

**YOUNG DEADLY FREE:
SUPPORTING EACH OTHER TO LOOK
AFTER OUR SEXUAL HEALTH
—TEACHER RESOURCE**

**RELATIONSHIPS AND SEXUALITY
EDUCATION FOR ABORIGINAL
AND TORRES STRAIT ISLANDER
STUDENTS YEARS 7–10**





Young Deadly Free: Supporting each other to look after our sexual health—Teacher Resource

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GETTING STARTED

WHAT IS *YOUNG DEADLY FREE*?

Young Deadly Free is a multifaceted Aboriginal sexual health project with the aim to raise awareness and increase testing uptake of STIs and BBVs across Aboriginal and Torres Strait Island remote communities in Western Australia (WA), Northern Territory (NT), Queensland (QLD) and South Australia (SA). The project is lead by South Australian Health and Medical Research Institute who has partnered with the Aboriginal Community Controlled Health sector. The project is multifaceted with this package being one small component of the project’s overall outputs.

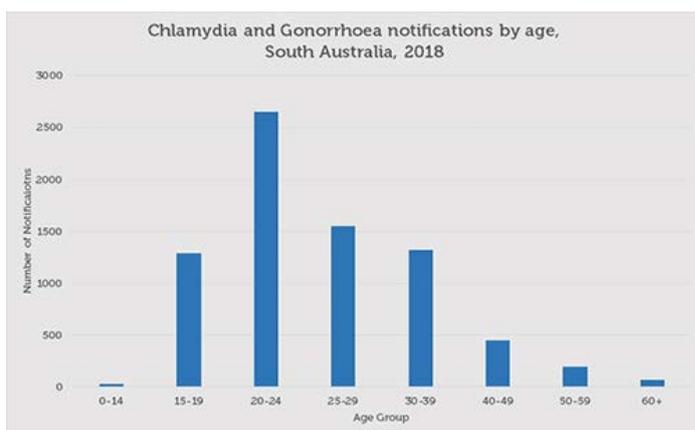
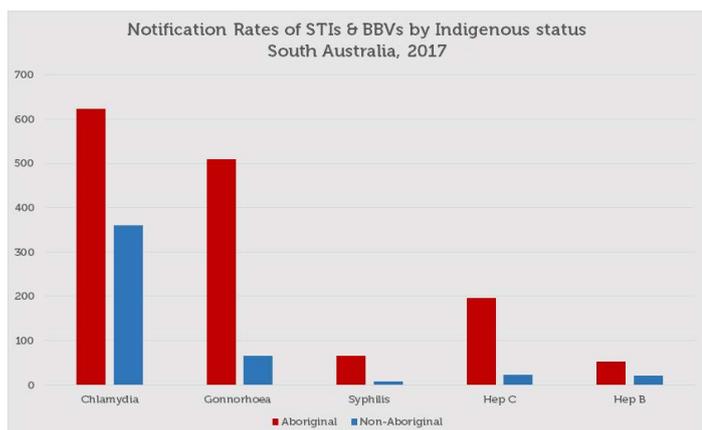
Many young people, professionals and community members from across the four jurisdictions have been involved so you can feel confident that the *Young Deadly Free* brand is likely to be known in your local area and our resources may even feature members of your local community.

If you would like to know more about *Young Deadly Free* please visit our website <https://youngdeadlyfree.org.au>

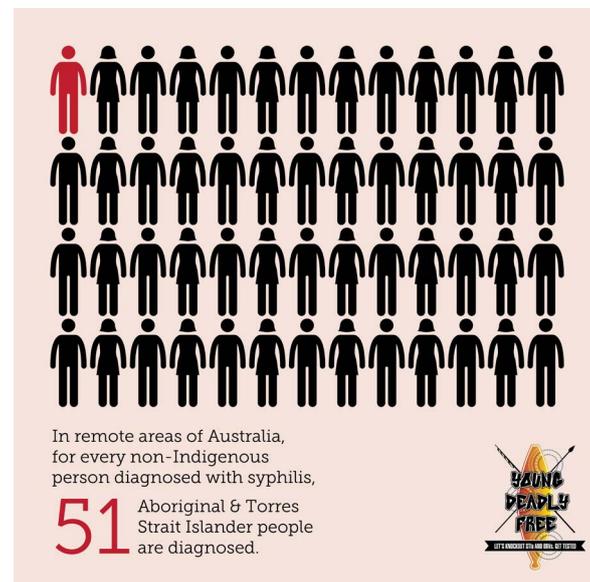
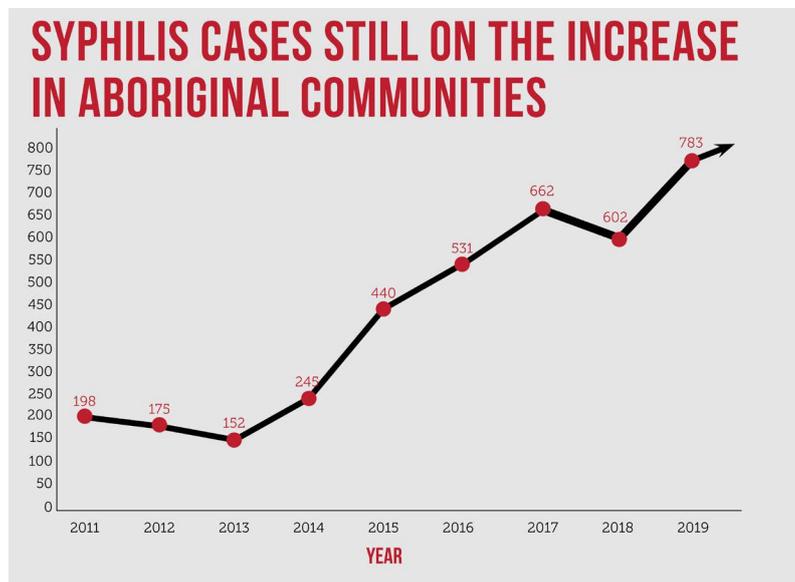


WHY IS THIS WORK IMPORTANT?

Nationally, rates of STIs in regional and remote communities have remained unacceptably high for many years with Aboriginal and Torres Strait Islander youth disproportionately experiencing the highest burden of STI infections.



Since 2011 there has been an ongoing outbreak of syphilis in Aboriginal and Torres Strait Islander communities. The *Multijurisdictional Syphilis Outbreak Surveillance Report: October 2020*¹ shows the total number of infectious syphilis cases has reached 3760 with nine confirmed and ten probable cases of congenital syphilis and seven deaths attributed to congenital syphilis.



HIV infection rates in the Indigenous population increased by 41 % between 2013 and 2016, recent data from a report by the University of New South Wales’s Kirby Institute shows.² That was despite a 12% decline in the non-Indigenous population during the same period.

WHY IS IT IMPORTANT FOR SCHOOLS TO GET INVOLVED?

The *Goanna Survey July 2014*³ reported that the median age at first sexual intercourse in Aboriginal and Torres Strait Islander youth, overall, was 15 years for males and 16 years for females; of these 79% of males and 67% females reported they were aged less than 16 years when they had their first sexual debut (p. 21). In responses to knowledge questions the level of knowledge was generally lower in males compared to females, and lowest in the youngest age groups (16–19) and among remote participants (p. 53). This shows us that despite many Aboriginal and Torres Strait Islander youth being sexually active at 16 and younger, that age group is less likely to have the correct information to keep themselves safe from STIs and BBVs.

The *6th National Survey of Australian Secondary Students and Sexual Health 2018*⁴ found that despite many students rating school staff and school programs as highly trusted sources of information, students did not feel confident in seeking information from these sources. Students were more likely to seek information from their peers and the internet both of which can supply unreliable and inaccurate information.

Schools provide a safe place for Aboriginal and Torres Strait Islander youth where rapport has already been established between students and teachers; this is integral in delivering sexual health information to youth. Schools also provide a “captive” audience of young people who are already in a learning environment. Students who are engaged in school and are receiving quality Relationships and Sexuality Education (RSE) are able to pass on accurate sexual health knowledge to their peers.

1 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-infectious-syphilis-outbreak.htm>
 2 https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI_Annual-Surveillance-Report-2018.pdf
 3 <https://kirby.unsw.edu.au/report/goanna-survey-july-2014>
 4 <https://www.latrobe.edu.au/news/articles/2019/release/secondary-students-sexual-health-survey>

ABOUT THE PROGRAM

Teachers with little or no experience running Relationships and Sexuality Education (RSE) through to RSE experts should be able to pick up and run this program. Our background information steps you through how to set up your RSE program from start to finish keeping you and your students safe and engaged. It is designed to be run as one lesson per week over ten weeks but is flexible enough to be run in other ways if needed.

NATIONAL AUSTRALIAN CURRICULUM MAPPING

The program is mapped to the National Australian Curriculum covering:

Organising ideas—Aboriginal & Torres Strait Islander cross curriculum priorities

- OI.1 Australia has two distinct Indigenous groups: Aboriginal Peoples and Torres Strait Islander Peoples, and within those groups there is significant diversity.
 - OI.2 Aboriginal and Torres Strait Islander communities maintain a special connection to, and responsibility for Country/Place.
 - OI.3 Aboriginal and Torres Strait Islander Peoples have holistic belief systems and are spiritually and intellectually connected to the land, sea, sky and waterways.
 - OI.5 Aboriginal and Torres Strait Islander Peoples' ways of life are uniquely expressed through ways of being, knowing, thinking and doing.
 - OI.6 Aboriginal and Torres Strait Islander Peoples live in Australia as first peoples of Country or Place and demonstrate resilience in responding to historic and contemporary impacts of colonisation.
- ✎ Exploring how spiritual connection to connection to Country/Place enhances health and wellbeing for Aboriginal and Torres Strait Islander Peoples
 - ✎ Exploring how a sense of connection to Country/Place sustains the health and wellbeing of Aboriginal and Torres Strait Islander Peoples and communities
 - ✎ Investigating different approaches to managing environmental resources, including how Aboriginal and Torres Strait Islander communities demonstrate custodial responsibility for Country/Place
 - ✎ Investigating the role that extended family, kinship structures and broader community play in the lives of Aboriginal and Torres Strait Islander Peoples

Australian Curriculum: Health and Physical Education—Achievement Standards

By the end of Year 8, students:

- evaluate strategies and resources to manage changes and transitions and investigate their impact on identities
- evaluate the impact on wellbeing of relationships and valuing diversity
- analyse factors that influence emotional responses
- investigate strategies and practices that enhance their own, others' and community health, safety and wellbeing
- examine how connecting to the environment can enhance health and wellbeing
- apply personal and social skills to establish and maintain respectful relationships and promote safety, fair play and inclusivity
- demonstrate skills to make informed decisions
- propose and implement actions that promote their own and others' health, safety and wellbeing

By the end of Year 10, students:

- critically analyse contextual factors that influence identities, relationships, decisions and behaviours
- analyse the impact attitudes and beliefs about diversity have on community connection and wellbeing
- evaluate the outcomes of emotional responses to different situations
- access, synthesise and apply health information from credible sources to propose and justify responses to health situations
- demonstrate leadership, fair play and cooperation across a range of movement and health contexts
- apply decision-making and problem-solving skills when taking action to enhance their own and others' health, safety and wellbeing

Health and Physical Education: Personal, social and community health

Sub Strand	Thread	Year 7/8 Descriptor	Year 9/10 Descriptor
Being healthy, safe and active	Changes and transitions	Evaluate strategies to manage personal, physical and social changes that occur as they grow older (ACPPS071)	Examine the impact of changes and transitions on relationships (ACPPS090)
	Help seeking	Practise and apply strategies to seek help for themselves or others (ACPPS072)	Plan, rehearse and evaluate options (including CPR and first aid) for managing situations where their own or others' health, safety and wellbeing may be at short- or long-term risk (ACPPS091)
	Making healthy and safe choices	Investigate and select strategies to promote health, safety and wellbeing (ACPPS073)	Propose, practise and evaluate responses in situations where external influences may impact on their ability to make healthy and safe choices (ACPPS092)
Communicating and interacting for health and wellbeing	Interacting with others	Investigate the benefits of relationships and examine their impact on their own and others' health and wellbeing (ACPPS074)	Investigate how empathy and ethical decision making contribute to respectful relationships (ACPPS093)
	Understanding emotions	Analyse factors that influence emotions, and develop strategies to demonstrate empathy and sensitivity (ACPPS075)	Evaluate situations and propose appropriate emotional responses and then reflect on possible outcomes of different responses (ACPPS094)
	Health literacy	Evaluate health information and communicate their own and others' health concerns (ACPPS076)	Critically analyse and apply health information from a range of sources to health decisions and situations (ACPPS095)
Contributing to health and active communities	Community health promotion	Plan and use health practices, behaviours and resources to enhance health, safety and wellbeing of their communities (ACPPS077)	Plan, implement and critique strategies to enhance health, safety and wellbeing of their communities (ACPPS096)
	Connecting to the environment	Plan and implement strategies for connecting to natural and built environments to promote the health and wellbeing of their communities (ACPPS078)	Plan and evaluate new and creative interventions that promote their own and others' connection to community and natural and built environments (ACPPS097)
	Valuing diversity	Investigate the benefits to individuals and communities of valuing diversity and promoting inclusivity (ACPPS079)	Critique behaviours and contextual factors that influence health and wellbeing of diverse communities (ACPPS098)

General capabilities: Personal and social capability

Sub Strand	Thread	Year 7/8 Descriptor	Year 9/10 Descriptor
Self awareness	Recognise emotions	examine influence on and consequences of their emotional responses in learning, social and work related contexts	examine influence on and consequences of their emotional responses in learning, social and work related contexts
Self management	Express emotions appropriately	forecast the consequences of expressing emotions inappropriately and devise measures to regulate behaviour	consider control and justify their emotional responses, in expressing their opinions, beliefs, values, questions and choices
	Develop self-discipline and set goals	select, use and analyse strategies that assist in regulating behaviour and achieving personal and learning goals	critically analyse self-discipline strategies and personal goals and consider their application in social and work-related contexts
Social awareness	Appreciate diverse perspectives	acknowledge the values, opinions and attitudes of different groups within society and compare to their own points of view	articulate their personal value system and analyse the effects of actions that repress social power and limit the expression of diverse views
	Understand relationships	identify indicators of possible problems in relationships in a range of social and work-related situations	identify the skills needed to manage different types of relationships
Social management	Make decisions	assess individual and group decision making processes in challenging situations	develop and apply criteria to evaluate the outcomes of individual and group decisions and analyse the consequences of their decision making
	Negotiate and resolve conflict	assess the appropriateness of various conflict resolution strategies in a range of social and work-related situations	generate, apply and evaluate strategies such as active listening, mediation and negotiation to prevent and resolve interpersonal problems and conflicts

General capabilities: Ethical understanding

Sub Strand	Thread	Year 7/8 Descriptor	Year 9/10 Descriptor
Understanding ethical concepts and issues	Recognise ethical concepts	analyse behaviours that exemplify the dimensions and challenges of ethical concepts	critique generalised statements about ethical concepts
	Explore ethical concepts in context	analyse the ethical dimensions of beliefs and the need for action in a range of settings	distinguish between the ethical and non-ethical dimensions of complex issues
Reasoning in decision making and actions	Reason and make ethical decisions	analyse inconsistencies in personal reasoning and societal ethical decision making	investigate reasons for clashes of beliefs in issues of personal, social and global importance
	Consider consequences	investigate scenarios that highlight ways that personal dispositions and actions can affect consequences	analyse the objectivity or subjectivity behind decision making where there are many possible consequences
	Reflect on ethical action	analyse perceptions of occurrences and possible ethical response in challenging scenarios	evaluate diverse perceptions and ethical bases of action in complex contexts
Exploring values, rights and responsibilities	Explore rights and responsibilities	analyse rights and responsibilities in relation to the duties of a responsible citizen	
	Consider points of view	draw conclusions from a range of points of view associated with challenging ethical dilemmas	use reasoning skills to prioritise the relative merits of points of view about complex ethical dilemmas

General capabilities: Critical and creative thinking

Sub Strand	Thread	Year 7/8 Descriptor	Year 9/10 Descriptor
Identifying, exploring and organising information and ideas	Pose questions	pose questions to probe assumptions and investigate complex issues	pose questions to critically analyse complex issues and abstract ideas
	Identify and clarify information and ideas	clarify information and ideas from texts or images when exploring challenging issues	clarify complex information and ideas drawn from a range of sources
Generating ideas, possibilities and actions	Consider alternatives	generate alternatives and innovative solutions, and adapt ideas, including when information is limited or conflicting	speculate on creative options to modify ideas when circumstances change
	Seek solutions and put ideas into action	predict possibilities, and identify and test consequences when seeking solutions and putting ideas into action	assess risks and explain contingencies, taking account of a range of perspectives, when seeking solutions and putting complex ideas into action
Reflecting on thinking and processes	Think about thinking (metacognition)	assess assumptions in their thinking and invite alternative opinions	give reasons to support their thinking, and address opposing viewpoints and possible weaknesses in their own positions
	Reflect on processes	evaluate and justify the reasons behind choosing a particular problem-solving strategy	balance rational and irrational components of a complex or ambiguous problem to evaluate evidence
	Transfer knowledge into new contexts	justify reasons for decisions when transferring information to similar and different contexts	identify, plan and justify transference of knowledge to new contexts

ABOUT THE VIDEOS IN THIS PACKAGE

All of the videos relevant to this package can be provided to you on USB or alternatively can be accessed on our website (<https://youngdeadlyfree.org.au/>) or YouTube channel (<https://www.youtube.com/channel/UCizXGcmiz9tKjrf6BvdMlOQ>).

Young Deadly Free aimed to capture diverse ages, professions and experiences from across WA, NT, QLD and SA. The project filmed over 70 people. Almost all of these people had little to no experience in acting or being interviewed on camera.

The staff and film crew who developed and filmed this project had general concepts and ideas about what they were required to produce, but ultimately, they worked with people on the day of filming to bring these concepts to life and include local language or slang to ensure the content was relevant to remote youth. As such, the content produced is real and candid; even in the social media videos that look like they have been scripted.

You will notice that the videos online have been grouped into suites. The suites were developed based on the formula used to develop each video. For the purposes of the lesson plans in this package, the videos have been grouped differently to fit the learning outcomes required for each session. This means navigating the video content is easier to do by either using the USB or using the links provided at the start of each lesson.

GETTING THE MOST OUT OF THIS RESOURCE

For all staff, we strongly encourage you to visit the *Young Deadly Free* website and social media platforms*. This will ensure you are familiar with the content and key messaging this project focuses on.

For staff who are not so confident or familiar with delivering RSE in a First Nations context, its best to read through this manual thoroughly. The content included is the result of lessons learnt from Aboriginal sexual health workers. The time taken to read through this before starting your group will help you to feel confident and assist you in establishing practices or systems that will mitigate issues that can arise when delivering RSE.

For staff who are experienced and confident, you may choose to skip to the lesson plans. We still encourage you to have a scan over the contents as you may still benefit from reading some of the background information. At the start of all the lesson plans are lists of relevant background information so you can always refer to these at any time if you need some hints or tips.

A key document for consideration for all staff regardless of confidence or experience is *Ensuring Cultural Appropriateness in Aboriginal Sexual Health* (p. 9 of this handbook). This document asks you to consider how to ensure your sessions engage with and are approved by your local community.

SETTING UP THE PHYSICAL SPACE

You will note in the RSE [Teacher Background Information](#) that there is a particular focus in setting up a safe space through the use of the [Group Agreement](#). However, a safe physical space is equally important.

* <https://youngdeadlyfree.org.au/>

<https://www.facebook.com/youngdeadlyfree>

<http://www.instagram.com/youngdeadlyandfree/>

<https://www.youtube.com/channel/UCizXGcmiz9tKjrf6BvdMlOQ>

TEACHER BACKGROUND INFORMATION

ENSURING CULTURAL APPROPRIATENESS IN ABORIGINAL RELATIONSHIPS AND SEXUALITY EDUCATION

Background

Sex and topics surrounding sex are very personal and private topics for individuals, no matter what the context. In Aboriginal communities this is overlaid by strict cultural laws centred around gender (men's and women's business) and kinship that dictate how people are allowed to relate and interact with each other. Many of these kinship rules become relevant at the onset of puberty.

All of these factors can make teaching RSE seem difficult in an Aboriginal context. Here we provide some basic guidelines for delivering RSE to Aboriginal young people. Following these will ensure elders' involvement and assist in building strong, lasting relationships with community members. Taking steps to engage with the community will protect against any potential backlash, and you can feel confident in your delivery. You'll also find that RSE can be enjoyable.

Please note: These guidelines are in addition to following your local school's policy on seeking parental consent. Throughout each step described in these guidelines we encourage you to seek advice from your local Aboriginal staff. When speaking to the community, consider whether or not you need someone to assist you in interpreting.

