

DOIN 'IT' RIGHT!



An Aboriginal Sexual Reproductive Health Resource Kit



Aboriginal Health & Medical Research Council
of New South Wales



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This artwork represents good sexual health amongst Aboriginal communities. The people silhouettes show good health and happiness through their body language. One of the people (a pregnant woman) is holding an oval shape which represents fertility and good reproductive health. The snakes represent creation (pregnancy, childbirth) and fertility. The snakes are intertwined to represent relationships. The colours are bright, using lots of yellow and orange, which emphasises the concept of good health and happiness.

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Introduction to Sexual and Reproductive Health

Sexual and reproductive health is much more than sexual actions, sexually transmissible infections (STIs), unintended pregnancies and infertility.

“Sexual health is 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, respectful approach to sexuality and sexual relationships and 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 2010)

Reproductive health is the ability for people to reproduce (have children) and the freedom to choose if and when they would like to, whilst having a responsible, enjoyable and safe sex life. There are many factors which impact on sexual and reproductive health including: socioeconomic status, geographical location, access to education, information, resources and services, past sexual experiences, culture and emotional and physical wellbeing. The area as a whole is complex, and incorporates many different factors including: behaviour and attitudes, society factors and biological factors. Sexual experiences should be safe, non-threatening, comfortable, fun and be controlled by the individual (AHC Learner Guide 2012). Self-esteem, building healthy relationships, assertive communication and decision making skills are important life skills and part of good sexual and reproductive health.

The World Health Organisation (WHO) states that:

“Sexuality is an integral part of the personality of everyone: man, woman and child. It is a basic need and aspect of being human that cannot be separated from other aspects of life... Since health is a fundamental human right, so must sexual health be a basic human right. Sexual health involves a capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic... It involves freedom from shame, fear, guilt, false beliefs and other psychological factors ... and the freedom from organic disorders, diseases and deficiencies...”

(WHO 1975)

The focus of this sexual and reproductive health kit is to empower young people, especially Aboriginal young people, to recognise life and relationship choices and to have the confidence, knowledge and skills to make decisions that are right for them.

Sexual and Reproductive Health in an Aboriginal Context

It is well known that Aboriginal Australians experience significantly poorer health outcomes, including sexual and reproductive health outcomes, compared to the wider Australian population. Evidence shows that there are higher rates of STIs and Bloodborne Virus (BBVs), higher teenage pregnancies, and lower access to sexual health and other services. High rates of poor sexual and reproductive health outcomes are the result of limited appropriate resources, limited access to transport, lack of culturally appropriate services, and a lack of Aboriginal health professionals. Poor sexual and reproductive health outcomes may have long term consequences for individuals, families and communities.

Aboriginal youth make up a significant portion of the Aboriginal population with 26% falling into the 12 - 24 age range, compared to 18% of the non-Aboriginal population (AIHW 2007). This means that a large portion of the overall Aboriginal population are either already within or coming into sexual and reproductive years (Savage 2009). Of the 12 - 24 year age group, 68% are aged between 12 - 19 years (AIHW 2007), the target audience for this resource.

The age that Australian youth are having sex or undertaking sexual activity for the first time is decreasing over time (Smith A 2003) and some studies show that Aboriginal young people may experience their first sexual experience sooner than the wider population (Ritter 2012). A study of 2,877 Aboriginal young people (16 - 29 years old) in 2012/13, found that the average age of first sexual experience was 15 years old (Ward, J et. al. 2013). The survey also noted 67% of 16 - 19 year old participants and 87% of participants 20 - 24 years old reported being sexually active. Zubrick et al. 2005 also found that Aboriginal young people who are not still in school are up to six times more likely to have experienced sex than those who remain in school. This shows that sexual and reproductive health education is required from an early age.

Chlamydia is the most commonly reported infection in Australia, and is prevalent among all young people (16 - 29 year olds). It is diagnosed up to 4 times higher among the Australian Aboriginal and Torres Strait Islander population compared to the non Aboriginal population. Similarly, gonorrhoea is diagnosed up to 21 times higher and infectious syphilis 5 times higher. If left untreated these STIs can have significant health implications including; infertility, Pelvic Inflammatory Disease (PID) and increased risks of cancer (Knox & Ward 2014). In relation to HIV, in 2012 just over 2.5% of Australians diagnosed with HIV were Aboriginal and Torres Strait Islander people, which is equivalent to the non-Aboriginal population (Kirby Institute 2013). However, Aboriginal people living with HIV tend to be diagnosed later, which has implications for prevention of further transmission, as well as management of HIV for the individual. Being appropriately tested for STIs is an important strategy in terms of individual health

and population health. The 2012 GOANNA study showed that more than half the surveyed Aboriginal young people (41%) reported having a STI test within the last 12 months with boys being less likely (39%) compared to girls (44%). Lower rates of testing were also reported for the 16 - 19 aged participants (Ward, J et. al. 2013). Although this resource does not focus on STI testing, it is important young people are aware of the importance of being tested and where they can go to get tested.

An important component of reproductive health is being in control of pregnancy. A literature review conducted by Family Planning NSW found that most Australian women will use contraception at some point during their lifetime. Aboriginal young people, however, may be less likely to use contraception than other Australian youth. This is for a number of reasons including: limited access to health care services, shame associated with accessing sexual and reproductive health services, limited education regarding contraceptive options, and affordability (Ritter, 2012). Findings from another study conducted in Townsville showed the main reasons Aboriginal participants did not use contraception was because:

- They did not think about using contraception (44.0%),
- They did not believe they were at risk of becoming pregnant (17.9%) and
- They had sex unexpectedly and were not prepared (22.6%) (Larkins et al.'s 2007).

When contraception is used, condoms are most commonly used, followed by the contraceptive pill, the Implanon (rod) and the contraception injection (Depo Provera) (Ritter 2012 and ABS 2004-2005).

Directly related to access to contraception is teen pregnancy. Compared to other countries Australia

has one of the highest rates of teenage pregnancies (Agius et al. 2006). Teen pregnancy is also significantly higher amongst the Aboriginal population. In 2008, Aboriginal teenagers represented 20% of all Aboriginal and Torres Strait Islander mothers compared to 3.5% of non-Aboriginal mothers (Laws P, Li Z, Sullivan EA 2010). Pregnant Aboriginal teens are less likely to access prenatal services and support. Teen pregnancy can disadvantage mothers by reduced completion of education, increased financial distress, potential relationship breakdowns, and poorer health outcomes (Nori, A 2012).

Outcomes are also often poorer for children born to teen mothers. They are twice as likely to be born premature, three times likely to be of low birth weight. There are also increased behavioural or developmental challenges, and a higher chance that they themselves will become teen parents (Westenberg et al 2002 and Klein 2005).

Although the statistics are sobering, ongoing education and health promotion will assist young Aboriginal people to make informed choices about their sexual and reproductive health. Given the decreasing age of first sexual experience, high rates of STIs and teen pregnancy, it is

important that age and culturally appropriate information and education is provided to young people from an early age.

NB: Terminology - within this document the term Aboriginal has been used to refer to both Aboriginal and Torres Strait Islander peoples. The term Aboriginal Medical Service has been used to refer to Aboriginal Community Controlled Health Services (ACCHSs).

Aboriginal Cultural Considerations and the Worker's Role in Sexual and Reproductive Health Education

Aboriginal people are culturally diverse and it is important to acknowledge that what may be appropriate for one community or area, may not be appropriate for another. Sexual and reproductive health education activities need to be flexible and tailored to each group.

It is important for you as the worker to be sensitive and to attempt to understand and respect cultural norms. Sexual and reproductive health issues may not be discussed openly by families or communities because of cultural or social reasons or because of 'shame'. Young people may not gain access to age appropriate information, and may not know where to get support.

Literacy may also be an issue for some young Aboriginal people, so it is important not to assume all participants can read and write. Attempt to assess literacy levels before your session, an Aboriginal Health Worker or Aboriginal Liaison Officer may be able to assist you with this. Consider visual activities, storytelling, diagrams and interactive activities, and modify activities or parts of activities accordingly. Continuously check if participants understand the meaning of terms (for example, contraception) and acronyms (such as STI, HIV etc). The use of Aboriginal specific resources where available may also be useful (AH&MRC 2014 and NCAHS 2009).

Stigma or embarrassment is normal and expected when discussing sexual and reproductive health with young people. The concept of 'shame' is related, and is very powerful within Aboriginal communities. It is important to have an understanding of 'shame', as it is likely that there will be a strong sense of it when discussing sexual and reproductive health.

'The concept of "Shame" is more than just a feeling of embarrassment for Aboriginal and Torres Strait Islander People. It is associated with deep-seated feelings of inadequacy and disempowerment... shame also may involve feels outcast and ostracized from friends and family, which is particularly relevant to the high value of group belonging in Aboriginal and Torres Strait Islander cultures' (Queensland Health Guide 2013 P5)

By normalising sexual and reproductive health you can help break down shame and embarrassment and encourage open discussion. Creating opportunities for anonymous

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questions to be asked (see page 24) this can also be an effective way to allow relevant and useful discussion to occur (NCAHS 2009 and Queensland Health Guide 2013).

For some Aboriginal people certain topics are only discussed with their own gender e.g. 'Men's and Women's Business'. Be mindful that it may be inappropriate and uncomfortable for a worker to discuss sexual and reproductive health with a participant of the opposite sex, especially with gender specific topics e.g. menstruation. It is useful to see if individuals or groups have any concerns about Men's and Women's business before delivering sexual and reproductive health education. It may also be useful to consult with a local Aboriginal Health Worker or Aboriginal Liaison Officer to provide guidance in this area (NCAHS 2009).

There are important protocols to follow when working in Aboriginal communities. Consultation is absolutely essential before, during, and after the implementation of any program, and you need to be aware of the appropriate people to involve. This may include Aboriginal Elders, the local Aboriginal Land Council, the local Aboriginal Medical Service, and relevant community members. Sometimes it can seem like a long time for participants to 'warm up' to you, especially if they are meeting you for the first time. Building trusting relationships is fundamental when working with Aboriginal people and community. The feeling of safety and sharing can only occur in a confidential space. This takes time so please be patient.

If you are not from the community or you are not Aboriginal yourself, show that you have general knowledge and respect for Aboriginal people, culture and health challenges. Learn about the Aboriginal community you are working in, familiarise yourself with local terminology or commonly used local words relating to sexual and reproductive health. If you are running workshops or sessions, ensure a "Welcome To Country" or an Acknowledgement is conducted by following your organisation's policies and procedures, or see page 21 for wording samples.

It is a good idea to invite a youth friendly Aboriginal Health Worker, Aboriginal Liaison Officer, Youth Worker, GP or Nurse to join in on your session. Be mindful that some participants may be related to these workers and this may limit that participant's ability to share or be involved.

You could also arrange a visit to the local Aboriginal Medical Service, youth service or other related service to showcase the sexual health services available. Arrange to introduce staff and have them organise discussions about STI testing and where to obtain free condoms etc.

Working with Aboriginal Young People

Aboriginal young people and young people in general are diverse and all will have varying levels of knowledge on sexual and reproductive health depending on their life experiences, family background, religion, gender, age and own values and beliefs etc. These factors will need to be considered during the development and delivery of sexual and reproductive health activities to ensure appropriateness and successfulness.

It is also important to be considerate of Men's and Women's Business (see Cultural Considerations page 9 for more information). Perceptions of what is appropriate and what is not may be different for different areas and different ages. Young Aboriginal young people may not want to be separated according to gender, age or Aboriginality – however it is important to speak with relevant local Aboriginal community members or workers to obtain guidance.

When working with Aboriginal young people it is important to ensure that everyone's opinions and comments are respected and that greatest effort has been made to create a relaxed, safe and comfortable environment. In creating a relaxed atmosphere, try to avoid the class room 'teacher/student' environment. Place yourself on the same level as your participants, push the chairs and desks to the side and sit in a circle on the floor together, or go outside and sit under a tree for your session. Ice breakers are also a good way to start sessions and introductions if participants. It may also be beneficial to establish a Group Agreement (see page 23 for more information).

It is important not to single out individuals, for positive or negative reasons. Understand that some participants may not want to be involved or actively participate. Try not to push people to comment or answer questions, rather, ask the group as a collective if anyone has any comments or would like to share anything (also see How to Generate Conversations page 15). Gentle encouragement to contribute is fine, but don't push it if it makes them uncomfortable. Even if the participant does not appear to be physically engaging, they may still be absorbing the information.

In situations like this, it may help if you also share an appropriate story or point of view. Remember that sharing is ok, as long as you do not impose your views or beliefs. You could also try depersonalising situations by asking general questions e.g. Why do you think young people choose not to use condoms? Or, do you know of a friend/anyone (rather than asking about themselves) who has experienced the situation? Be mindful that when asking if they know of anyone, they do not disclose names or identifying information.

It's important to be responsive to the group. You do not have to follow the activities in this kit word for word, they are to be used as a guide only. Make use of opportunities where you are able to provide other relevant information e.g. if you are speaking about contraception

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– flag that young people over the age of 14 can obtain their own Medicare Card and see the doctor to receive scripts without their parents/guardians having to provide consent. If you are speaking about STIs and BBVs, introduce information about the dangers of 'backyard tattoos'. Topics of conversation may also take an unexpected detour into other areas. This is fine, again use opportunistic discussion, expand on areas or introduce new relevant information if you can see a gap in knowledge.

It is also important:

- To listen, be patient, approachable and mindful of body language.
- Take part in the activity yourself and encourage other workers to participate as well, this will show the young people that others are comfortable talking about sexual and reproductive health topics.
- Have confidence in yourself. If you do not know the answer to a question, it's ok, this is a two way learning process. Highlight that it was a good question, and suggest that you look it up together. There are many websites and hotlines available to source information (see Resources pages 193 - 232), or inform the participant that you will find out some more information for them and make sure you do. Make note of the question so they can see that you are taking it seriously.
- Positively reinforce the young person when they have contributed to the discussion.
- Respect the individual, even if their sexuality, values and attitudes are different to what you believe in.
- Ensure you are not discriminatory or judgmental.
- Be aware of inclusive language. In some Aboriginal families, youth live with other family members, therefore using the term Mum, Dad and/or Parent could be excluding. Rather, use the term Carer. Also the term Boyfriend or Girlfriend could be substituted with Partner/ Other to be inclusive of same sex relationships.
- Try to focus on the good points of sexual and reproductive health. Often we just speak about the negative aspects e.g. the risks, STIs, and unintended pregnancies, however, the positives regarding safe, consensual sexual experiences should also be highlighted.
- If it is apparent that participants are not engaging, paying attention or are becoming distracted, try stopping the activity/session and changing the atmosphere by introducing an energiser activity. Energiser activities are great for breaking up sessions and will get the participants up and moving around so they can return more focused. www.playmeo.com/activities/search/category:energizer-warm-up-games activities has a range of great energiser activities and they can be adapted to be sexual and/or reproductive focused.
- Conduct your session with enthusiasm and laugh together. It is ok to acknowledge that talking about sexual and reproductive health can be difficult, sometimes funny, and sometimes fun!
- Ultimately you want to empower the young people you are working with to make the positive choices surrounding sexual and reproductive health that is right for them.

Disclosure

When discussing sexual and reproductive health there is the potential for young people to attempt to reach out, disclose experiences of rape, past or current sexual or physical abuse, under age sex or other concerning issues.

Some activities may be more likely to instigate disclosure than others. Ensure that the participants understand your legal obligation to report some information and to remind them not to share sensitive information about themselves or others in a group setting. This can understandably be quite a scary experience for some workers and it is important to be prepared. See below for some suggestions on how to manage situations which may arise:

- Familiarise yourself with your service's policies and procedures regarding and/or mandatory reporting and follow protocol.
- Let the person know that you will support them in any way you can.
- Let them know your legal obligations for reporting certain information.
- Inform them if notes will be taken or if any information will be shared with other service providers.
- Be sensitive to the person, understand this may be very difficult for them to discuss and believe them – don't question if they are telling you the truth.
- Listen intently. They may need to talk a lot about the particular situation and they may be quite confused about their feelings and what (if any) action they want to take.
- Try not to be judgmental if for example they say they still have feelings for an abuser.
- Focus on the person's needs and not the abuser or their motives for the abuse.
- Encourage the person to seek help by speaking with a counsellor, offer to go with them or to make contact with a counsellor on their behalf. Familiarise yourself with youth friendly counsellors who may be able to assist in these situations. Be mindful that transport may be an issue which will require your assistance.
- Talk about safety and ensure that they can protect themselves in the future if they need to. Also talk about future potential risks e.g: attending a place where an abuser may be and set up some action plans and identify some trusted friends and/or family who can be additional support network. Note: they may not want to inform others of the situation.
- Without disclosing names, speak with colleagues or contact a counsellor or sexual assault service to find out ways you can support the person more.
- Reassure them again that you are there to provide any support necessary and ensure you follow up and attempt to maintain contact.

Organisational Philosophy, Policies and Procedures

If you work in an organisation where you are unable to provide information on contraception, same sex relationships, termination (abortion) or any other sexual health topic, ensure that you are able to refer young people to relevant youth friendly services who will be able to assist them with all their sexual and reproductive health needs.

There are still appropriate activities within this resource which you could use with young people on topics such as healthy relationships, self esteem, positive communication, values and healthy vs unhealthy actions and situations.



How to Generate Conversations

For sexual and reproductive health education to be effective, it is important for young people to see it as a 'normal' part of everyone's life. Bringing sexual and reproductive health into everyday conversations is an important part of normalising it, however, it is not always easy. Below are some tips which may help you to generate some conversations with young people.

The questions are not provided in any particular order, and in fact some of them ask the same question in a different way. Choose the ones that suit you and the young person/group best, and change them as you see fit.

Keep an open mind as you start these conversations. The idea is to listen to the young person's views and experiences, find out how their attitudes are different to others in their age group or culture, and to explore these issues together. It is important not to be judgemental. Take the opportunity to pass on any relevant information whenever you get the chance.

Conversation prompts about sexual and reproductive health

@8 Do most young people know how old you have to be to:

- Get onto the pill?
- Get your own medicare card?
- Buy condoms?
- Legally have sex?

@8 Where can you go for information or advice about sexual and reproductive health? (see the Resources section (pages 193 - 232) for a list of organisations, resources and contact details you can pass on)

@8 What is it like for a young person to go to a doctor for sexual and reproductive health needs e.g. contraception, STI check, etc?

@8 What kinds of things could a doctor/teacher/Aboriginal Health Worker/Youth Worker do if they want young people to talk to them about sexual and reproductive health?

@8 What kinds of things stop a young person talking to a trusted adult about sexual and reproductive health?

@8 How common do young people think STIs are?

@8 Do you know what the signs are for having an STI?

@8 How many people know that you can often have no symptoms when you have an STI?

@8 What kinds of issues can STIs cause if they are left untreated?

@8 Where can you go to get tested for STIs and what is involved?

Conversation prompts about contraception and safer sex

@8 Where can you go for information or advice about contraception and safer sex? (see the Resources section pages 193 - 232 for a list of organisations, resources and contact details you can pass on)

@8 What do you think/or do young people think about using condoms for contraception and safer sex?

@8 What do you think guys think about guys who use condoms?

@8 What do you think girls think about guys who use condoms?

@8 What do guys think of girls who are on the pill? How do you know they are on the pill?

@8 Who's responsibility is it to organise and use contraception?

@8 What are the good things and the not so good things about:

- Using a condom?
- Getting a pap smear?
- Getting a regular STI check-up?
- Telling your partner what you like during sex?
- Having unprotected sex?
- Having sex with a condom?
- Having sex while on the pill, but not using a condom?

@8 What would make it easier to use a condom/dam?

@8 Where do young people get condoms and other forms of contraception?

@8 What is it like going to get condoms?

@8 If condoms were easier to get do you think young people would use them more?

@8 What information and skills do you think people need most about sexual and reproductive health? (eg. putting on a condom? Knowing where to get condoms, lube and dams for free? Decision making?)

@8 What are the good things about making sure sex is safe?

@8 What is the worst thing that could happen if sex is NOT safe? (e.g. HIV, pregnancy, other STIs)

@8 What do others think about people who make sure they're having sex safely?

Conversation prompts about relationships

- @8 What are the most important qualities to you in a friend?
- @8 What are the most important qualities to you in a partner?
- @8 What kinds of things help make a good relationship?
- @8 What qualities would you not like in a friend? Or in a partner?
- @8 What kind of partner or friend do you want to be?
- @8 What are the hardest parts about breaking up with someone?
- @8 What might be some warning signs that:
 - A relationship isn't good? Or you are not safe in your relationship?
 - Your partner is not trustworthy?
- @8 How do you know if someone is in a bad relationship?
- @8 What would you want your friends to do if they were concerned you were in a bad relationship?
- @8 What WOULDN'T you want your friends to do if they were concerned you were in a bad relationship?
- @8 Can people work on a bad relationship to make it better, or do they just have to decide to either accept it or get out of it?
- @8 What skills do people need in order to work on a bad relationship? Where do people learn these skills?
- @8 What do people think about same sex relationships?

Conversation prompts about pregnancy

- @8 Where can you go for information or advice about pregnancy? (see the Resources section page 213 for a list of organisations, resources and contact details you can pass on)
- @8 What are some of the main reasons people want to have a baby?
- @8 What does a person need to meet the needs of their baby?
- @8 Thinking about the reasons people want to have a baby, what will help someone to be prepared to their baby's needs at birth, and as it grows and develops?
- @8 What reasons for having a baby won't help them be ready to meet the needs of a baby?
- @8 What would be the good things about caring for a baby?
- @8 What would be the difficult things?

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How to Generate Conversations

@8 What are some of the differences between people who have a baby at the ages 16, 25 and over 30?

Conversation prompts about drugs and alcohol

@8 What substances do you think of as drugs? (e.g. what about alcohol or cigarettes?)

@8 What are some reasons people use drugs?

@8 Do people's actions, feelings and moods change when they are affected by drugs or alcohol?

@8 What else can changes people's moods and feelings in a positive way? (e.g. love, bushwalks, exercise, dancing, singing, sex, good conversations, a job they really enjoy, success in sport, adrenaline activities like rock climbing, scuba diving, abseiling)

@8 What kinds of negative things can happen to people when they are affected by drugs or alcohol?

@8 Is drug use different for legal and illegal drugs? Or, How is drug use different from alcohol use? (With illegal drugs, you don't know for sure what you are getting. With alcohol, it's so common that people are often less careful with it)

@8 What risk do people take driving while on drugs/alcohol?

@8 How can people keep themselves safe when they use alcohol or drugs? (eg. don't drive, pacing the alcohol consumption, having a small taste of drug/alcohol first, use only clean needles and other injecting equipment, stick with people you trust when using, never leave any drinks unattended to avoid drink spiking)

@8 What might be some warning signs that a friend's drug use is concerning or dangerous?

@8 What advice would you give to a person who is trying drugs or alcohol for the first time?

@8 What do people do to look after each other when drinking or using drugs?

How to use this Kit

There is some useful information provided at the front of this kit which may assist you to work effectively with Aboriginal young people.

The kit is broken up into topic specific sections which have been colour coded. The title page for each section includes a list of each activity and its page number. A quick scan of the activities aims, key messages, and the time required will help you choose the most appropriate activity for any given situation. Always preview the activity first, and take note of the preparation requirements, to help you prepare for potential questions and discussion. It is also good to research local services and information which can be given to participants.

There is a list of organisations, websites and phone numbers at the back of this resource (see pages 193 - 232) you can use to help clarify your own understanding on any topics. You may also find it useful to bounce ideas off another worker before (and after!) meeting with the young person or group.

The 'Materials' and 'Preparation' sections at the start of each activity outline what you need to do before starting. Often this simply involves printing out Activity, Notes, Infosheets or Worksheets which have been provided with the activity and making sure you understand the activity topic.

The suggested time frames are provided as a guide only. Activity running times depend a lot on the depth of discussion generated during the activity, the particular needs of each young person or group, and your own style. If the discussion is rich and appropriate you may not want to force a "round up & move on". Make use of times when you can provide additional relevant information to the young person or group. These times have the potential to be more valuable than the actual activity.

Discussion questions are also a guide only. You don't need to use all of them. You may change them to suit local issues, the conversation may go off in an unexpected but useful direction, or you may explore one question in depth without reaching the others.

Infosheets and Notes and pages can be found throughout this kit and could be useful for other activities or sessions. Relevant helplines, organisations and contact details have also been included on pages 193 - 232 for your reference, and to pass on to participants.

WorkSheets are for the participants and are designed for you to print out and work on with the young person or group.

Introduction

How to Use This Kit

Activity Sheets are for the workers to print out and use for running the activities.

Information Sheets are for participants and are designed primarily to provide information to the young person or group. They may also benefit the worker.

Notes are aimed at workers, but are formatted to be easy to understand and useful for young people.

When running activities, remember that the aim is to promote discussion and build relationships, not to change anyone's views, beliefs or behaviours overnight. This may be particularly difficult when you are aware that a young person has a high-risk lifestyle. However, you will find that if you approach these discussions with simple interest, curiosity and respect, you will learn along with the young person, and they will be more likely to call on you when they are ready to at least think about making some changes!

Think of empowering young people to improve their sexual and reproductive health as a process, not a goal with a clear endpoint.

Remember Print out and go over all materials yourself before using them with young people.

And have fun!



Welcome to Country and Acknowledgment of Country

A 'Welcome to Country' is a formal welcome that is usually conducted by a traditional owner/custodian/local recognised Elder of the Aboriginal community of the area.

Traditional owners are Aboriginal people who have come from that particular area. They are acknowledged as representatives of the community and are recognised by the Aboriginal community as a whole.

The 'Welcome to Country' is typically conducted at major meetings/events/workshops/conferences etc... with the purpose of welcoming guests and/or delegates while acknowledging the local traditions, culture, people and heritage.

If a 'Welcome to Country' is unable to be conducted, then it is appropriate for an 'Acknowledgement of Country' to be performed.

Acknowledgement of Country

An 'Acknowledgement of Country' is conducted to show respect for Aboriginal culture, history, heritage and links with the land and acknowledges traditional Aboriginal owners/custodians/Elders of the specific area where the event is being held.

An 'Acknowledgement of Country' is able to be performed by an Aboriginal person who is not a traditional owner/custodian from that area or by a non-Aboriginal person (usually a presenter, speaker, chair or facilitator).

An Acknowledgement should be conducted at the start of the event and it is appropriate for any speaker wishing to respectfully acknowledge the traditional people of the land. If traditional groups or languages are to be identified during the acknowledgement, consultation and research needs to be undertaken.

An 'Acknowledgment of Country' is appropriate when an appropriate traditional owner/custodian or Elder is not available to provide a 'Welcome to Country' or when a smaller less formal event, meeting, workshop or conference is taking place.

Introduction

Welcome to Country and Acknowledgement of Country

Examples of 'Acknowledgement of Country'

For an Aboriginal person who is not a traditional owner/custodian/Elder from that area.

"I am (name) an Aboriginal person from the (Tribe/nation/clan) and I acknowledge and pay respect to the traditional owners of the land (insert name if known) in which we meet today and remind people we are on Aboriginal land. I also acknowledge our Elders and in particular those who are attending today's event."

For a non-Aboriginal person:

"I would like to firstly pay my respects to and acknowledge the (insert Tribal/clan/people) who are the traditional owners of this land we stand/meet on today. I would also like to acknowledge the Elders, in particular those attending today."

Or slightly different without the inclusion of specific traditional language or groups

"I would like to show my respect and acknowledge the traditional custodians of the land in which we meet today. I would also like to also acknowledge the Elders both past and present, those who are attending todays (meeting, conference, event etc...)"

A variety of the above examples can be used, as mentioned above any speaker may conduct an Acknowledgement. It is however stressed that if names or groups are being used that extensive research is conducted and confirmed with a relevant local Aboriginal person.

It is also important and respectful to remember to acknowledge any Elders that are in attendance.

For more information or advice regarding Traditional Custodians of the Land and Nations or 'Acknowledgement of Country' please contact the NSW Aboriginal Lands Council on: 02 9689 4444

Information Sourced: http://www0.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_472.pdf



Group Agreement

Sexual and reproductive health education brings with it discussion which may be sensitive and it is important that a safe and respectful environment is created so participants feel comfortable and safe to contribute. Information provided in the introduction of this kit (see pages 6 -13) will help you to create a safe and respectful environment, it may also assist if some ground rules were established through the development of a group agreement.

A Group Agreement highlights appropriate behaviours which have been agreed on by all participants. It is intended to increase productivity and promote a positive and safe environment. Some participants may not understand the term “group agreement” so let the group come up with a term which suits them e.g. “group promise”, “group rules”, or “how we can make this space safe” etc.

The group agreement should not be created by the workers or the group facilitator, it should be developed by the participants to give them ownership and empowerment. Ask participants to contribute a point they believe should be included within the agreement and something that they will be happy to stick to throughout the session. Each point should be listed as it is heard (not interpreted). Clarify points if you need to, ensuring everyone understands and ask if the group agrees to each point. If people do not agree, continue to negotiate until everyone is happy.

When completed, the agreement should be placed somewhere where everyone is able to see it clearly. If at any point during the session participants are not being respectful or are being disruptive you can refer to the group agreement and remind everyone of the points they developed and agreed to stick to.

Some examples of points you could suggest to be added to the Group Agreement:

- Respect: show respect to people when they are speaking by paying attention
- What is said in the group stays in the group: If people share stories or information which is personal, that information is kept confidential and will not be discussed with others outside the room
- Be on time: show up on time at the start of the session or after breaks
- Mobile phones: to be turned off or on silent and to be kept in bags
- Not to judge other people: it is ok to have different opinions but we will not put that person down or judge them
- To have fun: it is ok to have fun and laugh as long as we are being respectful
- One person speaking at one time: don't speak over each other and give everyone a chance to contribute
- Right to pass: if people do not feel comfortable contributing they can say they don't want to

Opportunity for Anonymous Questions to be Asked Safely

There are understandably sensitive questions surrounding sexual and reproductive health that are not always comfortable to ask within a group. A question box/envelope can be a great tool for workers to use with group settings to create an opportunity for participants to ask anonymous (secret) questions they do not feel comfortable asking openly.

Before your session, you will need to make a question box or use a large envelope and decorate the front. Just make sure that you can not see the written questions inside. Also cut up enough blank pieces of paper for each participant.

Before the box/envelope is passed around, explain the purpose of the activity to the group.

- Everyone must take a blank piece of paper and a pen. To help encourage participants, you and other workers should also participate in the activity.
- Explain that there are sometimes questions that people do not feel comfortable (either embarrassed or unsafe) asking in front of other people.
- Provide a few minutes for everyone to write a relationship or sexual reproductive health question. Try to encourage participants to ask a related questions. If they do not have any questions let them know they can draw a picture or write anything down as long as they have something on their piece of paper and place it in the box/envelope. Also note to keep the question confidential and not to name people with their question.
- Pass the box/envelope around and get everyone to put their piece of paper inside. When you have some spare time, read the questions and attempt to integrate the answers into the session or next session rather than reading them to the whole group. It is best if the questions are not read out in front of the group in case other participants laugh or react negatively to a question.

NB: Some questions may not be appropriate to answer. At the start of this activity, highlight to participants that inappropriate questions may not be answered and note your legal obligations regarding disclosure. Also be aware that some questions may lead to disclosure of information which may be required to be Mandatory Reported and may need further investigation and possible referral (for more information regarding steps to take regarding disclosure please see the Disclosure section in the introduction of this kit on page 13).

It is important answers are age specific and easy to understand language is used. Group relevant questions together and provide a session on that topic. It is important to attempt to answer all questions and to address any incorrect information or myths that may arise. It is also vital that when providing answers to be non-judgmental and to be mindful of your body language.

Introduction

If you are unsure of the answer to a question and you do not have time find the correct information within that session, attempt to find the answer before the next time you meet or direct participants to relevant resources – websites, organisations or helplines.





Looking After Me

Introduction 27

Changes When Growing Up

- Changing Bodies 28
 - Changing Bodies Boys and Girls (Information Sheets) 30
- Knowing my Reproductive System and How It All Works 33
 - Girls and Boys Reproductive Parts (Information Sheets) . 40



Introduction

The aims of this section are to:

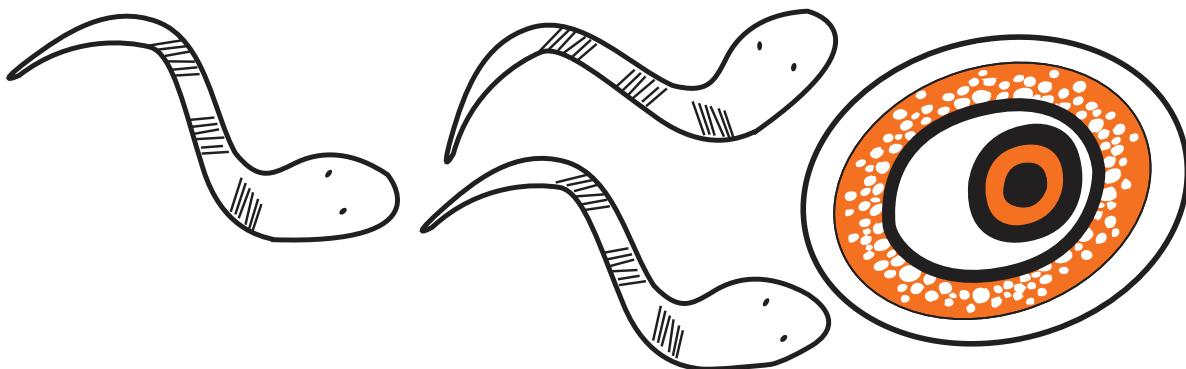
- Provide young people with a basic understanding of the sexual and reproductive parts of boys' and girls' bodies.
- If young people are to have control over their sexuality, it is important that they understand the functions of their bodies. Lack of information can lead to confusion and misunderstanding which can stop people feeling good about themselves.

Young people who are provided with opportunities to gain information and knowledge can be in a better place to make informed choices which are right for them.

When engaging young people through these activities, make use of humour, discussion and storytelling while also identifying common stigmas. Laughter makes learning easier, and can also help decrease feelings of shame and embarrassment.

It is important that young people respect themselves and the rights of others. Emphasise that it is good to have confidence in your own body and that everyone develops at different rates and individual bodies differ.

Important: Review the Introduction section of this kit (pages 6 - 25) and pay close attention to the preparation section of each activity.



Activity

Changing Bodies

Looking After Me Changes When Growing Up

Suggested Time: 40 - 60 mins

Aim: To discuss the changes that happen to male and female bodies during puberty that can and can not be seen.

Key Message: Puberty is a period in life that involves MANY physical and social changes in a short amount of time. Everyone goes through puberty and this can be a little uncomfortable, confusing and exciting.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25)
- Print 'Changing Bodies' InfoSheets (Boys and Girls) one per person and one for yourself (pages 30 - 31)
- Print one copy of 'Changing Bodies Puberty - True or False?' Notes (page 32)
- Prizes for trivia winners (optional)
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232)

Materials:

- Relevant printouts (see preparation section)
- Large body sized sheet of paper or butchers paper
- Coloured textas

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see page 23 for more information). Also consider sending a Questions Box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (see 'Opportunity for Anonymous Questions to be Asked Safely Activity', pages 24 - 25).
2. Explain that both characters are about to go through puberty, and that this is one of the periods in human life that involves an unusual amount of rapid change and growth.

Looking After Me *Changes When Growing Up*

3. Give one piece of paper to each group. Designate a gender to each group or ask them which one they would prefer to do. Ask them to draw an outline of a male or female and show the changes that happen from about the age of 10 to 15. Try to get them to think about changes which can and can not be seen, i.e. physical and emotional.

Float between each group and provide assistance and encouragement as required.

Review the drawings as a large group. Use correct names for sexual body parts. Ask about other traditional names. Clarify the changes that occur during puberty. Make sure they have included:

- Physical Changes such as menstruation, pimples, body odour changes, stubble, breast growth, general growth spurts, facial and body hair, voice breaking, adam's apple, etc.
 - Moods, feelings and need for privacy, needing to sleep more, wet dreams, body image.
 - Relationships with family and friends. Noticing sexual attractions.
4. Hand out the "Changing Bodies" InfoSheets to girls/boys and round up by ending with a quick True or False Quiz with prizes.
 5. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
 6. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.

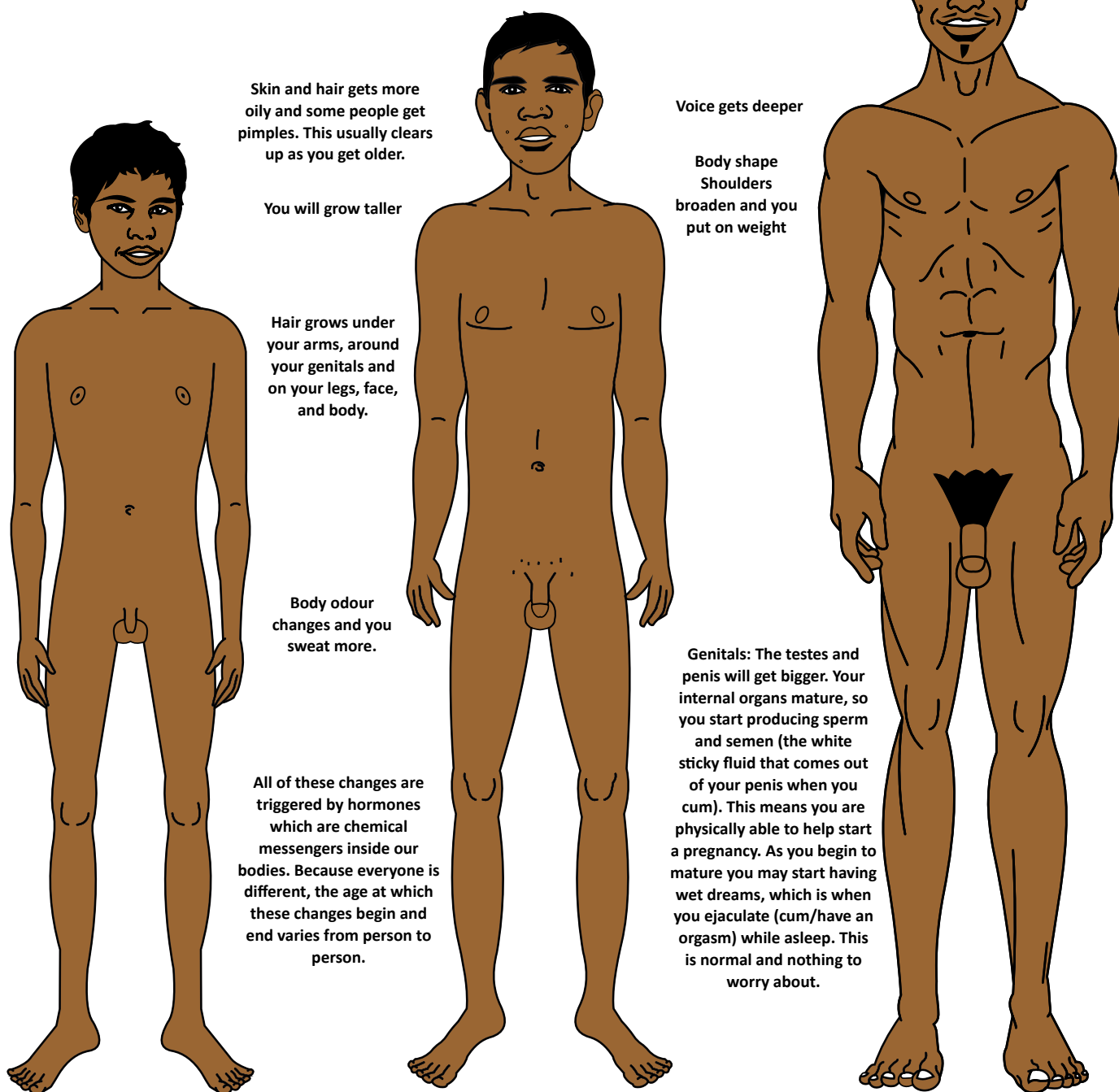


InfoSheet

(For Workers and Relevant for Participants)

Changing Bodies - Boys

Looking After Me
Changes When Growing Up



You may also experience things you can't see like mood changes, a need for privacy, noticing sexual attraction, wanting to sleep more, change in body image, changes in your relationships with family and friends - all very normal changes.

InfoSheet

(For Workers and Relevant for Participants)

Changing Bodies - Girls

Looking After Me
Changes When Growing Up

Height: you will grow taller

Skin and hair gets more oily and some people get pimples. This usually clears up as you get older.

Hair grows under your arms, around your vulva, and on your legs, face and body. Girls don't usually get as much hair on their body and face as guys, but some girls have more than others. It is normal for girls to have a few hairs around their nipples.

Periods: These start sometime between the ages of eight and seventeen. Blood will come out of the vagina over a few days. Everyone's period is different. Bleeding from anything from one to seven days is normal. Each cycle of bleeding may be between nineteen and thirty-five days apart, longer when you first start. You may get one period and then no more for a while. You are physically able to get pregnant after your periods have started, and possibly just before your first period.

Voice can deepen although it is usually not as noticeable in girls.

Body shape: Shoulders broaden and hips usually do too

Breasts develop and grow to various sizes.

Genitals: The lips of your vagina (the labia) will get bigger and may change shape slightly. Inside the labia and vagina will be damper than it used to be as your body makes extra mucus. You may notice a clear or white discharge (mucus) from your vagina at certain times of the month. This is normal and healthy.

You may also experience things you can't see like mood changes, a need for privacy, noticing sexual attraction, wanting to sleep more, change in body image, changes in your relationships with family and friends - all very normal changes.

Notes

Looking After Me Changes When Growing Up

(For Workers and Relevant for Participants)

Changing Bodies Puberty: True or False?

Puberty is a natural part of life and something which happens to everyone when they are becoming an adult. Puberty starts when the body's sexual organs begin to develop and it is a process which gets the body ready to reproduce. These changes can make many people feel happy, confused, proud to be getting older and sometimes they can be a little embarrassing. Don't be embarrassed, this has happened to all the adults you know and is happening or already happened to all young people.

Girls hit puberty faster- before boys

TRUE! Girls hit puberty around 2 years before boys do

Masturbation is wrong and you might go blind

FALSE! Masturbation is sometimes seen by some people to be wrong, but it is healthy and natural if it is your own choice and you are doing it in a safe and private place. People masturbate to pleasure themselves or to release sexual impulses.

Underarm hair usually takes two years show up after pubic hair is first seen

TRUE!

Puberty is the same for everyone and everyone goes through it at the same age.

FALSE! Puberty is different for everyone. It can start around 8 years old and last until about 13 years old and some people go through it in a year whilst others take years.

The average height growth for girls during puberty is 3.4 inches or almost 9cm a year

TRUE!

The average height growth for boys during puberty is 4.1 inches or almost 11cm a year

TRUE!

During puberty your knees and your shoulders are the first to grow bigger

FALSE! Your head, hands, and feet are the first things which grow bigger and then the rest of your body catches up.

You eat more chocolate when you go through puberty and that's what gives you pimples

FALSE! Chocolate does not give you pimples. Your oil and sweat glands develop when you go through puberty and pimples form when the glands become clogged. It is important to wash your face twice a day and if you still have issues with pimples you can speak with your doctor.

Putting on weight during puberty is a bad thing

FALSE! You need to gain weight during puberty so you can grow taller and develop muscles.

It is unusual for boy's voices to break during puberty

FALSE! As a boy's voice gets deeper, it is very normal that it seems to "break".

There are ways that you can stop or delay puberty

FALSE! Puberty happens to everyone. There is no way to stop it and no way to slow it down. People go through puberty at different times and stages usually between the ages of 8 and 13.

Activity

Looking After Me Changes When Growing Up

Knowing Your Reproductive System and how it all Works

Suggested Time: 60 mins

Aim: To provide clear basic information about the male and female reproductive systems.

Key Message: Men and women have different sexual reproductive parts, everyone has them and they are the reason we are all here today. It is very important that we know our bodies and how our sexual body parts work so we can look after ourselves and choose if and when the right time is to have a baby.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets, review the introduction section (pages 6 - 25)
- Print an A3 copy of each unnamed reproductive system Activity Sheets (pages 35 - 36)
- Print copy of named reproductive Notes (page 37)
- Print and cut out 'Egg and Sperm' Activity Sheet (page 38)
- Print 'Girls and Boys Reproductive Parts' InfoSheet (pages 40 - 43)
- Print 'Pregnancy Steps' Activity Sheet (page 39)
- For trivia; print one copy unnamed 'Reproductive System' Boy and Girl Activity Sheets (pages 35 & 36) and one copy 'Reproductive System' and 'Pregnancy Trivia' WorkSheet (pages 44 & 45) per group
- Print X1 copy of Trivia Answers Activity Sheet (page 45)
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232)

Materials:

- Relevant printouts (see preparation section)
- Pens, Bluetac
- Trivia Prizes (optional)

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see page 23 for more information). Also consider sending a Questions Box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (see 'Opportunity for Anonymous Questions to be Asked Safely Activity', pages 24 - 25).

