The 7th National Survey of

AUSTRALIAN SECONDARY STUDENTS AND SEXUAL HEALTH 2021

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EXECUTIVE SUMMARY

The National Survey of Australian Secondary Students and Sexual Health (SSASH) is a periodic survey of sexual health among school-aged young people in Australia. The survey began in 1992 and, in this report, we present findings from the seventh iteration. The SSASH survey reports on a range of issues related to sexual identity and experiences, STI and HIV prevention, and relationships and sexuality education (RSE) and provides information about the progress of key priority areas in the Fourth National Sexually Transmissible Infections Strategy (Australian Department of Health, 2018).

Sample characteristics

In 2021, the SSASH survey involved 6,841 young people aged 14 to 18 years with an average age of 16.2 years. Of these young people:

- 65.1% identified as female/woman, 27.8% as male/man (inclusive of cisgender and transgender young people), and 7.1% as trans or non-binary
- 41.9% identified as lesbian, gay, bisexual, unsure or used another term (other than heterosexual/straight) to identify their sexuality (LGBQ+)
- 5.6% identified as Aboriginal or Torres Strait Islander
- 15.5% of young people were born, or had a parent born, in a non-Western country, or spoke a language other than English at home (defining them as culturally and linguistically diverse for this report)
- 62.8% were from major cities and 37.2% from regional and rural areas

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

- 87.0% attended high school
- 10.1% had recently left school
- 0.9% were homeschooled

Sex and relationships

There were 69.1% of young people who had ever been in a romantic or sexual relationship, with 56.9% reporting they were currently in a relationship. The majority of young people who had been in a relationship (83.8%), reported that their current or most recent relationships was 'exclusive' (i.e. monogamous).

More than half (60.6%) the young people surveyed reported that they had sexual experience or were currently sexually active (defined as having experienced oral, vaginal or anal sex):

- 58.5% reported having had oral sex
- 52.0% vaginal sex
- 15.0% anal sex

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

Since 1992, the SSASH survey has collected data about sexual experiences of young people at school in Year 10 and Year 12. This allows us to compare findings over the seven iterations of the survey. In relation to sexual experiences, a higher proportion of Year 10 and Year 12 students in the 2021 survey reported that they had experienced vaginal or anal sex than in previous iterations, specifically:

- In 2021, 43% of Year 10 students had ever had vaginal or anal sex. This figure ranged from 19.8% to 34.3% in the 1992-2018 surveys.
- In 2021, 68.9% of Year 12 students had ever had vaginal or anal sex. This figure ranged from 47.8% to 55.8% in the 1992-2018 surveys.

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

- 13.6 years for viewing pornography
- 14.6 years for deep kissing
- 15.2 years for oral sex
- 15.3 years for vaginal sex
- 15.6 years for anal sex

Most recent sexual experience

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

- Most likely to be with an opposite-sex partner: 94.6% of young women and 81.7% of young men reported having sex with someone of the opposite sex
- Most likely to be with someone around their own age: 93.4% of young people 16 or under had sex with someone 17 or under
- Most likely to be with a regular partner: 57.9% of young people had sex with someone they were in a relationship with

The majority of young people (63.2%) reported that their most recent sexual experience was pleasurable. Young men were more likely than young people of other genders to report that the experience was pleasurable. People aged 18 were more likely to report that it was pleasurable than those in younger age groups.

Most young people experienced positive feelings about their last sexual experience including feeling excited (59.5%), satisfied (50.1%), happy (61.1%) and fantastic (46.7%). Heterosexual young men were more likely to report positive emotions than people of other genders or LGBQ+ young people.

When asked about negative emotions associated with their most recent sexual encounter, most young people reported feeling 'not at all' sorry (72.9%), regretful (66.0%), guilty (59.9%) or stressed (51.6%). However, in the open-ended text responses, some young people described feeling disappointed about their last sexual experience and wrote about worry and anxiety due to previous trauma; lack of privacy; fear of parents finding out; concerns about their body image; feeling that they were not doing enough to please their partner; or issues relating to lack of consent.

Young people who were not yet sexually active (39.4%) generally thought it was unlikely that they would have sex in the next year (48.4%). The most common reasons for not having sex yet included lack of opportunity (72.4%), being proud to say no to sex and mean it (70.6%), and not being in a relationship long enough to have sex yet (69.0%). Compared to 2018, fewer Year 10 and 12 students in 2021 reported pressure from their partner (3.1% compared to 8.2%) or peers (7.3% compared to 9.5%) to have sex, as well as less pressure from parents not to have sex (15.7% compared to 18.2%).

Condom use and attitudes

Generally, young people held positive attitudes toward condoms, with 75.2% (n = 3,306) reporting that they thought sex would be less stressful if a condom was used than if not, and 76.7% (n = 3,385) reporting that using condoms showed care for a partner. In addition:

- 94.3% thought young people should use condoms with new partners
- 77.4% indicated they would use condoms the next time they had sex

The majority of sexually active young people (74.7%) reported that they had a condom available at their most recent sexual experience, and few young people experienced barriers to using condoms:

- 11.2% believed that talking about using condoms with a partner was difficult
- 10.3% did not know where to get condoms
- 19.6% thought condoms were expensive

Despite positive attitudes to condom use, only 38.3% of young people reported always using

condoms and less than half (48.6%) reported using a condom at most recent sex.

Condom use at first sexual experience was higher, with 79.3% indicating they used a condom the first time they had vaginal sex and 60.5% the first time they had anal sex.

Of those who did not use a condom at their most recent sexual encounter, the reasons included: using a different form of contraception (46.1%), not feeling at risk of pregnancy (31.8%) or STIs (31.4%), trusting their partner (31.3%), or knowing their partner's sexual history (34.0%).

Looking at SSASH surveys over time (1992–2021), the reported use of condoms among students in Years 10 and 12 has declined, even though in 2021, young people were more likely to report they had condoms available. In 2021, 75.0% reported they had a condom available at their most recent sex. In previous years this figure ranged from 67.8% to 73.5%. In 2021, 49.3% of students reported using a condom at most recent sex. This figure ranged from 56.8% to 68.1% in previous years.

Sexually transmissible infections and unplanned pregnancies

Young people were generally positive about STI testing, agreeing that STI testing is important for young people. However, few felt that STI testing was common among their friends, and few had experience of STI testing themselves.

The majority of young people (72.3%) agreed that young people should be tested for STIs, yet only 12.6% agreed that STI testing was common in their age group and only 11.5% agreed that their friends believed they should get tested.

Young people perceived some barriers to STI testing, with 39.0% knowing where they could go to get tested, 26.3% agreeing that it was easy to get tested, and 32.7% agreeing that talking to partners about STI testing was difficult. Despite these challenges, young people did not perceive cost to be a barrier to STI testing, with only 6.0% agreeing that STI testing was expensive.

Fifteen per cent of participants had ever had an STI test or sexual health check-up, and of these participants, 78.3% went to a GP. There were 2.2% who had ever been diagnosed with an STI including hepatitis or HIV.

One hundred and eighty pregnancies (2.6% of the sample) were reported, of which 95.0% were unplanned.

Digital sexual practices

Digital sexual practices refer to the use of digital technologies (generally internet-enabled smartphones, computers or other devices) as part of sexual connection or experiences.

Among young people surveyed, sharing sexual images ('sexting') was common:

- 86.3% reported receiving sexual messages or images
- 70.6% reported sending sexual messages or images

Young women and LGBQ+ young people were more likely to send or receive sexual images or messages than young heterosexual men.

Young people mostly sent images to a romantic partner (72.9%), or someone they were seeing but not in a relationship with (35.6%), although 22.9% had sent images to someone only known online and 9.2% to a stranger.

Young people reported that their images most often did not include identifying information (65.3%), although 32.2% reported that they had sent images in which their face was visible.

For 17.8% of young people, sexual images of themselves had been shared without their permission. This was more common for young women (20.6%) or trans and non-binary young people (18.6%) compared to young men (11.3%). It was also more common for LGBQ+ young people (19.4%) than heterosexual young people (16.6%).

Young people agreed that sharing sexual images was risky and could have negative consequences but also agreed that there were positive aspects to sharing images, such as learning about their own, and their partner's, sexuality.

There were 56.0% of young people who reported using social media for sexual reasons. This was mostly to communicate with romantic partners (59.0%) or someone they were dating (32.8%), although 23.7% reported using social media for sexual reasons with someone only known to them online and 13.4% with strangers.

Viewing online pornography was common among young people, with 85.7% reporting that they had viewed pornography.

For the majority of young people, pornography was not viewed regularly; 25.1% reported that they did not view pornography at all in the past year and 26.6% reported viewing pornography less than monthly in the past year. There were 14.7% of young people who viewed pornography monthly, 19.5% weekly and 14.1% reported viewing

pornography daily or almost daily.

Young men were more likely to have viewed pornography (95.5%) than people of other genders, and LGBQ+ young people were more likely to have viewed pornography than heterosexual young people.

Talking about sex

The majority of young people reported that, during their most recent sexual experience, they talked to their partner about having sex (80.4%), sexual pleasure (65.1%), and using a condom (54.8%).

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

- Over 65% felt confident talking to female friends about sexual matters
- 47.3% trusted their female friends to provide accurate information
- 71.1% had spoken to female friends about sexual matters

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

- 43.7% trusted their mothers to provide accurate information
- 49.7% had spoken to their mothers about sexual matters
- 24.5% trusted their father to provide accurate information
- Less than 15.0% felt confident to talk to their father about sexual matters

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

Young people mostly sought information about sex or sexual health from friends (76.5%), followed by seeking information from websites (56.7%) and their mothers (49.7%). Only 1.4% (n = 89) of young people reported that they never sought information about sexual matters.

Young people reported that GPs were their most trusted source of accurate sexual health information, with 78.0% reporting that they trusted their GPs to provide accurate information and 31.1% reporting they had spoken to a GP about sexual health.

Describing sexual consent

Young people were asked to define consent using an open-ended text response. Young people wrote that consent involves verbal communication, physical indicators of consent, sharing of sexual images and messages, or a combination of these factors. Young people wrote that verbal communication includes genuine and confident agreement to have sex. Physical indicators of consent were numerous and included flirting, facial expressions, being affectionate, kissing and other sexual activities, removing clothes, going somewhere private, picking up a condom or touching. Young people described consent as an ongoing process with either partner able to stop at any time.

Experiences of unwanted sex

Over one in three young people indicated that they had experienced unwanted sex during their life (39.5% of those who had experienced sex).

Trans and non-binary young people (55.4%) and young women (44.5%) were more likely to report that they had experienced unwanted sex than young men (21.3%). LGBQ+ young people (48.2%) were more likely to report that they had experienced unwanted sex than heterosexual young people (33.8%).

The average age at which young people had first experienced unwanted sex was 14.9 years.

For 60.1% of young people who had experienced unwanted sex, this occurred for the first time in the context of an intimate relationship. One in five young people (20.7%) had experienced unwanted sex in the context of a familial or friendship relationship, while 9.9% had experienced unwanted sex that was perpetrated by someone known to them but not a friend or family member.

When asked about their most recent experience of unwanted sex:

- 65.2% reported that they had experienced verbal pressure
- 40.7% agreed to have sex because they were worried about negative outcomes of not having sex
- 31.9% were physically forced to have sex
- 28.0% reported that they were too drunk or high at the time to consent to sex

Experiences of relationships and sexuality education in schools

Over 95% of young people reported that they believe relationships and sexuality education (RSE) is an important part of the school curriculum, and 93.0% reported receiving RSE at school, most commonly in Years 8 and 9. However, only 24.8% reported that their most recent RSE class was very or extremely relevant to them.

LGBQ+ young people were less likely than heterosexual young people to report that the RSE they received was relevant to them (20.9% compared to 27.5%). Trans and non-binary young people were less likely than cisgender young people to report that the RSE they received was relevant to them (19.8% compared to 28.7% of young men and 23.4% of young women).

Most commonly, young people reported that their RSE classes included discussion of puberty (71.0%), correct names for sexual body parts (67.5%), female reproduction (64.1%) and respectful relationships (60.8%). The least discussed topics were having sex with someone with a disability (3.5%), and anal sex (6.1%). Young people commented that they would like RSE to include topics about gender and sexual diversity, masturbation, pleasure, how to talk to sexual partners, consent, and where to seek help about sexual health.

Young people described the best teachers for RSE as approachable and respectful (91.5%), knowledgeable (89.9%), having a sense of humour (86.3%), calm and unflappable (82.6%), willing to ask students what they want to learn (81.1%), and relating well to students (81.1%).

COVID-19

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

Only a small number of young people reported that they had tested positive for COVID-19 (1.8% of those who had done a PCR test or lived with someone who had tested positive). However, the impact of school closures, lockdowns and restrictions had an impact on young people:

- 66.2% reported less social interaction than normal
- 49.3% reported negative changes to their daily life
- 45.5% reported negative changes to their social life
- 34.1% reported negative changes to their romantic life

Young people who lived in major cities were more likely to report negative effects of COVID-19 than young people living in regional and rural areas. Young people living in city areas were more likely to have done a PCR test (61.8%) than those in regional/rural areas (56.9%) and were more likely to have tested positive for COVID-19 (2.3% compared to 1.0%). Young people in cities were also more likely than those in regional/rural areas to report that COVID-19 lockdowns negatively affected their social lives; specifically, people in city areas were more likely to report:

- less social interaction (70.1% compared to 61.0%)
- negative changes to daily lives (52.7% compared to 43.7%)
- negative changes to social lives (48.5% compared to 41.5%)
- negative changes to dating lives (36.6% compared to 32.4%)

LGBQ+ young people were more likely to report negative impacts during the pandemic than heterosexual young people.

Most young people (50.7%) reported that they did not attend RSE classes at school during 2020 and 2021, and 5.4% reported that RSE was scheduled but was cancelled due to school closures during the COVID-19 lockdowns.

Young people in Year 9 (65.2%) and Year 10 (60.9%) were more likely to report receiving RSE in 2020 and 2021 than young people in Year 11 (41.9%) or Year 12 (27.7%).

1. BACKGROUND AND INTRODUCTION

The 7th National Survey of Australian Secondary Students and Sexual Health (SSASH 2021), funded by the Australian Government Department of Health, is one of only a few recurring national surveys in the world that engages with young people's sexual health, looking at young people's experiences of sex and sexuality, understanding of STI prevention, perceptions of school-based RSE and general sexual health.

The study was established in 1992, led by Professor Beverley Raphael at the University of Queensland. The survey was originally designed to address concerns regarding young people's vulnerability to HIV infection and, while a school-based sexual health survey was contentious at this time, it was one of the first large studies to provide detailed insights into sexual health knowledge and STI/HIV prevention and sexual practices among Australian young people. Since 1992, the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University has led six more iterations of the survey, in 1997, 2002, 2008, 2013, 2018 and 2021. Findings have been used to inform national and state/territory sexual health and STI prevention strategies, service provision, and sexual health promotion. The study also informs the work of RSE teachers, youth workers, and health professionals. The study has been the basis for the development of classroom resources to support RSE including the national Talking Sexual Health materials, the Western Australian Growing and Developing Healthy Relationships materials, the Victorian Catching On materials and the Keep It Simple Safe Sex (KISSS) guide for young people, the most widely distributed Commonwealth health resource in its time.

This is the seventh national SSASH survey. Over the past two decades, the core issues affecting young people's sexual health have not changed substantially. Young people are still seeking to learn about sex and the negotiation of intimate relationships, and are still encountering barriers to this, including limited access to education or services (Fisher, Waling, et al., 2019; Warren & Swami, 2018). STI prevention and safe sex practices continue to be important aspects of sexual health education, and there are ongoing concerns about young people's awareness of, or willingness to access, STI screening or condoms (Fisher, Waling, et al., 2019). However, in recent years, issues relating to sexual consent and the need to improve Australia's response to gender-based violence have increasingly been recognised as central to supporting young people's sexual health, including young people's capacity to pursue safe and respectful sexual relationships. Over the same period, awareness of sexual and gender diversity has significantly increased, meaning greater attention is now paid to the diversity of young people's experiences of RSE, service provision, sexual relationships and sexual health outcomes. In this report, we aim to address the breath of these issues, while also focussing on findings that will inform progress against the Fourth National STI Strategy, specifically relating to young people's awareness and understanding of STI prevention, use of condoms and barriers to STI testing.

Defining sexual health

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

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

This holistic definition, underpinned by a human rights-based approach to sexual health, has been at the basis of international efforts to improve sexual health outcomes for young people internationally since the 1994 International

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

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

For the 7th National Survey of Australian Secondary Students and Sexual Health, we draw from this holistic, rights-based definition of sexual health, with the aim of enhancing our understanding of the sexual health and RSE needs of young people in Australia.

The Australian policy context: Responding to the national STI strategy

The Fourth National STI Strategy 2018-2022 (Australian Department of Health, 2018) is built on guiding principles that emphasise a commitment to working in partnership with affected communities, supporting the human rights of affected populations and attending to issues of access and equity. The overarching goals of Australia's Fourth National STI Strategy (Australian Department of Health, 2018) are to:

- Reduce transmission of, and morbidity and mortality associated with, STI in Australia
- Eliminate the negative impact of stigma, discrimination and legal and human rights issues on people's health
- Minimise the personal and social impact of STIs

Young people are a priority population in this strategy, given that young people aged 15-29 have higher rates of STIs and more undiagnosed STI cases than people in other age groups, indicating barriers to STI screening and care (Department of Health, 2018). Stigma increases the lack of engagement in STI education, misinformation and unwillingness to access screening and treatment services, thereby contributing to the health burden from STIs. The five specific targets in the national STI strategy are:

- Achieve and maintain HPV adolescent vaccination coverage of 80%
- Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis
- Increase STI testing coverage in priority populations
- Eliminate congenital syphilis
- Minimise the reported experience and expression of stigma in relation to STIs

This report provides data that will inform progress against these targets, specifically in relation to:

- Young people's level of awareness and understanding of STIs and STI prevention
- Young people's use of condoms and other STI prevention strategies
- Young people's attitudes to STI testing and barriers to testing

Key issues for young people and sexual health in Australia

The high rate of STIs among young people in Australia marks this as a major sexual health concern, as indicated in the Fourth National STI Strategy. However, in recent years, sexual health educators and advocates have pointed to the urgent need for Australia to respond to issues of gender-based sexual violence, respectful relationships and sexual consent. This has also been reflected in recent policy changes that make it compulsory for schools to address issues of consent with young people (Woodley, Jacques, Junsems, & Green, 2022). In addition, young people's increasing use of digital technologies in their sex lives has created a need for digital literacy and online safety education to be integrated with RSE. Across each of these issues are concerns for equity. It is important to ensure that the needs of Aboriginal and Torres Strait Islander young people, young people from diverse cultural and religious backgrounds, and gender and sexually diverse young people are recognised and supported in

Australian sexual health policy, clinical practice, education and prevention.

Reducing STI rates and ensuring all young people have access to quality, non-judgemental sexual health care

Young people aged 15 to 29 years in Australia are more likely to contract chlamydia, gonorrhoea and syphilis than people in other age groups (Kirby Institute, 2018). Chlamydia and gonorrhoea both can cause infertility in women, while untreated syphilis can lead to significant illness and cause infant death.

In recent years there has been a spike in syphilis cases among Aboriginal and Torres Strait Islander young people and across Central and Northern Australia, as well as rates going up in urban areas. There was a substantial increase in syphilis cases among people aged 15 to 19 years in the 5 years between 2013 and 2017, with Aboriginal and Torres Strait Islander people in this age group particularly affected (Kirby Institute, 2018).

Rates of chlamydia and gonorrhoea are higher among young people aged 20 or older than those of school age (15 to 19 years), and there was a decline in chlamydia notifications among people aged 15 to 19 between 2013 and 2017. Nevertheless, school-aged young people and early school leavers are still recognised as a priority population for STI prevention, testing and treatment (Kirby Institute, 2018, 2021).

Increasing young people's knowledge about STI prevention and testing, and promoting condom use are identified in the Fourth National STI Strategy as integral to reducing STI rates. Responses to the 6th National Survey of Australian Secondary Students and Sexual Health (SSASH 2018) indicated that young people's knowledge about STIs was high and had increased since the 2013 survey, although there was some uncertainty among young people about the potential long-term impact of STIs. However, just over one in three (38.5%) sexually active respondents reported always using a condom when they had sex (Fisher, Waling, et al., 2019). This is consistent with previous research that has shown regular condom use is low among young people (Family Planning Alliance Australia, 2015). There is an ongoing need to ensure condoms are easily available, that young people feel comfortable seeking and accessing condoms, and condom use is promoted and 'normalised' within young people's sexual cultures.

Australian national surveillance data indicate that rates of testing for gonorrhoea and chlamydia among young people remained steady between 2015 and 2019, with around 14.9% receiving at least one test (Kirby Institute, 2021). However, there are barriers to young people seeking STI screening, including stigma related to STIs, fear of being seen at an STI clinic, lack of knowledge about STIs, lack of knowledge about how to access clinical care, and financial barriers (Bell et al., 2020; de Visser & O'Neill, 2013; Maheen, Chalmers, Khaw, & McMichael, 2021; Theunissen et al., 2015; Wagg, Hocking, & Tomnay, 2020).

Ensuring equity of access to quality and non-judgemental STI screening is an important consideration when it comes to achieving an overall increase in STI screening among young people. Recent research shows that Aboriginal and Torres Strait Islander young people may face unique barriers to sexual health clinical services. For those in remote areas, close social ties often meant that concerns about being seen at an STI clinic were higher, even though these networks supported people to learn about sexual health (Bell et al., 2020; Wagg et al., 2020).

Ensuring school students have access to high-quality and inclusive RSE

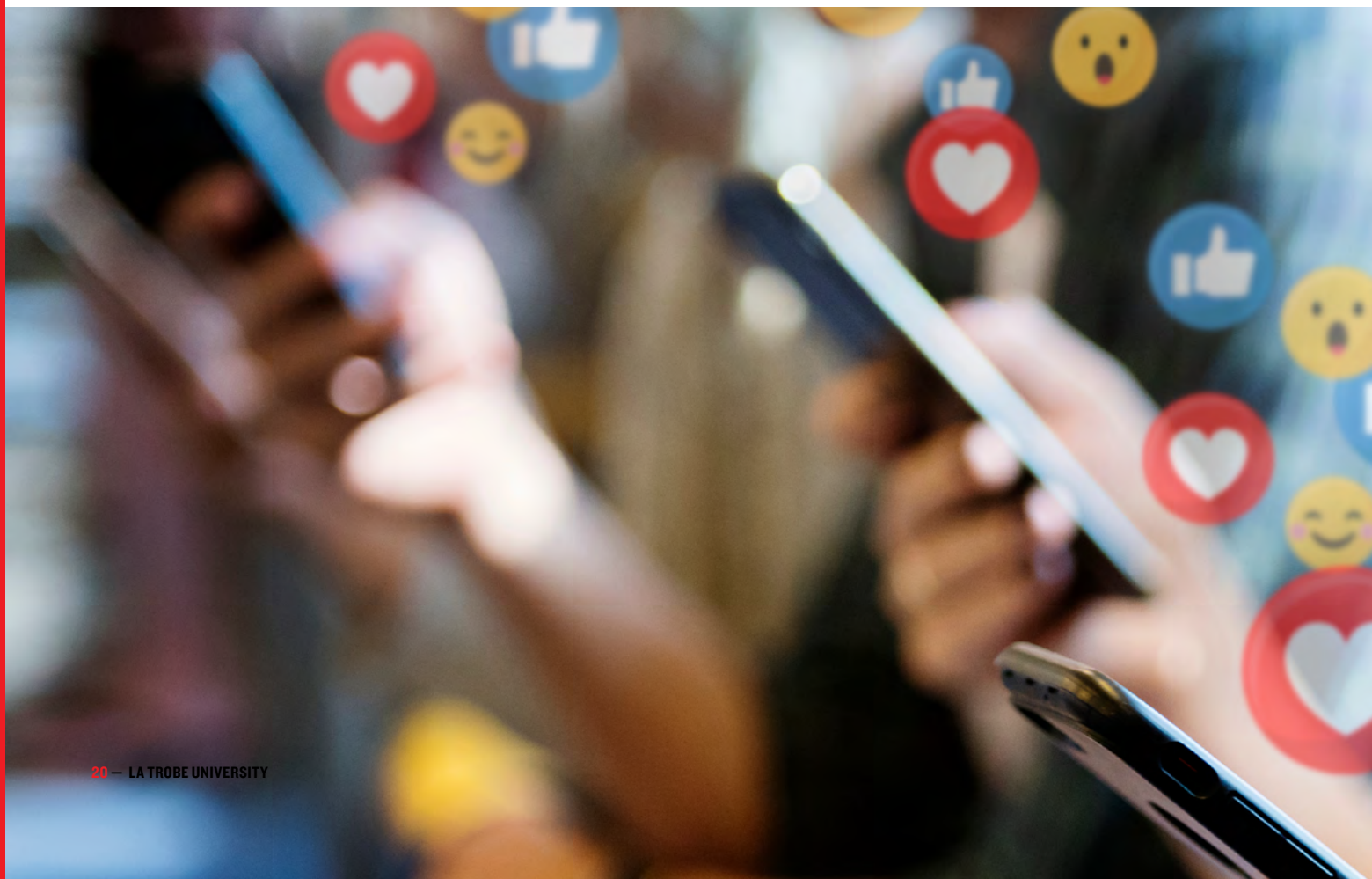
At the national level, and within most state or territory curriculums, RSE sits within the Health and Physical Education curriculums that were developed throughout the 1990s and early 2000s when HIV prevention presented a new, and urgent, focus for sexual health education (Jones & Mitchell, 2014). This has meant that issues directly related to individual health, notably HIV and STI risk, use of condoms and STI screening, have been the central plank of RSE, while issues relating to complex social and interpersonal dynamics of relationships and gender have not always been attended. In addition, learning about relationship dynamics and gender has not always sat comfortably within the health curriculum (Shannon, 2022). However, research increasingly shows that young people want to learn more about the dynamics and negotiation of sexual relationships in RSE. In SSASH 2018, over 60% of young people reported that the RSE they received was irrelevant, or only marginally relevant, to their needs (Fisher, Waling, et al., 2019). Survey participants indicated they would like RSE to be more affirming, more frequent, and delivered by

teachers who are comfortable with the topic areas. They also reported wanting RSE to attend more directly to issues of sexual communication, pleasure and relationships (Fisher, Waling, et al., 2019; Waling et al., 2020). These findings are consistent with other Australian research that has shown young people feel RSE is not adequately inclusive of gender and sexual diversity (Shannon, 2022) and does not focus enough on relationships, navigating sexual intimacy or the social and cultural dynamics of sex and relationships (Cook & Wynn, 2021; McKee, Watson, & Dore, 2014; Waling et al., 2020).

Addressing young people's experiences of sexual violence

In February 2022, the Australian Government announced that consent education would now be mandatory in Australian schools. This will take place across primary and high schools, with children learning about respectful relationships from the 'foundation' year onward. Older students will learn about gender stereotypes, power in relationships, coercion and sexual consent (Woodley et al., 2022). This is the first time that consent education has been mandated across all states and territories. This policy change comes following community advocacy for greater attention to be paid to this topic within schools. Notably, a major media and community advocacy campaign was initiated by Chanel Contos, a young woman who, in 2021, started a petition calling for improved consent education. Reflecting on her own experiences, and that of her friends, Contos publicly argued that her high school education had not prepared her to recognise, talk about or respond to sexual assault or coercion. Instead, she understood sex in terms of gender-based expectations about sex and sexuality, which often shame women for expressing sexual desire, and excuse or obscure sexual violence (Contos, 2021).

Australia's introduction of mandatory consent education programs will be a step toward addressing high rates of sexual and interpersonal violence experienced by young people in Australia. Current estimates indicate that one in six women (17% of Australian women) and one in 25 men (around 4.3% of Australian men) have experienced sexual assault after the age of 15, while the rate of sexual assault against children is estimated to be around 7.7% (Australian Institute of Health and Welfare, 2020). A recent survey of Victorian high school students showed that 88% reported experiencing some form of relationship aggression



during their most difficult relationship (85.2% of boys, 91.8% of girls, 80.0% of trans and non-binary young people). Young women were significantly more likely than young men to report having experienced sexual aggression within a relationship (Daff, McEwan, & Luebbers, 2021).

Successful implementation of a national program of consent education will require attention be paid to the experiences of students and the training and support needs of teachers (Ezer, Fisher, Jones, & Power, 2022). Beyond this, working with young people to develop their sense of agency and confidence in relationships and skills in sexual communication should be a priority for contemporary RSE and sexual health promotion.

Enhancing young people's digital sexual literacy

Digital communication and online media increasingly form part of young people's sex lives, sexual exploration and relationships as well as being an avenue for people to learn about sex, relationships and sexual health. Many young people utilise dating apps, social media or smartphones to produce, send or receive sexual or nude images ('sexting') and go online to view pornography (Anastassiou, 2017; Raine, Khouja, Scott, Wright, & Sowden, 2020). Digital sexual practices that involve social media or sharing images may present risks to young people's privacy and safety, including images being shared or posted online without their consent, and digital harassment or stalking (Quadara, El-Murr, & Latham, 2017). Despite these risks, however, many young people report that digital engagement is an everyday part of their relationships and sex lives (Newett, Churchill, & Robards, 2018; Scott et al., 2020) and an important space in which they learn about sex and sexual health (Fraser, Moore, Waling, & Farrugia, 2021; Lykens et al., 2019; Nikkelen, van Oosten, & van den Borne, 2020). The rapidly changing digital environment means there is an ongoing need to build understanding of the ways in which the digital environment, while presenting risks and challenges, may also support sexual health.

Websites and smartphone apps are simple and cost-effective mechanisms through which sexual health information can be made available to young people. For young people, online spaces facilitate interactive and informal learning that might involve conversations on online forums, sharing

information or posing questions on social media, making jokes or sharing memes, imagery, videos or stories (Shannon, 2022). For many young people – particularly lesbian, gay, bisexual, transgender, queer, asexual or other sexually and gender diverse (LGBTQA+) young people – the internet provides unprecedented opportunities to safely explore sexuality and issues of sex, relationships and sexual health. The resources or discussions young people seek out and engage with online is not prescribed by a curriculum, but self-directed and broad in scope (Evers, Albury, Byron, & Crawford, 2013). The challenge for researchers, educators and health professionals is to understand the unique ways in which the online environment supports sexual health promotion for young people and identify whether and how some young people might require extra support to access or critically assess online resources.

In recent years, concerns have been raised by researchers and policymakers about the accessibility of online pornography. It is feared that young people's early exposure to pornography, and the frequency with which they view pornography, may have a negative impact on sexual expectations or experiences and undermine understanding of sexual consent (Quadara et al., 2017). Again, there is a need for research which explores in more detail how many young people view pornography, the frequency with which it is viewed, and young people's reasons for viewing pornography. This is required to understand if there is a negative impact from viewing pornography for all young people, and the role pornography or other sexually explicit material plays in young people's efforts to learn about sexual practices or the negotiation of sexual encounters.

A note about sexual health research and this study

Holistic definitions of sexual health are widely accepted in national and international policy (Gruskin, Yadav, Castellanos-Usigli, Khizanishvili, & Kismödi, 2019; World Health Organisation, 2006) and inform comprehensive RSE for young people (Fernandes & Junnarkar, 2019). However, research that measures and monitors sexual health in holistic terms is less developed, particularly research that uses quantitative surveys (Kantor & Lindberg, 2020). STI prevention programs are generally monitored via tracking STI diagnoses and using surveys to determine young people's knowledge of STI prevention, attitudes toward STI screening, condom use and other safe sex practices. While these are relevant sexual health outcomes, there are limitations to this approach. For instance, knowledge about STI prevention does not necessarily translate to safe sex practices, because people do not make decisions about safe sex based on knowledge alone. Sex is a social practice, and social environments, cultural norms or gender dynamics can work against regular or consistent condom use. However, it is a difficult task to evaluate the impact of sexual health interventions or policy on social or cultural change (Cook & Wynn, 2021; McKee et al., 2014). Concepts relevant to more holistic definitions of sexual health – such as critical thinking, confidence navigating relationships, skills in communicating about sex and relationships, or capacity for self-advocacy in a sexual context – require nuanced and complex research. These are concepts that are difficult to explore in quantitative research. Nevertheless, in this survey we aim to report on findings that address young people's sexual health in comprehensive terms, including a focus on experiences of RSE, and confidence in communicating and seeking information about sexual health.

Reporting results from previous SSASH surveys

Where possible, we report data from previous SSASH surveys to show change in findings over time. In the late 1990s and early 2000s, the SSASH surveys were only administered to students in Years 10 and 12. As such, when we report 'over time' data that include these surveys, we are reporting findings for students in these groups only, not the whole sample.

