



GUIDELINE

Sexual Health and Healthy Relationships

Scope (Staff):	Community health
Scope (Area):	CACH, 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 document guides nurses in supporting Relationships and Sexuality Education for primary and secondary school-aged children and young people. It supports nurses working in schools to provide primary health care for adolescents, with the focus on respectful relationships, sexual and reproductive health.

Risk

Lack of appropriate support, information and referral on matters to do with sexual health and relationships, including coercive control, 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.¹ Learning how to maintain healthy, intimate relationships and good sexual health is important to the transition from child to adult.¹

Most young people maintain good health during adolescence and do not experience significant problems.¹ Many young people commence sexual activity, and some engage in risky sexual activity.¹ The 7th National Survey of Secondary Students and Sexual Health found that among students in Years 10 to 12, 69.1% reported they had been in a romantic or sexual relationship, with 56.9% currently in such a relationship. The survey indicated that the average age of first sexual experience is 15 years. Over a third of young people have experienced unwanted sex, and for 60% of this group, the unwanted sex occurred within the context of an intimate relationship.²

Many young people need specific assistance and information to support sexual health literacy and healthy relationships during adolescence. Literacy around sexual health and

relationships is developed via many avenues, including family, peers, school health education programs, and online sources.³ It is important to recognise the role of the internet as a provider of information via a wide variety of resources and forums where young people learn about sex, sexual health and relationships.³

Young people's sexual health literacy is also 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.³

Given the range of influences and the variable quality of information available, schools are pivotal in supporting young people to develop accurate 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.³

In the 7th National Survey of Secondary Students and Sexual Health Survey 42% of young people aged 14-18 years identified as lesbian, gay, bisexual, or were unsure how to identify their sexuality. The survey indicated that in recent years students appear to be more comfortable acknowledging their diversity of sexual attraction.² It is noted that people of diverse sexuality and gender are not a homogenous group. 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

If sexual abuse is suspected in a child under the age of 18, it must be reported to the Department of Communities, Child Protection and Family Support, Mandatory Reporting Service.⁶

Definitions

Sexual literacy	The capacity to access and understand information about sexual health, sexual rights, sexuality, sex and relationships. ³
Sexual health	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. ⁷
Relationships and Sexuality Education (RSE)	Refers to school-based education designed to improve sexual health outcomes among school students. ³
Sexual Consent	Is a form of communication that describes whether a person has agreed to a sexual activity. Sexual consent can be determined through verbal and non-verbal forms of communication. ⁵

Key points

- Community health nurses have an important role in advocating and supporting quality Relationships and Sexuality Education in schools.
- Community health nurses have an important role in providing support, information brief intervention and referral for questions and issues relating to adolescent sexual health and healthy relationships.
- Nurses working in secondary schools are required to be skilled in undertaking a HEEADSSS assessment. This document should be used in conjunction with the [HEEADSSS adolescent psychosocial assessment procedure](#) and the [HEEADSSS Assessment: Handbook for nurses working in secondary schools](#).
- *Page 7*Communicating about consent is important in sexual health literacy from legal and relationship perspectives.
- In WA, the legal age for consensual sex is 16 years.⁵
- It is important to exercise clinical judgement about adolescents engaging in sexual activity. Assessment of health and psychosocial risks including the possibility of coercion, is necessary. It is important to identify if there are significant developmental differences and maturity of those involved.
- 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 [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.

Roles, responsibilities and actions

Primary health care

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

- Build literacy about respectful relationships.
- Build literacy about sexuality, sexual and reproductive health.
- Link young people to reputable support resources, websites and Apps.
- Provide brief interventions, for example; how to buy and use condoms; discuss what consent looks like, managing STIs, access to emergency contraception, pregnancy testing.

- 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 a trusted adult.
- Follow up on referrals and check 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 Human papillomavirus (HPV) vaccination.

Additional guidance can be found in the appendices.

Participation in the student services team

The school 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 service managers, year coordinators, school psychologist, school chaplain, community health nurse and teachers.

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 curriculum resource for teachers delivering 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.

Suggested resources for nurses assisting in classrooms

Growing & developing healthy relationships (GDHR)

- It is strongly recommended that nurses read and become familiar with the first sections of GDHR;
 - Guiding principles
 - Before you start
 - Essential tools
- Use the section 'Learning activities' to help plan your classroom session, in collaboration with the teacher.
 - Go to 'Choose a topic' and 'Choose a year group'.
 - Discuss the lesson plan with the teacher and the role of the nurse.

