

Assessment task: Safer sex quiz questions

Learning objective

Students research and develop quiz questions for young people about safer sex. The questions are combined to create a class quiz for students to complete.

Take Home Messages

- There can be physical and emotional risks to sexual activity
- There are ways to reduce risks by having "safer sex" which may include things like conversations, consent or contraception
- There is a lot of information online about sex and relationships. It's important to know what websites to get trusted information from.

Curriculum Links

[WA Curriculum](#)

Skills and strategies to manage situations where risk is encouraged by others e.g. pressure to engage in intimate relationships

[International technical guidance for sexuality education](#)

- The human body and development.
- Violence and staying safe.

Materials

- Student activity sheet: [Safer sex quiz questions student instructions](#) (display on board and/or 1 copy for each pair of students)
- Student activity sheet: [Safer sex quiz questions student assessment task](#) (1 copy for each pair of students - electronic or hardcopy)
- Teacher resource sheet: [Safer sex quiz questions marking key](#) (display on board and/or 1 copy per student)

Before You Get Started

- Prior to completing this assessment task, students require prior knowledge and understanding of safer sex practices including condom use to prevent STIs and pregnancy ([Safer sex - condoms](#))
- Allow two lessons for the completion of this assessment task.
- Review these websites before providing to students for research.

healthysexual.com.au (WA Department of Health)

getthefacts.health.wa.gov.au (WA Department of Health)

stoptherise.initiatives.qld.gov.au/blog/sexually-transmissible-infections-myths-vs-truths (Queensland Health)

headspace.org.au/young-people/understanding-sex-risks-health-and-contraception (headspace)

Learning Activities

Session 1: Creating quiz questions

45 minutes

1. Divide the class into pairs. Allocate each pair 'Pregnancy/Contraception' or 'STIs' as topics to research.
2. Explain to students:

"You have been given a topic of either 'Pregnancy/Contraception' or 'STIs'. With your partner, use the following websites to research and write five questions and answers that are suitable to ask your class to test their knowledge:

healthysexual.com.au

getthefacts.health.wa.gov.au

stoptherise.initiatives.qld.gov.au/blog/sexually-transmissible-infections-myths-vs-truths

headspace.org.au/young-people/understanding-sex-risks-health-and-contraception

With your partner, write:

- 1 true or false question
- 1 multiple choice question
- 1 definition question
- 1 short answer question
- 1 description question"

Teaching tip: Electronic surveys can be created on programs such as [SurveyMonkey](#) or [Mentimeter](#).

3. Display [Student activity sheet: Safer sex quiz questions student instructions](#) and/or provide students with a copy. Explain each of the questions types.
4. Display [Safer sex quiz questions student assessment task](#) and give each pair of students a copy.
5. Explain:

"When writing your answers:

- give detailed evidence to support each answer
- reference each answer with the website you used
- you must use a minimum of three of the websites listed
- complete the activity sheet including the critical analysis and reflection questions."

6. Display the [Safer sex quiz questions marking key](#) or provide a copy to each student. Discuss the mark allocations so that students are aware of what is required to be successful in this assessment task.
7. Allow time for students to complete the activity sheets and collect at the end of lesson.

Learning Activities

Session 2: Class quiz

45 minutes

Prior to next session, choose 25 of the students' questions to compile a class quiz. The quiz can be asked orally with students writing answers, or as a written quiz on paper or electronically on programs such as [SurveyMonkey](#) or [Mentimeter](#).

Teaching tip: consider differentiation for students with lower literacy levels. Quiz questions may have picture prompts or the questions recorded to be read aloud. The quiz could be conducted in pairs or groups.

1. Conduct the class quiz as an assessment of the student's learning.
2. Provide the answers and explanations upon completion.

3-2-1 Reflection

Thought shapes

Triangle = The most important thing I have learnt is....

Square = What I have 'all squared away' in my head is... OR The thing I have really understood well is...

Star = What I enjoyed/What I was really good at...

Heart = How I feel about using the skills and ideas I have learnt is...OR The thing I enjoyed most is...

Circle = The thoughts still going around in my head are...

1. Display shapes and questions in classroom to refer to.
2. Students can volunteer to share one answer verbally.
3. A set of cards can be made and picked randomly (or given out selectively by the teacher).
4. Students write down their answers next to each of the shapes on paper or in a journal.

Health Promoting Schools

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

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 relationships between the students and the nurse.
- The school nurse may like to take small groups of students requiring additional or specialised care to run separate activities with on this topic.

Sexually transmissible infections

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 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 Curriculum](#)

- [ACPPS092](#): External influences on sexuality and sexual health behaviours, including the impact decisions and actions have on their own and other's wellbeing.
- [ACPPS095](#): Critical health literacy skills and strategies: evaluating health services in the community; examining policies and processes for ensuring safer behaviours.

[International technical guidelines on sexuality education](#)

- The human body and development
- Skills for health and wellbeing

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.
- 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

1. Do not explain to students the purpose of this exercise. Present the task as an energiser or 'getting to know you'.
2. Hand out the pre-prepared pieces of paper divided into 4 squares. Don't tell students that some pieces have 'g' written on the back to indicate use of glove.
3. laugh Explain that students are going to be asked some questions. They will need to move around the room and talk to their classmates. 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 question. Ask:
 1. Find someone in the room who plays the same sport as you.
 2. Sign each other's piece of paper in one of the 4 spaces.
4. 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.
 1. Ideas for questions. Someone who...
 1. likes/hates the same food as you
 2. likes the same Netflix series as you
 3. has a letter in their name the same as you
 4. has the same colour socks on as you.
5. Ask everyone to take their seats.
6. laugh Explain that this activity is actually to show how easily infections can spread. This infection is spread by signing your name. It is a 'Signature Transmissible Infection'. Ask for a volunteer who is OK to pretend that they have an infection.