In some instance, we compare findings across the most recent SSASH surveys (2013, 2018 and 2021). In these cases, we include students in Years 10, 11 and 12.

TERMINOLOGY USED IN THIS REPORT

Aboriginal or Torres Strait Islander young people
Young people who identified as Aboriginal or Torres Strait Islander are referred to as 'Aboriginal or Torres Strait Islander young people'.

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

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

LGBQ+
'LGBQ+' refers to young people who identified their sexual orientation as lesbian, gay, bisexual, unsure, or used a different term to define their sexuality (other than heterosexual). We recognise gender and sexuality as distinct and separate and have deliberately analysed them as such. In this report, we have used the term LGBQ+ in reference to sexual orientation. Gender is reported separately.

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

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

RSE
Relationships and sexuality education in school settings.

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

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

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

2. METHOD

Study design

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

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

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

Sample

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

Promotion and recruitment

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

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

Measures

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

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

Young people were asked about **current and past relationships** (adapted from Fisher,

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

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

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

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

Understandings of **sexual consent** were explored using an open-ended question asking young people to describe how they would know if someone wanted to have sex with them (words, phrases or behaviour that might be used).

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

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

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

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

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

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

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

Several questions about **sharing sexual images and messages** were asked including: frequency, who was involved, and feelings about sharing images (Patrick, Heywood, Pitts, & Mitchell, 2015); whether images were asked for or wanted (Holloway, 2019); nudity and identifying information shared (Holloway, 2019); and whether photos of them had been shared without their permission (Holloway, 2019). Nine questions asked about attitudes towards sexting (e.g., sending

sexual photos is risky, there is no harm in sexting; Holloway, 2019).

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

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

Analysis

R and RStudio were used for statistical analysis. Descriptive statistics are provided for items in this report, with graphs and tables to present data. Chi-square analyses have been used where appropriate to compare priority populations on salient topics. For brevity, frequencies, percentages and p values are presented. Qualitative responses were coded by a trained researcher using inductive thematic analysis (Braun & Clarke, 2006) to develop the themes presented. Quotations were edited for clarity and all identifying information removed.

Data cleaning involved a rigorous process of excluding participants based on criteria derived at the start of the study. In total, 19,390 participants clicked on a survey ad, with 16,978 consenting to participant. There were 400 participants who did not provide data for the inclusion criteria, 76 excluded based on the inclusion criteria, and a further 9,258 who dropped out of the survey before completing the sexual practices section. Participants were excluded if they: completed the survey in less than 8 minutes (n = 189), had missing data on age, year level or gender (n = 209), answered less than 10% of the knowledge questions, or were obvious 'mischievous respondents' (n = 5). The final sample included the 6,841 participants who completed the questions about general sexual knowledge; however, some participants dropped out after this point in the survey, and therefore there is missing data in the second half of the survey. Of the 4,459 participants who completed the entire survey, 3,861 (86.7%) reported being not at all or slightly embarrassed by the survey, while 4.4% (n = 196) were quite or very embarrassed. Participants reported being on average 95.8% (SD = 7.2%) honest in their survey responses.

Limitations

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

3. DEMOGRAPHIC CHARACTERISTICS

A total of 6,841 young people aged 14 to 18 years completed the survey. While the majority of these young people were currently attending school in Years 9 to 12, we did hear from some young people who were homeschooled, not attending school or were recent school leavers. Below we present an overview of the demographic characteristics of the sample.

State and territory

Young people from all states and territories completed the survey. These responses broadly reflect the population distribution of Australia, with the largest number of responses coming from the most populous states (Table 1.).

Table 1. Participants in each state/territory and by remoteness of place of residence (n = 6,841)

State/territory and remoteness	Participants n (%)
State/territory	
ACT	161 (2.4%)
NSW	1,774 (25.9%)
NT	61 (0.9%)
Qld	1,574 (23.0%)
SA	556 (8.1%)
Tas	247 (3.6%)
Vic	1,775 (25.9%)
WA	693 (10.1%)
Remoteness	
Major city	3,244 (62.8%)
Inner regional area	1,345 (26.1%)
Outer regional area	499 (9.7%)
Remote	54 (1.0%)
Very remote	21 (0.4%)

Age and gender

The mean age of participants was 16.2 years (SD = 1.17, median = 16.0), with a range of 14 to 18 years. There were 731 (10.7%) of participants who were 14 years, 1,294 (18.9%) were 15 years, 1,719 (25.1%) were 16 years, 2,335 (34.1%) were 17 years, and 762 (11.1%) were 18 years of age.

The largest group to respond to the survey were young people who identified as female (n = 4,456, 65.1%). There were 1,899 (27.8%) who identified as male and a further 486 (7.1%) young people who identified as trans and non-binary (see Figure 1.). Of the trans and non-binary young people, 133 (27.4%) preferred to use a different term to describe their gender, with almost half (n = 59, 45.4%) describing

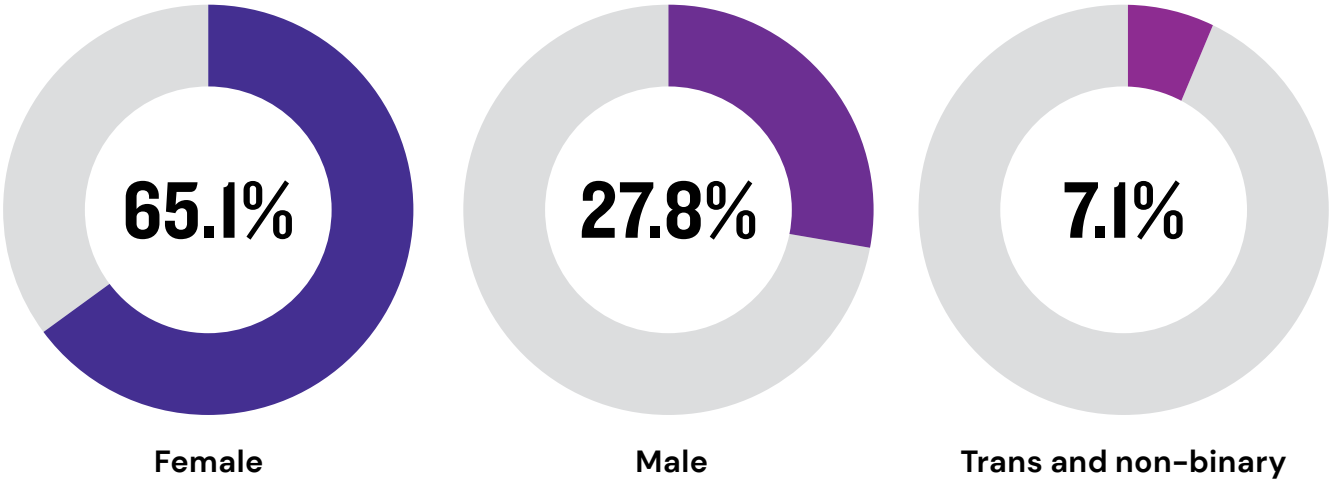


Figure 1. Gender of the sample

themselves as genderfluid. Fifteen young people (11.5%) identified as trans masc. Most trans and non-binary young people (n = 400, 87.1%) were assigned female on their birth certificates. Of the young people who identified as female, two attended all-boys schools and five young people identifying as male attended all-girls schools.

Sexual identity

More than half the respondents (n = 3,947, 58.1%) identified as heterosexual, while 23.3% (n = 1,586) identified as bisexual, 6.0% (n = 406) as gay or lesbian, and 6.1% (n = 414) said they were unsure of their sexuality (Table 2.).

There were 440 participants (6.5%) who used another term to descibe their sexuality. Of these, 45.9% (n = 202) used the term 'pansexual' or 'pan', while 19.3% (n = 85) described their sexuality as 'queer', and another 5.9% (n = 26) as 'omnisexual'. There were 9.7% (n = 43) who identified as 'asexual' or 'ace', and 3.2% (n = 14) who identified as 'demisexual'; only sexually attracted to people with whom they have formed a close emotional bond. There were 3.6% (n = 16) who indicated they preferred not to use a label to describe their sexuality, while 4.7% (n = 21) indicated they were 'curious', 'bi-curious', 'heteroflexible', or 'heterosexual but curious'. Other identities included 'sapphic', 'polysexual', 'multisexual', 'skoliosexual', 'polyamorous' and 'panromantic'.

Young women were more likely to identify as LGBQ+ than young men, while trans and non-binary young people were most likely to identify as bisexual or use other terms. There were four (0.8%) trans and non-binary young people who identified as heterosexual.

The percentage of young people identifying as bisexual, gay or lesbian in this survey is high relative to Australian population-based surveys. Drawing from multiple sources, including the Household, Income and Labour Dynamics in Australia (HILDA) Survey, Wilson et al. (2020) estimate the percentage of the Australian population who identify as gay, lesbian, bisexual or other non-heterosexual identities to be approximately 3.5%. This varies by age and gender, with estimates for younger people, aged 18 to 24, being higher than the overall population at 5.4%, and slightly higher again among young women (6.4%). The Longitudinal Study of Australian Children (LSAC: Warren & Swami, 2018) has asked participants about gender and sexual attraction since the 2014 wave, when participants were aged 14 to 15. In 2014, 93% of young men and 85% of young women reported being attracted only to people of the opposite sex. Less than 1.0% of young people indicated they were only attracted to people of the same sex, while 2.0% of young women and 4.0% of young men indicated they were attracted to the same and other genders. In the 2018 LSAC wave, when participants were aged 16 to17 years, approximately 4% reported that they had dated someone of the same sex at some point in their life (Warren & Swami, 2018). In the US, surveys are reporting an increasing number of young people identifying as bisexual, with a 2020 Gallup poll indicating that

Table 2. Young people's sexual orientation, by gender

Sexual orientation	Female n = 4,420 n (%)	Male n = 1,889 n (%)	Trans and non-binary n = 484 n (%)	Total n = 6,793 n (%)
Heterosexual or straight	2,590 (58.6%)	1,353 (71.6%)	4 (0.8%)	3,947 (58.1%)
Gay or lesbian	131 (3.0%)	178 (9.4%)	97 (20.0%)	406 (6.0%)
Bisexual	1,147 (26.0%)	253 (13.4%)	186 (38.4%)	1,586 (23.3%)
Other	220 (5.0%)	46 (2.4%)	174 (36.0%)	440 (6.5%)
Not sure	332 (7.5%)	59 (3.1%)	23 (4.8%)	414 (6.1%)

among young people born between 1997 and 2002 (generation Z), 11.5% identified as bisexual (Jones, 2021). While the 23.3% identifying as bisexual in this sample is likely an over-representation, it is worth noting that it may also reflect an increasing number of young people identifying their sexuality in terms other than heterosexual, and/or their gender in non-binary terms. A person identifying as trans or non-binary is more likely to identify their sexuality in non-monosexual terms. That is, they may identify as bisexual or pansexual or other terms that reflect that their trans or non-binary gender identity means their relationships will not be easily defined as either heterosexual or homosexual. In this survey, 74.4% (n = 360) of trans and non-binary young people identified as bisexual or used another term to identify their sexuality.

Ethnicity, language and country of birth

The majority of participants were born in Australia (n = 6,164, 92.3%) and spoke English at home (n = 6,559, 96.6%). There were 370 (5.6%) participants who identified as Aboriginal or Torres Strait Islander, 7.7% (517) who were born in a country other than Australia, and 3.3% (n = 218) who spoke a language other than English at home. Young people born overseas included 215 (3.2%) born in Europe, 111 (1.7%) in Asian countries, and 72 (1.1%) were from Oceania or New Zealand (excluding Australia). Table 3. lists the percentage of participants who were not born in Australia as well as the percentage of parents born outside of Australia, and the percentage of young people who speak a language other than English at home.

Religion and religiosity

Most participants (n = 4,714, 71.5%) in this study indicated they were not religious. The most common religion was Catholic (n = 891, 13.5%), followed by other Christian religions other than Catholic or Anglican (n = 463, 7.0%).

Of the 1,877 (28.5%) young people who were religious, 355 (19.0%) said that religious faith was very important or extremely important in shaping their daily life (Table 4.). The majority of young people who said that religious faith was very or extremely important in shaping their daily life

Table 3. Young people born overseas, or with a parent born overseas, or who speak a language other than English at home (n = 6,681)

Variable	Participants n (%)
Young people born outside of Australia	517 (7.7%)
Father born outside of Australia	1,390 (21.3%)
Mother born outside of Australia	1,253(19.2%)
Language other than English spoken at home	218 (3.3%)

belonged to a Christian religion other than Catholic or Anglican (n = 172, 48.5%), followed by Catholic (n = 66, 18.6%) and Anglican (n = 43, 12.1%).

Of the young people who indicated they were religious, many (n = 518, 27.8%) had never attended a religious service other than funerals, weddings or school services, and 468 (25.2%) indicated they attended services about once or twice a year. There were 201 (10.8%) who attended religious services one to three times a month and 281 (15.1%) who attended services once a week or more (see Table 3.4). Most young people who attended services weekly belonged to a Christian religion other than Catholic or Anglican (n = 165, 58.7%), while a further 49 (17.4%) were Catholic and 39 (13.9%) were Anglican.

Disability

Almost one-third of participants (n = 1,876, 27.7%) reported having a disability or long-term physical or mental health condition; 1,508 (24.6%) reported having a diagnosed mental health condition, while 925 (15.1%) reported neurodiversity or autism, and 446 (7.3%) a sensory problem.

Table 4. Religious characteristics of the participants

Religious characteristics	Participants n (%)
Religion (n = 6,591)	
No religion	4,714 (71.5%)
Catholic	891 (13.5%)
Anglican	194 (2.9%)
Other Christian religion	463 (7.0%)
Buddhism	49 (0.7%)
Islam	38 (0.6%)
Judaism	30 (0.5%)
Hinduism	23 (0.3%)
Sikhism	5 (0.1%)
Other religion not listed above	184 (2.8%)
Importance of religious faith (n = 1,865)	
Extremely	110 (5.9%)
Very	245 (13.1%)
Somewhat	775 (41.6%)
Not at all	581 (31.2%)
Not sure	154 (8.3%)
Frequency of religious service attendance (n = 1,860)	
Never	518 (27.8%)
Once or twice a year	468 (25.2%)
A few times a year	333 (17.9%)
About once a month	96 (5.2%)
2-3 times a month	105 (5.6%)
Once a week or more	281 (15.1%)
Not sure	59 (3.2%)

Schooling

There were 5,952 (87.0%) participants who were currently enrolled in an Australian secondary school and a further 56 (0.9%) who were homeschooled. Historically, this study has focussed on students in Years 10 and 12, with Year 11 students included from 2013 onwards, so, in some instances in this report, we focus on responses from young people in these years, to enable comparisons with previous iterations of the SSASH survey. There were 4,903 responses from students enrolled in Years 10 to 12. Over half the participants enrolled in schools attended government schools (n = 3,447, 56.5%), while 1,283 (21.0%) attended Catholic schools and 1,313 (21.5%) attended independent schools. The majority of young people (n = 5,221, 86.6%) attended mixed-gender schools. Table 5 lists the school characteristics of the sample. There were also 679 (10.1%) young people included in the survey who had already left school. These young people ranged in age from 14 to 18 years (M = 17.4, SD = 0.75) and reported that their last year at school was Year 12 (n = 329, 48.8%), Year 11 (n = 136, 20.2%), Year 10 (n = 161, 23.9%) or earlier (n = 48, 7.1%).

COVID-19 testing and diagnosis

There were 4,037 (59.4%) young people who reporting having had a COVID-19 PCR test or living with someone who had had a COVID-19 PCR test, although only 1.8% (n = 74) reporting having received a positive COVID test.

Young people living in regional or remote Australia were significantly less impacted by COVID-19 than those living in major cities: 56.9% (n = 1,087) of rural/regional young people had had (or lived with someone who had had) a COVID-19 PCR

Table 5. School characteristics of the participants

School characteristics	Female n = 4,402 n (%)	Male n = 1,870 n (%)	Trans and non-binary n = 466 n (%)	Total n = 6,738 n (%)
Year level				
Year 9 (age in years: M = 14.5, SD = 0.54)	683 (15.5%)	349 (18.7%)	124 (26.6%)	1,156 (17.2%)
Year 10 (age in years: M = 15.5, SD = 0.54)	932 (21.2%)	405 (21.7%)	109 (23.3%)	1,446 (21.5%)
Year 11 (age in years: M = 16.4, SD = 0.53)	1,124 (25.5%)	468 (25.0%)	118 (25.3%)	1,710 (25.4%)
Year 12 (age in years: M = 17.2, SD = 0.48)	1,206 (27.4%)	462 (24.7%)	79 (16.9%)	1,747 (25.9%)
Not in school (age in years: M = 17.4, SD = 0.75)	457 (10.4%)	185 (9.9%)	37 (7.9%)	679 (10.1%)
School type				
Catholic	826 (20.9%)	379 (22.4%)	78 (17.4%)	1,283 (21.0%)
Government	2,287 (57.8%)	891 (52.7%)	269 (60.2%)	3,447 (56.5%)
Independent	811 (20.5%)	410 (24.2%)	92 (20.6%)	1,313 (21.5%)
Homeschool	36 (0.9%)	12 (0.7%)	8 (1.8%)	56 (0.9%)
Single-sex or co-ed school				
All-boys school	1 (0.0%)	237 (14.1%)	7 (1.6%)	245 (4.1%)
All-girls school	506 (12.9%)	5 (0.3%)	54 (12.3%)	565 (9.4%)
Mixed-gender school	3,408 (87.0%)	1,436 (85.6%)	377 (86.1%)	5,221 (86.6%)

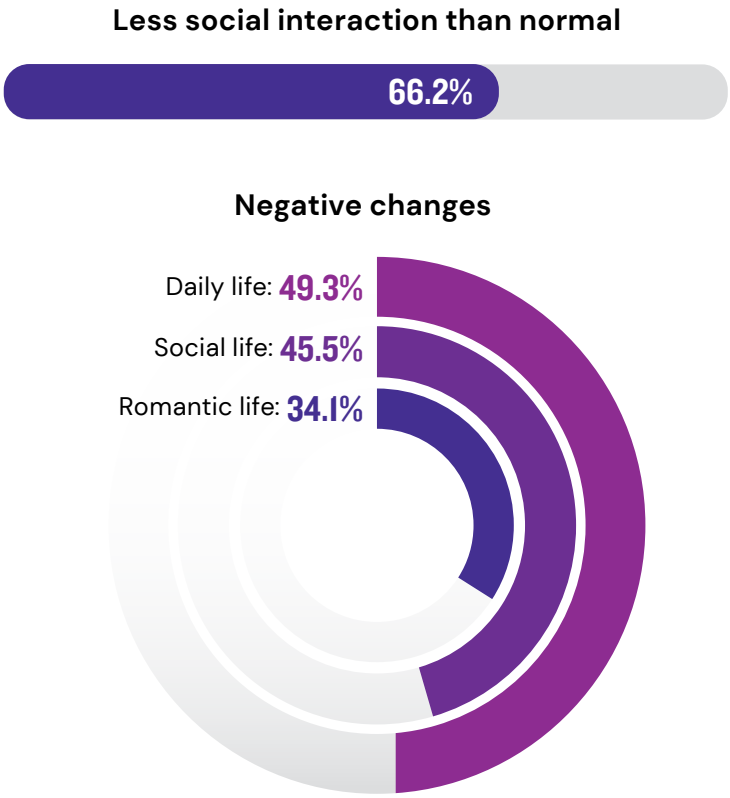


Figure 2. Percentage of young people who reported negative changes to their lives during the COVID-19 pandemic

test compared to 61.8% of city dwellers (n = 1,997, p < .001), and 1.0% (n = 11) had received a positive test compared to 2.3% of city dwellers (n = 46, p = .011).

Experiences during COVID-19

Social interaction is a major part of growing up and affects the social, emotional and sexual development of young people. The restrictions and lockdowns during the COVID-19 pandemic have had an impact on Australian youths. As shown in Figure 2, two-thirds of young people (n = 4,509, 66.2%) reported less social interaction with people outside of home than normal, and many experienced negative changes to their daily life (n = 3,353, 49.3%), social life (n = 3,101, 45.5%) or romantic life (n = 2,266, 34.1%).

Young people living in cities reported a greater impact from COVID-19 on their social lives than those in regional or rural areas. In total, 70.1% (n = 2,268) of young people living in major cities experienced less social interaction than normal during the COVID-19 pandemic, compared to 61.0% (n = 1,164) of young people living in regional/rural areas (p < .001).

Young people living in major cities were also more likely than those in regional/rural areas to report negative changes due to COVID-19 to their:

- Daily lives (52.7%, n = 1,694) compared to 43.7% (n = 832) in regional/rural areas (p < .001)
- Social lives (48.5%, n = 1,571) compared 41.5% (n = 793) in regional/rural areas (p < .001)
- Dating lives (36.6%, n = 1,161) compared to 32.4% (n = 609) in regional/rural areas (p = .003)

LGBQ+ young people (n = 1,939, 67.7%) were more likely to report experiencing less social interaction than normal during the COVID-19 pandemic compared to heterosexual young people (n = 2,562, 65.1%, p = .029). LGBQ+ young people were also more likely to feel that they had experienced negative changes during the COVID-19 pandemic in their daily lives (n = 1,586, 55.4%), social lives (n = 1,402, 48.9%) and dating lives (n = 995, 35.7%) compared to heterosexual young people (daily lives: n = 1,761, 44.9%, p < .001; social lives: n = 1,693, 43.1%, p < .001; dating lives: n = 1,264, 32.8%; p = .016).

4. YOUNG PEOPLE'S EXPERIENCES OF SEX AND RELATIONSHIPS

Relationships and sexual practices are dynamic and can mean different things to different people. The way people feel about sex and relationships will also inevitably change over time. In this chapter we provide a snapshot of young people's experiences of sex and relationships. We aim to report on this in comprehensive terms, looking at practices as well as the ways young people feel about their experiences.

Sexual experiences

There were 4,148 (60.6%) young people who reported that they were sexually active (defined as having experienced oral, vaginal or anal sex; Figure 3); 3,996 (58.5%) had experienced oral sex, 3,563 (52.0%) had experienced vaginal sex, and 1,027 (15.0%) had experienced anal sex. Young women (n = 2,909, 65.3%) were more likely to report being sexually active than young men (n = 1,004, 52.9%) or trans and non-binary young people (n = 235, 48.4%, $p < .001$).

Young people were asked whether they had experienced a range of sexual practices. Most commonly, young people reported they had experienced masturbation (n = 5,989, 90.3%), with young men (n = 1,807, 97.1%) and trans and non-binary young people (n = 428, 91.8%) more likely than young women (n = 3,754, 87.2%) to report masturbating ($p < .001$, see Table 6).

Young women were more likely than young men or trans and non-binary young people to report having experienced deep kissing, mutual masturbation and oral sex (see Table 6). There were 3,387 (76.3%) young women who had experienced deep kissing compared to 1,211 (63.9%) young men and 299 (61.5%) trans and non-binary young people ($p < .001$). Mutual masturbation was common with young women (n = 3,148, 71.1%) more likely than young men (n = 1,157, 61.2%) or trans and non-binary young people (n = 275, 57.4%, $p < .001$)to have touched a partner or been touched by a partner on the genitals. Young women (n = 2,813, 63.3%) were more likely to report giving or receiving oral sex than young men (n = 965, 50.9%) or trans and non-binary people (n = 218, 44.9%, $p < .001$).

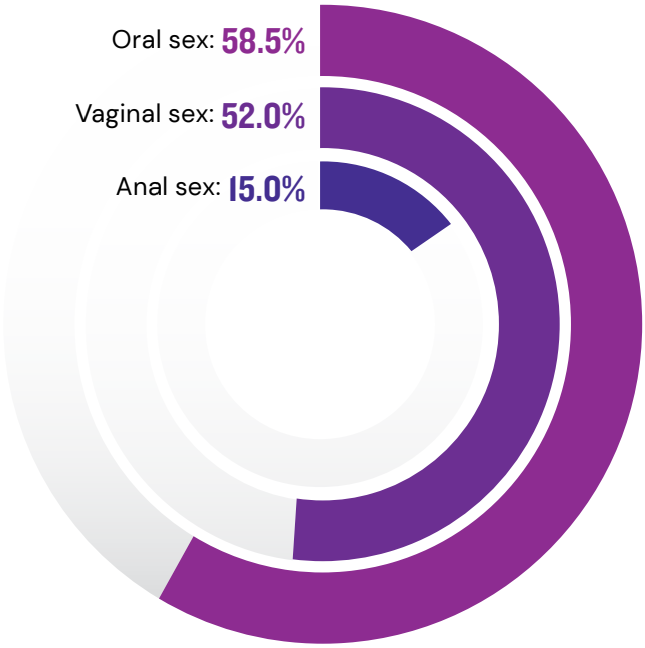


Figure 3. Percentage of young people who had experienced oral, vaginal and/or anal sex

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

Sexual practice	Female n = 4,438 n (%)	Male n = 1,894 n (%)	Trans and non-binary n = 486 n (%)	Total N = 6,818 n (%)
Masturbation	3,754 (87.2%)	1,807 (97.1%)	428 (91.8%)	5,989 (90.3%)
View pornography	3,525 (81.0%)	1,772 (95.5%)	428 (90.9%)	5,725 (85.7%)
Deep kissing	3,387 (76.3%)	1,211 (63.9%)	299 (61.5%)	4,897 (71.8%)
Being touched on the genitals by a partner	3,075 (69.6%)	1,105 (58.5%)	259 (54.0%)	4,439 (65.4%)
Touching a partner's genitals	3,006 (67.9%)	1,110 (58.7%)	255 (52.8%)	4,371 (64.3%)
Oral sex (give)	2,673 (60.1%)	872 (46.0%)	206 (42.5%)	3,751 (54.9%)
Oral sex (receive)	2,551 (57.4%)	905 (47.7%)	187 (38.6%)	3,643 (53.4%)
Vaginal sex	2,578 (58.0%)	781 (41.2%)	184 (38.1%)	3,543 (52.0%)
Anal sex	669 (15.1%)	300 (15.8%)	58 (11.9%)	1,027 (15.0%)

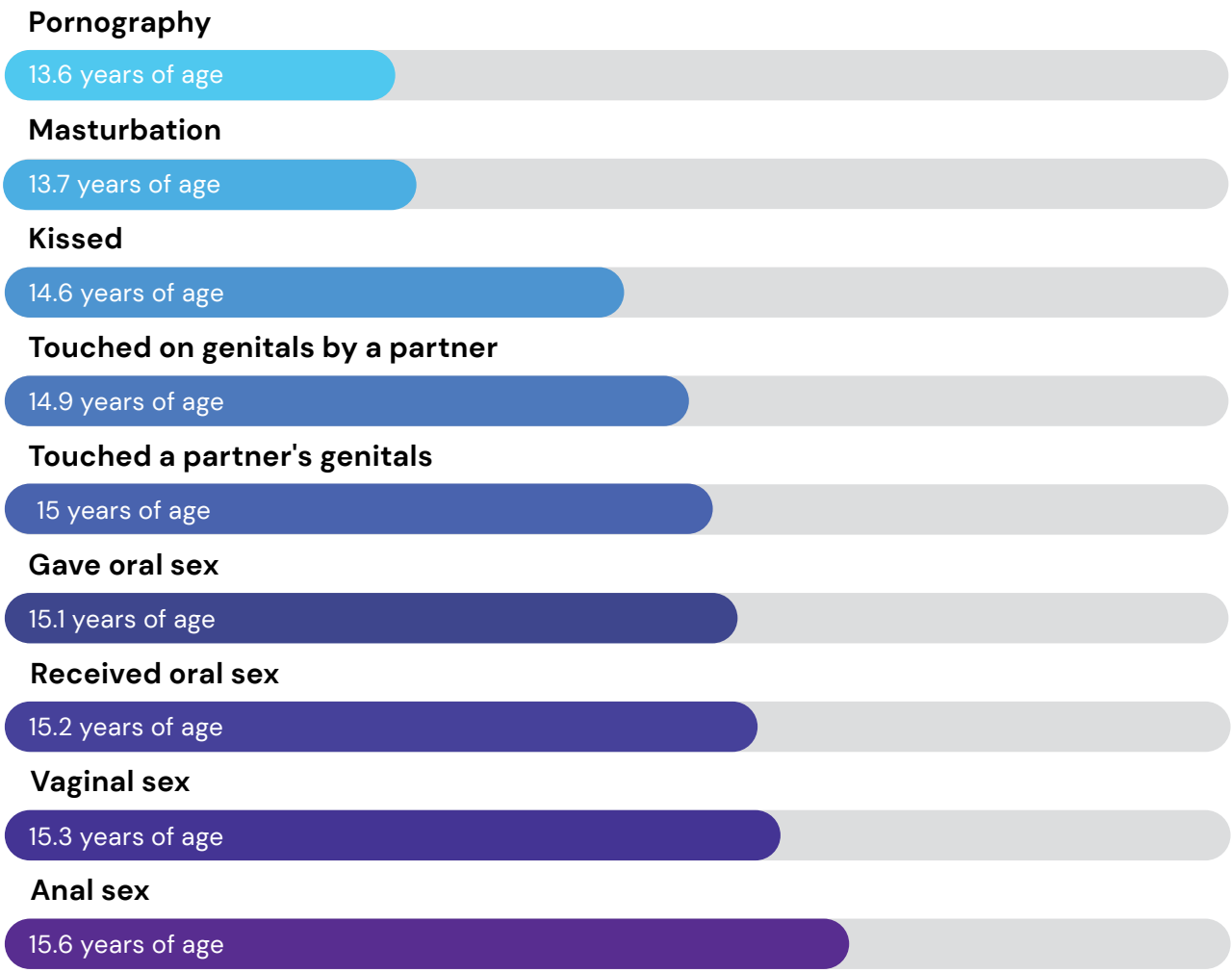


Figure 4. Mean age of first sexual experiences

Viewing pornography was common among young people (n = 5,725, 85.7%). Young men (n = 1,772, 95.5%) and trans or non-binary young people (n = 428, 90.9%) were more likely than young women (n = 3,525, 81.0%) to report viewing pornography ($p < .001$).

Age of first sexual experience

The average age young people became sexually active was 15.0 (SD = 1.23) years. This was relatively consistent across genders, although the average age at which trans and non-binary young people reported becoming sexually active was 14.7 years (SD = 1.30), younger than that of young men, at 15.0 years (SD = 1.21), and young women, at 15.0 years (SD = 1.23, $p < .001$).

The average age at which young people reported first viewing pornography was 13.6 years (SD = 0.98) and experiencing masturbation was 13.7 years (SD = 0.99), while the average age for vaginal sex was 15.3 years (SD = 1.21) and anal sex was 15.6 years (SD = 1.29; Figure 4.2).

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

In all age groups, Year 10 and Year 12 students in 2021 were more likely to report having vaginal or anal sex than students who responded to previous SSASH surveys ($p < .001$). In 2021, 286 (36.0%) students under the age of 16 had experienced vaginal or anal sex compared to 426 (31.1%) in 2018.

CHANGE OVER TIME

The SSASH survey has collected data on students in Years 10 and Years 12 since 1992. Here we provide a comparison of findings across time for students in these year levels at school. In both year levels, young people in 2021 were more likely to be sexually active than in previous iterations of the survey (see Figure 5).

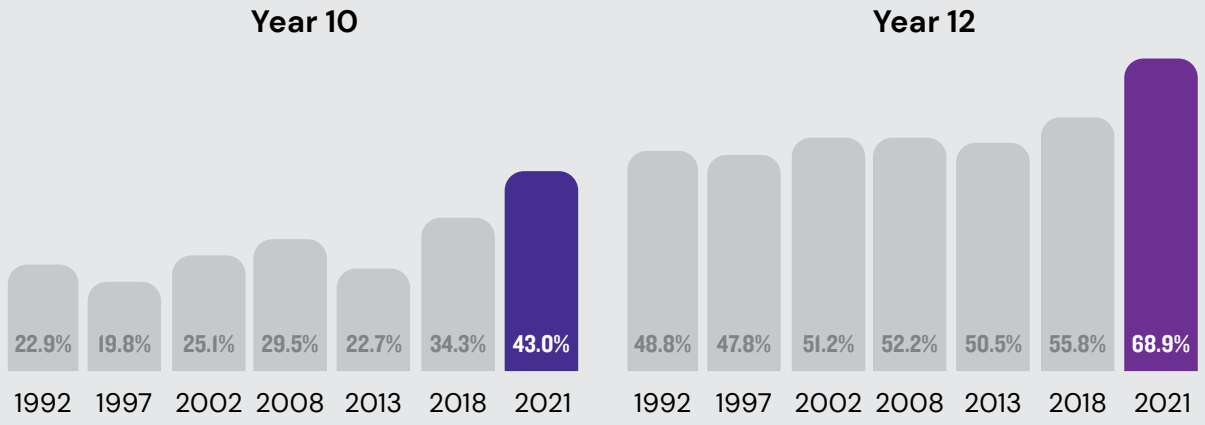


Figure 5. Percentage of Year 10 and 12 students who had had vaginal or anal sex, across survey years

Most recent sexual experience

To gain a sense of common sexual practices and the context of sexual encounters, sexually active young people were asked about their most recent sexual encounter/experience. For most young people, their most recent sexual experience involved kissing (90.7%, n = 3,758), touching a partner on the genitals (n = 3,629, 87.6%) or being touched on the genitals (n = 3,626, 87.5%; Table 7).

