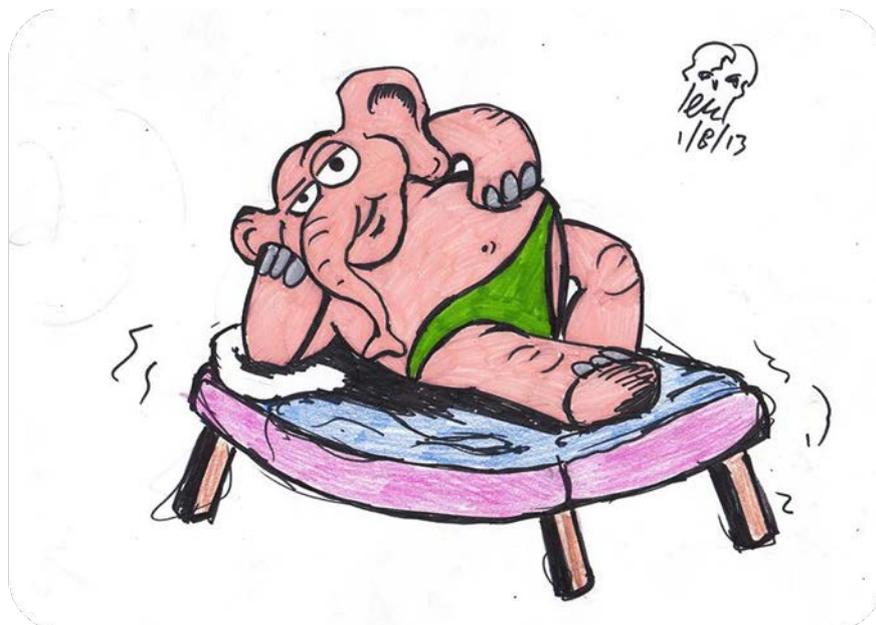


# Elephant in the Bedroom: Delivery of Sexual Health Education

Renon Schafer

December 2013



**Please note:** The Chief Minister's Round Table of Young Territorians is an independent advisory body. The views expressed in this report are those of the author and are not necessarily reflective of those of the Office of Youth Affairs or the Northern Territory Government.



## YOUTH ISSUE BRIEFING

**TO:** CHIEF MINISTER

**FROM:** RENON SCHAFFER, CHIEF MINISTER'S ROUND TABLE OF YOUNG TERRITORIANS – 2013 MEMBER

**TOPIC:** ELEPHANT IN THE BEDROOM – DELIVERY OF SEXUAL HEALTH EDUCATION

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### RECOMMENDATIONS

It is recommended the Northern Territory Government:

1. Department of Education (DoE) consider the attached Sex Education Strategic Plan 2014-17 in association with the Australian Curriculum Assessment and Reporting Authority (ACARA) Curriculum. This plan approaches sexual health education from the four topics of puberty and reproduction, sexual health, healthy relationships, and sexuality and gender;
2. establish a position within DoE to coordinate and maintain the program;
3. advertise for a young person that has comprehensive understanding of the sexual health field to provide peer education and co-facilitation to fulfil the position of Community Liaison Officer;
4. use the program as a primary resource for teachers and schools; and
5. the Department of Health (DoH) collaborate with the DoE to ensure that all content of the program is accurate, relevant and appropriate for the target audience.

### BACKGROUND

The Elephant in the Bedroom (EitB) program is intended to serve as the primary resource for schools and teachers across the Northern Territory (NT) in regards to the delivery of sex education. Sex education is a large and ever changing topic comprising of specific nuanced information which is frequently updated. It is both unfair and unrealistic to expect people who aren't specialised in the field to stay current. These are some of the reasons identified that shaped a large portion of how EitB was developed. The program can serve as a coordinated response from the Northern Territory Government (NTG) to the NT's disproportionate burden of sexually transmissible infections (STI) rates and unplanned pregnancy rates<sup>1,2</sup>. By providing comprehensive sex education to Young Territorians, the NTG has the opportunity to fulfil some of the goals outlined in draft *Framing the Future blueprint*, increase the

standard of living for many Territorians and set the benchmark for sex education programs across Australia. EitB is a unique idea and the NTG is being offered a chance to be a leading force in comprehensive education and youth development.

The Sex Education Program outlined in this briefing is aimed to be delivered to students attending high school (Year 10 and higher) but the eventual goal would be to establish age appropriate variations of the program across more year levels. It stands to reason that sexual health education is more effective when the students learn before the information is relevant. The logic behind this is about equipping students with the needed knowledge so that when they become sexually active, they know how to play safe.

For the purposes of this briefing a survey was conducted which targeted young people aged 16 to 25 years. The findings of this survey are referenced throughout this briefing, and the report of the survey can be found at Attachment A.

