

Parent resource // Let's have a conversation



# SEX101

What you and your children need to know.



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# BUILDING TRUST WITH TEENS

“Parenting has never been easy and families face more challenges than ever as we navigate the 21st century. The cyber age has provided enormous opportunities but also poses many challenges. We have countless communication tools, but this hasn't necessarily made it easier to communicate with our kids. Technology is changing how we interact and forcing institutions to be more transparent, inclusive, dynamic and personalised. Trust has shifted back to individuals, with profound implications for society.

“At the same time, trust and influence have grown among family, friends, classmates, colleagues and even strangers. No longer is the ‘top down’ influence of elites, authorities and institutions a given. That’s why Parent Guides are so important. Our credible and easy-to-digest resources empower parents and carers to create trust and communicate with their children about what matters to them.

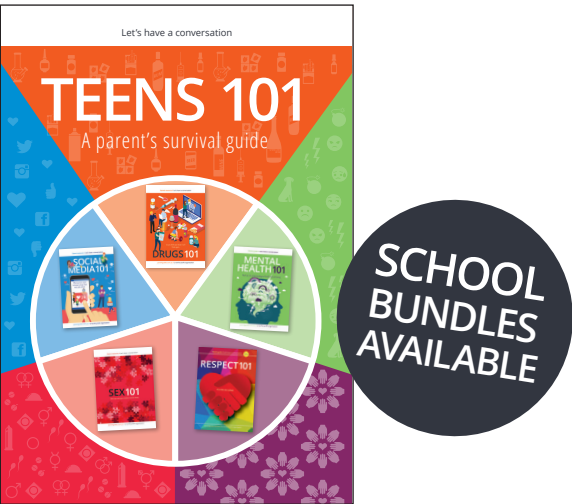
“This compendium of five Parent Guides – Drugs 101, Social Media 101, Sex 101, Respect 101 and Mental Health 101 – tells it like it is. Teens 101 is an evidence-based resource that offers parents and carers all they need to know about what their kids are doing and how to keep them safe.

“We want to encourage open and honest family conversations on topics such as drugs, sex, mental health, social media, respect, gambling and gaming. The aim is to inform, not alarm.

“Our comprehensively researched guides draw on the latest available data and expert advice to facilitate these important discussions and build confidence in families of all shapes and sizes.

“No-one has all the answers. But arming yourself with the best information and communicating openly with your kids is a great start. Together, we can maximise their chances of becoming healthy and happy adults.”

From the Editor // Eileen Berry



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To purchase resources or for school subscriptions contact; Eileen Berry // 0407 542 655 or visit // parentguides.com.au

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Photo: iStock

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# SEXUAL ACTIVITY

How sexually active are our teenagers? Most year 10 to 12 students surveyed nationally have engaged in some form of sexual activity, from deep kissing to sexual intercourse.

The sixth National Survey of Australian Secondary Students and Sexual Health 2018 (Australian Research Centre in Sex, Health and Society, La Trobe University) is Australia's bible of teenage sexual activity.

Led by Dr Christopher Fisher, Dr Andrea Waling, Lucille Kerr, Rosalind Bellamy, Pauline Ezer, Dr Gosia Mikolajczak, Dr Graham Brown, Marina Carman and Professor Jayne Lucke, the latest survey in 2018 involved 6,327 year 10, 11, and 12 students from government, Catholic and independent schools nationally.

## // WHAT THE SURVEY FOUND\*

### CONTRACEPTION

- The most common form of contraception for sexually active students having vaginal sex was the condom (53.5 per cent) and/or the contraceptive pill (41 per cent).
- 7.6 per cent of sexually active students reported using no contraception the last time they had sex; 19.6 per cent used withdrawal.
- Almost seven in 10 students (68.2 per cent) believe that their peers use a condom, while 62.2 reported doing so.
- Most (56.9 per cent) sexually active students reported using a condom the last time they had sex.
- Most sexually active students discussed sexual health before sex, including 'having sex' (81.2 per cent), using a condom (76.9), avoiding pregnancy (61.8), sexual pleasure (48.2), STIs (36.2) and HIV (30.1).

### SEXUALLY TRANSMISSIBLE INFECTIONS

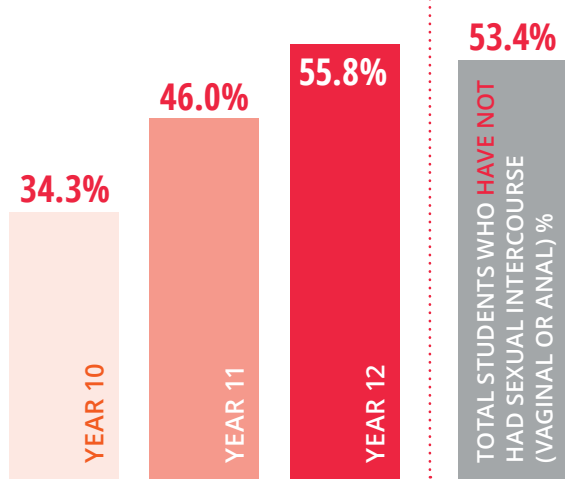
- HIV knowledge is relatively high.
- Students' correct general knowledge about STIs averaged 63 per cent.
- Knowledge of possible STI symptoms was generally good, averaging 71 per cent correct across all questions.
- Few students knew that genital warts can spread without intercourse (56.3 per cent), chlamydia can leave women infertile (53.8), the herpes virus stays with you for life (40.9) and the virus that causes genital warts also can cause cold sores (7.7).
- Gender differences in HIV knowledge was small, but young women generally had better knowledge than young men about STIs.

View the full 6th National Survey of Australian Secondary Students and Sexual Health 2018: Australian Research Centre in Sex, Health and Society, La Trobe University // [teenhealth.org.au](http://teenhealth.org.au)

"Most sexually active students discussed sexual health before sex."

## // STUDENTS WHO HAVE EVER HAD SEXUAL INTERCOURSE

(VAGINAL OR ANAL) BY YEAR LEVEL\*



DEEP KISSING  
74.4%

RECEIVING ORAL SEX  
51.4%

GIVING ORAL SEX  
52.1%

VAGINAL SEX  
44.4%

ANAL SEX  
12.6%

Students' reported sexual activities\*  
(Combined year 10, 11 and 12 totals %)

## "YOUNG PEOPLE ARE CONFIDENT"\*

Most sexually active students report positive feelings after having sex.

- Almost two in 10 sexually active students (19 per cent) had sex with three or more people in the past year.
- About 20 per cent of non-sexually active students (20.4) reported feeling "fantastic" and 17.2 per cent felt proud about not having had sex yet.
- About half of non-sexually active students did not feel ready to have sex; they were proud to say no and mean it, and that they thought it important to be in love the first time they had sex.

The authors were generally positive about young people's sexual knowledge and decision-making.

"Young people should be applauded for their largely healthy and responsible sexual relationships; Australian communities should continue to support young people in their efforts to enact healthy sexual relationships," they said.

### THE ROLE ALCOHOL PLAYS

There were some concerns, including some young people feeling pressured into unwanted sex and the role alcohol played in this. Of those who had had unwanted sex, 34.2 per cent said it was because they were too drunk and 13.7 per cent were too high.

"My partner thought I should" [was] the most common reason (52 per cent) [for unwanted sex]," the report found. "There was some consistency across genders; however, male students were significantly more likely to indicate perceived peer pressure than female students."

### THE USE OF SOCIAL MEDIA

The survey indicates that young people's increasing use of the internet as a source of sexual-health information needs to be seen as a strength which can, with the development of skills improving critical inquiry, give them access to reliable and confidential information in areas where questions may be too hard to ask. The use of social media plays a large role in the negotiation and development of sexual relationships. This includes the sending of explicit messages and images, most of which appear to occur within relationships.

"In the two months prior ... the vast majority of students had used Facebook (99.3 per cent), YouTube (96.7 per cent), SnapChat (92.6 per cent) and Instagram (92.5 per cent)," the report found. "The most frequently used platform was SnapChat, with 65.7 per cent of students using it five or more times a day. Dating apps, such as Tinder, were used the least (7.7 per cent) of all the platforms asked about."



## // STUDENTS' SEXUAL EXPERIENCES USING NEW TECHNOLOGIES\*

### // SENT A SEXUALLY EXPLICIT WRITTEN TEXT MESSAGE

	Male %	Female %	TGD %
Yes	43.3	37.7	40.4
No	56.7	62.3	59.6

### // RECEIVED A SEXUALLY EXPLICIT WRITTEN TEXT MESSAGE

	Male %	Female %	TGD %
Yes	49.8	51.3	50.7
No	50.2	48.7	49.3

### // SENT A SEXUALLY EXPLICIT NUDE OR NEARLY NUDE PHOTO OR VIDEO OF YOURSELF

	Male %	Female %	TGD %
Yes	31.3	32.6	32
No	68.7	67.4	68

### // SENT A SEXUALLY EXPLICIT NUDE OR NEARLY NUDE PHOTO OR VIDEO OF SOMEONE ELSE+

	Male %	Female %	TGD %
Yes	31.3	32.6	32.1
No	68.7	67.4	67.9

### // RECEIVED A SEXUALLY EXPLICIT NUDE OR NEARLY NUDE PHOTO OR VIDEO OF SOMEONE ELSE+

	Male %	Female %	TGD %
Yes	44.1	44.2	42
No	55.9	55.8	58

### // USED A SOCIAL MEDIA SITE FOR SEXUAL REASONS+

	Male %	Female %	TGD %
Yes	38.8	23.2	41.8
No	61.2	76.8	58.2

\* Source: 6th National Survey of Australian Secondary Students and Sexual Health 2018: Australian Research Centre in Sex, Health and Society, La Trobe University.

+ In the past two months

NOTE: Trans and gender diverse (TGD)

# PARENT Q&A

Our panel of sex and education experts tackles some common questions ...

## CAN WE TELL OUR CHILDREN TOO MUCH ABOUT SEX?

"Absolutely not. Kids take in what is relevant to them. If you are armed with information you can make reasoned decisions. It's a concern of parents that knowing what sex is will ruin their kids' innocence but that makes sex shameful, rather than it being seen as an everyday thing that happens when you get older. Kids may then access pornography and then see things like double penetration, for example, as a form of sex. That is worse than parents providing kids with information so they can make reasoned decisions. US research shows that providing information about sex actually delays the onset of a child's first sexual experience, and if kids are already sexually active it promotes safer sex practices."

**Dr Debbie Ollis**, senior lecturer in education at Deakin Uni

## HOW CAN I SUPPORT MY CHILD WHEN IT COMES TO SEX AND THE ONLINE WORLD?

"I've got these four Ps for social media. Never post anything online that you wouldn't want your Parents, the Police, a Principal or a Predator to see. It's as easy as that. Pornography is now the leading sex educator in Australian schools by far. It's much more violent than it used to be, too. Please don't for one second think there's anything you can do to stop them from seeing it because – newsflash – there isn't. What's sad about this though is the research shows the impact that violent pornography has toward changing our kids' attitudes about sexual harassment. It suggests that it's OK to hold a girl down for sex; it's OK to be callous; it's OK to be abusive. My greatest fear is that we're socialising boys and some girls into a very brutalised version of masculinity. If ever there was a website that you need to dive into on the subject of online pornography, it's 'It's time we talked' ([www.itstimewetalked.com.au](http://www.itstimewetalked.com.au)). It's a genius website to equip parents with the skills, knowledge, and the strategies to deal with this issue. It's not a matter of if, it's when they see it, and you need to be ready. Do I wish it were different? Of course I do, but this is our reality."

**Dr Michael Carr-Gregg**, child and adolescent psychologist

## HOW DO I KEEP MY KIDS SAFE?

"Give them information. Have condoms in the bathroom where teenagers can get them if they need them. You don't have to give them to your child yourself, but it lets them know that safe sex is important. And make it clear that, if something goes wrong, there is nothing so awful that your child can't tell you. Let them know that we all make mistakes and that's OK and I am the parent who can help. Don't use fear, shame and danger. Kids tell us the messages they often get is that sex is dangerous, shameful and negative. Tell them that sex is a wonderful thing when you are with someone you love. The aim of sex education is not about preventing sex but making sure it is respectful and enjoyable." **DB**

## MY KIDS DON'T WANT TO TALK ABOUT SEX TO ME DO THEY?

"It depends on the parent. In every focus group of five or six teenagers that I did recently, one kid would go 'but why wouldn't you talk to your parents? I can talk to my parents'. So it's the way the conversational tone is set. If parents approach this topic along the lines of talking about the birds and the bees and the biological facts, that makes things awkward. If there is a broader conversation about relationships, human communication and gender, how you ask for what you want, how you know what someone else wants, that can open up conversations where you don't have to focus solely on sexual intercourse."

**Professor Catharine Lumby**, educational author

## WHAT DO I DO IF MY KIDS TALK ABOUT SEX AND I DON'T KNOW THE ANSWER OR I'M NOT COMFORTABLE ANSWERING A QUESTION?

"Children ask questions around sex because they are just curious and it's best to deal with their questions in a matter-of-fact way. Often when kids ask questions about sex we go to the worst-case scenario and worry about why they are asking this and that. If you don't know the answer or you need a bit of time to work out how to respond, say 'that's a good question, let me think about it and come back to you'. You don't have to have the answers there and then but show your child that you have heard them. Or show them respect by inventing a related scenario, bouncing it off them and asking their advice and what they think about it." **CL**

## WHAT CAN I DO NOW?

"Understand the issue from both your own and your child's perspective. Discuss your family values, beliefs and hopes early. Acknowledge that children are developing intimate and sexual citizens with rights and responsibilities to care for themselves and others. Take a non-judgmental approach to your child's desire for sexual knowledge and understanding about intimate relationships. Model health and respectful relationships in your home and highlight the value of communication in all relationships. Actively discuss the need for open conversations around choice, negotiation and consent for all types of intimate relationships, whether they are sexual or not. Open up discussions that explore the range of feelings and emotions that occur around intimate and sexual relationships. When talking with children and young people about intimate relationships, we need to teach them that intimacy and sexuality is about sharing love, pleasure and ourselves!"

**Linette Etheredge**, designs and delivers interactive presentations to students, parents and teaching staff at schools across Melbourne

Kids tell us the messages they often get is that sex is dangerous, shameful and negative.

# POSITIVE BYSTANDER

Jenny Walsh says we need to help our children develop empathy.

"As parents we need to help our kids step up when they see hurtful or hateful behaviour. We need to help them critique their assumptions about what kinds of behaviour everyone else thinks is OK. In adolescence, children place high value on what friends think, and they use that to guide their behaviour because they want to belong."

"When you talk about these assumptions, children may find that actually their mates don't want to be that kind of mate or that kind of boyfriend. Instead, they want to be a good friend, and our children need to think about what that means in terms of their behaviour towards other people."

"One of the most powerful things we can do as parents is hold up a light and show not everyone thinks it is OK. This gives children courage to speak up. So it's important that schools and families highlight when something is unacceptable, such as sexual harassment or the harassment of girls about their bodies."

"We've seen lots of examples quite recently of girls being ranked and rated online based on their looks."

"In those situations, we need to ask 'how do you think it would feel to be one of the many young women put up on that website having people making comments about their appearance?'. We need to help our children develop empathy. Without that conversation it's easy for young people to get carried away."

"Take advantage of a story in the media or a storyline on TV and say 'what would your friends do if that happened at school?' or 'how do you think the girls there would feel?'. Ask them how they would feel if this happened to their sister. What do they think the repercussions are for girls whose images are put up on a website?"

"And remind them what it takes to do the right thing. It takes courage to not just be a bystander and to step up. Firstly, children need to be able to recognise that something is wrong. We need to identify scenarios and say that was wrong and this is why it was wrong and then assist them to think about its impact on the individual."