Looking After Me Changes When Growing Up

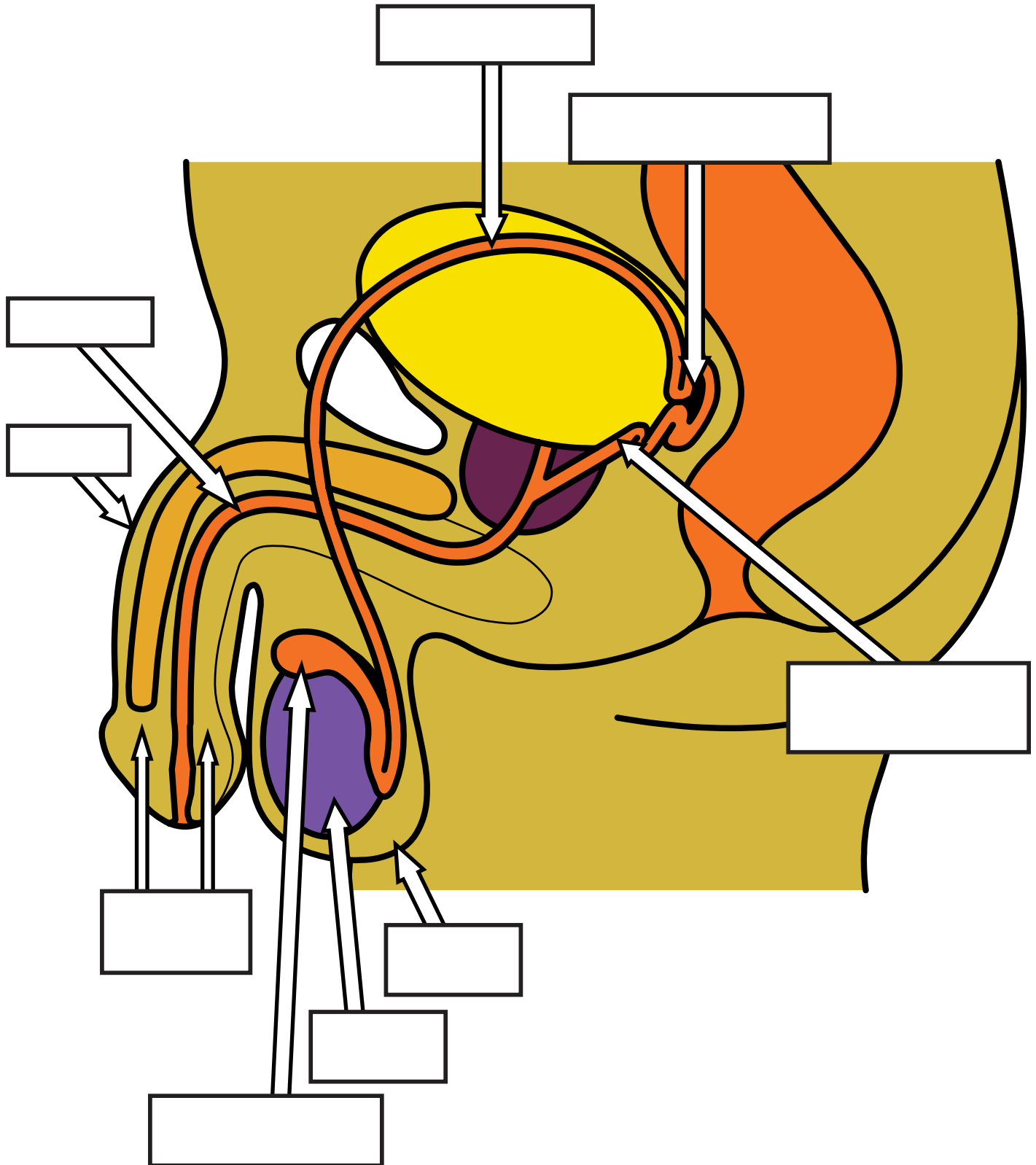
2. Let the group know that during this activity you will be looking at the sexual and reproductive systems of both the male and the female. Let them know this can sometimes be a funny and embarrassing thing to talk about and it is ok for people to laugh and use humour as long as everyone is respecting each other.
3. Start by asking why they think males and females have sexual reproductive organs. What is their purpose? Try to generate some discussion around what the parts are used for, make sure it is highlighted they are to have sex for fun and pleasure and to reproduce or to make babies.
4. Stick up the A3 size un-named Girl and Boy reproductive systems somewhere everyone can see. Ask if anyone knows any of the parts, they should be able to name the basic parts e.g. vagina, penis, balls etc... you could also try reading out the names one at a time and ask people if they know where they are. When a part is named, write the answer in the correct place on the A3 sheet. Ask if anyone knows the function and share or expand on its purpose (see Girls' and Boys' reproductive parts and named reproductive Notes (page 37) InfoSheet (pages 40 -43) to assist you with names and function information).
5. Once all the parts of both reproductive systems have been named and discussed you can then use the female reproductive system diagram to show how menstruation and pregnancy happens by moving your cut out sperm and eggs through the pregnancy steps (see Activity Sheet for pregnancy steps page 39)
6. You can then finish off by breaking the group into groups of 4 and running the reproductive and pregnancy trivia activity. There are 15 questions, but feel free to add your own if you like. Take down both named reproductive systems, give each group a copy of the blank reproductive systems and the reproductive system and pregnancy trivia WorkSheet (page 44) and an A4 sheet of paper.
7. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
8. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



Activity/WorkSheet

Reproductive System (Boy)

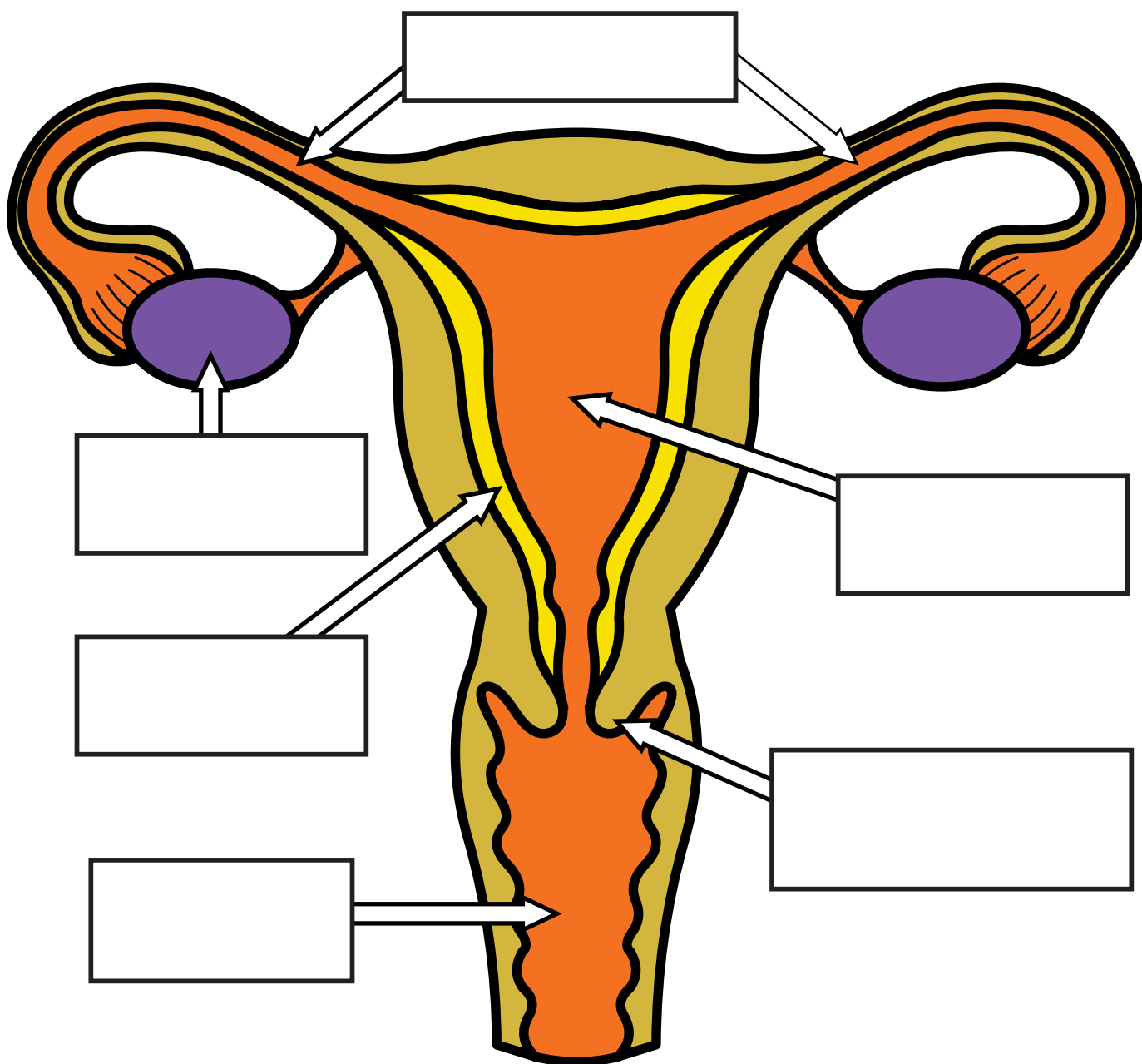
Looking After Me
Changes When Growing Up



Activity/WorkSheet

Reproductive System (Girl)

Looking After Me
Changes When Growing Up



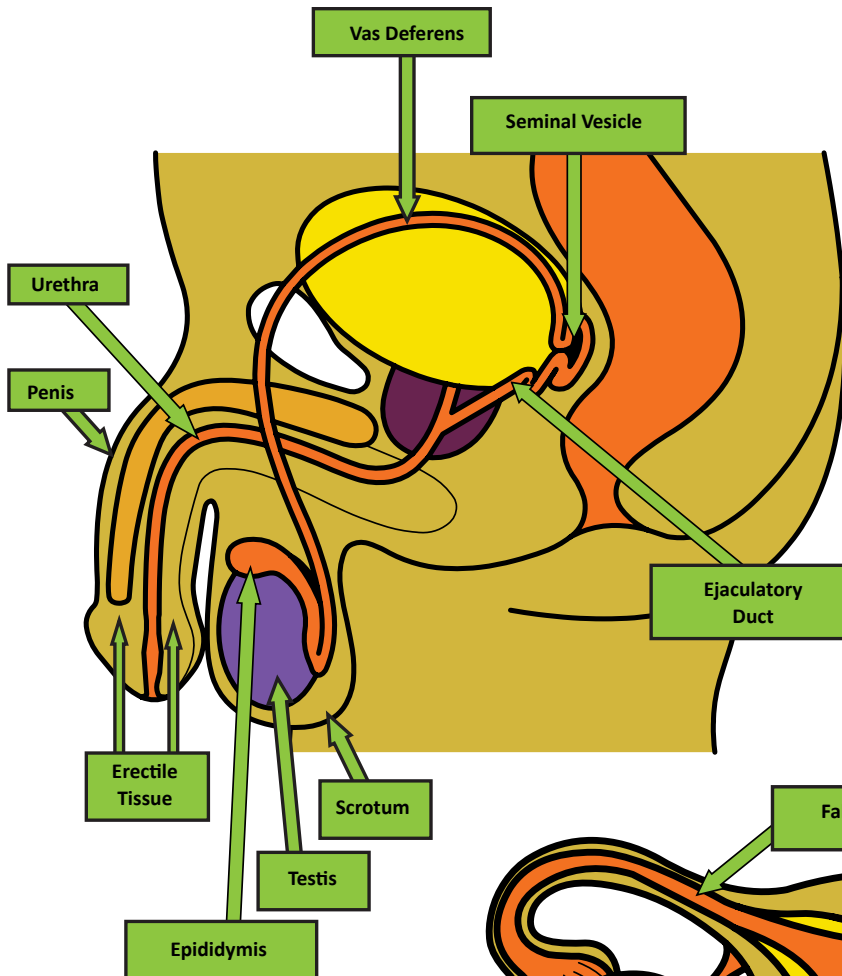
Notes

(For Workers and Relevant for Participants)

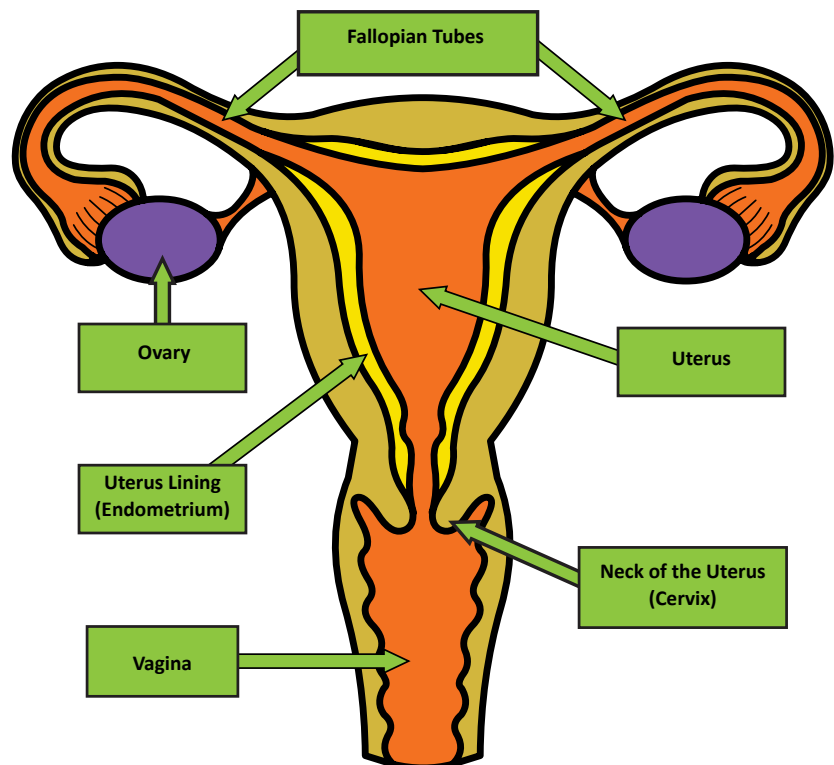
Named Reproductive Systems

*Looking After Me
Changes When Growing Up*

Boys Reproductive Parts



Girls Reproductive Parts

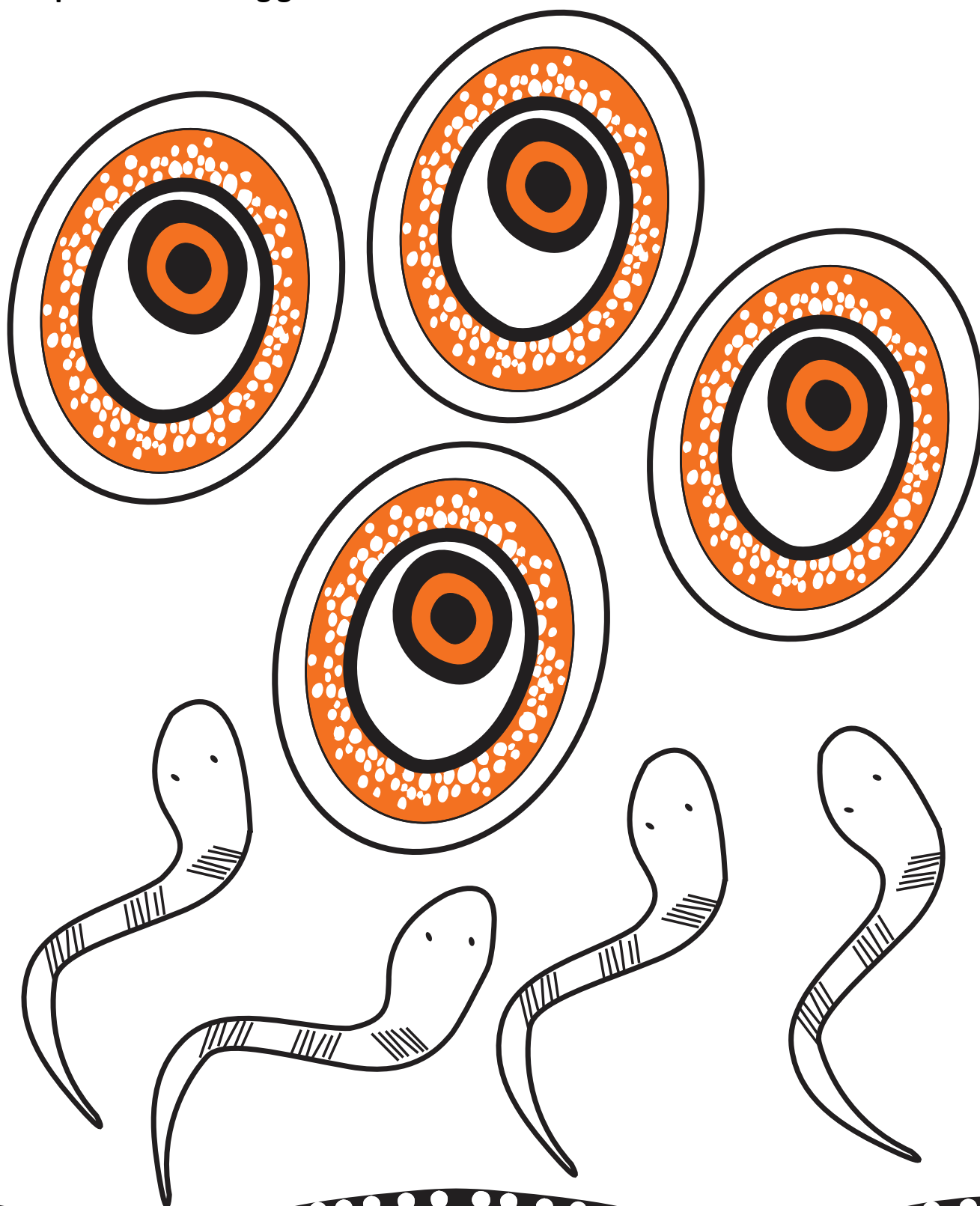


Activity Sheet

(For Workers)

Sperm and Egg Cutouts

Looking After Me
Changes When Growing Up



Activity Sheet

Looking After Me
Changes When Growing Up

(For Workers)

Pregnancy Steps

- Once the male ejaculates (cums) his sperm will go into the vagina (move a few sperm into the vagina). Each time a man ejaculates there is around 300 – 500 million sperm released.
- They will travel up the vagina, through the cervix, uterus and up into the fallopian tubes and towards the ovary in search of an egg (also called an ova) (move the sperm from the vagina and make them travel toward the ovary).
- If an egg has been released from the ovary (place an egg close to the ovary) a sperm can enter the egg (move the sperm into the egg) and this is called fertilisation.
- If there is no egg, (remove the egg) the sperm can wait patiently in the fallopian tubes for up to 5-7 days waiting for an egg to be released. If no egg is released, the sperm will die (remove the sperm).
- If the sperm manages to fertilise an egg, (add the sperm and fertilised egg) the egg will then move down from the fallopian tubes, into the uterus and will implant itself on to the uterus wall (endometrium) which forms each month. This is where the baby will grow until it is ready to be born, usually 40 weeks or approximately 9 months.
- If an egg is released it can only survive for 12-24 hours. If it does not meet up with a sperm the egg and the uterus wall are not needed and will come out of the vagina as the women's period (move the egg through and out the vagina).

Other scenarios:

- More than one sperm can enter the one egg (ova) making identical twins, triplets etc.
- More than one egg can be released and a sperm can enter each egg making non-identical twins (fraternal twins).
- An egg can be fertilised and does not make its way to the uterus and begins to grow in the fallopian tubes. This is called an ectopic pregnancy and surgery is needed to remove the fertilised egg.
- An egg can be fertilised and can implant itself onto the uterus wall for sometime but something goes wrong and the uterus lining and egg can come out through the vagina. This is called a miscarriage.

InfoSheet

Looking After Me
Changes When Growing Up

(For Workers and Relevant for Participants)

Girls and Boys Reproductive Parts

Girls Reproductive Parts

Everyone is different

The look of the female genitals varies a lot, especially the size and shape of the folds of skin surrounding them (the labia). Advise anyone to visit their Aboriginal Medical Service, health care provider, or other sexual health service if they have any concerns.

What is the vulva?

The vulva is the name that is given to the outer and inner lips (labia) of a girl's genitals.

What are the two holes at the front?

The first hole at the front is the urethral opening, which is the one that urine ('pee') comes out of. It is below the clitoris, and is small and hidden away under smaller folds of skin.

Inside the body, the urethra (a water passage which urine comes down) connects to the bladder (which is a bag that urine is collected in) and eventually to the kidneys (where the urine is made).

The second hole is the vaginal opening is just behind the first one and is quite a bit larger. This is the entrance to the vagina. Inside the body, the vagina is like an expandable, open-ended tube that leads to the cervix. The vagina ends at the cervix and is able to keep itself clean and healthy. The vagina is also where the penis, fingers or other pleasurable object is put (with permission) during penetrative vaginal sex (intercourse) or masturbation.

What is the cervix?

The cervix is the opening of the uterus and the end of the vagina. When a girl has her period, the blood comes from the uterus through her cervix, and out through her vagina. The cervix makes mucus which changes throughout the menstrual cycle due to the effect of female hormones called oestrogen and progesterone. The cervix can open a maximum of 10cm in labour so the baby can be born.

What is the clitoris?

The clitoris is at the top of the vulva and above the vaginal and urethral opening. It is where the inner lips meet and is about the size of a pea. It is made of erectile tissue which is full of nerve endings so it is very sensitive to touch. Stimulation and sexual arousal of the clitoris can lead to having an orgasm.

Girls and Boys Reproductive Parts

*Looking After Me
Changes When Growing Up*

What is the uterus or womb?

The uterus is where babies develop and is usually the size of a fist but is able to get bigger as the baby grows.

What is the endometrium?

The endometrium is the name given to the lining of the uterus. Girls produce this lining every month. When an egg (also called an ovum) is fertilised by a sperm (in the fallopian tubes) the egg makes its way down the fallopian tubes and attaches itself to the endometrium (uterus lining) which then becomes the placenta and connects to the baby through the umbilical cord. If a fertilised egg does not attach itself to the endometrium during the month the lining is not needed and comes out as the period.

What are ovaries?

Inside the body, girls have two ovaries. They are about the size of an olive and this is where the eggs (ova) are kept. When girls are born they already have all their eggs (ova) which is about 200,000 – 300,000 but these eggs are only released once they are mature and once a girl starts to get her periods towards the end of puberty. Eggs (ova) are released about every 14 days and this is when girls are most likely to get pregnant, but they can be released at any time and can survive for 24-48 hours so girls can get pregnant at other times as well, as sperm can stay alive, waiting for an egg to be released for up to 5-7 days.

What are fallopian tubes?

The fallopian tubes collect the eggs (ova) when they have been released from each ovary and use their tiny hairs to push the eggs down into the uterus. The fallopian tubes are also usually where the sperm meets the egg and the sperm can stay alive in the fallopian tubes for up to five/seven days, so if girls have unprotected sex during their period they could still get pregnant.



Girls and Boys Reproductive Parts

*Looking After Me
Changes When Growing Up*

Boys Reproductive Parts

Everyone is different

The appearance of genitals varies a lot, especially the size and shape of the penis and scrotum. If anyone is concerned, they should visit their local Aboriginal Medical Service or other sexual health service.

What is the penis?

The penis has no bones, it is made of spongy erectile tissue. The main part is called the shaft, and the end is called the glans or 'head'. Usually the penis is soft when a man is not stimulated or sexually excited. When a man is sexually excited or the penis is stimulated blood rushes into the tissue and it becomes bigger and harder. This is called an erection. Erections can happen sometimes out of the blue and sometimes when you would rather not have one. In those situations, it can help if you try to think about something else.

What is a foreskin, and what is circumcision?

Boys are born with a fold of skin covering the glans or 'head' of the penis. This is called the foreskin and it is sometimes removed by a doctor for religious, cultural or medical reasons which is called circumcision. Circumcision is usually done when boys are still babies.

It is very important for boys who are not circumcised to make sure they gently pull back their foreskin in the shower or bath and clean it properly everyday so it does not get infected. If the foreskin is tight and difficult to pull back, or if the foreskin starts to become tighter, it is a good idea to see a doctor at the Aboriginal Medical Service, sexual health service or other general practitioner.

What are the scrotum and testicles?

The scrotum or 'ball sack' is at the base of the penis, and contains the two testicles, called testes or 'balls.' The scrotum is outside the body because the testicles produce healthier sperm when they are kept at a lower temperature than that of the rest of the body.

During sex, the testicles can move up into the body and might almost seem to have disappeared - this can sometimes be a bit uncomfortable but is quite normal. During puberty the testicles grow in size and most guys have one testicle that hangs lower than the other.

The testicles are where sperm and testosterone, a male hormone, begin to be produced. Once the production of sperm begins, it continues throughout a man's life unless something interferes with his fertility (e.g. surgery or an STI).

Girls and Boys Reproductive Parts

Looking After Me
Changes When Growing Up

What is the epididymis?

The epididymis is where the sperm develop fully.

What is the vas deferens and the seminal vesicles?

The testicles are connected inside the body to the vas deferens, which are the tubes that store and carry semen. The vas deferens is connected inside the body to the seminal vesicles which produce and store semen. Semen or 'cum' is the milk-coloured liquid which maintains and supports sperm.

What is the prostate gland?

The prostate gland produces semen (cum), which stores sperm. The prostate acts like a pump as it pushes the ejaculate (semen and sperm) out of the penis when a boy has an orgasm. After puberty, guys make millions of tiny sperm cells each day in the testicles. To fertilise a girl's egg, the sperm must leave the testicles in or near the opening of a girl's vagina and find an egg in her fallopian tubes or uterus. To do this, the sperm travel down the penis in a tube called the urethra, which is a where the urine ('pee') comes out as well.

What is ejaculation?

Ejaculation (cumming) is the release of sperm from the penis when a guy has an orgasm. About 80-300 million sperm are released every time a man ejaculates and they can stay alive inside a girl for up to 5/7 days waiting for an egg to be released. Sometimes when boys are going through puberty they might have 'wet dreams' when they ejaculate (cum) in their sleep. This is very normal. When a guy is sexually excited small amounts of sperm-carrying semen can also be released through the urethra before ejaculation. This is the most potent and more sperm can be released in the 'pre-cum' than the full ejaculation, and is why the withdrawal method of contraception is risky. This is called precum and can cause pregnancy and is also one way STIs can be transmitted.



WorkSheet

Looking After Me
Changes When Growing Up

(For Participants - Print 1 for each group)

Reproductive System and Pregnancy Trivia Sheet

1. Name all the parts of the male and female reproductive systems (lable them on the unnamed reproductive boys and girls parts sheet)
2. _____
Where is sperm made?
3. _____
How many bones are in the penis?
4. _____
Pre cum can contain what? Two answers needed.
5. _____
Where do the women's eggs (or ova) come from?
6. _____
About how many sperm are released when a man ejaculates?
7. _____
True or false, a girl can still get pregnant during sex, even if a guy does not ejaculate inside her. What about if he pulls out before he cums?
8. _____
Where does menstrual blood come from?
9. _____
True or False, a baby girl is born with all her eggs (or ova).
10. _____
Why are the testicles in a sack outside the body?
11. _____
How large can the cervix open when a baby is being born?
12. _____
True or False: Everyone's genitals should look the same.
13. _____
What is it called if the foreskin of the penis is removed?
14. _____
Where does a fertilised egg go (it is about the size of a fist) to grow a baby?
15. _____
Can a girl still get pregnant if she has sex and is still on her period? And why or why not? (two points)

Activity Sheet

(For Workers)

Trivia Answers

Looking After Me
Changes When Growing Up

1. Labelling reproductive parts: Go through diagrams for correct answers (see completed unnamed A3 reproductive activity sheet pp)
2. Where is sperm made? **In the testicles**
3. How many bones are in the penis? **None**
4. Pre cum can contain what? Two answers: **STIs and sperm**
5. Where do the women's eggs come from? **Ovaries**
6. About how many sperm are released when a man ejaculates? **80-300 million**
7. True or false, a girl can still get pregnant during sex, even if a guy does not ejaculate inside her? What about if he, pulls out? **True**
8. Where does menstrual blood come from? The lining of the uterus: **endometrium**
9. True or False, a baby girl is born with all her eggs. **True**
10. Why are the testicles in a sack outside the body? **To keep them at the right temperature for sperm to grow, which is lower than the rest of the body**
11. How large can the cervix open when a baby is being born? **10cm**
12. True or False: Everyone's genitals should look the same. **False. Everyone is different, the shape and size of the folds of skin on the outside of the vagina (called the labia) varies from girl to girl and so does the shape and size of a guys penis and scrotum**
13. What is it called if the foreskin of the penis is removed? **Circumcised**
14. Where does a fertilised egg go (it is about the size of a fist) to grow a baby? **The uterus or womb**
15. Can a girl still get pregnant if she has sex and has her period? Why or why not?(two points)
Yes as the sperm can survive for about 5-7 days inside the fallopian tubes.

2 My Sexuality and How I Feel About Myself

Introduction 47

Sexuality and Me

- Sexuality and Sexual Diversity. Step Forward, Step Back 48
 - Sexual Trichotomy (Information Sheet) 51
 - What Is Sexuality (Information Sheet)..... 52
- Myths and Stereotypes About Sexuality..... 63
- Sexuality and Popular Culture 67

Self-Esteem

- I Like Me 69



My Sexuality and How I Feel About Myself

Introduction

The aims of this section are to:

- Broaden young people's awareness of what sexuality is and encompasses.
- Encourage them to see sexuality as a positive aspect of their lives while exploring what sexually responsible behaviour is.
- Increase comfort levels around discussing sexuality.

Discussing sexuality can be sensitive and challenging. This section will help clarify the meaning of sexuality.

Important points to help young people become aware of are:

- Sexuality is much more than our 'sexual body parts' and sexual behaviour.
- Sexuality is part of us from birth to death. It is part of our personality, our lifestyle and our choices. It influences our thoughts, feelings, actions and how we mix with people.
- Sexuality is not just affected by gender. It can change throughout life as is shaped by what we learn, the choices we make and the things we do.
- There are many different ways of expressing and exploring our sexuality. Sexuality is part of who we are and a healthy adolescent development.

As you enter into these discussions, understand that young people's comfort levels with this topic will vary. It is also important to be aware of cultural barriers that may prevent open discussion (see pages 9 - 10 Cultural Considerations). If you are unsure about this obtain guidance from a local Aboriginal Health Worker or Aboriginal Liaison Officer. Ask the young person and they will let you know what is appropriate and not appropriate for them.

Important: Review the Introduction section of this kit (pages 6 - 25) and pay close attention to the preparation section of each activity.

Activity

Sexuality and Sexual Diversity. Step Forward, Step Back

My Sexuality and How I Feel About Myself *Sexuality and Me*

Suggested Time: 60 mins

Aim: To develop a broad view of sexuality and sexual diversity and to highlight that people can be unfairly treated due to factors such as gender, race, age, religion and their sexual orientation.

Key Message: Sexuality is more than just sex and body parts. It is about how we feel and express ourselves. Everyone is different and these differences should be respected and celebrated.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- Print and read the 'Sexual Trichotomy InfoSheet' (page 51).
- Print and read the 'What is Sexuality? InfoSheet' (page 52) and ensure you are familiar with the different sexually diverse groups.
- Print and read through the list of scenarios (pages 53 - 54) and select appropriate questions for your group (feel free to also add your own).
- Print and cut out the character cut outs (pages 55 - 62) add your own scenarios to the blank ones provided if you'd like.
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Butchers paper or whiteboard for brainstorming activity and markers
- Character Cut Outs (pages 55 - 62)
- A large space (like half a basket ball court)

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see page 23 for more information). Also consider sending a Questions Box or envelope around

My Sexuality and How I Feel About Myself

Sexuality and Me

to the group to provide an opportunity for participants to ask questions anonymously (see 'Opportunity for Anonymous Questions to be Asked Safely', pages 24 - 25).

- 2.** Start by discussing with the group what sexuality and sexual diversity is. Sometimes it helps to break down sexual diversity so it is easier to understand. This can be done using 'The Sexual Trichotomy Model' (see page 51) or use the 'What is Sexuality InfoSheet' (see page 52).
- 3.** Brainstorm the different sexually diverse groups 'when we talk about sexually diverse groups, who are we talking about?' e.g. Gay, Lesbian, Bisexual, Transgender, Sister Girls, Transsexual, Queer, Men Who Have Sex With Men (MSM), Intersex, Asexual (See 'What is Sexuality InfoSheet' on page 52 for more information regarding sexually diverse groups.) Discuss the challenges and privileges experienced by each group. Some challenges for some groups could include homophobia, discrimination, social exclusion, higher drug use, lower acceptance, increased self harm and depression, lower school attendance rates and high rates of suicide. Also use inclusive language such as using the term 'partner' rather than 'boyfriend' or 'girlfriend'.
- 4.** Randomly hand out the Character Cut Outs with scenarios and tell participants to keep theirs a secret from everyone else. Ask them to take a minute or so to think about what life might be like for the character they received. Ensure to highlight that these are only characters and are for the purpose of the activity only. When the activity is over they are no longer those characters (to reduce harassment post activity), refer to the Group Agreement again if required.
- 5.** Move to a large area the size of half a basket ball court or larger. Check for hazards.
- 6.** Explain that a number of scenarios will be read out. Participants should take a step forward if they can answer 'yes' to the question, take a step back if they can answer 'no' to the question, or if they are unsure or uncomfortable about moving forward or backwards they should remain where they are. Participants should base their responses on what happens in general society and not what they themselves personally believe.
- 7.** Ask participants to either form a circle facing each other or a straight line and hold hands with the people beside them (holding hands is optional but assists with the point of the separation of characters). They should continue to hold hands with the people beside them for as long as possible during the activity, even stretching out until it is no longer possible.
- 8.** Ask participants to remain silent for the duration of the activity, to again attempt to put themselves in their character's shoes and begin reading out the statements providing a few seconds break after each scenario is read out. The number of statements you read out will

My Sexuality and How I Feel About Myself

Sexuality and Me

depend on the amount of time you have, and you can choose the statements that best suit your group.

9. After the activity participants should be very spaced out. Get people to read the character they had out and ask:
 - How did the activity make you feel?
 - What can they see? e.g. the different gaps between different people.
 - How did you feel when you were able to move forward/back?
 - How did you feel when you were left behind/left others behind?
 - What did you learn from this activity?
 - How will this activity change the way you think or treat others?
10. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
11. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



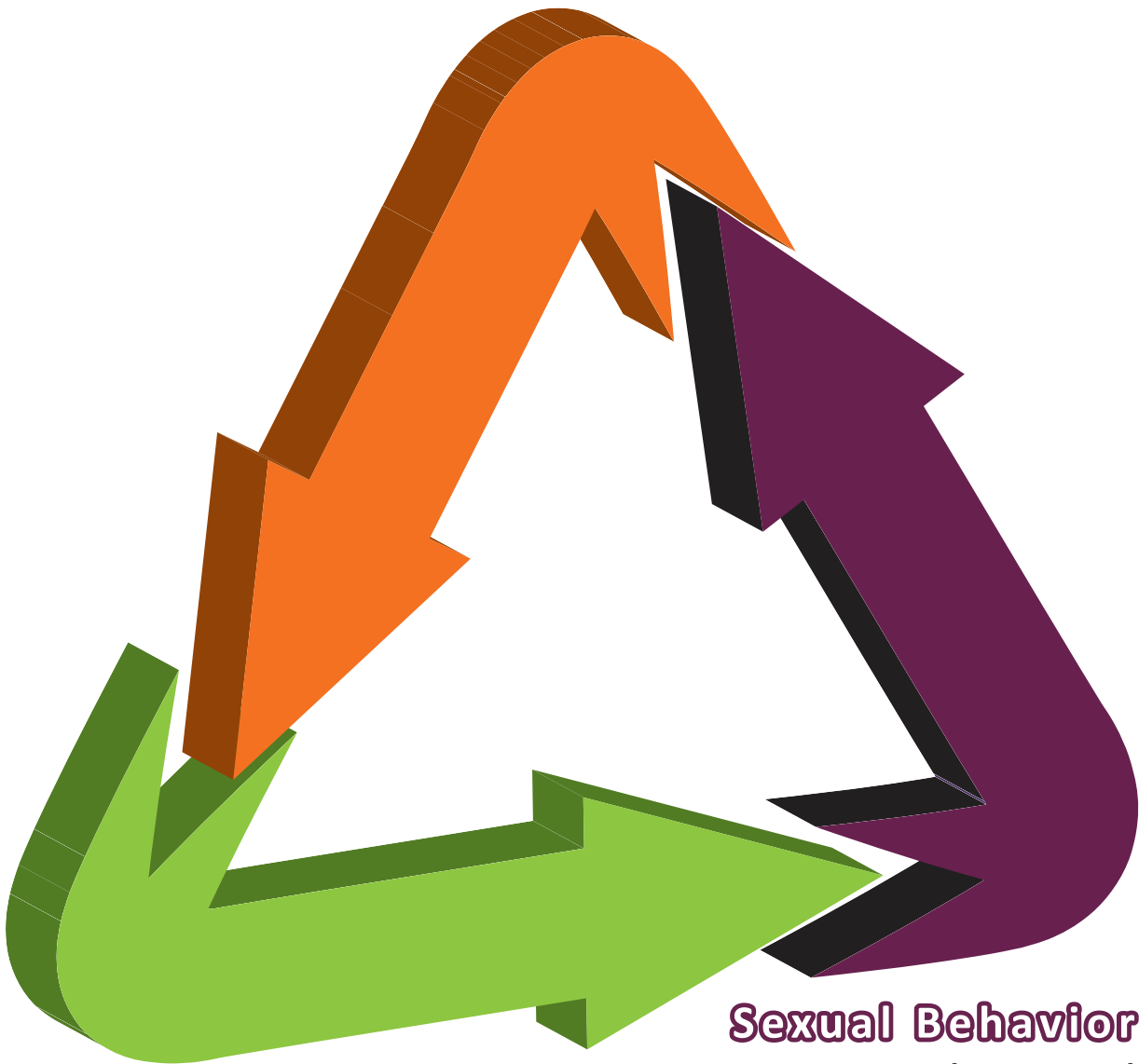
InfoSheet

(For Workers and Relevant Participants)
The Sexual Trichotomy

My Sexuality and
How I Feel About Myself
Sexuality and Me

Sexual Identity

How we self-identify and/or publicly identify



Sexual Orientation

Who we are attracted to

Sexual Behavior

The sexual
contacts we have

InfoSheet

(For Workers and Relevant for Participants)
What is Sexuality?

**My Sexuality and
How I Feel About Myself**
Sexuality and Me

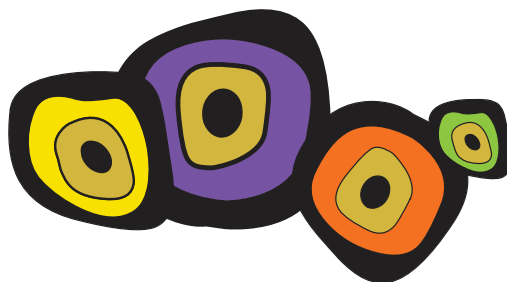
Sexuality for each person is different and it is a normal, healthy part of who we are. It can at times be very confusing as it is forever changing. Some people can have a different sexual identity throughout different periods of their lives. It is ok if people are unsure, as it can take some time to work out what is right for them.

Sexuality is not who you have sex with or your gender, it is about the sexual feelings, desires and thoughts we have and the attraction that we feel towards others. Some people are attracted to one sex, others to another, some to both or neither.

General types of sexually diverse groups:

- Some people are mostly attracted to the opposite sex/gender ('Straight' or 'Heterosexual')
- Others are attracted to the same sex ('Homosexual or 'Gay' for guys and girls, 'Lesbian' for girls)
- Some people are attracted to both sex's/genders ('Bisexual')
- Some people were born as one sex/gender but feel, identify and live as the other. ('Transgender'/'Sister Girls'/'Transsexual')
- Men who engage in sexual acts with other men regardless of identity (ie could identify as 'gay', 'bisexual or 'straight') ("Men who have sex with men")
- Some people are born with a mixture of male and female anatomy or they carry the chromosomes of both XX and XY. For example a person is born and appears male, however has the reproductive traits or anatomy of a women ('Intersex')
- Some people prefer not to use labels and prefer the umbrella term which includes a range of sexual and gender identities ('Queer')
- Other people are not really attracted to any sex/gender at all ('Asexual')

Some people can feel shame about their sexual feelings and keep them secret, especially if they are worried they will be judged by their friends, family or community. Everyone has the right to be respected and accepted for their sexuality without fear of judgment.



Activity Sheet

(For Workers)

My Sexuality and
How I Feel About Myself
Sexuality and Me

“Step Forward Step Back” Scenarios

Scenarios

- If you are accepted by community and society and able to act yourself when in public, take one step forward
- If you can be certain, that if you needed legal or medical assistance, and your race, gender, sexual orientation, religion or socio-economic status would not be an issue, take one step forward.
- If you can legally get married to the person you love, take one step forward.
- If you can look at the newspaper or watch TV and often see people of your race and sexual orientation being portrayed in a positive way, take one step forward.
- If you or your family ever had different rights to others due to race, gender or sexual orientation, take one step back.
- If you can walk hand in hand with your partner in public without fear of being judged, take one step forward.
- If you have ever needed to try and change the way you look and the way you want to act to avoid being judged, take one step back.
- If you can kiss your partner in public without fear of being judged, take a step forward.
- If you believe people look at you strangely because of the way you choose to dress, take one step back.
- If when you ask for help or assistance people assume it is because of a disability, take a step back.
- If you and your friends walk into a store and security is called to your area or the workers come and check up on you as they think you may steal something, take one step back.
- If because of your race, gender or sexual orientation you have learnt that you are inferior or not as good as others, take a step back.
- If you or your family came from a rural area, take one step back.
- If you were able to learn the culture or religion of your ancestors at school, take one step forward.
- If you have never been told someone disliked you because of your race or sexual orientation, take a step forward.
- If you were ever told that you can't do something because of your gender or sexual orientation, take one step back.

Activity Sheet

(For Workers)

My Sexuality and
How I Feel About Myself
Sexuality and Me

“Step Forward Step Back” Scenarios

- If you ever liked someone but couldn't let them know because you were afraid people might laugh or not accept you, take one step back.
- If you have ever heard a joke being told about someone who shares the same race, sexual orientation, gender or ability, take one step back.
- If you have been bullied or abused by others because of your race, ability, or sexual orientation, take one step back.
- If your family speaks English as a first language, take one step forward.
- If your religion is practiced by the majority of people from your school and community, take one step forward.
- If you have ever felt unsafe when walking alone at night, take one step back.
- If you believe people may be afraid of you or may not trust you, take one step back.
- If you can find public toilets easily and use them without feeling like you will be judged, take one step forward.