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

Sexual practice	Female n = 2,905 n (%)	Male n = 1,002 n (%)	Trans and non-binary n = 235 n (%)	Total n = 4,142 n (%)
Deep kissing	2,672 (92.0%)	878 (87.6%)	208 (88.5%)	3,758 (90.7%)
Touching a partner's genitals	2,499 (86.1%)	926 (92.4%)	204 (86.8%)	3,629 (87.6%)
Being touched on genitals by a partner	2,535 (87.3%)	896 (89.4%)	195 (83.0%)	3,626 (87.5%)
Oral sex (give)	1,904 (65.5%)	663 (66.2%)	140 (59.6%)	2,707 (65.4%)
Oral sex (receive)	1,522 (52.4%)	684 (68.3%)	106 (45.1%)	2,312 (55.8%)
Anal sex	100 (3.4%)	140 (14.0%)	20 (8.5%)	260 (6.3%)
Vaginal sex	2,446 (84.2%)	723 (72.2%)	151 (64.3%)	3,320 (80.2%)

For most young people, their last sexual encounter was with a steady partner (n = 2,372, 57.9%) or someone they have known for a while without being in a steady relationship (n = 715, 17.4%). There were 41 (4.1%) young men, 10 (4.3%) trans and non-binary young people and 53 (1.8%) young women who reported that their last sexual encounter was with someone they did not know prior to the encounter (Table 8).

Gender of most recent sexual partner

Most young people reported their most recent sexual encounter to be with an opposite sex partner, with 94.6% of young women (n = 2,742) and 81.7% of young men (n = 815) reporting sex with a partner of the opposite sex (Table 9). There were a proportion of young people who reported their most recent sexual encounter was with a person of the same sex: 16.3% (n = 163) of young men and 4.6% (n = 133) of young women. Table 10 lists the gender of young people's most recent sexual partner for male and female young people, by sexual orientation.

Young people who identified as trans and non-binary were more likely to report their most recent sexual partner was trans and non-binary (n = 30, 12.9%) compared to other genders (n = 33, 0.8%, $p < .001$). Most trans and non-binary young people who identified as bisexual (n = 65, 60.7%) reported that their most recent sexual partner was male, as did 45.0% (n = 18) of trans and non-binary young people who identified as gay or lesbian. A quarter (n = 25, 23.4%) of bisexual and 13 (32.5%) gay or lesbian trans and non-binary young people reported their most recent sexual partner was female. Tables 10 and 11 list the gender of most recent sexual partners.

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

Type of relationship	Female n = 2,875 n (%)	Male n = 993 n (%)	Trans and non-binary n = 232 n (%)	Total n = 4,100 n (%)
We were in a steady relationship	1,700 (59.1%)	533 (53.7%)	139 (59.9%)	2,372 (57.9%)
We had known each other for a while, but were not in a steady relationship	489 (17.0%)	196 (19.7%)	30 (12.9%)	715 (17.4%)
We had recently met	208 (7.2%)	106 (10.7%)	21 (9.1%)	335 (8.2%)
We used to be in a steady relationship, but were not at that time	157 (5.5%)	43 (4.3%)	6 (2.6%)	206 (5.0%)
It was someone I didn't know	53 (1.8%)	41 (4.1%)	10 (4.3%)	104 (2.5%)
Something else	239 (8.3%)	67 (6.7%)	26 (11.2%)	332 (8.1%)
Not sure	29 (1.0%)	7 (0.7%)	0 (0.0%)	36 (0.9%)

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

Gender of sexual partner	Female n = 2,898 n (%)	Male n = 997 n (%)	Trans and non-binary n = 232 n (%)	Total n = 4,127 n (%)
Woman or female	133 (4.6%)	815 (81.7%)	53 (22.8%)	1,001 (24.3%)
Man or male	2,742 (94.6%)	163 (16.3%)	140 (60.3%)	3,045 (73.8%)
Trans and non-binary	17 (0.6%)	16 (1.6%)	30 (12.9%)	63 (1.5%)
They use a different term	6 (0.2%)	3 (0.3%)	9 (3.9%)	18 (0.4%)

Age of most recent sexual partner

Most young people reported that their last sexual encounter was with a sexual partner of a similar age to them. Of those aged 16 years or younger, 680 (93.4%) reported their sexual partner to be aged 17 years or younger. Of those aged 16 to 17 years, 2,554 (94.8%) reported their most recent encounter to be with a person aged under 20 years (Table 11).

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

Gender of sexual partner	Heterosexual female n = 1,758 n (%)	LGBQ+ female n = 1,135 n (%)	Heterosexual male n = 714 n (%)	LGBQ+ male n = 278 n (%)
Woman or female	9 (0.5%)	123 (10.9%)	698 (97.8%)	113 (40.6%)
Man or male	1,748 (99.4%)	979 (87.1%)	13 (1.8%)	150 (54.0%)
Trans and non-binary	1 (0.1%)	16 (1.4%)	3 (0.4%)	13 (4.7%)
They use a different term	0 (0.0%)	6 (0.5%)	0 (0.0%)	2 (0.7%)

Table 11. Age of most recent sexual partner grouped by age of participant, by gender

Age of sexual partner, by age of participant	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
For young people under 16 years of age (n = 728)				
Under 16	300 (60.0%)	128 (74.4%)	38 (67.9%)	466 (64.0%)
16-17	165 (33.0%)	36 (20.9%)	13 (23.2%)	214 (29.4%)
18-19	16 (3.2%)	1 (0.6%)	2 (3.6%)	19 (2.6%)
20-24	3 (0.6%)	3 (1.7%)	2 (3.6%)	8 (1.1%)
25+	5 (1.0%)	3 (1.7%)	0 (0.0%)	8 (1.1%)
Not sure	11 (2.2%)	1 (0.6%)	1 (1.8%)	13 (1.8%)
For 16-17-year-olds (n = 2,698)				
Under 16	124 (6.5%)	94 (14.7%)	16 (10.9%)	234 (8.7%)
16-17	1,124 (58.9%)	447 (69.7%)	108 (73.5%)	1,679 (62.3%)
18-19	550 (28.8%)	72 (11.2%)	19 (12.9%)	641 (23.8%)
20-24	90 (4.7%)	8 (1.2%)	3 (2.0%)	101 (3.7%)
25+	15 (0.8%)	10 (1.6%)	1 (0.7%)	26 (1.0%)
Not sure	6 (0.3%)	10 (1.6%)	0 (0.0%)	16 (0.6%)
For 18-year-olds (n = 617)				
Under 16	2 (0.5%)	1 (0.6%)	0 (0.0%)	3 (0.5%)
16-17	81 (18.6%)	60 (38.2%)	7 (29.2%)	148 (24.0%)
18-19	250 (57.3%)	76 (48.4%)	9 (37.5%)	335 (54.3%)
20-24	87 (20.0%)	8 (5.1%)	7 (29.2%)	102 (16.5%)
25+	13 (3.0%)	11 (7.0%)	1 (4.2%)	25 (4.1%)
Not sure	3 (0.7%)	1 (0.6%)	0 (0.0%)	4 (0.6%)

Experience of sexual pleasure

Young people were asked whether they found their most recent sexual encounter to be pleasurable. The majority of young people indicated that the encounter was, for them, 'extremely pleasurable' or 'quite a bit pleasurable' (n = 2,585, 63.2%; Table 12). Young men were more likely than young women or trans and non-binary young people to describe their most sexual encounter as 'extremely pleasurable' ($p < .001$).

Pleasure increased with age. Young people aged 18 years (n = 438, 70.8%) were more likely to report their most recent sexual encounter as 'extremely pleasurable' or 'quite a bit pleasurable', followed by 1,045 (62.5%) 17-year-olds, 633 (62.1%) 16-year-olds, 357 (65.3%) 15-year-olds and 112 (59.3%) 14-year-olds ($p = .002$).

Feelings about most recent sexual encounter

Participants were asked how they felt about their most recent sexual encounter by ranking the extent to which they felt positive emotions ('excited', 'satisfied', 'happy' and 'fantastic') and negative emotions ('stressed', 'guilt', 'regret' and 'sorry'). Responses were recorded on a 5-point Likert scale from 'not at all' to 'extremely'. Young people were more likely to report positive emotions than negative: 2,442 (59.5%) said that they were excited ('a lot' or 'extremely') about the experience, 2,056 (50.1%) reported they were satisfied, 2,505 (61.1%) felt happy and 1,904 (46.7%) reported they felt fantastic.

Heterosexual young men were more likely than those of other genders and sexual identities to report positive feelings about their most recent sexual encounter ($p < .001$). Specifically, heterosexual young men reported feeling:

- excited (n = 480, 67.2%)
- satisfied (n = 440, 61.6%)
- happy (n = 472, 66.1%)
- fantastic (n = 391, 55.1%)

By comparison, LGBQ+ young men reported feeling:

- excited (n = 176, 63.3%)
- satisfied (n = 142, 51.3%)
- happy (n = 158, 57.0%)
- fantastic (n = 128, 46.2%)

Heterosexual young women reported feeling:

- excited (n = 1,026, 59.1%)
- satisfied (n = 1,881, 50.7%)
- happy (n = 1,091, 60.7%)
- fantastic (n = 806, 46.7%)

LGBQ+ young women reported feeling:

- excited (n = 621, 55.2%)
- satisfied (n = 490, 43.6%)
- happy (n = 131, 11.6%)
- fantastic (n = 473, 42.2%)

Trans and non-binary young people reported feeling:

- excited (n = 125, 53.9%)
- satisfied (n = 92, 39.7%)
- happy (n = 124, 53.7%)
- fantastic (n = 93, 40.8%)

Most young people reported feeling 'not at all' regarding: 'sorry' (n = 2,978, 72.9%), 'regretful' (n = 2,702, 66.0%), 'guilty' (n = 2,457, 59.9%) or 'stressed' (n = 2,113, 51.6%). Mean ratings of feelings are presented in Figure 6.

Table 12. Experience of sexual pleasure at most recent sexual experience, by gender

Experience of sexual pleasure	Female n = 2,865 n (%)	Male n = 993 n (%)	Trans and non-binary n = 233 n (%)	Total n = 4,091 n (%)
Extremely pleasurable	845 (29.5%)	409 (41.2%)	55 (23.6%)	1,309 (32.0%)
Quite a bit pleasurable	901 (31.5%)	305 (30.7%)	70 (30.0%)	1,276 (31.2%)
Moderately pleasurable	535 (18.7%)	170 (17.1%)	36 (15.5%)	741 (18.1%)
Slightly pleasurable	373 (13.0%)	76 (7.7%)	44 (18.9%)	493 (12.1%)
Not at all pleasurable	179 (6.2%)	24 (2.4%)	24 (10.3%)	227 (5.5%)
Not sure	32 (1.1%)	9 (0.9%)	4 (1.7%)	45 (1.1%)

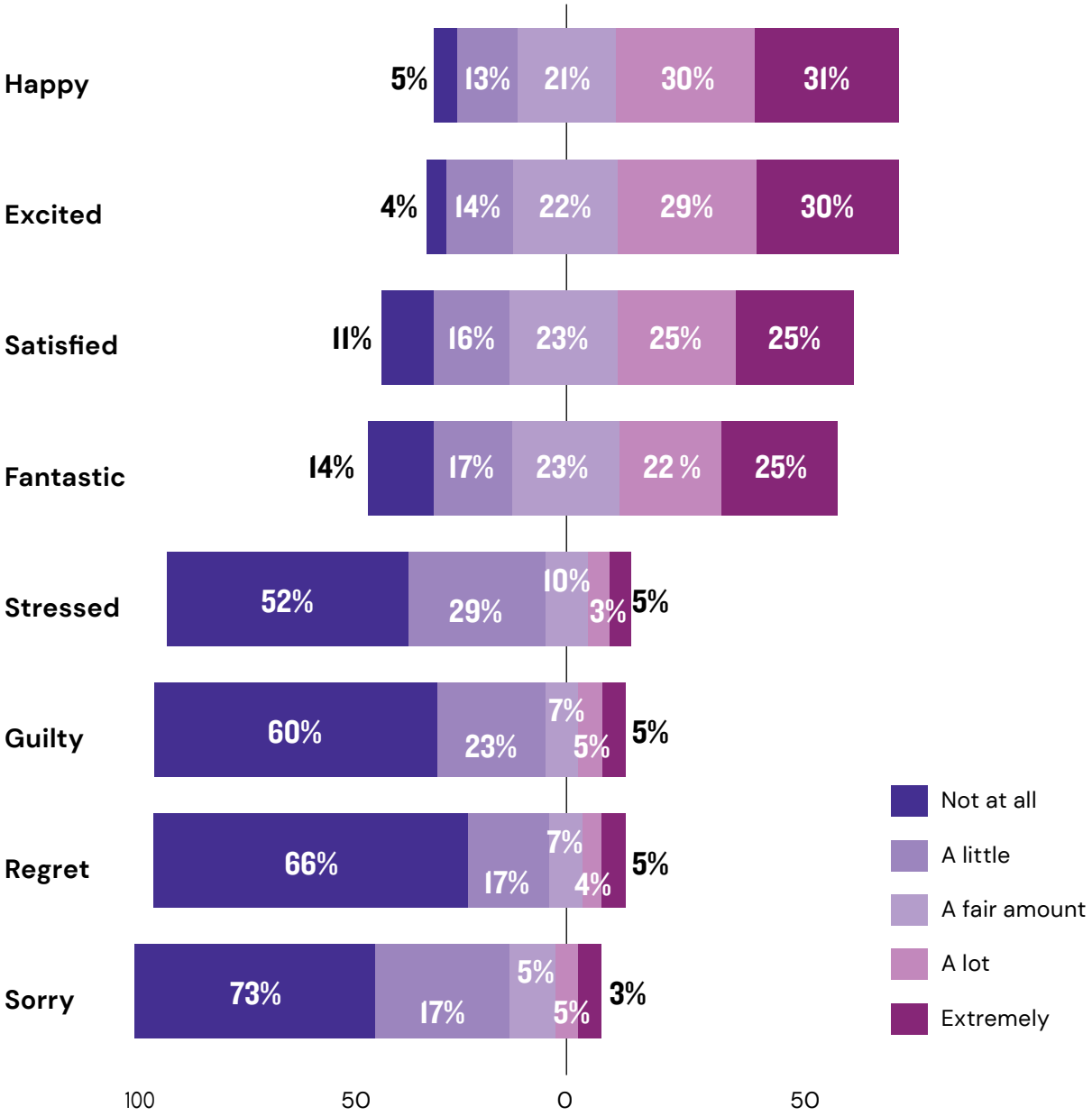


Figure 6. Percentage of young people reporting how they felt about their most recent sexual experience

Young people were asked if there was anything else they wanted to share about their feelings regarding their most recent sexual experience. There were 532 young people who wrote answers to this question. Figure 7 shows the most frequent words young people used to describe their feelings.

Young people's responses to this question tended to focus on their feelings about the sexual experiences in general, in some cases relating to their most recent sexual experience. For many young people, their experiences of sex were pleasurable, and they described feeling safe and happy. Others did not necessarily find sex to be wholly pleasurable or found it disappointing.

There were no reports of young people feeling unsafe or regretful. However, there were many young people who wrote about feeling worried after having sex. Young people worried about pregnancy, being shamed, their body image or whether they were doing enough to please their partner. Many also worried about their parents, including whether their parents would find out about them having sex

Figure 7. Word cloud of the open-ended responses to feelings about most recent sexual experience (n = 532)

or be disappointed. Lack of privacy was mentioned by many young people as a barrier to having the time and space to enjoy sex, parents were often cited in relation to this.

A number of young people wrote about feeling anxious about sex due to past sexual assault or trauma. The extent to which current sexual partners were aware of, and sensitive to, past sexual trauma had a big impact on how young people in these circumstances felt about their recent sexual experiences. Another major theme in these responses was confusion about consent. Young people wrote that they found sex stressful, as they worried whether their partner really wanted to have sex or whether they had fully assessed consent. These themes are described in more detail below.

Pleasurable and close

Many young people described their recent sexual experiences (or most recent experience) as good and pleasurable. Those who felt positive about sex tended to reference the quality of their relationship with their sexual partner, particularly their ease of communication and level of comfort and safety with their partner.

> *I had a good time not because it felt good but because I know my girlfriend, who I love very much, was having a good time. I got pleasure from that. (Male, age 18, heterosexual, Vic)*

It [feeling about sexual experiences] generally reflects the state of the relationship. Our best sex always happens alongside the best communication. I wish sex education actually taught us (vagina owners) about our anatomy. I went into the relationship not knowing where my clitoris was, and among other details I didn't learn, it really set my pleasure back a few months while I learned. (Female, age 16, unsure of sexuality, Qld)

We were both over the moon. Both wanted it, both consenting and both loved it. (Male, age 16, heterosexual, Vic)

Very good and felt very loved. (Female, age 17, heterosexual, Vic)

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

Nervous or underwhelming

For many young people, the feelings or memories they associated with their sexual encounters were not necessarily positive or negative but reflected a level of inexperience or uncertainty. Many young people wrote about being nervous, usually if they were having sex for the first time or with someone new.

It was my first time, so pretty nervous, even though we both 100% wanted it. (Female, age 18, heterosexual, ACT)

I was nervous and didn't know how it would go. (Female, age 16, bisexual, Vic)

A number of young people spoke about sex not being as pleasurable as they expected, using words such as 'underwhelming' to describe their experiences. Some young people linked this to a lack of experience or mentioned that they were still learning how to have sex.

*I have personally never felt much pleasure in sex in the way it is *supposed* to be pleasured. I had sex to keep my partner happy and to be close to him. It was more of an emotional thing than a physical thing. I also usually had a fair bit of pain after sex, so I never really liked that. (Female, age 18, heterosexual, Qld)*

Sometimes I'm expecting more. (Female, age 15, bisexual, Vic)

Sometimes I feel like I don't get why sex is glorified so much. I enjoy sex, but the feeling of cuddling my girlfriend gives me more pleasure than having sex. I just feel like the movies make it out to be the best thing in the world. (Male, age 16, heterosexual, Qld)

Worry

The word 'worry' was used often in these responses. A number of young people wrote that they enjoyed the sexual encounter in the moment but felt a lot of worry afterward. Worry was commonly related to concerns about negative outcomes, particularly fear of pregnancy or concerns that people would find out and they would be shamed.

You enjoy it at the time, but afterwards you worry about how they could tell people or if they like judged your body and actions during it. (Female, age 15, heterosexual, NSW)

For a number of young people, the worry was less specific and connected to a sense of shame. Many described a feeling of unease or discomfort after sex.

I felt I went too far with him, even though we both fully consented and enjoyed it. We discussed it after it happened and he was satisfied, but I still felt slightly shameful for some reason. (Female, age 16, sexuality 'unsure', NSW)

Many young people expressed how they felt about sex in terms of worries that they had not pleased their partner or that they were not good enough for their partner, either with respect to the sex or their own body.

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

[I felt] sorry and stressed that I wasn't doing a good enough job for him, he is super sweet and kind and we're both new to sex so it's a learning process, I guess. (Female, age 17, heterosexual, NSW)

Worried if she felt good. (Male, age 16, heterosexual, Vic)

Lack of privacy

A consistent theme in responses to how young people felt about their most recent sexual encounter referred to the sense that they lacked privacy. Responses referred to inability to relax or enjoy themselves as they were concerned about parents coming home, 'catching them' or finding out. Some young people referred to sex being uncomfortable, as they were in a public place or an uncomfortable place, due to lack of privacy at home.

[I felt] scared, anxious, my parents were home. (Female, age 17, bisexual, Qld)

Dealing with the effects of sexual assault

For a number of young women or trans and non-binary young people, their feelings about their most recent sexual encounter referenced past experiences of sexual assault and trauma. In most cases, young people described their partner's sensitivity to their distress as being key to how they experienced sex.

He's [my partner] really comforting with my sexual trauma from when I was younger, and he listens to me very well. Very sexually compatible. (Trans or non-binary, age 17, sexuality not specified, NSW)

Because I had some not very nice experiences for a while, it has taken a very long time to be able to be comfortable with my boyfriend to even hug me, even though I knew him for a long time before the bad things, so it has been really special now that I am able to enjoy being with him, even though sometimes something small can make it really challenging. (Female, age 16, bisexual, SA)

Concerns and confusion about consent

A lot of young people expressed worry and confusion about whether their partner had wanted to have sex. This came from young people of all genders. People felt unsure if they had adequately received consent if their partner had been unwilling to or unable to assert not wanting sex.

He got tired. I asked him if he wanted to continue, and he said no, and we just cuddled instead. I have anxiety, though, so I couldn't help but feel anxious that I had somehow made him do something he didn't want to do. I talked to him about this guilt and he reassured me that it was consensual and I hadn't done anything wrong. (Trans or non-binary, age 16, sexuality not specified, NSW)

Every time after sex, I always make sure to ask her if she felt okay with doing it. Usually I feel like she didn't want to do it and only said yes to make me happy, which I hate because it makes me feel like she didn't want to. (Male, age 17, heterosexual, NSW)

Anxious my partner wasn't telling me the truth about wanting to have sex, that I maybe forced it despite asking multiple times and gaining consent every time. (Female, age 18, bisexual, Vic)

I felt bad due to it being my most recent partner's first time, and I really just felt bad for her. However, I ensured that I made sure she was comfortable and not feeling pressured at all, and to communicate the whole time to ensure she was okay. (Male, age 17, heterosexual, Qld)

Not yet sexually active

There were 2,693 (39.4%) young people who were not yet sexually active (i.e. those who indicated that they had not yet engaged in oral, vaginal or anal sex). Of these young people, 1,291 (48.4%) thought it was unlikely that they would have sex in the next year, while 679 (25.4%) thought they were likely to have sex in the next year and 700 (26.2%) indicated that they were not sure (see Table 13).

When asked about the reasons they had not yet had sex, 1,932 (72.4%) reported that they had not had the opportunity to have sex yet, 1,879 (70.6%) reported that they were proud to say no to sex and mean it, and 1,848 (69.0%) said they had not been in a relationship long enough to have sex yet.

Over half the young people (n = 1,491, 56.0%) said that the reason they had not had sex was because they did not feel attractive, that they were too shy or embarrassed to initiate sex (n = 1,389, 52.0%), or that they were worried about STIs (n = 1,353, 50.6%; Figure 8).

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

Likelihood of having sex	Female n = 1,532 n (%)	Male n = 888 n (%)	Trans and non-binary n = 250 n (%)	Total n = 2,670 n (%)
Unlikely	722 (47.1%)	428 (48.2%)	141 (56.4%)	1,291 (48.4%)
Neutral	411 (26.8%)	228 (25.7%)	61 (24.4%)	700 (26.2%)
Likely	399 (26.0%)	232 (26.1%)	48 (19.2%)	679 (25.4%)

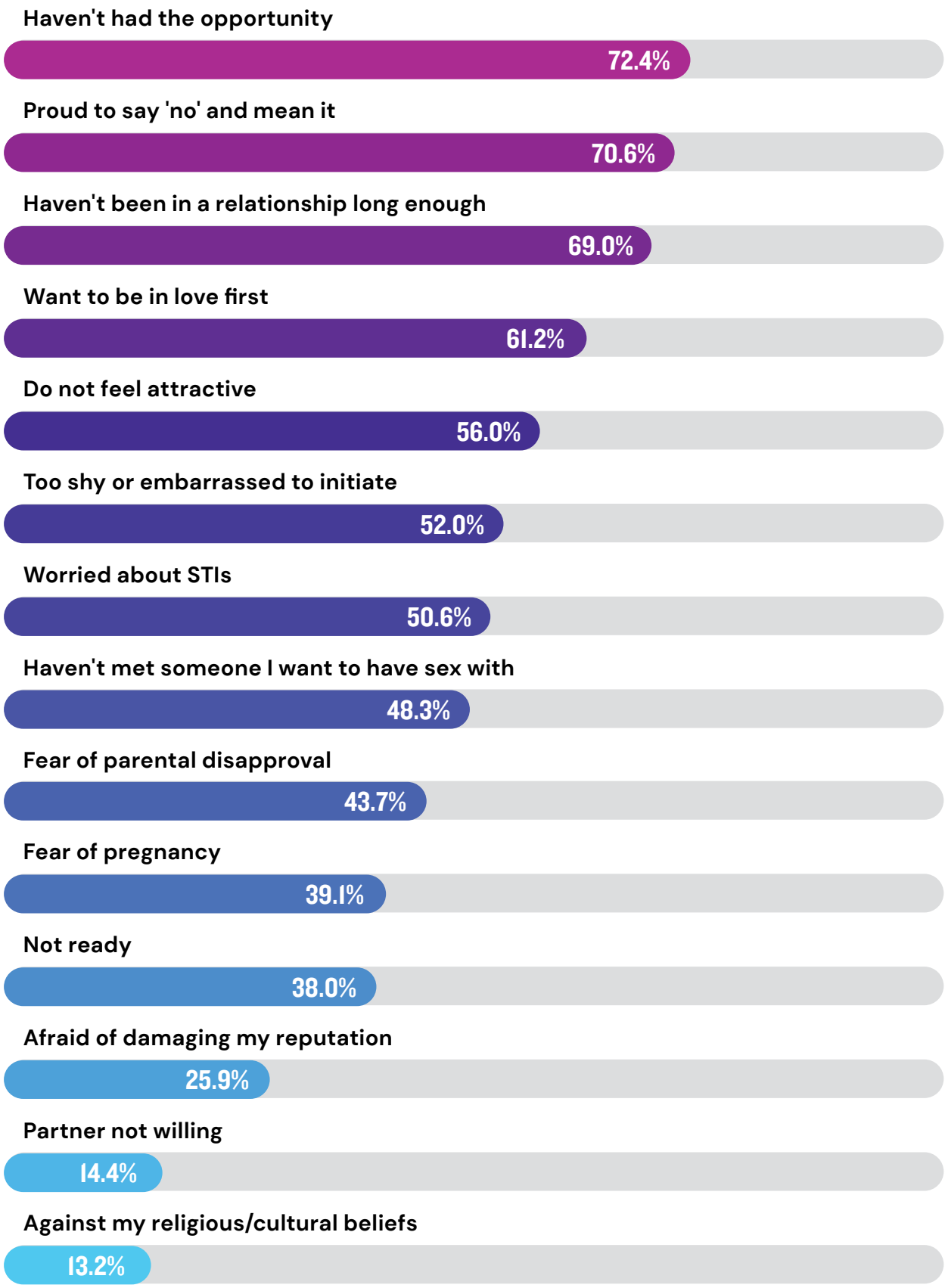


Figure 8. Percentage of young people who agreed with statements about why they had not had sex yet

Figure 9. Reasons for not having sex yet (n = 2,675)

CHANGE OVER TIME

Year 10, 11 and 12 students who hadn't had vaginal or anal sex in 2021 were less likely than students in 2013 and 2018 to report that they felt pressure to have sex from either peers or partners. They were also less likely to report that they felt pressure from parents to not have sex. (see Figure 10).

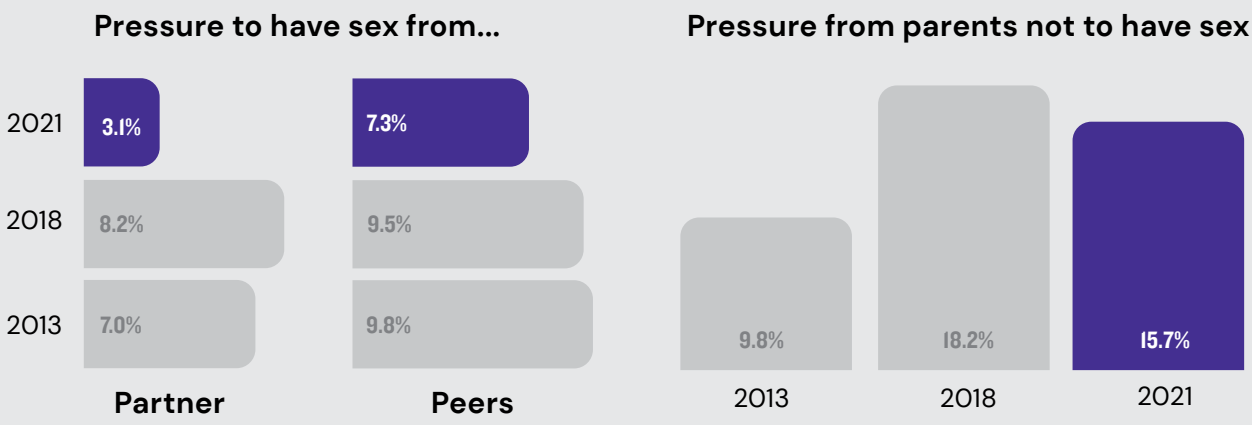


Figure 10. Percentage of young people who felt pressured to engage or abstain from sex. Data from Year 10, 11 and 12 students who haven't had vaginal or anal sex across survey years 2013, 2018 and 2021

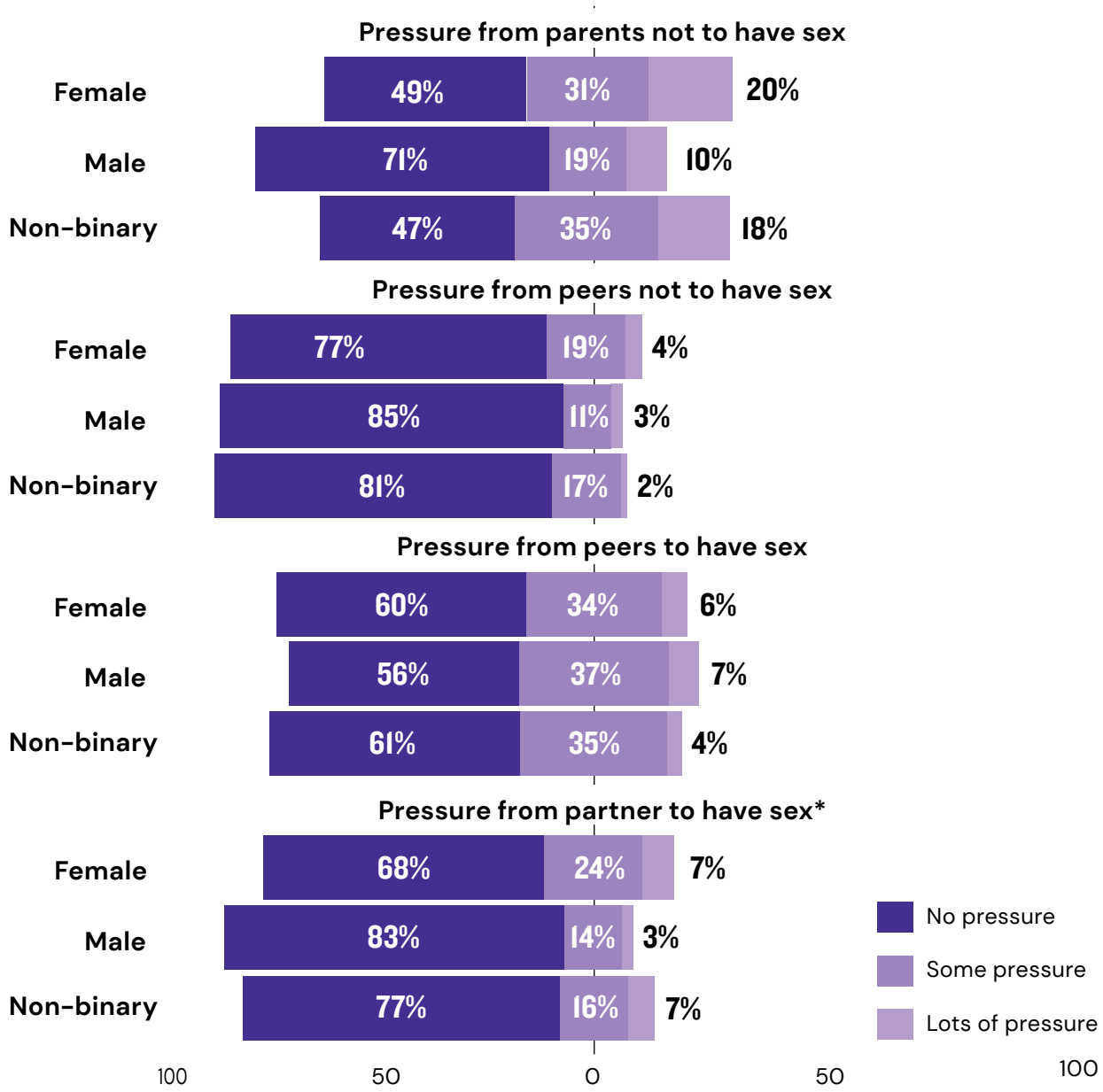


Figure 11. The percentage of young people who reported no, some and lots of pressure to have sex or not have sex, from parents, peers and partners

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

Pressure to have sex or not have sex

Some young people felt pressure from peers or parents to abstain from having sex: 16.6% (n = 437) reported feeling lots of pressure from their parents to not have sex, while 3.5% (n = 94) reported lots of pressure from peers to not have sex. Conversely, a small number of young people reported experiencing pressure to have sex: 6.5% (n = 172) reported lots of pressure from peers to have sex, while 3.0% (n = 81) reported feeling lots of pressure from a partner. Figure 11 shows that most young people didn't experience pressure from parents, peers and partners to have sex or abstain from having sex.