Let's Yarn! A WA Health site designed for young Aboriginal people. See 'For educators' which includes a range of learning activities, videos, websites and resources.

Get The Facts A WA Health site with interesting information and resources for children and young people. Resources in Get the Facts can be used for learning activities that focus on particular topics (e.g. puberty, sex, STIs or contraception), while introducing students to a reputable online resource. Resources include humorous videos.

Jean Hailes for Women's Health is a national not-for-profit organisation with information and resources for women across the lifespan. It includes a short video 'All you need to know about periods' which can form the basis of classroom discussion and learning activities. https://www.youtube.com/watch?v=PH_NK37bzAQ

Other resources may also be applicable. Locally developed presentations are to be approved by line managers.

Key referral options

It is important to identify relevant health services in the local area, and other accessible services, for example:

- General practitioners
- Aboriginal Health/Medical Services. [Aboriginal Health Council of WA](#) provides details of the Aboriginal Medical Services across WA.
- [Sexual Health Quarters](#) offers clinical services; 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 work and study support. Headspace centres are in metro and country areas.
- Other local agencies that support young people. (See below for some useful external resources).

Documentation

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

References

1. Sawyer SM, Azzopardi PS, Wickremaratne D & Patton GC. The Age of Adolescence, *The Lancet*, 2018, Vol 2, Issue 3, p223-228.
2. Power J, Kauer S, Fisher C, Chapman-Bellamy R & Bourne A. 7th National Survey of Australian Secondary Students and Sexual Health 2022, (ARCSHS Monograph Series No. 133, 2022), Bundoora: Australian Research Centre in Sex, Health & Society, La Trobe University.
3. 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: Aust Research Centre in Sex, Health and 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. CCYP, Perth.
5. Australian Government, Australian Institute of Family Studies. Age of consent laws in Australia. Resource Sheet May 2021.
6. Government of Western Australia. Guidelines for Protecting Children 2020. Perth: Child and Adolescent Health Service; 2020.
7. World Health Organisation. Sexual Health – Definitions. [updated 2024; cited 2024 Oct 16]. Available from https://www.who.int/health-topics/sexual-health#tab=tab_1
8. Marino JL, Werner-Seidler A, Maston K, Lin A, Perry Y, Bista S, Davies C, Christensen H, and Skinner R. JAMA Network Open, Sexuality and Gender Diversity Among Adolescents in Australia, 2019-2021. 2024;7(10).
9. Commissioner for Children and Young People, 2023. We are people and we exist. Hearing from trans and gender diverse children and young people in WA. CCYP, Perth.
10. Power J, Kauer S, Fisher C Bourne A. (2024) Acceptance and use of condoms among school-aged young people in Australia. *Sexual Health* 21, SH23173.
11. 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
12. SECCA Ability Relationships Sexuality. <https://www.secca.org.au> (Accessed Nov 8, 2023)
13. Department of Health WA. Get the Facts: Relationships <https://www.getthefacts.health.wa.gov.au/relationships> (Accessed Nov 22, 2023).

Related internal policies, procedures and guidelines

The following documents can be accessed in the CACH Clinical Nursing Policy Manual [HealthPoint link](#) or CACH Clinical Nursing Policy [Internet link](#)

[Adolescent psychosocial brief intervention](#)


[HEEADSSS adolescent psychosocial assessment](#)

Health promotion in schools
Mental health in adolescence
School-aged health services
School-aged health services - secondary
School-aged health services - primary
Sexual Assault Response Procedure – School-aged clients
The following documents can be accessed in the WACHS Policy Manual
Consent for Sharing of Information: Child 0-17 years Procedure – Population Health
WebPAS Child at Risk Alert Procedure
Child Safety and Wellbeing Policy
The following documents can be accessed in the CAHS Policy Manual
Clinical handover - nursing (CAHS-CACH)
Clinical Incident Management
Responding to Potentially Traumatic Events
The following documents can be accessed in the CACH Operational Policy Manual
Client Information- Requests and Sharing
Related external legislation, statewide mandatory policies, and guidelines
MP0175/22 - Consent to treatment
Guidelines for Protecting Children 2020
Mandatory Reporting Guide - Western Australia
Memorandum of Understanding 2022-2025 between Child and Adolescent Health Services, WA Country Health Service and the Department of Education for delivery of school health services for students attending public schools.
Useful internal resources (including related forms)
HEEADSSS Assessment: Handbook for nurses working in secondary schools.
Health Promoting Schools Framework Toolkit

