Anglicare VICTORIA

SEX EDUCATION POLICY

1. POLICY PURPOSE AND RATIONALE

Sex education is part of a whole of life approach which focuses on the health and well-being of children and young people. Anglicare Victoria's approach to sex education is based on building knowledge, self supportive behaviours and skills to enable children and young people to make appropriate decisions about sexuality and sexual activity in a safe and supportive environment. Information provided to young people should be age and developmentally appropriate, with the capacity to adapt based on the actual experience and developmental and maturity levels of each individual. Sex education should be based on an understanding that sexuality is a natural and healthy part of living and that people are sexual from birth to death; that every person has dignity and self worth; that individuals express their sexuality in varied ways; and that sexual relationships should never be coercive or exploitative.

If sex education is to be effective it must include opportunities for young people to develop skills, as information is just one component of the education process. The skills young people develop as part of sex education are linked to more general life skills. For example, being able to respect others, communicate, listen, negotiate, ask for and identify sources of help and advice are useful life skills and can be applied in terms of sexual relationships. Effective sex education develops young people's skills in negotiation, decision making, assertion and listening. Other important skills include being able to recognise pressures from other people and to resist them, deal with and challenge prejudice, seek help from adults – including parents, carers and professionals – through the family, community and health and welfare services. Effective sex education also equips young people with the skills to differentiate between accurate and inaccurate information, discuss a range of moral and social issues and perspectives on sex and sexuality, including different cultural attitudes and sensitive issues like sexuality, abortion and contraception.

Sexual Health & Family Planning Australia (SH&FPA), a federation of seven Australian state and territory organisations working in the field of sexual and reproductive health, have determined, based on detailed analysis of the literature, that comprehensive sexuality and relationships education programs:

- Increase knowledge about reproduction, pregnancy, sexually transmissible infections (STIs) and prevention methods and provide the knowledge and skills base for sexual and reproductive health for life.
- Are likely to assist in reducing vulnerability to sexual abuse, by providing accurate information and awareness about the body, sexual development, and appropriate boundaries of physical intimacy in family and social relationships.

- Do not promote earlier or increased sexual activity and in fact can delay the onset of sexual activity, and reduce the number of sexual partners.
- Increase the use of contraception and safe sex practices.
- Are more effective when programs promote both postponement of sexual intercourse and the use of protection when sexually active, than programs that promote abstinence alone.

Children and young people in out of home care may have experienced child sexual abuse and/or may have perpetrated such abuse against others. As a general principle, children or young people who have been sexually abused or are suspected of having been abused or of perpetrating abuse against others, require the same access to sex education as other children or young people.

Where caregivers become concerned about children or young people acting out sexual behaviour, immediate contact should be made with the Anglicare Victoria case worker who will make further assessment and advise the allocated DHS Protective Worker who may refer the child or young person for specialist assessment and support if required. Where Anglicare Victoria has case contracting responsibility, the Anglicare Victoria case worker will undertake follow up referrals as appropriate in consultation with the Child Protection Liaison Worker.

Each young person in out-of-home care has the right to feel safe, and be safe, all of the time. This means 24 hours a day, in every location and situation. Any behaviour or action by a resident, staff member or external person, which constitutes a breach of a young person's personal, physical, emotional or psychological safety, must be responded to immediately and sensitively by staff on duty.

Standards
This policy complies with Standards 5.2 a, b, c and e and 5.4 b of *Registration Standards for Community Service Organisations: Performance Criteria* (Department of Human Services, 2007).

2. DEFINITIONS

Age and Developmentally Appropriate

Children and young people need access to information that is suitable for their age, developmental stage and cognitive ability. While ages are given below to indicate the stages of development, all children develop at different paces and this framework should not be considered to be hard and fast for each child.

Most children are curious about sex, and ask direct questions. These should be answered honestly with age appropriate concepts and language.