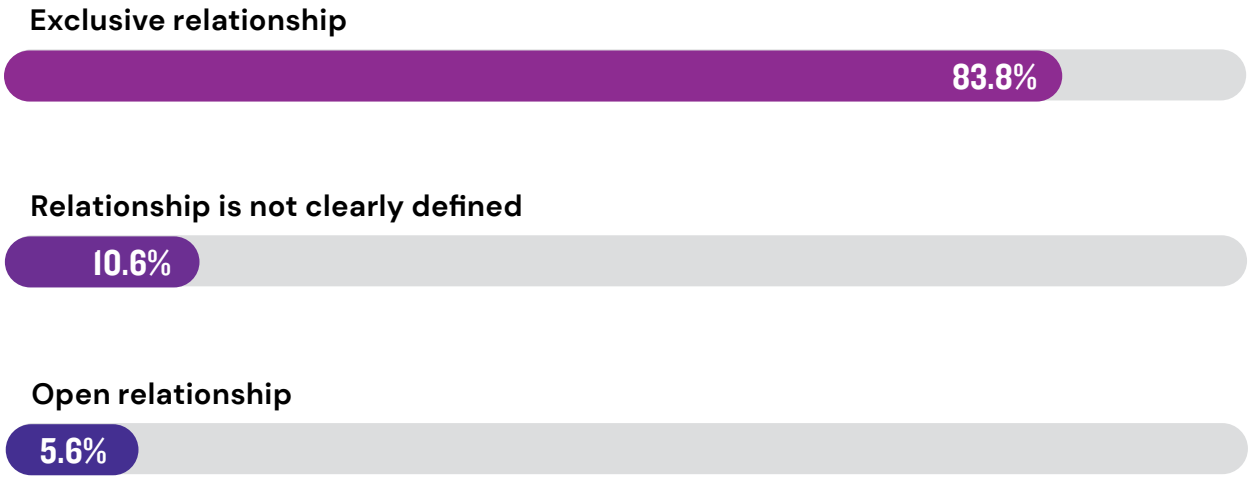


Figure 12. Percentage of young people reporting the type of relationship for their most recent (or current) relationship

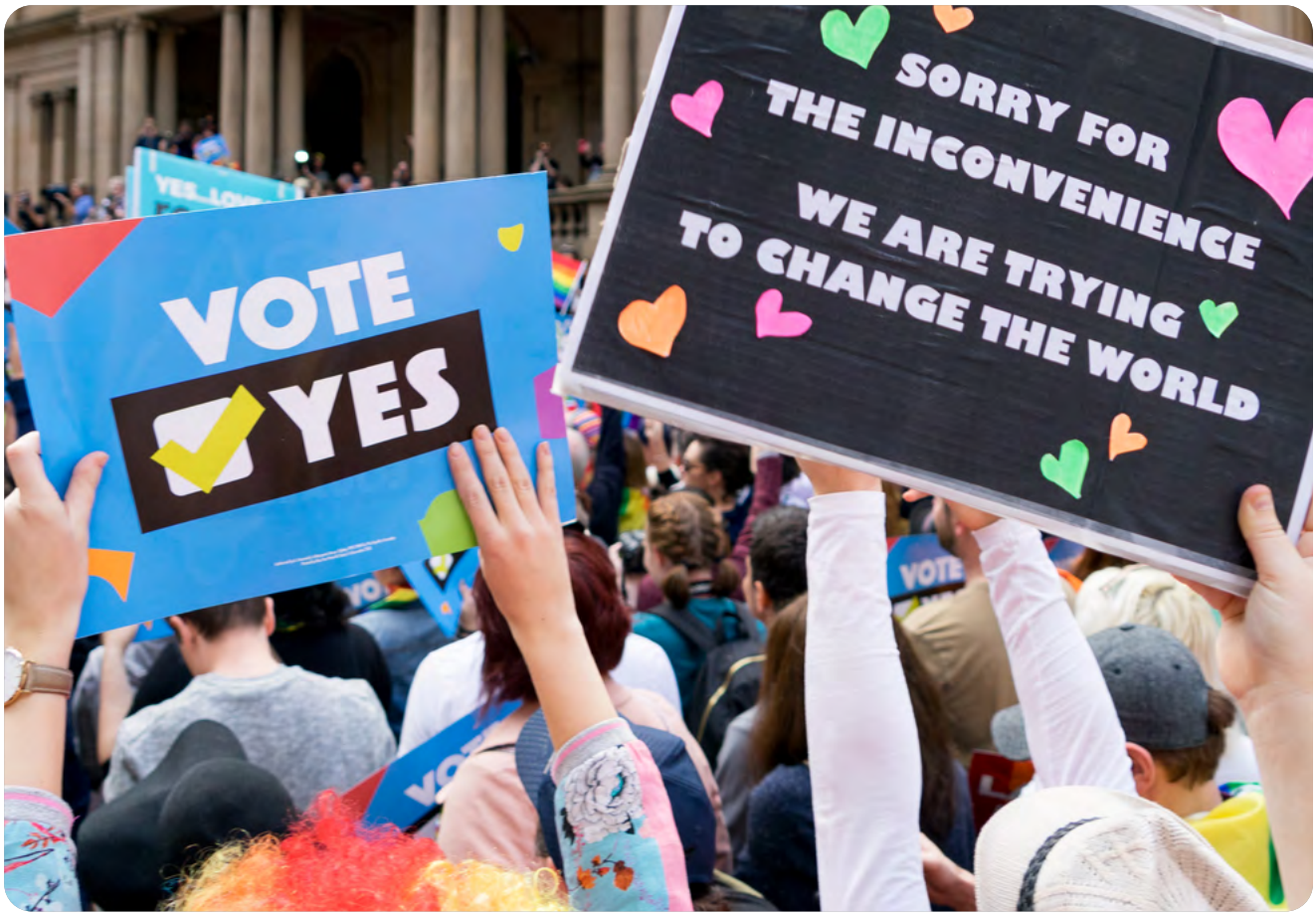
Experience of romantic relationships

Most young people reported having been in at least one romantic relationship in their lifetime (n = 4,703, 69.1%) and 56.9% (n = 2,671) of young people were in a relationship at the time of the survey. Of their most recent or current relationship, most young people described it as 'exclusive' where they had discussions or an agreement with their partner to only have a sexual or romantic relationship with each other (n = 3,653, 83.8%; Figure 12). There were 5.6% (n = 246) who reported having an agreement with their partner to be 'non-exclusive' and have relationships with other people, while 10.6% (n = 462) had 'undefined' relationships and had not discussed or defined their relationship with respect to monogamy.

Trans and non-binary young people were more likely than young women or men to report being in a non-exclusive relationship or a relationship that was not defined (Table 14).

Table 14. Romantic relationships of young people, by gender

Experience and type of romantic relationship	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
Ever been in a relationship (n = 6,808)	3,203 (72.2%)	1,174 (62.2%)	326 (67.5%)	4,703 (69.1%)
Currently in a relationship (n = 4,694)				
No	1,150 (36.0%)	525 (44.8%)	142 (43.6%)	1,817 (38.7%)
Yes	1,893 (59.2%)	612 (52.3%)	166 (50.9%)	2,671 (56.9%)
Not sure	154 (4.8%)	34 (2.9%)	18 (5.5%)	206 (4.4%)
Type of relationship for most recent or current relationship (n = 4,361)				
Exclusive	2,517 (84.9%)	934 (84.8%)	202 (68.5%)	3,653 (83.8%)
Non-exclusive	146 (4.9%)	62 (5.6%)	38 (12.9%)	246 (5.6%)
Undefined	302 (10.2%)	105 (9.5%)	55 (18.6%)	462 (10.6%)



CHANGE OVER TIME

The percentage of Year 10, 11 and 12 students who reported ever having been in a relationship increased from 2013 to 2018, and remained at over 70% in 2021.

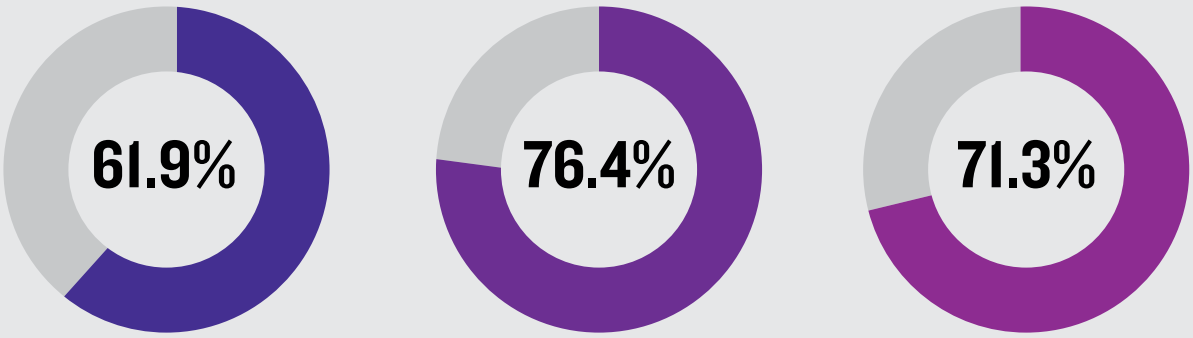


Figure 13. Percentage of Year 10, Year 11 and Year 12 students who have ever been in a relationship, across 2013, 2018 and 2021 surveys

Sexual attraction and identity

The relationship between sexual orientation and attraction is complex, and sexual identity is not always an indication of sexual or romantic attraction. Of the heterosexual young men and women, most indicated they were predominantly sexually (n = 3,652, 93.2%) and romantically (n = 3,808, 97.0%) attracted to people of the opposite sex, and that they would be likely to fall in love with someone of the opposite sex (n = 3,792, 96.9%).

In all sexual identity categories, however, a small proportion of young people reported being sexually or romantically attracted to people of more than one gender (see Table 15).

Trans and non-binary young people generally reported that they were attracted to people of multiple genders (n = 430, 88.7%), as well as being likely to fall in love with (n = 391, 80.8%) and being romantically attracted to people of multiple genders (n = 409, 84.5%).

Table 15. Sexual and romantic attraction, by gender

Sexuality and gender of participant	Sexually attracted to men	Romantically attracted to men	Sexually attracted to women	Romantically attracted to women	Sexually attracted to trans and non-binary people	Romantically attracted to trans and non-binary people
Heterosexual women (n = 2,590)	2,545 (98.5%)	2,559 (98.9%)	136 (5.3%)	39 (1.5%)	49 (1.9%)	37 (1.4%)
Heterosexual men (n = 1,353)	52 (3.9%)	16 (1.2%)	1,305 (96.7%)	1,339 (99.3%)	38 (2.8%)	29 (2.1%)
Trans and non-binary heterosexual (n = 4)	4 (100.0%)	4 (100.0%)	0	0	0	0
Lesbian or gay women (n = 131)	7 (5.3%)	7 (5.3%)	129 (98.5%)	129 (98.5%)	57 (43.5%)	46 (35.1%)
Bisexual women (n = 1,147)	1,115 (97.2%)	1,081 (94.4%)	1,118 (97.5%)	986 (86.1%)	586 (51.1%)	518 (45.2%)
Gay men (n = 178)	176 (98.9%)	173 (97.2%)	2 (1.1%)	12 (6.7%)	44 (24.7%)	42 (23.6%)
Bisexual men (n = 253)	240 (94.9%)	197 (78.2%)	241 (95.3%)	230 (91.3%)	123 (48.6%)	100 (39.7%)
Trans and non-binary gay or lesbian (n = 97)	23 (23.7%)	21 (21.6%)	78 (80.4%)	80 (82.5%)	81 (83.5%)	72 (74.2%)
Trans and non-binary bisexual (n = 186)	179 (96.2%)	166 (89.2%)	183 (98.4%)	181 (97.3%)	178 (95.7%)	170 (91.4%)

5. CONDOM USE, CONTRACEPTION AND UNPLANNED PREGNANCY

Promoting the use of condoms and regular sexual health screening is central to STI prevention. In Australia, there has been a high level of investment in condom promotion from the late 1980s onward as part of the public health response to HIV, but less emphasis has been placed in public health messaging on condom use for STI prevention (de Visser, 2005). The environment has changed significantly in this time, with biomedicine (modern antiretroviral treatment and PrEP medication) now forming the central plank of HIV prevention in this country. Among young gay and bisexual men, this shifting focus has led to a decrease in condom use (Holt et al., 2018). However, it is unknown whether this has changed condom-use practices or attitudes among broader populations of young people, including school-aged young people, in Australia. In this chapter, we look at current use of condoms along with STI prevention and screening. Where possible, we look at the current figures in relation to data from previous iterations of the SSASH survey to explore change over time.

Attitudes toward condom use

Most young people in this study believed that condoms protect against STIs (n = 3,920, 88.9%) and pregnancy (n = 3,952, 89.0%), and only 4.3% (n = 192) thought condoms weren't effective in preventing pregnancy or STIs.

Generally, young people held positive attitudes toward condoms, with 75.2% (n = 3,306) reporting that they thought sex would be less stressful if a condom was used and 76.7% (n = 3,385) reporting that using condoms showed caring for a partner. Only 11.2% (n = 484) believed that talking about using condoms with a partner was difficult.

There were few barriers to condom use reported, with 79.5% (n = 3,519) of young people indicating they felt using condoms was easy and 89.7% (n = 4,040) indicating they knew where to get them. Just under one in five (n = 855, 19.6%) thought that condoms were expensive.

When asked about condom use, 94.3% (n = 4,238) thought young people 'should' use condoms with new partners, while (n = 3,440, 77.4%) indicated they 'would' use condoms if they had vaginal or anal sex in the next few months (noting that this may include sex with a longer-term partner rather than a new partner). Despite this, only 57.4% (n = 2,521) thought that condom use with a new partner was common among people their age.

Use of condoms

Just over one in three young people (n = 995, 38.3%) who had experienced vaginal or anal sex reported 'always' using condoms and 34.2% (n = 888) reported 'sometimes' or 'often' using condoms, while 27.5% (n = 714) reported 'never' or 'rarely' using condoms.

Most young people reported using condoms during their first vaginal sexual experience (n = 2,805, 79.3%) and during their first anal sexual experience (n = 617, 60.5%).

Use of condoms for most recent sexual experience

When asked about their most recent sexual experience, 74.7% (n = 2,627) of young people reported having a condom available at the time, although only 48.6% (n = 1,753) reported using a condom. Just over half (n = 1,853, 51.4%) did not use a condom at their most recent sexual experience.

Reasons for not using a condom at last sexual experience are shown in Table 16. Most commonly, young people reported that they did not use a condom because they were using another form of contraception (n = 854, 46.1%), or they did not feel at risk of pregnancy (n = 589, 31.8%) or STIs (n = 582, 31.4%). It was also common for young people to report that they did not use condoms because they trusted their partner (n = 579, 31.3%) or they knew their partner's sexual history (n = 630, 34.0%).

Around one in five (n = 387, 20.9%) indicated

Table 16. Condom use, by gender

Use of condoms	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
Bought condoms (n = 4,468)	1,270 (44.3%)	604 (48.1%)	109 (31.5%)	1,983 (44.4%)
Received free condoms (n = 4,468)	1,183 (41.3%)	535 (42.6%)	121 (34.9%)	1,839 (41.2%)
Condoms used at first anal sex (n = 1,020)	401 (60.2%)	179 (60.3%)	37 (64.9%)	617 (60.5%)
Condoms used at first vaginal sex (n = 3,540)	2,022 (78.5%)	658 (84.4%)	126 (68.5%)	2,806 (79.3%)
Condom available at last sex (n = 3,519)	1,830 (73.6%)	667 (78.2%)	130 (72.2%)	2,627 (74.7%)
Condom used at last sex (n = 3,606)	1,180 (46.1%)	489 (56.9%)	84 (45.2%)	1,753 (48.6%)
Condoms not used at last sex (n = 3,606)	1,380 (53.9%)	371 (43.1%)	102 (54.8%)	1,853 (51.4%)
Reasons condoms weren't used (n = 1,852)				
Other contraception used	683 (49.5%)	137 (36.9%)	34 (33.3%)	854 (46.1%)
I know my partner's sexual history	487 (35.3%)	108 (29.1%)	35 (34.3%)	630 (34.0%)
No risk of pregnancy	418 (30.3%)	116 (31.3%)	55 (53.9%)	589 (31.8%)
Not worried about STIs	422 (30.6%)	131 (35.3%)	29 (28.4%)	582 (31.4%)
I trust my partner	447 (32.4%)	111 (29.9%)	21 (20.6%)	579 (31.3%)
It just happened	340 (24.7%)	95 (25.6%)	19 (18.6%)	454 (24.5%)
My partner doesn't like them	344 (24.9%)	94 (25.3%)	8 (7.8%)	446 (24.1%)
I don't like condoms	286 (20.7%)	93 (25.1%)	8 (7.8%)	387 (20.9%)
Forgot at the time	218 (15.8%)	55 (14.8%)	12 (11.8%)	285 (15.4%)
We wanted to but didn't have one nearby	134 (9.7%)	51 (13.7%)	11 (10.8%)	196 (10.6%)
One of us didn't want to	67 (4.9%)	8 (2.2%)	4 (3.9%)	79 (4.3%)
Didn't need to because we only had oral sex	30 (2.2%)	20 (5.4%)	8 (7.8%)	58 (3.1%)
Not my responsibility	7 (0.5%)	1 (0.3%)	0 (0.0%)	8 (0.4%)

they did not use a condom because they or their partner did not like using them. Only a small number of young people (n = 8, 0.4%) felt that protection during sex was not their responsibility.

STI prevention for anal sex

Young people who had experience of anal sex were asked if they took precautions to prevent STIs at their most recent encounter. Less than half (n = 391, 41.8%) reported using condoms at their most recent encounter to prevent STIs or HIV. Trans and non-binary young people and young men were more likely than young women to report using a condom for anal sex. Just over one in five (n = 233, 22.9%) used no protection or were unsure if protection was used. A small number of young people (n = 19, 2.0%) indicated they or their partner took PrEP or PEP pills to prevent HIV. Almost one in five (n = 160, 17.1%) indicated they used 'withdrawal' as a strategy to prevent STIs or HIV during anal sex (Table 17). This is of concern, given withdrawal is an ineffective strategy for preventing STIs or HIV.

CHANGE OVER TIME

Whether or not a condom was available the most recent time young people had sex, and whether one was used, is a question that has been asked of SSASH respondents since 1992. In all surveys, over 65% of Year 10 and 12 students who reported having vaginal or anal sex indicated that a condom was available when they last had sex, and in 2021 this rose to 75%. There has always been a gap between availability and use, with many young people not using a condom even though one was available. This gap has been widening since 2008, such that in 2021, fewer than 50% of students reported using a condom even though availability was high (Figure 14).

Figure 14. Percentage of young people who reported condom availability and use. Data from Year 10 and 12 students who have had vaginal or anal sex, across survey years

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

Type of precaution against STIs	Female n = 669 n (%)	Male n = 300 n (%)	Trans and non-binary n = 58 n (%)	Total n = 1,027 n (%)
Condom	242 (39.0%)	121 (45.7%)	28 (56.0%)	391 (41.8%)
Withdrawal	108 (17.4%)	44 (16.6%)	8 (16.0%)	160 (17.1%)
My partner or I took PrEP/PEP	4 (0.6%)	15 (5.7%)	0 (0.0%)	19 (2.0%)
None or weren't sure	154 (23.2%)	67 (22.6%)	12 (21.1%)	233 (22.9%)

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

Type of contraception and STI precaution	Female n = 2,578 n (%)	Male n = 781 n (%)	Trans and non-binary n = 184 n (%)	Total n = 3,543 n (%)
Condom	1,114 (47.3%)	426 (60.8%)	72 (47.7%)	1,612 (50.3%)
The pill	935 (39.7%)	284 (40.5%)	56 (37.1%)	1,275 (39.8%)
Withdrawal	482 (20.5%)	97 (13.8%)	28 (18.5%)	607 (18.9%)
Implant	261 (11.1%)	59 (8.4%)	17 (11.3%)	337 (10.5%)
Rhythm method	109 (4.6%)	26 (3.7%)	9 (6.0%)	144 (4.5%)
IUD	87 (3.7%)	18 (2.6%)	7 (4.6%)	112 (3.5%)
Emergency contraception	66 (2.8%)	13 (1.9%)	2 (1.3%)	81 (2.5%)
Patch, ring, shot or other contraception	27 (1.1%)	9 (1.3%)	4 (2.6%)	40 (1.2%)
None or weren't sure	242 (10.3%)	60 (8.6%)	18 (11.9%)	320 (10.0%)

Use of contraception

Young people were asked whether they or their partner used contraception or took precautions against pregnancy the last time they had vaginal sex. Condoms were the most widely used precaution against pregnancy, with 50.3% (n = 1,612) of young people reporting using condoms, followed by the oral contraceptive pill (n = 1,275, 39.8%). Long-acting reversable contraception was less common: 10.5% (n = 337) reporting having an implant, while 3.5% (n = 112) reported using an IUD. One in 10 (n = 320, 10.0%) took no precautions against unwanted pregnancy or were unsure/ did not know if precautions were used (Table 18). As with anal sex, concerningly, nearly one in five reported using withdrawal (n = 607, 18.9%).

Experience of unplanned pregnancy

Of the 180 reported pregnancies, 95.0% (n = 170) were unplanned. The total percentage of reported pregnancies was low, with 2.6% of the sample (n =180) and 5.0% of the young people who had ever had vaginal sex reporting being pregnant or having sex that resulted in a pregnancy. Of those experiencing vaginal sex, trans and non-binary young people (n = 15, 8.5%) and young women (n = 140, 5.6%) were more likely to report pregnancies than young men (n = 25, 3.3%).

6. STIS: KNOWLEDGE, DIAGNOSES AND SCREENING

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

Awareness of STIs

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

Most young people in this survey were aware of several STIs (see Figure 15), with over 90% indicating they knew about HIV, herpes and chlamydia. Less than 70% indicated they had heard of the term 'HPV'; however, nearly 80% had heard of the common name for this condition, 'genital warts'. Awareness of HPV has been measured in SSASH surveys since surveys since 2008, and a statistically significant increase in awareness of HPV has been found between each iteration ($p < .001$).

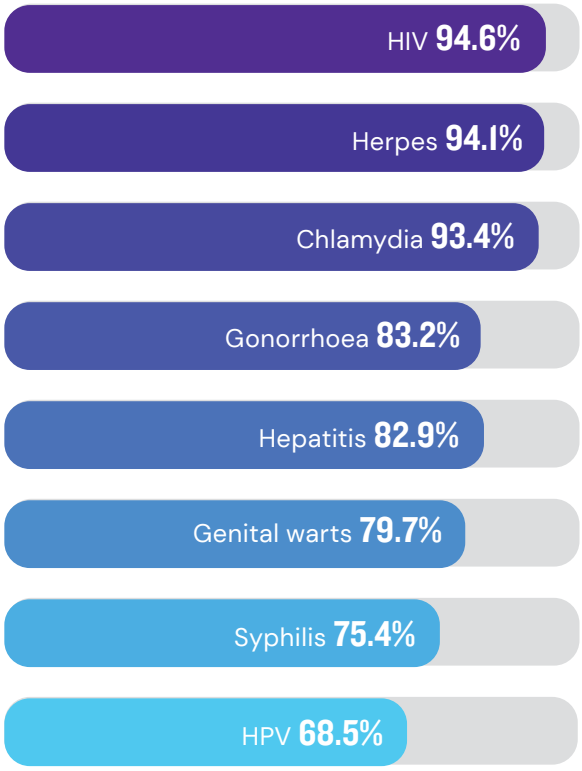


Figure 15. Percentage of young people who reported awareness of STIs

Knowledge of STIs

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

On average, young people answered 46.4% of the questions correctly. The average score among young women (47.0%) and trans and non-binary young people (46.3%) was slightly higher than among young men (44.9%; $p = .003$). Table 19 shows the mean percentage of correct answers for each of the 29 questions by gender.

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

STI knowledge questions	Female n = 4,450 n (%)	Male n = 1,894 n (%)	Trans and non-binary n = 486 n (%)	Total n = 6,830 n (%)
Can HIV be passed from one person to another when having sex? (Yes)	3,816 (85.8%)	1,627 (86.0%)	428 (88.2%)	5,871 (86.0%)
If condoms are used during sex, does this help to protect people from getting HIV? (Yes)	3,625 (81.5%)	1,599 (84.4%)	407 (83.7%)	5,631 (82.5%)
Can someone with HIV who looks very healthy pass on the virus? (Yes)	3,640 (81.9%)	1,541 (81.4%)	407 (84.1%)	5,588 (81.9%)
Can a person get HIV by hugging someone who has it? (No)	3,444 (77.5%)	1,472 (77.8%)	405 (83.5%)	5,321 (78.0%)
Does the pill (contraceptive) protect a person from HIV? (No)	3,575 (80.4%)	1,330 (70.3%)	374 (77.0%)	5,279 (77.4%)
Can HIV be passed from one person to another by sharing a needle or syringe with someone when injecting drugs? (Yes)	2,991 (67.3%)	1,354 (71.5%)	331 (68.2%)	4,676 (68.5%)
The same virus causes all STIs (False)	2,610 (58.8%)	1,140 (60.3%)	296 (61.0%)	4,046 (59.4%)
Chlamydia is a sexually transmissible infection that affects only persons with a uterus/womb (False)	2,747 (61.8%)	977 (51.7%)	268 (55.1%)	3,992 (58.5%)
A person must have penetrative sex to get genital warts (False)	2,687 (60.4%)	1,021 (53.9%)	275 (56.6%)	3,983 (58.3%)
A person may have chlamydia if there is a yellow discharge with a strong smell coming from their genitals (True)	2,666 (59.9%)	966 (51.1%)	268 (55.3%)	3,900 (57.1%)
People who share syringes and needles when injecting drugs are not at a greater risk for hepatitis C (False)	2,256 (50.7%)	946 (50.0%)	241 (49.7%)	3,443 (50.5%)
A person who has genital herpes must have open sores to give the infection to their sexual partner (False)	2,253 (50.7%)	918 (48.5%)	231 (47.5%)	3,402 (49.8%)

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

STI knowledge questions	Female n = 4,450 n (%)	Male n = 1,894 n (%)	Trans and non-binary n = 486 n (%)	Total n = 6,830 n (%)
If a person had gonorrhoea in the past, they are immune (protected) from getting it again (False)	2,196 (49.4%)	809 (42.8%)	219 (45.2%)	3,224 (47.2%)
There is a vaccine that can protect a person from getting hepatitis B (True)	2,135 (48.0%)	759 (40.1%)	210 (43.2%)	3,104 (45.5%)
If a person tests positive for HIV, the test can tell how sick the person will become (False)	2,052 (46.1%)	772 (40.8%)	236 (48.6%)	3,060 (44.8%)
Can HIV be spread through coughing or sneezing near other people? (No)	1,839 (41.3%)	861 (45.5%)	222 (45.7%)	2,922 (42.8%)
Chlamydia can lead to infertility (True)	2,011 (45.2%)	671 (35.5%)	180 (37.0%)	2,862 (41.9%)
A person can look at their body and tell if they have gonorrhoea (False)	1,644 (37.0%)	574 (30.3%)	139 (28.7%)	2,357 (34.5%)
Once a person has caught genital herpes, they will always have the virus (True)	1,574 (35.4%)	582 (30.8%)	164 (33.9%)	2,320 (34.0%)
There is a vaccine that prevents a person from getting chlamydia (False)	1,612 (36.2%)	542 (28.7%)	136 (28.0%)	2,290 (33.6%)
Hepatitis C can be transmitted with sterile or clean equipment used in tattooing and body piercing (False)	1,364 (30.7%)	588 (31.1%)	184 (38.0%)	2,136 (31.3%)
A person can tell by the way their body feels if they have hepatitis B (False)	1,318 (29.6%)	516 (27.3%)	147 (30.4%)	1,981 (29.0%)
Genital herpes is caused by the same virus as HIV (False)	1,041 (23.4%)	558 (29.5%)	118 (24.3%)	1,717 (25.2%)
There is a vaccine available to prevent a person from getting gonorrhoea (False)	1,146 (25.8%)	459 (24.2%)	99 (20.4%)	1,704 (25.0%)

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

STI knowledge questions	Female n = 4,450 n (%)	Male n = 1,894 n (%)	Trans and non-binary n = 486 n (%)	Total n = 6,830 n (%)
Frequent urinary infections can cause chlamydia (False)	1,033 (23.2%)	277 (14.6%)	86 (17.7%)	1,396 (20.5%)
Can HIV be spread by mosquitoes? (No)	784 (17.6%)	314 (16.6%)	102 (21.0%)	1,200 (17.6%)
Human papillomavirus (HPV) can cause HIV (False)	686 (15.4%)	413 (21.9%)	86 (17.8%)	1,185 (17.4%)
Human papillomavirus (HPV) is caused by the same virus that causes HIV (False)	662 (14.9%)	398 (21.1%)	82 (16.9%)	1,142 (16.7%)
Can someone take pills (Pre-Exposure Prophylaxis [PrEP] or Post-Exposure Prophylaxis [PEP]) to stop them from getting HIV? (Yes)	690 (15.5%)	331 (17.5%)	99 (20.4%)	1,120 (16.4%)
Total mean percentage of correct answers	*47.0%*	*44.9%*	*46.3%*	46.4%

Young people were most confident with knowledge about HIV transmission, indicating an understanding of potential modes of HIV transmission via sex and blood-to-blood contact. Young people were less certain about the symptoms or effects of chlamydia and gonorrhoea, with only 41.9% (n = 2,862) correctly indicating that chlamydia can lead to infertility, and 34.5% (n = 4,473) correctly indicating that the presence of gonorrhoea would be obvious by looking at their body (i.e. that there would be obvious symptoms).

Vaccines caused some confusion among young people; less than half (n = 3,104, 45.5%) were aware that there is a vaccine for hepatitis B and 66.4% (n = 4,540) incorrectly indicated there was a vaccine for chlamydia. The issues that young people were least sure about were the difference between HIV and HPV, whether HIV can be spread by mosquitoes (possibly as this is a past myth about HIV that tends not to be spoken about very often in recent years), and the existence or availability of PrEP medication to prevent HIV (Table 19).

OVER 80% OF YOUNG PEOPLE KNOW:

86.0%
HIV CAN BE TRANSMITTED THROUGH SEX

82.4%
CONDOMS PROTECT AGAINST HIV

81.9%
HEALTHY-LOOKING PEOPLE CAN TRANSMIT HIV

Beliefs about STIs and STI screening

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

Most young people were aware of the health implications of STIs, with 85.4% (n = 3,997) agreeing that STIs could seriously affect health, while only 3.8% (n = 176) agreed that STIs were not a big deal.

Just under half (n = 2,188, 45.4%) agreed with the statement that they could get an STI, while 61.2% (n = 2,857) agreed with the statement that it was unlikely that they would get an STI. Sexually active young people were more likely to agree with the statement 'I think it is unlikely I will get a STI' (n = 1,793, 65.1%) than non-sexually active young people (n = 1,064, 55.5%, $p < .001$).

