

# Sexually transmissible infections (STIs)

## Learning objective

Students investigate the risks, symptoms and methods of transmission of STIs and safer sex behaviours.

## Take Home Messages

Remind students of the take home messages:

- STIs are very common, especially in young people.
- STIs are passed on through vaginal, oral and anal sex.
- Most STIs are passed on by sharing certain body fluids (semen, blood, vaginal fluid).
- Some STIs are passed on by genital skin-to-skin contact.
- Most STIs don't cause any symptoms, so many people don't realise they have one.
- The only way you can be sure you don't have an STI is to have an STI test.
- Left untreated, STIs can cause serious long term health issues.
- Safer sex is about protecting yourself and your partners from STIs (and unintended pregnancy).

## Curriculum Links

### [WA HPE Curriculum](#)

Sub-strand: Healthy and active communities

- Health information, support services, and media messaging about relationships, lifestyle choices, health decisions and behaviours.

Sub-strand: Interacting with others

- Influences on sexuality and sexual health behaviours, including the impact decisions and actions have on own and other's health and wellbeing

### [International technical guidelines on sexuality education](#)

Key concept 7.2 Sexual behaviour and sexual response

- Engaging in sexual behaviours should feel pleasurable and comes with associated responsibilities for one's health and well-being
- Sexual decision-making requires prior consideration of risk-reduction strategies to prevent unintended pregnancy and STIs, including HIV.

## Materials

- 1 x piece of paper divided into 4 for each student. Write a small 'g' on the back corner of around 3 or 4 pieces. (Small pieces of paper that have been used on one side works well for this to disguise the 'g' on the back) Butcher's paper and markers. 7 pieces made up with the following questions/statements: STIs are passed on by?; How do I know if I have an STI?; How are STIs treated?; What can happen if STIs are left untreated?; How can I reduce my risk of getting an STI?; How/where do I get an STI test?; Other interesting information. Consider whether to place these up before the lesson starts or before the activity.
- Electronic or printed copies of [SHQ's STI brochure](#) - 1 per student.
- Access to [Get the Facts](#) website.

## Before You Get Started

- [Protective interrupting](#) - Teachers need to know and understand how to use this technique to prevent students from potentially disclosing sensitive information or abuse in front of other students.
- [Dealing with disclosures](#) - Teachers must be aware of the school and legal procedures if a student discloses personal issues, particularly disclosures of sexual abuse.
- [Question box](#) - Have a question box available in every lesson to allow students the opportunity to ask questions that may be too embarrassing or unsafe for them to ask openly in class. See [Setting up the question box](#) for further information. For ways to answer some of the curly questions, see [Scripted answers to FAQs](#).
- Trauma informed teaching - Be aware of the possibility that student may have experiences of STIs, sexual violence or unintended pregnancy and content of this lesson may be triggering. Consider the timing of this lesson, liaise with school health team in case additional support is required.
- Consider your own thoughts, feelings, attitudes and values on this topic and be aware of how they may influence the way you present this activity. Be aware of your own self-care and support networks.
- Refer to the Background teacher notes: [STIs/BBVs](#), [Respectful relationships](#) and [Safer sex and contraception](#).

## Learning Activities

### Group agreement

#### 5 minutes

Teaching tip: A group agreement must be established before any RSE program begins to ensure a safe learning environment. Read: [Essential tools: Establishing a group agreement](#) for tips on how to create one and what to include.

1. Revise or create the class [group agreement](#).

For this lesson, it is important that students remember the agreement around confidentiality and de-identifying information if sharing a story.

## Learning Activities

### Introduction: 4 squares (STI transmission exercise)15 minutes

2. Do not explain to students the purpose of this exercise. Present the task as an energiser or 'getting to know you'.
3. Hand out the pre-prepared pieces of paper which were divided into 4 squares. Don't tell students that some pieces have 'g' written on the back to indicate use of glove.
4. Explain that students they will need to move around the room and find someone in the class who they have something in common with, based on the statements you say. When they find someone, they must sign their name in one of their partner's squares. You cannot have the same person twice. At the end of the activity, they will have four different names on their piece of paper - one in each section, each related to a different statement.
5. Say four statements. Some ideas include:
  1. find someone in the room who plays the same sport as you.

2. likes/hates the same food as you.
  3. likes the same Netflix series as you.
  4. has a letter in their name the same as you.
  5. has the same colour socks on as you.
  6. has the same favourite colour.
  7. has the same number of letters in their name.
  8. street address ends in the same number.
  9. has the same shoe size.
  10. has the same star sign.
6. Continue asking students questions until everyone has 4 people's signatures on their paper.  
Remind students that they can't have the same person's name signed twice on their paper.
7. Ask everyone to take their seats.