"Secondly, our children need to be able to suss out if that other person can take care of themselves, or does your child need to say something? And they have to know how to do that safely. Give them strategies, such as starting a conversation with the person who is being harassed or calling them to come and see something. Or it might be a case of saying to whoever is doing the



Photo: iStock

"Remind them what it takes to do the right thing. It takes courage to not just be a bystander and to step up."

inappropriate behaviour that what they are doing is not on and letting kids know that other people think what is happening is wrong.

"A key thing about bystander action is that it has been shown to make a big difference. Education programs that teach kids how to step up show it can limit the harm of a particular situation. And it helps change a culture because other boys and girls see that not everyone thinks a certain behaviour is OK. That has an enormous impact."

"So have that conversation with children about the impact of bystander action on others. And keep talking to children about their definition of a good man or a good boyfriend or girlfriend. What does that mean to them? Help them set up an aspiration of the type of person they want to be."

"Finally, what if your kids see that a situation is potentially very damaging and hurtful to someone and they aren't able to safely step up? Ask them which adults they could talk to, to take action. It's great to encourage kids to act, but it's just as important to know when to seek help."

// Jenny Walsh has written a range of publications about relationship and sexuality education. She is a former senior member of the Australian Research Centre in Sex, Health and Society at La Trobe University. [www.jennywalsh.com.au](http://www.jennywalsh.com.au)  
Jenny also wrote/co-wrote *Talk Soon Talk Often*; a parent's guide for talking to your kids about sex, *Catching On Early: Sexuality education for Victorian primary schools* and *The Practical Guide to Love, Sex and Relationships* for years 7-10.



# YOUNG PEOPLE HAVE THEIR SAY ON SEXTING

## GIRL // AGE 17 // YEAR 11

"I think sending nudes is totally fine. A body is a body and nothing should be taboo about that.

"If sending those kinds of photos is something that makes you feel good about yourself and you're doing it for your own reasons and the person you're sending them to wants to see them, then I don't see how that can be seen as shameful.

"I sure have sent photos to my platonic friends and partners. It can be super fun. Because I looked good and felt comfortable and confident in myself.

"My friends do not see the human body as something to be shameful of, we embrace diverse bodies and lift up each others' self-confidence.

"I've never had any experience of people leaking my nudes.

"The people I've sent them to are trustworthy and respectful enough to keep that private. But if someone I trusted ever did show anybody else, I'd feel pretty betrayed.

"It's a breach of my privacy as I shared those photos with specific people, not for everyone's eyes. It's just like consent with sex; you consent to having sex with specific people and it's not up to anyone else to choose those people for you.

"I have felt pressured, it was more people begging for me to send photos. But I never did anything I was uncomfortable with, and they respected that.

"Adults have been telling us from a young age that you shouldn't send nudes and if you do all the consequences and backlash that may occur is your own fault. I completely disagree.

"My friends and I have informative, in-depth educated discussions free of embarrassment and judgment. We learn from each other and draw our own opinions from the media.

"I've also learnt a lot from my mum, who speaks out against victim blaming and slut shaming.

"I have been sent many unsolicited d--k pics from random men I don't know online, many as old as 30. I personally find it disgusting that men think we want to see their genitals. It's not attractive. If you're sending it to someone who you have a mutual trust and you know them it's completely different, but girls don't owe you anything and don't want to see your d--k."

## BOY // AGED 15 // YEAR 9

"Personally, I don't think people should do it unless they are in a relationship and feel comfortable with sending them.

"Unfortunately I have done it. I sent one to a girl who is in the year above me. I wasn't really thinking at the time. I sent it because she asked me for them after she sent me some.

"I have never directly asked for nudes and I don't think I ever will. I think it might be because of people thinking I'm needy.

"I have only kept one, which was consented by the person sending it.

"Never in a million years would I show anyone pictures of people that trusted me to see them naked.

"If I did show anyone and she found out, I think it would make her feel violated and vulnerable. I would feel ashamed."

## GIRL // AGED 14 // YEAR 9

"A year or so ago I sent a 'nude' to a close guy friend of mine and he sent it around soon after. It didn't bother me too much that people had seen it – more that he broke my trust.

"I felt really betrayed when he showed others. At the time I didn't do very much about it as I was fairly scared and anxious about what others would say.

"I've sent quite a few, honestly. I've sent them to my boyfriend, and ex-boyfriend. They didn't show anyone. I only send them to people I really trust or love.

"Guys message me continuously, asking and begging me for a nude. Some say 'don't you want to make me happy?' and 'I'm so sad and I really need this'. They tell me that my boyfriend will never know or find out.

"I hate when they say that. I stop talking to anyone who constantly asks me or tries to pressure me into it.

"A few guys send me random d--k pictures, without me asking or us even talking beforehand.

"It makes me feel uncomfortable. Sometimes they say I have to send a photo back because they sent me something. Of course I don't and I often try to tell them how wrong it is.

"I believe it's your choice if you decide to send them, as long as it's consensual, you trust the person and you're both being respectful.

"Guys who send random d--k photos to girls who don't ask for them need to learn that we really don't like it. We find it disrespectful and gross."



Photo: iStock

Illustrative purposes only: the person pictured is a model.

# THE NEW STANDARD

Katie Acheson believes sexting between consenting teenagers has become a routine way of young people expressing and exploring their sexual development.

"Some studies say two out of three young people between the ages of 16 and 18 have sexted. Whatever the precise figures, sexting is very prevalent at an important time in a young person's development when they are expressing their sexuality – and they are utilising technology to do that.

"Sexting is part of being a young person. We are in the iPhone era. A young person has an iPhone or smartphone with them much of the time and it has become part of how they are developing their sexual identity. We've done it through generations with art, the press and by writing risqué things. Every time we have a new technology coming in to the sexual space we get worried.

"I think parents are scared about sexting because the internet feels permanent. But young people are aware of the internet and its ramifications. They've grown up with it and they know how images are stored. A parent sees that a young person's picture could be taken from a phone and put somewhere else, but young people understand there are billions of images flooding the internet, and that makes their image only one of billions.

"But we need to make a clear distinction between sexting – two consenting people expressing themselves to each other in a sexual manner – and revenge porn, where someone takes an image or video they've received and passes it on or posts it without a person's consent. That is very, very different.

"State and federal laws are struggling to keep up with technology in this area. While some jurisdictions have moved to ensure teenagers who consent to send or receive explicit photos of themselves are not committing a crime, in others it may still be depending on the situation and the ages of those involved.

"If sexting with consent it shouldn't come under a criminal act. It is very important to have laws to protect children but we don't want to see young people with a criminal history for expressing themselves while working out their sexual identity.

"Have a conversation about sexting in the same way you'd have a conversation about sex. Talk about what they feel comfortable with around sexting. Has anybody asked you to send images? Did you send them? Where did that picture go and to whom? How did it make you feel? Did you feel pressured? If someone is asking you for an intimate picture you need to make an informed decision about whether to send it or not. Do you trust that person? And talk about how things can change. Someone may say they love you and that picture is just for us – but if you send a picture, you don't really know what will happen to it.

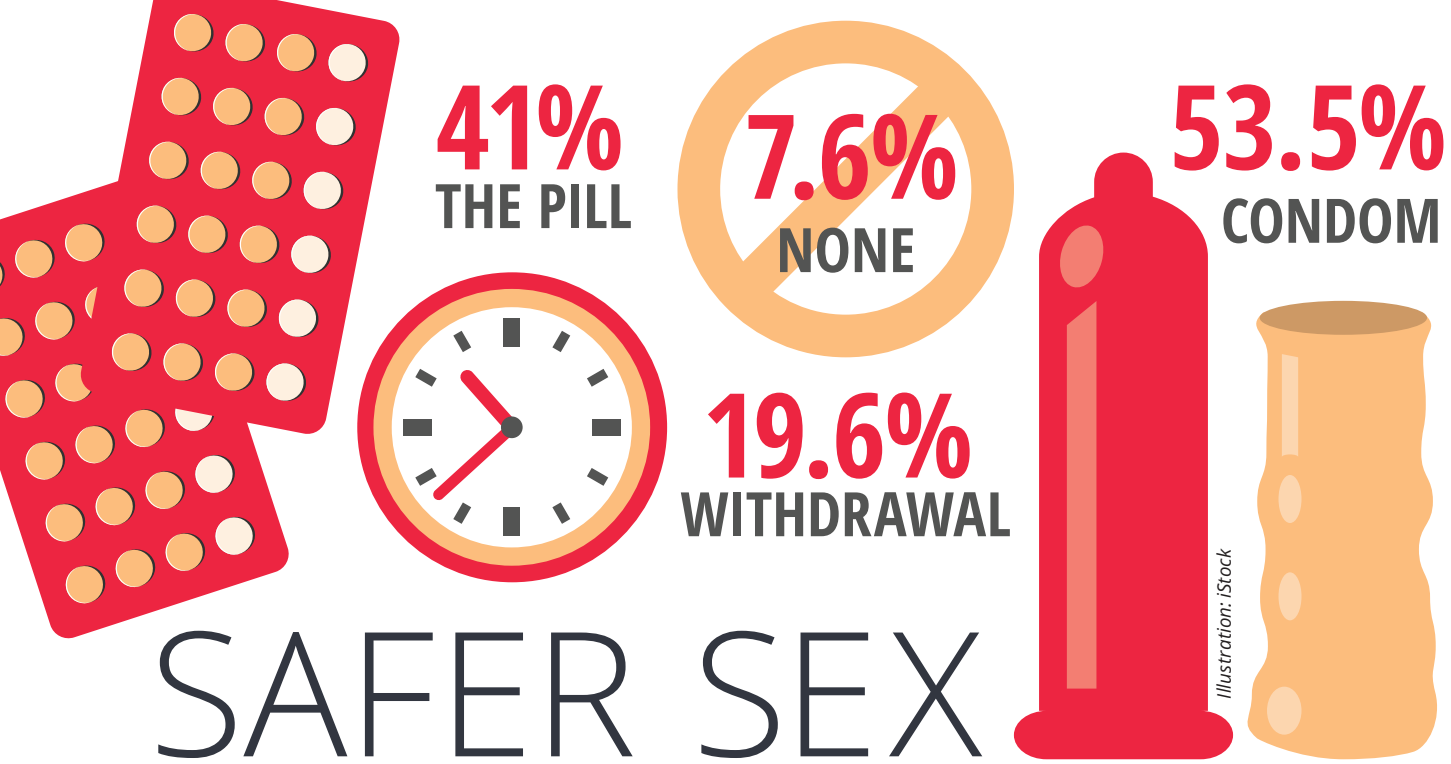


Photo: Jay La Photography

"For many teenagers, sexting is part of being a young person ... Every time we have a new technology coming in to the sexual space we get worried."

"Ignoring the fact that many young people are sexting won't make the issue go away. If they are going to do it, they can manage the negative effects of someone passing it on by having no identifying elements. So don't put your face in the image or don't show a birthmark that is obviously you and then your child can deny it is them if their picture is passed on.

"If you talk about sexting and start from a place of 'I can't believe you've done this' ... your child won't tell you how deep this has gone. It's part of their healthy sexual development but they may make a mistake and not know how to handle it. As a parent, you can help them through that."



Sexually active teenagers are generally responsible, but some don't use contraception and a small percentage have sex that results in a pregnancy.

The sixth National Survey of Australian Secondary Students and Sexual Health 2018 (Australian Research Centre in Sex, Health and Society, La Trobe University) found 53.5 per cent of sexually active secondary students used a condom and 41 per cent used the contraceptive pill the last time they had vaginal sex. Almost two in 10 (19.6 per cent) used the withdrawal method. Almost four in 10 (38.4 per cent) always used condoms during sex over the previous year, 34.3 per cent did sometimes/often and

12.8 per cent never did. Most sexually active students (69.8 per cent) said a condom was available at their last sexual event, while 56.9 per cent used it. Those who didn't use a condom last time they had sex said they knew their partner's sexual history (37.7 per cent), trusted their partner (36.9 per cent), "it just happened" (33.5 per cent), or they (28.5 per cent) or their partner (28.5 per cent) didn't like condoms. Almost two in 10 (18.3 per cent) had both been tested for STIs.

### // THE SURVEY SAYS ...

**QUESTION // "THE LAST TIME YOU HAD VAGINAL SEX WHICH, IF ANY, FORMS OF CONTRACEPTION DID YOU OR THE PERSON YOU HAD SEX WITH USE? PLEASE TICK / CLICK AS MANY AS YOU THINK APPLY"\***

	Male %	Female %	TGD %
<b>Condom</b>	<b>54.5</b>	<b>53.1</b>	<b>30.4</b>
The pill	37.7	43.5	30.4
<b>IUD</b>	<b>1.6</b>	<b>1.4</b>	<b>0</b>
Diaphragm	0.3	0.1	0
<b>Emergency contraception</b>	<b>3</b>	<b>4.6</b>	<b>8.7</b>
Withdrawal	17.4	21.2	13
<b>Rhythm method</b>	<b>1.4</b>	<b>1.1</b>	<b>4.3</b>
Injection	0.7	0.7	0
<b>Contraceptive implant</b>	<b>6.7</b>	<b>9.6</b>	<b>26.1</b>
None	7.2	7.8	13
<b>Other</b>	<b>0.7</b>	<b>0.7</b>	<b>8.7</b>

Base: Sexually active students. Note: Multiple responses.

\* Source: 6th National Survey of Australian Secondary Students and Sexual Health 2018: Australian Research Centre in Sex, Health and Society, La Trobe University.  
NOTE: Trans and gender diverse (TGD)

**QUESTION // "IF A CONDOM WAS NOT USED, WHY?" \***

	Male %	Female %	TGD %
<b>I don't like them</b>	<b>29.9</b>	<b>28</b>	<b>16.7</b>
My partner does not like them	26	31.7	25
<b>I trust my partner</b>	<b>35.9</b>	<b>37.6</b>	<b>25</b>
It just happened	38.1	31	41.7
<b>We both have been tested for HIV / STIs</b>	<b>12.4</b>	<b>21.6</b>	<b>8.3</b>
Too embarrassed	3.9	1.7	16.7
<b>I know my partner's sexual history</b>	<b>36.9</b>	<b>38</b>	<b>50</b>
It is not my responsibility	1.2	0.6	8.3
<b>Other</b>	<b>31.1</b>	<b>39</b>	<b>50</b>

Base: Sexually active students who reported not using a condom the last time they had sex. Note: Multiple responses.

## CONTRACEPTION

**SEXUAL ABSTINENCE // 100% EFFECTIVE**

**VASECTOMY // 99.85% EFFECTIVE (PERMANENT)**  
A vasectomy involves cutting the tubes that carry sperm, to stop sperm moving from the testes to the penis.

**FEMALE STERILISATION // 99.5% EFFECTIVE (PERMANENT)**  
Female sterilisation blocks the fallopian tubes, stopping eggs from moving down the tube and being fertilised. The most common methods are tubal ligation, ("having your tubes tied"), where a clip is put on each tube under general anaesthetic, and tubal occlusion, where a small coil (Essure) is put in each tube under local anaesthetic.

**CONTRACEPTIVE IMPLANT // >99.95% EFFECTIVE**  
The matchstick sized implant sits under the skin of the arm and lasts up to three years. Inserted by a qualified health professional, it slowly releases a small amount of hormone.

**COPPER INTRAUTERINE DEVICE (Cu-IUD) // >99.5% EFFECTIVE**  
This device is inserted into the uterus and lasts up to 10 years. It contains no hormones.