Guidelines

- 1 Assume that any talking around RSE will be gender separate until you are told otherwise by elders from your community.** This means you need to be working with a staff member of the opposite gender through each step of setting up and facilitating RSE. If this is not possible with school staff, there may be a youth worker or health service staff member who can assist you.
- 2 All RSE requires Aboriginal engagement and involvement.** This does not end at consultation; Aboriginal people should be involved in every step and aspect of your RSE. Prior to delivering RSE, elders from the local community must be consulted with. How this is conducted will depend on the local community. Initial conversations usually just seek to gain initial support for the delivery of RSE. Further consultation needs to be conducted to discuss any concerns and go through the content of the sessions. Your initial conversation should include asking elders if they wish to see the content, or if they wish to nominate someone else to assist in reviewing the content. Sometimes elders will entrust this task to a local Aboriginal health staff member or the Aboriginal community education officers (ACEO) at the school; alternatively, all the elder women may want to sit down together to go over the content. Educators need to be mindful of how they will revise content and learning activities in response to community concerns throughout the consultation process, keeping in mind that this process is ongoing throughout the program of lessons.

Some ways in which consultation could be conducted are:

- a) visiting elders' homes to meet one-on-one or in small groups to discuss your intentions
- b) having a community meeting at the school
- c) having a community meeting at a location in the community that elders frequent
- d) having a yarn out on country, at gender-specific sites.

During your consultation talks, some of the questions you may need to ask are:

- a) Is there anyone else who needs to be involved in these conversations?
- b) Who should be involved in checking what's in my education sessions?
- c) Who should assist me with delivering the education?
- d) What sessions need to be delivered gender-separate?
- e) If you have some flexibility, you may also wish to discuss the best place to deliver RSE. Some communities may wish to conduct the sessions at gender-specific sites.
- f) Is it OK for men/women to learn about (insert topic)?

- 3 **Engage at least one local Aboriginal person in the delivery of your sessions.** Usually this will be the local Aboriginal school staff but it could also be elders or parents. Often RSE involves discussions and small group work. Each local person should be assigned two to four students to assist during the lesson. You can encourage their involvement by asking them questions during the session. Please note this should only be done when your volunteers have agreed to being asked questions.

Some questions may include:

- a) What's the local language word for a particular term, such as rash, or discharge?
- b) How did this work when people your age were younger?
- c) How was this spoken about in the old days/traditional days?
- d) What do you think community elders or other community members would think about this?
- e) Why do you think it's important for kids to know about this?

- 4 **Check back in with the community as your education sessions progress.** It's a good idea to let the people you consulted with know the progress of your education sessions. In larger centres this may be done through information sent home or a school newsletter. In more remote areas, this may be done via formal or informal meetings with key community leaders and/or parents.

QUICK TIPS TO HELP YOU FEEL MORE CONFIDENT

Teaching RSE for the first time can seem overwhelming but there are some things you can do to make yourself feel much more comfortable:

- 1 Ensure you have read through lesson plans thoroughly.
- 2 Ensure you have read through the teacher information.
- 3 Where relevant, have the additional teaching information on hand.
- 4 Have a display folder with a range of fact sheets and information covering the topics you are covering, as well as other relevant questions you may be asked (below is a list of the types of information you may want to include in the folder). You can refer to the information in the folder throughout the lesson as needed.
- 5 Have the number for the local sexual health helpline or health helpline available. If there isn't one in your area, arrange with the local clinic or public health team that you can call them during your lesson and ask a question if needed. This models help-seeking behaviour.
- 6 Have a script prepared for responding to questions to which you don't know the answer, or you aren't sure how to respond. Try something like: "That's a really interesting question. I'm actually not sure how to answer it right now but I will get the correct information for you and provide it to you next week/tomorrow/next lesson".
- 7 Have a few different reliable websites readily available so you can model how to find the answer online from reliable sources.
- 8 Ensure you have set up your group agreement ([see p. 11](#)) appropriately and include your limits to confidentiality.
- 9 Set up a question box as a safer way for students to ask questions.
If you want a heads-up, here are some examples of questions you might get asked from [Sexplain](#).

Remember:

- You do not need to be an expert on sexual health, nor do you need to be a clinician to run sexual health education. In fact, there is a lot of power in NOT being able to answer all your students' questions; ultimately, we want to encourage students to seek help, seek reliable information AND, where needed, seek clinical advice (see [Responding Appropriately to Tricky Questions \(p. 16\)](#) for further information).
- Your role is to provide a space for youth to feel safe and explore some of the basic information they need to keep themselves healthy. You are not a nurse or doctor and even if you were, a classroom is not the environment to give clinical consults or information.

Suggested information to have handy

- All full factsheets from [Young Deadly Free](#)
- Local clinic information brochures
- Local youth service information (including counselling support)
- **STIs and BBVs (resources other than YDF)**
 - SHQ [Sexually Transmissible Infections STIs](#)
- **Contraceptive information**
 - SHINE SA [Choices in Contraception](#) factsheet
 - Family Planning Alliance [Contraception Choices](#) factsheet
 - SHQ [Contraception choices](#)
- **Pregnancy options**
 - SHINE SA [Pregnancy Options \(SA\)](#)
 - SHINE SA [Information on abortion in South Australia](#)
 - SHQ [Unplanned Pregnancy: Considering abortion](#)
 - Marie Stopes Clinics [Abortion](#)
- **Safer Sex**
 - SHINE SA [Condoms](#) factsheet
 - SHINE SA [Safer Sex](#) factsheet
- **Sex and the Law**
 - SHINE SA [Sexual Health and the Law for Under 18s](#) factsheet

ESTABLISHING A GROUP AGREEMENT FOR RELATIONSHIPS AND SEXUALITY EDUCATION (GROUP AGREEMENT GUIDELINES)

What is a group agreement and why is it important?

A group agreement for relationships and sexuality education (RSE) is a set of agreed behaviours and conduct that supports the creation of a safe space. Given the sensitive nature of RSE, it is important for students to not only feel safe but actually be safe to express their thoughts, opinions and values without fear of judgement or discrimination. The group agreement can be a useful reminder about respecting confidentiality and privacy (as discussed below); and for behaviour management during RSE, as you can refer to it if a student's behaviour falls foul of the agreement.

How do you use the group agreement?

The group agreement is developed with students in the first RSE session. Each student must agree to abide by what is set out in the group agreement. The agreement should then be placed in a prominent part of the classroom before each lesson begins and discussed as part of the lesson's welcome and introduction. For the group agreement to be most effective, students should recommit to the agreement at the start of each lesson.

How do you develop a group agreement?

Explain: *To help everyone in the group feel safe to talk about things that may be sensitive, we need to work out some boundaries about what's OK and what's not OK to say and do in these sessions. What kind of behaviour from us and the other participants is going to make you feel comfortable and confident enough to talk about the things you want to in these sessions?*

Write all suggestions that the whole group agrees with on butcher's paper; negotiate any points of disagreement. (See examples of agreements here: <https://gdhr.wa.gov.au/guides/what-to-teach/establishing-ground-rules>)

Two things that must be on every group agreement:

- 1 **Right to pass:** the more each student participates the more they will learn and gain from the lesson, and the more other people in the group will learn. But it's important to explain to the group that we will not force anyone to do anything in this space that makes them feel unsafe. This means everyone has the right to decline talking about something they're not comfortable with, or not to participate in a group activity.

2 Confidentiality or “what’s said in here, stays in here”: Conversations about confidentiality must cover three aspects—

a) What we mean by confidentiality

Explain: Confidentiality is important and means we can feel safe in group discussions. It’s OK to share information we’ve learned about relationships with people outside the group—but it’s not OK to share personal information we’ve learned about other people. It’s also not OK to repeat what other members of the group have said in the lessons.

Ask: When we say things like “what’s said in here stays in here”, what do we mean? *Do we all agree this means that personal information or questions that people ask in here mustn’t be shared with people outside of this group?” (*Make sure that everyone nods or says yes in agreement.)

b) Limits to confidentiality for the group facilitator

Explain: Confidentiality is a bit different for me though and I need to be up front about this. As the group facilitator I have a responsibility to keep everyone in the group safe. I must also follow the law. Part of this responsibility means that in some cases I must tell other people about some things. I need to tell someone else if I hear that:

- 1 someone is hurting you or abusing you in some way
- 2 you are going to seriously hurt someone else
- 3 you are going to hurt yourself (suicide, or harm yourself in some way).

I would not be able to keep these things just between you and me because the law says I can’t. If I do need to tell someone else your personal story, I will tell you who I am going to speak to and what I am going to tell them beforehand.

c) Strategy for maintaining privacy (one step removed)

Explain: You may have a real-life situation that you have a question about. That’s great, our school wants to support our students where we can. However, a group or whole class discussion is usually not the safest or best place to share personal stories. I would encourage you to speak to me after or before class or speak with staff at student services. If however, you still want to use this group to get information and it’s relevant to our discussion, it’s important to remove yourself from the scenario and protect the identity of all people involved. Never refer to other people’s names—even first names or nicknames—or any identifying information, including naming of a particular community. Say something like “What would you do if …” or “suppose someone …” or “what if a friend told you …”. This means you can still encourage discussion of real-life scenarios while protecting privacy.

(HINT: it may be a good idea to have these opening statements written on butcher’s paper in the room)

Possible things to suggest or discuss further:

- Respect: this is often suggested by groups—when it comes up encourage the group to explain what respect looks like. Try asking “how do you know you are being respected?”. Add the responses to the group agreement.
- Agree on mobile phone use: e.g. are people expected to have phones on silent? And tell the group that while in the session they are not permitted to take photos of each other with their phones or any other devices with cameras.
- Encourage the group not to spin yarns/gossip about each other or other people in the community when they are with you in this space.
- It can be nice to include “have fun” on your group agreement: Sexual health can be funny to talk about and it’s OK to laugh and have fun during the sessions—however, we don’t want to be laughing at individuals.

Out of session support

As part of keeping students safe, it’s a good idea to make yourself or other support staff available after each lesson. You could say: “If anything comes up for you that you’d like to discuss with me but not in front of the whole group, please come and talk to me after the lesson. Remember I am a teacher, not a health professional, so I may not have all the answers, but I can assist you in getting help or further info”.

TIPS FOR DEALING WITH DISCLOSURES WHEN TEACHING RELATIONSHIPS AND SEXUALITY EDUCATION

There is risk that a disclosure in a large group can cause further stress and harm to the person disclosing, as well as to the participants in the group.

For the individual:

- Other people may be related to or know the alleged abuser and tell them about the disclosure.
- Other people in the group may tell other people in the community about the disclosure, diminishing the privacy and safety of the individual.
- Both of these outcomes may put the person who disclosed at risk of backlash, violence, further persecution and abuse.
- The individual may need to retell their story several times if an investigation ensues—stopping them from disclosing to the group helps protect their privacy and helps reduce the number of times they need to talk about their trauma.
- Stopping them from disclosing in group allows them the chance to disclose in a safer environment with someone (possibly you) who will know how to respond appropriately.

For the group:

- The disclosure may distress them.
- The disclosure may bring up their own past trauma.
- It may cause conflict in your group and therefore in your community.
- People in the group may know or be related to the alleged offender.

Preparing yourself

Before you begin your RSE lessons it is essential to gather the following information:

- 1 Your school's policy and procedure for disclosures.
- 2 Your state/territory mandatory reporting laws.
- 3 Local support services that can provide support for young people alleging abuse.
- 4 Who, outside of the school, could provide you with support if you need to debrief following a disclosure.

If possible, have a co-facilitator. This doesn't need to be another teacher, it could be an ACEO, the school nurse, a clinic nurse, a sexual health worker, a social worker, etc. Prior to the group commencing, make an agreement about how you will manage a disclosure. This plan should include which of you will stay with the group, and who will take the student disclosing to a private location.

Strategies to prevent a disclosure from occurring in your group

Before you start each session, you will be creating your group agreement (please refer to the [group agreement factsheet](#) for detailed information), and part of this process is making your "limits" to confidentiality known to the group. Before starting any session, always remind the group of your limits to confidentiality, and what is expected of them regarding privacy and sharing other people's stories. This is also a good time to remind the group to use the one step removed strategy.

Your group agreement, and being explicit about your limits to confidentiality, ensures transparency with your group. This allows any student in an abusive situation to make an informed choice about whether to disclose to you. This will hopefully help alleviate any stress you could feel about making a report or needing to talk to other people about the disclosure.

"One step removed" is a process where people are encouraged to describe life situations in the third person without disclosing any personal information. For example, "What could someone do if...?", "What if a friend told someone...", "Suppose a person...?"

Background info on one step removed

"By using the one step removed strategy in a group, a survivor of abuse can practise a very effective way of checking out attitudes and getting information. For instance, suppose a person who is being abused decides to take a first step in telling, he or she can do that by saying first, "You know, I have a friend who's having trouble at home". Judging by the response, the victim can then either reveal that the 'friend' is in fact him/herself or, if the concern is trivialised or discounted, the victim can move on to another person. One step removed also prevents the revictimisation that can occur by allowing someone to disclose abuse publicly" Fraser V, Victoria Police, Melbourne

Protective interrupting

Protective interrupting is the process for recognising when someone may be about to disclose, and respectfully and gently encouraging them not to do so by redirecting their wording and making time to speak with them privately if they wish to talk further.

With protective interrupting, we can put situations into the one step removed mode and, if a young person should begin to disclose in front of the group, we can interrupt with something like:

- “You may not feel safe if you told us that. Right now, I want you to pretend a friend told you that. Later, after class today you should tell someone if this is happening at your house, or to someone you know. Come and see me at the end of the session if you’d like to chat about what you can do.”
- “What you are saying is very important. Because it is so important, we need to think carefully about who you want to tell this to. You and I can work out in a private meeting who would be the best person for you to speak to about this.”

More information on protective interrupting can be found here: <https://gdhr.wa.gov.au/guides/what-to-teach/protective-interrupting>

Strategies to deal with a disclosure while it is occurring

- As mentioned earlier, where possible it’s a good idea to run your RSE program with a co-facilitator. There should be a plan made between both of you about how to manage the disclosure.
- If you were unable to protectively interrupt, interrupt as soon as you are able.
- Invite the student to speak with you outside of the room, somewhere private (refer to the factsheet below for tips on listening to a disclosure).
- The other facilitator should then look after the group by checking in with them. What you will do with the group will depend on how much information was shared. This could be done by getting them to just use one word to describe how they are feeling, followed by a quick energiser to shift the energy in the room or a more in-depth debrief and reassurance may need to occur.
- Remind your group of their own support networks as well as the local services available to them for support.

Remember

- If someone is in immediate danger, you need to speak with the police ASAP.
- You may be able to offer ideas about who else they could talk to for support, but they may not follow up these referrals. The most important thing is that you simply listened and provided a non-judgemental space, and that you are transparent about your follow up.

SUPPORTING SOMEONE WHO IS MAKING A DISCLOSURE



WHAT TO DO

- Stay calm so the person doesn't feel scared
- Go somewhere safe and private to talk if others are around
- Listen carefully and respectfully
- Let them know that it is good they have told you
- Explain that you need to tell your line manager who will make a report to the police if the person is under 16
- Tell the person where they can get help (police, clinic, counsellor)
- Contact your line manager straight after the conversation
- Write down what the person told you and keep it somewhere safe
- make sure you get help for yourself if you feel upset

WHAT NOT TO DO

- Don't say anything to make the person feel bad or shame
- Don't make the person think you don't believe them
- Don't promise that you won't tell anyone (explain who you will need to tell to keep them and other people safe)
- Don't interrupt or ask lots of question (just listen)
- Don't spread rumours (only talk to people who need to know to keep the person safe)
- Don't try to talk to the person who has been accused or any witnesses

EXAMPLES OF THINGS TO SAY

- "I believe you"
- "You did the right thing by telling me"
- "This is not your fault"
- "To keep you and other people safe, I need to tell my manager, but I won't tell anyone that doesn't need to know"
- "Do you know where you can go for help? You can go to the clinic if you are hurt, or speak to a counsellor to help you with your thoughts or feelings. There are numbers you can call to get help over the phone without having to give your name"

-
- **Kids Helpline (24 hours): 1800 55 1800 for young people to talk about their feelings**
 - **1800RESPECT (24 hours): 1800 737 732 for anyone who has experienced physical or sexual violence**
 - **Bravehearts information and support line: 1800 272 831 (8.30am–4.30pm Monday to Friday AEST) for anyone wanting information, advice, referrals and support regarding child sexual assault**
-

RESPONDING APPROPRIATELY TO TRICKY QUESTIONS

Regardless of tone, attitude or context, when a student asks a question in an RSE session, that question should be responded to as a legitimate question. There are often students who are attempting to embarrass the educator, however when those questions are answered with seriousness it models to them and other students that there are no stupid questions, and this contributes to creating a safe learning space for everyone.

REMEMBER: In every question lies a teachable moment

For every question there are multiple ways one could respond. Each educator has different tactics and a different style and will respond according to that as well as their level of knowledge. It's important to note that you do not have to be a sexual health expert to run RSE. What you do need above all else is to be honest when you aren't sure of an answer and have the confidence to model how to seek reliable information or help when needed.

Different types of tricky questions—Cheat sheet responses

Type of question	Options for response
Personal questions e.g. How old were you when you first had sex? Do you wax down there? Do you have sex? Have you had an STI?	<ul style="list-style-type: none"> • Refer back to your group agreement about personal questions. • If a discussion about personal questions is not on your group agreement, explain that you are there to teach sexual health information, not to share personal stories. • Answer the question without divulging personal information. <p>For example, "People have sex for the first time at different ages. It's important that you know in our state the law says you need to be 16 before you have sex. The <i>sixth National Survey of Australian Secondary Students and Sexual Health</i> found that "Overall, 47% had had intercourse, including 34% of Year 10s, 46% of Year 11s and 56% of Year 12s⁴ That means lots of students in high school are not sexually active"</p>
Medical questions e.g. What type of contraception should I use? I have a friend who has really painful periods, why is that? If it hurts when you pee, does that mean you have an STI?	<ul style="list-style-type: none"> • Explain your role and the purposes of the education session. Give some limited information if you feel able to do so. Talk about local health services students could access for that information. You may also wish to include a conversation about HOW to access the service (opening times, how to make an appointment, costs etc.). <p>For example: "Great question! Unfortunately, I am not a nurse or a doctor so I'm not able to answer that question. There are lots of (different types of contraception/reasons someone could have painful periods/reasons it could hurt when someone is peeing). That's why medical staff specialise in these things and are able to ask people the right questions and do tests to assess what is wrong. It's best you/your friend speak to (health service name/s)".</p>

4 <https://www.latrobe.edu.au/news/articles/2019/release/secondary-students-sexual-health-survey>

Type of question	Options for response
<p>General question that you don't know the answer to</p>	<ol style="list-style-type: none"> 1 Say you don't know the answer but you will get the information and respond to it next week/lesson. 2 Say you aren't sure and refer to your folder with factsheets and brochures. <p>If you have extra time in that lesson:</p> <ol style="list-style-type: none"> 3 Say you aren't sure and call a health helpline with the phone on speaker. 4 Say you aren't sure and call the local clinic/nurse to find out the answer with the phone on speaker (it's a good idea to prearrange this with a particular health service staff member). <p>For example: "Wow, that's a fantastic question. I'm actually not sure what the right answer is. I'm going to gather more information and I will get back to you in our next lesson."</p>
<p>Religious or Cultural questions/comments</p> <p>e.g. What about in other countries where they have arranged marriage and they HAVE to marry who ever their parents decide?</p>	<p>Affirm people's right to practise their own religion or culture. Do not comment on what you personally think about the practise. If appropriate, provide legal or factual information only.</p> <p>For example (if you have some information)</p> <p>"There are arranged marriages in Australia as well. It's important to note there is a difference between arranged marriage and forced marriage." "Forcing anybody to get married is a serious crime in Australia. In Australia, people are free to choose whether to get married and who they want to marry. Usually, a person must be over 18 years of age to be legally married. In some circumstances, a person over the age of 16 years can marry a person over 18 years, but this requires a court order. It is against Australian law to force, threaten or trick anyone into getting married. It is also against the law to encourage or help organise a forced marriage, and to be party to a forced marriage if you are not the victim. This applies to legal, cultural and religious marriages. An arranged marriage, where both people freely consent to get married, is different to a forced marriage. Arranged marriages are legal in Australia."</p> <p>https://www.dss.gov.au/women/publications-articles/reducing-violence/forced-and-early-marriage</p> <p>For example (if it's something you don't know much about)</p> <p>"Some people practise arranged marriage in Australia as well, it's part of their culture to practise this. It's not something I know much about. Maybe you can find out more about how it works and let the class know next week. "</p> <p>(HINT: Getting the student to research it may be appropriate if the comment or question is off topic)</p>
<p>Ethical questions</p> <p>e.g. What would you do if your friend was in a violent/unhealthy relationship and they wouldn't leave? How would you help a friend who was too drunk at a party?</p>	<p>These types of questions are great discussion starters. Perhaps remind students not to give any personal information away about the 'friend' they are talking about, or themselves, and then start by asking the group what they would do. Prompt ongoing discussion by asking "what else might you do?" "does anyone have a different idea?", "where could you get help?", "where else could your friend get help?".</p> <p>If you are confident or have the information handy, you could also provide additional factual information.</p>

SETTING UP AN ANONYMOUS QUESTION BOX

An anonymous question box is a common tool used in RSE that allows students to safely ask questions that they may be too embarrassed to ask in front of the whole group. While this is a tool that could be used for any education topic, it is particularly useful in RSE due to the sensitive and often personal nature of the content covered.

