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VICTORIAN YOUNG PEOPLE AND SEXUAL HEALTH 2018

Findings from the 6th National
Survey of Australian Secondary
Students and Sexual Health

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Abbreviations

ARCSHS	Australian Research Centre in Sex, Health and Society
BBVs	blood borne viruses
CALD	culturally and linguistically diverse
DoHV	Department of Health Victoria
GPs	general practitioners
HPE	Health and Physical Education
HPV	human papillomavirus
IUD	intrauterine device
LGBQ	lesbian, gay, bisexual, or questioning
RSE	relationship and sexuality education
STIs	sexually transmissible infections

Note: For discussion of key terms (e.g., CALD, regional Victorian, sexually active), see 3.2 Definitions of key terms.

Key opportunities based on the Victorian respondents to the 6th National Survey of Australian Secondary Students and Sexual Health

KNOWLEDGE

- Improve sexual health literacy**
- Educate young people to identify the transmission routes and symptoms of HIV, sexually transmissible infections (STIs), viral hepatitis and human papillomavirus (HPV), through social media, community-based awareness campaigns, and comprehensive sexual health education programs.
 - Tailor sexual health social media interventions for the specific needs of lesbian, gay, bisexual and questioning (LGBQ) young people, trans and gender diverse young people, Aboriginal Victorians, culturally and linguistically diverse (CALD) young people, and young regional Victorians.
 - Continue routine monitoring of young people’s knowledge of sexual health on a regular basis.

BEHAVIOUR

- Increase testing and improve awareness of vaccination status**
- Build awareness of hepatitis A, hepatitis B and HPV vaccination status through education and social media and during the adolescent vaccination program.
 - Develop awareness of the benefits of regular HIV and STI testing for priority populations.
- Safe and respectful sexual experiences**
- Use in-school and out-of-school education to promote condom use among sexually active young people and improve access to condoms in youth settings.
 - Promote access to condoms in youth settings
 - Equip young people with the skills, knowledge and confidence to discuss condom use and STIs with their sexual partners.
 - Empower young people through social media to have respectful relationships, including relationships that support their right to say ‘no’ and that prevent harm to others.
- Safe online sexual behaviour**
- Work collaboratively with key stakeholders – such as young people, educators, health professionals, policy makers and youth health workers – to better understand and inform guidelines about young people navigating online sexual behaviour safely.
 - Build the knowledge, skills and confidence of young people to engage in respectful online behaviour and understand the implications of underage sexting.
 - Continue education and zero-tolerance policies on cyberbullying and harmful sexting.

EDUCATION

- Deploy policies and guidelines that promote the need for relevant, respectful and diverse relationships and sexuality education (RSE) in schools.
- Empower young people to be respectful and informed about consensual relationships through RSE.
- Incorporate youth-friendly websites into RSE in schools to empower young people to access sexual health information when they need it, in their own time.
- Normalise discussions about sexual health with medical professionals and sexual health services through education and social media.
- Use social media and community awareness campaigns to foster young people’s ability to both decipher sexual health information and promote trustworthy sources of information.
- Upskill the workforce delivering RSE to ensure young people are receiving information that is relevant, inclusive and respectful.

1 Executive summary

The National Survey of Australian Secondary Students and Sexual Health began in 1992 and focuses on the HIV and STI knowledge, sexual behaviour and sexual health education of young Australians approximately every five years. In 2018, we used online recruitment rather than school-based recruitment, a reflection of changing times, and we received an overwhelming number of responses throughout Australia.

This has given us the opportunity to present statewide data for the first time that focuses solely on the HIV and STI knowledge, sexual behaviour, and sexual health education of young Victorians. A total of 2,294 young Victorians aged from 14 to 18 years (referred to throughout much of this report as 'young people') responded to the survey. This cohort included young people who were not in school (10.8% of the sample) and were not surveyed in previous iterations.

Priority populations and intersectionality

This report includes specific analyses focusing on the following priority populations:

- Young people identifying as LGBTQ (comprising 26.5% of the total sample)
- Young people identifying as trans and gender diverse (comprising 2.5% of the total sample)
- Young people living in regional Victoria (comprising 18.8% of the total sample)
- Young people identifying as Aboriginal or Torres Strait Islander (comprising 2.2% of the sample)
- CALD young people (comprising 21.8% of the sample).

The above priority populations and their comparison to other population groups (e.g., LGBTQ compared to heterosexual participants, trans and gender diverse participants compared to male and female participants) provide a unique opportunity to better understand the needs of each group and tailor programs and interventions to support these groups.

Inherent in this approach, we recognise the intersectional nature of individual lived experiences. For example, a young person may identify as trans and gender diverse, bisexual, and be living in regional Victoria, but may not be from a CALD background. The intersecting nature of lived experiences may mean that while a difference in knowledge is found for one of these population groups, it does not mean that the same difference applies to all individuals as other factors may confound that difference.

The intersecting of identities, or intersectionality, is a concept that 'recognizes a multiplicity of oppressive systems resulting from categories such as gender, class, race, ethnicity, age, ability and migrant status, and explores the complex ways they may interact to produce and reproduce social inequalities. *'[These] ... multiple overlapping social factors, power relations and identities can shape an individual's history and experiences' (3 p4)*. Findings in this report should be read with intersectionality in mind, particularly when considering opportunities for further action.

These findings are grouped under four sections: the survey's three areas of focus (HIV and STI knowledge, behaviour and sexual health education), followed by the opportunities that this research offers.

1.1 Sexual health knowledge

Across all the HIV and STI knowledge questions, which covered transmission routes, symptoms, prevention and treatment of STIs and HIV, young Victorians correctly answered a mean of 56.8% of questions correctly. Young people scored well for knowledge of HIV transmission (with a mean of 79.6% correct answers) and STI knowledge and symptoms (a mean of 69.4% for STI symptom knowledge and 67.4% for STI knowledge). However, the mean of correctly answered questions was only 37.9% for viral hepatitis and 43.6% for HPV.

LGBQ young people scored slightly for higher overall HIV knowledge. There were no significant differences in knowledge between young people from Greater Melbourne and regional Victoria, between Aboriginal and non-Indigenous young people, or between CALD and non-CALD young people.

1.2 Behaviour

1.2.1 Vaccinations and STI testing

HIV testing

Young people had low rates of HIV testing, with more young people unsure if they had been tested (6.3%) than those reporting that they had been tested (5.1%). Of those tested, almost half were tested in the last 6 months. Over 90% of young people thought they were unlikely to get an HIV infection. We found that more heterosexual young people (58.6%) believed that they were very unlikely to get an HIV infection than LGBQ young people (49.7%), and twice as many LGBQ young people (7.9%) said they had been tested for HIV than heterosexual young people (4.1%). We did not find any notable differences for HIV testing between Aboriginal and non-Indigenous young people or between CALD and non-CALD young people.

Perceived risk of STIs and viral hepatitis

Overall, the perceived risk of STIs was also low, with 86.6% of young people believing they were at low or no risk of getting an STI. LGBQ young people (19.9%) were almost twice as likely to believe they would get an STI as heterosexual young people (11%), and 5.2% of LGBQ young people had been diagnosed with an STI compared to 1.9% of heterosexual participants. More young people living in regional Victoria (19.1%) believed they would get an STI than young people in Greater Melbourne (12%) and 5.1% of young people living in regional Victoria had been diagnosed with STIs compared to 2.3% in Greater Melbourne. There were no significant differences in perceived STI risk between Aboriginal and non-Indigenous young people, or between CALD and non-CALD young people. Although almost half the sample were sexually active, overall, only 2.8% of young people who took this survey had ever been diagnosed with an STI.

