

South Australian
Commissioner
for Children and
Young People
2021

Sex Education in South Australia

What young people need to know
for sexual health and safety

PROJECT REPORT NO. 22 | MAY 2021

The Commissioner's Role

The South Australian Commissioner for Children and Young People is an independent statutory position, established under the *Children and Young People (Oversight and Advocacy Bodies) Act 2016* ('the Act').

The Commissioner's role includes advocating for systemic change to policies, programs and practices that impact the rights, development and wellbeing of South Australia's children and young people.

This work is informed by the experiences and issues of children and young people themselves, with a specific focus on those who struggle to have their voices heard.

The Commissioner's strategic agenda was formulated with direct input from children and young people. They asked the Commissioner in particular, to facilitate their involvement in decision making and to create opportunities for them to experience authentic participation in the adult world.

The Commissioner is working with a number of partners on this agenda so that South Australian children and young people can have greater input into the design and delivery of the policies, processes and practices connected with delivery of support services aimed directly at them.

Acknowledgements

Special thanks to the young people who formed the Commissioner's Policy Advocates group. Their contributions guided the research, analysis and advocacy that informed this report.

Throughout this report unedited quotes and responses from young people who participated have been used to ensure their ideas and suggestions are faithfully communicated.

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**‘Standardised, 👍
🎓 comprehensive,
and 100 honest sex
education 💖💖 in
South Australia is
needed yesterday.’**

FEMALE, 19

Commissioner's Foreword

As South Australia's Commissioner for Children and Young People, my mandate under the *Children and Young people (Oversight and Advocacy Bodies) Act 2016* is to advocate for the rights, interests and wellbeing of all children and young people living in South Australia.

Across regional and metropolitan South Australia, I have engaged with thousands of children and young people about issues that are important to them. Children and young people tell me they want access to education, healthcare, and other services that meet their needs. They want to be trusted, listened to, respected, and valued, and they want to have access to information that will help them to explore solutions, voice their ideas, and make decisions.

Through relationships with schools, youth organisations, local government, and service providers, I directly seek to hear the voices of children and young people in all aspects of my work, which includes development of advocacy plans, public policy submissions, and provision of independent advice to government and the community.



As young people themselves are aware, they have been born into a century characterised by rapid and unprecedented civic, social, technological, environmental, and political change. This has created uncertainty and complexity that has shaped their individual and collective values, their identities, along with their sense of self and belonging.

As a global generation they value diversity, and place huge importance on each person's fundamental right to express their own identity. They see this diversity in their everyday lives, and they expect this to be reflected in the institutions they have contact with, as well as in the programs and services with which they engage. They also expect to see it reflected in those who are representing their interests. Perhaps most importantly, they want to see respect for diversity reflected in their education, including in lessons relating to relationships and sexual health and wellbeing.

In the first half of 2021, commentary on allegations of sexual assault and rape in our political and business institutions, schools, and universities, has consumed our airwaves and social media channels. Consequently, the content of sex education that is currently being taught in schools across Australia has been brought into sharp focus. In response, the Australian government announced it would distribute *Respect Matters*, a suite of educational material about respectful relationships, consent, and sexual abuse. These materials have had their own controversy and it would appear this is due in large part, to the inability of adults in positions of power to engage in a contemporary, mature, and pragmatic conversation about what children and young people should be taught in lessons about relationship and sexual health education.

In my work as Commissioner, young people have consistently raised respectful relationships and sexual health and safety as a policy area they care deeply about. They have highlighted what they see as serious inadequacies in this area of their education. As such, the issue has been on my agenda for a few years.

Throughout 2019, a group of young South Australian's policy advocates used the YMCA Youth Parliament platform to express the view that school-based relationships and sexual health education was inadequate, inconsistent, non-inclusive, and a potential threat to children and young people's sexual health and safety.

The young people involved were partially responding to the issues identified in the 'MeToo' movement, as well as to their own experiences as students in a high school setting. But they were also responding to Australia having one of the highest rates of reported sexual assault incidents of anywhere in the world, supported by research from a recent national survey of adults, which shows that almost two million (overwhelmingly female) Australians have experienced at least one sexual assault in their lives, from as young as 15 years.¹

In 2020, the same group of young people continued to advocate for change in this area, raising their concerns with the Parliament of South Australia's Social Development Committee. The Policy Advocates asked the Committee to inquire into the 'adequacy of sexual health, health and wellbeing, and relationships education'. Their request was rejected by the Committee, but they decided to continue their advocacy efforts by working with me on the development of a Sex Education Survey of South Australian children and young people. The survey, consisting of 23 questions, was distributed online across South Australia attracting more than 1,200 responses.

The Sex Education Survey sought to gain a deeper understanding of the current reality of young people's experiences and gather their views on relationship and sexual health education as a basis for making change through ongoing advocacy.

Based on their survey responses of young South Australians between the ages of 12 and 22 years, it is clear young people want their relationship and sexual health education to be far more responsive to their current realities and pressures. They want practical guidance in areas they are struggling to understand, and for the content they're taught to move beyond puberty, anatomy, and the prevention of pregnancy and diseases, to include the following:

- an understanding of the difference between healthy and unhealthy relationships, including how to identify and respond to peer abuse and exploitation
- an understanding of how young people can protect themselves from violence and be supported to safely navigate relationships and sexual interactions
- an understanding of the social and practical complexity of consent, rather than just a knowledge of legal definitions
- knowledge of how and where children or young people who are experiencing abuse or who are otherwise feeling unsafe, can access safe, respectful and stigma free support
- knowledge of the reality of image-based abuse, including exposure to pornography and damaging use of sexting amongst peers. This includes learning how to clearly distinguish between behaviours that young people consent to with their peers, and those in which older abusive adults are engaging in criminal behaviours such as exploitation, grooming, or coercive control of children and young people; and
- an understanding of the interplay between sexual safety and the use of drugs and alcohol.

This report examines young people's views on the adequacy of their relationship and sexual health education based on the responses they gave to the survey questions centred around the key themes of quality, appropriateness, accessibility and timeliness.

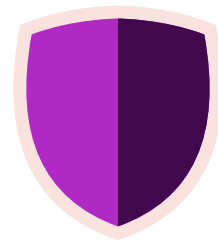
It also examines the extent to which the context, content, and experience of this education empowers young people to make informed decisions about how they can be safe from harm and ensure their sexual and physical boundaries are being respected. Importantly, it presents recommendations on ways in which relationship and sexual health education can be improved, as identified by young people themselves.

In order to promote and protect the health, safety, and wellbeing of our state's children and young people, it is time for adult decision makers to position them front and centre and engage in a contemporary, mature, and pragmatic conversation about what they actually need to be taught. This includes extending relationship and sexual health education to incorporate holistic viewpoints that integrate issues of gender diversity and gender equity with sexual health, safety and wellbeing.



Importantly, our political and educational leaders must move us all toward a more contemporary sex education discourse that is grounded in child rights. This discourse needs to be evidence-based, as well as include an understanding of the social and practical complexity of consent – not just the legal definitions.

It also needs to include information about where young people can go to access professional support when needed, and provide an understanding of the potential that exists for image-based abuse to proliferate if it is not held in check. If we don't address the damage that easy access to pornography and sexting can have on children and young people in relation to their understanding of issues of respect and equality, we cannot expect to address broader issues of objectification and sexualisation of children and young people (particularly girls) that contribute to the high rates of domestic and family violence occurring across our communities.



Through access to ongoing, accurate, evidenced-based education we can lay the foundations for informed decision-making and protections for children and young people. Particularly those who are currently left uninformed and vulnerable when it comes to relationship and sexual health education. As one 15-year-old survey respondent put it, 'Lack of education doesn't mean lack of sex, it means lack of SAFE sex'.

