Adolescent Sexual Health and the Victorian Health Service

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University of Melbourne



Outline

Introduction to adolescent development

Sexual behaviour data in Australia

Young people and sexual health

Cases



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Adolescent development 101

Early adolescence: 11-14 years

coming to terms with physical changes, peer identification begins

"am I normal?"

Middle adolescence: 15-17 years

establishing self amongst others, strong peer identification, continue separation from parents

" am I cool? "



Late adolescence: 18-21 years

functional roles established eg work, relationships "will I make it?"



Developmental Tasks

Physical: adolescence often recognised when puberty begins

Cognitive: development of abstract conceptualisation

and deductive reasoning skills

Psychosocial: development of independence, own identity,

moral value systems, peer relationships, realistic body images, sexual identity and personal goals





Unique Clinical Challenges in Adolescence

Transition phase of adolescence produces *specific disease patterns, unusual presentations and unique communication and management* challenges for the practitioner

... in addition to risk taking behaviours





Risk taking behaviours: part of normal development

Alcohol, drugs, cars, motorbikes, sexualised images ...

Difficulties can arise because of

- Ignorance (no prior experience or lack of information)
- Impulsiveness (thrill-seeking)
- Low self esteem
- Cognitive immaturity





Abstract thinking

I didn't use a condom as I didn't have one but I didn't get Chlamydia.

I was lucky, he was obviously clean. I wont risk it again. I'll always have a condom with me in future.

Concrete thinking

You said if I didn't use a condom I'd get Chlamydia and I didn't.

You were wrong, I obviously don't need condoms.





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Secondary school surveys from ARCSHS at LaTrobe University

Serial surveys: 1992-2018:

knowledge, attitudes and reported behaviours

https://www.latrobe.edu.au/ data/assets/pdf_file/0006/1072788/National-Survey-of-Australian-Secondary-Students-and-Sexual-Health-1992-2018-Trends-Over-Time.pdf

<u>Australian study of health and relationships</u>
UNNSW, US, University of Sussex and ARCSHS, La Trobe Uni
10 yearly, 2004 and 2014



- Knowledge
- Penetrative sex
- Oral sex
- Condom usage
- Unwanted sex
- Diversity of attraction





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Domain	Changed
HIV transmission knowledge	None
Perceived risk for HIV	None
General STI knowledge	Increased
Perceived risk for STI	None
Self-reported STI diagnosis	None
Hepatitis knowledge	None
Self-reported hepatitis vaccination	None
HPV knowledge	None
Self-reported HPV vaccination	Decreased ¹
Peer norms on condom use	None
Diversity of reported sexual attraction	Increased ²
Sexual behaviours	None
Sexual experiences	None
Unwanted sex	Nane
Condom use	None
Last sexual experience	None ³



Knowledge

- Penetrative sex
- Oral sex
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Table 6.2 Students' use of sources for sexual health information

	20	002	20	800	20	113	2018	
	%	n	%	n	%	n	%	n
Doctor/GP	41.7	842	32.6	790	29.0	442	32.8	1,113
Immediate family								
Father/male guardian	31.8	617	28.7	695	18.2	278	26.7	899
Mother/female guardian	52.7	1,071	50.1	1,213	35.8	547	53.0	1,792
Older sibling	- 19	(4)	24.2	587	13.6	207	20.8	671
Peers					_			
Female friend	49.1	991	50.5	1,224	39.6	604	74.6	2,525
Male friend	33.0	649	32.9	796	26.9	411	58.2	1,966
School-based resources								
School program	75.4	1,563	46.4	1,124	42.5	649	54.0	1,824
School counsellor	13.9	265	12.8	310	10.6	161	9.6	324
School nurse	22.1	443	13.2	319	11.3	172	9.1	308
Teacher	46.0	914	31.1	754	28.9	441	30.3	1,022
Community-based resources								
Community health service	22.4	431	13.3	322	10.6	161	17.3	579
Youth worker	31.1	743	10.8	262	9.2	140	8.0	268
Internet websites	42.1	1,005	36.0	872	43.1	657	79.9	2,703



- Knowledge
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- Oral sex
- Condom ι
- Unwanted
- Diversity c