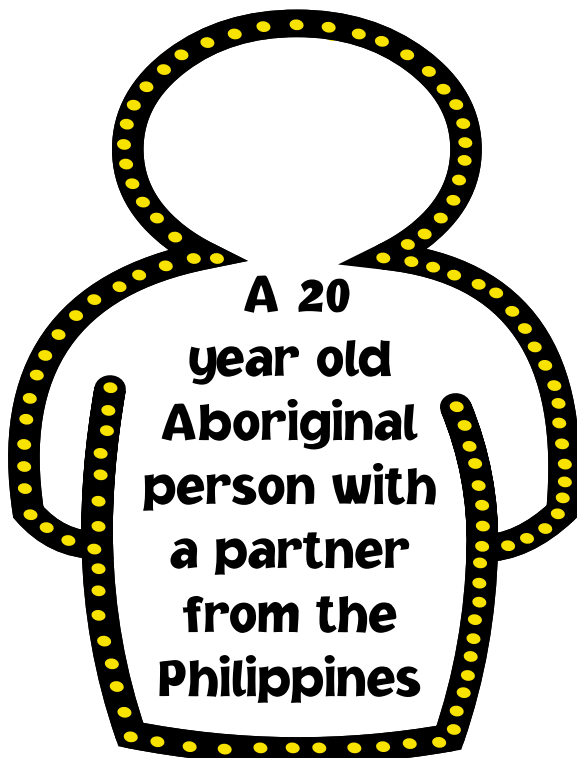


Activity Sheet

(For Workers)

My Sexuality and
How I Feel About Myself
Sexuality and Me

"Step Forward, Step Back" Character Cut Outs

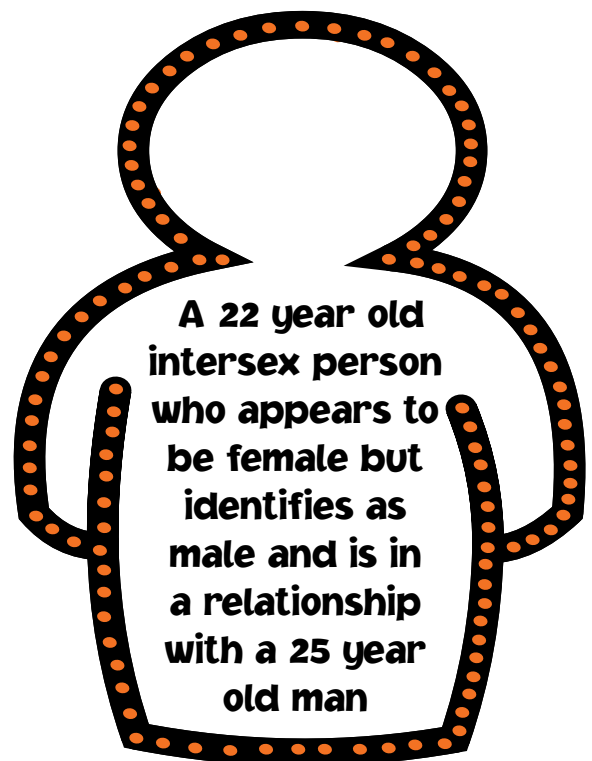
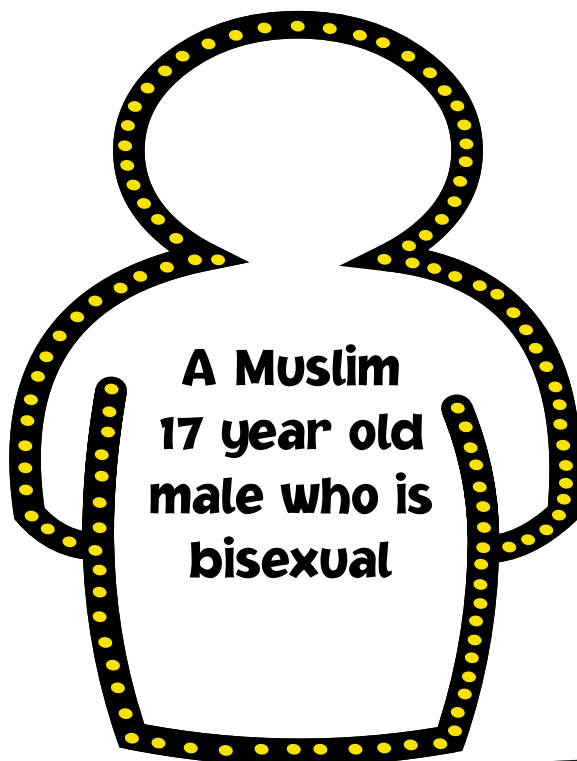


Activity Sheet

(For Workers)

My Sexuality and
How I Feel About Myself
Sexuality and Me

“Step Forward, Step Back” Character Cut Outs

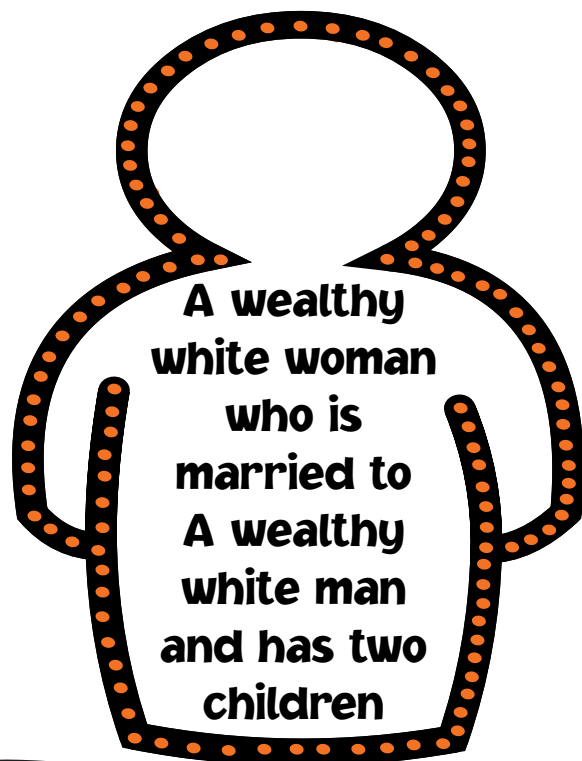
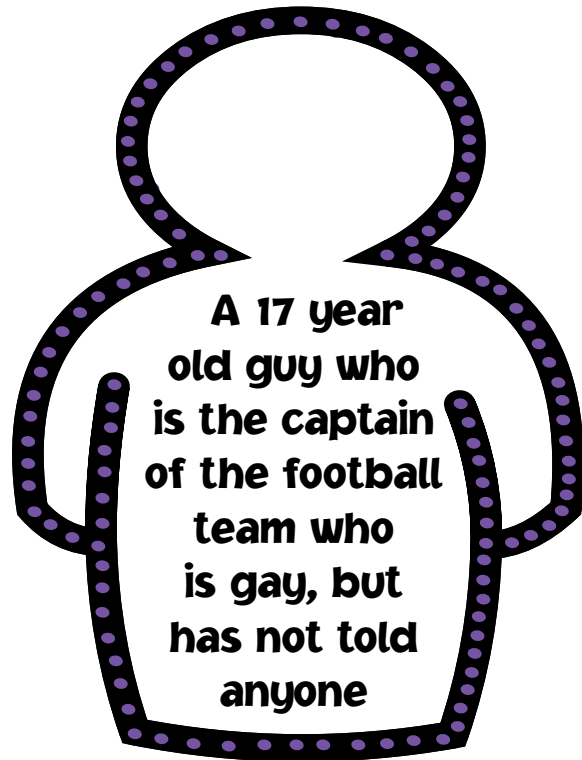
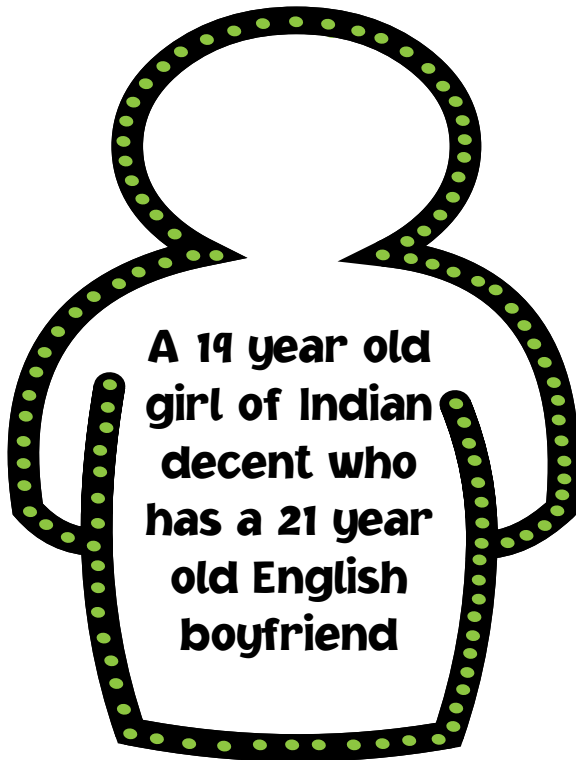


Activity Sheet

(For Workers)

My Sexuality and
How I Feel About Myself
Sexuality and Me

"Step Forward, Step Back" Character Cut Outs

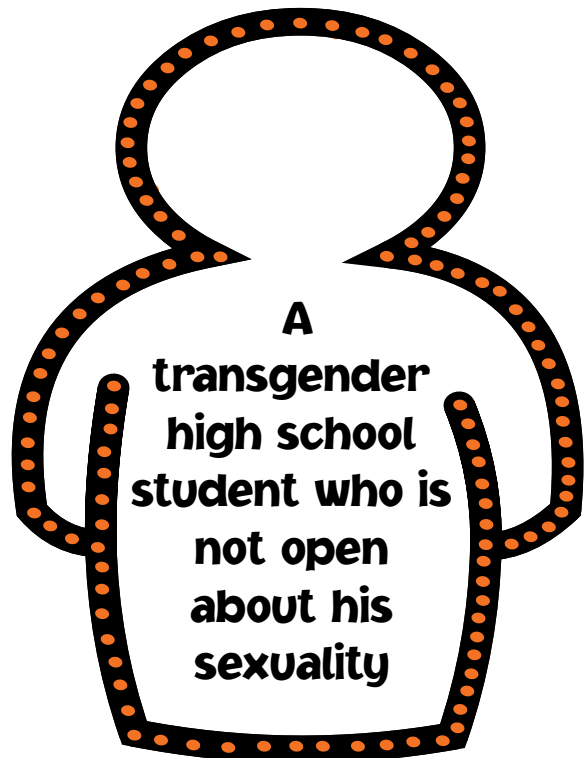
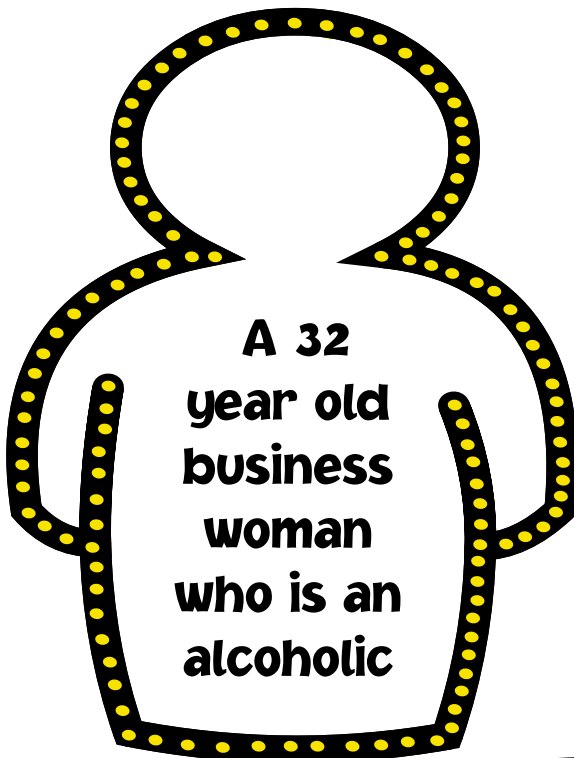
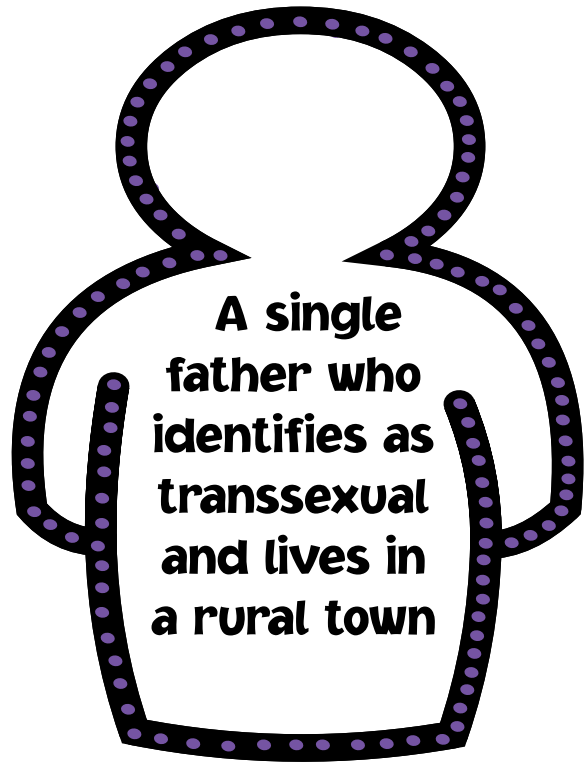
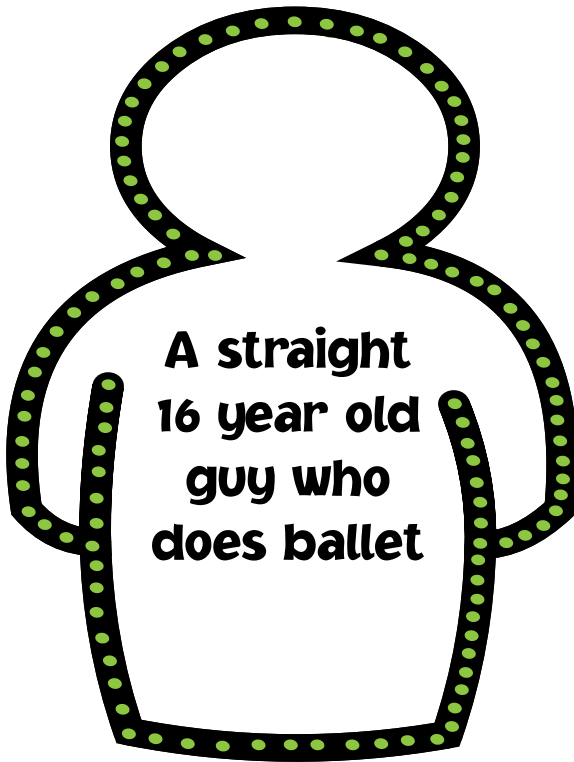


Activity Sheet

(For Workers)

"Step Forward, Step Back" Character Cut Outs

My Sexuality and
How I Feel About Myself
Sexuality and Me



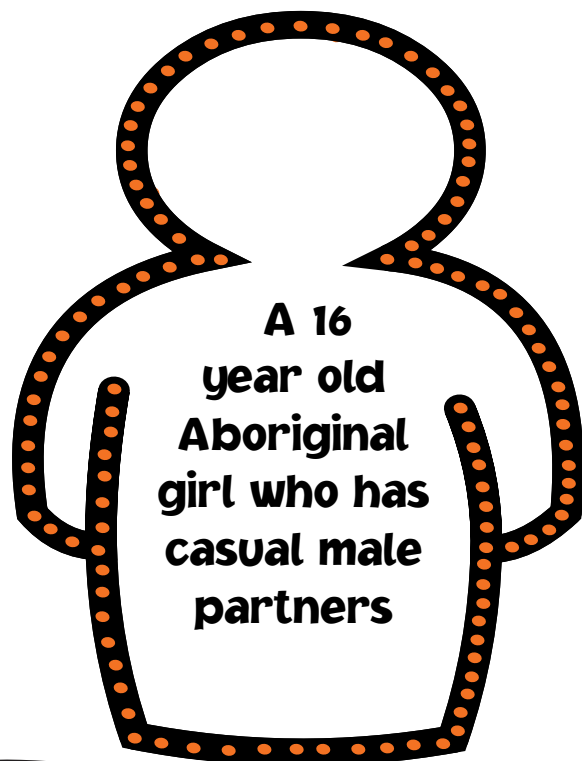
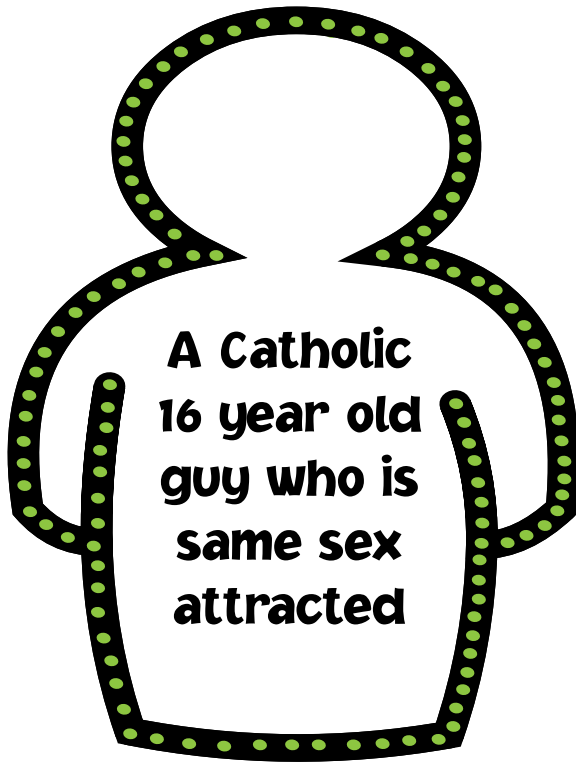
Activity Sheet

(For Workers)

My Sexuality and
How I Feel About Myself

Sexuality and Me

"Step Forward, Step Back" Character Cut Outs



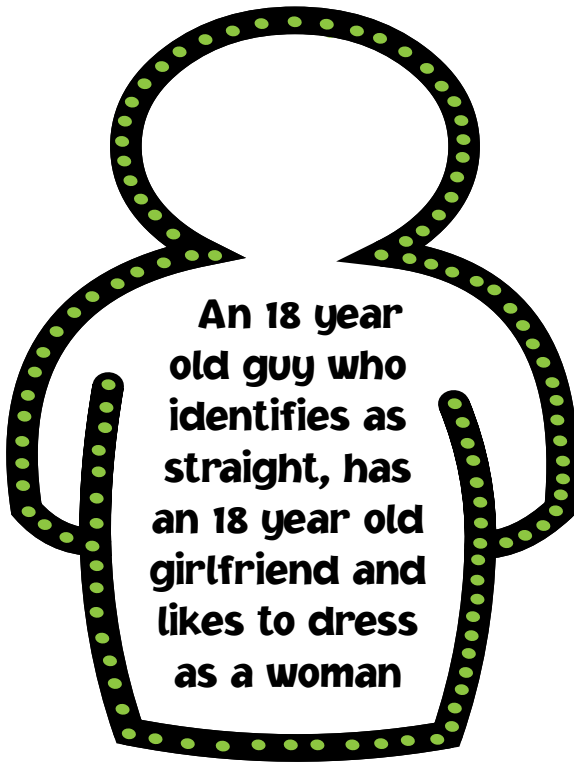
Activity Sheet

(For Workers)

My Sexuality and
How I Feel About Myself

Sexuality and Me

"Step Forward, Step Back" Character Cut Outs



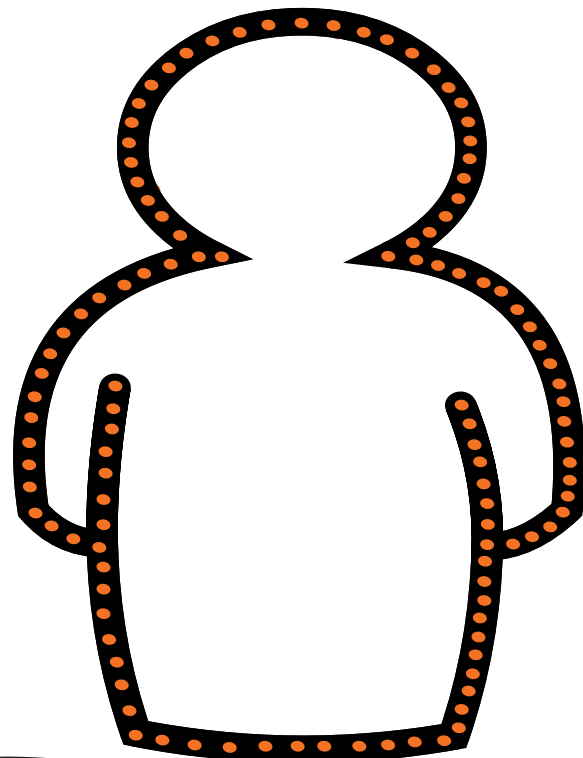
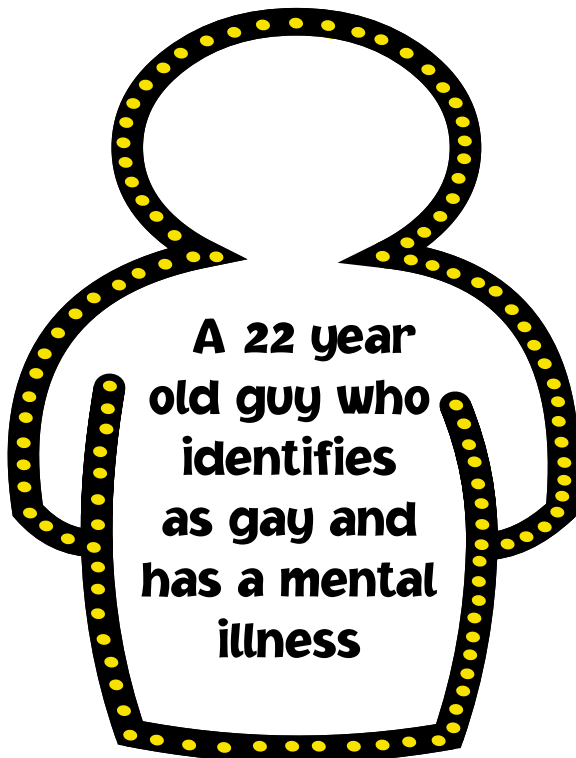
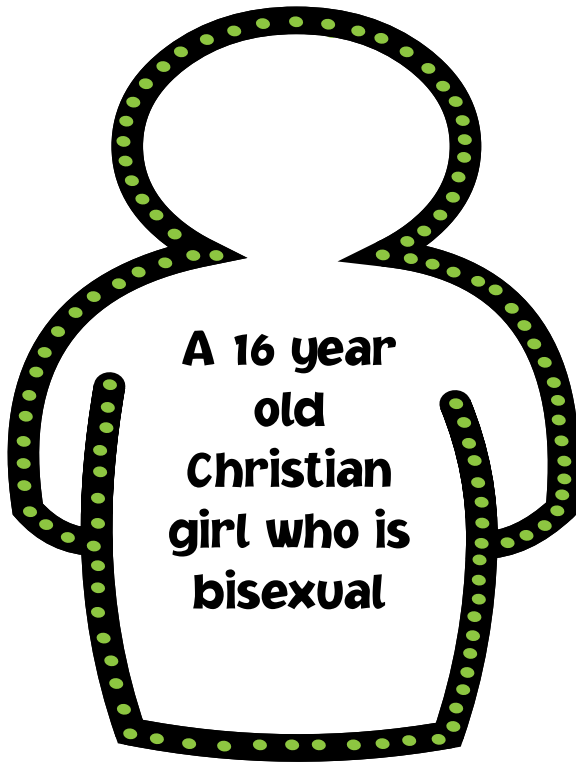
Activity Sheet

(For Workers)

My Sexuality and
How I Feel About Myself

Sexuality and Me

"Step Forward, Step Back" Character Cut Outs

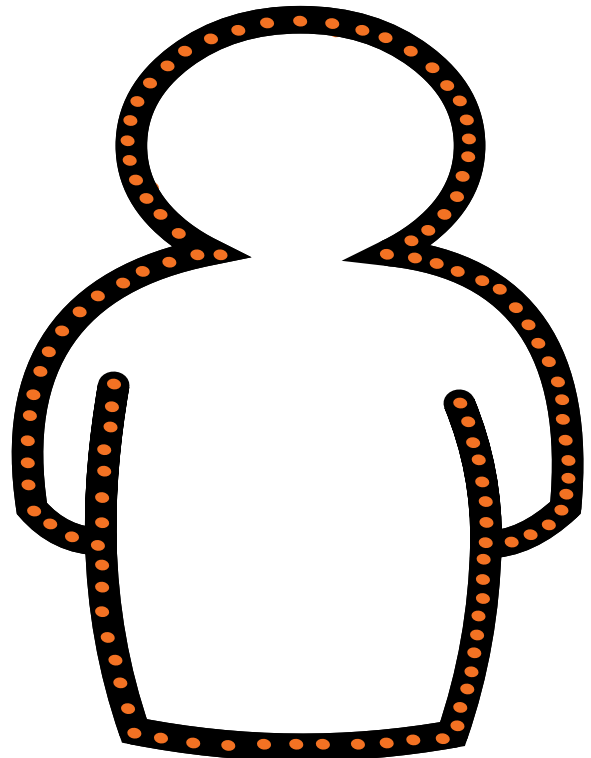
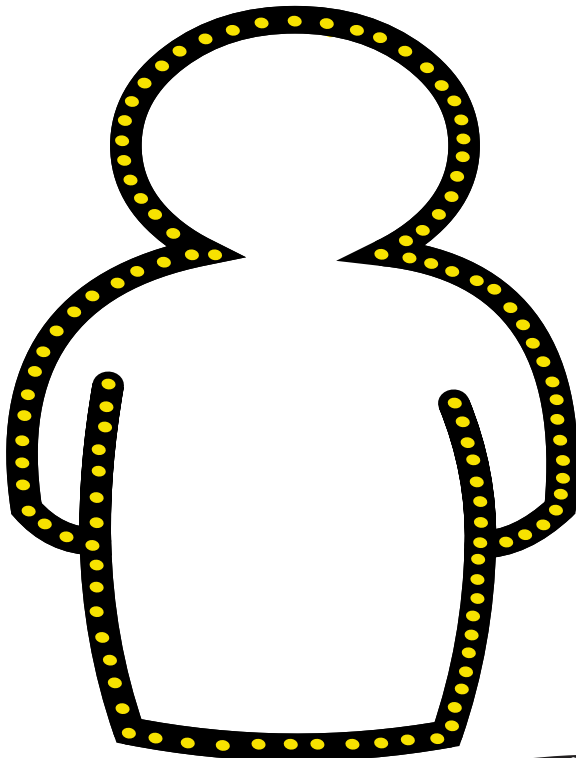
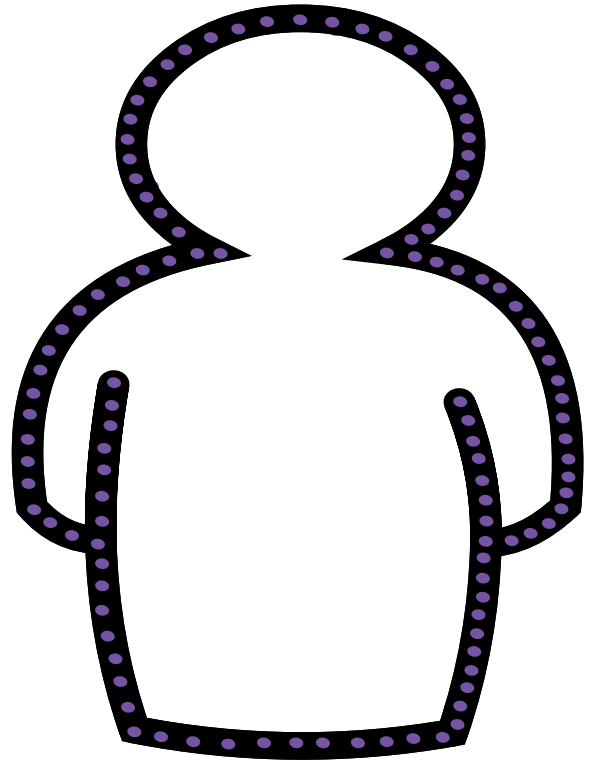
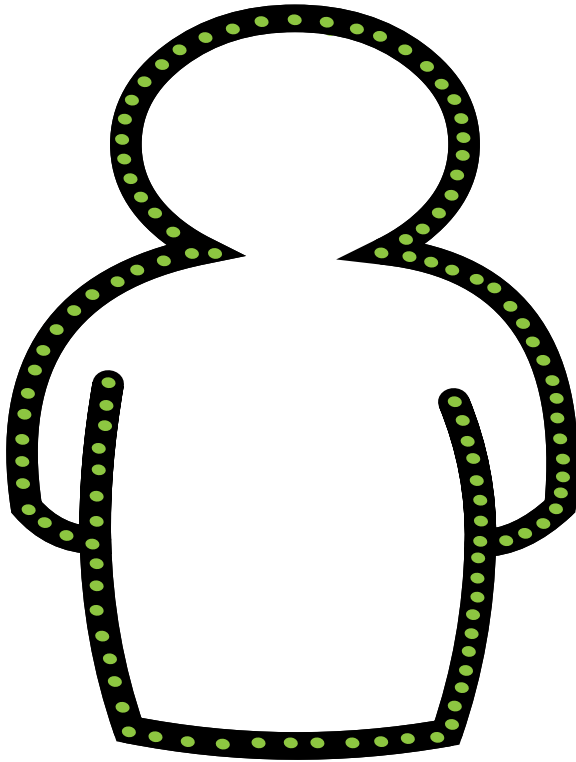


Activity Sheet

(For Workers)

"Step Forward, Step Back" Character Cut Outs

My Sexuality and
How I Feel About Myself
Sexuality and Me



Activity

Myths and Stereotypes About Sexuality

My Sexuality and
How I Feel About Myself
Sexuality and Me

Suggested Time: 30 mins

Aim: To explore different beliefs and attitudes about sexuality.

Key Message: There may be a wide variety of opinions about relationships and sexuality and everyone's opinions should be respected and valued. Do not just assume what is right. Consider many viewpoints to make the most informed decision on what is most fair and reasonable and what's best and right for individuals.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets, and review the introduction section (pages 6 - 25).
- Print and read the 'Sexual Trichotomy' (page 51) and 'What is Sexuality?' InfoSheets (page 52) and ensure you are familiar with them.
- Print and cut out Agree/Disagree/Unsure Cards (page 66).
- Print 'Myths and Sterotypes about Sexuality' Scenarios (page 65).
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Bluetac

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see page 23 for more information). Also consider sending a Questions Box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (see 'Opportunity for Anonymous Questions to be Asked Safely Activity', pages 24 - 25).
2. Briefly discuss the information on the 'What is sexuality?' InfoSheet (page 52) and the 'Sexual Trichotomy' InfoSheet (page 51). Stick the 'Agree/Disagree/Unsure' sheets up around the room. Call out each statement and ask young people to physically position themselves at the Agree, Disagree or Unsure heading that fits their belief for each scenario. There are no right or wrong answers and everyone's answers are to be valued and respected. After each statement has been read out and participants have moved, encourage discussion. Ask

My Sexuality and How I Feel About Myself

Sexuality and Me

if anyone would like to share why they chose to stand where they did. Support the group to challenge and explore any issues that arise. If you have a mixed group it may be useful at times to compare the boys' and girls' responses. Involve other workers or teachers to take part as they can add to the knowledge and generate discussion e.g. standing at the 'disagree' when the scenario 'It wouldn't worry me if I found out a good friend of mine was gay or lesbian' was read out – to flag they may be worried as gay/lesbian people experience higher rates of suicide, drug use, harassment and social exclusion.

3. Conclude with some of the following discussion questions:

- Where do we get our information regarding these issues? (print media, family, friends, music, movies).
- Do these reflect reality or just someone's opinion? How can we tell the difference?
- Does the media portray young people accurately?
- How can you find out if these statements are true? (e.g. Look at sexual health websites, hotlines, ask people, read magazines or books, or see the information provided at the back of this resource on pages 193 - 232).
- Are there exceptions to these 'rules'? (e.g. When is it okay for a girl to ask a guy out? A guy to ask a guy, or a girl to ask a girl? Do all people always get a bad reputation if they have sex?).

4. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details.

5. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



Activity Sheet

(For Workers)

My Sexuality and
How I Feel About Myself
Sexuality and Me

Myths and Stereotypes About Sexuality Scenarios

- 1.** Girls can usually be closer friends than guys can.
- 2.** It's OK if a girl asks a guy out.
- 3.** It wouldn't worry me if I found out a good friend of mine was gay or lesbian.
- 4.** The best way of ending a relationship is to just ignore, or stop talking to the other person.
- 5.** It's OK for guys as well as girls to masturbate.
- 6.** If a same sex friend is lesbian or gay, they will probably try to "convert" me.
- 7.** It's important for girls to be virgins when they get married.
- 8.** You get a bad reputation if you have sex.
- 9.** Using contraception means a girl is planning to have sex with lots of guys.
- 10.** Guys should know more about sex than girls.
- 11.** Sex makes a relationship better.
- 12.** It's OK for a guy to ask a guy out.
- 13.** Most young Australians have sex by the time they are 16.
- 14.** It's OK to stay in a relationship if the other person treats you badly because you love each other.
- 15.**
- 16.**
- 17.**
- 18.**

Activity Sheet

(For Workers)

Agree/Disagree/Unsure Cards

My Sexuality and
How I Feel About Myself
Sexuality and Me

AGREE

DISAGREE

UNSURE

Activity

Sexuality and Popular Culture

My Sexuality and How I Feel About Myself *Sexuality and Me*

Suggested Time: 60 mins

Aim: To explore how images of sex and sexuality in the media impact on how young people see themselves and the world.

Key Message: Young people should start to question the meaning behind the images they see and what they hear.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- Search for, download and print out songs and written lyrics which depict sexuality, gender and race in a specific way, both positive and negative. e.g. derogatory to women by depicting them as sex objects.
- Optional: relevant video clips.
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts of song lyrics (see preparation section)
- pens and paper
- Music player
- Optional equipment to play video clips

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see page 23 for more information). Also consider sending a Questions Box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (see 'Opportunity for Anonymous Questions to be Asked Safely Activity', pages 24 - 25).
2. In small groups go through one song at a time and get participants to read through lyrics (or you can read them out), and write down the images or messages about guys, girls or sexuality they feel are being expressed in the song.

My Sexuality and How I Feel About Myself

Sexuality and Me

3. Play the song.
 4. Use some of the questions below to discuss what images and messages they think the song is portraying about guys, girls and sexuality (there is also an option to show and discuss relevant video clips here).
 - What is the song telling people about sex?
 - What is this song telling people about what is appropriate for girls and women in regards to sex? What words or phrases suggests this?
 - What is this song telling us about what is appropriate for guys in regards to sex? What words or phrases suggests this?
 - What attitudes are expressed towards sex in this song?
 - Do you think this song could affect how someone feels about themselves and their sexuality?
 - What effect do you think it might have for girls? Guys? Same sex attracted people?
- For answers flag:** sex sells, ways of acting, keeping responses and discussion non-personal, males/females more dominant, ways of speaking to each other, drinking and drugs, public nudity, violence and the impacts on self-esteem, how they feel they should act to get attention etc...
5. Repeat with a number of other songs/videos.
 6. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
 7. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



Activity

Self-Esteem. I like Me

My Sexuality and How I Feel About Myself Self-Esteem

Suggested Time: 60 mins

Aim: To encourage young people to recognise their strengths and positive qualities.

Key Message: It is easy to focus on the negative things about ourselves. For good self-esteem, it is important to acknowledge our positive qualities. We should take time to think about what makes us DEADLY!

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 -25).
- Print out a copy of the 'I Like Me Because', 'Things I am Good At' (pages 72 - 73) and a Body Outline Worksheet (page 74) for each participant.
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Pens & pencils
- Bluetac
- Butchers paper or whiteboard and markers

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see 'Group Agreement' page 23 for more information). Also consider sending a questions box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (secretly) (See 'Opportunity for Anonymous Questions to be Asked Safely', pages 24 - 25).
2. Explain that in society people often focus on the things they don't like about themselves, and they don't recognise the positive qualities they have. We rarely take the time to think about the things that make us great. State that everyone has strengths as well as weaknesses, and that for this short time we are going to celebrate their positive qualities.

My Sexuality and How I Feel About Myself

Sexuality and Me

3. Quickly brainstorm “What is Self-Esteem?” (which is the way we see ourselves), and flag some points regarding positive and negative self-esteem, eg: low self-esteem increased depression etc.
4. Give each young person a copy of one or both worksheets and a body outline. Ask them to write some things they are good at and things they like about themselves on the body outline, then write their name on the top. To encourage participation you can also do one for yourself and involve other workers if they are present.

Allow a generous amount of time to think and write on their body outlines. Assistance and encouragement is likely to be required as many young people will most likely find it difficult and possibly uncomfortable to identify positive things about themselves. It often assists to ask them what their friends or family would say their strengths and good qualities are and what challenges they have overcome.

5. When participants have written a few things they like about themselves, stick up everyone’s body outlines in different parts of the room. Then get participants to go around the room and write at least one positive/nice thing they like about each person on that person’s body outline. (To keep it confidential it might help if everyone has the same coloured pen).
6. Check all the answers are appropriate and then hand out the body outlines to different people (not back to the individual). Go around the room and get people to read out the name on the body outline and what is written on each body outline sheets.
7. Discuss activity by asking them some of the following questions:
 - What was it like to try to identify positive things about yourself?
 - How often do you acknowledge or congratulate yourself for your achievements and positive attributes? (This is very important).
 - What were some of the thoughts going through your head when you were doing this?
 - What do we learn as we grow up about giving ourselves compliments? Who teaches us this? Who do you think taught them?
 - How does the practice of denying the things we’re good at help us? How does it work against us?
 - What is the difference between acknowledging our strengths vs “big noting” ourselves?
 - How do negative thoughts impact our self-esteem?
 - How did it make you feel when people read out all the good things on your body outline?

My Sexuality and How I Feel About Myself

Self-Esteem

Reiterate positivity increases self-esteem and the importance of acknowledging the things you and others are good at.

- 8.** At the end of the session suggest keeping a “positive you journal” where you write something you like about yourself each day. When you are needing a pick-me-up, go back and read some of the amazing things you have done. It’s OK to love yourself. Good self-esteem is important. Remember to compliment others and accept them yourself!
- 9.** Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
- 10.** Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



My Sexuality and How I Feel About Myself

Sexuality and Me

I Like Me Because:



WorkSheet

(For Participants)
For "I Like Me"

My Sexuality and
How I Feel About Myself
Self-Esteem

Things I'm Good At:

solving problems
shopping
writing letters
acting
reading
drawing
Listening
hairstressing
puzzles
watching T.V.
laughing
dancing
skateboarding
remembering a face
building things
Something else
i'm good at:

giving hugs
showing i care
computers
eating chocolate
watching movies
kissing
making jokes
fixing things
art
relating to children
computer games
dancing
remembering names
texting messages
my job

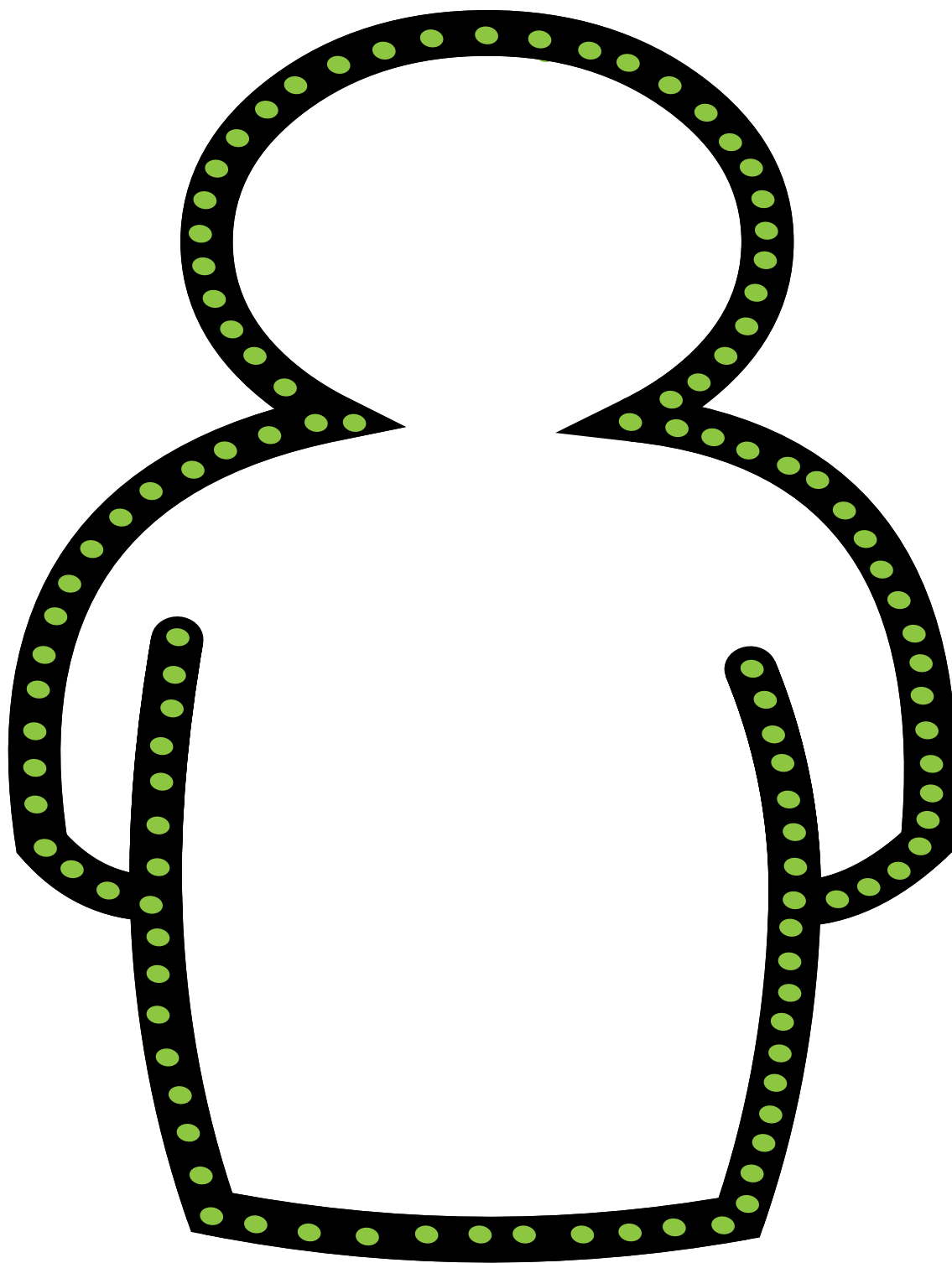
burping
talking
singing
cleaning my room
cleaning
running
surfing
keeping things tidy
wrapping presents
doing nothing
mixing
farting
sport
driving
playing cards
painting
'breaking'
arguing
knowing song lyrics
watching movies
acting
getting on with people
listening
playing guitar
cleaning

WorkSheet

(For Participants)

Character Cut Outs

My Sexuality and
How I Feel About Myself
Self-Esteem





Sex, Pregnancy and Keeping Safe

Introduction 76

Sexual Health - What's Safe and What's Not?

- Healthy Vs Unhealthy 77
- High Risk, Low Risk, No Risk 87
 - STI (Information Sheets) 97

Safer Sex, STI and Pregnancy Prevention

- Contraception and Safer Sex Methods and Myths..... 114
- Using a Condom. DOIN 'IT' RIGHT! 119
 - Contraception (Information Sheets)..... 127



Sex, Pregnancy and Keeping Safe

Introduction

The aim of this section is to:

- Provide the foundation for discussions regarding contraception, safer sex and sexual health which also follow in later sections.

It is important that young people are aware of the risks and potential consequences of sexual activities. Young people must learn the importance of respecting themselves and others and know they have the right to make their own choices.

Young people who are provided with opportunities to gain information and knowledge can be in a better place to make informed choices which are right for them.

It is important that young people respect themselves and the rights of others.

This section also provides comprehensive information sheets on Sexually Transmissible Infections and Contraception which can be printed and distributed to participants as well as used with other activities in this kit.

Important: Review the Introduction section of this kit (pages 6 - 25) and pay close attention to the preparation section of each activity.



Activity

Healthy Vs Unhealthy

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Suggested Time: 20 mins

Aim: To define sexual health, and to explore healthy and unhealthy behaviour around sex, relationships and body image.

Key Message: Sexual health involves physical, emotional and social elements. Young people can receive free and confidential help for sexual health needs.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 -25).
- Review, print and cut out 'Healthy Vs Unhealthy' Scenario Cards (pages 79 - 86). Review, to ensure you feel confident to discuss these issues with young people.
- See 'STI, BBV and Contraception' InfoSheets (pages 97 -112).
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Butchers paper/whiteboard
- Coloured textas
- Bluetac

Steps:

- 1.** Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see page 23 for more information). Also consider sending a Questions Box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (see 'Opportunity for Anonymous Questions to be Asked Safely Activity', pages 24 - 25).
- 2.** Ask the group to list what 'healthy' means. Write statements on butchers paper or whiteboard.

Sex, Pregnancy and Keeping Safe

Sexual Health - What's Safe and What's Not

- 3.** Ask them to list what 'sexual health' means.
- 4.** Expand responses to highlight that sexual health involves being physically, emotionally and socially healthy. This includes:
 - Being free of HIV and other STIs
 - Feeling comfortable about taking steps to avoid unintended pregnancy
 - Being happy and making well informed decisions
 - Being able to discuss needs, feelings and concerns honestly with your partner(s)
- 5.** On butchers paper write 'Healthy', 'Unhealthy' and 'Unsure' as three separate headings and stick up around the room.
- 6.** Lay scenario cards face down in front of group and ask them to take 1-2 cards each or more if there are some left over. Get participants to decide whether the behaviour is healthy, unhealthy or unsure and place it on the spot they think is appropriate.
- 7.** Once all cards have been placed, begin reviewing the answers, starting first with the 'Unsure' sheet. Read out the scenario cards and discuss briefly to see if the group can change it to the 'Healthy' or the 'Unhealthy' sheet. Discuss briefly.
- 8.** Next, move on to the 'Unhealthy' sheet and repeat the process, ensuring the group discusses ways in which the behaviour could be made healthier.
- 9.** Repeat this process with the 'Healthy' sheet expanding on any behaviours where there is confusion or where extra information would be useful.
- 10.** Flag: Consent, privacy, peer pressure, respect, and that having different values or views is OK.
- 11.** Ask 'Where can young people go for confidential and free help if they are experiencing anything out of the ordinary'? (e.g. Talk with an adult they trust, visit your local Aboriginal Medical Service, youth health or sexual health service or call confidential helplines). Refer to contact list on pages 193 - 232.
- 12.** Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details.
- 13.** Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.

