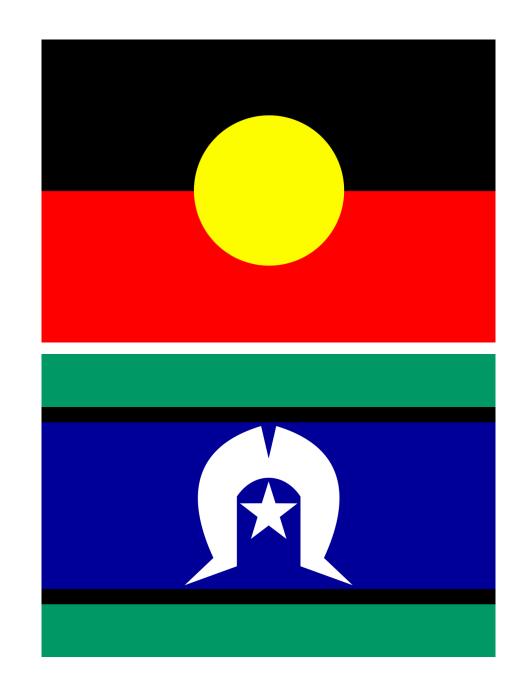
SHINESA

2020 SECONDARY UPDATE

SHINE SA would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians.

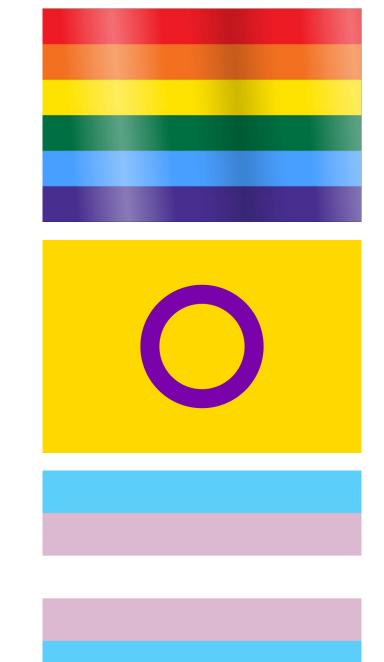
We value their cultures, identities, and continuing connection to country, waters, kin and community.

We pay our respects to Elders past, present and emerging and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services and resources that are welcoming, safe, culturally appropriate and inclusive.





SHINE SA is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services and education. **SHINE SA** welcomes all people irrespective of culture, ethnicity, faith, sexual orientation and gender identity.





UPDATE

2020



NAME OF SCHOOL

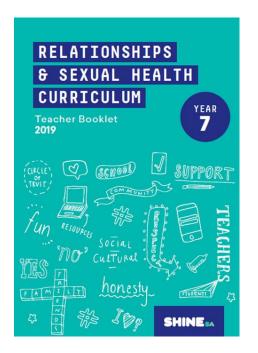
REPORT

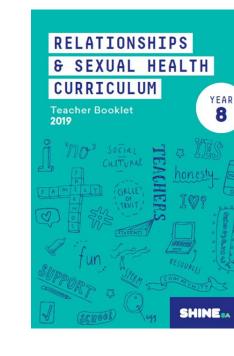


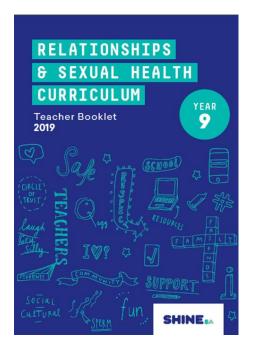
OVERVIEW

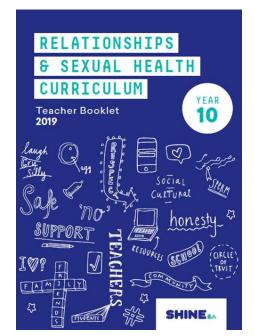
- Year 7, 8, 9 and 10 curriculum for 2020
 - No changes
- Updated Statistics
- Year 7 curriculum summary
- Our Voices R&SH lessons developed with and by students
- Additional Resources
- Training & Support





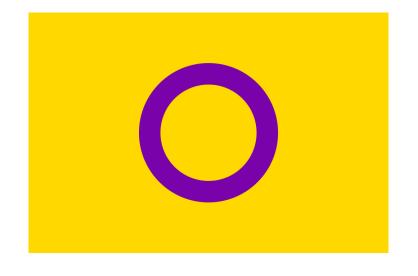






INTERSEX

A small percentage of people (around 1.7%) are intersex. Intersex people are born with physical or biological sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that are more diverse than stereotypical definitions for male and female bodies. For some people these traits are apparent prenatally or at birth, while for others they emerge later in life, often at puberty. Intersex people have a diversity of bodies and gender identities and may identify as male or female or neither.



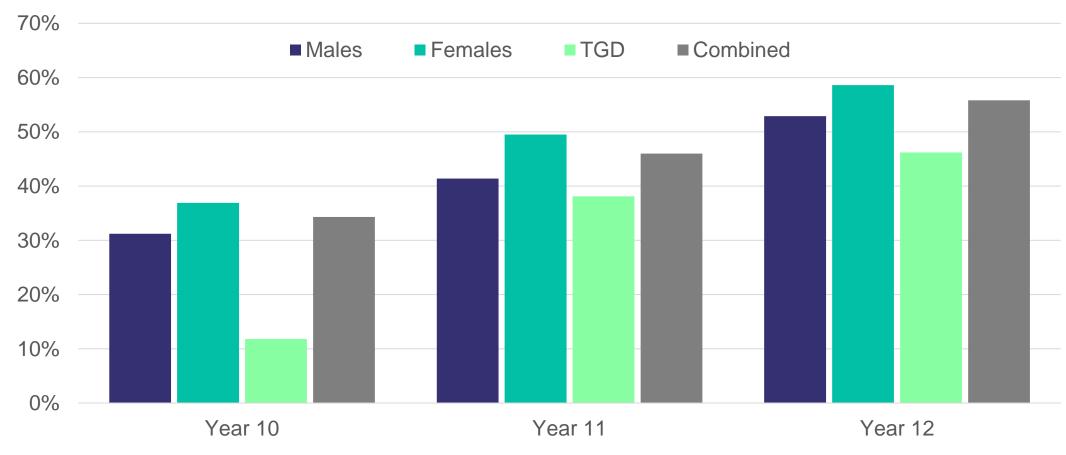


UPDATED STATISTICS



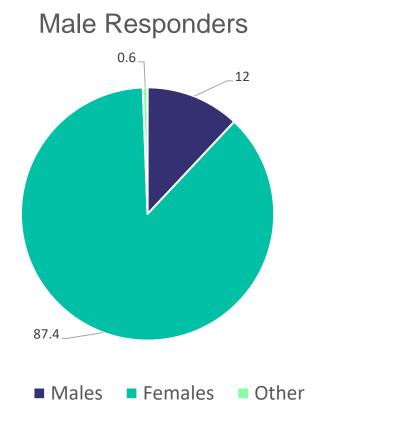
STUDENTS WHO HAVE EVER HAD SEXUAL INTERCOURSE

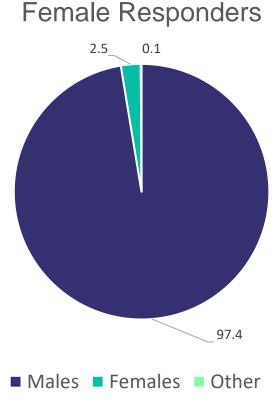
(ANAL AND/OR VAGINAL SEX)