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.

8. Say: "(Student's name) has been to O-Day at Uni. They signed their name lots that day and they heard 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."
9. Say: "If you have (Student's name) signed on your piece of paper, please stand up. You are all at risk of having the Signature Transmissible Infection."
10. Ask: Student standing - how do you feel? (Worried, angry, upset, not bothered, ambivalent)

Teaching tip: Some students may blame the person who 'gave it to them'. Use this as a teaching point to say that it is not possible to know if they GOT it from this person or if they GAVE it to this person. The person who got tested was looking after their health and doing the right thing of notifying their contacts.

11. Ask students to stand if they signed any of the papers of the students standing. And so on. Very quickly, most of the class will be standing.
12. 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."
13. 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, sexually transmissible disease)

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 dam)

Learning Activities

Thumbs up/thumbs down quiz 10 minutes

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 only need to wear a condom with someone who has had sex with lots of people. (False: Anyone who has ever had vaginal, oral or anal sex can be at risk of an STI.) 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 and gonorrhoea) and some cannot (e.g., HIV). 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 walk 15 minutes

Graffiti walk: Students use [SHQ's STI brochure](#) and [Get the facts](#) to add to posters around the room that say:

1. STIs are passed on by?
2. How do I know if I have an STI?
3. How are STIs treated?
4. What can happen if STIs are left untreated?
5. How can I reduce my risk of getting an STI?
6. How/where do I get an STI test?
7. Other interesting information.
8. Discuss answers and address any misconceptions.

3-2-1 Reflection

Question box 10 minutes

- Provide students with time to write questions for 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.

- 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 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](#), [Talk Soon. Talk Often](#) and [SECCA app](#) links to your website/e-news for parents.

Partnerships with school staff

- 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.
- 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.

Safer sex - condoms

Learning objective

Students use the Laugh and learn video to initiate discussions around safer sex. They develop an

understanding of the term 'safer sex' and the importance of using condoms to prevent STIs and pregnancies by brainstorming the reasons why people choose or choose not to use condoms and listing life skills and strategies needed for condom negotiation and use.

Take Home Messages

- 'Safer sex' means using a condom to prevent STIs and unintended pregnancies.
- Being able to communicate with your partner about using condoms is part of a respectful sexual relationship.
- To encourage better (and more) use of condoms we need:
- knowledge about how and why to use condoms
- positive attitudes and values towards using condoms
- life skills, including being able to communicate with a partner about having safer sex.

Curriculum Links

[WA Curriculum](#)

- [ACPPS092](#): External influences on sexuality and sexual health behaviours, including the impact decisions and actions have on their own and other's wellbeing.
- [ACPPS095](#): Critical health literacy skills and strategies: evaluating health services in the community; examining policies and processes for ensuring safer behaviours.

[International technical guidelines on sexuality education](#)

- The human body and development
- Skills for health and wellbeing

Materials

- [Laugh and learn video - condoms](#) (2min 23sec)
- [Attitudes and values teacher answer sheet](#) (1 for teacher)
- [Life skills student activity sheet](#) (1 per pair) - electronic or hard copy
- [Life skills teacher answer sheet](#) (1 for teacher)

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 to FAQs](#).
- Preview the [Laugh and learn - condoms](#) (2min 23sec) video to determine suitability for your students.
- Before facilitating this lesson ensure you are familiar with the laws about sexual consent in WA. For essential information about consent, safer sex and taking selfies go to:
 - [Youth Law Australia - Consent](#) (external site)
 - [Get the Facts - Sex and the law](#)

Learning Activities

Group agreement

10 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](#).
2. Remind students that throughout the lesson they can write any questions down and add them to the question box at the end of the lesson (if they do not wish to ask them during the lesson). See [Essential information - Setting up a question box](#).

Trigger warning

3. 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.

Before we start, let's check that everyone knows where to go for help if you want to check anything that this lesson raises for you."

4. Ask students:

Who are some trusted adults you can talk to?

(Possible answers: parents, grandparents, teacher, older siblings, doctor, other family members, etc)

Teaching tip: It is important not to tell students who their trusted adults are or should be. You can offer a list of suggestions of who they might be. For some students, some of the people you suggest, may not be people that are safe for them to talk to. Students should not be made to share their list of trusted adults publicly unless they wish to do so.

Who are some people at this school that you can talk to?

(Possible answers: class teacher, other teachers, school psychologist, community health nurse, youth workers, etc)

What services and online support is available?

(Possible answers: [Sexual Assault Resource Centre \(SARC\)](#), [Kids helpline](#), [Headspace](#), GPs, [Sexual Health Quarters](#), [Beyond Blue](#), [Lifeline](#), [1800 Respect](#))

5 minutes

Introduction

3. Using the [One minute challenge](#) teaching strategy students complete this sentence, "To me, safe sex is.....".

4. Share in small groups.
5. Ask for volunteers to share with the class. (Some of the answers may be humorous and that's ok!)
6. Say:

“What we will be covering in this session may not be new to many of you. But I am sure that you will all find at least one new and different piece of information – if not more! Everyone needs reminders at different times about keeping ourselves and others safer.”

7. Explain:

"The terms 'safe' and 'safer' are often used interchangeably. In this video the term 'safe' is used however the more accurate term is 'safer' as no sexual activity is 100% safe. Safer sex means protecting the health of both ourselves and others. This means preventing sexually transmitted infections (STIs) and unintended pregnancy."

