Comprehensive Sexuality Education: Position Paper

Summary

All young people have a fundamental right to good quality Comprehensive Sexuality Education (CSE) that is delivered consistently by appropriately skilled teachers and educators.

CSE adopts a human rights approach, viewing sexuality as an inherent aspect of human development. CSE encourages all young people to develop the knowledge, skills, attitudes and values necessary to make considered decisions affecting their sexual, reproductive and interpersonal health.

CSE has a sound evidence base for improving sexual health outcomes among all young people. Quality CSE has been shown to reduce rates of sexually transmissible infections (STIs), unintended pregnancy and incidents of coerced sexual activity and sexual assault, while improving young people's capacities to actively communicate and negotiate about consensual sexual activity (UNESCO, 2018).

All staff who deliver CSE should be appropriately trained to do so to ensure that the diverse needs of all young people are addressed.

CSE programs should be adequately resourced, informed by best practice principles, and underpinned by national policy for all schools in Australia.

Comprehensive sexuality education is "a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality" with the specific objective of equipping all young people with the knowledge, skills, attitudes and values that will enable them to make considered and adaptive choices concerning their relationships, behaviours, and sexual health and wellbeing (UNESCO, 2018). This Position Paper of the Australian Association for Adolescent Health advocates for the right of all young people to participate in comprehensive sexuality education in schools and other educational settings that is meaningful, effective and perceived as valuable by a diverse range of young people.

Adolescent Sexual Health

The World Health Organisation defines sexual health as "a state of physical, emotional, mental and social well-being in relation to sexuality… [it] requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence" (WHO, 2006). To achieve this, the sexual rights of all young people must be acknowledged and protected. A national curriculum provides an opportune platform to cater for and protect such rights.

The Sexual Health of Young People in Australia

Around the globe, the second decade of life is when most people begin partnered sexual activity (Wellings et al., 2006), although the context in which this occurs varies widely. In Australia, where the median age of first vaginal intercourse is 17 years (Rissel et al., 2014), 'premarital' sexual activity is widely accepted (de Visser et al., 2014). Additionally, Australian research consistently demonstrates that a substantial minority of secondary students report same-sex attraction and recent sexual activity with a same-sex partner (Mitchell et al., 2014). Thirteen per cent of male students and 19% of female

students reported attraction to people of the same, or both, sexes in the most recent national survey (Mitchell et al., 2014)

Applying the WHO definition of sexual health, the most recent national survey of secondary students in Australia revealed that almost half of respondents reported positive feelings about their most recent sexual experience. However approximately 28% of female and 20% of male students reported at least one experience of unwanted sex (Mitchell et al., 2014). Young age is a risk factor for sexual assault, especially for females (ABS, 2016). Sexism and tolerance of gender-based violence continue to be pervasive (Harris et al., 2015), with young men in particular more likely to justify, excuse, trivialise, or minimise violence against women (Harris et al., 2015). Young people in same-sex relationships also experience intimate partner violence (Jacobson et al., 2015). Research continues to demonstrate that young Australians are often ill-prepared to navigate safe, healthy, consenting, and egalitarian sexual relationships (Johnson et al., 2016).

Although teenage childbirth rates are low in Australia, some groups are disproportionately represented, including Aboriginal and Torres Strait Islander young people and teenagers from low socioeconomic backgrounds (Marino et al., 2016). Furthermore, where there are reliable data (such as in South Australia), abortion proportions are higher among Australian teenagers than their older female counterparts (Scheil et al., 2017). Reported rates of some STIs are higher among young people, particularly Chlamydia, which is most frequently diagnosed among 15 – 29 year olds (Kirby Institute, 2017). There has also been a recent increase in reported rates of gonorrhoea among young Australian women (Kirby Institute, 2017). Young Aboriginal and Torres Strait Islander people also experience higher reported rates of STIs, such as Chlamydia, gonorrhoea, and syphilis (Kirby Institute, 2017).