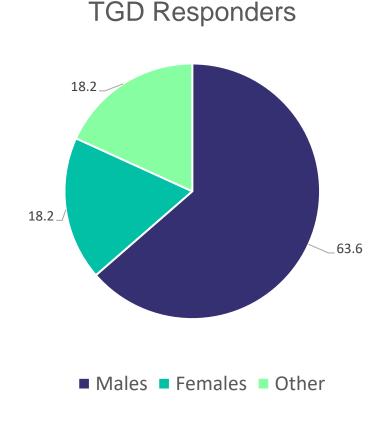




GENDER OF MOST RECENT SEXUAL PARTNER





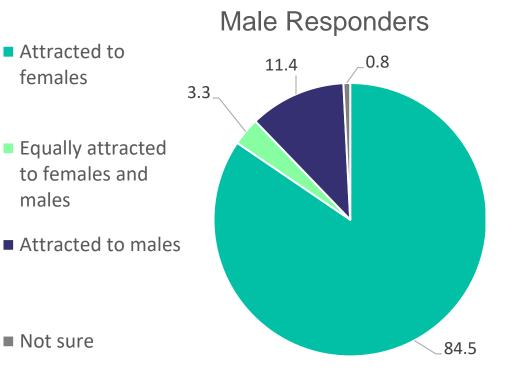


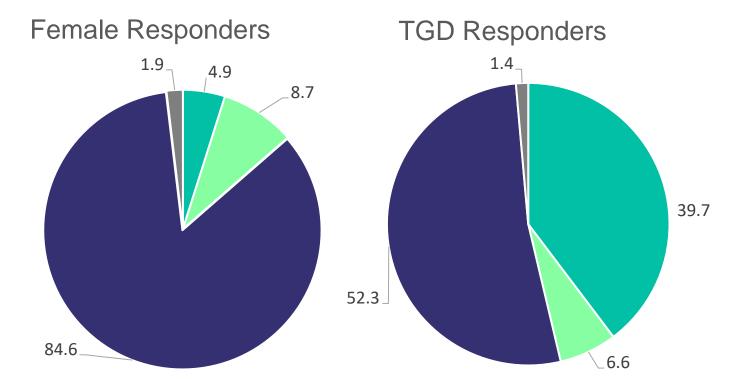


SEXUAL ATTRACTION



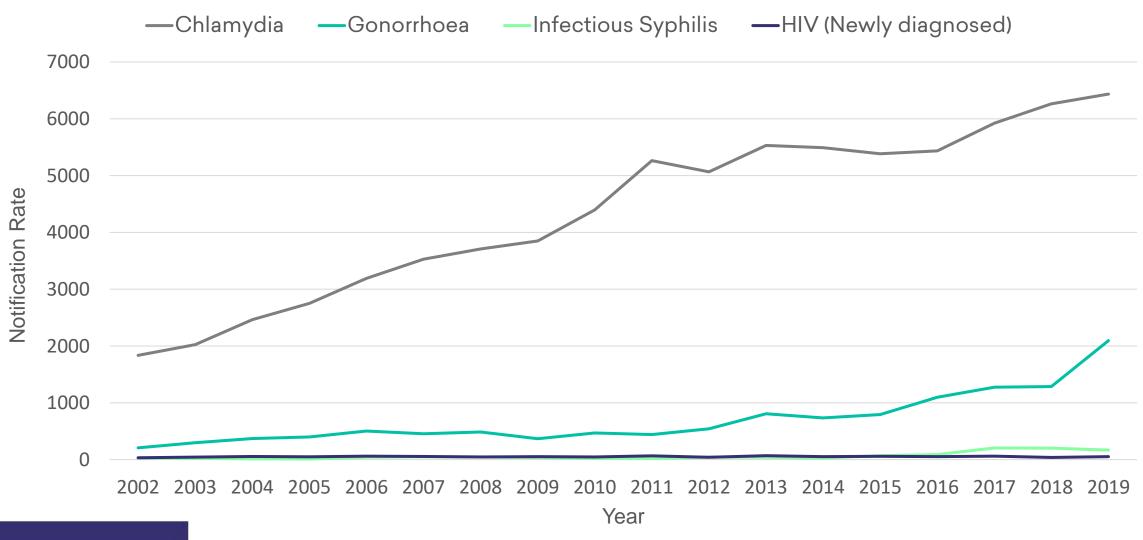
■ Not sure





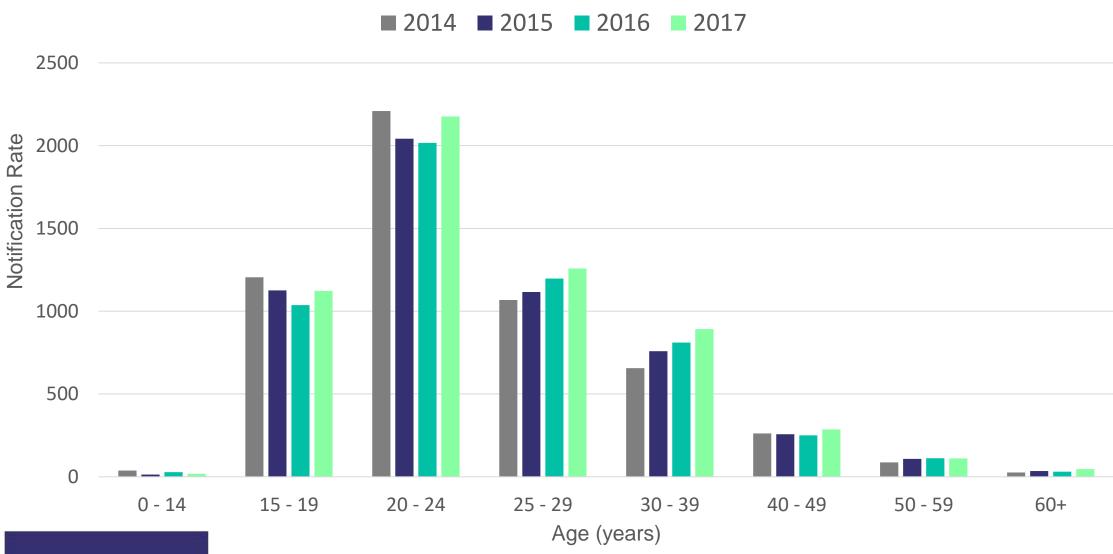


SEXUALLY TRANSMITTED INFECTIONS IN SOUTH AUSTRALIA





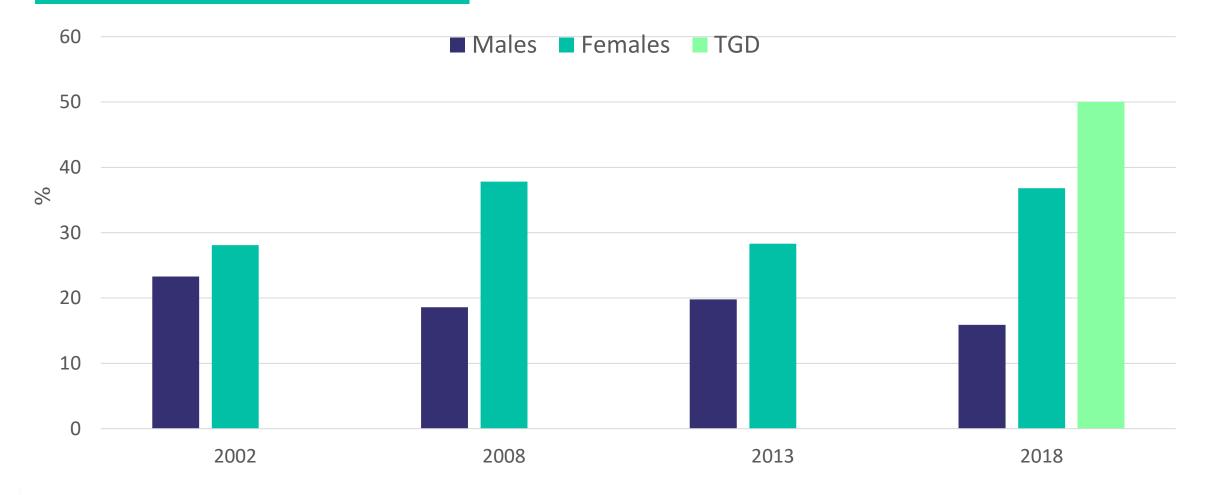
CHLAMYDIA DIAGNOSES – SOUTH AUSTRALIA





SEXUALLY ACTIVE STUDENTS WHO HAVE EVER HAD SEX WHEN

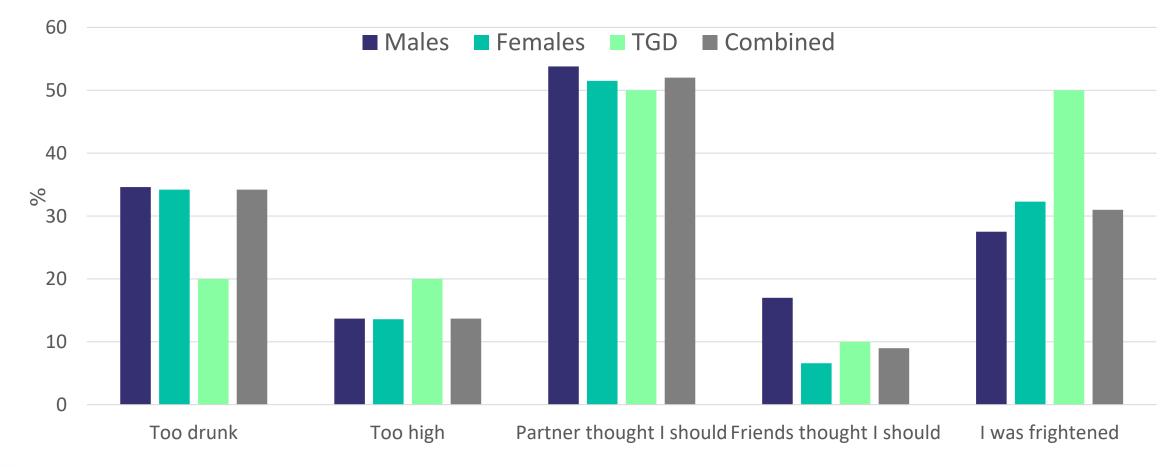
THEY DIDN'T WANT TO





SOME REASONS WHY PEOPLE HAD SEX WHEN

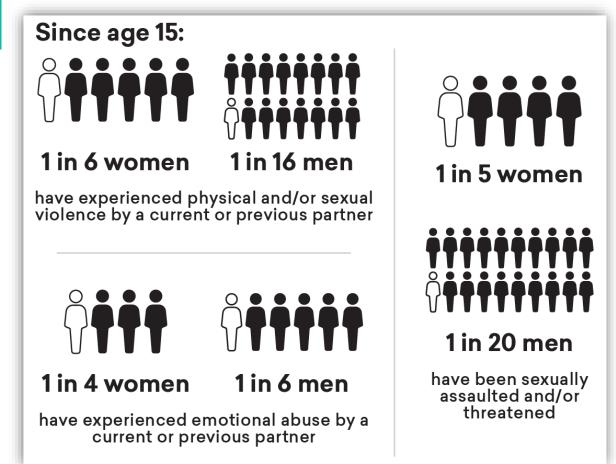
THEY DIDN'T WANT TO





RELATIONSHIP VIOLENCE

- The overwhelming majority of acts of domestic violence and sexual assault are perpetrated by men against women, and this violence is likely to have more severe impacts on female victims rather than male victims.
- In Australia, on average, one woman is killed every week as a result of intimate partner violence.
- Women are more likely to experience violence from men they know, often in the home.