For more detailed explanation see [What is safer sex?](#) (external link) and [Get the Facts - Safer sex](#).

10 minutes

Laugh and learn video - condoms

8. Watch [Laugh and learn video - condoms](#) (2min 23sec).
9. Ask the following questions:

Why do you think humour is used in this video?

(e.g. negotiating condom use can be difficult and embarrassing; lots of people have negative thoughts and myths about condoms; sex can be 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 main message/information you got from this video?

Seriously, what is 'safer sex'?

(Using a condom (male or female condom) to reduce the risk of STIs and pregnancy.)

Remember, safer sex really starts right at the beginning – talking to your partner and being sure that you both want to have sex and are ready.

10 minutes

Survey statistics

10. Say:

“Some of you may have already had some sessions in the past about condoms. Today we are going to revise that and also look at some other issues associated with condom use and safer sex.”

11. Ask:

"Who thinks that 100% of young people know that using condoms reduces the risk of unplanned pregnancies and STIs?"

In 2018, what percentage of Western Australian Year 10 – 12 students do you think say they always use condoms? Take some answers.

(37%)

And what % said they often used them? Take some answers.

(22%)

If most people know that it is important to use condoms, why do you think that 63% of those students surveyed said they didn't always use them?

(e.g. Too embarrassed; condom not readily available when required; partner didn't want to use; didn't think about it; didn't think they would have sex at that moment; not prepared; I don't like them; my partner doesn't like them; I trust my partner; we've both been tested; I know my partner's sexual history; it's not my responsibility; we both haven't had any sexual activity with anyone else before.)"

(Reference: [WA Survey of Secondary Students and Sexual Health](#))

Say:

"Did you know: Some STIs can be passed on through oral sex. External condoms (sometimes referred to as male condoms) can reduce the risk of STI transmission during oral sex. [Dental dams](#) (external link) can also be used. This is a piece of latex (or polyurethane) that can be used between the mouth and vagina or mouth and anus during oral sex.

[Internal condoms](#) (sometimes referred to as female condoms) are another contraceptive that prevents both STIs and unintended pregnancy."

10 minutes

Attitudes and values

12. Say:

"It's important to understand that knowledge alone isn't always enough for people to make the safest or healthiest choices. They need to believe that the behaviour is really important and they need to value the outcome – whether that is not getting an STI or having an unplanned pregnancy.

And then people need specific skills to be able to put into practice their knowledge and attitudes and values.

So, Knowledge + Attitudes/Values + Skills (might) = Healthier/safer behaviour."

13. Say:

"Let's think about using a condom.

We already know that you have lots of knowledge about how to use condoms and why they should be used.

Let's look at attitudes and values.

Working in pairs make a list of attitudes and values, beliefs, feelings and opinions that might underlie why some people (especially young people) may choose to use or not use condoms."

Show students the headings and provide an example.

People value _____ so might use condoms	People value _____ so might NOT use condoms
not getting an STI	family (e.g. they may want to have a baby)

Teaching tip: It is important to consider diversity of sexual identity and sexual behaviours when discussing sexual health topics like condom use. Some people may have sexual experiences with people of the same sex and not identify as lesbian, gay or bisexual.

14. Discuss answers as a whole group. See [Values and attitudes teacher answer sheet](#) for possible answers.

Point out that different people have different values and individuals have values that may change depending on their stage of life.

Teaching tip: It is important to unpack responses around valuing reputation and relationship as reasons to choose not use condoms. Lead discussion about the importance of respectful relationships and gender expectations (refer to background note [Respectful Relationships](#)). Example questions include:

- Are the expectations around buying condoms the same for everyone? (Typically it is an expectation for men and less expected for women)
- Are the potential reputation impacts of carrying condoms the same for everyone? (Typically the seen as a positive for men ('stud') and negative for women ('slut') in line with gendered expectations about sex and relationships)
- What are important features of respectful relationships? Are these present when a partner is feeling pressured to not use condoms? (Feeling safe. trust, honesty. being valued and cared for, being able to disagree and say no without fear of being unsafe or hurt. No, pressure to not use condoms is not respectful)

10 minutes

Life skills

15. Say:

“Just because people have knowledge about the correct way to use a condom, and they think that it is important to use condoms, people still need a variety of skills in order to use condoms properly, consistently and respectfully.”

16. Display [Life skills Student activity sheet](#) or provide as a handout for students to complete (1 per pair).
17. Working in pairs, ask students to suggest examples of the life skills being practised when negotiating condom use and using condoms. See [Life skills - answers sheet](#) for possible answers.
18. Ask for volunteers to give their examples.

3-2-1 Reflection

19. Ask for volunteers to respond to the question:

What skill is the most important to you and why?

20. Remind students that [Get the Facts](#) has a completely confidential 'ask a question' service that they may wish to use. All questions are answered by a qualified health professional within a week.

Health Promoting Schools

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

Partnerships with parents

- [Talk soon. Talk often: a guide for parents talking to their kids about sex](#) is a free resource that can be bulk ordered by schools. Send a copy home to parents prior to starting your RSE program. The booklet offers age and stage appropriate information so that parents can reinforce the topics covered in class. ([How to order hardcopies](#).)
- 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 [SECCA app](#) links to your website/e-news for parents.

Partnerships with school staff

- Invite the school health professionals and pastoral care staff (school nurse, school psychologist, chaplain, boarding house master, etc) 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. For example:
 - If you have concerns about relationships, you can go to...
 - If you have more questions about sexual health, you can go to...

