

SEX EDUCATION IN CHILDREN'S HOMES FROM THE PERSPECTIVE OF AN EDUCATOR

Alena Knotková¹, Adéla Marešová¹

¹Ústav sociálních studií, Pedagogická fakulta, Univerzita Hradec Králové (ČESKÁ REPUBLIKA)

DOI: 10.21062/edp.2025.006

Abstract

This paper deals with sex education in children's homes. The topic of partnership and family life, which is also linked to the area of intimacy, is crucial in relation to preparing for independent life after leaving an institutional facility. The aim of this paper is to identify how sex education is implemented in everyday practice in selected children's homes in the Czech Republic. The research, which took place in 2024, had a qualitative design and was carried out using semi-structured interviews with educators. According to the results, the topic of sex education in the lives of children in children's homes appears in various forms. The specific method of education differs in some aspects, but the areas addressed overlap across children's homes. In the context of the area under investigation, topics such as the biological families of children in children's homes, the benefits of living in a family group, intimacy and the perceived limits of the sex education provided arise. The paper can serve as a basic starting point for the necessary education in this area and as a stimulus for further research.

Keywords: Sex education, children's homes, institutional care, educator.

INTRODUCTION

Sex education, which covers the topics of family, relationships and intimacy, should be a normal part of everyone's life. The main initiator of education in this area should be a functional family. However, children from children's homes cannot grow up in their biological families for valid reasons, and therefore the children's home environment becomes their refuge. Instead of parents, the key actors in the implementation of the socially important topic of sex education are educators, who, given the traumatic experiences of the children, must approach the topic with exceptional sensitivity and the necessary tact. Despite the perceived sensitivity of the topic, sex education is necessary for successful integration into normal life after leaving an institutional facility. The aim of this paper is to identify how sex education is implemented in selected children's homes in the Czech Republic from the perspective of educators. The theoretical part presents two key topics – the child as part of the institutional care system and selected aspects of sex education in children's homes. The theoretical basis is followed by a presentation of the key results of a qualitatively oriented research survey. The final part of the text is devoted to a discussion of the results.

The child as a part of the institutional care system

In children's homes, we encounter children who, for many reasons, cannot grow up in their own biological families. During their childhood, these children may have faced a whole range of traumatic experiences. The aim of a children's home is to create a safe and stable environment in which the child will have a chance to at least partially compensate for the painful experiences that stem from separation from their own family. These children may use various coping strategies in their future lives, which depend on the completely individual circumstances of each of them.

Due to the social and individual urgency of the topic, childhood trauma is the subject of a number of studies. However, it is important to emphasise that the characteristics or manifestations mentioned cannot be generalised to all children growing up in children's homes. The studies only point to certain specifics that may arise as a result of traumatic experiences, but not exclusively in every child. An example is the study by Downey & Crummy (2022), which examines the impact of childhood trauma on the wellbeing and behaviour of individuals in adulthood. The results show that children who have experienced trauma may develop problems with alcohol and drug addiction. These findings are confirmed by studies (Shin et al., 2015; Hammersley et al., 2016). The research also shows that these children may deny the impact of negative childhood experiences and may also struggle with anxiety, depression and low self-esteem (Downey & Crummy, 2022). Benzie et al. (2009) have produced thought-provoking results in their study examining the effects of hostile parenting on aggressive behaviour in children. The results show that children under the age of six who were exposed to hostile behaviour by their parents exhibited immediate signs of aggressive behaviour. The fundamental importance of negative experiences in early childhood accompanied by psychosocial deprivation is also highlighted by Humphreys et al. (2018). The authors focused on researching children who were placed in institutional care in early childhood and subsequently transferred to foster care. The results show that placing deprived children in a family environment increases the likelihood of adopting positive adaptive behaviour patterns in early adolescence. In view of these results, it is entirely understandable that foster care takes precedence over placing a child in an institutional facility.