Helen Connolly

Commissioner for Children and Young People

Report Context

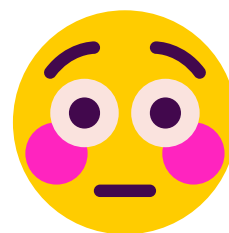
Young people across South Australia have raised what they see as serious inadequacies and concerns about the quality of education they are receiving as it relates to relationships, wellbeing and sexual health and safety. Many believe their current relationship and sexual health education does not prepare them for the challenges they face in an increasingly diverse and rapidly changing world.

As with most social issues, community understanding and knowledge about sex and relationships evolves over time. By looking at what is readily made available on digital technology, it is clear attitudes towards sexuality and sexual behaviours have changed significantly in the past ten years. During this time, mainstream and social media interviewers, entertainers, and influencers have all been participating in and promoting more open conversations about consent, gender, sexual diversity, sexual safety, and sexual wellbeing. These conversations have extended into workplaces and homes, and yet are considered too taboo to be discussed in educational settings with young people.

For young people, technology has created a new set of pressures they are being required to navigate both on and offline. They're worried that the strategies around sexual health are overly focused on protecting children from adults who might do them harm, rather than keeping them safe in their interactions with each other.

Unlike subjects where knowledge remains relatively stable over time, relationships, wellbeing, and sexual health are much more fluid. New platforms are challenging what is acceptable, what is safe, and what is available. Greater exposure to sexual content from a younger age is likely to have long term consequences for how young people's sexual and physical development is expressed, encroaching on boundaries that need to be respected.

The interplay of sex, relationships and technology, and the changing social attitudes toward pornography and sharing of sexual images online, are some of the most pressing issues young people face. Children and young people are calling out for adult support in these areas. They have concerns for how their relationships and sexual health education is falling behind what is really happening in their day to day lives. Particularly in relation to the most challenging social issues around gender inequality and sexual assault and violence.



While families remain a significant source of information and support, not all young people have equal access to adults they can confidently turn to for advice. To fill this gap, we know young people rely on online sources for information. Whilst some of these can be appropriate and helpful, the avalanche of content available can mean it becomes hard to find quality information. In worst-case scenarios it can potentially expose young people to damaging material that can include violent pornography or material that sexualises or objectifies other people (particularly women).

Some material can also present extreme views that condemn sexual diversity and with it misrepresent gender diverse LGBTQI+ people. This content can also lack accuracy, depth, and nuance. Online material relating to relationships and sexuality that normalises risky or violent behaviours, and reinforces unhealthy or unrealistic expectations regarding gender, power, sex, and relationships, needs to be balanced with content taught in the classroom.



“ ‘Sexual education, especially around relationships and attitudes, should be treated closer to IT than any other subject. IT lessons in 2010 are VASTLY different to now. Kids today aren’t taught about technology in the same format or with the same information as I was. It shocks me when I see kids today hearing the same information as I did [when it comes to relationship and sexual health education]. It seems there hasn’t been a much-needed fundamental change in what is taught over the past 8 years.’ (Male, 17)

Currently, many adult-driven strategies and responses to online sexual safety deal with these issues through the lens of protecting children from adults who might do them harm. Consultations with young people have made it clear that sexual health and safety relates to interactions between peers and needs to include social issues of gender inequality and domestic and family violence. Young people see relationship and sexual health education as an important part of their psychosexual development and as something they should be actively participating in.

Young people have said that they require a range of people to guide and support them, including parents and carers, friends, professionals, and teachers. They also need knowledge and skills to understand and identify negative relationships, know when and how to take action, and learn to make decisions relating to their physical and sexual health that are the result of being well informed, as well as beneficial to their emotional and mental health and wellbeing.

Because we know not all children and young people have equal access to responsible adult support, there is a wider role and responsibility for the State to play. Through our national and state-based education systems all levels of government need to be setting the direction for provision of a cohesive, coordinated, and contemporary relationship and sexual health education that meets the needs of young people. This education needs to commence in primary school and extend into secondary school and be age appropriate throughout.

In South Australia sex education and child safe programs have been part of the school curriculum for some years. In addition, quality professional development is made available to teachers to support them in the delivery of these programs. Support is also available to students through school wellbeing leaders.

Despite these established programs being in place, we know the provision of relationship and sexual health education in South Australia is inconsistent across sectors and schools. It is not available at all year levels, is unregulated in terms of how it is being taught, varies in the number of lessons young people receive, and is not equally respectful toward and protective of the rights of all children and young people.

We also know that due to extended absences from school and class exclusions, some groups of children and young people miss out on relationship and sexual health education altogether. These groups include students who are being excluded, students with disability, those who are in 'out of home care', and those who identify as Aboriginal and Torres Strait Islander.

“ ‘Currently, sex-ed in South Australia is taught highly inconsistently, with some students barely taught it at all. I know students who can only recall having one sex-ed lesson in their entire secondary schooling, and even those who have had regular sex-ed classes often reflect that they were still left inadequately prepared for relationships.’
(Female, 16)

As with other areas of life, sexual health and safety is crucial to a child and young person's development. However, many still seek to frame education around sex and relationships as somehow being in direct conflict with moral, cultural, or religious values. Using this framing means we can talk about biology and reproduction, but not what young people are actually calling for – more information about their bodies, their rights, gender equity, and sexual and gender diversity.



For those who are sexually or gender diverse they continue to be 'invisible' in the classroom, causing these young people to feel shame and confusion about why their identity is still not being openly discussed, or their experiences ever considered.

Extending relationships and sexual health education to cover gender and sexual diversity would allow young people to make more informed decisions so that relationships reflect healthy choices. The adoption of safe and respectful practices that come from an approach to relationship and sexual health education that is comprehensive and contemporary; not stuck in the past and ignoring how much relationships and sexual practices and behaviours have changed – both positively and negatively.

There is a responsible role for the broader education system to play in laying down the foundations of what it means to be in a healthy relationship and experiencing sexual health and wellbeing. Achieving this involves responding to current realities, pressures, and behaviours, ensuring they relate directly to young people's lived experiences of relationships and sexuality now.

Decades of evidence from countries that embrace sex education focusing on gender, power and rights, shows us that young people have higher use of female contraception, condoms, reduced risk-taking, reduced risk of HIV, and reduced numbers of sexually transmitted infections. They also demonstrate delayed sexual activity and reduced numbers of teenage pregnancies.

If we don't address current issues explicitly, and just continue to kick the can down the road, or tell young people to simply abstain from sex, ignores the reality that one third of students in year ten and one half of students in year 12 are sexually active. They are therefore vulnerable to disease, harmful behaviours, and in worst case scenarios, exploitation and abuse. We must teach young people how to navigate these scenarios with confidence and knowledge. It's far too important to leave to chance.



FEMALE, 16

‘Currently,  sex-ed in South Australia is taught highly  inconsistently, with some  students barely taught it at all. 

Key Insights

Relationship and sexual health education

- must provide young people with the **skills and knowledge** that will enable them to keep themselves and their peers sexually healthy and safe.
- that is inadequate, non-inclusive and inconsistent, leaves young people **exposed to risk** in their intimate relationships.
- needs to address **domestic, family and sexual violence**.
- should include practical support for schools to help young people identify **inappropriate sexual or violent behaviour**.
- must **shape young people's expectations** and build their capacity to sustain respectful relationships.
- be **delivered consistently** across year levels and be **regularly evaluated and updated** to ensure it is contemporary, and evidence based.
- should be **co-designed with young people** and involve them in advising on relevance of content and improving delivery at a system and classroom level.
- should **be participatory and learner-centred**, explore attitudes and values, and prompt students to ask questions.
- must actively **look at bias** and avoid making assumptions about students' sexual orientation or gender identity.
- should be implemented with an awareness that all classes are likely to have some **LGBTQI+ students** in them.
- should recognise the realities of digital environments and build capacity for young people to **safely use technology** as part of their sexual agency.
- should be **provided to all** children and young people across all school sectors, as well as outside of school for high risk groups.