Influence of the media

Learning objective

Students explore the impact of sexualised imagery on young people's sexual identities and sexual behaviours through the use of music clips and newspaper articles.

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 and need to be managed appropriately.
- 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.
- The digital world is dominated by sexualised imagery that can influence sexual identities and behaviours.

Curriculum Links

[WA Curriculum](#)

- [ACPPS092](#): evaluating the influence of personal, social, environmental and cultural factors on decisions and actions young people take in relation to their health, safety and wellbeing
- [ACPPS095](#): critiquing and selecting the most suitable and reliable sources of health information according to the decision that needs to be made

[International technical guidelines on sexuality education](#)

- Skills for health and wellbeing
- Values, rights, culture and sexuality

Materials

- Internet access
- Teaching Resource: [Digital Era online article](#) - one per pair

Before You Get Started

- Pornography is something that is becoming much more accessible for young people and something that they are being exposed to much earlier than in the past. Pornography is how some young people receive sex education. Current thinking suggests that these factors can affect young people's expectations of each other and themselves, and also how young people form healthy relationships with others. See the Guide: [Young people and the accessibility and influence of pornography](#) for more information on this topic.
- It is possible that a student may have been involved in a traumatic experience relating to pornography and sexual harassment. It is important that teachers are familiar with the Guide: [Dealing with disclosures](#) and have a risk management strategy in place.

Learning Activities

Assessing media: Wrecking ball song lyrics 20 minutes

Using a case study, students discuss the necessity of sexualised imagery in the media.

1. Read the lyrics to the Miley Cyrus song Wrecking Ball without telling the students the name of the song or artist (the lyrics can be downloaded from the internet).
 - It's likely students will know this popular hit first released in 2013, but may never have thought about what the lyrics mean.
 - Ask students to consider what the song is about and what it means using the [think-pair-share](#) strategy, and then share responses with the class.
2. Show the students the Wrecking Ball YouTube clip (<https://www.youtube.com/watch?v=My2FRPA3Gf8>) [3:41min]. Ask:
 - What are your initial thoughts and feelings about the clip?
 - Do you feel the sexual behaviour in the video clip is consistent with the message of the song?
 - How does the video clip accurately reflect or not reflect the lyrics?
 - If you were 11 or 12 years of age watching this video clip, what impression do you think it would have on you?

Assessing media: Digital era article 20 minutes

Using an online article, students analyse the impact pornography has on young people and their intimate behaviours. Students extend their knowledge to assess whether pornography is contributing to the normalisation of sexual violence and gender equity in our community.

1. Provide each pair of students with a copy of the Teaching Resource: Digital Era online article to read independently.
2. In small groups, students discuss the following questions.
 - What is the article about and who is it aimed at?
 - How are men and women represented in mainstream advertising, music videos and popular culture? (think about the setting, the activities they are engaged in, the language that is used by, and about, men and women, etc.)
 - Women are often underrepresented in the media, creating the message that women are unimportant or invisible. Can you think of examples of this?
 - How do you feel about the article? Do you agree with the claims made?
 - How does today's violent pornography found in advertising, music videos and popular culture negatively impact young people and their intimate behaviours?
 - How is pornography contributing to the normalisation of sexual violence and gender inequity in our community?
 - What might young people think about gender and sexuality if they only got their information about these topics through advertising, music videos and popular culture and did not receive sex education like you are getting?

3-2-1 Reflection

1. Ask students to share their responses from the group task.
2. Discuss differing views and any misconceptions (e.g. sex vs gender).
3. Highlight the [Think u know](#) and esafety.gov.au websites for support and further information.

External 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 - Porn, what you should know](#)

- critically thinking about sexual imagery - what is
- Working things out.

Blood-borne virus safety

Learning objective

Students complete a true/false pre-quiz on blood-borne viruses (BBVs). The Laugh and learn video stimulus 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; having vaccinations (hep B).
- BBVs can be treated and managed, and some can be cured.

Curriculum Links

[WA Curriculum](#)

[AC9HP10P08](#): plan, rehearse and evaluate strategies for managing situations where their own or others' health, safety or wellbeing may be at risk

[AC9HP10P07](#): examine how strategies, such as communicating choices, seeking, giving and denying consent, and expressing opinions and needs can support the development of respectful relationships, including sexual relationships

[International technical guidelines on sexuality education](#)

- Violence and staying safe
- Skills for health and wellbeing

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](#) (1 min 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 as a reliable source of information for the activity.
11. Ask:

Why do you think you have been given this website [Get the Facts](#) 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.

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).

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

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

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

Partnerships with parents

- [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.
- Order copies of [Puberty](#) and [Relationships, sex and other stuff](#) to be sent home for parents. 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.

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 relationships between the students and the nurse.
- The school nurse may like to take small groups of students requiring additional or specialised care to run separate activities with on this topic.

Sexual consent and the law

Learning objective

Students analyse sexual consent and the law through real life scenarios.

Take Home Messages

- Consent is the free agreement to do something.
- Sexual consent must be mutual, freely given, informed, certain, coherent, clear and ongoing.
- Sexual consent can be withdrawn at any time.
- Sexual activity without consent is against the law (sexual assault).
- The laws around sex and consent are there to help protect people from harm and abuse.
- Understanding what consent is and the laws around consent is a foundation for respectful relationships and contributes to the prevention of sexual assault.

