



# The 7th National Survey of Australian Secondary Students and Sexual Health 2021: Western Australia report

2022



Suggested citation: Kauer, S., Power, J., Fisher, C., & Bourne, A. (2022). *The 7th National Survey of Australian Secondary Students and Sexual Health 2021, Western Australia report* (ARCSHS Monograph Series No. 135). Australian Research Centre in Sex, Health and Society, La Trobe University.

DOI: <http://doi.org/10.26181/21600123>

ISBN: 978-0-6456222-2-5  
ARCSHS Monograph Series No. 135  
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The Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University specialises in social research into sexuality, health and the social dimensions of human relationships. It works collaboratively and in partnership with communities, community-based organisations, government and professionals in relevant fields to produce research that advances knowledge and promotes positive change in policy, practice and people's lives.

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# Acknowledgments

There were many who made *The 7th National Survey of Australian Secondary Students and Sexual Health 2021: Western Australia report* possible. We express our strongest appreciation to the young people of Western Australia who gave their time in completing the survey and shared their experiences and stories with us.

Our advisory panel, representing the health and education sectors across Australia, provided invaluable strategic advice and support throughout the development of the survey. It consisted of Philippe Adam (Centre for Social Research in Health, UNSW Sydney), Heidi Drummond (School Education and Support Team, SHINE SA), Gabrielle Nolan (Children's Health Queensland), Nicky Sloss (Association of Independent Schools of NSW), Heather O'Donnell (Victorian Department of Health), Kai Schweizer (Youth Educating Peers Project, WA), Sarah Thistle (Family Planning Victoria), and Renee West (NSW Department of Education).

The revised survey was created with the help of 201 key stakeholders across multiple sectors. These stakeholders completed the stakeholder survey and provided vital and insightful input into important domains to include in the survey. Thank you to the 89 participants from the 2018 survey who provided their contact details and agreed to critique the 2021 survey to assess the feasibility of crucial components.

We wish to thank artists Tjimari Sanderson-Milera, from the Kokatha, Narrunga and Kurna communities, and Vera Babida. The recruitment of our many participants is largely due to their eye-catching artwork and design.

We are grateful for assistance from our colleagues at ARCSHS, in particular Professor Suzanne Fraser.

The Australian Government Department of Health funded the National Survey of Australian Secondary Students and Sexual Health. This report was funded by the Western Australian Department of Health. Thank you to Ross McKenzie and Sharelle Tulloh.

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# Executive summary

The National Survey of Australian Secondary Students and Sexual Health (SSASH) is a periodic survey of sexual health among school-aged young people that has been running since 1992. This report presents findings from young people living in Western Australia who participated in the seventh iteration of the SSASH survey, conducted in 2021.

Young people are a priority population in the Western Australian Sexually Transmissible Infections (STI) Strategy 2019–2023 (Government of Western Australia Department of Health, 2019). In Western Australia the average rate of common STIs, particularly chlamydia, is higher among young people than those of other ages. The strategy articulates the importance of addressing barriers to STI prevention, testing and treatment among young people including: improving awareness of the potentially serious health consequences of STIs, supporting use of condoms, and addressing stigma related to STI screening. STI prevention initiatives sit within a broader approach to sexual health promotion and education for young people that is focussed on supporting young people to engage in safe and respectful relationships.

This report presents findings on young people's sexuality, sexual and relationship experiences, condom use, STI testing, and experiences of relationships and sexuality education (RSE). This will help inform progress against these priorities.

## Sample characteristics

In 2021, **693 young people living in Western Australia and aged 14 to 18 years** participated in the SSASH survey. The average age of participants was 16.2 years (range 14–18 years). Of these young people:

- 65.8% identified as female/woman, 26.7% as male/man (inclusive of cisgender and transgender young people) and 7.5% as trans or non-binary

- 42.5% identified as lesbian, gay, bisexual, unsure or used another term (other than heterosexual/straight) to identify their sexuality
- 3.3% identified as Aboriginal or Torres Strait Islander
- 19.0% of young people were born, or had a parent born, in a non-Western country, or spoke a language other than English at home (defining them as culturally and linguistically diverse for this report)
- 74.3% were from Perth and 25.7% from regional and rural WA

While this is a survey of school-aged young people, we did receive some responses from early school leavers. Of the young people surveyed:

- 85.0% attended high school
- 13.9% had recently left school
- 1.0% were homeschooled

## Sex and relationships

There were 72.9% of young people who had ever been in a romantic or sexual relationship, with 58.1% reporting they were currently in a relationship. The majority of young people who had been in a relationship (82.1%) reported that their current or most recent relationship was 'exclusive' (i.e. monogamous).

More than half (63.9%) the young people surveyed reported that they had sexual experience or were currently sexually active (defined as having experienced oral, vaginal or anal sex):

- 61.5% reported having had oral sex
- 55.5% vaginal sex
- 13.2% anal sex

Young women were more likely than young men or trans and non-binary young people to report that they had experienced sex.

The average age of at which young people first experienced sex was approximately 15 years, but this differed for different sexual practices. The average age was:

- 13.6 years for viewing pornography
- 14.5 years for deep kissing
- 15.1 years for oral sex
- 15.2 years for vaginal sex
- 15.8 years for anal sex

## Most recent sexual experience

To gain a more detailed sense of young people's experiences and feelings about sex, we asked them about their most recent sexual experience/encounter. Young people's most recent sexual experience was:

- Most likely to be with an opposite-sex partner: 95.7% of young women and 85.2% of young men reported having sex with someone of the opposite sex
- Most likely to be with someone around their own age: 93.7% of young people aged 16 or under had sex with someone 17 or under
- Most likely to be with a regular partner: 56.6% of young people had sex with someone they were in a relationship with

The majority of young people (62.1%) reported that their most recent sexual experience was pleasurable. People aged 17 or 18 were more likely to report that it was pleasurable than those in younger age groups.

Many young people experienced positive feelings about their last sexual experience including feeling excited (58.2%), satisfied (49.5%), happy (59.8%) and fantastic (42.0%). Negative emotions associated with their most recent sexual encounter were less common, with 11.1% indicating they felt stressed, 9.3% regret, 11.8% guilty and 7.7% sorry.

Of the 36.1% who were not yet sexually active, 48.8% thought it was unlikely that they would have sex in the next year. The most common reasons young people shared for not having sex yet included lack of opportunity (75.1%), being proud to say no and mean it (73.0%), and not yet being in a relationship long enough to have sex (68.0%).

### Condom use and attitudes

Generally, young people held positive attitudes toward condoms, with 75.2% reporting that they thought sex would be less stressful if a condom was used than if not, and 81.7% reporting that using condoms showed caring for a partner. In addition:

- 94.8% thought young people should use condoms with new partners
- 76.8% indicated they would use condoms the next time they had sex

The majority of sexually active young people (73.4%) reported that they had a condom available at their most recent sexual experience, and few young people experienced barriers to using condoms:

- 11.5% believed that talking about using condoms with a partner was difficult
- 8.7% did not know where to get condoms
- 20.6% thought they were expensive

Despite positive attitudes to condom use, only 34.3% of young people reported *always* using condoms and less than half (43.8%) reported using a condom at most recent sex.

Condom use at first sexual experience was higher, with 77.3% indicating they used a condom the first time they had vaginal sex and 64.4% the first time they had anal sex.

Of those who did not use a condom at their most recent sexual encounter, the reasons included: using a different form of contraception (52.3%), not feeling at risk of pregnancy (34.7%) or STIs (30.6%), trusting their partner (34.3%), or knowing their partner's sexual history (35.6%).

### Sexually transmissible infections and unplanned pregnancies

Young people were generally positive about STI testing, with 70.9% agreeing that STI testing is important for young people. However, only 16.0% felt that STI testing was common among their friends and 8.7% agreed that their friends believed they should get tested.

Young people perceived some barriers to STI testing, with 43.5% knowing where they could go to get tested, 33.3% agreeing that it was easy to get tested, and 35.8% agreeing that talking to partners about STI testing was difficult. Despite these challenges, young people did not perceive cost to be a barrier to STI testing, with only 8.9% agreeing that STI testing was expensive.

Fifteen per cent of participants had ever had an STI test or sexual health check-up. Of those who had been tested, 76.2% accessed this at a GP. There were 2.6% who had ever been diagnosed with an STI including hepatitis or HIV.

Twenty-one pregnancies (3.0% of the sample) were reported, one of which was planned.

### Digital sexual practices

Digital sexual practices refer to the use of digital technologies (generally internet-enabled smartphones, computers or other devices) as part of sexual connection or experiences. Among young people surveyed, sharing sexual images ('sexting') was common:

- 78.7% reported receiving sexual messages or images
- 58.6% reported sending sexual messages or images

Young women reported more frequently sending or receiving sexual images or messages than young men.

Young people mostly sent images to romantic partners (74.9%), although 19.2% had sent images to someone only known online and 5.5% to a stranger.

Young people reported that when they sent sexual or nude images, they most often did not include identifying information (67.8%), although 30.1% reported that they had sent images in which their face was visible. For 14.1% of young people, sexual images of themselves had been shared without their consent.

Just over half the young people (55.1%) reported that they use social media for sexual reasons. This was mostly to communicate with romantic partners (56.3%) or someone they were dating (30.3%), although 20.5% reported using social media for sexual reasons with someone only known to them online and 13.0% with strangers.

Viewing pornography was common among young people, and 83.4% reported that they had viewed pornography. It was common for young people to report that they viewed pornography either weekly (22.9%), monthly (16.2%) or less than monthly (34.1%) although 16.9% reported viewing pornography daily or almost daily.



Young men were more likely to have viewed pornography online (94.9%) than people of other genders and LGBTQ+ young people (87.8%) were more likely to have viewed pornography than heterosexual young people.

### Talking about sex

The majority of young people reported that, with their most recent sexual experience, they talked to their partner about having sex (77.8%), what they would like to do regarding sex (63.5%) and about sexual pleasure (59.6%).

When it came to talking about sexual matters with friends and family, young people were most confident talking with female friends:

- Over 65% felt confident talking to female friends about sexual matters
- 45.5% trusted their female friends to provide accurate information
- 70.2% had spoken to female friends about sexual matters

Young people were more likely to speak to their mothers about sexual matters than to their fathers, although fewer than half trusted their parents when it came to discussions on sexual matters:

- 47.8% had spoken to their mothers about sexual matters
- 42.0% trusted their mothers to provide accurate information
- 22.3% trusted their father to provide accurate information

### Learning about sex and sexual health: Sources of knowledge and information

Young people mostly sought information about sex or sexual health from schools (75.9%) and friends (75.8%), followed by seeking information from websites (58.0%). Just 1.1% of young people reported that they *never* sought information about sexual matters.

Young people reported that GPs were their most trusted source of accurate sexual health information, with 76.9% reporting that they trusted their GPs to provide accurate information and 36.1% reporting they had spoken to a GP about sexual health.

### Describing sexual consent

Using open-ended text responses, young people were asked to define how they would know if someone consented to have sex with them. There were 589 young people who wrote short responses. The majority of these indicated that they understood consent in affirmative terms. That is, consent was described as an indication of 'yes'. However, most young people did not expect consent to be given verbally, but instead wrote that consent was implied in actions such as touching, kissing, flirting, removing clothing and so forth. Most young people understood consent to be an ongoing process rather than a single indication or check-in.

### Experiences of unwanted sex

Almost half of the participants indicated that they had experienced unwanted sex during their life (45.3% of those who had experienced sex). The average age at which young people first experienced unwanted sex was 15.

Trans and non-binary young people (71.4%) and young women (50.3%) were more likely than young men (32.9%) to report that they had experienced unwanted sex. LGBTQ+ young people (57.0%) were more likely than heterosexual young people (43.6%) to report that they had experienced unwanted sex.

For most young people who had experienced unwanted sex, this occurred for the first time in the context of an intimate relationship (66.7%). Male partners (86.2%) were most commonly the perpetrators of young people's most recent unwanted sexual experience.

When asked about their most recent experience of unwanted sex: 60.4% reported that they had experienced verbal pressure, 38.1% were worried about the

negative consequences of not having sex, 32.5% were physically forced, and 31.0% reported that they were too drunk or high at the time to consent to sex.

### Experiences of relationships and sexuality education in schools

Over 95% of young people reported that they believe relationships and sexuality education (RSE) to be an important part of the school curriculum, and 93.5% report receiving RSE at school, most commonly in Years 8 and 9. However, only 24.7% reported that their most recent RSE class was very or extremely relevant to them.

Most commonly, young people reported that their RSE classes included discussion of puberty (77.0%), correct names for sexual body parts (71.6%), female reproduction (67.3%) and male reproduction (64.8%). The least discussed topics were having sex with someone with a disability (4.7%), and anal sex (5.9%).

Young people were asked if there was anything else that they'd like to say about RSE. There were 130 students who wrote short responses to this question. The most consistent and clear theme in young people's responses related to a perceived absence of discussion about sexual practices or experiences within RSE. Young people wanted to learn more about what sex involves and how to negotiate sex with a partner. They also wanted opportunities for more open and frank discussions about sex and relationships. Young people also commented that the RSE they received was not comprehensive and lacked detail on topics they wanted to learn more about including pornography, masturbation, consent, and emotional safety in sexual relationships.

Young people described the best teachers for RSE as approachable and respectful (92.9%), knowledgeable (92.5%), having a sense of humour (88.8%), calm and unflappable (85.9%), willing to ask students what they want to learn (82.1%), and relating well to students (81.5%).

### COVID-19

Given data for this survey were collected during the COVID-19 pandemic (in 2021), we included questions about young people's experiences with COVID-19.

Only two young people reported that they, or someone they lived with, had tested positive for COVID-19. However, the impact of school closures, lockdowns and restrictions had an impact on young people:

- 45.4% reported less social interaction than normal
- 39.1% reported negative changes to their daily life
- 34.2% reported negative changes to their social life
- 27.8% reported negative changes to their romantic life

Almost half (47.8%) reported that they did not attend RSE classes at school during 2020 and 2021 and 2.3% reported that RSE was scheduled but was cancelled due to school closures during the COVID-19 lockdowns.

Young people in Year 12 during the COVID-19 lockdowns were less likely to have received RSE than those in Years 9 to 11.

# 1. Background and introduction

The National Survey of Australian Secondary Students and Sexual Health (SSASH) is a periodic survey of sexual health among school-aged young people that has been running since 1992. This report presents findings from young people living in Western Australia who participated in the seventh iteration of the SSASH survey, conducted in 2021.

Young people are a priority population in the Western Australian Sexually Transmissible Infection (STI) Strategy 2019–2023 (Government of Western Australia Department of Health, 2019) as the average rate of common STIs, particularly chlamydia and gonorrhoea, is higher among people aged 15 to 24 than those in other age groups. There are also concerns about increasing rates of syphilis among young people, particularly in rural and remote areas. The STI Strategy emphasises the importance of addressing barriers to STI prevention, testing and treatment among young people. This includes ensuring young people understand the symptomology and potential long-term health consequences of STIs, that condoms are accessible and acceptable for young people, and that young people are able to access high-quality sexual health care services. The need to address stigma associated with STIs, which can be a barrier to young people accessing STI screening and treatment, is also noted in the strategy.

Addressing STI prevention, however, is only one part of a comprehensive approach to sexual health promotion and education for young people in Western Australia. In recent years, sexual health educators and advocates have pointed to the urgent need for Australia to respond more effectively to issues of gender-based sexual violence, respectful relationships, and sexual consent. This is reflected in recent policy changes that make it compulsory for schools to address issues of consent with young people (Woodley et al., 2022). Relationships and sexuality education (RSE) in schools is increasingly based on a holistic approach to sexual health

which incorporates the social, cultural and emotional dynamics of sex and relationships with practical aspects of STI prevention and testing. This includes attention to young people's use of digital technologies in their sex lives, which requires young people to have knowledge and skills to safely navigate, and critically engage with, online environments. Across each of these issues are concerns for equity. It is important to ensure that the needs of Aboriginal and Torres Strait Islander young people, young people from diverse cultural and religious backgrounds, and gender and sexually diverse young people are recognised and supported in sexual health policy, clinical practice, education and prevention.

## Young people and sexual health

The World Health Organisation (WHO), and other international health bodies (Edwards & Coleman, 2004; Engel et al., 2019), define sexual health in comprehensive terms as being more than the absence of disease. According to WHO (2006):

*Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.*

This holistic definition, underpinned by a human rights-based approach to sexual health, has been at the basis of international efforts to improve sexual health outcomes for young people internationally since the 1994 International Conference on Population and Development (ICPD).

The ICPD Programme of Action emphasised young people's right to make informed choices about their sexual and reproductive health via access to comprehensive relationships and sexuality education (RSE), quality sexual health information accessible to young people outside of school, and clinical care supported by legislation and action to protect them from sexual and gender-based violence, harmful practices and discrimination (Jejeebhoy et al., 2013).

Core to this rights-based approach to sexual health is respect for young people's sexual agency. The assumption that young people have a basic right to pursue safe and respectful sexual relationships, and explore their sexuality, underpins support for high-quality, non-judgemental sexual health care and RSE (Plesons et al., 2019; Wellings & Johnson, 2013). Equity and justice are inherent in the principles of sexual rights. Ensuring the sexual health of all people requires attention be given to those who have more limited access to healthcare and education, or who are subject to greater levels of stigma and discrimination (Botfield et al., 2016).

In this report, we draw from this holistic, rights-based definition of sexual health to enhance understanding of the sexual health and RSE needs of young people in Western Australia.



## Terminology used in this report

### CaLD

'CaLD' refers to culturally and linguistically diverse young people. For this report we use the term 'CaLD' to refer to young people who were born in non-Western countries (i.e. countries other than Australia, Canada, Ireland, New Zealand, the United States or the United Kingdom); young people with one or more parents born in countries other than Australia, Canada, Ireland, New Zealand, the United States or the United Kingdom; or young people who speak a language other than English at home.

### Female/women

The term 'female', 'woman', 'women', 'young woman' or 'young women' is used in the report to refer to young people who identified as female/woman. This includes transgender and cisgender young people.

### LGBQ+

'LGBQ+' refers to young people who identified their sexual orientation as lesbian, gay, bisexual or unsure, or used a different term to define their sexuality (other than heterosexual). We recognise gender and sexuality

as distinct and separate and have deliberately analysed them as such. In this report, we have used the term LGBQ+ in reference to sexual orientation. Gender is reported separately.

### LGBTQA+

'LGBTQA+' refers to lesbian, gay, bisexual, transgender, queer, asexual or other gender and sexual diversity.

### Male/man

The term 'male', 'man', 'men', 'young man' or 'young men' is used in the report to refer to young people who identified as male/man. This includes transgender and cisgender young people.

### RSE

Relationships and sexuality education in school settings.

### Sexting

Although not commonly used colloquially by young people, for brevity we have used the term 'sexting' to refer to sharing digital messages or images that are sexually explicit.

### Sexually active

For this report, we have defined 'sexually active' young people as those who have experienced oral, vaginal or anal sex, although we recognise that this may not be the way young people define sexual experiences or practices. In past iterations of the SSASH survey, young people were considered sexually active if they had experienced penetrative sex/intercourse (either vaginal or anal). This definition was based on normative perceptions of sex, as well as being an indicator of young people's potential exposure to HIV or STIs. It has been expanded in the current survey to include young people who have experienced oral sex.

### Trans and non-binary

In this report, we use the umbrella term 'trans and non-binary' to refer to people who identified their gender as transgender or 'non-binary' or used a different term to describe non-cisgender identity.

## 2. Methods

### Study design

The 7th National Survey of Australian Secondary Students and Sexual Health 2021 (SSASH 2021) is an anonymous survey of 14- to 18-year-olds in Australia. The survey forms part of a series of repeated cross-sectional surveys of the same cohort, which have been conducted periodically since 1992. For the 2021 survey, data were collected between June and November in 2021 via an online instrument that took an average of 33 minutes to complete.

The 2021 survey instrument was extensively updated from previous iterations, based on guidance from key personnel in educational and health government departments in each Australian state and territory and based on results of a pilot study conducted with participants of the 2018 survey.

Study protocols were approved by the La Trobe University Human Ethics Committee (HEC20401). Participants were required to actively consent by ticking 'I Agree' at the beginning of the survey after having an opportunity to read the participant information statement. Parental consent was not required as the study was assessed as low risk, due to the anonymous nature of the study, and obtaining parental consent online would be impractical. Participants were provided with contact information for Kids Helpline, Lifeline and statewide sexual health services. No complaints or adverse events were reported to the research team or the La Trobe Human Ethics Committee.

### Sample

Young people aged 14 to 18 years and living in Australia were eligible to complete the survey. Age was self-reported. Minimum quota sampling was used based on total population proportions of young people by state, school type (government, Catholic or independent), gender (male or female) and year level (Years 10 to 12). This was estimated using the 2019 Australian census data (Australian Bureau of Statistics [ABS], 2019) for Years 8 to 10, to provide the best estimates of the population of Years 10 to 12 in 2021.

Minimum quotas were calculated based on the minimum number of participants needed to detect group differences for a medium effect size.