Young people did not think they were at risk for hepatitis B (96.6%) or hepatitis C (96.5%), although more young people living in regional Victoria believed they were likely to get hepatitis B (6.2%) than young people living in Greater Melbourne (2.7%). About one third of young people believed they had been vaccinated against hepatitis A and B. Young people are overwhelmingly unaware of their vaccination status for hepatitis B

(52.2% were not sure if they had been vaccinated). While many young people in the survey would likely not be considered priority populations for vaccination, there were no significant differences in vaccination awareness between Aboriginal and non-Indigenous young people, or between CALD and non-CALD young people, suggesting that these priority populations are equally unaware of their increased risk of infection. Furthermore, few young people (3.4%) thought they were likely to contract hepatitis B.

HPV vaccination awareness

In Australia, over 80% of young women and 76% of young men have been vaccinated against HPV by the age of 15 (4). However, among the young people we surveyed, fewer 14- to 18-year-olds were aware of whether they had been vaccinated. Over one third (41.2%) believed they had been vaccinated against HPV, with another 37.2% unsure.

1.2.2 Sexual behaviour

Sexually active young people

Most of the young people surveyed engaged in some form of sexual activity, from deep kissing (75.5%) to anal and/or vaginal sexual intercourse (48.8%). All sexual behaviour increased with each consecutive school year level, with school leavers engaging in more sexual behaviour than those still at school, probably due to school leavers being older than the general sample.

Overall, of the 48.8% of young Victorians who had experienced vaginal (46%) or anal (14.5%) sexual intercourse, most engaged in safe sexual practices (i.e., used condoms, used contraception, only had one sexual partner in the past year). More than half (62.9%) of the sexually active young people used a condom often or always over the past year, with 76.3% using a condom during their first sexual experience, but less using a condom (58.3%) and/or oral contraception (44.1%) during their last sexual experience. Condom use at first sexual experience was high for vaginal sex (76.3%) but only half of young people (55.1%) used condoms during their first experience of anal sex.

Of the young people who had had vaginal or anal sex, most (59.7%) had only one sexual partner in the past year, who was generally an intimate partner (i.e., a 'girlfriend/boyfriend at the time'; 64.1%) and few had vaginal or anal sex in Year 9 (27.2%) or Year 10 (20.7%). Prior to having sex with an intimate partner, 78.5% of young people had discussed using a condom with this partner and 34.5% had discussed avoiding STIs. This suggests that some young people are aware of sexual health risks and how to minimise these risks. Generally young people felt good about their last sexual experience (71.5%) and few reported negative feelings such as guilt (4.1%) or feeling upset (2.4%).

One quarter (27.3%) of young people had experienced unwanted sex, mostly reported by trans and gender diverse young people (45.8%) and young women (35.0%). Among those young people who had experienced unwanted sex, about half (54.6%) said this was because their partner thought they should, while some (28.3%) had unwanted sex because they were frightened (28.3%). Few young people (6.5%) reported unwanted sex during their last sexual encounter.

Sexually active LGBTQ young people, when compared to heterosexual young people, were more likely to have two or more sexual partners in the past year (43.2% and 33.2% respectively) and not have had sex in the past year (8.3% and 3.2% respectively). More LGBTQ young people (40.1%) had unwanted sexual experiences compared to 22.6% of heterosexual young people. LGBTQ young people generally experienced positive emotions the last time they had sex, with 65.6% reporting that they had felt good. However, in comparison to heterosexual young people, LGBTQ young people reported experiencing less positive and more negative emotions the last time they had sex.

In regional Victoria, 53.4% of young people were sexually active and, compared to young people in Greater Melbourne, were more likely to have had vaginal sex (41.7% and 27.7% respectively), less likely to always use a condom (34.6% and 41.3%) and more likely to use oral contraception (52.0% and 41.6% respectively).

Young people who were not yet sexually active

Over half of young people (51.2%) had not yet had vaginal or anal sex. Few (12.8%) felt regretful about their decision to not have sex yet. Most (70.2%) did not feel pressured from a partner to have sex but would have sex if they had the opportunity (71.8%). Few (21.6%) believed they were likely to have sex in the next year and most (93.5%) believed they were likely to have sex before marriage. Fewer LGBTQ young people (15.0%) believed they would have sex in the next year compared to heterosexual young people (24.0%).

1.2.3 Online behaviour

Almost all young people had used social media in the past two months. Facebook (99.6%), YouTube (97.3%), Snapchat (93.3%) and Instagram (93.3%) were the most popular platforms. LGBTQ young people used Twitter, Tumblr and dating apps more than heterosexual young people, and Reddit was more popular among young people in Greater Melbourne than young people in regional Victoria.

Most young people (60.6%) had not experienced cyberbullying in the past two months. For the remaining young people, cyberbullying mostly consisted of feeling deliberately ignored or left out online (16.1%) and receiving a prank call (15.3%). Of those who experienced cyberbullying, few indicated that cyberbullying occurred more than a few times. More LGBTQ young people felt left out online (21.0%) than heterosexual young people (14.5%).

Most young people (69.0%) had some experience of sexting in the past two months, with 48.8% only sexting once or a few times in the past two months. Few young people had sent a sexually explicit photo or video of themselves to someone else (6.2%) although 49.0% of young people had received a sexually explicit photo or video.

More LGBTQ young people (51.0%) engaged in sexting than heterosexual young people (43.2%). Most of the time (between 43.8 to 64.1% depending on the sexting behaviour), sexting occurred with a partner. More LGBTQ young people (from 11.5 to 24.7% depending on the sexting behaviour) reported sexting with strangers than heterosexual young people (from 3.1 to 19.0% depending on the sexting behaviour). CALD young people (30.7%) reported less sexting behaviour than non-CALD young people (37.7%), and CALD young people (26.9%) reported using social media platforms for sexual behaviour less than non-CALD young people (40.6%).

1.3 Sexual health education

1.3.1 Informal education

We asked young Victorians about their thoughts on and experiences with seeking information from informal sexual health sources, such as family, friends, school staff and medical professionals. The Internet was by far the most popular avenue for seeking sexual health information. Most young people in Victoria (80.3%) had used the Internet to find information on sexual health, although they did so infrequently (less than once a month, 86.9%) and cautiously (only 24.9% indicated high trust of the Internet).

Female friends were identified as very useful sources of sexual health information, with young people feeling confident talking to female friends about HIV/STIs (65.8%), contraception (74.3%) and sex (75.7%). Many young people (55.5%) reported talking to female friends frequently (several times a month or more) about sexual matters and 54.5% trusted female friends to provide accurate information.

Although most young people (90.0%) trusted general practitioners (GPs) to provide accurate sexual health information, only 32.1% had spoken to a GP about sexual health. Confidence in talking to GPs was also low, with less than half of young people feeling confident talking to GPs about HIV/STIs (45.0%) and sex (40.1%). Many young people (62.5%) felt that they could talk to GPs about contraception.

1.3.2 Formal education

Most of the young Victorians surveyed (87.6%) received RSE at school, mostly taught by a teacher (83.9%) during Health and Physical Education (HPE) lessons (79.3%). Relevance ratings were low, with only 39.6% reporting that RSE was very or extremely relevant. Most young people received RSE in Years 7 to 8 (66.5%) and Years 9 to 10 (65.9%).

Comments from young people suggest that RSE is often heteronormative and requires diversity and intersectionality to provide relevant information to all young people, particularly LGBTQ, trans and gender diverse young people, CALD and Aboriginal Victorians. From these comments it is apparent that the RSE curriculum varied between schools; some schools covered many aspects of sexual health and safe sexual practices well, while others did not. Young people said that they want RSE that is engaging and affirming, delivered more often, and covers a wide range of age-appropriate content provided by well-trained teachers or other professionals who are comfortable with the topic.

