

fpq
Family Planning Queensland

HIV/ AIDS, hepatitis C and sexual health promotion with young people

Angela Wunsch and Yvonne Black

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FPQ Locations

www.fpq.com.au

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HIV/ AIDS, hepatitis C and sexual health promotion with young people project

- Funded by Queensland Health
- Aims to provide workforce development opportunities to Queensland Health employees, Aboriginal and Torres Strait Islander health workers and NGO youth workers
- Training customised to suit the needs of organisations and services accessed by young people.
- Also available as a self directed learning package, based on the *HIV/AIDS, hepatitis C and sexual health promotion with young people* CD, revised in 2009

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Overview

- What is sexuality?
- Values and attitudes
- Child and adolescent sexual development
- Communication and education strategies

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Definition of Sexuality

“Sexuality is an integral part of life and it influences personality. It may be denied, repressed or used effectively but it is part of our selves. Sexuality is a process commencing at birth and ending only with death ... Sexuality is culturally defined and thus influenced by family, peers, religion, economics, school, media, law and science.”

The Clarity Collective (1990).

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Definition of Sexuality

“Sex is what we do
Sexuality is who we are”

Anna Freud, *reference unavailable*


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Dimensions of sexuality 

<ul style="list-style-type: none"> ▪ Spiritual <ul style="list-style-type: none"> <input type="checkbox"/> Religion <input type="checkbox"/> Feelings <input type="checkbox"/> Values <input type="checkbox"/> Beliefs 	<ul style="list-style-type: none"> ▪ Social <ul style="list-style-type: none"> <input type="checkbox"/> Personal background <input type="checkbox"/> Friendships <input type="checkbox"/> Marriage/partnerships <input type="checkbox"/> Culture <input type="checkbox"/> Legal aspects
<ul style="list-style-type: none"> ▪ Physical <ul style="list-style-type: none"> <input type="checkbox"/> Reproduction <input type="checkbox"/> Birth control <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual response <input type="checkbox"/> Growth and development <input type="checkbox"/> Body image 	<ul style="list-style-type: none"> ▪ Emotional <ul style="list-style-type: none"> <input type="checkbox"/> Learned behaviour <input type="checkbox"/> Attitudes <input type="checkbox"/> Education <input type="checkbox"/> Expression <input type="checkbox"/> Feelings

Greenberg, Bruess & Coonley (1992)

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Values and Attitudes 

- How do your personal values and beliefs affect how you interpret sexuality issues?
- Information and support is available. Identify colleagues you can talk with or contact FPQ for information, referral, support.

It is important to meet the needs of children and adolescents by responding with a positive attitude to sexuality.

Recognising the rights of all children and young people to, health safety, information and freedom from discrimination can be a useful guiding framework.

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Guidelines for Values Discussions 

- Be accepting and non-judgmental
- Encourage diversity
- Respect the individual's right to pass
- Respect the individual's response without commenting or probing unnecessarily
- Encourage individuals to respond honestly
- Model effective listening
- Avoid questions which may excessively threaten or limit choices
- Raise questions of broader social issues as well as personal concerns

Is it ok to be gay?

Do you believe in abortion?

Is it healthy to masturbate?


When is a good time to start having sex?

Childhood sexual development 

Birth to 5 years:

- generally have less peer contact than older children, behaviours influenced by family
- time of self exploration, self stimulation and disinhibition
- develop interest in their genitals and genitals of others
- awareness of their gender and gender of others
- develop sense of what is considered acceptable sexual behaviour
- develop social skills and explore sexuality through play

Brick, P., Davis, N., Fischel, M., Lupo, T., MacVar, A. & Marshall, J. (1989)
Darville, W. & Powell, K. (1995)
Linke, P. (1997)

Childhood sexual development 

5 to 9 years:

- children's peer contact increases, behaviour may reflect family and peer influences
- becoming more inhibited, may appear more embarrassed
- continued interest in their genitals and genitals of others
- approach sexuality in direct 'scientific manner' or 'toilet humour'
- continue to develop sense of acceptable sexual behaviour and social roles
- continue to explore sexuality through play

Brick, P., Davis, N., Fischel, M., Lupo, T., MacVar, A. & Marshall, J. (1989)
Darville, W. & Powell, K. (1995)
Linke, P. (1997)

Childhood sexual development 

9 to 12 years:

- period of significant change
- enter puberty – physical, social, emotional aspects
- increased peer contact
- increased experimentation
- inhibition may increase/decrease
- continue to learn society's expectations about gender roles and behaviours
- develop sense of expectations concerning adult roles and behaviours.