<u>18 months – 3 years</u>

Between the ages of 18 months to 3 years, children begin to learn about their own bodies. Children should be taught the proper names for sex organs. At this stage it is normal for a child to explore his or her body and to do what feels good. Self-stimulation is one way a child's natural sexual curiosity is manifested. At this age, children should also be taught that parts of their body are private (eg the parts

covered by their bathers) and that no one should be allowed to touch them without permission.

3-4 Years

By the age of 3 or 4, children generally know that boys and girls have different genitals. To satisfy their normal curiosity about each other's sex organs, children may play "doctor" or take turns examining each other. This exploration is harmless when only other young children are involved. At this age, many children may ask "Where do babies come from?" Answers should be accurate but not necessarily detailed (eg "babies grow in a special place inside their mother.")

5-7 years

Between the ages of 5 and 7, children become more aware of their gender. Boys may tend to associate only with boys and girls only with girls. At this age, questions about sex will become more complex. They may turn to friends for some of these answers and may pick up faulty information about sex and reproduction. It is worth checking what they already know and correct misunderstandings.

8-12 years

Children between the ages of 8 and 12 worry a lot about whether they are "normal." Children of the same age mature at different rates. These children require reassurance. Before they reach puberty, all children should have a basic understanding of:

- The names and functions of male and female sex organs
- What happens during puberty and what the physical changes of puberty mean
- The nature and purpose of the menstrual cycle
- What sexual intercourse is and how females become pregnant
- How to prevent pregnancy
- Same-sex relationships
- Masturbation
- Activities that spread sexually transmitted infections (STIs), in particular HIV/AIDS and ways to prevent them
- Their right to refuse to participate in any sexual act that makes them feel uncomfortable or unsafe.
- The right of any prospective sexual partner to refuse to participate
- Gender identity (inclusive of intersex gender/s, transgender and transsexual

12 years and over

Children and young people over 12 years require ongoing access to information about sexuality, relationships, negotiating a sexual and non-sexual relationship, contraception and dealing with coercion and power.

Intellectual Disability

Young people with an intellectual disability may experience a disparity between physical development in their bodies (such as during puberty) and their ability to understand this emotionally and intellectually. This is because physical changes generally occur much earlier than their emotional maturity. They may also misinterpret information in the media or from peers or family and lack the confidence to ask questions.

In relation to care of a young person with a disability, they may also require a higher degree of touch or personal interaction from their carer in self-care and hygiene, resulting in the need for a clear explanation to them about appropriate boundaries and behaviour. It is important for carers to be aware that these young people have the same rights to sexual expression, curiosity, education, relationships and support as all others in their care. They may also be particularly vulnerable to exploitation or assault, due to lack of knowledge or the ability to communicate difficult situations to their carers. Their particular needs for sex education must be clearly discussed with their caseworker or specialist worker and documented in their Care Plan.

Age of Consent

Under Victorian criminal law, a young person aged 16 years or over is deemed capable of consenting to sexual activity. A child or young person aged from 10-15 years is deemed capable of consenting to sexual activity providing their partner is not aged more than 2 years older.

Child Sexual Abuse

Child Sexual Abuse involves the use of a child or young person for sexual gratification by an adult or significantly older child/adolescent. It may involve activities ranging from exposing the child or young person to sexually explicit materials or behaviours, taking visual images of the child or young person for pornographic purposes, touching, fondling and/or masturbation of the child or young person, having the child or young person touch, fondle or masturbate the perpetrator, oral sex performed by the child or young person, or on the child or young person by the perpetrator, and anal or vaginal penetration of the child or young person. Sexual abuse is known to be perpetrated against children and young people of all ages and both sexes, and is committed predominantly by men, who are commonly members of the child's family, family friends or other trusted adults in positions of authority.

The Australian Institute of Health and Welfare defines child sexual abuse as 'any act which exposes a child or young person to, or involves a child or young person in, sexual processes beyond his or her understanding or contrary to accepted community standards' (Angus and Woodward 1995:46).