Marginalised young people are also at risk of poorer sexual health outcomes. For example, young people who identify as sexuality and/or gender diverse face stigma and discrimination which makes them vulnerable to increased rates of bullying, harassment and violence (Smith et al., 2014). In consequence, sexuality and/or gender diverse young people are disproportionately affected by anxiety, depression, and psychological distress (National LGBTI Alliance, 2016) and experience an increased risk of substance misuse, self-harm, suicide ideation and suicide (Strauss et al., 2017).

Many young people lack knowledge about the availability and accessibility of various health services, including services relating to contraception, STI screening and management, and pregnancy choices. Young people's access to health services is further challenged by potential out-of-pocket costs, and by their heightened sensitivity around breaches of confidentiality due to uncertainty concerning privacy and parental consent (Patton et al., 2016).

Comprehensive Sexuality Education in Schools and its Impact on Health and Wellbeing

School-based CSE has the capacity to significantly improve the sexual health outcomes of young people (Pound et al., 2017). Specifically, positive sexual health outcomes include delayed onset of first sexual experience, reduced rates of STIs, reduced rates of unplanned pregnancies, reduced rates of sexual coercion, increased use of condoms during first vaginal intercourse and increased capacity to negotiate safe and consensual sexual activity (Kirby, 2011; UNESCO, 2018; Walsh, 2015; Yeung et al., 2017). Further, there is evidence that abstinence-only sex education programs do not have any impact on delaying sexual initiation, reducing number of sexual partners or reducing frequency of sex (UNESCO, 2018)

While mindful of age-appropriateness, the content of CSE should be scientifically accurate, non-judgemental and 'sex-positive' (that is, having positive attitudes towards sexuality). Programs should

be sensitive to cultural diversity and disability and inclusive of sexual and gender diversity, taking a rights-based approach.

Young People's Experiences of School-Based Sexuality Education

Australia has a national Health and Physical Education curriculum, which includes a focus on relationships and sexuality (ACARA, 2013). However, the implementation of the curriculum is the responsibility of state and territory governments, so what is taught is variable, and the form and style of delivery will differ (ACARA, 2013). For non-government schools, which educate 34% of Australian students (ABS, 2017), sexuality education is often influenced by wider factors such as religion. Young people from religious schools are more likely to be taught conservative, and potentially harmful, messages, including information of a homophobic nature (Hillier et al., 2010).

Even where sexuality education is taught in schools, there are often gaps in program content. For example, a recent national survey of secondary school students revealed that less than half (45%) of respondents found their sexuality and relationship education to be 'very' or 'extremely' relevant (Mitchell et al., 2014). Young people consistently report that sexuality education is too biologically-oriented, and that its risk-focused approach neglects relationships, intimacy and the pleasure associated with sex (Hillier et al., 2010). Topics generally covered in sexuality education include puberty, human reproduction, and prevention of STIs and unplanned pregnancy. However, even these topics can be absent, inadequate, or misleading. Insufficient information about STIs has been commonly reported (Mitchell et al., 2014), while inadequate information relating to consent and healthy relationships has also been highlighted (Johnson et al., 2016). Furthermore, an absence of relevant material for students identifying as sexual and/or gender diverse typically results in same-sex attracted and gender questioning young people being the most likely cohort to find sex education inadequate or irrelevant (Hillier et al., 2010). Similar dissatisfaction has been expressed by young people with intellectual disability, who report that their sexuality education was 'rules based' and left them with more questions than answers (Frawley & Wilson, 2016).

Young people also express the need for more practical and interpersonal skills such as the navigation of healthy relationships, refusal and negotiation skills, and how and where to access youth health services. Those from migrant or refugee backgrounds often report being unable to access this kind of information in the family home (Botfield et al., 2018).

Young people want more inclusive and realistic information about sexual and gender diversity, violence in relationships, consent and coercion, pornography, intimacy, sexual pleasure, and love, among other topics (Giordano & Ross, 2012; Gleeson et al. 2015, Johnson et al., 2016). Young people have also demonstrated their interest in learning how to prepare for, and maintain, healthy and respectful intimate relationships.