**HORMONAL INTRAUTERINE DEVICE (IUD) // >99.5% EFFECTIVE**  
This device is inserted into the uterus and lasts up to five years. It slowly releases very small amounts of hormone into the uterus.

**INJECTIONS // >99.95% EFFECTIVE**  
Depo-Provera and Depo-Ralovera are hormonal injections containing a progesterone-like hormone given every 12 to 14 weeks.

**COMBINED PILL // 93% EFFECTIVE**  
The combined pill contains synthetic forms of the hormones oestrogen and progesterone. It stops ovulation and makes the fluid at the opening to the uterus thicker, stopping sperm from getting through.

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**Efficiency of contraception methods** // Family Planning Alliance Australia. [www.fpv.org.au/about/f-p-a-a](http://www.fpv.org.au/about/f-p-a-a)

**MINI PILL // 93% EFFECTIVE**  
The mini pill contains a synthetic form of progesterone. It usually suits women who either have side effects when they take oestrogen or cannot take oestrogen for health reasons.

**VAGINAL RING // 93% EFFECTIVE**  
The vaginal ring has similar hormones to the combined pill and works in the same way. A "one size fits all" ring is inserted into the vagina and stays there for three weeks, slowly releasing hormones that move from the vagina into the bloodstream.

**MALE CONDOM // 88% EFFECTIVE**

**FEMALE CONDOM // 79% EFFECTIVE**  
**DIAPHRAGM // 82% EFFECTIVE**  
This soft, shallow silicone dome fits in the vagina and covers the opening to the uterus, stopping sperm from getting through. It needs to stay in place for at least six hours after sex. If it is used, fitted and positioned correctly, a diaphragm is 94 per cent effective. They need to be fitted by a trained doctor or nurse and may not protect from STIs.

**EMERGENCY CONTRACEPTION**  
The morning-after pill is a hormonal method of contraception that may stop ovulation. It can be taken to avoid getting pregnant in an emergency situation, such as after having unprotected sex, if a condom slips off or breaks during sex or if the contraceptive pill is missed. It prevents 85 per cent of pregnancies. It is best to take emergency contraception as soon as possible, ideally within 24 hours of having sex.

**NATURAL METHODS**  
Known as natural family planning, these methods monitor body changes during the menstrual cycle to identify when a women is most fertile.

Students who didn't use a condom most commonly said they were not prepared.

### // ABORTION

In Victoria, abortion is legal up to 24 weeks without a doctor's referral. After 24 weeks you can have an abortion if at least two doctors agree. The doctors must consider all relevant medical circumstances and your current and future physical, psychological and social circumstances.

Family Planning Victoria says you are not legally required to have counselling but can do so through your doctor, who can also refer you to a specially trained psychologist or nurse. FPV offers one-hour pregnancy choices information sessions with a nurse, which provide factual information about all the options available.



# GROWING UP

Parents and carers should be open, honest and supportive during puberty.

**P**uberty can be a challenging time for children and their parents and carers, who may find it difficult to answer questions about sexuality and relationships.

There are no perfect answers but support and honesty are important as children enter puberty, which can start as young as eight in girls and nine in boys.

Parents, carers and families are the most important source of sexuality and relationship information. They should also admit when they don't have an answer and offer to find it together.

The internet provides a wealth of starting points. Programs such as WA Health's *Talk Soon. Talk Often* offer tips for parents and carers who are unsure about what to do or say.

As the program says, talking a little and often makes a positive difference to a child's sexual health.

The key is to make yourself available, continue to show affection, listen, answer questions honestly and simply, don't assume heterosexuality and don't always wait to be asked a question.

For more information visit // [healthywa.wa.gov.au/Articles/S\\_T/Talk-soon-Talk-often](http://healthywa.wa.gov.au/Articles/S_T/Talk-soon-Talk-often)

## // A TIME OF CHANGE\*\*

### PHYSICAL CHANGES FOR GIRLS

- Breast growth – the first stage is called “budding”. Sometimes, the breasts are different sizes. This is normal, but girls can speak with a doctor if they are worried.
- Hair growth – hair will start to grow around the pubic area and under the arms, and hair on the legs and arms will darken.
- Vaginal discharge – they may start to get a clear or whitish discharge from the vagina. This is normal.
- Periods – menstrual periods will start. Periods are part of a monthly cycle where the lining of the uterus (womb) thickens as the body gets ready for pregnancy. Once a month, the lining is shed over a few days if a pregnancy has not happened.
- Period pain – they may start to have pain or cramps just before or at the start of their period.

### PHYSICAL CHANGES FOR BOYS

- Genital growth – their testicles and penis will get bigger. It is normal for one testicle to be bigger than the other. Some boys worry about their penis size, but sexual function, including the ability to have sex and father children, does not depend on penis size.
- Hair growth – body hair starts to grow around the pubic area, legs, under the arms and on the face. It starts off fine and then gets thicker and darker. Some young men keep growing and getting more body hair into their 20s.

## // MASTURBATION

We've come a long way since the days when parents used to tell their kids they would go blind if they masturbated. Most parents now realise it is safe and even healthy – as long as it's done in private.

But masturbation can be a tricky topic to raise with teenagers. How do you start a conversation about something so personal and what do you tell them?

First and foremost, kids need to know there is nothing shameful about masturbation and it won't affect them physically or mentally. In fact, it is good for their health and allows them to explore their burgeoning sexuality in private.

If you feel embarrassed about discussing masturbation, buy your child a book that covers it and other sexuality issues well – and speaks to them in their language. Don't forget to tell them you are happy to discuss it with them at any time.

- Voice changes – their voice gets deeper.
- Muscle growth.
- Wet dreams – they may have wet dreams, where they ejaculate in their sleep. This is a normal part of growing up.
- Erections – sometimes erections happen when they get nervous or excited, or for no reason at all, which can make them feel embarrassed. Other people will not usually notice them and they will go away after a few minutes.
- Breast changes – they may get some breast growth and tenderness. This is a normal response to the changing hormones in their body and will eventually go away.

### EMOTIONAL CHANGES FOR GIRLS AND BOYS

- Coping with a changing body – young people have to deal with a lot of physical changes that happen around the same time. They now have a new body shape and may start to feel self-conscious about how they look.
- Mood swings.
- Physical growth and other changes can make a young person feel full of energy one moment and tired the next.
- The way young people think changes around puberty as they develop their own identity as an individual and as part of a family. They are starting to figure out their own standards and ideals, form their own ideas, morals and values and rely less on their parents.

# UNDERSTANDING ENTHUSIASTIC CONSENT

Isabel Fox leads a consent education and sexual assault prevention program, *Playing Right*. A key message of which is, 'it's not a yes unless it's a hell yes'.

**“P**laying Right was developed in response to the Australian Human Rights Commission's *Change the Course: National Report on Sexual Assault and Sexual Harassment at Australian Universities*. Published in 2017, it found that in 2015-16, one in five students were sexually harassed and 6.9 per cent of students were sexually assaulted on campus or at university events.

“The program is tailored to school leavers and people in their late teens. Research suggests they are given a lot of information about the biology of sexual relationships – about disease prevention and pregnancy and birth control – but they are often not educated about the emotional and social issues of sexual relationships.

“One of our key messages is ‘it's not a yes unless it's a hell yes’ – based on the

idea of enthusiastic consent. Quite often young people who haven't found their voice yet aren't sure how to communicate consent, or to understand if consent has been given.

“We emphasise that unless a person you are engaging in a sexual encounter with is enthusiastically wanting to be there, assume they don't want to be there. Because young people can be scared to say no, or they may feel pressured into doing things they may not want to do. It's important to teach students

what consent is and what it looks or sounds like. It's more enjoyable for everyone if they understand the rules of the game and play the game with someone else who wants to be there.

“We teach students basic things like checking in – and that can be repeating the question ‘is this ok?’ If you keep asking that question during a sexual encounter, and the person you are with keeps saying ‘yes’, then you can be sure they want to be there.

There is no ‘grey’ area in consent. There's an enthusiastic ‘yes’ and everything else is a no.

We also show students a video about consent – a simple way for parents to start the conversation about consent, too. And we emphasise that someone can't give a ‘yes’ if they are under 16, if they are under 18 and with someone in a position of power, or if they are intoxicated or under the influence of drugs or medication. The absence of a no doesn't mean a yes, either.

“Enthusiastic consent is if you are asking your partner ‘do you want me to do this and they say yes. Do you like this? Yes’. It's about mutual enjoyment and engagement. It's about checking in and getting confirmation. Everyone will have a much better time if you are with someone who's enthusiastic about what you are enthusiastic about doing. If something didn't feel OK, it probably wasn't. If someone pressured you to do something, even if they're your boyfriend or girlfriend, that's not OK.

“The program empowers bystanders to be active, too, and it encourages mates of a perpetrator to step in and say, ‘I don't think he or she is in a good state to do that’. Once we've had discussions around consent, people are more likely to say or do something because they understand it's not all right.

“If young people want to engage in sexual relationships, we want them to be enjoyable and nourishing. The more we talk about these concepts like consent and empower them to understand and play by the rules, the more we can help that happen.”

Watch video about consent //

[www.youtube.com/watch?v=h3nhM9Uljfc](http://www.youtube.com/watch?v=h3nhM9Uljfc)

If something didn't feel OK, it probably wasn't. If someone pressured you to do something, even if they're your boyfriend or girlfriend, that's not OK.



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// Isabel Fox is Student Initiatives Coordinator at Charles Sturt University and leads the *Playing Right* program. She also recently presented the program to universities in the US.



# SEX EDUCATION

With many children physically developing sooner than in the past, sexuality and relationships education is important from a young age.

**M**ost young Australians receive sex education, many in primary school. Experts say they should learn about body parts and respectful relationships from a young age, both at home and at school.

The sixth National Survey of Australian Secondary Students and Sexual Health 2018\* found 83.6 per cent of Australian teenagers had received sex education at school. More than one in 10 (13.2 per cent) hadn't and 3.1 per cent didn't know.

Students' most recent sexuality and relationship education was primarily taught by teachers (82.1 per cent), people outside the school (9.8 per cent), or the school nurse (5.6 per cent). School counsellors (1.5 per cent) or chaplains (0.7 per cent) were less likely to be used.

While most schools teach it, the quality of sex education varies. Many have excellent programs but some offer the bare minimum.

It doesn't hurt to ask your school what it is doing. If an outside group is providing the service, you may also want to check to ensure its values align with yours.

## WHAT THE EXPERTS SAY

Good sex education starts at home from a very young age and continues at school with a comprehensive program covering all aspects of adolescence, relationships and diversity issues.

Sex Education Australia's Jenny Ackland says a child's early sexuality education has nothing to do with sex, but should involve using the correct names for body parts and understanding the concepts of public and private and appropriate and inappropriate touching.

She says children can ask questions from a very young age and parents and carers should answer them in an age-appropriate way. It's also important for very young children to understand "same" and "different", basic ideas about gender, correct names for basic reproductive body parts and thinking about respectful friendships.

As children get older, Ackland says they should learn about reproduction, how babies are made and born, including the different ways they can join families such as adoption, IVF, surrogate, donor sperm and/or eggs and so on. "Being inclusive is important," she says.

In late primary school, Ackland says sex education should cover the physical, mental and social changes of puberty and how to manage them. This can include key messages on sexting and sexually explicit material online. "Friendships, managing social media, greater freedom and responsibility are all important topics," she says.

Ackland says most children in years 5 and 6 know or have heard about sex. Some even younger students may have too. "In sex education in school it's good for them to have a simple, clear explanation to inform and clarify if what they might have heard before is untrue," she says.

While it is important for primary and secondary schools to have comprehensive sex education programs, Ackland says

as their children's primary carers, parents know them better than anyone else.

"Ideally sexuality education should also be covered at home," she says. "Home is where individual values, beliefs and expectations can be shared, and it's important that parents are available to answer questions and provide support."

Some parents feel uncomfortable discussing sex with their kids. Ackland says this is OK, but if that's the case you need to let them know this and show you are available to offer support.

"Reliable age-appropriate books are good to have in the house so young people can read these in private as well as referring them to quality websites," she says.

\* Source: 6th National Survey of Australian Secondary Students and Sexual Health 2018: Australian Research Centre in Sex, Health and Society, La Trobe University.

Good sex education starts at home from a very young age.

## // PRIMARY RESOURCES

### WEBSITES FOR PRIMARY STUDENTS

[www.ubykotex.com.au/puberty](http://www.ubykotex.com.au/puberty)  
[www.cyh.com](http://www.cyh.com) (click on kids health)  
[www.kidshealth.org](http://www.kidshealth.org)

### BOOKS FOR LOWER/MIDDLE PRIMARY

*Mummy laid an egg* by Babette Cole  
*Hair in funny places* by Babette Cole  
*The baby tree* by Sophie Blackall  
*So that's where I came from* by Gina Dawson  
*The amazing true story of how babies are made* by Fiona Katauskas

### BOOKS FOR UPPER PRIMARY

*Secret girls' business* by Fay Angelo  
*More secret girls' business* by Fay Angelo  
*Secret boys' business* by Fay Angelo  
*The puberty book* by Wendy Darvill & Kelsey Powell  
*Poppy Pretzel – passage into puberty* by Debi Slinger  
*100+ questions kids have about puberty* by Interrelate

### PARENT RESOURCES

**ONLINE //** Talk soon. Talk often: a guide for parents for talking to their kids about sex [healthywa.wa.gov.au/Articles/S\\_T/Talk-soon-Talk-often](http://healthywa.wa.gov.au/Articles/S_T/Talk-soon-Talk-often)

**READ //** *The New Puberty* by Amanda Dunn tackles the topic of how we should talk to our kids and teens about sex. Puberty is changing. We need to change with it.

**Note:** Parents should check websites and books first, to make sure they are OK with them.



## // WHAT DOES A GOOD SEX EDUCATION PROGRAM COVER?

A good school sex education program is nonjudgmental, with no hidden agenda. Information is accurate and up-to-date, inclusive and respectful of sexual diversity and different values and beliefs.

Diversity is crucial. LGBTIQ+ students should not feel invisible or that their needs are not being met or considered unimportant. Being inclusive can help reduce the feeling of isolation that some same-sex-attracted young people feel in schools. They experience higher rates of verbal and physical abuse than heterosexual peers and are at higher risk of depression, self-harm and suicide.

Sex Education Australia's Jenny Ackland says a good school sex education program covers:

- The domains of sexuality, including sexual diversity, sexual stereotypes, same-sex attraction, respectful and healthy relationships, male and female sexual response, sexual decision-making, safer sex;
- STIs and contraception;
- Consent;
- Sex and the law;
- Sex and technology, including a detailed discussion about pornography and sexting;
- Where to go for help; and
- Explanation of doctor and patient confidentiality and the cost of medical visits.

### SEX EDUCATION IN VICTORIA

In Victoria, it is compulsory for government schools to provide sexuality education within health and physical education, including assessment and reporting against the Australian curriculum.

The Education Department says the goal of sexuality education in Victorian schools is to build on knowledge, skills, and behaviours, enabling young people to make responsible and safe choices.

"Good sexuality education focuses on love, safer sex, abstinence, respect for others and oneself, diversity, personal rights and responsibilities, relationships and friendships, effective communication, decision-making and risk behaviours," its website says.

The most effective sexuality education programs also take a whole-school learning approach. Good school-based sexuality education is:

- Driven by the school leader;
  - Comprehensive;
  - Inclusive;
  - Supported by the latest research;
  - Ongoing and integrated into a student's cross-curriculum learning;
  - Assessed and reported against student achievement in the Victorian Essential Learning Standards; and
  - Part of a student's whole-school learning experience.
- Catholic and independent schools are welcome to use the department's policies, training and resources.



# SEX EDUCATION

Parents and schools each have a role to play.

