 HAND & COMPRESS 1/3 CHEST DEPTH |
| FOR AN INFANT | USE 2 FINGERS & COMPRESS 1/3 CHEST DEPTH |



Illustrate the boxes in order, clear and precisely to show exactly how to perform the six steps of CPR, then complete the boxes picking one task:
 1) Summarise step in 10 words or less. 2) Explain why each individual step is essential.

| | | |
|--------------------|--------------------|--------------------|
| | | |
| 1)..... 2)..... | 1)..... 2)..... | 1)..... 2)..... |
| | | |
| 1)..... 2)..... | 1)..... 2)..... | 1)..... 2)..... |



How can we get help and perform first aid in emergencies?

Signposting support:



Useful helplines and charities:

<https://firstaidchampions.redcross.org.uk/secondary/> A great site for students to learn loads more about first aid.

<https://cpreducatorsinc.com/cpr-first-aid-tips-for-teens/> Another which advises on how to administer First Aid in a wide variety of circumstances, covering a wide array of accidents.

111 - Call this number if someone is ill and you're unsure what to do, but it's NOT an emergency

999 - Call this number if someone is ill and IT IS an emergency

Young Minds. Child and adolescent mental health charity for teens struggling with any subject.

Call: 0808 802 5544

Teen Line | Teens Support hotline - Connect, talk, get help! Teen Line's highly trained teen listeners provide support, resources and hope to any teen who is struggling.