## 8. Say

"This activity is actually to show how easily infections can spread. This infection is spread by touching or signing your name on a piece of paper who someone else with the infection has signed or touched. It is a 'Signature Transmissible Infection'. Does anyone want to volunteer to pretend to have that infection for the activity?"

Teaching tip: If you have an additional staff member in the room, you can ask them before the lesson to volunteer. This ensures someone makes an effort to go around the room to speak to different groups.

9. Say: "[Volunteer's name] has been to O-Day at Uni. They signed their name lots that day and a few weeks later saw an advert from the WA Department of Health that said the only way to know for sure if you have the 'Signature Transmissible Infection' is to have a test. So, they go to see their GP to a 'Signature Transmissible Infection' test and a few days later their GP calls and tells them it is positive."

Teaching tip: Use this as positive reinforcement for this young person being responsible for their health and going to get tested for an infection. Getting tested and having check-ups is part of our general wellbeing and important part of keeping us healthy.

10. Say: "Part of following up a positive 'Signature Transmissible Infection' is taking treatment, which is usually antibiotics, and contacting people who you may be at risk - so anyone whose paper you signed or vice-versa is at risk. So, if you have [Volunteer's name] signed on your piece of paper, please stand up. You are all at risk of having the 'Signature Transmissible Infection'."
11. Ask: The students who just stood - how do you feel about being told you might have 'Signature Transmissible Infection'? (Worried, angry, upset, not bothered, ambivalent, anxious)

Teaching tip: Some students may blame the volunteer, as they perceive that the volunteer had 'Signature Transmissible Infection' first. Use this as a teaching point and ask "How do we know that [Volunteer's name] had it first? They were the only one to get tested for it and told you all that you are at-risk so now you can do things to look after yourself and get treated."

12. Now ask the students sitting to stand if they have the names of any of the people standing on their paper. And so on. Very quickly, most/all of the class will be standing.
13. Say: "Turn your piece of paper over. If you have a 'g' written in the corner, you wore a glove when you signed your name. You are not at risk of the 'Signature Transmissible Infection'. You can sit down."
14. Ask: Students sitting down because they wore a glove - how do you feel? (Relieved, proud of myself for being safe, not bothered, etc) What do you think the 'Signature Transmissible Infection' represents? (Sexually transmissible infection, STI)

Teaching tip: Explain that we don't use the term 'STD' (i.e. disease) anymore as not all infections cause disease, especially if treated early.

What does the glove represent?(Condom or dental dam)

## Learning Activities

### Thumbs up/thumbs down quiz10 minutes

15. Have students respond to the following statements using a [thumbs up, thumbs down](#) voting strategy and discuss their voting with someone close by. Clarify misconceptions as they appear. Stress that some of the statements are about their opinions while others have a correct and incorrect answer. STIs are only passed on through vaginal and anal sex. (False: some STIs can be passed on by oral sex and genital skin-to-skin contact.) I would know if I had an STI because it would be painful or I would be able to see something. (False: most people don't experience any symptoms from STIs or the symptoms can be so mild they don't notice) You don't need to wear a condom with someone who has only had sex with a couple of people. (False: Anyone who has ever had vaginal, oral or anal sex can be at risk of an STI. Condoms are also an effective form of contraception) STIs aren't very common, I'm not really at risk of getting one. (False: STIs are very common, especially in young people 15-29 years. About 1 in 3 people will get an STI in their lifetime.) All STIs can be cured. (False. All STIs can be treated and managed. Some STIs can be cured (e.g., chlamydia, syphilis, gonorrhoea), usually through antibiotics. Those that cannot be cured (e.g., HIV, herpes) can be managed to reduce the symptoms and/or significantly reduce the likelihood of transmission. People can be reinfected which means that can get an STIs again after it has been cured.) There are vaccines available for some STIs. (True. There is a vaccine for HPV - the virus that causes genital warts and cervical cancer, and a vaccine for hepatitis B. There are no vaccines for other STIs like HIV, chlamydia, gonorrhoea or syphilis.)

## Learning Activities

### Graffiti walk15 minutes

16. Students go around the room and use [SHQ's STI brochure](#) and/or [Get the facts](#) to add information to the pre-prepared butcher's paper around the room that say:
17. Either ask a student to read the information off of one butcher's paper or paraphrase the key information on each. Ensure to correct any incorrect information present.