**M**ost schools teach sexuality education, but parents and carers cannot assume that their child is learning enough to stay safe. More than one in 10 teenagers receives no sex education at school.\*

Half (53 per cent) confide in their mother/female guardian and 25.9 per cent approach their father/male guardian about their sexual health. Some talk to friends, doctors and teachers. Almost eight in 10 (78.7 per cent) use the internet.\*

While a parent's role is important, they should also ensure their child's school has a comprehensive sexuality education program.

## SEX EDUCATION\*

- Most students (83.6 per cent) have received sex education at school; about four per cent were uncertain. More than one in 10 students (13.2 per cent) reported having no sex education.
- Most students are taught sexuality and relationship education in health and physical education classes (70.6), while 14.6 per cent had it as a separate class, 5.3 per cent in science and biology classes and 4.4 per cent as part of a religious instruction program.
- Sexuality and relationship education was mainly taught between years 7 and 10 with 75.9 per cent taught in years 7-8 and 80.8 per cent in years 9-10.

## WHERE YOUNG PEOPLE GO\*

- Students most commonly consulted websites (78.7 per cent), a female friend (74.7 per cent), their mother/female guardian (53 per cent), or the school sexual health program (53.7 per cent) for sexual health advice.
- Doctors (32.6 per cent) and teachers (30.8) were also a common source of advice.
- More young women than men gained sexual health advice from their doctor (40.6 per cent vs 22 per cent), websites (82.2 per cent vs 74.1 per cent), an older brother or sister (23 per cent vs 18 per cent), their mother/female guardian (62.4 per cent vs 41.1 per cent), and a female friend (51 per cent vs 27 per cent).
- Young men were more likely to use their father/male guardian (36.6 per cent vs 17.8 per cent), or a male friend (64 per cent vs 53.7 per cent).

Students most commonly consulted a website or a female friend ... for sexual health advice.

## SURVEY RESULTS // SEXUALITY & RELATIONSHIP EDUCATION\*

### QUESTION // "SEXUALITY / RELATIONSHIP EDUCATION WAS PRIMARILY TAUGHT BY ...?"

	Male %	Female %	TGD %
<b>A teacher</b>	<b>82.5</b>	<b>82</b>	<b>76.5</b>
A school nurse	5	5.8	9.8
<b>A chaplain</b>	<b>0.7</b>	<b>0.6</b>	<b>2.9</b>
School counsellor	1.5	1.5	1
<b>Someone from outside school</b>	<b>10</b>	<b>9.8</b>	<b>8.8</b>
Someone else	0.3	0.3	1

### QUESTION // "HAVE YOU EVER HAD SEXUALITY / RELATIONSHIP EDUCATION AT SCHOOL?"

	Male %	Female %	TGD %
Yes	86.5	81.7	76.1
<b>No</b>	<b>11.1</b>	<b>14.6</b>	<b>20.1</b>
Don't know	2.4	3.7	3.7

### QUESTION // "HOW RELEVANT DID YOU / DO YOU FIND SEXUALITY / RELATIONSHIP CLASSES?"

	Male %	Female %	TGD %
<b>Not relevant at all</b>	<b>7.3</b>	<b>6.9</b>	<b>10.8</b>
A little relevant	18	20.5	23.5
<b>Somewhat relevant</b>	<b>39.1</b>	<b>33</b>	<b>27.5</b>
Very relevant	26	26	27.4
<b>Extremely relevant</b>	<b>9.7</b>	<b>13.7</b>	<b>10.8</b>

\* Source: 6th National Survey of Australian Secondary Students and Sexual Health 2018: Australian Research Centre in Sex, Health and Society, La Trobe University.  
NOTE: Trans and gender diverse (TGD)

# TALKING SEX

Human sexuality is a source of pleasure and we need to be careful about attaching shame to it, explains Professor Catharine Lumby.

**I** recently interviewed over 100 students aged 13 to 17 from diverse high schools about sexuality, social media and relationships. They continually told me that sex education is always about plumbing and the negatives – how to not get a disease, how not to get pregnant.

"What they don't know a lot about, and what they desired to get more information about and to ask questions about, were relationships and communication. So how do you ask what someone wants? How do you know what you want? How, in a heterosexual relationship, does the other gender think? What's it like to be a boy or a girl? How does it feel different?"

"The big problem in Anglo culture is the shame around bodies and sexuality and our deeply gendered ideas. There is an assumption that boys at a certain age just want to have fun and that girls need to protect themselves from that. With girls there are a lot of messages around feminine comportment and how they display their body. On one hand there is a pressure on girls to be attractive but on the other hand is the idea of not flaunting it.

"As parents we need to have open and honest conversations that don't treat boys and girls differently. But in my recent research only one in

five of the young people I spoke to would ever discuss sexuality or relationships with their parents – so these conversations are not happening.

"A lot of parents are uncomfortable discussing bodies and sexuality with their children, but it's all on the internet. You can unplug every computer in your house but your teenager will still access material online. And if you're not having those conversations about values and attitudes towards sexuality and gender, your kids will form their views through their peer group instead.

"A La Trobe University study found up to 90 per cent of older teenagers send each other sexy images, either explicit or flirty images. That's the real world and that toothpaste is not going back in the tube.

"So how is that stuff managed? Too much of what cyber-safety experts teach in schools tells young women, 'Never send an image like that'. But in a world where this is a new form of flirting, this will happen in the heat of teenage romance so we need to help our children manage this.

"There is huge pressure on girls – parents talk about how they struggle with their daughters' desire to be thinner, prettier ... and we have bright young girls who become obsessed with appearance. But as soon as that young woman explores her sexuality, we shut that down and tell her to lower her hem and never send an image like that.

"We spend a lot of time policing girls and I think they are dangerous messages to send to young women. That horrible word 'slut' is still in use and we don't spend enough time asking young men what they are doing to young women when they share images they don't have permission to share. We don't ask the guys why they shame and blame young women when they encouraged those young women to send images in the first place, or when they sent similar images of themselves?

"Parents who want to raise ethical young men and confident young women need to open up the conversation about gender. Boys are trying to work out what it means to be a man in the world. A lot of boys are insecure. Some boys I interviewed said 'I watch porn online but I'm too scared to talk to the girl at the bus stop'.

"From a young age, we need to talk to our children about their body and that they have to give permission for someone to touch their body. 'No means no' is an important message but it's too simplistic and can translate into 'nice girls always say no'. What matters is young people knowing whether they are ready for something, knowing what they want and ensuring it is safe and consensual. Human sexuality is a source of pleasure and we need to be careful about attaching shame to it."

"A lot of parents are uncomfortable discussing bodies and sexuality with their children, but it's all on the internet."



Photo: Supplied

// Professor Catharine Lumby is the author of books and numerous journal articles and regularly presents on topics including young people and media, social media, gender equality and media content regulation. [www.catharinelumby.com](http://www.catharinelumby.com)

# TEEN Q&A

Sex Education Australia answers real questions from anonymous year 9 and 10 students collected in a range of classrooms across Melbourne.

## WHAT IS THE AVERAGE AGE TO HAVE SEX?

Sometimes statistics and constant talk about sex from peers make people feel they "should" be doing sexual things at certain ages, but it should be the right time for you with the right person. For some people, having sex for the first time is a big deal, for others, not so much.

## IF A GUY'S PENIS IS BIG DOES THAT MAKE SEX BETTER?

The penis can be a source of anxiety for a lot of men, straight and gay. We often get the impression that to have pleasurable sex the male's penis needs to be a certain size, and the bigger the better. But sex is about a lot of other things than penis size.

## SHOULD I WAX, SHAVE OR GO NATURAL BEFORE SEXUAL ACTIVITIES? WHAT DO BOYS EXPECT?

This is very much a personal choice but remember pubic hair is natural and normal. Waxing/shaving increases the risks for some STIs, such as genital warts and herpes, so it's important to know that it can be problematic.

**DOES SEX HURT THE FIRST TIME?**  
It might, but it mightn't. It shouldn't. If you are feeling relaxed and comfortable it will help. Using additional lubrication is very important. "Wet" sex is good sex, more pleasurable. Not rushing, being ready.

## CAN PEOPLE HAVE STIs WITHOUT KNOWING. IF SO, HOW DO YOU FIND OUT?

Yes. Many STIs (for example, chlamydia) may not show symptoms. The only way a person knows is by getting tested. For more info visit // [www.sti.health.gov.au/internet/sti/publishing.nsf](http://www.sti.health.gov.au/internet/sti/publishing.nsf) and [www.betterhealth.vic.gov.au/health/conditionsandtreatments/sexually-transmissible-infections-stis](http://www.betterhealth.vic.gov.au/health/conditionsandtreatments/sexually-transmissible-infections-stis)

## CAN YOU GET AN STI FROM GETTING FINGERED OR GIVING A HAND JOB?

It's not likely that you can get an STI from this type of sexual activity but there is always a risk when it comes to skin-to-skin contact and STIs. Some of the infections that you may have a low risk of contracting are HPV, genital warts, chlamydia, herpes and/or syphilis.

## I'VE HAD SEX A FEW TIMES AND IT DOESN'T FEEL GOOD. WHAT'S WRONG?

Take your time – it's important not to rush any kind of sexual activity, and essential to make sure both people are ready, happy about the contact (consenting), able to consent (not drunk or asleep), that protection against STIs and pregnancy is being used,

## IS PORNOGRAPHY OK TO WATCH AT 16?

Pornography isn't for children. It can give people an unrealistic idea of what sex is, or what "good" sex is. There are lots of things missing from porn, particularly condom use and authentic conversations about consent and pleasure. Some porn is illegal.

To explore this topic more visit // [www.itstimewetalked.com.au/young-people](http://www.itstimewetalked.com.au/young-people)

and that you and your partner are of legal age.

## IS MASTURBATION HEALTHY?

Yes, masturbation is a normal and healthy way for people to explore their own bodies. It's OK to do it, OK not to.

## DOES TAKING THE PILL MAKE YOU FAT?

Doctors tell us this isn't true, however some pills may cause fluid retention. Most girls go on the pill for the first time when they are studying more, have more stress, might be eating more and exercising less, which could explain weight gain.

## DOES ORAL SEX COUNT AS LOSING YOUR VIRGINITY?

Everybody defines "sex" differently. Traditionally, virginity was considered "penetration of the vagina with the penis" but this doesn't cover all the types of sex that people can have, or sexual activity with a same-sex partner.

## IF YOU WERE BISEXUAL AND IT WAS EASY TO TELL YOUR FRIENDS, WOULD IT BE EASY TO TELL YOUR PARENTS?

Sometimes talking about your sexuality with parents can be difficult. It's important to talk with someone about how to bring up the subject and rehearse what you will say. Start by talking to a supportive friend, trusted adult or a school counsellor.

Go to // [minus18.org.au](http://minus18.org.au) or [au.reachout.com](http://au.reachout.com)

## HOW DO YOU PREVENT SOMEONE FROM PRESSURING YOU INTO SOMETHING SEXUAL YOU DON'T WANT TO DO?

Everybody has the right to say "no" to something sexual. If someone is doing this they are not showing respect, and if it's a sexual behaviour it is also illegal (in the form of harassment or assault). Talking to a trusted adult or friend may help.

Find out more // [lovegoodbadugly.com](http://lovegoodbadugly.com)

// [www.sexeducationaustralia.com.au](http://www.sexeducationaustralia.com.au)

# LGBTIQ+

Family support for same-sex attracted and gender diverse young people is important.

It is important for parents to support their children regardless of their sexuality or gender identity.

The LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex and questioning) community is diverse. Data presented in the Safe Schools Coalition's *All of Us* teaching resource reveals that Australian and international research had found that about 10 per cent of people are same-sex attracted, about four per cent are gender diverse or transgender, and about 1.7 per cent are intersex.

Three in four same-sex attracted young people experience some form of homophobic abuse or bullying and gender diverse and transgender young people face discrimination that results in negative health and well-being.

Eighty per cent of this abuse and bullying occurs at school. Research has also found that the homophobia experienced by same-sex attracted young people has a direct impact on their academic engagement and achievement, including missing classes or days at school and dropping out altogether.

At schools with active policies against homophobic abuse, students were less likely to have poor mental health and significantly less likely to experience homophobic violence and well-being risks such as self-harm and suicide.

For parents, educating young people about sexuality and gender identity in a non-judgemental way can help them feel more comfortable with who they are. It is also helpful to role model inclusive language and behaviours.

It is also helpful to role model inclusive language and behaviours.

## // THE SEXUAL ATTRACTION QUESTION FOR STUDENTS

### QUESTION // PEOPLE ARE DIFFERENT IN THEIR SEXUAL ATTRACTION TO OTHER PEOPLE. WHICH BEST DESCRIBES YOUR FEELINGS?

	Male %	Female %	TGD %
<b>Only attracted to females</b>	<b>67</b>	<b>1.5</b>	<b>6.5</b>
Mostly attracted to females	17.5	3.4	22.6
<b>Equally attracted to females and males</b>	<b>3.3</b>	<b>8.7</b>	<b>30.6</b>
Mostly attracted to males	5.3	29	29
<b>Only attracted to males</b>	<b>6.1</b>	<b>55.6</b>	<b>6.5</b>
Not sure	0.8	1.9	4.8

\* Source: 6th National Survey of Australian Secondary Students and Sexual Health 2018: Australian Research Centre in Sex, Health and Society, La Trobe University.  
NOTE: Trans and gender diverse (TGD)

## // UNDERSTANDING THE TERMS

**GENDER DIVERSE //** People whose gender expression or identity differs from the gender identity associated with the sex assigned them at birth or society's expectations ...

**GENDER IDENTITY //** Gender identity refers to a person's sense of being masculine or feminine, or both or neither ...

**HETEROSEXISM //** Views or behaviours that assume everyone is, or should be, heterosexual and that other types of sexuality or gender identity are unnatural or not as good as being heterosexual ...

**INTERSEX //** People who are born with natural variations in genital, chromosomal or other physical characteristics that differ from stereotypical ideas about what it means to be female or male. Intersex refers to biology rather than sexual orientation or gender identity ...

**SAME-SEX ATTRACTED //** People who experience feelings of sexual and/or emotional attraction to others of the same sex ...

**SISTERGIRLS AND BROTHERBOYS //** Aboriginal, Torres Strait Islander and South Sea Islander communities use various terminology to describe or identify a person assigned female or male at birth and identifying or living partly or fully as another gender ...

**TRANSGENDER //** An umbrella term used to describe people whose gender identity is different from the sex assigned to them at birth. An example is a child who is assigned a male sex at birth but actually feels more comfortable living as a girl and identifies as female ...

For more information visit // [studentwellbeinghub.edu.au](http://studentwellbeinghub.edu.au)



# LIVE YOUR WAY

It takes all kinds of people to make a world.



## LIAM // 17 // STRAIGHT

### HOW DO YOU IDENTIFY IN TERMS OF GENDER AND SEXUALITY?

I identify as a straight male.

### HAVE YOU EVER FELT CONFUSED OR UNSURE ABOUT YOUR SEXUALITY?

When I was about 14 I thought it was possible that I might be bisexual, but those feelings were gone within about a year.

### HOW DID THIS MAKE YOU FEEL?

I was extremely worried because I wanted to live a normal life with a woman and have a normal family.

### IT FELT AS IF YOU WERE SOMEHOW 'LESS' OF A MAN IF YOU WERE BISEXUAL?

Yeah. There's a pressure for blokes to be tough and manly, and for someone to be gay or bisexual would erase that whole ego.

### DID YOU TALK TO FRIENDS OR FAMILY ABOUT THIS?

I spoke to my mum and she gave me total support and either way I chose was fine. I told my best friend at the time, she was very supportive also; told me she wouldn't care either way.