Section 6 of Act No. 359/1999 Coll. defines children who are the focus of the social and legal protection of children and youth. In connection with the placement of a child in a children's home, examples include cases where the parents have died or are unable to exercise their parental responsibility. Furthermore, it may involve children who have been victims of a crime threatening their life, health or human dignity etc. This also applies to situations where children are threatened by domestic violence (Section 6, Act No. 359/1999 Coll. On the Social and Legal Protection of Children). One of the traumatising experiences can be sexual abuse of a child, and therefore it is necessary to approach the topic of sex education in children's homes very responsibly and with a sufficient degree of tact and empathy, as confirmed by Šimková (in Freya, z. s., 2023, p. 1), according to whom "children in children's homes need targeted support for the development of healthy relationships and sexuality due to their often traumatic past". Knotková et al. (2025) write in this context that educators in children's homes deal with children who have experienced difficult life events in their daily practice. This context naturally places very high demands on a sensitive pedagogical approach and the expertise of the educator. These factors can also significantly influence how the topic of sex education is communicated to children in children's homes.

Selected aspects of sex education in children's homes

The meaning and content of sex education varies in the professional literature. The concept we take into account in this article is in line with that of the International Planned Parenthood Federation and the World Health Organisation. This approach to sex education includes preparation for sexual life, but also emphasises education about interpersonal and family relationships. The key topics are contraception, prevention of sexually transmitted diseases and cohabitation. Many experts point out that the concept of sex education also includes family education (Uzel, in Svatoš, 2002), which is also evident from the results of studies by Wilson et al. (2018), who emphasise the need to include the topic of healthy relationships in sex education. The authors focused on examining sex education among at-risk adolescents who are threatened by negative factors such as unstable family backgrounds, poverty or insufficient education. As a result of these influences, adolescents may exhibit higher rates of risky sexual behaviour, unplanned pregnancies or sexually transmitted diseases. The aim of this study was to find out what the preferences are in the area of sex education among at-risk youth. The desired topics differed depending on the gender and sexual orientation of the individuals. The results show that the desired area, especially among women, is the topic of healthy relationships with a focus on "consent" and "power". Education should therefore not focus solely on sexual health in the sense of preventing early pregnancy, etc. According to the authors' recommendations, the topic of preventing violence in intimate relationships should also be taken into account.

According to Robert (2013), the provision of sex education is essential in the context of preventing sexual abuse, and we can consider specific groups of children who are more vulnerable. These are emotionally deprived children who require excessive attention and live in a closed environment where there is no open dialogue on the topic of sexuality or where sex education is completely absent.

Šulová (1995) states that it is appropriate to discuss topics such as family, relationships and parenthood with young people, thereby continuously reinforcing desirable behaviour. All efforts made by educators in this area should be adapted to the developmental characteristics of the target group. It is clear that such a sensitive area will be discussed differently with a child of primary school age than with a teenager. The author also points out an important factor, particularly in the context of the overall focus of this article. In functional families, the areas of parenting, partnership and sex education in general are an organic part of a child's life. Machová et al. (1998, in Vránová, 2010) write that in this environment, it is mainly a matter of passing on positive values and patterns of behaviour, which the child learns not only through guided learning but also through natural experience. Vránová (2010) notes that the basis of sex education in the family is a loving relationship between the parent and their child. However, the quality of the relationship between the caregivers themselves and the overall quality of the emotional environment in which the child grows up are also crucial. As Šulová (1995) notes, children from families that cannot or do not provide sufficient support represent a crisis group. In our case, these are children from children's homes.

The importance of sex education in the family is also highlighted by authors such as de Carvalho et al. (2019), who state that communication between parents and children on issues of intimacy and sexuality plays a crucial role in preventing risky sexual behaviour. Machová et al. (1998, in Vránová, 2010) write that the most suitable environment for sex education is a fully functioning family. On the other hand, it is necessary to take into account

that not all parents are prepared for sex education or even interested in providing it in a targeted manner. In this context, we can mention the study by Malacane and Beckmeyer (2016), who focused on researching barriers to communication between parents and adolescents on intimate topics. These barriers include, for example, a lack of information for providing adequate sex education, the belief that adolescents are not sufficiently prepared to discuss this area, and discomfort when broaching the subject. According to Robert (2013), it is desirable to start sex education as early as possible. Children should be taught to recognise the male and female body and, taking into account their intellectual abilities, should understand how children are born. It can be assumed that a child who is not familiar with sexuality will not be able to identify harassment and abuse.