### Promotion and recruitment

The survey was promoted via social media advertising targeting young people living in Australia. Facebook, Instagram and TikTok advertisements were used, featuring photos and short videos about the survey. Almost half the participants were recruited from Instagram (47.0%,  $n = 2,740$ ), while (39.0%,  $n = 2,272$ ) were from Facebook and 7.0% ( $n = 409$ ) from TikTok. Quota targets were monitored frequently and advertising revised to target different strata as needed.

Young people who clicked on the advertisement were taken to the survey home page where they could read the participant information statement and consent to participate. Participants were then directed to a REDCap (Research Electronic Data Capture) survey tool to complete the survey. Once completed, participants were directed to a thank you page and invited to enter the prize draw to win one of 40 gift cards of \$50 value by providing their email address or their phone number. The information entered for the prize draw was not linked to their survey results.

### Measures

**Sociodemographic characteristics** were measured using items generally sourced from the ABS (unless otherwise stated) and include: gender, age, information about school, religion (ABS, 2016; Singleton et al., 2019), sexuality (adapted from Weinrich et al., 2014), language and cultural background, the Accessibility/Remoteness Index of Australia (ARIA+; Glover & Tennant, 2003), and disability.

Six items (Cassidy-Bushrow et al., 2021; Lee et al., 2022) asked about **COVID-19** testing and young people's social interaction; daily, social and romantic life; and RSE during lockdowns that occurred over 2020 and 2021.

Young people were asked about **current and past relationships** (adapted from Fisher, Mikołajczak, et al., 2019;

Indiana University School of Public Health, 2022), and sexual experiences, including the age they first experienced sexual behaviours (spanning from deep kissing to vaginal and anal sex; Fisher, Mikołajczak, et al., 2019).

Sexually active young people were asked about their **sexual experiences** including: number of sexual partners, pregnancy, contraception use and protection against STIs (Richters et al., 2014), and if they planned the first time they had sex (Cleland et al., 2001).

Questions about **most recent sexual encounter/experience** included asking about: the age and gender of the young person's sexual partner, the young person's relationship to their most recent sexual partner (Mercer et al., 2013); the willingness of the young person and their partner to have sex, whether the experience of pleasurable, and whether the experience was wanted (adapted from Fisher, Mikołajczak, et al., 2019; Indiana University School of Public Health, 2022); feelings about sex; what sexual practices were performed (kissing, touching, or oral, vaginal and/or anal sex); discussions with their partner about sex, condoms and STIs; what contraception and precautions against STIs were used; condom availability and use; and reasons for not using a condom (Indiana University School of Public Health, 2022).

Sexually active young people were also asked about **unwanted sex** and asked, 'Have you ever had sex when you didn't want to?' (Fisher, Mikołajczak, et al., 2019). Follow-up questions included asking about: the frequency of unwanted sexual experiences; whether they had sought help about their experience; the age of their first unwanted sexual experience; the age, gender and relationship of the perpetrator of their last unwanted sexual experience; and the context in which the unwanted sexual experience occurred (adapted from Humphreys & Kennett, 2011). Young people were also asked if they had ever been frightened of a sexual or romantic partner.

Understandings of **sexual consent** were explored using an open-ended question asking young people to describe how

they would know if someone wanted to have sex with them (words, phrases or behaviour that might be used).

Young people who were **not sexually active** were asked about: their reasons for not having sex (Fisher, Mikołajczak, et al., 2019); if they felt pressure to have or not to have sex (Fisher, Mikołajczak, et al., 2019); likelihood of having sex in the next year (Fisher, Mikołajczak, et al., 2019); and what protection against STIs or contraception they would be likely to use if they had sex.

There were 29 questions assessing **STI knowledge**; of these, 13 were from previous SSASH surveys (Fisher, Mikołajczak, et al., 2019) for comparison purposes, a further 15 modified from the Sexually Transmitted Disease Knowledge Questionnaire (Jaworski & Carey, 2007), and one question about Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) adapted from Janulis et al. (2018).

**Awareness of STIs** was measured with the question 'Which of the following STIs have you heard about: HIV, chlamydia, gonorrhoea, herpes, genital warts, syphilis, HPV, or hepatitis?' (adapted from Adam et al., 2019).

**STI and sexual health screening and diagnoses** were measured with questions about: STI symptoms (Adam et al., 2019), sexual health check-up/tests (Adam et al., 2019), STI diagnoses (Fisher, Mikołajczak, et al., 2019), and perceived stigma in relation to having an STI (Adam et al., 2019).

**Attitudes and perceptions about STI testing and condom use** were measured using adapted items from the Debrief Survey (Adam et al., 2019).

Questions about **experiences of RSE** included asking about: attendance, perceived relevance, who taught RSE, and the subject in which it was taught (Fisher, Mikołajczak, et al., 2019); topics covered (adapted from Johnson et al., 2016); attributes of the 'best' RSE teachers (Johnson et al., 2016); perceived importance of RSE in the school curriculum (Benzaken et al., 2011); and, an open-ended question allowing participants to write about

anything else they wanted to say about RSE (Fisher, Mikołajczak, et al., 2019).

Questions about **sexual health information seeking** included asking about: confidence seeking information; trustworthiness of different people or sources of information; use of different informational sources; topics discussed with different people; and barriers to help-seeking (adapted from Benzaken et al., 2011).

Several questions about **sharing sexual images and messages** were asked including about: frequency, who was involved, and feelings about sharing images (Patrick et al., 2015); whether images were asked for or wanted (Holloway, 2019); nudity and identifying information shared (Holloway, 2019); and whether photos of them had been shared without their permission (Holloway, 2019). Nine questions asked about attitudes towards sexting (e.g. 'sending sexual photos is risky', 'there is no harm in sexting'; Holloway, 2019).

**Pornography viewing** was assessed by asking participants the age at which they first viewed pornography (ranging from 'never' to 18 years). Follow-up questions then assessed frequency of viewing pornography in the past year, and with whom pornography was usually viewed (Braun-Courville & Rojas, 2009; Lim et al., 2017). Young people were also asked their reasons for viewing pornography and could select from a list or type in their answer.

For all questions, a 'prefer not to answer' option was provided so young people did not have to answer questions that they did not want to answer. These responses were considered missing data for the purpose of data analysis.

## Analysis

R and RStudio were used for statistical analysis. Descriptive statistics are provided for items in this report, with graphs and tables to present data. Chi-square analyses have been used where appropriate to compare groups on salient topics. For brevity, frequencies, percentages and *p* values are presented. Qualitative responses were coded by

a trained researcher using inductive thematic analysis (Braun & Clarke, 2006) to develop the themes presented. Quotations were edited for clarity and all identifying information removed.

Data cleaning involved a rigorous process of excluding participants based on criteria derived at the start of the study. In total, there were 1,730 young people from Western Australia who clicked on the advertisement and consented to participate. Two did not complete the inclusion criteria, eleven were excluded based on the inclusion criteria, and a further 978 dropped out of the survey before completing the sexual practices section. Participants were excluded if they: completed the survey in less than 8 minutes (*n* = 20); had missing data on age, year level or gender (*n* = 12); answered less than 10% of the knowledge questions (*n* = 4); or were obvious 'mischievous respondents' (*n* = 10).

The final Western Australian sample included the 693 participants who completed the questions about general sexual knowledge; however, some participants dropped out after this point in the survey and therefore there is missing data in the second half of the survey. Of the 595 participants who completed the entire survey, 376 (88.9%) reported being not at all or slightly embarrassed by the survey, while 3.7% (*n* = 16) were quite or very embarrassed. Participants reported being on average 95.8% honest (*SD* = 7.2%) in their survey responses.

## Limitations

Despite rigorous sampling and recruitment strategies, we consider the data for reports to be a convenience sample that provides a very good snapshot of the population. Facebook advertisements likely did not reach the entire population of 14- to 18-year-olds, including those who do not use social media. In addition, we are unable to adequately control for selection bias, thus this is not a representative sample.

### 3. Demographic characteristics

A total of 693 young people aged 14 to 18 years and living in Western Australia completed the survey. The mean age of participants was 16.2 years (*SD* = 1.15) with a range of 14 to 18 years. There were 456 young people (65.8%) who identified as female, 185 (26.7%) who identified as male and a further 52 (7.5%) who identified as trans and non-binary or preferred a different term to describe their gender (see Figure 1).

Of the trans and non-binary young people, 49 (96.1%) were assigned female on their birth certificates. Of the 14 young people who preferred a different term, 6 (42.9%) described their gender as genderfluid, four (28.6%) as 'trans masc' or 'trans male', two as non-binary female, one as queer and one as non-binary male.

#### Sexual identity

More than half the participants (*n* = 397, 57.5%) identified as heterosexual, while 24.9% (*n* = 172) identified as bisexual, 5.6% (*n* = 39) as gay or lesbian, and 5.2% (*n* = 36) said they were unsure of their sexuality (Table 1). There were 47 participants (6.8%) who used another term to describe their sexuality. These included pansexual, queer, omnisexual and asexual young people. Young women were more likely to identify as LGBTQ+ than young men, while trans and non-binary young people were most likely to identify as bisexual or use other terms.

The percentage of young people identifying as bisexual, gay or lesbian in this survey is high relative to Australian population-based surveys. The Longitudinal Study of Australian Children (LSAC; Warren & Swami, 2018) has asked participants about gender and

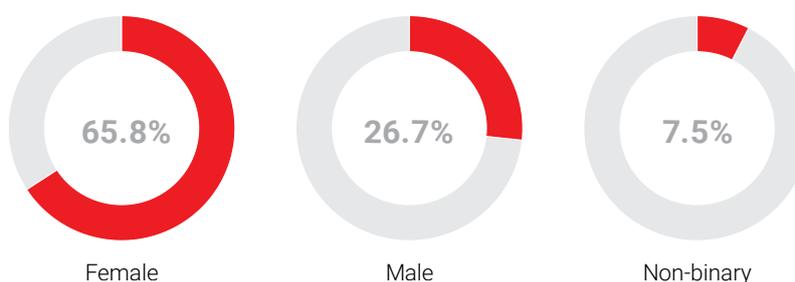
**Table 1.** Young people's sexual orientation, by gender

Sexual orientation	Female n = 454 n (%)	Male n = 185 n (%)	Trans and non-binary n = 52 n (%)	Total N = 691 n (%)
Bisexual	123 (27.1%)	29 (15.7%)	20 (38.5%)	172 (24.9%)
Gay or lesbian	11 (2.4%)	16 (8.6%)	12 (23.1%)	39 (5.6%)
Heterosexual or straight	265 (58.4%)	132 (71.4%)	0 (0.0%)	397 (57.5%)
I use a different term	24 (5.3%)	4 (2.2%)	19 (36.5%)	47 (6.8%)
Not sure	31 (6.8%)	4 (2.2%)	1 (1.9%)	36 (5.2%)

sexual attraction since the 2014 wave, when participants were aged 14 to 15. In 2014, 93% of young men and 85% of young women reported being attracted only to people of the opposite sex. Less than 1.0% of young people indicated they were only attracted to people of the same sex, while 2.0% of young women and 4.0% of young men indicated they were attracted to the same and other genders. In the 2018 LSAC wave, when participants were aged 16 to 17 years, approximately 4% reported that they had dated someone of the same sex at some point in their life (Warren & Swami, 2018). In the United States, surveys are reporting an increasing number of young

people identifying as bisexual, with a 2020 Gallup poll indicating that among young people born between 1997 and 2002 (generation Z), 11.5% identified as bisexual (Jones, 2021). While the 24.9% identifying as bisexual in this sample is likely an over-representation, it is worth noting that it may also reflect an increasing number of young people identifying their sexuality in terms other than heterosexual and identifying their gender in non-binary terms. A person identifying as trans or non-binary is more likely to identify their sexuality in non-monosexual terms. That is, they may identify as bisexual or pansexual or use other terms that reflect that their

**Figure 1.** Gender of the sample



trans or non-binary gender identity means their relationships would not be easily defined as either heterosexual or homosexual. In this survey, 75.0% (n = 39) of trans or non-binary young people identified as bisexual.

### Ethnicity, language and country of birth

The majority of participants were born in Australia (n = 591, 87.4%) and spoke English at home (n = 663, 96.2%), and 22 (3.3%) identified as Aboriginal or Torres Strait Islander.

Just over one-tenth (12.6%, n = 85) were born in a country other than Australia, and 3.8% (n = 26) spoke a language other than English at home. Young people born overseas included 36 (5.3%) born in Europe, 15 (2.2%) in Asia, 15 (2.2%) in Oceania or New Zealand (excluding Australia), 14 (2.1%) in Africa and 2 (0.3%) in the United States or Canada. Table 2 lists the frequency of participants who were not born in Australia as well as parents born outside of Australia, and the frequency of young people who speak a language other than English at home.

### Religion and religiosity

Most participants (n = 505, 75.9%) in this study were not religious. The most common religion was Catholic (n = 71, 10.7%), followed by Christian religions other than Catholic or Anglican (n = 52, 7.8%). Of the 160 young people (24.1%) who were religious, 52 (32.7%) said that religious faith was 'not at all' important in shaping how they live their daily life, 67 (42.1%) reported that religious faith was 'somewhat important', 32 (20.1%) reported that religious faith was 'very' or 'extremely' important and 8 (5.0%) were unsure. Many religious young people (n = 52, 32.7%) had never attended a religious service other than a funeral, wedding or school service, and 40 (25.2%) had attended services about once or twice a year. There were 16 (10.1%) who attended religious services one to three times a month and 19 (11.9%) who attended services once a week or more (see Table 3).

**Table 2.** Young people born overseas, or with parents born overseas, or who speak a language other than English at home

Variable	n (%)
Young people born outside of Australia	85 (12.6%)
Father born outside of Australia	209 (31.5%)
Mother born outside of Australia	190 (28.7%)
Language other than English spoken at home	26 (3.8%)

**Table 3.** Religious characteristics of the participants

Religious characteristics	n (%)
<b>Religion (n = 665)</b>	
No religion	505 (75.9%)
Catholic	71 (10.7%)
Other Christian religion	52 (7.8%)
Islam	4 (0.6%)
Buddhism	11 (1.7%)
Hinduism	1 (0.2%)
Sikhism	0 (0.0%)
Judaism	1 (0.2%)
Other religion not listed above	20 (3.0%)
<b>Importance of religious faith (n = 159)</b>	
Extremely	12 (7.5%)
Very	20 (12.6%)
Somewhat	67 (42.1%)
Not at all	52 (32.7%)
Not sure	8 (5.0%)
<b>Frequency of religious service attendance (n = 159)</b>	
Never	52 (32.7%)
Once or twice a year	40 (25.2%)
A few times a year	25 (15.7%)
About once a month	6 (3.8%)
2-3 times a month	10 (6.3%)
Once a week or more	19 (11.9%)
Not sure	7 (4.4%)

## Place of living

Of the 541 young people who entered their postcode and type of area in which they live, 402 young people (74.3%) lived in Western Australia's capital city, Perth, while 113 (20.9%) lived in regional areas, and 26 (4.8%) in remote locations (Table 4).

## Disability

Almost one-third of participants (n = 217, 31.6%) reported having a disability or long-term physical or mental health condition. There were 170 young people (27.1%) who reported having a mental health problem, 122 (19.5%) reported neurodiversity or autism, and 54 (8.6%) reported a sensory problem.

## Schooling

There were 578 participants in this survey (85.0%) who were currently enrolled in an Australian secondary school and a further 6 (1.0%) who were homeschooled. Over half the participants enrolled in school attended government schools (n = 320, 54.6%), 124 (21.2%) attended Catholic schools, and 136 (23.2%) attended independent schools. The majority of young people (n = 514, 88.8%) attended mixed-gender schools. Table 5 lists the school characteristics of the sample. Also included were 96 (13.9%) young people who had already left school. The mean age of recent school leavers was 17.4 years (SD = 0.76).

**Table 4.** Remoteness, by gender

Place of living	Female n = 349 n (%)	Male n = 152 n (%)	Trans and non-binary n = 40 n (%)	Total N = 541 n (%)
Major city	255 (73.1%)	121 (79.6%)	26 (65.0%)	402 (74.3%)
Inner regional location	47 (13.5%)	16 (10.5%)	4 (10.0%)	67 (12.4%)
Outer regional location	26 (7.4%)	11 (7.2%)	9 (22.5%)	46 (8.5%)
Remote location	15 (4.3%)	2 (1.3%)	0 (0.0%)	17 (3.1%)
Very remote location	6 (1.7%)	2 (1.3%)	1 (2.5%)	9 (1.7%)

**Table 5.** School characteristics

	Female n (%)	Male n (%)	Trans and non- binary n (%)	Total n (%)
<b>Year level and mean age (n = 691)</b>				
Year 9 (age: M =14.3 years, SD = 0.59)	52 (11.5%)	21 (11.4%)	13 (25.0%)	86 (12.4%)
Year 10 (age: M = 15.2 years, SD = 0.47)	86 (18.9%)	32 (17.3%)	9 (17.3%)	127 (18.4%)
Year 11 (age: M = 16.2 years, SD = 0.46)	123 (27.1%)	53 (28.6%)	12 (23.1%)	188 (27.2%)
Year 12 (age: M =17.1 years, SD = 0.34)	132 (29.1%)	53 (28.6%)	9 (17.3%)	194 (28.1%)
Not in school (age: M =17.4 years, SD = 0.76)	61 (13.4%)	26 (14.1%)	9 (17.3%)	96 (13.9%)
<b>School type (n = 586)</b>				
Catholic	89 (22.9%)	26 (16.8%)	9 (21.4%)	124 (21.2%)
Government	214 (55.0%)	82 (52.9%)	24 (57.1%)	320 (54.6%)
Independent	82 (21.1%)	45 (29.0%)	9 (21.4%)	136 (23.2%)
Homeschool	4 (1.0%)	2 (1.3%)	0 (0.0%)	6 (1.0%)
<b>Single-sex or co-ed school (n = 579)</b>				
All-boys school	0 (0.0%)	21 (13.7%)	0 (0.0%)	21 (3.6%)
All-girls school	42 (10.9%)	0 (0.0%)	2 (4.8%)	44 (7.6%)
Mixed-gender school	342 (89.1%)	132 (86.3%)	40 (95.2%)	514 (88.8%)



### Experiences during COVID-19

Social interaction is a major part of growing up and affects the social, emotional and sexual development of young people. Although Western Australian young people were subject to more limited periods of lockdown than those in other Australian states and territories, restrictions and lockdowns during the COVID-19 pandemic had an impact on Australian young people's emotional and social lives. As shown in Figure 2, almost half of young people (n = 312, 45.4%) reported less social interaction with people outside of home than normal and many experienced negative changes to their daily life (n = 268, 39.1%), social life (n = 235, 34.2%) or romantic life (n = 187, 27.8%).

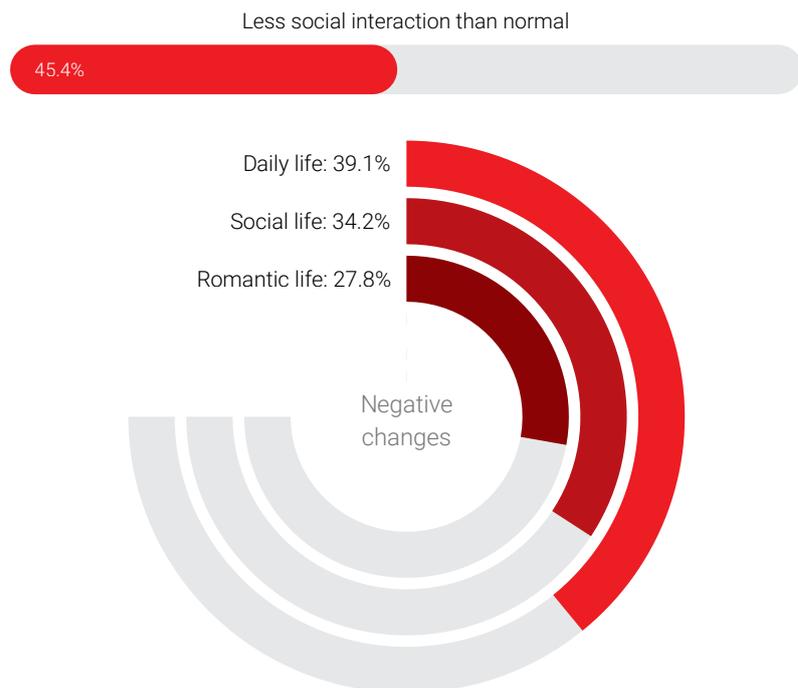
These figures are lower than for the national SSASH 2021 sample, which included all states and territories, in which two-thirds of young people (n = 4,509, 66.2%) reported less social interaction with people outside of home than normal, just under half experienced negative changes to their daily life (n = 3,353, 49.3%) and social life (n = 3,101, 45.5%), and just over one in three experienced negative changes to their romantic life (n = 2,266, 34.1%).

Young people living in Perth reported a greater impact on their social lives due to COVID-19 than those in regional or rural WA. In total, 49.8% of young people living in Perth (n = 199) experienced less social interaction than normal during the COVID-19 pandemic, compared to 34.8% of young people living in regional/rural areas (n = 48, p = .002).

### COVID-19 testing and diagnosis

There were 282 young people (40.9%) who reported having had a COVID-19 PCR test or living with someone who had a COVID-19 PCR test, although only two participants reporting having received a positive COVID-19 test result.