Child Sexual Abuse Perpetrators

Children and adolescents may commit acts of sexual abuse against other children, or young people, frequently siblings. Evidence suggests that adolescents who display early signs of sex offending tend to grow up and commit sex offences unless they are provided with treatment. The need to break the cycle of offending at an early stage highlights the targeting of young sex offenders as a special population. According to the Children's Protection Society (1995), the literature on adolescent sex offenders has unanimously concluded that the professional community must 'work to identify and treat child (and adolescent) perpetrators and not deny the potential risks to themselves and the community' (Johnson 1988, as cited in Children's Protection Society 1995:14).

While the 'majority of male children who are sexually assaulted do not become sexual offenders' (Becker 1988:195), the rate of sexual victimisation for young offenders is estimated to be between 30 and 70 per cent (Watkins and Bentovim 1992).

Sex Education

Sex education, which is also sometimes called sexuality education or sex and human relationships education, is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, gender identity, relationships and intimacy. It is also about developing young people's skills so that they make informed choices about their behaviour, and feel confident and competent about acting on these choices. It is widely accepted that young people have a right to sex education, partly because it is a means by which they are helped to protect themselves against abuse, exploitation, unintended pregnancies, sexually transmitted diseases and HIV/AIDS.

It is a requirement that all programs which fall under scope of the draft Department of Human Services 'Program Requirements for Home Based Care in Victoria' and 'Program Requirements for Residential Care in Victoria' have procedures in place to ensure that clients are provided with appropriate information from parents, carers, health professionals, teachers and/or Anglicare Victoria staff regarding sex education as outlined above.

All other programs which fall under the Children, Youth and Families Act (2007) should meet the "Common principles to guide practice" which require that the best interest of a child or young person be protected and promoted with specific reference to all aspects of childhood development.

Forming Attitudes and Beliefs

Young people can be exposed to a wide range of attitudes and beliefs in relation to sex and sexuality. These sometimes appear contradictory and confusing. For example, some health messages emphasise the risks and dangers associated with sexual activity and some media coverage promotes the idea that being sexually active makes a person more attractive and mature. Because sex and sexuality are sensitive subjects, young people and sex educators can have strong views on what attitudes people should hold, and what moral framework should govern people's behaviour – these too can sometimes seem to be at odds. Young people are very interested in the moral and cultural frameworks that bind sex and sexuality. They often welcome opportunities

to talk about issues where people have strong views, like abortion, sex before marriage, lesbian and gay issues and contraception and birth control. It is important to remember that talking in a balanced way about differences in opinion does not promote one set of views over another, or mean that one agrees with a particular view. Part of exploring and understanding cultural, religious and moral views is finding out that you can agree to disagree.

Effective sex education also provides young people with an opportunity to explore the reasons why people have sex and to think about how it involves emotions, respect for oneself and other people and their feelings, decisions and bodies. Young people should have the chance to explore gender differences and how ethnicity and sexuality can influence people's feelings and options. They should be able to decide for themselves what the positive qualities of relationships are. It is important that they understand how bullying, stereotyping, abuse and exploitation can negatively influence relationships.

Gender Identity

Contemporary discourse considers that the term Gender Identity "…should respect the sex or gender that an individual person identifies as, without the suggestion that they are in fact of that sex or gender" (Law Institute of Victoria , 2010). Gender Identity is the preferred language which should be used when describing an individual's preference and choice to identify within a particular gendered construct. The term 'Gender Identity' encompasses a range of other descriptors, such as 'intersex', 'trans-gender', 'trans-sexual' (Sexual and Gender Identity Discrimination Bill, 2003). Gender Identity is about how one identifies with and views themselves, where as sexual orientation relates to how they view, engage with and relate to others (Amnesty International, 2012).

Sexual Orientation

Kinsey (1948 & 1953) determined that sexuality exists on a continuum from exclusively heterosexual at one extreme to exclusively homosexual at the other. In the middle are mostly heterosexual, bi-sexual and mostly homosexual.