1.4 Opportunities

This report provides a robust snapshot of the sexual health and wellbeing of young people in Victoria, based on the largest sample of young people to be reported in the 25-year history of the national survey. The data provides the means to monitor the extent to which sexual health and wellbeing strategies and plans are being successfully implemented in Victoria. A key factor in this monitoring will be the use of future Victoria-specific reports to assess current strategies and plans by comparing the sexual health and wellbeing of young Victorians with past reports. This report also provides Victoria-specific data to inform the planning and evaluation of Victorian Government policies on sexual health and viral hepatitis (5-8).

1.4.1 Opportunities to improve HIV and STI knowledge

We found that young Victorians had good HIV and STI knowledge but poor viral hepatitis and HPV knowledge. This presents several opportunities to enhance sexual health literacy by improving HIV and STI knowledge among young people in Victoria, with a particular focus on increasing awareness and knowledge about viral hepatitis and HPV. Education strategies, focused on all four disease areas, should include social media and community-based awareness campaigns as well as traditional education through schools. These strategies should help young Victorians identify how HIV, STIs, viral hepatitis and HPV are transmitted from one person to another, common symptoms, prevention strategies and how to access local sexual health care.

Programs focused on upskilling the workforce delivering RSE will help to ensure that young people are receiving correct sexual health information that is relevant, inclusive and respectful, and thus improves young people's overall HIV and STI knowledge. In addition, although most young Victorians reported receiving RSE at school, continuing to ensure that all young Victorians have access to RSE programs in and outside of school settings will further improve opportunities to build young people's sexual health literacy, confidence and knowledge.

LGBQ young people had slightly better HIV and STI knowledge compared to heterosexual young people. Trans and gender diverse young people had slightly better HIV and STI knowledge than young men and women. We found no significant differences between Aboriginal and non-Indigenous young Victorians, between CALD and non-CALD young people or for geographic location. Nevertheless, targeted and tailored social media and community-based awareness campaigns and interventions for LGBQ young people, Aboriginal young Victorians, CALD young people and young regional Victorians will improve their overall HIV and STI knowledge in more meaningful and relevant ways for them.

Of course, with continued upskilling and additional avenues of education, it is important to regularly monitor young people's knowledge of HIV and STIs to determine if current strategies are maintaining and/or improving knowledge overall and particularly for priority populations. The increased response rates of young Victorians to the 6th National Survey of Australian Secondary Students and Sexual Health have allowed us to present

data on the HIV and STI knowledge, sexual behaviour and sexual health education of young Victorians for the first time. With new recruitment strategies and greater access to young people through social media, we hope to continue statewide monitoring for the 2021 survey and beyond.

Building sexual health literacy by implementing comprehensive school-based sexual health education programs, community-based awareness campaigns, social media and targeted interventions for priority populations will ensure that these survey findings lead to benefits for future generations of young people.

1.4.2 Opportunities to increase testing and improve awareness of vaccination status

This report suggests that STI vaccinations and testing is not normalised in the 14- to 18-year-old age group. Many of the young people were unaware of their vaccination and testing status regarding STIs, HIV, hepatitis and HPV, with most young people indicating that they did not know if they had received vaccinations and/or been tested. The adolescent vaccination program is an excellent opportunity to ensure young people know what they are being vaccinated against and encourage young people to be aware of their hepatitis and HPV vaccination and/or testing status. School-based education could also be used to help raise awareness and increase STI, HIV and viral hepatitis testing. Additionally, improving young people's understanding of the importance of vaccination should be included in sexual health education and literacy building.

Social media and community-based awareness programs also provide unique opportunities to target interventions to priority populations, ensuring that the correct information about vaccination and testing is relevant and engaging. Furthermore, by increasing young people's awareness, these strategies can also increase awareness of the benefits of regular HIV and STI testing and how often testing should occur, especially for populations at greater risk of infection.

1.4.3 Opportunities for safe and respectful sexual experiences

Most young people engaged in safe and respectful sexual practices. Instances of safe and respectful sexual practices included: condom use; discussing sex with partner(s); having their first sexual experience at 16 or older (9); and having one sexual partner in the past year. However, there are opportunities for improvement.

Although many young people used condoms, a quarter of young people did not use condoms during their first vaginal or anal sexual experience and almost half did not use condoms during their last vaginal or anal sexual experience. Some had used oral contraception at their last sexual experience, protecting them from pregnancy but not from STIs. Using social media and community awareness campaigns to promote the importance of condom use and improve access to and knowledge of how to access condoms would likely further increase rates of condom use and prevent STI transmission.

Promoting safe sexual practices and education about how to lessen the risks of STIs can be accomplished through school programs, community campaigns and social media. As well as condom use, promotion campaigns can detail the advantages of discussing condom use, STI prevention and testing with sexual partners in an open and respectful way.

A quarter of young Victorians experienced unwanted sex. Trans and gender diverse young people, young women and LGBQ young people experienced unwanted sexual experiences at higher rates than young men and heterosexual young people. The most common reason for unwanted sex was 'my partner thought I should'. Educating young people about respectful relationships, consent, their right to say 'no' and mitigating harm to others may go some way to lessening young Victorians' experiences of unwanted sex.

1.4.4 Opportunities for safe online sexual behaviour

The pervasive role of the Internet, social media and similar technologies in young people's lives has raised many questions and concerns about the role of online behaviour in relation to sexual health and wellbeing. Understanding the role of technology in young people's relationships and sexual development is important. Collaboration between young people, educators, health professionals, policy makers and youth health workers is needed to better understand and inform guidelines about how young people can navigate online sexual behaviour safely and where to get help if the need arises.

Our results depict a reasonably positive picture of cyberbullying and sexting for young Victorians. For example, many young people did not experience cyberbullying over the past two months. This may be a result of education and zero tolerance measures to cyberbullying, although more investigation into these programs is needed to determine their efficacy. Continuing these efforts is warranted to further reduce the occurrence of cyberbullying, potentially harmful online behaviour such as sexting with strangers, and the legal and social implications of underage sexting.

1.4.5 Opportunities for formal and informal education

Young Victorians had varied experiences of RSE during their school years. While most young people reported receiving RSE at school, there were 12.4% who either did not receive or did not remember receiving RSE in school. Most young people reported that the RSE they received was irrelevant to them. Whether this is due to the content of the programs, the timing of when young people received it, or other mitigating factors requires further investigation.

Victorian schools need to continue their efforts to ensure all young Victorians have access to timely and contemporary RSE in schools. In particular, RSE requires diversity and intersectionality to provide relevant information to all young people, including LGBQ, trans and gender diverse young people, CALD and Aboriginal Victorians. The information in this report provides an opportunity to inform updates to the Respectful Relationships initiative and to broaden the scope of the sexuality education curriculum to include consent and diversity. Continued upskilling of the workforce delivering RSE will ensure young people are receiving information that is relevant, diverse and respectful, engaging them at a crucial time in their adolescent sexuality development.

Some comments also indicated that when RSE was lacking in content, timing or access, young people turned to alternate sources of information, particularly the Internet. The Internet provides an opportunity for sexual health educators to teach young people about sexual health by incorporating youth-friendly websites that provide accurate, diverse and relevant information into RSE programs. Not only will this assist young people to access information when they need it, in their own time; it reduces the risks of young people accessing harmful, inappropriate or inaccurate information.

Although young people trusted GPs to provide accurate sexual health information, they were not confident seeking information from GPs. Normalising discussions about sexual health with medical professionals and youth-inclusive sexual health services would encourage the use of trusted sources of information that may, in turn, increase HIV and STI knowledge and build positive health-seeking behaviour. In addition, social media and community awareness campaigns provide opportunities to foster young people's ability to both decipher sexual health information and promote trustworthy sources of information.