**Figure 2.** Percentage of young people who reported negative changes to their lives during the COVID-19 pandemic



# 4. Young people's experiences of sex and relationships

In this chapter we provide a snapshot of young people's experiences of sex and relationships. We aim to report on this in comprehensive terms, looking at young people's experiences of sex and relationships as well as how young people feel about their experiences, looking at both positive and negative feelings.

## Sexual experiences

There were 443 young people (63.9%) who reported that they were sexually active (defined as having experienced oral, vaginal or anal sex, see Figure 3). The average age young people became sexually active was 15.0 years ( $SD = 1.21$ ). Young women ( $n = 323, 70.8%$ ) were more likely to report being sexually active than young men ( $n = 89, 48.1%$ ) or trans and non-binary young people ( $n = 31, 59.6%, p < .001$ ). On average, trans and non-binary young people became sexually active at 14.6 years of age ( $SD = 1.45$ ), young men at 15.2 years of age ( $SD = 1.21$ ) and young women at 15.0 years of age ( $SD = 1.18$ ).

Young people were asked whether they had experienced different types of sexual practices. Most commonly, young people reported that they had experienced masturbation ( $n = 593, 88.8%$ ) and viewing pornography ( $n = 559, 83.4%$ ). Table 6 lists the frequency of young people who had ever experienced these sexual practices.

## Age of first sexual experiences

The average age young people became sexually active was 15.0 years ( $SD = 1.18$ ) with no differences between genders ( $p = .065$ ).

The average age at which young people reported first viewing pornography was 13.6 years ( $SD = 0.99$ ) and experiencing masturbation was 13.7 years ( $SD = 1.02$ ), while the average age for vaginal sex was 15.2 years ( $SD = 1.20$ ) and anal sex was 15.8 years ( $SD = 1.13$ , see Figure 4).

As expected, young people were more likely to report having experienced a greater range of sexual practices the older they were. The number of reported practices young people had experienced increased with each subsequent school year level ( $p > .001$  for all practices). Young people who were no longer at

Figure 3. Percentage of students who had experienced oral, vaginal and/or anal sex

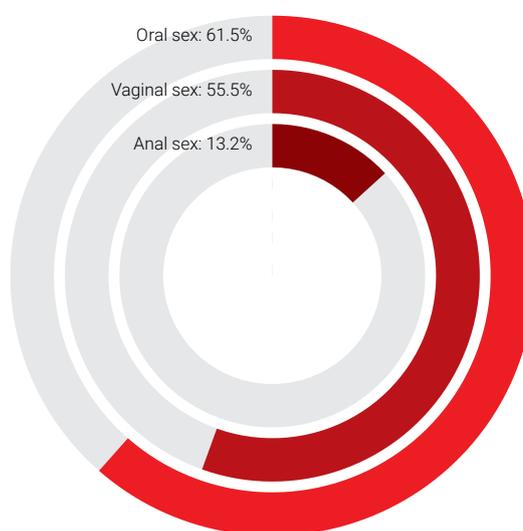


Table 6. Young people who had experienced sexual practices, by gender

Sexual practice	Female n = 456 n (%)	Male n = 183 n (%)	Trans and non-binary n = 51 n (%)	Total N = 690 n (%)
Masturbation	382 (86.6%)	171 (95.5%)	40 (83.3%)	593 (88.8%)
View pornography	350 (78.7%)	167 (94.9%)	42 (85.7%)	559 (83.4%)
Deep kissing	359 (78.9%)	108 (58.4%)	37 (71.2%)	504 (72.8%)
Being touched (mutual masturbation)	333 (73.5%)	96 (53.0%)	32 (62.7%)	461 (67.3%)
Touched (mutual masturbation)	330 (72.7%)	102 (56.0%)	33 (64.7%)	465 (67.7%)
Oral sex (give)	290 (63.7%)	76 (41.3%)	26 (51.0%)	392 (56.8%)
Oral sex (receive)	280 (61.8%)	77 (42.3%)	22 (43.1%)	379 (55.2%)
Vaginal sex	288 (63.2%)	69 (37.7%)	26 (51.0%)	383 (55.5%)
Anal sex	63 (13.9%)	22 (12.0%)	6 (11.5%)	91 (13.2%)

school reported having experienced more sexual practices than young people at school.

### Most recent sexual experience

To gain a sense of common sexual practices and the context of sexual encounters, young people were asked about their most recent sexual encounter. For most young people (see Table 7), their most recent sexual encounter involved kissing (n = 405, 91.4%) and touching a partner on the genitals (n = 382, 86.2%) or being touched on the genitals (n = 387, 87.4%).

For most young people, their most recent sexual encounter was with their steady partner (n = 249, 56.6%) or someone they have known for a while without being in a steady relationship (n = 79, 18.0%). Two (2.3%) young men and three (0.9%) young women reported that their last sexual encounter was with someone they did not know (Table 8).

**Figure 4. Mean age of first sexual experiences**



**Table 7. Sexual practices at most recent sexual experience, by gender**

Sexual practice	Female n = 323 n (%)	Male n = 89 n (%)	Trans and non-binary n = 31 n (%)	Total N = 443 n (%)
Deep kissing	305 (94.4%)	72 (80.9%)	28 (90.3%)	405 (91.4%)
Mutual masturbation (give)	277 (85.8%)	79 (88.8%)	26 (83.9%)	382 (86.2%)
Mutual masturbation (receive)	280 (86.7%)	81 (91.0%)	26 (83.9%)	387 (87.4%)
Oral sex (give)	208 (64.4%)	51 (57.3%)	15 (48.4%)	274 (61.9%)
Oral sex (receive)	169 (52.3%)	57 (64.0%)	9 (29.0%)	235 (53.0%)
Anal sex	7 (2.2%)	7 (7.9%)	3 (9.7%)	17 (3.8%)
Vaginal sex	273 (84.5%)	64 (71.9%)	20 (64.5%)	357 (80.6%)

**Table 8. Relationship with most recent sexual partner, by gender**

Type of relationship	Female n = 323 n (%)	Male n = 89 n (%)	Trans and non-binary n = 31 n (%)	Total N = 443 n (%)
We were in a steady relationship	189 (58.7%)	40 (45.5%)	20 (66.7%)	249 (56.6%)
We had known each other for a while, but were not in a steady relationship	54 (16.8%)	22 (25.0%)	3 (10.0%)	79 (18.0%)
We had recently met	26 (8.1%)	11 (12.5%)	3 (10.0%)	40 (9.1%)
Something else	27 (8.4%)	7 (8.0%)	3 (10.0%)	37 (8.4%)
We used to be in a steady relationship, but were not at that time	20 (6.2%)	5 (5.7%)	1 (3.3%)	26 (5.9%)
It was someone I didn't know	3 (0.9%)	2 (2.3%)	0 (0.0%)	5 (1.1%)
Not sure	3 (0.9%)	1 (1.1%)	0 (0.0%)	4 (0.9%)

### Gender of most recent sexual partner

Most young people reported their most recent sexual encounter to be heterosexual, with 95.7% of young women (n = 308) and 85.2% of young men (n = 75) reporting sex with a partner of the opposite sex (Table 9). There was, however, a small proportion of young people who

reported their most recent sexual encounter was with a person of the same sex: 14.8% of young men (n = 13) and 4.3% of young women (n = 14). Most trans and non-binary young people reported that their most recent sexual partner was male (n = 21, 70.0%). Table 10 lists the gender of the participant's most recent sexual partner by the participant's sexual orientation.

### Age of most recent sexual partner

Most young people reported that their last sexual encounter was with a sexual partner of a similar age to them. Of those aged 16 years or younger, 74 (93.7%) reported their sexual partner to be aged 17 years or younger. Of those aged 16 to 17 years, 285 (95.4%) reported their most recent encounter to be with a person aged under 20 years (Table 11).

**Table 9.** Gender of most recent sexual partner, by gender

Gender of sexual partner	Female n = 322 n (%)	Male n = 89 n (%)	Trans and non-binary n = 30 n (%)	Total n = 441 n (%)
Woman or female	14 (4.3%)	75 (84.3%)	7 (23.3%)	96 (21.8%)
Man or male	308 (95.7%)	13 (14.6%)	21 (70.0%)	342 (77.6%)
Trans and non-binary	0 (0.0%)	0 (0.0%)	2 (6.7%)	2 (0.5%)
They use a different term	0 (0.0%)	1 (1.1%)	0 (0.0%)	1 (0.2%)

**Table 10.** Gender of most recent sexual partner for female and male participants, by sexual orientation

Gender of sexual partner	Heterosexual female n = 194 n (%)	LGBTQ+ female n = 126 n (%)	Heterosexual male n = 61 n (%)	LGBTQ+ male n = 28 n (%)	Trans and non-binary n = 30 n (%)
Woman or female	0 (0.0%)	13 (10.3%)	60 (98.4%)	15 (53.6%)	7 (23.3%)
Man or male	194 (100.0%)	113 (89.7%)	1 (1.6%)	12 (42.9%)	21 (70.0%)
Trans and non-binary	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (6.7%)
They use a different term	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (3.6%)	0 (0.0%)

**Table 11.** Age of young people's most recent sexual partner, grouped by age of participant, by gender

Age of sexual partner, by age of participant	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
<b>For young people under 16 years of age (n = 79)</b>				
Under 16	33 (55.9%)	10 (76.9%)	5 (71.4%)	48 (60.8%)
16-17	22 (37.3%)	2 (15.4%)	2 (28.6%)	26 (32.9%)
18+	3 (5.1%)	1 (7.7%)	0 (0.0%)	4 (5.0%)
<b>For 16-17-year-olds (n = 299)</b>				
Under 16	15 (6.7%)	9 (16.7%)	1 (5.0%)	25 (8.4%)
16-17	138 (61.3%)	38 (70.4%)	15 (75.0%)	191 (63.9%)
18-19	62 (27.6%)	5 (9.3%)	2 (10.0%)	69 (23.1%)
20+	10 (4.4%)	1 (1.9%)	2 (10.0%)	13 (4.3%)
<b>For 18-year-olds (n = 55)</b>				
Under 16	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
16-17	7 (20.6%)	9 (50.0%)	0 (0.0%)	16 (29.1%)
18-19	18 (52.9%)	9 (50.0%)	2 (66.7%)	29 (52.7%)
20+	9 (26.5%)	0 (0.0%)	1 (33.3%)	10 (18.2%)

## Experience of sexual pleasure

Young people were asked whether they found their most recent sexual encounter to be pleasurable. The majority of young people indicated that the encounter was, for them, 'extremely pleasurable' or 'quite a bit pleasurable' (n = 2,585, 62.1%; Table 12). Pleasure increased with age. Young people aged 17 or 18 years (n = 164, 68.3%) were more likely to report their most recent sexual encounter as 'extremely pleasurable' or 'quite a bit pleasurable' than 14- to 16-year-olds (n = 108, 5.5%,  $p = .006$ ).

## Feelings about most recent sexual experience

Participants were asked how they felt during their last sexual experience by ranking the extent to which they felt positive emotions (excited, satisfied, happy, and fantastic) or negative emotions (stressed, regret, guilty, and sorry) about their last sexual encounter. Responses were recorded on a 5-point Likert scale from 'not at all' to 'extremely'.

With respect to positive emotions (excited, satisfied, happy, fantastic): 256 (58.2%) said that they were excited ('a lot' or 'extremely') about the experience, 219 (49.5%) satisfied, 263 (59.8%) happy and 184 (42.0%) fantastic (Figure 5).

With respect to negative emotions (stressed, regret, guilty, sorry): 34 (7.7%) indicated they felt sorry ('a lot' or 'extremely'), 52 (11.8%) guilty, 41 (9.3%) regret, and 49 (11.1%) stressed.

Young people were asked if there was anything else they wanted to tell us about how they felt about their most recent sexual experience. There were 51 young people who wrote short answers to this question.

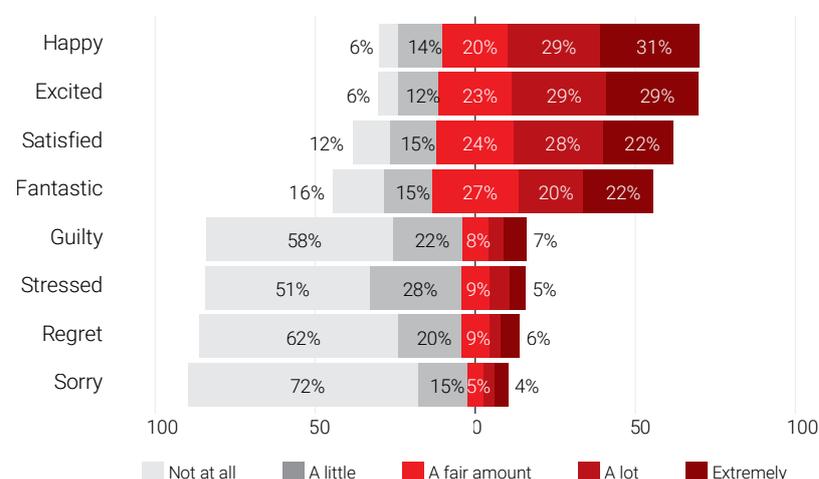
For many young people, their experiences of sex were pleasurable, and they described feeling safe and happy. This was most often the case when young people were in a relationship where they knew their partner well and trusted them. Others did not necessarily find sex to be negative or difficult but described feelings of confusion or overwhelm. However, there were many young people who wrote that they felt worry

or regret after having sex. In some cases, young people felt that the sex was not consensual, and they felt hurt, angry or scared as a result. Young people also worried about pregnancy, were uncomfortable with their bodies or were concerned they were not doing enough to please their partner. Many also worried about their parents, including whether their parents would find out about them having sex or be disappointed.

**Table 12.** Sexual pleasure at most recent sexual experience, by gender

Experience of sexual pleasure	Female n = 319 n (%)	Male n = 88 n (%)	Trans and non-binary n = 31, n (%)	Total N = 438 n (%)
Extremely pleasurable	90 (28.2%)	27 (30.7%)	10 (32.3%)	127 (29.0%)
Quite a bit pleasurable	98 (30.7%)	36 (40.9%)	11 (35.5%)	145 (33.1%)
Moderately pleasurable	57 (17.9%)	13 (14.8%)	2 (6.5%)	72 (16.4%)
Slightly pleasurable	36 (11.3%)	9 (10.2%)	2 (6.5%)	47 (10.7%)
Not at all pleasurable	33 (10.3%)	2 (2.3%)	6 (19.4%)	41 (9.4%)
Not sure	5 (1.6%)	1 (1.1%)	0 (0.0%)	6 (1.4%)

**Figure 5.** Percentage of young people reporting their feelings about their most recent sexual experience



## Pleasurable and close

For many young people, their most recent sexual experience left them feeling good, described in ways that indicated they felt safe, close, connected and cared for. Young people tended to reference the quality of their relationship with their sexual partner, particularly their ease of communication and level of comfort with their partner.

*I have been with my partner sexually for two years now and am in a loving communicative relationship with him. We both know each other extremely well and our preferences.*  
(Female, age 16, sexuality not specified)

*Loved and wanted.*  
(Female, age 16, heterosexual)

*It felt close and loving, like it brought us closer.*  
(Female, age 18, bisexual)

*[We] were both happy with [what we were] doing with each other and always make sure to be 100% sure the other wants to do it when we do it, and we are each other's only sexual partners.*  
(Male, age 15, heterosexual)

*I felt that me and my partner both trusted each other a great deal.*  
(Female, age 16, heterosexual)

## Not what it was meant to be

Some young people wrote about sex not being what they expected. For some, this was described as feelings of confusion or uncertainty after sex, or disappointment with their partner.

*I started crying for no reason because, while I did feel good, I was overwhelmed and it ended up being worse than it was.*  
(Female, age 15, pansexual)

*Weren't what I was hoping for.*  
(Male, age 16, heterosexual)

*[Just] that after care should be spoken about, like guys not going on their phones after they finish and cleaned up, like, cuddles are necessary for girls so they don't feel used.*  
(Female, age 16, heterosexual)

*She dropped me completely after, without explanation and just acted like nothing happened.*  
(Male, age 14, bisexual)

## Regret and discomfort

A number of young people spoke about their most recent sexual experience as something about which they felt regret, shame or discomfort. Most did not explain their reasons for this in detail, although one young woman connected this to her fear of being used for sex.

*I don't like them at all and regret them deeply. They haunt me every single day.*  
(Non-binary young person, age 14, pansexual)

*Regret. It shouldn't have happened.*  
(Male, age 15, bisexual)

*I'm scared I'm always being used, yet I've been in a committed relationship with this partner for over 5 months now.*  
(Female, age 16, heterosexual)

*I feel extremely gross about it and I think it made me asexual for an extended period of time.*  
(Female, age 16, bisexual)

*Due to our faith, my bf and I (of 4 years) wanted to save sex for marriage. Breaking this promise to one another resulted in a lot of hurt and regret due to our own morals. We don't expect everyone to agree with us but that's our belief system.*  
(Female, age 17, heterosexual)

Some young people felt uncomfortable about their sexual experience because they were worried they had not done enough to please their partner, felt like they did it for their partner and not themselves, or worried their body was not good enough.

*I feel that I couldn't pleasure my partner as well as I would want to and that caused a majority of my negative emotions, because I enjoyed it a lot and I don't know if they felt the same.*  
(Female, age 15, pansexual)

*I never felt I was doing it for me, but for them.*  
(Female, age 16, heterosexual)

## Worry about parents

Several young people spoke about their concerns that their parents would find out they were having sex or that they would be 'caught' having sex. This overrode any other feelings about sex.

*My father is very anti sex, so even if I enjoy it, I still feel guilt/regret because of how often he tells me not to have it.*  
(Female, age 17, bisexual)

*Sorry for doing it while their parents were in the house.*  
(Non-binary young person, age 17, bisexual)

*Was afraid of being caught by parents.*  
(Female, age 18, heterosexual)

## Worry about pregnancy or STIs

While it was not a major theme, some young people wrote that, after sex, they felt worried about pregnancy, STIs or not using a condom.

*Stressed as we didn't use a condom.*  
(Female, age 17, heterosexual)

*Was scared about pregnancy.*  
(Female, age 17, bisexual)

## Consent and the impact of sexual assault

Many young women and non-binary people expressed anger, hurt or confusion about consent and felt that their most recent sexual encounter was not consensual or that they had been pressured in some ways. Others referenced previous experiences of sexual violence, noting the extent to which this continued to affect their experiences of sex.

*Wasn't consensual and wasn't fair.*  
(Female, age 17, heterosexual)

*Sometimes when I'm being intimate with my partner, I think about the times I was assaulted, and I get anxious. He can tell when I'm off, and he obviously doesn't want to pressure me, so we stop. I feel bad though, as though I owe him something, when he's never said or done anything to make me feel like I do.*  
(Female, age 17, bisexual)

*Sexual experiences have been difficult for me ever since I was forced to have sex with someone. I don't get a lot of pleasure from sex anymore.*

(Non-binary young person, age 17, bisexual)

*The last time was with an ex-boyfriend, but I have had many unconsensual [sic] sexual experiences with boys and when confiding in close friends I was laughed at. Almost every girl I know has been sexually assaulted, and I did not receive any education on consent or the impact rape/sexual assault can have on girls. Also, according to the gov report on 'sexual assault in Australia', 1 in 6 Australian women have experienced sexual assault since the age of 15. I was never told this and didn't know what sexual assault was until it happened to me. This is unacceptable and there is an extreme lack of consent education and rape prevention programs. These programs could include educating on the impact of sexual assault, education on linking sexism to gender-based violence including sexual assault and educating boys on controlling themselves as well as women protecting themselves.*

(Female, age 17, heterosexual)

*I said yes just to keep my partner happy, and he took my virginity. I did not want to even do it, and it felt horrible.*

(Female, age 17, heterosexual)

*Guilty, it is my fault, I shouldn't have done whatever I did to make him want to do that to me. I didn't want it.*

(Female, age 17, gay/lesbian)

### Not yet sexually active

There were 250 young people (36.1%) who were not yet sexually active (defined as those who had not yet engaged in oral, vaginal or anal sex), of which 122 (48.8%) thought it was *unlikely* that they would have sex in the next year and 72 (28.8%) thought it was *likely* they would have sex in the next year (Table 13).