Most young people (n = 3,998, 89.4%) agreed with the statement that people their age should talk about sexual health and STIs with their partners, although 38.5% (n = 1,710) agreed that people their age tended not to think about sexual health.

Most young people (n = 3,343, 72.3%) agreed that people their age should be tested for STIs, yet only 12.6% (n = 581) agreed that STI testing was common in their age group, and only 11.5% (n = 525) agreed their friends believed they should get tested.

Young people perceived some barriers to STI testing, with less than half (39.0%, n = 1,799) knowing where they could go to get tested and only 26.3% (n = 1,212) agreeing with the statement that it was easy to get tested. Around one in three (n = 1,501, 32.7%) agreed that talking to partners about STI testing was difficult. Despite these challenges, young people did not perceive cost to be a barrier to STI testing, with only 6.0% (n = 279) agreeing with the statement that STI testing was expensive.

Experiences of STI screening

Young people were asked if they have ever had a sexual health check-up or been tested for STIs, and whether they had ever been tested for HIV.

In total, 15.0% (n = 688) reported that they had attended at least one sexual health check-up or STI test. The number of young people reporting they had been tested for STIs increased with age: 3.8% (n = 16) of 14-year-olds reported having had an STI check-up, 8.8% (n = 71) of 15-year-olds, 13.2% (n = 154) of 16-year-olds, 17.8% (n = 291) of 17-year-olds, and 28.8% (n = 156) of 18-year-olds ($p < .001$).

Young women (n = 525, 17.8%) were more likely to have had STI screening than trans and non-binary young people (n = 42, 12.0%) or young men (n = 121, 9.5%, $p < .001$).

Young people were most likely to have had STI screening or a sexual health check-up with their GP, with 77.9% (n = 537) reporting they had seen their GP for this, while 11.8% (n = 81) had attended a youth health service (Figure 16).

There were 253 (5.6%) young people who reported they had been tested for HIV at least once; we did not ask where this test was taken.

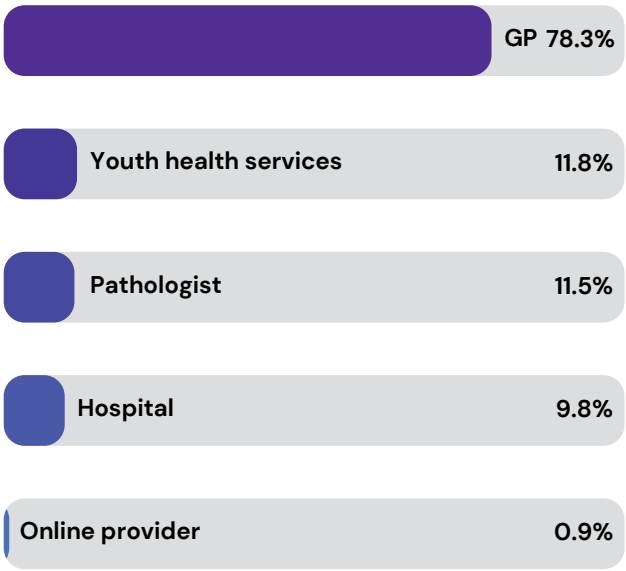


Figure 16. Percentage of young people who attended services for STI check-ups (n = 688)

STI, HIV or hepatitis diagnoses

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

In this survey, 2.2% (n = 93) of young people indicated they had been diagnosed with an STI, while 0.3% (n = 16) had been diagnosed with viral hepatitis (B or C), and 0.1% (n = 6) had been diagnosed with HIV (see Figure 17).

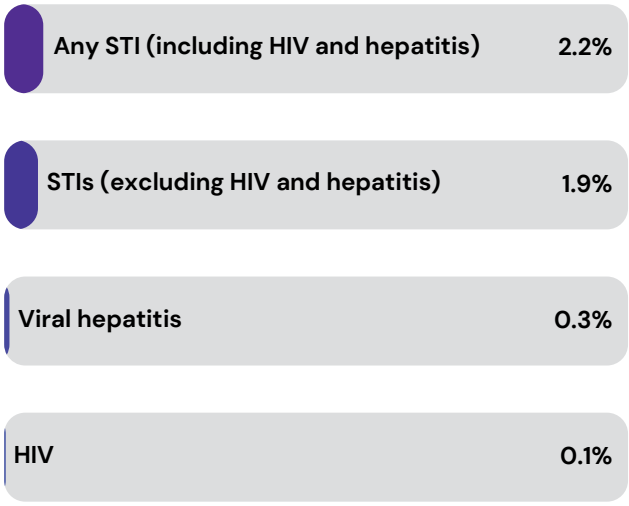


Figure 17. Percentage of young people diagnosed with STI, viral hepatitis or HIV

CHANGE OVER TIME

Six questions about young people (in Year 10 and Year 12 at school) understand about HIV have been consistently asked in SSASH surveys since 1992, and a further four questions about other STIs since 1997, with some adjustments in language that reflect updated terminology over the years. Figure 18 reports these findings.

The responses reflect the high level of investment in HIV education since the 1990s, with most students correctly answering questions related to HIV. In some areas, knowledge relating to HIV has reduced. For instance, young people are less likely to know if HIV can be spread by mosquitoes. This likely reflects less attention being paid to myths about HIV transmission that were common in the early years of the epidemic. Awareness of HIV transmission pathways, and prevention strategies, remains high. Findings also show an increasing awareness of other STIs over time. For example, awareness that chlamydia can affect both men and women, and may affect fertility, has substantially increased since 1997.

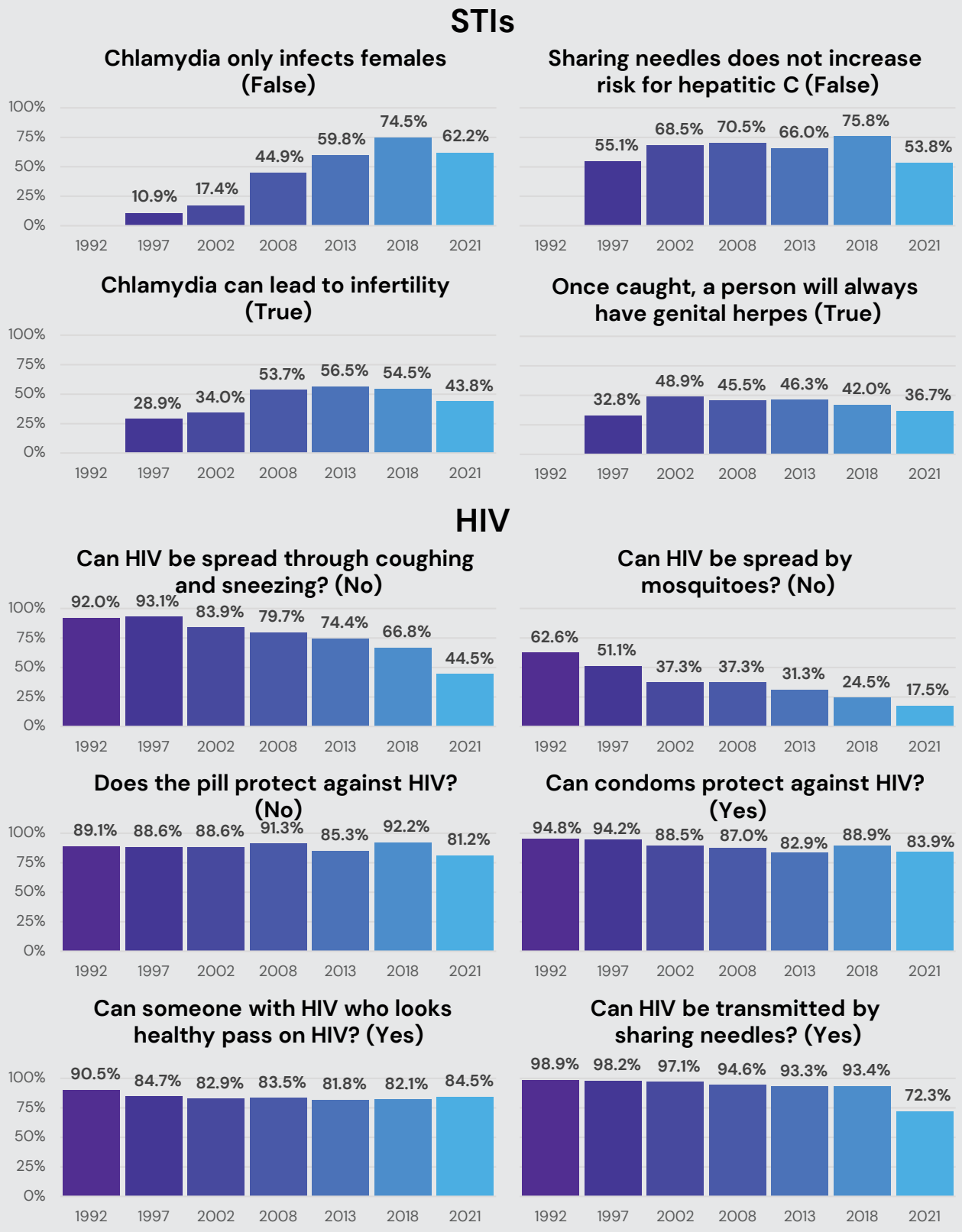


Figure 18. Mean percentage of correctly answered knowledge questions across the survey years. Data from Year 10 and 12 students only

7. DIGITAL SEXUAL PRACTICES

Digital technologies increasingly play a role in the sex lives and relationships of young people, from internet dating to sexting and consumption of online pornography. In this section we report on a range of digital sexual practices with the aim of building awareness of how common such practices are, patterns of use and young people's experiences with these practices.

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

Sending and receiving sexual messages and images (sexting)

In total, 87.0% of young people (n = 4,248) reported some engagement in sending or receiving sexually explicit text messages (see Figure 19). Young women were more likely to share sexual images (n = 2,817, 89.7%) than young men (n = 1,114, 81.5%) or trans and non-binary young people (n = 317, 84.8%, $p < .001$, see Table 20).

LGBQ+ young people were more likely than heterosexual young people to have shared images at least once (88.3%, n = 1,895 compared to 86.0%, n = 2,331, $p < .001$). LGBQ+ young people were also more likely to use social media for sexual reasons (n = 1,243, 59.8%) compared to heterosexual young people (n = 1,396, 52.9%; $p < .001$).

More young people reported receiving sexual text messages or images (n = 4,204, 86.3%) than sending them (n = 3,378, 70.6%). Receiving photos from a romantic partner was most common (n = 1,866, 49.2%), followed by a stranger (n = 1,686, 44.5%) and someone known only online (n = 1,424, 37.5%).

Among those who had sent an image at least once, it was most common for images to have been sent to a romantic partner (n = 2,029, 72.9%) or someone known to the young person who was not a romantic partner (n = 992, 35.6%), although 22.9% (n = 637) reported sending images to someone known to them only online and 9.2% (n = 256) to a stranger (Table 21).

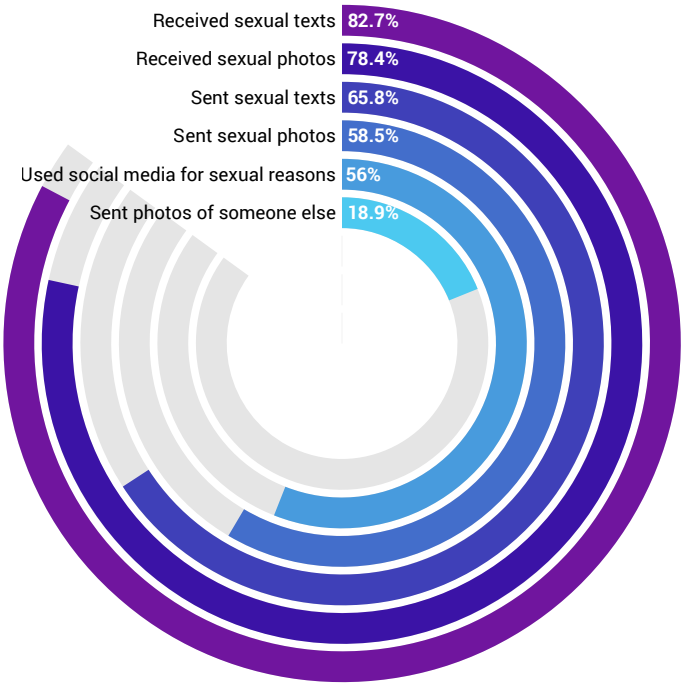


Figure 19. Percentage of young people who engaged in sexting

Table 20. Frequency of young people sexting, by gender

Frequency of types of sexting	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
Frequency of receiving sexually explicit text messages				
Never	447 (14.3%)	331 (24.4%)	65 (17.4%)	843 (17.3%)
A few times	998 (31.9%)	414 (30.5%)	124 (33.2%)	1,536 (31.6%)
One to three times a month	712 (22.8%)	256 (18.9%)	77 (20.6%)	1,045 (21.5%)
Fortnightly or more	972 (31.1%)	356 (26.2%)	108 (28.9%)	1,436 (29.5%)
Frequency of receiving sexually explicit photos				
Never	571 (18.3%)	387 (28.6%)	90 (24.2%)	1,048 (21.6%)
A few times	1,093 (35.1%)	423 (31.2%)	127 (34.1%)	1,643 (33.9%)
One to three times a month	734 (23.5%)	267 (19.7%)	72 (19.4%)	1,073 (22.2%)
Fortnightly or more	719 (23.1%)	277 (20.5%)	83 (22.3%)	1,079 (22.3%)
Frequency of sending sexually explicit text messages				
Never	1,008 (32.8%)	496 (37.0%)	129 (35.1%)	1,633 (34.2%)
A few times	864 (28.2%)	343 (25.6%)	91 (24.7%)	1,298 (27.2%)
One to three times a month	583 (19.0%)	244 (18.2%)	67 (18.2%)	894 (18.7%)
Fortnightly or more	614 (20.0%)	259 (19.3%)	81 (22.0%)	954 (20.0%)
Frequency sending sexually explicit photos of self				
Never	1,171 (38.3%)	649 (48.3%)	158 (43.1%)	1,978 (41.5%)
A few times	808 (26.4%)	346 (25.8%)	89 (24.3%)	1,243 (26.1%)
One to three times a month	555 (18.2%)	175 (13.0%)	70 (19.1%)	800 (16.8%)
Fortnightly or more	521 (17.1%)	173 (12.9%)	50 (13.6%)	744 (15.6%)
Frequency of sending sexually explicit photo of someone else				
Never	2,480 (80.8%)	1,096 (81.2%)	308 (83.2%)	3,884 (81.1%)
A few times	306 (10.0%)	160 (11.9%)	36 (9.7%)	502 (10.5%)
One to three times a month	153 (5.0%)	50 (3.7%)	11 (3.0%)	214 (4.5%)
Fortnightly or more	132 (4.3%)	44 (3.3%)	15 (4.1%)	191 (4.0%)
Frequency of social media use for sexual reasons				
Never	1,391 (45.8%)	530 (39.6%)	166 (45.5%)	2,087 (44.0%)
A few times	660 (21.7%)	263 (19.6%)	64 (17.5%)	987 (20.8%)
One to three times a month	471 (15.5%)	205 (15.3%)	59 (16.2%)	735 (15.5%)
Fortnightly or more	515 (17.0%)	341 (25.5%)	76 (20.8%)	932 (19.7%)

Of the young people who had sent sexual images of themselves (n = 2,787, 58.5%), 80.8% (n = 2,243) reported sending photos that were suggestible (e.g., in underwear), many also sent semi-nude photos showing parts of their body (n = 2,174, 78.3%) and 52.0% (n = 1,443) sent nude photos (Table 21).

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

Details about the sending of images	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
Sexual images sent to (n = 2,783)				
Someone I'm in a relationship with	1,414 (75.1%)	465 (67.2%)	150 (71.8%)	2,029 (72.9%)
Someone I'm seeing but not in a relationship with	731 (38.8%)	191 (27.6%)	70 (33.5%)	992 (35.6%)
A friend	458 (24.3%)	191 (27.6%)	64 (30.6%)	713 (25.6%)
Someone I only know online	84 (4.5%)	48 (6.9%)	5 (2.4%)	137 (4.9%)
A stranger	378 (20.1%)	200 (28.9%)	59 (28.2%)	637 (22.9%)
Someone I just met face-to-face	151 (8.0%)	81 (11.7%)	24 (11.5%)	256 (9.2%)
Identifying information shared (n = 2,451)				
None	1,056 (64.2%)	417 (66.9%)	128 (69.6%)	1,601 (65.3%)
Face visible	558 (33.9%)	180 (28.9%)	51 (27.7%)	789 (32.2%)
Identifying information (username, phone number etc)	30 (1.8%)	26 (4.2%)	5 (2.7%)	61 (2.5%)
Type of photo (n = 2,775)				
Suggestive (e.g., in underwear)	1,612 (85.8%)	456 (66.3%)	175 (84.1%)	2,243 (80.8%)
Semi-nude	1,569 (83.5%)	432 (62.8%)	173 (83.2%)	2,174 (78.3%)
Nude	818 (43.5%)	519 (75.4%)	106 (51.0%)	1,443 (52.0%)

Context for sexting

Young people were asked about their reasons for sending sexual or nude images, with the option of selecting multiple reasons from a menu of options. The most common responses to this were: to feel sexy and confident (n = 1,706, 61.5%), to be fun and flirty (n = 1,567, 56.5%), and to send a sexy present for someone (n = 1,505, 54.3%; see Figure 18). A smaller number of young people reported that they sent images because they felt pressure to do so from a partner (n = 422, 15.2%), to get someone to like them (n = 350, 12.6%), or to fit in (n = 152, 5.5%).

Feelings about receiving or sending sexual images

Young people were asked about their feelings when sharing sexual or nude images by selecting the extent to which they felt positive ('happy', 'excited', 'horny') and negative emotions ('embarrassed', 'guilty', 'upset'). Table 22 and Figure 19 list the feelings by gender.

When asked how they felt about receiving sexual or nude images, young people were more likely to report positive emotions than negative associated, with 31.1% (n = 1,167) indicating they often or always feel excited and 29.7% (n = 1,114) indicating they often or always feel happy, while 37.9% (n = 1,420) indicated they often or always feel horny. One in eight young people indicated they often or always felt guilty (n = 457, 12.2%), embarrassed (n = 556, 14.9%) or upset (n = 553, 14.7%) when receiving an image (Table 22).

When asked how they felt about receiving a sexual or nude image, young men were more likely than young women or trans and non-binary young people to report positive emotions. On an aggregated scale of 0 to 12, with 12 indicating higher positive emotions about receiving sexually explicit material:

- Young men were more likely to feel 'excited', 'happy' or 'horny' (M = 7.7, SD = 3.38) than trans and non-binary young people (M = 5.0, SD = 3.92) or young women (M = 4.1, SD = 3.73; $p < .001$).

Reasons

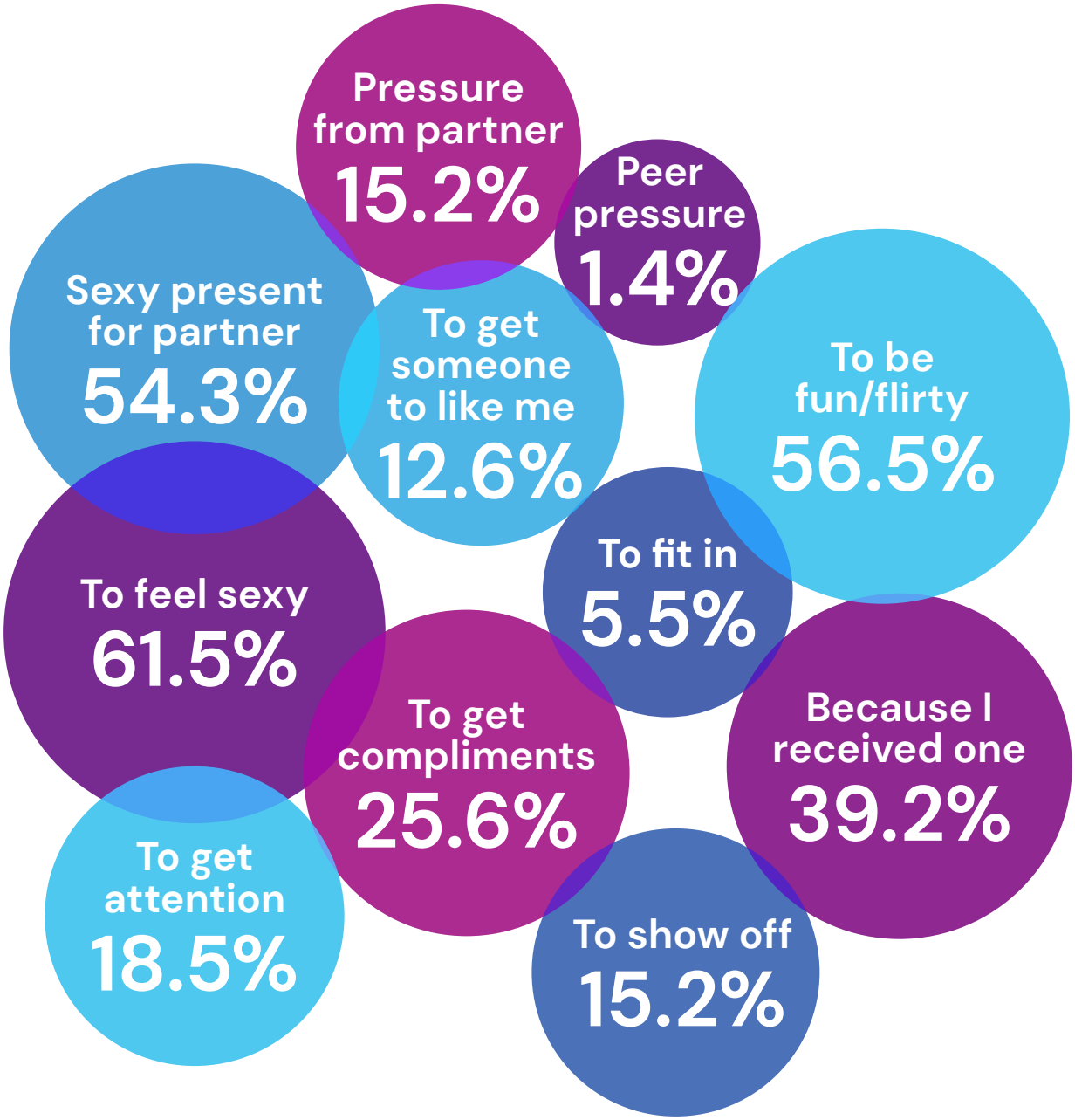


Figure 20. Percentage of young people who agreed with statements about why they sent sexual images

- Heterosexual young people were more likely to report higher levels of positive emotions about receiving sexually explicit content (M = 5.3, SD = 4.04) compared to LGBQ+ young people (M = 4.8, SD = 3.87, $p < .001$).

When asked how they felt about sending a nude or sexual image, young men were also more likely than women or trans and non-binary young people to report positive emotions than negative emotions. On an aggregated scale of 0 to 12, with 12 indicating higher positive emotions, young men were more likely to report more positive feelings, with a mean of 5.9 (SD = 3.83) compared to trans and non-binary young people (M = 5.3, SD = 3.53) or young women (M = 4.5, SD = 3.62, $p < .001$).

Table 22. Feelings about receiving sexual or nude images, by gender

Feeling	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
Embarrassed (n = 3,739)				
Low	1,489 (59.4%)	770 (80.7%)	164 (58.8%)	2,423 (64.8%)
Moderate	584 (23.3%)	119 (12.5%)	57 (20.4%)	760 (20.3%)
High	433 (17.3%)	65 (6.8%)	58 (20.8%)	556 (14.9%)
Guilty (n = 3,741)				
Low	1,856 (74.1%)	647 (67.7%)	183 (65.4%)	2,686 (71.8%)
Moderate	365 (14.6%)	183 (19.1%)	50 (17.9%)	598 (16.0%)
High	284 (11.3%)	126 (13.2%)	47 (16.8%)	457 (12.2%)
Upset (n = 3,750)				
Low	1,579 (62.7%)	808 (84.9%)	160 (57.1%)	2,547 (67.9%)
Moderate	495 (19.7%)	98 (10.3%)	57 (20.4%)	650 (17.3%)
High	444 (17.6%)	46 (4.8%)	63 (22.5%)	553 (14.7%)
Excited (n = 3,756)				
Low	1,474 (58.5%)	187 (19.5%)	135 (48.0%)	1,796 (47.8%)
Moderate	509 (20.2%)	230 (24.0%)	54 (19.2%)	793 (21.1%)
High	535 (21.2%)	540 (56.4%)	92 (32.7%)	1,167 (31.1%)
Happy (n = 3,755)				
Low	1,477 (58.7%)	227 (23.7%)	141 (50.2%)	1,845 (49.1%)
Moderate	512 (20.3%)	230 (24.1%)	54 (19.2%)	796 (21.2%)
High	529 (21.0%)	499 (52.2%)	86 (30.6%)	1,114 (29.7%)
Horny (n = 3,752)				
Low	1,297 (51.6%)	122 (12.7%)	112 (40.0%)	1,531 (40.8%)
Moderate	562 (22.3%)	168 (17.6%)	71 (25.4%)	801 (21.3%)
High	656 (26.1%)	667 (69.7%)	97 (34.6%)	1,420 (37.8%)

Low = Not at all or rarely, Moderate = Sometimes, High = Often or always

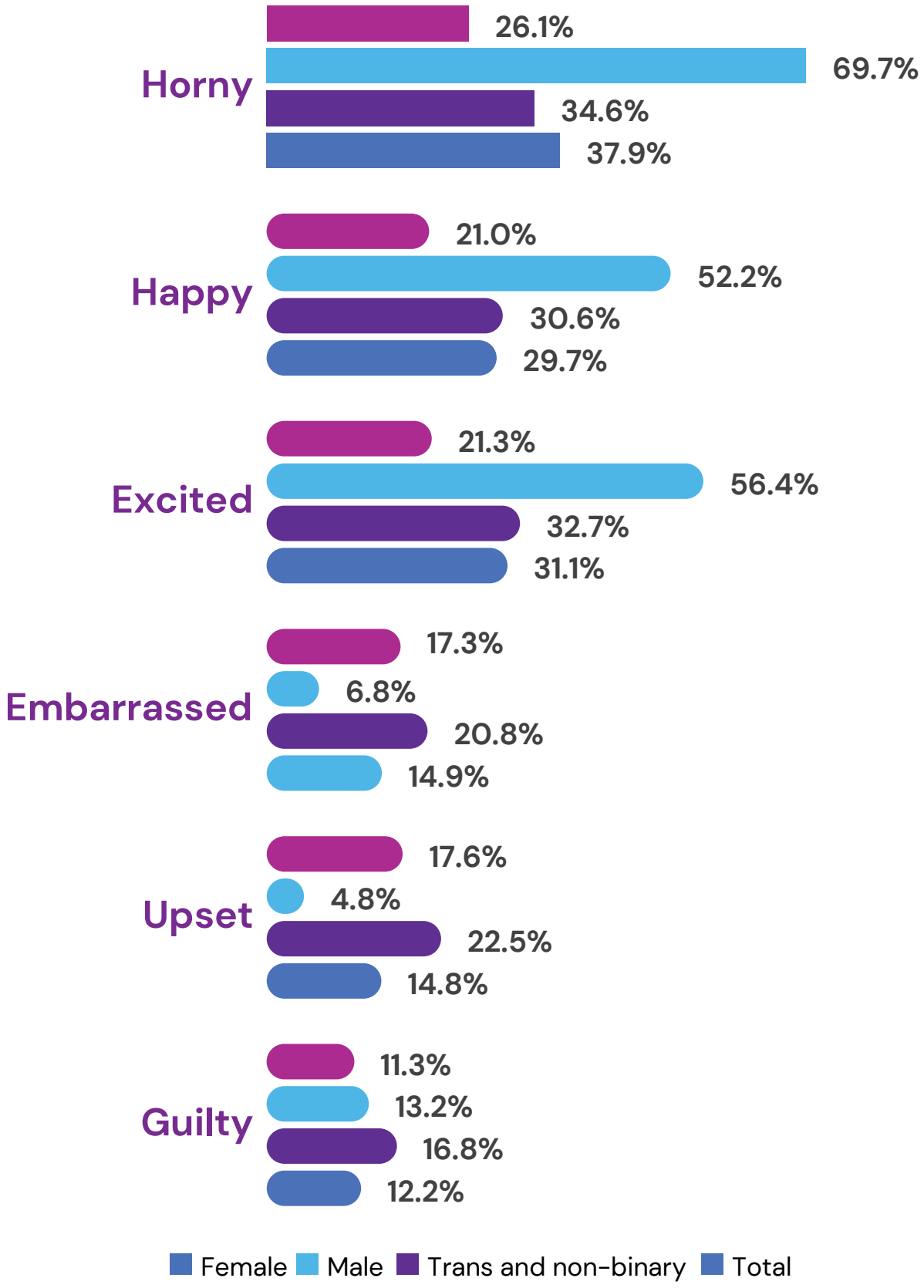


Figure 21. Percentage of young people who reported that they often or always had these feelings about receiving sexual images, by gender

When asked about negative feelings associated with sending sexual or nude images: young women were more likely than young men or trans and non-binary people to report that they often or always felt embarrassed (n = 642, 35.0%), guilty (n = 566, 30.9%) or upset (n = 510, 27.9%; Table 23).

Sexting and consent

Close to half the young people in this survey (n = 1,794, 47.9%) reported that they had been sent a sexual or nude image that they had not asked for on at least one occasion, and nearly one in three reported that they did not want to receive the unsolicited image (n = 1,096, 29.4%).