Evidence of Best Practice for Comprehensive Sexuality Education

The following principles of best practice in CSE are a synthesis of evidence from the latest UNESCO Report (2018) and an academic review by Pound and colleagues (2017). They derive from authoritative reviews of findings from a range of CSE programs, and include input from young people as well as researchers, experts and practitioners.

Contemporary CSE content should include discussion of sexual pleasure and wellbeing (Allen, 2007; Ollis & Harrison, 2016), gender diversity (Gegenfurtner & Gebhardt, 2017; Ullman, 2017), violence (Kearney et al., 2016), disability (Family Planning NSW, 2013), pornography (Baker, 2016), and use of social media (Dobson & Ringrose, 2016). Education supporting the development of respectful and egalitarian values towards intimate relationships is likely to prevent harm throughout the adolescent

years and may also increase the likelihood of respectful relationships throughout adulthood (Brannon, 2011). To best support young people who have experienced childhood sexual abuse, it has been recommended that CSE be 'trauma-informed' (Ronken & Johnston, 2015), so as to minimise the risk of re-traumatisation, decrease trauma symptoms, and improve health outcomes for survivors (Kezelman & Stavropoulos, 2018).

Thus, CSE incorporates information relating to:

- Relationships and emotions
- Values, rights, culture and sexuality
- Understanding gender
- The human body and development
- Sexuality and sexual behaviour in its different forms
- Sexual and reproductive health
- Violence, sexual coercion and exploitation, and staying safe
- Online safety, sexting and cyberbullying
- Development of health literacy skills, including where and how to access services that provide acceptable and youth-friendly sexual and reproductive health care

The development of a CSE program should involve young people, parents/family and other community stakeholders, in addition to experts in human sexuality. It is also important that the development of such programs be grounded within contemporary evidence-based standards or guidelines.

Importantly, research emphasises that the delivery of CSE is just as important as the content (UNESCO 2018, p. 90). Schools are ideally placed to deliver age-appropriate CSE to school students as part of their formal education (Mitchell et al., 2014; UNESCO, 2018). Effective CSE programs should take place in a safe and confidential environment, beginning in primary school and ideally continuing until the age of 18. CSE should be implemented within regular lessons with programs of sufficient duration and intensity. This implementation may also include special activities and events, with CSE integrated within a 'whole school' ethos. Teachers should be supported through comprehensive professional development and can also be supported by a 'co-teaching' model in which CSE is delivered in partnership with experts, such as external sexual health professionals.

Professional standards for the delivery of CSE in schools should be developed, including the provision of ongoing professional development opportunities for teachers. This is essential to ensure that teachers are trained to the minimum standard and remain skilled (Collier-Harris & Goldman, 2017; Burns & Hendriks, 2018). Effective sexuality educators should have expertise in sexual health, and should present as confident, unembarrassed, non-judgemental, and approachable.

The Politics of CSE

Despite evidence that CSE does not lead to early or increased sexual activity, and demonstration of its positive impact on sexual health, CSE has been a politicised issue. A national survey of secondary school teachers in Australia in 2011 found that nearly half were concerned about community reaction when teaching some aspects of sexuality education (Smith et al., 2011). Interestingly, the great majority (~85%) of teachers surveyed had taught about same-sex attraction, but less than half (48%) had taught about pleasure (Smith et al., 2011).

Another criticism of CSE is that such programs are ideological tools used to influence school-aged children to adopt left-leaning political views (Law, 2017). These claims are baseless. CSE program development involves rigorous academic consultation, supported by documented evidence of best

practice. There have also been claims that CSE will expose children to sexually explicit material and activities, prior to what is considered legal, healthy and/or developmentally appropriate, which is also unfounded. Current recommendations for CSE include age-appropriate education relating to respectful relationships, as well as respectful and inclusive attitudes towards sexual and gender diversities (for younger students), while more explicit material, such as the mechanics of sexual intercourse, is delivered to older students (as is currently the case in Australian schools).
According to the WHO (2006), "for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled". Schools are in the unique and supreme position to honour this basic human right.