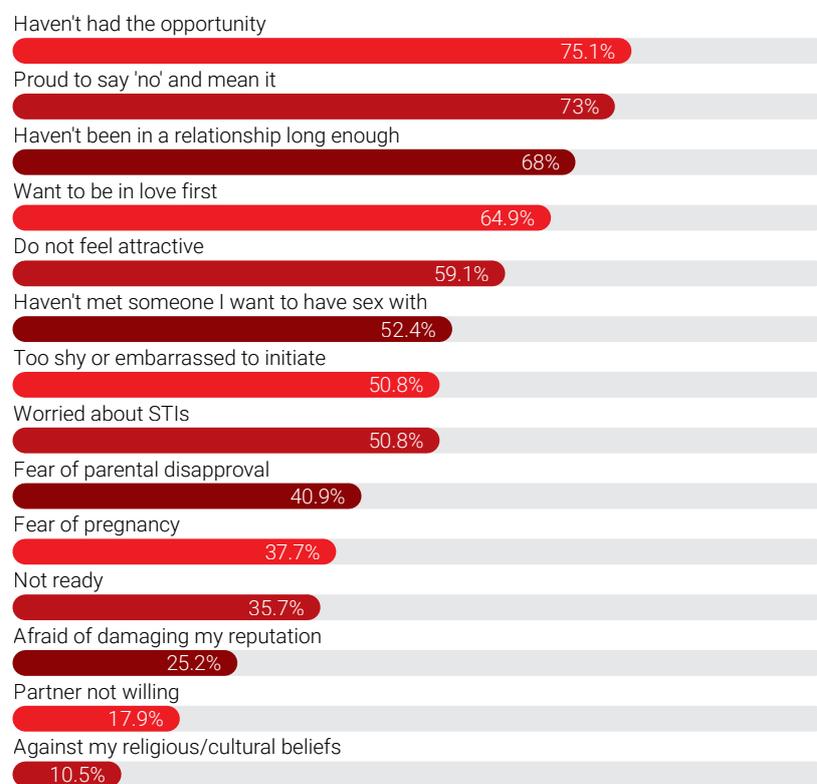
When asked about the reasons they had not had sex yet, 187 (75.1%) reported that they had not had the opportunity to have sex yet, 181 (73.0%) that they were proud to say no and mean it, and 170 (68.0%) said they had not been in a relationship long enough to have sex yet

(Figure 6). Over half the students said that the reason they had not had sex was because they didn't feel attractive (n = 146, 59.1%), that they were too shy or embarrassed to initiate sex (n = 127, 50.8%), or that they were worried about STIs (n = 127, 50.8%).

**Table 13.** Likelihood of having sex in the next year, by gender

Likelihood of having sex in the next year	Female n = 133 n (%)	Male n = 96 n (%)	Trans and non-binary n = 21 n (%)	Total N = 250 n (%)
Unlikely	64 (48.1%)	45 (46.9%)	13 (61.9%)	122 (48.8%)
Neutral	30 (22.6%)	21 (21.9%)	5 (23.8%)	56 (22.4%)
Likely	39 (29.3%)	30 (31.2%)	3 (14.3%)	72 (28.8%)

**Figure 6.** Percentage of young people who agreed with statements about why they had not had sex yet



### Pressure to have sex or not have sex

Some young people felt pressure from peers or parents to abstain from having sex: 17.3% (n = 43) reported feeling lots of pressure from their parents to not have sex, while 4.0% (n = 10) reported lots of pressure from peers to not have sex.

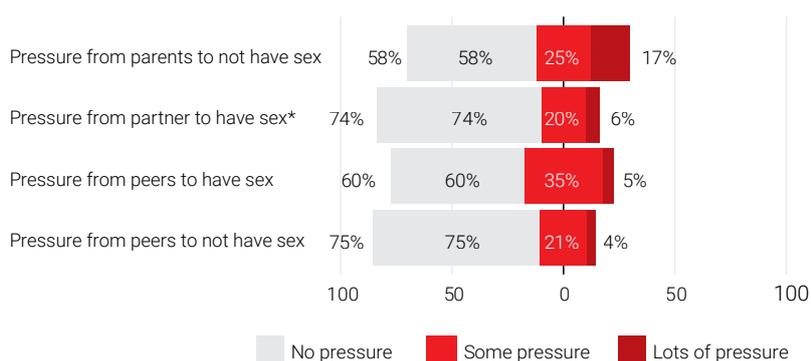
Conversely, a small number of young people reported experiencing pressure to have sex: 4.9% (n = 12) reported lots of pressure from peers to have sex, while 6.0% (n = 8) reported feeling lots of pressure from a partner. Figure 7 shows that few students felt pressure from peers, parents and partners to have sex or abstain from having sex.

### Experience of romantic relationships

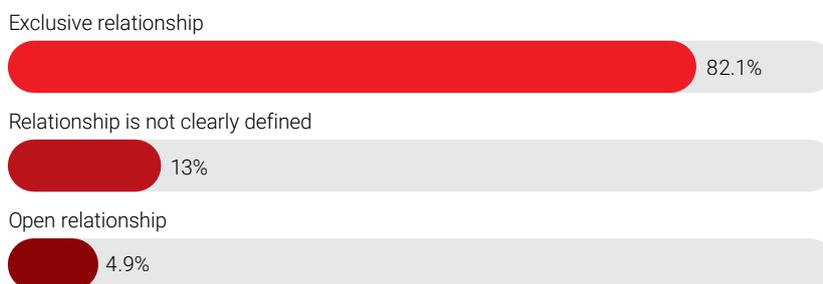
Most young people reported having been in at least one romantic relationship (n = 504, 72.9%), with 58.1% (n = 293) currently in a relationship. Of their most recent or current relationship, young people were most likely to describe it as 'exclusive' where they had discussions or an agreement with their partner to be exclusive/monogamous (n = 385, 82.1%), while 4.9% (n = 23) had an agreement with their partner to not to be exclusive and to be able to have relationships with other people. There were 13.0% (n = 61) who had not discussed or defined their relationship with respect to monogamy (Figure 8). Trans and non-binary young people were more likely than young women or men to report being in an open relationship (Table 14).

**Figure 7.** The percentage of young people who reported they felt no, some and lots of pressure to have sex or not have sex, from parents, peers and partners.

\* Those who had not had a partner were excluded from this question.



**Figure 8.** Percentage of young people reporting the type of relationship for their most recent (or current) relationship



**Table 14.** Romantic relationships of young people, by gender

Experience and type of romantic relationship	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
Ever been in a relationship (n = 691)	353 (77.8%)	112 (60.5%)	39 (75.0%)	504 (72.9%)
Current relationship (n = 504)	218 (61.8%)	55 (49.1%)	20 (51.3%)	293 (58.1%)
<b>Type of relationship for last or current relationship (n = 469)</b>				
Exclusive relationship	282 (85.5%)	76 (74.5%)	27 (73.0%)	385 (82.1%)
Open relationship	14 (4.2%)	5 (4.9%)	4 (10.8%)	23 (4.9%)
Relationship undefined	34 (10.3%)	21 (20.6%)	6 (16.2%)	61 (13.0%)

**Table 15.** Sexual and romantic attraction, by gender

Sexuality and gender of participants	Sexually attracted to men	Romantically attracted to men	Sexually attracted to women	Romantically attracted to women	Sexually attracted to trans and non-binary people	Romantically attracted to trans and non-binary people
Heterosexual women (n = 265)	260 (98.5%)	263 (99.2%)	13 (4.9%)	6 (2.3%)	6 (2.3%)	5 (1.9%)
Heterosexual men (n = 132)	6 (4.5%)	2 (1.5%)	125 (94.7%)	130 (98.5%)	5 (3.8%)	2 (1.5%)
Lesbian or gay women (n = 11)	1 (9.1%)	1 (9.1%)	11 (100.0%)	11 (100.0%)	5 (45.5%)	5 (45.5%)
Bisexual women (n = 123)	120 (97.6%)	119 (96.7%)	121 (98.4%)	111 (90.2%)	69 (56.1%)	59 (48.0%)
Gay men (n = 16)	16 (100%)	15 (93.8%)	1 (6.2%)	2 (12.5%)	6 (37.5%)	6 (37.5%)
Bisexual men (n = 29)	29 (100.0%)	25 (86.2%)	27 (93.1%)	25 (86.2%)	12 (41.4%)	11 (37.9%)
Gay or lesbian trans and non-binary people (n = 12)	4 (33.3%)	3 (25.0%)	9 (75.0%)	10 (83.3%)	10 (83.3%)	10 (83.3%)
Bisexual trans and non-binary people (n = 20)	19 (95.0%)	18 (90.0%)	20 (100.0%)	19 (95.0%)	19 (95.0%)	19 (95.0%)

### Sexual attraction and identity

The relationship between sexual orientation and attraction is complex, and people's sexual identity is not always an indication of sexual or romantic attraction. For heterosexual young people, the majority indicated they were predominantly sexually (n

= 366, 92.9%) and romantically (n = 384, 97.0%) attracted to people of the opposite sex, and that they would be likely to fall in love with someone of the opposite sex (n = 378, 96.2%). Sexual and romantic attraction was more variable among LGBTQ+ young people (see Table 15) and trans and non-binary

young people most commonly reported that they were sexually attracted to (n = 46, 88.5%), likely to fall in love with (n = 43, 82.7%), and romantically attracted to (n = 46, 88.5%) people of multiple genders. There were no trans and non-binary young people who identified as heterosexual.



# 5. Condom use, contraception and unplanned pregnancy

Promoting the use of condoms and regular sexual health screening is central to STI prevention. In Australia, there was a high level of investment in condom promotion from the late 1980s onward as part of the public health response to HIV, but there has been less emphasis in more recent public health messaging on condom use for STI prevention (de Visser, 2005). As the rate of STIs increases among young people in Western Australia, it is timely to look at how young people feel about using condoms.

## Attitudes toward condom use

Most young people believed that condoms protect against STIs (n = 379, 90.2%) and pregnancy (n = 370, 87.7%), and only 5.5% (n = 23) thought condoms weren't effective in preventing pregnancy or STIs.

When asked about condom use, 94.8% (n = 403) thought young people *should* use condoms with new partners, and 59.6% (n = 248) thought that it was common for people their age to use condoms. In addition, 75.2% (n = 312) believed that sex with condoms would be less stressful, and 81.7% (n = 339) thought that using condoms showed caring for a partner.

There were few perceived barriers to condom use: 78.9% (n = 333) thought using condoms was easy and 91.3% (n = 387) knew where to get them, while only 11.5% (n = 47) believed that talking about using condoms with a partner was difficult and one in five thought that condoms were expensive (n = 85, 20.6%).

## Use of condoms

Most young people (n = 325, 76.8%) reported that they would use condoms if they had vaginal or anal sex in the next few months. However, of those who had experienced vaginal or anal sex, only one in three (n = 99, 34.3%) reported always using condoms. A similar number (n = 98, 33.9%) reported 'sometimes' or 'often' using condoms, while 31.8% (n = 92) reported 'rarely' or 'never' using condoms. Most young people used condoms during their first vaginal sexual experience (n = 296, 77.3%) and during their first anal sexual experience (n = 58, 64.4%).

**Table 16.** Condom use, by gender

Use of condoms	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
Bought condoms (n = 425)	133 (49.8%)	52 (43.7%)	12 (30.8%)	197 (46.4%)
Received free condoms (n = 426)	138 (51.5%)	49 (41.2%)	19 (48.7%)	206 (48.4%)
Condoms used at first anal sex (n = 90)	40 (63.5%)	14 (63.6%)	4 (80.0%)	58 (64.4%)
Condoms used at first vaginal sex (n = 383)	222 (77.1%)	56 (81.2%)	18 (69.2%)	296 (77.3%)
Condom available at last sex (n = 372)	204 (74.2%)	50 (69.4%)	19 (76.0%)	273 (73.4%)
Condom used at last sex (n = 384)	119 (41.8%)	39 (54.2%)	10 (37.0%)	168 (43.8%)
Condoms not used at last sex (n = 384)	166 (58.2%)	33 (45.8%)	17 (63.0%)	216 (56.2%)
<b>Reasons condoms weren't used (n = 216)</b>				
Not worried about STIs	51 (30.7%)	11 (33.3%)	4 (23.5%)	66 (30.6%)
My partner or I don't like condoms	34 (20.5%)	6 (18.2%)	1 (5.9%)	41 (19.0%)
My partner doesn't like them	41 (24.7%)	6 (18.2%)	0 (0.0%)	47 (21.8%)
I trust my partner	57 (34.3%)	13 (39.4%)	4 (23.5%)	74 (34.3%)
It just happened	40 (24.1%)	9 (27.3%)	2 (11.8%)	51 (23.6%)
I know my partner's sexual history	59 (35.5%)	13 (39.4%)	5 (29.4%)	77 (35.6%)
No risk of pregnancy	51 (30.7%)	14 (42.4%)	10 (58.8%)	75 (34.7%)
Didn't have one/it just happened	28 (16.9%)	4 (12.1%)	1 (5.9%)	33 (15.3%)
We wanted to but didn't have one nearby	11 (6.6%)	8 (24.2%)	0 (0.0%)	19 (8.8%)
Other contraception used	92 (55.4%)	15 (45.5%)	6 (35.3%)	113 (52.3%)
One of us didn't want to	11 (6.6%)	0 (0.0%)	0 (0.0%)	11 (5.1%)
Not my responsibility	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Didn't need to because we only had oral sex	1 (0.6%)	1 (3.0%)	2 (11.8%)	4 (1.9%)

### Use of condoms for most recent sexual experience

When asked about their most recent sexual experience, 73.4% (n = 273) of young people reported having a condom available and 43.8% (n = 168) used a condom.

More than half (n = 216, 56.2%) did not use a condom at their most recent sexual experience. When asked their reasons for not using a condom, 52.3% (n = 113) reported using a different form of contraception and 35.6% (n = 77) said they did not need to use a condom because they knew their partner's sexual history (see Table 16).

### STI prevention during anal sex

Young people who had experience of anal sex were asked if they took precautions to prevent STIs or HIV at their most recent encounter. Less than half (n = 34, 42.0%) reported using condoms at their most recent encounter. Almost half (n = 38, 46.9%) did not use a condom or PrEP or were unsure if a condom was used. Only one participant reported that they or their partner took PrEP or PEP pills to prevent HIV.

A small number (n = 10, 12.3%) indicated they used 'withdrawal' as a strategy to prevent STIs or HIV during anal sex (Table 17). This is of concern, given withdrawal is an ineffective strategy for preventing STIs or HIV.

### Use of contraception

Young people were asked whether they or their partner used contraception or took precautions against pregnancy the last time they had vaginal sex. Condoms were the most widely used precaution against pregnancy, with 45.3% (n = 156) of young people reporting this was the method they used, followed by the oral contraceptive pill (n = 139, 40.4%). Use of long-acting reversible contraception was less common: 15.7% (n = 54) reported having an implant, while 3.5% (n = 12) reported using an IUD. One in 10 (n = 35, 10.2%) took no precautions against unwanted pregnancy or were

unsure/did not know if precautions were used (Table 18). Nearly one in five reported using the withdrawal method to prevent pregnancy (n = 68, 19.8%). Again, this is concerning, given this is often ineffective at preventing pregnancy.

### Experience of unplanned pregnancy

Among young people who completed the survey, there were 21 reported pregnancies, of which one was planned.

**Table 17.** Use of precautions against STIs at most recent anal sex, by gender

Type of precaution against STIs	Female n = 63 n (%)	Male n = 22 n (%)	Trans and non-binary n = 5 n (%)	Total n = 90 n (%)
Condom	22 (37.3%)	8 (47.1%)	4 (80.0%)	34 (42.0%)
Withdrawal	8 (13.6%)	2 (11.8%)	0 (0.0%)	10 (12.3%)
My partner or I took PrEP/PEP	1 (1.7%)	0 (0.0%)	0 (0.0%)	1 (1.2%)
No condom or PrEP or unsure	27 (45.8%)	10 (58.8%)	1 (20.0%)	38 (46.9%)

**Table 18.** Contraception and STI precautions during most recent vaginal sexual experience, by gender

Type of contraception and STI precaution	Female n = 288 n (%)	Male n = 69 n (%)	Trans and non-binary n = 26 n (%)	Total n = 383 n (%)
Condom	114 (42.9%)	36 (59.0%)	6 (35.3%)	156 (45.3%)
The pill	112 (42.1%)	21 (34.4%)	6 (35.3%)	139 (40.4%)
Withdrawal	60 (22.6%)	6 (9.8%)	2 (11.8%)	68 (19.8%)
Implant	40 (15.0%)	9 (14.8%)	5 (29.4%)	54 (15.7%)
Rhythm method	11 (4.1%)	1 (1.6%)	0 (0.0%)	12 (3.5%)
IUD	9 (3.4%)	1 (1.6%)	2 (11.8%)	12 (3.5%)
Emergency contraception	9 (3.4%)	1 (1.6%)	0 (0.0%)	10 (2.9%)
Patch, ring, shot or other contraception	0 (0.0%)	1 (1.6%)	0 (0.0%)	1 (0.3%)
None or unsure	30 (11.3%)	4 (6.6%)	1 (5.9%)	35 (10.2%)

## 6. STIs: Knowledge, diagnoses and screening

In Australia, young people aged 15 to 29 years are more likely than those in other age groups to contract chlamydia, gonorrhoea and syphilis (Kirby Institute, 2018). These infections can have serious consequences for young people's long-term fertility or health if they remain undiagnosed or untreated. In this chapter, we look at young people's awareness of common STIs and HIV as well as experiences of, and barriers to, testing for STIs.

### Awareness of STIs

On its own, knowledge of STIs or HIV is unlikely to be the single factor that determines whether or not young people use condoms or engage in other safe sex methods or sexual health screening. Sexual practices, including safe sex decisions and actions, are embedded in social relationships and cultural processes. People rarely make decisions about sexual practice based on simple rational decisions about risk or safety. Emotions, desires, social needs and cultural practices shape people's sex lives and decisions about safe sex (Kippax & Stephenson, 2012). However, knowledge building is part of a mix of strategies for ensuring young people are aware of sexual health issues and have confidence to engage in conversations about STIs, HIV and safe sex

In this survey, young people were asked a series of knowledge-based questions about STIs and HIV to assess their understanding of prevention, symptoms and treatment.

Most young people were aware of several STIs (see Figure 9), with over 90% of young people reporting they were aware of HIV, herpes and chlamydia. On average, young men had heard of 7.1 ( $SD = 1.94$ ) out of eight STIs listed, females had heard an average of 7.0 ( $SD = 1.88$ ); this was more than trans or non-binary young people had heard of ( $M = 6.2, SD = 2.40, p = .005$ ).

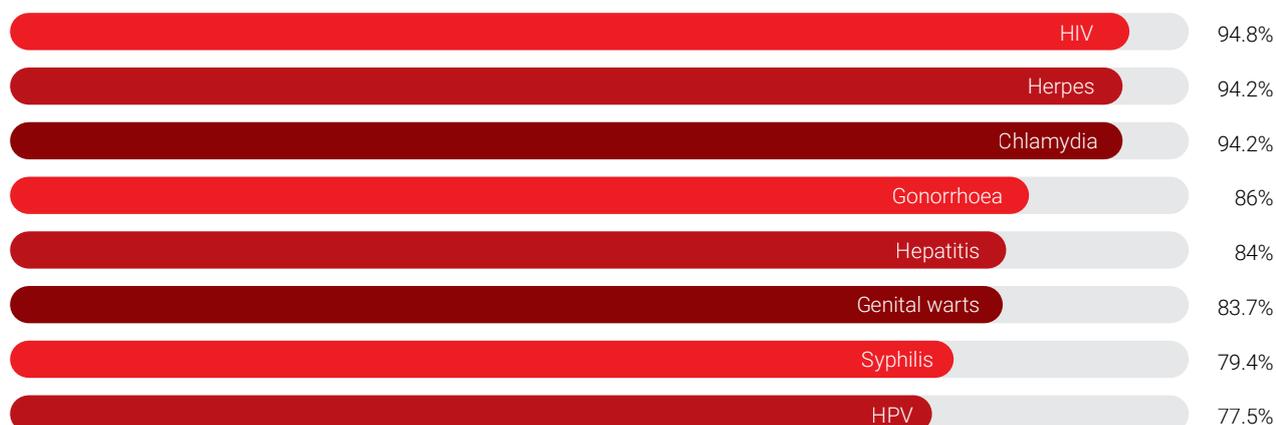
### Knowledge of STIs

Young people responded to 29 questions aimed to assess knowledge on HIV transmission, STIs, viral hepatitis and HPV. Any 'don't know' responses were combined with incorrect responses.

A mean of 50.8% of the questions were answered correctly. Table 19 shows the mean percentage of correct answers for each of the 29 questions by gender, although there were no differences between gender for the total knowledge scale. LGBTQ+ young people answered an average of 53.9% correctly, compared to an average of 48.6% for heterosexual young people ( $p = .004$ ).

Vaccines caused some confusion among young people; less than half ( $n = 331, 48.0%$ ) were aware that there is a vaccine for hepatitis B and 61% ( $n = 421$ ) *incorrectly* indicated there was a vaccine for chlamydia. The issues that young people were least sure about were the difference between HIV and HPV, whether HIV can be spread by mosquitoes (possibly as this is a past myth about HIV that tends not to be spoken about more recently), and the existence or availability of PrEP medication to prevent HIV.