Andriani and Badarudin (2016) also draw attention to the importance of ensuring that sex education is appropriate for the age of the child and thus their presumed ability to understand the subject matter. According to the authors, providing sex education is important because if pupils are not educated, we can expect them to seek answers to their questions in the wrong way and thus from inadequate sources. Kutáľková et al. (2024) found in focus groups with children from children's homes that the internet is the most widely used tool for finding information about sexuality among the respondents. Children also discuss the topic of sexuality with their friends or family, if they maintain contact with them. These results suggest that children tend to seek information in the virtual environment. Although the data obtained cannot be fully generalised, the authors Pettyjohn et al. (2025) also state that in the absence of adequate sex education in the "offline" environment, adolescents tend to seek information on the internet. In their research, they focused on identifying specific topics related to intimacy that teenagers search for on the social network Reddit. A similar trend is also indicated by a study by Bonilla-Algovia et al. (2024). If adolescents are not provided with adequate age-appropriate sex education information, they often seek information via the internet and their peers. In view of the results obtained, it is clear that in order to provide adequate sex education, it is necessary to take into account the topics of healthy relationships, as pointed out by Wilson et al. (2018)

In addition to families and children's homes, schools also play a key role in providing sex education. Goldfarb and Lieberman (2021) state that the implementation of sex education programmes has a positive impact on the sexual health and well-being of young people. Through an analysis of selected studies, the authors highlight topics and effective approaches in the implementation of sex education, but also areas that have not yet been sufficiently researched. Based on the data found, it is clear that the implementation of programmes addressing sex education can reduce homophobia and related bullying. Another benefit is the acquisition of the necessary knowledge and skills that support the building of healthy relationships. An important aspect is also the prevention of sexual abuse and violence in intimate relationships.

Mackerle et al. (2021) highlight the importance of the topics of family, intimate relationships and sexuality for children growing up in children's homes, presenting this area as one of the key areas in preparing children for independent life after leaving the children's home. During their stay in a children's home, individuals should be guided to understand issues of cohabitation, partner selection and the development of a relationship. This area is followed by topics such as the role of sexual relationships in life and awareness of possible risks, as well as understanding the value of marriage, family and parenthood. In this context, there should be a discussion about

the perceived prerequisites for a functioning family life. Other key areas include responsible behaviour during pregnancy, prevention of sexually transmitted diseases, related contraception and risky sexual behaviour.

Recommended implementation methods include group discussions, watching themed films followed by discussion, brainstorming on the topic of risky sexual behaviour, individual interviews, debates, etc. (Mackerle et al., 2021). Working with the "Bez rozpaků" (Without Embarrassment) educational box from the Freya organisation appears to be effective. This is a tool that can be used by educators in children's homes, social workers and teachers to safely address topics such as sexuality, intimacy and adolescent relationships. The box includes thematic cards and other tools designed specifically for working with adolescents' emotions (Freya, z. s., n. d.).

Preventive strategies should also respect the principles of effective prevention, which include, for example, continuous and comprehensive work with individuals, interactive programmes, increasing self-confidence and self-esteem, developing communication and constructive conflict management. On the other hand, intimidation, interactions focused solely on conveying information without deeper reflection and discussion, and one-off events without links to other preventive activities appear to be ineffective (MŠMT, 2010).

The results of qualitative research conducted in three children's homes in the Czech Republic are thought-provoking. Based on specific findings, Freya formulated a number of recommendations in the areas of "sexuality-friendly environments" and "sex education". One example is systematic support for the development of an environment that is open to questions about sexuality. This includes staff training and the targeted creation of an atmosphere based on trust, in which children can ask for information about sexuality, intimacy and relationships. Freya also states that children should be provided with relevant information from pre-school age onwards. Part of this support should be ensuring that children in care homes have access to contraception, while maintaining sufficient privacy for adolescents. The recommendations formulated in the area of children's education also appear to be encouraging. Freya points out that the topic of legislative changes in relation to the onset of sexual activity, pornography and sexualised violence should not be overlooked. In this context, it is also recommended that children and adolescents be made aware of support organisations focused on helping victims of sexualised violence, etc. According to Freya, the content of sex education should not be differentiated according to the gender of children, as both girls and boys should be familiar with all relevant topics in this area (Kutálková et al., 2024). It should be added that this list of recommendations is not exhaustive; some of them also coincide with the suggestions of Mackerle et al. (2021), who, among other things, mention the implementation of discussions/lectures with experts from the field.