### WERE YOU ABLE TO DISCUSS THESE FEELINGS WITH ANY MALE FRIENDS?

Yeah, after awhile I told a couple of close mates, people I really trusted, and they were completely cool. It was a relief.

### WOULD YOU HAVE CONSIDERED TALKING TO YOUR DAD ABOUT IT?

No, I don't reckon he would have coped at all.



## TORI // 19 // LESBIAN

### WHEN DID YOU FIRST BEGIN TO IDENTIFY AS LESBIAN?

When I was in prep I tried to look like a boy to make the girls like me. In grade 5, I had a crush on a girl in my class. In year 7, I discovered the names for different sexual orientations and that's when I realised that I mightn't be straight.

### WAS IT CONFRONTING TO REALISE YOU WEREN'T HETEROSEXUAL?

I found it very difficult to accept. The first person I told was my best friend at the time. After I told her she said she didn't feel comfortable with me staying over [at her house] any more. So I told her I was joking. I thought that if that's how my best friend reacted there was no way anybody else would accept it. I denied being a lesbian for the next four years. I kissed boys to fit in; but I knew I wasn't sexually attracted to males.

### DID YOU GET SUPPORT DURING THIS TIME?

The best support was my dad being OK with it. Then I felt as though I was free, I suppose, to work it all out myself.

### HOW DID YOUR MUM REACT?

We were already arguing and I... said it knowing it [would] upset her. She threatened to call the police and have them throw me out. Mum took my belongings to my dad's and left them out in the rain.

### HAVE THINGS IMPROVED AT ALL?

My girlfriend and I have been together for 15 months. She's been coming to family events on my mum's side for a couple of months now, which is progress!



## PEARL // 16 // BISEXUAL

### ARE YOU COMFORTABLE BEING OPEN ABOUT YOUR SEXUALITY?

I'm pretty shy when it comes to being out as a bisexual woman, but I'm open about it with my close friends. People are aware of it but I prefer to keep most of it to myself.

### WHAT SORT OF RESPONSES HAVE YOU HAD WHEN YOU'VE SHARED YOUR ORIENTATION?

People reacted really well when I told them, most of my friends were just interested in it and had a lot of questions. My mum listened to me and told me it changed nothing, and we haven't really talked much about it since.

### HAVE YOU FACED ANY NEGATIVITY?

Some slight bullying, but most of it was minor and I was able to ignore it and realise how much happier I was [being honest].

### WHAT WAS YOUR OWN REACTION WHEN YOU FIRST BECAME AWARE OF YOUR SEXUAL PREFERENCE?

When I was 15 I realised that I felt a lot more than friendship for my best friend, which was strange because I never thought that I would be any different from the straight girls that I grew up with.

### HOW DOES IT AFFECT YOU NOW?

Being bisexual has no impact on my life at the moment. To me it's no different than anyone else's orientation. I've had more relationships with males, because I didn't realise I felt the same about girls as boys until recently, but I've had relationships with females too.

### ARE YOU MORE ATTRACTED TO OTHER BISEXUALS?

No one's orientation has any effect on how I see them. Everyone is different and we like who we like.



## KATE // 18 // QUEER

### CAN YOU EXPLAIN YOUR SEXUAL AND GENDER IDENTITIES?

Pansexual is my sexuality, whereas gender queer is my gender identity. With pansexuality, I'm attracted to people, not gender. Of course I have my preference for partners (male and transgender male) but I fall for whomever I fall for. I identify as both genders depending on how I feel. It's very fluid.

### WHEN DID YOU FIRST NOTICE THIS FLUIDITY?

I realised when I was about five that I didn't want to be entirely female, but I didn't know what it really was at that age. I started identifying as gender queer when I was 13 or 14. There have been stages in my life where I have thought I was transgender and wanted to go on hormones and transition to male.

### WHAT STOPPED YOU GOING AHEAD WITH THAT?

I realised I didn't want to live my life fully as a male. I still love makeup, dresses and girly things, as well as dressing male.

### HAS YOUR SEARCH FOR SEXUAL IDENTITY HAD ANY EFFECT ON YOUR WELL-BEING?

I did go through four years of very bad mental health, including self-harm and suicide attempts. I went through two years of wanting to transition to male.

### DID YOU HAVE SUPPORT FROM YOUR FAMILY AND FRIENDS?

I was very scared to come out to my mum because she's always been quite conservative, but after I told her it was all support. My dad has definitely been the most supportive and I came out to him first. My friends have always given me support and help.



## KAIDEN // 16 // QUEER

### YOU IDENTIFY AS PANSEXUAL AND GENDER QUEER. HOW DOES YOUR SCHOOL SUPPORT YOUR CHOICES?

My school is quite supportive. I'm able to wear the uniform I feel comfortable in. There's a unisex toilet and plans for more.

### WHO HAVE YOU DISCUSSED YOUR GENDER AND SEXUALITY WITH?

So far I've only told my mum. At first she didn't believe me. She said it was a phase, or that I'd grow out of it, which hurt a lot, but she has now come around and is very supportive. My friends have also been understanding and very supportive.

### HAVE YOU RECEIVED SUPPORT FROM ANY ORGANISATIONS?

I got help at Headspace, and I met a lot of people going through similar things as me at Minus 18. Both places provide safe places to hang out and resources, so mum and I can learn more.

### WHEN DID YOU FIRST EXPERIENCE CONFUSION ABOUT YOUR SEXUALITY AND GENDER?

I first started questioning my sexuality about four years ago, and my gender a little under two years ago.

### DO PEOPLE FIND YOUR GENDER IDENTITY CONFUSING AT TIMES?

Sometimes, but when I explain it most people get it. It doesn't bother me too much when people get confused, except when they refuse to accept that being pansexual is a real thing.



## MARCUS // 19 // GAY

### HOW WOULD YOU DESCRIBE YOUR EXPERIENCE OF COMING OUT?

Such an anticlimax! After expecting the world to cave in, it was actually no big deal, and I was super thankful for that. I told my best mate at the time, and he was fine.

### WHEN DID YOU FIRST BEGIN TO RECOGNISE THAT YOU MIGHT BE HOMOSEXUAL?

At puberty, when I was about 12 or 13. I totally freaked out. It was really hard to accept that things were going to be different for me. I thought I would get married and have kids.

### WAS YOUR MENTAL HEALTH AFFECTED?

Absolutely. I became more and more depressed and desperately tried to think of ways that I could possibly change my orientation. I was self-harming at this stage.

### WHAT HELPED YOU GET THROUGH IT?

I think I'm lucky to have been born at a time when people can live openly. Seeing older gay men leading successful lives really helped. I also went to super lame gay dance parties at Minus 18 and just loved it.

### WAS IT DIFFICULT TELLING YOUR FAMILY?

I was so worried that I would disappoint them. Family is the most important thing to me and to lose that would be devastating. When I did tell them, when I was 13, it was such a relief that I could be myself around them.

### HOW DID THEY REACT?

Initially they had their doubts that it might have been a phase, and I can understand where they were coming from. But soon they were like: "When are you going to bring a boy around?".

# STIs

Most secondary-school students' knowledge of STIs is relatively poor.

The instance of chlamydia, a potentially serious infection that can cause infertility, has doubled in the past 10 years. The 6th National Survey of Australian Secondary Students and Sexual Health 2018\* found only 1.6 per cent of young men and 2.7 per cent of young women had been diagnosed with an STI (Sexually Transmissible Infection). This rose to 9.1 per cent for those who identified as trans and gender diverse.

Most (94.8 per cent) knew they could have an STI without displaying obvious symptoms. But fewer knew that genital warts could be spread without intercourse (56.3 per cent), chlamydia can make women sterile (53.8 per cent), and once a person has genital herpes, they will always have the virus (40.9 per cent).

Almost three in four (74.8 per cent) correctly identified the risk of hepatitis C posed by injecting drug use, and most knew it could be transmitted by tattooing and body piercing (56.1 per cent).

Asked about STI symptoms, most students correctly identified pain or discomfort when urinating (95.7 per cent), a rash in the genital area (91.5 per cent), lumps and bumps in the genital area (91.9 per cent), discoloured skin in the genital area (80.1 per cent), and "discharge from the penis or vagina" (73.8 per cent). Fewer knew that "muscular soreness in the thighs" (39.4 per cent) and "severe headache" (29.8 per cent) could be STI-related.

Knowledge of human papillomavirus, or HPV, was not great. Six in 10 students (62.5 per cent) had heard of HPV, with girls more likely to have than boys. About half (54.6 per cent) knew condoms did not provide complete protection against it.

Less than half said they had been vaccinated against HPV – 44.9 per cent of females, 30.8 per cent of males and 37.5 of trans and gender diverse young people. Almost 40 per cent (38.8) were unsure.

\* Source: 6th National Survey of Australian Secondary Students and Sexual Health 2018: Australian Research Centre in Sex, Health and Society, La Trobe University.

## // CHLAMYDIA

Chlamydia is Australia's most frequently reported STI, and the number of new diagnoses has more than doubled in the past 10 years. It is often symptomless and can cause infertility if left untreated. The infection is caused by a bacteria and affects men and women. Family Planning Victoria urges those under 30, who have had sex, to be checked annually.

In women, it might cause an increase in vaginal discharge, unusual bleeding, pain during sex, a burning feeling when urinating or pain in the lower abdomen. In men, it might cause a discharge from the penis or a burning feeling when urinating.

If women aren't treated, chlamydia can cause pelvic inflammatory disease (PID), which can lower the ability to have a baby (fertility). It's easily diagnosed with a urine test and treated with antibiotics. Sexual partner/s also need to be treated as soon as possible.

The HIV, viral hepatitis and sexually transmissible infections in

If untreated, chlamydia can cause infertility in both sexes.

Australia. Annual Surveillance Report 2015 (University of NSW/ Kirby Institute) found the number of new chlamydia diagnoses more than doubled nationally from 2005-2014 from 40,601 to 86,136.

Female cases jumped from 24,062 to 49,307 and male from 16,457 to 36,790. The over-40 age group had the biggest increase, from 2381 to 6421. In Victoria, the number increased from 8877 to 19,922.

In 2014, there were 86,136 chlamydia notifications nationally. Of those, 57 per cent were in females, 78 per cent were in people aged 15-29 and 68 per cent lived in major cities. In the 15-19 age group the female-to-male sex ratio was 3:1, but it fell to 1:1 at 25-29.

For more information visit // [www.fpv.org.au](http://www.fpv.org.au) or [www.fpv.org.au/assets/Chlamydia.pdf](http://www.fpv.org.au/assets/Chlamydia.pdf)

Further reading // [pursuit.unimelb.edu.au/articles/we-need-to-talk-about-chlamydia](http://pursuit.unimelb.edu.au/articles/we-need-to-talk-about-chlamydia)

## // WHAT ARE STIs AND BBVs?

Sexually transmissible infections (STIs) and blood borne viruses (BBVs) can be passed on by sexual contact. This includes vaginal, oral and anal sex, as well as genital touching and skin-to-skin contact. Some STIs and BBVs can be passed from a mother to her child during pregnancy or childbirth.

It's impossible to tell if a potential partner is infected just by looking at them as most people with an STI or BBV have no obvious symptoms. The best protection is safer sex, which means always using condoms or dams during anal, vaginal or oral sex. Regular sexual health checks are also important.

### PROTECTING YOURSELF FROM STIs AND BBVs

- Always use condoms or dams when you have vaginal, anal or oral sex and if you need more lubrication, make sure it's water based.
- Make sure semen, blood and vaginal and anal fluid are not passed between partners.
- Talk about sex with your partner/s (i.e. what you want and don't want to do).
- Always use clean needles and never share drug-injecting equipment.
- If you see sores, lumps or ulcers around the mouth or genital area or any unusual discharge, avoid vaginal, anal and oral sex and any activity involving skin-to-skin contact with the affected area.

Where to go for help // [www.mshc.org.au](http://www.mshc.org.au)



Photo: iStock

## // WHO'S AT YOUR NEXT PARTY?

### GENITAL HERPES

Genital herpes is caused by the herpes virus and spreads through vaginal, anal and oral sex or by genital skin-to-skin contact. It can be symptom free or can emerge at any time, including some time after infection. Herpes usually appears as small, painful genital blisters which turn into shallow ulcers that scab over and heal up. It can also appear on the buttocks or thighs.

Herpes is diagnosed by a swab test and, while it can't be cured, symptoms can be treated with antiviral tablets, but the virus stays in the body for life. Infection risk is greatest when sores are present, but you can transmit it while symptom free. Symptoms can return after treatment.

### GONORRHOEA

Gonorrhoea is caused by a type of bacteria. In women, it can cause an increase in vaginal discharge, unusual bleeding, pain during sex, a burning feeling when urinating or pain in the lower abdomen. In men, it can cause a discharge from the penis or a burning feeling when urinating. It can be symptomless. It is diagnosed by a urine or swab test and is treated with antibiotics. If untreated, women can develop pelvic inflammatory disease (PID), which can lower the ability to have a baby (fertility).

### VAGINAL DISCHARGE, INCLUDING CANDIDA (THRUSH)

Most women have a whitish or clear vaginal discharge during their cycle, which is normal. Discharge changes may mean an infection with signs such as an odour, yellowish or grey discharge, thickened appearance, itching or pain.

### HEPATITIS A

A viral infection that can affect the liver, hepatitis A is spread by small amounts of faeces from an infected person entering the mouth (e.g. licking the anal area or another part of the body which has had contact with the anal area, such as fingers). It can also be spread by contaminated food and water and is diagnosed by a blood test. There is no treatment; the body naturally clears itself of the virus. Vaccination is available.

### HEPATITIS B

Hepatitis B is a viral infection that can affect the liver. It's spread by the exchange of body fluids (e.g. blood, semen, vaginal discharge, anal mucus) during unprotected sex and sharing needles. Diagnosed by blood test, most newly infected adults will clear the infection naturally. Treatments are available. A small percentage of carriers risk serious liver damage. Vaccination is available.

### HEPATITIS C

Hepatitis C is a viral infection that affects the liver and can cause serious damage. It's not easily spread by sexual contact but by blood through activities such as sharing needles or being tattooed with used needles. Hepatitis C is diagnosed by a blood test. Some people will clear it from their body naturally, but treatment is available if that doesn't happen. No vaccination is available.

### GENITAL WARTS (HPV)

HPV (human papillomavirus) is spread by genital skin-to-skin contact and may not cause obvious symptoms. HPV can appear as lumps around the vulva or in the vagina, on the penis or around or inside the anus. Genital warts can take months to appear. The warts can be removed by freezing or applying a special paint or cream. They can return, but the body eventually clears itself of the virus. Vaccination is available and free for school-aged women. Young men can access it from their doctor.

### SYPHILIS

Syphilis is caused by a bacteria and is more common in men who have sex with men. The first infection might cause a sore (ulcer) on the genitals. If untreated, syphilis, which is diagnosed by a blood test, can cause other symptoms such as a skin rash, patchy loss of hair and generally feeling unwell. It is treated with antibiotics, and this should start as soon as possible, as it can cause serious health problems. Sexual partners should also be treated as soon as possible.

Source : Family Planning Victoria [www.fpv.org.au](http://www.fpv.org.au)



# HIV/AIDS

Generally, young people have good knowledge about HIV. But we need to ensure that they don't become complacent due to modern treatments.

Various treatments can now keep those living with HIV relatively healthy, which is an enormous step forward but still not a cure.

The HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2018<sup>1</sup> found HIV notifications fell by 7 per cent in Australia in the five years to 2017 due to fewer notifications among men reporting male-to-male sex.

High treatment coverage was achieved in 2017. The proportion of people on treatment with a suppressed viral load increased, effectively eliminating the risk of transmission.