Curriculum Links

[WA Curriculum](#)

- [ACPPS093](#): Investigate how empathy and ethical decision making contribute to respectful relationships
- [ACPPS094](#): Evaluate situations and propose appropriate emotional responses and then reflect on possible outcomes of different responses

[International technical guidelines on sexuality education](#)

- Values, rights, culture and sexuality
- Skills for health and well-being
- Violence and staying safe

Materials

- Item belonging to another person in the class (e.g. pencil)
- Video: [Tea and consent](#) (2min 50sec video)
- 1 x Y chart for each group of 4-6 students (electronic, photocopy or butchers paper)
- 1 x Teaching Resource: [Consent scenarios student activity sheet](#) for each group (or individual)
- 1 x Teaching Resource: [Consent scenarios teacher answer sheet](#) (electronic or photocopy)

Before You Get Started

- Consider the timing of this lesson given the possible triggering content. It may be best delivered before a lunch break or at the end of the day so that students have time to process information before another lesson and have time to seek help if required. Be aware that discussing topics such as sexual consent and sexual assault can be upsetting for people as they reflect on their own experiences or that of people close to them.
- Liaise with the school health team (e.g. Community health nurse, school psychologist) to inform them of the content you will be covering in class. It may be helpful to have these additional adults in these lessons or on standby for any individual or small group work that may need to take place.
- [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. Be aware of your own self-care and support networks.
- Preview [Tea and consent](#) (2min 50sec video) to determine suitability for your students. NB: There are a number of versions of this video online. Some contain expletives and some are spoofs of the video - please check that you have the correct video before use.

Learning Activities

Group agreement and self-care 10 minutes

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 tools: Establishing a group agreement](#) for tips on how to create one and what to include.

1. Revise or create the class [group agreement](#).
2. Remind students that throughout the lesson they can write any questions down and add them to the question box at the end of the lesson (if they do not wish to ask them during the lesson). See [Essential information - Setting up a question box](#).

Trigger warning - Say:

"This lesson covers the topic of sexual consent and sexual assault. These topics can sometimes be

difficult for people. Please let me know if you feel you need to take a break from the room.

Before we start, let's check that everyone knows where to go for help if you want to check anything that this lesson raises for you."

4. Ask students:

Who are some trusted adults you can talk to?

(Possible answers: parents, grandparents, teacher, older siblings, doctor, other family members, etc)

Teaching tip: It is important not to tell students who their trusted adults are or should be. You can offer a list of suggestions of who they might be. For some students, some of the people you suggest, may not be people that are safe for them to talk to. Students should not be made to share their list of trusted adults publicly unless they wish to do so.

Who are some people at this school that you can talk to?

(Possible answers: class teacher, other teachers, school psychologist, community health nurse, youth workers, etc)

What services and online support is available?

(Possible answers: [Sexual Assault Resource Centre \(SARC\)](#), [Kidshelpline](#), [Headspace](#), GPs, [Sexual Health Quarters](#), [Beyond Blue](#), [Lifeline](#), [1800 Respect](#))

What is consent? 15 minutes

5. Ask for a volunteer to bring an item belonging to them (e.g. a pencil) to the front of the class to model the following examples of consent/not consent.

Person 1: "May I borrow your pencil please?" Person 2: "Yes" (hands pencil) Person 1: (takes pencil)

"This is clear, affirmative consent."

Person 1: "May I borrow your pencil please?" Person 2: (no answer) Person 1: (takes pencil)

"Even though, I asked politely, I did not get consent. The absence of a 'no' is not a 'yes'."

Person 1: "May I borrow your pencil please?" Person 2: "No, sorry." Person 1: "Awww, come on. I let you use my pen last week". Person 2: "Errr, hmmm, OK I guess."

"Is this consent?" (no, it has been coerced or pressured).

Person 1: "May I borrow your pencil please?" Person 2: (nods head, smiles and hands pencil)

"Is this consent?" (yes, non-verbal consent)

"What if they weren't smiling and nodding?" (unclear if consent has been given).

"How could we check to make sure we have consent?" (ask the person again, ask for clarification, not take the pencil until we are sure).

"What if they let me borrow their pencil yesterday?" (Not consent - consent has to be given on each occasion).

"What if I took the pencil and used it to scratch under my armpit?" (Not consent. It is unlikely the person understood what they were agreeing to).

"What if I borrow the pencil and then they change their mind and want the pencil back?" (consent has been removed and the pencil should be returned).

6. Say:

"The same principles apply to consent in sexual situations. Consent must be certain, clear, informed, freely given, and it can be removed at any time. Consent is important for all people, of all sexualities and in all kinds of relationships. Consent is a fundamental part of respectful relationships. Now we are going to look at consent in more detail"

Optional activity: Video - Tea and consent

7. Say:

"We are going to watch a 3 minute video that uses drinking tea as an analogy for sexual consent"

8. Watch: [Tea and consent](#) (2min 50sec video)

9. Ask:

What did you think about the video?

What were the key messages of the video?

(Possible answers: consent can be removed, you can't make someone consent, you can change your mind, it's ok to change your mind, unconscious people can't consent, consenting last week does not mean consenting this week)

What consent looks like, feels like, sounds like 10 minutes

10. Divide class into groups of 4-6 using [Grouping strategy: Birthday line up](#)

11. Ask:

How difficult was it to line up without talking?

How did you communicate your birthday to others?

(Using my fingers, wrote it down, pointed to a calendar /display in the room, etc)

Were there any miscommunications?

What would make it easier to check the non-verbal communication?

(Ask them, verbal communication, etc)

12. Say:

"Communication is vital for sexual consent. Consent and communication between sexual partners is the foundation for respectful, safe, mutual sexual experiences. It is everyone's responsibility to check that their sexual partners are enthusiastically consenting to any sexual activities. Let's explore some different ways that consent may be communicated."