From a theoretical point of view, it is clear that sex education should cover topics such as partnership, healthy relationships in the context of domestic violence prevention, intimacy and sexuality, but also, with regard to the irreplaceable influence of social networks the issue of risky sexual behaviour in cyberspace. It is desirable to start sex education as early as possible, but it is always necessary to adapt the approach to specific topics to the age and intellectual abilities of the target group.

RESEARCH OF THE IMPLEMENTATION OF SEX EDUCATION IN CHILDREN'S HOMES SETTINGS

The aim of this research was to find out how sex education is implemented in selected children's homes, based on the experiences of educators. The aim of the work is linked to the research problem, which is defined as follows: *the concept of sex education in selected children's homes in the Czech Republic from the perspective of educators*. In line with the aim of this study and the research problem, the main research question (MRQ) was defined as follows: **How is sex education implemented in selected children's homes from the perspective of educators?**

Given the nature of the research problem, a qualitative research strategy was chosen. To collect data, we used a survey method, specifically a semi-structured interview technique. As part of our preparation, we defined the central themes and questions, which we supplemented with follow-up questions during the interviews. The topic of sex education is a sensitive area, especially in children's homes. We were aware that some areas would arise quite naturally during the interview, which is why we considered the semi-structured interview technique to be the most appropriate.

The research was conducted during 2024 in seven children's homes in the Czech Republic. In order to preserve anonymity, the facilities will not be specified further. The research sample included seven educators with varying lengths of experience – specifically, three men and four women. This was a purposeful selection, whereby "a researcher familiar with the contexts of the issue under investigation selects the elements themselves. This is based on the research objectives and the envisaged form of the study" (Reichl, 2009, p. 83). When selecting informants, we took into account the length of their experience (at least 6 months in the position of educator) and their willingness to participate in this study. The informants also agreed to have their interviews recorded, with the promise that their anonymity would be preserved. When interpreting the results, individual informants are identified by the initials I1–I7. The analysis of the obtained statements was performed using the open coding technique, through which we identified individual codes and subsequently categories. The identified codes are highlighted in bold in the text. We did not use any specialised software to analyse the data. After transcribing the interviews, specific sequences were highlighted in the text and assigned a code. These codes were then grouped into individual categories. The results of the survey are presented in the following section of the text through the evaluation of individual categories.

Category 1: The role of the educator in communicating about the child's biological family

In the context of sex education, the topic of children's **biological families** resonates. The results show that communicating with children about their biological families is a natural part of an educator's work. This is an extremely sensitive topic, especially given **the traumatic experiences** of children from biological families. I2 adds that: *"Besides us, their quasi-family, they have their own, not entirely functional family, and the debate about family is not actually simple, because it is burdened by the failure of their original biological family, which we talk about with great caution so as not to undermine the dignity of that family."* Children may be affected by, for example, neglect, sexual abuse, addictive behaviour in the family or the long-term absence of their biological parents. However, carers often face the fact that children want to return home despite their unfavourable family

background. In the case of weekend or holiday visits to families, **returning to the children's home** can be **difficult** for both the children themselves and their carers. Carers must be very careful, sensitive and empathetic in their communication. How the topic is approached depends very much on **the initial situation of the family background** from which the child came. Another factor is **the age of the child**. I1 describes his experience as follows: *"Children ask questions, but it depends on their age how you explain things to them."* These aspects then determine the child's ability to reflect on their experiences, and the child's ability to understand what a family is depends in particular on the length of their stay with their biological family. It is only natural that **negative behaviour patterns** may be **transferred**. Given their experiences in their original family, children may have a distorted view of interpersonal relationships, because, for example, arguments may have been the norm in the family environment. I1 pointed out the highly individual approach to communication about the family. In this context, he adds: *"...we deal with each child individually, because some have parents who function or want to function, who try, who are in contact with us, with the children, and we just work out the details and have no problem resolving anything. And then there are children whose parents are in prison, for example, and then there are children who have parents, but their parents are not interested in them."*