Recommendations

1

Provide more youth focused interactive information via an **online hub** designed with and for young people. This sexual health hub should support access to inclusive, comprehensive educational material, service information, referral pathways and contemporary exploration of issues related to peer to peer abuse and violence.

2

Extend relationship and sexual health education in schools to include years 11 and 12 and engage specialist agencies to deliver face to face workshops and other engaging strategies co-created with students.

3

Embed relationship and sexual health education as a fundamental child right in line with international best practice, and **remove the ability for parents/carers to withdraw their child/children** from these lessons.

4

Ensure that young people who are vulnerable to missing out on school-based relationship and sexual health education are supported through **community-based programs** that are provided in either residential care, flexible learning options centres, disability school leaver support programs, regional community health centres and in youth justice.

Why Relationship and Sexual Health Education Matters

The United Nations Convention on the Rights of the Child (UNCRC) recognises that all children and young people have rights. In South Australia, state authorities must give effect to the UNCRC as well as to any other international human rights instrument affecting children and young people.¹⁵

Working towards the realisation of children's rights requires government and community to:

- respect and treat children's rights at the same level of importance as adults' rights
- protect rights and take action where children's rights are violated; and
- fulfil rights and take action to ensure children and others are aware of their rights.

Article 29 of the UNCRC sets out the right of every child to an education that develops their personality and their abilities to the full, preparing them for a responsible life with a clear understanding of what equality and respect for diversity mean.

The United Nations Committee on the Rights of the Child (the Committee) recognises that sexual health rights, and rights to a quality education are indivisible from a child's rights to be heard, to their survival and development, and to their privacy, access to information, identity, autonomy and non-discrimination.²

Recognised not only as a fundamental part of the right to education and health, comprehensive relationship and sexual health education is also necessary to the enjoyment of many other human rights. Sexuality is an integral part of human life, and sex education plays a key role in equipping young people with the knowledge and skills they need to develop and maintain non-violent, respectful, and equitable relationships that ensure their own sexual health and safety.

The Committee highlights that relationship and sexual health education should give effect to a child's right to be heard (Article 12 of the UNCRC) through empowering young people to have information and to make their own informed decisions. This includes engaging young people themselves in learner-centred and participatory approaches to relationship and sexual health education. The Committee also supports mandatory sexuality education without the need for parental consent.³

Supporting young people as they navigate the transition from adolescence into adulthood is crucial given it is throughout this period that they start to develop intimate relationships and make important decisions about their sexuality, their bodies and their sexual health. Where relationship and sexual health education is inconsistent, confusing, incomplete, inaccurate, or lacking in information, or if it comes too early or too late, young people will not be adequately prepared to live the happy and healthy lives to which they are entitled.



When framed in terms of human rights and equality, relationship and sexual health education is about giving young people accurate and relevant information that supports them to develop positive attitudes towards their bodies and sexual health, along with confidence and a respect for the rights of others, for diversity and for equality.

Evidence and rights-based approaches to relationship and sexual health can effectively balance scientific evidence with cultural and religious expectations, taboos, stigma, and discomfort. Evidence also shows that these approaches break down barriers and instead encourage help-seeking behaviours that have a positive impact on a young person's decision-making skills and self-esteem.⁴

In the changing relationships and sexual safety landscape, formal school-based education has been recognised as the best and safest environment in which to deliver reliable and evidence-based relationship and sexual health information. National and international research demonstrates relationship and sexual health education at school underpins the achievement of a number of health, safety and wellbeing outcomes for children and young people.

Health impacts

Comprehensive relationship and sexual health education has been shown to contribute to a range of positive health outcomes, including increased and more effective use of contraception and condoms, reduced risk-taking, and a reduced risk of HIV and sexually transmitted infections.⁵ It has also been shown to delay sexual activity, and prevent and reduce early unintended teenage pregnancy.⁶

A study found that there are exceptionally low teenage pregnancy, birth, and abortion rates in countries that have a long established and comprehensive sexual education program, free family planning services, and low-cost emergency contraception.⁷

On the other hand, abstinence-only approaches to sexual health education have not only proven to be ineffective, but have potentially harmful consequences, including increasing a young person's vulnerability to disease, harmful behaviours, and abuse.⁸

Evidence suggests that an 'empowerment approach' to comprehensive sexual health education that focuses on gender, power and rights, achieves positive health outcomes, both in terms of knowledge and attitudes and behaviours.⁹



Alongside these positive health outcomes, adequate relationship and sexual health education contributes to positive outcomes by addressing some of the significant barriers to education that young people face, including early and unintended pregnancy. Effective relationship and sexual health education also has the potential to create safe and inclusive learning environments, free from discrimination, and resulting in greater educational engagement and attainment.

Safety and gender equity

Growing evidence highlights the positive impacts of relationship and sexual health education on changes that go beyond health outcomes. These include teaching students to build healthier and safer relationships, and preventing and reducing intimate partner or gender-based violence.

Australia's National Plan to Reduce Violence against Women and their Children 2010-2022 recognises the link between information and violence prevention and includes commitments to initiatives that 'promote informed consent, bodily autonomy, and respectful relationships'.¹⁰

In addition to reducing gender-based violence, effective relationship and sexual health education can promote gender equity. It can also encourage critical thinking about the social, cultural, and biological factors that shape gender norms and influence inequality, power, and discrimination. Recent reviews of research highlight that gender-focused relationship and sexual health programs are more effective than gender-blind programs.¹¹

Barriers to accessing and participating in effective relationship and sexual health education are compounded for certain groups of people, including transgender and gender diverse young people, sexually diverse young people, culturally and linguistically diverse young people, and young people living with disability. However, evidence highlights the positive behavioural and attitudinal health, safety and wellbeing outcomes of relationship and sexual health education that is inclusive of diversity and relevant to all children and young people.

Young people with disability, for example, have the same rights as young people without disability, including the rights to access quality education, to have respectful relationships and safe sexual experiences, and to achieving the highest attainable standard of health, free from coercion or discrimination.¹² However, they are often not seen as requiring information about relationships and sexual health, nor considered capable of making their own decisions in this area of their lives.

This is despite evidence indicating that when it comes to relationships and sexual health, young people with disability have many of the same concerns, questions, and aspirations as their peers not living with disability. Not being informed, places these young people at greater risk of contracting sexually transmitted infections, experiencing abuse, having an unplanned pregnancy, and participating in risky sexual behaviours. Existing evidence highlights the positive impact effective relationship and sexual health education, tailored to meet the needs of young people with disability, can have on their skill development and overall health, confidence, and dignity.¹³

While many LGBTQA+ people lead happy and healthy lives, there are some LGBTQA+ children and young people who are at higher risk of poor mental health outcomes, self-harm and suicide. This is directly related to the high levels of discrimination, harassment, exclusion, and stigma they experience in society, particularly in educational settings. Like all other children, LGBTQA+ children and young people have a right to be provided with comprehensive, relevant, and accurate relationship and sexual health education. Evidence demonstrates that relationship and sexual health education that is respectful of cultural diversity and sexual and gender diversity can promote respect, challenge prejudice, and breakdown stereotypes to reduce homophobia and transphobia, particularly in school environments.¹⁴

This evidence challenges the assumptions and fears that many adults have in regard to relationship and sexual health education. These fears suggest that it will increase or hasten a child or young person's engagement in sexual behaviours and risk-taking, but the evidence suggests otherwise and assumptions of this kind can compromise the potential for positive outcomes that comprehensive relationship and sexual health education have been shown to deliver, simultaneously compromising young people's rights, development, health, wellbeing and dignity.