## 3-2-1 Reflection

### Reflection

18. Ask students what is one thing they learnt today. You can get them to share with the whole room, groups or pairs.

### Question box

19. Provide students with time to write a question/s to put in the question box.

Teaching tip: If the question box is already set up, you may like to choose some questions related to the

lesson to answer. You can answer the new questions at the end of the lesson or save them for the start of the next lesson. Remind students of the '[Ask a question feature](#)' on [Get the Facts](#) and the [free STI testing](#).

## Health Promoting Schools

Background teacher note: [Health promoting schools framework](#)

## Partnerships

Partnerships with external agencies

- SHQ does [group visits](#) for classes - this provides students an opportunity to see what a sexual health service looks like, see find out about what is involved with an STI test, ask a nurse and/or educator sexual health questions.

Partnerships with parents

- Run a parent workshop prior to delivering RSE lessons so that parents can see the resources used, ask questions and find out how to support the school program by continuing conversations at home.
- Add the [Get the Facts](#), and [Talk Soon. Talk Often](#) links to your website/e-news for parents.

Partnerships with school staff

- Invite the school nurse to a class or an assembly to introduce them to the students and let them know what their roles are and how they can help the students.

## Education

- Collaborate with the Science teachers to look at how different infections are transmitted, treated and their impact on the body.
- Collaborate with the Humanities and Social Sciences teachers to look at the history and impact of STIs on different communities at different times.
- Collaborate with Science or Math teachers to review and investigate the number of notifications of STIs in WA on the WA Notifiable Infection Disease Dashboard.

## Assessing health information from influencers

### Learning objective

Students will consider what sources of health information they use and what sources of information they should trust. They will consider the role of influencers in disseminating health information and how to critique this information.

### Take Home Messages

- It is important to seek reliable sources for information regarding health and wellbeing
- Influencers do not always promote accurate and reliable health information
- Influencers are businesses, and promote ideas that suit their opinions and make them money.

## Curriculum Links

## [WA HPE Curriculum](#)

### Sub-strand: Personal identity and change

- Impact of societal and cultural influences on personal identities and health behaviour.

### Sub-strand: Healthy and active communities

- Health information, support services and media messaging about relationships, lifestyle choices, health decisions and behaviours.

### Sub-strand: Interacting with others

- Influences on sexuality and sexual health behaviours, including the impact decisions and actions have on own and other's health and wellbeing.

## [International technical guidelines on sexuality education](#)

### Key concept 2.3 Culture, society and sexuality

- It is important to be aware of how social and cultural norms impact sexual behaviour while developing one's own point of view.

### Key concept 4.3 Safe use of information and communication technologies

- Social media use can result in many benefits, but also has the potential for moral, ethical and legal situations that require careful navigation

### Key concept 5.5 Media literacy and sexuality

- It's important to assess sources of help and support, including services and media services, in order to access quality information and services.

## **Materials**

- Butchers paper with the following questions/titles:
  - Why do influencers make posts/videos/content?
  - Why do people become influencers?
  - What type of content often gets the most attention/views?
  - Where do influencers get their health information from?
  - Who checks what an influencer says/posts is correct and accurate?

## **Before You Get Started**

- It is important to remember for students on social media, they may have high opinions about celebrities and social media influencers. This lesson is not about discrediting any influencers but about providing students with the skills to critique information.
- Teachers should know and understand the [protective interrupting](#) technique and what, why, when and how it is needed and used.

## **Learning Activities**

## Group agreement

### 5 mins

Teaching tip: A group agreement must be established before any Relationships and Sexuality Education (RSE) program begins to ensure a safe learning environment. Read [Essential Tool: Establishing a group agreement](#) for tips on how to create one and what to include.

1. Revise or create the class [group agreement](#).

## Learning Activities

### Where do young people get their health information?

#### 20 mins

2. Use [Finding out: Brainstorm](#) technique and ask students to say all the people, places and resources young people get their health information from. Ensure that suggestions are specific e.g. if they say online, ask them where or who online specifically. Add influencers and any other common sources of health information to the list if it does not organically come up.

Teaching tip: You can ask students to specifically consider health information related to sexual health and/or healthy relationships.

3. Ask students, either as a whole class or in small groups, to rank or group the sources of health information based on how likely students are to use them. You can get students to create a ranking or group them using a 'traffic light' system.
4. Review the class or group's top three and bottom three sources of health information.

5. Ask:

Why are those three the top three?

(Easily accessible, trusted, know them, if they say it then it must be true)

Why are those three the bottom three?

(Not easy to find, inaccurate, boring)

6. Now, using the same method as the previous task, ask students to rank/group the sources of health information based on how reliable and accurate they are.
7. Review the class or group's top three and bottom three sources of health information.