13. Use [Teaching Strategy: Y chart](#) to explore what consent looks like, feels like, sounds like.

Teaching tip: Depending on your classroom demographics, you may wish to have additional adults assisting with this activity or to do the activity as a whole class if you feel the class require closer guidance.

Possible answers:

Looks like	Feels like	Sounds like
Kissing you back Touching you back 16 years and older Someone voluntarily taking their clothes off	Everyone involved wants to be there Pleasurable Not drunk or drugged Freely given (not pressured or coerced) Safe Them pulling you closer	Enthusiastic 'Yes!' "That feels good" "Keep going" "Sure" "Do it again" Clear! Continually checking in by asking: Asking 'Is this OK?', 'Does this feel good?' 'Would you like to try?'

14. Say:

"It is important to remember that consent is an ongoing conversation. Each of these answers are just examples of things that might help to determine if someone is consenting. It is important to keep checking in with a partner.

When it comes to consent, the absence of no does not mean a 'yes'. Uncertainty, hesitation, umming and ahhing are NOT signs of enthusiastic consent. It's important to be aware of verbal or non-verbal signs from sexual partners.

Saying 'Stop', 'I'm not sure', 'Can we slow down?' or changing the subject are all examples of how people might indicate they are not consenting. A person who is not consenting might give non-verbal signs instead of saying 'no', like not responding to touch, silence, turning away, pushing a partner

away, crying or freezing.

Although we can communicate and consent non-verbally, the only way to be sure a partner consenting is to ask. And the best, most clear way to give enthusiastic consent is to say it - 'Yes!'

Without consent, sexual activity is sexual assault. Experiencing sexual assault can have significant impacts on a person's physical and mental health throughout their lifetime. The harm caused by sexual assault impacts individuals, families and communities.

If you are not sure if your partner is consenting but you keep going anyway, it is not only not ok and harmful — it is against the law."

Sex and the law10 minutes

15. Look at the [Youth Law Australia](#) website and demonstrate how to navigate to the WA laws and the section on Sex and consent.

16. Discuss:

What is legal age of consent in WA?

(In WA, the legal age of consent is 16. This means when you are 16 years or older, you can have sex with another person aged 16 or older as long as you are both freely consenting. However, it is a crime for a person who is caring for you, supervising you or has authority over you (like a teacher, coach, boss) to have sex with you while you are between the ages of 16-18.)

What do we mean by 'sex'?

(According to the law, sexual intercourse means when a penis, finger, object or any part of a person is fully or partially inside another person's vagina or anus. Sexual intercourse also includes any kind of oral sex. A sexual act can include a lot of different sexual activities, not only sexual intercourse e.g., kissing, touching, mutual masturbation, making another person watch pornography, sending and receiving sexual pictures. Consent is required for any sexual act. There are a few different laws about sex and consent and different sexual crimes e.g., sexual assault, indecent assault)

Why are there laws around the age of consent in WA?

(The laws around consent are there to protect people from harm and abuse.)

Discussion can be extended to explore cultural expectations and understandings about teenage sexual relationships:

- How do the laws about consensual sex differ from the unwritten rules or expectations?
- Do the unwritten rules and expectations around teenage sexual relationships vary with age, e.g. would your parents have different ideas about these rules or expectations?
- Do these unwritten rules and expectations vary depending on where you are, e.g. at school, at a school dance, at a friend's place, at the park?
- Do the laws about consensual sex vary with where you are?
- Where do these unwritten rules and expectations around teenage sexual relationships come from?

14. Stress that regardless of age, if someone has not given consent to sexual activity and it has taken place, it is a crime.

Consent scenarios 15 minutes

Students apply their knowledge of sexual consent to scenarios.

1. Provide each small group with a copy of the Teaching Resource: Consent scenarios student activity sheet and allocate each group a different scenario to work through.
2. Ask students to read the scenario and associated questions they have been given. Ask the students to identify the key points, discuss whether the situation is consensual or not and provide reasons for their answers.
3. Have each group share their scenario and findings with the whole class.
4. Discuss questions or concerns and clarify any inconsistencies as they arise.

3-2-1 Reflection

Students write on a prepared worksheet or in a journal:

- 3 x recalls: write three facts the legal aspects of consent e.g.,

People must be of legal age to have sex (WA – 16 years of age)

People must be willing and want to have sex (free agreement)

People must be able to have sex (not drunk, under the influence of drugs, asleep, unconscious or not mentally capable of understanding what is happening).

- 2 x so what's: write two things about why consent information is relevant and important.
- 1 x questions: write one question they have about consent.

Students should be reminded that sex without consent is considered a crime.

For support, people can contact the school psychologist, school nurse, the [Legal Aid WA Infoline](#), [Aboriginal Legal Service of WA](#), [Sexual Assault Resource Centre](#) or the police.

Health Promoting Schools

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

Partnerships with parents

- [Talk soon. Talk often: a guide for parents talking to their kids about sex](#) is a free resource that can be bulk ordered by schools and [interactive website](#). Consider sending a copy home to parents prior to starting your RSE program or providing a link to your website/e-news for parents and carers. The booklet offers age and stage related information on sex and relationships so that the topics covered in class can be reinforced at home. ([How to order hardcopies](#).)
- Send copies of [Relationships, sex and other stuff](#) home.
- Run a parent and carer workshop prior to delivering RSE lessons so that parents and carers 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 [SECCA app](#) links to your website/e-news.

Partnerships with school staff

- Invite the school health professionals and pastoral care staff (school nurse, school psychologist, chaplain, boarding house master, etc) 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.