Based on the sex education I received at school, I find that the information that is given to young people is both boring and irrelevant. I am a gay male and as such, the methods of pregnancy and how boys start to experience sexual urges toward women really didn't interest me and as such I went through most of my secondary schooling not knowing about the dangers and high infection rates of STI's. Many of my heterosexual peers also found the content they were provided irrelevant and hard to engage with. Young people tend to look elsewhere for information that is both interesting and relevant; many young people turn to the media or the internet for information. Pornographic material is a common community educator and is not accurate or appropriate.

In Year 12 I got involved with various sexual health organisations, including the Youth Empowerment Against HIV/AIDS (YEAH) and the Northern Territory AIDS and Hepatitis Council (NTAHC). As I became more educated about the issues surrounding sexual health, the importance of the topic became apparent, as well as the exceptional lack of education for both students and teachers. The sexual health programs that are provided to young people in the NT are largely discriminatory, heterosexist and are conveyed as a scare tactic instead of the much more effective empowerment point of view.

It is the aim of this project is to provide better social, physical and mental health outcomes for young Territorians. Teaching young people how to stay safe and to recognise risky behaviours will help reduce both unplanned pregnancies and STI rates. Young people experiencing STI's or unplanned pregnancies can often become a burden on the health system, requiring treatment, testing, pre and post-natal support and in the case of some infections such as Hepatitis C or Human Immunodeficiency Virus (HIV), lengthy and expensive treatment processes. Contracting an STI also leads on to other significant health risks including susceptibility to super-infection (becoming infected with multiple strains of the same virus) and weakened immune systems<sup>[3, 4, 5]</sup>

It is well understood that preventative methods are better for the health of a community rather than focusing on treatment. It is far more cost effective<sup>[3, 4, 5]</sup> for an individual to learn about how to use condoms and methods of avoiding viral hepatitis infection (for example, not sharing tooth-brushes, razors etc) than to go onto life-long

antiretroviral medication or a difficult and lengthy treatment process, both of which are covered by the Federal Government through Medicare. Although not all young people are exposed to these risks, it is important to provide the education so that as individuals, people can avoid the risks later in life.

When a teacher or school teaches sex education, they often invite a relevant service provider to their classrooms for a session. This is beneficial in that it allows young people to hear accurate information from a health professional and makes them aware of services available to them. However, there are multiple issues associated with this, including:

1. Teachers are largely not included in the conversation

This is an issue because during workshops or classes, not all students will actively participate, especially when the topic is something as potentially controversial as sex. After the workshop, students may have follow up questions which teachers may not feel comfortable or capable of answering and often will not follow up with the organisation.

2. It is difficult to organise a workshop

Both teachers and community organisations are exceptionally time-poor. It may be difficult to organise for an organisation to come into a school due to conflicting schedules and work load.

3. Teachers do not always know the types of organisations that are available and which would be the most appropriate for their class

There are a few organisations that are well-known in the NT, such as; Clinic 34, NTAHC and Family Planning. However, there are many more such as; Agents of YEAH, and SMILE Youth Group. Teachers may invite in an organisation to discuss sex education and not realise that the organisation they have invited only deals with a small part of the broad spectrum of the topic. Furthermore, many teachers and schools feel that just one organisation is enough to cover everything.

Primary stakeholders for this project include the NT Government (specifically the DoH and the DoE), young people and parents. Stakeholders also include general members of the community, members of the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer community, Aboriginal and Torres Strait Islander people and other Culturally and Linguistically Diverse people.

## **DISCUSSION**

Sex education is often viewed as a sensitive topic with many people choosing to abstain from conversations. However, this is often different for young people who travel through adolescence with a variety of confusing emotions, feelings and unanswered questions on this topic. It is a rite of passage that can be offered through schools and should be provided to all young Territorians. Despite the apparent need for sex education programs and their effectiveness at reducing both unplanned pregnancies and STI/BBV's<sup>[6]</sup> many young people living in the NT feel that their education was not relevant or comprehensive enough for their needs<sup>[7]</sup>. It was with this in mind that this project was undertaken. After identifying the gaps in the current sex education made available to young people in the Territory, a structure was

developed for a more comprehensive and inclusive program such as EitB. The program holds three principles that set it apart from traditional sex education:

- active inclusiveness;
- empowerment of young people; and
- co-facilitation.

As a part of this program local organisations will be invited to co-facilitate sessions with the teachers. An issue previously identified by the former Department of Education and Children's Services was that when an external organisation facilitates an education session, the teacher is not brought into the process. This is detrimental because the teacher is the student's regular educator and if the students have questions that arise after the organisation has left, students may not feel comfortable discussing it with their teacher. Similarly, the teacher may not feel comfortable or capable of handling these questions. By including the teachers in the delivery of the education, a rapport is established between the teacher and the organisation. This is helpful because should a student have any further queries, the teacher may feel more capable of answering them, or contacting the organisation. The level of involvement a teacher has is voluntary, and they would be fully supported, whatever their decision.