Table 5.6 Students' reported sexual activities - penetrative sex

		1992		1997		2002		2008		2013		2018	
		%	n	%	n	%	n	%	n	%	n	%	n
Male	Year 10	26.0	101	21.8	171	27.6	161	28.2	165	25.6	97	31.4	200
	Year 12	48.3	159	46.3	332	48.2	201	46.8	182	55.4	108	51.7	541
Female	Year 10	20.8	104	16.3	157	24.3	185	29.6	291	23.5	119	36.8	329
remaie	Year 12	46.6	215	47.8	471	46.1	258	62.8	518	47.9	168	57.9	675
Total		34.5	580	32.8	1,130	34.7	804	41.5	1,157	34.4	492	46.6	1,745





- Knowledge
- Penetrative sex
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- Condom usage
- Unwarted sev
- Diversi Table 5.5 Students' reported sexual activities oral sex

	20	02	20	800	20	113	2018		
	%	n	%	n	%	n	%	n	
Giving oral sex	39.0	923	44.6	1,258	38.5	578	52.1	1,988	
Receiving oral sex	40.7	962	1.70	1 = 1	38.6	577	51.4	1,962	





Two major surveys on

se)

Table 5.10 Sexually active students' reported condom use in the previous year

Secondary scho

	1992		1997		2002		2008		2013		2018	
	%	n	%	n	%	n	%	n	%	n	%	n
Always	43.0	227	53.1	553	51.9	392	50.0	554	46.3	208	38.5	629
Sometimes	42.4	224	37.8	393	39.2	296	43.0	476	41.2	185	48.7	796
Never	14.6	77	9.1	95	9.0	68	7.0	7.7	12.5	56	12.7	208

- Knowledge
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- Diversity of attract

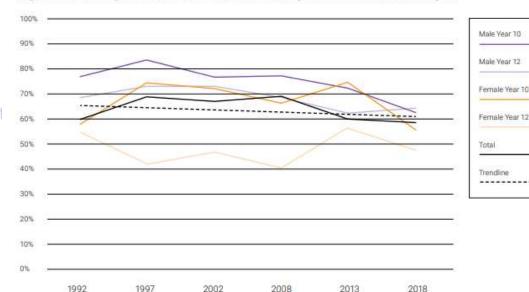


Figure 5.7 Percentage of students who sometimes or always used a condom in the last year



- Knowledge
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Table 5.8 Sexually active students who have ever had unwanted sex

		2002		20	08	20	13	2018		
		%	n	%	n	%	n	%	n	
Male	Year 10	21.9	35	19.3	32	20.0	18	13.8	27	
	Year 12	23.8	48	15.0	27	22.9	24	18.5	98	
Female	Year 10	31.9	59	33.1	96	26.3	30	42.9	136	
	Year 12	25.8	66	40.4	210	28.6	48	33.8	221	





Two sexual k

Secondary school surv

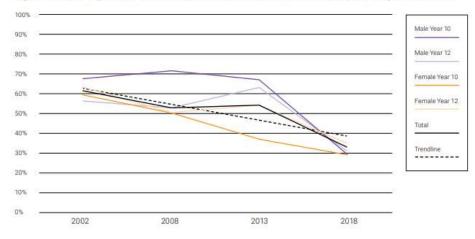
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Table 5.9 Sexually active students who have ever had unwanted sex - reasons

		2002		2008		20	13	2018	
		%	n	%	n	%	n	%	n
	I was too high at the time	30.1	25	24.7	15	26.2	11	7.2	9
Male	I was too drunk at the time	61.0	51	62.7	37	64.3	27	31.2	39
Male	My partner thought I should	46.9	39	43.5	26	38.1	16	53.6	67
	My friends thought I should	12.5	10	12.7	7	26.2	.11	18.4	23
	I was too high at the time	18.9	24	8.6	26	17.9	14	11.2	40
	I was too drunk at the time	61.0	76	50.2	154	47.4	37	32.5	116
Female	My partner thought I should	50.6	63	58.2	178	59.0	46	50.7	181
	My friends thought I should	4.3	5	8.4	26	10.3	8	5.3	19
	I was too high at the time	23.3	49	11.3	41	20.8	25	10.2	49
	I was too drunk at the time	61.0	127	52.2	191	53.3	64	32.2	155
Total	My partner thought I should	49.1	102	55.8	204	51.7	62	51.5	248
	My friends thought I should	7.6	16	9.1	33	15.8	19	8.7	42

Note: Multiple response questions

Figure 5.6 Percentage of students who reported alcohol use as the reason for experiencing unwanted sex