NON-BINARY, 17

**‘...by the time 🕒🕒 we
‘learnt’ about it most
🧑 people had already
experienced 🤢 sexual
harassment or assault’**

Overview of Relationships and Sexual Activity



One in three Year 10 students (34.3%) and **more than half** of Year 12 students (55.8%) reported that they have had sexual intercourse.¹⁸



By the age of 16–17 years, **two thirds** of young people in Australia have been involved in a romantic relationship.¹⁶

1 in 7

One in seven 14–15 year olds (15% of boys and 16% of girls) reported being in a relationship.



The teenage pregnancy rate in South Australia has been **steadily declining** from 2002.

1 in 12

Around **one in twelve** sexually active young people aged 16–17 years said that they had done nothing to prevent pregnancy the last time they had sex.



One third (33.5%) of LGBTQA+ students in South Australian secondary schools reported never having any aspect of LGBTQA+ people mentioned in a supportive or inclusive way during their relationship and sex health education.¹⁷

14



The average age at which trans and gender diverse young people report realising they are trans and/or gender diverse is **14.1 years**.

They also reported that it took an average of eight years from this realisation to when they started telling other people about their gender identity (the average age of telling others is 22.3 years).¹⁹



Most students reported being of a similar age to their last sexual partner, with most (91.8%) Year 10 students reporting that their last partner was aged 17 years or younger, and most Year 11 (84.6%) and Year 12 (89.2%) students reporting that their last partner was aged between 16 and 19 years.

406

406 teenagers gave birth in South Australia in 2017, making up **2.1%** of total women who gave birth in South Australia.²⁰

386



A further **386 teenagers** had a medical termination of their pregnancy, accounting for **8.9%** of all terminations in South Australia.

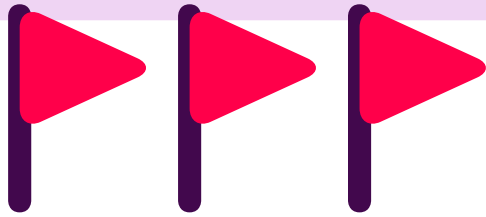


One in five sexually active young people aged 16–17 years said that they had done nothing to prevent sexually transmitted infections the last time they had sex.

About one-third of students also discussed avoiding STIs (36.2%) and HIV (30.1%).



In a recent national survey, **less than half** of Australian students surveyed reported engaging in 'sexting' in the last two months. Of this number, most only did so once or a few times, and these behaviours were most often with a girlfriend, or boyfriend, or a friend.²²



Almost half of girls aged 16–17 years (49%) and **almost one in three boys** (31%) said they had experienced some form of unwanted sexual behaviour in the past 12 months.

28%

More than one quarter of young people (28.4%) reported having had unwanted sex. Female students were twice as likely as male students (36.8% of female students compared to 15.9% of males) to have had unwanted sex.²³



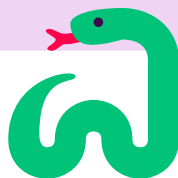
The most common sources of information on sexual health were internet websites (**78.7%**), followed closely by female friends (**74.7%**). About half of students responding used male friends (**58.2%**), school programs (**53.7%**), and their mother (**53.0%**) as a source of information.

Year 12 students are **more likely** to use friends and the internet as their sources of sexual health information.²¹



Almost **three quarters of boys** aged 16–17 years and **one in three girls** aged 16–17 years reported viewing pornography in the past 12 months. Boys reported viewing pornography more frequently than girls.

4^x



Young people living with disability are almost **four times more likely** than their peers (without disabilities) to be victims of abuse. Young girls and those with intellectual disabilities are at greatest risk.²⁴

Young people with disability are often excluded from participating in decisions that affect their day to day lives, including decisions about their personal relationships and sexual and reproductive health.

44%



Just under half (44%) of children aged 9–16 years reported encountering sexual images in the last month.

1 in 4

One in four (26%) young people who reported having seen pornography for the first time before the age of 13, reported having had sex before the age of 16.

Boys started viewing pornography at a younger age than girls, with **more than half of boys** (53%) compared to **one in seven girls** (14%) having viewed pornography intentionally before the age of 16.

Young People's Current Experiences of Relationships and Sexual Health Education

The Commissioner for Children and Young People conducted an online survey between August and October 2020, asking South Australian young people about their experience of and views on relationship and sexual health education as well as any suggestions they had for ways in which it could ultimately be improved.

A total of 1,225 children and young people aged 12 to 22 years participated in the Sex Education Survey. Just over half were aged 15 to 17 years old, while almost one third were aged 18 to 22 years. The remaining respondents were aged 12 to 14 years.

The children and young people who provided responses reflect the diversity of South Australia's population. Of the young people who took part in the survey:

- **63%** identified as female;
- **34%** as male;
- **2%** as non-binary;
- **3%** as transgender or gender diverse;
- **27%** identified as sexually diverse (Lesbian, Gay, Bisexual, Queer+);
- **15%** as being from a culturally and linguistically diverse background;
- **4%** as living with a disability; and
- **3%** as being Aboriginal or Torres Strait Islander.

The highest proportion of respondents attended government schools, making up half of respondents. Slightly more than one third (37%) attended Independent schools, while almost one quarter (24%) attended Catholic schools and 1% were home-schooled.

Most respondents reported that their schools were located in metropolitan Adelaide (71%), while 27% attended a regional school and 3% attended schools in remote South Australia.

Importance of sex education

Young people overwhelmingly believe in the importance of relationship and sexual health education, with 99% of survey respondents reporting that it is 'very important' (90%) or 'somewhat important' (9%).

Many focused on how timely, accurate and relevant relationship and sexual health education can be in helping young people to have a 'healthy outlook' on their sexuality. Likewise knowledge of relationships and sexual health enabled them to make informed decisions, both safely and confidently.



Others reflected on the increased vulnerability and confusion young people have when left to their 'own devices' or seeking information from the 'wrong sources' in the absence of effective relationship and sexual health education.

“ I am personally lucky to have an informed mother who wasn't embarrassed to discuss such things with me, but I feel that a lot of other people who didn't have families like that would not be well-prepared for life.”
(Female, 17)

Some young people described their experience of relationship and sexual health education as positive and comprehensive. One young person described it as 'well rounded' and 'the reason I am able to have a successful relationship, both emotionally and sexually'.



However, such positive experiences do not appear to be the norm. Indeed, there was significant variability in the reported quality, timing and content of relationship and sexual health education, with roughly equal proportions of respondents rating their relationships and sexual health education as good (31%), acceptable (35%), and poor (32%).

For many young people, relationship and sexual health education lacks depth and detail, comes too early or too late, and is not consistently inclusive of diversity. They described feeling like only 'the top layer' or 'the bare minimum' was covered, with much left up to the imagination, or to be filled in from other sources. Regardless of how they rated the overall quality and relevance of their relationship and sexual health education, the majority of respondents identified at least one thing missing.

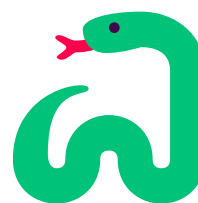
One in three respondents reported that their school-based relationship and sexual health education lacked relevance, saying it was 'not too relevant' or 'not relevant at all'. Male respondents were more likely than female respondents to rate their relationship and sexual health education as positive and relevant. Respondents who identified as sexually diverse were also less likely to rate their relationship and sexual health education as positive and relevant, reflecting the commonly reported disproportionate focus on male and heteronormative relationships, perspectives, and experiences.