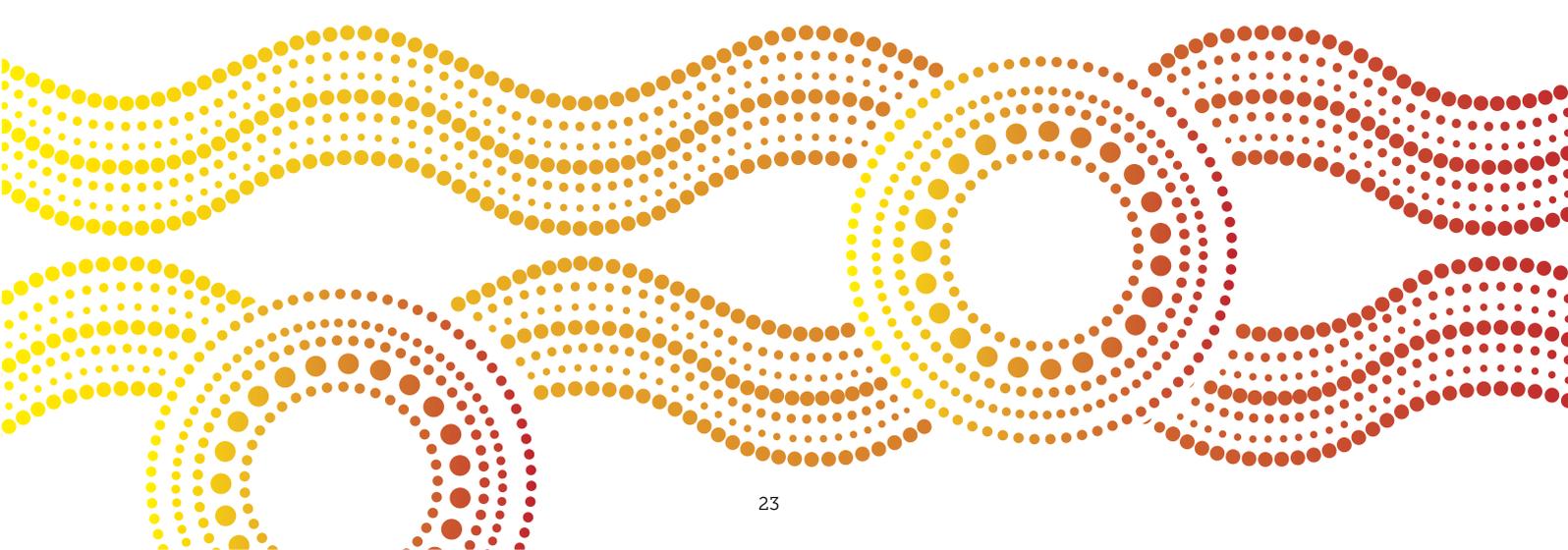
The basic principles:

- Ideally the question box should be introduced in your first session and be a permanent fixture of your lessons. If you are time poor, you may wish to only use the question box for lessons that you feel are particularly sensitive for your students.
- The question box should be something enclosed that students can't see into. Shoe boxes, an actual letter box or even a pillowcase or material bag can work well.
- Everyone must write something down on the paper.
- The paper should be all the same colour and size.
- The students should all have the same coloured pen or lead pencil.
- Ideally you should answer the questions in the following lesson, not on the same day. This ensures you are able to react appropriately to questions you are unprepared for and it gives you time to gather correct information.
- Be affirming—reinforce that all questions are good questions and that being brave to ask tricky or embarrassing questions is something to be proud of.
- Always be aware of your body language and tone as you answer the questions. For example, if you tell students that there are no stupid questions but laugh when you read their question out, it sends mixed messages and can break their trust.
- For tips on responding to questions, read [Responding appropriately to tricky questions](#) above.
- For more tips try <https://gdhr.wa.gov.au/guides/what-to-teach/question-box>.



LESSON PLANS

- Lesson 1 [Identifying safe places and seeking help—Part 1](#)
- Lesson 2 [Identifying safe people and seeking help](#)
- Lesson 3 [Respectful relationships](#)
- Lesson 4 [Exploring consensual sex](#)
- Lesson 5 [All about STIs](#)
- Lesson 6 [All about STIs—Multimedia extension activity](#)
- Lesson 7 [Protecting yourself from STIs](#)
- Lesson 8 [Identifying safe places and seeking help—Part 2](#)
- Lesson 9 [Identifying safe places and seeking help—Part 3](#)
- Lesson 10 [Barriers to testing: shame](#)



LESSON 1 IDENTIFYING SAFE PLACES AND SEEKING HELP—PART 1

Learning Intentions

Students will identify safe places in their community and feel confident to seek help when needed.

Success Criteria

By the end of this session students will be able to:

- 1 identify if a space is safe or not
- 2 use a community map to show locations that students rate as safe, unsafe or sometimes safe
- 3 identify at least 1 place they feel safe.

Teacher background information

- 1 [Establishing a group agreement \(p. 12\)](#)
- 2 [Teaching Strategies: Graffiti Sheets](#) (external link)

Title	Link	Length
Youth yarn about...overcoming shame in sexual health	https://youtu.be/4KwP0hA1VJo	9:25 mins

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	WELCOME AND GROUP AGREEMENT Set up the group agreement with the class as in the <i>Group agreement guidelines</i> (see p. 15) and keep for each lesson.	Butcher's paper with heading <i>Group agreement</i> Group agreement guidelines
05:00–35:00 (30 mins)	MAIN ACTIVITY: COMMUNITY MAPPING Explain: <i>Part of overcoming shame when it comes to seeking help is having as much information as you can about the places/services that you might need to go to for help. To explore this further we are going to have a look at all the safe places in our community that you could go to for help, including places to go to for information about sexual health.</i> Part 1: defining safe <ul style="list-style-type: none"> • Splits the class into small groups. • Give each small group one of the three Handout 1.1 Safe places Graffiti Sheets questions, the Graffiti "Remember" sheet and markers. • Explain that in small groups they are to brainstorm the questions. Quickly go over <i>Handout 1.2 Rules for Brainstorming</i>. • Get the groups to write their answers on their Graffiti question sheet. 	Handout 1.1 Safe places Graffiti sheets (p. 27) Handout 1.2 Rules for Brainstorming (p. 31)

Part 2: Mapping safe places

- Lay out the sheet of butcher's paper with plenty of markers. *It may save time to use a map from Google maps. You could use a satellite image but a blank image with just major streets would be more suitable.*
- Get the students to mark out major roads.
- Ask some students to identify public spaces youth hang out in.
- Ask some students to identify health services.
- Ask some students to identify youth services/social services.
- Once complete work through each one and discuss as a group if each space is safe or not. Mark safe spaces GREEN, semi safe space ORANGE, unsafe spaces as RED, and space undecided PURPLE.

Large pieces of butcher's paper (or printout of Google map)

Markers

Service information or internet access to search for service information.

Safe in a public space might look like:

- Security presence including CCTV
- Good lighting
- Adult presence
- Access to help if something were to go wrong

Encourage the students to think of other ways they would define safe in this context.

Safe in a service space might look like:

- Public reputation for being confidential
- Private entrances and exits
- Youth night or events
- Well trained, supportive staff
- Known as "youth friendly"

Encourage students to think of other ways they would define safe in this context.

WATCH THE VIDEO

After watching the videos with students, discuss what they saw in the videos.

Questions to prompt discussion might include:

Public space

- Do you know of people who have been hurt here?
- Have fights ever broken out here?
- Is help readily available?
- Are adults present?

HINT:

- *Depending on class size and town size you may wish to split the class into smaller groups. Would suggest splitting the class into their social groups as much as possible (social groups will likely have the same safe spaces they hang out in).*
- *For larger towns or cities, split the location up into key suburbs (e.g. Darwin CBD, Casuarina etc.)*

Projector/Screen/Smartboard

Video on USB or link

<https://youtu.be/4KwP0hA1VJo>

35:00–40:00 **QUESTION BOX**

(5 mins)

Explain to students how the question box activity works:

- Everyone will receive a blank piece of paper.
- Everyone has 5 minutes to write down a relationship/sexual health related question.
- If you do not have a question, draw a happy face or write a funny joke so that everyone has something written on their piece of paper.
- Please remember the group agreement (ground rules) and do not name anyone on your paper.
- The questions will be answered during the next class. Only those questions related to the curriculum will be answered. For example, no personal questions will be answered.

Collect the questions.

Question box (See [p. 22 for setting up instructions](#))

Scrap paper

Pens

40:00–45:00 **CLOSING DISCUSSION**

(5 mins)

Explain that in a later session we will be using this community map and focusing on gathering more information about the services listed in the mapping exercise.

Handout 1.1 Safe places Graffiti Sheets

**How do I feel
when I am in
a safe place?**

Safe places Graffiti Sheets

**What does a
safe place
look like?**

Safe places Graffiti Sheets

**What am I able
to do when I am
in a safe place?**

Safe places Graffiti Sheets

Remember

We are thinking about places that youth hang out in, use or access

This includes:

- Parks (including skate parks, water parks, ovals, lookouts, national parks)
- Services (health services, youth centre, PCYC, hospital, police service)
- Educational settings (schools)
- Sporting places (basketball courts, rec centres)
- Shopping centres/malls/town centre/alley ways
- Train stations and tracks
- Beach, swimming holes, pools
- Telephone box

HANDOUT 1.2 RULES FOR BRAINSTORMING

BREAK ANY RULES EXCEPT THESE

No value judgments of anyone's ideas

The weirdest, silliest, or stupidest idea might be the seed for something great.

Welcome wacky ideas

The more ridiculous the idea, the better!
Ideas that are way out of the box have a life of their own.

Go for quantity, not quality

Resist the temptation to evaluate the ideas being tossed about.
Instead, keep the ideas flowing.

Combine and improve

Encourage participants to offer ways to build upon ideas of others.

No interrupting

When someone is speaking, their thoughts deserve respectful consideration and should be heard.

No right or wrong answers

All answers are possibilities, including your own.
Evaluate ideas later, but not during brainstorming.

No laughing at anyone's ideas

Unless the idea is meant to be humorous!
Laugh with others, but not at others.

Lighten up and have fun

Humor itself grows out of the creative process,
and gets our creative juices flowing.

LESSON 2 IDENTIFYING SAFE PEOPLE AND SEEKING HELP

Learning Intentions

Students will identify trustworthy people in order to seek help.

Success Criteria

By the end of this session, students will be able to:

- 1 identify the qualities important to strong relationships
- 2 define what trust looks like and means to them
- 3 identify behaviours of people who are safe to share personal stories with
- 4 identify at least 1 person they can rely on to help keep them safe.

Teacher background information

- 1 [Establishing a group agreement \(p. 15\)](#)

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	<p>WELCOME AND GROUP AGREEMENT</p> <p>Display and remind students of the <i>Group agreement</i> created in lesson 1.</p> <p>Question box: Answer questions from previous lesson.</p>	<p><i>Group agreement</i> created in lesson 1 + Group agreement guidelines (p. 15)</p> <p>Question box</p>
05:00–35:00 (30 mins)	<p>MAIN ACTIVITY</p> <p>Explain: <i>Sometimes, especially as young people, we can get a bit shame going to a service or even going to an adult to ask for help... often the first place you might go to talk about something is to your friends or family who you are close to, and often they are a similar age to you.</i></p> <p><i>It can be hard to figure out who are the most reliable or trustworthy people to go to. This activity is going to help you to figure out the people you can trust and rely on so that you can feel confident in asking those people for help. Trust is built over time. If you think about your closest friends chances are when you first met them, you didn't instantly trust them with your worries or secrets. Over time you began to trust them.</i></p> <p><i>So, let's unpick this more... to do this we are going to look at some of the different behaviours (or things that people do) that can help to build or break trust. We are all individual people, and so the things that are most important to you might be different to other people in the room. The important thing about this session is that you explore what is most important to you, so that you can easily recognise those qualities in your friends, family and even in yourself.</i></p>	<p>Community map created in lesson 1</p> <p>Pre-chosen song about friends</p>

Group brainstorm—friends / or same age family / peers

Break class into small groups

Hand out a piece of A3 paper or butcher's paper and markers.

Butcher's paper

Quickly go over the *Handout 1.2 Rules for Brainstorming*

Markers

Ask them to write the word trust in the middle and draw a shape around it. The shape could have meaning e.g. Build trust = tree, love heart, bird

[Handout 1.2 Rules for brainstorming \(p. 31\)](#)

Explain that they have the length of a song (3–4mins) to work together and brainstorm how you know if someone is trustworthy come up with a range of different things that people do that let you know that you can trust them.

Lets talk about trust—older family / school / community members

Let's think about some of the qualities of the people who you trust.

Hand out a blank piece of paper and ask the students to write the name of someone (preferably older) who they trust in the middle of the paper and draw a shape around the name.

Ask the students to then think of some of the reasons they trust that person and write those reasons down on the sheet around the name. See [Handout 2.1 Good friends are...\(p. 34\)](#) table for hints.

[Handout 2.1 Good friends are...\(p. 34\)](#)

If the students are unable to come up with their own reasons you can use the [Handout 2.2 Relationship scenarios \(p. 35\)](#) attached to assist them.

[Handout 2.2 Relationship scenarios \(p. 35\)](#)

Trust in Services

Bring out the community map created in lesson 1 and discuss:

- what services are available
- what you can expect from the people that work there.

35:00–45:00
(10 mins)

QUESTION BOX AND CLOSING DISCUSSION

Question box

Question box: Recap how the question box works and ask students to write questions to be answered in the next session. Collect questions.

Scrap paper

Pens

Handout 2.1 Good friends are...

Good Listeners	Honest	Kind
Helpful	Loyal	Supportive
Trustworthy	Accepting of who you are	Forgiving
Protective	Appreciative	Comforting
Playful	Patient	Loving
Adventurous	Fun/Funny	Encouraging
Dependable (when they say they are going to do something they keep their word)	Non-Judgemental	Happy for you when you succeed at something
Individual (even though you probably have things in common, you are both happy being yourselves and don't pressure the other person to be like you)	With you through the good times and the bad times	

Handout 2.2 Relationship scenarios

STORY 1 (Male, relationship with trust)

John and Shaun are cousins, but they are really like brothers and best friends. They have known each other their whole lives. They both grew up in the same town, went to the same school and now they are in the same high school together, they even played for the same footy club their whole life. When John's mum passed away, Shaun was the first person to check on him. He stayed with him and listened to John. When John hadn't eaten properly that day, Shaun encouraged him to eat. When many days passed where John didn't want to leave the house, Shaun supported him to get to football training because he knew it was no good for John to be locked in the house. John knows if he ever needs to talk, Shaun is there for him. His actions have proven he is a good friend.

STORY 2 (Male, relationship without trust)

Jase has an older brother named Mark. Being brothers, they have known each other their whole lives. Unfortunately, Jase doesn't talk to Mark anymore when he is upset or when he has a problem and needs help or advice. Mark often makes promises that he doesn't keep. Last week he told Jase he would spend time with him and take him fishing but he didn't turn up again and didn't answer his phone when Jase tried to call him. Mark also says he will drop into help their mum clean up the yard but he never turns up. About a year ago, Jase told Mark something really embarrassing, and Mark told his friends Jase's secret. When Jase was upset about breaking up with his girlfriend, it was 2 weeks before Mark came and checked on him.

STORY 3 (Female relationship with trust)

Shana is 16. She lives in a small town in Northern Territory. There isn't a lot to do but her and her cousins and sisters always keep busy hunting, playing sports and hanging out with the local youth workers. Shana looks up to her big sister Layla. Shana knows that when she tells Layla something private, Layla doesn't tell anyone else. Once Shana needed to go the clinic because she was worried she might be pregnant. She was scared to go on her own so she asked Layla to go with her. When she spoke to Layla about it, Layla was kind, she said "I'm glad you came to me, this is a really big thing to deal with on your own. I can come with you to the clinic and support you". Shana was worried that her big sister might judge her but she didn't, she just wanted her to be okay and safe. Layla promised to take Shana to the clinic the next day.

The next day Layla woke up Shana and told her to get showered and dressed. They walked to the local clinic together and Layla waited with Shana.

LESSON 3 RESPECTFUL RELATIONSHIPS

Learning Intentions

Students will understand that relationships can be healthy and unhealthy, and where they can seek help.

Success Criteria

By the end of this session, students will be able to:

- 1 use 3 words to describe a respectful behaviour in relationships
- 2 use 3 words to describe disrespectful behaviour in relationships
- 3 name at least 2 places where they can access information or support.

Teacher background information

- 1 [Group agreement guidelines \(p. 15\)](#)
- 1 Dealing with disclosures and [protective interrupting \(p. 18\)](#)
- 2 [Video scripts \(p. 39\)](#)

This lesson may involve any combination of the following videos that explore respectful relationships.

Title	Link	Length
Youth yarn about... What makes a healthy relationship	https://youtu.be/5Y1FR_e_tJw	3:50 mins
Youth yarn about... What jealousy does to a relationship	https://youtu.be/_OLbktpUUjc	3:02 mins
Young Deadly Free: I'm going to be the best dad	https://youtu.be/pEvunuq4hPc	2:01 mins
Talkin' True: Football hero	https://youtu.be/Y3EWSOk1ZU	0:41 secs

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	<p>WELCOME AND GROUP AGREEMENT</p> <p>Display and remind students of the <i>Group agreement</i> created in lesson 1.</p> <p>Question box: Answer questions from previous session.</p> <p>Explain that today the class is going to explore intimate relationships and what respect in intimate relationships looks like.</p>	<p><i>Group agreement</i> created in lesson 1 + Group agreement guidelines (p. 15)</p> <p>Question box</p>
05:00–10:00 (5 mins)	<p>ACTIVITY 1—EXPLORING RESPECT</p> <p>Explain that before you get started with the videos, we need to make sure we all have a shared understanding of what respect is. It's a word people use a lot, but that we don't often think about in detail.</p> <p>Brainstorm with the whole class what "Respect" looks like and how someone would know if they are being respected. Remember to talk about how respect feels. You may also include things people think or say to themselves when they are feeling respected.</p> <p>(HINT: Try using a Y chart)</p>	<p>Handout 3.3 Y Chart (p. 42)</p>

10:00–20:00 (10 mins)	<p>Explain that you are now going to play two videos. These videos feature young people from a range of different communities across Australia who are sharing their ideas about respectful relationships and relationships that don't have respect. Ask students to write down key words they hear as the videos are playing. They can use these words to assist them when discussing the videos after. Play both <i>Youth Yarn about...</i> videos. (total 7mins). You may find Handout 3.1 Video scripts useful.</p>	<p>Projector/Screen/Smartboard Videos on USB or link Handout 3.1 Video scripts (p.39)</p>
20:00–30:00 (10 mins)	<p>Discuss the diverse opinions and experiences from young people. Encourage students to share what they agreed or disagreed with in the videos.</p> <ol style="list-style-type: none"> 1 Could ask students to write keywords (or teacher writes on the board during the video or during discussion after the video). These words can guide deeper discussion about respectful behaviour. 2 Word list can then build vocabulary about what words mean in English—how those behaviours are described in Aboriginal languages? Make a list of positive / negative behaviour (English/Aboriginal)—write it down. 3 Draw / cartoon / act out how people look / sound / feel in scenarios with positive / negative behaviours. 4 What can people do to support each other. If disrespectful behaviour happens in relationships what can individual, family, friends, community do in response? (its everyone's business) 5 Then watch video <i>I'm going to be the best dad</i>. Discuss 'intentions' when in relationship and becoming a parent. Discuss intention / dreams and reality (Jesse's intentions are different to the reality). Discuss / explain that 'intentions' or 'dreams' are based on personal values and ideas of 'right' and 'wrong'. Perhaps small group discussion of a behaviour line of acceptable / unacceptable behaviour as partner or parent (What the group thinks is respectful behaviour as a partner / or as a parent, and what is unacceptable behaviour as a partner / parent?). These are your group's 'intentions', your 'dreams'. They are based on your values of right and wrong. 6 Then watch <i>Football hero</i> video. Cheating between men and women. Ask students what they think? What is it? Who does it?... always men? ...mostly men? both men and women equal? What does the video suggest? What is the message? Why is 'cheating' not good for relationships? 	<p>Projector/Screen/Smartboard Videos on USB or link</p>

30:00–40:00 (10 mins) **ACTIVITY 2—RESPECTFUL RELATIONSHIP STORIES**

Break students into small groups.
Hand out the *Handout 3.2 Respectful relationships scenario cards*.

Hand out scrap paper or butcher's paper and markers.

Explain to the students that in their small groups someone is to read out the story. Together they must then discuss the questions below and write their group's responses on the butchers' paper.