It is recommended that EitB is to be established within the ACARA and be fully maintained by an employed NTG official. The course will be available as a fully developed unit with DoE with approved assignments and marking criteria. The course needs to be adaptable so that there is flexibility to have a specific focus on particular topics of concern that a school or teacher has or identifies in relation to its student population. For instance, if there was a particular problem with sexting and the distribution of sexualised images, the course could be tailored to go into more depth about respectful relationships and relevant laws.

In order to reduce the workload of teachers, it would be the role of the Community Liaison Officer to meet with the school and get a clear picture of the school's needs and tailor the course as appropriate. The employee would also be responsible for arranging relevant organisations to visit schools, ensuring that they know what is required of them, what guidelines they must operate within and areas of particular focus. This employee will be a dedicated young person who understands the course and all issues and concerns associated with it. It is important that a young person fills this role as they will have a better understanding of the school system from the perspective of a student, and be able to perform peer education (which is shown to be the most effective method of education<sup>[8]</sup>). Youth peer educators are inherently more approachable to other young people and as such are more likely to be able to effectively convey the content to their target audience.

Sexual health education in its current form is fundamentally heterosexist. It approaches sex purely as vaginal intercourse and between a man and a woman with the intent being reproduction. Not only is this not always the case for heterosexual people, but it also doesn't apply to same sex relations, and it ignores gender diverse people. This program is approached from a sexually diverse viewpoint and describes sex as more than just vaginal intercourse with the intent to reproduce. This is in line

with *Framing the Future's* Confident Culture vision by supporting and including a more diverse range of young Territorians.

EitB is results driven. The goal is to empower young people to make positive and educated decisions about the health and safety of themselves and those around them. At all times, the focus of the program is on the students and how they feel. If a student feels uncomfortable or discriminated against they will disengage and that is not empowering. Although the program will work within relevant policies and guidelines, the focus is on empowering the students by focusing on their needs and adapting the course to be as effective as possible.

### **What does the EitB program entail?**

The program is split into four subtopics:

1. **Puberty and reproduction:**  
Subtopics in this section include the changes of puberty, anatomy, pregnancy, childbirth and contraception.
2. **Sexual health:**  
This section covers Testing, treating and symptoms of STI/BBVs, risky behaviours and the discrimination faced by people living with an STI or BBV.
3. **Healthy relationships:**  
This topic discusses consent, assault and mandatory reporting. This topic uses the pizza model throughout to explain a healthy way of viewing sex.
4. **Sexuality and gender:**  
This topic discusses the sexuality and gender spectrum, the gender binary and discrimination.

For more information regarding the details of the program, please refer to the EitB program outline provided at Attachment B.

The program will be delivered over 48 months, and be split into three phases:

#### **Phase 1 – Consultation and Development**

Twelve months will be dedicated to this phase and the community will be actively involved in the development process via consultation. As is stated in the Strategic Plan provided at Attachment C, all members of the community will be involved, but particular groups of people will be actively consulted with including health professionals, young people, schools, parents, culturally and linguistically diverse people, Aboriginal and Torres Strait Islander people and members of the Gay Lesbian Bisexual Transgender Intersex and Queer community. This phase is about ensuring the community has a say in the development of the program. By involving the community at large, we can greatly reduce negative backlash.

#### **Phase 2 – Piloting**

This phase spans over 24 months, wherein there are six months of piloting the program, six months of evaluation, consultation and development, which is then repeated.

### **Phase 3 – Program Delivery**

The final 12 months will be dedicated to delivering the program in schools. After this, the program will be evaluated and reported back to Government.

### **FRAMING THE FUTURE**

The EitB program and associated recommendations are in alignment with the NTG's *Framing the Future blueprint*, specifically within the areas of Confident Culture and Strong Society.

### **CONCLUSION/SUMMARY**

This project has been developed as a solution to a well-established issue; the quality and delivery of sex education to young people in the NT. The issues surrounding this are as complex as they are diverse, which is why there is no easy solution. These recommendations take into account that this is not a quick-fix solution but a long term one, with the belief that it will be invaluable to future generations of Territorians. This program is designed to be adaptable and long lived.

The recommendations are that the NTG employs a young person within the DoE to develop, implement and evaluate the EitB program. The program is recommended to approach sexual health education from the four topics of puberty and reproduction, sexual health, healthy relationships, sexuality and gender. The program should at all times be focused on empowerment, and it is recommended that there be an emphasis on co-facilitation between organisational professionals and teachers, as well as peer to peer education.