Recommendations

- All Australian schools should provide comprehensive sexuality education (CSE) to their students that aligns with current international best practice guidelines.
- Staff delivering CSE should be well-trained, well supported, sex-positive and enthusiastic. Whilst classroom teachers are best placed to ensure ongoing delivery in schools, their work may be supported by trained content experts and peer educators.
- Schools should also encourage family discussions about relevant topics.
- School-based CSE should be scientifically accurate, delivered incrementally across all year levels (based on the age and development of learners) and should be of sufficient duration and intensity to provide an educational effect while meeting the diverse range of needs of all students.
- CSE content should be based on a human rights approach that is student-centred, sex-positive, inclusive of diversity, culturally sensitive and trauma-informed.
- To ensure the provision of CSE in schools, the following actions are required:
    i. collaborative action between the Australian Commonwealth, State and Territory Governments regarding the development and inclusion of clearly defined CSE content in the Australian curriculum for all Learning Areas, most notably Health;
    ii. commitment to monitoring the implementation and effectiveness of CSE across all schools in Australia;
    iii. ongoing program review by experts in the development and provision of CSE to ensure content remains relevant and salient;
    iv. promotion of a whole-school approach to CSE delivery that ensures basic classroom instruction is sustained by a supportive school environment and proactive engagement with families, communities, agencies and peers;
    v. development of professional standards for Australian teachers with provision of ongoing professional development opportunities in CSE; and
    vi. assurance that all education stakeholders (e.g. governments, tertiary institutions, teacher registration boards, school boards and school administrations) will provide adequate funding, time, training, resources and support for effective delivery of CSE in schools.

References

Allen, L. (2007). 'Pleasurable pedagogy': young people's ideas about teaching 'pleasure' in sexuality education. *Twenty-First Century Society*, 2(3), 249-264, DOI: 10.1080/17450140701631437.

Australian Bureau of Statistics (ABS). (2016). *Sexual assault*. Viewed August 2017. Available at: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0~2015~Media%20Release~Reports%20of%20sexual%20assault%20reach%20six-year%20high%20(Media%20Release)~19

Australian Bureau of Statistics (ABS). (2017). *Schools, Australia*. Available at: http://www.abs.gov.au/ausstats/abs@.nsf/mf/4221.0

Australian Curriculum, Assessment and Reporting Authority (ACARA). (2013). *Foundation to year 10 curriculum: Health and physical education, Relationships and* sexuality. Retrieved from https://www.australiancurriculum.edu.au/f-10-curriculum/health-and-physical-education/structure/

Baker, K.E. (2016). Online pornography - Should schools be teaching young people about the risks? An exploration of the views of young people and teaching professionals. *Sex Education*, 16(2), 213-228.

Botfield, J.R., Zwi, A.B., Rutherford, A. & Newman, C.E. (2018). Learning about sex and relationships among migrant and refugee young people in Sydney, Australia: "I never got the talk about the birds and the bees". *Sex Education*, 18(6), 705-720.

Brannon, L. (2011). *Gender: Psychological Perspectives,* 6th edition, Boston, MA: Pearson.

Burns, S., & Hendriks, J. (2018). Sexuality and relationship education training to primary and secondary school teachers: An evaluation of provision in Western Australia. *Sex Education*, 18(6), 1-17.

Collier-Harris, C.A. & Goldman, J.D. (2017). Could Australia have its own teacher professional standards for teaching relationships and sexuality education? *Sex Education*, 17(5), 512-528.

de Visser R.O., Badcock, P.B., Simpson, J.M., Grulich, A.E., Smith, A.M.A., Richters, J. & Rissel, C. (2014). Attitudes toward sex and relationships: The Second Australian Study of Health and Relationships. *Sexual Health*, 11(5), 397-405.