FATHER TRIES TO TALK TO HIS SON ABOUT SEX



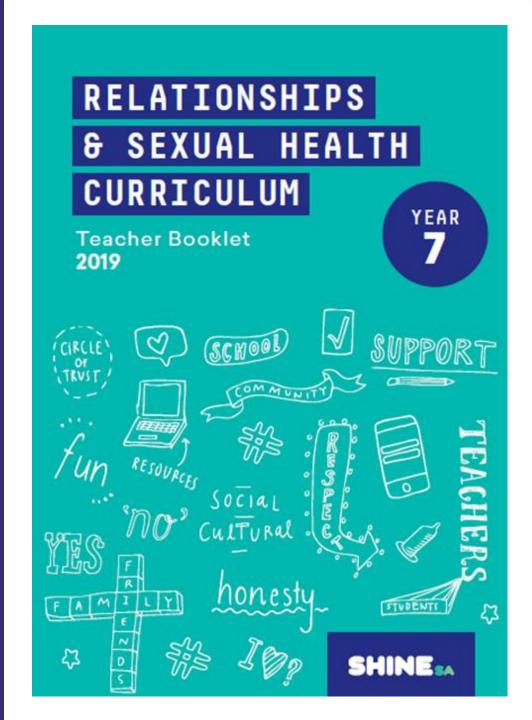


CURRICULUM



YEAR 7

- From 2022, Year 7 will be taught in high school, therefore Year 7 will be included in the secondary curriculum as a stand alone curriculum book (like Years 8, 9 & 10).
- Considerations have been made around Year 7
 being the first year of high school and the fact
 that students may or may not have had
 relationships and sexual health education at
 primary school.





YEAR 7 CURRICULUM

1	Group norms + what do we know?
2	What is sexual health?
3	Respectful relationships continuum
4	There's another name for it
5	Let's talk puberty
6	Conception – it's amazing!
7	Contraception
8	Issues of gender inequality

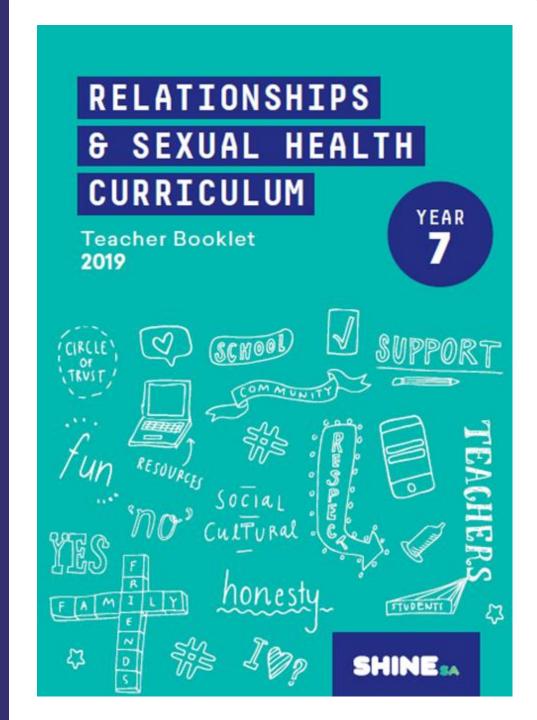
9	Just sext it?
10	D is for dating and diversity
11	How do I know if I'm ready
12	Sexually transmitted infections
13	Communication styles
14	Keeping myself safe
15	Where to go for help



YEAR 7

- Lesson 4: THERE'S ANOTHER NAME FOR IT? p.39
- Lesson 5: LET'S TALK PUBERTY p.44
- Lesson 7: CONTRACEPTION p.60
- Lesson 9: JUST SEXT IT? p.71







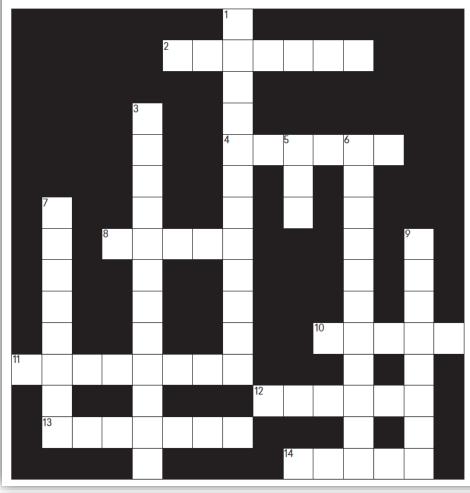
Lesson 4

THERE'S ANOTHER NAME FOR IT?

Page 39



THERE'S ANOTHER NAME FOR IT CROSSWORD



Word list

BREASTS
CLITORIS
EJACULATION
ERECTION
GENITALS
LABIA
MASTURBATION
MENSTRUATION
PENIS
SCROTUM
SEX
TESTES
VAGINA

VULVA

ACROSS

- **2** Two glands on the chest that produce milk during and after pregnancy.
- 4 Primary sex organ in most males and the site of sperm production.
- 8 Name for external genitals that includes the entrance to the vagina, labia and clitoris.
- 10 Folds of skin that protect the clitoris, vaginal opening and urethral opening.
- 11 When blood fills the spongy tissue of the penis causing it to swell, stiffen and stand out from the body.
- 12 The passageway between the exterior (vaginal opening) and the cervix at the base of the uterus.
- 13 Sac of skin behind the penis that holds the testes.
- 14 External sex organ through which sperm and urine leave the body.

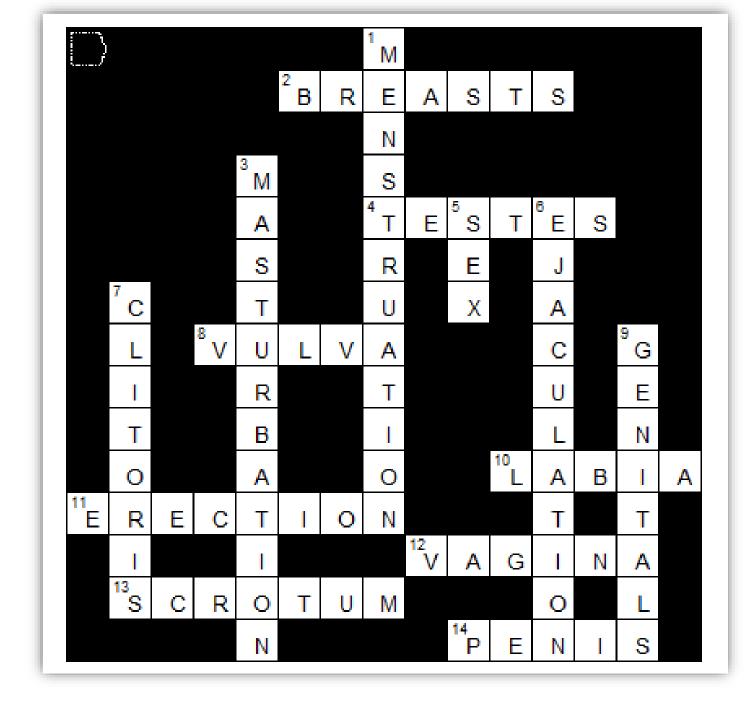
DOWN

- 1 The stage of the menstrual cycle where the uterine lining is shed.
- 3 Touching or rubbing the genital area so that it feels good.
- **5** A person's biological identification; also, the act of vaginal or anal intercourse with a partner.
- **6** Ejection of semen from the penis during orgasm.
- 7 Erectile tissue at the top of the vulva.
- **9** The external reproductive and sexual parts of the body.



CROSSWORD

SOLUTIONS







Lesson 5

LET'S TALK PUBERTY

Page 44



PUBERTY

CHANGES



PHYSICAL, SOCIAL AND EMOTIONAL CHANGES DURING PUBERTY

Risk-taking behaviour increases

Underarm hair starts growing

Some weight gain

Erections happen more often

Friendship groups change

Vaginal secretions

Increase in height, sometimes very rapid (growth spurt)

Frustration due to feeling different

Hips get wider

Enlargement of testes and penis

Want more independence

More self-conscious

Menstruation begins (periods)

Sexual attraction to others

Pubic hair starts growing

Pimples or acne

Want to challenge adults

Breasts develop

Values may change

Growth of reproductive organs

Sperm starts being produced in the testes

Mood swings

Greater muscle development

Voice changes or breaks, eventually becoming deeper

Self-centredness

Skin produces more oil

Need for peer acceptance increases

Fear of rejection

Wet dreams can happen

Seek out new experiences

Expression of emotions can

intensify

Shoulders and chest get

broader

Chest hair may start growing

Search for self-identity

Conformity with peers

increases

Facial hair starts growing

Hair on legs coarsens

Irritability

OPERATION OUCH - DON'T PANIC ABOUT PUBERTY!







Lesson 7

CONTRACEPTION

Page 60



FERTILISATION





YEAR 9 AND 10 RESOURCES

CONTRACEPTIVE KIT FOR EDUCATORS







YEAR 9 AND 10 - RESOURCES

CONTRACEPTIVE IMPLANT

FACT SHEET

It is a white plastic rod that is inserted under the skin of the inner upper arm to stop non NYT is the be







stopping the release of an egg by the ovary (ovulation)

making the mucus (sticky fluid) at the opening of the uterus thicker so sperm

How effective is it?

It is an extremely effective method of ontraception (99.95%)

How do I get the implant?

Two appointments may be required. The first appointment is with your doctor or SHINE SA to discuss this method and get a prescription. The second appointment to nsert the implant, needs to be with a doctor or nurse trained in this procedure.

How is it inserted?

An area on the inner arm above the elbow is first numbed with local anaesthetic. Then the doctor or nurse puts the implant under the skin. After the implant is inserted. a band aid or dressing is put on which should stay on for 3-5 days. The arm is pandaged to reduce bruising and this should be left on for 24 hours.

When does it start working?