Two sexual b

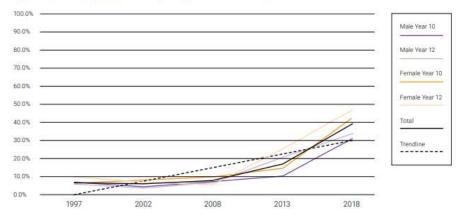
Secondary school surve

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Table 5.2 Who students are sexually attracted to - opposite sex, both sex, and same sex attraction

		1997		2002		2008		2013		2018	
		%	n	%	n	%	n	%	n	%	n
	Opposite sex	93.6	1,396	95.4	960	91.2	930	83.6	493	67.3	1,107
Males	Both sexes	3.2	47	1.0	10	1.0	10	4.7	28	25.9	426
Males	Same sex	1.9	29	2.3	23	5.1	52	8.1	48	6.0	98
	Not sure	1.3	19	1.3	13	2.7	27	3.6	21	0.9	15
	Opposite sex	90.4	1,754	91.5	1,219	91.0	1,701	78.0	669	54.7	1,091
Faccolor	Both sexes	3.1	61	0.3	5	0.6	11	13.4	115	42.2	842
Females	Same sex	3.6	69	6.4	85	6.4	120	4.4	38	1.3	26
	Not sure	2.9	57	1.8	24	2.0	37	4.2	36	1.8	36
	Opposite sex	91.8	3,150	93.2	2,179	91.1	2,632	80.2	1,162	60.4	2,198
Total	Both sexes	3.1	108	0.6	14	0.8	22	9.9	143	34.8	1,268
	Same sex	2.9	98	4.6	108	6.0	172	5.9	86	3.4	124
	Not sure	2.2	76	1.6	37	2.2	65	3.9	57	1.4	51

Figure 5.1 Percentage of students reporting same or both sex attraction





Note: There were more response options in 2018 to algin with best practices; these were collapsed for comparison purposes and may have resulted in over-estimation of same or both sex attraction in 2018.

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Considerations when seeing young teenagers having sex

Safety of young person:

- Age of patient and their partner
- Legal age of consent to sex
- Mandatory reporting
- Confidentiality
- Competence to consent
- Failure to disclose and failure to protect legislation

So how do you assess all this in a short consult?



Assessment

Sexual history in a nutshell

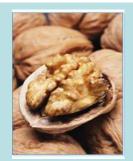
When did you last have sex?

Who with?

Did you use a condom?

What did you do?

Do you have any other partners?



Psychosocial screening

Home

Education/Employment

Activities and Peer Relations

Drugs/cigarettes/alcohol

Sex/sexuality/(abuse)

Suicide/depression





What is the purpose of a HEADSS assessment?

Safety

Rapport

Risk and protective factors

Assessment of maturity

Accurate diagnosis

Appropriate intervention

Preventive health education

Making notes as a prompt for next visit





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Common Scenarios

14 year old having sex with a 17 year old



15 year old having sex with a 15 year old

13 year old having sex with a 15 year old

with a 16 year old

with a 19 year old



Olivia

Young girl presents to a dedicated SRH service in Victoria Presents Medicare card saying she is 14y old 14 weeks pregnant - requests TOP Refuses parental involvement

Assessed as competent
Referred to provider for TOP
Service provider refused assessment or consideration because
"do not undertake 2nd trimester terminations < 16y without parental consent"



Issues raised by this case

Legal age of consent to sex

Competency to consent & confidentiality

Child protection legislation

Failure to disclose (criminal law)

Abortion legislation



Legal Age of consent to sex in Victoria :

< 12y: illegal (consent not valid)

12y - 16y: can be legal providing < 2y older

>16y: **legal** if not under supervision



Competency to consent & confidentiality

Gillick Competency - House of Lords 1985 (Fraser Ruling)

... that a doctor would not be aiding in the offence of carnal knowledge by providing or discussing contraception if he or she:

- Discuss with the individual about them discussing with parents
- Ensure young person understands the physical and emotional consequences of sex
- Be convinced the young person is likely to have sex with or without contraception
- Be convinced the physical or mental health of the young person is likely to suffer if denied
- Be convinced he or she is acting overall in her best interest

they are 16.