RENON SCHAFFER

## REFERENCE LIST

- <sup>1</sup> Australian Bureau of Statistics – Sexually Transmissible Infections  
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10Jun+2012>
- <sup>2</sup> Family Planning Queensland – Teenage Pregnancy Indicators  
[http://www.fpq.com.au/pdf/Teen\\_pregnancy\\_indicator.pdf](http://www.fpq.com.au/pdf/Teen_pregnancy_indicator.pdf)
- <sup>3</sup> Mydr.com.au – Hepatitis C: An Australian Snapshot  
<http://www.mydr.com.au/gastrointestinal-health/hepatitis-c-an-australian-snapshot>
- <sup>4</sup> New South Wales Government, Albion Street Centre, Frequently Asked Questions about HIV/AIDS, 2012, p.18,  
[http://www.seslhd.health.nsw.gov.au/TheAlbionCentre/InformationLines/HIV\\_FAQ\\_Booklet\\_March\\_2012.pdf](http://www.seslhd.health.nsw.gov.au/TheAlbionCentre/InformationLines/HIV_FAQ_Booklet_March_2012.pdf)
- <sup>5</sup> United Nations Educational, Scientific and Cultural Organization – School Based Sexuality Education Programs; A Cost-Effectiveness Analysis in Six Countries 2011
- <sup>6</sup> Advocates For Youth – Effective Sex Education  
<http://www.advocatesforyouth.org/publications450>
- <sup>7</sup> Elephant in the Bedroom Survey – A look into satisfaction of students in regards to sex education in the NT 2013
- <sup>8</sup> Youth Empowerment Against HIV/AIDS and Australian Youth Affairs Coalition – Let's Talk About Sex: Young People's views on sex and sexual health information in Australia 2012 [http://www.redaware.org.au/wp-content/uploads/2012/10/Lets-TalkAboutSex\\_AYACYEAH\\_FinalReport.pdf](http://www.redaware.org.au/wp-content/uploads/2012/10/Lets-TalkAboutSex_AYACYEAH_FinalReport.pdf)

# Elephant in the Bedroom Survey Report

A survey on the satisfaction of young Territorians' experience of school based sex education.

## Sex Education Curriculum in NT Schools Survey: Page 1



### SEX EDUCATION CURRICULUM IN NT SCHOOLS SURVEY

Renon Schafer is a member of the 2013 Chief Minister's Round Table of Young Territorians (Round Table) and is investigating the need for appropriate sex education to be delivered in NT schools. Your comments will remain anonymous and will be used for the purpose of data collection. Renon would really appreciate your help with his project. Please complete and submit this survey by 18 October 2013.

1. What is your gender? .....
2. Are you of Aboriginal or Torres Strait Islander origin?  Yes  No
3. How old are you? .....
4. Which school do you attend?  Middle School  Senior School  
 University/Tafe  N/A
5. Have you received sex education at your school?  Yes  No
6. If yes, how helpful was it?  Very helpful  Helpful  
 Somewhat helpful  Not helpful

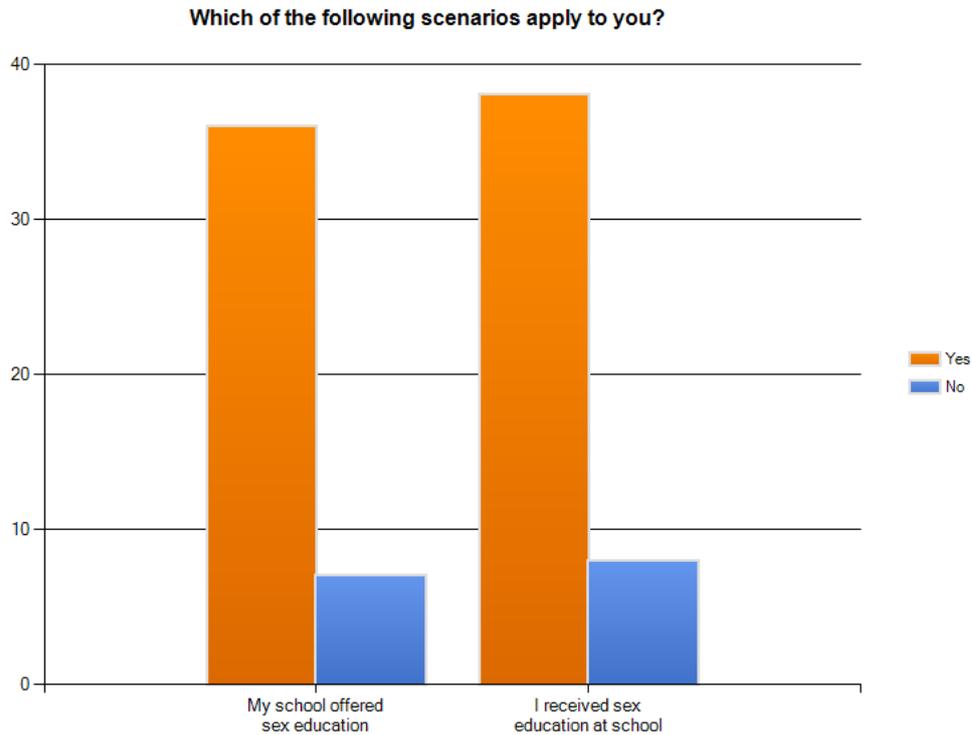
Please explain your answer:

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 .....  
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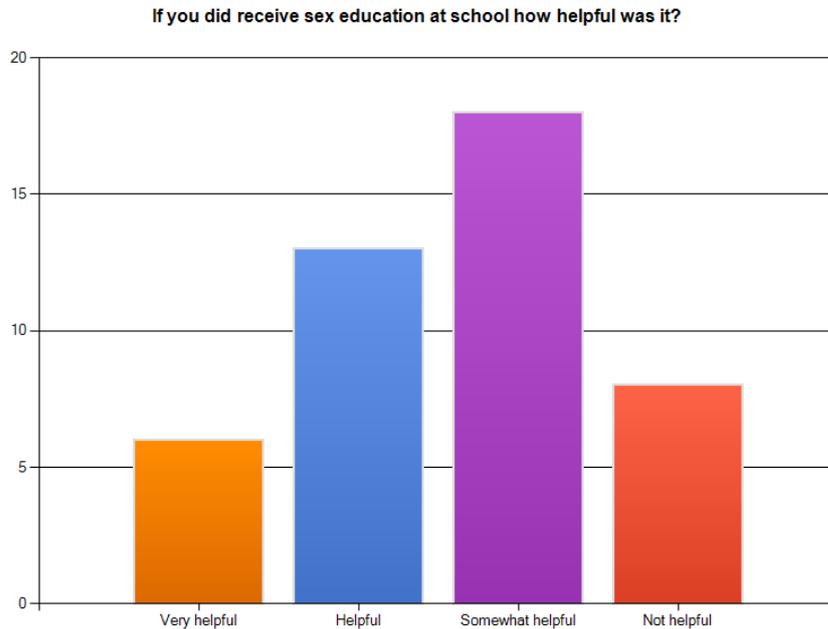
7. If no, do you think sex education should be compulsory in schools?  Yes  No  
Why/why not?  
 .....  
 .....  
 .....
8. If so, in which grade should sex education begin? .....
9. Where do you receive sex education from?  

<input type="checkbox"/> Friends/Family <input type="checkbox"/> Magazines/Articles <input type="checkbox"/> Clinic 34	<input type="checkbox"/> Internet <input type="checkbox"/> GP/Doctor <input type="checkbox"/> Other (please list) .....
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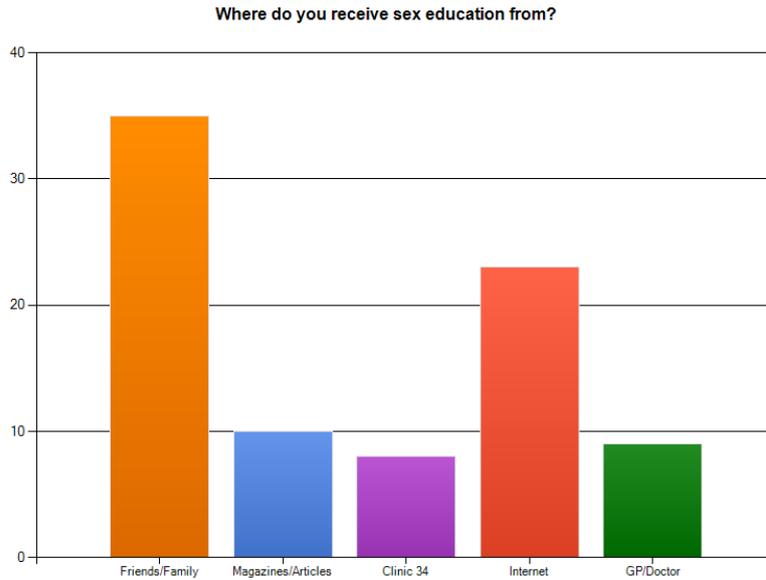




Despite the high number of people reporting they received sex education at schools, just over 10% stated that their education was very helpful, with most reporting it was only somewhat helpful.



Survey respondents were asked where else they received sex education from, and the three most common alternate sources of sex education in descending order were Friends/family, the internet and the media. The two most reliable and accurate sources were ranked lowly, with less than 20% of people reporting using them.