Health campaigns - sexual health

Learning objective

Students explore the purpose of health campaigns and identify the components of a successful campaign. In groups, they develop their own campaign with a sexual health theme.

Take Home Messages

- Health literacy is having the knowledge to find, understand and use information about our own health and health care.
- Understanding health information helps us to make healthier and safer decisions.
- It's important to get health information from credible sources such as health websites.

Curriculum Links

[WA Curriculum](#)

[ACPPS095](#): Critically analyse and apply health information from a range of sources to health decisions and situations

[ACPPS096](#): Plan, implement and critique strategies to enhance health, safety and wellbeing of their communities

[International technical guidance on sexuality education](#)

- Skills for health and wellbeing

Materials

- Student Activity Sheet: [KWL – Health campaigns](#) [one per student]
- Student Activity Sheet: [Health campaign case studies](#) [one per pair]
- Teaching Resource: [Health campaign topics PowerPoint slides](#) [one per student/group]
- Student Activity Sheet: [Health campaign plan](#) [one per student/group]
- Student Activity Sheet: [Campaign evaluation](#) [one per student/group]

Before You Get Started

- This is a recommended 4-6 week unit of work. Students will require access to the internet. Prior to starting the unit, check websites and associated campaigns are accessible on school networks.
- Teachers need to understand the concept of health promotion to facilitate the delivery of this learning activity.

The World Health Organization defines health promotion as

“...the process of enabling people to increase control over, and to improve, their health”.¹

Health promotion interventions include policy development; legislation and regulation; re-orienting health services; community development; creating healthy environments; and raising public awareness and engagement through health campaigns. This learning activity focuses on the impact of health campaigns on changing health behaviours through the use of mass media, social media and/or community events.

1 [World Health Organization](#). Retrieved 16/07/2024

Learning Activities

Exploring health campaigns 20 minutes

Students explore their understanding of health campaigns and determine what they need to know in order to develop a health campaign of their own.

1. Give each student a copy of the Student Activity Sheet: KWL – Health campaigns. Allow 5 minutes for each student to complete the 'What I know' about health campaigns section individually. Discuss student answers as a class.
2. Explain to the class what a health campaign is:

A health campaign aims to raise awareness and understanding of a health issue, and often aims to change people's health behaviours. This can be done in a number of ways including mass media, social media and community events.

3. Allow 2 minutes for each student to complete the 'What I want to know' section of the KWL chart. Discuss student answers as a class.

Note: Students will complete the 'What I have learnt' section at the end of this unit of work so should be encouraged to keep in a place easy to find later.

Campaign case studies 25 minutes

Access to a computer lab and internet will be required for this activity as students will investigate case studies of local and national health campaigns. They will then develop a health campaign of their own on one of five sexual health and/or relationships topics: Growing Bodies; Respectful Relationships; Staying Safe; Emotional Wellbeing and/or Diversity.

1. Students form a pair or group of three. Provide each pair/group with one of the case studies from the Student Activity Sheet: Health campaign case studies.
 - Ask the students to visit the campaign website and familiarise themselves with the campaign. They then complete the activity sheet by identifying the target group; the positives, negatives and issues of the campaign; and if the campaign worked.
 - All students who worked on the same campaign are then joined together in a larger group to discuss their results. Each group then nominates a spokesperson to present their findings to the class.
2. Explain to students that they will be developing their own health campaign on a sexual health and/or relationship topic of their choice. This can be done individually, in pairs, or in small groups.
 - Display the Teaching Resource: Health campaign topics PowerPoint slides. Discuss ideas for health campaigns that can be developed for each of the topic areas. Explain that students will need to decide on a topic area and then a subject for their health campaign.

- Distribute the Student Activity Sheet: Health campaign plan to each student or group. Explain each section of the activity sheet.
- Each student/group has 4-6 weeks to research and develop their health campaign.

3-2-1 Reflection

1. Students present their health campaign to the class or to others (e.g. peers, parents, school or other community members).
 - Seek feedback from the audience as to how effective they thought your campaign was using a Rating Scale: use Student Activity Sheet: Campaign evaluation (students may decide to design and use their own format to seek feedback).
2. Students complete the 'What I have learnt' section of their KWL chart to describe what they have learnt from this activity.

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 8: Authenticating online information](#)

Accessing and evaluating information on sexual health and relationships online.

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 icebreaker 10 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 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

Respect and consent quiz

15 minutes

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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 script 25 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) [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?

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

Consent: Communication and safety in sexual situations

Learning objective

Students explore legal, physical, social and emotional safety, and respectful relationships using a placemat strategy and the Laugh and learn video as a stimulus.

Explores the importance of communicating with a partner about readiness for sex, consent and

Take Home Messages

- Communicating with your partner about readiness for sex, consent, STI prevention and contraception before sexual activity is essential.
- Keeping yourself and your partner safe in sexual situations means thinking about all aspects of safety and wellbeing including physical, emotional, social and legal.
- It is important for partners to communicate about their expectations before sexual activity.

