GUIDELINE

Sexual Health and Healthy Relationships in Adolescence

Scope (Staff):	Community health
Scope (Area):	CAHS-CH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

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

Risk

Lack of appropriate support, information, and referral on matters to do with sexual health and relationships may have long-term and significant impacts on health and wellbeing.

Background

Adolescence is a time of major social role transition from childhood to adulthood, characterised by significant cognitive development and biological growth, including puberty and sexual development. Learning how to maintain healthy, intimate relationships and good sexual health is important to transitioning from a child to adult.[1]

Most young people maintain good health during adolescence and do not experience significant problems. Many adolescents commence sexual activity, and some engage in risky sexual activity. The 6th National Survey of Secondary Students and Sexual Health conducted in 2018, showed that many students in Years 10, 11 and 12 engaged in some form of sexual intimacy, from deep kissing (74.4%) to sexual intercourse (46.6%). Activity is lower for Year 10 students and increases with age. A majority of those who were sexually active said they usually or often used condoms (62.2%), and three quarters (75%) reported that a condom was used the first time they had vaginal sex. The survey revealed that over a quarter (28.4%) of sexually active

students had experienced unwanted sex, and a small number (3.5%) had sex that resulted in pregnancy.[2] Low socioeconomic status is strongly associated with higher risk of teen pregnancy, and homelessness has been linked to increased risky sexual behaviour in the context of unmet survival needs.[3]

Many young people need specific assistance and information during adolescence. Literacy around sexual health and relationships is developed via many avenues, including; family, peers, formal education and media, and is influenced by community, culture and religious affiliation. Parents play a crucial role in the sexual health of their children, and research has shown lowered rates of sexually transmitted infections (STIs) when there is strong parent–youth communication. Peers, including partners are important influences, especially in relation to sexual intentions. Schools are pivotal in supporting young people to develop sexual health literacy, with research showing that delivery of sex education, policies relating to school-based sex education, condom availability programs and access to school nurses are all important.[2]

The 6th National Survey of Secondary Students and Sexual Health Survey indicated that students appear to be more comfortable acknowledging the diversity of sexual attraction, and with 35% indicating attraction to the same gender or to multiple genders.[3] It is noted that people of diverse sexuality and gender are not a homogenous groups. Their needs for information and services are likely to be different to those of mainstream, and especially so for gender diverse young people.[4]

Child and adolescent sexual behaviours can be considered across a continuum from developmentally appropriate to inappropriate and potentially harmful. It is important to consider the context of the individual's age and stage of development, and whether the behaviour is harmful or abusive.[5]

WA Health legislation and policy reflect the requirement of nurses to acting the best interests of the young person, and to provide appropriate health care and information about safe sex and self-care. If sexual abuse is suspected for a child under the age of 18, it must be reported to the Department of Communities, Child Protection and Family Support, Mandatory Reporting Service.[7]

Key points

- Community health nurses have an important role in providing support, information brief intervention and referral for adolescent sexual health and healthy relationships.
- Nurses working in secondary schools need to be skilled in undertaking a HEADSS assessment. This document should be used in conjunction with the HEADSS adolescent psychosocial assessment procedure and the *HEADSS Assessment: Handbook for nurses working in secondary schools.*
- Consent is an important concept in sexual health literacy from legal and societal perspectives. Consent is an individual's free agreement to participate, given voluntarily without fear, coercion, intimidation or anything else that inhibits free agreement.[5]
- Children under 13 years are considered to be legally incapable of consenting to sex.[6]

- In WA, it is unlawful for a person of any age to engage in sex with a person under the age of 16 years, but legal exceptions are usually made for when both are of similar age and between 13 and 16 years and the sex is consensual.
- It is important to exercise clinical judgement about teenagers engaging in sexual activity. Assessment of health and psychosocial risks and the possibility of coercion is necessary. It is important to identify if there are significant developmental differences and maturity of those involved.
- Confidentiality is important in establishing a relationship of trust between health professionals and clients, and the fear of a breach of confidentiality often prevents adolescents accessing health services. An explanation of conditional confidentiality early in a consultation is important.
- Community health nurses must work within their scope of practice and experience. Any issues should be discussed with the line manager.
- All nurses will refer to the Decision-making framework for nursing and midwifery by Nursing and Midwifery Board AHPRA in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, child and family-centred and evidence-based.