- 1 Do you think this is a respectful relationship?
- 2 Who is being disrespectful?
- 3 How do you think the characters in your story are feeling?
 - 1.
 - 2.
- 4 What could your characters have done differently to make this relationship more respectful?
- 5 If things don't change in this relationship what do you think will happen?
- 6 If these people were in your community, where could they go to for help and support?

[Handout 3.2 Respectful relationships scenario cards \(p. 41\)](#)

40:00–45:00 (5 mins) **QUESTION BOX AND CLOSING DISCUSSION**

Question box: Recap how the question box works and ask students to write questions to be answered in the next session. Collect questions.

Question box
Scrap paper
Pens

Handout 3.1 Video scripts

TITLE: Youth yarn about... What makes a healthy relationship

MONTANA: And there has to be fun and actual love in the relationship, and not just ownership. I think a lot of people get mixed up with ownership and a relationship. But in a relationship you get to do what you want to do with that other person respecting what your wishes are, and yeah it's supposed to be love not ownership.

LARISSA: Wherever that person or you are going to be it's your home that makes you comfortable with who you are.

ANDREA: I'd be able to talk to someone without any sort of judgement or abuse. You shouldn't be able to be frightened or afraid to talk to your partner about anything what-so-ever.

CALLUM: Respectful is like when you both have, when it's consensual on both ends. Where you are just like having fun, making memories and just enjoying each other's company.

SHAUNTA: Like if you don't have respect, and if your partner doesn't respect you then why are you sticking around, cos it's not good for yourself, you need to put your health first and I don't think, if you're not in a respectful relationship then you're not being the best that you can be. I think you know if you're being respected because you're not constantly feeling sad, you're not constantly feeling you're worthless, you're not constantly feeling like why am I here, sort of thing.

JESSE: Just appreciate her and make her feel good and stuff. I get her gifts and stuff. I like to look after her and stuff. Sometimes when I make food for myself I always have something on the side for her to take to her when she's hungry, I always do that every time.

ELI: From my age category, looking for someone would be someone who has all the morals and same values as myself. Someone who is adventurous and down to earth, respectful, trustworthy, and openly when it comes to questions that are unanswerable or just questions that most people don't like to talk about.

ANDREW: Yeah, not insecure about each other, where each other will be or always thinking about where the other one, the other partner is or what are they doing. Just being honest with each other.

QUINTON: Stuff that you find awkward with some people can be more comfortable with some one else because you trust them, you can tell them anything.

RONELLE: If you do stick to one partner it's good, to be faithful to just that one person if you love that one person you only have to love that one person.

AIESHA: My ideal relationship is where I want someone to care for me as much as I care about them and not all that jealousy stuff, to respect me for who I am so I don't have to change for anyone. Just be myself really.

TITLE: Youth yarn about... What jealousy does to a relationship

MARJORIE: Jealousy is not a good part of a healthy relationship because it can pretty much destroy it in the end, turn people against each other, disengage one person from their family and friends, it can do all sorts of things that can destroy the relationship. It's not a very good thing to have in a healthy relationship, or a relationship in general.

LARISSA: Jealousy, I would definitely, I would just walk away, and I'm like, I just take that as a positive thing for me to get out of the relationship and just say you know what, if this is what you think of how I'm doing it, I'll just move along, I don't need the negative things, I would rather just have positive things. It's not, it's just hurting yourself inside, hurting the other person, and the people around you, the community.

ANDREW: It doesn't mix well with alcohol so just gets out of hand sometimes. Pretty bad, especially with domestic violence, most jealousy ends up down that way, domestic violence and you know it just becomes worse after that.

APRIL: Jealousy does play a big part of a young person's relationship, as I've experienced in being young and in a relationship, it was a huge factor. Just the, I don't know what it is, like it's just the thought of them just being with another person, there are so many people out there that maybe they're less attracted to you but they're attracted to you but then it's a huge part, I think.

MARJORIE: The advice I would give to someone in a relationship that was experiencing jealousy would be to confront them about why they are being jealous even though that can be a sensitive thing to do as well. But in the end if it's gotten worse from when it started then it's probably a good idea not to be in a relationship with that person.

TITLE: Young Deadly Free: I'm going to be the best dad

I always wanna be a dad.

I wanna be a great dad that my kid can trust.

I'll teach him how to play footy.

When he wakes up at night I'll be there to change his nappies.

And I'll be there when he's crying.

I'll look after my women.

I want to be the best partner ever.

Jessie, I think my water just broke.

Water, yeh, I'll get her water.

I'll get her anything she wants.

Jessie! I got contractions.

Aahh, Jessie.

Aahh yer, she used to say that to me all the time.

Aahh yer, Jessie

Aahh yer

Aahh hurry up Jessie.

Oh we used to do it all the time.

But that's cool, she's growing my baby.

I been going to all the checkups with her.

I know what's going on.

Aahh...

Even though I'm not getting much sex these days...

I'm not going to cheat on my queen,

I don't want to be picking up any STIs

and passing it on to my women or my unborn baby.

I'm gonna be the best dad and I want a healthy child.

For f@#*s sake Jessie let's go, we gotta go, snap out of it.

You and your partner pregnant? Protect your baby, make sure you both get tested for STIs throughout your pregnancy.

TITLE: Talkin' True: Football hero

Real men don't cheat in the game and real men don't cheat on their women.

Handout 3.2 Respectful relationships scenarios cards

Jase has been dating Jules for 3 months. Jules doesn't like Jase's mates. Jules runs down Jase's mates and tells him that they are all bad influences on him. Jules won't let Jase invite his mates to hang out with them. Jules invites her own friends to come hang out with her and Jase which Jase doesn't mind, however, Jase wishes his mates could come hang out with all of them too. Jase is suddenly feeling very alone as he hardly spends any time with his mates anymore.

Avery and Riley broke up 2 months ago. When they broke up Avery immediately deleted Riley from all their social media accounts. Avery started messaging Riley and asking lots of questions about what Riley was doing. Riley was feeling uncomfortable so asked Avery to stop. When Avery didn't stop, Riley blocked Avery. Avery became angry about this. Riley then noticed that they couldn't log into their social media accounts and friends told Riley that it looked like someone had hacked their accounts—strange status updates were appearing, and the profile picture had been changed. When Riley confronted Avery about it, Avery admitted to hacking into Riley's social media accounts.

Harley and Harriet are both 17. They have been in a relationship for the past year. In that time, Harriet has smashed Harley's phone 3 times when they have been arguing. Harriet thinks Harley deserved it because Harley had been talking to other people on Facebook and Harriet was jealous about this. Harriet often asks to go through Harley's phone and social media accounts and deletes people that she thinks Harley shouldn't be talking to.

Gia and Ali have been dating for 6 months. Gia's friends and family have noticed that Ali often runs Gia down in front of them. Ali says things like "Don't be so stupid", "You're so lazy" and "You are being so crazy right now". Ali has even sworn at her in front of friends and family. They are worried about how Gia is being treated when they aren't around if Gia gets treated this badly in public.

Jye and Jessie talk on social media. They live in different communities. They know each other through other friends but they haven't actually met in person yet. They have been talking every day for a few weeks. Jye is coming to Jessie's community for the sports carnival. They are both excited to finally meet. Jye gets into town and goes looking for Jessie. Jessie is talking to some other people when Jye finally finds them. Jye gets out of the car and runs up to the people talking to Jessie and starts pushing them, yelling at them "Jessie is mine, back off". A fight starts between Jye and the group.

Fin and Frankie are 16. They have been going out for 6 months and having sex for about a month. Fin usually enjoys sex, but sometimes doesn't feel like having it. At those times Frankie often says things like "If you really loved me, you would want it" or "If you don't have sex with me, maybe I'll have to find someone else who will". Fin doesn't want to lose Frankie, so often gives in and has sex.

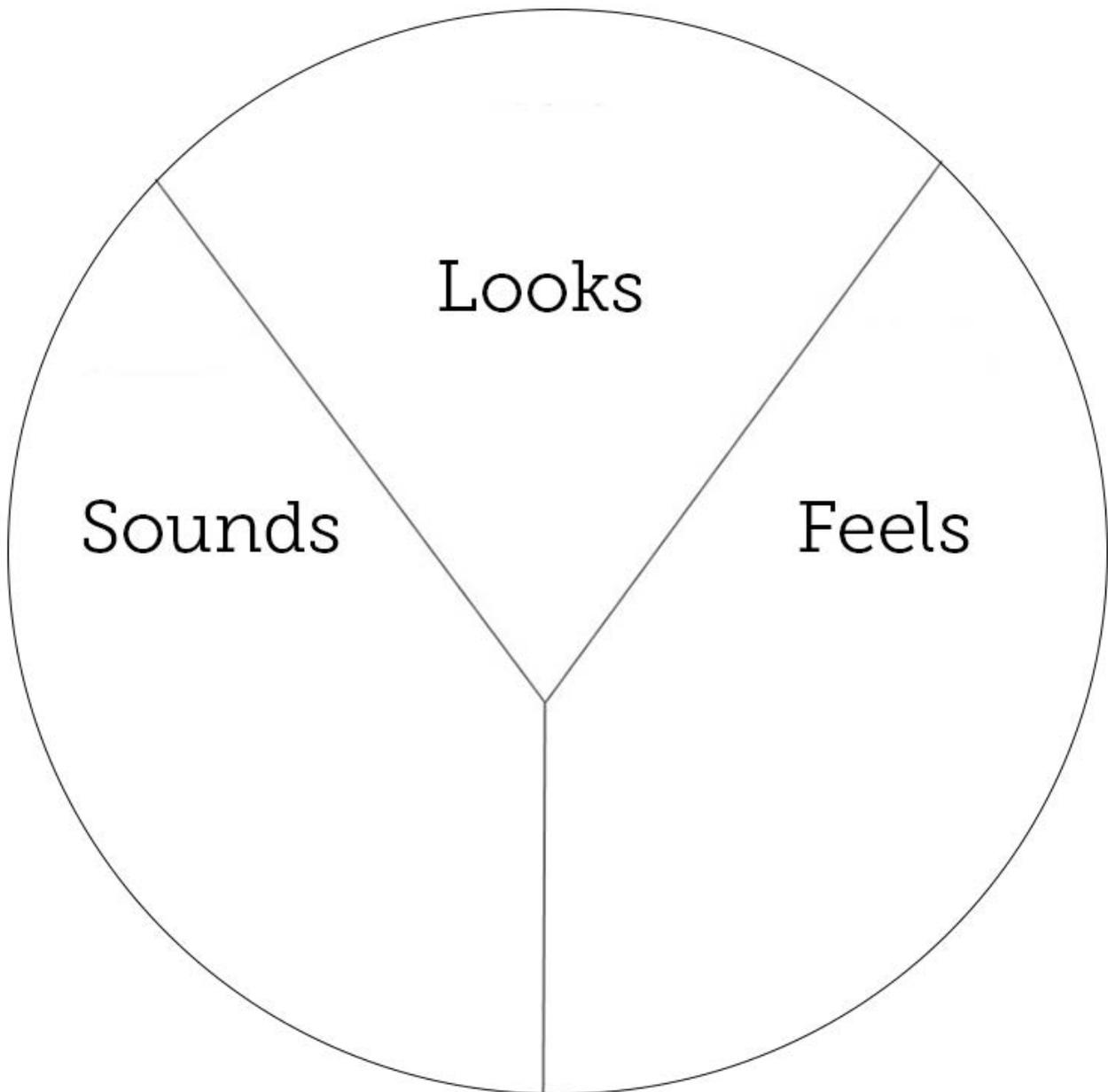
Handout 3.3 Y Chart

The aim of the Y Chart is for students to think about environments from three perspectives.

Looks: what do you see when you are looking at two people who are in a respectful relationship? (use action verbs/doing words)

Sounds: what types of things do people who are being respectful say to each other?

Feels: when you are being respected by someone how does it make you feel?



For more information about *The Y Chart* see [Thinking and mind tools](#)

LESSON 4 EXPLORING CONSENSUAL SEX

Learning Intentions

Students will understand the meaning of consent and how it applies to sexual activity and the law.

Success Criteria

By the end of this session, students will be able to:

- 1 explain the meaning of consent
- 2 explain individual rights and consent with regard to sexual activity
- 3 explain why consent with regard to sexual activity is important.

Teacher background information

- 1 [Group Agreement \(p. 51\)](#)
- 2 Dealing with disclosures and [protective interrupting \(p. 18\)](#)

Title	Link	Length
Tea Consent (Clean)	https://youtu.be/fGoWLWS4-kU	2:49 mins

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	<p>WELCOME AND GROUP AGREEMENT</p> <p>Display and remind students of the <i>Group agreement</i> created in lesson 1.</p> <p>Question box: Answer questions from previous session.</p>	<p><i>Group agreement</i> created in lesson 1 + Group agreement guidelines (p. 15)</p> <p>Question box</p>
05:00–8:00 (3 mins)	<p>WATCH THE VIDEO</p> <p>Introduce the concept of consent</p> <p>Explain: <i>Consent is a very important part of any sexual activity. Consent means giving permission or agreement for something to happen. Consent is the formal word for saying “yes, I’m okay with doing this”.</i></p> <p>To get us started on this session let’s watch a short clip that explains consent.</p> <p>AFTER WATCHING THE VIDEO:</p> <p>Ask: <i>Can anyone tell me what the video was about? What was the video trying to teach us?</i></p>	<p>Animation on USB or link</p> <p>Projector/Screen/Smartboard</p>
8:00–14:00 (6 mins)	<p>When it comes to sexual activity and sex, you have the right to decide who you do it with, when you do it, where you do it, and how you do it. As shown in the video, for any sexual activity to happen both people need to consent, or say yes, willingly and freely. Sexual activity does not just mean penis-vagina/anal/oral sex—it includes kissing, hugging, making out, cuddling, and touching someone’s body in a sexual way.</p>	

Australian law around sex and consent is different in different states and territories. But there are some basics that you need to remember. (You may wish to use slides/handouts and quickly talk through the basics.)

The law says someone can be unable to willingly or freely give consent to sexual activity if:

- they are under the legal age to give consent to sex
- they are drunk or high
- they are asleep or passed out/unconscious
- they are being pressured into it—with strong efforts to “talk” them into having sex
- they are being threatened into the sexual activity. This could include threatening their own physical safety, the safety of their family, friends or pets, or threatening to kick them out of their house or break up with them etc.
- the other person is in a position of power over them, e.g. a police officer, a teacher, a coach, a religious head (pastor/bishop/nun etc.), nurse, doctor. This is because they can use their power to influence/pressure someone into having sex with them.
- If you or the person you are having sex with is high-school aged, you also need to think about the age difference between you and your sex partner. If there is a big age gap, it can also be against the law. (Refer to handout for state-based info).

14:00–34:00 (20min) **MAIN ACTIVITY** (adapted from “The Population Council, It’s all one, Activity 22, a Matter of Consent”)

Explain: *As well as the law, there are other things to consider when making sexual decisions. Sometimes it’s useful to think about sex in terms of guidelines. What we would like to see is people making decisions they feel positive about and that their sex partners also feel positive about. This often reflects the law but can also include other things.*

Hand out guidelines.

- Talk through the guidelines with the whole group explaining them in plain/local language.
- Split the group into small groups.

Explain: *Each group will get a few scenario cards:*

- *The group will work together to discuss each scenario and decide if the people in their scenario would be able to give consent.*
- *The group will report their answers and the key things they discussed back to the larger group.*

[Handout 4.1 Guidelines for giving consent \(p. 46\)](#)

[Handout 4.2 Exploring consensual sex Activity cards](#) (external link)

40:00–45:00 **CLOSING DISCUSSION POINTS**

(5 mins)

Explain:

- *We've covered a lot of ground in this session!*
- *We've discussed how we all have the right, under the law, to feel safe and respected all the time.*
- *We've looked at some of the basic laws that can keep you and your friends out of trouble.*
- *We've talked about how respect and open communication is important in relationships*

If you or any of your friends or family have felt unsafe in a relationship or have been sexually assaulted, there are people to talk to.

Highlight local people and services and get each participant to name one person (could be family or friends) or place they would talk to if they needed support.

QUESTION BOX

Recap how the question box works and ask students to write questions to be answered in the next session. Collect questions.

Question box

Scrap paper

Pens

Handout 4.1 Guidelines for giving consent

GUIDELINES FOR GIVING CONSENT TO A SITUATION INVOLVING SEX

In order to freely give consent it is important to:

- understand everyone has the right to decide if they want sex
- feel recognised and respected by your partner
- know what the activity involves and how you feel about it
- know the risks, and how to protect yourself from unwanted pregnancy and infection
- be able to talk about issues and worries with your partner
- have a clear mind; not impaired by alcohol or drugs at the time of decision making.

LESSON 5 ALL ABOUT STIS

Learning Intentions

Students will understand aspects of sexually transmissible infections (STIs) that are relevant to them (information which is considered a human right).

Success Criteria

By the end of this session, students will be able to:

- 1 talk about information presented in an STI educational videos
- 2 access *Young Deadly Free* STI resources
- 3 decide if statements about STIs are true or false.

Teacher background information

- 1 [Group Agreement \(p. 15\)](#)
- 2 Dealing with disclosures and [protective interrupting \(p. 18\)](#)
- 3 [Handout 5.1 Scripts for animations \(p. 49\)](#)
- 4 [SHQ: STIs A guide for youth and community workers](#) (external link)

Title	Link	Length
All About STIs	https://youtu.be/WmpbDecy8I0	2:15 mins
Get tested for STIs	https://youtu.be/OtjirJDvanA	2:56 mins

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	<p>WELCOME AND GROUP AGREEMENT</p> <p>Display and remind students of the <i>Group agreement</i> created in lesson 1.</p> <p>Question box: Answer questions from previous session.</p>	<p><i>Group agreement</i> created in lesson 1 + Group agreement guidelines (p. 15)</p> <p>Question box</p>
05:00–11:00 (6 mins)	<p>WATCH THE VIDEO</p> <p>Watch All About STIs (hand out copies of the Handout 5.1 Scripts for animations for students to follow)</p>	<p>Animation on USB or link</p> <p>Projector/Screen/Smartboard</p>
11:00–16:00 (5 mins)	<p>HOT POTATO SUMMARY</p> <p>Explain to the group that you are going to have a game of Hot Potato. Have a ball, tell the group you are going to say someone’s name and throw the ball to them. As they catch the ball, they need to say the first thing that pops into their head about what they learnt from the animation or what they know about STIs and STI testing. Explain that there are no wrong answers, if any of the information is inaccurate, it can be talked about when the hot potato activity is finished. Then they pass the ball to another student to repeat the process. When each student has had at least one turn, OR the group is struggling to come up with new things, finish the activity.</p> <p>Spend some time discussing the points the group made and going over any key messages they may have missed.</p> <p><i>Alternative: Get students to work in small groups to brainstorm all the things they learnt—the group who comes up with the most responses wins.</i></p>	<p>Ball</p> <p>Music</p> <p>Handout 5.2 Key messages from STI animation (p. 51)</p> <p>Butcher's paper/scrap paper</p> <p>Small prizes</p>

16:00–36:00 **FACT CHECK**
(20min)

There are lots of things about STIs that people don't know. Sometimes people have some information but not all the information, sometimes people have the WRONG information. So to make sure we have all the right information we are going to do a fact check.

Give each group a *Handout 5.3 STI Investigators Sheet* and assign them an STI, either syphilis, chlamydia, trichomonas or gonorrhoea.

Explain that they need to go to the *Young Deadly Free* website and find the Factsheet and Infographics about their STI. Students will fill in the *STI Investigators Sheet* using the information they find. Explain that when they have completed the worksheet, they are to report their findings back to the rest of the class.

ALTERNATIVE: FACT CHECK RELAY

Split the class in to 2 or 3 small groups
Give each group a set of cards in an envelope or bag.
Have them line up in front of a piece of butcher's paper with a true and false column.

Explain that they are going to have a relay. Each person must have a go at pulling a statement out of the bag. They must read the statement and decide with their group whether or not the answer is true or false. They then run up, put the statement in the agreed column and run back to tag their next team member until all the statements are on the butcher's paper.

(HINT: it's a good idea to have a small prize for the group who finished first and then another prize for the group who has the most correct answers.)

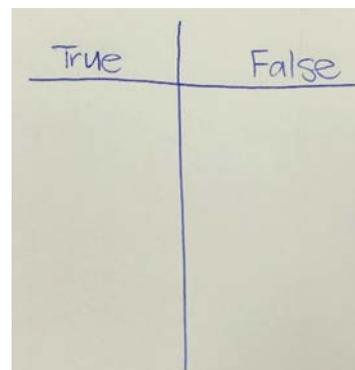
[Handout 5.3 STI Investigators Sheet for each group \(p. 52\)](#)

Internet access to search Young Deadly Free website

<https://youngdeadlyfree.org.au/>

[Handout 5.4 Fact check relay true / false cards \(p. 53\)](#), print and cut up enough sets for each group

[Handout 5.5 Fact check relay true / false answers \(p. 54\)](#) (for teacher)



36:00–45:00 **CLOSING DISCUSSION**
(9 mins)

Going around the room get students to finish this statement:

“STIs are a worry because...”