Close to one in five young people (n = 731, 17.8%) reported that sexual photos of them had been shared without their permission on at least one occasion. Young women (n = 542, 20.6%) or trans

Table 23. Feelings about sending sexual or nude images of self

Feeling	Female n (%)	Male n (%)	Trans and non-binary n (%)	Total n (%)
Embarrassed (n = 2,724)				
Low	735 (40.0%)	345 (50.5%)	86 (42.0%)	1,166 (42.8%)
Moderate	457 (24.9%)	161 (23.6%)	56 (27.3%)	674 (24.7%)
High	644 (35.1%)	177 (25.9%)	63 (30.7%)	884 (32.5%)
Guilty (n = 2,719)				
Low	873 (47.6%)	404 (59.5%)	120 (58.5%)	1,397 (51.4%)
Moderate	394 (21.5%)	121 (17.8%)	28 (13.7%)	543 (20.0%)
High	568 (31.0%)	154 (22.7%)	57 (27.8%)	779 (28.7%)
Upset (n = 2,717)				
Low	984 (53.7%)	452 (66.4%)	119 (58.0%)	1,555 (57.2%)
Moderate	336 (18.4%)	91 (13.4%)	38 (18.5%)	465 (17.1%)
High	511 (27.9%)	138 (20.3%)	48 (23.4%)	697 (25.7%)
Excited (n = 2,717)				
Low	956 (52.2%)	269 (39.6%)	85 (41.5%)	1,310 (48.2%)
Moderate	439 (23.9%)	172 (25.3%)	60 (29.3%)	671 (24.7%)
High	438 (23.9%)	238 (35.1%)	60 (29.3%)	736 (27.1%)
Happy (n = 2,714)				
Low	901 (49.3%)	261 (38.3%)	86 (42.2%)	1,248 (46.0%)
Moderate	476 (26.0%)	185 (27.1%)	64 (31.4%)	725 (26.7%)
High	451 (24.7%)	236 (34.6%)	54 (26.5%)	741 (27.3%)
Horny (n = 2,717)				
Low	871 (47.5%)	219 (32.2%)	76 (37.3%)	1,166 (42.9%)
Moderate	425 (23.2%)	108 (15.9%)	46 (22.5%)	579 (21.3%)
High	536 (29.3%)	354 (52.0%)	82 (40.2%)	972 (35.8%)

Low = Not at all to rarely, Moderate = Sometimes, High = Often or always

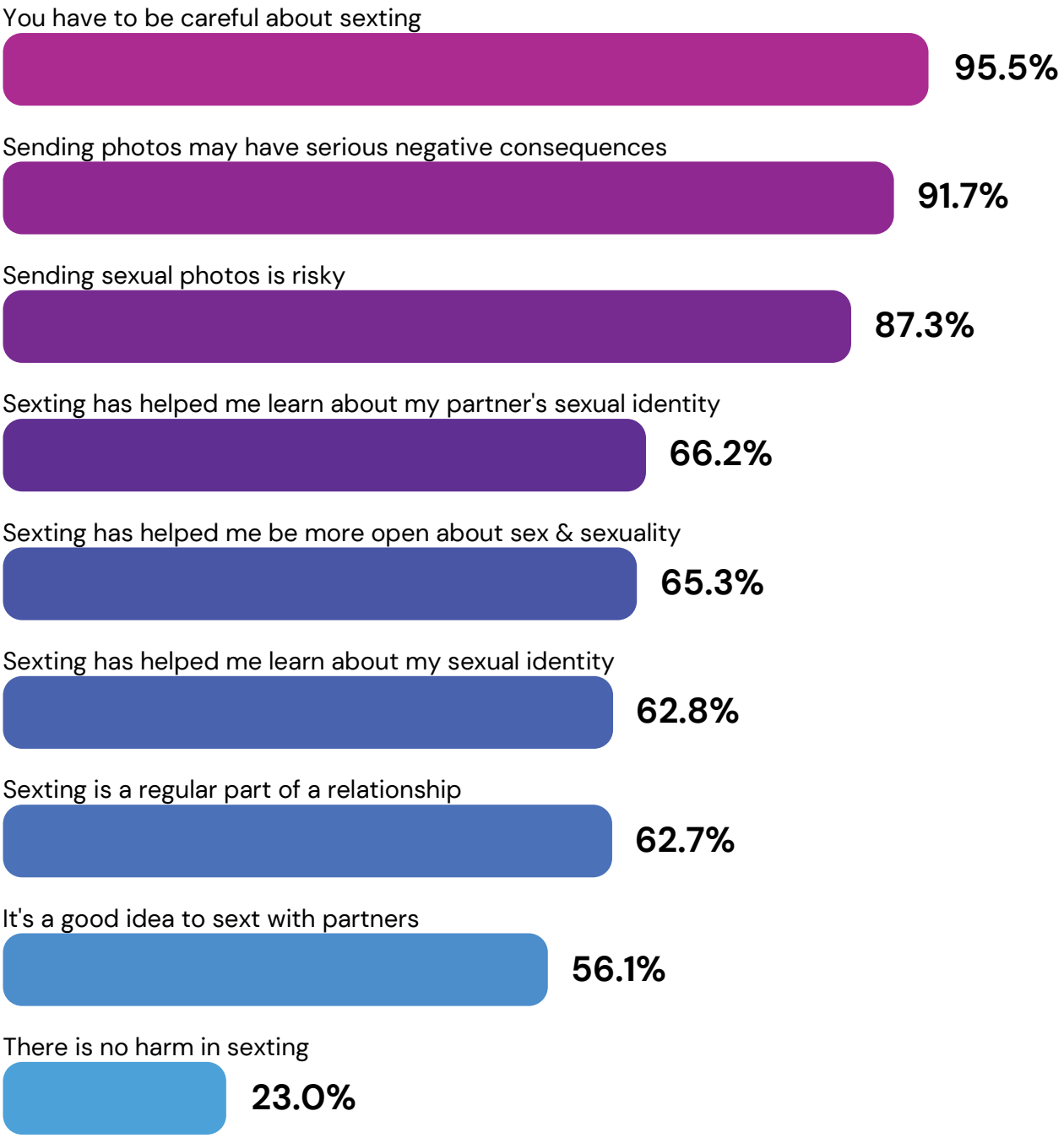


Figure 22. Percentage of young people who agreed or strongly agreed with statements about sexting

and non-binary young people (n = 55, 18.6%) were more likely to report having had sexual photos of themselves shared without their permission than young men (n = 134, 11.3%, $p < .001$).

Attitudes toward sexting

Most young people were aware that sexting brought with it some risks to privacy and safety (see Figure 22); 95.5% (n = 4,548) of young people agreed with the statement 'you have to be careful about sexting', 91.7% (n = 4,362) agreed that there can be 'serious negative consequences' to sexting and 87.3% (n = 4,155) agreed that sexting is 'risky'. Fewer young people (n = 1,089, 23.0%) thought there wasn't any harm in sexting.

Despite acknowledgement of risks, young people also agreed that there were positive aspects to sexting, including learning about their partner's sexuality (n = 3,120, 66.2%), learning about their own

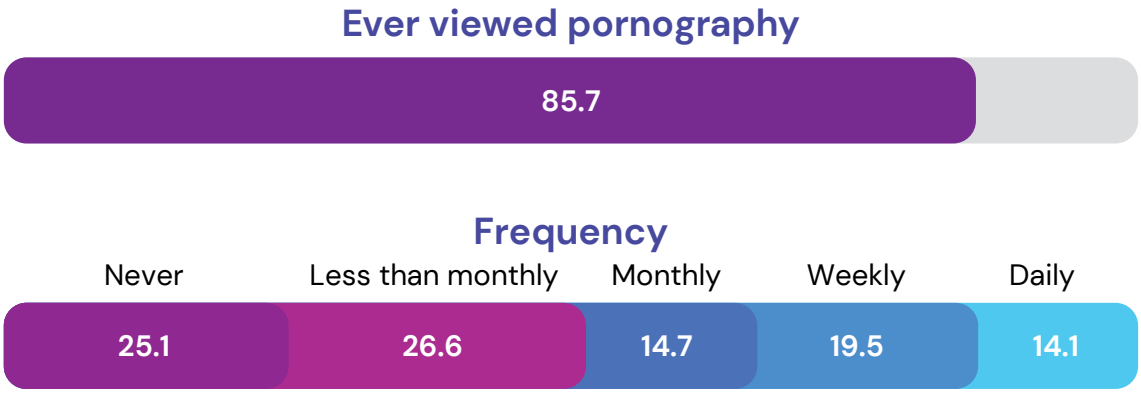


Figure 23. Percentage of young people who have viewed pornography, and the frequency of its use in the past year

sexuality (n = 2,968, 62.8%), or being more open about sex and sexuality (n = 3,095, 65.3%). Around half agreed that sexting is 'a good idea' with partners (n = 2,647, 56.1%) and 62.7% (n = 2,946) agreed that 'sexting is a regular part of a relationship'.

The sexting attitudinal questions was summed together (with items related to caution, risk and negative consequences reverse scored) to create a sexting attitudes scale ranging from 0 to 32, with higher numbers meaning more positive attitudes about sexting and lower numbers meaning more negative attitudes towards sexting. In total:

- Trans and non-binary young people (M = 16.5, SD = 4.96) and young men (M = 16.3, SD = 5.33) were more likely to report positive attitudes towards sexting than young women (M = 14.9, SD = 5.32, $p < .001$).
- LGBQ+ young people were more likely to have higher positive attitudes towards sexting (M = 15.8, SD = 5.09) than heterosexual young people (M = 15.1, SD = 5.51, $p < .001$).
- Young people living in major cities (M = 15.6, SD = 5.33) were more likely to have higher positive attitudes towards sexting than young people from regional and rural areas (M = 15.0, SD = 5.25, $p < .001$).

Social media

Young people were asked if they engaged with social media for sexual reasons, and 56.0% (n = 2,654) of young people indicated that they did: 35.2% (n = 1,667) did this monthly or more, and 20.8% (n = 987) did this once or a few times a year.

As with sexting, when young people used social media for sexual reasons, most reported that they did so with their partner (n = 1,557, 59.0%) or with someone they were seeing but not in a relationship with (n = 867, 32.8%). Around a quarter engaged with social media in relation to sex with someone known to them only online (n = 625, 23.7%) or a friend (n = 615, 23.3%). Using social media with strangers (n = 354, 13.4%) or someone they had not met face to face (n = 159, 6.0%) was less common.

Viewing pornography

Most young people (n = 5,725, 85.7%) reported viewing pornography at least once in their lifetime (Figure 23).

Young people were asked how often they viewed pornography in the past year. Most young people viewed pornography rarely; a quarter (n

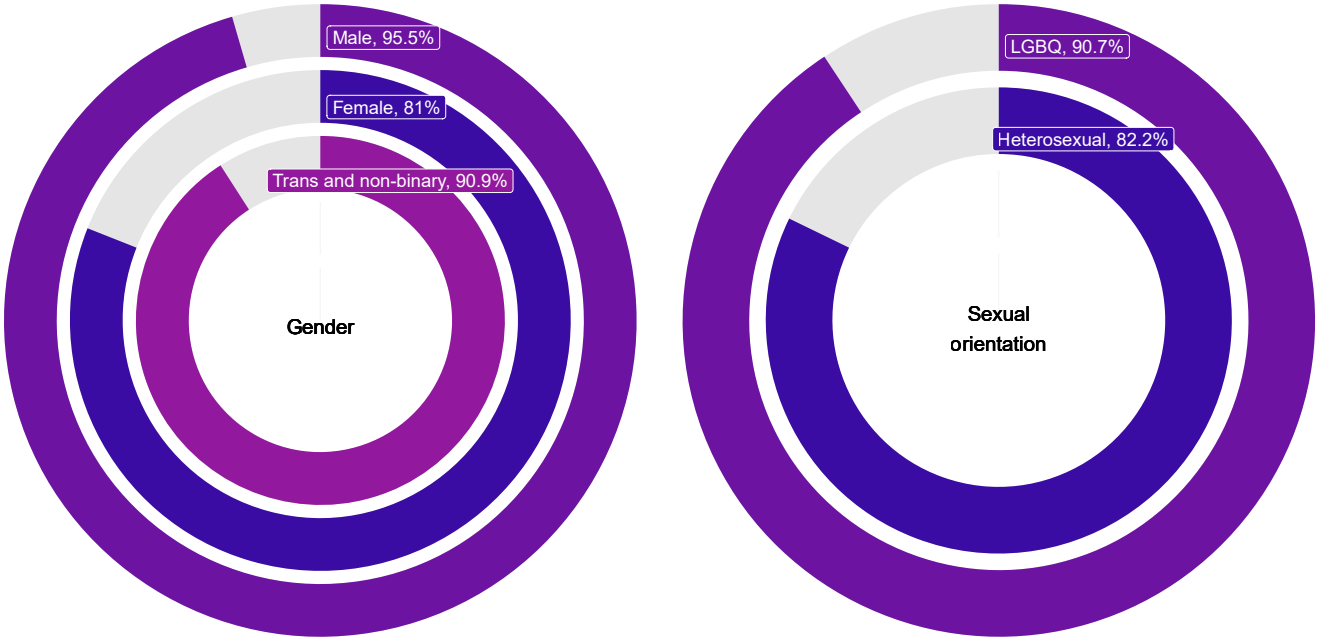


Figure 24. Total percentage of young people who have ever viewed pornography, by gender and sexual orientation

= 1,637, 25.1%) reported that they had not viewed pornography at all in the past year, and 26.6% (n = 1,735) viewed pornography less than monthly, while 14.1% (n = 918) viewed it daily or almost daily, 19.5% (n = 1,274) viewed it weekly and 14.7% (n = 960) viewed it monthly.

Figure 24 shows gender and sexual orientation differences in pornography use. Young men (n = 1,772, 95.5%) were more likely to have viewed pornography in their lifetime than trans and non-binary young people (n = 428, 90.9%) or young women (n = 3,525, 81.0%, $p < .001$). LGBQ+ young people (n = 2,532, 90.7%) were more likely than heterosexual young people (n = 3,154, 82.2%, $p < .001$) to have ever viewed pornography.

Of the young people who had ever viewed pornography, most (n = 5,160, 90.7%) usually viewed pornography on their own, 13.7% (n = 779) viewed pornography with friends, and 11.4% (n = 648) with their partner.

Those who had viewed pornography were asked their reasons for doing so and could select multiple reasons from a list of options. From these options, 57.0% (n = 3,247) indicated that they viewed pornography due to curiosity, 55.9% (n = 3,186) for pleasure, 34.7% (n = 1,979) due to boredom, and 11.9% (n = 681) because they were feeling sad or lonely.

Young people also indicated they viewed pornography to learn about sex, specifically: 34.0% (n = 1,941) indicated they watched pornography to learn about how to give pleasure to another person, 27.1% (n = 1,544) to learn about pleasure, and 28.0% (n = 1,596) to learn about sexual practices.

Young people were invited to tell us about other reasons for viewing pornography using a text box for open-ended responses. The most common reasons offered in these open-ended text responses were: pornography was viewed accidently (e.g. they clicked on a link) or because a friend or someone else showed it to them; pornography was an aid to masturbation; or because it is funny to watch. A number of young people used the text box to explain that they had watched pornography in the past but chose not to watch it now. A small number of young people reported that they watched pornography because they felt addicted to it; others also explained that they watched pornography to learn about sex or to explore sexual practices they did not want to, or did not have the opportunity to, explore in their offline sex lives.

8. EXPERIENCES OF SEXUAL VIOLENCE OR COERCION, ATTITUDES TO CONSENT

In recent years, issues relating to gender-based violence and sexual violence have received prominent attention in Australia. This has occurred in the context of the international #MeToo movement and several high-profile events in Australia, including the political response to allegations of sexual assault occurring in Australian Parliament House (Marian, 2021) and increasing concerns about online sexual harassment, abuse and non-consensual sharing of sexual images (Farrell, Shackleton, Agnew, Hopkins, & Power, 2022; Lee, 2022). This has led to increased calls for issues of sexual consent to be more comprehensively addressed in Australian schools and a greater focus on issues of violence and consent to be included in research and policy responses to young people's sexual health. In this chapter, we look at what Australian young people told us about perceptions of consent and experiences of unwanted sex.

Perceptions of consent

Young people were asked to describe how they would know when someone wants to have sex, and asked to include words, phrases and actions that might demonstrate sexual consent. There were 5,915 (86.5%) young people who answered this question using open-ended text responses.

Primarily verbal indicators of consent

Participants described how they would know when someone wanted to have sex based on verbal indicators. These were often described in relation to one of two roles – asking for permission, and accepting or declining. These roles were often described in gendered ways, with males tending to ask for permission and females being the ones to provide consent, but this was not always the case. Participants talked about consent needing to be genuine, confident and/or enthusiastic, that the person had to be sober and of age, that it had to be possible for either partner to stop at any time, and that permission needed to be verbally asked. Some of the specific wording or topics described in the participant's comments included euphemisms like 'want to hook up?', using sexual jokes, discussions about safe sex and protection, suggestive comments, flirtatious comments, compliments, references to being 'horny' or 'wet', and dirty talk. Often, the participants' responses began by mentioning how they would determine consent verbally and then subsequently mentioned physical indicators.

> *Saying they want to have sex with you, giving enthusiastic consent that wasn't forced. (Female, 16, queer, Year 11, NT)*

> *When all participants discuss the event and agree to take part in intercourse with confidence. (Male, 16, heterosexual, Year 10, Vic)*

> *An enthusiastic, of age, sober, 'yes'. If any of those variables are missing, it's not consent. (Female, 17, lesbian, Year 11, Tas)*

> *Generally, I'd ask for consent by asking if I should grab a condom, implying I would like to have sex. If they say no, I say that's okay and leave it. In the case that they meant they want to have unprotected sex, I believe consent has been given by both parties if they decide to tell me they still want to have sex. (Male, 17, heterosexual, Year 12, Vic)*

> *By having open communication and discussing boundaries. By giving consent (enthusiastically) and continuing to consent and communicate. (Trans and non-binary, 16, sexuality not specified, Year 10, NSW)*

They either clearly say it, or they drop massive hints. Asking for sexual photos, or making sexual jokes while you're around, is a good indicator. (Female, 16, bisexual, Year 11, Vic)

Primarily physical indicators of consent

For many participants, their responses to how they would know when someone wanted to have sex were based primarily on physical indicators. These included references to facial expressions; removing clothing; picking up a condom or leaving one out on the bed; touching, grinding or rubbing body parts; nodding or smiling to imply consent; flirting; looking happy or excited; blushing or flushing; being affectionate and/or acting more loving and caring than usual; kissing the partner harder than usual and/or kissing followed by a verbal cue; hugging that turns sexual; biting a lip; engaging in sexual activities other than intercourse, such as oral sex; indicating interest through an erection or being lubricated; heavy breathing; leading a partner into a bedroom or another space; and having a 'hook-up' lead to sex.

Some of the participants whose responses fit into the primarily physical indicator category listed physical indicators first and then mentioned obtaining verbal consent.

Looking at my lips. Spending time with me. Hugging me a lot. (Trans and non-binary, 14, bisexual, Year 9, Vic)

When you hook up with someone at a party, 90% of the time they will want it to lead to sex, (Female, 15, heterosexual, Year 10, NSW)

Expressions and touch. Indicating time alone without anyone else around. (Female, 17, heterosexual, Year 12, Qld)

Flirt, touching my abs and below, and when they ask for it. (Male, 16, heterosexual, Year 11, Qld)

Talking about sex beforehand is an indicator only really for the first time. Touching shows sexual consent. Sometimes it's just a natural thing with no words, and it just happens. (Female, 16, heterosexual, Year 11, SA)

Very eager, e.g. hard kissing and suggestive touching and a verbal enthusiastic yes. (Male, 16, not sure, Year 10, Qld)

Other indicators of consent

As a way of determining whether their partner was interested in having sex, many participants referred to sending nudes, texts or direct messages, often along with verbal and/or physical indicators.

Asking to meet up, sending nudes/ sexting, saying that they're horny, asking what I'm doing in the middle of the night. (Female, 16, heterosexual, Year 11, NSW)

Can be very flirtatious in a slightly or extremely rude or desiring manner. They make many sexual jokes or talk about sexual subjects in front of you. May also reach out to you on a social platform such as Instagram or Snapchat. (Male, 15, unsure of sexuality, Year 9, Qld)

Late night messages. Out of the blue messages. Extremely nice and flirty (complimenting) comments. (Female, 17, heterosexual, Year 12, WA)

Discussion of sexual acts (e.g. dirty talk, sexting, sometimes even flirting), literally asking each other if we want to have sex, physical gestures like a head nodding yes, thumbs up, and physical touching that can but not always indicate like groping, kissing, other sexual actions like oral sex. Mainly saying and asking each other if we want to have sex, and asking once or twice throughout the sexual act. (Female, 17, bisexual, Year 12, WA)

Some participants suggested that there were different indicators of whether someone wanted to have sex when in a relationship.

I feel as if you know your partner well, and have established and talked about it, you kind of just know. It isn't something that can be described with words. (Male, 17, heterosexual, Year 11, Vic)

Figure 25. Word cloud of open-ended responses to describe consent (n = 5,915)

General 'lovey' stuff: kissing, being in bed with one another, being in a legitimate relationship for a couple of months beforehand (in my case). Obvious consent is necessary, though. (Male, 17, gay, Year 11, Tas)

Um, you're in a relationship and you've spoken about it and you're both keen, so you do it if you want to. (Male, 16, heterosexual, Year 10, SA)

Others felt that consent had to be obtained for each sexual encounter, regardless of one's relationship status.

Really consent has to be given verbally regardless of if you're in a relationship with the person or if it's a one-off time. I feel very strongly about this. (Female, 18, unsure of sexuality, Year 12, SA)

In almost every situation, even in relationships, the only valid form of consent is the phrase 'Yes, I want to have sex', or likewise. (Female, 17, heterosexual, Year 12, Qld)

Fear of intimate partner

Young people were asked whether or not they had felt frightened of their partner in the past 12 months. One in five (n = 844, 20.5%) young people reported that they had felt frightened of their partner in the past 12 months. This figure was significantly higher among trans and non-binary young people, of whom 31.5% (n = 73) reported feeling frightened of their partner. Young women were also more likely to report feeling frightened of their partner (n = 651, 22.6%) than young men (n = 120, 12.0%, $p < .001$).

Experiences of unwanted sex

Young people who reported that they had experienced sex were asked if they had 'ever had sex when they didn't want to'. There were 39.5% of participants (n = 1,618) who indicated that they had.

Among trans and non-binary young people, 55.4% (n = 129) reported they had experienced unwanted sex, while 44.5% of young women (n = 1,277) reported they had. This was a significantly higher number than young men (n = 212, 21.3%, $p < .001$); however, it is notable that one in five young men also reported experiences of unwanted sex.

The average age at which young people had first experienced unwanted sex was 14.9 years (SD = 1.37). The average age was lower for trans and non-binary young people (M = 14.0, SD = 1.20) and young women (M = 15.0, SD = 1.32) compared with young men (M = 15.4, SD = 1.46, $p < 0.001$). One in five young people reported that their first experience of unwanted sex occurred when they were younger than 14 years of age (n = 339, 21.1%).

RESPONSES FROM YEAR 10 AND 12 STUDENTS WHO HAVE HAD VAGINAL OR ANAL SEX

Since 2002, Year 10 and Year 12 students who have ever had vaginal or anal sex have been asked whether they have ever had unwanted sex. In 2021, this number was over 10% higher than previous surveys. It is not clear why this is the case, although it may reflect an increasing awareness of sexual violence and sexual consent among young people.

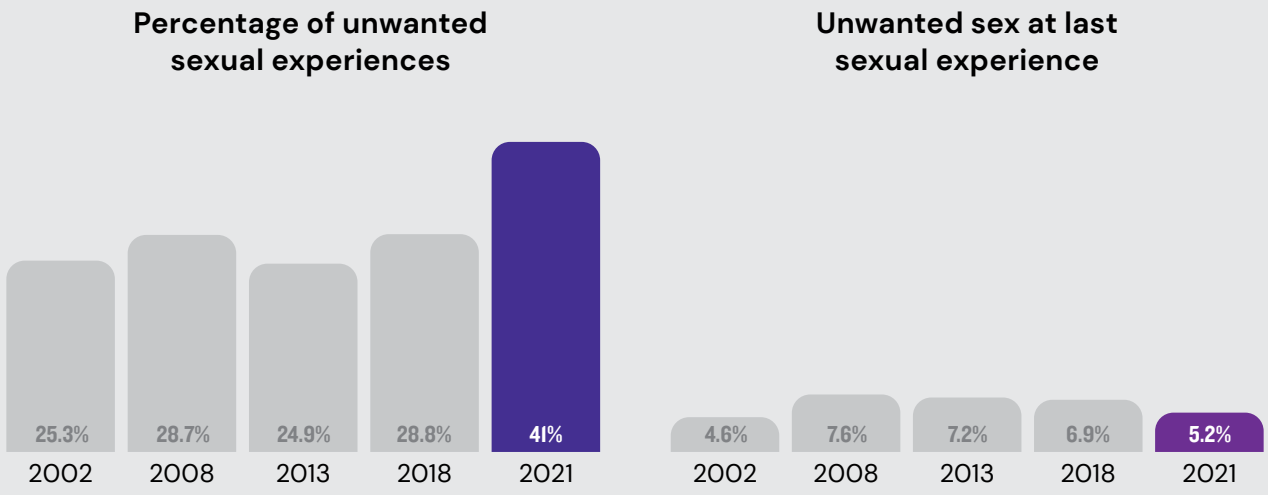


Figure 26. Percentage of unwanted sexual experiences of Year 10 and 12 students who have ever had vaginal or anal sex, since 2002

20.5%
OF YOUNG PEOPLE FELT FRIGHTENED OF THEIR PARTNER IN THE PAST 12 MONTHS

39.5%
OF SEXUALLY ACTIVE YOUNG PEOPLE HAD EXPERIENCED UNWANTED SEX

23.3%
OF THOSE EXPERIENCING UNWANTED SEX TALKED TO SOMEONE ABOUT THEIR EXPERIENCE

Sexually active LGBQ+ young people were more likely to report experiences of unwanted sex (n = 784, 48.2%) than heterosexual young people (n = 829, 33.8%, $p < .001$). Half of these LGBQ+ young people (n = 398, 53.7%) reported more than two experiences of unwanted sex compared to 46.2% (n = 373) heterosexual young people ($p = .005$).

Context of unwanted sex

For most young people who had experienced unwanted sex, this occurred for the first time in the context of an intimate relationship (n = 960, 60.1%). One in five young people (n = 330, 20.7%), however, experienced unwanted sex in the context of a familial or friendship relationship, while for 9.9% (n = 159), it was perpetrated by someone known but not a friend or family member.

Young people described the context in which unwanted sex occurred: 65.2% (n = 1,038) had experienced verbal pressure, 40.7% (n = 648) agreed to have sex because they were worried about negative outcomes of not having sex, 31.9% (n = 508) were physically forced to have sex, and 28.0% (n = 446) indicated they were too drunk or high at the time to consent to sex.

Help-seeking for sexual violence

Just over one in five young people who experienced unwanted sex (n = 366, 23.2%) had talked to someone or sought help about their experience.

9. TALKING ABOUT SEX AND SEXUAL HEALTH

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

Talking to sexual partners

During their most recent sexual experience, most young people reported having discussions with their partner about sex and safe sex: 80.4% (n = 3,213) discussed having sex, while 68.0% (n = 2,682) discussed what they would like to do regarding sex, and 65.1% (n = 2,567) discussed sexual pleasure.

Young people were less likely to talk about topics of safe sex directly: 55.5% (n = 1,989) discussed avoiding pregnancy, while 54.8% (n = 2,100) discussed using a condom, and 29.0% (n = 1,081)

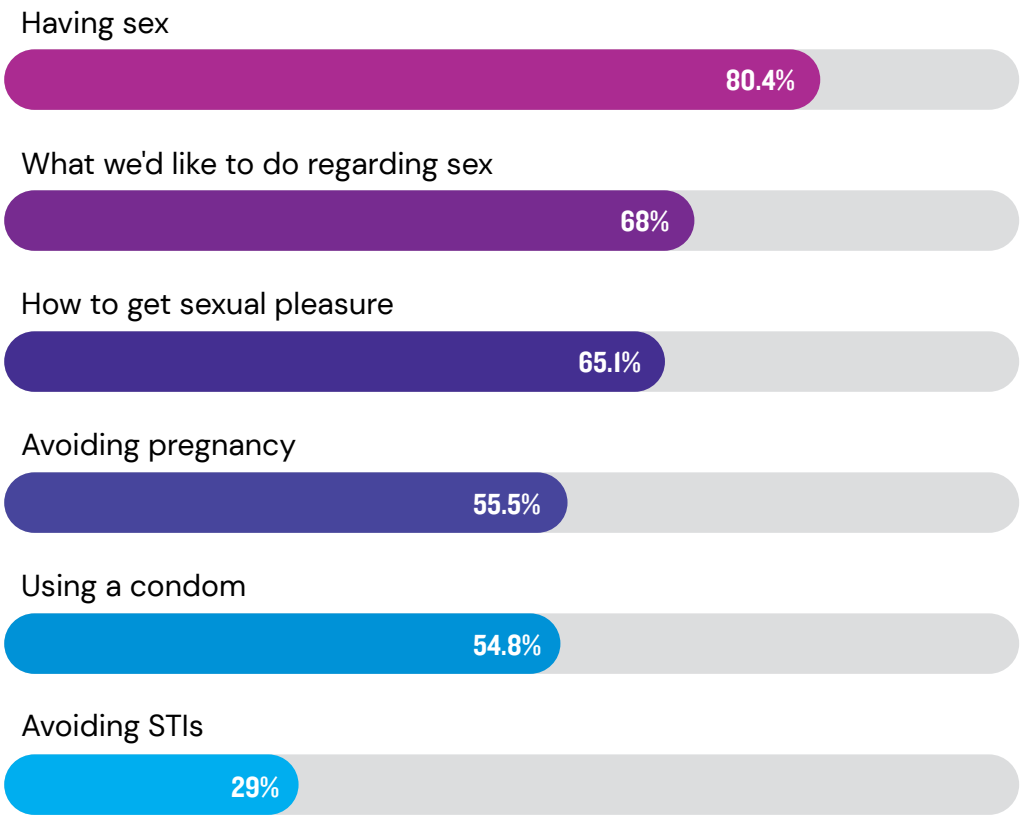


Figure 27. Percentage of young people who discussed various topics with their partner at their most recent sexual experience

discussed avoiding HIV and STIs. It is worth noting, however, that the most recent time young people had sex may have been with a regular partner with whom discussions about contraception or STI prevention had occurred previously.

Trans and non-binary young people (n = 160, 72.4%) were more likely than young men (n = 686, 71.3%) or women (n = 1,836, 66.4%) to discuss 'what we'd like to do regarding sex' (p = .007; Figure 25).

Talking to general practitioners

General practitioners (GPs) were the most trusted source to provide accurate information about sex and sexual health, with 78.0% of young people (n = 4,494) reporting a 'moderate' or 'extreme' level of trust in the information they received from their GP (Figure 28). Despite this, many young people were not confident to talk to GPs about sex and sexual health with:

- 54.1% (n = 3,435) reporting they were moderately or extremely confident talking about protection during sex (i.e. contraception, condoms, PrEP/PEP)
- 43.6% (n = 2,816) reporting they were moderately or extremely confident talking about STIs or HIV
- 41.1% (n = 2,581) reporting they were moderately or extremely confident talking about sex

The topics young people reported they would most likely speak to their GP about were contraception (n = 908, 90.9%), STIs and HIV (n = 461, 46.1%), and condoms (n = 351, 35.1%), followed by having sex (n = 300, 30.0%) and sexuality (n = 115, 11.5%).

However, only one in three (n = 1,935, 31.1%) young people had spoken to a GP about sexual matters such as safe sex, contraception or STIs. There were 19.5% (n = 1,162) of young people who reported that they had sought help from a GP about sexual matters in the past 12 months. See Figure 28 for young people's trust and use of GPs as a source of sexual health information.

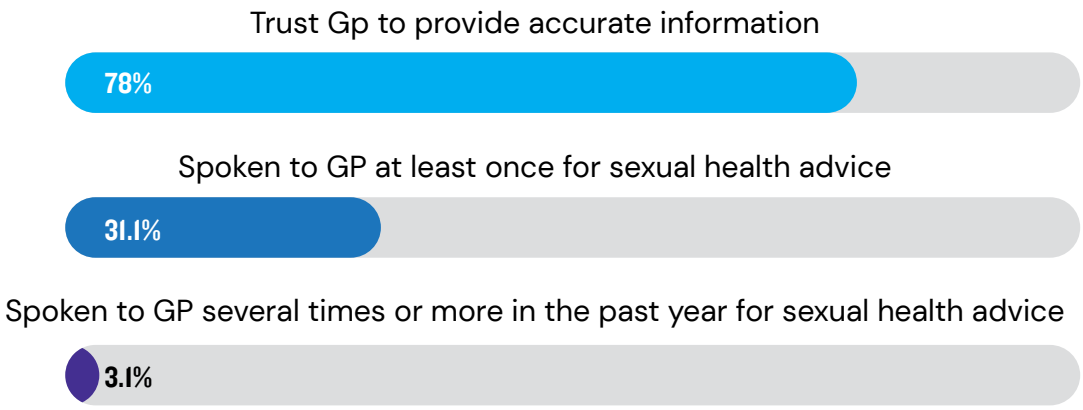


Figure 28. Percentage of young people who trusted and spoke to GPs about sexual matters

Talking to educators or school staff

Around one in three young people (n = 1,968, 35.8%) reported that they moderately or extremely trusted school nurses and counsellors to provide accurate sexual health information. However, young people were not confident talking to school staff, including teachers, school nurses and counsellors or other welfare staff, about sexual matters:

- 14.4% (n = 916) reported that they were moderately or extremely confident talking about safe sex or contraception
- 10.2% (n = 641) reported that they were moderately or extremely confident talking about sex
- 9.6% (n = 620) reported that they were moderately or extremely confident talking about STIs or HIV

Just over one in 10 (11.7%, n = 727) had ever spoken to a school nurse or counsellor about sexual matters, and 0.7% (n = 40) had spoken to a school nurse or counsellor about sexual matters in the past year.

There were 44.2% (n = 2,755) of young people who report that they had learned about sexual matters from a teacher, although fewer (n = 1,493, 27.0%) reported that they trusted their teachers to provide accurate information. Just over one in eight young people (n = 295, 13.2%) had spoken to their teacher about sex or sexual health issues in the last year.

Talking to peers

Many young people discussed sexual matters with their peers (Figure 29), with 71.1% of young people (n = 4,426) indicating they talked about sexual matters with female friends, 47.3% (n = 2,945) with male friends, and 15.2% (n = 945) with trans and non-binary friends.

