



GUIDELINE	
Sexual health in adolescence	
<b>Scope (Staff):</b>	School Health
<b>Scope (Area):</b>	CACH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

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## Aim

This guideline aims to support nurses working in schools to provide primary health care for young people between the ages of 11 and 18 years, with the focus being on relationships and sexual health.

## Risk

Inappropriate support and information from a health professional at the time when a young person needs advice regarding sexual health may have long term influences on their health and wellbeing. This can be in relation to unplanned pregnancy, or sexually transmitted infections, as well as their mental health; this can lead to the spread of inaccurate information to their social groups, putting more young people at risk.

## Background

Sexual development is an important part of adolescence, and learning how to maintain good sexual health is a significant factor in the context of developing healthy, intimate relationships.<sup>1</sup> Most young people do not experience significant problems during adolescence; however some need specific assistance and anticipatory guidance during this time as normal adolescent development includes a drive for independent decision making and a lack of insight into problems which may otherwise have far reaching consequences. It is a life stage when many commence sexual activity<sup>2</sup>, and some engage in risky sexual activity<sup>3</sup>, which may lead to issues such as unintended pregnancy<sup>4</sup> or contracting a sexually transmitted infection (STI).<sup>5</sup> These are described briefly here, and more detailed information is included in the Appendices attached to this document.

It is important for clinicians to be aware of the legalities associated with sexual activity and young people. WA Health legislation and policy reflect the requirement nurses must act in the best interests of the young person as the paramount consideration, therefore provide the young person with appropriate health care, including discussion about safe sex and self care. Mandatory reporting of sexual abuse of children under the age of 18 must be reported to the Department of Communities, Child Protection and Family Support, (CPFS) Mandatory Reporting Service. The presence of sexually transmitted infections in young people 14 years old and younger must also be reported by the medical officer confirming the infection.<sup>6</sup>

Consent means agreeing to sexual relations without fear, coercion, force or intimidation. Giving consent is active, not passive.<sup>7</sup> It means freely choosing to say 'yes' and also being free to change your mind at any time.<sup>7</sup> For these reasons it is important for clinicians to be mindful of power imbalances, influences and other factors which may indicate abuse.

The age of consent for sexual activity in Western Australia is 16 years. However, there will be occasions where young people under the age of 16 will disclose that they are sexually active. Exploration of Mature Minor status and consent will inform further action in these instances. See Appendix D and F. In cases where a determination of mature minor is made, the assessment of the individual's emotional maturity, intellectual intelligence and their lived experience which were used to make this determination should be documented.

Where the sexual activity does not lead the Nurse to form a belief that the young person has been sexually abused, in accordance with the Children and Community Services Act 2004, (Appendix E), the nurse should act in the best interest of the young person and provide appropriate information and referrals as required.<sup>8,9</sup> In all cases where a nurse forms a reasonable belief that the young person has been sexually abused, they must ensure that a mandatory report of child sexual abuse is made.

Where there is known sexual activity and the nurse makes a determination that the young person is not a mature minor, the nurse will assess the level of risk involved. If the young person is believed to be at risk because of their immaturity or other circumstances, the nurse should discuss conditional confidentiality with the young person, and the need to share certain information with the parent/guardian, preferably with the young person's knowledge and consent. The young person's risk in relation to child protection or coercion will be explored and CPFS should be notified, if appropriate.

Young people require ready access to appropriate services if issues arise which require support from health professionals. Groups which include: Aboriginal; Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning+ (LGBTIQ+); disabled and those with complex backgrounds are especially vulnerable and need healthcare that is culturally safe and free from discrimination.<sup>6,7</sup> Sexuality development is a normal part of adolescence and

is influenced by a multitude of factors, such as biological sex, gender identity, sexual orientation and behaviour. Sexual orientation refers to the sex of the partner a person is attracted to and gender identity refers to a person's deep feelings of assigned gender roles including male, female and gender non-conforming.<sup>10</sup> Having feelings of attraction towards members of the same sex is common and does not necessarily imply a homosexual orientation. Adolescence is often a period of experimentation and exploration of personal identity. During this time, many young people may experiment with their sexuality whilst learning to navigate the stigma associated with nonheterosexuality. Fluctuation in sexual orientation during this developmental stage is not uncommon and may move both ways between same-sex and opposite-sex attraction or an attraction to both.<sup>11</sup>

School health services and general practitioners are the services of choice for many young people as they are well known and accessible primary health care services. However, there are significant barriers which prevent young people from accessing health services when they require them.<sup>10, 11</sup> The literature in the field (which includes consultation with young people themselves), indicates that barriers to accessing services are universal, affecting people from all socioeconomic groups and cultural backgrounds.<sup>12</sup>

Young people often do not have a good knowledge of the services available to them, especially younger adolescents. This means that when they seek help, the ability of health professionals to communicate in an empathetic and supportive manner is highly important.<sup>12</sup> Some young people doubt the ability of health professionals to listen to them, take their issues seriously and establish an effective relationship. For some young people the perception that the health care providers have different backgrounds to themselves is prohibitive.

Concerns about confidentiality and the fear of not being treated respectfully are important barriers for many young people. Some might feel embarrassed about sharing intimate and sensitive information, and they may also feel vulnerable, scared, ignorant and ashamed. Many young people do not want their parents to know about their health issues or the associated consultation, and they may be concerned about being seen attending the health service. In small rural communities where there are fewer providers and less anonymity, this problem is exacerbated. Adolescents are more willing to seek health care and disclose information if they know that confidentiality is assured.

Many people commence intimate relationships and sexual activity during adolescence, and for some, this is associated with risk taking behaviours.<sup>1</sup> Risk taking behaviour in relation to sexual activity is often associated with alcohol and/or drug use, inexperience, and/or fatalistic attitudes towards the future. Adolescents may find themselves having unintended sexual activity, and almost one-third of sexually active Year 12 female students reported having experienced unwanted sex.<sup>1</sup>

Condom use is the most effective means of protection against STIs or pregnancy which are prevalent among young people. For example, in 2014, almost 40% of all new cases of chlamydia were in females aged 15-24 years.<sup>13</sup> More specifically, in the past decade chlamydia and gonorrhoea rates have tripled and doubled in 15 to 19 years old, respectively.<sup>14</sup> Condom-use should not only be promoted for protection against STI, but also in relation to teenage pregnancy.