RSE in secondary schools is a key avenue for encouraging safe sexual practices, minimising harm and informing young people about sexual health and respectful, consensual relationships. Other sources of information where young people may learn about sexual health and STI prevention, such as GPs, school nurses and community health services, were not well utilised. Encouraging young people to seek help and information through these sources may also strengthen STI prevention and improve young people's HIV and STI knowledge and sexual health behaviour.



2 Introduction

The National Survey of Australian Secondary Students and Sexual Health is currently funded by the Australian Department of Health to provide information on progress in the key priority areas for action in **the five national blood borne viruses and sexually transmissible infections strategies 2018–2022** (10-14).

The Australian Research Centre in Sex, Health and Society (ARCSHS) has conducted the Secondary Students and Sexual Health survey every five years since 1992. The latest iteration in 2018, the sixth in the series, marks 26 years of research into the sexual health and wellbeing of young people in Australia.

The survey is one of the few recurring national surveys in the world to regularly examine:

- young people’s knowledge about HIV, STIs and other blood borne viruses (BBVs)
- sexual health-related behaviour, including condom use
- educational factors that influence young people’s sexual knowledge and practices.

2.1 Trends over time

The survey results have shown that many aspects of sexual health and wellbeing have remained stable since 1992, with little change in reported sexual behaviour over the past 26 years. **The National Survey of Australian Secondary Students and Sexual Health 1992-2018: Trends Over Time report** (15), which reported across all iterations of the survey, noted that condom use at first sexual experience has remained consistently high. The report also indicated that there have been slight improvements in general STI knowledge over time, with more young people seeking information and advice about sexual health from the Internet and friends. More diversity in sexual attraction was also reported in recent years. There are still opportunities for improvement; a considerable amount of young people report experiencing unwanted sex and the use of condom drops to around half of young people using condoms at their last sexual experience. While general STI knowledge has improved, specific knowledge about HPV and viral hepatitis has remained low over the 26 years and young people lack awareness of their HPV and hepatitis vaccination status.

2.2 A Victorian report

Given the overwhelming response to this latest survey, we can report on its results at a state level for the first time. This report was funded by the Department of Health Victoria (DoHV) and is based on data collection funded by the Australian Department of Health. A full account of the survey can be found in the peer-reviewed paper by Fisher et al. (16) and in the national report (2).

This Victorian report is a useful guide to inform key stakeholders across the various fields working to address young people’s sexual health and wellbeing in the state. In addition to the students from Years 10 to 12 included in the national report, this Victorian report includes Year 9 students and school leavers. Results include further analyses focusing on the following priority populations: young people identifying as LGBQ, trans and gender diverse young people, Aboriginal and Torres Strait Islander young people, CALD young people, and young people living in regional Victoria.

2.3 Building on 26 years of work

The 2018 survey results within these pages represent the culmination of 26 years of hard work and dedication by innumerable professionals and stakeholders across Australia. Those 26 years have seen many changes in the way we communicate, educate and target sexual health issues. The 6th National Survey of Australian Secondary Students and Sexual Health continues this long history of evolution by taking advantage of technological innovations and seeking to address some of the more recent developments in young people’s sexual health and wellbeing.

We dedicate this monograph to the many pioneers who laid the groundwork for this ongoing and vital work, to the numerous stakeholders in Victoria who supported and informed this study, and to the generations of young people who participated in the survey over its history, sharing their stories and lives with us. We drew the data for this report from the 6th National Survey of Australian Secondary Students and Sexual Health 2018 (2) and sampled a diverse cross-section of young people in Victoria. The survey was administered through the password-secured online survey platform Qualtrics, available through La Trobe University, and responses were completely anonymous. The 2018 survey used similar methodologies to previous iterations, while adopting new sampling and recruitment strategies in line with technological changes driving the latest innovations in rigorous survey research (see 3.3 Recruitment).

Unless stated, Pearson’s Chi-square Test for Independence was used to compare groups. Where the sample size was small, we used a Fisher’s exact test. A Wilcoxon rank-sum test was used for the knowledge scales. P values under .01 are reported.

We only conducted group comparisons where sufficient numbers of participants answered the question being analysed and we distilled down groupings (see 3.2 Definitions of key terms) as far as possible. For example, LGBQ respondents were grouped together as having a sexual orientation other than heterosexual. but responses in each of the lesbian, gay, bisexual and questioning subgroups were too small for individual statistical comparisons.

Full details of the methodology, survey instrument and sample are in the national report and in an open-access peer-reviewed publication (1, 2). For detailed tables and further information about the Victorian subset of this survey, see 9 Appendix: Additional tables and results.

3 Methodology

3.1 Survey instrument

The survey was cross-sectional and delivered anonymously using a secure online format. Young people were asked questions to assess their HIV and STI knowledge. They were also asked about their sexual behaviour and behavioural determinants (e.g., perceptions of peer norms) and their formal and informal sexual health education.

Nationally, the average time taken to complete the survey was 23.4 minutes, with most participants completing it on an Internet-enabled mobile device (87.8%) in under an hour (95.5%). After completing the anonymous survey, participants were thanked for their time and reminded of the list of services and resources on the survey website, including links and phone numbers for Kids Helpline and Lifeline.

The full set of survey questions is available at the survey website, teenhealth.org.au.

3.1.1 Knowledge

We assessed young people's knowledge of HIV and STIs using fact-based questions about HIV and other STIs (e.g., chlamydia, HPV) and examined knowledge on transmission, prevention, symptoms and treatment. 'Don't know' responses were counted as incorrect; where correct knowledge on a particular question was low, a substantial number of these 'incorrect' responses were 'Don't know', indicating that young people were honest in not knowing the answer.

3.1.2 Behaviour

We measured a range of behaviour and experiences, and asked young people about behavioural determinants (such as perceived peer norms toward condom use, reasons for not being sexually active yet, and contraceptive use). Questions also covered: HIV and STI testing behaviour and related diagnoses, social media use, and experiences of sexting and cyberbullying.

3.1.3 Education

We asked young people about their experiences of education related to sexual health and wellbeing, including informal and formal education. The questions on informal education assessed which sources of information young people accessed (e.g., doctors, schools, parents, the Internet), frequency of access, how confident young people felt about those sources, and how trustworthy they perceived each source to be.

The questions on formal education explored young people's experiences of RSE in schools, including the context surrounding the subject (e.g., when and by whom it was taught) and the relevance of the education. Young people also had an opportunity to comment on their RSE experiences.

3.1.4 Demographics

In addition to the three primary areas of interest, the survey asked a variety of socio-demographic questions that were based on 2016 Australian census data (17). Validated measures of sexual orientation and gender identity were also included (18, 19). The survey did not ask for any identifying information.

3.2 Definitions of key terms

3.2.1 Lesbian, gay, bisexual, or questioning

Young people were asked about their sexual orientation and given the options of heterosexual, lesbian or gay, bisexual, unsure or other. For the purposes of this report, 'LGBQ' refers to young people identifying as lesbian, gay, bisexual, or unsure (questioning).

3.2.2 Trans and gender diverse

In our analysis, we compared data relating to trans and gender diverse young people to data relating to young men and young women. Participation rates for LGBQ and trans and gender diverse participants were generally sufficient to break out comparisons based on sexual orientation and gender identity as distinct and separate constructs; much of the research in this space typically collapses orientation and identity due to insufficient numbers.

3.2.3 Greater Melbourne and regional Victoria

We based geographic location on the postcodes provided by young people and we coded the locations to the Accessibility/Remoteness Index of Australia (ARIA+; 20). For this report, young people residing in inner and outer regional areas, as well as one participant with a remote Victoria postcode, are classified as 'regional Victorians'. Young people living in the 'major city' category of the ARIA+ are referred to as living in 'Greater Melbourne'.