QUESTION BOX

Recap how the question box works and ask students to write questions to be answered in the next session. Collect questions.

Question box

Scrap paper

Pens

Handout 5.1 Scripts for animations

TITLE: All about STIs: educational animation for young Aboriginal and Torres Strait Islanders

This is an important story for us.

By us, it's for the young people.

Let's cut to the point, we all like sex, however, when you have sex, there are some risks that you should be aware of.

One of these risks is catching sexually transmitted infections or STIs.

STIs can be passed from one person to another person during any type of sex, including vaginal, oral and anal sex.

You don't know by looking at someone that they have an STI and you don't know how many partners the last person you slept with has had.

There are 4 really common STIs in remote communities.

These are chlamydia, gonorrhoea, trichomonas and syphilis.

These bugs have 4 things in common.

Firstly, they mostly affect our young people, aged 15–30 years.

Secondly, they are sneaky.

Most times, you will not know you have an STI as they mostly don't have any signs or symptoms.

Thirdly, without medicines, these STIs can spread through your body and harm you and even cause infertility or not being able to have a baby.

And lastly, if untreated, they are all no good if you are pregnant as they can harm you and your baby.

The good news is that for all these STIs they are all easily tested and treated at the clinic.

If you get a test for STIs, the clinic will keep it private and they can all be treated with medicine and cleared up soon afterwards.

To prevent getting STIs, there are 2 things you can do.

Use condoms during sex with a new partner because even though you get tested and treated for an STI, you can still get that STI again.

So it's important to get tested regularly.

Testing is recommended at least once a year or more if you are sexually active or pregnant.

Make sure your partner also gets tested and treated.

Have you had your full STI check?

If you are aged 15 to 30 years, or had sex without a condom recently get tested and treated today.

TITLE: Get tested for STIs: animation

Sex is great, but even better when you know you and your partner are healthy.

There are different sicknesses you can get from having sex without a condom.

They're call sexually transmitted infections or STIs and blood borne viruses or BBVs for short.

Getting tested for these STIs or BBVs is the best way to keep everyone protected.

Testing is recommended for young people that are having sex, for people who have had sex with different partners and for people who have had sex without a condom.

Women and men planning to have a baby should also get tested.

If you belong to any of these groups you should get tested at least once a year.

Testing is simple, it can be done at your local clinic, sexual health clinic, hospital and it's free and private.

The good thing about getting tested is that if you test positive, treatment is available to get you healthy again.

Testing is super important as these STIs can harm you and your baby.

Both mum and dad should have a checkup.

Getting an STI check is quick, it can be done in around 30 minutes.

The clinic will ask you a few questions so they know what test to do.

The clinic will then take a wee and blood sample to check for infections.

A wee test looks for gonorrhoea, chlamydia and trichomonas.

These STIs are the most common infections in our communities.

A blood test looks for other sicknesses like syphilis, HIV, hep B and hep C.

They may also take a swab of sores, spots and puss if there are any.

It can take a couple of weeks to get the tests back.

Use a condom during this time.

The clinic will contact you to tell you your results.

If any tests come back positive there are medicines you can take.

The clinic will talk to you to make sure that your partners are also tested and treated.

This is important to make sure that you don't get the infection again and to stop these infections spreading through the community.

Don't worry, the clinic is not allowed to share this information with anyone else so it will stay private.

If you have an STI the clinic will call you back in about 3 months to have another test.

This is important to make sure you haven't got the infection back again.

Remember, if you feel shame to go to the clinic you can take your sis or your bro or anyone else that you feel comfortable with.

So to stay young deadly and free you should use condoms and get tested every year.

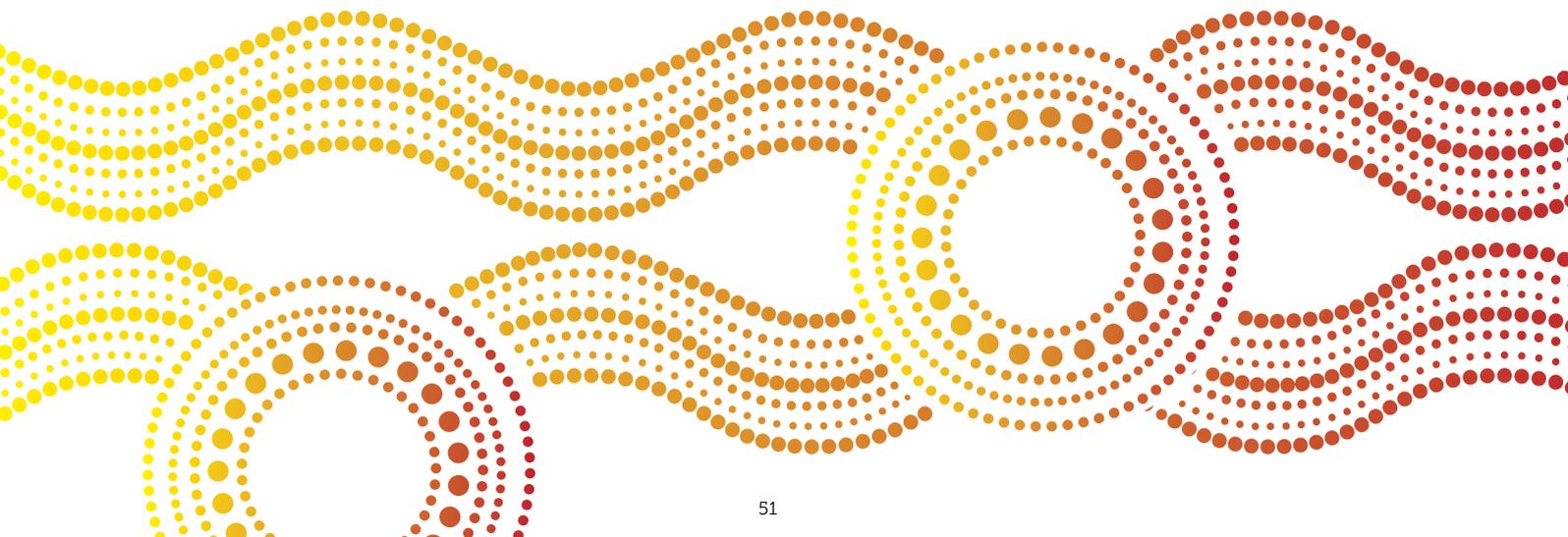
You can even set a reminder to help you remember.

So don't forget to look after your friends and family and tell them to get tested too.

Together we can knock out STIs and BBVs.

Handout 5.2 Key messages from STI animation

- 1 STIs are infections that you can get from having vaginal sex (penis in vagina), oral sex (mouth on penis or mouth on vagina) and anal sex (penis in bum).
- 2 STIs are really common in young people.
- 3 Most STIs have no symptoms, meaning that when people get an STI they often don't feel sick or have any signs that something is wrong with them.
- 4 STIs are really bad for us if we get one and we don't get tested and treated.
- 5 If we don't get tested and treated, STIs can damage other parts of our body and can even stop us from being able to have a baby. This is called infertility.
- 6 You can get the same STI more than once.
- 7 It's important to use condoms to protect yourself from STIs.
- 8 The only way to know for sure if you have an STI or not, is to get tested.
- 9 If you test positive, there are medicines that can treat STIs.



Handout 5.3 STI investigators sheet

STI INVESTIGATORS SHEET

STI you are researching.....

How can people get this STI?.....

How can people protect themselves from getting this STI?.....

What people are at most risk of this STI?

Do people get signs/symptoms that they have this STI?.....

Does this STI hurt babies if a pregnant mum has it?.....

Does this STI stop people from having children if it is left untreated?.....

If people do get signs, what are those signs?.....

How is this STI tested for?

Anything else interesting you learnt:

Handout 5.4 Fact check relay true / false cards

<p>A full STI/BBV checkup consists of</p> <ul style="list-style-type: none"> • Urine sample • Blood sample • Swabs of genitals and or mouth 	<p>Most people who get chlamydia have no signs or symptoms that their body is sick</p>	<p>The rod/bar protects you from STIs as well as unplanned pregnancy</p>
<p>Testing for STIs is expensive</p>	<p>All STIs can be cured with medicines (antibiotics)</p>	<p>Most men who get Gonorrhoea will have symptoms</p>
<p>Syphilis left untreated can damage your brain, heart, eyes and liver</p>	<p>STIs can't be passed on from a pregnant woman to her unborn baby</p>	<p>Syphilis can be treated with medicine</p>
<p>STIs mostly affect people over 40</p>	<p>The 3 most common STIs in Australia are:</p> <ul style="list-style-type: none"> • Syphilis • Chlamydia • Gonorrhoea 	<p>Once you have been treated and cured of an STI, you can't get it again</p>
<p>Reinfection (getting an STI again) is more likely to happen if your partners don't also get tested and treated for STIs</p>	<p>STIs are only passed on from vaginal sex</p>	<p>You can tell by looking at someone if they have an STI</p>
<p>STIs can damage your baby-making body parts and stop you from being able to have a baby</p>	<p>You can get an STI from a toilet seat</p>	<p>Most STIs go away without treatment if people wait long enough</p>
<p>Testing is recommended at least once a year, or more if you are sexually active or pregnant</p>	<p>Wearing 2 condoms at once will give you better protection from STIs</p>	<p>Going to the toilet after sex will prevent you from getting an STI</p>
<p>You don't need to be tested if you are in a relationship</p>	<p>STI testing can only be done at specialist sexual health centres</p>	<p>STI testing is private</p>

Handout 5.5 Fact check relay true / false answers

<p>A full STI/BBV checkup consists of</p> <ul style="list-style-type: none"> • Urine sample • Blood sample • Swabs of genitals and or mouth <p>TRUE</p>	<p>Most people who get chlamydia have no signs or symptoms that their body is sick</p> <p>TRUE</p>	<p>The rod/bar protects you from STIs as well as unplanned pregnancy</p> <p>FALSE</p>
<p>Testing for STIs is expensive</p> <p>FALSE</p>	<p>All STIs can be cured with medicines (antibiotics)</p> <p>TRUE</p>	<p>Most men who get Gonorrhoea will have symptoms</p> <p>TRUE</p>
<p>Syphilis left untreated can damage your brain, heart, eyes and liver</p> <p>TRUE</p>	<p>STIs can't be passed on from a pregnant woman to her unborn baby</p> <p>FALSE</p>	<p>Syphilis can be treated with medicine</p> <p>TRUE</p>
<p>STIs mostly affect people over 40</p> <p>FALSE</p>	<p>The 3 most common STIs in Australia are:</p> <ul style="list-style-type: none"> • Syphilis • Chlamydia • Gonorrhoea <p>TRUE</p>	<p>Once you have been treated and cured of an STI, you can't get it again</p> <p>FALSE</p>
<p>Reinfection (getting an STI again) is more likely to happen if your partners don't also get tested and treated for STIs</p> <p>TRUE</p>	<p>STIs are only passed on from vaginal sex</p> <p>FALSE</p>	<p>You can tell by looking at someone if they have an STI</p> <p>FALSE</p>
<p>STIs can damage your baby-making body parts and stop you from being able to have a baby</p> <p>TRUE</p>	<p>You can get an STI from a toilet seat</p> <p>FALSE</p>	<p>Most STIs go away without treatment if people wait long enough</p> <p>FALSE</p>
<p>Testing is recommended at least once a year, or more if you are sexually active or pregnant</p> <p>TRUE</p>	<p>Wearing 2 condoms at once will give you better protection from STIs</p> <p>FALSE</p>	<p>Going to the toilet after sex will prevent you from getting an STI</p> <p>FALSE</p>
<p>You don't need to be tested if you are in a relationship</p> <p>FALSE</p>	<p>STI testing can only be done at specialist sexual health centres</p> <p>FALSE</p>	<p>STI testing is private</p> <p>TRUE</p>

LESSON 6 ALL ABOUT STIS—MULTIMEDIA EXTENSION ACTIVITY

Learning Intentions

Students will understand the importance of sexual health.

Success Criteria

By the end of this session, students will be able to:

- 1 research a sexual health topic in small groups
- 2 develop an important sexual health key message based on their research
- 3 design and record a short health promotion video.

Teacher background information

- 1 [Group Agreement \(p. 15\)](#)
- 2 Dealing with disclosures and [protective interrupting \(p. 18\)](#)

All of the videos in this session have a central theme:

- 1 Sexual health education is everyone’s business
- 2 Anyone who has sexual health knowledge can and should share this information with others in their community

Title	Link	Length
Talkin’ True: Sistagirl	https://youtu.be/DHXCH3jzI_U	00:41 secs
Talkin’ True: Radio presenter	https://youtu.be/u560z5BzzGs	01:01 min
Talkin’ True: Coffee shop staff	https://youtu.be/8G1-nyVTpH0	00:50 secs
Talkin’ True: Football hero	https://youtu.be/Y3EWSOk1ZU	00:41 secs
Talkin’ True: Crystal Love	https://youtu.be/hwf80JnQX6Y	00:41 secs
Talkin’ True: Mechanic	https://youtu.be/ig4MlObBDoU	00:41 secs

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	<p>WELCOME AND GROUP AGREEMENT</p> <p>Display and remind students of the <i>Group agreement</i> created in lesson 1.</p> <p>Question box: Answer questions from previous session.</p>	<p><i>Group agreement</i> created in lesson 1 + Group agreement guidelines (p. 15)</p> <p>Question box</p>
05:00–8:00 (3 mins)	<p>WATCH THE VIDEO</p> <p>Explain that you are going to show the students a series of videos from the Young Deadly Project.</p> <p>Hand out the activity <i>Handout 6.1 Talkin' True key messages worksheet</i> and ask students to record the key messages in the videos as they watch them.</p>	<p>Videos on USB or links</p> <p>Projector/Screen/Smartboard</p> <p>Handout 6.1 Talkin' True key messages worksheet (p. 57)</p>
8:00–13:00 (5 mins)	<p>VIDEO REFLECTION</p> <p>After watching the videos discuss</p> <ol style="list-style-type: none"> 1 Which video was your favourite and why? 2 What did all the videos have in common? <p><i>Cont over page...</i></p>	

Explain to the students: while Crystal Love has lots of experience in performing, the other people in the videos were all just average community members. The lady who acted in the radio video, actually works at that radio station, the young girl in the coffee shop actually works at the local community coffee shop, the fella working on his car is a local young person in his community... none of them are actors. They decided to help out on the Young Deadly Free project because they all think that it's important that young people have sexual health information. This was part of the aim of these videos with health staff coming up with ideas and messages they wanted to teach the community.

14:00-34:00
(20 min)

MAIN ACTIVITY: FILMING YOUR OWN TALKIN' TRUE

- Access *Young Deadly Free* website as a class (teacher lead)—<https://youngdeadlyfree.org.au/resources/infographics/>
- Look through the FACTS (3min)
- Students decide which ones they like—write 2 down (3min)
- Then introduce the idea of making their own *Talkin' True* video based on the facts they wrote down (1 min)
- Explain the roles (Director, camera operator, Actor) (2min)
- Break into groups of 3, decide who is doing what role and film in school grounds. (5–10min)

[Handout 6.2 Film roles required to make *Talkin' True* \(p. 58\)](#)

(HINT: Topics could include individual STIs or BBVs, testing for STIs or BBVs, Sex and the Law.)

34:00–40:00
(6mins)

CLOSING ACTIVITY

Utilising other *Young Deadly Free* resources that you deem appropriate, encourage the students to come up with the 3 most important messages that they think young people in their community should know about sexual health

QUESTION BOX

Recap how the question box works and ask students to write questions to be answered in the next session. Collect questions.

Question box
Scrap paper
Pens

Handout 6.1 Talkin' True: Key Messages worksheet

EPISODE

KEY MESSAGES



Talkin' True: Sistagirl



Talkin' True: Radio presenter



Talkin' True: Coffee shop staff



Talkin' True: Football hero



Talkin' True: Crystal Love



Talkin' True: Mechanic

Handout 6.2 Film roles required to make *Talkin' True*

DIRECTOR

A film director is someone who is in charge of making sure that every component of a movie runs smoothly. Generally, these directors work on a movie from its conception stage to its delivery stage. They have a say in how the scenes unfold, what props are going to be used, how the characters should look, and who should play specific parts. Directors also work with individuals in charge of lighting, scenery, writing, and so forth, to make sure that all of the elements come together. The director is in charge of the three main phases, which are pre-production, production and post-production. Generally, he or she does not actually do the work for post-production, but is in charge of overseeing it.¹

CAMERA OPERATOR

A camera operator is someone who records images that entertain or inform an audience. Camera operators capture a wide range of material for TV shows, movies, music videos, documentaries, and news and sporting events. Most work in the movie or TV industry.

Duties

- Choose and present interesting material for an audience.
 - Work with a director to determine the overall vision of the production.
 - Discuss filming and editing techniques with a director to improve a scene.
 - Select the appropriate equipment, from type of camera to software for editing.
 - Shoot or edit a scene based on the director's vision.²
-

ACTOR

Actors depict characters in stories using their voices, appearances, bodies and gestures. They can work in movies, TV, commercials, theatre, theme parks and clubs. While working as an actor, they perform for entertainment and informational purposes. Actors can play main characters or supporting roles, and they must audition for casting directors to land a part.

Duties

- After securing a role, the actor studies the script to learn about the character and memorise the speaking parts.
 - Sometimes scripts change during rehearsals, and actors may find themselves memorising new lines.
 - Actors work under the director who advises them on how to portray the characters.
 - To bring the character to life, actors change their voices, dialects, facial expressions and other traits.
 - In addition to wearing costumes, actors use props, which they must learn to use appropriately.³
-

1 <https://www.careerexplorer.com/careers/film-director/>

2 <https://www.careerexplorer.com/careers/camera-operator/>

3 https://study.com/articles/Actor_Job_Description_Duties_and_Salary_Information.html

LESSON 7 PROTECTING YOURSELF FROM STIS

Learning Intentions

Students will understand how STIs can be prevented from spreading from person to person.

Success Criteria

By the end of this session, students will be able to:

- 1 explain what a condom is and how it is used
- 2 describe how condoms prevent STIs and pregnancy
- 3 describe how to make condoms effective.

Teacher background information

- 1 [Group Agreement \(p. 15\)](#)
- 2 NT Department of Education [policy on condoms](#)

Title	Link	Length
Young Deadly Free: Condoman saves the day	https://youtu.be/py9z_eZGwg8	01:51 mins
Speak up. Listen. Support. You got any condoms?	https://youtu.be/siwuEvnw8H8	01:00 mins
Speak up. Listen. Support. Don't forget to be safe!	https://youtu.be/rS7XPv58IMs	00:50 secs
Young Deadly Free: Condoms First	https://youtu.be/j474-RUdUJg	00:40 secs

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	<p>WELCOME AND GROUP AGREEMENT</p> <p>Display and remind students of the <i>Group agreement</i> created in lesson 1.</p> <p>Question box: Answer questions from previous session.</p>	<p><i>Group agreement</i> created in lesson 1 + Group agreement guidelines (p. 15)</p> <p>Question box</p>
05:00–20:00 (15 mins)	<p>CONDOM DEMONSTRATION</p> <p>Teacher note: <i>If you feel your students lack enough basic knowledge about contraception and/or anatomy the following guides may be useful:</i></p> <p>Contraception discussion guide (p. 74)</p> <p>Anatomy story (p. 75)</p> <p>Following the steps as outlined in the condom game, show the participants how to correctly put on a condom</p> <ul style="list-style-type: none"> • Check expiry date, check the package is not damaged and open with care. • Gently hold the tip so that there is room for the ejaculate/cum (this prevents the semen from spilling out). • When the penis is hard, roll the condom on, all the way to the base of the penis. • Spread water-based lubricant (lube) on the outside of the condom once it is on to help prevent the condom breaking. Oil based lubricant can damage the condom. It is also possible to use a small amount of lubricant on the head of the penis which assists in preventing breakage but also increases feeling for the penis. <p>Cont over page...</p>	<p>SAHMRI Condom Game cards (external link)</p> <p>Condoms (purchased prior to session, one for each student plus some for demonstration)</p> <p>Condom Demonstrators: if your school doesn't have any, you may be able to borrow them from your Public Health Sexual Health team at your local health service or the school nurse.</p> <p>If you wish to buy your own, we recommend something with a stable base, that is not life like.</p>

- After the sex has finished, withdraw the penis, holding the base of the condom before the penis goes soft. This prevents the semen from spilling out.
- Tie a knot in the used condom and put it in the bin. Not down the toilet as it will block the pipes.

Tips:

- You may wish to give everyone a condom before the activity, so they can see where the use-by date is printed and see the perforated edge on the packaging as you are doing the demonstration. Alternatively, when you are giving the demonstration you may ask a participant to find the use-by date for you.
- Encourage the participants to see how far they can stretch the condom on their hands/arms, or feet/legs. Talk about how strong they are and how big they stretch.
- Have paper towel handy so students can wash their hands.