Teen pregnancy is of significant concern in Australia as it is associated with poor health, education and socioeconomic outcomes for both mother and child.<sup>1</sup> While two-thirds of young people reported using a condom at their last sexual encounter, and 50% the contraceptive pill, some young people practised unreliable and unsafe methods of contraception.<sup>1</sup> As many as 10% of Australian young people used the withdrawal method and 8% used the 'morning after pill' during their last sexual activity.<sup>1</sup>

## Key Points

Nurses should:

- Have current training in sexual health issues.
- Support young people with sexual health issues and provide appropriate referrals to other services.
- Promote contraception and condom use by young people at every sexual encounter.
- Refer to: *Working with Youth- A legal resource for community based health workers* for information about legal matters including duty of care, sharing information with third parties, consent and mature minors.
- Be aware of Western Australian laws in relation to age of consent and Mandatory Reporting of Child Sexual Abuse. Refer to: *Guidelines for protecting children*.
- Assess whether the young person is mature minor. Refer to **Appendix D** or *Working with Youth – A legal resource for community based health workers*.
- Notify Child Protection and Family Support, Department for Communities as appropriate.
- Use this document in conjunction with the *HEADSS adolescent psychosocial assessment procedure* and the *HEADSS assessment: Handbook for community health nurses working in secondary schools*.
- Nurses must work within their scope of practice.

## Process

Steps	Additional information
<p><b>1. Be approachable</b></p> <ul style="list-style-type: none"> <li>• Start the conversation with general questions about the young person.</li> <li>• Raise issues gently.</li> <li>• Adopt a supportive, interested, non-judgemental approach in both spoken and body language.</li> <li>• Reassure the young person that help and support is available.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure privacy for conversation.</li> <li>• Nurses should aim to provide calm and reassuring support to the young person and assist them to feel in control of their feelings.</li> <li>• Whether conducting a full <i>HEADSS</i> assessment or responding to a young person-initiated conversation, it is useful to spend time building a rapport before asking probing questions.</li> </ul>
<p><b>2. Discuss confidentiality</b></p> <ul style="list-style-type: none"> <li>• Early in the consultation, ensure privacy, explain confidentiality, and the limits of confidentiality. Check understanding by the individual. Refer to <b>Appendix G</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly document that confidentiality has been discussed.</li> <li>• Be mindful of 'mature minor' considerations. See <b>Appendix D</b> for mature minor assessment.</li> </ul>
<p><b>3. Health counselling</b></p> <ul style="list-style-type: none"> <li>• Explore understanding of sexual health, contraception, condom use, and STIs, and provide relevant information.</li> </ul>	<ul style="list-style-type: none"> <li>• Be mindful not to make assumptions about a young person's gender identity or sexual orientation.</li> <li>• Promote the use of condoms and/or <b>contraception</b> for every sexual</li> </ul>

Steps	Additional information
<ul style="list-style-type: none"> <li>• Ask about recent and unprotected sexual activity.</li> <li>• Discuss local options for obtaining condoms, contraception, STI screening and pregnancy testing.</li> <li>• Educate about self-care in the context of social situations, including assertive behaviour, use of condoms, and alcohol and drug use.</li> <li>• Explore support by family, partner or significant others.</li> <li>• <b>Consider if the young person may have experienced a sexual assault. Refer to the actions in the CACH Sexual assault guideline and the <a href="#">Guidelines for Protecting Children</a> which are listed in the related policies section of the document.</b></li> </ul>	<p>encounter. Refer to <b>Appendix A: Contraception</b> for further information</p> <ul style="list-style-type: none"> <li>• If the young person discloses that they may be <b>pregnant</b>, refer to the actions in <b>Appendix B: Pregnancy</b> (suspected or confirmed).</li> <li>• Further information on sexually transmitted infections can be found in <b>Appendix C: Sexually Transmitted Infections</b>.</li> <li>• For self-directed information and services for young people: <ul style="list-style-type: none"> <li>○ <u>Get the Facts</u> – access to accurate and objective information about sex, relationships, body art and STIs. It includes an online game <i>Quiz Quest</i>.</li> </ul> </li> </ul>
<p><b>4. Referral</b></p> <ul style="list-style-type: none"> <li>• Offer information, literature, websites and support services as appropriate to the individual.</li> <li>• General practitioner or other medical services as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• A person over the age of 15 years may apply for their own <a href="#">Medicare card</a>. Not all young people will be eligible for a Medicare card; therefore, it is important that nurses are aware of treatment available for low or no-cost in their local area.</li> <li>• <a href="#">headspace</a> – Youth friendly GP and sexual health clinics. Free, confidential and no Medicare card required.</li> <li>• <a href="#">Aboriginal Community Controlled Health Services (ACCHS)</a> – there are 22 ACCHS in WA run by local Aboriginal people and their communities to manage their own health and well-being.</li> <li>• Nurses should be aware of youth friendly doctors in their area. The <a href="#">Australian Medical Association</a> provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training by the AMA, though they may not be available in all areas.</li> </ul>
<p><b>5. Follow-up</b></p>	

Steps	Additional information
<ul style="list-style-type: none"> <li>• Ensure the referral for medical attention has been actioned.</li> <li>• Continue discussion about safe sexual practices including condom use and contraception, self-care and other relevant issues.</li> <li>• Assess the young person's social and emotional wellbeing.</li> </ul>	

## Documentation

Nurses will document according to local processes.