8. Ask:

Why are those the top three most reliable sources?

(Have accurate information, based on research, trust them, know them, updates as new research emerges, aligns with other peak health bodies)

Why are those the bottom three least reliable sources?

(Does not have up-to-date information, based on opinion or one piece of information, trying to sell you something)

Are the top three most used sources the same as your top three most reliable? Why would the most reliable sources of information not be the most used? Why would the most used sources of information not be the most reliable?

Teaching tip: This discussion will be based on what was determined most reliable and most used. It is likely that most commonly used sources suggested are a family member, doctor, Google or influencer but these may not be the most reliable.

9. Point out that people often rely on health information that is easiest to access. Such as advice from a family member, the top result on Google, or appealing content, like a flashy website or a video from an influencer. Raise that even though those sources are the most accessible, does not mean they are not always the most reliable

10. Say:

"It is important that we get our health information, or any information, from reliable sources. Reliable source of information means that the information is formed and based on large bodies of research, not one or a couple pieces of research. The information is not based on or impacted by opinion. The information is not there to sell us a product; it exists only to help you."

## Learning Activities

### The influence of influencers

#### 25 mins

11. We are going to specifically look and critique the health information social media influencers or celebrities tell us online. We are going to be making some generalisation about all influencers, and while not all will match these generalisations you will find many do. To start, let's think about what a social media influencer actually is, and what they are trying to achieve.
12. Using [Finding Out: Gallery Walk](#) and give each group a one of the pieces of butchers paper to complete. Say you will move quite quickly through the activity; each group will only have one to two minutes with each piece of paper.
13. Bring the class together and review the responses in this order.

Why do influencers make posts/videos/content?

(Share their life, storytelling, make money, promote their business or another business, modelling, get more followers, respond to current events)

Why do people become influencers?

(Get famous, share their story, make money, because it's fun).

Ask:



What do you think is the primary motivation for influencers to post content?

Say:

"Influencers are their own business. They make posts because they are paid to do so, or to grow their following so they can promote products to a larger audience. They may enjoy posting about health, fitness, travel, politics, but they are also getting paid. They may not be getting paid for every post or promoting products every post, but they are a business."

What type of content often gets the most attention/views?

(Sexualised/content which shows off people's bodies, content with controversial opinions, hot takes, aesthetically pleasing)

Say:

"Influencers are encouraged to post these kinds of things as it gains more views and engagement and therefore improves their business. This can mean they purposely post misinformation or disinformation for the purpose of gaining traction. They might post something and frame it as their experience or opinion as a way to prevent people from arguing against their point, but they can still spread a harmful message. It is also important to remember photos and videos are highly edited and filtered. Influencers often promote certain body types as attractive and desirable and that is not the case."

Where do influencers get their health information from?

(The internet, other influencers, their opinion, research, from the business they are promoting)

Ask:

How do you know where the influencer sourced their information?

Say:

"You cannot know where the influencer got their information from. Influencers don't have references. You can assume if it is an advertisement or promoted post that any information they are saying is from the company they are advertising for - meaning it is biased to get you to buy something."

Who checks what an influencer says/posts is correct or accurate?

(Themselves, their social media team, comments or backlash from others)

Say:

"There are no formal checks on what an influencer posts. This is what is dangerous. They can say things which are factually incorrect or harmful and there is no one checking the accuracy before it is posted. The only thing that may occur is that if the post goes against the social media's terms of service the post will be removed, or the influencer may remove it following backlash."

14. Say:

"This of course does not mean that everything influencers say are harmful or inaccurate. There are many influencers out there that post useful and accurate content. But it is important that we

don't take what influencers post as accurate information and make health decisions based on this."

### 3-2-1 Reflection

#### Where to get accurate information

#### 5 mins

15. Ask:

How can we determine if what an influencer is saying is accurate and reliable?

(Google what they are saying and see what reliable sources are saying, ask a trusted adult, think about what they are saying and whether it makes sense, check if the post is sponsored, think about whether they are trying to sell you something)

16. Ask students to reflect back on the first activity reorder or re-group any sources of information following this activity.

### Health Promoting Schools

Background teacher note: [Health promoting schools framework](#).

#### Partnerships

##### Family

- [Talk Soon. Talk Often: a guide for parents talking to their kids about sex](#) is a free hardcopy resource that can be bulk ordered by schools and [website](#). Send a copy home to parents prior to starting your RSE program. The booklet offers ages and stage related information on puberty (and other topics) so that parents can reinforce the topics covered in class. ([How to order hard copies](#).) Provide the link to parents on school websites and social media.
- Run a parent workshop and run this activity with parents to model the content that will be covered in your RSE program.
- Run a parent and child evening session, where the children can teach the parents what they have been learning about.