Activity Sheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not
(For Workers) "Healthy Vs Unhealthy" Scenario Cards

1

Getting your
friend to dump
your
girl/boy friend
for you

2

Not carrying
condoms with
you because
you are worried
about what other
people will think

3

Being a 20 year
old male virgin

4

Going on a
crash diet if
you're too fat

Activity Sheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

(For Workers) "Healthy Vs Unhealthy" Scenario Cards

5

Feeling guilty
about having
sexual feelings

6

Withdrawing
from friends
because you
always feel
down

7

Squeezing your
zits to get rid of
them quicker

8

Deciding to wait
until you are
married before
you have sex

Activity Sheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

(For Workers) "Healthy Vs Unhealthy" Scenario Cards

9

Teasing people
who physically
develop earlier
or later than
others

10

Understanding
that different
families can
have different
beliefs, values
and attitudes

11

Washing under
the foreskin

12

Letting friends
or partners talk
you into doing
things you don't
want to do

Activity Sheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

(For Workers) "Healthy Vs Unhealthy" Scenario Cards

13

Giving in to
your partner
and having
unprotected sex
because they get
angry if you ask
them to wear a
condom

14

Including lots of
fresh fruit AND
vegetables
in your diet

15

Feeling okay
about having
wet dreams
because
you know
they're normal

16

Being a mature
14 year old
who is sexually
involved with a
20 year old

Activity Sheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

(For Workers) "Healthy Vs Unhealthy" Scenario Cards

17

Ignoring
discomfort or
changes in your
genitals after
unprotected sex

18

Getting your
own Medicare
card from age 14

19

Masturbating in
the loungeroom
when no one
is home and
the doors and
curtains are all
closed

20

Feeling guilty
about not
being sexually
active when
in a romantic
relationship

Activity Sheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

(For Workers) "Healthy Vs Unhealthy" Scenario Cards

21

Feeling okay
with sometimes
feeling you
should have
been born a
different gender

22

Not using
protection when
having girl to
girl sex

23

Being sexually
attracted to
both sexes

24

Using steroids
to make your
body bigger

Activity Sheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

(For Workers) "Healthy Vs Unhealthy" Scenario Cards

25

You and your
partner talk things
through when you
are
upset or angry
with
each other

26

Using alcohol or
other drugs to
feel confident
around others

27

Your partner
puts you down
all the time

28

Going to speak
with a health
care provider
about STI
testing and
contraception

Activity Sheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

(For Workers) "Healthy Vs Unhealthy" Scenario Cards



Activity

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

High Risk, Low Risk, No Risk

Suggested Time: 30 mins

Aim: To identify behaviours which put people at risk of getting sexually transmitted infections (STIs) and blood borne viruses (BBVs), and to explore safer sex practices.

Key Message: Any activity which involves the potential exchange of sexual bodily fluids or blood, or skin to skin contact of the genital areas is risky. Be safe – always use condoms and don't share.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- Familiarise yourself with modes of transmission for HIV/AIDS, Hepatitis C, STIs and contraception. See InfoSheets, (pages 97 - 112).
- Print and cut out 'High Risk, Low Risk, No Risk' Scenarios Activity Sheets (pages 89 - 92).
- Print 'High Risk, Low Risk, No Risk' Cards Answers (pages 93 - 95).
- Print out High Risk, Low Risk and No Risk' Continuum Cards (page 96).
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Coloured textas
- Bluetac

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see page 23 for more information). Also consider sending a Questions Box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (see 'Opportunity for Anonymous Questions to be Asked Safely Activity', pages 24 - 25).
2. Explain that this activity is a way to explore sexual activities that put people at risk of catching STIs or BBVs. Do not assume participants know what STIs and BBVs are. Explain what they are and what strategies can help protect people from these infections.

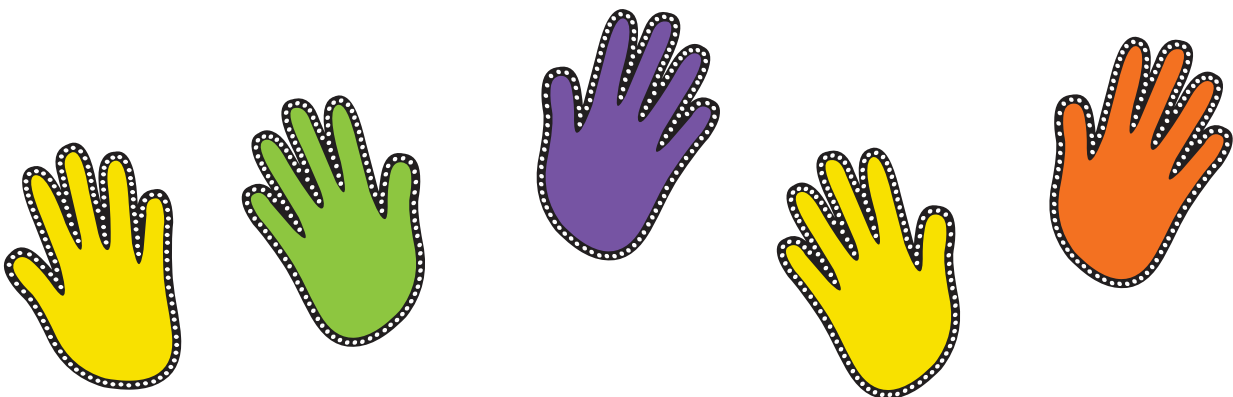
Sex, Pregnancy and Keeping Safe

Sexual Health - What's Safe and What's Not

3. Spread the cards on the floor, table or walls and explain that you are forming a continuum (or line) of risk from the highest risk to lowest risk, and give participants several scenarios each. They are to think about how risky the behaviour is, and place their cards on the spot that reflects that risk.

NB: Allowing young people to move around one at one time, placing their cards down provides a degree of anonymity.

4. Once all cards have been placed in a continuum, read out each card and discuss its position and if participants think it has been placed correctly. Clarify any confusions or myths, place the card where it belongs on the continuum if it has changed, and move on to the next card and repeat. Add "what if" scenarios and define any words you feel you need to, for example "what is a dam?" Use the answers in the Notes (pages 93 - 95).
5. Flag: Consent to sex and sexual activities cannot be given when intoxicated, STIs can be transferred through oral sex, regular testing is required with each new partner, backyard tattoos require clean needles and ink, and other relevant topics.
6. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
7. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



Activity Sheet

(For Workers)

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

"High Risk, Low Risk, No Risk" Scenarios

**Having oral sex using a
condom or dam**

**Helping someone who is
having a nosebleed**

**Having lots of different
sexual
partners**

**Getting a tattoo at a
reputable
licensed tattoo shop**

**Having unprotected sex with
your partner of two years**

**Sharing needles and
equipment such as a
tourniquet to
inject drugs**

**Having your ears pierced by
anyone
other than a licensed
professional**

Using someone else's razor

Activity Sheet

(For Workers)

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

"High Risk, Low Risk, No Risk" Scenarios

**Anal or vaginal intercourse
without a
condom and lube**

**Stopping the use of condoms
when you start using the pill**

Having a "dry" sex session

Sharing a cup or glass

**Having unprotected sex with a
guy
who has had a vasectomy
(operation blocking or cutting the
tubes to the testes)**

**Kissing a person who has a
sexually
transmissible infection**

**Practicing sexual abstinence
(no sex)
for a period of time**

**Assuming that no symptoms
means you
have no sexually
transmissible infections**

Activity Sheet

(For Workers)

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

"High Risk, Low Risk, No Risk" Scenarios

**Having unprotected sex
during a girl's period**

**Having HIV and breast
feeding your baby**

**Cleaning and dressing a
wound**

**Using someone else's
toothbrush**

Having unprotected oral sex

Having sex when drunk

**Using the withdrawal method
(pulling out before
ejaculation) as a form of
contraception**

**Being sexually active without
having
regular sexual health
check-ups**

Activity Sheet

(For Workers)

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

"High Risk, Low Risk, No Risk" Scenarios

**Noticing sores or pain
in your genitals
but assuming all is ok when
the pain
goes away**

Masturbating

Getting a love bite

**Giving mouth to mouth
resuscitation**

**Having anal intercourse
using a
condom and lube**

Notes

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

(For Workers and Relevant for Participants)

"High Risk, Low Risk, No Risk" Card Answers

High Risk Behaviour:

- **Sharing needles or equipment such as a swab and tourniquet to inject drugs**
High risk of acquiring Hep C. Risky for HIV, too
- **Vaginal or anal intercourse without a condom and lube**
High risk of acquiring HIV, STIs, unintended pregnancy
- **Using the withdrawal method (or pulling out) of contraception**
Low success rate as pre-cum is released which can have STIs and sperm
- **Having HIV and breastfeeding your baby**
High risk of transmitting HIV to the child if mother is breastfeeding when not on appropriate treatment
- **Being sexually active without having regular sexual health check-ups**
Risk of STIs which may have no symptoms
- **Stopping the use of condoms when you start using the pill**
High risk of STIs including HIV. This is the same for all contraception except for male or female condom
- **Having unprotected sex with a man who has had a vasectomy**
High risk of STIs including HIV
- **Having lots of different sexual partners**
Increased likelihood of unprotected sex (and its accompanying risks) including STIs, HIV, unintended pregnancy
- **Having unprotected sex during a woman's period.**
Unprotected sex is always high risk for STIs and HIV. Also, if there is blood around, this increases the possibility of Hep C transmission. There is also a risk of pregnancy as sperm can live for 5-7 days inside, waiting for an egg to be released
- **Having sex when drunk**
Reduces chance of using condoms and lubes effectively. Also flag that consent can not be legally given when intoxicated

Sex, Pregnancy and Keeping Safe

Sexual Health - What's Safe and What's Not

- ***Noticing sores or pain in your genitals but assuming all is ok when the pain goes away***

STIs continue to damage body, potentially seriously even when symptoms have gone

- ***Having your ears pierced by anyone but a qualified professional***

Risk of hep C, HIV and other infections or scarring

Assuming that no symptoms means you have no sexually transmissible infections

It is common for people to not notice STI symptoms, especially females. Many STIs do not have symptoms. STIs can cause serious problems

Low Risk Behaviour:

- ***Cleaning and dressing a wound***

Must wear gloves to avoid HIV, hep C

- ***Using someone else's toothbrush***

Low risk of hep C if blood is present

- ***Using someone else's razor***

Low risk of hep C if blood is present

- ***Having unprotected sex with your partner of two years***

Moderate risk – Depends on relationship

- ***Helping someone who is having a nosebleed***

Wear plastic gloves to reduce risk of HIV or hep C transmission

- ***Unprotected oral sex***

High risk of an STI, low risk of hep C (blood needs to be present)

- ***Getting a tattoo at a reputable licensed tattoo shop***

Very low risk as licensed tattooists should follow the Code of Practice for Skin Penetration Procedures, to prevent transmitting blood borne viruses or other infections

- ***Having anal intercourse using a condom and lube***

Low risk of condom breaking

- ***Kissing a person who has a sexually transmissible infection***

Low risk of bacterial STI

- ***Giving mouth to mouth resuscitation***

Low risk of blood borne virus transmission if blood is present

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

No Risk Behaviour:

- ***Having a heavy petting session, dry sex session***
No risk, assuming no blood or bodily fluids exchanged
- ***Sharing a cup or glass***
- ***Getting a love bite***
- ***Practicing abstinence for a period of time***
- ***Masturbating***
- ***Having oral sex using a condom or dam assuming condom doesn't break***



Activity Sheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

(For Workers)

"High Risk/Low Risk/No Risk" Continuum Cards

HIGH RISK

LOW RISK

NO RISK

InfoSheets

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Sexually Transmissible Infections (STIs)

• Chlamydia • Herpes • Gonorrhoea • Human Immunodeficiency Virus (HIV) • Genital warts (HVP) • Public lice and scabies	• Syphilis • Trichomoniasis • Others - STIs, NSU, PID • Hep A • Hep B • Hep C
--	---

STI Overview

STIs are infections that are usually passed on when people have unprotected sex (sex without a condom). They can be passed on by skin to skin contact or by the exchange of bodily fluids such as blood, pre-cum, semen or vaginal fluids during sex.

Not all STIs are the same and the symptoms and treatment can also be very different. Some STIs are caused by bacteria, and some are caused by viruses. It is common not to have any symptoms so people may not know they have an STI unless they go and get a check-up.

To help prevent STIs and HIV it is important to always use condoms during sex (vaginal, anal and oral) because it doesn't matter how old you are, if you're a guy or a girl or your race, STIs and HIV can affect everyone. If STIs and HIV are left untreated they can cause issues with having children (infertility) or other health problems. Testing is easy and confidential (kept between you and your doctor) and can usually be done with just a urine (pee) test at your local Aboriginal Medical Service, doctor or sexual health clinic. Many STIs can be cured with antibiotics.

The following InfoSheets are about the most common STIs in Australia and can be given to young people. They are a guide only - for more information please contact your local Aboriginal Medical Service, youth health service or you can call the Family Planning NSW Talkline on 1300 658 886 or the NSW Sexual Health InfoLink on 1800 451 624.

Also see the Resource Section at the back of this kit (pages 193 - 232) for more information, resources and organisations which relate to Sexually Transmissible Infections.

InfoSheet

Sex, Pregnancy and Keeping Safe *Sexual Health - What's Safe and What's Not*

Chlamydia

What is chlamydia

Chlamydia is a bacterial infection and is one of the most common STIs in Australia, especially in people who are less than 30 years old. Chlamydia can infect the urethra (the wee-hole), cervix (neck of the uterus), anus (bottom), throat and eyes.

How is it transmitted/passed on?

Chlamydia is passed on by having unprotected oral, anal or vaginal sex or by sharing sex toys with someone who carries the infection. The bacteria doesn't live for very long outside the body so you can't catch it from toilets, swimming pools, spas or from everyday contact with people.

How would I know if I have it?

Most people don't notice any symptoms with chlamydia. Women who do get symptoms may notice their vaginal discharge is different, have bleeding in between their periods or pain with sex. Men may have burning when peeing and a discharge from their penis. To test for chlamydia most people have a urine test (for both men and women). A more accurate test for women is done by taking a swab from the opening of the cervix which is a little like having a pap test.

How is it treated?

If your test comes back positive for chlamydia, it is very easy to treat by taking two antibiotic tablets once. It is important that after you take your antibiotics not to have unprotected oral, vaginal or anal sex for at least 7 days or you could still pass it on to someone else.

Telling partners:

Your sexual partners will also need treatment so they don't give it back to you or pass it on to someone else. Your doctor or Aboriginal Health Worker can contact your sexual partners for you to let them know they should be tested. They can do this without ever mentioning your name so they will never know the information came from you. Make an appointment with your local Aboriginal Medical Service, doctor or sexual health clinic for a check up.

How can I prevent it?

Chlamydia can be prevented by using a condom when having oral, vaginal or anal sex. If you are sexually active make sure to get an STI check once a year, each time you change sexual partners or if you notice any pain or changes with your genitals or body.

Anything else I should know?

If not treated, chlamydia can lead to pelvic inflammatory disease (PID) (see page 108 for more information), which can make it hard to get pregnant and can cause other problems. Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.

InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Herpes

What is genital herpes?

Herpes is a very common STI caused by the herpes simplex virus. There are two types of the virus; HSV1 and HSV2. Both can occur on the lips, mouth, genitals, and anus (bottom) areas. HSV on the lips and mouth are called cold sores. HSV on the genital and anal areas are called genital and anal herpes.

How is it transmitted/passed on?

Herpes is passed on by skin-to-skin contact during vaginal, anal (bottom) or oral sex without a condom. It can also be passed on without sexual intercourse because many sexual practices involve genital-to-genital or skin-to-skin contact. Herpes can also be passed on through asymptomatic shedding. (This is where someone who has the infection sheds the virus from their skin without knowing it because they don't have any symptoms or aren't aware of them).

How would I know if I have it?

Herpes affects people in different ways. Some people may get painful blisters or ulcers and flu-like symptoms when they first get infected, others may only get a red patch with tiny breaks in the genital skin. Some people may only have symptoms once while others have symptoms occasionally. Some people may get some symptoms before the blisters/ulcers appear like tingling, nerve pain, itching or a generally feeling sick and irritable.

How is it treated?

There are tablets that can control herpes but there is no cure. Medications can be taken to help reduce symptoms and decrease the chance of passing it onto a partner. If a person has many outbreaks they may need to take the medication continuously for a period of time to stop the outbreaks occurring. Make an appointment with your local Aboriginal Medical Service, your doctor, or local sexual health clinic.

How can I prevent it?

Use condoms during vaginal, anal and oral sex will reduce your chances of catching genital herpes. Because it can be passed on from the mouth to the genitals during oral sex, using a condom or dam as a barrier will also protect you more.

Anything else I should know?

Herpes on the mouth (cold sores) can be passed onto the genitals of someone else during oral sex. Do not give oral sex if you have a cold sore on your mouth or receive oral sex if your partner has cold sores on their mouth! If you think you may have genital herpes make an appointment with your local Aboriginal Medical Service, your doctor or sexual health clinic for a test. Also let your doctor know if you have herpes and are pregnant as it can affect the baby during birth. Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.

InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Gonorrhoea ("The Clap")

What is gonorrhoea?

Gonorrhoea is a bacterial infection, sometimes called 'the clap'. It can infect the urethra (wee-hole), anus (bottom), and throat, as well as the cervix (the entry to the uterus).

How is it transmitted/passed on?

Gonorrhoea is passed on by through vaginal, anal or oral sex without a condom.

How would I know if I have it?

You may not have any symptoms at all, however if you do they will usually develop within 10 days of being infected. You may experience a burning sensation or discomfort while urinating, or have an abnormal discharge from the vagina or penis.

How is it treated?

It is easily cured with a short course of antibiotics. It is important not to have unprotected sex whilst you are on antibiotics as you may pass it on to someone else.

Telling partners:

Your sexual partners will also need treatment so they don't give it back to you or pass it on to someone else. Your doctor or health worker can also contact your sexual partners for you and let them know they should be tested. They can do this without ever mentioning your name so they will never know the information came from you. Make an appointment with your local Aboriginal Medical Service, doctor or sexual health clinic for a check up.

How can I prevent it?

The correct use of condoms, lube and dams is the best way to prevent gonorrhoea. However, gonorrhoea can be transmitted from one part of a person's body to another by touch, particularly in moist areas of the body. So, to be sure, get an STI check at least once a year, whenever you change sexual partners, if you notice pain or any change to your genitals or body in general.

Anything else I should know?

If not treated gonorrhoea can cause Pelvic Inflammatory Disease (PID) (see page 108 for more information) which can make it hard to get pregnant and cause other problems. Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.

InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Human Immunodeficiency Virus (HIV)

What is HIV?

Human Immunodeficiency Virus (HIV) is a virus that causes damage to the body's immune system. Over time HIV can develop into AIDS.

How is it transmitted/passed on?

The HIV virus can be found in semen, vaginal secretions and in blood. HIV is usually passed on by anal or vaginal sex without a condom, or sharing sex toys, and it can also be transmitted (passed on) by sharing drug injecting equipment, piercing or tattooing equipment. It can also be passed on from an infected mother to her baby during pregnancy, at childbirth or by breast-feeding. It can't be transmitted by hugging and kissing, sharing cigarettes, food or drinks, or toilet seats, or by mosquito bites!

How would I know if I have it?

Most people with HIV look and feel perfectly healthy. Some people may develop flu-like symptoms that include swollen glands or a rash on the body. These symptoms usually happen within a few weeks of being infected and can disappear in a week. However, many people have no symptoms at all. Sometime later (which can be years), HIV can cause conditions like pneumonia, brain infections, skin cancers, severe fungal infections and many other problems. When these conditions happen, this is called AIDS.

How is it treated?

Although we know a lot about HIV there is still no cure or vaccine. Treatments for HIV have improved dramatically over the last 10 years. With treatment many people with HIV are able to live healthy lives.

How can I prevent it?

HIV can be prevented by safe sex (using a condom every time) and not sharing drug-injecting equipment (fits or syringes) or piercing or tattooing equipment with anyone.

If you have been exposed to HIV there is a four-week treatment that may prevent you becoming infected. It is called PEP (post exposure prophylaxis). If you think you may have been exposed ask your local Aboriginal Medical Service, doctor, sexual health clinic or emergency department for more information - but you need to do this as soon as possible and not more than 72 hours after exposure! Note, PEP may not be recommended in every case but if you are unsure about your risk or need further information and advice, phone the **24hr PEP Hotline on 1800 737 669**.

Anything else I should know?

Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.

InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Genital Warts (HPV)

What are genital warts?

Genital warts are caused by the Human Papilloma Virus (HPV) or wart virus. They are warts on the skin of your genitals (penis, vagina) and area around your bottom.

How are they transmitted/passed on?

They are caused by a virus that is passed on by direct skin-to-skin contact with someone who has the virus. Transmission mainly takes place when there is a visible wart, but it can also happen when there is no wart to be seen.

How would I know if I have them?

Genital warts look just like fleshy lumps and bumps around your genital area. Genital warts are sometimes itchy but aren't usually painful. The virus that causes genital warts may sometimes show up on a pap smear on women. Wart virus is very common - 75% of people from 15 to 49 years of age who are sexually active, have wart virus, or have had it in the past. Only 25% of sexually active people in that age group show no signs of ever having HPV. Most people who have HPV have no idea that they carry the infection.

How are they treated?

There are many ways to get rid of the warts (which are available through prescription from your local Aboriginal Medical Service, doctor or sexual health clinic), but there is no cure for the HPV virus itself. Treatment removes the wart from the skin but they can reappear after treatment so more treatments may be needed.

How can I prevent it?

Even though condoms don't protect you 100% they certainly help to reduce your chances of catching genital warts. Women should also have regular pap smears (every 2 years) unless advised otherwise by your doctor. HPV vaccines for both girls and boys are recommended when aged 11-12 years and are now available to protect against the most common types of HPV that cause genital warts and some strains of HPV that cause cervical cancer.

It is important to get the vaccine before first sexual contact, however, people up to 26 years old who have not had any or all of the HPV shots they should ask their doctor about getting them now.

There are two different HPV vaccines (Cervarix® or Gardasil) which are given in three doses over 6 months (the second shot is given 1 or 2 months after the first, and the third shot is given 6 months after the first shot). Both vaccines can be given to girls, but only Gardasil can be given to boys. Both vaccines protect against HPV types that cause most cervical cancer and have been shown to prevent cervical cancer.

InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

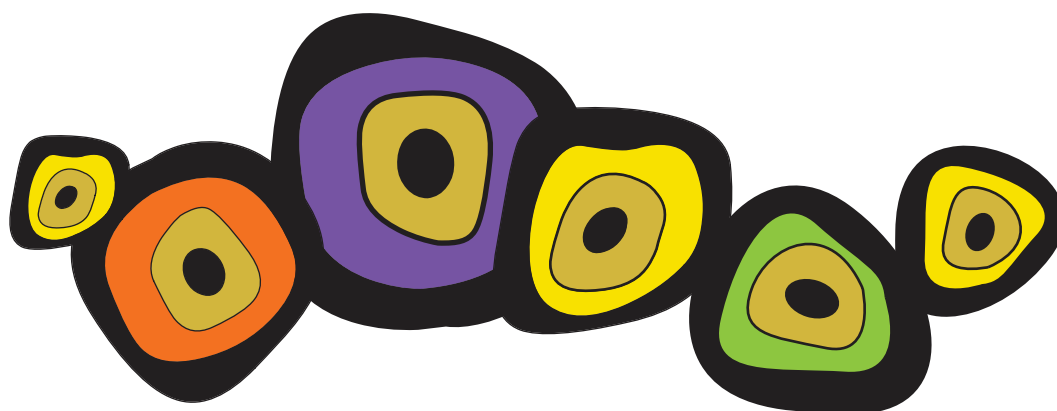
Anything else I should know?

Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.

Resources

See the Aboriginal specific "HPV and Me - My Health, My Future" set of comic stories (one for girls and one for boys) which promotes the HPV vaccination to aboriginal young people.

www.hpv.health.gov.au/aboriginal-and-torres-strait-islander



InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Pubic Lice and Scabies

What are pubic lice and scabies?

Both pubic lice and scabies are tiny mites (a kind of insect). The scabies mites burrow under the skin and pubic lice hang on to the hair.

How are they transmitted/passed on?

These mites are passed on by close physical contact including sexual contact and sharing clothes, towels, bed sheets and beds. There does not need to be sexual penetration for these to be passed on.

How would I know if I have them?

For scabies, the most common complaint is intense itching and a rash in the genital area. It also occurs on other parts of the body such as between the fingers and toes and you can often see trails where the mites are burrowing under the skin. For pubic lice you may have itching in the genital area and may be able to see tiny lice hanging onto the pubic hair.

How are they treated?

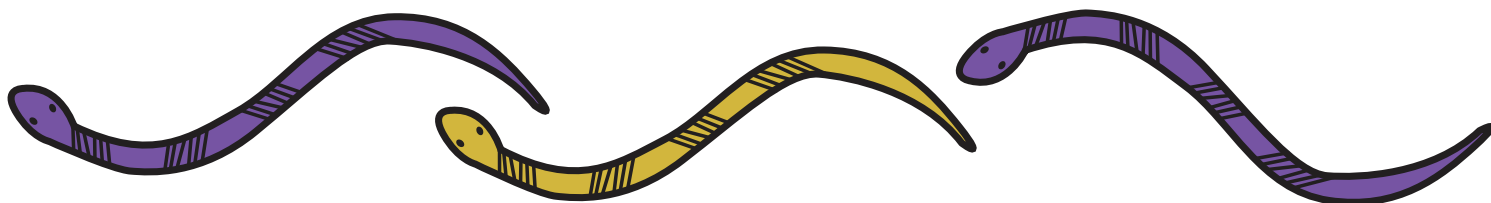
You can get rid of both scabies and pubic lice by using special creams and shampoos. See your local chemist, Aboriginal Medical Service, doctor or sexual health clinic. You will also need to wash any clothing or sheets and towels that have touched the affected area. People you have had sex with and even people who have been in your house need to check themselves and get treated if necessary so they don't give it back to you or pass it on to someone else.

How can I prevent them?

There is no way to prevent pubic lice or crabs as they are passed on by close physical contact, but they can be treated. Remember to let your sexual partner know so they can be treated too!

Anything else I should know?

Scabies and pubic lice won't kill you, but they can be pretty uncomfortable, and you can give them to other people very easily. It's best to get them treated as soon as you can.



InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Syphilis

What is syphilis?

Syphilis is a bacterial infection which can lead to serious illness and serious problems later in life if not treated. If you treat it early enough it is easy to cure.

How is it transmitted?

You can get syphilis from having vaginal, anal or oral sex without a condom or sharing sex toys. It can also be passed from an infected mother to her unborn baby in the uterus/womb.

How would I know if I have it?

Later sores which are not painful may appear on the mouth and/or around the genitals. Some people may have a rash on their upper body, soles of their feet and hands. The symptoms may be so mild you may not notice any at all.

You can get tested by any Aboriginal Medical Service, doctor, or sexual health service. A test can be taken from a sore if there is one or a blood test can be done if there is no sore. If you have ever had syphilis, it will show up on later blood tests, even if you don't have it any more.

How is it treated?

Syphilis is treated with antibiotics, usually injections. Your sexual partners will need treatment too so they don't give it back to you or pass it on to someone else.

Telling partner:

Your doctor or health worker can also contact your sexual partners for you and let them know they should be tested. They can do this without ever mentioning your name so they will never know the information came from you. Make an appointment with your local Aboriginal Medical Service, doctor or sexual health clinic for a check up.

How can I prevent it?

Use condoms during vaginal, oral and anal (bottom) sex. If you are sexually active you should get an STI check at least once a year, whenever you change sexual partners, or if you notice any pain or change to your genitals or body in general. Just visit your local Aboriginal Medical Service, doctor or sexual health centre.

Anything else I should know?

Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.

InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Trichomoniasis (Trich)

What is trich?

Trichomoniasis, commonly known as Trich, is a genital infection caused by a parasite. It prefers to live in the vagina, but can also live in the urethra, and in men, inside the penis.

How is it transmitted?

Trich is passed on by vaginal sex without a condom.

How would I know if I have it?

Many women don't have symptoms, however, some women may have a frothy, yellowish discharge from their vagina, or itching or pain in the area. Symptoms are rare in men but it may cause pain when peeing.

You can get tested for trich at a local Aboriginal Medical Service, from your doctor or at a sexual health clinic. This is done using a swab test of the vaginal or urethral discharge.

How is it treated?

Trich is easily cured with a single dose of antibiotics. Your sexual partners will need treatment too so they don't give it back to you or pass it on to someone else. Your doctor or health worker can also contact your sexual partners for you and let them know they should be tested. They can do this without ever mentioning your name, so they won't know it was you.

How can I prevent it?

Trich can be prevented by using a condom for vaginal, oral, and anal (bottom) sex. Be sure, get an STI check at least once a year, whenever you change sexual partners, if you notice pain or any change to your genitals or body in general.

Anything else I should know?

Trich can lead to preterm birth for pregnant women.

Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.

InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Non-Specific Urethritis (NSUs)

What is urethritis?

Urethritis is the inflammation of the urethra (pee-hole) in a man. NSU is one of the most common STIs for men, and is usually caused by chlamydia, gonorrhea or mycoplasma. It is sometimes called Non-specific urethritis or NSU.

How is it transmitted/passed on?

It is passed on by anal, vaginal or oral sex without a condom.

How would I know if I have it?

You might have pain while urinating (peeing) or have a discharge from your penis, but you might not have any symptoms at all. Your doctor will take a swab from the end of your penis. They will also test your urine for chlamydia and gonorrhea.

How is it treated?

The correct antibiotics quickly cure it. Partners will need treatment too so they don't give it back to you or pass it on to someone else.

Telling partners:

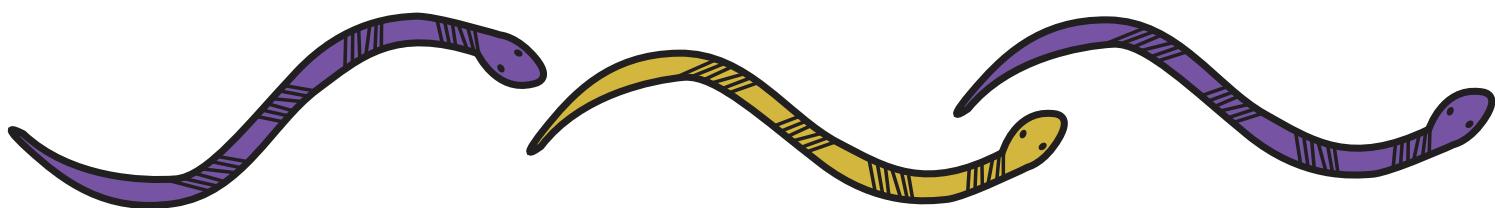
Your doctor or health worker can contact your sexual partners for you and let them know they should be tested. They can do this for you without mentioning your name, so they won't know it was you.

How can I prevent it?

Use a condom for vaginal, anal or oral sex. Be sure, get an STI check at least once a year, whenever you change sexual partners, if you notice pain or any change to your genitals or body in general.

Anything else I should know?

Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.



InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Pelvic Inflammatory Disease (PID)

What is PID?

PID is an infection usually caused by an untreated sexually transmitted infection like chlamydia or gonorrhea. It spreads from the vagina and cervix into the uterus, fallopian tubes and ovaries.

How is it transmitted?

It may be caused by sexually transmitted bacteria such as chlamydia or gonorrhoea.

PID is not sexually transmitted but the infections that lead to PID are transmitted through unprotected sex. It can also be caused by bacteria transmitted through IUDs (contraception method), childbirth, or abortion procedures.

How would I know if I have it?

You might feel pain in your abdomen (tummy), or when you have sex. You might have a fever or vaginal discharge and irregular periods, but some women have no symptoms at all. PID is usually detected through a physical examination of the vagina, cervix and uterus to check if there is any inflammation, pain or discomfort. swabs from the cervix are taken to check for chlamydia, gonorrhea and other infections.

How is it treated?

Usually with a course of antibiotics. It is very important to take all the antibiotics. If PID is not treated it can damage the fallopian tubes, uterus and ovaries making it hard to get pregnant and can lead to ongoing pelvic pain.

How can I prevent it?

Using a condom for vaginal sex is the best prevention for gonorrhoea and chlamydia which might lead to PID. Be sure, get an STI check at least once a year, whenever you change sexual partners, if you notice pain or any change to your genitals or body in general.

Anything else I should know?

Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.

InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Hepatitis A

What is hepatitis A?

Hepatitis A is a virus that causes inflammation of the liver. It is different to hep B and hep C as it is passed on and treated differently.

How is it transmitted/passed on?

Hep A is found in faeces (poo), and it is transmitted when the virus comes into contact with someone mouth, or is swallowed. This can happen through:

- oral/anal sex (rimming)
- eating contaminated food or drinking contaminated water
- touching nappies, linen or towels with infected faeces on them
- drinking water or eating food with the virus in it sharing sex toys (The infected faeces can be too small to see)

How would I know if I have it?

You may have flu-like symptoms including aches and abdominal pains, and may notice your urine is darker and a yellowing of the eyes and skin (jaundice). Symptoms usually take between 2-4 weeks to appear and last 1-3 weeks. Some people don't experience any symptoms at all. You have to have a blood test to see if you have it, or have had it in the past. It is not a long-term illness.

How is it treated?

There is no specific treatment for hep A. A shot of immunoglobulin (antibodies) can be given to help prevent or reduce the illness if given within two weeks of contact.

How can I prevent it?

Always wash your hands after going to the toilet AND before touching or preparing food. You can get a vaccine from your doctor or local health service, which is usually two injections 6 months apart. You might be able to get vaccinated for free – check with your local Aboriginal Medical Service, or doctor. Using a barrier such as a dam while rimming helps reduce the risk of getting hep A.

Anything else I should know?

It is rare to die from hep A, however people with already low immune systems (for example if you have HIV/AIDS) need to be especially careful as it can make you quite sick.

InfoSheet

Sex, Pregnancy and Keeping Safe *Sexual Health - What's Safe and What's Not*

Hepatitis B

What is hepatitis B?

Hepatitis B is a virus that inflames the liver. It is different to hepatitis A and hepatitis C as it is passed on and treated differently.

How is it transmitted/passed on?

The hep B virus is found in semen, vaginal secretions, saliva and blood. It is passed on when the virus enters a person's body, for example through vaginal, anal or oral sex without a condom, sharing drug injecting equipment or through a needlestick injury, from an infected mother to her baby at childbirth, or by sharing toothbrushes, razors, sex toys, tattooing or piercing equipment.

How would I know if I have it?

Some people have no symptoms. Others develop symptoms within 3 months and these may include mild flu or nausea, vomiting, stomach pains and yellowing of the skin and whites of the eyes. About 5% of people who develop chronic hep b have it for life. This can possibly lead to cirrhosis (scarring of the liver) and liver cancer.

How is it treated?

Hepatitis B can be difficult to treat; you need talk to your doctor about what treatments are available.

How can I prevent it?

There is a vaccine for hep B. You can get the vaccine from your local Aboriginal Medical Service, doctor or local health service, which is usually three injections taken over 6 months. You might be able to get vaccinated for free.

Avoid contact with bodily fluids. This can be done by:

- Practicing safe sex
- Not sharing injecting equipment
- Not sharing razors, tooth brushes, sex toys and other personal items
- Using condoms during sex
- Avoiding oral sex where blood is present i.e. menstruation

Condoms will protect you if they are used correctly. Also use dams when rimming or for oral sex and don't share any injecting drug equipment or toothbrushes, razors, piercing or tattooing equipment with anyone.

InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Hepatitis B

If you think you have come into contact with someone who has hepatitis B in the last two weeks you may be able to have a special vaccination.

Anything else I should know?

Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.



InfoSheet

Sex, Pregnancy and Keeping Safe
Sexual Health - What's Safe and What's Not

Hepatitis C

What is hepatitis C?

Hepatitis C is a virus which causes inflammation of the liver.

How is it transmitted/passed on?

Hep C is transmitted through blood-to-blood contact. It is often transmitted through sharing injecting equipment, (90% of all new cases). It is also transmitted through tattooing or piercing done with non-sterile equipment. It is not considered to be a sexually transmitted infection although if there is any blood present during sex, there can be a low-medium risk of transmission (such as menstrual blood, a cut or sore in the area or an STI). Transmission while having safe sex is not possible if there is no blood present from either partner. It can't be transmitted by hugging and kissing, sharing cigarettes, food or drinks, or toilet seats, or by mosquito bites!

How would I know if I have it?

It's very rare for people to experience symptoms in the first stages of hepatitis C - so you can't tell for sure without having a hep c antibody blood test, 3 months after being exposed to it. A quarter of people exposed to hep C will clear the virus within the first 6 months of infection, and the rest will develop an ongoing or chronic infection. You will need to have a second test to know if you still have the virus or if you have cleared it naturally. Chronic hepatitis C may make you feel tired, nauseous and lose your appetite, depressed, and over many years may cause liver damage and cirrhosis of the liver.

How is it treated?

There is no vaccine for hep C. There is a treatment available for people with hepatitis C that can be accessed through liver clinics, hepatitis clinics and some GPs.

How can I prevent it?

Avoid blood-to-blood contact - many people don't know they have hep C so don't take any chances.

If you inject drugs don't share injecting equipment including needles, swabs, filters, spoons and tourniquets. Use clean equipment every time you inject, and wash your hands with soap and water before and after. If you are going to get a tattoo or body piercing, make sure it is done with sterile equipment (including needles and the ink), don't share toothbrushes or razors.

Anything else I should know?

There are 6 different kinds of hepatitis C so you can catch it more than once! This means that you could get sicker and it will be a lot harder to treat. People with hep C should try to eat well and not drink much alcohol to avoid further liver damage. You should also get vaccinated against hep A and B.

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

Activity

Contraception and Safer Sex Methods and Myths

Suggested Time: 45 mins

Aim: To identify methods and myths about Safer Sex (STI and Pregnancy Prevention), and to demonstrate the use of the condom and other contraceptive methods most often used by young people.

Key Message: Pregnancy and transmission of STIs can occur any time sex occurs and no contraception is used. It is important to get an STI test if you have had unprotected sex.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- Borrow a Contraceptive Kit from a local Aboriginal Medical Service, Family Planning NSW, sexual or youth health centre, or build your own (see page 115).
- Review and print STI InfoSheets (pages 97 - 112) and Contraception InfoSheets (pages 125 - 140).
- Print and Review 'Contraception Myths & Facts' Notes (see pages 116 - 117).
- Obtain from chemist, prices for all contraceptive methods.
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Contraceptive Kit, or build your own (see page 115)
- A4 paper, pens/textas
- Butchers paper/whiteboard and markers
- Bluetac

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see page 23 for more information). Also consider sending a Questions Box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (see 'Opportunity for Anonymous Questions to be Asked Safely Activity', pages 24 - 25).

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

- 2.** Explain that there are a lot of myths about how sexually transmissible infections (STIs) only happen to 'dirty people' and how guys and girls can have sex without contraception, and not get pregnant.
- 3.** Check young person's understanding of the term "contraception" ('a means of preventing pregnancy'). Discuss this definition as a group on a sheet of butchers paper or whiteboard.
- 4.** Ask participants to brainstorm all the methods of contraception they can think of (on their own or in groups), and write these under the contraception definition. Let them know you will look at these methods in more detail in a few minutes.
- 5.** Ask them to share some myths about methods of contraception and safer sex they can think of. Read out and discuss 'Contraception and Safer Sex Myths & Facts' Notes (pages 116 - 117).
- 6.** Using sample packets from the Contraceptive Kit and referring to InfoSheets (pages 125 - 140), demonstrate each contraceptive method and make sure all contraceptive methods have been listed during the brainstorming activity (add any which may have been missed). Allow participants to examine each contraceptive method to discuss key points and to ask questions.
- 7.** For any questions to which you don't know the answer, either look together at Infosheets, call the Family Planning NSW Talkline together on 1300 65 8886, or look up www.playsafe.health.nsw.gov.au.
- 8.** Emphasise that using condoms and dams are the only way of protecting against STIs during sexual activity. For sex between guys and girls, other contraception methods can prevent pregnancy but again, only condoms and dams protect against STIs and HIV. Highlight that condoms and lube are available free and confidentially from Aboriginal Medical Services, youth health services and sexual health centres.
- 9.** Ask them what they think the differences might be between using contraception vs having "safer sex" (eg safer sex protects people from STIs). Then go through their list of contraceptive methods together and place a tick next to those that are safer sex, i.e. they protect against pregnancy but not against HIV or other STIs and an X next to those which don't.
- 10.** Ask young person which methods they think would be the most suitable and attractive for opposite sex young people just starting a sexual relationship.
- 11.** If possible offer to take them to visit their nearest Aboriginal Medical Service, youth health service or sexual health centre, so that they are familiar with people and services that can assist them with their sexual health needs whenever they wish.
- 12.** Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

(For Workers)

Building your own contraceptive kit

Some doctors or chemists may be able to provide you with some of the below items after their expiry date has passed.

Aim to get at least one of each of the items listed below. As an alternative for any items you are unable to get hold of, try to get a range of photos by typing in “contraceptive methods” into an internet search engine to show young people. You can print them off and laminate them so they last longer and can be used more than once.

- Male condoms, lube (free from your local Aboriginal Medical Service, Community Health, youth health and sexual health centres)
- Female condoms (are not as readily available as male condoms, but you can get them from some chemists and through the Internet)
- Dams (from your local Aboriginal Medical Service, Community Health, youth health and sexual health centres)
- Banana penis, or real banana, cucumber or zucchini
- Box of Contraceptive Pills (the “Pill”)
- Box of Mini-Pills
- An IUD
- Box of Emergency Pills (“Morning After Pills”)
- Box of Depo Provera (Contraceptive Injection)
- Box of Implanon
- A Vaginal Ring
- A Diaphragm
- Contraceptives information (or print out the Contraception Info Sheets pages 97 - 140)
- Reproductive System Diagrams from ‘Knowing your Reproductive System and How it all Works’ activity Section One, ‘Looking after Myself’ activity two, and/or ‘Yarning about our bodies’ flip chart from Family Planning NSW
- Relevant flyers, posters, organisation contact details and other information



Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

(For Workers and Relevant for Participants)

Contraception Myths & Facts

Myth 1: If the girl doesn't have an orgasm, she can't get pregnant.

Reality Check: Pregnancy occurs when a guy's sperm fertilizes a girl's egg. This can happen whether or not the girl has an orgasm.

Myth 2: If the guy withdraws before ejaculating, STIs can't be transmitted and a female partner can't get pregnant.

Reality Check: Some STIs are transmitted through skin to skin contact without penetration of the vagina or anus. Also, it's possible for a guy to release semen prior to ejaculation. If this semen enters the partner's vagina or anus, there's a chance of STIs being transmitted and a female partner becoming pregnant through the vagina.

Myth 3: Girls can't get pregnant the first time they have sex.

Reality Check: A girl who is ovulating can get pregnant, regardless of her age or her sexual history.

Myth 4: You can muck around a bit, but nothing is as good as DOIN 'IT'

Reality Check: Having penetrative sex can be a very positive experience. If both partners are ready, if care is taken to ensure STIs are not transmitted or unintended pregnancy does not occur, and both people feel good about it, it can be a wonderful experience. But often the 'mucking around' bit is just as good!

Myth 5: You have to wait until you skip a period to tell if you are pregnant.

Reality Check: You can tell you if you are pregnant ten days after you have had sex by taking either a urine or blood pregnancy test. A urine test kit can be bought from the chemist or you can have urine or blood test at the doctors.

Myth 6: The condom will get lost inside me!

Reality Check: If the condom comes off during sex it can sometimes be tricky to get out, but it won't get lost inside you. After the guy has ejaculated, make sure one of you holds the base of the condom as he withdraws. This ensures the condom won't fall off and spill semen (cum) inside you.

Myth 7: If I have sex during my periods or on my 'safe' days, I won't get pregnant.

Reality Check: Since each girl's menstrual cycle is different, it's almost impossible to predict which days are safe. Sperm can survive for 5-7 days inside a girl's body, so you could have sex well before ovulating (releasing an egg) and still run the risk of getting pregnant.

Myth 8: The only STI that's really worth worrying about is HIV and even that can be treated now, so no big deal.

Reality Check: There is still no cure for HIV. Available treatments can prolong life, but they are expensive, complex and they can have unpleasant side effects. Other STIs are much easier to treat, but you may not know you have them as they often don't have symptoms. If left untreated, they can result in infertility (not able to have babies) or other medical problems and very importantly, having an untreated STI makes you more vulnerable to contracting HIV.