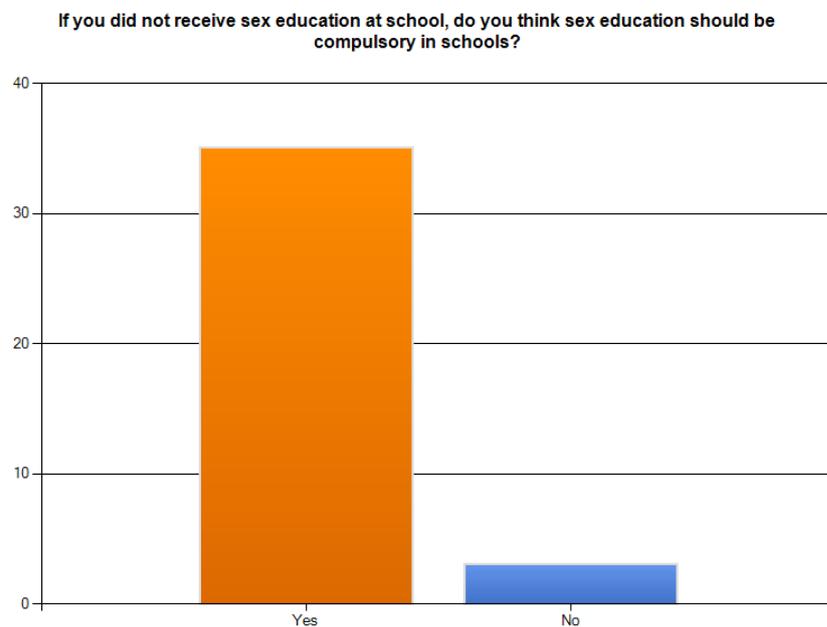


The majority of respondents who stated that they did not receive school based sex education believed that it should be offered in schools. Some survey respondents commented:

*“That is from friends - not family”*

*“TV health shows (embarrassing bodies, specials)”*

*The responses further support the need for a new and fresh approach to sex education, one that encompasses a broader spectrum of topics.*



The respondents stated:

*“Teenagers as young as 13 are sexually active and they NEED to know what they’re dealing with, and not just STI’s (which seems to be all sex ed is about) they need to understand the ENTIRE concept of consent, contraceptives (not just condoms), where to get help for pregnancy, rape etc”*

*“[sex education] is important, practical, life knowledge that can make the difference between a kid ruining their life by making an uninformed decision, and having an enjoyed and well balanced life which is what we all deserve a chance at.”*

Over 50% of respondents believed that school based sex education should be offered from middle school.

## Summary

The results indicate three things very clearly:

1. Sex education is being offered in schools;
2. This education isn't meeting the needs of young Territorians; and
3. Young Territorians want a change.

These findings support the recommendations presented to the NT Government and the need for a more inclusive and comprehensive sex education program in schools.

# Sex Education Strategic Plan 2014-2017

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The Elephant in the Bedroom (EiTB) program aims to provide young Territorians with a comprehensive and inclusive education about sexual health, healthy relationships and gender. It is to be delivered to Years 10-12 in public schools in collaboration with the Department of Education, local service providers and schools and students. This Strategic Plan is meant to serve as a living document that will be regularly updated to ensure the efficiency of the program is always at its peak. It is meant to guide those involved, and to be adapted where needed.

EiTB approaches sexual health the same way the World Health Organisation (WHO) does:

***“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006a)***

## The values

- |                    |  |
|--------------------|--|
| <b>Respect</b>     | • Maintain conversations on taboo topics in a respectful and culturally mindful manner |
| <b>Accuracy</b>    | • All information provided is accurate, relevant and supported by health professionals |
| <b>Empowerment</b> | • Equipping young people with the knowledge they need to lead healthy lives            |

## The vision

Improve the standard of living and health outcomes for young Territorians through diverse and comprehensive education.

## Guiding principles

- Improve the sex education available to Young Territorians to reduce their burden of STI rates
- Promote evidence-based policy development and decision-making
- Adapt the program to specific criteria and social or cultural requirements
- Involve local health services in the development and implementation of the program.

## **The Program**

The program is split into four sub-topics:

- Puberty and Reproduction
- Sexually Transmissible Infections and Blood Borne Viruses
- Healthy Relationships
- Sexuality and Gender.

## VISION

Improve the standard of living and health outcomes for young Territorians through diverse and comprehensive education.

Alignment with Framing the Future	STRATEGIC PRIORITIES	STRATEGIES	SUCCESS INDICATORS
<b>1. Strong Society</b>	1.1 Reduce rates of STI's and unplanned pregnancies	1.1.1 Educate young people on the impacts of STI/BBV's 1.1.2 Increase young people's understanding of safe and unsafe sex 1.1.3 Educate young people on the appropriate use of sexual barriers ie; condoms, dental dams, femidoms 1.1.4 Reduce the stigma associated with the use of barrier methods 1.1.5 Educate against myths and untruths regarding safe sex and sexual barriers	1. Young people report feeling more confident about sexual health 2. Young people report using condoms more often 3. Young people know where to get sexual health resources from and how to use them 4. Young people report having a more in depth understanding of sexual health 5. Reduction of STIs and unplanned pregnancies in the NT
	1.2 Reduce the burden on the public health system	1.2.1 Educate young people about available services ie; Family Planning, Clinic 34, NTAHC 1.2.2 Educate on how contraceptives work, where to get them and the processes involved 1.2.3 Explain the impact an incurable disease may have on a young person's life 1.2.4 Encourage regular testing for the sexually active 1.2.5 Explain the process of testing	1. There is an increase in STI testing 2. Young people report using health services more often 3. Young people report feeling more confident about getting tested 4. Young people have an increased understanding of the issues related to STI's and BBV's
	1.3 Improve youth capacity	1.3.1 Develop relations between young people and service providers 1.3.2 Encourage communication between young people and service providers 1.3.3 Educate young people on what they can do to achieve the best health outcomes	1. Young people report understanding what the different services are and how to contact them 2. Young people feel more confident to take charge of their own health

## VISION

Improve the standard of living and health outcomes for young Territorians through diverse and comprehensive education.