3.2.4 Aboriginal and non-Indigenous Victorians

As there were only four Torres Strait Islander young people who completed the survey in Victoria, for this report, 'Aboriginal' refers to Aboriginal or Torres Strait Islander peoples. Young people who did not identify as Aboriginal or Torres Strait Islander are referred to as 'non-Indigenous'.

3.2.5 CALD

CALD young people includes the following young people: young people who were not born in Australia, Canada, Ireland, New Zealand, United States of America or the United Kingdom; young people with one or both parents born outside of Australia, Canada, Ireland, New Zealand, United States of America or the United Kingdom; and young people who speak a language other than English at home. Those not fulfilling these criteria are referred to as 'non-CALD' young people.

3.2.6 Sexually active

Young people who have ever engaged in penetrative sexual intercourse (i.e., anal and/or vaginal sex), including young people who have previously had sex but are not currently having sex, are considered sexually active for the purpose of this report. This definition is consistent with previous national survey reports and aligns with the most common modes for transmitting STIs and HIV. Due to this definition, six young women who identified as lesbian or bisexual and indicated that they had 'ever had sex' but had never had vaginal and/or anal sex did not complete the section for sexually active young people and are not included in these analyses.

3.2.7 Sexting

Sexting is defined as sending or receiving sexually explicit message, photos or videos. Young people completing this survey were also asked if they used social media for sexual reasons, which is also included in the definition of sexting for this report.

3.3 Recruitment

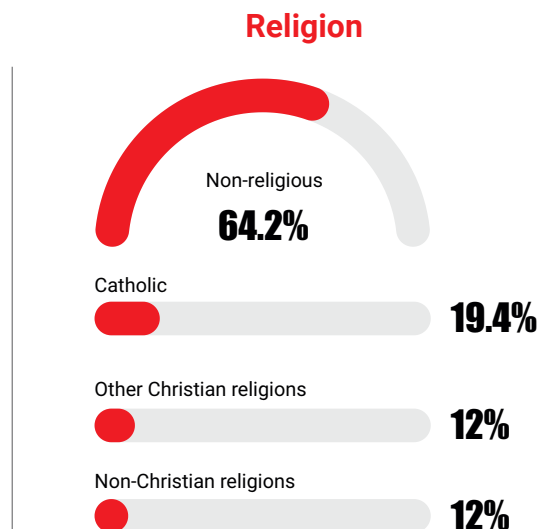
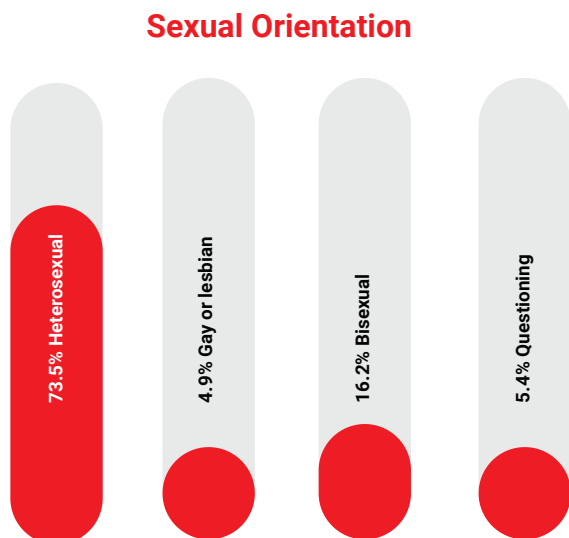
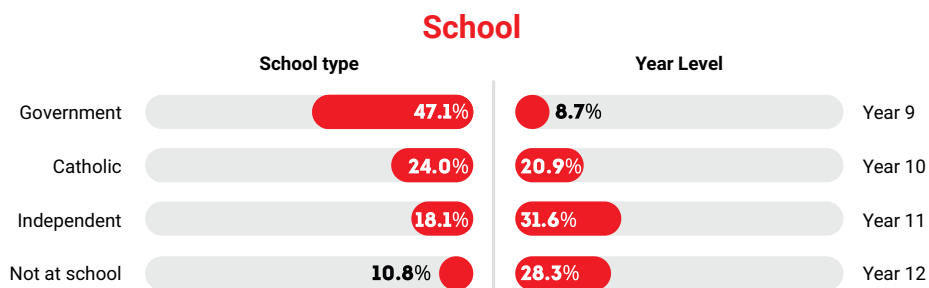
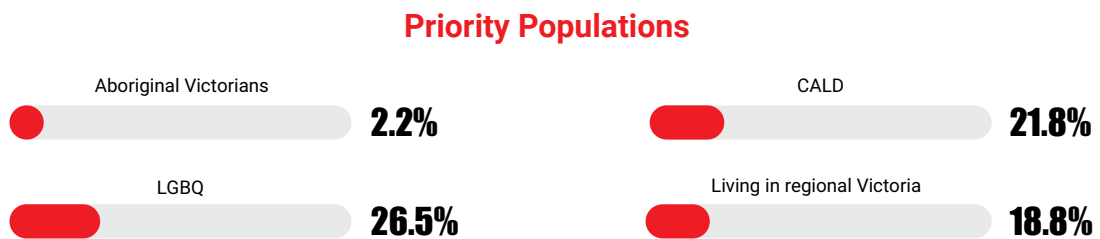
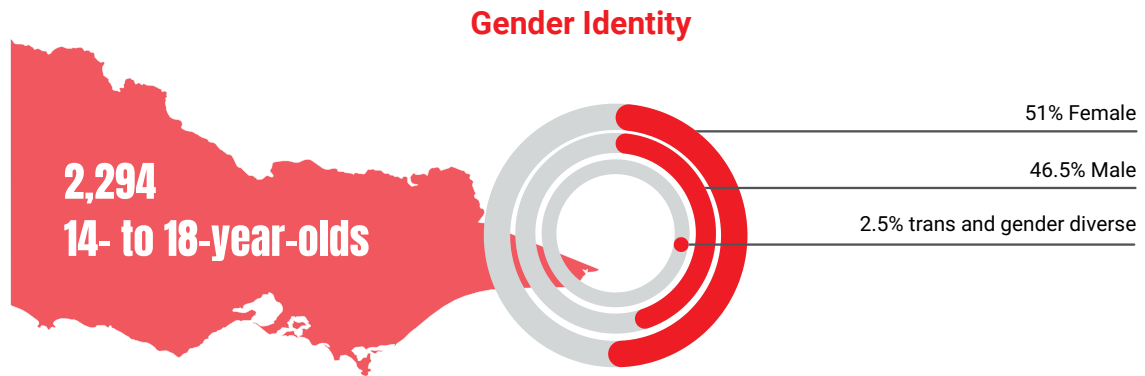
The survey and recruitment process was conducted entirely online, with minimum quota sampling used to achieve a diverse sample approximating the population of young Australians. Sampling quotas, informed by targets based on 2016 Australian census data (17), were comprised of: school type (government, Catholic, independent), gender (male, female), and school year level (Years 10, 11 and 12). Survey completion and minimum quota targets were monitored daily, and we revised our advertising targeting as minimum quotas were achieved.

Young people between 14 and 18 years of age and living in Australia were invited to participate in the survey using Facebook advertising, providing a reach of over 1.3 million young people (1). The advertisements consisted of a photo, one line of text describing the survey, and a link to a webpage with information on the study. Young people were self selected: those interested in the survey clicked on the link, which provided detailed information about the purpose of the study and what they were being asked to do. Data collection took place from 5 April to 10 May 2018 and ceased when all minimum quotas were met.

In the history of the National Survey of Australian Secondary School Students and Sexual Health, the 2018 cohort was the largest to date, allowing for this statewide report of Victorian young people alone. The final Victorian sample is a good indication for the state population, with a large and diverse sample. However, because non-probability convenience sampling was used, this sample is not considered representative.