It is usually the child itself **that initiates communication** about its biological family. There are cases where the child's biological family is **interested in contact** and care, as pointed out by educator I1. Unfortunately, practice also shows cases where parents **make promises they cannot keep**, which repeatedly hurts and wounds the child. This experience is described, for example, by I2, according to whom: *"Most parents here try to compensate in some way for the fact that their children are here, because it is their failure, whether culpable or not, and they promise them the moon, so they promise them that they will come, and they don't come, and we then call the mother."* The statements show that educators pay attention to communication about the family based on **dignity and respect for biological parents**, but at the same time they emphasise **providing truthful information** to the child. I7 adds in this context: *"...So that the child always knows who their parents are, what their roots are, definitely not to speak negatively about children and parents, but at the same time not to lie to children"*.

One of the children's homes surveyed serves as **an example of good practice**, as it has a visiting room and a visiting house for visits by the children's families. A so-called book of life is also created for the children, which includes photographs, important milestones and people in the child's life. This book covers topics such as family, friends, school and my future. Throughout the year, the home also organises "family days". I7 also pointed out the perceived need to cooperate with the child's biological family. In this context, she adds: *"Well, we actually try to establish contact with the family before the child comes to us."* Informant I1 also points out the importance of cooperation with the family. In this context, however, he also emphasised **the perceived need to respect the rules of the children's home**, which are set in mutual cooperation.

Educator I1 stated that **the typical time** when the topic of family arises is **during the holidays**. Some children leave to spend at least some time with their families, while others do not have this option. In these cases, the children themselves initiate the topic and the educators respond to their natural questions and feelings. According to the experience of other informants, **topics** related to the biological family are brought up during **everyday activities** (e.g. cooking, leisure activities) and informal conversations, when the children themselves encounter what is "normal" in a family and why it was not so in their family. I4 adds that: *"It often happens during*

everyday activities, such as when we talk about what they would like to do at the weekend. I try to listen and be more of a partner than someone who immediately judges or gives advice." I5 has a similar experience: *"The children bring up topics themselves, and sometimes it comes up spontaneously during conversations."*

One of the children's homes contacted has a **case manager** who actively cooperates with the Tereza Maxová Foundation in connection with the establishment of cooperation between the children's home and the child's family. Another topic that resonated was **host family care programme**. Through this experience, children can get to know a functioning family environment. I7 adds that: *"...when they cannot get to know their biological family, so that they (the children) know about it and have some awareness, but also so that they can see how another family works."* However, an important prerequisite is the readiness of the host families and children themselves. I7 mentioned cases where *"the host parent and child did not cope."*

Cooperation with the school is essential, especially in informing teachers about the child's stay in the children's home. At school, various occasions throughout the year raise topics related to the child's family background (e.g. Mother's Day, Father's Day, Valentine's Day, family tree, etc.). When communicating about these topics, teachers must also take into account the family situation of each child in the class with appropriate sensitivity and empathy. I1 described a positive experience: *"Many teachers ask carefully at class meetings, they ask legitimately, and I am glad that they will discuss the topic of family members, for example. I like that some of these teachers care and ask if they can even discuss the topic with children from children's homes."*