Figure 9. Percentage of young people who reported awareness of STIs



**Table 19.** Correct responses to the STI knowledge questions, by gender

STI knowledge questions	Female n = 454 n (%)	Male n = 184 n (%)	Trans and non-binary n = 52 n (%)	Total N = 690 n (%)
Can HIV be passed from one person to another when having sex? (Yes)	399 (87.9%)	157 (85.3%)	47 (90.4%)	603 (87.4%)
If condoms are used during sex, does this help to protect people from getting HIV? (Yes)	375 (82.6%)	153 (83.2%)	42 (80.8%)	570 (82.6%)
Can someone with HIV who looks very healthy pass on the virus? (Yes)	373 (82.2%)	158 (85.9%)	46 (88.5%)	577 (83.6%)
Can a person get HIV by hugging someone who has it? (No)	356 (78.4%)	153 (83.2%)	42 (82.4%)	551 (80.0%)
Does the pill (contraceptive) protect a person from HIV? (No)	380 (83.7%)	143 (77.7%)	42 (80.8%)	565 (81.9%)
Can HIV be passed from one person to another by sharing a needle or syringe with someone when injecting drugs? (Yes)	317 (69.8%)	140 (76.1%)	38 (74.5%)	495 (71.8%)
The same virus causes all STIs (False)	307 (67.8%)	123 (66.8%)	34 (65.4%)	464 (67.3%)
Chlamydia is a sexually transmissible infection that affects only persons with a uterus/womb (False)	309 (68.2%)	110 (59.8%)	34 (65.4%)	453 (65.7%)
A person must have penetrative sex to get genital warts (False)	316 (69.6%)	115 (62.5%)	35 (67.3%)	466 (67.5%)
A person may have chlamydia if there is a yellow discharge with a strong smell coming from their genitals (True)	302 (66.5%)	107 (58.2%)	37 (71.2%)	446 (64.6%)
People who share syringes and needles when injecting drugs are not at a greater risk for hepatitis C (False)	230 (50.7%)	101 (54.9%)	29 (55.8%)	360 (52.2%)
A person who has genital herpes must have open sores to give the infection to their sexual partner (False)	227 (50.0%)	95 (51.6%)	27 (51.9%)	349 (50.6%)
If a person had gonorrhoea in the past, they are immune (protected) from getting it again (False)	243 (53.5%)	94 (51.1%)	26 (50.0%)	363 (52.6%)
There is a vaccine that can protect a person from getting hepatitis B (True)	230 (50.8%)	78 (42.4%)	23 (44.2%)	331 (48.0%)
If a person tests positive for HIV, the test can tell how sick the person will become (False)	240 (52.9%)	89 (48.4%)	24 (46.2%)	353 (51.2%)
Can HIV be spread through coughing or sneezing near other people? (No)	197 (43.4%)	92 (50.0%)	27 (51.9%)	316 (45.8%)
Chlamydia can lead to infertility (True)	248 (54.6%)	83 (45.1%)	16 (30.8%)	347 (50.3%)
A person can look at their body and tell if they have gonorrhoea (False)	190 (41.9%)	68 (37.0%)	14 (26.9%)	272 (39.4%)
Once a person has caught genital herpes, they will always have the virus (True)	197 (43.4%)	60 (32.6%)	19 (36.5%)	276 (40.0%)
There is a vaccine that prevents a person from getting chlamydia (False)	189 (41.6%)	62 (33.7%)	18 (34.6%)	269 (39.0%)
Hepatitis C can be transmitted with sterile or clean equipment used in tattooing and body piercing (False)	146 (32.2%)	67 (36.6%)	20 (38.5%)	233 (33.9%)
A person can tell by the way their body feels if they have hepatitis B (False)	146 (32.2%)	71 (38.6%)	10 (19.2%)	227 (32.9%)
Genital herpes is caused by the same virus as HIV (False)	140 (30.9%)	64 (34.8%)	12 (23.1%)	216 (31.3%)
There is a vaccine available to prevent a person from getting gonorrhoea (False)	143 (31.5%)	53 (28.8%)	13 (25.0%)	209 (30.3%)
Frequent urinary infections can cause chlamydia (False)	128 (28.2%)	30 (16.3%)	13 (25.0%)	171 (24.8%)
Can HIV be spread by mosquitoes? (No)	114 (25.1%)	43 (23.4%)	14 (26.9%)	171 (24.8%)
Human papillomavirus (HPV) can cause HIV (False)	92 (20.3%)	55 (29.9%)	10 (19.2%)	157 (22.8%)
Human papillomavirus (HPV) is caused by the same virus that causes HIV (False)	79 (17.5%)	55 (29.9%)	11 (21.2%)	145 (21.1%)
Can someone take pills (Pre-Exposure Prophylaxis [PrEP] or Post-Exposure Prophylaxis [PEP]) to stop them from getting HIV? (Yes)	91 (20.0%)	32 (17.5%)	15 (28.8%)	138 (20.0%)
<b>Mean percentage of correct answers</b>	<b>51.3%</b>	<b>50.1%</b>	<b>49.2%</b>	<b>50.9%</b>



### Over 80% of young people know:

---

87.4%

HIV can be transmitted through sex

82.4%

Condoms protect against HIV

83.5%

Healthy-looking people can transmit HIV

81.8%

The oral contraceptive pill does not protect against HIV

### Less than 30% know:

---

20.0%

PrEP or PEP prevents HIV

22.8%

HPV does not cause HIV

21.1%

HPV and HIV are not caused by the same virus

## Beliefs about STIs and STI screening

Young people were asked a series of questions to determine their attitudes toward STIs and STI screening. Questions were posed as a series of statements and young people were asked to indicate the extent to which they agreed or disagreed with the statement using a 5-point Likert scale (ranging from 'strongly agree' to 'strongly disagree'). In the analysis presented below, we combine these groupings so that 'agree' includes both 'strongly agree' and 'agree'.

Only 41.1% (n = 184) of young people agreed with the statement that they could get an STI, and 66.1% (n = 297) agreed with the statement that it was unlikely that they would get an STI. However, 89.3% (n = 401) believed STIs could seriously affect health, and only 4.9% (n = 22) thought STIs weren't a big deal.

Most young people (n = 382, 89.9%) agreed that people their age should talk about sexual health and STIs with their partners, although 38.8% (n = 163) agreed that people their age do not think about sexual health.

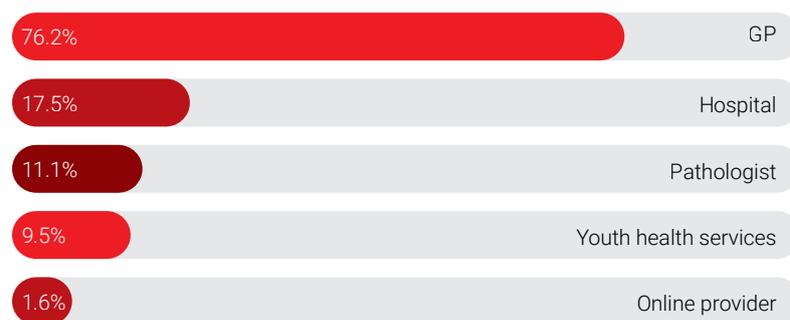
## Experiences of STI screening

Most young people (n = 312, 70.9%) thought people their age should be tested for STIs, although only 16.0% (n = 70) thought STI testing was common in their age group, and only 8.7% (n = 38) thought their friends believed they should get tested.

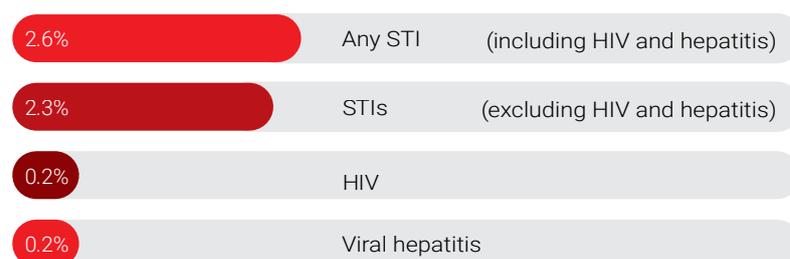
Young people perceived some barriers to STI testing, with only 43.5% (n = 191) knowing where they could go to get tested and only 33.3% (n = 146) thinking that it was easy to get tested. In addition, 35.8% (n = 156) thought talking to partners about STI testing was difficult. However, few young people (n = 39, 8.9%) thought STI testing was expensive.

One in six young people (n = 64, 14.6%) had been for an STI check-up or test. This was more common among young women (n = 50, 18.1%) than young men (n = 11, 9.0%) or trans and non-

**Figure 10.** Percentage of young people who attended services for STI check-ups (n = 64)



**Figure 11.** Percentage of people diagnosed with STI, viral hepatitis or HIV



binary young people (n = 3, 7.7%, p = .029). GPs were the most common site at which young people access STI screening (Figure 10).

## STI, HIV or hepatitis diagnosis

Young people were asked if they had ever been diagnosed with an STI, HIV or viral hepatitis. To maintain brevity of the survey instrument, we did not ask young people for details of which STIs they had been diagnosed with, or about their treatment experiences. Information about STI diagnoses among young people is available in the national surveillance data reports produced by the Kirby Institute at UNSW. In 2018, the national surveillance report indicated that rates of gonorrhoea, chlamydia and infectious syphilis had increased over the past 10 years (2008 to 2017) among young people aged 15 to 19 years (Kirby Institute, 2018).

In Western Australia, while rates of chlamydia and gonorrhoea have been stable in the past 2 years, young people are still disproportionately affected by these STIs (Government of Western Australia Department of Health, 2022).

A small number of young people in this survey (n = 11, 2.6%) had been diagnosed with an STI, one of these young people had a diagnosis of hepatitis B, and one person reported a diagnosis of HIV. Ten (2.3%) were diagnosed with an STI other than HIV (see Figure 11).

# 7. Digital and online sexual practices

Digital technologies increasingly play a role in the sex lives and relationships of young people. Internet dating, sexting and consumption of online pornography are now common practices and issues of online safety and digital sexual literacy (defined as capacity to safely navigate, and critically engage with, online spaces and connections as part of one’s sex life) are increasingly important considerations for sexual health promotion and education. In this chapter we report on a range of digital sexual practices with the aim of building understanding of young people’s online experiences.

Just a note about wording. Young people tend not to use the terminology of ‘sexting’ to talk about sending or receiving digital images that contain nude or sexual images. This is a term that has been developed largely by researchers and policymakers. Nevertheless, for clarity and brevity we use the term ‘sexting’ in this report.

### Sending and receiving sexual images and messages

In total, 85.8% of young people (n = 410) reported some engagement with sexting (sending or receiving sexual or nude images or sexual text messages; Figure 12). More young people reported receiving sexual images (n = 373, 78.7%) than sending them (n = 272, 58.6%).

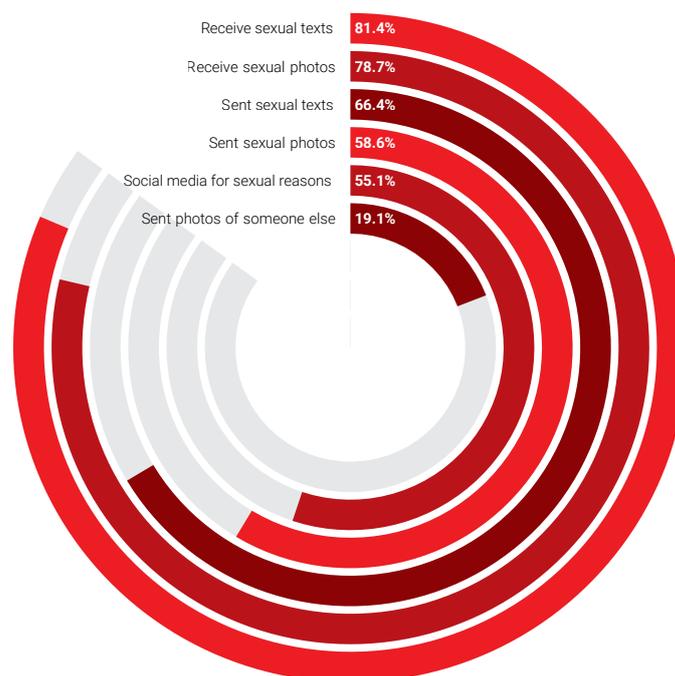
Young women were more likely to engage in sexting (n = 280, 91.8%) than young men (n = 97, 74.0%) or trans and non-binary young people (n = 33, 78.6%, p < .001). LGBTQ+ young people (n = 195, 89.9%) were more likely to engage in sexting than heterosexual young people (n = 214, 82.3%, p < .019) (Table 20).

Receiving a sexually explicit text message was common (n = 386, 81.4%), with 51.7% (n = 245) of young people receiving a text message once a month or more. Receiving sexually explicit nude or nearly nude photos or videos occurred less frequently, with 78.7% (n = 373) reporting that they received nude or sexual photos at least once and 43.5% (n = 206) that they received nude or sexual photos once a month or more. Most commonly, young people were sent photos from a romantic partner (n = 183, 48.9%),

followed by a stranger (n = 171, 45.7%) or someone known only online (n = 142, 38.0%).

There were 66.4% of young people (n = 308) who reported that they had sent a sexually explicit text message, with 38.6% (n = 179) doing so monthly or more. Sending sexually explicit images was slightly less common, with 58.6% (n = 272) of young people having sent a sexual photo at least once, while 31.5% (n = 146) sent photos monthly or more often.

Figure 12. Percentage of young people who engaged in sexting



As with receiving images, young people most commonly sent images to their romantic partner (n = 203, 74.9%). A third (n = 102, 37.6%) had sent an image to someone they were seeing but not in a relationship with, 21.8% (n = 59) had sent an image to a friend, and 19.2% (n = 52) had sent an image to someone only known to them online. Sending photos to strangers (n = 15, 5.5%) or someone they've just met face-to-face (n = 10, 3.7%) was less common (Table 21).

Young women (n = 280, 91.8%) were more likely to report engagement with sexting than trans and non-binary young people (n = 33, 78.6%) or young men (n = 97, 74.0%, p < .001). There were 41.4% of young men (n = 53) who had sent nude photos of themselves, compared to 67.6% of young women (n = 200) and 47.5% of trans and non-binary young people (n = 19, p < .001).

Of the 272 young people (58.6%) who had sent sexual images of themselves to someone else, 82.1% (n = 224) reported sending photos that were suggestive (e.g. in underwear), while 78.4% (n = 214) sent semi-nude photos showing parts of their body, and 45.4% (n = 124) sent nude photos. Only five young people (2%) reported that they sent images that could be identified through a username, phone number or other information, while 28.2% (n = 72) indicated they had sent images in which their face was visible. Most young people (n = 162, 63.5%) reported they did not include any identifying information in images (Table 21).

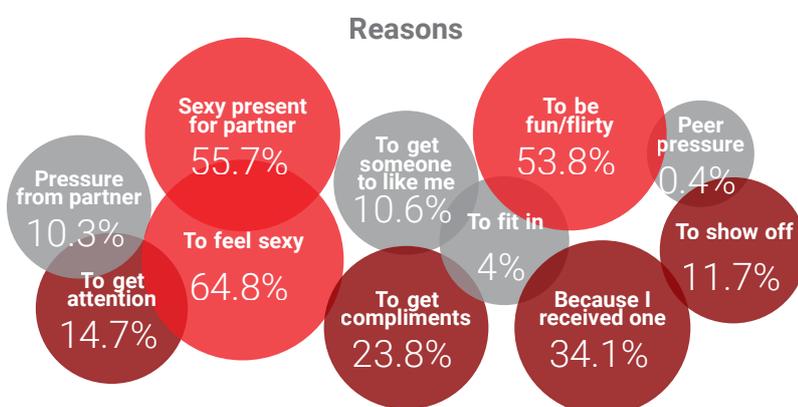
**Table 20.** Frequency of young people sexting, by gender

Frequency of types of sexting	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
<b>Frequency of receiving sexually explicit text messages (n = 474)</b>				
Never	35 (11.6%)	43 (33.1%)	10 (23.8%)	88 (18.6%)
A few times	93 (30.8%)	38 (29.2%)	10 (23.8%)	141 (29.7%)
1-3 times a month	79 (26.2%)	24 (18.5%)	8 (19.0%)	111 (23.4%)
Fortnightly or more	95 (31.5%)	25 (19.2%)	14 (33.3%)	134 (28.3%)
<b>Frequency of receiving sexually explicit photos (n = 474)</b>				
Never	43 (14.2%)	47 (35.9%)	11 (26.8%)	101 (21.3%)
A few times	113 (37.4%)	41 (31.3%)	13 (31.7%)	167 (35.2%)
1-3 times a month	78 (25.8%)	24 (18.3%)	9 (22.0%)	111 (23.4%)
Fortnightly or more	68 (22.5%)	19 (14.5%)	8 (19.5%)	95 (20.0%)
<b>Frequency of sending sexually explicit text messages (n = 464)</b>				
Never	84 (28.4%)	58 (45.3%)	14 (35.0%)	156 (33.6%)
A few times	90 (30.4%)	29 (22.7%)	10 (25.0%)	129 (27.8%)
1-3 times a month	67 (22.6%)	22 (17.2%)	8 (20.0%)	97 (20.9%)
Fortnightly or more	55 (18.6%)	19 (14.8%)	8 (20.0%)	82 (17.7%)
<b>Frequency sending sexually explicit photos of self (n = 464)</b>				
Never	96 (32.4%)	75 (58.6%)	21 (52.5%)	192 (41.4%)
A few times	87 (29.4%)	31 (24.2%)	8 (20.0%)	126 (27.2%)
1-3 times a month	66 (22.3%)	12 (9.4%)	7 (17.5%)	85 (18.3%)
Fortnightly or more	47 (15.9%)	10 (7.8%)	4 (10.0%)	61 (13.1%)
<b>Frequency of sending sexually explicit photo of someone else (n = 467)</b>				
Never	235 (79.4%)	109 (83.8%)	34 (82.9%)	378 (80.9%)
A few times	38 (12.8%)	12 (9.2%)	6 (14.6%)	56 (12.0%)
1-3 times a month	14 (4.7%)	6 (4.6%)	1 (2.4%)	21 (4.5%)
Fortnightly or more	9 (3.0%)	3 (2.3%)	0 (0.0%)	12 (2.6%)
<b>Frequency of social media use for sexual reasons (n = 463)</b>				
Never	124 (42.5%)	64 (49.6%)	20 (47.6%)	208 (44.9%)
A few times	77 (26.4%)	16 (12.4%)	8 (19.0%)	101 (21.8%)
1-3 times a month	46 (15.8%)	23 (17.8%)	5 (11.9%)	74 (16.0%)
Fortnightly or more	45 (15.4%)	26 (20.2%)	9 (21.4%)	80 (17.3%)

**Table 21.** Details about sending sexually explicit images, by gender

Details about the sending of images	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
<b>Sexual images sent to (n = 271)</b>				
Someone 'I'm in a relationship with	155 (77.9%)	33 (62.3%)	15 (78.9%)	203 (74.9%)
Someone 'I'm seeing but not in a relationship with	74 (37.2%)	18 (34.0%)	10 (52.6%)	102 (37.6%)
A friend	37 (18.6%)	15 (28.3%)	7 (36.8%)	59 (21.8%)
Someone I just met face-to-face	5 (2.5%)	4 (7.5%)	1 (5.3%)	10 (3.7%)
Someone I only know online	35 (17.6%)	14 (26.4%)	3 (15.8%)	52 (19.2%)
A stranger	12 (6.0%)	3 (5.7%)	0 (0.0%)	15 (5.5%)
<b>Identifying information shared (n = 239)</b>				
None	115 (66.5%)	32 (65.3%)	15 (88.2%)	162 (67.8%)
Face visible	58 (33.5%)	12 (24.5%)	2 (11.8%)	72 (30.1%)
Identifying information	0 (0.0%)	5 (10.2%)	0 (0.0%)	5 (2.1%)
<b>Type of photo (n = 273)</b>				
Suggestive (e.g. in underwear)	174 (86.6%)	32 (60.4%)	18 (94.7%)	224 (82.1%)
Semi-nude	168 (83.6%)	31 (58.5%)	15 (78.9%)	214 (78.4%)
Nude	79 (39.3%)	36 (67.9%)	9 (47.4%)	124 (45.4%)

**Figure 13.** Percentage of young people who agreed with statements about why they sent sexual images



## Context for sexting

Young people were asked about their reasons for sending sexual or nude images, with the option of selecting multiple reasons from a menu of options. Young people reported they commonly sent sexually explicit photos to feel sexy and confident (n = 177, 64.8%) or to be fun and flirty (n = 147, 53.8%), while 55.7% (n = 152) sent it as a sexy present for someone (Figure 13).

## Feelings about sending and receiving images

Young people were asked about their feelings when sharing sexual or nude images by selecting the extent to which they felt positive ('happy', 'excited', 'horny') and negative emotions ('embarrassed', 'guilty', 'upset') (Figure 14). Table 22 lists the feelings by gender.

Most young people reported feeling not at all or rarely guilty (n = 272, 74.5%), upset (n = 247, 67.5%), or embarrassed (n = 222, 61.0%) about receiving images.

Positive feelings were more varied with 48.5% (n = 177) indicating they never or rarely felt happy about receiving an image and 31.0% (n = 113) reporting that they often or always felt happy. Similarly, 48.0% (n = 176) young people never or rarely felt excited about receiving an image although 30.5% (n = 112) often or always felt excited.

Negative feelings ('embarrassed', 'upset' and 'guilty') were summed together to form an aggregated scale of 0 to 12, in which a higher score indicated higher negative feelings. Young women were more likely to report higher negative feelings about sending sexually explicit texts and photos (M = 5.0, SD = 3.8) than trans and non-binary young people (M = 3.8, SD = 3.1) or young men (M = 3.7, SD = 3.3, p = 0.050; Table 22).