Three broad sexual orientations are commonly recognised: heterosexual - attraction to individuals of the other sex; homosexual – attraction to individuals of one's own sex (same-sex attracted); or bisexual – attraction to members of both sexes. Women with a homosexual orientation are usually referred to as lesbian and men with a homosexual orientation are usually referred to as gay.

Sexual orientation is different from sexual behaviour because it refers to feelings and individuals' views about what they consider themselves to be. Sexual behaviour is simply how people behave in a sexual situation. Individuals may or may not express their sexual orientation in their behaviour.

Young people may experiment with different sexualities, particularly during their adolescent years.

3. PROCEDURES

3.1 Provision of Information

Caregivers should be provided with this policy during pre-service training. Children and young people in home based care should have access to age appropriate written and electronic information (eg DVDs, CDs) related to sex, human development and sexual orientation. Caregivers should monitor access to this information to ensure that it is not being accessed by younger children. The approach to sex education should be discussed with case workers as part of supervision or with case managers in residential care and documented in the Care and Placement Plan and Looking After Children Assessment and Action Records or as part of the Care Team for the child or young person.

3.2 Parental Involvement

Where possible and appropriate, the child's or young person's natural parents' views should be sought in relation to the process of providing sex education to the child(ren) or young person. Anglicare Victoria staff must be mindful of cultural issues when this occurs.

Caregivers should be wary of placing a child in a situation of conflict with the natural parent's values around sexuality when the caregiver's or Anglicare Victoria's values differ. For example, caregivers should be careful about expressing strong views on things like homosexuality or "when should you have sex" and so on. It is often more appropriate to offer a variety of viewpoints: some people think this, others think this etc. (Source: MacKillop Family Services – Guidelines on Sex Education).

3.3 Sex Education

Sex education should be discussed between caregivers and case workers/case managers and documented in the Care and Placement Plan. To educate about sex in the most effective way, caregivers should aim:

- To be approachable and non-judgemental
- To avoid too much questioning which invades a child's or young person's privacy
- To initiate and model ways of discussing sexual issues
- To be clear about what messages they want to convey, for example, it's ok and desirable to ask questions, to acknowledge that it can be embarrassing for adults and children
- To provide appropriate levels of information
- To be clear on personal boundaries, that is, whether or not to give personal information and whether or not to make a value judgement
- To repeat information often, in a variety of ways and using different strategies (see strategies)

- To use non-sexist, non-discriminatory, non-derogatory words which are accurate and can be built on later ie. uterus, not tummy
- To start with simple, though accurate, information when the child is young (eg. under 5 years of age) and give more complex information as the child grows
- To give information when natural opportunities arise without waiting to be asked
- To be sensitive to the cultural, religious and ethnic context and values of the child or young person (Source: MacKillop Family Services: Guidelines on Sex Education). For culturally and linguistically diverse clients, it is recommended that discussion of issues of a sexual nature should occur in consultation with an appropriate information/resource service for the specific culture concerned.

The aim of sex education is for children and young people:

- To feel positive about their bodies
- To be aware that some body parts and actions are more private than others, rather than rude or dirty, and that they can be discussed in certain contexts
- To be aware of the boundaries this privacy involves, i.e. usually by school age, children should know that the genital parts of their bodies should only in certain circumstances be touched by others
- To have experienced sensitive and open discussion both initiated by adults and in response to their own questions (Source: MacKillop Family Services)

Caregivers should answer questions truthfully while being aware of the age and maturity of the child or young person, their life experiences and their capacity to understand. However, caregivers should exercise discretion when giving answers to personal questions, or using personal examples, which may be appropriate with their own children, but not with children in their care. For example, if children ask about a caregiver's "sex lives", a caregiver should be wary of giving personal information, whereas "did you have wet dreams?" would be less problematic (MacKillop Family Services).

Where a child or young person has a history of sexual abuse, it is advisable for caregivers and workers to be very careful in choosing how to respond, and to proceed cautiously and sensitively. Such children and young people may already be receiving some therapeutic counselling, and it may be advisable for the sex education processes to be integrated into such counselling.