It's immediately effective if inserted during the first 5 days of your menstrual cycle, which starts with the first day of bleeding.

The implant is effective after 7 days if it is inserted at any other time in the menstrual cycle. Other contraceptive measures such as condoms should be used for these 7 days.

If changing from the Pill or another method of contraception discuss the best time for insertion with your doctor.

How long does it last?

It is effective as a contraceptive for 3 years. The implant should be taken out and replaced with a new implant every 3 years. It can be removed earlier than 3 years if it is no longer wanted.

How do I stop using it?

To stop using the implant it needs to be removed by a doctor or nurse. This involves an injection of local anaesthetic and a small cut to the skin to find the tip of the implant and remove it. It usually takes 5-10 minutes

When will I be fertile again?

Progestogen levels are not detectable within a week of removal. Most people return to their normal menstrual cycle and fertility within a month of removing the implant. If you do not want to be pregnant you need to use other contraception as

What are the benefits of the implant?

- It is highly effective
- . It lasts a long time (up to three years).
- . It is reversible and the return to fertility
- . It does not need you to remember to take
- a pill every day.
- It is a cost-effective method of contracention
- It may reduce painful periods premenstrual syndrome (PMS) and acne

EMERGENCY

CONTRACEPTION

FACT SHEET

What is

Emergency contraception (EC) is used to reduce the risk of pregnancy after unprotected exual activity. There are 3 kinds

- A 1.5mg single dose contraceptive pill (LNG-ECP) licensed for use up to 72 hours (three days) after unprotected se-

- A 30mg single dose

contraceptive pill (UPA-ECP) licensed for use up to 120 hours (five days) after unprotected sex Insertion of a copper intrauterine device (IUD) within 120 hours of unprotected sex, which also provides very effective long



How does it work?

Both types of emergency contraceptive pill (ECP) work mainly by stopping or delaying the release of an egg by the ovary ovulation). The ECP is sometimes called the morning-after pill, but this is incorrect. Although it's more effective the sooner it's taken, it can be taken up to five days after porotected sev

ECPs do not prevent implantation of a fertilised egg.

f the ECP is accidentally taken during pregnancy it does not cause harm to the veloping embryo or foetus.

The ECP does not cause an abortion The copper IUD works by affecting sperm ovement, preventing fertilisation of the egg, and may also prevent implantation of a

Why would I need emergency contraception?

You could use EC if there was a risk of unwanted pregnancy. This would include:

- unprotected intercourse
- contraceptive failure (e.g. the condom breaks or you are on the Pill and have missed two or more consecutive hormonal pills)

f you are not sure whether you are at risk of pregnancy phone SHINE SA's Sexual Healthline or talk to your local pharmacist doctor or women's health nurse.

How effective is it?

The ECP should be taken as soon as possible and is most effective if taken within 24 hours of unprotected sexual intercourse.

LNG-ECP is estimated to prevent approximately 85% of pregnancies if taken within 3 days of unprotected sex, but still offers some effectiveness up to 96 hours, if there is no alternative EC available

UPA-ECP is more effective than LNG-ECP and can be taken up to 120 hours after

The copper IUD is the most effective form of EC. It is more than 99% effective if used within 5 days of unprotected sexual intercourse. The procedure to have a copper IUD can be difficult to access and may be more expensive than using the ECP. Contact SHINE SA or see your doctor for more

How do I get emergency contraception?

The ECP is available over the counter at pharmacies. You can also get it at SHINE SA clinics. Adelaide Sexual Health Centre. Pregnancy Advisory Centre and many public hospital emergency departments

Some pharmacists may not supply the LNG-ECP if you had unprotected sex over 72 hours ago as this is against the recommendations in the product information

What does it cost?

Prices vary. The cost depends on where you get it and the type of ECP. UPA-ECP may be more effective but is also more expensive

How do I take emergency contraception?

Take the tablet as soon as possible

If vomiting occurs less than 2 hours after taking LNG-EC, or less than 3 hours after taking UPA-ECP, another dose should be

Since some medications, including certain anti-epileptic medications, can reduce the effectiveness of the ECP, be sure to discuss any medications you are taking with the pharmacist or doctor

Non-prescription medications such as St John's Wort can also affect the ECP.





Types of Contraception

There are many different types of contraception which work in a variety of ways to prevent pregnancy.

These are some of the most popular types.

Condoms



Thin piece of rubber which rolls onto an erect penis (external condom). It provides a barrier that prevents

Also very effective in reducing the risk of STIs.

Cheap, easily appessible.

the transfer of sperm.

Emergency Contraceptive Pill



Tablet taken after unprotected sex. Most effective if taken in the first 24 hours, but may be taken up to 5 days after unprotected sex. Available over the counter at pharmacies, from SHINE SA and many hospital emergency departments.

Contraceptive Implant



A small plastic rod placed under the skin of the upper arm.

Releases a hormone into the body, preventing ovulation.

Also known as Implanon. Lasts for 3 years, but can be removed when desired.

More Information:

Talk to your doctor or SHINE SA for more information about each type of contraception, their effectiveness, costs, and pros and cons.

It's your choice. Choose what's right for you.

Sexual Healthline: 1300 883 793 www.shinesa.org.au

SHINE SA 2010: revised 2019.

The Easy Guide to



Sexually transmitted infections (STIs) are infections caused by viruses, bacteria and other organisms which can spread from person to person during vaginal, anal and oral sex. Some STIs can be passed through skin-to-skin contact alone.

How can STIs affect me?

There are two ways that STIs can affect the body:

- > Some STIs infect the genitals, mouth or anus (such as Chlamydia, Gonorrhoea, Warts, Herpes, Syphilis).
- > Some STIs infect the blood and body fluids (such as HIV, Hepatitis, Syphilis).

Will I always know if I have an STI?

No. STIs don't always cause obvious changes in the body. For example, up to 75% of people won't have any signs of a Chlamydia infection.



What would I see or feel?

You can be infectious and have no obvious signs. If there are any signs, they could include:

- > unusual genital discharge
- > itchiness
- > pain when urinating
- > lumps or blisters
- > abnormal bleeding

Help + More Information:

Talk to your doctor or SHINE SA for more. Information about STIs and safet sex.

Sexual Healthline: 1300 883 793

Adelaide Sexual Health Centre 275 North Tensce, Adelaide

SHINE SA 2010 revised 2012.



YEAR 9 AND 10 - RESOURCES







Lesson 9

JUST SEXT IT?

Page 71

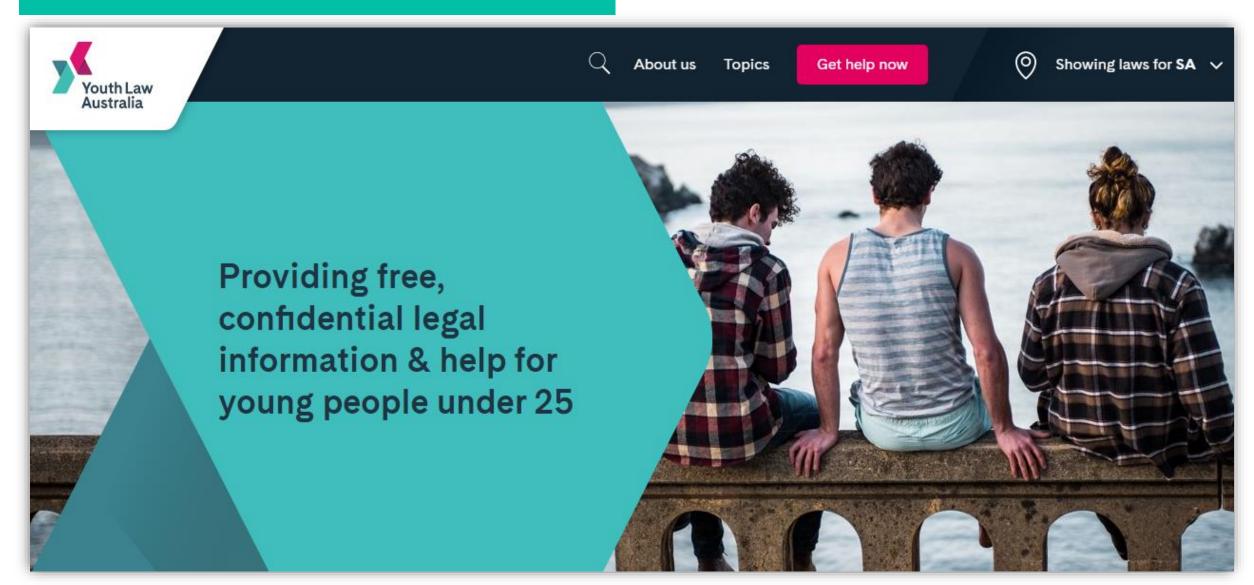


JUST SEND IT





YOUTH LAW AUSTRALIA

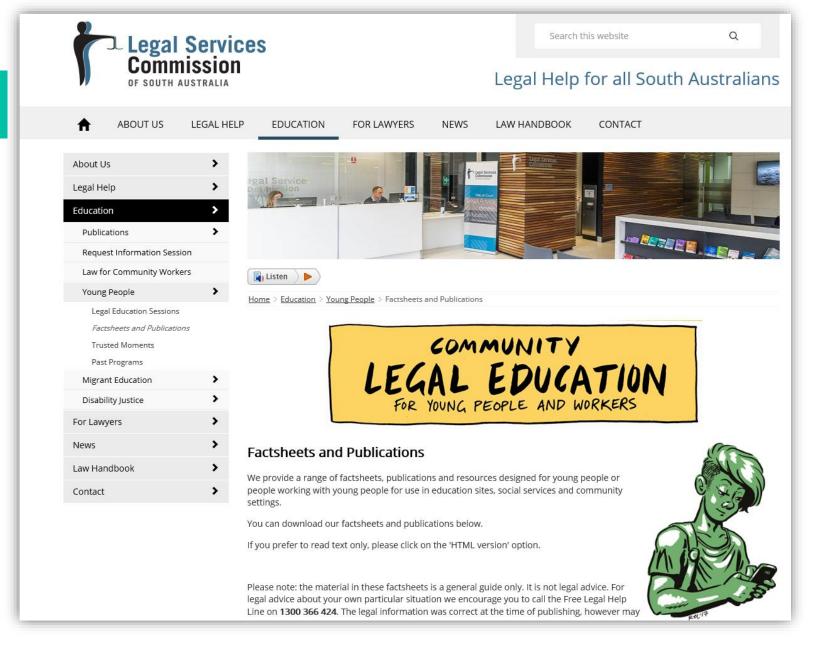


yla.org.au/

LEGAL SERVICES

COMMISSION SA

- Home > Education > Young
 People
- Factsheets on issues such as sex and consent, social media, pornography, bullying at school and more.
- Free Legal Help Line:
 1300 366 424





SEXUAL AND GENDER DIVERSITY

Page 42



ASEXUALITY

An asexual person does not experience sexual attraction.