4 Demographics

Demographics of Victorian respondents to the 6th National Survey of Australian Secondary Students and Sexual Health



4.1 Gender, schooling, age, geographic location

Of the 2,294 young Victorians who participated in this study, there were more young women (51.0%) than young men (46.5%) and 2.5% of the sample identified as trans and gender diverse. Ten percent of young people were not currently attending school, 47.1% attended government schools, and 45.5% of the sample were 17 to 18 years of age. The majority of young people lived in Greater Melbourne (81.2%), compared to 18.8% living in regional Victoria.

4.2 Aboriginality, cultural and linguistic diversity

A total of 50 (2.2%) young people self-identified as being of Aboriginal and/or Torres Strait Islander origin, providing an oversample compared to 0.8% of the population in Victoria (21). Most participants (91.5%) and about three quarters of their parents (mother = 79.3%, father = 76.8%) were born in Australia, and the majority of young people (94.5%) spoke English at home. There were 499 (21.8%) CALD participants.

4.3 Religious identity

Most young people (64.2%) were not religious. The most prominent religion was Catholic (19.4%), followed by Anglican (4.1%). More CALD young people (47.1%) reported being religious than non-CALD young people (32.7%, $p < .001$). There were no significant differences in religious identification between Aboriginal Victorians and non-Indigenous Victorians, or for geographic location.

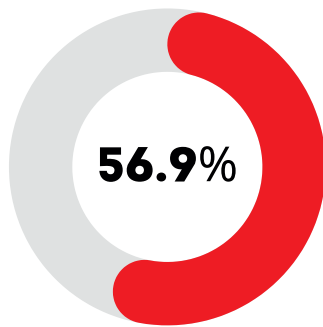
4.4 Sexual orientation

For the first time, the survey asked participants to indicate their sexual orientation. While the majority (73.5%, $n = 1656$) identified as heterosexual or straight, a sizeable minority (26.5%) identified as either gay/lesbian, bisexual or questioning (i.e., not sure). National statistics suggests that around 3% or 4% of the general population identify as gay, lesbian or bisexual (22, 23). However, it is difficult to say definitively if this is an oversample, given the limitations of Australian census and other population data (24). Recently, higher proportions of non-exclusively heterosexual people have been found in other research surveys, particularly among women, with other national studies indicating that between 10% and 36% of the population have some experience of same sex or both sex attraction or behaviour (25, 26).

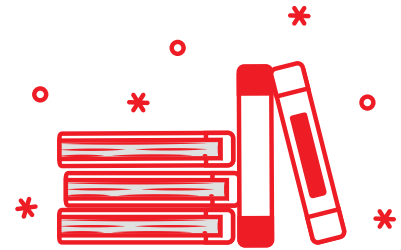
The results presented here could reflect a greater willingness among gay, lesbian, and bisexual young people to complete a survey on sexual health or a greater incentive to participate so that their experiences are included. Alternatively – or additionally – the findings could suggest a growing willingness of young people to identify in research studies as having a sexual orientation other than heterosexual. Findings may reflect current trends but must be interpreted with caution considering the likely sample bias toward people who are more interested in sexual health/sexuality – people who might also be more likely to be not exclusively heterosexual.

Young women (18.2%) were more likely to identify as bisexual than young men (11.4%), who were more likely to identify as gay (7.4%) than young women (1.9%, $p < .001$). Trans and gender diverse young people were less likely to identify as heterosexual/straight (5.4%) compared to 73.1% of young women and 77.6% of young men. LGBQ young people were more likely to attend government schools (53.8%) than Catholic schools (16.6%), compared to those identifying as heterosexual (government = 45.0%; Catholic = 26.3%, $p < .001$); however, LGBQ young people did not differ statistically for year level, remoteness or whether they or their parents were born in Australia. LGBQ young people were less likely to be Catholic (10.4%) and slightly more likely to not be religious (75.3%), compared to heterosexual young people (Catholic = 22.5%; no religion = 60.3%, $p < .001$).

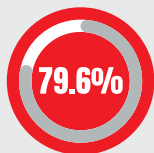
5 Knowledge



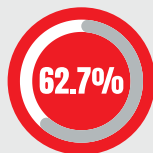
Overall, young people correctly answered a mean of 29 out of 51 questions



Mean percentage of correct answers



HIV transmission



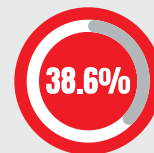
STI transmission



STI symptoms



Viral hepatitis



HPV

Priority populations

Aboriginal Victorians



Correct answers

LGBQ Victorians



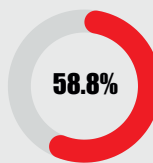
Correct answers compared to 56.9% heterosexual young people ($p < .001$)

Regional Victorians



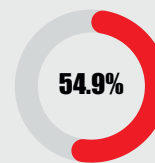
Correct answers

Trans and gender diverse Victorians



Correct answers compared to 56.9% young women and 54.9% young men people ($p < .001$)

CALD Victorians



Correct answers

There were 51 questions testing young people's knowledge of HIV transmission, STIs knowledge and symptoms, viral hepatitis and HPV. There was no difference for the total summed knowledge score between Aboriginal and non-Indigenous young people,

no significant differences between CALD and non-CALD young people, nor between young people living in Greater Melbourne and young people living in regional Victoria.

5.1 HIV transmission

Knowledge about HIV transmission was generally high (see Figure 5.1), with a mean of 79.6% of questions answered correctly. LGBQ young people answered 81.6% of questions correctly compared to 79.0% correct answers by heterosexual young people ($p < .001$). There were no gender differences, and no significant differences between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Most young people knew of various ways that HIV could be transmitted, such as through having sex (from 91.2% to 93.5%,

spanning three questions) and sharing injecting needles (91.8%). Young people also knew that HIV could not be transmitted through hugging (94.2%), that the oral contraceptive pill did not provide protection from HIV (91.3%), and that condom use helped prevent HIV transmission (89.4%). Fewer young people knew HIV could not be transmitted by mosquito bites (23.3%). For knowledge that a pregnant woman can transmit HIV to her baby, those identifying as trans or gender diverse had higher rates of correct responses (70.2%) followed by young women (65.5%) and then young men (55.1%, $p < .001$).