Related internal policies, procedures and guidelines
<p>The following documents can be accessed in the Community Health Manual:  <a href="#">HealthPoint link</a> or <a href="#">Internet link</a></p>
HEADSS adolescent psychosocial assessment procedure
School-aged health services
School-aged health services - secondary
Sexual assault
The following documents can be accessed in the <a href="#">CAHS Policy Manual</a>
Clinical Incident Management
Critical Incident Impact Management (Debrief)

<p>The following documents can be accessed in School Health Resources: <a href="#">HealthPoint link</a></p>
HEADSS Assessment: Handbook for nurses working in secondary schools
<a href="#">Health Promoting Schools Framework Toolkit – Secondary School – Mental Health and Resilience</a>
Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning+ (young people)
<a href="#">Medicare for young people</a> Department of Human Services, Government of Western Australia
<a href="#">Working with Youth– A legal resource for community-based health workers</a> Perth: Department of Health Western Australia; 2007. (Revised 2013)

<b>Additional Department of Health, Government of Western Australia resources:</b>
<a href="#">Consent to treatment</a> Perth: Department of Health Western Australia;2016
<a href="#">Clinical Incident Management Policy 2019</a>
<a href="#">Guidelines for Protecting Children 2015 Department of Health, Government of Western Australia</a>
<b>Useful resources</b>
<a href="#">Australian Medical Association</a> provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training by the AMA, though they may not be available in all areas.
<a href="#">Get the facts</a> Australian Government. Department of Health. [Internet] Australian Government. Department of Health. [n.d.]
<a href="#">Growing and developing healthy relationships</a> curriculum materials for teachers. [Internet] Western Australia Department of Health. (2016)
<a href="#">Kids Helpline</a> 1800 55 1800
<a href="#">MOODITJ leaders training</a> (Sexual Health Quarters) A 3-4 day facilitators training program focussing on positive lifestyles and sexual health for Aboriginal youth 10-14 years of age.
<a href="#">Nuts and bolts of sexual health</a> (Sexual Health Quarters) A 3- day SHQ course relevant for people working in the community including youth workers, health workers, drug and alcohol workers, health promotion officers, nurses, teachers and peer educators.
<a href="#">Supporting pregnant and parenting young people</a> Department of Education guidelines for supporting pregnant and parenting young people to continue their education.
<a href="#">Talk soon. Talk often</a> A guide for parents talking to their kids about sex. Assists parents initiate regular and relaxed conversations with their children about sexuality and relationships.
<a href="#">Yarning quiet ways</a> A guide for Aboriginal parents talking to their kids about sex. For orders email the Sexual Health and Blood-Borne Virus Program.

## Appendix A: Contraception

Many people commence intimate relationships and sexual activity during adolescence. An Australian survey conducted in 2014, found that approximately a quarter of Year 10 students (23%), one third of Year 11 students and a half of Year 12 students had experienced sexual intercourse.<sup>15</sup> Many sexually active students (23.2%) reported having sex with three or more sexual partners in the previous year.<sup>15</sup> Conversely, around a half of those surveyed who were not sexually active reported that they did not feel ready for sex and were proud to say “no” and mean it.<sup>15</sup> Experiencing unwanted sex was reported by almost one in three students, the majority of whom were female. Healthy and supportive social environments, open communication, positive parental relationships and a sense of school connectedness has been shown to assist in reducing risk-taking or unwanted sexual behavior in adolescents.<sup>1</sup>

Consistent and correct condom use is a highly effective means of protection against sexual transmitted infections (STIs) and unwanted pregnancy, however in a recent survey, only 59% of sexually active young people reported using a condom the last time they had sex.<sup>1</sup> Three broad themes have been identified in influencing adolescent’s decision making related to contraception; self, partner and family.<sup>16</sup>

Australian teenage pregnancy rate is ranked 22<sup>nd</sup> out of 34 OECD countries; this is of significant concern as it can often be associated with poor health, education and negative socioeconomic outcomes for both mother and child.<sup>1</sup>

Targeted programs providing relevant and accurate sexual health information should be provided to all young people prior to commencement of sexual activity. Research has found that adolescents delay seeking contraception for an average of a year after becoming sexually active, and fifty percent of teenage pregnancies occurring within six months of becoming sexually active. Pregnant and parenting teenagers reported that their first discussion about contraception with a healthcare professional occurred after conception.<sup>4</sup>

No studies of sexual education programmes to date have found evidence linking the provision of sexual and reproductive health information and education with increased sexual risk taking.<sup>4</sup> Rather, quality school-based sex education will support the sexual and reproductive health of adolescents throughout their lives.<sup>3</sup>

### Process

Steps	Additional Information
<p><b>1. Discuss</b></p> <ul style="list-style-type: none"> <li>• Ask questions to understand the young person and their need for contraception.</li> <li>• Discuss contraception options with emphasis on long acting reversible contraceptives (LARC) as having the highest effectiveness.</li> <li>• Ask about intimate relationships and recent and intended sexual activity.</li> <li>• Explore risky behaviour and possibility</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the use of condoms every sexual encounter to prevent unwanted pregnancy and sexually transmitted infections (STIs).</li> <li>• Explore understanding of reproduction, correct anatomical term, types of contraception, and provide relevant information.</li> <li>• The two recommended types of LARC are:               <ul style="list-style-type: none"> <li>a. <a href="#">Implanon</a></li> <li>b. <a href="#">Intrauterine device (IUD)</a></li> </ul> </li> </ul>



Steps	Additional Information
<p>of unintended sexual activity.</p> <ul style="list-style-type: none"> <li>Explore the young person's understanding of consent (<b>Appendix F</b>) and healthy relationships, assess for indicators of sexual abuse.</li> <li>Discuss the potential need for emergency contraception when unprotected sex has occurred.</li> <li>Encourage the young person to identify strategies to manage risky situations.</li> <li>Explore support by family, partner or significant others.</li> </ul>	<ul style="list-style-type: none"> <li>The <a href="#">Contraceptive pill</a> is another option that needs to be taken daily.</li> <li>The <a href="#">Emergency contraceptive pill</a> can be used up to 5 days after unprotected sex. The sooner it is taken the more effective it is. It can be obtained from the chemist, doctor or a sexual health clinic.</li> <li>If receptive, discuss self-care in the context of social situations, including assertive behaviour, prevention of STIs, alcohol/drug use.</li> </ul>
<p><b>2. Refer</b></p> <p>Discuss local options for obtaining contraception:</p> <ul style="list-style-type: none"> <li>General practitioner or other medical services as appropriate.</li> <li><a href="#">Sexual Health Quarters</a> (Perth Metropolitan area) – Appointments available with doctors and nurses to discuss contraception.</li> <li><a href="#">headspace</a> – Youth friendly GP and sexual health clinics. Free, confidential and no Medicare card required.</li> <li>Local pharmacy for emergency contraception.</li> </ul>	<ul style="list-style-type: none"> <li>Nurses should be aware of youth friendly doctors in their area. The <a href="#">Australian Medical Association</a> provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training by the AMA, though they may not be available in all areas.</li> </ul> <p>Self-directed Information and services for young people:</p> <ul style="list-style-type: none"> <li><a href="#">Get the Facts</a> – access to accurate and objective information about sex, relationships, body art and STIs. It includes an online game <i>Quiz Quest</i>.</li> <li><a href="#">ReachOut</a> – access to accurate information about sex, relationships and mental health.</li> </ul>
<p><b>3. Follow-up</b></p> <ul style="list-style-type: none"> <li>Ensure the referral for medical attention has been actioned.</li> <li>Continue discussion about safe sex, self-care and other relevant issues.</li> </ul>	

## Documentation

Nurses will document according to local processes.