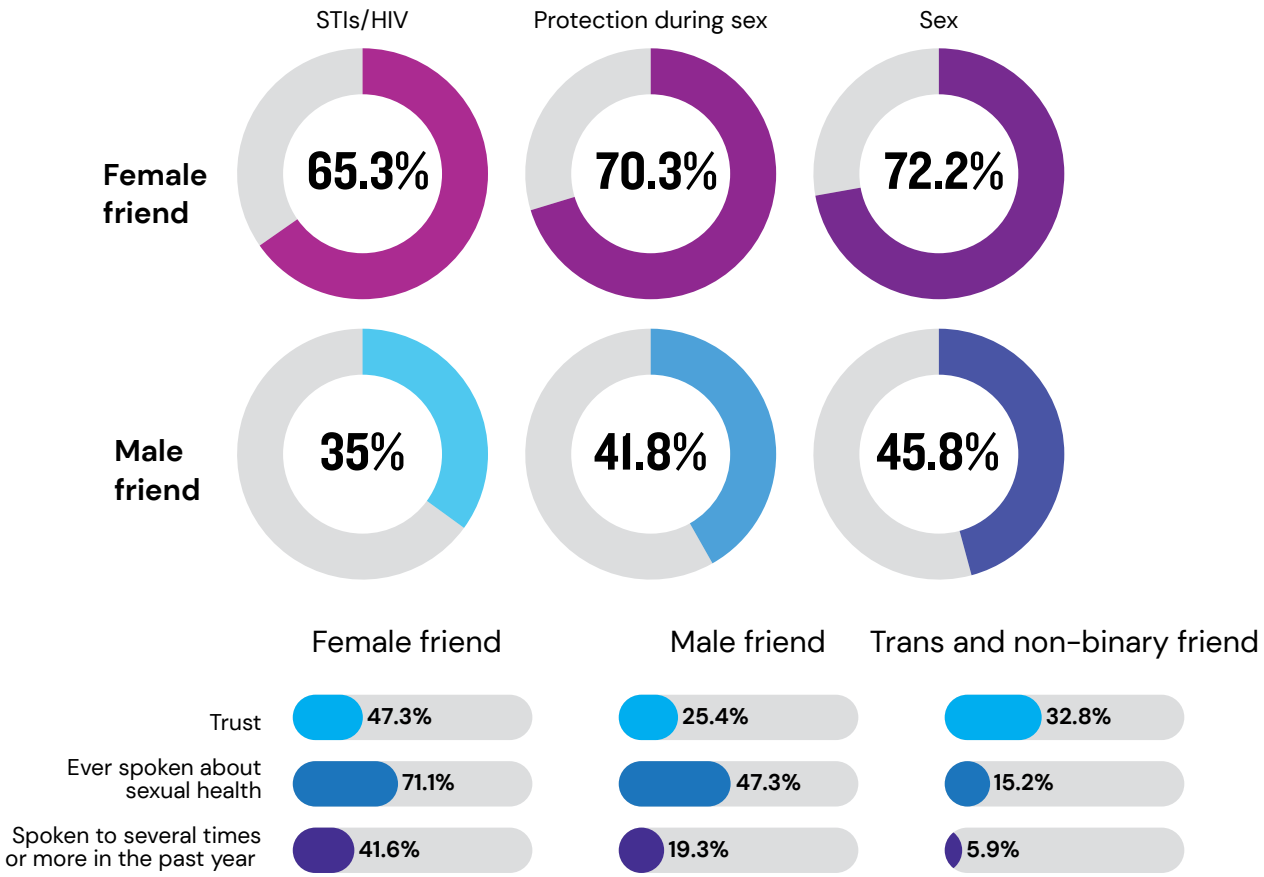


Figure 29. Percentage of young people who felt confident talking to, trusted and spoke to friends about sexual matters

Many young people (n = 2,423, 41.6%) discussed sexual matters with female friends several times in the past year, more than with male (n = 1,135, 19.3%) or trans and non-binary (n = 361, 5.9%) friends. Young women often discussed sexual matters in the past year with female friends (n = 1,935, 50.8%), young men with male friends (n = 391, 24.7%), or trans and non-binary young people with trans and non-binary friends (n = 127, 30.0%).

The topics most discussed with female friends were about having sex (n = 2,296, 72.6%), contraception (n = 2,247, 71.1%), and sexual orientation or gender identity (n = 1,771, 56.0%). Discussions with male friends were commonly about having sex (n = 1,122, 70.6%), condom use (n = 854, 53.7%), and sexual orientation or gender identity (47.6%, n = 757). The majority of young people who spoke to their trans and non-binary friends about matters relating to sex discussed their sexual orientation or gender identity (n = 529, 91.4%).

Talking to parents

Although 49.7% (n = 3,095) of young people discussed sexual matters with their mothers, confidence talking to mothers about contraception (n = 2,050, 32.3%), STIs or HIV (n = 1,619, 25.0%), or having sex (n = 1,485, 23.6%) was low. One in 10 young people (n = 652, 11.1%) talked to their mothers about sexual matters several times in the past year (Figure 30).

Fathers were rarely sought out to talk about sexual matters; only 17.8% (n = 1,106) of young people spoke to their fathers about sexual matters and few (n = 123, 2.0%) did so frequently (several times in the past year). Confidence talking to fathers about sexual matters was low, with few young people feeling moderately or extremely confident talking to their fathers about contraception (n = 720, 11.4%), STIs or HIV (n = 512, 7.9%), or having sex (n = 552, 8.8%).

Those who did discuss sexual matters with their parents commonly discussed contraception with their mother (n = 1,326, 83.2%) or father (n = 194, 57.6%). Discussions with fathers were often about condom use (n = 187, 55.5%), more so than with mothers (n = 715, 44.9%).

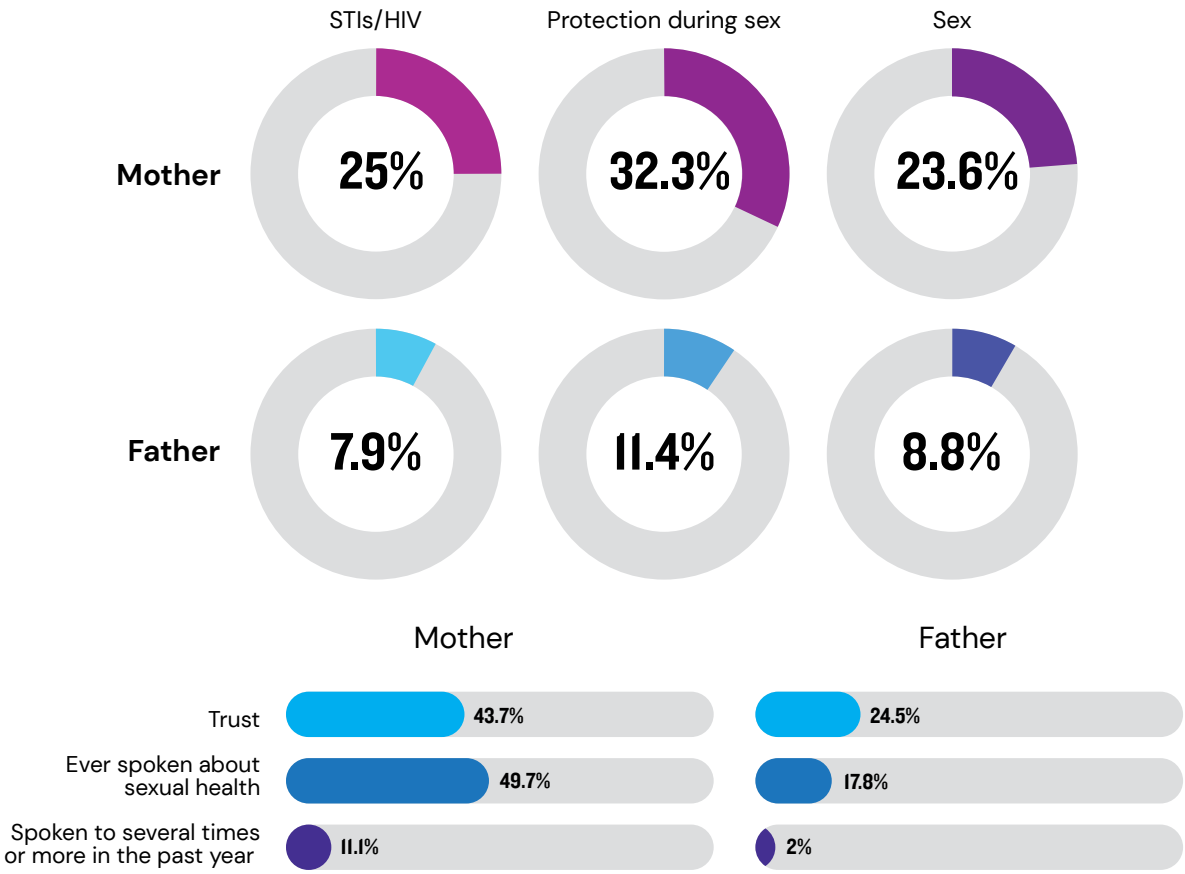


Figure 30. Percentage of young people who felt confident talking to, trusted and spoke to their parents about sexual matters

10. LEARNING ABOUT SEX AND SEXUAL HEALTH: SOURCES OF KNOWLEDGE AND INFORMATION

Learning about sex and sexual health can take many forms. It is not simply a process of learning facts about STIs or safe sex methods, but also about developing an understanding of how to navigate a safe and healthy sex life. A key part of learning about sex and sexual health is developing an understanding of personal factors that make it difficult to negotiate condom use or learning how to navigate health services to access screening. It may also be about identifying which people to speak to about sex and relationships, or finding useful sources of information. In this chapter, we look at young people's experiences and thoughts about finding helpful information about sex, relationships and sexual health.

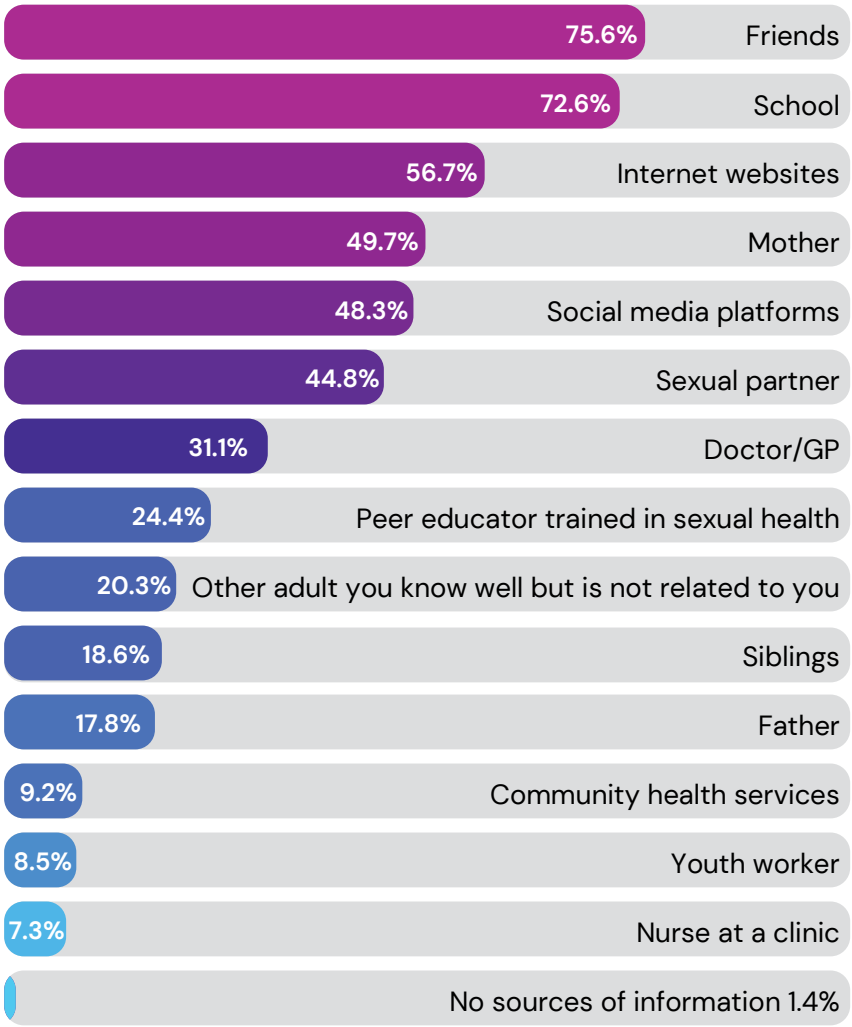


Figure 31. Percentage of young people who have sought help or advice about sexual health matters from a list of sources

Sources of knowledge about sex and sexual health

Participants were asked where they were most likely to learn about sex or sexual health, including where they might source written information and who they would seek out for sexual health information and advice.

The most common response was that young people would ask friends about sex or sexual health (n = 4,760, 76.5%), followed by seeking information from school (n = 4,519, 72.6%), from websites (n = 3,528, 56.7%), and their mothers (n = 3,095, 49.7%). Only 1.4% (n = 89) of young people reported that they never sought information about sexual matters (Figure 31).

School

Almost three-quarters of young people (n = 4,519, 72.6%) reported that school was a source of some learning about sex and sexual health, and that teachers, school nurses, counsellors, lessons or school-based health promotion were trusted

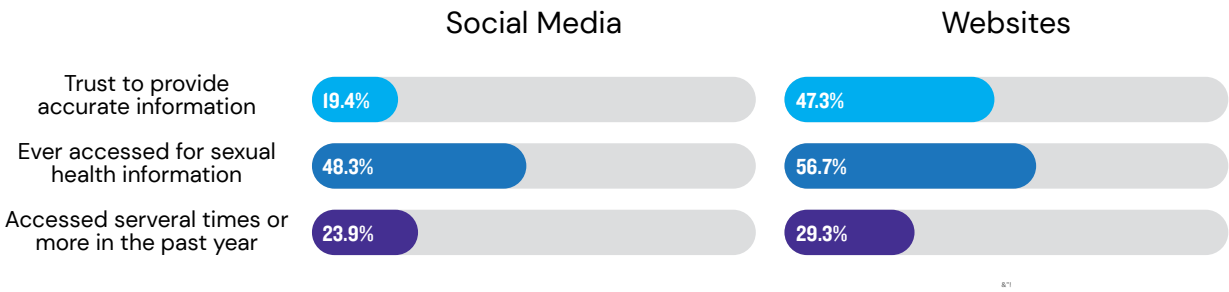


Figure 32. Percentage of young people who engaged with, and trusted, social media and websites to support sexual health

Figure 33. Word cloud of the websites and social media platforms young people have engaged with to learn about sexual health matters (n = 2,092)

sources of information about these matters. Over half (n = 3,206, 59.3%) reported a high degree of trust that schools would provide them with accurate information about sex or sexual health.

Young people reported that within schools, they received information or learning about sex or sexual health from a range of sources, including school-based health promotion and lessons other than RSE.

The internet

After schools, young people most often turned to the internet to seek information about sex and sexual health (n = 4,201, 67.5%). Seeking information from websites (n = 3,528, 56.7%) was more common than social media (n = 3,009, 48.3%), with 29.3% (n = 1,738) accessing websites for these purposes several times in the past year.

Despite young people often seeking information about sex and sexual health online, their trust in internet-based information was low, especially for social media, with 19.4% (n = 1,055) reporting that they moderately or extremely trusted social media and 47.3% (n = 2,580) reporting moderate or extreme trust of websites.

The main topics young people discussed, or sought information about, on social media were sexual orientation and gender identity (64.7%, n = 1,006) and having sex (n = 883, 56.7%), while the main topics of information sought from websites were contraception (n = 1,371, 63.2%) and having sex (n = 1,249, 57.6%).

The websites and social media platforms young people most commonly engaged with to learn about sexual matters (see Figure 10.3) were Instagram (n = 500, 23.9%), TikTok (n = 496,

Figure 34. Word cloud of other sources of information young people used to seek information about sexuality and sexual health (n = 91)

23.7%), YouTube (n = 487, 23.2%) and Google (n = 207, 18.0%). There were 407 young people (19.4%) who looked at government websites and 171 (8.2%) who looked at health websites. Young people also reported using pornography as a source of information about sex (n = 191, 9.1%).

Other sources of information

Young people had the option of writing down other sources of information that they had engaged with to learn about sexuality and sexual health. Figure 34 presents responses from the 91 young people who answered this question. Television (n = 22, 24.2%) and books (n = 21, 23.1%) were the most common other sources of information young people listed, followed by pornography (n = 11, 12.1%), school (n = 10, 11.0%), and family members (n = 7, 7.7%).

11. EXPERIENCES OF RELATIONSHIPS AND SEXUALITY EDUCATION IN SCHOOLS

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

Who received RSE?

In 2021, 93.0% (n = 4,928) of young people reported receiving RSE at school. On average, young people received RSE over 3 years at school, mostly in Year 8 (n = 2,985, 56.3%) and Year 9 (n = 3,172, 59.8%).

Young people across all school types reported receiving RSE (Table 24):

- 94.5% (n = 2,781) from government schools
- 93.0% (n = 1,053) from independent schools
- 89.3% (n = 947) from Catholic schools
- 79.6% (n = 39) homeschooled

Table 24. Demographic characteristics for young people who received RSE and those who did not

Demographic characteristic	Did not receive RSE n = 372 n (%)	Received RSE n = 4,928 n (%)
Type of school		
Catholic	114 (10.7%)	947 (89.3%)
Government	162 (5.5%)	2,781 (94.5%)
Independent	79 (7.0%)	1,053 (93.0%)
Homeschool	10 (20.4%)	39 (79.6%)
Gender		
Female	242 (7.1%)	3,178 (92.9%)
Male	82 (5.5%)	1,405 (94.5%)
Trans and non-binary	48 (12.2%)	345 (87.8%)
Sexuality		
Heterosexual	160 (5.3%)	2,837 (94.7%)
LGBQ	209 (9.2%)	2,062 (90.8%)
Area of living		
Major city	180 (7.0%)	2,380 (93.0%)
Regional/remote	108 (7.2%)	1,395 (92.8%)

Relationship and sexuality education at schools during COVID-19 lockdowns

Most young people (n = 1,971, 50.7%) reported that they did not attend RSE classes at school during 2020 and 2021, and 5.4% (n = 209) of young people reported that RSE was scheduled but was cancelled due to school closures during the COVID-19 lockdowns.

There were 42.9% (n = 1,669) of young people who did attend RSE classes, either at school (n = 1,447, 37.2%) or online due to school closures (n = 222, 5.7%), and 6.5% (n = 251) were unsure whether they had received classes or not.

Young people in Year 9 (n = 394, 65.2%) and Year 10 (n = 473, 60.9%) were more likely to report receiving RSE in 2020 and 2021 than young people in Year 11 (n = 419, 41.9%) or Year 12 (n = 291, 27.7%, $p < .001$).

Perceptions of RSE quality and relevance

Students were asked if they thought RSE was an important part of the school curriculum, with 95.6% (n = 4,774) reporting that it was.

Reflecting on their most recent RSE classes, young people were asked to indicate how relevant they felt these were to their needs. Less than a quarter of participants (n = 1,204, 24.8%) reported that their RSE classes were very or extremely relevant. Young people were more likely to indicate that their latest RSE classes were relevant if they attended government schools (n = 731, 26.2%) or independent schools (n = 255, 24.1%) than if they attended Catholic schools (n = 205, 21.3%) or were homeschooled (n = 8, 19.0%, $p = .015$).

Trans and non-binary young people (n = 70, 19.8%) were less likely than young men (n = 404, 28.7%) or young women (n = 750, 23.4%) to report that RSE was relevant to them ($p < .001$). LGBQ+ young people (n = 437, 20.9%) were less likely than heterosexual young people (n = 782, 27.5%) to report that it was relevant to them ($p < .001$). See Table 25 for details.

Table 25. Demographic characteristics for young people who reported that RSE was relevant and not relevant

Demographic characteristic	Not relevant* n = 3,740 n (%)	Relevant** n = 1,224 n (%)
Type of school		
Catholic	759 (78.7%)	205 (21.3%)
Government	2,058 (73.8%)	731 (26.2%)
Independent	802 (75.9%)	255 (24.1%)
Homeschool	34 (81.0%)	8 (19.0%)
Gender		
Female	2,452 (76.6%)	750 (23.4%)
Male	1,003 (71.3%)	404 (28.7%)
Trans and non-binary	285 (80.3%)	70 (19.7%)
Sexuality		
Heterosexual	2,065 (72.5%)	782 (27.5%)
LGBQ	1,651 (79.1%)	437 (20.9%)
Area of living		
Major city	1,830 (76.2%)	572 (23.8%)
Regional/Remote	1,041 (74.7%)	353 (25.3%)

* 'Not relevant' consists of the responses 'not at all and 'somewhat relevant'.
** 'Relevant' consists of the responses 'very relevant' and 'extremely relevant'.

Table 26. Percentage of young people reporting specified topics were well covered in their most recent RSE class, by gender

Topic	Female n = 3,211 n (%)	Male n = 1,411 n (%)	Trans and non-binary n = 344 n (%)	Total n = 4,966 n (%)
Puberty	2,218 (71.2%)	1,004 (73.1%)	205 (60.7%)	3,427 (71.0%)
Correct names for sexual body parts	2,098 (67.4%)	952 (69.5%)	205 (60.5%)	3,255 (67.5%)
Knowledge about the female reproductive system	1,996 (64.1%)	906 (66.2%)	190 (56.2%)	3,092 (64.1%)
Respect in relationships	1,803 (57.6%)	972 (70.5%)	172 (50.6%)	2,947 (60.8%)
How to make sure someone wants to have sex	1,806 (57.7%)	943 (68.3%)	171 (50.4%)	2,920 (60.2%)
Knowledge about the male reproductive system	1,765 (56.7%)	886 (64.8%)	167 (49.7%)	2,818 (58.5%)
Making informed decisions about having sex	1,672 (53.5%)	886 (64.3%)	151 (44.7%)	2,709 (56.0%)
How a man and woman can have safer sex together	1,490 (47.2%)	780 (56.2%)	166 (48.8%)	2,436 (49.9%)
Laws about sexual conduct	1,396 (44.6%)	811 (58.9%)	137 (40.3%)	2,344 (48.4%)
Sexting	1,401 (45.5%)	686 (50.5%)	103 (30.7%)	2,190 (45.9%)
Cyber safety related to sex	1,295 (42.0%)	626 (46.2%)	90 (26.9%)	2,011 (42.2%)
Choosing not to have sex/abstinence	1,290 (41.7%)	586 (43.0%)	130 (38.8%)	2,006 (41.9%)
How to reduce your sexually transmissible infection risk	1,292 (40.4%)	663 (47.4%)	115 (33.4%)	2,070 (41.9%)
How to use condoms	1,303 (40.6%)	584 (41.4%)	127 (36.9%)	2,014 (40.6%)
Love and intimacy	1,194 (38.2%)	656 (47.7%)	105 (31.0%)	1,955 (40.4%)
Seeking advice and information about sexual health	1,168 (37.9%)	622 (45.8%)	93 (27.8%)	1,883 (39.5%)
Short-acting contraceptives	1,052 (32.9%)	431 (30.9%)	96 (27.9%)	1,579 (32.0%)
Long-acting contraceptives	1,049 (32.8%)	416 (29.8%)	102 (29.7%)	1,567 (31.8%)
Testing for sexually transmissible infections	632 (19.8%)	362 (25.9%)	52 (15.1%)	1,046 (21.2%)
Pornography	530 (17.3%)	425 (31.4%)	34 (10.2%)	989 (20.8%)
Sexual pleasure and enjoyment	494 (16.0%)	414 (30.6%)	33 (9.9%)	941 (19.7%)
Different gender identities and expressions	584 (18.6%)	306 (22.2%)	34 (10.0%)	924 (19.0%)
Sexual orientation	495 (15.7%)	311 (22.6%)	30 (8.8%)	836 (17.2%)
Practical information about how to have sex	425 (13.8%)	273 (20.2%)	36 (10.8%)	734 (15.4%)
Oral sex	379 (12.4%)	246 (18.2%)	22 (6.6%)	647 (13.6%)

Topic	Female n = 3,211 n (%)	Male n = 1,411 n (%)	Trans and non-binary n = 344 n (%)	Total n = 4,966 n (%)
Masturbation	297 (9.7%)	301 (22.3%)	21 (6.3%)	619 (13.0%)
How two men can have safer sex together	270 (8.6%)	186 (13.5%)	16 (4.7%)	472 (9.7%)
How two women can have safer sex together	252 (8.0%)	152 (11.0%)	16 (4.7%)	420 (8.6%)
Digital sex	206 (6.7%)	144 (10.7%)	14 (4.2%)	364 (7.7%)
Anal sex	154 (5.0%)	128 (9.5%)	8 (2.4%)	290 (6.1%)
Having sex as someone who has a disability	101 (3.3%)	63 (4.7%)	3 (0.9%)	167 (3.5%)

Range of topics covered in RSE

Young people were asked how well they thought a list of topics were covered in RSE. Young people reported that puberty, naming body parts, knowledge of the reproductive system, respectful relationships and consent were well covered (see Table 26 and Figure 33). Most students reported that safe sex in same sex relationships, anal sex, and issues of sex for people with disabilities were not covered at all.

Young people's views on RSE

Young people were asked if there was anything else that they'd like to say about RSE. In total, 1,334 young people responded to this question with open text responses. Overall, young people described RSE as largely inadequate to their needs. The RSE they received did not, on the whole, help support their development of sexual relationships or sexual health. For young people, this was frustrating and disappointing, as they had expected to learn more and could so easily see (and articulate) the gaps in the curriculum.

An absence of sex in RSE

Young people's responses mostly described the lack of nuanced or meaningful engagement with sex or sexuality in RSE classes. Students felt that only basic or cursory information was provided about puberty, periods, anatomy and reproductive processes, and there was not enough detail on the topics they expected, and wanted, RSE to cover, including what is actually involved in the practice of having sex. Indeed, many young people mentioned that sex itself was often absent from RSE, as the following quotations illustrate:

> *They mainly outlined the parts of the body and how the sexual organs work for pregnancy. They discussed hormones and feelings. They never mentioned sex and weren't permitted to tell us how any type of sex works. (Male, Year 10, government school)*

> *They didn't cover anything to do with how to have sex, having sex for the first time, sexuality, gender expression or pleasure, which I feel left us severely uneducated and unprepared for the real world. (Female, Year 11, independent school)*

> *I was taught from year 5 up until I did health last year in year 11. The only issue I had was we weren't really taught all the important stuff about sex; it was mostly about protection and all that jazz. Not actually about the sex part. Which logically is unwise, because to get an STI you need to actually know how to have sex, and if you don't have sex 'correctly', you are more likely to get an infection. (Male, Year 11, government school)*

Along with topics related to sex and sexual practices being avoided, many young people commented on how RSE often did not cover experiences or issues that were not related to reproduction, including masturbation or sexual pleasure. As one student wrote:

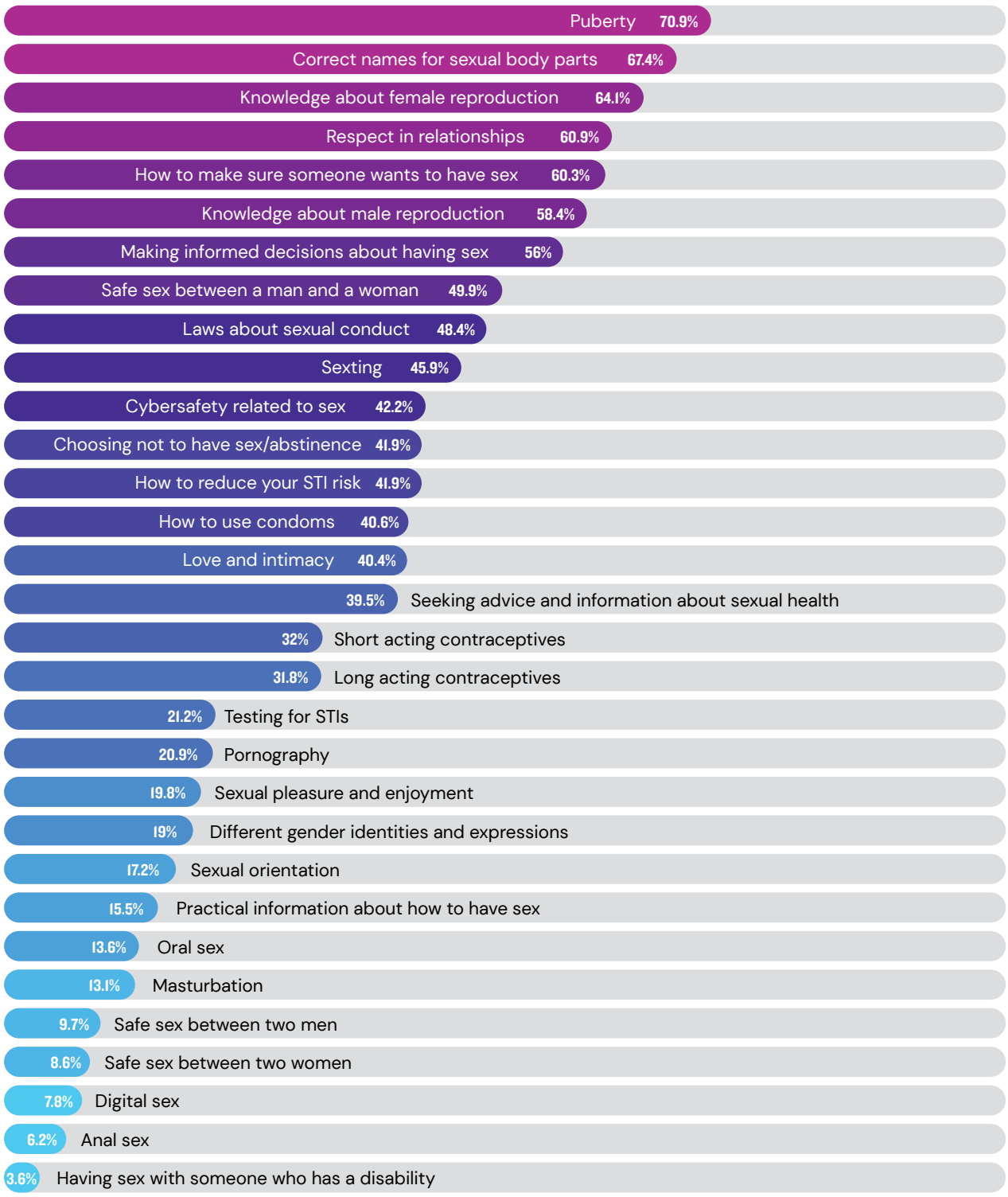


Figure 35. Percentage of young people reporting that specified topics were well covered in their most recent RSE class

> *My school pretty much just spoke about not having sex, or if you do, use contraception. There wasn't a lot on relationships and love and how to have oral/penetration sex etc. More should be taught about how to do it. Also I feel it is important for people to know more about their own gender (women specifically) like knowing how to pleasure themselves. Masturbation is not mentioned at all and has a lot of surrounding ideas that its bad/something to be ashamed of. (Female, Year 11, independent school).*

Similarly, another student commented that their school did not teach them how to talk to their sexual partner about sex and how to know if a sexual partner is enjoying themselves:

[School RSE] told me how to put a condom on, but not that it isn't reversible (i.e. making sure it isn't inside out), never said that sex can be uncomfortable for men or taught us anything about how to actually communicate with our partners, just that we should do it [communicate], and never taught me a single thing about the female organs. (How is she supposed to enjoy it when I know nothing of her area? Vice versa too, she had no clue about penises etc.) (Male, Year 11, government school)

Many young people, especially those attending religious schools, spoke about RSE being predominantly framed around abstinence or the belief that young people should not be having sex, as the following student wrote.

The teachers focused on abstinence for full classes, and why sex is dangerous; this made me feel uncomfortable and scared. New TV shows were very helpful in explaining what the teachers didn't cover, but I still feel like I'm lacking education on to the different types of sex and other parts to do with sex. (Female, Year 12, Catholic school)

Quality and respectful teaching matters

The capacity of teachers delivering RSE was central to young people's experiences. Some young people spoke about teachers in positive terms, noting that those who helped the class feel comfortable, created space for RSE, and were open to answering difficult questions made their experience of RSE a good one. However, many young people described teachers who were awkward, uncomfortable, ill-prepared or unwilling to discuss topics related to sex. Others described teachers who were judgemental or moralistic when discussing issues to do with sex or sexuality; as one student wrote:

Teachers make it more weird than the students do. Kids really are curious and need someone to answer their questions. If they ask what seems like a silly question and people laugh, more often than not teachers avoid it because they think it's inappropriate or immature, but the students really do need to know those things. (Female, Year 12, government school)

Another student wrote:

Students were left with a lot of questions that were left unanswered as the teachers were uncomfortable answering them because they're 'taboo'. If we had experienced experts teach us about this at school rather than teachers, I believe these lessons would be a lot more valuable and effective. I understand the tricky situation normal school teachers may be put in otherwise. (Female, Year 12, government school)

Some students described how teachers were often inappropriately suited to teaching RSE or found it difficult to align RSE with the religious values of their school, meaning lessons were vague or awkward, as described by one student:

I feel like the topic [RSE] was undermined and dismissed at my co-ed Catholic school. It was mainly taught by PDHPE teachers at first, but they did not go into depth with it at all, they would touch on the subject extremely lightly. A change in the curriculum meant that the religious education teachers had to teach it, but they were extremely awkward and uncomfortable and refused to answer questions on homosexuality, and shut down class discussions and based everything around a Catholic point of view … As a result, I've felt overall uncomfortable, embarrassed and undervalued to approach the topic, and rely on common knowledge or the internet to gain information of relationships, love and sexuality. Sometimes our school does incursions where people come to talk to us about these things, but they are rare and are done at inconvenient times. You can tell the teachers are uncomfortable during these talks/sessions. (Female, Year 11, Catholic school)

Limited inclusion of diversity

As has been documented in previous research (Riggs & Bartholomaeus, 2018; Waling et al., 2020), young people were very aware that RSE in schools often did not include diverse bodies, genders or sexual identities and was predominantly oriented toward heterosexual identities and sexual practices, while excluding diversity in body forms or ability. Young people described this in the context of the general limited scope of RSE. The focus of RSE, for the most part, is on puberty and reproduction, which excludes diversity in bodies and identities as well as sexual practices.