Timing of sex education

There were considerable inconsistencies at the school level at which children and young people reported receiving school-based relationship and sexual health education. Some young people reported that their relationship and sexual health education came too late and was largely informal, leaving them to 'figure it all out myself', often after they had left school. They reflected on how earlier education could have kept them safe and supported them through their first relationships and sexual encounters.

“ ‘went over consent for the first time in year 12 and the lesson had ended already so it lasted for about 2 minutes ... by the time we ‘learnt’ about it most people had already experience sexual harassment or assault and schools played no role in helping them.’
(Non-binary, 17)

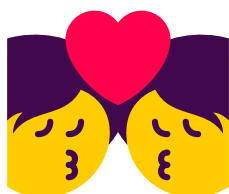
“ ‘awareness of boundaries is fundamental to keeping younger people safe. Talking from experience - if we were educated about boundaries and discussion further than just consent it could educate and save lots of young being from being manipulated.’
(Female, 20)



Others only recalled a 'single' lesson, or their primary school relationship and sexual health lessons. These young people reflected on the little new knowledge gained during high school relationship and sexual health education, particularly in senior secondary years, where many felt it would have been useful.

Given that sexual activity is more likely in the final years of high school, extending relationship and sexual health into these years was considered an important first step in better protecting young people's sexual safety in real-life situations. A majority of respondents,

(more than 80%) wanted relationship and sexual health education to be explicitly taught in younger year levels, and be extended right through to Year 12. Respondents believed this would facilitate greater depth and breadth of content and reduce the number of young people who miss relationship and sexual health education altogether.



The survey responses indicated that 50% of respondents received relationship and sexual health education between Year 6 and Year 9. A smaller group had relationship and sexual health education in Year 5 (4%) and Year 10 (19%), and about 3% of respondents said they had never had relationship and sexual health education at all. Those young people who reported missing out were mostly female aged 15 to 18 years, attending Independent or Catholic schools in metropolitan South Australia (Adelaide).



Among those who reported missing out on relationship and sexual health education entirely, many reported having changed schools, or having missed 'the' particular lesson, suggesting that a single 'one-off' lesson is all that is available in some South Australian schools. A significant number of young people reported that the brevity of their relationship and sexual health education was their experience with only 'two to three random sessions [undertaken] for a whole year'. This left them feeling as though they had 'missed something' and that their school and teachers were 'just getting it over with' and 'ticking a box'.

Subject context

Young people's survey responses emphasised that the classroom context in which relationship and sexual health education is taught impacts how and what they learn. This context includes what subject their relationship and sexual health education is part of, who teaches it, and the nature of the classroom environment.

Respondents said they were commonly taught relationship and sexual health education as part of their Health and Physical Education lessons (62%) followed by stand-alone programs (38%). A significant number of young people reported that their relationship and sexual health education formed part of their Religious Education (24%) and that this was delivered in lessons that were called 'Made in the Image of God'. A smaller, but still significant proportion of respondents (14%) reported having relationship and sexual health education taught in their Science or Biology lessons.

“ ‘Almost everything we learnt was based on religion and the church. Instead of being told how to have safe sex in much detail, we were simply told to abstain from the practice and that we ‘shouldn’t be having intimate relations until it was for the purpose of creation’. Furthermore, it was not inclusive of LGBTQA+, etc.’ (Female, 17)

Young people whose relationship and sexual health education formed part of their Religious Education lessons were more likely to rate their overall relationship and sexual health education as 'poor' than those whose relationship and sexual health education was a stand-alone program, or taught as part of either their Health and Physical Education, Science or Biology subjects.

Respondents whose relationship and sexual health education formed part of their Science or Biology lessons were more likely to focus on physical processes and diseases, whilst those taught within Religious Education lessons were less likely to learn about consent, safe sex, contraception and sexual and gender diversity.

By contrast, young people who were taught relationship and sexual health education as a stand-alone subject, or as part of Health and Physical Education were more likely to cover a broader range of topics.

“ ‘I often feel like i am getting told off or i am in trouble when learning about sex in class’ (Female, 16)

Classroom environment

Young people reported being taught relationship and sexual health education in both single gender and mixed gender classes. While this varied across single gender and mixed gender schools, half of the respondents had a combination of single and mixed gender classes for relationship and sexual health education across different year levels. While 28% of respondents had only ever been taught in mixed gender classes, 22% always had relationship and sexual health education taught in a single gender class.

Respondents shared mixed feelings and preferences about the gender split of classes for relationship and sexual health education. Some young people reported feeling more comfortable asking more indepth questions in single gender classes. Those young people who preferred mixed gender classes described their capacity for greater inclusivity, particularly for transgender and non-binary students.

“ ‘[Gendered classes] creates an awkward situation for non-binary/gender fluid people which is unnecessary’ (Female, 20)

“ ‘[Separating] makes young, closeted trans people feel uncomfortable’ (Non-binary, 17)

Regardless of how the class might be set up, the majority of respondents reported that all children and young people should be taught the same comprehensive information, as this will promote greater respect and understanding

of one’s own experiences and the experiences of others. Young people also want to be in classrooms where they feel comfortable and able to ask questions.

“ ‘Men and women should know about each other’s bodies and health – the topic shouldn’t be taboo’ (Female, 18)

“ ‘One gender will have no knowledge of the others... and will feel less comfortable when... losing his/her virginity’ (Male, 14)

Most respondents had lessons taught by their regular teacher (75%). The remainder had lessons taught by a specialist teacher who did not normally teach them. Young people frequently raised the significant link between their teacher’s level of knowledge, confidence, and comfort, and their own levels of comfort, confidence, and ability to engage. The teaching of relationship and sexual health education was commonly described as awkward, brief, infrequent and embarrassing.

While many young people recognise that certain topics within relationship and sexual health education can be awkward and challenging to talk about openly, they expressed concerns that it was still ‘a taboo to learn basic sexual health’. Other young people focused on how certain classroom environments or teaching styles stigmatised or excluded particular relationships or identities, which then led to uncomfortable and awkward experiences for some students.

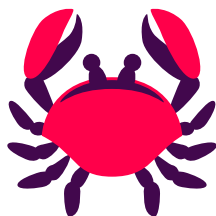
“ ‘The teachers felt awkward which was projected onto us’ (Female, 16)

“ ‘Completely about heterosexual sex... wasn’t a comfortable space at all to ask questions’ (Female, 20)

“ ‘With this embarrassed atmosphere it is hard to honestly talk about anything beyond the basic anatomy, and basic process of conception. A great curriculum will also prepare us for real world relationships which encompass so much more complexity than just penetration.’ (Male, 21)

Topic content

Children and young people reported that most of their relationship and sexual health education focused overwhelmingly on topics related to biology, including puberty and anatomy, sexually transmitted infections (STIs) and pregnancy. While many young people saw the value in understanding the biological and physical processes behind certain changes or situations, there was a real sense that this was only useful if they were also taught how to deal with real-life situations they may encounter.



- “ ‘Anything about actual sex and how to do it safely, what relationships are good, and how to reach for support [was missing]... I only learnt about the anatomy of a penis and vagina’ (Female, 16)
- “ ‘Anything to do with how sex is suppose to work and feel and how to make it as good as possible for you and your partner [was missing], and there was nothing on harmful male stereotypes, especially to do with ‘size’ (Male, 16)

Respondents overwhelmingly reported that their relationship and sexual health education had not equipped them with sufficient practical skills and knowledge, leaving them misinformed and confused. Some young people reported that they ‘didn’t get taught about anything useful’ when lessons were limited to ‘just the science behind it’. In particular, many students reported that they wanted to know how to identify and respond to signs of an abusive or toxic relationship, and how to get help ‘if something is wrong’ or ‘if you get a girl pregnant’.