Category 2: Simulating family life in a children's home

Another important topic that arose was **the very benefit of family groups**. All educators agreed that life in family groups contributes to **the acquisition of positive habits** important for future (family) life. Educator I1 stated that this regime *"teaches children to be like a family."* This educator also appreciated the benefits of **mixed family groups**. He sees it as positive that there are children of different ages in family groups and, above all, that the children's home ensures that **siblings** can grow up **together**. In this case, too, the emphasis is on maintaining and strengthening family ties. Another significant benefit is that younger individuals can **naturally learn** from older ones, while older children can help care for younger ones. I1 describes his view as follows: *"The older ones tame the younger ones, the older sister always knows what to do with the younger ones, it works well in these family groups."* An advantage of living in family groups is **the natural acquisition of everyday skills** such as preparing meals, planning a budget and taking care of the household. I4 adds: *"We learn a lot through everyday activities, such as when we cook or plan a trip. That's where you see who can work together, who tries hard, and who prefers to run away from responsibility."* Living in a **family group** raises **issues** such as interpersonal relationships, conflict resolution, respect for others, reliance on others, keeping promises, and responsibility. Despite the higher number of children in family groups, carers try to ensure that **they spend time** with **and communicate** with each member individually. Overall, it appears that family life issues arise naturally, particularly in connection with the day-to-day running of family groups.

Two respondents described a positive experience with **the transformation** of their **children's home**. Children are moving from the main building to separate flats, which, among other things, contributes to **a significant destigmatisation** of children living in children's homes. The children are returning to a completely natural

environment in which their peers from ordinary families are also growing up. I2 adds: *... and suddenly the model of the family is analogous to what the children know from their own families, so it doesn't attack them like, because otherwise it's terrible, the confrontation starts as early as kindergarten. And who came for you? Wasn't it your mum?*" Informant I3 also had a positive experience with the transformation of their children's home, appreciating that the children have the opportunity to live in an environment that is closer to a family concept of life. I3 says: *"We try to imitate a family here."*

Category 3: Communication on intimate topics as part of family life in a children's home

The basis for communication about intimate topics between educators and children is **a trusting relationship**. If a child does not feel trust and openness towards topics related to sex education, it cannot be assumed that they will confide in someone and be interested in conversation. According to the experience of informant I4, **topics** tend to **come up naturally**. Informant I6 described the opposite experience — she tends to be the one who initiates communication. According to educators, it is essential **to start** sex education **as early as possible**, but these topics resonate most at the onset of puberty. However, children's **maturity** is entirely **individual**, which educators must take into account in their daily practice. Another factor is **cultural differences**, which can make the topic of sexuality taboo for some children. Another factor is **children's shyness and mistrust**. When communicating about intimate topics, it is beneficial **to have both male and female educators present**. Girls tend to communicate these topics with women, while boys may feel more comfortable discussing them with male educators. I4 describes his experience as follows: *"...girls tend to open up more to female colleagues, which I understand. I try to make it clear that they can talk to me normally and without embarrassment."* Informant I3 has had a similar experience. Educator I1 (male) described his experience of having only girls in his family group. In his words, the girls discuss more intimate topics with their female colleague, but he pointed out a significant shift in the girls' trust in him. In this context, he says: *"Just saying that I have my period so that I can write it down is no longer a problem. At first, it took about six months to build mutual trust."*

It appears that **the influence of older children on younger ones** can also be seen in this area. Younger children often overhear older children discussing more intimate topics, which is why the educator must intervene in this communication and moderate the discussion.

In this area, too, children's **previous traumatic experiences** in their previous families can resonate strongly, which also determines their (un)openness in this area. For this reason, educators should be **extremely cautious** and broach topics sensitively and in a manner appropriate to the age and intellectual abilities of the children. **The central topics** in this area include safe sex, contraception, safety on social networks with an emphasis on sexting, menstruation, etc. One of the educators interviewed emphasised that in their children's home, the current topics are homosexual relationships and the search for identity. However, other important areas include communication about responsible partner selection, what it means to "plan a family," first relationships, and how children are born. According to the educators, a pressing issue is regulating the amount of time children spend on social media and **their overall access to phones**. The preferred method for broaching intimate topics is **conversation**. The topic of peer relationships is also addressed as part of **the regular evaluation of the so-called**

PROD (child personality development plan). **Preventive programmes** run **by experts** from the field and a well-established system of educator training have also proven to be effective.

Children also deal with this area in the school environment. This involves **informal communication between peers**, but also targeted **education by the school** through specific subjects (e.g. health education), cross-curricular topics, projects and prevention programmes.