Legal and collaborative policy context

In addition to Community Health policies on school-aged health services, there are several key documents that are essential to working in secondary schools, including:

- **Memorandum of Understanding (MOU) 2020-2021** forms the basis of an understanding and joint initiative between the Child and Adolescent Health Services (CAHS), the WA Country Health Service (WACHS) and the Department of Education (DOE) to work together to enable the optimal development, physical and mental health and wellbeing; and safety of school-aged public-school children.
- **Working with Youth** covers issues such as: mature minor status, consent for services and sharing information, confidentiality, sexual health, access to Medicare and many case studies.
- **WA Youth Health Policy 2018-2023** outlines the key elements to improve health services for young people, including: providing youth friendly health services, improving access to health services, building knowledge and promoting participation, achieving equitable health outcomes, collecting comprehensive data and building skills for effective interactions with young people.
- **WACHS Aboriginal Health Strategy 2019-2024** provides a five-year vision to improve health outcomes by providing culturally safe and secure services that are accessible, high quality and evidence-based.

Roles, responsibilities and actions

Primary health care

Community health nurses working in secondary schools are often the first point of contact for a young person seeking information or care for a sexual health issue. The primary health care role involves nurses working with individuals as they present to:

- Build literacy about sexual and reproductive health and relationships
- Link to reputable support resources, websites and Apps
- Provide brief interventions, for example; how to use and buy condoms, discuss what consent looks like (and doesn't look like).
- Facilitate referral to an appropriate service for assessment and medical support. Explain how a referral works and what to expect.
- Support the young person to communicate about issues with their parents.
- Follow up on referrals and checking any barriers for young person and family that prevent acting on referral.
- Provide ongoing support in the school setting while the young person is receiving health care i.e. during pregnancy.
- Promote and support HPV vaccination.

Note: Primary health care work with young people may be universal, universal plus or partnership level of service, depending on client complexity and nurse activity.

Participation in the student services team

The student service team oversees the health and wellbeing, and social, emotional and academic needs of students in schools. The composition of the team, the function and services provided will vary from school to school. Larger schools usually have more student services staff. Each member of student services will play a different role depending on their profession and level of expertise. The team may consist of school leaders, student services managers, year coordinators, school psychologist, community health nurse and teachers.

Note: The nurse's work associated with student services teams is either universal plus or partnership level of service, depending on client complexity and nurse activity.

Curriculum support role

- Within the WA curriculum, the Health and Physical Education learning area facilitates student development of knowledge, understanding and skills in sexual and reproductive health and respectful relationships.
- Developing healthy skills, knowledge and attitudes is addressed in each year of schooling with age-appropriate learning.

- *Growing and Developing Healthy Relationships* is the principle curriculum resource supporting teachers to deliver comprehensive relationship and sexuality education in WA schools.
- It is the responsibility of teachers to deliver the curriculum. Teachers are responsible for lesson planning, curriculum requirements and management of student behaviour.
- Community health nurses may assist teachers to deliver learning activities in the classroom to help students to develop literacy in growth and development, sexual health and relationships.
- Classroom input by a community health nurse must be negotiated and planned in advance.

Note: The nurse's role in curriculum support is usually a universal level of service.

Key referral options

Know your local services. Encourage connection and building networks within your local area.

- General practitioners, including those who provide adolescent-friendly services. See Australia Medical Association (WA) youth friendly GPs list.
- Aboriginal Health/Medical Services. Aboriginal Health Council of WA provides details of the Aboriginal Medical Services across WA.
- Sexual Health Quarters offers a range of clinical services including testing and treatment of STIs, contraception information and supply, unintended pregnancy, and cervical screening. It also provides a Helpline for metro 9227 6178 and country 1800 198 205 callers.
- Headspace centres are one-stop-shops for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs, or wok and study support. Headspace centres are in metro and country areas.
- Other local agencies that support young people.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

References

1. Sawyer SM, Azzopardi PS, Wickremarathne D & Patton GC. *The Age of Adolescence, The Lancet*, 2018, Vol 2, Issue 3, p223-228.
2. Waling A, Kerr L, Fraser S, Bourne A & Carman M. *Young People, Sexual Literacy, and Sources of Knowledge: A Review* (ARCSHS Monograph series No.

119, 2019). Bundoora, VIC: Australian Research Centre in Sex, Health and Society, La Trobe University.