- “ ‘It can be difficult to identify abuse... a topic that can sometimes be awkward’ (Female, 17)
- “ ‘they also didn’t talk about how respect your partner, only how to identify if you’re in a bad relationship.’ (Male, 16)
- “ ‘I experienced domestic violence and abuse... if abusive relationships were covered in sex ed I would have been able to be more aware of my situation’ (Female, 18)

Even among the topics reported to be more frequently covered, young people reported significant knowledge gaps. Although most young people reported learning about contraception, more than one quarter of respondents (27%) reported that they had either not learnt about, or were unsure whether they had learnt about contraception. Even among those whose relationship and sexual health education did cover contraception, most reported that they only learnt about condoms. Many did not learn about the range of options available to them, how they could go about getting access to them, or about any of the risks or other considerations that might have been useful for them to know.



- “ ‘I believe it seriously lacked depth and useful information – for example, we did learnt that you should have safe sex and use protection, but there was no teaching about where you can buy contraceptives, the different methods and the effects they have, how to determine which one is right for you etc’ (Female, 17)
- “ ‘I don’t remember what contraception is so I’d assume I didn’t learn about it but I’m not entirely sure.’ (Male, 13)

Consent

Although the majority of respondents reported learning about consent in school-based relationship and sexual health education, 1 in 5 young people (22%) reported either not learning about consent, or being unsure whether they had or not. While some young people responded that consent ‘was never mentioned’ or ‘only mentioned once’, others reported understanding it only as a ‘broad term’.



Young people expressed real concern about their lack of understanding about the social and emotional ‘intricacies’ of consent, particularly in real-life situations that went beyond sexual intercourse. They also focused on the negative impacts that not understanding consent had on their wellbeing, and on their ability to maintain healthy relationships that made them feel empowered. They highlighted a ‘need for young people to fully understand that consent should be enthusiastic – not coerced’.

“ ‘When I was younger, I was unaware of many consent things and didn’t know that I was valid in not wanting to have sex in my first relationship. Also, from my primary school education I wasn’t aware that women felt sexual pleasure.’ (Male, 17)

“ ‘Rather than ‘instilling a victim blaming stance in young minds like ‘if you wear this you’re going to draw the wrong kind of attention’ about a singlet’ educate young people that clothes aren’t consent, and it’s not the fault of the victim that they were hurt, but the perpetrators.’ (Female, 22)

“ ‘we definitely did not learn enough about consent!! Rape and sexual assault don’t just happen when a stranger pulls you into an alleyway or something, it can be from your own partner. The pressure to have sex with someone and the compliance even though you don’t want to say yes should’ve been talked about. Makes me sick to think about myself and my friends doing things for people just because we felt we owed something to them’ (Female, 20)

Gaps in content

In a similar way, while periods were one of the top five topics covered in school-based relationship and sexual health education, both male and female respondents elaborated on significant gaps in their knowledge about managing menstruation. While 85% of female respondents learnt about periods, many said they learned too early (long before their period started) or too late (well after their first period), and others reported that they only learned about hygiene products with a focus on sanitary pads.

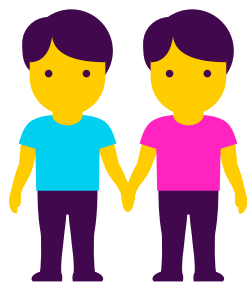
Male respondents (75%) were less likely to have learned about periods, particularly those who were taught in an all-male class, despite many wanting to learn.

“ ‘How [periods] work. I know now, but at the time of getting mine, I didn’t’ (Female, 16)

“ ‘I would’ve liked to learn more about both genders. I know about my body but still have no idea how a female body even works’ (Male, 17)

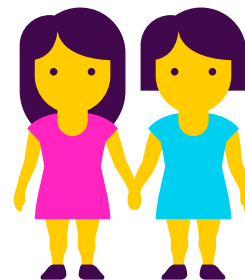
Other young people expressed the need for more attention to be paid to what makes a positive, 'fun' and healthy relationship or sexual experience, rather than solely focusing on the risks and what can go wrong. These respondents described how 'fear tactics' that only 'scared' young people about the potentially criminal consequences of certain sexual behaviours were unlikely to be helpful. They report instead that this approach was more likely to negatively impact on young people's trust, and thereby reduce the likelihood of them engaging in help-seeking behaviours.

- “ ‘A lot was missing. There was nothing about sexuality, pleasure, healthy relationships or anything other than fear tactics trying to scare kids off having sex forever (like extensive looks into all the different STIs and their consequences instead)’ (Female, 19)
- “ ‘[relationship and sexual health education should] not be sitting in a room and being chastised for getting groomed by pedophiles at the age of 12.’ (Male, 16)



The topics least likely to be taught in school-based relationship and sexual health education included identifying and dealing with abusive relationships, risk of sexual assault and violence, homophobia and transphobia, and gender identity and diversity. Some respondents reported that the absence of gender and sexual identity and diversity from their relationship and sexual health education not only perpetuates stigma and discrimination, but also directly impacts on their sexual safety, health and wellbeing.

- “ ‘I know how to date and have great and safe sex with women... [but] I'm gay’ (Male, 17)
- “ ‘Education around the LGBTQI+ community... would have made for a much more accepting cohort’ (Female, 17)



Many respondents reflected on the content of their relationship and sexual health education, and described it as focused on male and heteronormative experiences. Female respondents were significantly less likely to have learnt about female masturbation (15%) compared to male respondents learning about male masturbation (46%). Indeed, female respondents were twice as likely to have learnt about male masturbation (30%) than about female masturbation (14%). Similarly, a higher proportion of boys (40%) than girls (21%) learnt about sexual pleasure.

Sources of information

Young people feel very strongly about the quality of information available to them regarding relationships and sexual health and safety.

After friends and lessons at school, the most common sources of information for young people seeking to learn more about sex are social media, television or movies, health services websites and family.

While young people report learning about relationships and sex from similar sources, their lessons at school are less likely to cover relationships. Indeed, where school lessons were the second most common source of information about sex, school lessons ranked sixth when it came to learning about relationships, following friends, family, social media, TV or movies, and their own experiences.

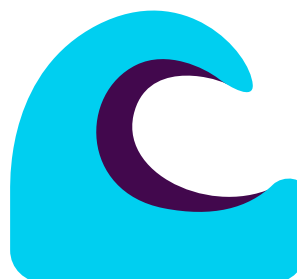
The most trusted sources were friends, websites such as SHINE SA, family, and their own experiences, closely followed by lessons at school. The least trusted sources of information, which were also reported to be frequently used, included social media, TV or movies, and pornography.



Despite pornography being one of the least trusted sources, a significant proportion of respondents across all gender identities reported learning about sex from there. The proportion of respondents who reported learning about sex from pornography increased with age, from 40% of respondents aged 12 to 14 years, 50% of respondents aged 15 to 18 year and 61% of respondents aged 19 to 22 years. When it came

to reporting levels of trust in different sources of information, trust in pornography was higher for males than females and highest for younger males aged 12 to 14 years.

Some young people reported learning about relationships and sex from various unreliable or inconsistent sources. They often described these sources as 'dangerous' for their sexual safety. It is notable that respondents who rated their relationship and sexual health education as 'poor' were more likely to have learned about relationship and sexual health from pornography, friends, and their own experience. Those who rated their relationship and sexual health education more positively were more likely to report having learned about sex and relationships from family, trusted teachers, and lessons at school.