Asexuality is not ...

- An abstinence pledge
- A synonym for celibacy
- A gender identity
- . A disorder
- . A choice
- . A hormone imbalance
- . A fear of sex or relationships



Dating, having sex,
masturbating, falling in love,
getting married and
having children do not conflict
with asexuality.

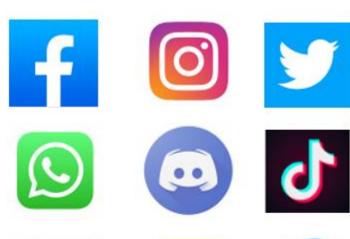




GROUP TASK – UNDERSTANDING

SOCIAL MEDIA PLATFORMS

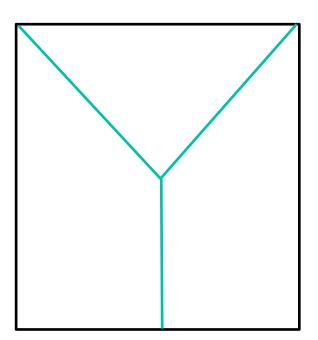
- Draw a Y chart and record/draw in the middle the social media platform we allocate you
- Label the 3 sections
 - examples of negative use
 - examples of positive use
 - potential impact of using this platform











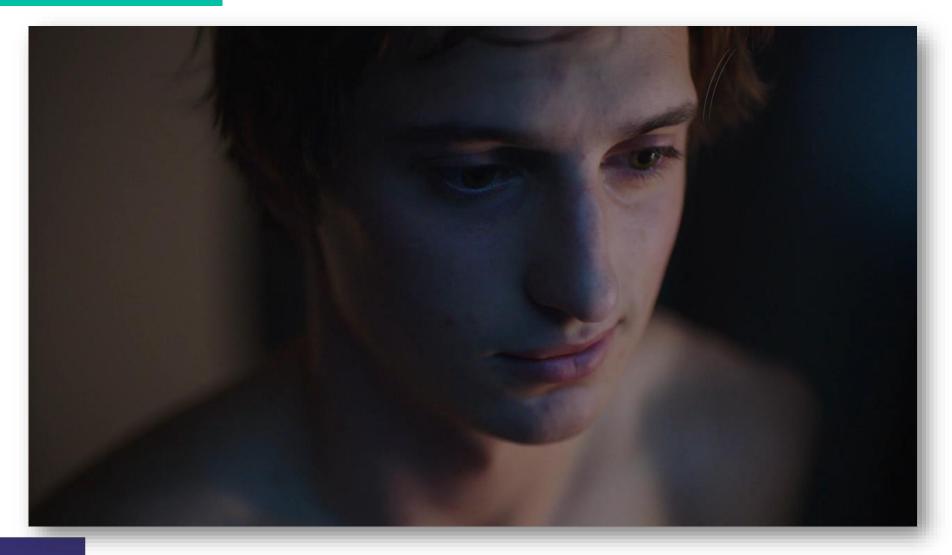


ADDITIONAL

RESOURCES



THE HUNTING



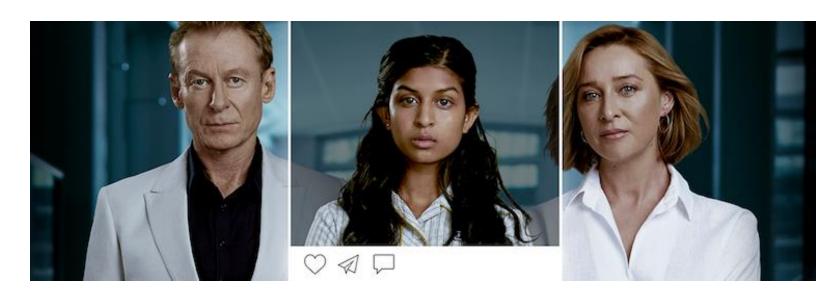


THE HUNTING

 Teacher and Parent guides available & FREE











YOU CAN'T ASK THAT – ABC iView

4 seasons including episodes on

- Intersex
- M
- Transgender



Children of same sex parents M



Indigenous







ENERGISERS







OUR VOICES BOOKLET

This was a research project that involved young people in the development of new teaching and learning resources for Relationships and Sexual Health.

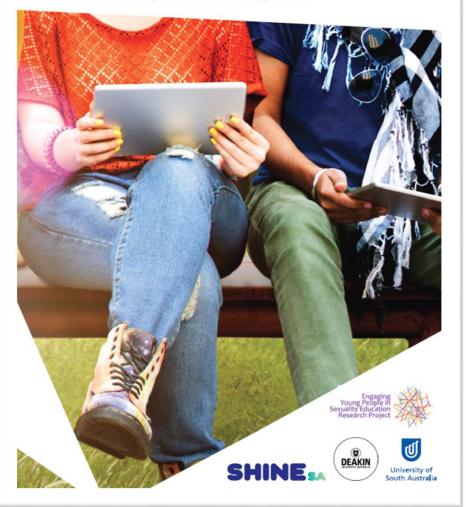
- Thirteen Year 9 and 10 students from Woodville High School.
- A diverse group in terms of gender, sexual orientation, religious, ethnic and cultural backgrounds.
- 5 half day workshops.



Our Voices

Student designed activities for sexuality and relationships education

Bruce Johnson, Jane Flentje, Deb Ollis, Leanne Coll, Lyn Harrison



Johnson, B, Flentje, J, Ollis, D, Coll, L & Harrison, L 2017, *Our Voices: Student designed activities for sexuality and relationships education*, University of South Australia, viewed 16 February 2020, www.shinesa.org.au/media/2018/04/Our-Voices-web.pdf>.

STUDENT VOICE

Types of activities

- Analyse songs and lyrics
- Role playing/drama skits/play writing
- Poetry/comprehension
- Sexting animations using pretend stories
- Creating a storyboard for a video
- Trivia/board games

Activity 3Poem – The End

This activity begins with a poem called The End.

The poem considers ways to end a relationship in a respectful and caring way.

The activity continues to explore ending relationships with a series of questions followed by three scenarios. For each scenario students are asked to explore choices, consequences and outcomes for ending the relationship.

Note: The activity is presented here as students presented to the research team and has not been edited or altered by us in any way. Students had limited time to develop their activity.

Breaking UP



10 questions to ask yourself before ending it

- 1) Does this relationship bring out the best of me?
- 2) Do I feel happy or upset a majority of the time?
- 3) Am I sacrificing more in this relationship than I should?
- 4) Do we share the same goals for the future?
- 5) Are we fighting more than laughing?
- 6) Do we make time for each other?
- 7) Do I really love him/her or the person I want them to be?
- 8) Would I regret it later if I didn't end the relationship now?
- 9) Do they add value to my life?
- 10) Would my life be better without them?



The End

How do you end What you've created? A relationship Breaking both hearts.

What to consider?
What time is right?
Don't forget place,
Think about the other.... for whom you once cared for.

Why the break up?
Is there something missing?
What was it about that person that you liked most?
Part of the relationship eating away?
Eating away but these thoughts can become corrosive.

Find the right place
Private but not isolated.
Private but not.
Cherished.

Are you fearful about the situation?

If it's abused and controlled,

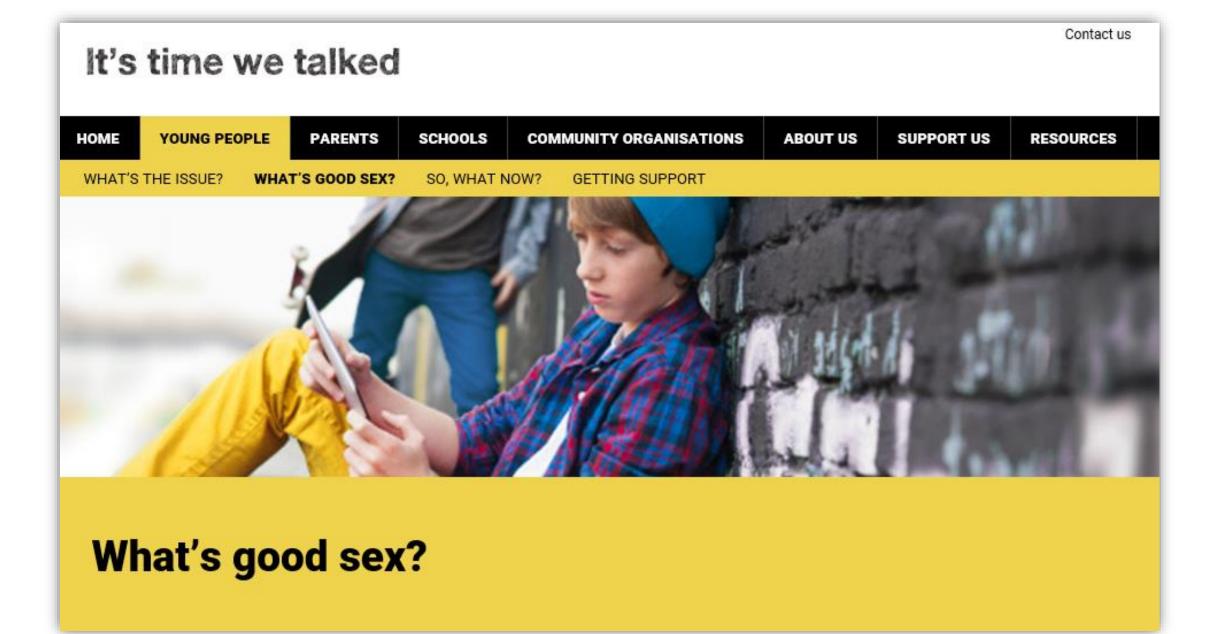
Don't be alone

Don't be vulnerable to rumours

These rumours will be corrosive like salt water on iron.