Notifications in people who acquired HIV from heterosexual sex increased in 2017, and the HIV notification rate increased by 41 per cent in the Aboriginal and Torres Strait Islander population from 2013-2016, compared with a 12 per cent decline in Australian-born non-Indigenous people.

"Overall, these data highlight the need to maintain and strengthen strategies of health promotion, testing, treatment and risk reduction, but also to expand and promote PrEP and other forms of prevention to people who could benefit from these strategies and to increase prevention initiatives in people born overseas and Aboriginal and Torres Strait Islander people," the report said.

Students generally have good knowledge of HIV. The sixth National Survey of Secondary Students and Sexual Health 2018\* found that most knew it could be transmitted by sharing needles (92.8 per cent), that a woman could get HIV from having sex with a man (93.9 per cent) and that a man could get it from having sex with a woman (90.7 per cent).

They know that hugging a HIV positive person could not transmit the virus (94.3 per cent), that men could get HIV from having sex with men (91.7 per cent), the contraceptive pill offers no protection against HIV for women (91.6 per cent) and that a pregnant woman with HIV could pass on the infection to her baby (65 per cent).

Most students knew that using condoms during sex offered some protection from HIV (88.8 per cent), that someone who looked very healthy could still pass on HIV infection (81.5 per cent) and that coughing or sneezing could not transmit HIV (66.7 per cent).

The poorest knowledge related to mosquitoes – 75.2 per cent did not know that mosquitoes could not transmit the virus. Only 6.7 per cent felt that they were "likely" or "very likely" to become infected with HIV.

## // HIV IN AUSTRALIA<sup>1</sup>

- An estimated 0.14 per cent of Australians was living with HIV in 2017, which is low compared with other relevant high-income and Asia-Pacific countries.
- Australia had 963 HIV notifications in 2017, the lowest since 2010.
- The overall decrease was due to an 11 per cent decline in notifications reporting male-to-male sex as likely exposure over the past five years, and a 15 per cent decline from 2016-2017.
- Of 238 HIV notifications in 2017 attributed to heterosexual sex, 61 per cent were in males, and 45 per cent were in people born in Australia. A further 15 per cent were in people born in Sub-Saharan Africa, and 13 per cent in people born in Asia.
  - There were 31 notifications among Aboriginal and Torres Strait Islander people. The age-standardised rate of HIV notification increased by 41 per cent in the Aboriginal and Torres Strait Islander population between 2013 and 2016, compared with a 12 per cent decline in Australian-born non-Indigenous people.

### Of all HIV diagnoses made in Australia in 2017:

- 63 per cent occurred among men who have sex with men.
- 25 per cent were attributed to heterosexual sex.
- 5 per cent were attributed to male-to-male sex and injecting drug use.
- 3 per cent were attributed to injecting drug use.

### HIV notification rates<sup>1</sup>:

Between 2008 and 2017, Australia's HIV notification rate per 100,000 population has hovered between 4.0 in 2017 and 4.7 in 2012 and 2014.

### WHAT IS PrEP?

PrEP is an anti-HIV medicine taken by a person who does not have HIV to lower their risk of infection.

It should not be confused with PEP, which is a short course of anti-HIV medicines taken by someone who might have been exposed to HIV, with the aim of preventing infection.

For more information visit // [www.healthdirect.gov.au/](http://www.healthdirect.gov.au/)  
Pre-exposure-prophylaxis-PrEP

Harm reduction among people who inject drugs had been highly successful.



Photo: iStock

## // WHAT IS HIV?

HIV (Human Immunodeficiency Virus) is a virus that weakens the immune system. It attacks and takes over immune cells, using them to reproduce itself. Infected cells can be found in many parts of the body and in body fluids such as blood, semen, vaginal fluid, breast milk and anal mucous.

AIDS (Acquired Immune Deficiency Syndrome) is a serious weakening of the body's immune system caused by HIV. When a HIV-positive person's immune cells (CD4 cells) drop below a certain level, they can be vulnerable to opportunistic infections that their body would normally fight off. AIDS can also be defined as having HIV and an opportunistic infection regardless of your CD4 count.

HIV, not AIDS, is transmitted between people. HIV is spread by unprotected sex and sharing needles and syringes. It is not passed on by kissing, hugging, saliva, sweat, tears, urine, sharing utensils or insect bites. There is no cure, but effective treatments can keep people with HIV healthier.

### HIV TREATMENT

In the mid-1990s, effective treatment for HIV infection became available in Australia. HIV is now a manageable infection, with treatment that not only controls the virus in the person but

also reduces their infectiousness (though not completely).

Treatment means that HIV is no longer a gradual progression to AIDS and then death. However, many people living with HIV still deal with a range of problems and health issues because of their HIV status.

### HIV PREVENTION

Victoria has contained mother-to-child transmission and infection rates among injecting drug users, sex workers and those who receive blood transfusions. Sexual transmission is still the main cause of HIV infection. However, transmission through vaginal sex is slowly increasing, though this is often due to being from, or having sex with, someone from a country with a high HIV prevalence.

The most reliable way to prevent the sexual transmission of HIV is to use a condom, in conjunction with a water-based lubricant (petroleum-based lubricants can make condoms break). If injecting drugs, always use a clean syringe, and never share syringes.

Victorian AIDS Council // [www.vac.org.au/hiv-aids](http://www.vac.org.au/hiv-aids)

<sup>1</sup> HIV, viral hepatitis and sexually transmissible infections in Australia Annual surveillance report 2018, The Kirby Institute

\*Source: 6th National Survey of Australian Secondary Students and Sexual Health 2018: Australian Research Centre in Sex, Health and Society, La Trobe University.

# SEX & THE LAW

If you are the victim of sexual assault tell someone in a position of authority.

Victoria's sexual assault laws cover a range of offences that parents of teenagers should be familiar with. Essentially, forcing someone of any age to take part in any sexual act is an offence. Having sex with someone who is underage is also an offence, but there are some defences available in exceptional circumstances.

Teenagers should know about laws relating to sexual assault and harassment, and that they can talk to their parents and carers if they feel an offence has been committed against them or a friend.

It is important to tell police or employers as soon as possible if you become aware of an offence.

Parents and carers should also ensure that young people know they are never at fault if someone assaults them sexually or sexually harasses them, and that help is available.

### RAPE

A person rapes you if:

- they sexually penetrate you without your consent and do not reasonably believe that you are consenting;
- during sexual penetration, you withdraw consent to sex, but they continue to penetrate you; or
- they make you sexually penetrate (or not stop penetrating) them or another person. It does not matter if the person being penetrated consents to the act.

Sexual penetration means putting any part of the penis into the vagina, anus or mouth. It also means putting any part of an object or another part of the body, for example, finger or tongue, into the vagina or anus of another person. The penetration can be just the tip of the finger or penis and can happen for even a very short time. It does not matter if semen comes out or not.

Consent means free agreement of your own free will.

Under the law you are not consenting if penetration happens:

- because you were physically forced to do it or you feared someone else would be forced;
- because you were scared of what might happen to you or someone else; or
- because you were unlawfully detained (held), for example, locked in a house or car.

Under the law you also cannot consent if you:

- are asleep, unconscious or so affected by alcohol or drugs that you cannot freely agree;
- are not able to understand the sexual nature of the act; or

- mistake the sexual nature of the act or think the person is someone else.
- If you do not consent to sex, it is rape whatever the relationship between you and the other person. A man can be guilty of raping his wife or girlfriend.

### INDECENT ASSAULT

Indecent assault covers sexual acts other than sexual penetration, such as touching your breasts or bottom without your agreement.

### INCEST

Incest happens when an act of sexual penetration is done with a close relative, for example, a father, stepfather, grandfather or brother.

### SEXUAL OFFENCES AGAINST CHILDREN

These are offences that are committed against young people under 18. They include:

- sexual penetration of a child under the age of 16;
- indecent act with a child under the age of 16;
- persistent sexual abuse of a child under the age of 16;
- sexual penetration or an indecent act with a child aged 16 or 17 by an adult who cares for, supervises or has authority over the child. This may include a teacher, employer, foster parent, sports coach and other roles;
- procuring a child under 16 for sexual penetration or an indecent act by an adult;
- procuring a child aged 16 or 17 for sexual penetration or an indecent act by an adult who cares for, supervises or has authority over that child;
- grooming a child for sexual conduct; or
- producing child pornography or procuring a child to be involved in child pornography.

A person may not have broken the law if the child consented and:

- they had reasonable grounds (reasons) for believing the child was older than 16 (or 18 where the offence involves a child aged 16 or 17);
- the accused was no more than two years older than the child; or
- the accused had reasonable grounds to believe they were married to the child.

Assistance and helplines // see page 172

### AGE OF CONSENT LAWS // SUMMARY TABLE

	ACT/VIC	NSW	QLD	SA/TAS	NT	WA
Homosexual	16	16	16	17	16	16
Heterosexual	16	16	16	17	16	16

NOTE: There is often a defence if the gap between the parties is no more than two, three or even five years (ACT, Tasmania, Vic). Special provisions can apply to persons under guardianship or a student.

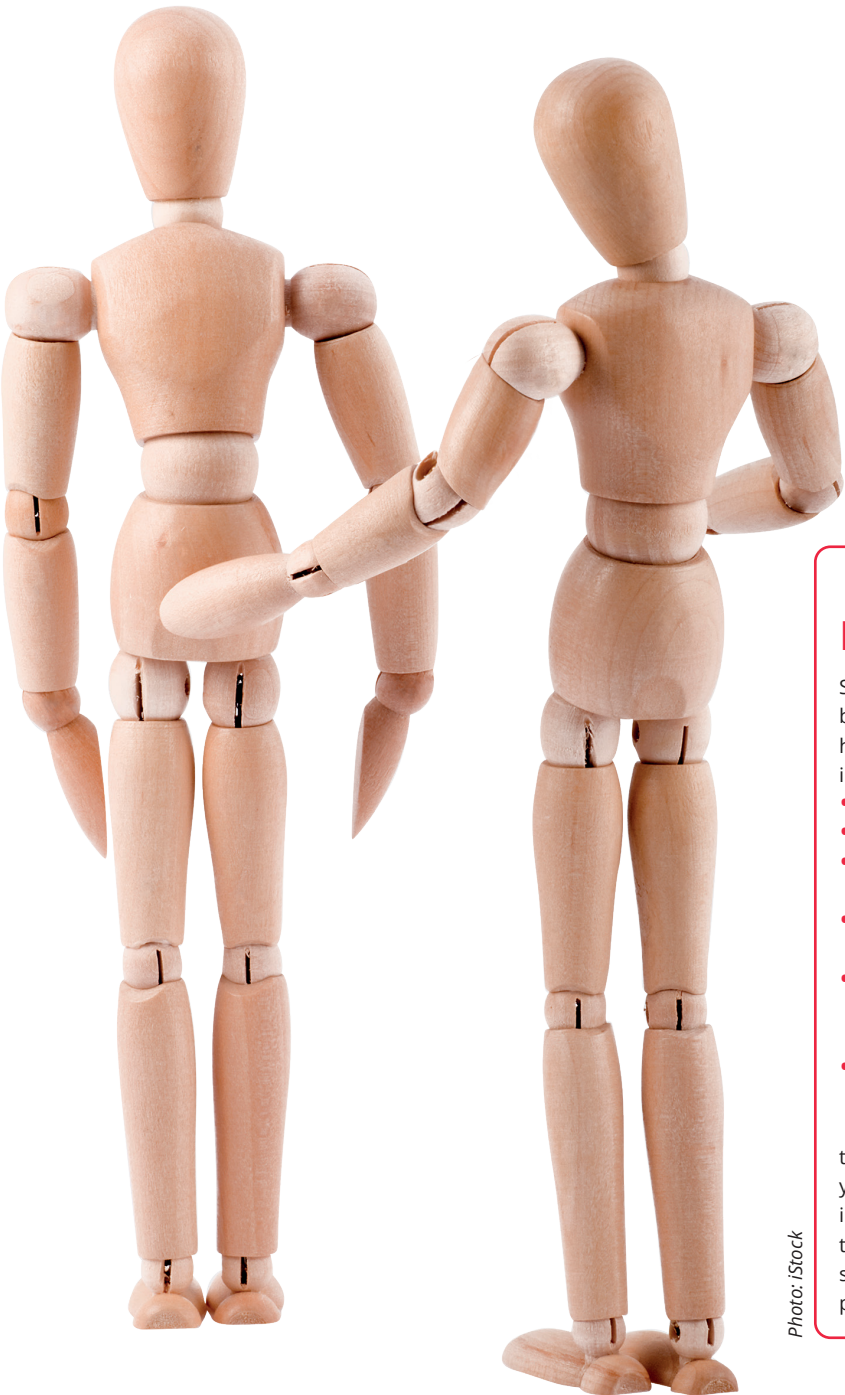


Photo: iStock

### // WHAT IS SEXUAL HARASSMENT?

Sexual harassment is when someone behaves in a sexual way that offends, humiliates or intimidates you. It can include things like:

- telling dirty jokes;
- staring and leering;
- someone making comments about another person's sexual behaviour;
- offensive pictures, emails or text messages;
- someone touching, pinching or brushing up against another person unnecessarily; or
- someone kissing or hugging another person when they didn't say yes to it.

It's also sexual harassment if you agree to someone behaving sexually towards you because you were scared or pushed into it. Sexual harassment is against the law, and if the person's behaviour is serious then the police could charge that person with a criminal offence.

### // UNWANTED SEX \*

Almost three in 10 sexually active teenagers reported having had unwanted sex. Young women were more likely to have had unwanted sex than young men (36.8 per cent vs 15.9 per cent).

Teenagers should know about laws relating to sexual assault and harassment.

### SEXUALLY ACTIVE STUDENTS WHO HAVE EVER HAD UNWANTED SEX

	Male %	Female %	TGD%
Total	15.9	36.8	50

### SOME REASONS WHY PEOPLE HAVE UNWANTED SEX. CHECK ALL THAT APPLY TO YOU

	Male %	Female %	TGD %
Too drunk	34.6	34.3	20
Too high	13.7	13.6	20
My partner thought I should	53.8	51.5	50
My friends thought I should	17	6.6	10
I was frightened	27.5	32.3	50

Base: Sexually active students who have had unwanted sex.  
Note: Multiple response questions.



# KNOW THE LAW

Being familiar with the law is an important part of keeping young people safe sexually. Parents and their teenagers should know how the law applies to them.

**V**ictoria's age of consent to sexual interactions is 16. The age of consent for same-sex relationships is the same as it is for heterosexual relationships.

There are some legal defences if the person having consensual sex is younger than 16 and their partner is less than two years older than them and does not have a caring or supervising role with them.

If an adult has a sexual relationship with someone in their care who is 16 or 17, it's also a crime, unless the adult reasonably believed the younger person was 18 or older.

People aged 18 and over can consent to sex with anyone aged 16 or over, unless they are supervising or caring for the younger person.

In Victoria, criminal laws apply to non-consensual sexual penetration, which includes anything that involves putting a penis into a vagina, anus or mouth (to any extent). It includes putting an object or a part of the body into a vagina or anus.

The law also applies to touching a person in a sexual way, like touching another person's vagina, penis, anus or breasts. Rape occurs when someone sexually penetrates another person who has not consented, including where the person cannot consent because they are asleep, unconscious or so affected by alcohol or drugs that they cannot consent. Sexual assault occurs when someone touches another person sexually without their consent.

## SEXTING <sup>††</sup>

In late 2014, Victoria introduced Australia's first "sexting" laws. These laws created offences targeting the distribution, or threats to distribute, intimate images of another person, and introduced exceptions to child pornography offences where young people engaging in non-exploitative "sexting" with their peers.