> *We hardly went over sexuality and gender identity, only covering heterosexuality, homosexuality, bisexuality and transgender (which the description [for] was wrong). Questioning myself didn't come easy because I had no knowledge. Realising now, we hardly talked about sex itself but rather contraceptives and, while I understand the importance of safety, there is still much I don't know about sex, especially in terms of reliable sources for help, e.g. abortion clinics. (Trans and non-binary, Year 12, government school)*

A focus on sexual violence and consent is important

Views among young people on how consent was addressed in RSE were diverse. Some young people commented that respectful relationships and consent was the one part of RSE they felt was addressed comprehensively, even if it was done in a way that was not connected to discussions about sexual practices or negotiation of safe sex with a partner; as one student wrote:

> *We focused primarily on consent and safe sex (which are both very important and should be covered as in-depth as possible), but apart from a few lessons in year 8 (which were largely immature anonymous questions), student questions have been largely unanswered and unrequested. We also didn't cover the action of sex in-depth (what to do, what oral, anal, digital and vaginal sex is, and how to do it safely etc.) as well as topics surrounding the opposite gender (questions like 'do girls masturbate', 'are boys always horny' etc.). (Male, Year 10, independent school)*

Similarly, another young person wrote:

I've talked with my friends about this before, that it was really frustrating that we didn't learn anything about the practicalities of sex. We learnt about the female reproductive system again and again, learnt about childbirth, but never about contraception other than condoms. I learnt most about sex and contraception through my own curiosity, and stumbling across resources on the internet. We learnt about relationships and consent in our pastoral class, but it just felt inadequate and too late (in yrs [Years] 11&12) when so many people had already become sexually active at that point. I really think conversations about consent and specifically how to say 'no' should be covered so much earlier … (Female, recent school leaver)

While some students felt that consent was addressed, it was more common for students to include consent as one of the topics they felt was inadequately addressed. Some students also felt that issues of sexual assault, or where to seek help following sexual assault, should have been included in the curriculum given that this is relevant to many young people, as one student wrote:

The topic of consent was very briefly mentioned and overall avoided. The sexual assault count at my school is high, and overall the school failed teaching consent and laws around consent. (Female, Year 12, government school)

Perceptions of RSE teachers

As described above, the attitude, skills and comfort level of teachers affects young people's experience of RSE. We asked young people to describe the qualities of a good RSE teacher. Based upon young people agreeing or strongly agreeing to a range of attributes, 91.5% (n = 4,538) of young people described the best teachers for RSE as approachable and respectful, 89.9% (n = 4,462) as knowledgeable, 86.3% (n = 4,277) as having a sense of humour, 82.6% (n = 4,082) as calm and unflappable, 81.1% (n = 4,118) as willing to ask students what they want to learn, and 81.1% (n = 4,109) as relating well to students. There were 3,314 young people (65.3%) who thought women were appropriate and effective as RSE teachers, and 1,803 (35.6%) who thought men were appropriate and effective as RSE teachers.

Figure 36. Word cloud of other things young people wanted to say about RSE (n = 1,353)

More Year 10, 11 and 12 students reported receiving RSE in the 2021 survey than in the 2018 or 2013 surveys ($p < .001$). Fewer students were finding RSE relevant ($p < .001$).

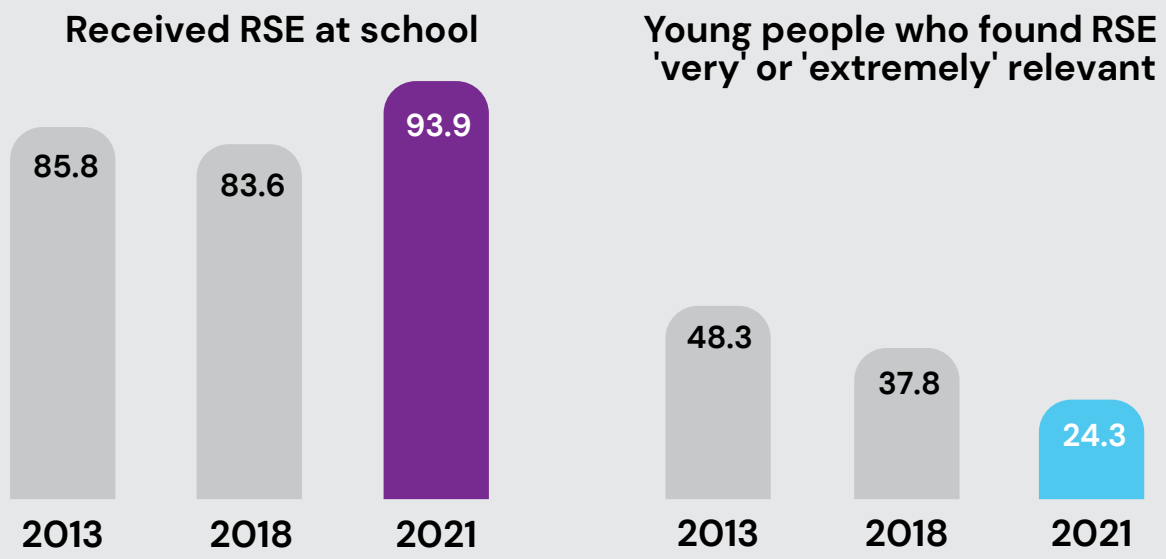


Figure 37. Percentage of Year 10, 11 and 12 students who received RSE and found RSE 'very' or 'extremely' relevant in 2013, 2018 and 2021

12. ABORIGINAL OR TORRES STRAIT ISLANDER YOUNG PEOPLE

There were 370 (5.6%) participants who identified as Aboriginal or Torres Strait Islander. The ages of these young people ranged from 14 to 18, with a mean age of 16.1 years (SD = 1.20).

Of Aboriginal and Torres Strait Islander young people, 248 (67.0%) identified as female, 91 (24.6%) identified as male and 31 (8.4%) as trans and non-binary. Over half (n = 208, 56.5%) identified as heterosexual, 95 (25.8%) as bisexual and 20 (5.4%) as gay or lesbian. There were 20 (5.4%) who responded to the question on gender with 'not sure', while 20 (5.4%) used a different term (other than heterosexual) to describe their sexuality.

The highest proportion of Aboriginal or Torres Strait Islander young people lived in New South Wales (n = 135, 36.5%), followed by Queensland (n = 106, 28.6%), Victoria (n = 35,9.5%), Tasmania (n = 28, 7.6%), South Australia (n = 19, 5.1%), the Northern Territory (n = 15, 4.1%), and the Australian Capital Territory (n = 10, 2.7%). A large proportion of Aboriginal or Torres Strait Islander young people lived in major cities (n = 132, 45.8%), while a smaller proportion lived in inner regional (n = 89, 30.9%) or outer regional (n = 54, 18.8%) areas, and (n = 13, 4.5%) in remote or very remote Australia.

Most young Aboriginal or Torres Strait Islander people were not religious (n = 259, 73.6%) and attended government schools (n = 202, 66.0%). There were 44 (12.5%) who identified as Catholic, and 56 (18.3%) attended Catholic schools. Few Aboriginal or Torres Strait Islander young people were homeschooled (n = 8, 2.6%) or attended an independent school (n = 40, 13.1%).

There has long been an under-representation of Aboriginal and Torres Strait Islander people in sexual health research and a lack of attention to cultural and political issues and inequalities that shape sexual health outcomes for young Aboriginal and Torres Strait Islander people across Australia. We are committed to working with these data in a culturally safe and ethical manner, with leadership from Aboriginal and Torres Strait Islander community representatives and researchers. In line with current ethical standards, we do not present comparative data in this report relating to Aboriginal and Torres Strait islander communities and will seek opportunities to make these data, along with those of previous SSASH surveys, available to researchers who are best placed to lead this analysis and support responses to the findings. Below is a snapshot of our findings in relation to Aboriginal and Torres Strait Islander young people.

Sexual experiences and condom use

Over half of Aboriginal or Torres Strait Islander young people in this survey were sexually active (n = 254, 68.6%). The majority of these young people (n=158, 71.2%) reported using condoms at their first vaginal or anal sexual experience. During their most recent sexual experience, 102 (44.9%) used a condom, 65 (33.0%) used the pill and 24 (12.2%) used a contraceptive implant.

Most Aboriginal or Torres Strait Islander young people reported feeling positive ('very' or 'extremely' 'excited', 'satisfied', 'fantastic' or 'happy') about their last sexual experience (n = 161, 64.1%), and only 34 (13.6%) had negative feelings (felt 'very' or 'extremely' 'sorry', 'guilty', 'regretful' or 'stressed') about the experience.

Of the 116 (31.4%) Aboriginal or Torres Strait Islander young people who were not sexually active, 29.8% (n = 34) thought it was likely that they would have sex in the next year and 41.2% (n = 47) thought this was unlikely. Most felt no pressure to have sex from their partner (n = 147, 72.8%) or friends (n = 262, 60.2%), and most felt no pressure to not have sex from friends (n = 346, 78.8%); however, 22.7% (n = 97) reported experiencing lots of pressure from their parents to not have sex. The main reasons young people reported for not having sex included being

proud to say 'no' and mean it (n = 86, 81.1%), not being in a relationship for long enough (n = 82, 78.1%), and not having the opportunity (n = 74, 68.5%).

Digital sexual practices

Sexting was common among Aboriginal and Torres Strait Islander young people, with 194 (80.2%) reporting that they have ever received or sent sexually explicit messages or photos. Mostly people sent images or messages to someone they were in a relationship with (n = 123, 72.4%) or someone they were seeing (n = 70, 41.4%). Most commonly, the reasons for sexting were 'as a sexy present' (n = 76, 45.2%), 'to feel sexy or confident' (n = 103, 61.3%) or 'to be flirty/fun' (n = 83, 49.4%), and 114 (70.8%) reported that there was no identifying information with the photos sent. There were 64 (30.9%) young people who had had a photo of themselves shared without their permission.

Watching pornography was common (n = 312, 86.4%), with young people reporting they viewed pornography because of curiosity (n = 157, 50.8%) and because it was pleasurable (n = 142, 46.0%).

Knowledge, communication and education

When asked who they spoke to about sexual matters, 41.9% (n = 140) of Aboriginal or Torres Strait Islander young people said they discussed sexual matters with their mothers. Confidence talking to mothers about sexual matters was low; few felt confident talking to mothers about contraception (n = 96, 28.0%), STI or HIV prevention (n = 83, 24.1%) or having sex (n = 86, 25.4%).

Young people were less likely to discuss sexual matters with their fathers, with 14.1% (n = 47) indicating they had done this, while a smaller proportion indicated that they felt confident talking to fathers about contraception (n = 38, 11.1%), STI or HIV prevention (n = 33, 9.5%), or having sex (n = 30, 8.9%).

Many Aboriginal or Torres Strait Islander young people trusted their GP to provide accurate information about sexual health (n = 197, 64.6%) and some felt moderately or extremely confident talking to their GP about contraception (n = 165, 47.8%), STI and HIV prevention (n = 140, 40.5%) and having sex (n = 134, 39.5%). One in three had discussed sexual matters with their GP (n = 116, 34.7%) and 14 (4.5%) had talked to a GP about sexual matters in the past year.

School-based RSE

Most Aboriginal or Torres Strait Islander young people (n = 271, 95.4%) received RSE, with 151 (51.4%) attending RSE classes across three or more year levels.

13. CULTURALLY AND LINGUISTICALLY DIVERSE YOUNG PEOPLE

We have used the term culturally and linguistically diverse (CaLD) to refer to young people (or their parents) from countries other than Australia, Canada, Ireland, New Zealand, the United States or the United Kingdom, and/or who speak a language other than English at home. We recognise the limitations of this terminology. Creating a group that includes people from a wide range of cultures and backgrounds can have the effect of obscuring diversity of experience and identities within that group. It can also be nonsensical to refer to an individual as 'culturally diverse'. The purpose of this definition is to describe the experiences of young people who may face language barriers or other challenges, including racism or stigma, that affect sex, relationships or sexual health. A survey such as this is a relatively blunt instrument for unpacking the nuance of these experiences. However, we aim to ensure we are attentive to cultural and ethnic diversity as one part of understanding salient issues for young people.

There were 991 (15.5%) participants who identified as CaLD according to the above criteria. The mean age was 16.1 (SD = 1.18) years.

Of these CaLD young people, 636 (64.2%) identified as female, 291 (29.4%) identified as male and 64 (6.5%) as trans and non-binary. Most of these young people identified as heterosexual (n = 556, 56.3%) or bisexual (n = 232, 23.5%), followed by 65 (6.6%) identifying as gay or lesbian, 67 (6.8%) using a different term to describe their sexuality and 67 (6.8%) unsure of their sexuality.

Sexual experiences and condom use

The majority of CaLD young people had been in a relationship previously (n = 652, 66.3%) and were currently in a relationship (n = 381, 58.5%).

Over half were sexually active (n = 548, 55.3%) and on average had first experienced vaginal, anal or oral sex at 15.0 (SD = 1.25) years of age.

Most sexually active CaLD young people reported using condoms at their first vaginal (n = 356, 77.9%) or anal sexual experience (n = 91, 58.0). During their most recent vaginal sexual experience, 250 (53.0%) used a condom, a third (n = 129, 30.9%) used the pill and 38 (9.1%) used a contraceptive implant.

When asked how they felt about their most recent sexual encounter, most (n = 372, 68.5%) reported feeling positive ('very' or 'extremely' 'excited', 'fantastic', 'satisfied' or 'happy'), although 82 (15.0%) reported negative feelings ('very' or 'extremely' 'sorry', 'guilty', 'regretful' or 'stressed') about the experience.

Of the 443 non-sexually active young people, 234 (53.4%) said they were unlikely to have sex in the next year and 101 (23.1%) thought they would. Most CaLD young people felt no pressure to have sex from their partner (n = 147, 33.5%) or friends (n = 262, 60.2%), and no pressure to not have from sex from friends (n = 346, 78.8%). Just over half (n = 221, 51.7%) reported some or lots of pressure from parents to not have sex. The most common reasons for not having had sex were: not having had the opportunity (n = 324, 73.6%), being proud to say no and mean it (n = 308, 70.5%), a desire to be in love first (n = 287, 65.2%), and not being in a relationship long enough (n = 284, 64.4%).

Digital sexual practices

Sexting was common among CaLD young people, with 614 (85.2%) reporting that they had received or sent sexually explicit messages or photos. Young people mostly sent messages to someone they were in a relationship with (n = 306, 76.7%) or someone they were seeing (n = 128, 33.5%). Most commonly, the reasons for sending sexual images were 'to feel sexy or confident' (n = 225, 59.1%), 'to be flirty/fun' (n = 207, 54.3%) or 'as a sexy present' (n = 202, 53.0%). A third (n = 116, 32.0%) reported that their face was

visible in the photo. There were 95 (15.4%) young people who reported they had a photo of themselves shared without their permission.

Most CaLD young people had viewed pornography (n = 834, 86.5%), with 91.7% (n = 759) viewing pornography on their own because they were curious (n = 507, 61.2%), it gave them pleasure (n = 490, 59.1%) or they were bored (n = 334, 40.3%).

Knowledge, communication and education

There were 363 (39.5%) CaLD young people who discussed sexual matters with their mothers, although fewer felt confident talking to mothers about contraception (n = 236, 25.3%), STI or HIV prevention (n = 186, 19.7%), or having sex (n = 168, 18.2%).

Few CaLD young people (n = 148, 16.1%) had ever discussed sexual matters with their fathers, and fewer still felt confident talking to fathers about contraception (n = 103, 11.1%), STI or HIV prevention (n = 85, 9.0%), or having sex (n = 74, 8.0%).

CaLD young people generally had moderate or extreme trust in their GPs to provide accurate information about sexual health (n = 676, 79.2%), and some felt moderately or extremely confident talking with their GP about contraception (n = 506, 54.2%), STI and HIV prevention (n = 395, 41.8%), and having sex (n = 372, 40.1%). A third had ever discussed sexual matters with their GPs (n = 249, 27.1%), although only 18 (2.1%) had talked to a GP about sexual matters in the past year.

The majority of CaLD young people (n = 744, 94.4%) had received RSE, with 464 (57.2%) attending classes across three or more year levels. A quarter (n = 209, 27.7%) found their most recent classes very or extremely relevant.

14. NATIONAL STI STRATEGY INDICATORS

The goals of Australia's Fourth National STI Strategy 2018-2022 (Australian Department of Health, 2018) are to:

- Reduce transmission of, and morbidity and mortality associated with, STIs in Australia
- Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health
- Minimise the personal and social impact of STIs

Young people are a priority population for the national STI strategy due to high rates of STIs and barriers to STI testing, including stigma or limited awareness of STIs. The National Bloodborne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Plan 2018–2022 (Australian Government Department of Health, 2020) identified a range of indicators for the above targets that are relevant to young people. Below we report findings from this survey that address these indicators (see Table 14.1). Many of these details have already been presented earlier in this report. The purpose of this chapter is to collate findings of direct relevance to the national strategy. Where data are available, we report on changes since the 2018 iteration of the SSASH survey that refer to students in Years 10, 11, and 12 only.

STI testing and diagnoses

Young people were asked if they have ever had a sexual health check-up or been tested for STIs or HIV. In total:

- Of all participants, 15.0% (n = 688) reported that they had attended at least one sexual health check-up or STI test.
- Young women (n = 525, 17.8%) or trans and non-binary young people (n = 42, 12.0%) were more likely to have been screened for STIs than young men (n = 121, 9.5%, p < .001).
- LGBQ+ young people (16.4%, n = 331) were more likely to have been screened for STIs than heterosexual young people (14.1%, n = 356, p = .032).

In 2021, 0.3% (n = 16) young people had been diagnosed with viral hepatitis (B or C), 0.1% (n = 6) had been diagnosed with HIV, and 1.9% (n = 86) indicated they had been diagnosed with an STI (other than HIV or viral hepatitis).

Attitudes toward STI testing

Most young people (n = 3,343, 72.3%) agreed that young people should be tested for STIs, yet only 12.6% (n = 581) agreed that STI testing was common in their age group and only 11.5% (n = 525) agreed their friends believed they should get tested.

Young people reported barriers to STI testing, with:

- 23.5% (n = 1,083) not knowing where they could go to get tested
- 21.2% % (n = 975) believing that it was not easy to get tested
- 32.7% (n = 1,501) agreeing that talking to partners about STI testing was difficult

Knowledge of STIs and STI prevention

Young people responded to 29 questions that aimed to assess knowledge about transmission and prevention of HIV, STIs, viral hepatitis and HPV. On average, the mean percentage of correctly answered questions among young people was 46.4%.

The average score among young men (44.9%) was lower than among young women (47.0%) or trans and non-binary young people (46.3%, p = .003). Young people living in regional and remote areas recorded a lower average percentage of correct answers (46.0%) than young people living in cities (47.5%, p = .020).

Of the STI topics, young people were most confident in their knowledge of HIV transmission, with 86.0% (n = 5,880) indicating that HIV can be passed from one person to another when having sex.

Young people were less certain about the symptoms or effects of chlamydia and gonorrhoea,

Table 27. Indicators in the Fourth National STI Strategy 2018-2022, according to relevance to the SSASH 2021 survey

National targets	Indicators relevant to the 2021 SSASH survey
Achieve and maintain HPV adolescent vaccination coverage of 80%	N/A
Reduce the prevalence of gonorrhoea, chlamydia and infectious syphilis	Part A – Notifications and testing • N/A Part B – Knowledge and risk behaviours • Proportion of secondary school students giving the correct answer to STI knowledge and behaviour questions • Proportion of secondary school students reporting certain risky sexual behaviours. • Proportion of young people (15-29-year-olds) giving the correct answer to STI knowledge questions • Proportion of young people (15-29-year-olds) reporting consistent condom use with sexual partners in the previous 12 months
Increase STI testing coverage in priority populations	• Proportion of 15-29-year-olds receiving at least one chlamydia test in the previous 12 months • Proportion of 15-29-year-olds receiving at least one gonorrhoea test in the previous 12 months • Proportion of young people (15-29 years) who reported having sex and have had an STI and/or HIV test in the previous 12 months Partial relevance: • This survey contains data on gender and rates of STI testing among young people
Eliminate congenital syphilis	• N/A for this report
Minimise the reported experience and expression of stigma in relation to STIs.	• Proportion of young people who report that they would expect to experience stigma if they had an STI • Proportion of young people who report that they experienced stigma or discrimination due to their STI

with only 41.9% (n = 2,862) correctly indicating that chlamydia can lead to infertility and 34.5% (n = 4,473) correctly indicating that the presence of gonorrhoea would be obvious by looking at their body (i.e. that there would be obvious symptoms).

Condom use

As shown in Table 14.3, of the 3,659 (53.6%) young people who reported that they had experienced vaginal or anal sex:

- 34.1% (n = 824) reported 'always' using condoms,
- 36.7% (n = 888) reported 'sometimes' or 'often' using condoms,
- 29.2% (n = 706) reported 'never' or 'rarely' using condoms.

When asked about attitudes toward condom use:
- 94.3% (n = 4,238) agreed that young people 'should' use condoms with new partners
- 77.4% (n = 3,440) indicated they 'would' use condoms if they had vaginal or anal sex in the next few months
- 57.4% (n = 2,521) thought that condom use was common among people their age

Comparing 2021 Year 10 and Year 12 students who had experienced vaginal or anal sex (n = 2,779) with 2018 data:
- 36.3% (n = 677) reported 'always' using condoms compared with 38.5% (n = 1,056) in 2018
- 36.2% (n = 675) reported 'sometimes' or 'often' using condoms compared with 34.3% (n = 940) in 2018
- 27.4% (n = 511) reported 'never' or 'rarely' using condoms compared with 27.3% (n = 748) in 2018.
- 58.8% (n = 1,911) thought condom use was common among people their age compared to 67.3% (n = 5,048) in 2018

Experiences of stigma

Young people diagnosed with an STI were asked if they had ever experienced stigma or discrimination in relation to having an STI:
- 57.9% (n = 48) reported 'never' or 'rarely' experiencing any stigma or discrimination
- 30.1% (n = 25) reported 'sometimes' experiencing stigma or discrimination
- 12.0% (n = 10) reported 'often' or 'always' experiencing stigma or discrimination

Table 28. STI symptoms and testing, by gender

STI screening, testing and experience of symptoms	Female n = 2,946 n (%)	Male n = 1,277 n (%)	Trans and non-binary n = 351 n (%)	Total n = 4,574 n (%)
Screened/checked for STIs	525 (17.8%)	121 (9.5%)	42 (12.0%)	688 (15.0%)
Tested for HIV	186 (6.4%)	52 (4.0%)	15 (4.3%)	253 (5.6%)
Would have an STI test after having sex in the next few months	1,036 (52.1%)	475 (53.7%)	174 (74.4%)	1,685 (54.2%)
Experienced STI symptoms				
Never	1,959 (72.7%)	921 (76.8%)	233 (72.8%)	3,113 (73.9%)
Over a year ago	193 (7.2%)	125 (10.4%)	35 (10.9%)	353 (8.4%)
In the past 12 months	541 (20.1%)	154 (12.8%)	52 (16.2%)	747 (17.7%)

Table 29. Use of condoms, by gender, for young people who had experienced vaginal or anal sex (2021)

Use of condoms	Female n = 2,592 n (%)	Male n = 874 n (%)	Trans and non-binary n = 193 n (%)	Total n = 3,659 n (%)
Never use condoms	237 (13.7%)	61 (10.5%)	17 (15.6%)	315 (13.0%)
Rarely use condoms	302 (17.5%)	69 (11.9%)	20 (18.3%)	391 (16.2%)
Sometimes use condoms	237 (13.7%)	77 (13.3%)	12 (11.0%)	326 (13.5%)
Often use condoms	403 (23.3%)	138 (23.8%)	21 (19.3%)	562 (23.2%)
Always use condoms	549 (31.8%)	236 (40.6%)	39 (35.8%)	824 (34.1%)

Young people who had never been diagnosed with an STI were asked if they thought they would experience stigma or discrimination if they had an STI:

- 30.9% (n = 1,268) thought they would 'never' or 'rarely' experience any stigma or discrimination
- 31.2% (n = 1,280) thought they would 'sometimes' experience stigma or discrimination
- 37.9% (n = 1,560) thought they would 'often' or 'always' experienced stigma or discrimination

15. DISCUSSION

The 7th National Survey of Australian Secondary Students and Sexual Health (SSASH 2021) survey provides a robust snapshot of the sexual health and wellbeing of school-aged young people in Australia. The survey involved 6,841 young people aged between 14 to 18 years from all states and territories in Australia. This included young people in Years 9 through to 12 from different school types including government, independent and Catholic schools, school leavers and homeschooled young people.

Firstly, it is significant to note that many young people who responded to this survey reported positive experiences of sex and relationships. Most young people felt good about their sexual experiences and where they did not, they were able to articulate why and what they needed with regards to improved RSE or knowledge about sex and relationships. These are crucial measures. A core aim of RSE or sexual health promotion is to ensure young people are able to have safe and pleasurable sexual experiences when they choose to pursue this. It is also to ensure young people are able to articulate what they need and, importantly, what they do not want when it comes to matters of sex. Confidence to talk openly about sex is vital. In this study, the majority of young people reported that they were able to have conversations about sex and sexual pleasure with their partners, and that they were able to talk about sex with friends and, in some cases, with family.

The findings from this survey attest to the importance of a comprehensive approach to RSE and sexual health promotion for Australian young people. This approach must include a dedicated focus on supporting young people to build capacity to navigate processes of sexual consent and to understand, recognise and respond to sexual violence. Among young people who participated in this survey, 40% of those who were sexually active reported they had experienced unwanted sex, and many of those who had experienced unwanted sex had not sought help. In open-ended text responses, young people indicated strong appreciation for consent education they had already received at school, but commented that they wanted to have more open discussion in RSE about unwanted sex, including where to seek support.

Young people also wanted RSE to include more forthright and practical education about sex, including negotiating sexual practices and pleasure. Research has shown that education which aims to build young people's confidence and comfort to articulate their sexual needs and wants is an important part of consent education. In simple terms, young people will be better equipped to assert what they do not want to do sexually if they have a framework and language for talking about what they do want to do (Fine & McClelland, 2006; Ford et al., 2019). This education should take a critical approach to gender dynamics, recognising that young women are often not given cultural permission to acknowledge sexual desire or talk about sexual wants, which can be a barrier to affirmative consent (Gilbert, 2018).

This report showed that digital technologies were a common part of young people's sex lives and relationships. Close to 90% reported that they engaged in some form of sexting, either sending or receiving sexually explicit text messages or nude/sexual images. Young people's experience of this was mixed, with around one in three reporting positive feelings about sexting while a smaller number reported feelings of guilt or embarrassment. What was evident in these findings, however, was that sexting is ordinary practice among young people and that young people take a pragmatic approach to this. They are aware of the risks, and one in five reported that their sexual images had been shared without their consent, but they also reported benefits, such as exploring their sexuality and connecting sexually with a partner. This pragmatic approach should be mirrored in RSE and sexual health promotion. Young people should be encouraged to talk openly about potential harms as well as pleasures as a means to build critical insight and confidence to negotiate sexting practices and manage risks.

Close to 70% of young people in this study reported that they go online to learn about sex and sexual health. The internet holds a large volume of resources, as well as forums and interactive spaces, where young people can learn about sex, sexuality, relationships and sexual health. Young people in this study were keenly aware that information found online may not always be reliable; less than half indicated they trusted websites as a source of sexual

health information. However, 'fact-based' information may not always be what young people are looking for. Indeed, young people in this study reported that they learnt about sex from social media, television shows and pornography, suggesting that what they are looking for is knowledge about sexual practices or relationships, rather than clinical aspects of sexual health. This is in line with previous research that has shown young people engage with online resources, forums and communities to learn about the mechanics of sex (what it looks like or what it feels like) because this is unlikely to be taught in any detail in school-based RSE (Waling et al., 2020; Waling, James, Lim, & Power, 2022). The internet also provides resources and forums for people to learn about relationships or different aspects of their sexuality. Further, going online is an appealing place for young people to learn about sex and sexual health because it can be done in private and young people can direct learning to what they are interested in (Waling et al., 2022). For all these reasons online resources and spaces have potential to support and augment RSE. The role of RSE may therefore be to support young people to find appropriate online spaces and to encourage young people to critically evaluate online resources and assertively engage with people with whom they connect online.

Of course, any conversations about online spaces must also involve discussion of pornography. Close to half the young people in this survey regularly viewed pornography online and it is clear that pornography is not an uncommon part of young people's sexual experiences. This survey was not designed to explore how young people felt about this or whether they perceived any particular problems or benefits associated with viewing pornography. Either way, the common place of online pornography in the lives of young people warrants discussion about pornography to be part of RSE, including what young people feel they learn from pornography (if anything) and how this relates to other sources of knowledge about sex. That is, do the presentations of sex in pornography align with their own experiences, what they have learnt about sex through friends and partners, or what they learn through social media, television, books or education? Examination of similarities and differences in these areas may be a way to build conversation and critical insight into pornography in ways that do not shame or judge young people and which recognise that young people's experiences of pornography are likely to be diverse (Byron, McKee, Watson, Litsou, & Ingham, 2021).

While sexual health is clearly more than the prevention of STIs, as per the above discussion, high rates of STIs among young people, and low levels of consistent condom use, indicate an ongoing need to encourage safe sex practice among young people. Just over one in three young people in this study reported that they always use a condom and just under half reported that they used a condom the last time they had sex. These data, as is the nature of surveys such as this, do not provide detail about the context within which young people make decisions about condom use. It is likely a combination of factors are relevant, including cultural attitudes toward condoms and safe sex, beliefs about STI risks, and confidence or experience negotiating condom use. In this survey, the majority of young people felt that using a condom could reduce stress due to protection against pregnancy and STIs, and that using a condom was an expression of care for a partner. The majority also felt that using a condom was easy and they knew where to access them. However, fewer young people (around 60%) felt that condom use was common and fewer still actually used them consistently. A similar percentage (61%) felt it was unlikely that they would get an STI and less than half agreed that they could get an STI. There is a need for qualitative research about attitudes to condom use among Australian young people in the contemporary environment. Since the 1980s, widescale promotion of condom use has focussed on HIV prevention. Even though this predominantly targeted communities of gay and bisexual men, it meant that condoms had a wide cultural and social presence that may have lessened with the advent of biomedical HIV prevention (Holt et al., 2018). There is limited contemporary research showing how this shift in the HIV field has affected attitudes toward, or uptake of, condoms for STI prevention among young people or young adults in Australia. With rates of STIs increasing, it is timely for this research to be undertaken.

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

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LA TROBE UNIVERSITY | Australian Research Centre in Sex, Health and Society

La Trobe University proudly acknowledges the Traditional Custodians of the lands where its campuses are located in Victoria and New South Wales. We recognise that Indigenous Australians have an ongoing connection to the land and value their unique contribution, both to the University and the wider Australian society.

La Trobe University is committed to providing opportunities for Aboriginal and Torres Strait Islander people, both as individuals and communities, through teaching and learning, research and community partnerships across all of our campuses.

The wedge-tailed eagle (Aquila audax) is one of the world's largest.

The Wurundjeri people – traditional owners of the land where ARCSHS is located and where our work is conducted – know the wedge-tailed eagle as Bunjil, the creator spirit of the Kulin Nations.

There is a special synergy between Bunjil and the La Trobe logo of an eagle. The symbolism and significance for both La Trobe and for Aboriginal people challenges us all to 'gamagoen yarrbat' – to soar.

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