### Blood-borne virus safety

#### Learning objective

Students complete a true/false pre-quiz on blood-borne viruses (BBVs). The Laugh and learn video and websites (provided) are used to research how BBVs can be transmitted and prevented. Findings are reported via a choice of radio advert/social media post/whole class display

#### Take Home Messages

- BBVs are transmitted from person to person through blood-to-blood contact.
- Some BBVs such as HIV and hepatitis B can also be sexually transmitted.

- BBVs often don't have symptoms for many years which means many people don't realise they have a BBV.
- If left untreated, BBVs can cause serious long term health problems
- BBVs are easily preventable by; using a condom when having sex; not sharing needles; getting piercing/tattoos from reputable places that use safe blood practices. Hepatitis B is preventable by vaccination.
- BBVs can be treated and managed, and some can be cured. People living with BBVs can live long and healthy lives.

## Curriculum Links

### [WA HPE Curriculum](#)

#### Sub-strand: Staying safe

- Analysis of health information and content related to:
  - alcohol, drugs and other harmful substances
  - body image
  - processed food
  - road safety
  - relationships

#### Sub-strand: Healthy and active communities

- Health information, support services and media messaging about relationships, lifestyle choices, health decisions and behaviours.
- Health promotion designed to raise awareness, influence attitudes, promote healthy behaviours and increase connection to the community.

### [International technical guidelines on sexuality education](#)

#### Key concept 8.2 HIV and AIDS stigma, treatment, care and support

- With the right care, respect and support, people living with HIV can lead fully productive lives across the lifespan.

## Materials

- Teacher resource: [BBVs safety quiz questions and answers](#) (1 copy for teacher)
- Scrap paper for T/F quiz answers
- [Laugh and learn - BBV safety video](#) (1min 46sec)
- Teacher resource: [BBV safety example of display](#).
- Preferred media to record and display research

## Before You Get Started

- [Protective interrupting](#) - Teachers need to know and understand how to use this technique to prevent students from potentially disclosing sensitive information or abuse in front of other students.
- [Dealing with disclosures](#) - Teachers must be aware of the school and legal procedures if a student discloses personal issues, particularly disclosures of sexual abuse.
- [Exploring my own values](#) - Consider your own thoughts, feelings, attitudes and values on this topic and be aware of how they may influence the way you present this activity.

- [Question box](#) - Have a question box available in every lesson to allow students the opportunity to ask questions that may be too embarrassing or unsafe for them to ask openly in class. See [Setting up the question box](#) for further information. For ways to answer some of the curly questions, see [Scripted answers for FAQs](#).
- Preview [Laugh and learn - BBV safety video](#) (1min 46sec) to determine suitability for your students.
- Background teacher notes/guides provide content knowledge for teachers prior to lesson delivery: [STIs and BBVs](#); [Body art: tattoos and piercings](#); [BBV related risks: Needles and syringes](#); [Human Immunodeficiency Virus \(HIV\)](#).
- Other background reading: [Needle and syringe programs](#); [Ins and outs of sexual health](#).

## Learning Activities

Group agreement 5 min

Teaching tip: A group agreement must be established before any Relationships and Sexuality Education (RSE) program begins to ensure a safe learning environment. Read [Essential Tool: Establishing a group agreement](#) for tips on how to create one and what to include.

1. Revise or create the class [group agreement](#).
2. Trigger warning - Say:

"This lesson covers topics that can sometimes be difficult for people. If you feel uncomfortable, you may like to take a break from the room."

Introduction - true or false quiz 15 minutes

1. Ask students: what do you think the acronym BBV stands for? Take answers (some answers may be humorous and that's ok)
2. Say:

"BBV stands for blood-borne virus. BBVs are transmitted from person to person through blood-to-blood contact, for example HIV and hepatitis C. We're going to start with a true or false quiz to see what you already know about BBVs. By the end of the lesson, you will have the information to answer all the questions correctly, but for now the quiz is purely for you to assess your own pre-existing knowledge."

3. Ask students write 1-10 on a piece of scrap paper. Tell students that they do not have to reveal their answers or put their names on the sheet, and that they can throw the sheet in the bin when complete. The quiz is for their own learning and reflection.
4. Ask students each of the 10 True or False questions in [Teacher resource: Blood-borne virus quiz and answer sheet](#). As each question is asked, wait for students to write T or F and then give the answer only as True or False explaining that students will find out the reasons for the answers by the end of the lesson.