## Useful resources

[Growing and developing healthy relationships](#) Department of Health. 2016

## Appendix B: Pregnancy (suspected or confirmed)

Adolescence is marked by sexual maturation and increased sexual risk behaviours which may lead to unplanned pregnancy.<sup>17</sup> Research has found that adolescents delay seeking contraceptive advice for an average of one year after becoming sexually active, and 50% of teenage pregnancies occur within six months of commencing sexual activity.<sup>18</sup>

The teenage birth rate in Australia has steadily decreased in recent decades. Societal changes such as improved education opportunities for women, delayed marriage and birth of first child, and improved access to contraception and abortion have combined to decrease the teenage birth rate.<sup>19</sup> Despite this, a proportion of teenagers become pregnant each year.

Births to Australian mothers under the age of 19 represented 2.8% of all births in 2015.<sup>17, 19, 20</sup> In Western Australia in 2012, there were 1114 births to mothers aged between 15-19 years, of which 37% identified as Aboriginal.<sup>20</sup> In the same time period, 1098 surgical abortions were recorded in the 15-19 year age group.<sup>21</sup>

Familial and cultural norms among Aboriginal people support commencing parenthood earlier than in the general population.<sup>18</sup> Some Aboriginal teens are at increased risk of unplanned teenage pregnancy due to poor health literacy, substance abuse and poor negotiation skills.<sup>10, 22</sup>

There are heightened health risks associated with teenage pregnancy for mothers and their babies. Teenage pregnancies carry greater risk of miscarriage, low birth weight and complications during pregnancy and delivery.<sup>23, 24</sup> Further, teenage parenthood is linked to increased risk for poverty, disrupted education, single parenthood, and social isolation. All of these factors can have negative effects to the health, economic and educational outcomes of teenage parents and their children.<sup>25</sup>

No studies have found evidence linking the provision of sexual and reproductive health information and education with increased sexual risk taking.<sup>26</sup> However, it should be noted that in a recent Western Australian study found the Virtual Infant Parenting program was ineffective in reducing teen pregnancy rates.<sup>16</sup>

### Process

Steps	Additional Information
<p><b>1. Discuss</b></p> <ul style="list-style-type: none"> <li>• Ask questions to explore signs and symptoms of pregnancy (last menstrual period, breast tenderness, nausea).               <ul style="list-style-type: none"> <li>○ <i>Have you missed a period recently?</i></li> <li>○ <i>Do you have sore breasts?</i></li> <li>○ <i>Have you been feeling sick at all?</i></li> <li>○ <i>How long have you had these symptoms?</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy testing is not conducted in school health services. Direct young person to local pharmacy, grocery store or GP for pregnancy test.</li> <li>• In Western Australia, a woman may have her pregnancy terminated (induced abortion) on request, up to 20 weeks gestation, provided she gives informed consent.</li> <li>• This informed consent must involve a consultation with a medical practitioner who takes responsibility for providing information and counselling the woman about the medical risks both of</li> </ul>

Steps	Additional Information
<ul style="list-style-type: none"> <li>• Explore the young person's understanding of consent (<b>Appendix F</b>) and healthy relationships, assess for indicators of sexual abuse. (<b>See Appendix D: Mature minor</b>)</li> <li>• Discuss the potential need for emergency contraception when unprotected sex has occurred.</li> <li>• Provide practical information about pregnancy and discuss possible options, if appropriate.</li> <li>• Explore support by family, partner or significant other.</li> <li>• Where pregnancy is suspected or confirmed, explore young person's understanding of the implications and mental health concerns.</li> <li>• Consider Sexually Transmitted Infections.</li> </ul>	<p>termination of pregnancy and of continuing with the pregnancy.</p> <ul style="list-style-type: none"> <li>• The <u>Emergency contraceptive pill</u> can be used up to 5 days after unprotected sex. The sooner it is taken the more effective it is. It can be obtained from the chemist, doctor or a sexual health clinic.</li> <li>• There are specific laws in relation to termination, including for girls under 16 years of age. The law states that: <ul style="list-style-type: none"> <li>○ pregnancy terminations in minors under age 16 require at least one parent to be informed, or application through the Children's Court.<sup>27</sup></li> </ul> </li> <li>• If pregnancy unlikely, provide information about self-care, including contraception and sexually transmitted infections (STIs).</li> <li>• Encourage and support the young person to inform parents or guardian about the suspected or confirmed pregnancy.</li> </ul>
<p><b>2. Refer</b></p> <p>Refer for testing and medical support if pregnancy is suspected (if this has not already occurred):</p> <ul style="list-style-type: none"> <li>• General practitioner - medical services to confirm pregnancy and referral to other healthcare services.</li> <li>• King Edward Memorial Hospital – Adolescent Clinic. Referral from General Practitioner for young people under 18 years of age in their first pregnancy.</li> <li>• Sexual Health Quarters (Perth Metropolitan area) – Free counselling for unplanned pregnancy, appointments available with medical practitioners to discuss available options.</li> <li>• <u>Headspace</u> (Perth Metropolitan area plus 5 regional locations) – clinics in each location offer sexual health services.</li> </ul>	<p>Self-directed Information and services for young people:</p> <ul style="list-style-type: none"> <li>• <a href="#">Sexual Health Quarters</a> (Perth Metropolitan area) – Information on sexual health matters including brochures on pregnancy and options.</li> <li>• Nurses should be aware of youth friendly doctors in their area. The <a href="#">Australian Medical Association</a> provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training by the AMA, though they may not be available in all areas.</li> </ul>

Steps	Additional Information
<ul style="list-style-type: none"> <li>• Be aware of local referral options.</li> <li>• Arrange another appointment for follow-up.</li> </ul>	
<p><b>3. Follow-up</b></p> <ul style="list-style-type: none"> <li>• Ensure the referral for medical attention has been actioned.</li> <li>• Explore family reactions and support.</li> <li>• Support young woman with choice she has made about pregnancy.</li> <li>• Continue discussion about safe sex, self-care and other relevant issues.</li> <li>• Assess and support social and emotional wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• If a young woman decides to proceed with the pregnancy and stay at school in the short or longer term, she and her family are to be encouraged to share some level of information with the Student Services Team.</li> <li>• Avoid sharing information about student pregnancy without consent from the individual and parent/guardian.</li> <li>• Encourage discretion from others in the school community regarding the young person.</li> </ul>
<p><b>4. Professional support</b></p> <ul style="list-style-type: none"> <li>• Set up systems of professional support.</li> <li>• Ensure adequate debriefing and support processes following complex situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Meet regularly with peers to debrief, support and discuss cases to develop knowledge and skills.</li> </ul>

## Documentation

Nurses will document according to local processes.