Curriculum Links

[WA Curriculum](#)

[ACPPS093](#): Skills and strategies to promote respectful relationships

[International technical guidance on sexuality education](#)

- Violence and staying safe
- Skills for health and wellbeing

Materials

- [Laugh and learn video - keeping safe](#) (2min 8sec) (external link)
- Student activity sheet: [Placemat activity sheet keeping safe with sexual activity](#) (1 per group of 4 students enlarged to A3 size)
- Teacher resource: Placemat [activity answer sheet](#) (1 for teacher)

- Optional: [Take home activity reliable RSE websites](#)

Before You Get Started

- It is beneficial to complete the following lessons prior to this lesson, or ensure students have the appropriate knowledge:
 - [Sexual consent and the law](#)
 - [Safer sex - condoms](#)
 - [Sexting: To send or not to send](#)
- [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.
- [Managing 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. Be aware of your own self-care and support networks

- [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](#).
- Preview [Laugh and learn - keeping safe](#) (2min 8sec)
- Background teacher notes/guides provide content knowledge for teachers prior to lesson delivery: [Respectful relationships](#); [Safer sex and contraception](#); [Sex and alcohol and other drugs](#); [Sex and the law](#); [Discrimination](#)
- Visit these external sites for further essential information on consent, safer sex and taking selfies:
 - [Sex and the Law | Get the Facts](#) (external link)
 - [Sex & Dating | Legal Support in Western Australia | Youth Law Australia](#) (external link)
 - [King Edward Memorial Hospital - Sexual Assault Resource Centre \(SARC\)](#) (external link)

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](#).

Laugh and learn video - safer sex 30 minutes

1. Say:

"In this video there are some words and phrases that need some thinking about and discussing before we get to see the video."

6. Divide the class into groups to discuss the following questions. Ask for responses from each group.

What do you think 'ramification' means? Use a dictionary if you don't know.

(Consequence, result, aftermath, outcome, effect.)

Thinking about the topic of 'staying safe in a sexual situation' - what do you think would be covered in a 'proper talk'?

(e.g., Communicating about individual wants; consent; STI and pregnancy prevention.)

What do you understand 'safe sex' measures to be?

(Using a condom to prevent STIs and/or pregnancy and using a contraceptive method to prevent pregnancy.)

7. Explain:

"The term 'safe sex' and 'safer sex' are often used interchangeably. In this video the term 'safe sex' is

used, however, the more accurate term is 'safer sex' as no sexual activity is 100% safe."

For a more detailed explanation see [Safer sex](#) (external link) and [What is safer sex?](#) (external link).

9. Watch [Laugh and learn - keeping safe](#) (2min 8sec)

10. Ask:

What do you think of the use of humour in this video?

Does it help get information across? How?

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

(e.g. it is important to talk about safer sex beforehand; both partners need to be ready; the age of consent in WA is 16; partners should be aware of what each other want; consent is vital)

11. Say:

"While humour is useful and we can laugh at some aspects, there is a serious side to keeping safe that we need to look at. We're going to look at some of the important considerations around, and possible 'ramifications' (consequences) of, sexual activity."

Ask:

There were a number of positive key words you may have seen or heard in the video. What were they? (Give clues by writing these words with some letters missing.)

- communicate/communication/talk
- consent
- comfort/comfortable
- conversation
- wants/expectations

So why is it important to talk about safe sex beforehand?

(e.g., ready; comfortable; can be difficult because it is out of comfort zone; both need to be aware of each other's expectations.)

Learning Activities

Placemat: Keeping safe with sexual activity 20 minutes

12. Say:

"There are several aspects to keeping safe in sexual situations that need to be considered.

There are different areas that need to be considered when people are thinking about keeping themselves and their partners safe in sexual situations. As we have discussed, safety and wellbeing related to sexual activity is about more than just STI and pregnancy prevention. It is important to think about the issues and impacts related to all areas:

- physical (including sexual health)
- emotional

- social
- respectful relationship with partner
- the law

Many of the issues and consequences considered in each area overlap and link with other areas.

13. As a whole group, revise the legal aspects of consent in WA (legal age of consent in WA is 16; consent must be mutual, freely given, informed, certain, coherent, clear and ongoing; consent can be withdrawn at any time).

Teaching tip: For essential information about consent, safer sex and taking selfies go to the [Youth Law Australia](#) website (external site) and [Get the Facts - Sex and the law](#) (external site).

14. Teaching strategy: [Placemat activity](#) In groups of 4 students complete [Student activity sheet: Keeping safe with sexual activity](#). Have each group discuss and record possible issues and ramifications associated with different aspects of keeping safe in sexual situations:

1. physical (including sexual health)
2. emotional
3. social
4. respectful relationship with partner
5. the law

15. Have groups share ideas with the whole class. See [Teacher resource: Placemat activity answer sheet](#) for possible answers.
16. Remind students that the Sexual Assault Resource Centre (SARC) is a free service available for people who have experienced sexual assault. Display the [SARC website](#) and crisis line phone numbers (08) 6458 1828 or free call 1800 199 888. Posters can be put up in class and other places around the school.

3-2-1 Reflection

17. Ask students to write one new thing they have learnt from this lesson.
18. Ask for volunteers to share what they wrote.
19. Remind students that Get the Facts has a completely confidential '[ask a question](#)' service that they may wish to use. All questions are answered by a qualified health professional with a week.

3-2-1 Reflection

Optional: Take home activity

Provide students with the [Take home activity: Reliable RSE websites](#) (electronic copy if possible). Remind them that it is best to use credible Western Australian and Australian websites to answer health questions rather than doing an internet search.

Health Promoting Schools

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

Partnerships with parents

- [Talk soon. Talk often: a guide for parents talking to their kids about sex](#) is a free resource that can be bulk ordered by schools. Send a copy home to parents prior to starting your RSE program. The booklet offers age and stage appropriate information so that parents can reinforce the topics covered in class. ([How to order hardcopies](#).)
- 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 [SECCA app](#) links to your website/e-news for parents.

Partnerships with school staff

- Invite the school health professionals and pastoral care staff (school nurse, school psychologist, chaplain, boarding house master, etc) 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. For example:
 - If you have concerns about relationships, you can go to...
 - If you have more questions about sexual health, you can go to...