Category 4: Limits of implemented sex education

One of the limitations of sex education in children's homes may be **the approach of the educators** themselves. Some of them may not feel comfortable communicating about this area, which can then affect the education of the children themselves. According to I4, *"It is not always easy to start – especially with children who have had bad experiences. And also, not all of us (educators) feel equally comfortable talking about intimate matters."* However, another important factor is **the child's possible embarrassment and mistrust**. I6 adds, that the trust is the basis of communication for her.

Based on the results, it is clear that it is desirable to have a balanced representation of men and women among educators. Quite naturally, children may gravitate towards educators of the opposite sex when communicating about intimate topics.

Some educators admitted that they see room for **more systematic education** of children in the area of sex education. I2 adds that: *"Maybe we could do even better."* However, systematic education of the educators themselves is also considered crucial. The area of sex education is broad and does not only touch on intimate topics. Educators often have to respond to traumatic experiences that children have had in their families of origin. Such situations are not easy for the educators themselves, which is why ongoing **training in appropriate communication/crisis intervention** in these areas is also crucial. Intimate topics can be difficult for educators to grasp precisely because of the children's perceived traumas.

We must also take into account **the children's attitudes**, as they too may feel uncomfortable discussing intimate topics. If the relationship between the educator and the child is not confidential, it cannot be assumed that sex education will be successful.

Discussion of results

It has been shown that the topic of children's biological families is part of the normal practice of all the educators surveyed. It is desirable for the child to return to their (already functioning) family, and educators also welcome a proactive approach from parents who are interested in the well-being of their child. Some research suggests that a positive relationship between children (regardless of whether they have experienced abuse) and their biological parents contributes to better mental health (Cheung et al., 2017). In our case, however, the initial conditions of the family background in which the child grew up are very important. In line with our findings, carers also pointed to the repeated disappointments and promises made by parents, which children have to deal with repeatedly. As a result, children may experience feelings of rejection (Moyers et al., 2006, Huseby-Lie, 2024). Based on their experience, they encounter families who are interested in cooperating with the children's

home, but also those who are not interested in such cooperation. However, the educators emphasised their perceived duty to communicate with the child about their family with absolute respect and dignity.

The results clearly show that living in family groups is a significant benefit in the context of building the necessary patterns associated with family functioning. Although institutional care cannot replace a functional family background, children's homes strive to at least partially provide children with a safe quasi-family environment. In family groups, children learn to navigate interpersonal relationships and acquire the necessary skills for household care. This is an important prerequisite for their entry into independent life after leaving the children's home. The experience of one of the children's homes surveyed, where family groups are located in flats, can serve as inspiration. In this context, particular attention was drawn to the perceived destigmatisation of children who return every day to a normal environment unburdened by institutionalisation. According to data collected in focus groups with children from the Pardubice Region who already have experience with the transformation of children's homes, other benefits are also apparent. Children and young adults appreciated that, due to the smaller number of individuals in the family group, educators have more time for them and children can thus build a more intimate relationship with their educators. Other perceived positives include a greater degree of privacy and a greater opportunity to participate in the running of the household and decision-making (Právo na dětství, 2024). A greater degree of privacy and a trusting relationship are prerequisites for building a safe and open environment in which children will not be afraid to confide and discuss even intimate topics related to sexuality. Issues related to sexuality and intimacy are always discussed with regard to the age and intellectual abilities of the child. According to educators, the topic arises mainly during puberty, but children's interest in the topic is individual. Diaz-Rodriguez et al. (2024) state that adolescence is an important stage for identity development, with sexuality playing a key role in this process. Our results also show that the influence of peers and older children on younger ones in family groups is another significant factor. The topics discussed include safe sex, contraception, risky sexual behaviour in the virtual environment, and menstruation. One of the educators pointed out the children's interest in topics such as identity search and homosexual relationships. With regard to the findings of the authors Wilson et al. (2018), it seems important to also consider topics related to healthy relationships in the context of preventing violence between partners. In connection with the topic of safe sex, educators pointed to teaching in schools. This fact is also confirmed by Freya, according to which children often learn about contraception and sexuality in general in a school environment. Nevertheless, the Freya organisation points out that children want to know more practical and in-depth information (e.g. whether a woman can give birth to a disabled child if she becomes pregnant while using contraception). Another sensitive topic is abortion itself. According to the data, children would like to discuss this topic with a professional (Kutálková et al., 2024). According to educators, given the perceived sensitivity of the topic of intimacy, the child's trust is crucial. The results of thy study (Seiler-Ramadas et al., 2021) show that the quality of the relationship between the teacher and the pupils, as well as between the pupils themselves, influences the extent to which they engage with the topic of sex education. An effective strategy may be to involve an external expert, which can help create a more relaxed atmosphere, build trust and reduce feelings of shame. Although these findings relate primarily to the school environment, it is important for our focus to consider the role of the teacher/educator themselves in providing sex education. The issue of trust in the provider of sex education is key. This fact is confirmed by the