## Useful resources

[Supporting pregnant and parenting young people](#) Department of Education guidelines for supporting pregnant and parenting young people to continue their education

## Appendix C: Sexually Transmitted Infections

Early and unsafe sexual activity is strongly correlated to social disadvantage, and linked to higher risk of contracting a Sexually Transmitted Infection (STI), unplanned pregnancy, poor relationship skills and poor sexual functioning in later life.<sup>5</sup> In Australia, STIs of public health importance include: chlamydia, gonorrhoea, syphilis, hepatitis B, trichomoniasis, herpes simplex virus and human papillomavirus.

The presence or suspicion of STI's in young people is an indicator to explore consent (**Appendix F: Consent**) and child protection issues (see **Appendix D: Mature minors** and **Appendix E: Mandatory reporting**). In the interest of child protection, all cases of STI's in children 14 years and younger must be reported to CPFS and the WA Police.

Females between the ages of 15 and 19 are diagnosed with STI at rates higher than males in this age group; for example, rates of chlamydia in females aged 15 to 19 years were almost three times higher than rates for males in this age group.<sup>28</sup> STIs are a major cause of female reproductive morbidity, are associated with spontaneous abortion, preterm labour, pelvic inflammatory disease, ectopic pregnancy, chronic pelvic pain, and tubal-factor infertility. While STIs are among the most common infectious diseases in young people<sup>2</sup>, it is important to note that they are largely asymptomatic.

There are a range of factors identified as increasing the risk of contracting an STI, though the most pertinent is inconsistent condom use. In 2013, more than 40% of students in years 10 to 12 had experienced sexual intercourse, and only 43.4% of high school students self-reported that they always used condoms.<sup>2</sup> Other risk factors for contracting an STI include: younger age at first sexual intercourse, multiple sexual partners, and engaging in sexual activity whilst using alcohol or illicit drugs.<sup>5, 28</sup>

Chlamydia Trachomatis infection is one of the most common notifiable diseases in Australia with most infections occurring in young people aged less than 25 years.<sup>28</sup> In 2017, more than 2300 notifications of Chlamydia were confirmed in young people aged between 15 – 19 years in Western Australia, with females accounting for approximately 60% of cases.<sup>28</sup>

Clinical signs of infection are often absent, especially for Chlamydia (up to 80%) and Gonorrhoea (up to 50%).<sup>29</sup> Despite accounting for only 3% of the total Australian population, Aboriginal people are at significantly higher risk of contracting an STI. In 2011, cases of Chlamydia were 305 times greater and Gonorrhoea 30 times greater in Aboriginal Australians than non-Aboriginal Australians. In 2011 in regional areas, Syphilis prevalence was 26 times higher and in remote areas it was 101 times higher.<sup>5</sup>

When health professionals are talking with young people about sexual activity, intimate relationships or related matters, discussion should include prevention of STIs. To treat young people with STIs, there needs to be awareness of signs, symptoms (or lack thereof) and risk behaviours which can lead to infection.

### Process

Steps	Additional information
<p><b>1. Assess</b></p> <ul style="list-style-type: none"> <li>• Early in the consultation, privacy, ensure explain confidentiality, and the limits of confidentiality.</li> <li>• Ask about recent and unprotected</li> </ul>	<ul style="list-style-type: none"> <li>• This document should be used in conjunction with the <i>HEADSS adolescent psychosocial assessment procedure</i> and the <i>HEADSS assessment: Handbook for community health nurses working in secondary schools</i>.</li> </ul>

Steps	Additional information
<p>sexual activity.</p> <ul style="list-style-type: none"> <li>• Explore support by family, partner or significant others.</li> </ul>	
<p><b>2. Discuss</b></p> <ul style="list-style-type: none"> <li>• Explore understanding of sexual health and STIs, and provide relevant information.</li> <li>• Discuss local options for obtaining condoms.</li> <li>• Educate about self-care in the context of social situations, including assertive behaviour, use of condoms, and alcohol and drug use.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the use of condoms for every sexual encounter.</li> <li>• Both male and females who have contracted an STI may not experience any symptoms, particularly for chlamydia infections.</li> <li>• <b>Symptoms of Chlamydia may include:</b> <ul style="list-style-type: none"> <li>○ Urethral discharge (white or grey in males)</li> <li>○ Abnormal vaginal discharge</li> <li>○ Pain on passing urine</li> <li>○ Pain during vaginal intercourse</li> <li>○ Abnormal bleeding</li> </ul> </li> <li>• Chlamydia testing is recommended for all sexually active young people about once a year. If the young person is Aboriginal, screening for gonorrhoea is also recommended.</li> <li>• Gonorrhoea may be asymptomatic in 80% of females and 10-15% of men.</li> <li>• <b>Symptoms of Gonorrhoea may include:</b> <ul style="list-style-type: none"> <li>○ Urethral discharge</li> <li>○ Cervical discharge and /or post-coital bleeding</li> <li>○ Skin lesions</li> <li>○ Abnormal bleeding</li> </ul> </li> <li>• <b>Symptoms of syphilis may include:</b> <ul style="list-style-type: none"> <li>○ An ulcer at the site of the infection</li> <li>○ A rash</li> <li>○ Ulcers of the mouth</li> </ul> </li> <li>• Up to 80% of people who are infected by <b>HIV</b> will experience a glandular fever-like illness within six weeks of infection.</li> <li>• Acute <b>hepatitis B virus (HBV)</b> infection may be asymptomatic or may present with the following symptoms: <ul style="list-style-type: none"> <li>○ lethargy</li> <li>○ nausea</li> <li>○ fever</li> <li>○ anorexia for a few days then jaundice</li> <li>○ pale stools and dark urine</li> </ul> </li> <li>• <b>Genital Herpes</b> <ul style="list-style-type: none"> <li>○ Herpes are blisters or sores on the genitals. They are caused by Herpes Simplex Virus (HSV) Type 1</li> </ul> </li> </ul>