Sex, Pregnancy and Keeping Safe

Safer Sex (STI & Pregnancy Prevention)

Myth 9: I don't take any chances. I'm on The Pill, and I never forget to take it.

Reality Check: That's great! You are at very low risk of pregnancy. However, The Pill does not protect against chlamydia, gonorrhoea, HIV/AIDS or any other very common STIs. Only condoms help protect you from these. Antibiotics and some medications can possibly stop the pill from working. Speak to your doctor or Aboriginal Health Worker for advice.

Myth 10: You'd have to be hanging out with pretty disgusting people to catch an STI.

Reality Check: You'd be surprised at just how common STIs are, and how easy most of them are to treat. Any person of any age, gender or race can get an STI. Chlamydia is a particularly common one, especially amongst young people. Like many STIs, it often has no symptoms so someone can pass it on to you without even knowing they have it. The bad news is that if STIs are left untreated, they can result in problems having babies and other health issues. How do you know for sure? Get an STI check, they are free at your local Aboriginal Medical Service, youth health service, and sexual health clinics. Many involve only a urine test and a dose of antibiotics if you test positive.

Myth 11: If you're not using contraception, the best alternative is to either do it standing up, or with the girl on top, or just wash yourself out really well after he ejaculates (cums).

Reality Check: Sperm/semen are great swimmers and can reach an egg no matter which position you have sex and you cannot wash out all the semen. Also you cannot use any other things instead of a condom e.g: glad wrap, plastic bags or anything else, as they tear too easily and are not airtight. Only use proper condoms! You can get them and lube FREE at Aboriginal Medical Services, youth health and sexual health centres, and there is no minimum age to get them - not even if you buy them at the chemist or supermarket.

Myth 12: At least those of us who have sex with people of the same sex don't have to worry about all this stuff!

Reality Check: Although you're pretty unlikely to get each other pregnant, you do need to be very careful when sharing sex toys and having oral sex. There are some STIs like genital herpes, genital warts, pubic lice (crabs) which you can catch from just skin to skin contact. So use dams and condoms for oral sex, and go with your partner for a sexual health check-up just to be sure. Once you're both cleared of having STIs, it's easier to have sex and enjoy yourselves, too!

Myth 13: Wearing two condoms is better because it is safer than wearing just one.

Reality Check: Wearing two condoms at once is not better than just wearing the one as it increases the chance of friction and this could make the condoms break, or they could slip off.

Always wear one condom only.

Myth 14: Only girls can get STIs, not boys

Reality Check: Both boys and girls can get STIs. Anyone of any age race or gender can get an STI.

Myth 15: Only girls can pass on STIs to boys

Reality Check: Girls can pass on STIs to boys and boys can give them to girls and same sex partners can also give them to each other.

Activity

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

Using a Condom. DOIN 'IT' RIGHT!

Suggested Time: 30 - 60 mins

Aim: To increase knowledge and confidence in using condoms correctly.

Key Message: Condoms can break if not used properly. Know the correct way to put on a condom and lube, and ensure that you use them every time you have sex as they protect you from STIs and unintended pregnancy.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- Print 'Using a Condom. DOIN 'IT' RIGHT!' Cards (pages 121 - 123).
- Print and review 'Answers for Using a Condom. DOIN 'IT' RIGHT!' Activity Sheet (page 124).
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (See preparation section)
- Condoms
- Water-based lubricant
- Banana or other object to serve as practice penis
- Butchers paper or whiteboard and markers
- Prizes (optional)

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see page 23 for more information). Also consider sending a Questions Box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (see 'Opportunity for Anonymous Questions to be Asked Safely Activity', pages 24 - 25).
2. Ask if everyone knows what contraception is, explain that contraception are methods to prevent pregnancy for example: the contraceptive pill (taken by women) or condoms. Explain to participants that condoms are what is called a 'barrier method' of contraception and the only method apart from not having sex at all which also protects from sexually

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

transmissible infections (STIs). People who are sexually active are encouraged to use a condom with each sex activity, including oral sex (a dam is used for female oral sex). Always using a condom and using it correctly can help reduce the risk of STI as well as pregnancy.

- **Option 1:** Provide participants with cards and ask them to read them out and work together to place cards in correct order from start to finish.
 - **Option 2:** Hand out a few cards to each participant and get them to work together to place them in the correct order as a group.
 - **Option 3:** Break the group into smaller groups, hand out one set of cards per group and challenge them to see how quickly they can do it right!
- 3.** Review card order together and ensure cards end up in appropriate order. Emphasise the “Ask permission from partner” cards need to be placed all the way along the line. You can never check with your partner too many times and you can stop sex or a sexual activity at any time.

Ask the participants:

- **Why use water based lube?** (Sex creates friction. Using lube helps minimise friction and helps prevent condoms from breaking as well as making it feel good. Also oil based lube weakens the condom, examples are moisturiser, cooking oil or vaseline).
 - **What could happen if you use condoms and lube incorrectly?** (Condom could break).
 - **What do condoms protect against?** (STIs and pregnancy - Make sure participants know what STIs are. Refer to STI InfoSheets if required pages 97 - 112).
 - **If a condom is put on inside out what is danger of taking it off and putting it on again the right way around?** (There could be pre-cum on the penis which ends up inside vagina, and can cause pregnancy or pass on an STI).
 - **Why do we need to use a new condom each time you ejaculate?** (The tip of a condom only holds so much, so there is a risk it will slip off after ejaculation. There is also an increased risk the condom will break if it is used more than once).
- 4.** Invite them to practice putting condoms onto a banana correctly, or to instruct you step by step in how to do it. (Options: Do as a timed challenge, or blindfolded, or race each other.) Ask some of the following questions as you go:
- **What do we check before opening the condom pack?** (Expiry date).
 - **Is it ok to open the condom pack with your teeth?** (No. Could pierce the condom).
 - **How do we know which way is right side out?** (Apply to fingers first. If it's the wrong way round it won't roll down).
 - **Why do we squeeze the tip of the condom before rolling it on?** (Allow space for the

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

cum, as this helps prevent condom breakage).

- **Where does the lube go?** (A bit can go on the inside tip of the penis before rolling down the condom, to help increase sensation. Most of it, however, goes on the outside of the condom).
- **What if you don't have any lube?** (It is better to use just the condom without lube than no condom at all! Most condoms are already lubricated. If you are using lube, make sure you only use water based lube - not vaseline or massage oil as it breaks down the condom. Most girls will become lubricated if stimulated through foreplay. It is a good thing to be well lubricated before inserting a penis as it reduces the chance of the condom breaking. Anal sex without lube is risky as the chance of the condom breaking is high).
- **What happens once the guy has ejaculated (cum)?** (Hold the base of the condom and pull out just after cumming but while the penis is still hard, so that the contents don't spill everywhere when the penis goes soft. Tie condom in a knot and throw in the bin - don't flush down the toilet!).
- **Where should I keep my condoms?** (In a cool place, not in the glove box of the car as heat damages the latex. What is an example of a cool place? A clothes drawer at home).
- **Where can I get condoms for free?** (Local youth health service, Aboriginal Medical Service, or sexual health service).

5. Explain that many young people know how to use condoms, but don't use them. Discuss, using the following questions:
 - What are the reasons people might not want to use condoms?
 - What are the reasons people might WANT to use condoms?
 - What makes it difficult to use condoms? (Sometimes people are allergic to latex. If a condom doesn't feel right try another brand, try non latex condoms or speak to your doctor).
 - What would make it easier? (Sometimes access to condoms can be difficult).
6. Optional: Close with "prize" of chocolate and free condoms and lube.
7. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
8. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.

Activity Sheet

(For Workers)

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

"Using a condom. Doin "IT" Right" Cards

**Open condom pack carefully,
with hands, not teeth!
Be careful of sharp nails
as well**

**Get free condoms and
water-based
lube from your local
Aboriginal Medical Service,
youth health service
(or buy at chemist)**

**Remove condom
from pack**

**Check expiry date on condom
packet**

Anal or vaginal intercourse

**Place unrolled condom on
head of penis**

**Squeeze tip of condom to
leave room
for semen (cum)**

**Apply water-based lubricant
onto penis**

Activity Sheet

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

(For Workers)

"Using a condom. DOIN 'IT' RIGHT! Cards

**Check condom is around
right way for
unrolling**

**Hold onto condom at base of
penis and pull out**

**Roll condom down entire
length of penis**

Ejaculation (cum)

**Tie knot near
opening of condom**

Kissing, Caressing

**Throw condom in
bin (not toilet)**

**Make sure the penis is erect
(hard) before you put the
condom on**

Activity Sheet

(For Workers)

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

"Using a condom. DOIN 'IT' RIGHT! Cards

**Take the condom off only
when the penis has been
pulled out completely**

**Talk about how you both feel
together after sex**

**Talk about having sex with
your partner**

**Permission from partner
for Intercourse**

**Permission from partner
for Intercourse**

**Permission from partner
for Intercourse**

**Permission from partner
for Intercourse**

**Permission from partner
for Intercourse**

Activity Sheet

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

(For Workers)

"Using a condom. DOIN 'IT' RIGHT! Answers

Get Permission From Partner

1. Talk about your partner about having sex
2. Get free condoms and water-based lubricant from local Aboriginal Medical service, youth health service (or buy at chemist, supermarket, or petrol station)
3. Check expiry date on condom
4. Kissing, Caressing
5. Permission of partner for Intercourse
6. Check expiry date on condom
7. Open condom pack carefully, with hands, not teeth! (so you don't rip it)
8. Remove condom from pack
9. Check condom is around the right way for unrolling before it is put on the penis. If you touch the penis with the condom and it is the wrong way around you cannot use it and must get a new condom.
10. Making sure the penis is erect (hard) before you put the condom on
11. Squeeze tip of condom to leave room for semen
12. Place unrolled condom on head of penis.
13. Roll condom down entire length of penis
14. Apply water-based lubricant onto penis. Lube helps to make it feel good and helps stop the condom from breaking. Don't use oil based lube like moisturiser, vegetable oil or vaseline. They make the condom weak and it could break.
15. Vaginal or anal intercourse
16. Ejaculation
17. Hold onto condom at base of penis and pull out. Try to remove the penis when it is still hard.
18. Take off the condom only when the penis has been pulled out completely.
19. Tie knot near opening of condom
20. Throw condom in bin (not toilet)
21. Talk about how you both feel after sex

You Should continuously ask your partner for their permission during all stages. You cannot ask too many times.

InfoSheets

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

Contraception and Safer Sex

• Safer sex • Condoms • The pill • The mini-pill • Emergency pill • The vaginal/Nuvaring • The contraceptive injection	• Implanon • IUD • Dams • Abstinence • Other options • What if I'm pregnant?
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Contraception

Contraception is the use of techniques to prevent pregnancy, but some contraceptives can be used for other reasons as well such as to help with acne (pimples) or to regulate periods.

There are many types of contraceptives available each with their own benefits and side effects and it is important that you choose the one which is right for you.

Some you can purchase at supermarkets and chemists such as condoms (both male and female) which are a barrier method of contraception that stops the semen from entering the vagina and uterus and is the only contraception which protects against pregnancy and STIs. Others you need to visit a doctor or health care provider for a script including the Pill, Implanon, Vaginal Ring and Contraceptive Injection which are all hormone based contraceptives: that prevent ovulation (the release of an egg).

The following pages provide information on the range of different contraceptives available. Also see Activity: 'Contraception Methods and Myths' to use with young people on pages 116 - 117.

It is your choice to use contraceptives or not, but if you do choose to have sex and to use no form of contraception, you are at risk of pregnancy.

What is safer sex?

Safer sex is caring about your own health and your partner's by using condoms and you can also use water based lubricant. Most sexual activities carry a level of risk with them, however there are ways of reducing the risks of transmission of STIs. The most common way STIs are passed on is through vaginal or anal sex without a condom. For more information of STIs and BBVs see pages 97 - 112.

Also see the Resources Section at the back of this kit (pages 193 - 232) for more information, resources and organisations which relate to Contraception.

InfoSheet

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

Which sexual practices are safe?

Because there are lots of ways that STIs can be caught, different sexual activities are safe for some STIs but not others.

SAFE:

- Vaginal or anal intercourse using a condom and lube
- Oral sex using a condom or dam
- Using sex toys with a new condom for each partner
- Body rubbing (with non genital-to-genital contact) or through clothes
- Mutual masturbation
- Kissing your partner's nipples
- Kissing, hugging or tickling your partner

UNSAFE:

- Unprotected vaginal or anal intercourse (including pulling out). Pulling out before cuming is UNSAFE as fluid leaks from the penis during sex. This fluid can pass on STIs and also cause pregnancy.
- Anal intercourse with a condom but without lubricant - the condom is more likely to break
- Using oil-based lubricant with condoms - oil-based lube and things like moisturiser, cooking oil or vaseline can cause the condom to corrode and break
- Oral sex without a condom or dam and with cuts or sores in the mouth (the cuts might be too small to notice!)
- Sharing sex toys without using a condom or not changing the condom between partners
- Body rubbing (genital-to genital)

Having sex without actually touching someone else is also safe - you can masturbate with someone, or have phone or internet sex without catching an STI. There are lots of ways of making sex safe and fun - use your imagination!

Anything else I should know?

Some STIs such as herpes, genital warts and syphilis can be transmitted by skin-to-skin contact or if the condom doesn't fully cover an infected area, like at the base of the penis. While research shows HIV transmission can occur through oral sex, it is uncommon. The risk is increased if there are cuts in the mouth (for example, from flossing or gum disease) and if semen gets in the mouth. (see pages 97 - 112 for more information on STIs and HIV).

The following InfoSheets outline the main contraceptive and safe sex options for young people. Only condoms provide protection against transmission of most STIs and pregnancy. All other forms of contraception do not provide any protection against STI or HIV transmission.

InfoSheet

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

Condoms

What are condoms?

Condoms are a thin latex sheath worn over a man's erect penis or a sex toy. There are now polyurethane condoms available which are finer and stronger (but more expensive) - these are good for people with latex allergies.

How do they work?

Condoms collect semen, and form a barrier between two people having vaginal, anal or oral sex. They prevent unplanned pregnancy and transmission of most STIs. You can also use them on shared sex toys, to stop transmission of bodily fluids onto the toy (but you still have to change the condom for each person).



How effective are they?

If they're used properly, condoms will work to protect you from STIs 90-95% of the time and 82-98% of the time for a method of contraception. They can also be used with water based-lubricant (lube).

How do I use them?

1. Check the use by date and throw away condoms that have expired, been very hot, carried around in your wallet, or washed.
2. Make sure the penis is erect (hard) before you put a condom on it.
3. Tear open the package carefully, so you don't rip the condom. Do not use your teeth.
4. If the penis is uncut (uncircumcised), pull the foreskin back first.
5. Make sure the condom is right side out. First check which direction it is unrolling, then put it on - it should unroll easily down the penis. If you start off wrong, get a new condom.
6. Squeeze the tip of the condom between your fingers before and as you roll it down. This keeps out air bubbles, which can cause the condom to break and it also leaves a space at the end for the semen (cum).
7. Roll the condom down as far as it will go. It should reach the base of the penis near the balls.
8. Put lots of lube on the outside - especially for anal intercourse. This helps make it feel good for everyone, but also dry condoms break more easily. Don't use oil-based lubricant like hand cream, Vaseline or cooking oil - they make the latex weaker and the condom can break.
9. If you think the condom has broken or come off during sex pull out immediately and replace the condom.

InfoSheet

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

Condoms

10. When you pull out hold the condom near your balls so it doesn't slip off. Try to pull out while you're still hard. Take the condom off only after you are completely out of your partner.
11. Tie a knot at the opening of the condom and throw away (in the bin, not the toilet).

If the condom broke or slipped off during sex, you should consider the following:

- Emergency contraception (see page 131).
- Post Exposure Prophylaxis (PEP) which is taken if possible exposure to HIV has happened (see page 101).
- Having a Sexual Health check up.

Where can I get them?

You can get them for free from Aboriginal Medical Services and youth health centres, as well as sexual health centres and Community Health Centres. You can also get condoms and lubricant from chemists, supermarkets, convenience stores, petrol stations and vending machines in pub, bar and club toilets.

Anything else I should know?

Be prepared, remember to always carry condoms with you in your wallet, handbag or pocket, then you will have them when you need them. Make sure you regularly check the expiry dates and make sure they are in good condition before you use them.

- Practice putting a condom on yourself or on a banana so that you know what to do.
- Use a condom only once.
- Never use the same condom for vaginal and anal intercourse.
- Never use a condom that has been in, or used by someone else.
- Never ejaculate (cum) more than once in the same condom.
- Condoms should be kept in a cool dry place out of direct sunlight.



InfoSheet

Sex, Pregnancy and Keeping Safe Safer Sex (STI & Pregnancy Prevention)

The Pill

What is the pill?

The combined pill, usually called simply 'the Pill', is a contraceptive for women. It is made up of two hormones, oestrogen and progestogen.

How does it work?

The Pill stops a woman's ovaries from releasing an egg each month. If an egg is not released you can't get pregnant. The Pill is 99.7% effective if taken perfectly but most people do not take it perfectly as they can miss pill etc. In this case it is 91% effective.

How effective is it?

The pill is extremely effective at preventing pregnancy when used correctly. It does not prevent transmission of any STIs or HIV.

How do I use it?

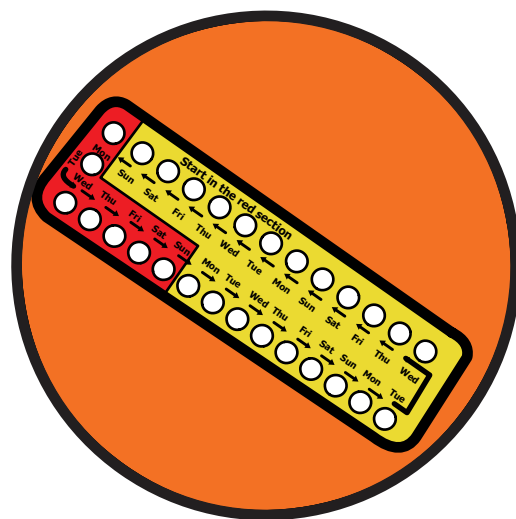
You must see your doctor, or health service provider to get a prescription for the Pill, and to make sure it is a suitable contraception for you. You may need to use another form of contraception for a short while until it starts working. You should take the Pill at the same time each day. If you are more than 24 hours late taking the pill, talk to your health care provider as you may not be protected against pregnancy. The Pill may not work if you have diarrhoea or vomiting, or are taking some other medication. Again check with your doctor or health care provider.

Where can I get it?

You must see your health care provider to obtain a prescription for the Pill. You might be able to get free samples from them. Prices vary depending on the pill but it will be cheaper with a Health Care Card. Also ask your pharmacist if there is a listed generic brand available.

Anything else I should know?

The pill is not recommended for women who are over 35 and smoke more than 15 cigarettes a day, or with certain health conditions. Check with your health service provider to make sure it is right for you. It is not a good contraception if you have trouble remembering to take a pill at the same time every day. It may cause some side effects such as breast tenderness, feeling sick, headaches or bleeding between periods, but it may also help Premenstrual Syndrome (PMS), painful periods and acne. If you notice any side-effects, talk to your doctor or health service provider immediately. You can get pregnant immediately after stopping taking the Pill. If the pill is not right for you there are lots of other contraception options available.



InfoSheet

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

The Mini-Pill (Progestogen only Pill)

What is the mini-pill?

The mini-pill is a contraceptive for women. Different to the standard pill it contains a very small amount of only one hormone, progestogen. It is sometimes called the progestogen-only pill.

How does it work?

It works mainly by making the mucus at the entrance to the uterus (womb) thicker, so that sperm cannot get through to meet an egg (ovum). It also works by changing the lining of the uterus, and in some women it stops the release of an egg each month.



How effective is it?

The mini-pill has to be taken at the same time each day for it to work. When it is taken perfectly it works 99% of the time, if it is not taken perfectly and some pills are missed it can be 91% effective. It is also useful for women who cannot take oestrogen. It does not stop the transmission of STIs or HIV.

How do I use it?

You must see your health care provider to get a prescription for the mini-pill, and to make sure it is a suitable contraception for you. You may need to use another form of contraception for a short while until it becomes effective in your body. You should take the mini-pill at the same time each day. If you are more than 3 hours late taking the pill, talk to your health care provider as you may not be protected against pregnancy. The mini-pill may not work if you have diarrhoea or vomiting, or are taking some other medications. Check with your doctor or health care provider.

Where can I get it?

You must see your health care provider to obtain a prescription for the mini-pill. You might be able to get free samples from them. Prices will vary depending on the brand and it will be cheaper with a Health Care Card. Also ask your pharmacist if there is a listed generic brand available.

Anything else I should know?

The mini-pill is not recommended for women with certain health conditions. Check with your health service provider to make sure you are able to take it.

It is not a good contraception if you have trouble remembering to take a pill at the same time every day. You can get pregnant immediately after stopping taking the mini-pill. If the mini-pill is not right for you there are lots of other contraception options available.

InfoSheet

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

Emergency Contraception

What is Emergency Contraception (EC)

EC, which is also known as the 'morning after pill', is used to prevent pregnancy after having sex without a condom or other contraception, if the condom breaks or if you are on the pill but have missed taking it.

How does it work?

EC provides a dose of the hormone progestogen and it stops or slows down the release of an egg from the ovary. It is best to take EC as soon as possible but can be taken up to five days after sex. EC is only supposed to be used in emergencies and not as an ongoing form of contraception.



How effective is it?

It is best to take EC as soon as you can. It works best when it is taken within 24 hours (1 day) hours of having sex, but it still works well within 96 hours (four days). The longer you leave it the less effective it will be. If taken within 3 days it is 85% successful. EC does not cover you against STIs or HIV.

How do I use it?

EC is a single dose of one or two pills taken orally (swallowing). You will still need to use condoms or other contraception after you have taken EC.

Where can I get it?

You can go to the doctor and they can write you a script for EC, but you can buy it over the counter from most pharmacies or get them from the Emergency Department without needing a script.

Anything else I should know?

Progestogen only EC is safe to use when breastfeeding. Some medications can make it less effective, so if you are on medication you should check with a health care provider or pharmacist before taking EC.

After taking EC you may want to have an STI check and pregnancy test if your period is more than a week late.

InfoSheet

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

The Vaginal Ring (The Nuvaring)

What is The Vaginal/Nuvaring Ring?

The vaginal ring is a small bendy plastic ring which you insert into your vagina and is used to prevent pregnancy and lasts three weeks.

How does it work?

The vaginal ring contains two hormones (the same ones found in the standard pill – progestogen and oestrogen) which stops eggs being released from your ovaries and thickens your cervical mucus which helps stop sperm from reaching the egg.

How effective is it?

If used correctly the vaginal ring is 99% effective when used perfectly. If it is not used perfectly it is 91% effective. For it to be effective, it is important that the ring is re-inserted at the correct time. This is a good option for people who might forget to take the pill every day. The ring does not protect you from STIs or HIV.

How do I use it?

You insert the ring into your vagina. It stays in place for three weeks and then is taken out for one week (for your period). You then re-insert a new ring on the same day as the ring was inserted last time (even if you are still on your period).

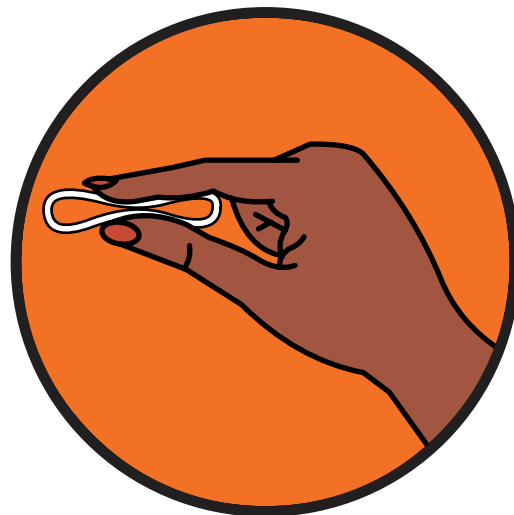
Where can I get it?

You need a script from your health care provider for the vaginal ring, but you can buy it from the pharmacy and insert it yourself. Your health care provider will tell you the best time to first use the ring. It is more expensive than the standard pill and some other forms of contraception.

Anything else I should know?

If the ring comes out, rinse in cool to warm water (not hot) and re-insert it. You can get pregnant straight away if a new ring is not inserted when it should be. If you are not comfortable with inserting the ring, it may not be the best option for you. You can skip your period if you take out the ring and re-insert another ring straight away.

If you have a ring, but you don't intend on using it for more than 3-4 months, it needs to be stored in the fridge, which could be an issue if you are living with someone who you don't want to know you are using it. If the vaginal ring is not right for you there are lots of other contraception options available.



InfoSheet

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

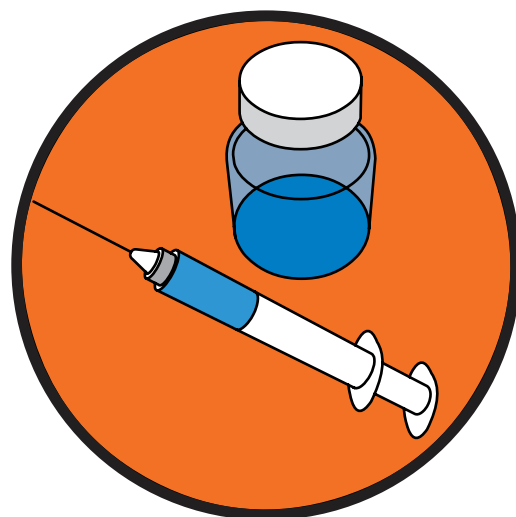
The Contraceptive Injection

What is the contraceptive injection?

Depot Medroxy Progesterone Acetate (DMPA) is a contraceptive for women. It is a chemical that is similar to the hormone called progesterone which is produced in your body by your ovaries. Its trade names in Australia are Depo-Provera and DepoRalovera.

How does it work?

DMPA stops the release of an egg from your ovaries. If an egg is not released, you can't get pregnant. Each injection of DMPA protects you from pregnancy for 10-14 weeks (approx. 3 months).



How effective is it?

DMPA is a very effective contraceptive and is 99.8% effective if used perfectly, if it is not used perfectly, for example: you are late for your injection it can be less effective 94%. If 1,000 women used it for a year, only one or two may fall pregnant. There are fewer accidental pregnancies with DMPA than with contraceptive pills because you only have to remember to have the injection every 10-14 weeks. It doesn't prevent transmission of STIs or HIV.

How do I use it?

DMPA is given as a small injection into the buttock (the muscle on your bottom), or sometimes into the muscle of the upper arm. The first injection is usually given during the first five days of your period. This is to make sure you're not already pregnant. When the injection is given during the first five days, it prevents you from getting pregnant straight away.

Where can I get it?

You must see your doctor or health provider to get DMPA and it will be cheaper with a Health Care Card.

Anything else I should know?

DMPA usually affects the menstrual cycle. Your periods might become irregular (not happen every month) and can sometimes last longer. Heavy bleeding is not very common. You could have ongoing light bleeding for some weeks or find that your periods stop altogether. If you are concerned about these symptoms, talk to your doctor or health care provider. It can be good option if you have difficulty using other forms of contraception, and you are certain you do not want to get pregnant in within the next 3 months. It can sometimes take some months to be able to get pregnant once you stop having the injection. If DMPA is not right for you there are lots of other contraception options available.

InfoSheet

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

Implanon

What is Implanon?

Implanon is a contraceptive for women. It is a small plastic rod containing the hormone progestogen which is inserted just underneath the skin of the upper inner arm and provides protection against pregnancy for the three years it is in place.

How does it work?

It works by stopping you from ovulating (release of the egg from the ovary) . It also makes the cervical mucus at the entrance to the uterus thicker so sperm have difficulty getting through.

How effective is it?

It is very effective and has a 99.9% success rate at preventing pregnancy. It does not prevent transmission of STIs or HIV.

How do I use it?

Implanon is inserted by a health service provider just under the skin of your upper arm (using local anaesthetic). You might have some bruising and a little pain in the area for up to a week. You need to go to a health service provider to have it taken out.

Where can I get it?

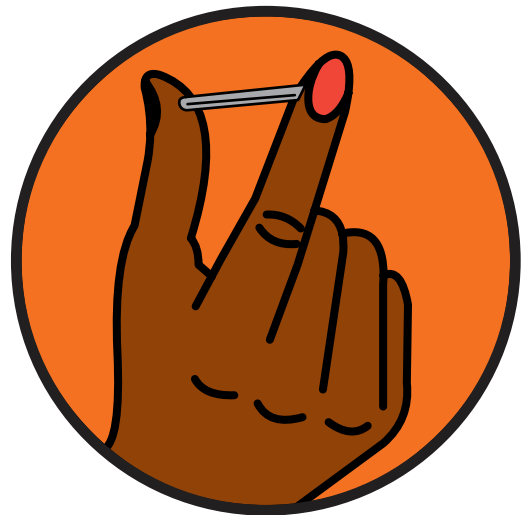
You must see your doctor or go to a health clinic to get Implanon. It is cheaper with a Health Care Card.

Anything else I should know?

The contraceptive effect wears off very quickly when the Implanon is removed with most women returning to a normal menstrual cycle within a month.

You can have another Implanon put in straight after the other one is removed.

If Implanon is not right for you there are lots of other contraception options available.



InfoSheet

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

IUD

What is IUD?

The Intrauterine Device (IUD) which can either be hormonal or copper is a small plastic device which is inserted into the uterus (through the vagina) by a doctor or health care provider to prevent pregnancy.

How does it work?

It thickens the mucus at the entrance to the womb (cervix) to stop sperm moving into the uterus. It also thins the lining of the uterus to stop a fertilised egg from implanting and it can sometimes stop an egg from being released from the ovary.

How effective is it?

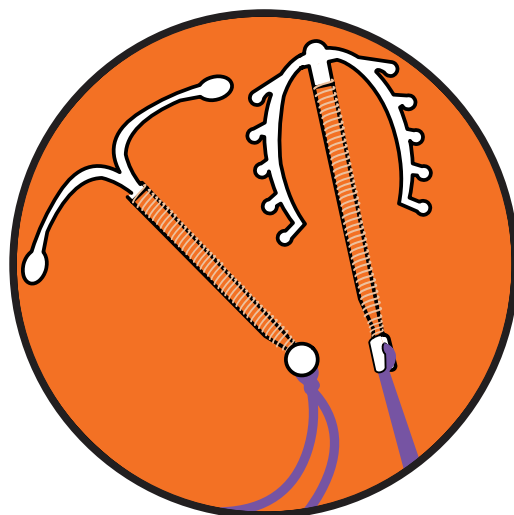
It is very long lasting and 99% effective, once inserted (which is usually done when you are awake and without anaesthetic) and it can work for up to ten years. IUDs stop working as soon as they are removed and they do not protect you from STI's or HIV.

Anything else I should know?

This is good for people who forget to take the Pill every day.

There is a small risk of infection when inserting IUDs which could lead to an increased risk of infertility, but this is not very likely.

It is safe to use when breast feeding or if you can not take oestrogen.



InfoSheet

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

D a m s

What are dams?

Dams are small, thin, square pieces of latex that are used for oral-vaginal or oral-anal sex. They get their name from their use in dental procedures.

How do they work?

Dams help to reduce the transmission of STIs during oral sex on the vagina or anus by acting as a barrier to vaginal and anal secretions that contain bacteria and viruses. They come in a variety of sizes and flavours.

How effective are they?

Because dams act as a barrier to bodily fluids, they help reduce STI transmission. Many STIs, such as herpes, genital warts and HIV, can be transmitted through oral sex. Like condoms, dams must be used correctly and consistently in order to be effective. They do not prevent pregnancy!

How do I use them?

Although it may seem a little awkward to use them at first, dams are extremely easy to use.

- Before using the dam you should rinse off any powder and check it to make sure there are no holes by holding it up to a light. Then hold it against your partner's vagina or anus so that it covers it completely. You can use lube on the vagina or anus before using the dam, which can help make it feel good. (Just make sure the lubricant is a water-based lube because oil-based lubricant like cooking oil, moisturiser, or Vaseline can break down the latex and cause holes in the dam).
- The dam should **ONLY** be used on one side. Don't flip the dam over for another round because you just come into contact with the stuff you're trying to avoid then.
- Don't re-use a dam on another body part (like from anus to vagina or the other way) because you can transfer germs from one body area to another on the same person.
- Do not re-use a dam - they can only be used once.

Where can I get them?

Your local Aboriginal Medical Service, some chemists, Family Planning New South Wales, Youth Health Centres or Sexual Health Centres. They are usually free from health centres. You can also cut a condom lengthways and use it as a dam.

Anything else I should know?

Like condoms, dams should be stored in a cool dry place and not exposed to direct sunlight. They also perish after a time, however they do not always have a use by date on the packet. You can check for any perishing by holding it up to a strong light and looking for any thin places or holes.



InfoSheet

Sex, Pregnancy and Keeping Safe
Safer Sex (STI & Pregnancy Prevention)

Abstinence

What is abstinence?

Abstinence can mean many things from not participating in sexual intercourse, or other sexual activity, to not having sex at all (including masturbation).

How does it work?

People who practise abstinence, do not have physical sexual contact with other people. You may still masturbate, or engage in non-contact sexual behaviour such as phone sex or internet sex.

How effective is it?

Not having sexual contact with other people is 100% effective at preventing STIs and HIV transmission and pregnancy.

Anything else I should know?

Abstinence can mean many different things to different people. It is important to remember that under the influence of drugs or alcohol a decision to be abstinent may change, risking unsafe sexual behaviour. If you have decided to be abstinent, it's still important for you to know about safe sex, as you might change your mind in the future. You can also use this information to help friends who aren't abstinent.



InfoSheet

Sex, Pregnancy and Keeping Safe Safer Sex (STI & Pregnancy Prevention)

Other Contraceptives

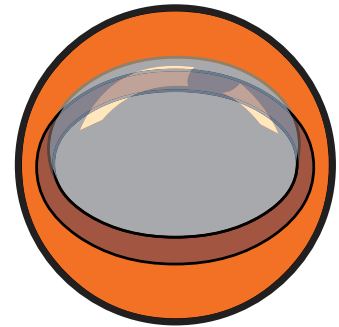
Listed below are other contraceptive options available. You should contact your local Aboriginal Medical Service, doctor, health service or the Family Planning NSW Talkline 1300 658 886 if you would like more information.

Female Condom

The female condom is a barrier method of contraception and works just like the male condoms except they are not worn on the outside, girls insert them into the vagina themselves. They have two rings, the ring on the closed end is inserted in the vagina and the open ring remains outside of the vagina. They are great if your partner doesn't like wearing male condoms or if allergic reactions occur with latex. Female condoms keep sperm inside the condom and out of the vagina and if used properly, they protect against most STIs, HIV and pregnancy. They are available at some Family Planning centres and via the internet.

Diaphragm

Diaphragms are a barrier method of contraception which are placed into the vagina to cover the cervix before sex. They need to be left in place for 6 hours after sex. They require planning ahead for sex and do not provide protection against STIs.

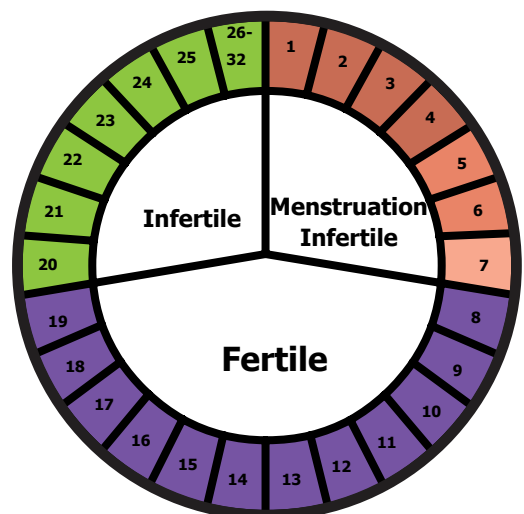


Sterilisation

Tubal ligation and vasectomy are permanent methods of sterilisation for women and men. They are very effective at preventing pregnancy, but do not prevent STIs. Because they are permanent options, tubal ligation and vasectomy are unlikely to be suitable for young people.

Rhythm Method

The Rhythm Method is where a woman calculates her fertile days based on when she ovulates, and abstains from sexual intercourse or uses another contraceptive at this time. This can be made more accurate by measuring her temperature and daily changes in cervical mucus (the Billings Method). This method is not usually as effective as other methods of contraception.



**For further information contact
Family Planning NSW Talkline
on 1300 658 886 (9-5:30 Mon-Fri),**

or NSW Sexual Health Info Link on 1800 451 624

or your local Aboriginal Medical Service, youth or sexual health clinic.

InfoSheet

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

Pregnancy

What if I'm pregnant?

Most women will find out they are pregnant after their period is more than a week late. Other signs of pregnancy can be feeling sick (nausea) or vomiting, having sore or larger breasts and feeling dizzy or tired, but not all women who are pregnant have these signs. The length of time a woman is pregnant is measured from the first day of her last period. Sometimes you can have what looks like a period when you're pregnant, so it's important to see a doctor if you have any other symptoms of pregnancy.

If you think you are pregnant you should have a urine test to confirm the pregnancy. The test can be done by a doctor, at an Aboriginal Medical Service, a youth health clinic, sexual health clinic, at a Family Planning clinic or you can buy a home test from the chemist or supermarket. The sooner you find out for sure the more time you have to think about your options.

If you are pregnant, there are three options for you to consider:

- Continue the pregnancy
- Continue the pregnancy and foster or adopt out the child
- Termination of pregnancy (abortion)

The earlier you find out if you are pregnant, the more time you have to consider your options.

How will I make a decision?

Many women will feel shocked and confused, other women may feel happy about the pregnancy. Most women will go through a range of emotions when working out what they want to do.

You might consider the following questions:

Your relationships

- Do you have support from family or partner to raise a child?
- Do you think you will be able to work things out through the tough times?
- Am I/Are we ready for a long term committed relationship? What will happen to the child if we separate in the future?

Your responsibilities

- Is it the right time for me/us to have a baby given other plans and responsibilities?
- Am I/are we able to afford a baby?
- What does being a parent mean to you?

InfoSheet

Sex, Pregnancy and Keeping Safe *Safer Sex (STI & Pregnancy Prevention)*

Future plans

- How will this decision affect your plans for study, work or travel?
- Where do you see yourself in one, two and five years time?

It may be useful to talk to a youth worker or health worker, or your doctor. You might decide to talk to a friend or relative you know will support you no matter what you decide to do. You can also call:

Family Planning NSW Talkline 1300 658 886

Kids Helpline 1800 55 1800

or visit the Children by Choice website <http://www.childrenbychoice.org.au/>

Anything else I Should know?

If you are considering terminating the pregnancy (having an abortion) it is important to remember that the safest time is 7-12 weeks after your last period.

Abortion is legal in Australia under certain circumstances and when performed by a doctor, although each state has different rules.

Also see the Resources Section of this kit (pages 193 - 232) for more information and services





Coming To A Decision

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- Values and Decisions 152
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- I Can Say No! 159

What's Drugs got to do with it?

- Are You Thinking What I'm Thinking?..... 168
 - Drugs, Alcohol and Sex (Information Sheet) 171
- Sex, Drugs and Your Choices 175



Coming To A Decision

Introduction

One of the key changes that occurs in adolescence is an increased ability to identify and weigh up differing points of view before making a decision. This skill does not necessarily come naturally, but it can be learned and then improved through practice.

This section contains activities which are fun and create situations requiring decisions with serious implications, and a sexual decision making guide. These exercises help young people explore how personal values and behaviour, peer pressure, and the information we have all influence our decision making. They also help us to understand that people have different values and opinions that should be respected.

Most importantly, these activities aim to demonstrate that things don't just happen. There are choices, although different life pressures may make choosing difficult. In those situations, there are tools that can help in the decision making process.

Important: Review the Introduction section of this kit (pages 6 - 25) and pay close attention to the preparation section of each activity.



Activity

Coming To A Decision Sexual And Other Important Decisions

What's Most Important?

Suggested Time: 30 mins

Aim: To become aware of your own values, how they impact on your decisions and to acknowledge everyone has different values which should be respected.

Key Message: We all value things differently, and difficulties can arise when the level of importance we place on a value conflicts with that of another person. It is important to respect other people's opinions, even if you don't agree with them!

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- Print and cut up "What's Most Important?" Scenarios and add your own to the blank cards if you like (pages 145 - 149).
- Print and cut up "Importance Rating" Cards (page 150).
- Print "What Are Values?" Notes (pages 151).
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Butchers paper, markers, bluetac

Steps:

- 1.** Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see 'Group Agreement' page 23 for more information). Also consider sending a questions box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (secretly) (See 'Opportunity for Anonymous Questions to be Asked Safely', pages 24 - 25).
- 2.** Ask participants what values are. Refer to the "What are Values?" Notes (page 151). Discuss why values are important.
- 3.** Spread the three "Importance Rating" Cards face up onto desk or floor. (page 150).

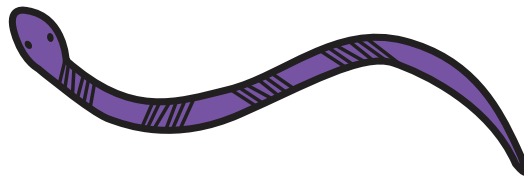
Coming To A Decision

Sexual And Other Important Decisions

4. Explain to young person that they will select a number of scenarios each. Ask them to think about their own values and place their selected Scenario Card on the Importance Rating Card which fits for them.
5. Next, they review the scenarios within each importance rating group. Read them out and ask why they have been placed in that group. Stimulate discussions. Prioritise the scenarios with the most important value to them at the top and the least important at the bottom.

This can be difficult. Encourage them to persist!

6. Follow with the following discussion points:
 - Out of all the values what were your top three and why?
 - Was it easier to choose the things they value the MOST or the LEAST? Why?
 - Would your parents/Elders have ranked them the same?
 - Were there items on the list that you never really thought of before? If so, which ones?
 - Where do we get our values from? Do they change throughout our lives?
 - Have your values ever caused disagreements between you and the people important to you?
 - Why do people do things that go against their values?
7. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
8. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



Activity Sheet

Coming To A Decision
Sexual And Other Important Decisions
(For Workers) "What's Most Important" Scenarios



Activity Sheet

Coming To A Decision
Sexual And Other Important Decisions

(For Workers) "What's Most Important" Scenarios



Respecting My
Culture/Religion



Staying out of
trouble



Being
independent and
making it on my
own



Getting along
with my family



Having a
romantic
relationship

Activity Sheet

Coming To A Decision
Sexual And Other Important Decisions
(For Workers) "What's Most Important" Scenarios



Having children
only when my
partner
and I are ready



Having
somewhere
permanent to
live



Playing sport



Being good
looking



Being there for
my friends

Activity Sheet

Coming To A Decision
Sexual And Other Important Decisions

(For Workers) "What's Most Important" Scenarios



Activity Sheet

(For Workers) "What's Most Important" Scenarios

Coming To A Decision

Sexual And Other Important Decisions



Activity Sheet

Coming To A Decision
Sexual And Other Important Decisions

(For Workers)

"Importance Rating" Cards

**MOST
IMPORTANT**

**2ND
MOST IMPORTANT**

**3RD
MOST IMPORTANT**

Notes

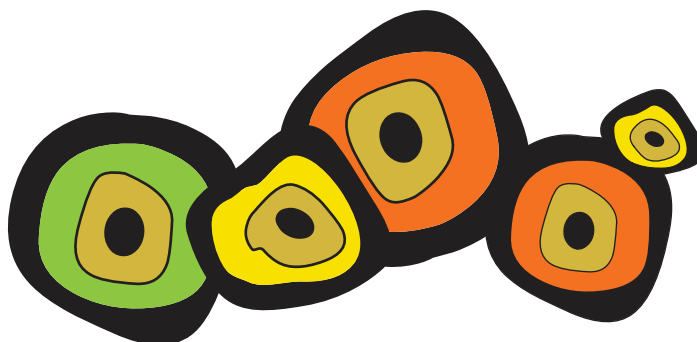
Coming To A Decision

Sexual And Other Important Decisions

(For Worker and Relevant for Participants)

What Are Values?

- A value is what we believe in – it's about what we are for and what we are against.
- Values are strongly held ideas or opinions we hold about important aspects of life.
- Values give us direction when we make decisions, set goals and take action.
- Each person's value system is unique, and contributes to their sense of self.
- Values vary according to our age, race, sex, culture, income, education, life experiences and much more.
- The process of acquiring values does not stop. Values evolve and change throughout our lives as our circumstances and experiences change.
- Values are so much part of us that we are often not aware of their influence. As a result they may influence our decisions and attitudes without us being aware of their impact.