Positive feelings ('horny', 'happy' and 'excited') were summed together to form an aggregated scale of 0 to 12, in which a higher score indicated higher

positive feelings. Young men were more likely to report higher positive feelings about sending sexually explicit texts and images ( $M = 6.1, SD = 3.7$ ), as were trans and non-binary young people ( $M = 6.1, SD = 3.2$ ), compared to young women ( $M = 4.4, SD = 3.6, p = .005$ ). Young men were also more likely to report positive feelings about receiving sexually explicit material ( $M = 7.1, SD = 3.6$ ) compared to trans and non-binary young people ( $M = 3.9, SD = 3.9$ ) or young women ( $M = 4.6, SD = 3.8, p < .001$ ).

### Sexting and consent

One in seven young people ( $n = 58, 14.1%$ ) had experienced sexual photos of them being shared without their consent. Close to half the participants ( $n = 177, 48.0%$ ) reported receiving a sexual image they had not asked for on at least one occasion, and around one in three reported receiving a photo that they did not want ( $n = 110, 30.2%$ ).

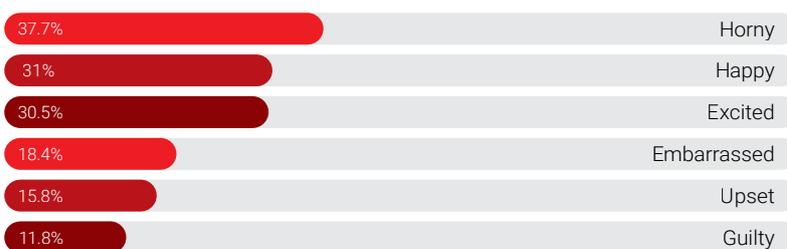
A small percentage of young people reported that they often ( $n = 21, 5.7%$ ) or always ( $n = 11, 3.0%$ ) asked for sexual images that they received. Only one young person felt pressured by friends to send an image, while 10.3% ( $n = 28$ ) felt pressured by their partner to send an image.

### Attitudes towards sexting

Most young people were aware of the potential risks of sexting (see Figure 15), with 96.1% ( $n = 445$ ) agreeing with the statement 'you have to be careful of sexting', 90.9% ( $n = 420$ ) agreeing that there are serious negative consequences to sexting, and 88.3% ( $n = 408$ ) agreeing that sexting is risky. A quarter ( $n = 113, 24.6%$ ) of young people thought there was no harm in texting.

Young people also reported positive aspects to sexting, including being more open about sex and sexuality as a result of sexting ( $n = 304, 65.7%$ ), learning about their partner's sexuality ( $n = 303, 65.4%$ ) and learning about their own sexuality ( $n = 293, 63.4%$ ). Around half agreed with the statement that sexting with partners is 'a good idea' ( $n = 260, 55.9%$ ) and 60.4% ( $n = 278$ ) agreed that 'sexting is a regular part of a relationship'.

**Figure 14.** Percentage of young people who reported that they often or always had these feelings about receiving sexual images

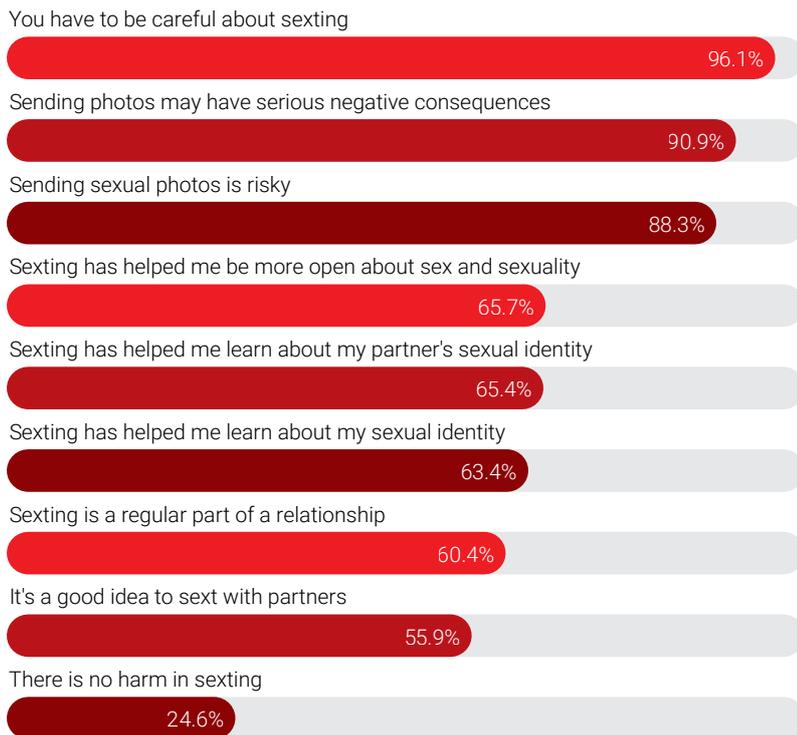


**Table 22.** Feelings about sending sexual or nude images of self, by gender

Feeling	Female n (%)	Male n (%)	Trans and non-binary, n (%)	Total n (%)
<b>Embarrassed (n = 266)</b>				
Low	85 (43.4%)	29 (55.8%)	8 (44.4%)	122 (45.9%)
Moderate	50 (25.5%)	12 (23.1%)	6 (33.3%)	68 (25.6%)
High	61 (31.1%)	11 (21.2%)	4 (22.2%)	76 (28.6%)
<b>Excited (n = 266)</b>				
Low	103 (52.6%)	21 (40.4%)	5 (27.8%)	129 (48.5%)
Moderate	45 (23.0%)	14 (26.9%)	6 (33.3%)	65 (24.4%)
High	48 (24.5%)	17 (32.7%)	7 (38.9%)	72 (27.1%)
<b>Guilty (n = 265)</b>				
Low	96 (49.2%)	34 (65.4%)	12 (66.7%)	142 (53.6%)
Moderate	43 (22.1%)	10 (19.2%)	4 (22.2%)	57 (21.5%)
High	56 (28.7%)	8 (15.4%)	2 (11.1%)	66 (24.9%)
<b>Happy (n = 263)</b>				
Low	96 (49.7%)	15 (28.8%)	6 (33.3%)	117 (44.5%)
Moderate	48 (24.9%)	21 (40.4%)	6 (33.3%)	75 (28.5%)
High	49 (25.4%)	16 (30.8%)	6 (33.3%)	71 (27.0%)
<b>Upset (n = 263)</b>				
Low	110 (56.7%)	40 (78.4%)	13 (72.2%)	163 (62.0%)
Moderate	26 (13.4%)	5 (9.8%)	1 (5.6%)	32 (12.2%)
High	58 (29.9%)	6 (11.8%)	4 (22.2%)	68 (25.9%)
<b>Horny (n = 264)</b>				
Low	100 (51.3%)	15 (28.8%)	6 (35.3%)	121 (45.8%)
Moderate	43 (22.1%)	10 (19.2%)	2 (11.8%)	55 (20.8%)
High	52 (26.7%)	27 (51.9%)	9 (52.9%)	88 (33.3%)

Low = not at all to rarely; moderate = sometimes; high = often or always.

**Figure 15.** Percentage of young people who agreed or strongly agreed with statements about sexting



The sexting attitudinal questions was summed together (with items related to caution, risk and negative consequences reverse scored) to create a sexting attitudes scale ranging from 0 to 32, with higher numbers meaning more positive attitudes about sexting and lower numbers meaning more negative attitudes towards sexting. The mean score was 15.3 ( $SD = 5.3$ ), with trans and non-binary young people ( $M = 16.1, SD = 4.1$ ) and young men ( $M = 16.1, SD = 5.8$ ) more likely to report positive attitudes towards sexting than young women ( $M = 14.8, SD = 5.1, p = 0.039$ ).

### Social media

Young people were asked if they had used social media for sexual reasons, and 55.1% ( $n = 255$ ) indicated that they had, with 33.3% ( $n = 154$ ) doing this monthly or more. Social media was used for communicating sexually with people. As with sexting, most young people used social media for sexual reasons with their partner ( $n = 143, 56.3%$ ), while 30.3% ( $n = 77$ ) used social media for sexual reasons with someone they were seeing but not in a relationship with. Around a quarter used social media with someone known to them only online ( $n = 52, 20.5%$ ). Using social media with strangers ( $n = 33, 13.0%$ ) or someone they had only recently met face-to-face ( $n = 11, 4.3%$ ) was less common.



## Pornography

Most young people (n = 559, 83.4%) reported viewing pornography at least once in their lifetime (Figure 16). Frequency of pornography use varied. Some young people had not viewed pornography in the past year (n = 55, 10.0%), while some viewed pornography daily or almost daily (n = 93, 16.9%). Most commonly, young people reported that they viewed pornography either weekly (n = 126, 22.9%), monthly (n = 89, 16.2%) or less than monthly (n = 188, 34.1%).

Figure 17 shows gender and sexual orientation differences in pornography use. More young men (n = 167, 94.9%) had viewed pornography than trans and non-binary young people (n = 42, 85.7%) or young women (n = 350, 78.7%, p < .001). More LGBTQ+ young people (n = 252, 87.8%) viewed pornography than heterosexual young people (n = 305, 80.1%, p = .008).

Of the young people who viewed pornography, most (n = 505, 90.7%) viewed pornography on their own, 13.3% (n = 74) viewed pornography with friends, and 12.6% (n = 70) with their partner. Young people gave many reasons for using pornography: 58.4% (n = 327) viewed pornography out of curiosity, 55.2% (n = 309) for pleasure, 25.7% (n = 144) to learn about sexual practices, 24.6% (n = 138) to learn about pleasure, and 11.8% (n = 66) because they were feeling sad or lonely.

**Figure 16.** Percentage of young people who have viewed pornography, and the frequency of its use in the past year

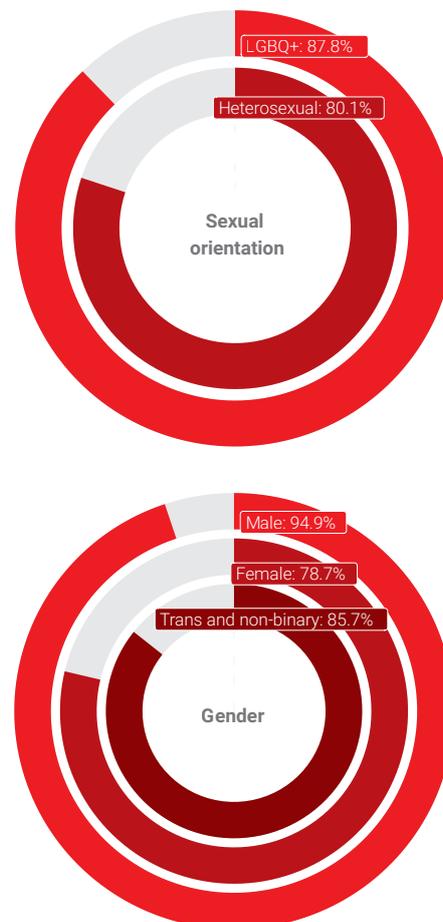
### Ever viewed pornography



### Frequency



**Figure 17.** Total percentage of young people who have ever viewed pornography, by gender and sexual orientation



# 8. Experiences of sexual violence or coercion, attitudes to consent

In recent years, issues relating to gender-based violence and sexual violence have received prominent attention in Australia. This has occurred in the context of the international #MeToo movement and several high-profile events in Australia, including the political response to allegations of sexual assault occurring in Australian Parliament House (Sawer, 2021) and increasing concerns about online sexual harassment, abuse, and non-consensual sharing of sexual images (Farrell et al., 2022; Lee, 2022).

This has led to increased calls for issues of sexual consent to be more comprehensively addressed in Australian schools and a greater focus on issues of violence and consent to be included in research and policy responses to young people's sexual health. In this chapter, we look at what Australian young people told us about perceptions of consent and experiences of unwanted sex.

## Perceptions of consent

Students were asked to describe how they would know when someone wants to have sex and asked to include words, phrases and behaviour that might demonstrate sexual consent. There were 589 young people (85.0%) who answered this question, providing short written responses. These were analysed using indicative thematic analysis by an experienced researcher (see Figure 18).

The majority of responses described consent in affirmative terms. That is, consent was described as an indication of 'yes' rather than someone saying 'no' to sexual advances. However, most young people did not expect consent to be verbal, but instead wrote that consent was implied in actions such as touching, kissing, flirting, removing clothing and so forth.

*I would say no one ever asks. It's either implied or someone says no because they know what's coming.*  
(Female, age 16, bisexual, Year 11).

*The only way to know if they consent to having sex is them telling you they consent. Though communication doesn't always happen with words, like are they leaning in or pulling away, do they look uncomfortable,*

*are they kissing you back or just staying still.*  
(Female, age 17, bisexual, Year 12)

*I don't think it means that they give you consent to have sex with you, as they can change their mind, but something leading to something sexual, they can stand really close with a hand around your waist, touching your thigh when sitting or standing. Flirting with you. Wanting to go somewhere private.*  
(Female, age 17, bisexual, Year 11)

*When they say it. If they look comfortable and ok with the situation, and after checking. A mutual understanding beforehand (which can change, though) and other things, like the vibe and if they are sober or not.*  
(Male, age 17, gay/lesbian, Year 12)

*'Yes I want this'. Willingly saying yes, non-verbally nodding, being close and importantly sober, initiating sexual contact, responding to when I ask if that's good or if they want to change eagerly responding, pretty much just a clear verbal confirmation followed by them backing that up with eager nonverbal body language.*  
(Female, age 16, used a different term for their sexuality, Year 11)

There were gender-based differences in responses. Young women and non-binary young people were more likely than young men to report that it would be clear to them if someone wanted to have sex with them by their actions (kissing, touching, flirting) or because their potential partner would ask them if they wanted to have sex. Young men were more likely to write about needing

Figure 18. Word cloud of open-ended responses to describe consent (n = 589)



to ask for consent, check in or wait for the other person to initiate sex as an assurance of consent. This does not mean women were not aware of the need to check in with their partners or ask for consent. It was, however, more consistently assumed that young men would proactively express a desire to have sex.

*If they start acting like they want to have sex eg. touching, kissing, and most importantly, telling me they want to do it.*

(Non-binary young person, age 17, bisexual, not in school)

*Touching, kissing, asking if you feel comfortable around them, asking you about your sexual/romantic past, strong eye contact.*

(Female, age 17, bisexual, Year 12)

*Through physical touch: kissing which progresses, touching different body parts. Asking if they can touch certain body parts.*

(Female, age 17, bisexual, Year 12)

*She normally is the one that engages it, I always make sure to ask if she's sure. Unless there is a definitive yes, then I won't continue.*

(Male, age 17, heterosexual, Year 11)

*In this case, normally it starts [as] just a normal hook up ... I let that go till it starts to get faster and faster, at this point I would start moving into a more sexual part of the body then, once I'm there, I look at them and they would respond with a smile or something and then both would continue till she tries something on me then everything else would progress.*

(Male, age 18, heterosexual, Year 12)

Many young people spoke about consent as a process of checking in or continually being aware of the other person's non-verbal cues, rather than a one-off indication of consent that could then be assumed.

*'Yes!' or 'Keep going!' or other enthusiastic phrases whilst committing the act, 'I like where this is going' preceding the act, 'Can we take this to the bedroom?' or 'Ya*

*want me?' to solicit their consent.*

(Female, age 16, heterosexual, not at school)

*When you're making out and they ask if you want to, or ask to take ur shirt off and then u ask back, and just continually checking if the other person is comfortable with something before doing it.*

(Female, age 17, heterosexual, Year 11)

*Clear and explicit 'yes' to clear questions regarding consent i.e. 'do you want to have sex with me?' as well as consistent check ups throughout the intercourse e.g. 'is this okay?', 'are you feeling good?'*

(Non-binary young person, age 17, bisexual, Year 12)

Some young people spoke about their sense of 'connection' to the other person as an indicator that someone was willing to have sex – a felt sense of knowing someone, or a good 'vibe' between them being described as part of the consent process.

*You would of spoken about wanting to do it together. Both of you have to want to do it and then of course you need to feel a connection with each other.*

(Female, age 17, heterosexual, Year 12).

A number of young people described consent in terms of specific aspects of consent, including age and also sobriety:

*Flirtatious attitude, dropping 'hints'. Obviously before engaging it is important to clarify that both parties are of age, are not under the influence and have both given consent.*

(Male, age 16, heterosexual, Year 11).

*Clearly say yes. if the person is relaxed and sober and shows no sign of restraint, uneasiness and clearly says they want to. no coercion included.*

(Female, age 17, Year 12)

One young person wrote that schools need to pay more attention to body language and non-verbal indicators of consent in school-based education. They felt that this is more realistic than assuming consent will always be verbal, or metaphors (such as tea) to talk about the process of consent:

*You can usually tell if they are into it or not. If they're kissing you back/ reciprocating what you're doing, you know they might want to have a sexual encounter, whether it's sex or not. Obviously if they say no, it's clear they don't want to, but sometimes people don't want to speak up so it's important to read them for hesitation. However, I think what schools teach us is unrealistic because in the moment you're not going to stop and ask someone if they want 'tea', instead they should teach us to read body language.*

(Female, age 17, heterosexual, Year 11)

## Fear of intimate partner

A quarter (n = 111, 25.4%) of participants reported that they had felt frightened of their partner in the past 12 months. This figure was significantly higher among trans and non-binary young people, of whom 46.4% (n = 13) reported feeling frightened of their partner. Young women were also more likely to report feeling frightened of their partner (n = 81, 28.3%) than young men (n = 8, 11.1%,  $p < .001$ ).

## Experiences of unwanted sex

Young people were asked if they had 'ever had sex when they didn't want to'. There were 198 (45.3% of those who had ever experienced sex) who indicated that they had.

There were 71.4% of trans and non-binary young people (n = 20) who reported they had experienced unwanted sex and 50.3% of young women (n = 144). This was a significantly higher number than of young men (n = 24, 32.9%,  $p < .001$ ), although it is still notable that a third of young men had experienced unwanted sex.

## Experiences of intimate partner violence:

25.4%

of young people felt frightened of their partner in the past 12 months

45.3%

of sexually active young people had experienced unwanted sex

19.8%

of those experiencing unwanted sex talked to someone about their experience



Young people reported that the average age at which they first experienced unwanted sex was 15.0 years ( $SD = 1.3$ ), and this was lower for trans and non-binary young people ( $M = 14.1$ ,  $SD = 1.1$ ) than for young women ( $M = 15.0$ ,  $SD = 1.2$ ) or young men ( $M = 15.5$ ,  $SD = 1.6$ ). Almost one in five young people reported that their first unwanted sexual experience was under 14 years of age ( $n = 34$ , 18.0%,  $SD = 1.37$ ).

Sexually active LGBTQ+ young people were more likely to report experiences of unwanted sex ( $n = 86$ , 57.0%) than heterosexual young people ( $n = 102$ , 43.6%,  $p = .010$ ).

### Context of unwanted sex

For most young people who had experienced unwanted sex, this occurred for the first time in the context of an intimate relationship ( $n = 130$ , 66.7%) and the most recent time unwanted sex occurred was most commonly with a male partner ( $n = 168$ , 86.2%).

In total, 59.3% ( $n = 16$ ) of young men, 68.5% ( $n = 102$ ) of young women and 63.2% ( $n = 12$ ) of trans and non-binary young people reported that their first unwanted sexual experience occurred within an intimate relationship.

Most young people reported that their most recent experience of unwanted sex was perpetrated by a male partner

( $n = 168$ , 86.2%): 96.0% ( $n = 143$ ) for young women, 85.0% ( $n = 17$ ) for trans and non-binary young people, and 30.8% ( $n = 8$ ) for young men.

Young people described the context in which unwanted sex occurred: 60.4% ( $n = 119$ ) had experienced verbal pressure, 38.1% ( $n = 75$ ) were worried about negative outcomes of not having sex, 32.5% ( $n = 64$ ) were physically forced, and 31.0% ( $n = 61$ ) were drunk or high at the time.

### Help seeking

Just under one in five young people who experienced unwanted sex ( $n = 39$ , 19.8%) had talked to someone or sought help about their experience.

# 9. Negotiating safe sex, talking about sex and sexual health

Greater confidence talking to sexual partners about sex, including what they want from the relationship and the sexual encounter as well as negotiating contraception and condom use, increases the chances of enjoyable and positive sexual experiences. Young people are more likely to have access to support and advice to ensure sexual health and positive relationships when they have the skills and confidence to talk to friends, family members or other people in their lives about issues relating to sex, relationships or sexual health (Mastro & Zimmer-Gembeck, 2015).

### Talking to sexual partners

Many young people reported having discussions with their partners during their most recent sexual experience about having sex (n = 330, 77.8%), what they would like to do regarding sex (n = 264, 63.5%), how to get sexual pleasure (n = 246, 59.6%), how to avoid pregnancy (n = 193, 50.5%), using a condom (n = 203, 49.8%), and avoiding HIV and STIs (n = 119, 30.8%). Figure 19 lists the percentage of young people discussing each topic with their sexual partner.