Steps	Additional information
	<p>or Type 2. HSV Type 1 is more common on the mouth (cold sores) and HSV Type 2 on the genitals. Both viruses can infect the mouth and genital area. Herpes is very common in Australia.</p> <ul style="list-style-type: none"> <li>○ Often there are no symptoms, but the first sign of infection is usually an itching or tingling sensation in the genital or anal area, followed by tiny blisters appearing.</li> </ul> <p>For self-directed information and services for young people:</p> <ul style="list-style-type: none"> <li>• <a href="#">Get the Facts</a> – access to accurate and objective information about sex, relationships, body art and STIs. It includes an online game <i>Quiz Quest</i>.</li> <li>• <a href="#">Sexual Health Quarters</a> – Drop-in STI testing clinics, with low fee of \$10.</li> <li>• <a href="#">Could I have it?</a> - STI facts, testing advice and clinic locations.</li> </ul>
<p><b>3. Refer</b></p> <ul style="list-style-type: none"> <li>• <b>In all cases where a nurse forms a reasonable belief that the young person has been sexually abused, they must ensure that a mandatory report of child sexual abuse is made.</b></li> <li>• General practitioner or other medical services as appropriate.</li> <li>• Social and emotional support services as required.</li> <li>• Offer information, literature, websites and support services as appropriate to the individual.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Sexual Health Quarters</a> – Drop-in STI testing clinics, with low fee of \$10.</li> <li>• Nurses should be aware of youth friendly doctors in their area. The <a href="#">Australian Medical Association</a> provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training by the AMA, though they may not be available in all areas.</li> <li>• <a href="#">Headspace</a> – Youth friendly GP and sexual health clinics. Free, confidential and no Medicare card required.</li> <li>• <a href="#">Women’s Health and Family Services.</a></li> </ul>
<p><b>4. Follow-up</b></p> <ul style="list-style-type: none"> <li>• Ensure the referral for medical attention has been actioned.</li> <li>• Continue discussion about safe sexual practices, self-care and other relevant issues.</li> <li>• Re-assess social and emotional wellbeing.</li> </ul>	

**Documentation**

Nurses will document according to local processes.

<b>Useful resources</b>
<a href="#">Chlamydia</a>
<a href="#">Gonorrhoea</a>
<a href="#">Hepatitis</a>
<a href="#">Syphilis</a>
<a href="#">WA AIDS Council resources for educators</a>
<a href="#">Interagency Management of Children Under 14 Who are Diagnosed With a Sexually Transmitted Infection (STI)</a>



## Appendix D: Mature Minors

This information is intended as a guide only. For more information please refer to the School-aged health services guideline or the Working With Youth resource.

Assessing a young person as a 'mature minor' should be based on the individual's emotional maturity, intellectual intelligence and their lived experience rather than their chronological age. Each young person must be assessed on a case-by-case basis within their context as these factors develop at differing rates for each individual.

The following factors should be considered:

- Age of the young person.
- Nature of the clinical or other problem.
- Ability of the young person to explain the clinical or other problem by providing an appropriate history.
- Nature and purpose of the proposed health care or other action.
- Ability of the young person to understand the gravity and complexity of the proposed health care or other action.
- Ability of the young person to understand and rationalise health care or other relevant options.
- Consequences of the proposed health care (including side-effects of proposed treatment) or other action.
- Ability of the young person to understand fully the nature, consequences, risks and implications of the proposed health care or other action and of non-action.
- Emotional impact on the young person of either accepting or rejecting the proposed health care or other action.
- Young person's general maturity of expression.
- Young person's level of functioning in other aspects of his or her life.
- Young person's level of schooling.
- Young person's level of independence from parental care.
- Any moral and family issues involved.
- Health worker's prior knowledge of the young person.
- Reason the young person came to see the health worker about the clinical or other problem without parental involvement.
- Whether the young person is acting freely in attending the health worker and making his or her decision.<sup>30</sup>

If a young person is believed to be at risk because of their immaturity or other circumstances, the following points should be considered:

- Discuss conditional confidentiality and the need to share certain information in some circumstances, preferably with the girl's knowledge and consent.
- Assess ongoing risk, i.e., child protection or coercion, and notify CPFS if appropriate.
- Assist the young person to make contact with parent/guardian.
- Provide appropriate health care, including discussion about safe sex and self care.

Nurses should ensure that the process, and factors relied upon in assessing a young person's competence, are carefully documented in the young person's medical record. If at any stage the nurse is unsure of the maturity of the young person or the process, they should consult their line manager.

## Appendix E: Mandatory Reporting of Child Sexual Abuse: Legal Requirements

In accordance with the *Children and Community Services Act 2004*, doctors, midwives and nurses (as well as teachers, police and boarding supervisors) are **legally** required to make a written report to the Department of Communities Child Protection and Family Support (CPFS) Mandatory Reporting Service when they have formed a **belief based on reasonable grounds** through the course of their paid or unpaid work that **child sexual abuse** is occurring or has occurred after 1 January 2009. The mandatory reporting requirement applies to children who are still aged under 18 at the time the belief is formed.

The essential requirement to make a mandatory report of child sexual abuse is that the reporter has **formed a belief**, based on reasonable grounds that the child is, or has been, sexually abused.<sup>31</sup> Reporters **do not need to have evidence** that a child is being sexually abused in order to make a report. CPFS are also obliged to pass a copy of all mandatory reports to the WA Police Force (WAPOL). Forms and fact sheets can be accessed via the WA Health website [www.health.wa.gov.au/mandatoryreport](http://www.health.wa.gov.au/mandatoryreport) or directly from CPFS [www.mandatoryreporting.dcp.wa.gov.au](http://www.mandatoryreporting.dcp.wa.gov.au).