- “ ‘My education was missing information on... [various topics]. This has led me to learn all these things from social media and online, if not at all... [this] is dangerous’ (Male, 18)
- “ ‘Lack of education about [sexual health] is not going to stop... people from having sex, they are just more likely to [use] untrustworthy sources, lose confidence... feel invalid, not use adequate protection methods or engage in risky behaviour’ (Female, 17)

MALE, 16



‘An inclusive and safe class where the students are taught 🌻 sexual health no matter their sex, gender or 🙌🙌 religion...’

What Would Make Relationship and Sexual Health Education Better

There is potential for school-based relationship and sexual health education to provide consistent, contemporary, and inclusive content to every young person in South Australia. However, many young people, and particularly gender diverse and sexually diverse young people, describe feeling let down by relationship and sexual health education that denies them safe and reliable information and skills.

“ ‘I don’t believe that we are educating students and young people enough on sexual health and education. So many important topics are not covered or even mentioned. As a young person, I wish myself, and so many others were able to receive a better education around this topic. I think that so much needs to be improved in this area as so many young people are so uneducated on such an important topic.’ (Female, 17)

Young people not only shared their concerns about the timing, content and quality of their relationship and sexual health education, they also articulated practical suggestions they saw as essential to improving it.

Young people seek quality and stigma-free education that allows them to understand risks and which equips them with the skills and knowledge they need to protect themselves and their peers. They want to be confident in knowing when, where, and how to access healthcare, and how to participate in supportive social networks. They also want to gain an understanding of the legal framework around consent and other legal issues such as sexting.

“ ‘I think young people need more realistic sex ed. I think it shouldn’t matter what type of school you’re at or what the opinions of people in your class/teachers may be, you should receive factually-correct and unbiased education on every type of contraception, abortion, sexual intercourse, LGBTQA+ relations, healthy relationships, anatomy, respect, and consent.’ (Female, 17)

Many respondents reported that they believe relationship and sexual health education is a right that keeps them safe and that it should therefore be compulsory, with neither the parents or their child being able to opt out. Furthermore, respondents expressed concern about the role some parents and carers play in exempting children from attending their relationship and sexual health education classes. They suggested making attendance mandatory to reduce the likelihood of students missing out. The majority (82%) felt that young people should be able to make their own decisions regarding their participation in relationship and sexual health education.

When discussing an ideal relationship and sexual health education program, respondents reported wanting more student-driven lessons to make it more relevant and inclusive to their lives, including better information about protection and sexual safety. Young people wanted to be taught in a way that ‘feels more like an open conversation rather than a lecture’, and they saw greater opportunities for participation in an approach that was co-designed with them could improve the relevance and quality of school level relationship and sexual health education.



- “ ‘Less ‘teaching’ and more asking what teens actually want to know’ (Female, 17)
- “ ‘We are so full of questions such as ‘am I normal’ and we need an outlet where we can ask and not feel like we are doing something wrong’ (Female, 18)

Most young people want relationship and sexual health education to be interactive, providing them with opportunities to ask questions and get answers, and to be presented as an ‘open forum’ discussion. They highlighted the inadequacy of certain materials – particularly worksheets, videos, and presentation slides – when presented alone, without opportunities to explore ideas and multiple viewpoints, or consider examples and participate in ‘honest’ and ‘frequent’ conversations. To be able to do this effectively, they said they needed to be in an environment that was conducive to this and with a teacher that made them feel safe and comfortable.

- “ ‘Relationships education should also not really be taught from workbooks with kids sitting at desks, but rather in a more open environment with lots of discussion (sitting on chairs in a circle or just a more relaxed manner)’ (Female, 17)
- “ ‘more relaxed, less learning off of videos because nobody actually pays attention to them in class’ (Male, 14)
- “ ‘A lot more discourse and conversation rather than basic powerpoint presentations and worksheets’ (Female, 20)

In particular, young people wanted to be able to ‘normalise’ having conversations about ‘taboo’ topics because ‘not talking about more taboo topics makes people think that ‘they have something wrong with them’ or that their experiences, relationships, or identities are ‘abnormal’. Young people felt that small sized classes were best able to facilitate engagement, particularly when compared with the outcomes achieved in bigger classes, or worse still, sessions undertaken with ‘whole year levels’.



- “ ‘Discussion of condoms, contraception, in-depth discussions of consent, an inclusive lens of sexual and gender diversity. We need open and honest spaces for informative sexual education that doesn’t skirt around the real issue.’ (Male, 17)
- “ ‘young people need a safe environment where they can learn about themselves and ask the necessary questions they may be too uncomfortable to ask in any other scenario. The sessions need to be interactive, talking WITH the students, rather than AT the student.’ (Female, 18)

“ ‘I think more transparency and treating sexual education as more of a normality than a necessity would greatly reduce the stigma about talking about these topics. Having teachers who prioritise making sure that students are well equipped to approach relationships with a greater understanding would be really helpful, and feeling like there was some continuation in terms of the teachers who you feel comfortable talking to about these topic following through with the conversations across the years, as opposed to having one or two sporadic classes with random teachers.’ (Female, 17)

Other practical suggestions to make relationship and sexual health education more learner-centred and participatory, included using online forms or physical ‘question boxes’ where students can ask questions and direct class learning and discussions anonymously and safely. Several young people reflected on positive classroom experiences where they felt safe and comfortable, were encouraged to ‘be curious and involved’, and were provided with opportunities to ask questions anonymously to facilitate more open conversations. Others wrote about how helpful ‘icebreakers’ or other fun and engaging activities could be, as a way of making students feel confident and comfortable at the beginning of their relationship and sexual health education lesson.

“ ‘my program was really good i thought. just open conversations... rather than telling people to not have sex, instead realise that we’re going to anyway so give us the resources and information to make informed choices and be safe. just yeah, no judgment situations and open conversations.’ (Female, 15)

“ ‘My school had an anonymous question box and at the start of each lesson we would read out questions from the previous lesson. It worked great and I doubt I would have learnt much without it.’ (Male, 13)

There was a sense that when relationship and sexual health education is informed by what young people want or need to know, rather than by ‘what the teachers want us to know’, this reduces the likelihood of students turning to other less reliable sources for information.

As well as reflecting the topics young people themselves identify as important, young people emphasise that relationship and sexual health education needs to reflect the pressures and realities of the digital and non-digital worlds they live in. To this end, young people suggested reviewing and regularly updating relationship and sexual health education materials and resources to reflect this. They also wanted the information being taught in schools to be consistent across the education system and within different communities. Many described significant differences in their experiences of relationship and sexual health education when compared to that of their friends or ‘people they knew’ attended other schools.

“ ‘We need classes that are representative of the outside world!’ (Female, 18)

“ ‘The sexual education curriculum in SA shouldn’t be like a layered cake like it is now – just adding more and more onto outdated material from the past. It requires a whole renewal. Material from 10 years ago IS outdated. It isn’t like chemistry or biology, where the information used can last decades.’

Young people seek more recognition of the complexity of their own personal situations. They also seek information on the practical, social and emotional aspects of relationships and sexual safety, rather than just the physical and biological processes, or potential legal consequences of certain behaviours. Such views were often raised in the context of discussions around consent.

Young people want to be able to engage in ‘in-depth discussions of consent’, which cover the ‘reality of consent’, ‘what it means’, ‘what it looks like’, and ‘how to give it’. They sought further explanation of the ‘intricacies of consent rather than consent as a broad term’, and they want to understand it in a way that’s not limited to individual sex acts.

“ ‘The ‘blurred lines’ of consent rather than just black and white situations’ (Female, 18)

“ ‘I think consent should form a bigger part especially, but in a way that doesn’t fill boys with some ingrained cultural shame for the acts of the men of the past, and also empowers girls to stand up for themselves well beyond the bedroom.’ (Male, 21)

“ ‘The education would cover the definition of consent as well as teaching about bodily autonomy. The education would also teach why certain attitudes around consent and bodily autonomy are harmful (e.g. the attitude that if someone doesn’t say no to a sexual act it automatically means they consent, even if they have not said yes.)’ (Female, 17)



Respondents identified the need for relationship and sexual health education to teach the importance of acknowledging and normalising gender and sexual diversity, to not only promote equality and respect, but to also break down stigma and discrimination. Young people want to learn about diversity from an early age. They expressed a firm belief that everyone benefits where diversity is understood, respected, and celebrated.