Are you resolved?
Find the right time
Find the right place
And muster all of your strength.

Not fearful? Be gentle, take your time



It's time we talked

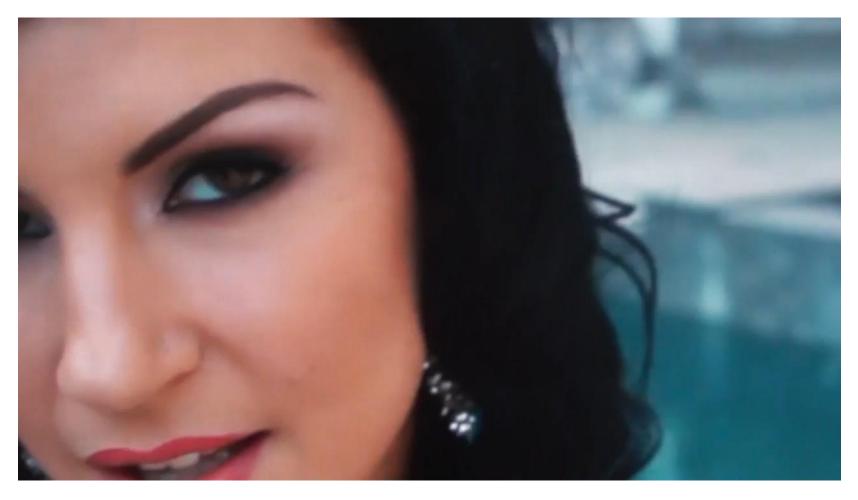
- Feeling safe both physically and emotionally. Feeling safe means being able to trust that your partner will treat you well – with care and respect – whether you're together for one hour, a week, months or years
- Feeling keen your body actually changes when you want to have sex. It pumps blood to your genitals, and makes fluids for lubrication
- Clear consent knowing this is what you both want, not being under any pressure, and feeling free to say yes or no to anything at any stage
- Really good communication checking in with your partner about what they like, don't like or aren't sure they like, what they have or haven't tried, and what they would like to explore
- Time and space to explore, talk, and discover things about yourself and your partner
- A sense of humour sex can be funny and sometimes awkward or embarrassing, but that's okay if you feel comfortable and trust your partner. It can be funny and awkward for adults, too, not just when you start having sex!
- Respect both partners respecting the other, including their right to privacy during and afterwards.



You can find some more tips on talking about sex here: lovegoodbadugly.com/talk-sex/ and here: theline.org.au/sex-articles/

IT'S TIME WE TALKED

THE PORN FACTOR





PORNOGRAPHY IS HERE TO STAY

To equip students for a healthy fulfilling life, schools need to address the influence of pornography.

What knowledge and skills do young people need?

- The ability to analyse influencing factors including pornography's influence
- An understanding of the characteristics of respectful relationships
- The skills to respond where pornography's influence puts their own and others' wellbeing at risk

In The Picture 2014

How can we work to build these competencies in young people?

Foundational Learning

Curriculum to assist the development of general, related competencies without specific mention of pornography

Integrated Learning

Curriculum addressing any of the related topic areas that makes specific mention of pornography as an *integrated part* of broader learning activities

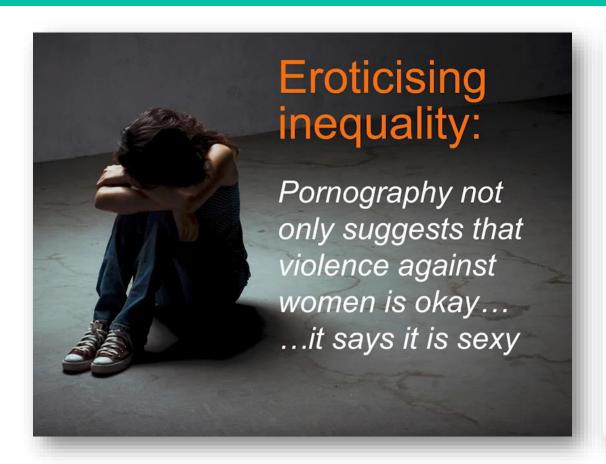
Specific Learning

Curriculum specifically addressing pornography and its influence

In The Picture 2014

DOES PORNOGRAPHY LEAD TO

VIOLENCE AGAINST WOMEN?



Gender inequality is the key driver of violence against women

- Support for violence against women
- Unequal gender relations, where men are in control and women's independence is limited
- Rigid gender stereotypes and roles
- Male relations that emphasise aggression and disrespect towards women

Our Watch, VicHealth & ANROWS, 2015

UNPACKING PORNOGRAPHY

SUPPORT FOR EDUCATORS

This 2-hour workshop responds to the needs of South Australian educators who have voiced their need to engage in this conversation with students.

This workshop is only available to educators who have completed a SHINE SA 2-day Teaching It Like It Is – Relationships & Sexual Health Education Course.

During this workshop you will:

- develop a greater understanding of the impacts of pornography on young people
- learn more about why pornography may be a child safety and public health issue
- unpack two new SHINE SA lesson plans that address the topic of pornography with young people – suitable for students in Year 6 and up
- gain confidence and strategies to respond to and talk to young people about the topic of pornography
- explore relevant resources
- have the opportunity to ask questions about this topic area
- connect with fellow educators

Up to 12 educators.





Our WATCh

Q Search Our Watch...

HELP & SUPPORT













Understanding violence

What's happening in Australia

Preventing violence

What you can do

Who we are

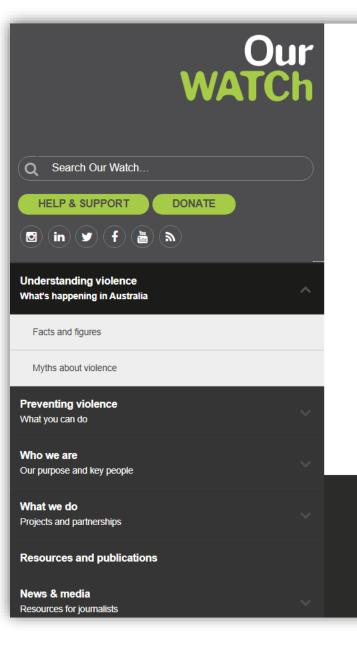
Our purpose and key people

What we do

Projects and partnerships



End Violence Against Women And Their Children



Understanding violence

Get informed about the facts on violence against women and their children, and bust the myths that excuse, minimise and condone violent behaviour.

Quick escape 2

Facts and figures

Violence against women is now recognised to be a serious and widespread problem in Australia, with enormous individual and community impacts and social costs.

SEE MORE FACTS & FIGURES

Myths about violence

Our beliefs and attitudes are shaped by many influences and can be held without conscious thought. When we unpack the building blocks of our attitudes we can identify certain myths or false truths upon which our attitudes are based.

SEE MORE MYTHS

Share on:







Sign up to the Our Watch newsletter

FACTS AND FIGURES



The following basic statistics help demonstrate the prevalence and severity of violence against women: On average, one woman a week is murdered by her current or former partner.

- 1 in 3 Australian women have experienced physical violence since the age of 15.
- More than two-thirds (68%) of mothers who had children in their care when they experienced violence from their previous partner said their children had seen or heard the violence.
- Young women (18 24 years) experience significantly higher rates of physical and sexual violence than women in older age groups.

MYTHS ABOUT VIOLENCE



MYTH: MEN RAPE WOMEN BECAUSE THEY CAN'T CONTROL THEIR NEED FOR SEX...

FACT: Sexual violence is an abuse of power. Men rape women because they believe women are possessions, not equals, and that they have a right to women's bodies. Myths like this place responsibility on the woman and encourage more victim-blaming.

MYTH: MANY WOMEN MAKE FALSE CLAIMS ABOUT DOMESTIC VIOLENCE OR SEXUAL ASSAULT...

FACT: False claims of domestic violence or sexual assault are extremely rare.

80% of women who experience current partner violence don't contact the police about the violence.

80% of women do not report sexual assault to police.