Laugh and learn video - blood-borne virus safety 15 minutes

5. Watch the [Laugh and learn video - blood-borne virus safety](#) (1min 46sec).
6. Ask:

Why do you think humour is used? What do you think of the use of humour?

(e.g. lots of people have negative thoughts and myths about BBVs; break the ice/tension of a serious topic; issues like BBVs can be sensitive and embarrassing, and people use humour to cope with their embarrassment and/or lack of knowledge)

Does it help get information across? How?

What is the message/information you got from this video?

(e.g. BBVs can be transmitted through tattoos, piercings, needles and unprotected sex; some BBVs can also be sexually transmitted; chlamydia is not a BBV; to prevent BBVs, avoid blood to blood contact)

7. Provide access to the [Blood Aware animation](#) for the whole class. This click through animation should take approximately 2-3 minutes to read.

8. Ask:

What new piece of information did you learn from that animation?

(e.g. Blood cannot enter the body through the skin; blood can carry viruses such as HIV and hep C; blood can only enter the body through a break in the skin or lining of the mouth, vagina, penis or anus; once inside the break in the skin, it can mix with the blood and may result in the transfer of a virus; the ways that you can come into contact with someone else's blood include: unsafe injecting drug use, unsterile tattooing equipment, not using condoms when having sex, sharing razors and toothbrushes, needlestick injury, unsterile body piercing; blood particles can be too small to see without magnification (so you may not see the blood)).

9. Explain:

Virus present + body fluid (e.g. blood) + activity (e.g. unsterile body piercing) + point of entry (e.g. broken skin) = risk

"Blood can also carry the hep B virus. Some BBVs (HIV and hep B) are also transmitted through other body fluids (semen and vaginal fluids) which is also why condoms need to be used. People can come into contact with someone else's blood in other ways such as sporting injuries which is why it is important to let an adult know if someone is bleeding, following the sports blood rule and appropriate first aid procedures."

Group research 15 minutes

10. Divide the class into groups of 4. Each group will need access to the website [getthefacts.health.wa.gov.au/bloodsafe](http://getthefacts.health.wa.gov.au/bloodsafe) as a reliable source of information for the activity.

11. Ask:

Why do you think you have been given this website and not asked to search for your own information?

(Anyone can write anything online and when looking for health information it is important to check who is writing material and that it comes from a reliable and credible source and is up to date and relevant to Western Australia (as laws, services, etc can differ from state to state and country to country). The Get the Facts website is written by WA Department of Health and aims to provide accurate and reliable information on sexual health, blood-borne viruses and relationships for young people in Western Australia. Its specific target group is 13-17 year old people. It is regularly updated to maintain current information.)

12. Give each group 10 minutes to research answers to one of the following questions on the Get the Facts website.

13. Ask each group to write what they think are the 5 most important pieces of information that all people should know about their topic.

- What are BBVs - hep B?
- What are BBVs - hep C?
- What are BBVs - HIV/AIDS?
- How can BBVs be spread? Unprotected sex
- How can BBVs be spread? Body piercings
- How can BBVs be spread? Body tattoos
- How can BBVs be spread? Injecting drug use
- How can BBVs be prevented?

14. Have each group report their findings to the whole class.

Teaching tip: Allow students to ask student presenters questions of the information presented to clarify points.

Suggestions for class reporting

- Complete student activity sheet to be combined into a display about being Blood Aware (See example Teacher resource: [BBV safety example of display](#)).
- Create 20-30 second radio adverts they can record and play back to class. This must get the 5 clear messages across and appeal to a target audience (e.g. young people).

### 3-2-1 Reflection

15. [3-2-1 Reflect](#) - ask students to individually complete the following (on the board/on a sheet/verbally).

- 3 things I learnt
- 2 things I found interesting
- 1 question I have

16. Ask students to share information with a partner or in a small group.

17. Ask for volunteers of pairs or small groups to share their questions or add the questions to the question box. (For tips on how to set up a question box see [Essential information: Question box](#)).

18. Ask:

Thinking about your score on the quiz at the beginning of the lesson, do you think your score would change if you took the quiz now? Why?

## Health Promoting Schools

## Health Promoting Schools

Background teacher note: [Health promoting schools framework](#).

## Partnerships

### Partnerships with school staff

- Invite the school nurse to your class to answer some of the question box questions. This serves two purposes - they may be able to answer some of the questions you are unsure of and helps to build a relationship between the students and the nurse.

### Partnerships with agencies

- Someone from [WAAC](#) or [HepatitisWA](#) can come and deliver an education regarding HIV and hepatitis, respectively.

### Environment

- School culture does not stigmatise people living with BBVs.