The Crimes Amendment (Sexual Offences and Other Matters) Act 2014 created two summary offences of "distribution of an intimate image" and "threat to distribute an intimate image" in circumstances contrary to community standards of acceptable conduct. These offences apply to young people and adults.

The distribution offence carries a penalty of up to two years in prison, and the new offence of threatening to distribute carries a penalty of up to one year in prison.

New exceptions to child pornography offences will ensure that those aged under 18 are not inappropriately prosecuted or added to the sex offenders' register for consensual, non-exploitative sexting with their peers. These exceptions do not apply in relation to images depicting a criminal offence such as a sexual assault.

## MARRIAGE <sup>††</sup>

Teenagers aged 16 or 17 can marry only if their parents or guardian agree, their partner is at least 18 and a court agrees the situation is special enough to allow the marriage – pregnancy may not be enough.

The court considers things like how long the couple has been together, their maturity, financial situation and how independent they are from their parents. If the court agrees, they must marry within three months.



Photo: iStock

## CONTRACEPTION <sup>††</sup>

Those under 18 may be able to get contraception, like the pill, from a doctor. The doctor must decide if the young person is mature enough to understand what they're doing and use the contraception properly. Anyone can buy condoms at any age; most chemists and supermarkets sell them.

## PREGNANCY <sup>††</sup>

Girls need to know they have options and people they can talk to, such as a counsellor, nurse or doctor. They can choose to keep the baby, adopt it out or have an abortion. There is no legal minimum age for keeping a baby or having an abortion. If the mother is under 16, a loved one concerned about their welfare or the baby can call the Department of Human Services. Abortion is legal in Victoria up to 24 weeks and after 24 weeks in some rare circumstances.

**Family Planning Victoria provides advice and support // [www.fpv.org.au](http://www.fpv.org.au)**

## YOUNG FATHERS <sup>††</sup>

A father is legally responsible for financially supporting their child. If they are at school and don't earn any money, they may have to pay later when they can afford to. If proven to be the father, they must pay child support until the child is 18.

## CONTACTS

Useful websites with legal information for young people:

**Go to // [www.lawstuff.org.au](http://www.lawstuff.org.au)**

**[www.legalaid.vic.gov.au](http://www.legalaid.vic.gov.au)**

**[www.youthcentral.vic.gov.au](http://www.youthcentral.vic.gov.au) – follow link to**

**"Know Your Rights"**

**[www.youthlaw.asn.au](http://www.youthlaw.asn.au)**

**Get the free phone app // Below-the-belt sex, selfies, cyber-bullying at [www.legalaid.vic.gov.au/below-the-belt](http://www.legalaid.vic.gov.au/below-the-belt)**

<sup>††</sup> Source Victoria Legal Aid, [www.legalaid.vic.gov.au](http://www.legalaid.vic.gov.au)

# SEX & RELATIONSHIPS

Sex Education Australia's Justine Kiely-Scott says understanding the multifaceted nature of relationships is an important part of sex education.

**"R**elationships can be defined in many ways. When we commonly think of relationships we think of a monogamous commitment. But they can be many and varied.

"When it comes to sex and relationships, very important rules need to be applied regardless of the 'type' of relationship. A 'one-night stand' is a type of relationship, as is a short-term or long-term commitment.

"If we are to get the right information across to young people, it is essential that we are non-judgmental. The same rules apply for a casual sexual encounter as a longer-term relationship.

"We want young people to have respectful, consensual, pressure-free, guilt-free, STI-free pleasurable sex, no matter what the circumstance. Good communication and being able to clearly articulate consent and individual needs are vital.



Photo: Supplied

**"We want young people to have respectful, consensual, pressure-free, guilt-free, STI-free pleasurable sex, no matter what the circumstance."**

"The hardest part of any sexual interaction is being able to communicate confidently what you want or don't want. If the rules about what is and isn't healthy and respectful are clear to all, then articulating individual needs shouldn't be so hard.

"Respect and choice should always be a part of a sexuality education program. Consent must never be assumed and ... free agreement means just that – sexual activity without being pressured or forced, even subtly.

"Young people need to be able to recognise the warning signs of an unhealthy relationship and be confident they know who

and where they can turn to for help. Some schools are doing a great job in this area, but we need to continue to build teachers' skills and confidence to teach this confidently and capably.

"A comprehensive sex education program will cover as many elements as possible in addition to the biological, for example the psychological aspects (emotions, attitudes, feelings, self-esteem, body image), the social aspects (friendships, dating, law, gender, stereotypes), and values (family, spirituality, religious, customs, culture, personal beliefs).

"Talking about what you would expect from a sexual/romantic experience is important. Discussing potential 'deal breakers' and the types of things that you would not tolerate or should not tolerate is important too.

"Gender stereotypes play a big part in how people communicate when it comes to sex. The messages are the same for boys and girls, but they may need to be delivered differently.

"We need to challenge the gendered assumptions that have become universal truths. Stereotypes suggest that in a heterosexual context for example, boys should 'make the first move' and girls need to be 'persuaded' to do sexual things.

"The importance of understanding what constitutes a respectful relationship and consent are the same no matter what your sexuality is. In this instance, the internet is the parents' friend – there is lots of comprehensive information available, along with communities that exist to reassure and inform young people.

"For parents, being as open and honest with your children is the key, but this ideally begins when they are little. It's a series of smaller conversations rather than one big 'talk'. Discussing relationships in general can be less confronting, and using examples from TV programs and movies can help.

"Parents need to let their children know they are there for them no matter what. They need to reassure them that they can come to them for advice and if they can't help, make sure young people know who can. This might be another adult or a support agency."

**// Justine Kiely-Scott is co-founder and educator at Sex Education Australia, delivering sexuality and respectful relationships education in more than 60 government and independent primary and secondary schools, and universities, in Victoria. [www.sexeducationaustralia.com.au](http://www.sexeducationaustralia.com.au)**



# OPEN COMMUNICATION & CONNECTEDNESS

Dr Siobhan Bourke is a sexual health physician. She believes it's important to talk frankly and to use correct terminology when talking to children about their bodies.

“When you talk in euphemisms, you create taboo subjects. This is true for a lot of topics, including sex. Kids are smart, and if you don't give things their correct name, they work out that you are trying to cover up something and they wonder why that is. They work out that sex is a taboo subject. Use the right language around sex and relationships so there is no mystique for kids.

“But for kids to be safe, they need to be able to approach their parents and have conversations about sex. In any realm, including sexual health, connectedness to parents is a safeguard for children. Being able to talk to mum, dad or a guardian is the biggest safety net that any child can have.

“But if you start making barriers because you can't say the words 'penis' and 'vagina', kids catch on to that. They realise conversations about sex and genitals are not to be had with parents – so they don't have them. Instead, they will look for information on the internet or they go to their friends, who may also be uninformed. I remember being a teenager and an older male friend telling me you can tell when a girl is not a virgin by the shape of her vulva! For the next few years I thought that was true!

“If you want to help your kids make big decisions in life, you need to have conversations and use truthful terms. Sometimes I think parents don't use the right terminology because they weren't taught to use the right terms themselves. Many women who see me in the clinic say they have an itch or pain on their vagina when they mean their vulva – the vagina is inside and the vulva is outside.

“I think a great resource for children is a guide called *Talk soon*. [healthywa.wa.gov.au/Articles/S\\_T/Talk-soon-Talk-often](http://healthywa.wa.gov.au/Articles/S_T/Talk-soon-Talk-often). It's a guide for parents talking to their kids about sex. It's written for the Department of Health in Western Australia.

“Some parents think that if they start talking about these things that kids will then want to have sex. The evidence has shown time and time again, the more knowledge kids have, the more likely they will make good decisions for themselves and they will delay sex until they are ready.

“You don't have to be a sex expert to help your kids. If you don't

know the answer to a question, say so and find out the answer together. You'd help your kids work out how to open a bank account or get their driver's licence, and if you weren't sure about some aspect of that, you'd find out what you needed to know. Why does it have to be different with sex?

“Do the initial search for answers on the internet without your children. If you search sex terminology you may inadvertently come across some images that you don't want your children exposed to yet. Do the search yourself, particularly if your children are young, and then search with your child. Or go to the library and get some books so you know what you're looking at and are comfortable with it.

“Sexual relationships and relationships with other human beings are big decisions too and sometimes we are not equipping our children with the information they need because we are not having those conversations. If your child asks you a question about sex in the supermarket and you say that you'll discuss the topic later, it's important to do the 'later'. If you don't it signals to kids that they are not supposed to talk about it and they won't talk about it with you any more.

You want your child to be able to come to you with any of their problems. Open communication and connectedness are the greatest protective factors to keep children as safe as possible.”



Photo: Supplied

## // WHAT DO YOU CALL YOUR GENITALIA?

Here some parents share their personal names...

Hoo Hoo	Front Bottom	Tools
Tinkle	Fanny	Ball Bag
Pee Pee	Your Johnson	Trouser Snake
Vag	Charlie Carter	Below Stairs
V Jay Jay	Tackle	

Siobhan Bourke is a sexual health physician with Centre for Excellence in Rural Sexual Health (CERSH), University of Melbourne; and Family Planning Victoria.

# PARENT Q&A

Dr Siobhan Bourke answers a few of your questions.

## Q. WHY IS IT IMPORTANT TO USE CORRECT SEX AND HUMAN BODY TERMINOLOGY FROM DAY ONE?

“As soon as we use a euphemism, we're creating a taboo. We're saying to kids, it's not right to use the right language. They pick up on that – we won't talk about it, we'll hide it. And from not calling your penis your penis and not calling your vagina your vagina, it leads to other things that they're not supposed to talk about. And the whole subject of sex becomes taboo. When that occurs, we end up with kids not talking about some of the most important things in their life.”

## Q. SO HOW DO PARENTS APPROACH THOSE CONVERSATIONS?

“It's not the conversation you have at the top of your voice in the middle of the supermarket, and there are appropriate levels of information. The key is to have little conversations and have them often. You don't have to give them a full-on manual, but you can discuss simply what goes on with sex and methods of protection against infection and pregnancy.

When girls are heading towards puberty and having their periods it is a great opportunity to have this conversation. For some girls they may know that mum or others are bleeding – they notice things in bathrooms or walk in on mum in the toilet, so the conversations may start even earlier than puberty. You can explain the function of periods and the menstrual cycle as your body preparing for pregnancy, and then, if not getting pregnant, a period comes; details will depend on the age of the girl.”

## Q. IS IT IMPORTANT FOR PARENTS TO REALISE THEY DON'T HAVE TO KNOW THE ANSWERS TO EVERY QUESTION?

“Parents think they are supposed to know all about sex, but you don't have to know everything. It's about working stuff out together, like you would other topics. The most protective factor for kids for sex and drugs is that connectedness in families. If your child can ring you at 3am and say 'come and help me', you've maintained that connection. If they can say to you, 'I like so and so and want to talk to you about sex' or 'where do babies come from' and get an honest answer, that is the safest thing for kids going out into the world.

Sometimes conversations are awkward for both parents and children but they need to be had. If maintaining eye contact is making either party feel nervous, try having the conversation you have in the car or while doing the dishes. As the adults and guardians, we need to have these conversations.”

## Q. WHAT DO PARENTS NEED TO KNOW ABOUT PORNOGRAPHY?

“Pornography is so much more accessible today. Porn also seems to be increasingly violent in nature, particularly against women. But it's also damaging for young people, especially men, because it takes away their understanding of what loving, caring and responsible relationships are. We need to be able to talk to our young people about pornography in conversations around their sexuality. That's why it's important to develop that ability for your young person to be able to talk to you about whatever.”

## Q. WHAT ARE THE MOST COMMON SEXUALLY TRANSMITTED INFECTIONS AFFECTING YOUNG PEOPLE?

“Chlamydia is the most common bacterial infection – spread by unprotected sexual activity. It's simple to detect, with a urine test, and it's easily treated with antibiotics. The most commonly transmitted STI is the human papillomavirus or HPV. More than 80 per cent of people get it and it's very difficult to avoid but most people clear it without even knowing they had it. There are some types of HPV virus that cause changes to the cervix and can lead to cervical cancer down the track, but we now have a vaccine to prevent that.

The Australian government put this vaccine on the National Immunisations program for girls aged 12 or 13 (equivalent to year 7 at high school) in 2007 and then included boys aged 12 or 13 in 2013. This is showing to be a great protection against cervical cancer and other HPV-related cancers. There are other STIs around so simple advice is to use protection (condoms) and to get regular checks – sexually active people under 30 are recommended to have a urine chlamydia test once a year.”

## Q. WHAT ADVICE DO YOU HAVE WHEN PARENTS DISCUSS CONTRACEPTION WITH THEIR KIDS?

“The first thing most people talk about is the pill but for young women, long-acting reversible contraceptions (LARC) that you don't have to remember and think about every day are more reliable and convenient. There are intrauterine devices and the Implanon implant, which are both available for young women – even those who have not been pregnant or given birth.

It is also good to remember when there has been a contraception failure the morning-after pill, or more appropriately called emergency contraception, can be taken up to 120 hours after unprotected sex, although it's most effective within the first three days.”

“Parents think they are supposed to know all about sex, but you don't have to know everything.”



# THE EXPERT

Pornography is a minefield and parents are right to be concerned.

**W**e cannot stop young people accessing porn, but experts say we can minimise the potential fallout. Forensic psychologist Dr Russell Pratt says children and young people can access pornography whenever and wherever they want on iPhones, iPads, laptops, tablets and gaming consoles.

"Pornography has also changed over the past two decades," he says. "‘Porn with a story’ from the mid-’70s through to the early ’80s is now replaced by every permutation and combination of category and subcategory you can imagine, and some you most likely can’t."

Writing for the Australian Psychological Society, Dr Pratt says there is more porn than ever and research shows that males aged 12-17 are the most frequent online consumers (Haggstrom-Nordin, Hanson & Tyden, 2005).

"Not only are we struggling to comprehend the extent and type of pornography our youth are being exposed to, but we also have to grapple with the impact this is having on their sexual practices and relational templates," Dr Pratt says. "The pornography industry appears to have brought about changes to both body image and sexual practices among young people."

"Here's some examples: the complete lack of pubic hair on virtually everyone under 30 – thank the porn industry; the research indicating that large cohorts of teenage girls do not regard oral sex as sex, but rather something that is provided to young men as a way of not having sex – thank the porn industry; the growing rates of reported anal sex amongst adult and teenaged heterosexual couples, to the point that for the first time ever, rates of practising anal sex were polled among Victorian school students in years 10-12 in a recent survey of sexual practices (the rates were recorded as nine per cent of the sample of just over 2000 youth in case you were interested; see Mitchell et al., 2014) – thank the porn industry."

Recent Australian research found that young men believe that

what they are watching provides real templates for sexual activity (see Crabbe and Corlett, 2011). Dr Pratt says research also shows that children are engaging in sexual practices earlier and those who watch porn engage in oral sex and intercourse younger than those who don't.

"Over the past decade, we have seen a growing trend of younger children engaging in problem sexual and sexually abusive behaviours generally aimed at younger children – in other words, children sexually assaulting children," he says.

"Pornography is providing too many 10-year-olds with the mechanical knowledge to anally, orally and/or vaginally penetrate younger siblings, cousins and acquaintances."

Dr Pratt says to "porn-proof" kids we must have quality relation-based sex education and sexuality training for those who work with vulnerable youth. Parents must also help their children "decode" porn.

"Parents need to model respectful, loving relationships – with partners, friends and the children themselves," he says. "Nothing will assist young people more than a healthy familial relationship that allows them to measure what they see in 'porn world' up against what they see in the real world they are immersed in."