3. Fisher, CM, Waling A, Kerr L, Bellamy R, Ezer P, Mikolajczak G, Brown G, Carman M & Lucke J. *6th National Survey of Australian Secondary Students and Sexual Health 2018*, (ARCSHS Monograph Series No. 113, 2019), Bundoora: Australian Research Centre in Sex, Health & Society, La Trobe University.
4. Commissioner for Children and Young People 2020. *Issues Paper – Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) children and young people*. Commissioner for Children and Young People WA, Perth.
5. Australian Government, Australian Institute of Family Studies. *Age of consent laws in Australia*. Resource Sheet May 2021
6. State of Western Australia. *Working with Youth – A legal resource for community-based health professionals*. Perth: WA Country Health Service; 2020
7. Government of Western Australia. *Guidelines for Protecting Children 2020*. Perth: Child and Adolescent Health Service; 2020

Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link
Adolescent psychosocial brief intervention
Clinical handover - nursing (CAHS)
HEADSS adolescent psychosocial assessment
Health promotion in schools
Mental health in adolescence
School-aged health services
School-aged health services - secondary

The following documents can be accessed in the CAHS Policy Manual
Clinical Incident Management
Critical Incident Impact Management (Debrief)
WACHS policies
Consent for Sharing of Information: Child 0-17 years Procedure – Population Health

WebPAS Child at Risk Alert Procedure

Related forms
Clinical Handover Referral Form
WACHS forms
Consent for Sharing of Information Child 0-17 years
WACHS Child at Risk Alert Notification Form

Related government policies, and guidelines
Consent to treatment
Guidelines for Protecting Children 2020

Useful internal resources
HEADSS Assessment: Handbook for nurses working in secondary schools
Health Promoting Schools Framework Toolkit – Sexual health and healthy relationships resource
Memorandum of Understanding (MOU) 2020-2021
Working with Youth– A legal resource for community-based health workers.

Useful resources
Resources for community health nurses
Growing and Developing Healthy Relationships (WA Health) Curriculum support for teachers in relationships and sexual health education – Lefray DXP
Medicare for young people in WA Youth Health Policy 2018–2023 Toolkit
Qlife – Resources for health professionals who may be working with LGBTI people and communities.
SECCA supports people with disability to learn about relationships, sexuality and sexual health.

Sexual Health Quarters Resources and training for health professionals.
The Practical Guide To Love, Sex And Relationships Information and activities including a series of funny animated videos about sex, pornography, relationships, consent and gender.
Resources for young people and families
Australia Medical Association (WA) youth friendly GPs list.
Consent is as simple as tea – a YouTube video which explains the concept of consent.
Could I have it? STI facts, testing advice and clinic locations.
Freedom Centre Supports young people, families and communities to be healthy, happy and informed about diverse sexuality, gender and sex. Volunteers and staff are all LGBTIQ+ people who are trained to give support and information to their peers. Funded by the Mental Health Commission and managed by the WA AIDS Council.
Get the Facts Accessible information provided by WA Health about bodies, relationships, STIs, Sex, keeping safe. Includes fact sheets, Laugh and Learn videos, Find a service function in WA, Find free condoms in WA, ask anonymous questions and take an online STI screening test.
Jean Hailes Website for information and resources about women's health, including menstruation, reproduction and sexual health.
Kids Help Line: 1800 55 1800
Medicare for young people , in WA Youth Health Policy 2018–2023 Toolkit
Reach Out – Sex and relationships Website with lots of teenage-friendly information for young people.
Relationships, sex and other stuff – free booklet for young people. Bulk orders available for schools and services.
Sexual assault resource centre (SARC) provides a 24-hour emergency service in metropolitan Perth. This involves medical care, a forensic examination and counselling support to people who have been sexually assaulted within the previous 14 days.
Sexual Health Help Line: metro 9227 6178 or country 1800 198 205
Sexual Health Quarters offers counselling, contraception, STI testing and treatment and unplanned pregnancy support at low or no cost.
Talk Soon, Talk Often A guide for parents talking to their kids about sex. Assists

parents to initiate regular and relaxed conversations with their children about sexuality and relationships.
Yarning quiet ways is a resource to help parents to yarn with young Aboriginal people about strong, safe and healthy relationships. Written and designed in consultation with Aboriginal parents and carers. There is a hard copy book that can be ordered by emailing shbbvp@health.wa.gov.au

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

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Guidance: Contraception

It is lawful and appropriate to provide young people under the age of 16 years with information about safe sex and contraception. Community health nurses are to exercise clinical judgement and consider the following points:

Assessment

- Ask questions to explore the situation of the individual, their maturity and their understandings and intentions in relation to sexual activity.
- Ask about intimate relationships and recent sexual activity, including use of contraception and risky behaviours.

- Explore the individual's understanding of consent and healthy relationships, and assess for coercion and abuse.
- Explore support by family, intimate partner and friends.
- Refer to HEADSS Handbook for comprehensive assessment guidelines.