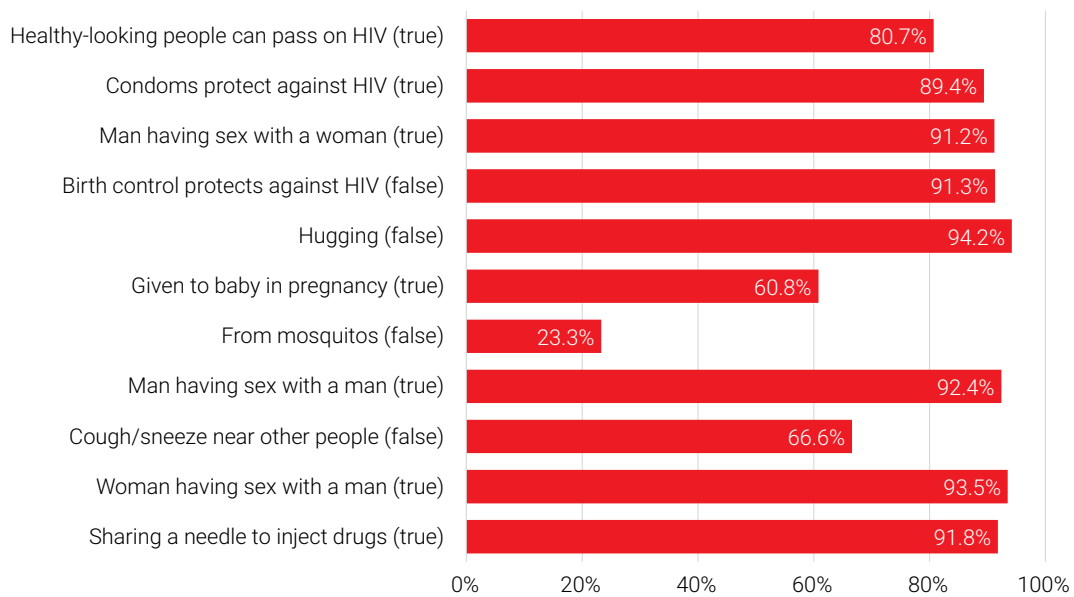


Figure 5.1 Mean correct responses to HIV transmission questions STIs

5.2 STIs

5.2.1 Knowledge of STIs

Young people answered a mean of 62.7% of the STI knowledge questions correctly. Trans and gender diverse young people had a higher mean of 67.4% correct answers, compared to young women (63.9%) and young men (61.1%, $p < .001$). LGBQ young people had a higher mean of correct answers (65.0%) compared to heterosexual young people (62.0%, $p = .002$). CALD young people had a lower mean of 59.7% correct answers compared to 63.5% of non-CALD young people ($p < .001$). There were no significant differences between Aboriginal and non-Indigenous young people, nor between young people living in Greater Melbourne and regional Victoria.

Figure 5.2 shows that most young people knew STIs may not have obvious symptoms (94.5%), that not only gay men and injecting drug users can be infected with HIV (91.5%), and that people are not always safe from all STIs if they use condoms (83.8%). Considerably fewer young people knew that genital warts could be spread without intercourse (56.4%), that chlamydia can lead to infertility in women (51.1%), that the herpes virus stays with a person for life (38.8%) and that the virus causing genital herpes can also cause cold sores (9.1%).

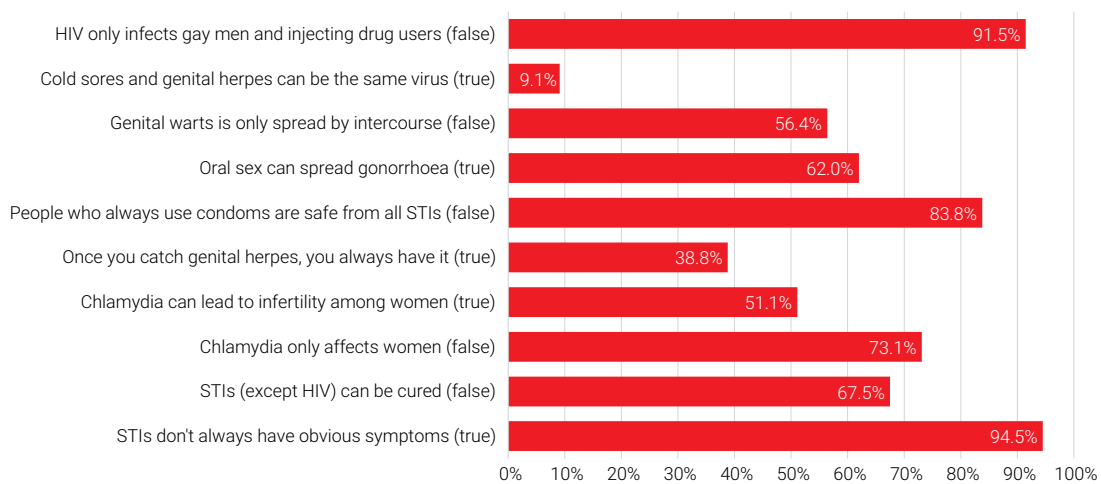


Figure 5.2 Mean correct responses to STI knowledge questions

5.2.2 Knowledge of STI symptoms

Knowledge of STI symptoms was generally good (see Figure 5.3), with a mean of 70.6% correct answers across all questions. There were no significant differences in the STI symptom scale between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor between young people living in Greater Melbourne and regional Victoria.

Most young people correctly identified pain or discomfort urinating (94.8%), lumps and bumps in the genital area (90.8%), a rash in the genital area (90.7%) and discoloured skin in the genital area (77.9%) as symptoms of an STI. Fewer young people knew that muscular soreness (38.3%) or a severe headache (30.4%) could be a symptom of an STI.

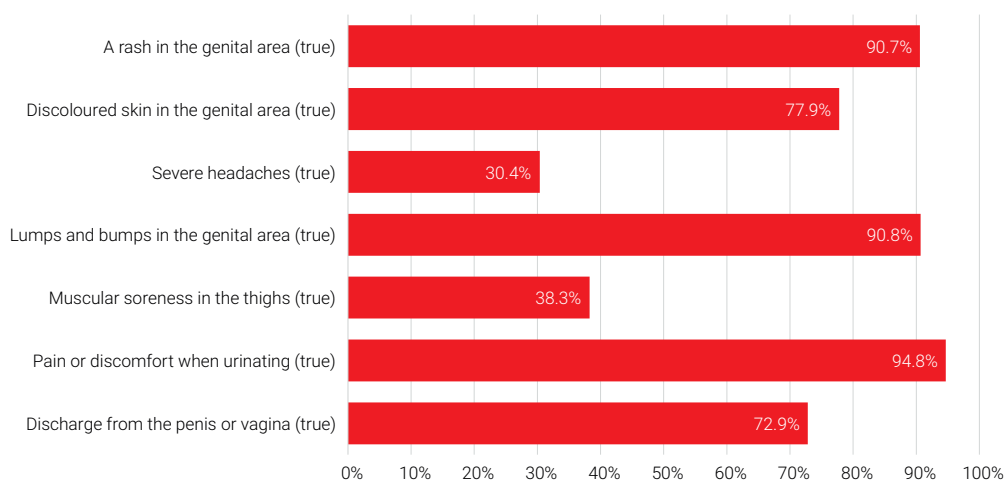


Figure 5.3 Mean correct responses to STI symptom questions

5.3 Viral hepatitis

Knowledge of viral hepatitis was generally low (see Figure 5.4), with a mean of 36.5% correct answers across all questions. There were no significant differences between mean scores on the viral hepatitis scale for any priority population groups.

Many young people knew that people injecting drugs could be a transmission risk for hepatitis C (74.7%). About half knew that tattooing and body piercing were potential risks for hepatitis C

transmission (55.0%). Half knew that hepatitis C has long-term effects on health (50.4%), and that there is a vaccination against hepatitis A (45.1%) and B (50.3%). Most young people thought there was a vaccine for hepatitis C (87.1%), that hepatitis C can be transmitted by sharing razors or toothbrushes (9.7%), and that hepatitis B can be sexually transmitted (5.0%).