Alignment with Framing the Future	STRATEGIC PRIORITIES	STRATEGIES	SUCCESS INDICATORS
<b>2. Confident Culture</b>	2.1 Maintain cultural integrity	2.1.1 Be aware of the cultural sensitivities that surround topics 2.1.2 Adapt the program to be culturally appropriate 2.1.3 Deliver the same standard of education to people of all cultures 2.1.4 Include a variety of cultures in examples and discussions 2.1.5 Educate about the ways other cultures perceive topics 2.1.6 Consult with Melaleuca on how best to engage CALD people 2.1.7 Consult with Indigenous Elders to ensure cultural appropriateness is maintained 2.1.8 Adapt the EitB program in accordance with requirements from Indigenous communities	1. CALD people report feeling included in the program 2. Students report feeling educated on different cultural perceptions 3. Indigenous Elders report feeling included and respected 4. Indigenous students report feeling their culture has been respected
	2.2 Be actively inclusive and non-heterosexist	2.2.1 Define “sex” and the variety of acts the term covers 2.2.2 Not assume that all students are heterosexual unless stated otherwise 2.2.3 Foster an environment of active inclusiveness 2.2.4 Use preferred names and pronouns 2.2.5 Educate outside of the gender binary 2.2.6 Include non-heteronormative relationships in examples and discussions	1. Students report a broader understanding of sex and sexual acts 2. LGBTIQ students report feeling included and accepted 3. Heterosexual students report a broader understanding of the LGBTIQ community
	2.3 Value youth input	2.3.1 Utilise youth peer to peer education 2.3.2 Involve Young people in the consultation and evaluation processes 2.3.3 Utilise youth feedback in shaping the program 2.3.4 Have the program headed by a young person	1. Young people report feeling included in the program’s inner workings 2. Young people are involved consistently in the consultation and evaluation processes

## VISION

Improve the standard of living and health outcomes for young Territorians through diverse and comprehensive education.

Alignment with Framing the Future	STRATEGIC PRIORITIES	STRATEGIES	SUCCESS INDICATORS
<b>3. Strong Society</b>	3.1 Involve parents and the broader community	3.1.1 Include parents in the consultation and evaluation processes 3.1.2 Invite all members of the community to have their say in the development of the program 3.1.3 Invite all members of the community to be a part of the evaluation process 3.1.4 Respect the opinions of parents and members of the community 3.1.5 Invite parents and members of the community to attend a pilot of the program	1. Parents and members of the broader community are involved in the consultation and evaluation processes 2. Parents and community members attend the program pilot 3. Parents and community members feel listened to and appreciated

# Elephant in the Bedroom Program Outline

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The Elephant in the Bedroom (EitB) program is split into four topics and each has separate subtopics contained within. These subtopics have been grouped together by theme and are assembled in an order that is easy to follow and promote understanding. The purpose of this document is to provide a more in-depth understanding of the content of the EitB program.

The four topics are:

- Puberty and Reproduction
- Sexually Transmissible Infections (STIs) and Blood Borne Viruses (BBVs)
- Healthy Relationships
- Sexuality and Gender.

The below program has several key focuses which will be maintained at all times including:

- Medically accurate terms
- Education delivery in a culturally appropriate way for Culturally And Linguistically Diverse and Aboriginal and Torres Strait Islander peoples
- Promoting understanding and acceptance of diverse cultures and identities..

## Puberty and Reproduction

Subtopics in this section include the changes of puberty, anatomy, pregnancy, childbirth and contraception.

### Puberty and Anatomy

The purpose of this subtopic is to provide education about the changes the body goes through during puberty. This will include the maturation of the sexual organs, menstruation and masturbation. There will be a strong focus on using medically appropriate terms instead of colloquial terms. The aim is to provide all students with the same level of education in a way that is culturally appropriate.

### Pregnancy

This subtopic will include the process of pregnancy and childbirth, including both pre and post-natal complications. Students will be taught about contraceptives including barriers (ie; condoms, femidoms) hormonal contraceptives (ie; the pill, intrauterine devices, implanon etc), surgical procedures (ie; vasectomies, tubal ligation etc) and abstinence. Information will be provided about terminations, however the intent is not to encourage terminations, but to provide comprehensive education. There will be a focus on viewing terminations as a surgical last resort, and not as a form of contraception. Adoption will also be briefly explained.