Brick, P., Davis, N., Fischel, M., Lupo, T., MacVar, A. & Marshall, J. (1989)
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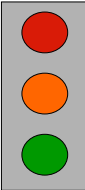
Childhood sexual development 

13 to 18 years:

- developing sense of own identity and values
- experimenting with sexual activities
- puberty continues
- separation from family, developing relationships with peers
- intimacy with peers of both sexes, 'falling in love'
- developing sense of privacy.


Stop It NOW (1999)

Traffic Lights 




RED	is for sexual behaviours that indicate a need for immediate intervention
ORANGE	is for sexual behaviours that may require further observation and intervention
GREEN	is for healthy sexual behaviour

Adapted from Child at Risk Assessment Unit (2000) and Larsson, I (2000)


Case Study 

Jo (15) wants your advice on how to obtain emergency contraception. On the weekend she got drunk at a party and had unprotected sex. Jo attends school on a regular basis. She lives at home and has a very good relationship with her parents, although they are not aware Jo is sexually active. Jo lives in a small rural community.

Latrobe University study (Australia) 

- 78% have experienced some form of sexual activity
- 30% report having more than three sexual partners in a year
- 69% reported using a condom the last time they had sex
- Less than 1 in 10 students believed they were at risk of infection with HIV/AIDS, an STI, hepatitis B or hepatitis C
- 1 in 10 students reported their most recent sexual encounter was with someone of the same sex
- Most students (88%) had sought information regarding sexual health.

Smith, Agius, Mitchell, Barrett and Pitts (2009)

Case Study 

Chris (16) comes to see you and says that they need to talk to you about something very important. Chris is visibly upset. After telling Chris your limits of confidentiality, Chris says "ok, don't worry about it then".

Risk of Harm

- If a young person is felt to be at risk and confidentiality must be breached:
 - Discuss with the young person the reasons reporting is necessary
 - Make clear what will be disclosed and to whom
 - Talk about the possible consequences of disclosure, and what support will be available
 - Obtain the young person's consent/ agreement to breach confidentiality *where possible*

Consent and harm

- In practice this requires professionals
 - To understand normal sexual development
 - To ensure time is spent addressing issues of choice, rights and consent
 - To make judgements about harm and to decide what is in the best interests of the young person
 - To have strong internal processes for sharing information and making judgements
 - To ensure good records and documentation
 - To communicate well with young people

Limits of Confidentiality

“Because we care about you, if you tell me something that worries me, we may have to make sure you get some help. You and I will decide together what the best way forward is, and we will make sure you are clear about what is going to happen.”

Simon Blake, Chief Executive BROCK

Before the consultation

- Youth friendly space
 - Confidential appointment system
 - Private space
 - Sound proof
- Awareness of own values/ attitudes
- Awareness of policies/ procedure and mechanisms to debrief
- Know what resources are available and be familiar with how to use them

During the consultation

- Limits of confidentiality discussion
- Avoid value judgements/ assumptions
- Appropriate language ie science vs slang
- Check for understanding
- HEEADSSS assessment tool

At the end of the consultation

- Encourage young people to return
- Give young people referral options
- Ask young people about their safety network
- Follow through on anything you said you would do eg. Finding more info about a topic

Students who may have additional support needs include those who:

- Have a disability
- Are gay, lesbian or transgender
- Are in out of home care
- Are from culturally & linguistically diverse communities
- Identify as Aboriginal or Torres Strait Islander

Training for workers

- useful links for workers and young people
- website and discussion board
- assessment and accreditation option
- FPQ can provide a wide range of training

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