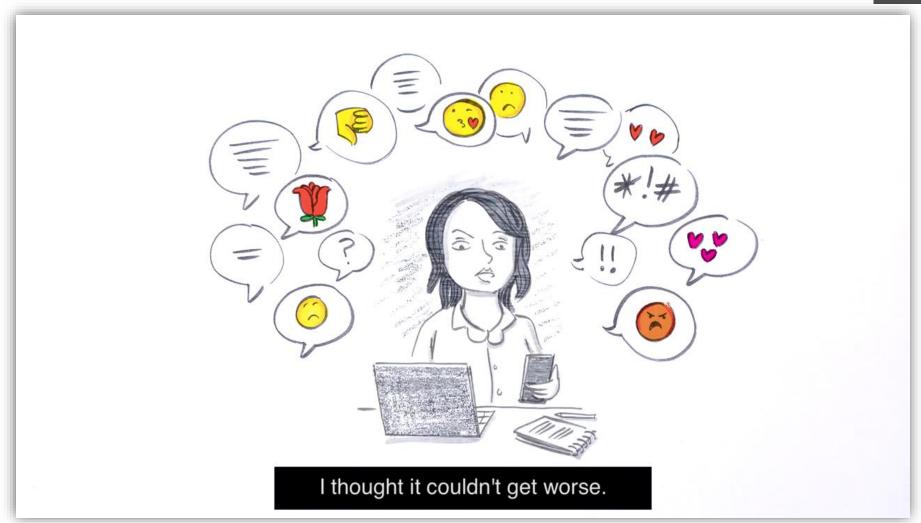
UNPACKING VIOLENCE – LOCKER ROOM TALK



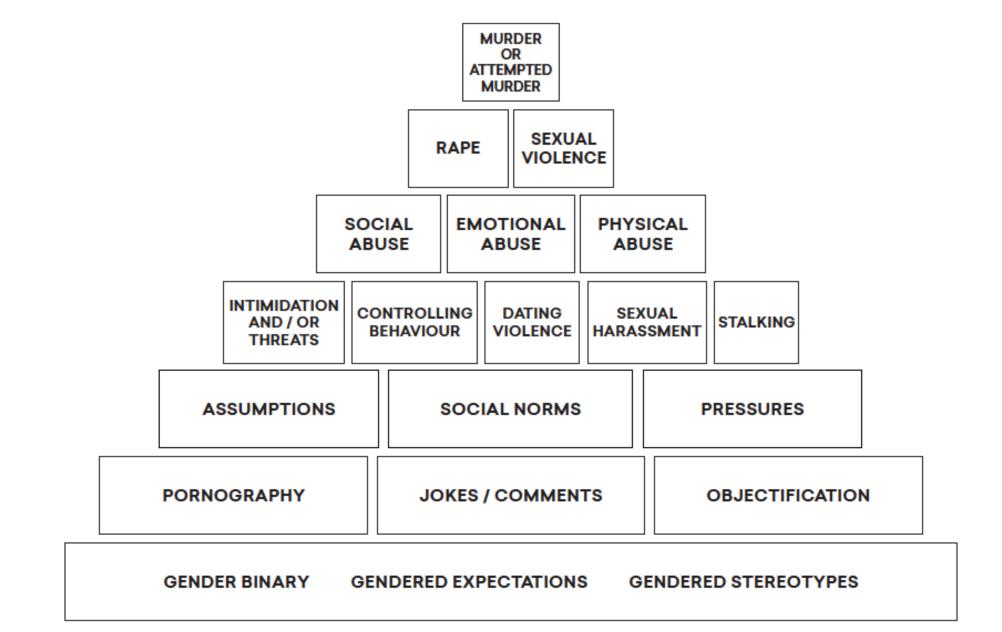


UNPACKING VIOLENCE – TECHNOLOGY





EXPLORING THE FOUNDATIONS OF GENDERED VIOLENCE



GENDERED DRIVERS

of violence against women:

of violence against women

MEN'S CONTROL
of decisionmaking and limits
to women's
independence

STEREOTYPED constructions of masculinity and femininity DISRESPECT towards women and male peer relations that emphasise aggression

Gender inequality sets the NECESSARY SOCIAL CONTEXT

WHAT MIGHT BE THE POSSIBLE OUTCOMES?

Men	Women
Social pressure not to question sexist jokes. Objectification and sexualised comments.	Feel unsafe or on-edge.
Pressure to be in control, to always know what to do, not to show weakness. Need to prove masculinity.	Unable to make decisions/choice about life. Reliance on an partner.
Feel uncomfortable to engage in activities and interests that have been feminised. Judged for caring roles. Pressure to be hyper-sexualised.	Pressure to be compliant. Judged for speaking mind. Expected to take on caring roles.
One-dimensional friendships. Unable to share emotions with friends and family	Feel unsafe. Avoid socialising with men.



IS PREVENTABLE if we all work together



ACTIONS

that will prevent violence against women:

CHALLENGE

condoning of violence against women PROMOTE

women's independence & decision-making CHALLENGE

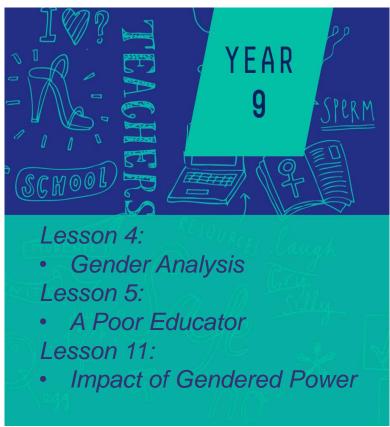
gender stereotypes and roles STRENGTHEN

positive, equal and respectful relationships

Promote and normalise GENDER EQUALITY in public and private life

CHALLENGE



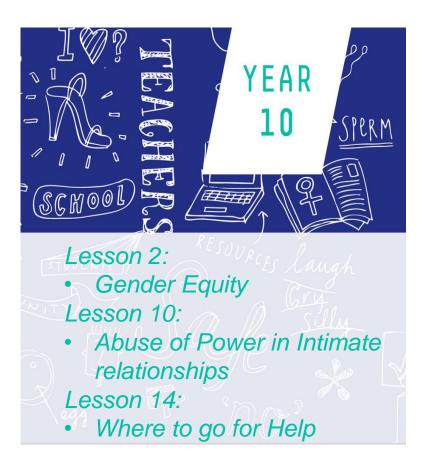




PROMOTE

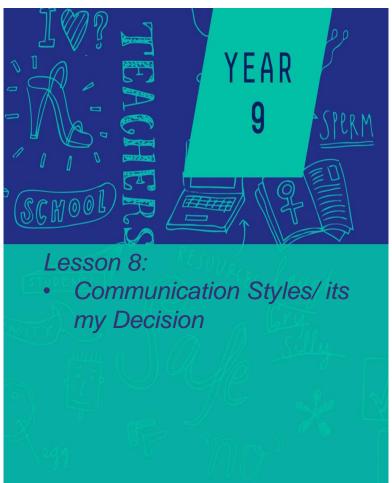






STRENGTHEN







- Gender in Intimate Relationships
- Lesson 5:
- Impact of Social Media Lesson 12:
- Responsibility and Vulnerability

LOVE



advice and stories

Dating meeting people Relationships romance & beyond

Over it? it's not working

truth vs myth

Sex

Love or control? the warning signs

If things get ugly abuse in relationships

Get help advice and services

QUIZ: Should I sleep with them?

(J) JULY 5, 2009 COMMENTS OFF

So you've decided you're ready for sex. Obviously you're not gonna jump into bed with the next dude/lady/wilderbeast that comes along. How do you decide whether to sleep with that someone special or random hottie?



Do they care about my feelings and listen to me?

- Yes
- Mostly
- I don't know, I've just met them
- Not very much

Sex

- Why is sex a big deal?
- How to be good in bed
- What's sex like? & other FAQs
- Is affection important?
- Quiz: am I ready for sex?
- Is sex better when you're drunk?
- First time sex
- = Casual sex, hookups & FWB
- QUIZ: Should I sleep with them?
- Getting pressured for sex?
- You'd like me to WHAT? Talking about sex
- = Sex, can you handle it?
- What if I've been forced into sex?
- Dear Diary: my ideal first time
- Sexy pics: to send or not to send?
- Should I forward someone else's sexy pic?

Latest



How to take the plastic out of periods

In The Spotlight



If you're young and nervous about the environment, volunteering can help

From SES to fire service units to wildlife regeneration — explore all the ways (and from what age) you can get hands on with helping during and after natural disasters around Australia.

Sex & Relationships



Friendships can be the best part of uni. This is where they start



Having a low libido isn't always a problem. Here's why

necessarily an issue. But if you want to up it, there are several things you might not have considered.



'I don't have it totally figured out': What women told us about masturbation

From never doing it to doing it every day, from feeling ashamed to feeling liberated, from using sex toys to having mum throw them out — women's experiences with masturbation are far from mirrored.

TRAINING & SUPPORT



2020 SHINE SA DIGITAL FILE





SUPPORT FOR SCHOOLS

Send your Schools Coordinator an email or call the schools team to find out more

Service Provided	Details, Costs etc.
Curriculum Update Sessions	Annual & FREE to SHINE SA Focus Schools
Student Service Talks	\$60 up to 40 students, or FREE if on-site at SHINE SA
Parent Nights	\$355 – can be developed to suit a need or focus
Tailored Talks	Pornography, Relationship violence. Call to discuss
Training – Individual	\$125 for Focus School staff Aboriginal, Primary, Secondary, Inclusive Education, FLO 2 day, 15-hour course
Training – School Packages	Accommodates for 8 – 20 participants. Please email or call for more information.
Ongoing Support	Extra resources, tricky questions, lesson problems or ideas.





SHINE SA SERVICES

A **Drop-In and Wait** service is available for people aged 30 years and under at the following times:

Hyde St Wednesdays from 10am to 4pm **Woodville** Monday to Thursday from 1pm to 4pm

Walk-in And Wait means you don't have to make an appointment in advance. You will be able to see a doctor or nurse for any of the following services:

STI screening
STI symptoms such as discharge or pain
STI treatment
Pregnancy testing
Emergency contraception



READY TO BOOK?