### Talking to general practitioners

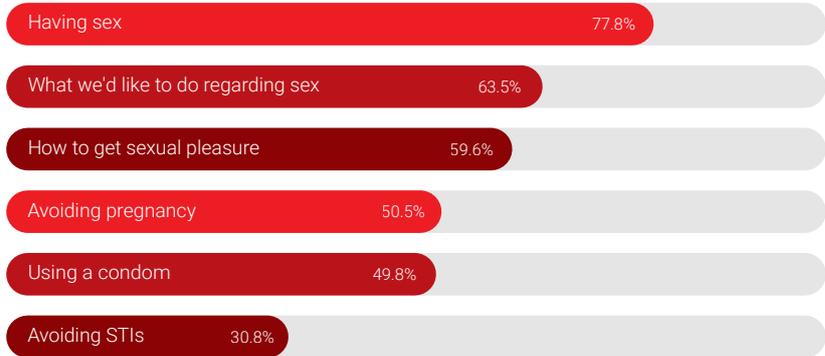
General practitioners (GPs) were young people’s most trusted source of accurate information about sexual health, with 76.9% (n = 443) reporting a ‘moderate’ or ‘extreme’ level of trust in the information they received from their GPs. However, fewer young people (n = 222, 36.1%) had actually spoken to a GP to learn about sexual matters such as safe sex, contraception or STIs, while just 3.8% (n = 22) had sought help from a GP about sexual matters in the past year.

Young people’s confidence to talk to GPs about sex and sexual health was low, with:

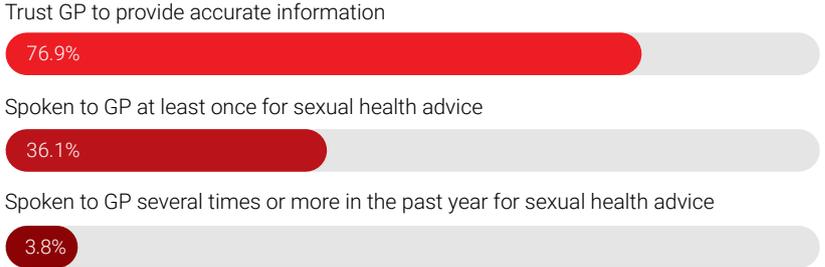
- 56.4% (n = 359) reporting they were moderately or extremely confident talking to GPs about protection during sex (i.e. contraception, condoms, PrEP/PEP)
- 44.3% (n = 288) reporting they were moderately or extremely confident talking about STIs or HIV

- 42.8% (n = 269) reporting they were moderately or extremely confident talking with their GP about sex
- The topics most often discussed with GPs were contraception (n = 113, 91.9%), STIs and HIV (n = 52, 42.3%) and condoms (n = 37, 30.1%), followed by having sex (n = 35, 28.5%) and sexuality (n = 12, 9.8%). See Figure 20 for young people’s trust and use of GPs as a source of sexual health information.

**Figure 19.** Percentage of young people who discussed various topics with their partner at their most recent sexual experience



**Figure 20.** Percentage of young people who trusted and spoke to GPs about sexual matters



### Talking to educators or school staff

Young people were not confident talking to school staff, including teachers, school nurses and counsellors or other welfare staff, about sexual matters. When asked how confident they were speaking to school staff about the following issues:

- 14.4% (n = 91) reported that they were moderately to very confident talking about safe sex or contraception
- 10.0% (n = 63) reported that they were moderately to very confident talking about sex
- 9.2% (n = 60) reported that they were moderately to very confident talking about STIs or HIV

Young people were most likely to approach school nurses or counsellors for information or support related to sex or sexual health. One in seven (n = 90, 14.6%) had 'ever' spoken to a school nurse or counsellor, and only three young people had spoken to a school nurse or counsellor in the last year. Around one in three young people (n = 184, 33.4%) reported that they trusted school nurses and counsellors to provide accurate sexual health information.

Teachers were seen by young people as a source of sexual health information, with 48.9% (n = 301) reporting they had learned about sexual matters from a teacher, although fewer (n = 141, 25.6%) reported that they trusted their teachers to provide accurate information. One in seven

young people (n = 37, 14.5%) had spoken to a teacher about sex or sexual health issues in the last year.

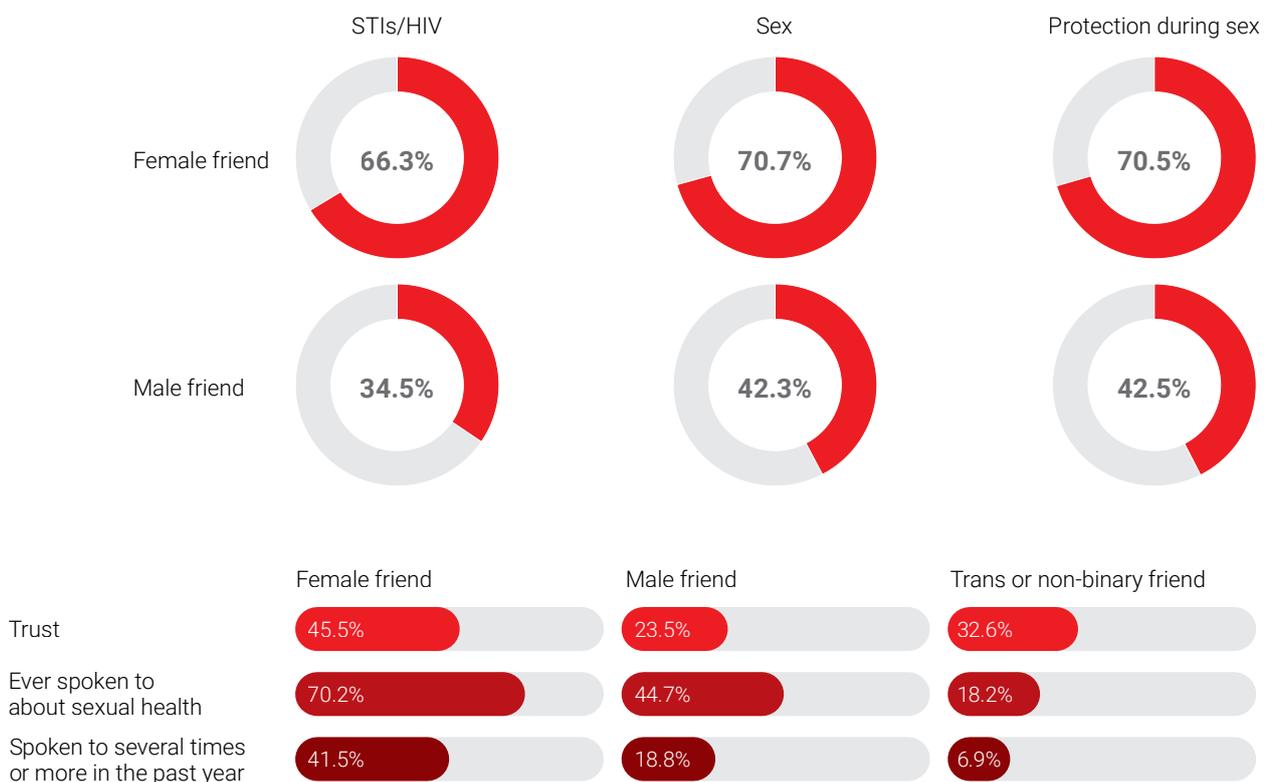
The topics most likely to be discussed with nurses, counsellors or teachers were contraception (school nurse: n = 8, 66.7%; counsellors: n = 5, 71.4%; teachers: n = 55, 65.5%), condoms (school nurse: n = 5, 41.7%; counsellors: n = 3, 42.9%; teachers: n = 61, 72.6%), or STI/HIV prevention or testing (school nurse: n = 4, 33.3%; counsellors: n = 2, 28.6%; teachers: n = 54, 64.3%).

### Talking to peers

Many young people reported that they discussed sexual matters with their peers (Figure 21): 70.2% (n = 432) with female friends, 44.7% (n = 275)

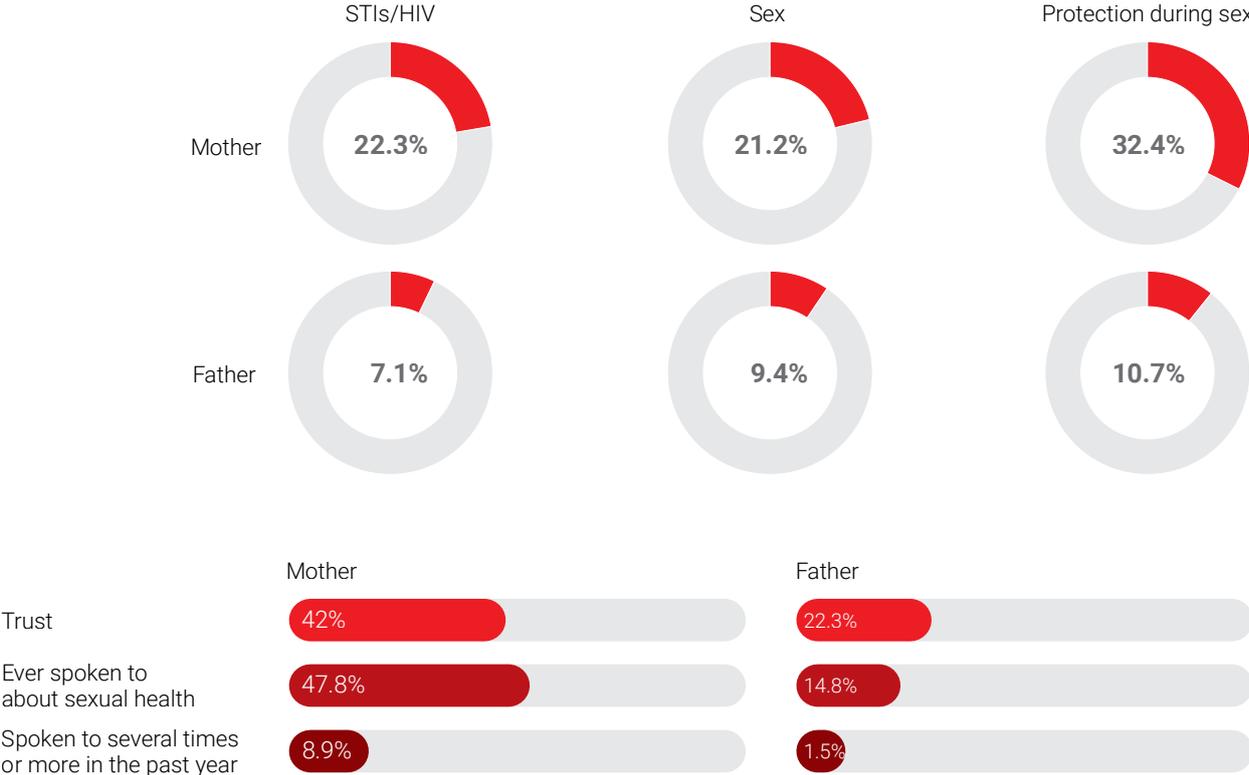
**Figure 21.** Percentage of young people who felt confident talking to, trusted and spoke to friends about sexual matters

#### Moderately or extremely confident talking to friends about:



**Figure 22.** Percentage of young people who felt confident talking to, trusted and spoke to their parents about sexual matters

**Moderately or extremely confident talking to friends about:**



with male friends and 18.2% (n = 112) and with trans and non-binary friends. Young women (n = 316, 79.4%) and trans or non-binary young people (n = 32, 66.7%) were more likely compared to young men (n = 84, 49.7%,  $p < .001$ ) to discuss sexual matters with female friends. Young men (n = 93, 55.0%) were more likely to speak to male friends, compared to 41.0% (n = 163) of young women and 39.6% (n = 19) of trans and non-binary young people ( $p = .007$ ). Trans and non-binary friends saw other trans and non-binary young people as their most trusted peers to discuss sexual matters (n = 33, 68.8%). The topics most discussed with female friends were contraception (n = 223, 72.2%), having sex (n = 221, 71.5%), and sexual orientation or gender identity (n = 185, 59.9%). Discussions with male

friends were commonly about having sex (n = 120, 75.0%), condom use (n = 83, 51.9%), and sexual orientation or gender identity (n = 85, 53.1%). Most commonly, the topics young people who spoke to their trans and non-binary friends about were sexual orientation or gender identity (n = 59, 88.1%).

**Talking to parents**

Although 47.8% (n = 294) of young people discussed sexual matters with their mothers, confidence talking to mothers about safe sex and contraception (n = 206, 32.4%), STIs or HIV (n = 145, 22.3%) or having sex (n = 133, 21.2%) was low. Less than one in 10 young people (n = 52, 8.9%) talked to their mothers about sexual matters several times in the past year (Figure 22).

Fathers were rarely sought out to talk about sexual matters, only 14.8% (n = 91) of young people spoke to their fathers about sexual matters, and few (n = 9, 1.5%) did so frequently (several times in the past year). Confidence talking to fathers about sexual matters was low, with few young people feeling moderately or very confident talking to their fathers about safe sex and contraception (n = 68, 10.7%), STIs or HIV (n = 46, 7.1%) or having sex (n = 59, 9.4%). However, discussions about condom use occurred more often in conversations with fathers (n = 17, 50.0%) than mothers (n = 61, 39.1%).

# 10. Learning about sex and sexual health: Sources of knowledge and information

Learning about sex and sexual health can take many forms. It is not simply a process of learning facts about STIs or safe sex methods, but also about developing an understanding of how to navigate a safe and healthy sex life.

Developing an understanding of personal factors that make it difficult to negotiate condom use or learning how to navigate health services to access screening is a key part of learning about sex and sexual health. In this chapter, we look at young people's experiences and thoughts about finding helpful information about sex, relationships and sexual health.

## Sources of knowledge about sex and sexual health

Participants were asked where they were most likely to be exposed to information about sex or sexual health, including written information or advice from friends, family or others. The most common responses were staff, lessons or health promotion at school (n = 467, 75.9%), friends (n = 466, 75.8%) and websites (n = 357, 58.0%). Only 1.1% (n = 7) of young people reported never seeking information about sexual matters. Figure 23 lists the percentage of young people who had ever used each source of information.

### School

There were 75.9% of young people (n = 467) who reported that school was a source of some learning about sex and sexual health, and 58.4% (n = 315) who reported that teachers, school nurses, counsellors, lessons or school-based health promotion were moderately or extremely trusted sources of information about these matters. One-third (n = 83, 35.5%) reported learning about sex and sexual health through these sources several or more times in the past year.

**Figure 23.** Percentage of young people who have sought help or advice about sexual health matters from a list of sources





# 11. Experiences of relationships and sexuality education in schools

Young people report school-based relationships and sexuality education (RSE) to be a trusted source of knowledge about sex, relationships and sexual health (Ezer et al., 2019; Fisher, Waling, et al., 2019). However, delivery of RSE within schools across Australia is inconsistent, with some students receiving very little RSE and the content of RSE often excluding topics young people want more information about, such as relationships and sexual practices (Waling et al., 2020). In this chapter we look at what young people told us about their recent experiences of RSE.

## Who received RSE?

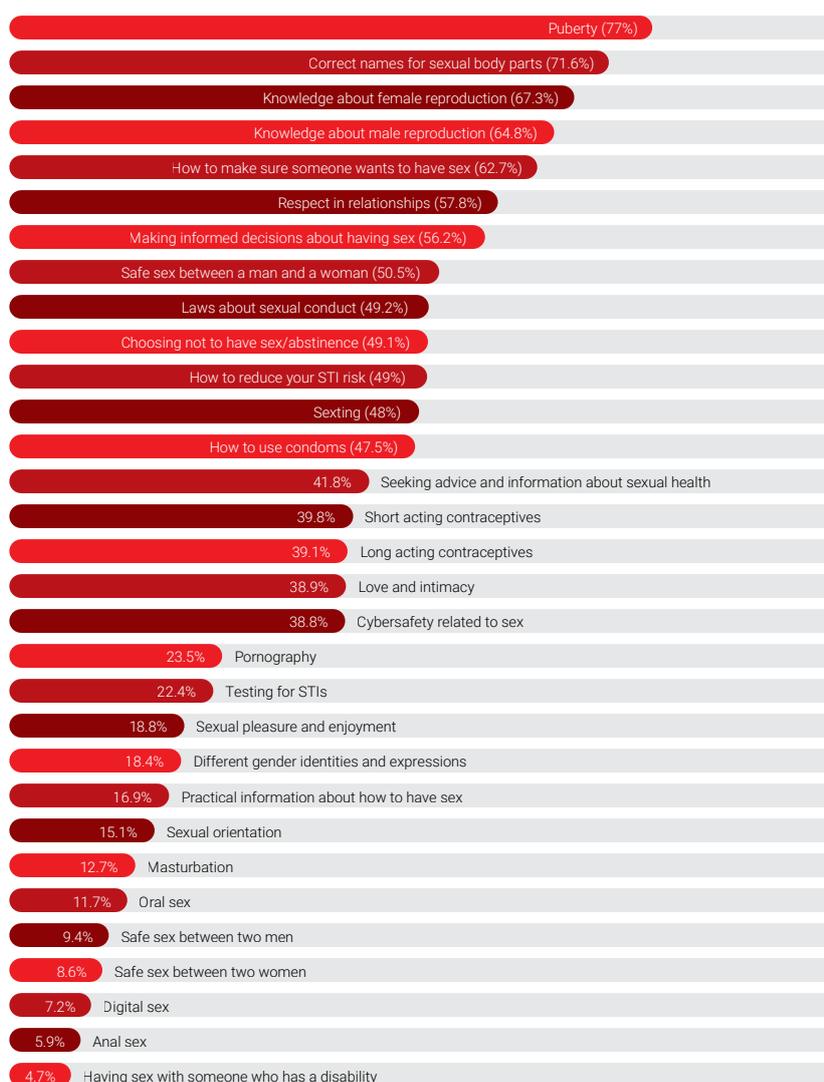
Most young people (n = 476, 93.5%) reported receiving RSE at school, most commonly in Year 8 (n = 299, 58.7%) and Year 9 (n = 343, 67.4%). On average, young people received RSE across 3 years of schooling.

Most young people received RSE, regardless of the type of school they went to: 96.1% of young people from government schools (n = 270) received RSE, 92.3% (n = 108) from independent schools and 91.8% (n = 89) from Catholic schools. Table 23 lists demographic characteristics of young people who had or had not received RSE in school.

## RSE at schools during COVID-19

Just under half the young people who received RSE (n = 189, 47.8%) reported that they did not attend RSE classes at school during 2020/2021: 2.3% (n = 9) reported that RSE was scheduled but was cancelled due to school closures during the COVID-19 lockdowns. Nearly half (n=191, 48.4%) did attend RSE classes in 2020/2021, either at school (n =184, 46.6%) or online due to school closures (n = 7, 1.8%). Young people in Year 9 (n = 28, 66.7%), Year 10 (n = 46, 70.8%) and Year 11 (n = 74, 65.5%) were more likely to report receiving RSE in 2020/ 2021 than young people in Year 12 (n = 30, 26.5%,  $p < .001$ ).

**Figure 26.** Percentage of young people reporting that specified topics were well covered in their most recent RSE class



**Table 23.** Demographic characteristics for young people who received RSE and those who did not

Demographic characteristics	Did not receive RSE n = 33, n (%)	Received RSE n = 476, n (%)
<b>School type</b>		
Catholic	6 (7.1%)	79 (92.9%)
Government	7 (2.9%)	237 (97.1%)
Independent	6 (6.1%)	93 (93.9%)
Homeschool	1 (25.0%)	3 (75.0%)
<b>Gender</b>		
Female	17 (5.2%)	307 (94.8%)
Male	11 (7.7%)	132 (92.3%)
Trans and non-binary	5 (11.9%)	37 (88.1%)
<b>Sexuality</b>		
Heterosexual	16 (5.8%)	261 (94.2%)
LGBQ+	16 (6.9%)	215 (93.1%)
<b>Area of living</b>		
Major city	19 (6.5%)	272 (93.5%)
Regional/remote	6 (5.7%)	100 (94.3%)

**Table 24.** Demographic characteristics for young people who reported that RSE was relevant and not relevant

Demographic characteristics	Not relevant* n = 368, n (%)	Relevant** n = 117, n (%)
<b>School type</b>		
Catholic	65 (79.3%)	17 (20.7%)
Government	167 (70.8%)	69 (29.2%)
Independent	81 (85.3%)	14 (14.7%)
Homeschool	1 (33.3%)	2 (66.7%)
<b>Gender</b>		
Female	235 (76.1%)	74 (23.9%)
Male	100 (72.5%)	38 (27.5%)
Trans and non-binary	33 (86.8%)	5 (13.2%)
<b>Sexuality</b>		
Heterosexual	195 (73.6%)	70 (26.4%)
LGBQ+	173 (78.6%)	47 (21.4%)
<b>Area of living</b>		
Major city	219 (78.8%)	59 (21.2%)
Regional/remote	76 (76.0%)	24 (24.0%)

\* 'Not relevant' consists of the responses 'not at all relevant' and 'somewhat relevant'.

\*\* 'Relevant' consists of the responses 'very relevant' and 'extremely relevant'.

### Perceptions of RSE quality and relevance

Students were asked if they thought RSE was an important part of the school curriculum with 96.5% (n = 469) reporting that it is.

Nearly one in four young people (n = 116, 24.7%) reported that their last RSE class was very or extremely relevant, 37.7% (n = 177) found the classes 'somewhat' relevant, 24.9% (n = 117) found them 'a little' relevant and 12.6% (n = 59) found the classes 'not at all' relevant. See Table 24 for details.