Victoria Gillick says she will continue to fight for parental consent to contraception



Competency to consent & confidentiality

Based on the mature minor principle from UK Gillick Case

Reconfirmed by Australian Marion's Case 1992

- appeal to High Court because of conflicting prior decisions
- competence to make decisions aged based?
- labelled certain procedures as Special Medical Procedures
- majority of Judges agreed: individual assessment not age



UK 2006 High Court Case

News Front Page World England Northern Ireland Scotland

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Mother seeks abortion rule change

A mother's legal challenge to guidelines allowing girls to



Mrs Axon, pursued a claim to High Court stating "she had the right to know if her daughters were having an abortion under the age of 16 years"

MITS AXOII, OF Daguley,

Have Your Say Manchester, who has two teenage daughters, says she

High Court confirmed that "young people have the right to confidential health care if they are mature enough to understand the situation, and that there is no automatic right for parents to be informed if its against the wishes of the young person"

Northern Ireland

BMA, medical defence organisations and Government officials agreed with the finding

Christian groups stated "that this further erodes the role and status of the family in society today"

Confidentiality



Medicare Federal funding

Access to most services needs Medicare identification

Family card until 15 years; then can obtain own card

- < 14y with family Medicare card: parents can obtain detailed itemised statement of activities without consent of young person
- > 14y with family Medicare card:
 parents need written consent from young person
- > 14y you can create a myGov account:

 No one else can then view this information (limited < 14 years)



Confidentiality



Medicare Federal funding

In 2003 Australian Government proposed detailed information on Medicare cards would be freely available to parent of those on family card < 16y

Is confidentiality impaired by this system?

Only way to guarantee confidentiality is to avoid use of Medicare Most services in Victoria require Medicare to access



Assessing competency

- Understand there are choices with consequences
- Be willing to make a choice and have the ability to do so
- Understand the nature and purpose of the procedure
- Understand risks and side effects of the procedures
- Understand the alternatives to the procedure and their risks
- Understand the consequences of no treatment
- Be free from pressure from third parties
- Degree of competency required for consent is proportional to complexity



Factors helpful in assessing competency

Age

Level of schooling

Independence

Maturity

Ability to articulate own choices



Assessment

Sexual history in a nutshell

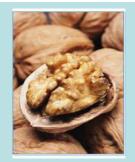
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Who with?

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What did you do?

Do you have any other partners?



Psychosocial screening

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Activities and Peer Relations

Drugs/cigarettes/alcohol

Sex/sexuality/(abuse)

Suicide/depression Safety/Spritiuality





Mandatory Reporting

Mandatory reporting

Some professionals (teachers, doctors, nurses, midwives, principals and police officers) mandated to report to child protection service if they <u>form a belief</u> (whilst undertaking professional duties) on <u>reasonable grounds</u> that a child (< 18y) has suffered or is likely to suffer <u>significant harm</u> as a result of <u>physical or sexual</u> abuse and is in need of protection

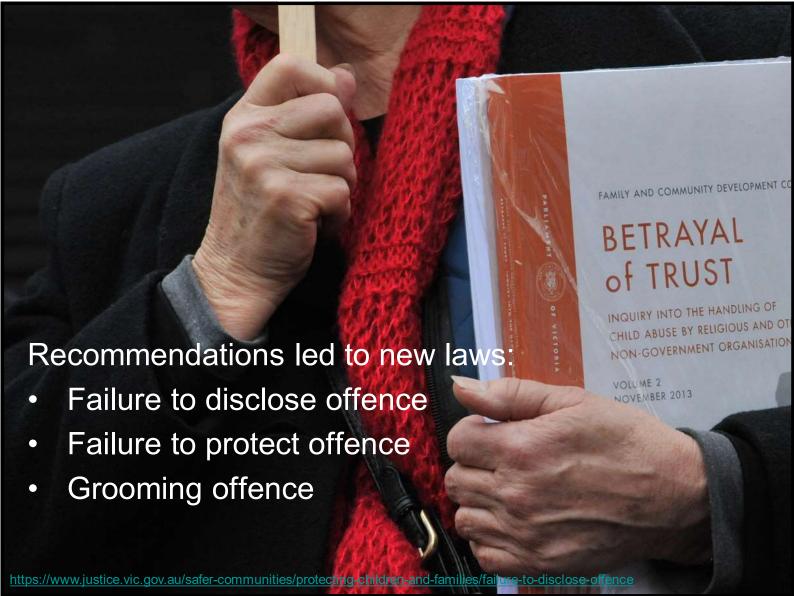


Mandatory reporting

Some professionals mandated to report to child protection service if they <u>form a belief</u> (whilst undertaking professional duties) on <u>reasonable grounds</u> that a child (< 18y) has suffered or is likely to suffer <u>significant harm</u> as a result of physical or sexual abuse and is in need of protection