Family Planning NSW. (2013). *Love & kisses: Taking action on the reproductive and sexual health and rights of people with disability 2014–2018.* New South Wales: Family Planning NSW. Available online at: http://www.fpnsw.org.au [verified 04 October 2015].

Frawley, P. & Wilson, N.J. (2016). Young people with intellectual disability talking about sexuality education and information. *Sexuality & Disability*, 34(4), 469-484.

Gegenfurtner, A. & Gebhardt, M. (2017). Sexuality education including lesbian, gay, bisexual, and transgender (LGBT) issues in schools. *Educational Research Review*, 22, 215-222.

Gleeson, C., Kearney, S., Leung, L., & Brislane, J. (2015). *Respectful Relationships Education in Schools: Evidence Paper. Our WATCh – End violence against Women and Their Children.* Available at: https://www.ourwatch.org.au/getmedia/4a61e08b-c958-40bc-8e02-30fde5f66a25/Evidence-paper-respectful-relationships-education-AA-updated.pdf.aspx

Giordano, M. & Ross, A. (2012). *Let's Talk About Sex: Young people's views on sex and sexual health information in Australia*. Australian Youth Affairs Coalition (AYAC) and Youth Empowerment Against HIV/AIDS (YEAH). Available at: https://www.yeah.org.au/wp-content/uploads/2014/06/Lets-TalkAboutSex_AYACYEAH_FinalReport.pdf

Harris, A., Honey, N., Webster, K., Diemer, K., & Politoff, V. (2015). *Young Australians' attitudes towards violence against women – Findings from the 2013 National Community Attitudes*

towards Violence Against Women Survey for respondents aged 16 – 24 years. Melbourne: Victorian Health Promotion Foundation.

Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. & Mitchell, A. (2010). *Writing Themselves in 3 (WTi3). The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people.* Melbourne, Australia: The Australian Research Centre in Sex, Health and Society, La Trobe University.

Jacobson, L.E., Daire, A.P., Abel, E.M., & Lambie, G. (2015). Gender expression differences in same-sex intimate partner violence victimization, perpetration, and attitudes among LGBTQ college students. *Journal of LGBT Issues in Counselling* 9 (3):199-216.

Johnson, B., Harrison, L., Ollis, D., Flentje, J., Arnold, P. & Bartholomaeus, C. (2016). *'It's not all about sex': Young people's views about sexuality and relationships education*. Report of Stage 1 of the Engaging Young People in Sexuality Education Research Project. Adelaide: University of South Australia.

Kearney, S., Leung, L., Joyce, A., Ollis, D. & Green, C. (2016). Applying systems theory to the evaluation of a whole school approach to violence prevention. *Health Promotion Journal of Australia*, 27, 230-235.

Kezelman, C. & Stavropoulos, P. (2018). *Talking about Trauma: Guide to conversations and screening for health and other services providers*. Sydney, NSW: Blue Knot Foundation, Australian Centre of Excellence for Complex Trauma.

Kirby, D. (2011). *The impact of sex education on the sexual behaviour of young people. Population Diversion Expert Paper, No. 2011/12*. New York, NY: United Nations Department of Economic and Social Affairs.

Kirby Institute. (2017). *HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2017*. Sydney: Kirby Institute, UNSW Sydney.

Law, B. (2017). Moral Panic 101: Equality, acceptance and the Safe Schools Scandal. *Quarterly Essay*, 67, Black Inc: Australia.

Marino, J.L., Lewis, L.N., Bateson, D., Hickey, M. & Skinner, S.R. (2016). Teenage mothers. *Australian Family Physician*, 45(10), 712-717.

Mitchell, A., Kent, P., Heywood, W., Blackman, P., & Pitts, M. (2014). *5th National Survey of Australian Secondary Students and Sexual Health 2013.* Melbourne, Australia: The Australian Research Centre in Sex, Health and Society, La Trobe University.