20:00–35:00
(15 mins)

CONDOM CARD RACE

Now that the students have seen the demonstration of putting on a condom split students into two groups and give each group a set of Condom Game cards.

Explain:

- We are going to use these cards to have a condom race and test your knowledge!
- Your task is to work together as a team to put the cards into the correct order of how a condom should be used.
- The team who completes the task first AND gets the order correct wins. Do not start until I say so.
- Hand the cards out. When ready, get them to begin.
- When the groups finish, check that the cards are in the right order. (refer to the answer sheet)
- If they are not, give them more time to adjust the order.

Once both groups have completed the activity and the cards in the correct order read the correct order out as per the answer sheet and, time permitting, discuss extra points as below.

Discussion points:

- **What would happen if they started having sex, but then 1 partner said they wanted to stop?** Legally, they would need to stop having sex. Anyone can decide at any time that they want to stop and their partner must respect their wishes.
- **Where else could the consent cards go?** Consent can be sought or withdrawn at any point. (*TIP: Demonstrate this by moving the consent cards in to different points of the timeline as you discuss*)

Print two sets of [SAHMRI Condom Game cards](#) (external link)

- **Where can you get condoms from around here?**
- **How much do condoms cost?** Often people can get them for free from health clinics. If there are no free condoms in your community, you can buy them, usually in packs ranging from 4 condoms a pack to 30 condom packs. These cost between \$4 through to \$20, depending on the brand and how many condoms are in the pack. It works out to about 40c–\$1.20 per condom.
- **What if you have a Latex allergy?** Latex-free condoms are also available for people who have latex allergies. *Ansell's lifestyle Skyn* condoms are latex free and widely available.

35:00–38:00
(3 mins)

WATCH THE VIDEOS

Videos on USB or link

Play any combination of the above videos

Projector/Screen/smartboard

38:00–43:00
(5 Mins)

DISCUSS THE VIDEOS

You could ask:

- What happened in the video/s?
- What do you think the key message was?
(It's important you use condoms)
- Why are condoms important?
(protect against STIs, some BBVs and unplanned pregnancy)

Explain: **You have identified why condoms are so important ...But how effective are condoms anyway?** (read out the following information, add local words or simplify so your group understands)

- To achieve maximum protection by using condoms, they must be used consistently (all the time) and correctly.
- The failure of condoms to protect against STI/HIV transmission usually results from inconsistent use (meaning they aren't used all the time) or incorrect use, rather than the condom breaking because it is made badly.
- Incorrect use can lead to condom breakage, slippage, or leakage. A common way that people incorrectly use condoms is they start having sex with a condom but then remove it during sex; it's important to use the condom throughout the whole sex act, from start to finish.
- *Protecting against pregnancy:* Typical use—82% effective; perfect use (each time a couple has sex)—98% effective. Another way of putting this is that out of 100 people who have sex and only use condoms, 18 couples will fall pregnant. This is why it's a good idea to use condoms AND another form of contraception (e.g. the rod/implanon, the pill or the injection). This gives you the best protection from STIs as well as unplanned pregnancy.

- *Protecting against HIV transmission:* condoms are 90 to 95% effective when used consistently. This means that people who use condoms correctly all the time, are 10 to 20 times less likely to become infected when exposed to the virus than are inconsistent or non-users.
-

QUESTION BOX

Recap how the question box works and ask students to write questions to be answered in the next session. Collect questions.

Question box

Scrap paper

Pens

43:00–45:00
(2 mins)

CLOSING (if time)

Going around the room get each student to finish this statement: "One message I am going to tell my friends about condoms is...."

LESSON 8 IDENTIFYING SAFE PLACES AND SEEKING HELP—PART 2 EXPLORATION OF SEXUAL HEALTH SERVICES

Learning Intentions

Students will know services available in the community that support sexual health.

Success Criteria

By the end of this session, students will be able to:

- 1 explain the term sexual health
- 2 describe sexual health checks and where to get them.

Teacher background information

- 1 [Getting tested for BBVs & STIs Factsheet](#) & [Getting a check-up Factsheet](#) (external links)
- 2 Gather relevant information regarding local STI testing Services

Title	Link	Length
Get Tested for STIs—Animation about STI testing	https://youtu.be/OtjirJDvanA	02:56 mins
Other videos about STI testing (HINT, these videos may be suitable for low literacy groups when conducting option 4, the research project)		
Young Deadly Free: STI checks easier than you think!	https://youtu.be/O7o8xiim3Sg	02:05 mins
Checkin' me out (Not a YDF resource)	https://youtu.be/uKku0YdCAU8	03:10 mins
Sex Health Check—What's involved in a sexual health check in Australia (Not a YDF resource)	https://youtu.be/hqRHR3s2D2Y	06:33 mins

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	WELCOME AND GROUP AGREEMENT Display and remind students of the <i>Group agreement</i> created in lesson 1. Question box: Answer questions from previous session.	<i>Group agreement</i> created in lesson 1 + Group agreement guidelines (p. 15) Question box
05:00–10:00 (5mins)	Review the community map created in lesson 1.	Community map created in lesson 1
10:00–15:00 (5mins)	WATCH VIDEO/S Watch the video <i>Get Tested for STIs—Animation about STI testing</i> .	Animation on USB or link Projector/Screen/smartboard
15:00–35:00 (20 mins)	ALL ABOUT STI TESTING After watching the video with students, discuss what they saw in the video. You could ask: <ul style="list-style-type: none"> • what, if anything, surprised you about STI testing? • did you know... As a group, students brainstorm all the questions that they still have about STI testing.	

Questions to prompt students could include do you have any questions about:

- how to get the results?
- the actual tests?
- privacy and confidentiality?
- who sees your results?
- how to book an appointment?
- waiting times in the clinic?
- youth clinic times or women’s/men’s only clinic times?
- how to communicate with a clinic worker?
- what happens if you have family working at the clinic?
Can you ask to see someone else? How do you do that in a private way?
- what the nurse or AHW/AHP or doctor are thinking when a young person comes for an STI test or tells them they have had unprotected sex?

[Getting tested for BBVs & STIs Factsheet](#) & [Getting a check-up Factsheet](#) (external links)

[Handout 8.1 Youth quotes on barriers \(p. 65\)](#)

(HINT: You may wish to use Youth Quotes on Barriers to help guide students and the Factsheets on STI testing to support these discussions.)

Explain to students that we will be answering these questions in the next lesson.

35:00–45:00 **CLOSING DISCUSSION**
(10 mins)

The next lesson will involve one of the following options. Discuss these options with the class and decide which one they will do. Students can then think about what questions to ask; these could be based on the videos.

Option 1: Excursion to health clinic

Students visit the local health service that provides STI testing and sexual health services.

Option 2: Health staff visit class

Clinical staff deliver a session on STIs and testing to students.

Option 3: Interviews with health staff (only suitable for a school situation in a large town or city where there are multiple services) *Students work together to develop an interview schedule for their health staff interview and call and book an interview time with a clinician from the list of pre-contacted staff and services.*

Option 4: Research project and presentation

Students go online to further research STI testing and local services and report back to the class.

QUESTION BOX

Recap how the question box works and ask students to write questions to be answered in the next session. Collect questions.

Question box

Scrap paper

Pens

Handout 8.1 Youth quotes on barriers

<p>I don't know what I need to say to the reception staff—I don't want them knowing my business.</p>	<p>I'm afraid I will see my family members there and they will ask me why I am at the clinic.</p>	<p>The clinic is on the other side of town—it's hard to get to especially when it's hot or raining.</p>
<p>I don't know what to say to the doctor or health worker to ask for a test.</p>	<p>I know what to say to the health worker, but I'm too embarrassed to say it—they might judge me.</p>	<p>I don't want anyone to see me walking in to the clinic—even if it isn't for sexual health stuff, they will assume it is.</p>
<p>People in the waiting room will be looking at me and wondering why I am there (even if they don't ask me).</p>	<p>I heard that the doctor will look at your private parts...</p>	<p>What if the nurse or doctor is the opposite gender to me?</p>
<p>My aunty works at the clinic. I don't want to see her but I'm too shame to tell her that I want to see someone else.</p>	<p>I don't know how to book an appointment—what do I say to them?</p>	<p>Getting a checkup takes a long time. I don't want to wait.</p>
	<p>I'm worried people will overhear me when I am with the health worker—the consult room is near the waiting room or sometimes they only have curtains up so people can hear everything.</p>	

LESSON 9 IDENTIFYING SAFE PLACES AND SEEKING HELP—PART 3

EXPLORATION OF SEXUAL HEALTH SERVICES CONTINUED

Learning Intentions

Students will know services available in the community that support sexual health.

Success Criteria

By the end of this session, students will be able to:

- 1 explain the term sexual health
- 2 describe sexual health checks and where to get them.

Teacher background information

- 1 [Getting tested for BBVs & STIs Factsheet](#) & [Getting a check-up Factsheet](#) (external links)
- 2 Gather relevant information regarding local STI testing Services

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	<p>WELCOME AND GROUP AGREEMENT</p> <p>Display and remind students of the <i>Group agreement</i> created in lesson 1.</p> <p>Question box: Answer questions from previous session.</p>	<p><i>Group agreement</i> created in lesson 1 + Group agreement guidelines (p. 15)</p> <p>Question box</p>
05:00-10:00 (5mins)	<p>Reviewing the community map created in lesson 1</p>	<p>Community map created in lesson 1</p>

EXPLORING SEXUAL HEALTH SERVICES

Teacher note: for option 1 or 2: Prior to this activity please contact your local health services to brief them. Your local Department of Health Sexual Health unit can assist with appropriate contacts, local Family Planning Association or Public Health/Sexual Health team at the local Aboriginal Community Controlled Health Service (ACCHS). These services may even be able to assist with booking the excursion or visit. Consider engaging a clinician of each gender to support this in a culturally secure way.

Option 1: Excursion to health clinic

Students visit the local health service that provides STI testing and sexual health services.

- Explain to students that as a group, you will be visiting the local health service who delivers sexual health services. The health service will be providing a walk through tour of what happens in an STI check from arriving, waiting, testing and getting results.
- Using the questions students previously developed, students make a plan about who will ask each of the questions they have come up with and at what point in the tour it would be most appropriate to ask.

(HINT: for quieter classes or students, questions could be written on a piece of card and handed to the clinician and/or they could be presented to the health service to ensure the tour answers all their questions.)

TIME	ACTIVITY	RESOURCES
	<p>Option 2: Health staff visit class <i>Clinical staff deliver a session on STIs and testing to students.</i></p> <ul style="list-style-type: none"> • Explain to students that clinicians are visiting the class to provide more information about STI testing. • Brief the clinicians on the questions students previously developed 	
	<p>Option 3: Interviews with health staff <i>(only suitable for a school situated in a large town or city where there are multiple services)</i></p> <ul style="list-style-type: none"> • In small groups students work together to develop an interview schedule for their health staff interview. • Students call and book an interview time with a clinician from the list of pre-contacted staff and services. • Students share the interview questions and assign one person to scribe or alternatively, record the interview. • Students can conduct the interview over the phone or in person. • Students provide a report to the teacher summarising the results of the interview and a self-reflection of what they learnt from the interview and from the process of conducting an interview. 	
	<p>Option 4: Research project and presentation <i>Students go online to further research STI testing and local services and report back to the class.</i></p> <ul style="list-style-type: none"> • Split students into small groups. • Students are assigned an STI testing service to research: ACCHS/Aboriginal Medical Service, Sexual Health Clinic/ HIV Service, GP/Headspace, Self Testing. 	

CLOSING DISCUSSION

Students share one new thing they learnt from the activity.

QUESTION BOX

Recap how the question box works and ask students to write questions to be answered in the next session. Collect questions.

- Question box
- Scrap paper
- Pens

LESSON 10 BARRIERS TO TESTING: SHAME

Learning Intentions

Students will understand how ‘shame’ impacts their life and how to overcome it.

Success Criteria

By the end of this session, students will be able to:

- 1 Describe the term ‘shame’
- 2 Give an example of how ‘shame’ stops them from doing something
- 3 Describe the benefit of overcoming ‘shame’ with regards to sexual health checkups.

Teacher background information

- 1 [Group agreement \(p. 15\)](#)
- 2 Dealing with disclosures and [protective interrupting \(p. 18\)](#)
- 3 [Getting tested for BBVs & STIs Factsheet](#) & [Getting a check-up Factsheet](#) (external links)

Title	Link	Length
Young Deadly Free: STI Checks, easier than you think!	https://youtu.be/O7o8xiim3Sg	02:05 mins
Youth yarn about... How to get over the shame of STI testing	https://youtu.be/A0kdc1oWS-0	03:21 mins

TIME	ACTIVITY	RESOURCES
00:00–05:00 (5 mins)	<p>WELCOME AND GROUP AGREEMENT</p> <p>Display and remind students of the <i>Group agreement</i> created in lesson 1.</p> <p>Question box: Answer questions from previous session.</p> <p>Explain: <i>One of the key Young Deadly Free campaign messages is “Talk about STIs and BBVs”. With that in mind, today we are going to put some of what we learnt over our last few weeks into practise by thinking about the advice, information or strategies we can give other people about STI testing.</i></p>	<p><i>Group agreement</i> created in lesson 1 + Group agreement guidelines (p. 15)</p> <p>Question box</p>
05:00–12:00 (7 mins)	<p>ACTIVITY ONE: EXPLORING SHAME</p> <p>Explain <i>that today you are going to be talking about shame and thinking about ways we overcome shame. Discuss what shame is.</i></p> <p>You might want to say something like:</p> <p><i>The word shame is used in lots of different ways. But today I want to talk about shame as an emotion in the context of sexual health... we say, that’s shame job, or I’m shame, or they get shame.... But what we mean is “I am or they are too shame to do that”. So feeling shame can stop us from doing things we want to do, or the things that help us grow and learn, or even the things that keep us healthy, like getting health checks.</i></p>	

TIME	ACTIVITY	RESOURCES
	<p><i>Behind Emotions are usually lots of different thoughts we have about ourselves and the world around us. These thoughts or beliefs could be influenced by our culture, our upbringing, things we hear or see, or even a lack of understanding about something.</i></p> <p><i>Sometimes those things are true and real (but we can find ways to address them or deal with them), and other times those things are not true but we can get carried away with believing them.</i></p> <p>Encourage the students to think about a time when they felt shame. Explain that they don't need to share the details of that time, just keep it in their mind as we discuss what shame is.</p> <p>Ask students to share in a yarning circle:</p> <ul style="list-style-type: none"> • What did it feel like? • Did it stop them from doing something they wanted to do or needed to do? • Can they remember what happened to their body? • Was their heart beating slow or fast? • Did they have sweaty palms? • Did they want to hide or run away? • Do they think shame is a good thing or a bad thing? <p>Alternative activity</p> <p><i>Have a body outline up on the board or on butcher's paper. Ask students to privately reflect on a time they felt shame. Ask them to think about how their body reacted physically.</i></p> <p><i>Ask them to share their physical reactions. As they respond represent their answers on the body outline through drawing and writing.</i></p> <p>Questions to help prompt the discussion might include:</p> <ul style="list-style-type: none"> • What happened to their temperature? • Did anything happen to their muscles? • What happened to their hands or palms? • What was going on their mind? • Did they feel like they had lots of energy or no energy? • Did they feel like running away? <p>Closing discussion</p> <p>Does anyone know what we just did in this activity? Can anyone think of why it's good to be able to recognise your feelings? The ability to recognise a feeling can help people to decide how to manage the feeling. We are now going to explore some strategies for managing shame.</p>	

TIME	ACTIVITY	RESOURCES
12:00–22:00 (10 mins)	<p>ACTIVITY TWO: WATCH VIDEO, <i>Young Deadly Free: STI checks, easier than you think!</i></p> <p>Explain: <i>we are now going to watch a video where someone is shame to go to the clinic but they decide to go anyway. After we watch the video, we will have a discussion and activity.</i></p> <p>WATCH VIDEO https://youtu.be/O7o8xiim3Sg</p> <p>Discuss:</p> <ul style="list-style-type: none"> • What helped James overcome his shame? • Why was James feeling shame? • What were James’ fears? 	Video on USB or link Projector/Screen/smartboard
22:00–35:00 (13 mins)	<p>ACTIVITY THREE: BREAKING THROUGH THE SHAME</p> <p>Split the students into small groups.</p> <p>Hand out 1 youth character, 3 red bubbles and 3 boxing gloves per group.</p> <p>Get student to lay them out on the desk as per this example.</p> 	<p>Handout 8.1 Youth quotes on barriers (p. 65)</p> <p>Handout 10.1 Youth character girl or boy (pp. 72–73) (print and cut out 1 per group)</p> <p>Handout 10.2 Boxing gloves (p. 74) (print and cut out 3 per group)</p> <p>Handout 10.3 Red bubbles (p. 75) (print and cut out 3 per group)</p> <p>OR</p> <p>Handout 10.4 Individual worksheets (pp. 76–77) (print one per student)</p>
	<p><i>*Please note this activity could be run in small groups with each student filling in their own worksheet or in small groups where the worksheet is printed largely and they work on the activity together.</i></p> <p>Explain: <i>Let’s say your character is 16 and from our community. Ask students to name their person. Around the person are some red thought bubbles. In each red bubble, write down 1 fear/worry/reason that you think young people get shame about going to the clinic for a checkup.</i></p> <p>Once all groups have completed their red bubbles, discuss any similarities and difference between the groups.</p>	

TIME	ACTIVITY	RESOURCES
	<p>Explain: <i>Above our red bubbles are boxing gloves. We are going to use the boxing gloves to get rid of these fears. In the boxing gloves we are going to write down how things really are OR something your character can do to overcome their fear.</i></p> <p>You may need to provide some possible responses using the video as your example. One of James' fears was that the woman doctor/nurse was going to need to look at his private parts. So that fear would go in the red thought bubble. What James learnt was that the clinic workers don't usually need to see your private parts—the test can be done by weeing in a jar in private.</p> <p>Students may need assistance with additional information from the STI testing factsheets:</p> <p>http://youngdeadlyfree.org.au/wp-content/uploads/2017/06/getting-tested-final.pdf</p> <p>http://youngdeadlyfree.org.au/wp-content/uploads/2017/06/factsheet-getting-a-checkup.pdf</p> <p>If a group of students is struggling to come up with boxing gloves, ask the rest of the class to help them find a solution. If a solution is not found from knowledge in the group, you may prompt them.</p>	<p>Getting tested for BBVs & STIs Factsheet & Getting a check-up Factsheet (external links)</p>
<p>35:00–45:00 (10 mins)</p>	<p>CLOSING (IF TIME)</p> <p>Go around the room and ask each participant to finish this statement: "Something that helps me when I feel shame is..."</p>	

Handout 10.1

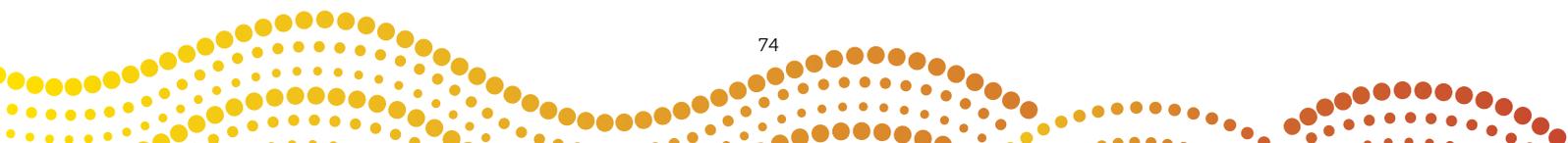
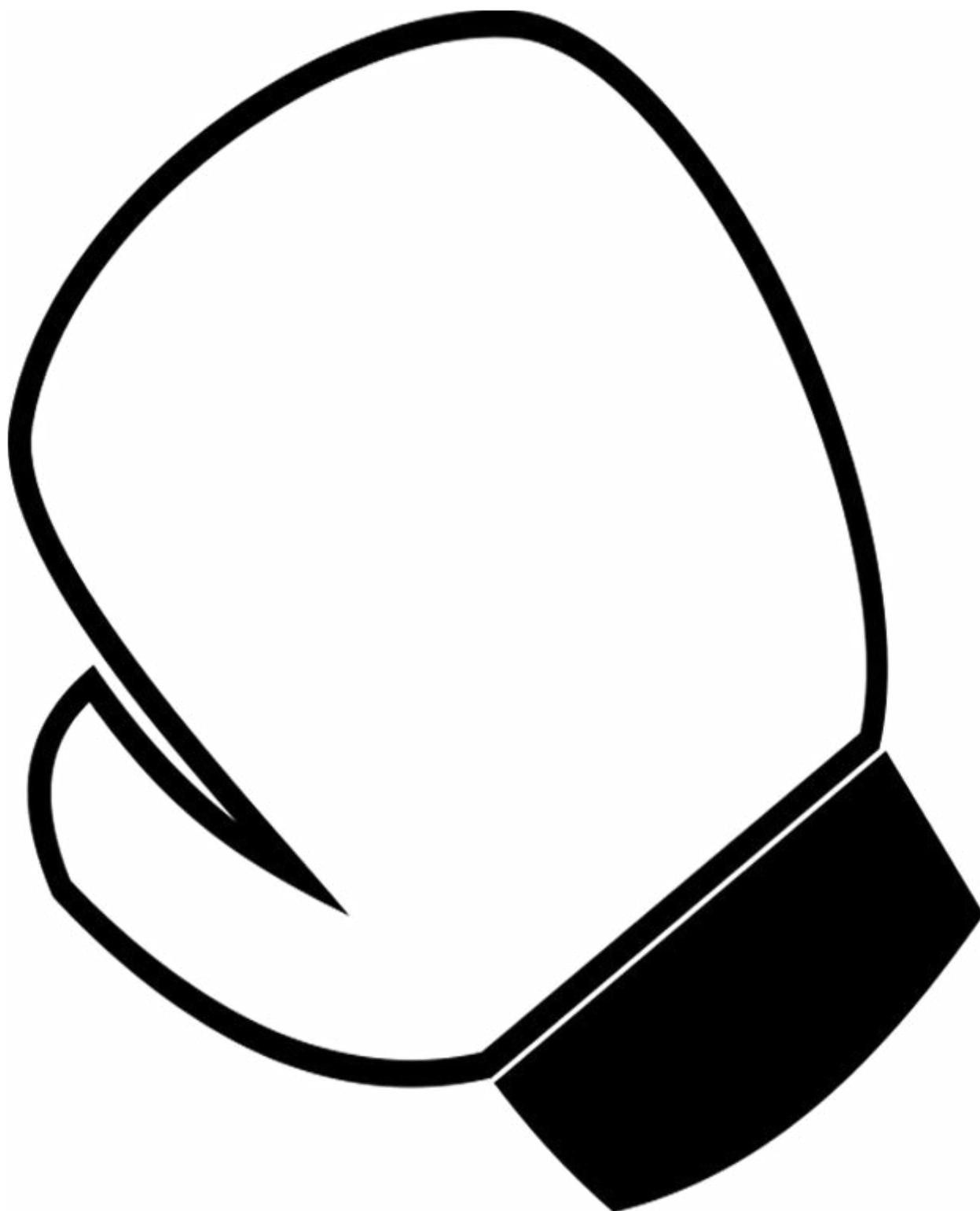
Youth character girl