## Sexually Transmissible Infections and Blood Borne Viruses

This section covers Testing, treating and symptoms of STI/BBVs, risky behaviours and the discrimination faced by people living with an STI or BBV.

### Testing, Symptoms and Treatment

The purpose of this subtopic is to provide an in depth understanding of the process of a full sexual health check-up, as well the importance for regular check-ups for the sexually active. Students will be taught about the different types of STI/BBV's, as well as which ones are curable and incurable, their symptoms, methods of infection and what treatments are available. This subtopic will have a focus on ensuring students understand that most STI/BBV's remain asymptomatic for a period of time.

### Behaviour

This subtopic begins by asking students three questions; what is risk, what is risky behaviour, and what are the potential outcomes of engaging in risky behaviour? The purpose of these questions is to begin a classroom conversation about risk, and allow the facilitator an avenue to provide appropriate, targeted education on risk to the students. This conversation will lead onto a discussion how to protect against STI/BBV's. The facilitator will encourage students to build upon existing knowledge, if applicable.

### Discrimination

Some illnesses are incurable, such as HIV or the Herpes Simplex Virus. This subtopic will ask the question, "What does an infected person look like?" This serves two purposes; it reminds the students that people living with an incurable infection are not different to them, and it serves to educate students that anyone can have an STI, and that common methods such as inspecting the genitals are not accurate or reliable.

## Healthy Relationships

This topic discusses consent, assault and mandatory reporting. This topic uses the pizza model throughout to explain a healthy way of viewing sex.

### The Pizza Model

The Pizza Model is a method of thinking about sex that challenges a lot of our pre-existing ideas on how sex works. There is a current social trend of using baseball as a metaphor for discussing sex (the bases, home run, batting for the other team, strike out, benchwarmer etc). The Pizza Model approaches sex from a perspective that states that mutual enjoyment and consent is of greater importance than the acts of sexual behaviour. This subtopic will begin by showing the linked [TED Talk](#), followed by a discussion on the video.

### Consent

This topic asks four questions; what is consent, how is it given, what affects consent and why is it needed? These questions will help shape students' understanding of consent and the issues that surround it. Included will be the concept of progressive consent (consenting to one type of sexual act does not imply consent to all sexual acts), what is and isn't consent (ie; when someone is nice to you, is that them asking for sexual interaction, is revealing clothing implied consent etc) as well as how do drugs and

alcohol affect consent. This conversation will also discuss the laws around consent, including the age consent and legal requirements for consent.

### **Sexual Assault**

This subtopic will define what assault is, who can be the victim or perpetrator of assault and where it happens. It will define sexual assault as “any action that is sexual in nature and is not consensual”. This subtopic will aim to dispel the concept that rape victims “had it coming” and to encourage people to actively think about how their actions may be perceived by their recipient. Here will be discussed the legal implications for sexual assault. There will be a strong focus on reducing “slut shaming”.

### **Mandatory Reporting**

This subtopic will cover in more depth the requirement of individuals to report underage or harmful sexual activity to the appropriate authorities. It will provide education on what underage sex is and what harmful sexual activity is. Students will gain knowledge of the appropriate authorities to report to under NTG law.

## **Sexuality and Gender**

This topic discusses the sexuality and gender spectrum, the gender binary and discrimination.

### **Sexuality**

This subtopic will discuss the broad range of sexualities that exist. It will invite students to brainstorm all the different sexualities they can think of and the facilitators will be explaining others they may not have heard of (ie; demisexual, polysexual, asexual), followed by a discussion of what each term means. This will then flow onto a conversation about why there are so many different labels and why so many mean similar things. This is where the facilitator will display and explain the Venn Diagram of Sexuality (a visual aid covering three points of sexuality – identity, behaviour and desire). This will then lead onto a conversation about the importance of self-identification.

### **Gender and the Gender Binary**

This subtopic serves to discuss the huge variety of genders that exist outside of the traditional man/woman construct (also known as the gender binary) and teach gender as being a fluid thing that is not easily defined or understood. The gender spectrum will be explained as not being linear (man on one end, woman on the other and everything else in between) but rather as a circle, similar to a colour wheel. Facilitators will discuss what it is to be Transgender and how people transition from one gender to another.

### **Discrimination**

Students will be encouraged to challenge their prejudices throughout this subtopic. The systematic and social forms of discrimination against lesbian, gay, bisexual, transgender, intersexed and questioning (LGBTIQ) people will be covered and students will be invited to provide opinions in a respectful conversation. The goal of this subtopic is to help students recognise the heterosexual privilege and challenge their pre-existing notions of what it is to be a particular gender or sexuality. The onus will be on viewing members of the LGBTIQ community as people first, label second.