Useful external resources (including related forms)
Age of consent laws in Australia Australian Institute of Family Studies
HealthySexual STI facts, testing advice and clinic locations.
Dr YES A youth health promotion program involving peer-to-peer sessions. AMA based program facilitated by trained volunteers.
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.
Kids Help Line: 1800 55 1800 and Kids Helpline resources
Let's Yarn! A WA Health site with resources designed for young Aboriginal people.
Medicare for young people
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 from Healthy WA.
SECCA - resources to help people of all abilities learn and teach about relationships, sexuality, health and rights.
Sexual assault resource centre (SARC) provides many useful resources and 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.
What Is Consent? Legal Information in Western Australia Youth Law Australia (yla.org.au)
Working with Youth. A legal resource for community-based health professionals covers issues such as: mature minor status, consent for services and sharing information, confidentiality, sexual health, access to Medicare and many case studies.

YEP Project The Youth Educating Peers program. Sexual Health and Relationships education using a peer based model. Youth Affairs Council of WA.

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

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix 1: Diversity in sexuality and gender identity

Recent surveys of Australian adolescents found that many identified as lesbian, gay, bisexual or were unsure about their sexuality.^{2,8} A survey with young people in early to middle adolescence found that 3.3% identified as gender diverse, and most had begun to understand their difference prior to adolescence and before any experience in intimate or romantic relationships.⁸

Many young people of diverse sexuality and gender experience poorer mental and physical health compared with their cisgender and heterosexual peers.⁸ Some experience exclusion and stigma in their communities, schools and families. In regional areas, there is particular difficulty accessing services, getting support and privacy.⁹

Assessment

- Refer to the [HEEADSSS Handbook](#) – Sexuality and gender (page 22)
- Assess support from family and friends.
- Ask about safety and support in school and the community
- Assess for mental health concerns.

Brief Intervention

- Discuss the right of everyone, no matter their sexuality or gender identity, to be respected, recognised and included, and to be loved and feel safe.
- Ask how the young person would like to be seen and what their preferred pronouns are. Discuss how they can express this to significant people and in everyday life.
- Assist with access to sources of reputable information and support, including safe sex in same-sex relationships.
- Discuss understanding and support from parents, carers, family and significant others. Practice talking about and expressing how they feel and what they want.
- Discuss health care rights, accessing the care they might need and expressing/describing who they are and what they need.
- See [Adolescent Brief Intervention](#) for guidance about providing brief intervention.

Referral and follow-up

- Offer a follow-up appointment to explore issues and concerns.
- Make a referral to a suitable agency or other health care provider, as required.

Health literacy

- Discuss to establish what their level of understanding is around gender, sexuality, sex and safe-sex.
- Discuss the right of the young client to be respected, recognised and included, and to be loved and feel safe.
- Discuss the right to be treated fairly at school, community, workplaces, and that it is not ok to be bullied and discriminated against.
- Discuss health care rights and watch *My Health in my Hands - healthcare rights for young people* (WA Health) <https://youtu.be/X1RxihUR0X4>

Appendix 2: Guidance - Contraception

It is lawful and appropriate to provide young people under the age of 16 years with information about safe sex and contraception.

Condoms are affordable and effective in preventing pregnancy and common STIs and should be promoted for young people. Condom use is enhanced when intimate partners are able to discuss the use of condoms, when partners perceive that condoms are easy to use, and when they perceive social and relationship benefits, such as showing care for their partner.¹⁰

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, including sexual activity, communication about and use of contraception, and communication about these aspects of intimacy.
- Discuss patterns of sexual activity, partner(s) and risky behaviours.
- Explore understanding of consent and assess for coercion and abuse.
- Explore support by family, intimate partner and friends.
- Refer to [HEEADSSS 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](#) or other reputable internet resources.

Referral and follow-up

- Make a referral to a doctor or suitable service, as required.
- Provide information about how a referral works and what to expect.

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 processes for rural and remote locations with a line manager.

Appendix 3: 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 [HEEADSSS 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. Discuss the services that can assist them to access a pregnancy test.
- Encourage and support the young person to inform their parents or guardian about the suspected or confirmed pregnancy.
- See [Adolescent Brief Intervention](#) for 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.

Appendix 4: 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 [HEEADSSS 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 [HealthySexual](#) 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.
- See [Adolescent Brief Intervention](#) for 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, including safe sex for same-sex intimacy.
- 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.

Appendix 5: 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.¹¹

Although primary dysmenorrhoea is not considered to be life threatening, it can significantly disrupt daily life. The impact of menstrual symptoms on education is significant, with strong links to school absenteeism and diminished classroom performance.¹¹

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 [HEEADSSS Handbook](#) for comprehensive assessment guidelines, as required.