"If young people are exposed to gender inequality, family violence, taboos about discussing sexual and relationship matters, or a harsh and unyielding parenting regime, then the relationships portrayed in pornography may not look that comic, sad or alien to them."

"The other duty for parents is to get over the embarrassment and talk with children about sex and relationships. Nature abhors a vacuum, and if parents create one then pornography is just waiting to fill it."

Dr Pratt says no one can stop the pornography onslaught. "What we can do is assist youth to understand that pornography is fantasy, and relates to real life sex the way that *Die Hard* and *McClane* do to real life conflict management," he says.



Photo: Supplied

// This is an edited extract of an article by Dr Russell Pratt, first published in April 2015 in *InPsych*, the bulletin of the Australian Psychological Society. To read more, go to [www.psychology.org.au/inpsych/2015/april/pratt](http://www.psychology.org.au/inpsych/2015/april/pratt)

# THE ADDICT

Hugh Martin was eight years old when he first saw pornography. It was the start of an addiction that nearly cost him his marriage and his family life.

**"S**ome research shows that about 90 per cent of nine-year-old boys have seen porn. It's everywhere – and it isn't only touching the lives of 'bad' kids. Porn is now so accessible that you don't even have to look for it. Porn will find your child. Whenever your child is on the internet there's a high possibility that some link, somewhere, will lead them to something pornographic – regardless of what filters you have in place.

"Porn has moved from specialised porn sites into the mainstream social-media sites because porn producers, like drug dealers, are using every opportunity they can to expand their market. To create a future crop of porn users, they have to plant the seeds with younger people now. It's Marketing 101.

"I was first exposed to fairly tame stuff as a kid. A friend's father had an extensive collection of *Playboy* and *Penthouse* magazines. He knew we were looking at them but he never talked to my friend and I about what we saw. So I grew up assuming that what I saw in those magazines was 'normal'.

"When you take that idea to the internet and the incredibly graphic content available today, that's a real worry. Because children and young people don't have the emotional or cognitive intelligence to say 'hang on, that's not what things are really like'. They have no point of comparison.

"The new style of porn isn't about having a movie with a storyline – it's called 'gonzo porn', like gonzo journalism. Producers bring a woman into a room, interview her, she strips off and guys walk in and have sex with her. It fits nicely into the online format – you cut straight to the chase and kids enjoy hit after hit after hit.

"A lot of people say porn drove the development of the internet – paywalls, streaming and aggregation all come from the porn industry. Anecdotal evidence says the massive take-up of high-speed internet is due to the ability to access pornography, too. Because porn isn't produced by a geezer down a back lane – it's made by smart people who know exactly what they're doing.

"Porn has become so prolific it's the educator, and that's why parents need to have an open and frank conversation, just as they'd talk about alcohol or drugs to their son or daughter. Yes, it's uncomfortable, but if you don't have those conversations boys may assume it's normal for a woman to want to have sex with 10 guys, that girls are always available, and that they always want sex no matter what. They learn that women are to be used. That's what porn teaches them.

"And girls have expectations placed on them sexually. For example, they're expected to feel that anal sex is normal,



Photo: Supplied

"Kids need a gravitational anchor by which they can make sexual decisions, moral decisions and respectful decisions around sex."

or that it's not really sex. For some young people now, oral sex is seen as akin to kissing – it's no longer seen as a serious thing. Porn has helped drive that perception.

"Kids need a gravitational anchor by which they can make sexual decisions, moral decisions and respectful decisions around sex. They need someone to talk to and to help them understand what they will see online.

"I don't think a lot of parents understand the nature of pornographic content today – much of it teaches young people that sex and violence can be the same thing.

"I run workshops with men who have developed an addiction to pornography. So much of their sexual education and what is 'appropriate' in a relationship came from pornography driven by violence and revenge against women to a certain extent.

"Parents need to have an ongoing conversation with their child. Be brave. Ask your kids if they've seen porn and what they thought of it. Don't judge. Just be curious. Keep the door open so eventually they can come to you when they see something that bothers them and say 'I saw something the other day ...'"

// Hugh Martin is a psychotherapist and founder of Man Enough, an organisation that runs presentations and workshops to help men make positive changes to their lives. [www.manenough.com.au](http://www.manenough.com.au)

# ASSISTANCE

There are many places to get information and help.

Your doctor, community health centre, reproductive specialist or pharmacist.

Melbourne Sexual Health Centre  
[www.mshc.org.au](http://www.mshc.org.au)  
9341 6200 // 1800 032 017 (for outside Melbourne area)

The Women's Health Information Centre  
1800 442 007 // 03 8345 3045

Dr Marie (Marie Stopes International)  
[www.mariestopes.org.au](http://www.mariestopes.org.au)  
1300 401 926

Domestic Violence Resource Centre  
[www.dvrcv.org.au](http://www.dvrcv.org.au)  
03 9486 9866

Centres Against Sexual Assault (CASA)  
[www.casa.org.au](http://www.casa.org.au)  
Free call, after hours: 1800 806 292

Transgender Victoria  
[www.transgendervictoria.com](http://www.transgendervictoria.com)  
03 9517 6613

QLife. Online chat 5.30-10.30pm  
[www qlife.org.au](http://www qlife.org.au)  
1800 184 527, 3pm-midnight, 7 days

Zoe Belle Gender Collective  
[www.zbgc.org.au](http://www.zbgc.org.au)

Rainbow Network for LGBTIQ+ youth  
[www.rainbownetwork.com.au](http://www.rainbownetwork.com.au)

Emergency help: Kids Helpline on  
1800 551 800 or Lifeline on 13 11 14

Victorian Government Better Health Channel  
[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

The Royal Women's Hospital sex and sexuality  
[www.thewomens.org.au/health-information/sex-sexuality](http://www.thewomens.org.au/health-information/sex-sexuality)

ReachOut has relationships and sexuality information for young people at  
[www.reachout.com](http://www.reachout.com)

Kotex site for girls  
[www.ubykotex.com.au/puberty](http://www.ubykotex.com.au/puberty)

Women's and Children's Health Network  
[www.cyh.com](http://www.cyh.com)

## LEGAL WEBSITES

Victoria Legal Aid  
[www.legalaids.vic.gov.au](http://www.legalaids.vic.gov.au)  
1300 792 387 Monday to Friday  
8am-6pm  
[www.lawstuff.org.au](http://www.lawstuff.org.au)  
[www.youthcentral.vic.gov.au](http://www.youthcentral.vic.gov.au)  
– follow link to 'Know Your Rights'  
[youthlaw.asn.au](http://youthlaw.asn.au)

## TEEN SEX & RELATIONSHIPS WEBSITES

[lovegoodbadugly.com](http://lovegoodbadugly.com)  
[www.nellythomas.com/condom-dialogues](http://www.nellythomas.com/condom-dialogues)  
[www.scarleteen.com](http://www.scarleteen.com)

## WHAT IF GENDER ROLES IN ADVERTISING WERE REVERSED?

[www.good.is/articles/intermission-what-if-gender-roles-in-advertising-were-reversed](http://www.good.is/articles/intermission-what-if-gender-roles-in-advertising-were-reversed)

## // RECOMMENDED READING

*Getting Real: Challenging the Sexualisation of Girls* by Melinda Tankard Reist (Editor) // [www.booktopia.com.au/getting-real-melinda-tankard-reist/book/9781876756758.html](http://www.booktopia.com.au/getting-real-melinda-tankard-reist/book/9781876756758.html)

*Raising boys & Raising girls* by Steve Biddulph // [www.stevebiddulph.com](http://www.stevebiddulph.com)

*Speaking Out: A 21st-Century Handbook for Women and Girls* by Tara Moss // [www.harpercollins.com.au/9781460754535/speaking-out-a-21st-century-handbook-for-women-and-girls/](http://www.harpercollins.com.au/9781460754535/speaking-out-a-21st-century-handbook-for-women-and-girls/)

*The Puberty Book* by Kelsey Powell and Wendy Darvill (Hodder Headline Australia)

*Sexpectations: Sex Stuff Straight Up* by Craig Murray and Leissa Pitts (year 7 up) (Allen & Unwin)

Young adult literature // [thestellaprize.com.au/2016/05/sex-in-ya/](http://thestellaprize.com.au/2016/05/sex-in-ya/)

## OUT OF THE BOX // NORWEGIAN SEX ED

Newton is a science program from Norway for children and young people. The target group is from 8 to 12 years. The Newton series about puberty conveys openly and frankly what happens to the body in the transition from child to adult.



## THE VIDEOS

**Puberty: How does it start?** Go to [goo.gl/8YBbyo](http://goo.gl/8YBbyo)

**Puberty: Breasts** Go to [goo.gl/7UtkB1](http://goo.gl/7UtkB1)

**Puberty: Growth and voice change** Go to [goo.gl/dXpAVf](http://goo.gl/dXpAVf)

**What's the deal with puberty?** Go to [goo.gl/VFNa1L](http://goo.gl/VFNa1L)

## // FAMILY PLANNING VICTORIA

Family Planning Victoria (FPV) works in partnership with a range of local, regional and national organisations, including universities, community and women's health centres and other family planning organisations and is associated with International Planned Parenthood Federation (IPPF) and Family Planning Alliance Australia (FPAA).

Family Planning Victoria // [www.fpv.org.au](http://www.fpv.org.au) // 1800 013 952 // 03 9257 0100.

Family Planning Victoria publishes a range of online resources for young people, including our podcast 'Doing It'. [www.fpv.org.au/resources](http://www.fpv.org.au/resources) // [www.fpv.org.au/schools/podcasts](http://www.fpv.org.au/schools/podcasts)

## BOX HILL CLINIC

Ground floor, 901 Whitehorse Road, Box Hill (near Box Hill station)  
03 9257 0100 or freecall 1800 013 952  
Clinic hours: Mon-Fri 9am-5pm

## ACTION CENTRE CLINIC

Level 1, 94 Elizabeth Street, Melbourne (near Flinders Street Station)  
03 9660 4700 or freecall 1800 013 952  
Clinic hours: Mon-Fri 8am-6pm

## // LGBTIQ+ – IF YOU NEED TO TALK

LGBTIQ+ young people have never had so many support services. But they need to know how to access them and feel comfortable in doing so. If parents know or suspect their child needs this kind of support, they need to be supportive and help them access support groups.

Family Planning Victoria Action Centre visit // [www.fpv.org.au/for-you/sexual-diversity/lesbian-gay-bisexual-transgender-intersex-lgbti](http://www.fpv.org.au/for-you/sexual-diversity/lesbian-gay-bisexual-transgender-intersex-lgbti) or contact them on 03 9660 4700 or at [action@fpv.org.au](mailto:action@fpv.org.au)

Australian Human Rights Commission // call 1300 656 419 or visit [www.humanrights.gov.au](http://www.humanrights.gov.au)

Fair Work Ombudsman // call 131 394 or visit [www.fairwork.gov.au](http://www.fairwork.gov.au)

Victorian Equal Opportunity & Human Rights Commission // call 1300 292 153 or 1300 289 621 (TTY)  
Visit [www.humanrightscommission.vic.gov.au](http://www.humanrightscommission.vic.gov.au)

## // CHECK THESE OUT

Talk Soon, Talk Often. WA government resource // [healthywa.wa.gov.au/Articles/S\\_T/Talk-soon-Talk-often](http://healthywa.wa.gov.au/Articles/S_T/Talk-soon-Talk-often)  
The Line. Victorian government respectful relationships program // [www.theline.org.au](http://www.theline.org.au)

Note: Parents should check websites first, to make sure they are OK with them.

## WATCH

Movies can provide a great base for discussing relationships and sex, but many are idealised, unrealistic and reinforce stereotypes. Some more realistic movies for teens include:

*High Fidelity* (2000)

*Mean Girls* (2004)

*Superbad* (2007)

*Juno* (2007)

*500 Days of Summer* (2009)

*The First Time* (2012)

*The To Do List* (2013)

*Don Jon* (2013)

Note: Some films are more explicit than others, so parents and carers should check the content first, depending on their child's age.

## READ

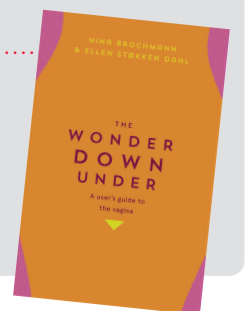
*The Wonder Down Under*

by Dr Nina Brochmann

and Ellen Støkken Dahl //

published by Hachette Australia.

RRP \$32.99.



## // RESOURCES FOR TEACHERS

*Thinking Ethically* is a teaching resource that provides a framework for discussing challenging topics.

Topics include: Ecocide, Modern Slavery, Cyber Safety, Same-Sex Relations, Interfaith Tolerance, Animal Rights, Euthanasia, Legalising Cannabis, Cosmetic Surgery, Abortion, Role of Media, Mental Health, Refugees, Crime and Punishment, Just War, Surrogacy, Food Security, Aboriginal Reconciliation, Terrorism and Neurodevelopmental Disorders.

For more information, go to // [cengage.com.au/secondary/teachers/thinking-ethically](http://cengage.com.au/secondary/teachers/thinking-ethically)

Bullying. No Way! // [www.bullyingnoway.gov.au](http://www.bullyingnoway.gov.au)

The Porn Factor DVD // [www.itstimewetalked.com.au/resources-order-form/](http://www.itstimewetalked.com.au/resources-order-form/)



# WHAT PEOPLE SAY ...

"The magazine-style format is fresh and different and, frankly, much more engaging than a lot of the educational information commonly encountered in the health sector ... it was a very non-confrontational, un-alarming and pleasant way of communicating really important information. Seeing sexual health through your 'lens' i.e. the journalistic/media lens, is very different to how most of us in the health sector communicate."

**Dr Alana Hulme Chambers // Research Fellow, Department of Rural Health //  
Centre for Excellence in Rural Sexual Health, Faculty of Medicine, Dentistry & Health Sciences,  
The University of Melbourne**

"The best resource I have ever read on the subjects of children's exposure and involvement with drugs, sex and internet evils. Every GP should read these informative booklets: every parent should have this information at their fingertips. I have urged my daughters to read them.  
(My two oldest grandchildren are both 11)."

**Dr Ann Kelmann**

"The Social Media 101 parent guide is a valuable resource for our parents. We now live in a society that is rich with information where we can find everything we need to know online. However, parents often face the dilemma of filtering through information and having to work hard to find reliable sources. Social Media 101 is a well-balanced, easy-to-read, carefully collected guide that has provided information and support to many of our families."

**Pitsa Binnion // Principal, McKinnon Secondary College**

"Having the need-to-know information condensed into a handy book – with information sourced from credible authorities – is invaluable."

**Parent feedback**

## // AVAILABLE TO BUY ONLINE



### **DRUGS 101**

Is taking drugs and drinking alcohol a rite of passage? For many it is. Prepare yourself.



### **SOCIAL MEDIA 101**

Social media can be a godsend and a nightmare. We tell parents what their kids are doing online.



### **SEX 101**

Don't feel comfortable talking about sex? Join the club. Check out the research.



### **MENTAL HEALTH 101**

We're all talking about it but what's really going on? And why? You'll be surprised.



### **RESPECT 101**

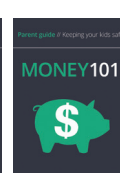
No longer just a word to be sung, R.E.S.P.E.C.T. is all about kindness and community.

### **OUT NOW ...**

*Teens 101* The new compendium resource *Teens 101* is ideal for schools, universities, libraries, and family support organisations.



### **COMING UP ...**



School parent panel night events, contact Eileen Berry // 0407 542 655  
To purchase resources or for school bundles, visit // [parentguides.com.au](http://parentguides.com.au)  
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