Brief Intervention

- Discuss the need for emergency contraception if unprotected sex has occurred. Assist the young person to make a plan for how to access this treatment, including planning to obtain support from a parent or other responsible person.
- Support the young person to identify and plan strategies to manage risky situations, so they may prevent unwanted sex, and sex without a condom.
- Discuss how to use a condom and where to buy them. Practice assertively asking a partner to use a condom.
- Empower the individual to access information and services, including *Get the Facts* and *ReachOut* internet resources.
- Refer to *Brief Intervention in Adolescent Psychosocial Health* for comprehensive guidance about providing brief intervention.

Referral and follow-up

- Make a referral to a doctor or suitable agency.
- Provide information about how a referral works and what to expect and what the individual will need to do.

Health literacy

- Assist individuals with understandings of the reproductive system, conception and how contraception works.
- Promote the use of condoms for every sexual encounter to prevent unwanted pregnancy and STIs.
- Describe other forms of contraception as appropriate for the age, maturity and situation of the individual.

Note: It is not usually appropriate to provide condoms in school settings. Discuss the local procedures with a line manager.

Guidance: Pregnancy (suspected or confirmed)

It is lawful and appropriate to provide young people under the age of 16 years with primary health care in relation to suspected or confirmed pregnancy. Community health nurses are to exercise clinical judgement and consider the following points:

Assessment

- Ask questions to explore the signs and symptoms of pregnancy.
- Ask about intimate relationships and recent sexual activity, including use of contraception and risky behaviours.

- Explore the individual's understanding of pregnancy and reproduction, and options if pregnancy is confirmed
- Explore the individual's understanding of consent and healthy relationships, and assess for coercion and abuse.
- Explore support from family, intimate partner and friends, and assess wellbeing.
- Refer to HEADSS Handbook for comprehensive assessment guidelines.

Brief Intervention

- Discuss the need for emergency contraception. Assist the young person to make a plan for how to access this treatment, including planning to obtain support from a parent or other responsible person.
- Provide practical information about pregnancy and discuss possible options. Support the young person to make a plan to access a pregnancy test.
- Encourage and support the young person to inform their parents or guardian about the suspected or confirmed pregnancy.
- Refer to *Brief Intervention in Adolescent Psychosocial Health* for comprehensive guidance about providing brief intervention.

Referral and follow-up

- Make a referral to a doctor or suitable agency.
- Provide information about how a referral works, what to expect and what the individual will need to do.
- Follow-up to ensure the referral for medical attention has been actioned and offer support with decisions and care.

Health literacy

- Assist individuals with understandings of the reproductive system, conception and how contraception works.
- Promote the use of condoms for every sexual encounter to prevent unwanted pregnancy and STIs.

Note: Pregnancy testing is not conducted in school health services. Direct individuals to a local pharmacy, grocery store, general practitioner or medical service.

Guidance: Sexually transmitted infections (STIs)

It is lawful and appropriate to provide young people under the age of 16 years with primary health care in relation to STIs. Community health nurses are to exercise clinical judgement and consider the following points:

Assessment

- Ask questions to explore the signs and symptoms of an STI.
- Ask about intimate relationships and recent sexual activity, including use of contraception and risky behaviours.

- Explore the individual's understanding of safe sex and STIs.
- Explore the individual's understanding of consent and healthy relationships, and assess for coercion and abuse.
- Explore support from family, intimate partner and friends, and assess wellbeing.
- Refer to HEADSS Handbook for comprehensive assessment guidelines.

Brief Intervention

- Discuss the need for STI testing and treatment. Assist the young person to make a plan for how to access treatment, including planning to obtain support from a parent or other responsible person.
- Support the young person to access the website – *Could I have it?* – for STI facts, testing advice and clinic locations.
- Support the young person to identify and plan strategies to manage risky situations, so they may prevent unwanted sex, and sex without a condom.
- Discuss how to use a condom and where to buy them. Practice assertively asking a partner to use a condom.
- Refer to *Brief Intervention in Adolescent Psychosocial Health* for comprehensive guidance about providing brief intervention.

Referral and follow-up

- Make a referral to a doctor or suitable agency.
- Provide information about how a referral works and what to expect and what the individual will need to do.
- Follow-up to ensure the referral for medical attention has been actioned.

Health literacy

- Assist individuals with understandings of the reproductive system, sexual health and safe sex.
- Promote the use of condoms for every sexual encounter to prevent unwanted pregnancy and STIs.

Note: STI testing is not conducted in school health services. Direct individuals to the local GP, medical service or STI testing clinic.