## Power to manage relationships

### Learning objective

Students explore skills needed when dealing with challenging relationships and unsafe situations.

### Take Home Messages

- Adolescence is a period of dramatic physical, social and emotional change involving many new feelings and experiences.
- Sexual feelings are a normal part of adolescent change.
- Sexual activity has physical, social, emotional and legal implications.
- Individuals are responsible for the decisions and choices they make regarding their sexual behaviour.
- People have different attitudes, values and beliefs towards sex and sexuality.

### Curriculum Links

#### [WA Curriculum](#)

[ACPPS093](#): Investigate how empathy and ethical decision making contribute to respectful relationships - investigating how the balance of power influences the nature of relationships and proposing actions that can be taken when a relationship is not respectful.

#### [International technical guidance on sexuality education](#)

- Relationships
- Violence and staying safe
- Skills for health and wellbeing

### Materials

- Teaching Resource: [Sexuality cards](#) [one class set]
- Teaching Resource: [Respect and Consent Quiz](#) [one quiz per student and one teacher answer sheet]
- Teaching Resource: [He said, she said party script](#) [one 2-sided copy per group]

## Before You Get Started

- Self-esteem and confidence of some students may be an issue during this activity. Be reassuring and support students as they develop the ability to practise assertive “no” statements. This will also help students with their development of resilience and emotional wellbeing.
- It is possible that a student may have been involved in a traumatic experience relating to sexual abuse. Teachers should know and understand the [protective interrupting](#) technique and what, why, when and how it is needed and used before facilitating this activity. It is important that teachers are familiar with the [Managing disclosures guide](#) and have a risk management strategy in place.
- Refer to Guides: [STIs/BBVs](#), [Gender stereotypes and expectations](#) and [Respectful relationships](#) for further content information related to this activity.

## Learning Activities

### Sexuality card icebreaker10 minutes

The following activity is intended to be used as an ice-breaker exercise to provide an opportunity to introduce some sexuality and relationships terminology that may be used and/or referred to throughout the lesson.

1. Before the lesson prepare a class set of the Teaching Resource: Sexuality cards.
  1. Note: There is space provided to add in other words that are relevant to the class or words that have been brought up and discussed before.
  2. Make sure the additional words are relevant to the activity and remove those that may not be appropriate for the group.
2. Have the whole class sit in a large circle.
3. Outline the rules of the activity:
  1. Review or establish the [group agreement](#), or if there are none, propose the following as a discussion in establishing a set all students will agree to before proceeding:
    1. no put downs - Everyone has the right to their beliefs, values and opinions
    2. no personal questions
    3. everyone has the right to pass (not to answer questions)
    4. all questions are good questions (even if they are provocative!)
    5. listen when other people are speaking
    6. respect the opinions of others
    7. use correct terminology
    8. use inclusive language
    9. maintain confidentiality - What is said in the room stays in the room (apart from the exception of the teacher's duty of care regarding mandatory reporting).
    10. no identifying information - If a student is telling a story about a friend they should not include their friend's name or any identifying information. Students should be encouraged to talk in the third person i.e. 'a person I know'
  2. The first student selects the top card from the deck of sexuality cards. They say the first word that comes to mind relating to the word on the card, for example, naked = sex; tolerance = acceptance; flirting = fun etc.
  3. Students place their card to the bottom of the 'deck'. This continues around the circle.
  4. It's important to remind students that they are allowed to 'pass' if they don't feel comfortable speaking about their word (refer to class ground rules). Discuss with students the importance of respecting and supporting the choices of others and their own values and beliefs.



4. Sit in the circle with the class. Model the first selection.
  1. Remind the class that although there are likely to be words mentioned that we may not say or talk about at school, we need to make sure that the words used are not offensive to other students.
  2. Emphasise that some words can have different meanings for different people, so it is important to communicate more about these topics if needed, to create a shared understanding.
5. When everyone has had a turn with a card, ask students to reflect on the activity. Pose the questions:
  1. Why is it important to know about words relating to sexuality and relationships?
  2. What is the problem, if at all, if we all have different understandings of and meanings about these words?

## **Respect and consent quiz**

### **15 minutes**

1. The following activity will provide important information to remind students about respect, consent and the law.
2. Give each student a copy of the Teaching Resource: Respect and Consent Quiz (alternatively, display the Quiz electronically and ask students to note their own True/False responses in their notebooks).
3. Have students complete the activity independently and then go through the correct answers with the whole class. (there is additional information for the teacher in the Teacher Guide).
4. Determine if the class is ready and there is time to proceed with the 'He said, she said' Party Script Activity based on their level of understanding about consent.