“ ‘Young people need direct, inclusive and actually relevant sex Ed that isn’t just penis in vagina, male based pleasure and assuming that everyone is always consenting!’ (Female, 19)

“ ‘Not just referring to LGBTQA+ relationships as an add-on... but [normalising] it’ (Female, 15)

“ ‘An inclusive and safe class where the students are taught sexual health no matter their sex, gender or religion and where everyone feels safe to be themselves and ask questions.’ (Male, 16)



A majority of respondents want school-based relationship and sexual health education to begin earlier and continue consistently through their senior school years, particularly as this is where it is commonly lacking, despite this being a stage where young people are increasingly entering relationships and becoming sexually active. Young people believe this approach could limit a reliance upon unreliable information sources such as pornography or friends, and help reduce the number of students who miss school-based lessons altogether, ultimately better protecting everyone’s health, safety and wellbeing.

Many young people also felt that school-based relationship and sexual health education is well-placed to support critical thinking about the messages they receive about sex and relationships from media and society more broadly.

“ ‘young people need the skills to critically analyse the often harmful and incorrect messages they receive about sex and relationships from the media and society in general. The education would cover attitudes about gender, sex, and relationships and analyse how these attitudes can be harmful and flawed. For example, the harmful attitude that men cannot be sexually assaulted or that women who dress revealingly must want all sexual advances. The education would cover how pornography and media often do not reflect real life sexual relationships.’ (Female, 17)

Young people also want relationship and sexual health education to be delivered by educators who have particular expertise in this subject area, and with an ability to relate to them well. While views are divided on whether the best educator would be a teacher with better training, a medical professional, or a particularly relatable young person, young people want an educator they can trust to provide reliable and comprehensive information, as well as feel properly listened to.



Whether the relationship and sexual health education teacher comes from within their school or from an external organisation, they want teachers to refrain from making assumptions and instead talk ‘with’ rather than ‘at’ young people, and be willing to go ‘beyond the curriculum’ to ‘actually answer our questions’. They want teachers to be mature, understand the stages of children and young people’s development, and treat young people as young adults and ‘equals’ rather than as ‘immature children’.

“ ‘Presented in a way young people can understand ... Make it feel important and informative and not something to be scared of. And make it real and spoken from experience’ (Male, 18)

“ ‘I feel that schools need to lay everything on the table and let us learn about more than just consent and contraceptives.’ (Male, 19)



While some young people acknowledge the usefulness of humour, they did not want their teachers or peers to ‘make relationship and sexual health education into a joke’. Rather than be something ‘to laugh at’ or ‘be scared of’, they wanted relationship and sexual health education to be taken seriously, and in ways that reflect the importance of healthy relationships and sexual safety in the real world.

“ ‘it should be almost entirely discussion based and taught by someone who understands what they’re talking about and the age level they’re teaching’ (Male, 15)

“ ‘To not be treated like children, but more like equals who have or will have similar experiences.’ (Female, 14)

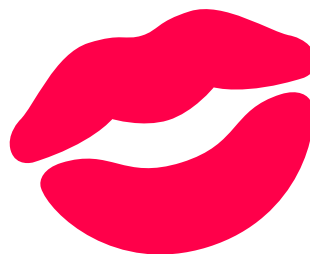


Young people say that adults' behaviour has a large impact on their behaviour in friendships and social settings. They say poor adult behaviour, including bullying and generally 'treating others like rubbish' causes poor behaviour among young people. This is particularly so where the adult is a teacher or parent. In contrast, they say observing positive adult role-modelling sets behavioural standards and provides examples of what respectful relationships look like, which is helpful in building supportive social environments and networks.



- “ ‘They need to know about the feelings of others, people have rights and sometimes a lot of people are uncomfortable, trust is key, to take things seriously and to pay attention and make the right decisions for the right reason’ (Female, 16)
- “ ‘it needs to be open, factual and non-judgmental. If the class is comfortable together, they will be able to become more involved and ask questions that they want answered. I think that people need to be able to discuss what they're feeling, thinking and doing without the fear of judgement or reprisal. They should be taught about safety and the law rather than just told to not do it.’ (Male, 17)

Young people want skills that support both themselves and their peers. They seek opportunities to build friendships that will make them more confident and resilient and offer them immediate support when something goes wrong. Young people value supportive social environments and networks, and say they are best developed through adult role-modelling that acknowledges and celebrates diversity and which offers them specific opportunities to build friendships.



- “ ‘Standardised, comprehensive, and honest sex education in South Australia is needed yesterday. Students should not have to hope that their sexual education is good enough, nor should they experience disadvantage because they have limited access to information. We enforce education of basic reading, writing and maths - I believe that basic health care, including sex education, should be included in this curriculum. When children and young people have access to information about themselves and their development, they are better equipped to make informed choices and have greater control over their lives. Adequate sex education will promote greater communication about sexuality and sexual health, reflecting shifting values that promote autonomy, safety and health over abstinence, outdated gender roles and silence of LGBTIQ+ communities.’ (Female, 19)



'I feel 🥰 that schools need to lay everything on the table and let us learn about more than just consent 🚫👧🚫👦 and 🚫👶 contraceptives.'



‘...not be treated like 🦄 children, but more like equals 🐎🐎 who have 😍 or will have 😊 similar experiences.’

Next Steps

To promote healthy sexual development, sexual safety, gender equality and self-help seeking strategies, South Australia needs developmentally appropriate rights-based relationships and sexual health education that is accessible to all students in every school and in every year level from Reception to Year 12.

This education should focus on the physical, emotional and mental health and wellbeing that comes from an understanding of sexuality that has moved well beyond pregnancy and STI prevention to embrace a universally implemented approach that is both youth friendly and age appropriate, sensitive to personal development, cultural background and contemporary behaviours and attitudes.

Such relationship and sexual health education works best when it is integrated as part of a whole of education school-based program ideally presented in partnership with external independent information sources and public health campaigns that deliver relationship and sexual health information in an interactive, culturally and social relevant and easily digested format.

Specifically, the approach should develop and support healthy decisions, reinforce protective factors and identify risky behaviours, social pressures, and negative influences. It should engage students and be relevant to their context. Relationship and sexual health education should not be rushed. Neither should it be delivered without input from young people themselves. It should use a range of teaching methods and materials and should teach children and young people how to communicate with family, teachers, and their mates about relationships and sexual health-related issues with confidence and ease, and without fear of embarrassment or retribution for what they don't know or for what their personal preferences are.

In addition, we must ensure at all year levels we focus on the skills needed to make informed decisions about health and safety, putting protective strategies in place to address real risks. These strategies need to include prevention of and response to image based abuse, sexting, including how to clearly communicate either refusal or negotiated consent.

The key protective factors that young people need to be sexually safe are supportive environments and social networks, access to stigma free healthcare and education, high sexual self-efficacy, and a legal framework that is clear, understandable, and which actively avoids criminalising young people.

Young people have shared what they see as significant gaps in the consistency, relevance, timing and quality of their school-based relationship and sexual health education. It is now our responsibility to respect and listen to their experiences and ideas and reflect on how we can bring about their suggestions for improvement. Only then can we be confident we are doing all we can at the individual, community, school, government and societal level, to promote and protect the best interests, safety and wellbeing of our state's children and young people.

Endnotes

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