National LGBTI Alliance. (2016). Snapshot of mental health and suicide prevention statistics for LGBTI people. National LGBTI Alliance. Available at: https://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf [Accessed 12 October 2018].

Ollis, D., & Harrison, L. (2016). Lessons in building capacity in sexuality education using the health promoting school framework: from planning to implementation. *Health Education*, 116(2), 138-153.

Patton, G.C., Sawyer, S.M., Santelli, J.S., Ross, D.A., Afifi, R., Allen, N.B., ... & Viner, R.M. (2016) Our future: A Lancet commission on adolescent health and wellbeing. *Lancet*; **387:** 2423–78.

Pound, P., Denford, S., Shucksmith, J., Tanton, C., Johnson, A. M., Owen, J., ... & Campbell, R. (2017). What is best practice in sex and relationship education? A synthesis of evidence, including stakeholders' views. *BMJ Open*, 7(5), e014791.

Rissel C., Heywood, W., de Visser, R.O., Simpson, J.M., Grulich, A.E., Badcock, P.B., Smith, A.M.A. & Richters J. (2014). First vaginal intercourse and oral sex among a representative sample of Australian adults: The Second Australian Study of Health and Relationships. *Sexual Health*, 11(5), 406-415.

Ronken, C. & Johnston, H. (2015). Child sexual assault: Facts and statistics. Gold Coast, Queensland: Bravehearts Inc. Available at: https://bravehearts.org.au/wp-content/uploads/2016/06/Facts-and-Stats_updated.pdf

Scheil, W., Jolly, K., Scott, J., Catcheside, B., Sage, L. & Kennare, R. (2017). *Pregnancy Outcomes in South Australia 2015*. Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia.

Smith A., Schlichthorst, M., Mitchell, A., Walsh, J., Lyons, A., Blackman, P. & Pitts, M. (2011). *Sexuality Education in Australian Secondary Schools 2010.* Monograph Series No. 80. Melbourne, Australia: The Australian Research Centre in Sex, Health and Society, La Trobe University.

Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. (2014). *From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia*. Melbourne, Australia: The Australian Research Centre in Sex, Health and Society, La Trobe University.

Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2017). *Trans pathways: The mental health experiences and care pathways of trans young people. Summary of results.* Perth, Australia: Telethon Kids Institute.

Ullman, J. (2017). Teacher positivity towards gender diversity: exploring relationships and school outcomes for transgender and gender-diverse students. *Sex Education*, 17(3), 276-289.

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2018). *International Technical Guidance on Sexuality Education: An evidence-informed approach, revised edition*. Paris, France: UNESCO. Available at: http://unesdoc.unesco.org/images/0026/002607/260770e.pdf

Walsh, J., (2015). *Talk soon. Talk often. A guide for parents talking to their kids about sex*. Government of Western Australia, Department of Health. ISBN 978-1-921841-01-9. Available at: http://www.healthywa.wa.gov.au/~/media/Files/HealthyWA/Original/Sexual-health/TSTO_V2.ashx

Wellings, K., Collumbien, M., Slaymaker, E., Singh, S., Hodges, Z., Patel, D., & Bajos, N. (2006). Sexual behaviour in context: a global perspective. *Lancet*, 368(9548), 1706-1728.

World Health Organization (WHO). (2006). *Defining sexual health. Report of a technical consultation on sexual health*. Geneva: WHO.

Yeung, A., Aggleton, P., Richters, J., Grulich, A., de Visser, R., Simpson, J., & Rissel, C., (2017). Sex education: findings from the Second Australian Study of Health and Relationships. *Sexual Health*, 14(3), 293-295.

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Endorsed by the Board of AAAH Ltd on 31 October 2018

Citation

Australian Association for Adolescent Health Ltd (AAAH), 2018. Comprehensive Sexuality Education in Schools: Position Paper. Australian Association for Adolescent Health, Australia.