## **Learning Activities**

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- Have students complete the activity independently and then go through the correct answers with the whole class. (there is additional information for the teacher in the Teacher Guide).
- Determine if the class is ready and there is time to proceed with the 'He said, she said' Party Script Activity based on their level of understanding about consent.

### **'He said, she said' party script25 minutes**

Note: The small group Party Script activity should not be attempted before the Year 9 activity [Sexual consent and the law](#) has been completed. The script will form the basis of discussion as students review

and extend their existing knowledge of sexual consent. Students learn a range of skills and understand when to use and apply them if dealing with challenging or unsafe situations.

1. Ask students to get into pairs or small groups of four.
2. Provide each group with a copy of the Teaching Resource: He said, she said party script and ask them to focus on Party Script A.
3. Give groups an opportunity to read through Party Script A and briefly discuss.
4. Show the following questions on a white/interactive board. Ask each group to respond to the question prompts as a whole class or discuss in small groups:
  1. Did Emma give consent to have sex with Jacob? Where in the script does it support your answer?
  2. What were some of the factors that influenced how both Emma and Jacob behaved?E.g. they were in an established relationship, alcohol, partying/celebration, location, trust, respect, body language, readiness, communication.
  3. How could Jacob have responded differently?E.g. Checked to see if Emma was giving clear consent and was ok to have sex before going ahead.
  4. At what point of the story could Jacob have done something differently?E.g. At Scene 7, Jacob could have asked Emma's friends to go and lie down with her/check on her instead and talk to her later about why he didn't think it was a good idea OR provide a couple of other scenarios
  5. Did Jacob and Emma have consensual sex?Teaching point: Giving consent means that everyone involved can clearly and freely agree to the sexual activities that will occur. If everyone is not willing or not able to give consent (such as if someone is asleep or under the influence of drugs or alcohol) then the sexual activity would be an assault and as such would be against the law. The law requires a person to be 16 years or older to provide consent to engage in any sexual activities.
  6. Was it sexual assault?Teaching point: Sexual assault can be a violent, unexpected, traumatic and sometimes life threatening event or series of events, even if the person has 'passed out'. Sexual assault is ANY unwanted sexual act or behaviour which is threatening, violent, forced or coercive and to which a person has not given consent or was not able to give consent.
5. Ask students to focus on Party Script B. In their small groups discuss where in the script the characters acted differently.
6. Ask students to underline or highlight where in the script the characters demonstrated the following skills when they had to deal with an emotional, social and physically challenging situation (there may not be examples to find showing these skills):
  1. Refusal skills
  2. Communicating choices
  3. Acting assertively
  4. Expressing thoughts opinions & beliefs
  5. Initiating contingency plans

#### A new script, a new ending

1. Students apply their knowledge, skills and understanding of respect and consent to create a new script. It does not have to be a party script.
2. If time is limited, students can edit the existing party script from Scenes 7 – 10 only. The following criteria must be met:
  1. The script demonstrates respectful behaviour and consent between the two characters.
  2. At least two of the following skills are included in the script (refusal, communicating choices, acting assertively, expressing thoughts opinions & beliefs and/or initiating contingency plans).
  3. At least two of the following questions are included in the script.
    1. What do you want to do?
    2. Are you ready to do this?

3. Is there anything that you're not comfortable doing?
  4. Do you want to stop?
  5. Are you happy to go further?
3. Join pairs or small groups together. Each pair/small group reads through their new script. The other group members should be actively listening to ensure the set criteria have been met.

Alternate activity: Students create their new script as a short play or electronic presentation.

### 3-2-1 Reflection

Students watch a YouTube clip: Partying and consent ([https://youtu.be/YoUPqH\\_i\\_Qs](https://youtu.be/YoUPqH_i_Qs)) [6:29min]. The clip shows young people at a party drinking and dancing. Two of the characters go into the bedroom but the young male involved decides to walk away and not try and have sex with a very intoxicated young female.

Ask students to reflect on the storyline presented with the following question in mind:

- How does this clip demonstrate respect and consent?

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### 3-2-1 Reflection

External related resources

[The practical guide to love, sex and relationships](#)

A teaching resource from the Australian Research Centre in Sex, Health and Society, La Trobe University.

[Topic 1 - Introducing Love, Sex and Relationships](#)

- Ethical framework for love, sex and relationships
- Decision making
- Sexuality timeline- what is the average of: first sexual feelings, falling in love, identifying as gay/straight/bisexual, drinking alcohol, learning about sex at school, etc.

[Topic 2 - Love, etc](#)

- Elements of healthy relationships