

**IPPF EN and Center for Reproductive Rights Recommendations for the
revision of the EU Directive on Combating Child Sexual Abuse**
February 2026

This briefing by the International Planned Parenthood Federation – European Network and the Center for Reproductive Rights focuses on three selected, essential elements of the revision of the EU Directive on combating child sexual abuse, namely: the definition of consent and the need to ensure the non-criminalisation of consensual sexual activity between peers; the inclusion of comprehensive sexuality education (CSE) as an essential prevention measure; and the guarantee of access to sexual and reproductive healthcare (SRH) for child victims of sexual abuse as an essential support service.

Consent and the non-criminalisation of consensual sexual activity between peers

We support a consent-based definition of sexual violence as required by the Istanbul Convention, to which the European Union has acceded with respect to matters within its competence. The definition of consent in the revised Directive should reflect the [proposal of the European Parliament](#), as set out in its amendments to Article 10.5, which offer the most comprehensive approach in line with human rights standards.

Such a clear and comprehensive definition of consent establishes a minimum common standard of protection across the Union, while leaving Member States free to determine procedural aspects, evidentiary standards, and the allocation of the burden of proof in accordance with their legal systems. The definition proposed by the European Parliament enhances legal clarity by focusing on the presence or absence of freely given consent, and is fully compatible with the presumption of innocence and fundamental principles of criminal law.

In addition, we believe that the Parliament’s proposals pertaining to minors above the age of consent would best guarantee the human rights of children across the EU. Consensual and non-exploitative sexual activities between peers above the age of consent should not be criminalised. Criminalising such conduct constitutes a disproportionate interference with children’s fundamental rights, including their rights to private life, bodily autonomy, and the recognition of their evolving capacities, and risks stigmatising normal adolescent behaviour. A discretionary approach that allows criminalisation of consensual non-exploitative sexual activity between adolescent peers would contradict these standards and could create legal uncertainty.

International human rights standards affirm that adolescent peers should not be criminalised for consensual non-exploitative sexual relations. For example, the Committee on the Rights of the Child has called on States to “avoid criminalizing adolescents of similar ages for factually consensual and non-exploitative sexual activity” ([General Comment No. 20, para. 40](#)). Similarly, guidance from [UNICEF](#) stresses that criminal law should avoid treating consensual sexual conduct between adolescents as abuse, especially when they are close in age, as over-criminalisation can violate rights and have harmful effects. For example, consensual sexting between adolescents, including the consensual creation and exchange of sexualised images of themselves, [should not](#) fall within the scope of offences on child sexual abuse material.

For these reasons, we believe the Directive should clearly exclude consensual and non-exploitative peer activity from criminalisation. We recommend that Recital 24 should be

amended to read: “**Member States should ensure that peers are protected from prosecution for consensual and non-exploitative sexual activity, provided that there is no element of coercion, abuse of trust or dependency between the peers.**” Article 10.1 should be amended to read: “**Member States shall ensure that [...] an exemption from criminalisation is provided for consensual sexual activities between peers, provided that there is no abuse of trust or dependency between the peers.**” Corresponding amendments should be introduced in Articles 10.2, 10.3, and 10.4 to ensure consistency throughout the Directive.

Comprehensive Sexuality Education (CSE) as an essential prevention measure

Comprehensive sexuality education (CSE) which includes education on consent constitutes a key prevention measure against child sexual abuse. CSE equips children with the knowledge and skills to understand bodily autonomy, sexual and reproductive health, consent and boundaries, recognise inappropriate or abusive sexual behaviour, and seek protection and support and report violence. International and European human rights standards clearly recognise CSE as a central and effective primary prevention measure against child sexual abuse¹. Lack of such education increases children’s vulnerability.

We therefore urge the Council of the European Union to support the explicit inclusion of comprehensive sexuality education in the revised Directive on combating child sexual abuse.

The [European Parliament’s position](#) clearly recognises sexuality education as a prevention measure. Article 28.2 provides that “Member States shall take appropriate action, including through the Internet, such as information and awareness-raising campaigns, research, and education and training programmes, or material, **including on [...] age-appropriate sexual education focusing on the notion of consent**”. This is further reflected in Recital 43, which states that “Member States should establish or strengthen policies to prevent sexual abuse and sexual exploitation of children, including [...] research and education programmes **including sexual education**”.

The promotion of CSE is already recognised at EU level. It is explicitly mentioned in the [Roadmap for Women’s Rights](#), which has been endorsed by all Member States. It is also enshrined in existing EU law, in particular [Directive \(EU\) 2024/1385](#) on combating violence against women and domestic violence. Recital 74 of that Directive explicitly refers to sexuality education, and Article 35 establishes specific measures to prevent rape and to promote the central role of consent in sexual relationships including through educational materials.