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 to access useful websites or Apps to track their menstrual cycle - *Clue* or *Flo*.
- Support the individual with a plan to manage their menstrual pain, which might include self-care.

Referral and follow-up

- If pain continues to disrupt everyday living 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 pain management.

Note: Nurses can recommend the adolescent discusses the use of over-the-counter medications with a general practitioner or pharmacist

Appendix 6: Guidance – disability, sexual health and healthy relationships

People with disabilities of all kinds have the right to lead full lives, including sexuality and intimacy.¹³ It should be remembered that diversity in sexuality and gender exists amongst all populations as it does within groups of people with disability.

Young people with disability require support and education around sexual health and healthy relationships, as with many other young people without disability.

Assessment

- Use the [SECCA App](#) to assess and develop an individual's understanding of relationships and sexuality concepts.
- Refer to [HEEADSSS Handbook](#) for comprehensive assessment guidelines, if and as appropriate for the young client.

Brief Intervention

- Use [SECCA resources](#) to base discussions about wanted and unwanted touching, gender diversity, online dating, porn, same sex, sexting and protective behaviours.
- Show and discuss the SECCA resource (free booklet) *Sexuality, Relationships and Your Rights*. This is a picture-based, simple English resource for teaching people about their rights and the law related to their body, health, relationships and sexuality.
- Introduce your young clients to *Feel Safe*, an accessible, interactive and multi-media resource that explores Protective Behaviours concepts. It was specifically designed with and for young adults with varying abilities.
- Use the SECCA (free) booklet to talk about consent and sexual consent.

Referral and follow-up

- Make referrals as for young people without a disability.
- Assess the need to inform and collaborate with parents/carers, or assist the young person to communicate with their parents about their issue.
- Counselling for people with disability, is available through [SHQ Disability counselling](#) (face-to-face or via Telehealth), and [SECCA counselling services](#).

Health literacy

- Assist individual with understanding:
 - Appropriate social, personal and sexual behaviours, in private and in public.
 - Puberty and hygiene
 - Sexuality and gender, sex and consent.
 - Protective behaviours
 - Developing and maintaining respectful relationships.

Education for schools, young people, parents, carers and teachers and other professionals is available through the [SHQ Disability Support](#) team or [SECCA Ability Relationship Sexuality](#).

Appendix 6: Guidance – healthy and respectful relationships

Respect and showing value for other people through words and actions is essential for relationships. Respectful relationships are characterised by demonstrating care and considering how your words or actions may affect others.¹⁴

Learning how to have respectful relationships with family, friends, team mates, sporting partners, neighbours, other students, teachers and acquaintances lays the foundation for respectful and healthy romantic and intimate relationships.¹⁴

Assessment.

- Refer to [HEEADSSS Handbook](#) for assessment as appropriate for the client.
- If there is an intimate or romantic friend/partner, ask about the relationship; assess for signs of coercive control as per [Young People and Relationships: A Guide for Parents, Guardians and Adults that Work with Young People](#)
- If the relationship involves sexual activity, ask about sex and consent.
- Assess the need to inform and collaborate with parents/carers.

Brief Intervention

- Discuss [All About Respect | Why Is Respect Important? | Kids Helpline](#). Ask how respect is shown by various people in their lives, and how they can show respect.
- Introduce the young person to [Reachout Relationships](#) to explore relationship challenges and how to handle them.
- Share the [SARC Sex and consent factsheet](#) or [When sex is okay \(easy read\) factsheet](#) and discuss the relevant parts.
- Watch the Australian Government videos about [coercive control for young people](#) and/or share the SARC [Relationship warning signs factsheet](#).
- Support the young person to plan action as per the circumstances.

Referral and follow-up

- Refer to 1800RESPECT – National family, domestic and sexual violence support counselling service. This service is free and confidential. Available 24 hours, 7 days a week. 1800 737 732 1800respect.org.au
- Kids Helpline – Free support and counselling for people aged 5 to 25. Available 24 hours, 7 days a week. 1800 551 800
- Offer a follow-up an appointment.
- Discuss informing parent/carer or assist the young person to communicate with their parents about their issue.

Health literacy

- [GDHR Learning Activities](#) - choose Relationships and year/age for key messages.
- Assist the individual with understanding:
 - Qualities of respectful relationships
 - Sex and consent.
 - Being assertive and respectful – asking for respect and showing respect.