Activity

Coming To A Decision Sexual And Other Important Decisions

Values and Decisions

Suggested Time: 30 mins

Aim: To practice looking at how our values impact on our decision making in personal situations.

Key Message: Decisions are difficult when there is a conflict with your own or other peoples' values.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- Print 'What are Values?' Notes (page 151).
- Print 'Tyrone and Nola's Scenarios' Activity Sheet (page 154).
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Butchers Paper/whiteboard & markers

Steps:

- 1.** Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see 'Group Agreement' page 23 for more information). Also consider sending a questions box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (secretly) (See 'Opportunity for Anonymous Questions to be Asked Safely', pages 24 - 25).
- 2.** Ask young person about difficult decisions or situations young people in general have had in their lives. Point out:
 - These situations can be difficult as all people value things differently.
 - Being clear about our own values can help guide us in these situations.
- 3.** Brainstorm and explore briefly what values are, using the 'What are Values' Notes (page 151).

Coming To A Decision *Sexual And Other Important Decisions*

4. Read through one of the 'Values and Decisions' scenarios, and ask young people what advice they would give to the person in the example and then move onto the next scenario and repeat.
5. Explore the values contributing to their advice by using some of the following questions:
 - What are the main things that both Tyrone and Nola have to think about? (Money for rent, upsetting family, career etc).
 - What kind of things did you think about when you were trying to advise the young people in these examples?
 - What values does this reflect?
 - What problems do young people face in their everyday lives? (eg. other people's expectations).
 - Are there values that have a particularly strong influence on our decisions? What are they?
 - What is one difficult decision you would not want to face in life? What makes that situation particularly difficult for you?

***Sometimes what we want to do, or other people want us to do
is different from our values.***

6. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
7. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



Activity Sheet

Coming To A Decision
Sexual And Other Important Decisions

(For Workers)

"Values and Decisions" Scenarios

Tyrone's Story

Tyrone rents a place with his two older cousins but really wants to rent a place of his own. He works part time at the local takeaway shop. On Friday night his mates tell him they're all going camping for the weekend to have a have a piss-up. They tell Tyrone "everyone's coming, it's going to be huge!" Tyrone knows he's on shift the next day, and that Saturdays are the busiest days at the shop. Tyrone's boss is going to be very angry if he gives late notice that he can't come to work or goes to work hungover. Last time Tyrone did something like this, he didn't get any shifts for two weeks. He is worried, but he doesn't want to miss out on this weekend away.

How would you help Tyrone to choose between Option A (going camping) or Option B (going to work)?

Nola's Story

Nola is 16 and she goes to the local high school. She really wants to finish school so she can go to TAFE and become a Health Worker, but sometimes she finds it hard to concentrate. She has also been in trouble because she has not been doing her homework and because she was caught skipping school. Her friends have decided they are going to skip school this Friday and hang out by the river all day. The guy she really likes is going as well and has said he'd really like it if she came too. But Nola has to hand in an assignment on Friday and if she gets caught skipping school again the principal has said she will be suspended. Her Grandmother will be really angry with her and won't let her hang with her friends for months. She really doesn't want to miss out on going to the river with her friends and her friends are giving her a hard time about not coming. She knows she shouldn't go but doesn't have the confidence to say no.

How would you help Nola to choose between Option A (going to the river with friends) or Option B (going to school)?

Activity

Coming To A Decision
Sexual And Other Important Decisions

Decision Tree and Me

Suggested Time: 40 mins

Aim: To introduce a framework for making decisions and for giving information on contraception and Sexually Transmissible Infections (STIs).

Key Message: Our behaviour (sexual and otherwise) comes about through the decisions we make.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- To help present this clearly, prepare yourself by making a list of ways in which people mature differently both physically and socially, and how differing family backgrounds affect how people think about sex.
- Print out one copy of 'Decision Tree' Activity Sheet (page 158).
- See STI and Contraception InfoSheets (pages 97 - 112 & 125 - 140).
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- A4 paper (for each participant)
- Pens/textas or pencils
- Condoms (if appropriate), lube
- Examples of contraceptives (See 'How to Build a contraception Kit' page 115)

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see 'Group Agreement' page 23 for more information). Also consider sending a questions box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (secretly) (See 'Opportunity for Anonymous Questions to be Asked Safely', page pages 24 - 25).

NB: Move through this activity at an upbeat pace.

Coming To A Decision

Sexual And Other Important Decisions

- 2.** Ask young people what decisions have you made so far today (e.g. to get out of bed, what to wear, etc.)? Highlight that we make many decisions every day without realising it.

Ask:

- What decisions do people find difficult or scary?
- What decisions do we let others make for us (e.g. places to go, what homework we'll have, or what needs to be done at home or work)?

Acknowledge that decisions can be difficult and scary, especially when we don't know what the outcome will be. However, they become less scary as we practice making them for ourselves.

- 3.** Explain that we are going to be focusing on decisions around sex and that there are many factors that influence our decision making around this issue. Point out the following:
- People can mature at different ages (both physically and socially).
 - Family background.
 - Religious/cultural reasons, e.g. waiting until marriage before having sex.
 - Societal expectations e.g. some cultures expect girls to marry or have a babies at a much younger age than other cultures.
 - Sexuality is a lifelong process. As we go through life we change and make new decisions. For Example, choosing not to have sex at a certain age but changing one's mind a couple years later).
- 4.** Explain that this activity aims to help people think through their options more clearly, making it easier to come to decisions which are difficult. It is called a Decision Tree, and it can be used to help with decisions of any kind, but you will be using it for sexual behaviour for this activity.
- 5.** Ask each participant to take a blank A4 sheet of paper. Start the Decision Tree by drawing a person at the top in the centre of the page and work down, asking the young person for the information required which is highlighted on the decision tree diagram. Try to get the participants to recreate the Decision Tree diagram you created.

As you work through the Decision Tree together, fill in information the young person has forgotten or was unaware, of and discuss things like celibacy (see below for definition), abstinence, STI risks, pregnancy, contraception options, peer pressure, if alcohol or drugs are involved, making positive decisions and talking with people.

- What do we call it when someone chooses not to ever become involved in a sexual relationship?
- Clarify difference between celibacy and abstinence:

Coming To A Decision

Sexual And Other Important Decisions

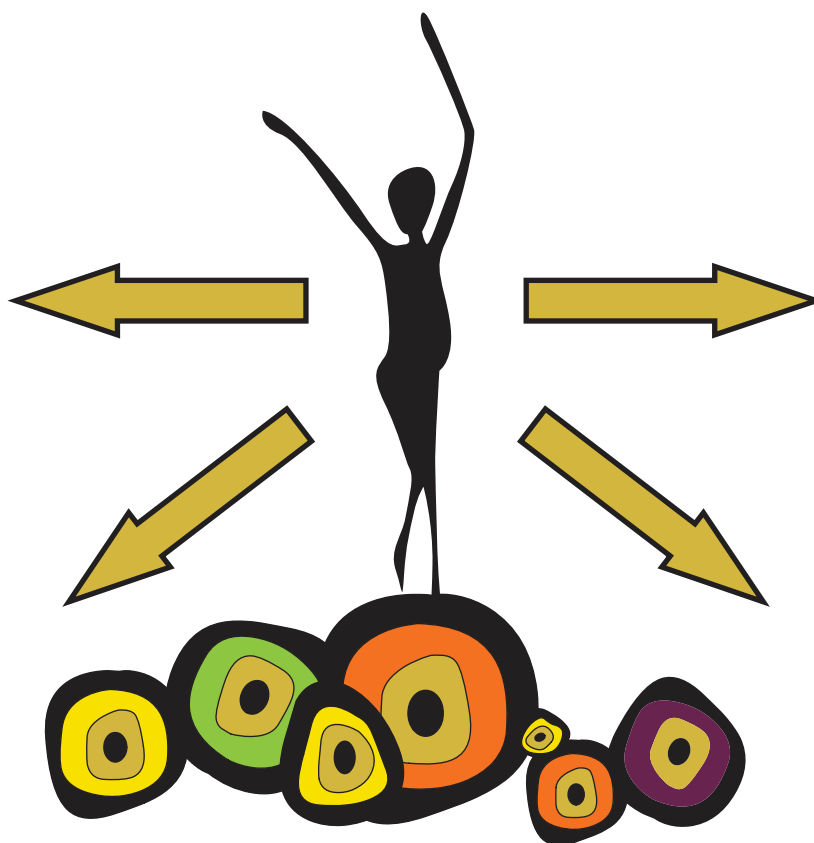
Celibacy involves a vow to not engage in sexual activity of any kind, usually related to religious devotion. Affirm that this is a valid life style and many celibate people live happy and fulfilled lives.

Ask, in what situations would people choose celibacy? (Monks, nuns, priests, other people for various spiritual or personal reasons).

Abstinence is a decision to not do something for a period of time (sexual activity, eating meat, drinking alcohol). With sexual activity, this may mean you don't have sex with others, but you still may masturbate.

NB. Use the STI and Contraception InfoSheets (pages 97 - 112 & 125 - 140) and Information from 'I Can Say No' Activity (pages 159 - 167).

6. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
7. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



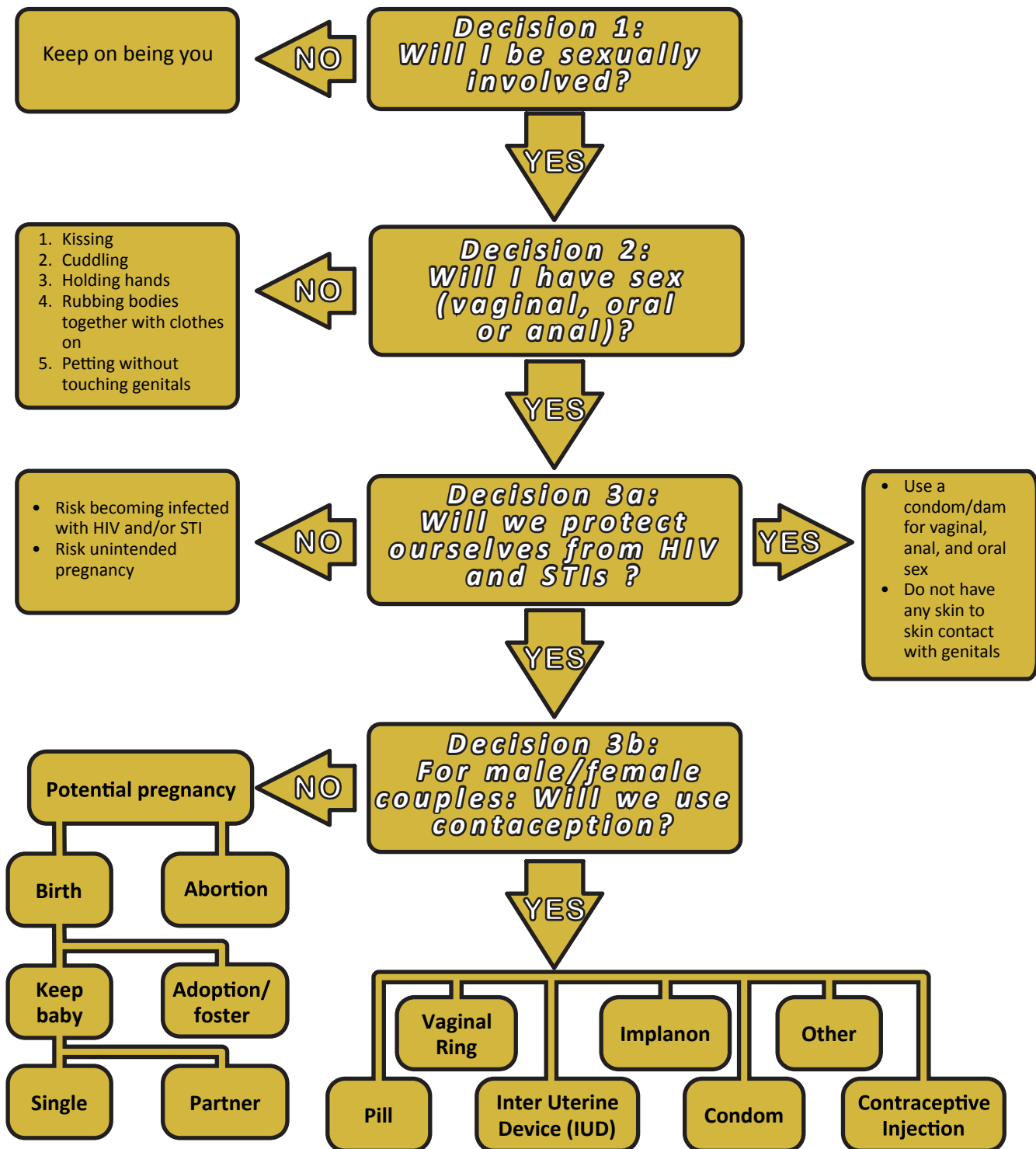
Activity Sheet

Coming To A Decision
Sexual And Other Important Decisions

(For Workers)

Decision Tree Diagram

YOU



Activity

I Can Say NO!

Coming To A Decision Sexual And Other Important Decisions

Suggested Time: 60 mins

Aim: To empower and equip young people with the skills and confidence to say 'No!' to all sexual activities if this is what they wish, and to highlight the importance of consent.

Key Message: Sometimes it can be hard to decide when it is the right time is to have sex or be involved in sexual activities. You should know that you should never feel pressured to do anything you don't want to do and that you can say "No!" or stop at any time.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- Print 'Look Who's Talking' Worksheet (page 161).
- Print 'They Say, You Say' Notes (pages 162 - 166).
- Print 'Stay Safe. What Would You Say' Worksheet (page 167).
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Pens

Steps:

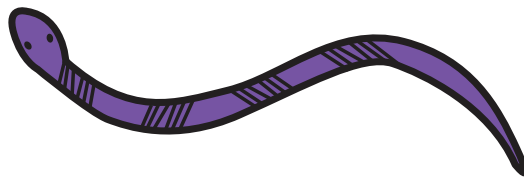
- 1.** Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see 'Group Agreement' page 23 for more information). Also consider sending a questions box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (secretly) (See 'Opportunity for Anonymous Questions to be Asked Safely', pages 24 - 25).
- 2.** Brainstorm what consent is with the group (consent is to give permission or approval for something to happen or to agree to do something). Ask the group to highlight times you might have to ask for consent. Also flag that by law consent is not able to be given if one or

Coming To A Decision

Sexual And Other Important Decisions

both people are affected by drugs or alcohol.

3. Look together at each of the quotations on “Look who’s talking” Work Sheet (page 161). Read each quote and discuss the questions at the bottom of the sheet.
4. Read through the “They say, You Say” InfoSheet (pages 162 - 166) together and discuss.
5. Look together at the possible scenarios on the “Stay safe. What Would You Say” Worksheet (page 167). Read them out and let participants come up with their own answers.
6. Ask participants if they would like to share their answers and discuss, using some of the following questions:
 - Which statements, if any, would be easier for you to say ‘Yes’ to?
 - What is different about those statements, compared to others?
 - Which statements do you think you would like to say ‘No’ to, but which you might find too difficult do so?
 - How would things need to be different in order for you to enjoy a sexual experience? (eg. feeling safe, married, older, condoms & lube, committed relationship, not ashamed of body, etc).
 - Where do boys learn about how to deal with their sexual feelings?
 - Whose needs are guys taught to focus on in their learnings about sex?
 - Whose needs are girls taught to focus on when it comes to sex?
 - Where does this practice come from?
 - Has it always been this way? Has it changed from 50 years ago?
 - What brings change about in this area?
7. Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
8. Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



WorkSheet

(For Participants)

Look Who's Talking

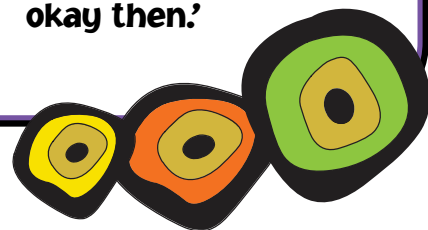
Coming To A Decision
Sexual And Other Important Decisions

'I think you have them down in about five seconds flat, then you see what happens. Wait 'til you get it in them. I mean if they, like, are really distressed and they don't want to do it or if they're, you know, maybe interested you keep going, but if they're like 'No', if they are really racked off that you're doing it, then you stop. You know you've definitely got no chance when they go "get lost, I told you to stop it".'

'When they're sliding your hand away and everything...you just keep putting it there and they get sick of pushing it away and they'll let you leave it there.'

'You know that you don't want to do it, but don't want to tell them and, like you just want to kiss and stuff but things get, you know, then you can't actually say no... They think they're going to get it, kind of thing. You feel like you've virtually told them "yeah, okay".'

'They haven't said that they don't want sex. They just kind of say, "I love you", and I think all right cool. It's not like it's really really clear... But they don't say yes or no to it, so it obviously must be okay then.'



- What are the main points from the quotes?
- Has consent been given?
- What makes it difficult for young people (and others) to say what they want?
- How can young people deal with these and similar situations? What skills are needed?
- How can young people gain these skills?
- What do you think would happen if a young person used those skills in one of these situations?

Notes

Coming To A Decision Sexual And Other Important Decisions

(For Workers and Relevant for Participants)

They Say, You Say for Activity "I Can Say No!"

It is really important that you know that you can say 'No!' to sex or any other sexual activity whenever you want. Even if you have started something you can always say to stop at any time. Remember sex without consent is rape. No one has the right to try and pressure you into doing something that you are not 100% comfortable doing. It is your body and it is your choice. You don't need to have a reason to say no, just that you don't want to is enough, but sometimes it can be hard to say no as you don't want to make anyone upset or uncomfortable. Below are some ways to help you say no.

You should be able to talk openly with your partner and they should respect your wish not to have sex. If they continue to try and pressure you, you should ask yourself if they really care about you and if this is a relationship you want to be in. There is no rush and you don't have to do things just because other people say you should. You also need to think about the consequences - do you think you are ready, will you get into trouble or make anyone else upset, you could catch an STI or get pregnant, would you regret doing it tomorrow? These consequences can impact on the rest of your life.

Possible Scenario's

They say:

"If you really loved me, you'd have sex with me."

You can say

"If you really loved me, you wouldn't keep pushing me to do things that I've said I don't want to do yet."

They say:

"Why not, everyone else is DOIN 'IT'."

You can say

"Not everyone is DOIN 'IT', people are just talking to try and impress their mates and be cool. Most people aren't DOIN 'IT' and it wouldn't matter if they were. We don't have to be like everyone else"

They say:

"If you loved me you'd want to do it."

You can say

"It's because I love you that I can be honest with you and tell you I'm not ready to yet."

Coming To A Decision
Sexual And Other Important Decisions

They say:

"I'll die if I don't have sex."

You can say

"No, you won't. Some people can live their whole lives without having sex." Or "Well, you seem to have lived just fine up until now without sex."

They say:

"Have sex with me or I'll find someone else who will."

You can say

"Well that just shows me how little you care about me."

They say:

"We don't need a condom, I don't have any diseases."

You can say

"How do I know you've been tested? And what about getting pregnant? I don't want a kid yet."

They say:

"I really love you, we don't have to worry about diseases."

You can say

"I don't want an STI or to get HIV, some diseases you can never get rid of."

They say:

"Come on we've had a great night at the party and we're both in a good mood, let's just do it."

You can say

"I want my first time with you to be special, not when we're drunk and probably won't even remember it."

They say:

"Most guys would die to sleep with me."

You can say

"Yeah they probably would and it's not like I'm saying I never want to, but I'm just saying that I'm not ready yet. You need to do what you need to do."

Coming To A Decision
Sexual And Other Important Decisions

They say:

"Let's have sex."

You can say

"I'm just not ready. But when I am ready, you'll be the first to know."

Your mates say:

"You still haven't had sex? What the hell's wrong with you."

You can say

"What's the big rush? It'll happen when it happens."

Your mates say:

"Sex is fun! Go for it!"

You can say

"A few minutes of fun is not worth 18+ years of the responsibility of a kid or catching anything."

They say:

"My friends think we should have done it by now."

You can say

"And they know what's best for us do they? You should care more about what I think than what they do." Or, "I'm not dating your friends, I'm dating you."

Your mates say:

"You don't want to get laid? You must be a wuss."

You can say

"Who says I have to do something just because everyone says I should or because they have?"

Your mates say:

"You're missing out."

You can say

"I already have pimples; I don't need herpes."

They Say, You Say

Coming To A Decision *Sexual And Other Important Decisions*

You can also let them know:

- That you'd like to think about it a bit more.
- That you are worried about them going off and telling everyone and you don't want to get a reputation.
- That you don't feel comfortable.
- That you don't feel like you know them well enough yet.
- You think sex should be with someone that you love and you're not ready to commit yet.
- You don't want to do something that you will wake up and regret.
- That you don't want to rush into things and want to get to know them better before having sex.
- You'd like to wait until you are married. If this is your choice, there is nothing wrong with this.
- You have different things you want to focus on at the moment, like school, your career, your friends or sport.

Some other tips:

- Think about what you want and how you feel regarding sex before situations where you might have pressure put on you. Be clear in yourself about what you do and don't want.
- Believe in your self - no one has the right to demand or expect sex or sex acts from you, regardless of how long you've been going out together, who paid for dinner, or what he or she wants. You always have the right to say 'no'. Don't be with someone who tries to make you do something when you are not ready.
- When you do say 'no', use a firm voice and change what you are doing so they know you are serious. Don't continue to kiss or touch as your message might be confusing.
- If you feel as though you are in an unsafe position, try to attract someone's attention, even if it seems 'uncool' to do so. The person who is making the situation unsafe has more to worry about if people take notice than you do!
- If you say 'no' and they keep trying, YELL "NO"! Push them away, be rude, create a scene and leave. You can talk about it tomorrow.
- If you feel unsafe or uncomfortable at any time, leave, say you need to go to the toilet or you feel sick and you are going to vomit and leave.

They Say, You Say

Coming To A Decision *Sexual And Other Important Decisions*

- If they say they will breakup with you, let them. Do you really want to be with someone who doesn't care how you feel?
- Alcohol and other drugs are likely to change the way you think and act and you are more likely to do things you wouldn't normally do. Remember that by law you are also not able to provide consent when you are intoxicated. If you start feeling like you have drunk too much or start feeling a bit strange, stop drinking. Drink water for a while, and ask a friend to keep an eye on you. Also keep your drink with you at all times. That way no one can spike it.
- Be open with them, if you are ok with kissing and fooling around, but you don't want to have sex, let them know. This does not make you a tease and you can say 'yes' later if your feelings change as you get to know them better.
- They are most likely going to try to persuade you, stay true to yourself and don't give in.
- Do not let anyone try to bully you into sex if you have had sex with another person, just because you have done it before doesn't mean you have to do it every time you're asked.
- Don't let anyone tell you that you need to have sex with them to show you that you love them. There are lots of non-sexual ways to show someone you care about or love them.
- Ask them how they feel about you saying no. This should not change your answer, but it lets them know that you care about how they feel.
- Practice saying 'No' in different ways so you are prepared and it doesn't catch you off guard.

Maintain your safety plan:

- Know where you are going.
- Let someone know where you are. Even if you are at a party and are going outside for a while, let one of your friends know.
- Always have independence - have your own money in case you need to get home by yourself.
- Carry a phone card or a mobile.
- If you feel unsafe and you are alone move to a more public place.

Remember: Sex is supposed to be something the both of you want to do, not what just one of you wants to do. Saying no now does not mean you are saying no forever.

WorkSheet

Coming To A Decision
Sexual And Other Important Decisions

(For Participants)

Stay Safe. What Would You Say

For each of the following statement write down an appropriate response:
I REALLY love you. We don't need to worry about diseases.

I've never liked anyone as much as you before. I'd love to have sex with you.

You really turn me on. I want to do it now.

Everyone else is DOIN 'IT'.

You're so attractive. I can't keep my hands off you.

There are names for people like you who lead people on.

I've brought some condoms with me, so you've got no excuse now.

I'm really turned on now. If we don't do it, my penis will fall off.

Activity

Coming To A Decision
What's Drugs got to do with it?

Are you Thinking What I'm Thinking?

Suggested Time: 30 mins

Aim: To illustrate different assumptions people can have about the same sexual situation, and to identify strategies which can prevent negative outcomes.

Key Message: Check out your assumptions! It is easy to assume your view is right and as a result misjudge the intentions of other people, especially when under the influence of drugs or alcohol.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- Print 'Ricky and Kailah' scenarios (page 170).
- Print 'They Say, You Say' InfoSheet (pages 162 - 166).
- Print 'Drugs, Alcohol, and Sex' Notes (pages 171 - 172).
- Print 'What You Can Do To Stay On The Same Page' Notes (pages 173 - 174).
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Butchers paper or whiteboard and markers

Steps:

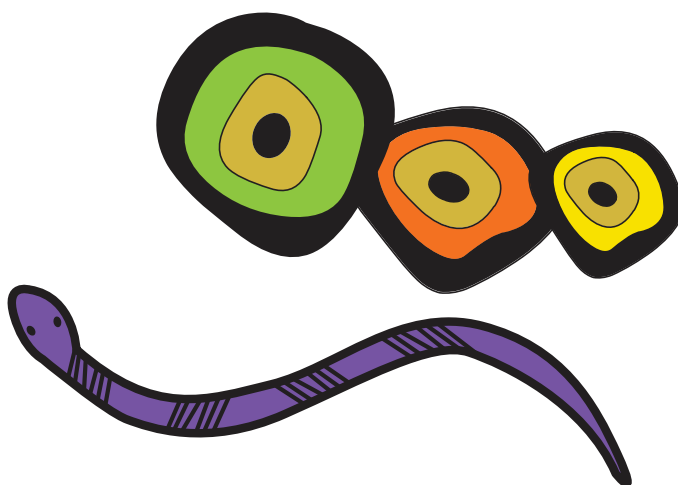
1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see 'Group Agreement' page 23 for more information). Also consider sending a questions box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (secretly) (See 'Opportunity for Anonymous Questions to be Asked Safely', pages 24 - 25).
2. Explain to young people that you have a story that is an example of how two people can have very different interpretations or feelings of the same situation in regards to sex. Brainstorm what consent is with the group (consent is to give permission or approval for something to happen or to agree to do something). Ask the group to highlight times you might have to ask

Coming To A Decision

What's Drugs got to do with it?

for consent. Also flag that by law consent is not able to be given if one or both people are affected by drugs or alcohol.

- 3.** Either read aloud both Ricky and Kailah's perspectives, or if possible, ask young people to read aloud one perspective, and you read the other part. Ask participants to think about scenarios while you go through some InfoSheets together.
- 4.** Go through relevant sections of the 'Drugs, Alcohol, and Sex' InfoSheet (pages 171 - 172), to make young person aware of the legal implications of having intercourse with someone who is drunk or drugged.
- 5.** Next, re-focus the discussion back to the scenarios and on the assumptions made by each of the characters in the story at varying points, as reflected in their statements.
- 6.** At the points in the story where Ricky or Kailah made assumptions, discuss what they could have done differently to bring about a more positive outcome.
- 7.** Go through 'They Say, You Say' Notes (pages 162 - 166) and 'Sex - What You Can Do To Stay On The Same Page' Notes (pages 173 - 174) together and discuss.
- 8.** Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.
- 9.** Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



Activity Sheet

Coming To A Decision
What's Drugs got to do with it?

(For Workers)

Are You Thinking What I'm Thinking? Scenarios

Ricky's Story

"I still don't know what happened. Kailah and I had been going out for about 2 months and we hadn't had sex yet, but I dropped heaps of hints that I was into her and I eventually expected to have sex with her. We had planned to go to a party and when she showed up in this hot short dress I thought maybe this was her way of saying she was ready. At the party we hit the grog kinda hard, which made her sort of sleepy, you know, a bit out of it, but it made her even sexier. When she said she wanted to go lie down and have me come and snuggle with her, what was I supposed to think? Of course I thought she wanted to have sex. She did grumble a little when I started to take her clothes off but I just figured she was just playing hard to get and wanted to be won over. I think lots of girls feel a bit funny about being up front about sex and want guys to take control. I don't know. We had sex and it was fine. I took her home from the party and I thought everything was OK.

But ever since then she refuses to talk to me or go out with me. I thought she really liked me. What happened?"

Kailah's Story

"I'll never forget that night as long as I live. Ricky and I had been going out for a while and he had always acted like a really nice, sweet guy. We had done our share of kissing and fooling around, but he never gave me any reason not to trust him. The night of the party I wore this really nice dress that I had borrowed from my friend. It was a little flashier than what I normally wear but I thought I looked really nice. At the party I drank too much and it made me really tired and a bit sick so I wanted to go lie down. Maybe I shouldn't have asked him to come with me, but it felt weird to just go upstairs by myself and leave Ricky on his own. The next thing I know he was all over me, forcing me to have sex with him. It was horrible. I didn't want to scream and make a fool of myself with all those other people downstairs, shame! I did try to fight him off. I guess I was just too tired and drunk to get him off me.

Needless to say, I never want to see Ricky again. He seemed like such a nice guy. What happened?"

InfoSheet

Coming To A Decision
What's Drugs got to do with it?

(For Workers and Relevant for Participants) Drugs, Alcohol, and Sex

When we are affected by drugs and alcohol it can be very hard to make the right choices, especially when it comes to sex. We can also act very different and do things that we wouldn't normally do, for example: leaving a party with a stranger. It is important that you look after yourself and understand the dangers which may come with drinking too much or taking drugs and that drink spiking can happen without you even knowing it.

Facts: Someone who is under the influence of drugs or alcohol is not able to legally provide consent even if they have said 'yes'. This means that if a person is sexually involved with someone who has taken drugs (willingly or unknowingly) it will, by law be considered as rape and they could be charged. (www.cs.nsw.gov.au/facilities/ecsas/drugs.html)

Facts: Drugs and alcohol have often been involved when people have been sexually assaulted.

Facts: Girls are most likely to report being drugged and assaulted, but it can also happen to guys. (www.cs.nsw.gov.au/facilities/ecsas/drugs.html)

Drink spiking

Drink spiking means that either drugs or alcohol has been added to a person's drink without their knowledge (drugs and alcohol can also be added to food). It can happen anywhere, not just at clubs or parties and to both guys and girls. No one's drink should ever be spiked, even if you are doing it to a friend as a 'joke'. It is never a joke. It is illegal and very dangerous.

Depending on the drug used, the drugged person may appear; drunk – unable to talk or walk properly or may have blurred vision, they can act different to what they normally would, be confused or frightened, they can hallucinate, feel sick or vomit, or they could pass out.

If you think your drink has been spiked (or your friend's) do not drink any more, make sure you stay with your friends or if you don't know anyone, call someone you can trust and go somewhere safe. Try not to let anyone you don't know try to help you. Call '000' or get a friend to take you to the emergency department and tell them you think you have been spiked. When you are released from the hospital someone should stay with you to make sure you're ok and you should also contact the police (as soon as you can, the same day if possible) so they can investigate.

To reduce the risk of your drink being spiked: never share drinks, keep your drink with you at all times, never take drinks off someone you don't know and always watch out for your friends.

InfoSheet

Coming To A Decision
What's Drugs got to do with it?

Drugs, Alcohol, and Sex

Fact: Alcohol is most commonly used to spike drinks but they can also be spiked with: Benzo's (e.g. valium, serepax, rohypnol and sleeping tablets), Hallucinogens (e.g. LSD or ecstasy), Opiates (e.g. heroin) or what is known as 'date rape drugs' (e.g. gamma-hydroxybutyrate (GBH) or gamma-butyrolactone (GBL).

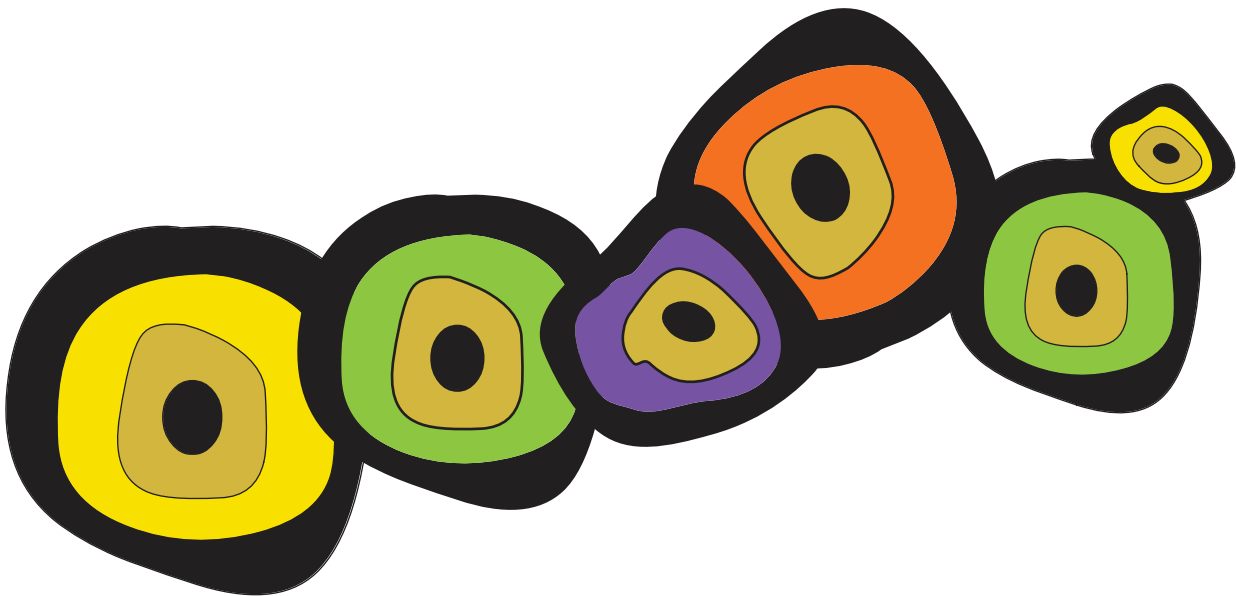
Fact: Most times you can not tell if your drink has been spiked (it may not look or taste any different) and your drink is most likely to be spiked by somebody that you know.

Fact: Even if you are not drinking alcohol you can still have your drink spiked.

Fact: People can be jailed for up to 25 years if found guilty of spiking someone's drink or food.

Fact: If a person has been spiked they may not have a good memory or be able to remember at all what happened the night before. This is why it is important to look out for and stay with your friends.

Important Fact: Even when a person decides to go out and get totally smashed, that does NOT mean they have also consented to being raped! We can choose to have sex, we can choose to take drugs, we can choose to drink, but we should always be safe.



Notes

Coming To A Decision
What's Drugs got to do with it?

(For Workers and Relevant for Participants)

Sex - What You Can Do To Stay On The Same Page

What You CAN DO!

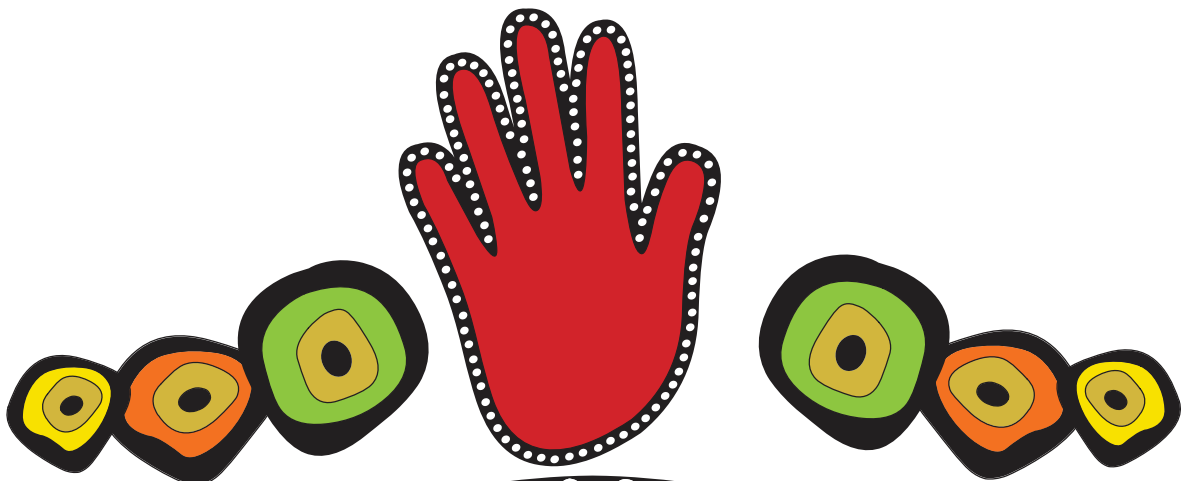
- Make sure that the sex you have with your partner or on a one night stand is always consensual (they have agreed to be involved in the sexual activity and are not intoxicated). If they are drunk or affected by drugs, legally they are not able to provide consent.
- Understand that sex without consent is rape and is treated very seriously.
- Know that silence is not consent. A person does not have to say 'No' to mean 'No'. Their body language may show you that they are not interested and that they do not like what you are doing e.g. moving your hand away to show they do not want to be touched there.
- Always take 'No' for an answer. Never try to persuade someone to do something that they do not want to or something that they are not ready to do. Just because they say 'No' now does not mean they are saying 'No' forever, it just means they are not ready yet.
- Ask your partner if they want to do what you want to do by asking them outright. A good relationship is one where you can be open with each other about your feelings and what you'd like to do. Communication is the key!
- Understand that not everyone is ready for sex at the same time. It is perfectly healthy to have sexual feelings for someone, but you must understand that others may not share your ideas about sex and you should never try and pressure someone in to doing something if they do not want to.
- Never support anyone who makes jokes or tells stories about having sex or doing a sexual activity with someone who has not given consent. This is rape and is very serious.
- Be clear about what you want, have the control over your own body and have the confidence to say 'No' if you are not ready or do not want to do something. No one has the right to pressure you into doing something that you do not want to do. (see pages 162 - 166 They say You Say for ways to say 'No').

Coming To A Decision

What's Drugs got to do with it?

What **NOT** TO DO!

- Do not pressure anyone into having sex or doing a sexual activity if they tell you they are not ready, that they don't want to or if they are showing you signs that they are uncomfortable, scared or not into what you are doing.
- For guys, realise that with most girls, your strength, size, social role or age may all be factors that can make them feel powerless against your pressure to have sex when they don't want to.
- Never guilt trip or expect sex in return for something e.g. buying dinner, going to a party with you, giving them a ride somewhere, or because you have been together for certain length of time. It doesn't matter what people do for you or how long you've been together with someone, making someone feel like they owe you sex is NEVER OK!
- Do not blackmail anyone into having sex or doing anything sexual with you by threatening to leave the relationship or find someone else who will have sex with you.
- Never take advantage of someone if they have had too much to drink or if they are affected by drugs. Someone under the influence of drugs and/or alcohol is legally not able to give consent to sex or a sexual activity even if they say the word 'yes'. If you have sex with someone who is intoxicated this is considered to be rape and is very serious.
- Don't make anyone do something that they don't want to do. Don't assume just because one thing is ok (e.g. kissing and touching) that sex or something else is ok as well. Just because you mess around with someone (if that is what you both want) doesn't mean you then have to 'go all the way' or that they were 'leading you on'.



Activity

Sex, Drugs and Your Choices

Coming To A Decision
What's Drugs got to do with it?

Suggested Time: 45 mins

Aim: To demonstrate how what we think and how we feel can sometimes conflict, especially when sex and drugs are involved.

Key Message: Drugs and alcohol interfere with our decision making skills, sometimes lead us to do things which go against our values.

Preparation:

- Review and reflect on this activity before discussing it with young people. It may assist to print the relevant InfoSheets and review the introduction section (pages 6 - 25).
- See and print 'They Say, You Say' InfoSheet (pages 162 - 166)
- See and print 'Drugs, Alcohol and Sex' InfoSheet (pages 171 - 172).
- See and print 'Sex - What You Can Do To Stay On The Same Page' InfoSheet (pages 173 - 174).
- Print and cut out 'Sex, Drugs and Your Choices' Scenarios (pages 177 - 178) and place into container for young person to pick from.
- Remember, you don't need to know all the answers! Together with young people, review the InfoSheets or do your own research.
- Search for local services which can be provided to participants after the session. A list of general resources, helplines and organisations can be found in the resource section (pages 193 - 232).

Materials:

- Relevant printouts (see preparation section)
- Container to put scenarios in

Steps:

1. Highlight to participants what will be covered during this session. It is important that activities are completed in a safe environment and it may help to draw up a Group Agreement (see 'Group Agreement' page 23 for more information). Also consider sending a questions box or envelope around to the group to provide an opportunity for participants to ask questions anonymously (secretly) (See 'Opportunity for Anonymous Questions to be Asked Safely', pages 24 - 25).
2. Explain to young person or group that our emotions and values don't always match how we act, especially in difficult situations and when sex and/or drug use is involved.

Coming To A Decision

What's Drugs got to do with it?

- 3.** Each participant will be given or will select a scenario. Ask them to imagine themselves in the situation, and to think through the three statements, "I think," "I feel" and "I do". The aim is for them to come up with an effective strategy to deal with the situation.

NB: *If any of the situations are too confronting, that card can be set aside and a new card chosen. You can also add your own cards if there are particular issues or topics you would like to raise on the blank cards provided.*

Confirm that because we think a certain way doesn't mean that is what we do, and the way we feel may be quite different from what we would normally think about a situation. Give the following example:

"I walk into a room at a party and see my friend who is obviously drunk hooking up with an older guy that I don't know"

- ***I think:*** Oops! I hope they haven't noticed me!
- ***I feel:*** Embarrassed and self-conscious.
- ***I do:*** Leave the room quickly and re-join the party.

- 4.** Ask participants (one at a time) to read out their scenarios and give their response to the three questions above. Explore the scenarios individually using some of the following questions:

- How might these responses affect the person or people involved?
- What might be going on inside the person who is making unsafe choices?
- Why might they be doing what they are doing?
- What strategies could be used in each situation to minimise the potential harm to those involved?
- What strategies could be used to deal with emotions. It is important to try to think before you act and before you speak. Try to think about how your actions may affect others.

- 5.** Close by repeating the key messages of the activity. Hand out any relevant brochures, support information and contact details. A generic list can be found on pages 193 - 232.

- 6.** Consider evaluating the activity to see if participants enjoyed it, learned anything or what could make it even better next time. See page 179 for information regarding evaluation and for a sample evaluation template.



Activity Sheet

(For Workers)

"Sex, Drugs and your Choices" Scenarios

Read the following case situations and devise effective strategies to respond to the situation, by answering the following questions for each one:

What do you **think**?

How do you **feel**?

What do you **do**?

Lynette came to the party with you and a group of your mutual friends. You and the others want to leave now, but Lynette wants to stay because she has been talking to and kissing a boy she really likes. You all know Lynette has had too much to drink and you don't know the guy very well.

On Saturday night you and your friends go down to the park and have a few drinks. Your best friend Mandy has a bit more than usual and seems pretty drunk. A group of boys from the football club turn up. Mandy is very keen on one of them, who is known for trying to get sex whenever he can. He asks Mandy to go for a walk with him.

You and your girlfriend Jaz have been dating for 6 months and you really want to have sex with her but she keeps saying that she's not ready. You go to a party and you both get really drunk. You head outside into the garden and start fooling around, when you try to take her pants off she doesn't say no this time.

Your mate Jessie tells you she thinks she was raped last night but can't remember because she was drinking and took some 'pills' and can't remember much.

One of your mates BJ is a virgin and said he wants to wait until he meets someone special before he has sex. BJ has said he doesn't want to drink at the party you are all going to on the weekend, but your other mates said they are going to spike his drink with alcohol and try to get him smashed and pay some chick to have sex with him because they think it will be funny.

You and your mate Sax have been talking about sex and Sax says that his girlfriend keeps pressuring him to have sex but that he doesn't feel like he's ready yet. You're at a party together a few days later, you're both pretty smashed and later you walk in on Sax and his girlfriend having sex. You know he was only telling you a few days ago that he really didn't want to have sex yet.

Activity Sheet

(For Workers)

"Sex, Drugs and your Choices" Scenarios

Coming To A Decision
What's Drugs got to do with it?

You are out at a house party and one of your friends who isn't drinking is acting really strange, she can't walk properly, she says she's sick her words are a bit slurred. There has been this guy who's been hanging around her for most of the night and now he's trying to take her outside for some air.

A guy you know Dylan has this photo of a girl you know who is naked and looks like she's passed out. Dylan is showing all his mates and sending it through to their phones.

Your mate Eliza is in a relationship with someone who smokes pot and takes speed every day and drinks a lot. She's spoken about him getting angry and pushing her around a bit when she doesn't give him what he wants or do the things he wants especially around sex. You see Eliza down the street and she's got a big bruise on her face and a bandage on her wrist, you ask her about it and she said it was from a fall she had.

Your mate said she doesn't want to have sex but her boyfriend keeps asking and said he'd dump her if she keeps saying 'No'. She said she doesn't really want to have sex, but she doesn't want to lose him either and tells you she plans on getting heaps pissed on the weekend and sleeping with him to make him happy.