For an appointment call 1300 794 584







Government of South Australia

Department for Education

www.education.sa.gov.au/teaching/curriculum-and-teaching/keeping-safe-child-protection-curriculum/child-protection#training

Department for Education



Teaching Supporting students Parenting and child care Sites and facilities Working with us The department

Home > Teaching > Curriculum and teaching > Keeping Safe: Child Protection Curriculum > Child protection curriculum - information for educators

Teaching

Curriculum and teaching

Curriculum in the early years

Primary and secondary curriculum

Literacy and numeracy

Learning support

Keeping Safe: Child Protection Curriculum

Child protection curriculum – information for parents and carers

Child protection curriculum – information for educators

Cultural context

STEM Learning strategy

Responding to drugs and alcohol

Child protection curriculum – information for educators

On this page

Educator responsibilities

Training

Update training

Documents and resources

Implementation

Whole site planning

Communicating with parents and carers

Other organisations

Back to top

Educator responsibilities

The Keeping Safe: Child Protection Curriculum (KS:CPC) is mandated in all Department for Education sites for children and young people from age 3 to year 12.

It's a requirement under the child protection in schools, early childhood education and care services

YEAR 7 R&SH CURRICULUM

UPDATE WORKSHOPS

This 2-hour workshop will look closely at the lessons, activities, methodologies, content and resources which are involved in the updated SHINE SA Year 7 Relationships & Sexual Health Curriculum. A copy of the 2019 Year 7 Teacher Resource and a digital file with associated resources is included.

This workshop is only available to educators who have completed a SHINE SA 2-day Teaching It Like It Is – Relationships & Sexual Health Education Course.

\$50



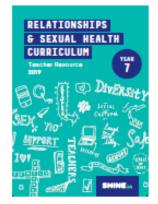


FOR SCHOOLS

Year 7 Relationships & Sexual Health Curriculum Update Workshop

This 2-hour workshop will look closely at the lessons, activities, methodologies, content and resources which are involved in the updated SHINE SA Year 7 Relationships & Sexual Health Curriculum. A copy of the 2019 Year 7 Teacher Resource and a digital file with associated resources is included.

This workshop is only available to educators who have completed a SHINE SA 2-day Teaching It Like It Is – Relationships & Sexual Health Education Course.



COURSE DATES:

19 March
 20 May
 12 August

COST: \$50 (Year 7 Teacher Resource Booklet included valued at \$25)

Cost includes GST

WHERE: SHINE SA, 64c Woodville Road, Woodville

TIME: 4:00pm – 6:00pm

Registration and full course details online

www.shinesa.org.au/courses/year-7-update/

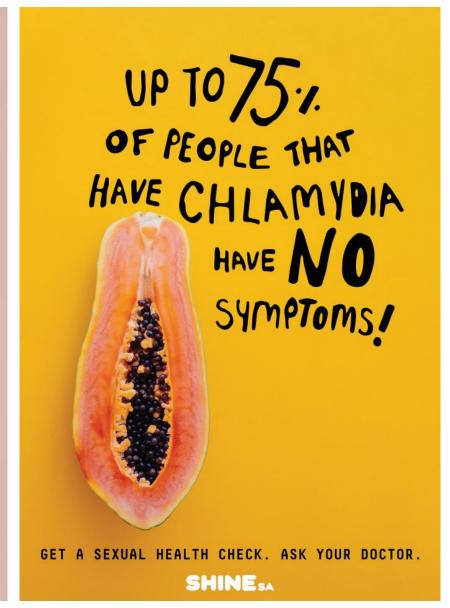
Enquiries

ESchool-Support@shinesa.org.au T 8300 53

zhineza.org.au



SHINESA



REMEMBER:

CONSENT MUST COME BEFORE ANY SEXUAL ACTIVITY OF ANY KIND



CONSENT MUST
BE ACTIVE, VOLUNTARY,
SOBER & CONTINUOUS

SHINESA



USE CONDOMS
PREVENT STIS
USE CONDOMS
PREVENT STIS
USE CONDOMS
PREVENT STIS
USE CONDOMS

Safety.
Pleasure.
Respect.
SHINEsa
shinesa.org.au/safersex



only get sensual if it's consensual





Learn skills and gain confidence to assist young people experiencing mental health problems or crises.

Final course in 2020 17 & 24 November If you have frequent contact with young people at work, or you are the parent of a young person, this course will help you:

- identify the signs of mental health problems
- know how and where to get help
- understand what sort of help has been shown to be effective

Delivered by an accredited and experienced instructor, this course covers topics including depression, anxiety, eating disorders and substance use, as well how to provide help and first aid in a mental health crisis such as suicidal thoughts.

\$190 - includes manual



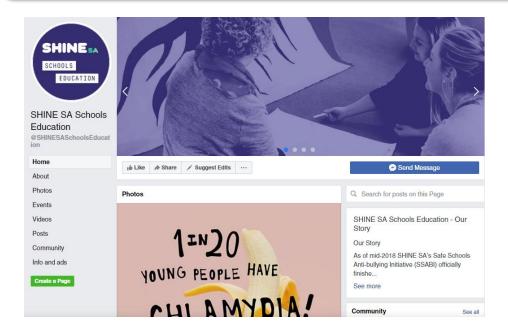




SHINE SA



SHINE SA Schools Education





GENDER WELLBEING

SERVICE

Available in Metropolitan Adelaide

The Gender Wellbeing Service is a free, confidential service and safe space for people who are questioning their gender or who identify as Trans or Gender Diverse.

Offers counselling, peer support, and groups.

Phone: 7099 5320

GENDER WELLBEING SERVICE

GENDER CONNECT COUNTRY SA

Available in Country Adelaide

Peer support over the phone for Trans or Gender Diverse people, and their supporters.

Open Monday to Thursday, 6-8pm.

Phone: 7099 5390





Relationships & Sexual Health Parent/Carer Information Evening

SHINE SA's Schools Education and Support Team are excited to invite South Australian parents and carers to join us for a 2-hour Relationships and Sexual Health (R&SH) Information Evening at SHINE SA Woodville.

Learn more about the Focus Area of Relationships and Sexuality in the Health and Physical Education Australian Curriculum.

Explore and engage in some of the lessons in the SHINE SA R&SH Curriculum.

View and access R&SH resources.

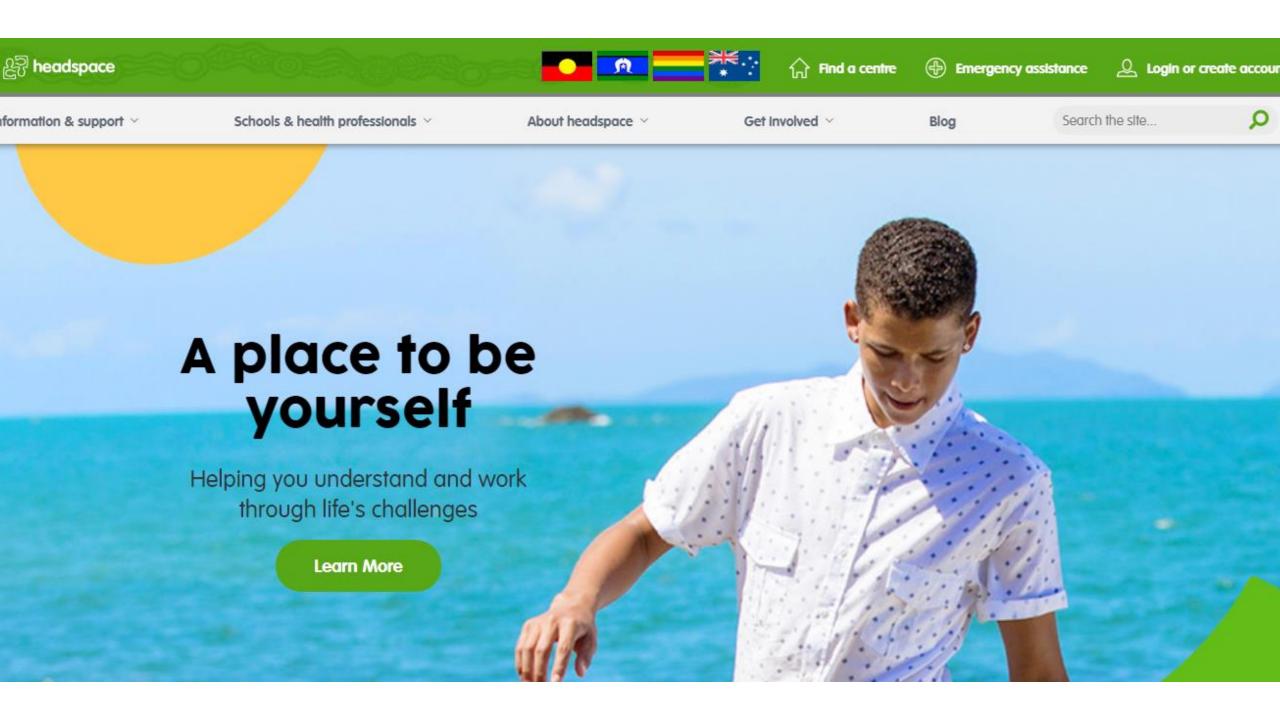
Develop an increased understanding of the R&SH issues relevant to children and young people in South Australia.

Explore some tips for talking with children and young people about R&SH topics.

Identify wellbeing support services in the Adelaide metropolitan area.

\$20 (includes tea/coffee and light refreshments)





AT THE END OF YOUR COURSE:

https://www.surveymonkey.com/r/SHINE7-10Student

https://www.surveymonkey.com/r/SHINEParent7-10





FEEDBACK

PMI



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