The reporting of beliefs of sexual abuse is mandatory for all doctors, midwives, and nurses. Nurses need to consider how they will manage this mandatory obligation, in the context of any concerns the young person may have about their information being provided to others. Informing the young person of this requirement and spending time talking through with them any concerns and worries they may have regarding this, can alleviate fears and reduce feelings of powerlessness and lack of choice.<sup>31</sup> Professional judgement should be used in instances where it may be felt that openly discussing this action could further jeopardise the safety of the young person and/or the reporter.

Not all reports will result in an investigation or contact with the family.<sup>32</sup> The action taken by CPFS and/or the WAPOL will depend on the unique circumstances of each report, the information provided and other information known to CPFS and WAPOL.

Making a mandatory report should not interfere with any ongoing support, referral or medical/nursing assistance that you would usually offer to the young person.<sup>6</sup>

Nurses should refer to *Working with Youth – a legal resource for community based health workers*, to ensure familiarity with relevant common law and legislation.

Any decisions and actions should be well documented in order to provide quality information to other parties such as the WAPOL or CPFS.

The CCSA does not define an age or age difference between partner/s that of itself requires a mandatory report. Therefore young people over 16, are over the age of consent, but where the sexual activity is non-consensual (using the CCSA criteria above), can be described as being sexually abused. In all cases where a nurse forms a reasonable belief that the young person has been sexually abused, they must ensure that a mandatory report of child sexual abuse is made.

For further information refer to the [CPFS mandatory reporting website](#) or the [Health Department Child Abuse and Neglect website](#).

## Appendix F: Consent

Consent means agreeing to sexual relations without fear, coercion, force or intimidation. Giving consent is active, not passive: it means freely choosing to say 'yes' and also being free to change your mind at any time.<sup>7</sup>

There are two different contexts for consent depending on the legislation (law) that is describing consent; either Criminal law, or according to the *Children and Community Services Act 2004 (CCSA)*.

According to Criminal Law, in WA legal consent to sexual activity can only occur when both parties are 16 and over. Consensual sex is when all parties:

- are of legal age<sup>7</sup>
- agree to engage in intercourse by choice<sup>7</sup>
- have the freedom and capacity to make that choice<sup>7</sup>
- understanding what is being proposed without confusion (not being tricked or fooled)<sup>6</sup>
- having an awareness of possible consequences such as punishment, pain, pregnancy or disease<sup>6</sup>
- having respect for agreement or disagreement without repercussion<sup>6</sup>
- having the competence to consent (being intellectually and physically able and unaffected by intoxication).<sup>6</sup>

The age of consent for sexual activity in Western Australia is 16 years. However, there will be occasions where young people under the age of 16 will disclose that they are sexually active. Exploration of Mature Minor status and consent will inform further action in these instances. See Appendix D for more information on mature minor determination. In cases where a determination of mature minor is made, the assessment of the individual's emotional maturity, intellectual intelligence and their lived experience which were used to make this determination should be documented.

According to the *Children and Community Services Act 2004 (CCSA)*. The CCSSA includes mandatory reporting of child sexual abuse requirements, and describes child sexual abuse as occurring to a child (i.e., aged under 18) and includes sexual behaviour in circumstances where:

- the child is the subject of bribery, coercion, a threat, exploitation or violence; and/or
- the child has less power than another person involved in the behaviour; *and/or*
- there is significant disparity in the developmental function or maturity of the child and another person involved in the behaviour.

## Appendix G: Limits of Confidentiality

It is suggested that the Limits of Confidentiality poster be placed in a visible position in the nurse's office. Go to [Limits of confidentiality](#) for the most up to date version of this poster.

The poster features a blue header with the Government of Western Australia logo and the Child and Adolescent Health Service logo. The title 'Limits of confidentiality with the School Health Nurse' is in white text on a blue background. Below the title, the text reads: 'Your privacy is important. Everything you tell me is kept confidential, except if you tell me:'. A list of three items follows: 'you are thinking about hurting yourself', 'someone is hurting you', and 'you want to hurt someone else.'. Below the list, it says 'I can't keep these things private and we will need to seek further help together.'. A photograph shows a school health nurse sitting at a desk with a student. A red circular callout box next to them asks 'What does 'hurt' mean?' and answers 'This can be physical and/or emotional harm.'. At the bottom, there is a small text box about alternative formats and a date 'February 2020 CAH-00046-confidentiality'.

Government of Western Australia  
Child and Adolescent Health Service

# Limits of confidentiality with the School Health Nurse

Your privacy is important.  
Everything you tell me is kept confidential,  
except if you tell me:

- you are thinking about hurting yourself
- someone is hurting you
- you want to hurt someone else.