A mate of yours, Blake who's almost 15 got one of his older sisters friends who is 27 to buy him grog once. Now she makes him have sex with her and go down on her whenever she wants. He really doesn't like her and he hates doing it but she said she'd tell his Grandma, sister and everyone else if he doesn't do it and he is scared of everyone finding out.



Evaluation

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Introduction

Evaluation is an important component of project development and implementation and can provide valuable information regarding the successfulness of a project and capture interesting information which could be used to improve or expand individual projects.

Evaluation findings are also a strong way which could assist with providing an evidence base for specific topics and could lead to additional funding.

This section provides comprehensive information regarding Evaluation, what it is, why it is important to evaluate, the different types of evaluation methods available as well as sample evaluation and documentation templates.



Evaluation

What is evaluation?

Evaluations look at the effectiveness of programs. Evaluation is a systematic process to understand what a program does and does not do and how well the program does it.

Evaluation is also part of an ongoing cycle of program planning, implementation, and improvement (Patton 1987). Evaluation should not be a separate component of your work from the “program” that you deliver. It is part of your program and occurs:

- before your sessions/programs
- during your sessions/programs
- at the end of sessions/programs
- after a follow-up period

Feeling confident about your ability to evaluate your work as a sexual and reproductive health educator is important. There are a range of program evaluation options available to you. You and your groups will benefit from the insight about how they are experiencing the program and its impact.

Why evaluate?

Evaluation is important for four main reasons:

1. Accountability

- Demonstrate to funding bodies, participants and the community that the project achieved what it set out to achieve.
- Demonstrate that we did what we intended and agreed to do.

2. Learning

- Informs us about participants’ learning (a major reason for doing the program in the first place).
- To determine if the project is making a positive contribution.
- To know, at the very least, that the project is not creating any unintended harm.
- Learn what elements made the project run as intended, how challenges can be overcome in the future.

Evaluation

3. Program management and development

- Allows us to “adjust” our program or session to address the learners’ needs — immediately! Review and use feedback throughout education programs to see if young people are “getting it”.
- Monitor progress towards programs goals.
- Evaluating requires defining the desired outcomes for learning. Effective program planning includes using measures to accurately capture student progress in meeting the identified learning outcomes.
- Results can be used to maintain or improve program quality and to ensure that future planning can be more evidence-based and possibly to generate future funding opportunities.

4. Ethical responsibility

- We have a responsibility to the young people, ourselves, our organisations, to our community and the field of sexual and reproductive health, to conduct ongoing evaluations.
- Conducting evaluations enables us to develop and grow as educators and other professionals.

Types of Program Evaluation

The figure below outlines several levels of evaluation.

Impact Evaluation (track indicators of success for progress toward long-term impacts)
Outcome Evaluation Program (track goal & objectives for multi-session program)
Outcome Evaluation of Session (track goal & objectives for each session)
Process Evaluation (track attendance & session data)
No Evaluation (track nothing)

(Planned Parenthood Federation of America 2013)

Process evaluations measure whether the program happened as intended. Evaluating your education process looks at what happened during the session, what and how much was accomplished. Process questions might include:

Evaluation

- Did you conduct the number of sessions that covered all topics in the planned length of time?
- What was the attendance per session?
- An example of collecting process evaluation information is included on pages 189 - 190 in a session reporting form.

Outcome evaluations measure the short and medium-term changes among the participants resulting from the session or program. This usually looks at changes in one or more areas of learning: knowledge, attitude, and behaviour. Well-written program and session objectives are important for evaluating sexual and reproductive health education outcomes. For example:

Program Objective: Increase condom use.

Session Objectives:

1. Identify the steps to use condoms correctly. (knowledge)
2. Explore attitudes about using condoms. (attitudes)
3. Demonstrate communicating with a partner about condom use. (behaviour)

Impact evaluations typically measures long-term changes among participants or communities months or years after the program. They are best suited for long-term, more comprehensive and intensive programs.

Planning Your Evaluation

The following 5 steps (adapted from The Center for Disease Control and Prevention 2011) may be useful when planning for your evaluation.

1. Engage stakeholders. Ensure all key partners' needs are represented during the evaluation planning process is helpful to good evaluation planning.

2. Describe your program. You will usually do this through a program design document or in a session plan. A comprehensive program description includes:

- **Need.** What is the health problem you aim to address with your program?
- **Targets.** Which groups need to change or take action?
- **Outcomes.** How and in what way do these target groups need to change? What action do they need to take?
- **Activities.** What will your program do to help these target groups to change/take action?

Evaluation

- **Outputs.** What will be produced by your program's activities?
- **Resources/Inputs.** What is needed for the activities to be implemented?

3. Focus The Evaluation. Make decisions about what you will evaluate and how you will evaluate by addressing 3 key issues:

1. Define specific evaluation questions
2. Select appropriate evaluation design
3. Consider ethical impacts of the evaluation

Questions to guide this process include:

- What is the purpose of the evaluation? Why is it being undertaken? Common answers to this include:
 - ◇ Gain new knowledge about program activities
 - ◇ Improve or fine-tune existing program operations
 - ◇ Determine the effects of a program by providing evidence about the program's contributions to a long-term goal
- Who will use the evaluation results and how will they use them?
- What do other stakeholders need from the evaluation?
- How intensive is the program?
- What are the logistical and resource considerations?
- What are the ethical issues in collecting information from the selected group of people? Is there any risk that I might need to address through a Human Research Ethics Committee application?

Check the Fit: It is important to be sure your evaluation "fits" your program design. Evaluation activities should match program intensity. The more comprehensive the program and sessions, the more you have to evaluate.

4. Gather the evaluation information

Data collection methods fall into several broad categories. The most common are:

- Surveys, including personal interviews, telephone interviews, and surveys completed by participants through the mail or e-mail.
- Group discussions/focus groups.
- Observation.
- Document review, such as medical records, but also diaries, logs, minutes of meetings, etc.

5. Draw Conclusions and Ensure Use of Evaluation Findings and Share Lessons Learned

A) Analyse and interpret data collected during the evaluation.

B) Review and share the information to shape your work with these and other groups in the future. Many people will benefit from sharing data from your evaluation activities. Formal and informal reports can be provided to:

- Inform supporters, stakeholder and funders about achieving program goals and session objectives through feedback, stories, quotes etc.
- Inform staff in order to make adjustments in programming to better address young people's changing needs
- Facilitate strategic decision making among administrators about program funding and oversight
- Update and inform participants about their individual and group progress, achievements, and needs.

Data collection methods

What tools can I use for doing evaluation activities? There are many tools for doing evaluation activities. They include:

- Questionnaires or surveys and pre- and post-tests
- Reports and diaries
- Interviews
- Focus groups
- Observations
- Activities and games
- Video and audio taping

Surveys

Surveys are a good way of gathering a large amount of information, providing a broad perspective. Things to consider when using surveys:

- Consider using already existing surveys – there is no need to start from scratch.
- Sometimes, developing or tailoring your own survey is the best approach. This allows you to only ask about content that will be in your program.
- Ask only about topics and content you will cover. Unnecessary or “off-topic” questions complicate the data and are irrelevant to the “bottom line.”
- Be mindful of literacy levels. Reading the survey questions aloud can help to “standardise” the experience for learners.

Evaluation

- Be sure to address all concerns about confidentiality. Provide ways that participants can respond to surveys anonymously, or ways that do not link their identities to the survey.
- Obtain informed consent for participation in evaluation activities. Formal written consent is sometimes required.
- Pre- and post-tests and follow-up surveys can measure changes within the group as well as changes for individuals.

Interviews

Interviews can be conducted face-to-face or by telephone. They can range from in-depth, semi-structured to unstructured depending on the information being sought.

Face to face interviews are beneficial since:

- detailed questions can be asked
- further probing can be done to provide rich data
- literacy requirements of participants is not an issue

Disadvantages of face to face interviews include:

- they can be expensive and time consuming
- training of interviewers is needed to reduce interviewer bias and are administered in a standardised way
- they are prone to interviewer bias and interpreter bias (if interpreters are used)
- sensitive issues maybe challenging.

Focus groups

Focus groups or group discussions are useful to further explore a topic, providing a broader understanding of why the target group may behave or think in a particular way, and assist in determining the reason for attitudes and beliefs. They are conducted with a small sample of the target group and are used to stimulate discussion and gain greater insights.

Focus groups and group discussions are beneficial as they:

- Are useful when exploring cultural values and health beliefs
- Can be used to examine how and why people think in a particular way and how this influences their beliefs and values
- Does not require participants to be literate

Disadvantages of focus groups include:

- Lack of privacy/anonymity
- Having to carefully balance the group to ensure they are culturally and gender appropriate (ie men's/women's business)
- Potential for the risk of 'group think' (not allowing for other attitudes, beliefs etc.)
- Group leader needs to be skilled at conducting focus groups, dealing with conflict, drawing out passive participants and creating a relaxed, welcoming environment
- Are time consuming to conduct and can be difficult and time consuming to analyse
- Controlling a participant that may want to give all the answers.

Creative strategies

Using creative arts in evaluation offers opportunities for imaginative ways of understanding programs and creating evaluation knowledge. The creative arts may be used in designing, interpreting, and communicating evaluations (Simmins and McCormack 2007). This approach is a useful way of connecting with participants' experience in an evaluation.

Creative strategies are beneficial as they:

- provide an opportunity for participants to portray experience through different art forms which often reveals insights that they may not have been able to say in words;
- accommodates people who learn in different ways, who have different cultural backgrounds and/or who are less articulate, it can be a useful way of engaging them in an evaluation and offering them a voice.

Challenges arising from creative strategies include:

- Participants are often fearful of engaging with art. The challenge is to assure them that they or their final product are not being judged. It is the process of engaging with art that we are interested in.
- The success of such an approach can often rely on the interest levels of the participants; the task needs to be defined clearly, emphasising the reasoning behind it.

Following are examples of specific creative strategies that can be used for evaluation:

Photographs

Photo mapping – the mapping of infrastructure on a photo map by participants, for example of the AMS or other health services in the area. It is a good evaluation of the built environment.

Evaluation

Photo Essays – a set of series of photographs that are intended to tell a story or evoke a series of emotions in the viewer. A technique used by participants to describe themselves or their own view on something. They take photos, create captions, and a description. In particular, relationships, social settings and personal characteristics can be the topics.

Photovoice – similar to photo essays, often with less written feedback. You can also use audio recording with pictures. For example, a school setting with the topic question “What is best and worst about my school”. It can be a group or an individual activity and is also used to stimulate discussion. It is very good to use for people with low literacy or disadvantaged groups.

Role plays

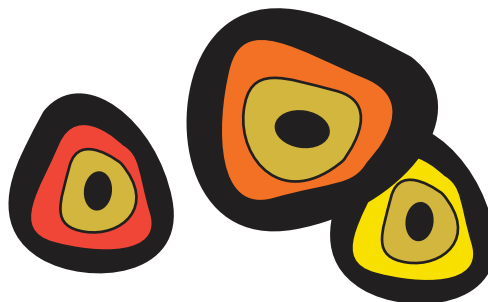
Role plays are stories where the participant is given a role and asked to respond to a series of structured prompts. Role plays can be used to assess generic skills.

Scenarios

Participants read or are read a brief description of a specific social interaction. This is followed by a multiple choice items or a structured interview looking at the exchange, potential responses, solutions, and outcomes.

Digital storytelling and vox pop

The term ‘vox pop’ comes from a Latin phrase meaning ‘voice of the people’. Traditionally, the vox pop is a tool used in media research to provide a snapshot of public opinion. Random participants are asked to give their views on a particular topic: these are viewed as reflection of popular opinion. Digital storytelling involves making a film that tells ordinary people’s real life stories.



Documenting activities (or Process Evaluation)

Date/s:

Location:

Facilitators (names, organisations, positions):

Number of participants

	12-13 yrs	14-15 yrs	16-17 yrs	18-19 yrs	Other	Total
#of Girls						
#of Boys						

How were participants recruited?

Modules/activities Used

- 1.
- 2.
- 3.

Materials used/distributed (type and number):

Key issues discussed/questions asked:

Questions unanswered or more information needed:

Key facilitator feedback:

1. What went well?

2. What did not go well?

Problems/challenges faced and possible solutions:

Problems/challenges faced	Potential solutions

Can you list any examples from the session/s that show how the program was effective?

Recommendations for improvement:

Evaluation

Activity Evaluation for Participants

Name of Activity: _____

1) How old are you? _____

2) Are you male or female? ☐ Male ☐ Female ☐ Other-Specify if you'd like: _____

3) Please circle the face that shows how you felt about the activity?



Why did you circle that face? _____

4) Did you find the activity fun? ☐ Yes ☐ No5) Was the activity ☐ Too long ☐ Too short ☐ A good length of time

6) List 2 things you learned from the activity _____

7) List 2 things you liked about the activity _____

8) List 2 things you would change about the activity _____

9) Would you share the information from this activity with friends? ☐ Yes ☐ No

* If No, why wouldn't you share this information? _____

10) Will this activity change the way that you think about sexual reproductive health?

Yes ☐ No ☐ Not Sure ☐

* If Yes, how will it change the way you think about sexual reproductive health? _____

Any other comments _____

Thank You!

Further Evaluation Resources

U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2011.

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Introduction

This section provides a glossary of terms, as well as a comprehensive list of additional sexual and reproductive health resources which could be incorporated into the activities or used to create your own. These lists are also great to provide as handouts to participants. The section concludes with a comprehensive list of references used in the creation of this publication.



Glossary

Abstinence

Can mean many things from not participating in sexual intercourse or other sexual activity, to not having sex at all (including masturbation)

Abortion

The removal of the embryo or foetus from the uterus to end a pregnancy. Ideally performed at or before 12 weeks.

Adolescence

The period of physical, social and emotional development from the beginning of puberty to maturity.

AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a group of signs and symptoms caused by immune deficiency as a result of infection with the Human Immunodeficiency Virus (HIV)

Anal Sex

Penetration of the anus. The lining of the anus is delicate and does not have natural lubrication. As solid waste containing harmful bacteria is excreted via the anus, anal sex presents greater health risks, particularly in relation to sexually transmitted infections, compared to other sexual activity.

Anonymous

Not being identified, having no connection by name or any other identifying feature.

Anus

The opening of the gut through which solid waste passes out of the body.

Bisexual

Term used to describe someone who is sexually attracted to persons of the same sex and opposite sex.

Blood Borne Viruses (BBVs)

Infections which are spread by blood to blood contact e.g. Hepatitis C and HIV.

Cervix

Muscles at the junction of the vagina and uterus, sometimes called the neck of the womb. See Pap smear.

Chlamydia

Chlamydia is a bacterial STI infection and can be spread by unprotected (without a condom or dam) oral, vaginal or anal sex.

Circumcision

Removal of the foreskin of the penis.

Clitoris

Erectile tissue at the top of a female's vulva, internally extending into the pelvis. A very sensitive organ that when stimulated can lead to orgasm.

Coercion

Any sort of pressure put on one person by another person or group of people.

Coming out

Term used to describe the process where a person acknowledges and accepts his or her lesbian, gay or bisexual identity. This often involves the sharing of the information with others, although sometimes is used in 'coming out' to oneself.

Additional Resources

Glossary

Community

Community refers to any group of people, that either lives in the same region or who have something in common such as behaviour, culture or religion.

Conception

When the fertilised egg successfully implants in the uterine wall and establishes pregnancy.

Confidential

Keeping what someone has said as private or secret and not sharing this information with anyone else without permission.

Consent

In the context of sexual activity, it is used to describe a person agreeing to participate in the proposed sexual activity. The proposed sexual activity could be anything from kissing to sexual intercourse.

Contraception/Contraceptive

Method used by either partner to avoid conception (pregnancy).

Dental Dam

A thin sheet of latex used when having oral sex to reduce the risk of catching or spreading STIs.

Ectopic pregnancy

A pregnancy that develops outside the uterus, most commonly in one of the fallopian tubes that leads from each ovary to the uterus.

Ejaculation

Spurting out of semen from the penis during orgasm. Usually about half to one teaspoon. Also called cum.

Embryo

Name given to the developing baby in the uterus for the first eight weeks after conception.

Endometrium

The mucous membrane lining the uterus (womb), which thickens during the menstrual cycle in preparation for possible implantation of an embryo.

Epididymis

Where the sperm fully develop.

Erection

When blood fills the spongy tissue of the penis causing it to swell, stiffen and stand out from the body.

Fallopian Tubes

The tubes through which the eggs travel from the ovaries to the uterus

Fertilisation

It is the process where the male sperm cell and female egg cell fuse. Generally occurs in the fallopian tubes.

Foetus

Name given to the developing baby in the uterus after eight weeks.

Foreskin

Fold of skin that covers and protects the tip of the penis. Removed in circumcision.

Gay

Term used to describe someone who is sexually attracted to persons of the same sex, most commonly used for men attracted to men.

Additional Resources

Glossary

Gender

Socially constructed expectations about what is acceptable to be masculine or feminine, including behaviour, dress and interests. Varies throughout history and in different cultures.

Genitals

The external sexual parts. For females they are the vulva, which includes the vaginal opening, labia and clitoris. For males they are the penis, scrotum and testicles.

Genital Herpes

An infection caused by herpes simplex virus (HSV) which is usually transmitted by sexual contact.

Genital Warts

Genital warts are a viral STI, are spread by skin to skin contact and are caused by Human Papilloma Virus (HPV).

Gonorrhoea

Gonorrhoea is a STI which can be spread by oral, anal or vaginal sex without a condom or dam.

Heterosexual

Term used to describe someone who is sexually attracted to person of the opposite sex only.

Hepatitis A

Hepatitis A is a virus which affects the liver. It can be spread when the virus in faeces (poo) comes into contact with the mouth

Hepatitis B

Hepatitis B is a virus which affects the liver. It is spread by contact with infected blood or body fluids or passed on from infected mother to baby at delivery.

Hepatitis C

Hepatitis C is a virus which affects the liver. It is spread by blood to blood contact.

HIV

The Human Immunodeficiency Virus (HIV) is a virus which affects the white blood cells and destroys the body's natural ability to fight infections

Homophobia

Individual or societal intolerance or fear of gay and lesbian people. Homophobic actions can include prejudice, discrimination, harassment and acts of violence brought on by fear or ignorance.

Homosexual

Term used to describe someone who is sexually attracted to persons of the same sex.

Hormones

Chemical messages that form in the glands and travel through the bloodstream. The pituitary gland produces hormones that travel to the testes in males to trigger the production of testosterone and travels to the ovaries in females to trigger the production of progesterone and oestrogen.

Implanon (the Rod)

Implanon is a birth control (contraceptive) implant for women. It is a flexible plastic rod about the size of a matchstick that is placed under the skin of the upper arm.

Infertility

Infertility is a medical problem and is the inability to fall pregnant after one year of regular intercourse without contraception.

Additional Resources

Glossary

Intersex

A medical (genetic) condition where an infant is born with reproductive organs and/or sex chromosomes that are not exclusively male or female.

Intoxicated

When someone is affected by alcohol or drugs which causes them to lose control of their abilities or behaviour.

IUD

An intrauterine device (IUD) is made of plastic and/or copper that is inserted into a woman's uterus (womb) by the vaginal canal to prevent pregnancy

Labia

Often called lips, they are the labia majora (outer) and labia minora (inner) folds of skin, which protect the clitoris, vaginal opening and urethral opening.

Lesbian

Term used to describe a woman who is sexually attracted to other women.

Masturbation

Touching a partner's or own genitals for pleasure.

Menstrual Cycle

Regulated by hormones, the monthly female cycle involves the release of an egg from an ovary, the build up of the uterine lining and eventually the shedding of the lining if the egg is not fertilised. Average duration is 28 days from the onset of one cycle to the next, although this can vary and often is irregular during adolescence. Begins generally in girls aged 12-13 years, but may occur as early as 8 or as late as 15.

Menstruation

Also called period, this stage of the menstrual cycle is where the uterus lining is shed. The fluid is mainly blood and average amount is 30 mls, approximately 2 1/2 tablespoons, although this varies for each woman. The duration of the menstruation can be anywhere from 3-7 days.

Miscarriage

Expulsion of the foetus or embryo from the uterus before it can survive on its own.

Oestrogen

A female steroid hormone that is produced by the ovaries and in lesser amounts, by the adrenal cortex, placenta, and male testes. It causes the start of the build up of the uterine lining in preparation for fertilisation and implantation, among other things. Levels of this hormone, and others in the blood, regulate the menstrual cycle.. Also causes pubertal changes. See progestogen.

Oral Sex

Stimulation of partner's genitals by mouth or tongue. Cunnilingus is the oral stimulation of female partner's genitals. Fellatio is the oral stimulation of male partner's genitals.

Orgasm

Sexual climax, intense excitement and pleasure resulting from stimulation of genitals for both males and females.

Ovary

Primary reproductive organs in females where the eggs (ova) are produced and stored and hormones are produced.

Additional Resources

Glossary

Ovulation

Process where an egg (ovum) matures and is released from the ovary. This occurs once every menstrual cycle about 14 days before the next menstruation (timing can vary for each woman).

Ovum

Also called egg, it is the female sex cell produced and stored in the ovary. When a female is born, her ovaries contain thousands of immature eggs (ova), only some of which will mature once she goes through puberty.

Penis

External male sex organ through which sperm and urine leave the body. Usually soft, the penis has spongy erectile tissue that when filled with blood causes the penis to become stiff (see Erection). Penises differ in appearance, particularly due to circumcision, and size.

Period

See Menstruation.

PID

Pelvic Inflammatory Disease (PID) is an infection of the female reproductive organs and usually occurs when sexually transmitted bacteria spreads from the vagina to the uterus, fallopian tubes or ovaries.

PEP

Post-exposure prophylaxis (PEP) is a preventive medical treatment started immediately after exposure to a pathogen (such as a disease-causing virus), in order to prevent infection.

Placenta

An organ that attaches the umbilical cord of the foetus to the uterus and enables nourishment and waste products to move

across fine membranes that separate the baby's blood from the mother's.

Pre-cum

Pre-cum or pre-ejaculatory fluid that is released from the Cowper's gland when a male gets aroused. It can contain sperm and it can transmit infection.

Progestogen

Both a natural female hormone made in the body and the synthetic (human made) female hormone used in many forms of contraception. (Progesterone refers only to the female hormone produced by the body). A hormone that contributes to the build-up of the uterine lining. Levels of the hormone in the blood regulate the menstrual cycle.

Prostate gland

Found below the bladder in males, it produces a fluid that provides a suitable environment for the sperm in the acidic male urethra and female vagina.

Puberty

Period of time in early adolescence when a young person goes through changes that lead to sexual maturity. Takes between 2-5 years to complete. On average males usually start between the ages of 13-15, females between 12-4.

Queer

An umbrella term that includes a range of alternate sexual and gender identities, including gay, lesbian, bisexual and transgender.

Rape

Unwanted oral, anal or vaginal penetration by the penis, object or any part of the body.

Additional Resources

Glossary

Safer sex

Sexual activity in which there is no exchange of blood or body fluids such as semen, vaginal fluids or blood and which protects both partners from STIs, and unintended pregnancy.

Sexual Assault

Unwanted touching, fondling, masturbation or any action(s) of a sexual kind that makes a person feel unsafe.

Scrotum

Sac of skin behind the penis that holds the testes. Usually holds the testes outside of the body so they can remain at a slightly lower temperature ideal for sperm production.

Semen

Whitish fluid that is released during ejaculation and contains millions of sperm cells and other fluids produced by the prostate gland and seminal vesicle that provide nourishment, lubrication and an ideal environment for the sperm to survive inside the female.

Seminal vesicles

A pair of glands that produce seminal fluid which nourishes sperm. They secrete the fluid into the male reproductive tract where it mixes with sperm and later fluid from the prostate gland to form semen.

Sex

Used in a variety of contexts, it is used to denote whether an individual is male or female in terms of reproductive capacity and genitals. It is also used when referring to sexual activity, e.g. having sex often means sexual intercourse.

Sexual intercourse

Generally refers to penetration of the penis into the vagina. May lead to conception if a male sperm meets a female egg. May also be used when referring to anal intercourse.

Sexuality

Sexuality is a central aspect of being human that spans lifetime and encompasses sex, gender identities and roles, sexual orientation, pleasure, intimacy and reproduction. It is experienced and expressed in thoughts, feelings, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.

Sexually transmissible infection (STI)

An infection that is passed from one person to another through having unprotected sexual contact, including sexual intercourse, oral sex and any other direct contact with genitals.

Sperm

Male sex cell (microscopic). Millions are produced in the testes once a male reaches puberty.

Stereotype

Generalisation of a whole group, based on the characteristics of a few.

Syphilis

A chronic bacterial STI that can be transmitted during oral, anal or vaginal sex

Testicles (testes)

Males generally have two testes. Primary sex organ in males. Testosterone stimulates the testes to begin sperm cell production and puberty begins.

Additional Resources

Glossary

Testosterone

Primary male sex hormone produced in the testes. The production of testosterone triggers the onset of puberty and the production of sperm.

Tourniquet

A device for stopping the flow of blood through a vein or artery, typically by compressing a limb with a cord or tight bandage.

Transgender/Transsexual/Sister Girl

A term for a condition where an individual is born with reproductive organs that are incongruent with their sense of gender identity, eg born anatomically male, but identifies as female or vice versa. They may then take steps to transition to their preferred gender identity through surgery or hormones.

Trichomonas

Trichomoniasis is a STI caused by a small organism called *Trichomonas vaginalis*.

Urethra

Tube carrying urine from the bladder to the outside.

Urethral opening

Opening for the urethra that carries the urine from the bladder out of the body. Located between the clitoris and the vaginal opening in the vulva region in females and the end of the penis in males.

Uterus

Female reproductive organ surrounded by muscle and lined with soft tissue, where a baby develops if an egg is fertilised. Also called the womb.

Vagina

Passageway from the woman's uterus, starting at the cervix to the outside. The vagina has several functions. Blood passes from the vaginal opening during menstruation. It functions as the birth canal during labour. During penis-vagina intercourse sperm may be deposited.

Vas deferens

A long fine tube that transports sperm from the tests to the seminal vesicle. Also called sperm duct.

Virgin

Someone who has never had sexual intercourse.

Vulva

Female external genitals, including the entrance to the vagina, labia (or lips) and clitoris.

Wet dream

Uncontrolled ejaculation of semen during sleep as the male hormone stimulates the testes to produce sperm. Common as young men go through puberty.

Withdrawal Method

Is a form of contraception, (also known as coitus interruptus) and is the practice of withdrawing the penis from the vagina and away from a woman's external genitals before ejaculation to prevent pregnancy. This is not always safe as pre-cum can be released before ejaculation which can contain sperm and STIs.

Sexual and Reproductive Health Resources, Websites and Organisations

See The Aboriginal Health and Medical Research Council of New South Wales website for a list of Aboriginal Community Health Services (Aboriginal Medical Services) in NSW. Visit www.ahmrc.org.au or phone 02 9212 4777.

See below for resources and organisations on sexual and reproductive health, puberty, relationships, pregnancy, contraception, STIs and BBVs, drugs and alcohol and more.

Organisations

- National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak body representing over 150 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues. Phone: 02 6246 9300 <http://www.naccho.org.au>
- Yfoundations is a peak body that seeks to end youth homelessness and aims to represent the needs of young people at risk of, or experiencing, homelessness. Yconnect line: 1800 424 830, Redfern: 02 8306 7900 <https://yfoundations.org.au>
- Family Planning NSW is the state's leading provider of reproductive and sexual health services. They have a range of resources available. Talk Line: 1300 658 886, NSW State Office, Ashfield: 02 8752 4300, Fairfield 02 9754 1322, Dubbo: 02 6885 1544, Newcastle: 02 4929 4485, Penrith: 02 4749 0500, Bookshop: 02 8752 4307 <http://www.fpnsw.org.au>
- ACON is the NSW leading health promotion organisation specialising in HIV and LGBTI Health. Sydney: 02 9206 2000, Free call: 1800 063 060, Northern Rivers: 02 6622 1555, Hunter/Mid North Coast: 02 4927 6808, Illawarra: 02 4226 1163 www.acon.org.au

Broad Youth Health Information and Resources

Organisations and Websites

- Teen Health: for young people aged between 12-17 years has lots of information for teens on health, wellbeing and having fun. <http://www.cyh.com/SubDefault.aspx?p=159>
- Young Adult Health: for young people aged between 18-25 years has lots of health issues, lifestyle choices and healthy relationships. <http://www.cyh.com/SubDefault.aspx?p=160>
- ReachOut.com is Australia's leading online youth mental health service, which provides help and information on a range of topics such as: sex, drugs and alcohol, relationships, mental health etc. www.reachout.com
- The Line is a national initiative and provides opportunities to discuss healthy and

Additional Resources *Resources, Websites and Organisations*

respectful relationships. The site has a Forum on Wednesdays from 7pm – 11pm and it also has an Respect Each Other for Aboriginal youth aged 8-14, their carers, relatives and other community members with resources (including cartoon clips and stories) aimed at promoting healthy and respectful relationships www.theline.org.au.

- Youth Work Matters is a website by Peter Slattery with a collection of resources to work effectively with children and young people. 'A Wide-Lens' is one of the resources which is a free on-line learning resource about working holistically with children and young people, for workers or their families.

<http://www.youthworkmatters.com/a-wide-lens-free-online-learning-resource-for-workers-with-children-and-parents/>

this resources also includes worksheets accessible from:

<http://youthworkmatters.com/wp-content/uploads/2014/01/Wide-Lens-Worksheets-Dec-28.pdf>

- The Australian Indigenous HealthInfoNet is a web based site which makes Aboriginal specific research, information and resources
<http://www.healthinfonet.ecu.edu.au/other-health-conditions/sexual/resources/health-promotion-resources>
- Afraid To Ask is a website people can ask questions and find answers to the personal questions they may be too embarrassed to ask. It covers virtually any health related issue with lots of sexual health information <http://www.afraidtoask.com>
- Playmeo is the leading source of online content for playful, adventure-based group games & activities which may be useful to use. The website includes: instructions, video tutorials, tips and downloadable resources for a range of activities including: icebreakers, energisers, trust building exercises and lots more <http://www.playmeo.com/activities/search>
- Interrelate provides services that strengthen and support relationships. Interrelate helps Aboriginal parents, carers and their children by offering yarning, counselling and mediation at our centers (multiple locations across NSW) or in the community, running health and wellbeing workshops in the community, conducting self-esteem and cultural education in schools, empowering people to make positive and healthier life choices. Also take a look at their resource section for books that answer questions about a range of topics:
<http://www.interrelate.org.au/program/servicing-our-aboriginal-community/>

Additional Resources
Resources, Websites and Organisations

Broad Sexual and Reproductive Health Information and Resources

For young people & workers

Organisations and Websites

- Play Safe is an interactive website developed by NSW Health which aims to connect young people aged 15-24 years old with sexual health information. There's an interactive blog as well as a confidential space for young people to get all the information they need. https://playsafe.health.nsw.gov.au/?no_intro=1
- Family Planning NSW has:
 - ◊ information, fact sheets and resources available on a range of sexual and reproductive health topics <http://www.fpq.com.au/productsByTargets.php>
 - ◊ a website for under 25 to get answers to those tricky questions www.fpnsw.org.au/index_under25s.html
 - ◊ relevant sexual reproductive health resources available for purchase from their Book Shop <http://www.fpnsw.org/categories/Bookshop>
- Visit <http://www.health.nsw.gov.au/sexualhealth/Pages/sexual-health-clinics.aspx> for a list of NSW Sexual Health Clinics or call the NSW Sexual Health Info Link: 1800 451 624
- Family Planning Tasmania's website Rash Decisions provides information and activities to answer questions about sexual and reproductive health <http://www.fpt.asn.au/youth/?phpMyAdmin=IAyWpz0M6XCSZMuqqNIU7ybWZ39>
- PATH is an international nonprofit organization that transforms global health through innovation. They have produced 'Games for Adolescent Reproductive Health: an International Handbook which gives examples of games to use within group settings <http://www.path.org/publications/files/gamesbook.pdf>
- Commonwealth Government Website has pages relevant to sexual and reproductive health <http://www.healthdirect.gov.au/search-results/sexual%20health>
- Love: The Good, The Bad and The Ugly website. Advice and stories on sex, love, dating and relationships. Also has a range of short clips around positive relationships <http://lovegoodbadugly.com>
- Your Sex Health delivers information on emotional, practical and relationship issues, has examples of true stories and aims to show the impact decisions have on sexual reproductive health. <http://www.yoursexhealth.org>
- Like It Is provides information on STIs, contraception, abortion, youth games on sexual and reproductive health, information sheets and options to chat what an expert www.likeitis.org.au

Additional Resources *Resources, Websites and Organisations*

- The Department of Education & Communities, Teaching Sexual Health Website which has lesson plans, PowerPoint presentations, activities and games, demonstration videos, fact sheets for students 4-12 years
http://www.curriculumsupport.education.nsw.gov.au/sexual_health/index.htm
- Queensland Health website 'I stay safe' provides advice for teenagers on sexual health, HIV/ AIDS and Hep C. Also has a range of educational games, graphics and animated movies. Good for young people with lower literacy levels. <http://www.health.qld.gov.au/istaysafe>
- Sexuality and U is a Canadian website which provides information, games, video's etc. regarding sexual and reproductive health and had a 'for teachers' section.
www.sexualityandu.ca
- SHine SA is the lead sexual health agency in South Australia. They have a range of information and resources available surrounding sexual and reproductive health
<http://www.shinesa.org.au/go/education-and-training/teachers>
- YWCA Canberra has resources on positive relationships including preventing sexual assault and gender-based violence.
http://www.ywca-canberra.org.au/community_resources/relationship-things
- Somazone is an Australian youth service with questions and answers on youth mental health, depression, teenage pregnancy, sexuality, relationships, bullying, abuse, drugs and alcohol. On Somazone, young people can ask questions online, get free youth health advice, find youth services, and share personal stories anonymously www.somazone.com.au

Posters, brochures, flyers, comics etc.

- SHINE SA has produced a comic book style story called 'Tell it like it is' exploring life, love, relationships and sex, which is a story about knowing when you're ready to have sex, and how to do it safely. In the Information and Resource Section at the bottom of the page:
<http://www.shinesa.org.au/go/education-and-training/teachers>
- The 'An Intergalactic guide to relationships' Booklet discusses knowing when you're ready to enter a relationship, being ok with being single, safe sex, sexual preference, gender identity confusion, relationships that don't feel good. contact The Better Health Centre. Phone: 02 9887-5450 or see: http://www0.health.nsw.gov.au/pubs/2000/intergalactic_guide.html
- SHine SA's Chatterbox tearpad of 50 sheets relating to Relationships: Parents/carers, Friends, Siblings, community available from:
<http://www.fpnsw.org/products/Chatterbox-Relationships-tearpad.html>
- See Interrelate for 500+ questions kids have about sexuality book. They book provides accurate and simple answers to real life questions <http://www.interrelate.org.au/resources>

Additional Resources

Resources, Websites and Organisations

DVDs/Clips

- Sex choices/Condom use: “Choosin’ right with sex, grog and drugs” DVD (NT government)
<http://www.healthinfonet.ecu.edu.au/key-resources/promotion-resources?id=2preg689>
- Yfoundations Health DVD Pack Containing two health promotion DVDs, HOT Stuff and 6. The Hot Stuff DVD can help set up discussions in ground and individual settings around young people and their health. The 6 DVD contains accompanying learning modules designed to support young men to make healthy decisions relevant to them including drink driving, sexuality, relationships and self-esteem.
http://www.yaa.com.au/index.php?option=com_content&view=article&id=283&Itemid=171
- Kungkaku Yangapalaku. A 4 minute clip (spoken in local language and has English sub-titles) which Tells the story of a relationship between a man and a woman is told using clay figures. Issues such as: cheating, unplanned pregnancy and STIs are covered.
<https://vimeo.com/37353347>
- Just Respect! From Smart and DeadlyKoori’s channel Trust and Respectful Relationships
<http://www.youtube.com/watch?v=o2ZWwMWljEo>
- Promoting positive sexual health messages for Aboriginal high school students
<http://www.youtube.com/watch?v=B4TebIRqFUU>
- Traffic Lights guide to sexual behaviours in children and young people: identify, understand and respond DVD. (This resource uses the Traffic Lights guide to help identify sexual behaviours -healthy behaviours and behaviours that may cause concern.)
http://www.fpq.com.au/publications/teachingAids/Traffic_lights_DVD.php
- The Line’s Serpent Trails is a resource for teachers/workers with ideas and techniques for programs -celebrating respect for each other and respectful relationships through art, acting, rap, movies <http://theline.org.au/respect/resources>
- A 4 minute Head Space clip about Relationships <http://www.tuneinnotout.com/videos>

Games

- Yfoundations The HOT Game is a health promotion tool for homeless and at risk young people. The game takes players through a series of questions and activities focused on HIV/AIDS, sexually transmitted infections (STIs), Hepatitis C, safer sex and safer drug use. Since promoting sexual health can be embarrassing for working and young people the Game enables the subject to be discussed in a safe and fun environment.
http://www.yaa.com.au/index.php?option=com_content&view=article&id=283&Itemid=171

Additional Resources

Resources, Websites and Organisations

Facts sheets

- The World Health Organization has a range of fact sheets available on their website about STIs, women's health, contraception, teen pregnancy etc.
http://www.who.int/topics/reproductive_health/factsheets/en
- VACCHO Aboriginal specific fact sheets on: STI, contraception, safe sex, drugs and alcohol
<http://www.vaccho.org.au/programs/health-programs/sexual-health-program>
- STIs, Contraception, safe sex factsheets <http://www.ahcsa.org.au/sexual-health/resources>
- Reach Out's About Sexual Health fact sheet including what is sexual health and sexual health check ups <http://au.reachout.com/About-sexual-health>
- The Line has lot of useful fact sheets relating to relationships
http://theline.org.au/parents_and_teachers/faq

Phone and Information Lines and Online Information Chat Lines and Information Services

- Family Planning NSW Talkline: 1300 658 886 is a confidential telephone information service where young people, carers or workers can ask questions about sexual or reproductive health during office hours or visit www.fpnsw.org.au/talkline or to get Talkline 'Just Ask Us' posters see: <http://www.fpnsw.org/products/Talkline-Just-Ask-Us-Poster-FREE.html>
- NSW Sexual Health Info Link has sexual health nurses, doctors and counsellors on hand to answer questions on sexual health and sexually transmissible infections. They can also provide referrals to services. Phone: 1800 451 624 Mon-Fri 9am-5pm
- Nurse Nettie from the Play Safe website, can answer ask any questions young people may have about sex, sexual health or sexuality https://playsafe.health.nsw.gov.au/?no_intro=1
- Reach Out has interactive form's and chat rooms for young people www.reachout.com
- Like It Is website provides options to chat what an expert www.likeitis.org.au
- On Somazone, young people can ask questions online, get free youth health advice, find youth services, and share personal stories anonymously www.somazone.com.au
- My LINE is a national relationships helpline for young Australians to talk to someone about the relationship issues they may be experiencing, or if they are unclear about where to draw the line between what is, or is not, a respectful relationship – 1800 695 463 24hrs 7days a week or visit http://theline.org.au/advice_line/faqs
- Kids Helpline is a confidential telephone counselling service for 5-18 year olds. Freecall 1800 551 800 www.kidshelp.com.au
- Lifeline 24hr crisis line: 13 11 14 or online chat 7 days a week from 8pm-4am.
www.lifeline.org.au

Additional Resources

Resources, Websites and Organisations

- Commonwealth Government Health advice and information line: 1800 882 436

Documents and Publications

- National guide to a preventative health assessment for Aboriginal and Torres Strait Islander people. Chapter 8 (RACGP & NACCHO) <http://www.naccho.org.au>
- The Direct is developed through the Y Foundations is a printed directory which provides information on crisis and emergency accommodation, housing and other support services in New South Wales. It also provides details of relevant information and services in areas such as health, mental health, disability, AOD, employment and training, pregnancy and parenting support and reconnect services. To purchase a directory visit: https://yfoundations.org.au/index.php?option=com_content&view=article&id=121&Itemid=117
- Djiyadi Can We Talk resource manual aims to make it easier for workers to start discussions with Aboriginal young people to improve sexual health. Developed by Australasian Society for HIV Medicine (ASHM), in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) http://www.ashm.org.au/images/publications/djiyadi_can_we_talk.pdf
- Talking Sexual Health – Teaching and learning resource for secondary schools developed by Australian Research Centre in Sex, Health and Society at La Trobe University for the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD) http://www.latrobe.edu.au/arcshs/downloads/arcshs-researchpublications/TSH_full_teacher_resource.pdf
- Better Practice Strategies in Sexual Health Education with Young People Final Report. NSW Association for Youth Health, 2008. Young People and Sexual Health. http://www.caah.chw.edu.au/resources/access_phase_2_report.pdf
- Example of peer education sexual health session plans http://www.headspace.org.au/media/39531/youthsexualhealthprojectpeereducationprogram_education%20page.pdf

NB: See other sections for information and resources relating to specific areas.

Information for Parents and Carers

Organisations and Websites

- Peak body with state and territory networks representing carers www.carersaustralia.com.au
- Sexual Education for parents. A website which provides information for parents about

Additional Resources References

their child's sexuality education, advice on how to deal with sensitive issues, the parents role in sexuality education and provides links to resources including 'Talking Sexual Health: A Parents Guide' <http://www.education.vic.gov.au/school/teachers/teachingresources/social/physed/pages/forparents.aspx>

- SHINE SA has produced 'Talk it like it is' is a guide for parents to assist with communicating with their kids about life, love, relationships and sex.
<http://www.shinesa.org.au/go/education-and-training/teachers>
- Cyber Smart is an internet safety website that provides information and education to empower young people to be safe online. Including a section for parents and carers
<http://www.cybersmart.gov.au/Parents.aspx>
- The Line is a national initiative and provides opportunities to discuss healthy and respectful relationships which provides helpful links for parents
http://theline.org.au/parents_and_teachers/faq

DVDs/Clips

- Headspace has some clips about what parents and carers can do to support their kids.
<http://www.headspace.org.au/parents-and-carers>

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 and other relevant sections for more information and resources.

Puberty Information and Resources For workers & young people

Organisations and Websites

- Family Planning NSW is the state's leading provider of reproductive and sexual health and has a range of resources about puberty <http://www.fpnsw.org/categories/Bookshop/>
- The Hormone Factory is a fun and interactive site for kids about to enter their teens. Explains how their bodies will change and answers questions about sex, families and keeping safe.
www.thehormonefactory.com
- Respect Yourself is a Canadian website which provides information on a range of sexual and reproductive health topics including the 'Your body' section for information regarding body changes etc. <http://www.respectyourself.ca/yourbody>

Additional Resources *Resources, Websites and Organisations*

Posters, brochures, flyers, comics etc.

- SHine SA's Chatterbox tearpad of 50 sheets relating to puberty for girls: learning, hormones, teens, growing available from: <http://www.fpnsw.org/products/Chatterbox-Puberty-for-Girls-tearpad.html> and boys <http://www.fpnsw.org/products/Chatterbox-Puberty-for-Boys-tearpad.html>
- See Interrelate for 100+ questions kids have about puberty. The book provides accurate and simple answers to real life questions <http://www.interrelate.org.au/resources>

Fact Sheets

- Family Planning has a Answering Children's Questions About Sexuality fact sheet regarding puberty http://www.fpnsw.org.au/346097_8.html
- SHine SA has a range of factsheets regarding puberty <http://www.shinesa.org.au/go/information-and-resources/choose-a-topic/puberty>

Phone and Information Lines and Online Information Chat Lines and Information Services

Speaking to someone on the phone means you can do it without them knowing who you are. The person you speak to is trained to help people and some helplines have Aboriginal workers and volunteers so you can ask if this is best for you.

- Family Planning NSW Talkline: 1300 658 886 is a confidential telephone information service where young people, carers or workers can ask questions about sexual or reproductive health during office hours or visit www.fpnsw.org.au/talkline
- NSW Sexual Health Info Link has sexual health nurses, doctors and counsellors on hand to answer questions on sexual health and sexually transmissible infections. They can also provide referrals to services. Phone: 1800 451 624 Mon-Fri 9am-5pm
- Nurse Nettie from the Play Safe website, can answer ask any questions young people may have about sex, sexual health or sexuality https://playsafe.health.nsw.gov.au/?no_intro=1

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 for more information and resources.

Additional Resources *Resources, Websites and Organisations*

Contraceptives Information and Resources For workers & young people

Organisations and Websites

- Family Planning NSW is the state's leading provider of reproductive and sexual health and has a range of resources surrounding contraception including their Contraceptive Kit <http://www.fpnsw.org/categories/Bookshop>
- The 'SNAKE Condoms' promotes condoms with Aboriginal art work. It also has information about safe sex, STIs, contraception, teen pregnancy and life skills that help young people make the right sexual and reproductive health choices. The SNAKE Condoms toolkit is also coming soon - the kit will include information on: how to run your own sexual health awareness event, creating a network of peer educators and sellers, up-to-date sexual health information and statistics. <http://www.snakecondoms.org.au>

Posters, brochures, flyers, comics etc.