Guidance: Dysmenorrhoea

Dysmenorrhoea, or painful menstruation, is a common issue affecting around three quarters of all women during their reproductive life, and is very common in teens.[1,2] Primary dysmenorrhea, which does not involve any underlying pathological feature, is most common. However, in approximately 10% of cases, dysmenorrhoea is classified as 'secondary' due to an underlying cause, most commonly endometriosis, but may indicate pelvic inflammatory disease, fibroids and ovarian cysts.[1,2,3]

Dysmenorrhoea is characterised by recurrent lower abdominal cramps and/or dull throbbing that result from the release of uterine prostaglandins by endometrial cells

prior to the start of the menstrual period, lasting for 48 to 72 hours. Other systemic symptoms such as headaches, vomiting, nausea, lower back pain and bowel symptoms can also be experienced.[2,4]

Secondary dysmenorrhoea can occur any time after menarche, but usually arises some years on. A change in timing and intensity of pain associated with menstruation may indicate the development of an underlying condition. Some girls experience significant pain from the first or second menstrual period, which may be indicative of secondary dysmenorrhoea.[3]

Although primary dysmenorrhoea is not considered to be life threatening, it can significantly disrupt daily life. An Australian study among teens found that 93% had experienced menstrual pain, and a quarter said the pain had caused them to miss school, social or sporting activities.[5] The impact of menstrual symptoms on education is significant, with strong links to school absenteeism and diminished classroom performance. Many young women report difficulties in concentration and 'test-taking abilities' when experiencing dysmenorrhea.[2]

Most young women think that period pain is a normal part of being a woman[2], and many do not seek advice or treatment for menstrual problems.[4] These issues are accentuated when there are cultural taboos around menstruation.[2] Further, those from low socioeconomic backgrounds may be disadvantaged by lack of sanitary products.[2]

Assessment

- Ask questions to explore the nature, intensity and impact of dysmenorrhoea.
- Explore the individual's understanding of menstruation and the female reproductive system.
- Consider cultural and socioeconomic factors that may impact on menstruation management.
- Refer to HEADSS Handbook for comprehensive assessment guidelines.

Brief Intervention

- Self-care interventions that individuals can perform themselves are important empowerment tools. Light physical activity such as walking, yoga and stretching are beneficial for reducing pain intensity, duration and related symptoms. Application of heat packs and gentle abdominal pressure may also be helpful.
- Support the individual with a plan to manage their menstrual pain, which might include self-care and carrying a day's dose of the medication.
- Support the young woman to access useful websites or Apps to track their menstrual cycle - *Clue* or *Flo.*
- Non-steroidal anti-inflammatory drugs (NSAIDS) have been shown to reduce the intensity of cramps by decreasing prostaglandin production and appear to be more effective for pain relief than paracetamol. NSAIDS are most effective when taken one to two days before the onset of menses and can be readily purchased without a prescription.

Referral and follow-up

- If pain continues to disrupt everyday living or does not respond to NSAIDS, or if secondary dysmenorrhoea is indicated, refer for medical assessment.
- Provide information about how a referral works and what to expect and what the individual will need to do.

Health literacy

- Assist individuals with understandings of the reproductive system, menstruation and menstruation management.

Note: Medications, including NSAIDS, should not be provided by nurses in schools.

References

1. Subasinghe AK, Happo L, Jayasinghe YL, Garland SM, Gorelik A, Wark JD. Prevalence and severity of dysmenorrhoea, and management options reported by young Australian women. *Australian Family Practitioner.* 2016; 45:829-34.
2. Armour M, Parry K, Manohar N, Holmes K, Ferfolja T, Curry C, MacMillan F, and Smith C. The Prevalence and Academic Impact of Dysmenorrhea in 21,573 Young Women: A Systematic Review and Meta-Analysis. *Journal of Women's Health*. Vol: 28, 8: 2019.
3. Peacock A, Alvi N, Mushtaq T. Period problems: disorder of menstruation in adolescents. *Archives of Disease in Childhood.* 2012; 97:554-60.
4. Shilpa K, Shilpa D. Dysmenorrhoea. *Obstetrics, Gynaecology & Reproductive Medicine*. 2011; 21(11):311-6.
5. Nur Azurah A, Sanci L, Moore E, Grover S. The quality of life of adolescents with menstrual problems. *Journal of Pediatric & Adolescent Gynecology*. 2013; 26(2):102-8.
6. Armour M, Smith C, Steel K & Macmillan F. The effectiveness of self-care and lifestyle interventions in primary dysmenorrhea: a systematic review and meta-analysis. BMC Complementary and Alternative Medicine volume 19, Article number: 22 (2019)
7. Marjoribanks J, Ayeleke RO, Farquhar C, Proctor M. Nonsteroidal anti-inflammatory drugs for dysmenorrhoea. *Cochrane Database of Systematic Reviews 2015*, Issue 7