Handout 10.1 **Youth character boy**

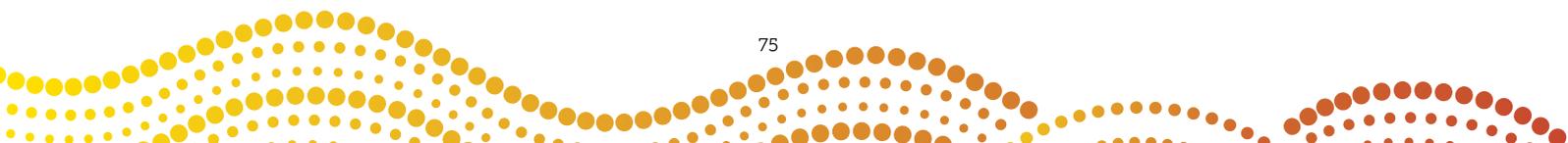
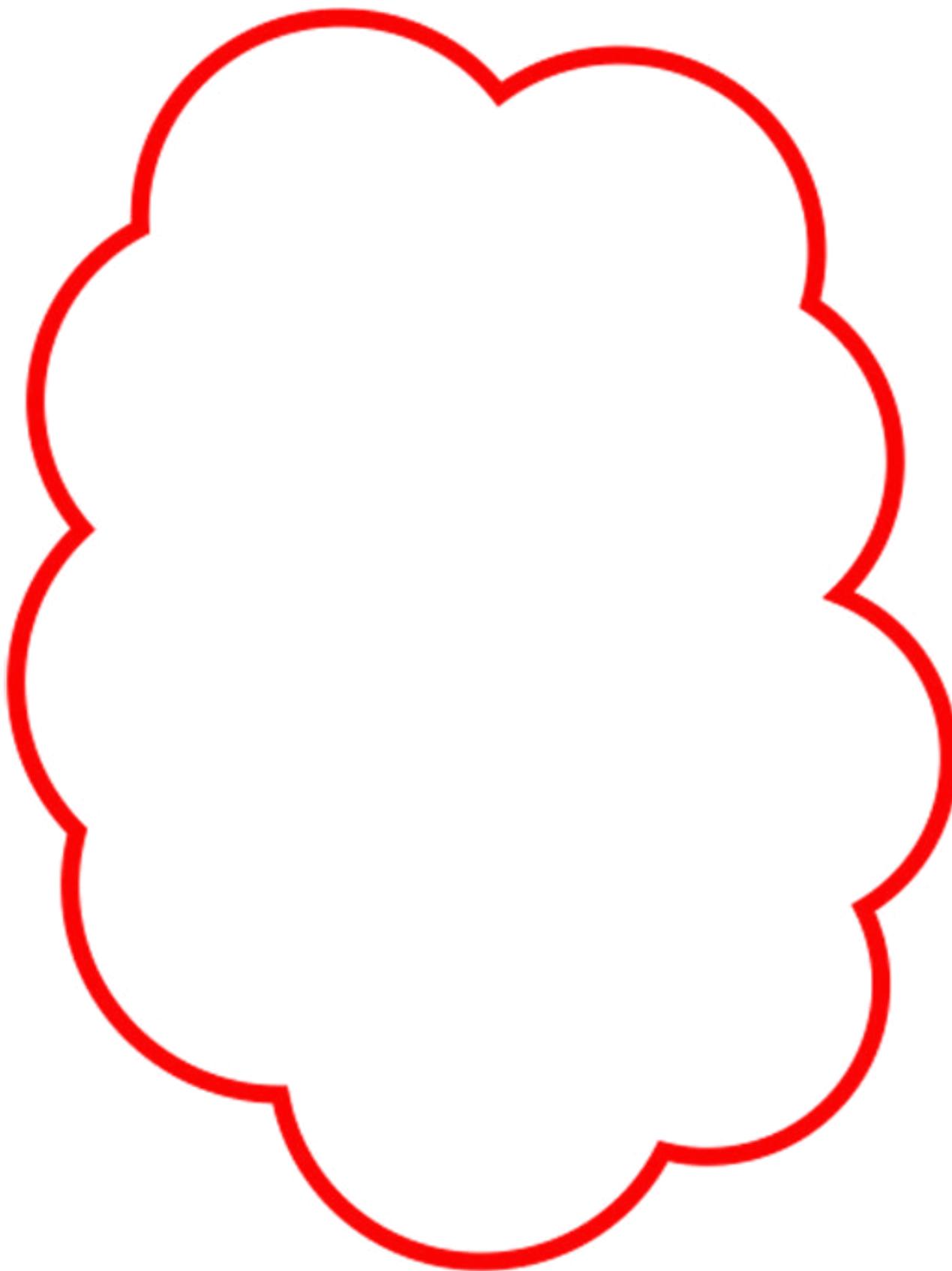


Handout 10.2 **Boxing gloves**

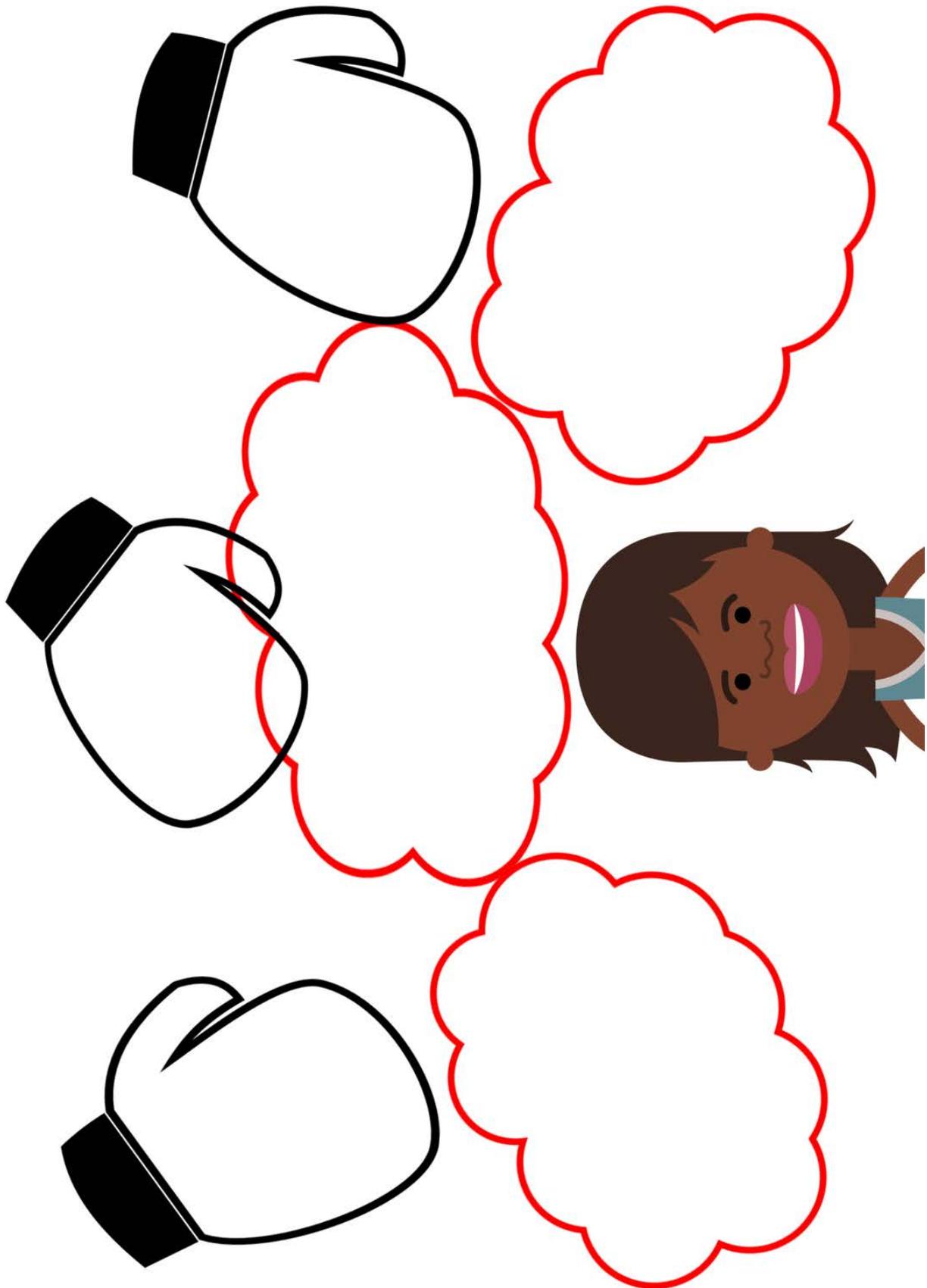


Handout 10.3

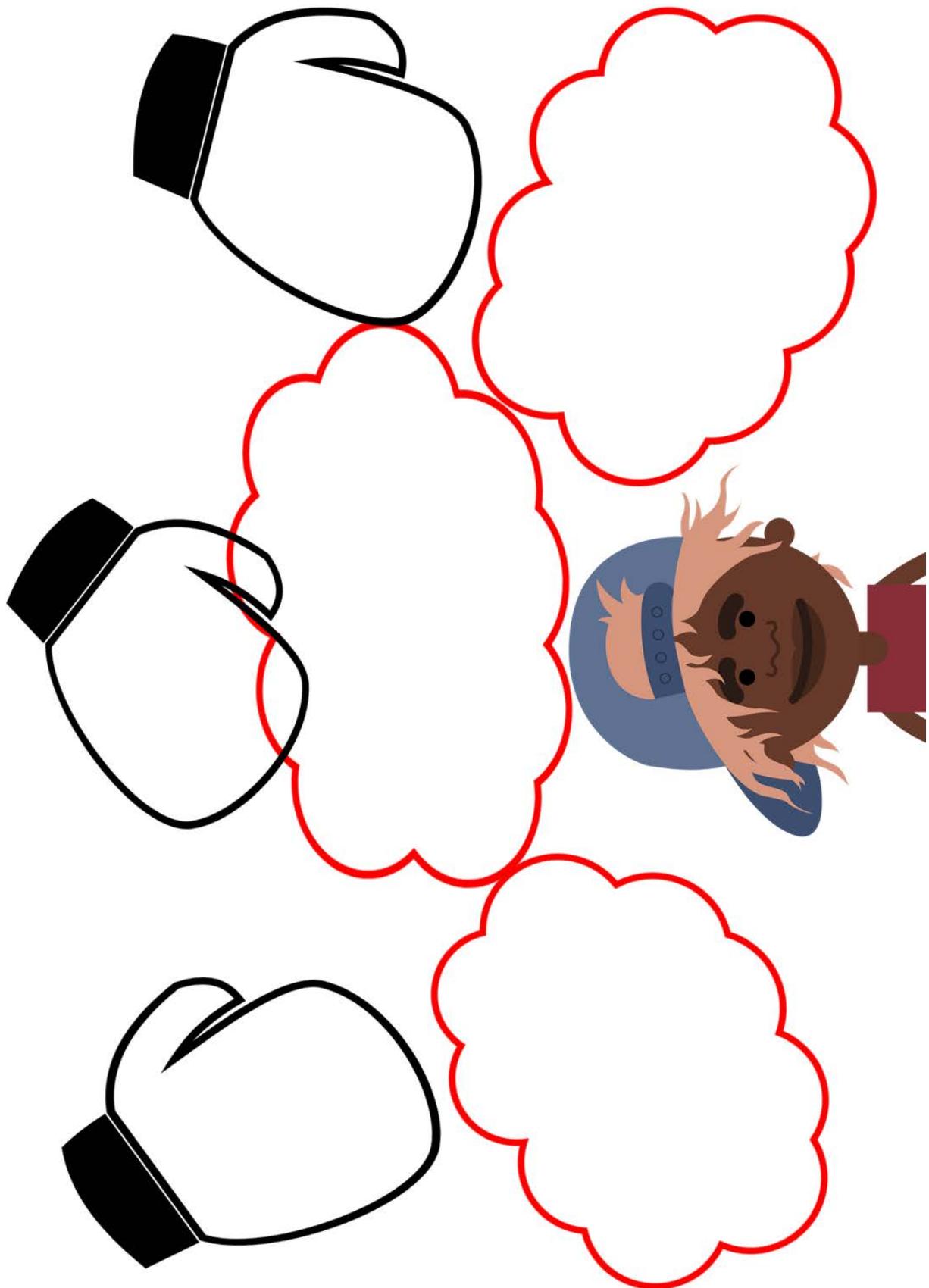
Red bubble



Handout 10.4 **Individual worksheet girl**



Handout 10.4 **Individual worksheet boy**



ADDITIONAL INFORMATION

CONTRACEPTION DISCUSSION GUIDE

An activity about contraception is not included in this unit of study. However, we are aware this may be required for students to feel able to comment and discuss different risks and consequences associated with this unit. This guide will support you to give the information necessary and point students in the right direction for further information.

Defining contraception

Contraception is something you use to prevent pregnancy from occurring.

Contraception tries to stop this happening by:

- keeping the egg and sperm from meeting
- stopping the ovaries from releasing an egg
- stopping the combined sperm and egg (fertilised egg) attaching to the lining of the womb.

Different types of contraception

There are many different types of contraception to meet the needs of different women.

Types of contraception include:

- Barrier
- Long acting reversible
- Short acting hormonal
- Natural
- Emergency

Where students can go for more information

Their local:

- Aboriginal Health service: <https://www.naccho.org.au/member-services/naccho-member-services/>
- Their GP (doctor)
- Women's health clinic
- Family planning clinic

Online:

<https://www.shinesa.org.au/health-information/contraception/choices-in-contraception/>

<https://www.healthdirect.gov.au/contraception-options>

Additional resources to read before this discussion

https://shq.org.au/wp-content/uploads/2020/06/Contraception_-_A-guide-for-youth-and-community-workers_2020.pdf

Key messages about contraception for young people (adapted from Contraception Essentials)

- Long acting reversible contraceptives are the most effective methods of contraception.
- Condoms prevent or reduce the risk of STIs as well as unwanted pregnancy.
- Careful and correct use of condoms is important to increase their effectiveness in preventing STIs and unwanted pregnancy.
- Use condoms and another type of contraception for the best protection from unwanted pregnancy and STIs.
- See a GP (doctor) or family planning clinic to discuss the best method of contraception for a woman or couple.
- Emergency contraception is available if other contraception not used or not used correctly.
- Clear information about where and how to access condoms and emergency contraception.
- Both partners share responsibility for contraception and STI protection.

ANATOMY STORY

Main activity procedure

Using a Magnel board (unsupplied) OR [male and female anatomy cards \(pp. 82–84\)](#) to tell the below story about anatomy, conception and pregnancy.

Female anatomy

Start with the internal female anatomy. Begin at the ovaries and work your way to the outside of the vagina and then explain the external anatomy.

Explain: We are going to start with the inside of the female. This diagram shows the internal view of all the women's parts in the body. We are going to start here (point to ovaries) and work our way out. These two round shapes are the ovaries. The ovaries are where all the women's eggs are that she needs to make a baby. It's estimated that when women are born they have around 2 million eggs their our ovaries. When I say eggs, do you think I mean eggs like chicken eggs? No! They are very small—so small we need a special microscope to see them.

Here we have the fallopian tubes (point). You don't need to remember what they are called but these tubes are like the meeting place for the sperm (the male baby-making part) and the egg. We will come back to that in more detail. Do you know spaghetti? Do you know how spaghetti has a tiny hole in it? Well, in real life, the fallopian tube is only as small as that hole in the spaghetti. The diagram is just bigger so that you can see it! Next, we have the uterus, or womb, or baby bag (or insert other local lay/slang words) (point). This is where the baby grows. The uterus is about the same size as your fist. This part here is the opening to the womb/uterus. Its name is the cervix.

And down here is the vagina (point). That's right... the vagina is actually on the inside of the woman's body, not on the outside. The vagina is where period blood comes out ... it's the birth canal, where the baby comes out, and it's also where the penis goes in. The penis never goes into the uterus/womb.

So if the inside is called the "vagina" what is the outside called? (Show external diagram.) The whole outside area's correct name is the vulva. We have the vagina or vagina opening here, so again, this is where period blood comes out, the baby comes out and where the penis goes in.

Unlike men, whose urine/wee and sex fluids come out of one hole in their penis, women actually have another hole where the wee comes out. This is very small and sits above the vaginal opening.

Above that we have the clitoris (point) which is purely for female sexual pleasure. It does not serve any other purpose. We then have the labia minor, or smaller inner lips, and labia majora, the outer larger lips. Both the smaller and larger labia cover and protect the rest of the vulva e.g. the urethra and vaginal opening.

So now we know the names and the basic function of the female parts. Let's have a quick look at how periods works and how babies are made.

Menstrual cycle

When we start going through puberty our body produces hormones. Hormones are like messengers that travel around the body and tell your body that it's time to start changing. You see lots of things happening on the outside of the body—like pimples, or hair growing, but these hormones also tell things to happen INSIDE your body too.

For women, the messengers tell the ovaries to start making the eggs "mature" or ready. At the same time the hormones tell the lining in the uterus to thicken up and get ready for the fertilised egg to implant. Around once a month, the most mature egg is released from the ovary and it travels down the fallopian tube to wait for the sperm.

Let's say this month this lady (point to the diagram) doesn't have sex, or maybe has sex with a condom. So there are no sperm and the egg doesn't get fertilised. The egg dissolves (lasting only 24 hours) as it is not needed anymore and the uterus says, "all well, no baby so no need for this lining", and the lining in the uterus falls or sheds away. The lining being shed is what comes out as period blood/menstrual fluid.

So when women have their period, the blood is often not a bright red blood like when you cut yourself. It's often different colours, like deep red or a brown colour and sometimes there are bits of tissue and blood clots in it. All of this is normal.

Okay, so now let's look at what is different if our lady here (point) DID have sex and was trying to have a baby (so wasn't using condoms or contraception). To do that, let's look at the man's sex parts ... (point).

Male anatomy

We will start here at the testes—or balls (point). This is where sperm is produced/made. Unlike women, men are not born with all the sperm they need. When a young man's hormones kick in during puberty, they tell the testes to start making sperm. Have you ever heard people talk about a boy's "balls dropping" during puberty? This is because the testes actually do drop away from the body when boys hit puberty—this is because sperm can only be made at a certain temperature. When it's cold, the balls shrink up closer to the body to keep warm. When it's hot they hang away from the body to keep cool! The sperm develops here and when it's ready, it moves in to this bit here called the "Epididymis". This is where the sperm grows its tail!

Let's say our fella here is feeling sexy/having sex/feeling horny. The sperm travel up here and mixes with semen from the seminal vesical and the prostate gland. The semen is like the food for the sperm giving it all its energy for its journey to find the egg.

Before this happens though, the Cowper's gland here (point), also produces a fluid which is more commonly known as precum. This is usually a clear looking fluid. Its job is to travel along the urethra, this tube here (point), and clean it out. This is really important because the urine/wee and the sperm have to travel through the same tube BUT acid kills sperm and our wee is acidic!