NB form a belief reasonable grounds significant harm





Other Legal Considerations

Crimes Act 1958 (Vic); Crimes Amendment (Protection of Children) Act 2014 (Vic)

Legislation arising from Betrayal of Trust Review leading to new laws: *Failure to Protect, Failure to Disclose, Grooming 2014*

- All adults in relation to children under 16 years of age
- Clear definitions of sexual offences

Youth law (http://youthlaw.asn.au/)

- Victorian Statewide Community Legal Centre:
- free for those <25y of age

Other Legal Considerations

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Legislation arising from Betrayal of Trust Review leading to new laws: *Failure to Protect, Failure to Disclose, Grooming 2014*

- All adults in relation to children under 16 years of age
- Clear definitions of sexual offences
- < 16y and partner >18y (i.e. adult)
- What offences must be reported?
 - Rape and sexual assault
 - Sexual servitude
 - Incest
 - Sexual penetration
 - Sexual touching
 - Indecent act
 - Grooming for sexual conduct
 - Any assault with intent to commit a sex offence
 - · Any attempted sex offence

Other Legal Considerations

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Legislation arising from Betrayal of Trust Review leading to new laws: *Failure to Protect, Failure to Disclose, Grooming 2014*

Exemptions

- Victim is >16y, has capacity* & requests confidentiality
- Special laws of privilege or confidential communications apply
- Information is public
- Past offences where victim now >16y
- If you were <18y at the time

The Children Legislation Amendment Bill 2019 followed a recommendation in the 2017 final report of the Royal Commission into Institutional Responses to Child Sex Abuse that clergy and confession no longer be exempt from mandatory reporting.

Who do you report this to? Sexual Offences and Child Abuse Investigation Team (SOCIT)

Box Hill: (03) 8892 3292

Morwell (MDC*): (03) 5120 0351

Knox: (03) 9881 7939

 Contact your local Sexual Offences and Child

http://www.triplezero.gov.au/Pages/default.aspx

Abuse Investigation Team (SOCIT) Colac: (03) 5230 0043

Geelong (MDC*); (03) 5246 8101

CENTRE

Abortion Legislation

Section 65 of Crimes Act 1958 prohibits unlawful abortion in Victoria

Menhennitt ruling: Supreme court:

"it is a defence if termination is necessary to preserve the woman from serious danger to her life or physical or mental health, and the danger of procedure not out of proportion to the danger averted"

In 2008 abortion in Victoria became legal if gestation < 24 weeks After 24 weeks abortion in Victoria is legal if 2 practitioners agree Necessary for those fundamentally opposed to abortion to refer women to appropriate services



Lessons from Olivia's case

Consideration for TOP refused on basis of her age alone

Service provision is driven by concern about law/medicolegal situation rather than individual assessment.

Access is hindered because of this.



Lessons from Olivia's case

Olivia was actually 16y old (not 14y) ...

Used Medicare card belonging to 14y old cousin to gain access

Lack of knowledge about services hinders access and affects outcomes



Lessons from Olivia's case

Failed to represent to another service despite repeated attempts to arrange follow up

Gave birth to a concealed pregnancy at term at home

When does 'duty of care' become harassment?



Common Scenarios

14 year old having sex with a 17 year old

15 year old having sex with a 15 year old

13 year old having sex with a 15 year old

with a 16 year old

with a 19 year old



ASRH Check Up

Take home points

- Sexual history
- · Menstrual history? pregnant
- HEADSS assessment
- Always do a chlamydia test
- Always ask about contraception: N.B. LARCS
- Always inform about ECP
- Inform of services
- Inform re confidentiality and limits
- Cervical screening now starts at 25 years of age

Have a think about how accessible your service is for adolescents?



Really Important Considerations

Safety: is this young person safe?

How do I <u>assess</u> this young person and their safety?

Specific issues to be aware of:

- Safety
- HEADSS assessment handy
- Competency
- Age of consent to sex
- Failure to protect and failure to disclose
- Abortion legislation
- Mandatory reporting and child protection legislation



Useful Links

<u>SOCIT</u>: local numbers on web site Sexual Offences and Child Abuse Investigation Team work closely with DHHS, CASA, other police units

CASA: 1800 806 292

Centre against sexual assault

SAFE STEPS: 1800 015 188

for women and children facing violence: state-wide service

1800RESPECT: 1800 737 732

National sexual assault, domestic family violence counselling service

Office of the Public Advocate: 1300 309 337

promotes and safeguards the health of those with disability

publicadvocate.vic.gov.au

https://yla.org.au