- Hey Sister! Hey Brother! - Contraception Booklet. An information booklet tailored to address contraception awareness among Aboriginal women and men in the Hunter region, but has been used in communities across the state. http://www.fpnsw.org.au/82680_6.html
- Name? A comic designed to encourage Aboriginal young people to make safe sexual health decisions for themselves and their partners and covers a range of topics such as: condom use, healthy relationship choices, chlamydia and how peer pressure and alcohol can impact on decisions. http://issuu.com/amamood/docs/grandfinal_web/15?e=0
- Condoman- posters, booklets there is also a cartoon of Condom Man empowering Aboriginal people to make better sexual health choices. 5 episodes. <http://www.creativespirits.info/aboriginalculture/health/aboriginal-sexual-health#toc1>
- Use Condoms and Enjoy your Freedom Campaign. State wide multimedia Sexually Transmissible Infections (STI)/HIV social marketing campaign. Downloadable posters, brochure and condom wallets http://www.ahmrc.org.au/index.php?option=com_content&view=article&id=64
- Family Planning NSW safe sex packs are designed especially for Aboriginal people to encourage safer sexual behaviours http://www.fpnsw.org.au/252871_6.html
- Family Planning's What Suits Me? Contraception Options for Girls and Guys brochure http://www.fpnsw.org.au/296102_6.html
- Shine SA's Chatterbox tearpad of 50 sheets relating to contraception: Implanon, The Pill, Condom and depo available from: <http://www.fpnsw.org/products/Chatterbox-Contraception-tearpad.html>

Additional Resources

Resources, Websites and Organisations

Factsheets

- Contraception information available within this resource on pages 125 - 140
- Family Planning has a Taking Care of Your Sexual Health fact sheet regarding sexual health Check Ups http://www.fpnsw.org.au/index_factsheets.html
- SHine SA has a range of factsheets regarding contraception <http://www.shinesa.org.au/go/information-and-resources/choose-a-topic/contraception>
- Reach Out's Contraception and pregnancy fact sheets <http://au.reachout.com/find/issues/sex-pregnancy/contraception?kt=info>

DVDs/Clips

- Sexual Health - Koorie youth speaking up about health 1.5 minute clip about unprotected sex and unplanned pregnancy http://www.youtube.com/watch?v=PuG4GQg_J-4
- A Real Man: <http://www.youtube.com/watch?v=q4MrWpC7HXU> A video of a rap song created by the Smart and Deadly hip hop crew in Wodonga in 2012. The song seeks to promote condom use among young Aboriginal males. It also encourages young men to get health checks for sexually transmissible infections, and engage in respectful relationships.
- A 40 second animated clip about using a condom <http://www.youthprojects.org.au/health/sti-resource>

Phone and Information Lines and Online Information Chat Lines and Information Services

- Family Planning NSW Talkline: 1300 658 886 is a confidential telephone information service where young people, carers or workers can ask questions about sexual or reproductive health during office hours or visit www.fpnsw.org.au/talkline
- NSW Sexual Health Info Link has sexual health nurses, doctors and counsellors on hand to answer questions on sexual health and sexually transmissible infections. They can also provide referrals to services. Phone: 1800 451 624 Mon-Fri 9am-5pm
- Nurse Nettie from the Play Safe website, can answer ask any questions young people may have about sex, sexual health or sexuality https://playsafe.health.nsw.gov.au/?no_intro=1

NB: Broad Sexual and Reproductive Health Information and Resources section page 204 and STIs Information Sheets pages 97 - 112 for more information and resources.

Additional Resources
Resources, Websites and Organisations

Pregnancy and Parenting Information and Resources For workers & young people

Organisations and Websites

- Family Planning NSW is the state's leading provider of reproductive and sexual health and has a range of resources surrounding puberty such as their Body Charts
<http://www.fpnsw.org/categories/Bookshop>
- Children by Choice offers pro-choice, all-options pregnancy counselling and information for women experiencing unplanned pregnancy and also has a youth specific section
<http://www.childrenbychoice.org.au/youth-space>
- Pregnancy Help Australia (AUS) Australian Federation of Pregnancy Support Services is committed to the provision of services for women, their partners and families when they are experiencing distress or hardship as the result of pregnancy. Links to local services. Phone: 1300 139 313 www.pregnancysupport.com.au
- Healthy Mothers Healthy Babies Program. Links to evidence and resources.
http://www.health.vic.gov.au/pch/downloads/links_evidence_resources.pdf
- The 'Stay Strong and Healthy Facebook Page – It's Worth It' campaign aims to raise awareness of Aboriginal pregnant women and their partners and families of the risks of drug and alcohol consumption during pregnancy as well as the potential challenges of dealing with a mental illness at this time. <https://www.facebook.com/StayStrongAndHealthy/info>
There is also a Stay Strong and Healthy poster and story book
<http://yourroom.com.au/product/stay-strong-and-healthy-new-bub-poster>
- Tresillian. Qualified child and family health nurses provide advice on any aspect of parenting children aged up to 5 years. Freecall: 1800 637 357, 02 9787 0855. The site also provides tips and information for mum's and dad's around pregnancy and parenting
<http://www.tresillian.net/tresillian-services/tresillian-parents-help-line.html>
- Karitane works with children and their parents from birth to 5 years of age. They provide support and information covering parenting support and advice, antenatal support and education, services to alleviate parental depression and anxiety, managing toddler behaviour and other issues related to this challenging but rewarding period in families lives. <http://karitane.org.au/karitane/about-us>
- Miracle Babies Foundation is Australia's leading organisation supporting premature and sick newborns, their families and the hospitals that care for them. Phone: 1300 622 243
<http://www.miraclebabies.org.au>

Additional Resources *Resources, Websites and Organisations*

Fact Sheets and Resources

- Family Planning has fact sheets on pregnancy
http://www.fpnsw.org.au/index_factsheets.html
- SHine SA has a range of factsheets regarding pregnancy
<http://www.shinesa.org.au/go/information-and-resources/choose-a-topic/pregnancy>
- Reach Out's Contraception and pregnancy fact sheets
<http://au.reachout.com/find/issues/sex-pregnancy/contraception?kt=info>
- Post and Antenatal Depression Association (PANDA) Provides confidential information, support and referral to anyone affected by depression and anxiety during pregnancy and after childbirth (perinatal depression and anxiety)-including partners, family members and friends and has a range of education and mutual support self help focused fact sheets
http://www.panda.org.au/index.php?option=com_content&view=article&id=11&Itemid=31
- The Australian Breastfeeding Association (ABA) has a range of factsheets which will provide answers to breastfeeding questions <https://www.breastfeeding.asn.au/bfinfo/index.html>
- See Interrelate for 100+ questions kids have about having a baby. The book answers real questions by children in words and phrases that are informative and yet catchy and fun to read. <http://www.interrelate.org.au/resources>

DVDs/Clips

- The GSpot – How does a women get pregnant-lessons about sex. Cartoon presented by a penis and vagina, showing how pregnancy happens, also flags STIs
<http://www.youtube.com/watch?v=WRpKabYJ8bU>

Phone and Information Lines and Online Information Chat Lines and Information Services

- Mothersafe for information on medications and pregnancy: Phone: 1800 647 848
www.mothersafe.org.au
- Family Planning NSW Talkline: 1300 658 886 is a confidential telephone information service where young people, carers or workers can ask questions about sexual or reproductive health during office hours or visit www.fpnsw.org.au/talkline
- Pregnancy Help Line is a service for women, their partners and families who are experiencing distress or hardship as the result of pregnancy – 1300 139 313 or visit

Additional Resources Resources, Websites and Organisations

<http://www.pregnancysupport.com.au>

- Tresillian Parent's Help Line. Qualified child and family health nurses provide advice on any aspect of parenting children aged up to 5 years. Freecall: 1800 637 357, 02 9787 0855, or visit <http://www.tresillian.net/tresillian-services/tresillian-parents-help-line.html>
- Parent Line is a telephone counselling, information and referral service for parents with children aged up to 18 who live in NSW who listen and provide support, assistance and information on relevant issues and services on a wide range of parenting issues. Freecall: 1300 130 052 or visit <http://www.parentline.org.au/home>
- Post and Antenatal Depression Association (PANDA) has a telephone information, support and referral service which staffed by trained volunteers, professional counsellors and supervising staff. 1300 726 306 Mon-Fri 10am-5pm or visit <http://www.panda.org.au>
- Australian Breastfeeding Association Provides breastfeeding information and support to mothers, their support networks (e.g., other family members) and health professionals
- The Australian Breastfeeding Association (ABA) runs the National Breastfeeding Helpline 1800 mum 2 mum - 1800 686 268 available 7 days a week. It is staffed by trained, volunteer counsellors who answer calls on a roster system in their own homes
<https://www.breastfeeding.asn.au/breastfeeding-helpline>
- Karitane works with children and their parents from birth to 5 years of age covering a range of area's of assistance. 1300 CARING - 1300 227 464 or visit
<http://karitane.org.au/karitane/contact-us>
- Miracle Babies Foundation provides support for sick and premature newborns and their families – 1300 622 243 24hrs 7days per week <http://www.miraclebabies.org.au>

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 for more information and resources for Post natal depression - see Social Emotional Wellbeing section see page 229.

Sexually Transmissible Infections Information and Resources For workers & young people

Organisations and Websites

- E-Learning modules for health care providers regarding contact tracing for hard to reach populations: www.ashm.org.au/default2.asp?active_page_id=341
- STIs are spreading fast. Always use a condom Australian Government webpage for

Additional Resources

Resources, Websites and Organisations

information regarding STIs <http://www.sti.health.gov.au/internet/sti/publishing.nsf/content/resources1>

- The Sexual Health Plus section of the NSW Health website provides a portal with links to NSW Health strategies, reports, services, policy directives and guidelines; as well as national research, policies and agencies relating to sexually transmissible infections (STIs) and blood borne viruses (BBVs). <http://www.health.nsw.gov.au/sexualhealth/pages/default.aspx>
- 'Let them Know' A mainstream contract tracing / STI notification website: www.letthemknow.org.au
- 'The Drama Downunder' A contract tracing / STI notification website targeting gay or bisexual men: www.thedramadownunder.info
- 'Better to Know' A contract tracing / STI notification website targeting Aboriginal people: www.bettertoknow.org.au
- Youth Projects STI Resource Kit provides information and education about a range of sexually transmitted infections including symptoms and treatments and safe sex. The resources was created in collaboration with young people, for young people <http://www.youthprojects.org.au/health/sti-resource>
- Medi Safe is a website which shows graphic photos of STIs, some of which are at advanced stages. Some of the less dramatic images can be useful in informing young people about what STIs look like, but should not be used with the intent to scare young people off of having sex. Such a strategy reduces workers' credibility, as many young people may have been sexually active for years without having contracted an STI. Instead, use the images to inform young people of STI symptoms to look for on themselves as well as partners, and emphasise the importance of getting treatment if such symptoms are present <https://www.medisafe.co.nz/sti/stis>

Posters, brochures, flyers, comics etc.

- Respect Test Posters were developed to encourage Aboriginal men and women over the age of 18 years to have a regular sexual health check ups. There are six in the series and come in poster and postcard sizes. <http://www.ahcsa.org.au/sexual-health/resources>
- Aboriginal sexually transmissible infections pamphlet series and poster (QLD) Promotes sexual health check ups and STI testing among Aboriginal people. Also encourages contact tracing / partner notification <http://www.healthinonet.ecu.edu.au/key-resources/promotion-resources?lid=23835>
- Quick Guide to STIs; Chlamydia Patient information sheet (VACCHO)

Additional Resources Resources, Websites and Organisations

<http://www.healthinonet.ecu.edu.au/key-resources/promotion-resources?lid=14631>

- Self-testing cards and posters regarding STI testing from NSW STI Programs Unit (STIPU) <http://stipu.nsw.gov.au/general-practice-resources/resources-order-form>
- SHine SA's Chatterbox tearpad of 50 sheets relating to STIs: Fungus, bacteria, virus, mite available from: <http://www.fpnsw.org/products/Chatterbox-STI-tearpad.html>

Factsheets

- STI information available within this resource on pages 97 - 112
- Family Planning has a Taking Care of Your Sexual Health fact sheet regarding sexual health check ups http://www.fpnsw.org.au/931400_8.html and individual STIs http://www.fpnsw.org.au/index_factsheets.html
- STI Facts Sheet available at STIPU <http://stipu.nsw.gov.au/general-practice-resources/sti-fact-sheets>
- SHine SA has a range of factsheets regarding STIs <http://www.shinesa.org.au/go/information-and-resources/choose-a-topic/sexually-transmitted-infections>
- South Eastern Sydney Local Health District STI fact sheets <http://www.seslhd.health.nsw.gov.au/SHSEH/services/factsheets.asp>

DVDs/Clips

- Protection Before Affection a 3.5 minute clip of friends Yarning about what STIs are, testing, confidentiality and how to prevent getting STIs <https://www.youtube.com/watch?v=sQbOMgOC1K8>
- Think About the Choices You Make DVD a 13 minute video from Hunter New England Local Health District about condom use, STIs, Pregnancy <http://www.youtube.com/watch?v=cIJv58hRR50>
- Lost Zac. A 4 minute clip (spoken in local language and has English sub-titles) where a young Aboriginal man Zac has been caught cheating on his girlfriend and tries to escape the consequences. Zac also asks his friends for advice and ends up going to the local health clinic for a sexual STI check. <https://vimeo.com/37354694>
- Gammin' but True! Short clips about your bits - an introduction to sexually transmitted infections SmartandDeadlyKoori's channel <http://www.youtube.com/watch?v=gPe4b1-NsA>. Love Not Lust From SmartandDeadlyKoori's channel <http://www.youtube.com/watch?v=hqRHR3s2D2Y>

Additional Resources

Resources, Websites and Organisations

- 6.5minute Sex Health Check Video – See how easy it is and what’s involved in a sexual health check in Australia e.g. STIs, condom usage, contraception
<http://www.youtube.com/watch?v=hqRHR3s2D2Y>
- Short animated clips about different STIs
<http://www.youthprojects.org.au/health/sti-resource>

Games

- Chlamydiastic a fun, interactive sexual health game
<http://www.sshc.org.au/Chlamydiastic.aspx>

Documents and Publications

- STI & BBV manual: Early detection and treatment of STIs and BBVs (AH&MRC)
http://www.ahmrc.org.au/index.php?option=com_content&view=article&id=17&Itemid=18
- Australasian contact tracing manual : a practical handbook for health care providers managing people with HIV, viral hepatitis, STIs and HIV-related tuberculosis (2010)
<http://ctm.ashm.org.au/>
- The Kirby Institute Aboriginal & Torres Strait Islander surveillance reports. Each year, the Aboriginal and Torres Strait Islander Health Program collaborates with the Surveillance and Evaluation Program for Public Health on the “Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report” <http://www.kirby.unsw.edu.au/surveillance/Aboriginal-Surveillance-Reports>

Phone and Information Lines and Online Information Chat Lines and Information Services

- Family Planning NSW Talkline: 1300 658 886 is a confidential telephone information service where young people, carers or workers can ask questions about sexual or reproductive health during office hours or visit www.fpnsw.org.au/talkline
- Nurse Nettie from the Play Safe website, can answer ask any questions young people may have about sex, sexual health or sexuality https://playsafe.health.nsw.gov.au/?no_intro=1

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 and Contraception Resources pages 125 - 140 for more information and resources.

Additional Resources Resources, Websites and Organisations

Sexting Information and Resources For workers & young people

Organisations and Websites

- The Lawstuff website can provide legal information regarding Sexting
http://www.lawstuff.org.au/nsw_law/topics/Sexting
- Prezi presentation for a youth-friendly summary of NSW law reform to use with young people. <http://prezi.com/jiudkskuct0h/new-voicesnew-laws-report>
- 'New Voices / New Laws – Putting the 'ex' in sexy text'. The crimes that apply to young people's internet and mobile use in NSW
<http://prezi.com/dxtczcyvsjij/new-voices-new-laws-putting-the-ex-in-sexy-text>
- 'New Voices / New Laws - Putting the 'post' in imposter'. The crimes that apply to young people's internet/mobile use in NSW
<http://prezi.com/ryydvvi9bxcp/new-voices-new-laws-putting-the-post-in-imposter>
- Love: The Good, The Bad and The Ugly website has information about sexting and how to handle peer pressure <http://lovegoodbadugly.com/sexting>
- Cyber Smart is an internet safety website that provides information and education which empowers young people to be safe online. There are a number of teaching resources, video's and an Aboriginal section called Be Deadly online <http://www.cybersmart.gov.au>

Fact Sheet

- Information regarding sexting can be found within this kit on page 219
- National Children's and Youth Law Centre, and the Children's Legal Service of Legal Aid NSW, 2010 for legal information
http://www.lawstuff.org.au/_data/assets/pdf_file/0011/14888/Sexting-fact-sheet.pdf

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 and Legal Resources section page 231 for more information and resources.

Domestic Violence and Sexual Assault Information and Resources For workers & young people

Organisations and Websites

Additional Resources

Resources, Websites and Organisations

- Bursting the Bubble is a website for young people who are experiencing family violence. Aims to assist young people to identify if family violence is occurring in their own homes; to develop safety strategies and ways of dealing with the emotional impact of abuse; and to understand how to seek further support. Also available as a booklet - downloadable as pdf, or order copies off their website <http://www.burstingthebubble.com>

Fact Sheets

- The Line's Domestic and Family Violence fact sheet
<http://s3-ap-southeast-1.amazonaws.com/jwtdfh0026/ncylc-domestic-violence.pdf>
- Reach Out's What is Family Violence face sheet
<http://au.reachout.com/What-is-domestic-violence>
- NSW Rape Crisis has a range of fact sheets sexual assault myths and facts, responding to a sexual assault report, reporting sexual assault to the police and other documents relating to children who has experienced sexual assault and adult survivors of sexual assault.
<http://www.nswrapecrisis.com.au/GetHelp/InformationAboutSexualViolence.aspx>

DVDs/Clips

- Gammin Love is a 15 minute clip which highlights domestic violence, sexual assault and drug use and tells the story about how two young Aboriginal girls get caught in the cycle of domestic and sexual violence. <https://myspace.com/centralmob/video/gammin-love-2009/107782813> An education tool used by teachers, youth workers, and health workers with Aboriginal young people 15-25 years old. Contact Central Australian Aboriginal Congress for the Educational booklet which accompanies the DVD. Phone: 08 8951 4400

Phone and Information Lines

- State-wide Domestic violence line (DV line) is a 24-hour line for those who think they are experiencing domestic violence. Calls to the DV line are anonymous and confidential. DV line staff can help: Arrange refuge accommodation in emergencies, explain what refuges are and refer you to an appropriate one, Refer to other services such as: counselling, the police, legal services, court assistance schemes, hospitals and health centres, explain what an Apprehended Violence Order (AVO) is and how to apply for one. Phone: 1800 656 463. This number is free from public telephones and landlines, and will not appear on your telephone bill. Calls from mobiles are billed to your account and do appear on your bill. Freecall: 1800 63 30 63

Additional Resources *Resources, Websites and Organisations*

- Mensline – a 24 hour service for men which has counsellors who are trained in dealing with male victims of domestic violence and has information on topics such as relationship support, parenting skills and suicide – 1300 78 99 78 <http://www.mensline.org.au>
- Women's Domestic Violence Court Advocacy Program – 1300 888 529. The Women's Domestic Violence Court Advocacy Services (WDVCASs) provide court support, advocacy, referrals and information. Some WDVCAS have specialist workers to help Aboriginal women, or women from culturally and linguistically diverse backgrounds
- Women's Legal Services NSW – Domestic Violence Advocacy Service (DVAS) – 1800 810 784 or 02 8745 6999
- Rape Crisis Centre/Sexual Assault Hotline provides state wide telephone and online crisis counselling services to anyone who has been impacted by sexual violence. They also provide trauma counselling for women who were sexually assaulted when they were children – 02 9819 6565 or 1800 424 017 or visit <http://www.nswrapecrisis.com.au>
- The Royal Prince Alfred Hospital's Sexual Assault Service for men and boys, offering 24 hour counselling, support and referral. Business hours: 02 9515 3680 After hours: 02 9515 6111
- A national sexual assault, family and domestic violence counselling service for anyone who has experienced or is at risk of experiencing physical or sexual violence. 24hrs 7days per week Line which can support victims of trauma 1800RESPECT – 1800 737 732
- Victims Access Line provides confidential support, referral and information for victims of crime. Phone: 1800 633 063 or the Aboriginal Contact Line: 1800 019 123

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 and page 220 for domestic violence in LGBTIQ and Same Sex relationships for more information and resources.

Alcohol and Other Drugs Information and Resources For workers & young people

Organisations and Websites

- Youth Support + Advocacy Service (YSAS) enables highly vulnerable and high-risk young people with substance dependence and misuse issues, mental illness and social disconnection to take control of their health and wellbeing. This site has information and articles relevant for young people and also a section for workers including a youth AOD Tool Box <http://www.ysas.org.au>

Additional Resources Resources, Websites and Organisations

- Alcohol and other drug services (ADIS) is a 24 hour line staffed by trained counsellors who can assist with information, appropriate drug and alcohol treatment and counselling. Phone: 02 9361 8000 or Freecall 1800 422 599.
- Your Room run by Alcohol and Drug Information Service (ADIS) offers drug and alcohol information e.g. side effects, withdrawal, and how to get help <http://yourroom.com.au>
- It also has a range of resources including Aboriginal specific resources <http://yourroom.com.au/aboriginal-resources>
- The 'Stay Strong and Healthy Facebook Page – It's Worth It' campaign aims to raise awareness of Aboriginal pregnant women and their partners and families of the risks of drug and alcohol consumption during pregnancy as well as the potential challenges of dealing with a mental illness at this time. <https://www.facebook.com/StayStrongAndHealthy/info>
- Family Drug Help offers family members support, information, education, inspiration and the encouragement to practise self care. Phone: 1300 660 068 9am–9pm, Monday to Friday <http://www.familydrughelp.com.au/>
- Australian Injecting and Illicit Drug Users' League (AIVL) is the national peak organisation representing the state and territory drug user organisations and issues of national significance for people who use or have used illicit drugs. Phone: 02 6279 1600 www.aivl.org.au
- The National Binge Drinking Campaign (Don't turn a night out into a Nightmare) website includes campaign posters , fact sheets and useful links <http://www.drinkingnightmare.gov.au/internet/DrinkingNightmare/publishing.nsf>
- NSW Users and AIDS Association (NUAA) is a not-for-profit NSW based organisation advocating for people who use drugs, particularly those who inject drugs. Phone: 02 8354 7300 www.nuaa.org.au

DVDs/Clips

- Kaiyai Girl. A 30 minute video set in Broome. Missy and a friend attend a party and are faced with many choices in relation to alcohol and other drug use and how they come to deal with the consequences of their choices. Kaiyai girl is an interactive DVD <http://gdhr.wa.gov.au/resources/videos/kaiyai-girl-interactive-dvd/view>
or contact: Heuristic Interactive Technology (HITnet) Phone: 0409 590 252
Email info@hitnet.com.au
- "Risky Business" Animation Preview - Trace's Story (Alcohol and Drugs, pregnancy, STIs

Additional Resources *Resources, Websites and Organisations*

and condom use) <http://www.youtube.com/watch?v=oojxNc1xMOI>

- “Risky Business” Animation Preview - Elvis’s Story (drugs, sex, partying,) <http://www.youtube.com/watch?v=NUfwCIT0YdQ>
- Head Space’s 5 minute clip - The Low Down on Alcohol from Tune In Not Out <http://www.tuneinnotout.com/videos>

Games

- ADIS’s Drug and Alcohol knowledge Testing Game ‘Spinner’ <http://yourroom.com.au.s105177.gridserver.com/spinner-game>

Fact Sheets

- Youth Projects Alcohol and other drugs fact sheets <http://www.youthprojects.org.au/health/facts>

Phone and Information Lines

- Alcohol and other drug services (ADIS) is a 24 hour line staffed by trained counsellors who can assist with information, appropriate drug and alcohol treatment and counselling. Phone: 02 9361 8000 or Freecall 1800 422 599.
- Family Drug Help offers family members support, information, education, inspiration and the encouragement to practise self care. Phone: 1300 660 068 9am–9pm, Monday to Friday <http://www.familydrughelp.com.au>
- NSW Users and AIDS Association (NUAA) (Drug User Group) (02) 9369 3455, 1800 644 413 <http://www.nuaa.org.au>
- Youth Support + Advocacy Service (YSAS) has a 24 hour free drug and alcohol helpline 1800 458 685 <http://www.ysas.org.au>
- Counselling Online offers free drug and alcohol counselling and referrals 24 hours a day, 7 days a week. Phone: 1800 888 236 or visit <http://www.counsellingonline.org.au>
- Cannabis Information and Helpline: 1800 30 40 50 11am–7pm, Monday to Friday (including public holidays) or visit: <http://ncpic.org.au/ncpic/helpline>
- Quitline is a telephone service offering education and information for people wanting to quit smoking: 131 848

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 for more information and resources.

Additional Resources

Resources, Websites and Organisations

Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LGBTIQ) and Same Sex Couples For workers & young people

Organisations and Websites

- ACON is the NSW leading health promotion organisation specialising in HIV and LGBTI Health Sydney: (02) 9206 2000, Free call: 1800 063 060, Northern Rivers: (02) 6622 1555, Hunter/Mid North Coast: (02) 4927 6808, Illawarra: (02) 4226 1163 www.acon.org.au
- Right Here, Right Now is a website run by ACON for young gay, lesbian and bisexual people. It has lots of information on sexual health, drugs, domestic violence and mental health set out in a colourful and engaging way www.rightrightnow.acon.org.au
- Minus18 is Australia's largest youth led organisation for gay, lesbian, bisexual and trans* youth and offers a range of information and resources. It also has online networking <https://minus18.org.au/index.php/about-us>
- QLife is Australia's first nationally-oriented counselling and referral service for people of diverse sex, genders and sexualities. QLife provides nation-wide, early intervention, peer supported telephone and web based services to support Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people of all ages <https://www qlife.org.au>
- Tune in Not Out website. Which explores the topics of sexuality and discusses bisexual, lesbian and gay relationships (as well as lots of other topics e.g. drugs and alcohol, body image etc.) and has a number of video's and factsheets <http://www.tuneinnotout.com/topics/sexuality>
- Coming Out provides support, information, resources and links to other organisations which help with 'coming out' and on other topics such as sexual orientation and has one on one support for young people and their families <http://www.comingout.com.au>

Posters, brochures, flyers, comics etc.

- Proud to be Black, Proud to be Gay is a series of three posters that portray Aboriginal and Torres Strait Islander gay men in a fun, strong, and confident light; representing positive role models for the Aboriginal and Torres Strait Islander gay community. http://www.afao.org.au/library/posters#.U6fB8Om_IQU
- Family Planning NSW - 'Some Girls like Other Girls....' is an A4 poster aimed at young people to promote inclusivity and a "welcome all" attitude to same sex relationships <http://www.fpnsw.org/products/Some-Girls-Like-Girls-A4-poster-FREE.html>
- The Gay and Lesbian Counselling Service of NSW (GLCS) has a range of links and

Additional Resources

Resources, Websites and Organisations

resources http://www.glcsnsw.org.au/index.php?option=com_content&view=section&id=9&Itemid=168

Domestic Violence

- Another Closet is a same sex domestic violence website, designed by ACON, it has information, links and plenty of “Get Help” phone numbers <http://ssdv.acon.org.au>
- Another Closet website provides services and information on domestic violence in LGBTIQ relationships including tips for making crisis plans and contact details for referral services <http://www.anothercloset.com.au/giving-support>
- GLBTIQ Domestic Violence Toolkit is for agencies and services providers supporting GLBTIQ victims of domestic violence and their families <http://www.acon.org.au/anti-violence/resources/GLBTIQDV-toolkit>

Factsheets

- Reach Out has a range of fact sheets including All About Sex and Gender <http://au.reachout.com/All-about-sex-and-gender>
- Guys, Men, Boys and Blokes gender and equality fact sheet <http://s3-ap-southeast-1.amazonaws.com/jwtdfh0026/factsheet-3a-guys-men-boys-and-blokes.pdf>
- What Men Can Do website How Men Can Stop Gender Inequality fact sheet <http://whatmencando.net/reflect/inequality>

DVDs/Clips on Domestic Violence

- GLBTI Survivor stories from domestic and family violence <http://www.acon.org.au/about-acon/Newsroom/Media-Releases/2014/92>
- A 3 minute clip about using the term ‘that’s so gay’ in every day life to describe negative things. A pledge to stop using the term <http://www.tuneinnotout.com/videos>
- 2.5 minute clip from Tune In Not Out - Being Gay is not Voluntary, Hate is <http://www.tuneinnotout.com/videos>

Phone and Information Lines and Online Information Chat Lines and Information Services

- The Gay and Lesbian Counselling Service of NSW (GLCS) is a volunteer based community service providing free, anonymous and confidential telephone counselling, information and referral services and support groups for lesbian, gay, bisexual, transgender and intersex

Additional Resources Resources, Websites and Organisations

(LGBTI) people, their friends and family and the wider community throughout NSW on sexuality and life issues. Phone 02 8594 9596 or regional: 1800 184 527 Also see Twenty10 website here: <http://www.twenty10.org.au>

- QLife Help and Support Line: 1800 184 527 or chat online 5:30pm – 10:30pm
<https://www.qlife.org.au>
- Minus18 is Australia's largest youth led organisation for gay, lesbian, bisexual and trans* youth and offers online networking <https://minus18.org.au/index.php/connect/register>
- Family Planning NSW Talkline: 1300 658 886 is a confidential telephone information service where young people, carers or workers can ask questions about sexual or reproductive health during office hours or visit www.fpnsw.org.au/talkline
- Nurse Nettie from the Play Safe website, can answer ask any questions young people may have about sex, sexual health or sexuality https://playsafe.health.nsw.gov.au/?no_intro=1

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 for more information and resources.

Blood Borne Viruses: HIV and Hepatitis For workers & young people

Organisations and Websites

- Australasian Society for HIV Medicine (ASHM) is a peak organisation of health professionals in Australia and New Zealand who work in HIV, viral hepatitis and sexually transmissible infections. <http://www.ashm.org.au>
- Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) which aims to improve the lives and protect the rights of Aboriginal and Torres Strait Islander people affected by HIV. www.ana.org.au
- Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response. Providing leadership, coordination and support to the Australia's policy, advocacy and health promotion response to HIV/AIDS. Phone: 02 9557 9399 or visit: www.afao.org.au
- The National Association of People with HIV Australia (NAPWAH) is Australia's peak non-government organisation representing community-based groups of people living with HIV Phone: 02 8568 0300, Free call: 1800 259 666 or visit: www.napwa.org.au

Additional Resources *Resources, Websites and Organisations*

- Hepatitis Australia is a non-government, not-for-profit they do not provide services to individuals but they can locate hepatitis services in local areas, they have relevant up to date Hepatitis information and they have an information line. Phone: 1300 437 222 <http://www.hepatitisaustralia.com/>
- Hepatitis NSW is the peak community-based hepatitis organisation in the Australian state of New South Wales. Phone: 02 9332 1853 www.hep.org.au
- Positive Life NSW works to promote a positive image of people living with and affected by HIV with the aim of eliminating prejudice, isolation, stigmatisation and discrimination. Phone: 02 9361 6011, Freecall: 1800 245 677 or visit: www.positivelife.org.au
- Hepatitis NSW has a range of factsheets, booklets, posters, flyers and resources regarding Hepatitis <http://www.hep.org.au/index.php?article=content/info-resources>
- "What is this Hep C thing?" La Trobe University's interactive website activity for young people <http://www.hepc.com.au>
- The Sexual Health Plus section of the NSW Health website provides a portal with links to NSW Health strategies, reports, services, policy directives and guidelines; as well as national research, policies and agencies relating to sexually transmissible infections (STIs) and blood borne viruses (BBVs). <http://www.health.nsw.gov.au/sexualhealth/pages/default.aspx>
- The Hep C and Me site has some fun and colourful lessons on Hepatitis C. Also has some great easy to understand information on treatment www.hspace.org.au

Posters, brochures, flyers, comics etc.

- Hep C & Us Mob - a passport sized booklet about hepatitis C and Deadly Shots Hep C Postcards http://www.ahmrc.org.au/index.php?option=com_content&view=article&id=15&Itemid=16

Games

- Dr BBV is an interactive game for young Aboriginal people about blood borne viruses. For more information, please use the contact the AH&MRC: 02 9212 4777
- Hepatitis ABC is an interactive knowledge based game that tests participants' knowledge of hepatitis A, B and C transmission, disease course, testing and treatment http://www.hepatitisc.org.au/documents/ABCgame_000.swf

Fact Sheets

- Family Planning has a fact sheets regarding HIV http://www.fpnsw.org.au/index_factsheets.html

Additional Resources

Resources, Websites and Organisations

- South Eastern Sydney Local Health District Hepatitis and HIV fact sheets
<http://www.seslhd.health.nsw.gov.au/SHSEH/services/factsheets.asp>

DVDs/Clips

- “Deadly Shots” is a community based arts project organised by the Aboriginal Health and Medical Research Council of NSW (AH&MRC) where young Aboriginal people were given disposable cameras to take photographs about what living with Hepatitis C means for their communities <http://www.youtube.com/watch?v=pil8iE2CpuM>
- Hepatitis C NSW has a range of clips available:
<http://www.hep.org.au/index.php?article=content/talking-hep/video-audio>
- Tune In Not Out 3 minute clip - Talking about HIV (Jase)
<http://www.tuneinnotout.com/videos/>
- Don't be a buntha (Hep C – Don't Let it be). A 6 minute plasticine model clip about Hep C and using injecting equipment <http://www.youtube.com/watch?v=m-rj8VTONcA>
- Phone and Information Lines and Online Information Chat Lines and Information Services HIV Information Line. Phone 02 9332 9700 or 1800 451 600. Mon-Fri 8:30am-5:30pm. Or visit: info@thealbioncentre.org.au
- Hepatitis Infoline 1800 803 990 This service provides counselling and referral for people affected by hepatitis C. You can also chat online at:
<http://www.hep.org.au/index.php?article=content/talking-hep/online-chat>
- Nurse Nettie from the Play Safe website, can answer ask any questions young people may have about sex, sexual health or sexuality https://playsafe.health.nsw.gov.au/?no_intro=1

Documents and Publications

- STI & BBV manual: Early detection and treatment of STIs and BBVs (AH&MRC)
http://www.ahmrc.org.au/index.php?option=com_content&view=article&id=17&Itemid=18
- The Kirby Institute Aboriginal & Torres Strait Islander surveillance reports. Each year, the Aboriginal and Torres Strait Islander Health Program collaborates with the Surveillance and Evaluation Program for Public Health on the “Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation Report” <http://www.kirby.unsw.edu.au/surveillance/Aboriginal-Surveillance-Reports>

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 and STI section for more information and resources.

Additional Resources *Resources, Websites and Organisations*

Social Emotional Wellbeing Health For workers & young people

Organisations and Websites

- ReachOut.com is Australia's leading online youth mental health service, which provides help and information on a range of topics such as: sex, drugs and alcohol, relationships, mental health etc. There are resources available and a range of video's and fact sheets and interactive form's and chat rooms for young people www.reachout.com
- Mental Health Council of Australia of the peak non-government body representing the interests of the mental health sector <http://mhca.org.au>
- Headspace is the national youth mental health foundation. They help young people aged 12-25 who are going through a tough time, providing support for problems like depression, anxiety, bullying and body image <http://www.headspace.org.au>
- 'Its All Right' is a youth friendly site featuring four fictional young people's weekly diary entries regarding their activities and their struggles with mental health issues. Also, separate fact sheets describing mental health diagnoses with medical and nonmedical treatments <http://www.itsallright.org>
- SANE Australia is a national charity helping all Australians affected by mental illness lead a better life – through support, training, and education <http://www.sane.org>
- Youth Beyondblue aims to decrease the prevalence of depression and reduce its impact. Provides a 24 hour information helpline service and maintains a directory of mental health practitioners in Australia <http://www.youthbeyondblue.com>
- The Black Dog Institute provides information about bipolar disorder and depression. Also includes information about the Institute's Mood Disorders Unit, their clinical services and research www.blackdoginstitute.org.au
- The Centre for Rural & Remote Mental Health (CRRMH) aims to provide education and training programs, undertake research and evaluate innovative service delivery models in mental health throughout rural and remote NSW www.crrmh.com.au
- The Commonwealth Government's Living Is For Everyone (LIFE) website is a and self-harm prevention resource. Dedicated to providing the best available evidence and resources to guide activities aimed at reducing the rate of suicide in Australia, the LIFE website is designed for people across the community who are involved in suicide and self-harm prevention activities www.livingisforeveryone.com.au
- Blue Pages is a user-friendly website which focuses on depression. It provides symptoms as well as medical, psychological and alternative treatments that do and don't work and has on-line screening tests for depression and anxiety <http://www.bluepages.anu.edu.au>

Additional Resources

Resources, Websites and Organisations

- DepressionNet aims to empower ‘people like us’ to make informed choices & find solutions to the challenges of living with depression. They offer a comprehensive range of resources for information, help to access professionals, treatments, tools, etc. throughout Australia, and peer support in through their messageboard and chat rooms <http://depressionet.org.au>
- Youth.gov.au has a range of information and resources related to body images as well as a friendly schools resource <http://www.youth.gov.au/sites/Youth/bodyImage/Resources>

DVDs/Clips

- Headspace’s Who is affected by mental health issues clip <http://www.headspace.org.au/parents-and-carers>
- A 4 minute clip from Head Space about Mental Health and You <http://www.tuneinnotout.com/videos/>
- Tune In Not Out a 3minute clip - Knowing the Warning Signs of Suicide and another 3 minute clip – How Being a Good Mate Starts with a Simple Question: related to the R U OK Campaign <http://www.tuneinnotout.com/videos/>
- A great 3.5 minute clip from Head Space all about self esteem from Tune In Not Out <http://www.tuneinnotout.com/videos/>

Factsheets and Resources

- ‘Its All Right’ has a range of factsheets surrounding mental health <http://www.itsallright.org/factsheets.php>
- Youth Beyond Blue has fact sheets about what depression is and what causes it <http://www.youthbeyondblue.com/understand-what’s-going-on/depression> and how to get help <http://www.youthbeyondblue.com/do-something-about-it>
- Reach Out’s How to Improve Your Body Image fact sheet <http://au.reachout.com/What-is-body-image>
- Information and fact sheets on suicide and other issues <http://cyh.com.au/HealthTopics/HealthTopicDetails.aspx?p=243&np=293&id=2993>
- Better Health Victoria. Negative Emotions fact sheet http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Negative_emotions_coping_tips
- Interrelate has a set of emotions which can help counsellors, parents, teachers or just about anyone start the conversation about feelings <http://www.interrelate.org.au/resources/cards/emotion-cards-62-set>

Additional Resources Resources, Websites and Organisations

Phone and Information Lines and Online Information Chat Lines and Information Services

- Australia Helpline 1800 187 263 9am–5pm, Monday to Friday Information and referral about mental health issues - See more at:
<http://www.druginfo.adf.org.au/contact-numbers/help-and-support#sthash.JmqSzUba.dpuf>
- Lifeline 24hr crisis line: 13 11 14 or online chat 7 days a week from 8pm-4am.
www.lifeline.org.au
- Kids Helpline is a confidential telephone counselling service for 5-18 year olds. Freecall 1800 551 800 www.kidshelp.com.au
- Youth Beyond Blue: 1300 224 636 or web chat between 3pm and 12am
<http://www.youthbeyondblue.com/>
- Nurse Nettie from the Play Safe website, can answer ask any questions young people may have about sex, sexual health or sexuality https://playsafe.health.nsw.gov.au/?no_intro=1
- Reach Out have interactive forums and chat rooms for young people www.reachout.com

NB: See Broad Sexual and Reproductive Health Information and Resources section page 204 for more information and resources.

Legal Information For young people

Websites

- Law Stuff is a National site provided by the National Children's and Youth Law Centre. Includes pre-written law info on a bunch of youth specific topics, sex, sexting, alcohol, drugs, sexual assault, domestic violence etc. Also provides a Lawmail email service for 18 year old and younger to offer advice regarding specific legal questions
http://www.lawstuff.org.au/nsw_law/topics
- Aboriginal and Torres Strait Islander Legal Services (ATSILS) provides culturally competent legal assistance services to Aboriginal and Torres Strait Islander peoples. Phone: 1800 012 225 or email: natsils@atsils.org.au, <http://www.natsils.org.au>
- The Aboriginal Legal Service is an Aboriginal community organisation which provides free legal information, referral and legal advice to Aboriginal men, women and children in NSW and ACT. Crime: 1800 765 767 Care: 1800 733 233
- The Shopfront Youth Legal Centre is a free State-wide service providing advice for young

Additional Resources Resources, Websites and Organisations

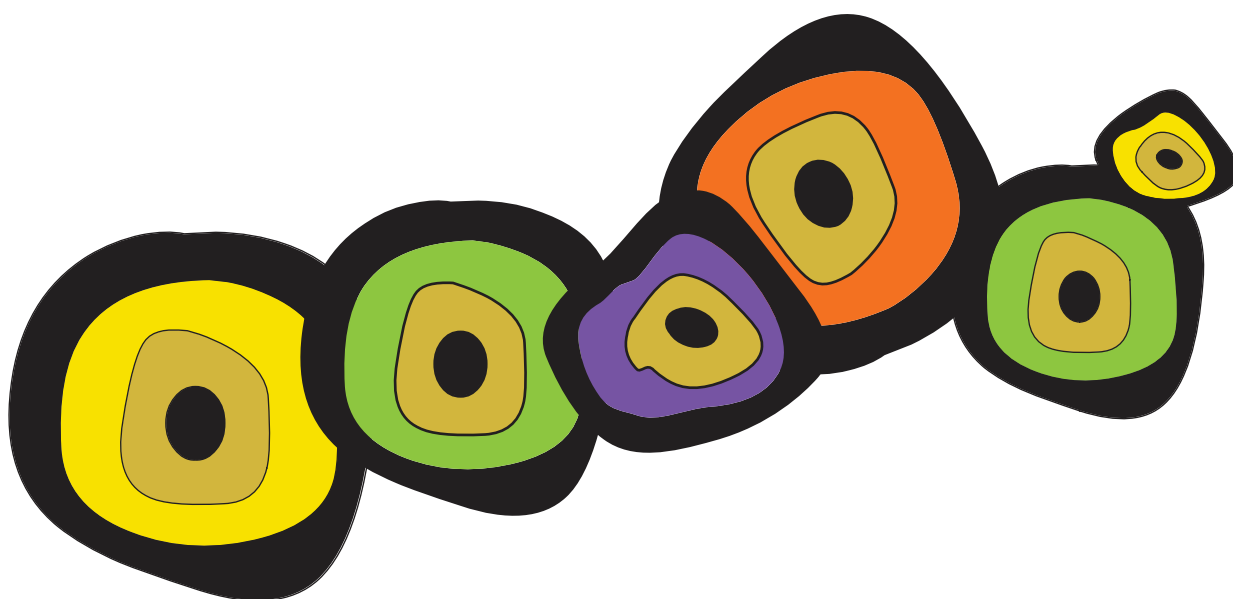
people on all sorts of legal matters. Particular interest in assisting homeless and disadvantaged young people aged 25 years and younger. Phone: 02 9322 4808. Email: shopfront@theshopfront.org, or visit <http://www.theshopfront.org>

- The National Children's and Youth Law Centre (NCYLC) is Australia's only national community legal centre dedicated to representing the rights and interests of children and young people, The Centre provides advice and information for children and young people about the law and their rights. Phone: 02 9385 9588, email: admin@ncylc.org.au or visit: <http://www.ncylc.org.au>
- LawAccess Online has plain language legal information including factsheets and guides to help you with your legal issues <http://www.lawaccess.nsw.gov.au>

Phone and Information Lines and Online Information Chat Lines and Information Services

- The Youth Hotline on: 1800 101 810 gives legal advice and information to young people younger than 18. You can call the Hotline from 9am to midnight on weekdays, with a 24-hour service from Friday 9am to Sunday midnight and also on public holidays www.legalstuff.org.au
- LawAccess: 1800 888 529 available between 9am to 5pm, Monday to Friday (excluding public holidays) <http://www.lawaccess.nsw.gov.au>

**NB: See General Sexual and Reproductive Health Resources section
page 204 for more information and resources.**



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We would also like to acknowledge a number of organisations and resources which were used to develop *One2One* and remain in *DOIN 'IT' RIGHT!* A full list of originally used resources can be found in *One2One*.

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