In revising the Directive on combating child sexual abuse, the Council should adopt a position that does not fall below the level of protection and prevention already established and ensures coherence and consistency with existing EU legislation, including in particular the Directive on combating violence against women and domestic violence.

¹ **UNESCO**, [International Technical Guidance on Sexuality Education](#) (UNESCO, revised edition, developed jointly with WHO, UNICEF, UNFPA, UN Women and UNAIDS); **World Health Organization**, [Comprehensive Sexuality Education: Questions and Answers](#); **UNESCO**, [Review of Evidence on Sexuality Education](#); **Committee on the Rights of the Child**, [General Comment No. 13](#) on the importance of preventive education on life skills, positive peer relationships, self-protection and specific risks (paragraph 44.b)), and [General Comment No. 15](#) on sexuality education and sexual and reproductive health education (paragraphs 60, 69); **Council of Europe**, [Lanzarote Convention](#), Article 6; **Council of Europe** Commissioner for Human Rights [Comment](#).

Access to Sexual and Reproductive Healthcare (SRH) for child victims of sexual abuse as an essential support service

Access to sexual and reproductive healthcare (SRH) is a crucial component of support for all victims of sexual violence, including child victims of sexual abuse. SRH is a vital component of immediate and long-term recovery for survivors, and must be available without delay, stigma, discrimination, or additional barriers. Timely access to comprehensive SRH services is critical to prevent serious physical and psychological harm following sexual violence. International and European human rights standards consistently recognise access to comprehensive SRH an essential support service for victims of sexual violence, including child victims².

We urge the Council of the European Union to support the explicit inclusion of access to sexual and reproductive healthcare as an essential support service to which child victims of sexual abuse are entitled under the revised Directive.

The [European Parliament's position](#) expressly provides for access to sexual and reproductive healthcare for child victims. Article 20. 2.a (new) provides that “**Member States shall ensure the provision of easily accessible, free of charge and comprehensive healthcare services for child victims of sexual abuse or exploitation, including sexual and reproductive healthcare**”. This is further reinforced in Article 21.2., which provides that “**Member States shall ensure that accessible, child-friendly, comprehensive, specialised, coordinated, need- and age-appropriate, medical care, including access to sexual and reproductive healthcare services [...] is provided to victims [...]**”. Article 21. 2.a (new) also provides that “**The services referred to in paragraphs 1 and 2 [which include sexual and reproductive healthcare services] shall be available free of charge, and shall be accessible every day of the week, without prejudice to those services that are provided for under the national healthcare system. Member States shall ensure a sufficient geographical distribution and capacity of the services referred to in paragraphs 1 and 2, across the Member State.**”

The Parliament's proposals are consistent with existing EU legislation. [Directive \(EU\) 2024/1385](#) on combating violence against women and domestic violence explicitly requires the provision of sexual and reproductive healthcare as part of specialist support services (Article 26(2)) and its availability free of charge and accessibility every day of the week (Article 26(3)) based on sufficient services (Article 26(4)). It also aligns with the revised Victims' Rights Directive, which recognises victims' right to access sexual and reproductive healthcare services and, in a recital, specifies the list of healthcare services that victims should have access to, in accordance with national law, including emergency contraception, post-exposure prophylaxis treatment, testing for sexually transmitted infections, and access to abortion. See IPPF EN [reaction](#) and the [Center's statement](#) welcoming the agreement.

In the Council's general approach, Article 21 on support services refers in general terms to the revised Victims' Rights Directive. However, reliance on cross-referencing alone does not provide sufficient legal certainty for child victims of sexual abuse. Given the particular vulnerability of

² World Health Organization, [Guidelines for the Medico-Legal Care for Victims of Sexual Violence](#); World Health Organization, [Clinical management of rape and intimate partner violence survivors](#); Committee on the Rights of the Child, [General Comment No. 15](#) on the sexual and reproductive health and rights of adolescents (paragraphs 10, 31, 56, 69); European Union, [Directive \(EU\) 2024/1385](#) on combating violence against women and domestic violence, Article 26(2).

children, the revised Directive should provide strong safeguards, including more explicit provisions on access to sexual and reproductive healthcare services.

In revising the Directive on combating child sexual abuse, the Council should adopt a position that does not fall below the level of protection and support already established under existing EU law, and should ensure coherence and consistency with agreed language on victims' rights to sexual and reproductive healthcare, as set out in the Directive on combating violence against women and domestic violence and the Victims' Rights Directive. Both Directives establish clear obligations regarding timely access to sexual and reproductive healthcare; children must therefore benefit from at least the same level of protection. Together, they consolidate an EU standard recognising such care as an integral component of victim support and recovery.