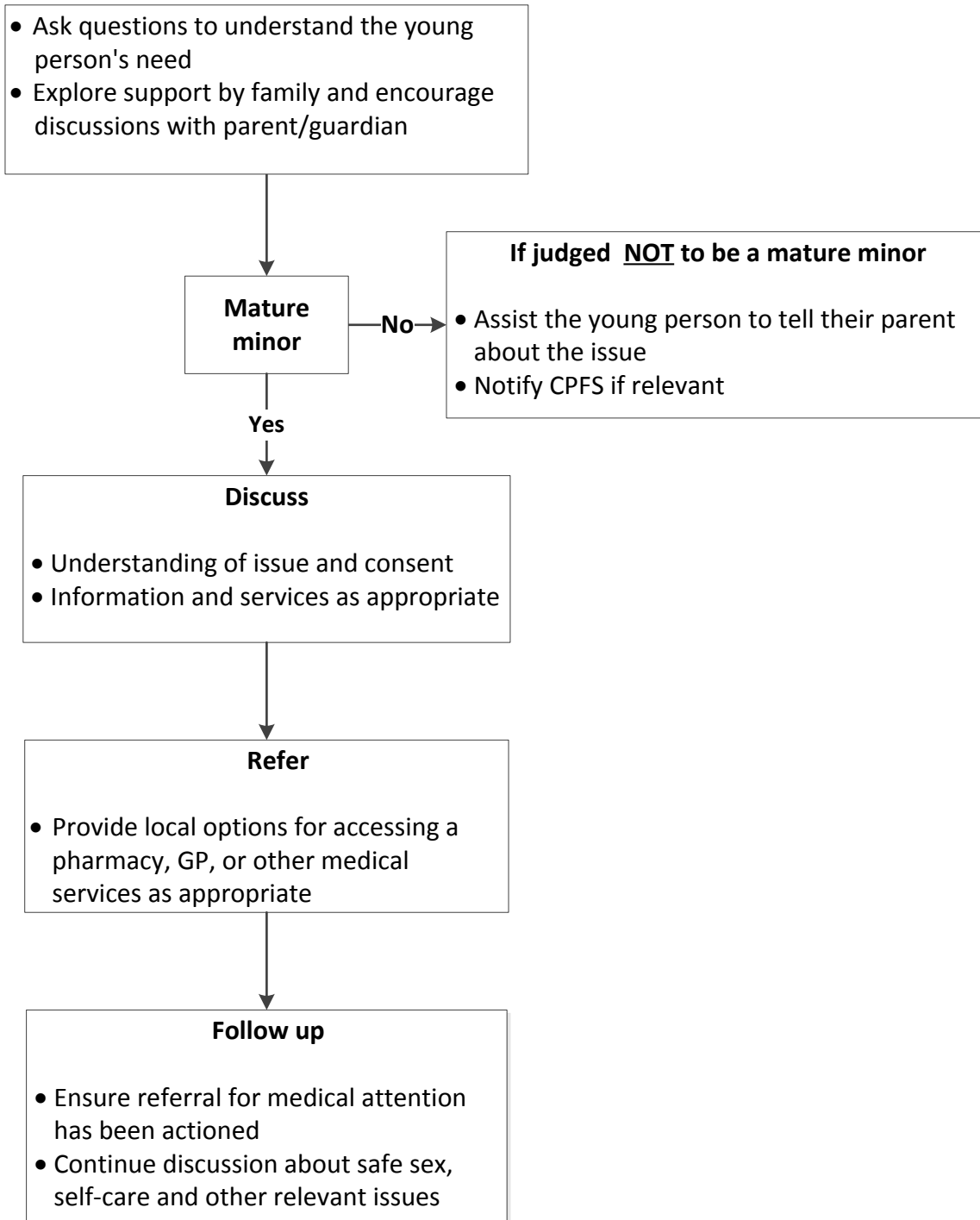
I can't keep these things private and  
we will need to seek further help together.

What does 'hurt' mean?  
This can be physical and/or  
emotional harm.

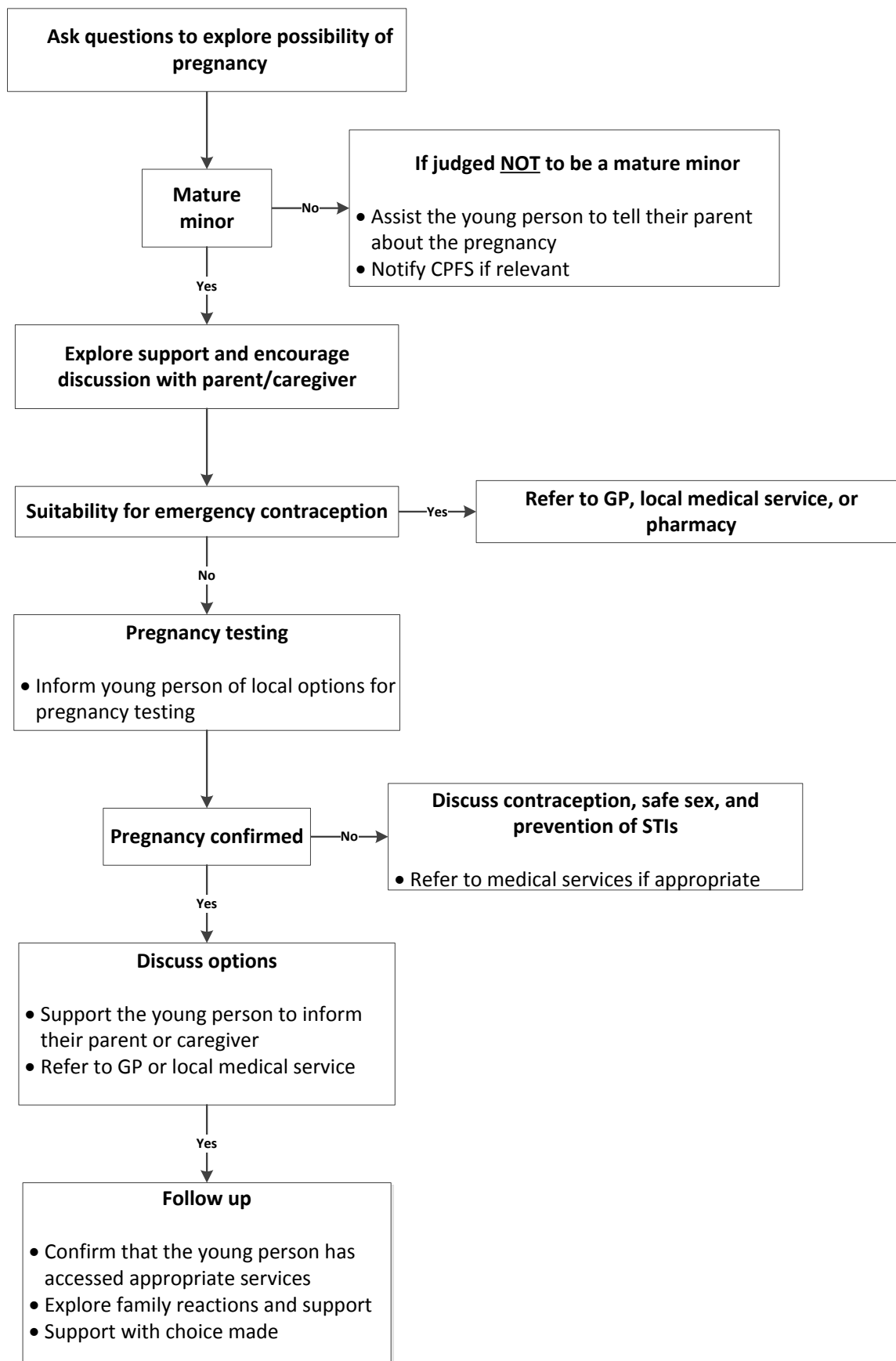
This document can be made available in alternative  
formats on request for a person with a disability.

February 2020 CAH-00046-confidentiality

## Appendix H: Flow chart - Sexual health issues (Contraception and Sexually Transmitted Infections (STIs))



## Appendix I: Flow chart – Pregnancy (suspected or confirmed)



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