results of the aforementioned research by Kutáľková et al. (2024), in which this area was discussed with individuals living in children's homes. According to the results, it is clear that children are sometimes afraid to confide in their aunts because they fear that they will not keep secrets, will make a note of it, and everyone in the children's home will find out. The internet is also an indisputable source of information, especially when adolescents do not have enough information from "offline" sources (Bonilla-Algovia et al., 2024; Pettyjohn et al., 2025).

Among the limitations of implementing sex education in children's homes is a certain degree of discomfort on the part of educators when discussing topics of intimacy and sexuality, an obstacle to communication that is also highlighted by Malacane and Beckmeyer (2016). However, this may not be a feeling of shyness, but rather their awareness of the sensitivity of the topic for children who have undergone traumatic experiences related to their sexuality. Even communicating about the biological family can be emotionally challenging for educators. The gender of the caregiver also plays a role. Girls may be more inclined to confide in female caregivers, while boys may find it more comfortable to discuss intimate topics with a male caregiver. However, if the relationship is not based on mutual trust and respect, it cannot be expected that the child will be open in their communication with any adult. Most of the educators surveyed also saw room for further systematic education of both children and themselves.

Limitations of the research survey

With regard to the findings, it is necessary to reflect on the perceived limitations of the research survey. The nature of the survey and the number of children's homes included do not allow us to generalise the findings in such a way that they would be valid for all institutional facilities in the Czech Republic. Although the core of the topic remains the same across homes, the method of education differs in certain aspects and is specific to each children's home. At the same time, it is also important to note that the educators themselves are significant mediators of sex education, and their approach is, understandably, individual. Another limitation of the research is the fact that the analysis was carried out only at the level of open coding. Extending it to axial and selective coding could provide a deeper understanding of the relationships between the categories created. We consider it desirable to carry out research that will focus on the perception of the topic of sex education in institutional settings from the perspective of children. The findings from the Freya organisation could be a valuable starting point. The current data can be a stimulus for further research and professional discussion, which will help to streamline and strengthen the existing system of sex education in children's homes.

Conclusion

This paper focuses on the socially important topic of sex education in children's homes. It is one of the key components of the overall preparation of children for life outside the children's home environment. The results point to specific areas in which the topic of sex education most often resonates. These are primarily the topics of family, orientation in interpersonal relationships, and the acquisition of social skills through life in family groups. The issue of intimacy and sexuality is also an important aspect. A prerequisite for providing quality sex education is the creation of a safe and confidential environment in which the topics of partnership, parenthood, intimacy, and sexuality are not taboo. Systematic support and targeted education in these areas should be

provided to both children and educators themselves. The transformation of institutional care and the gradual transfer of children to a more normal environment of flats can also be a step forward. Although preparing children from children's homes for independent living and providing them with subsequent support presents a number of challenging tasks, the implementation of sex education can be an important tool for building the social skills necessary for creating safe and fulfilling interpersonal relationships.

The research study and publication of the article are supported by Specific Research 2024 of the Faculty of Education, University of Hradec Králové „*Research on the implementation of family education in a children's home environment from the perspective of an educator*“.

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