Caregivers of children or young people who have, or may have, been sexually abused should be particularly sensitive and avoid any overt sexual behaviour, 'dirty' jokes or unnecessary nudity in the home.

3.4 Responding to Disclosure of Sexual Abuse or Sexual Assault

If a child or young person discloses current sexual abuse or assault, immediate steps must be taken to ensure that person's safety and protection. In the case of any disclosure of child sexual abuse, caregivers are required to contact their case worker or after hours on-call service immediately. The case worker will refer the matter to the Department of Human Services case manager. Where Anglicare Victoria has contracted case management, the case manager/Team Leader are to refer the matter to the Agency Liaison Officer – Child Protection. Children and young people who have been abused require understanding and empathy and have equal or greater need for information about sex and human development than those who have not. Children and young people who have been abused or assaulted must be referred to appropriate services for specialist support by their case manager. However, during the interim period between disclosure and commencement of services, staff or carers should:

- Remain calm and avoid demonstrating feelings of anger or disgust
- Express direct belief in what is being said
- Avoid interrogation or seeking details
- Offer reassurance, affirm the person for telling
- Clearly state the young person is not to blame
- Avoid promising secrecy or confidentiality, as this may not be possible under the law
- Clarify whether anyone else has been told
- Clarify what the person would like you to do next.

3.6 Dealing with Perpetrators of Sexual Abuse

Children or young people who have committed sexual offences against other children require access to sex education and information about sex. Offences must be reported immediately to the case worker or on call service and an immediate report made by the caseworker or on call service to the Department of Human Services and the Victoria Police, if necessary. Caregivers should complete a Critical Incident Form as soon as possible after the offence has been reported. It is imperative that immediate steps be taken to ensure the safety of all young people in the home following discovery of any level of sexual offence within the environment.

3.7 Contraception

Young people are entitled to confidential access to medical practitioners from the age of 16 years or earlier, subject to the judgement and agreement of the medical practitioner. The provision of contraception to a child or young person by a medical practitioner is a private and confidential matter between the child or young person and the medical practitioner. Young people are entitled to their own Medicare Cards from the age of 15, or younger in special circumstances.

4. RELATED DOCUMENTS

Victorian Centres Against Sexual Assault – www.casa.org.au

Family Planning Victoria – www.sexlife.net.au/index.html

The Hormone Factory – http://www.thehormonefactory.com/index.cfm

Family Planning Victoria – http://www.sexlife.net.au/index.html

Australian Research Centre in Sex, Health and Society (ARCSHS) – http://www.latrobe.edu.au/arcshs/

The ALSO Foundation – "We're Here: a resource for childcare workers"
http://www.also.org.au/discover/projectsandservices/documents/werehere.pdf
"ALSORTS - A Sexuality Awareness Resource"
http://www.also.org.au/discover/projectsandservices/alsorts2ndedition.htm

Gay and Lesbian Health Victoria – Resources for Teachers:
http://www.glhv.org.au/?q=taxonomy/term/88

Growing and Developing Healthy Relationships:
http://www.population.health.wa.gov.au/Communicable/gdhr.cfm

SHine SA (Sexual Health information networking & education):
http://www.shinesa.org.au

Australian Research Centre in Sex, Health and Society (ARCSHS)
www.latrobe.edu.au/arcshs/

Amnesty International "Sexual Orientation and Gender Identity" (2012)

Sexuality and Gender Identity Discrimination Bill (2003)

Law Institute of Victoria, "Consultation regarding federal protection from Discrimination on the basis of sexual orientation and sex and/or gender identity" (2010)

Anglicare Victoria Critical Incident Reporting Policy for Out of Home Care

Incident reporting: Departmental instruction September 2005

Incident reporting guide (DHS September 2005)

This policy becomes effective as at: 6 September 2012
This policy was last amended: 3 September 2012
This policy is due to be reviewed: 2 September 2015
Any queries about this policy or related procedures should be directed to:
General Manager Placement and Support Services or General Manager Family Services