So precum has the important job of cleaning out this tube making it ready and safe for the sperm. There is an important valve (like a tap) here (point to where the bladder opens into the urethra or draw the valve on your diagram) which stops the man from being able to wee and cum at the same time.

So we now have the sperm, mixed with semen and the urethra is all clean and ready for the sperm to travel along. There are millions of sperm in a single ejaculation (meaning each time a man "cums"). If our fella and our lady here, are having sex, the sperm will now travel out of the penis here, and into the woman's vagina.

Conception

Using the women's anatomy chart now explain conception. Explain: that the sperm now has the task of finding the egg. The sperm travels up through the cervix, into the womb and up into the fallopian tubes looking for the egg. If the woman is fertile (meaning if the egg has recently been released or is going to be released), then the sperm can live up to 5 DAYS travelling around inside the woman, searching for the egg. Ask the group, does anyone remember how long the egg hangs around waiting for the sperm? The correct answer is up to 24 hours. The fastest, strongest sperm reach the egg first. Once that sperm meets and enters the woman's egg, the egg goes hard, stopping any other sperm from also entering. So, it's only ever one sperm and one egg. Once that happens the egg starts dividing and dividing and dividing as it travels down in to the uterus to implant.

You might wonder then, how are twins made? There are two different types of twins—identical and non-identical. For identical twins, we have just the one sperm and the one egg like the original story... . But when those cells start dividing, the egg splits into two, and continues to divide and divide developing into two babies and implanting in to the uterus. For non-identical twins, there needs to be two eggs released that month, hanging around in the fallopian tubes; maybe two on this side (point), or one from each side ... and then those eggs have different sperm enter into them—one sperm per egg.

Those two eggs then start dividing and dividing and implant into the uterus separately.

Okay, back to our original lady, with one fertilised egg. The egg has now implanted into the uterus.

Pregnancy

Show image of pregnancy stages ([pp. 85](#)).

So now we have a baby developing. It's only very small (4-weeks, 1mm). (Point out the placenta and the umbilical cord.) The nutrients from food eaten by the mother flows to the baby through the umbilical cord.

What the mum is eating and drinking is important as it supports the baby growing. Not smoking or drinking alcohol, or taking other drugs, is really important during pregnancy—these substances travel to the baby through the umbilical cord and affect the baby's growth and development. Babies can be born too early and have long term health problems and serious defects such as Foetal Alcohol Syndrome Disorder (FASD).

This is also why it's important that a woman finds out she is pregnant as soon as possible and gets checkups and advice called antenatal care from the health service.

The clinic will check for infections and other health problems that she may not know about which can make the baby very sick or even die if not treated. Early antenatal care is important for a healthy pregnancy and a healthy baby.

Point out the amniotic sac. The amniotic sac is filled with clear, pale straw-coloured fluid, which the unborn baby floats and moves in. The amniotic fluid helps to cushion the baby from bumps and injury, as well as providing them with fluids that they can breathe and swallow. It also helps the baby's muscles and bones to develop and maintains a constant temperature for the baby.

As you show images of the baby developing, just briefly touch on the key developments over the three trimesters.

1st trimester	weeks 1–12	Baby's organs and major limbs forming and developing. The heart starts beating and the baby is fully formed with all its fingers and toes.
2nd trimester	weeks 13–28	Organs, limbs and bones continue developing and maturing and the baby can now hear sounds. During the second trimester the chance of miscarriage drops to 3%.
3rd trimester	weeks 29–40	Baby is putting on fat, lungs have finish developing, organs getting ready to function on their own. The lungs are ready to breathe by around 37 weeks.

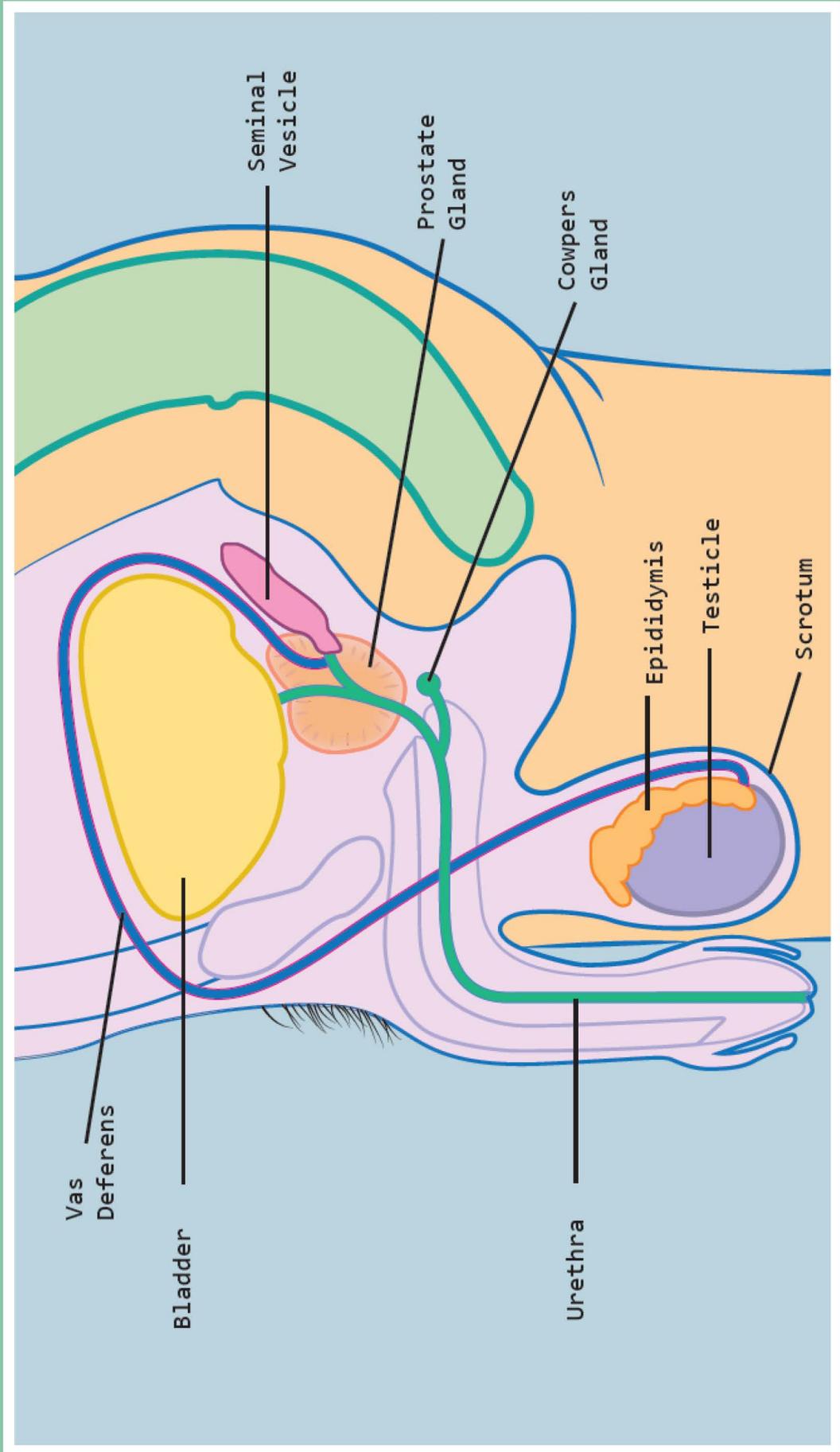
Closing

Give the group a final chance to ask further questions before you close. This basic understanding of how the male and female reproductive systems work will make understanding some of our other topics much easier. This information will also make answering questions about STIs or contraception easier. You can print and laminate the following anatomy cards.

Anatomy cards

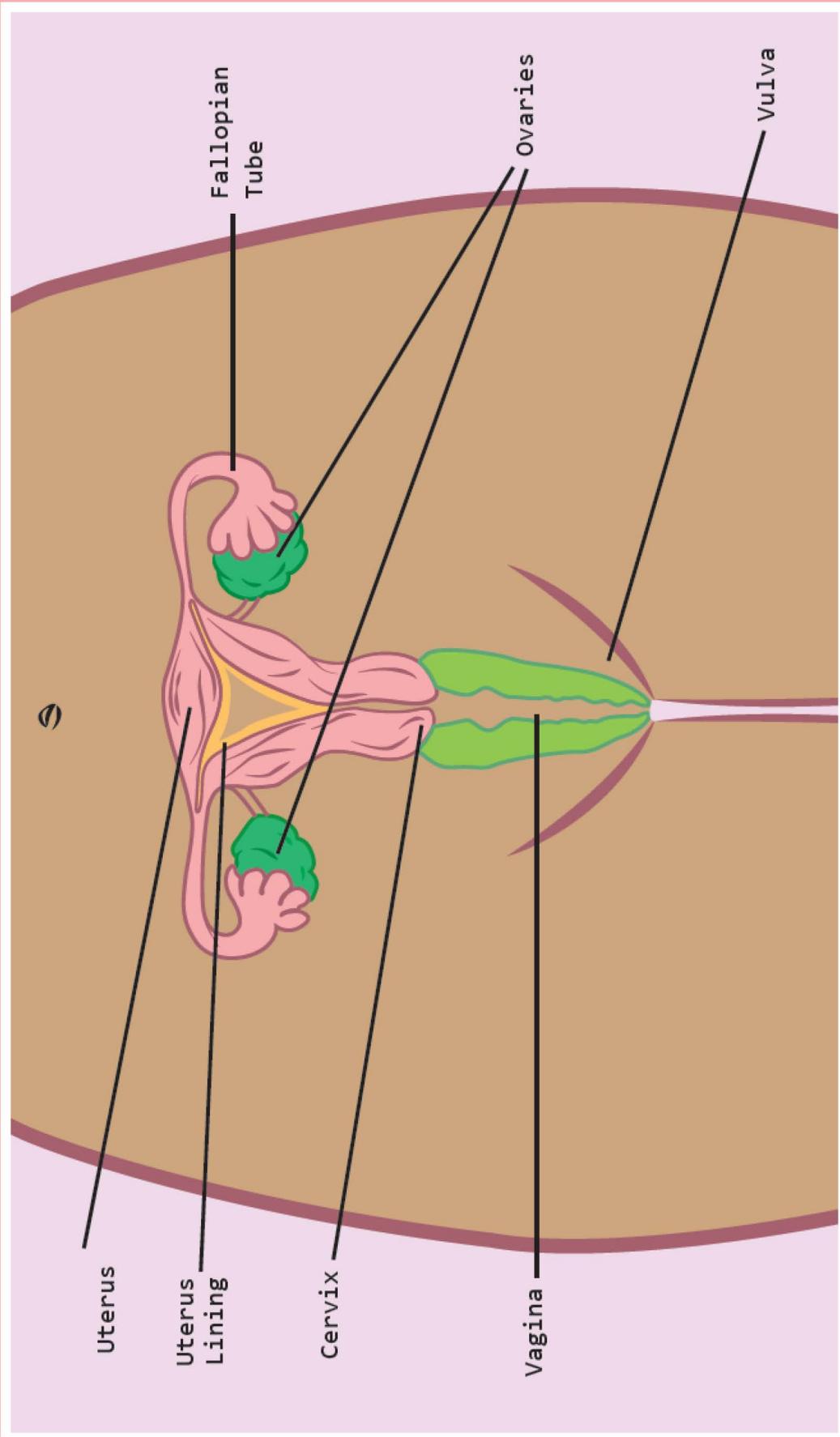
Internal

♂ Male Anatomy



Female Anatomy

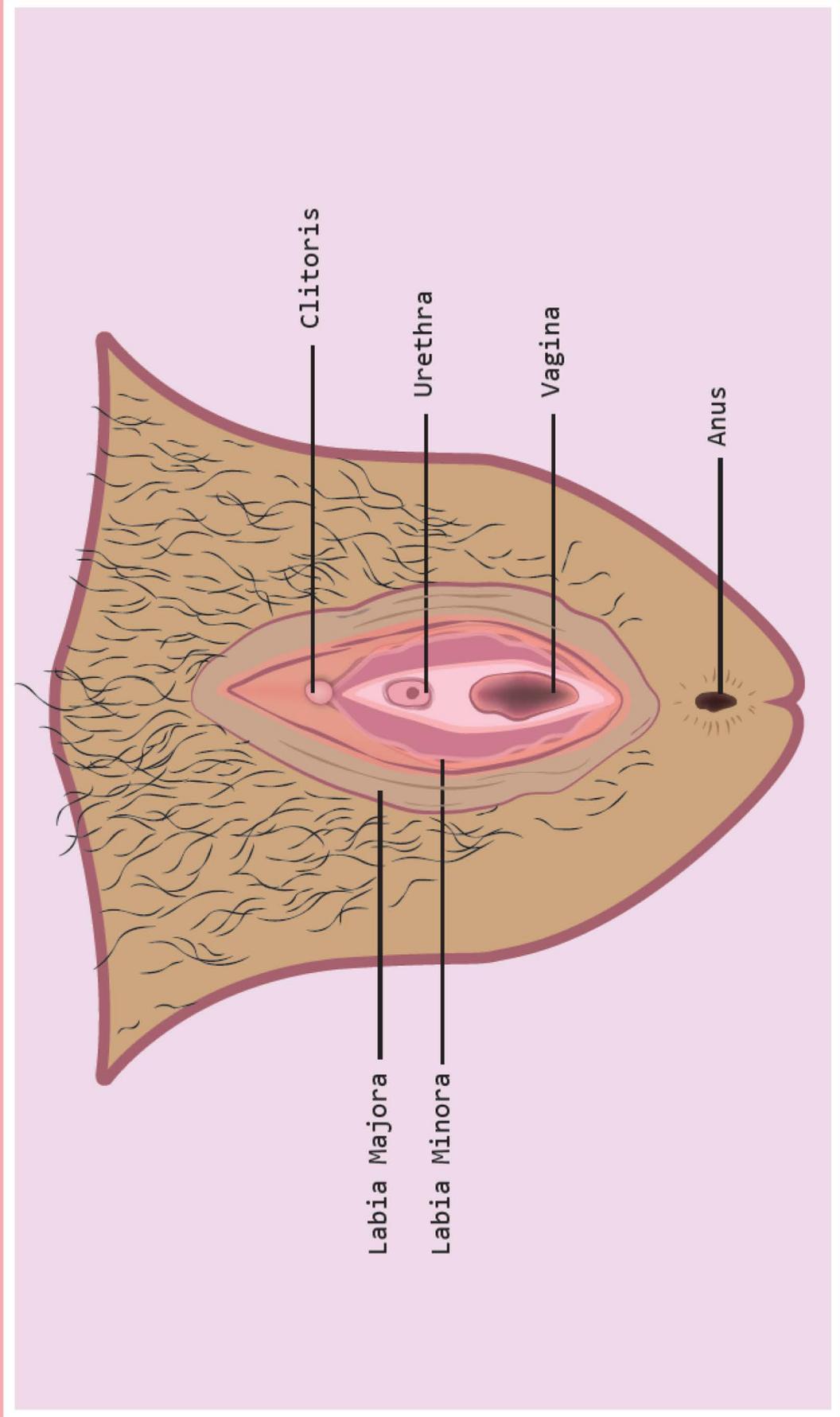
Internal





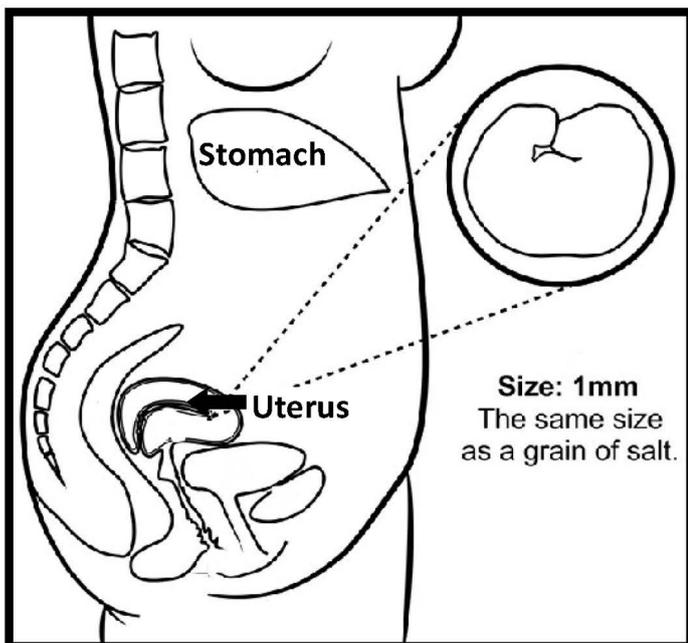
Female Anatomy

External

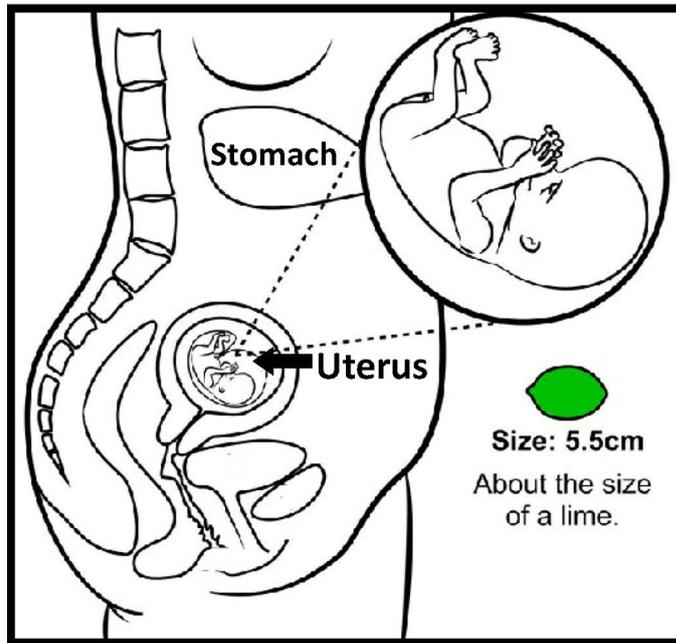


Pregnancy stages

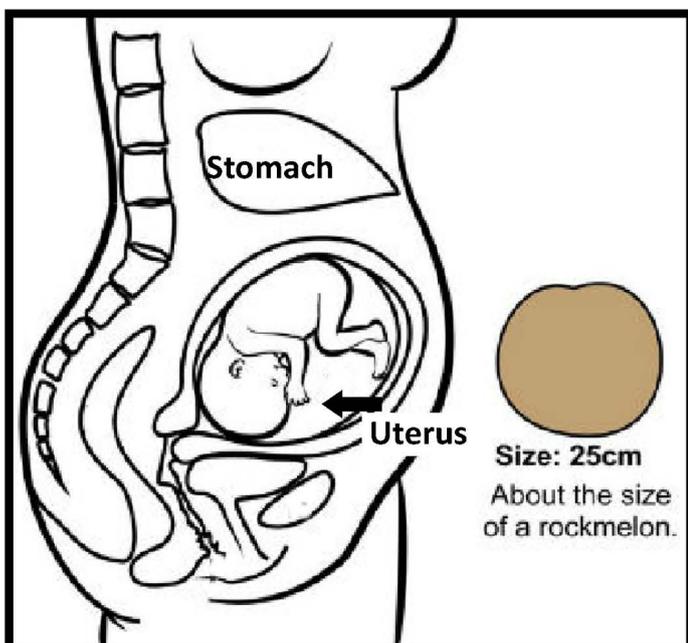
4 Weeks



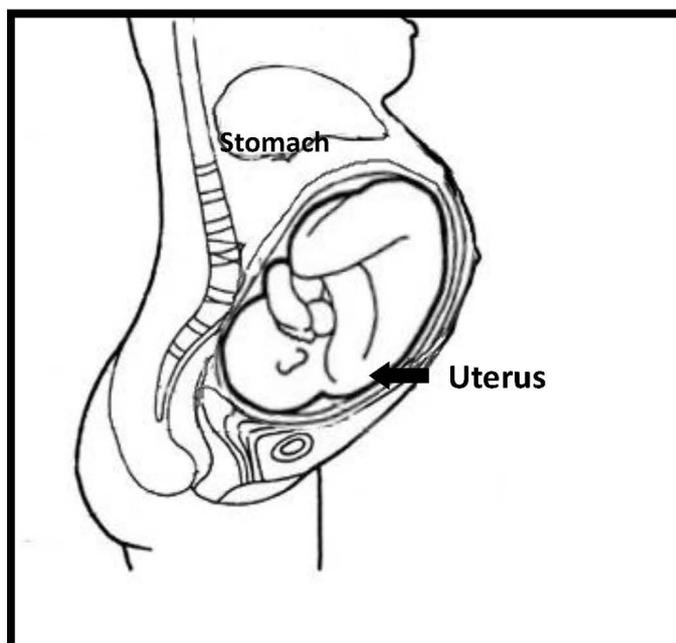
12 Weeks



20 Weeks



40 Weeks (ready to be born)





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