### Range of topics covered in RSE

When asked how well a range of topics was covered in their most recent RSE lessons, most young people reported that puberty, naming body parts, reproduction (male and female), respectful relationships and consent were well covered (see Figure 26). Most students reported that safe sex in same sex relationships, anal sex, and issues relating to sexuality and disability were not covered at all.

### Young people's views on RSE

Young people were asked if there was anything else that they would like to say about RSE. There were 130 students (18.8%) who wrote short responses to this question (Figure 27). These responses were analysed using inductive thematic analysis with key themes presented below.



*We also had a box where we could write a note and put it in, and the teacher would pull them out at the end and answer [some and] apart from [that] she wouldn't answer any of our questions if they were sexual questions stuff we NEEDED to be taught, and the teacher would throw them in the bin. We never got taught about self-pleasure [and] enjoying ourselves.*

(Female, age 16, bisexual, Catholic school)

*Because it's a Catholic school, we only got taught about abstinence and consent. Literally anything more would be good. Everything mentioned in this survey would've been useful.*

(Male, age 17, gay/lesbian, Catholic school)

*My most recent education was in the ATAR human biology course. So despite having all the education, it was most[ly] biology based as my school over several years has taught puberty and love at different times.*

(Male, age 17, heterosexual, independent school)

*I think schools should definitely cover more LGBT+ sexual safety and educate people on gender diversity. Also the sexual safety was basically just 'wear a condom, take the pill, sex will kill you', which was unhelpful and makes the teachers feel untrustworthy to students.*

(Non-binary young person, age 17, bisexual, government school)

## Exclusion of female bodies and female pleasure

Many young women commented that they were taught very little about female bodies and less still about female sexual pleasure in RSE. Interestingly, a lot of young people adopted the terminology of 'pleasure' in their responses, suggesting there is an awareness of the sorts of conversations they are looking to have in RSE and a language to express this. Possibly, this has come through increasing social media activism relating to consent and the need for more comprehensive, pleasure-based sex education.

*Were never taught much about female pleasure, or female puberty.*

(Female, age 16, heterosexual, government school)

*Should talk about women's pleasure more, and talk about sex in different circumstances.*

(Female, age 17, heterosexual, government school)

*There is nothing on female pleasure, only male. And learning from diagrams for [body] parts is not helpful to life. Nothing on female masturbation and a lot of saying no to sex, rather than men accepting no for an answer and how to do that. Also, other modes of consent. More easily explained pros and cons on contraceptives and where to get them and how.*

(Female, age 17, bisexual, government school)

*Need more education on women's reproductive systems, was all based on men and their pleasure. More information about sexual identity and destigmatising masturbation and self-pleasure for women as well as pleasure in general.*

(Female, age 17, heterosexual, government school)

*I think that we should start teaching about pleasurable sex in our curriculum. In school for me, sex is mostly viewed as a biology or science subject and is more focused on the physical anatomy of sex, and less focused on the pleasure and enjoyment of sex. I think we should also be more properly educated on female pleasure during sex, because there are a lot of common misconceptions and stigma lingering around females enjoying sex.*

(Female, age 17, type of school not disclosed)

## RSE is not inclusive of diverse sexuality, genders or bodies

Many young people wrote about the lack of diversity in their RSE. Most RSE did not attend in any detail to sexual identity, gender identity, asexuality, sex between same-sex couples, or sex that did not centre on traditional (missionary) heterosexual penis/vagina sex.

*Well, anything that wasn't the norm (e.g. man and woman missionary) wasn't taught. So nothing on LGBTQI+ safe sex, intersex people, sexual identity, kinks. And nearly the complete lack of consent talks.*

(Female, age 17, bisexual, government school)

*There was a complete lack of acknowledgment of queer identities. Same sex relationships and trans and gender diverse people weren't mentioned at all. In addition, we weren't taught about the practical aspects of sex (as in, how to actually have it besides 'you put the penis in the vagina').*

(Non-binary young person, age 17, bisexual, government school)

*Sexual and romantic orientations are not covered at all ever. Gay sex is completely ignored. No-one is helped with issues regarding being LGBTQ+ ... asexual, gay, trans, lesbian, bi and more people are not ever mentioned.*

(Female, age 16, used a different term for their sexuality, independent school)

*I feel like different sexualities need to be accounted for, like asexual individuals. Teachers never actually say it's ok not to want sex or desire it, and it makes ACE [asexual] individuals feel like something's wrong with them. More in general about gender identity and sexuality would be great because personally as a bisexual enby, my sexuality is never mentioned nor my gender. School only talks about straight sex ... not good.*

(Non-binary young person, age 14, bisexual, government school)

*I think that we should have been taught about how the female body works, and how to check for STIs and all sorts of cancers. How are we supposed to know what's normal and what isn't normal? All boobs are different, how do I know there's a problem unless I'm told what to look for. When I was being taught about sex, it was in a private Christian school, so talking about anything sexual and the lgbtqia+ [sic] community was forbidden. But I do think that*



*gender and sexual identities should've been discussed more seriously (the teacher literally made fun of it). Safe sex between people of the same sex should be discussed more openly.*  
(Female, age 16, bisexual, government school)

*The class didn't really relate to me as a disabled gender diverse gay man. All of the education was from a cis het perspective and I've had to learn LGBT related things online only. There was a lot of focus on preventing pregnancy, and minimal about STDs and STIs. There was nothing mentioned about disability. Our teacher didn't know what PEP, PrEP or dental dams were. Any information was based on penis in vagina sex only.*  
(Non-binary young person, age 15, gay/lesbian, independent school)

### **RSE does not challenge shame, stigma and taboos about sex**

Several young people spoke about their experience of RSE as perpetuating stigma related to sex, masturbation and STIs. This often related to awkward or inappropriate responses from teachers or the lack of an approach to teaching that normalised difficult or challenging conversations about sex.

*Sex is still seen as a taboo topic and I think that teachers are too scared to teach it or just avoid it all together. It would have been nice to learn about sexual pleasure and sexual orientation.*  
(Female, age 16, sexuality 'unsure', not in school)

*Nothing about gender and sexuality diversity. There is a massive stigma around sex, masturbation, and pornography. Also the way it is presented most of the time is heteronormative and limiting, and the teachers don't even know what they are talking about. It ends up with a lot of kids feeling guilty and lost. The conversations are like lectures rather than an open conversation, and it feels very claustrophobic and limiting. The school also 'says' there is help, but in reality, it's useless and overwhelmed. Sex ed, gender ed, safety ed, diversity ed and respect ed should all be integrated more into school and not stigmatised.*  
(Non-binary young person, age 14, gay/lesbian, independent school)

## Consent

A number of students commented that they did not receive adequate opportunity to talk about issues relating to consent in their RSE classes. In general, this was connected to the non-comprehensive nature of RSE and the fact that many young people did not learn much about navigating emotional or physical safety or pleasure in relationships.

*Something that is always overlooked is that while it is important for (usually) guys to be aware and respectful when girls don't consent, it is also even more valuable, but never focused on, that (usually) girls need to be able to speak up for themselves. So many teen girls are nervous and unsure about themselves, it is important to encourage and teach them to actually say 'no I don't want this' when they are put in that situation, especially when their partner has no ill intent. This is something that needs to be addressed and implemented.*

(Female, age 18, bisexual, not in school)

As the young woman above so clearly articulates, RSE should be a place for young people to 'rehearse' discussions about consent and be given permission to speak openly about sex. This was also explained in the quotation below by another young woman, who wrote that RSE is a place where young people should be clearly taught what is and is not okay in sexual encounters and for young people's experiences of unwanted sexual attention or assault to be validated.

*We focused more on the biological and contraceptive side of things, but I think it's v important to talk more about consent, and what that looks like, along with harassment and assault. Yes, we've all seen the 'sex is like tea' video, but some people need to become aware of what is and what isn't assault and harassment. They need to be taught that the legal definition of rape isn't just vaginal penetration with a penis. I've seen so*

*many girls who had been assaulted or raped, and whenever they said anything, they were immediately called liars and shut down. There are guys at my school who will put their hands on girls' thighs, and keep them there, even when the girls tell them to stop. Please educate young people on harassment and assault, not just with sex, but every situation where someone has felt uncomfortable with the way someone's talking to or about them, and every situation where someone has felt unsafe and trapped, but no one is there to help or even validate them. Educate young people, please.*

(Female, age 17, bisexual, government school)

## Ideas and suggestions

Young people were not asked directly to provide ideas or suggestions for improving RSE. However, as the responses quoted above attest, young people were looking for RSE that included open conversations about the practice of sex, feelings associated with sex and relationships, how to have conversations about sex with partners, and consent. Young people wanted schools and teachers to take responsibility for creating a safe and comfortable space for this to happen. Young people very much appreciated the opportunity to ask questions and be given a respectful and honest answer.

*I think there should be more discussed in general about just what sex really means etc, and also I think every school should have some anonymous group chat where students can ask any questions they don't know and the teacher will answer it without knowing who the student is, and unless the student is at risk to themselves or an others they identify, [their identity] isn't disclosed to teachers. I think it would really help because I, like pretty much every other teenager, have had many questions I was too embarrassed to ask in person but really wanted to know. I also think it would create a better support*

*system because it creates a reliable source for all questions.*

(Female, age 16, heterosexual, government school)

*I enjoyed how comfortable my human biology teacher was to talk about any questions we had. She also showed us programs such as 'You Can't Ask That' and the episodes that discussed gender and sexuality diverse people.*

(Female, age 17, bisexual, not at school)

## Perceptions of teachers

Based upon students agreeing or strongly agreeing with a range of attributes that make up the best RSE teachers, 92.9% (n = 448) of young people described the best teachers for RSE as approachable and respectful, 92.5% (n = 446) as knowledgeable, 88.8% (n = 426) as having a sense of humour, 85.9% (n = 413) as calm and unflappable, 82.1% (n = 407) as willing to ask students what they want to learn, and 81.5% (n = 402) as relating well to students. Being male and a Health or Physical Education (PE) teacher were the least desirable attributes of good RSE teachers, with 34.5% (n = 171) agreeing that being male was an attribute of the 'best' RSE teachers and 53.4% (n = 264) describing Health or PE teachers as 'good' RSE teachers.

# 12. Aboriginal and Torres Strait Islander young people

There has long been an under-representation of Aboriginal and Torres Strait Islander people in sexual health research and a lack of attention to cultural and political issues and inequalities that shape sexual health outcomes for young Aboriginal and Torres Strait Islander people across Australia.

We are committed to working with these data in a culturally safe and ethical manner, with leadership from Aboriginal and Torres Strait Islander community representatives and researchers. In line with current ethical standards, we do not present comparative data in this report relating to Aboriginal and Torres Strait Islander communities and will seek opportunities to make these data, along with those of previous SSASH surveys, available to researchers who are best placed to lead this analysis and support responses to the findings. Below is a snapshot of our findings in relation to Aboriginal and Torres Strait Islander young people in Western Australia.

Of the Western Australian sample, 22 participants (3.3%) identified as Aboriginal or Torres Strait Islander; one of whom identified as Torres Strait Islander while 21 identified as Aboriginal. Most Aboriginal or Torres Strait Islander young people identified as female ( $n = 16, 72.7\%$ ), three (13.6%) identified as male and three (13.6%) as trans or non-binary. Ages ranged from 14 to 18 years of age ( $M = 16.1, SD = 1.28$ ). Nine (40.9%) identified as heterosexual, 10 (45.5%) as bisexual, one (4.5%) as gay or lesbian, and two (9.1%) used a different term to describe their sexuality.

Eight (40.0%) Aboriginal or Torres Strait Islander young people lived in Perth, four (20.0%) in inner regional and two (10.0%) in outer regional areas, and six (30.0%) in remote or very remote Western Australia. Most young Aboriginal or Torres Strait Islander people were not religious ( $n = 18, 85.7\%$ ) and attended government schools ( $n = 10, 55.6\%$ ). One person identified as Catholic and three (16.7%) attended a Catholic school. Only one Aboriginal or Torres Strait Islander young person was homeschooled (5.6%) and four (22.2%) attended an independent school.

Eighteen (85.7%) Aboriginal and Torres Strait Islander young people had ever had oral sex, 17 (77.3%) had ever had vaginal sex and four (19.0%) had ever had anal sex. Half ( $n = 8$ ) used condoms at their last sexual experience and four (33.3%) reported always using condoms. Eleven (57.9%) reported experiencing unwanted sex and three reported ever having been frightened of an intimate partner.

All Aboriginal and Torres Strait Islander young people in the Western Australia sample had engaged in sexting ( $n = 17$ ), with 16 reporting that they had sent sexual images of themselves. Most had viewed pornography ( $n =$

16, 72.7%), and six (37.6%) viewed pornography weekly or more. The most common reasons for viewing pornography were for pleasure ( $n = 10, 62.5\%$ ) and to learn about sexual practices ( $n = 10, 62.5\%$ ).

Sexual partners ( $n = 13, 72.2\%$ ), female friends ( $n = 13, 72.2\%$ ), mothers ( $n = 11, 61.1\%$ ) and GPs ( $n = 9, 50.0\%$ ) were the most common people Aboriginal and Torres Strait Islander young people sought out to learn about sex or sexual health, or to seek advice.

All Aboriginal and Torres Strait Islander young people reported receiving RSE at school. A third ( $n = 6, 35.3\%$ ) found their classes very or extremely relevant.

# 13. Culturally and linguistically diverse young people

We have used the term ‘culturally and linguistically diverse’ (CaLD) to refer to young people (or their parents) from countries other than Australia, Canada, Ireland, New Zealand, the United States or the United Kingdom, and/or who speak a language other than English at home. We recognise the limitations of this terminology.

Creating a group that includes people from a wide range of cultures and backgrounds can have the effect of obscuring diversity of experience and identities within that group. It can also be nonsensical to refer to an individual as ‘culturally diverse’. The purpose of this definition is to describe the experiences of young people who may face language barriers or other challenges, including racism or stigma, that affect sex, relationships or sexual health. A survey such as this is a relatively blunt instrument for unpacking the nuance of these experiences. However, we aim to ensure we are attentive to cultural and ethnic diversity as one part of understanding salient issues for young people.

There were 122 young people (19.0%) who met the criteria for CaLD. Of these young people, 65.5% (n = 78) were born in Australia, 12.8% (n = 15) were born in Asia, 12.0% (n = 14) were born in Africa and 7.7% (n = 9) were born in Europe. Most (n = 95, 78.5%) spoke English at home.

Most CaLD young people were female (n = 84, 68.9%), 32 (26.2%) were male and six (4.9%) identified as trans or non-binary. Half (n = 63, 51.6%) identified as heterosexual, 33 (27.0%) as bisexual, 11 (9.0%) identified as non-binary, 11 (9.0%) used a different term to describe their sexuality and four (3.3%) identified as gay or lesbian. The mean age of CaLD participants was 16.3 years (SD = 1.17).

## Sexual experiences and condom use

The majority of CaLD young people had been in a relationship previously (n = 85, 69.7%) or were currently in a relationship (n = 54, 63.5%).

Over half were sexually active (n = 78, 63.9%) and on average had first experienced vaginal, anal or oral sex at 15.0 years of age (SD = 1.18).

Most sexually active CaLD young people reported using condoms at their first vaginal (n = 56, 83.6%) or anal sexual experience (n = 13, 65.0%). During their most recent sexual experience, 39 (58.2%) used a condom and 22 (34.4%) used the pill.

When asked how they felt about their most recent sexual encounter, most (n = 55, 72.4%) reported feeling positive (‘very’ or ‘extremely’ ‘excited’, ‘fantastic’, ‘satisfied’ or ‘happy’), while nine (11.5%) reported negative feelings (‘very’ or ‘extremely’ ‘sorry’, ‘guilty’, ‘regret’ or ‘stressed’) about the experience.

Of the 44 young people who were not yet sexually active, 26 (59.0%) said they were unlikely to have sex in the next year, and 13 (29.6%) thought they would. The most common reasons for not having had sex were a desire to be in love first (n = 32, 72.7%), being proud to say no and mean it (n = 29, 67.4%), being worried about STIs (n = 28, 63.6%) and not having had the opportunity (n = 27, 62.8%).

## Digital sexual practices

Sexting was common among CaLD young people, with 77 (87.5%) reporting that they had received or sent sexually explicit messages or photos. Most commonly, young people had received images or messages (n = 68, 79.1%), while 51 (60.7%) reported that they had sent messages or images of themselves. Mostly young people sent messages to someone they were in a relationship with (n = 35, 68.6%), someone they were seeing (n = 14, 27.5%), or a friend (n = 14, 27.5%). Most commonly, the reasons for

sending sexual images were ‘to feel sexy or confident’ (n = 28, 54.9%), ‘to be flirty/fun’ (n = 24, 47.1%) or ‘as a sexy present’ (n = 22, 54.9%). Almost half (n = 21, 43.8%) reported that their face was visible in the photo. There were 11 young people (15.1%) who reported they had a photo of themselves shared without their permission.

Most CaLD young people had viewed pornography (n = 96, 82.1%), with 94.8% (n = 91) viewing pornography on their own. The most common reasons for viewing pornography were curiosity (n = 66, 68.8%), it gave them pleasure (n = 58, 60.4%), or they were bored (n = 43, 44.8%).

## Knowledge, communication and education

There were 45 CaLD young people (39.8%) who discussed sexual matters with their mothers, although fewer felt confident talking to mothers about contraception (n = 33, 28.7%), STI or HIV prevention (n = 20, 17.2%), or having sex (n = 18, 15.8%). Few CaLD young people (n = 15, 13.1%) had ever discussed sexual matters with their fathers.

CaLD young people generally trusted their GPs to provide accurate information about sexual health (n = 85, 78.7%), and some felt moderately or extremely confident talking with their GP about contraception (n = 67, 58.3%), STI and HIV prevention (n = 49, 42.2%) and having sex (n = 44, 38.6%). A third had ever discussed sexual matters with their GPs (n = 35, 31.0%).

The majority of CaLD young people (n = 88, 93.6%) had received RSE, with 55 (56.7%) attending classes across three or more year levels. A quarter (n = 25, 27.8%) found their most recent classes very or extremely relevant.

# 14. Conclusions

This survey provides a snapshot of the sexual health and wellbeing of school-aged young people living in Western Australia. The survey involved 693 Western Australian young people aged between 14 to 18 years and included young people in Years 9 through to 12 from different school types including government, independent and Catholic schools, recent school leavers and homeschooled young people.

Firstly, it is significant that many young people who responded to this survey reported positive experiences of sex and relationships. The majority (62.1%) reported that their most recent sexual experience was pleasurable, and many young people experienced positive feelings about their last sexual experience including feeling excited (58.2%), satisfied (49.5%), happy (59.8%) and fantastic (42.0%). Sexual health surveys with young people often focus predominantly on the negative outcomes of sex, such as STI transmissions or unsafe sex, forgetting that supporting young people to navigate safe, respectful and pleasurable relationships is also an important goal for sexual health promotion and education.

That being said, we cannot ignore the fact that almost half the young people who responded to this survey (45.3%), and indeed more than half the young women (50.3%) and trans and non-binary young people (71.4%), reported that they had experienced unwanted sex. In addition, one in four young people (25.4%) reported that they had felt frightened of their partner in the past 12 months. This figure is, again, even higher among young women (28.3%) and trans and non-binary young people (46.4%). These findings suggest that there is an urgent need to improve responses to sexual violence among young people. In open-ended text responses, young people commented that RSE did not adequately cover issues of sexual violence, understanding and recognising the context in which unwanted sex occurs, or consent. This is not just an issue for educators. Sexual health, including young people's

capacity to negotiate safe sex and condom use, relies on safe and respectful relationships. Addressing sexual violence should be a concern for those working in health as well as in education and youth services.

This report showed that digital technologies and the online environment are integrated into young people's sex lives and relationships. Most young people reported that they engaged in some form of sexting, either sending or receiving sexually explicit text messages or nude/sexual images, and most young people had viewed pornography online. In addition, the internet was a key source through which young people sought information and advice about sex and sexual health. It is clear that sexual health promotion and education must engage with the ways young people connect sexually online and the ways they learn about sex online. An important part of this education will need to be focussed on building digital sexual literacy. Young people need to develop confidence and skills to safely connect with others using online, and the capacity to critically assess online information and representations of sex, including sexually explicit material and pornography.

While sexual health is clearly more than the prevention of STIs, the findings from this survey point to a low level of consistent condom use among young people. Just over one in three young people in this study reported that they always use a condom and just under half reported that they used a condom the last time they had sex. While most young people in this survey held positive attitudes

toward condoms and thought they were effective in preventing STIs and unwanted pregnancy, they did not think condom use was common among their peers. Preventing increases in STI rates among young people in Western Australia will rely, in part, on more widespread use of condoms among people in this age group. There may be a need for investment to revitalise condom promotion so as to encourage a culture among young people in which condom use is perceived to be a 'normal' and common practice.

There are limitations to this study that should be recognised. The survey relied on social media advertising and, while the sample is large and diverse, it may not accurately reflect the experiences of all young people in Western Australia. Despite this, this study paints a comprehensive picture of sexual health among school-aged young people and provides important insight into issues that warrant investment and attention in RSE and sexual health promotion as well as further research.

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