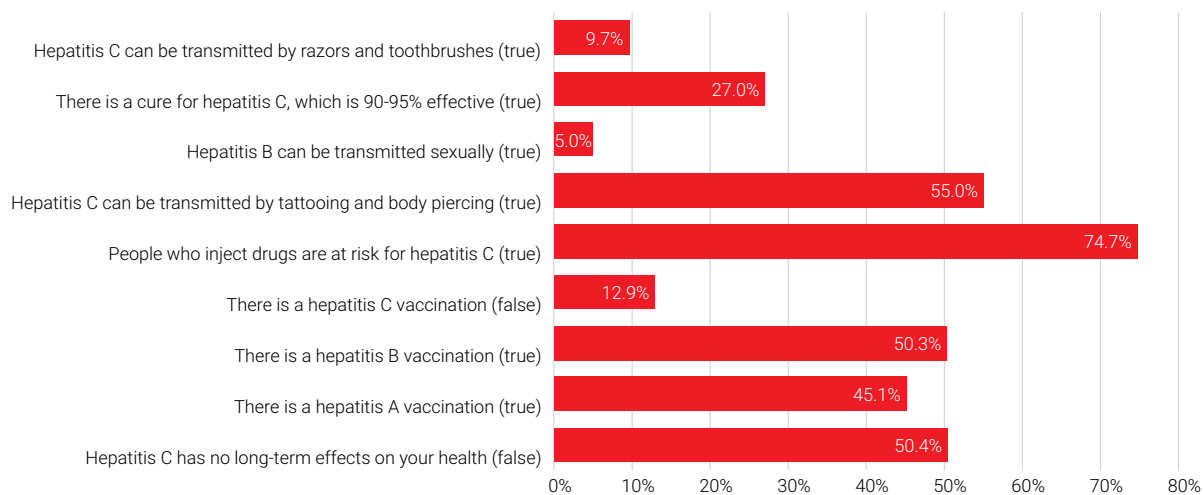


Figure 5.4 Mean correct responses to viral hepatitis questions

5.4 HPV

Knowledge of HPV was generally low (see Figure 5.5), with a mean of 38.6% correct answers given across all questions. Trans and gender diverse young people had a higher mean of 43.6% correct answers, compared to a mean of 41.4% correct answers by young women and a mean of 35.0% correct answers by young men ($p < .001$). LGBQ young people also had a higher mean score for correct answers (42.9%) compared to heterosexual young people (37.1%, $p < .001$).

Almost two thirds of young people had heard of HPV (64.9%), with 84.2% of trans and gender diverse young people having heard of HPV compared to 67.4% of young women and 61.2% of young men ($p < .001$). More LGBQ young people (73.0%) had heard of HPV than heterosexual young people (61.9%, $p < .001$). Aboriginal and non-Indigenous young people were more or less equally likely to have heard of HPV (62.0% and 65.1%

respectively), as were CALD and non-CALD young people (64.7% and 64.8% respectively), and young people living in Greater Melbourne (66.1%) compared to 62.9% of young people living in regional Victoria.

About two thirds of young people knew that the HPV vaccination would not encourage young people to become sexually active (60.2%). About half the young people knew that condoms do not provide complete protection against HPV (54.4%), that the HPV vaccine does not give you HPV (56.0%), and that HPV affects both men and women (53.5%). Very few young people were aware that HPV is the virus that causes genital warts (23.1%), that you cannot tell if you have HPV (21.1%), or that HPV can cause cancers of the head and throat (6.1%).

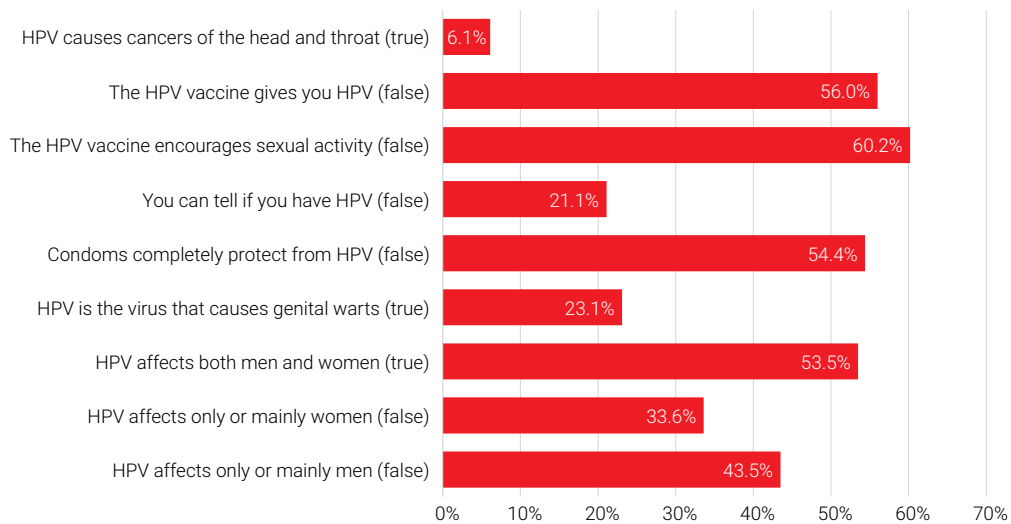


Figure 5.5 Mean correct responses to HPV questions

6 Behaviour

6.1 Protective behaviour

6.1.1 Testing, diagnosis and vaccination

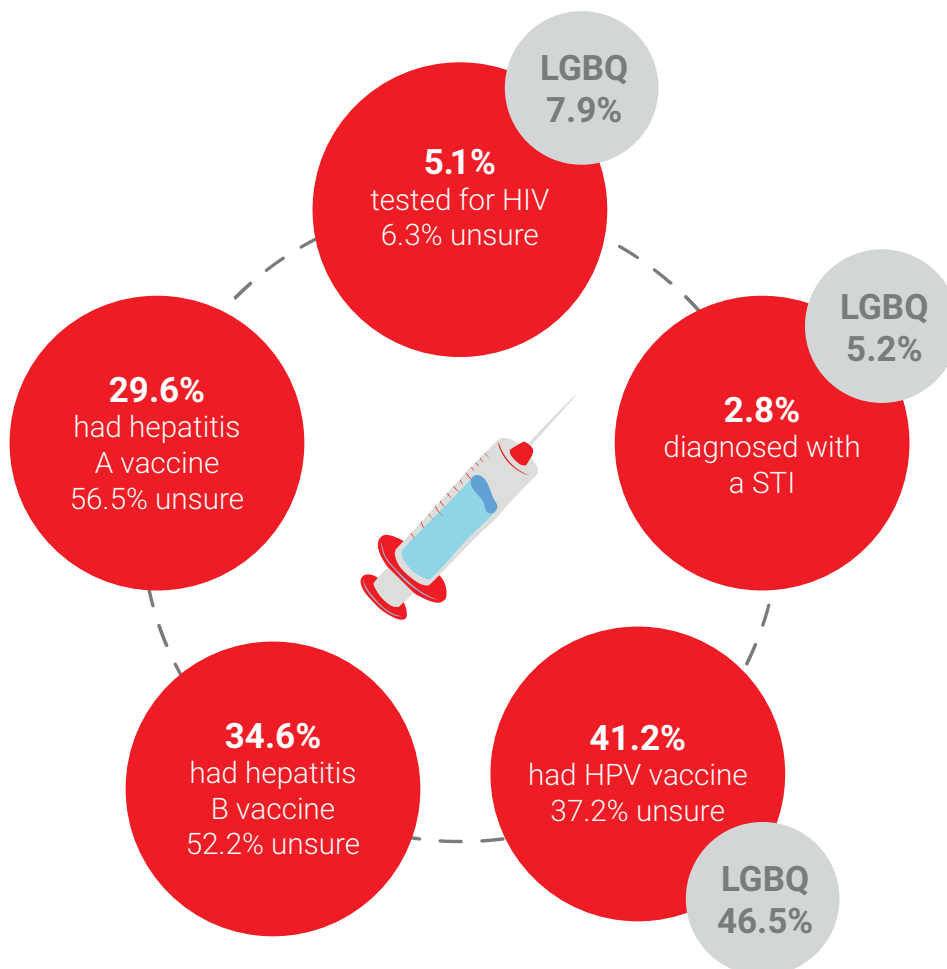
Very few young people had ever been tested for HIV (5.1%). Of those who had, 41.1% had been tested in the last 6 months. Most young people had never been diagnosed with an STI (97.2%). Around a third thought they had been vaccinated against hepatitis A (29.6%) and/or B (34.6%), while more than half were unsure (56.5% and 52.2% respectively). Less than half believed they had been vaccinated against HPV (41.2%), and over a third were unsure (37.2%).

More young men (6.5%) than young women (3.6%) had ever had an HIV test ($p = .007$). Six (10.5%) trans and gender diverse young people also reported taking an HIV test and 4 (7.0%) were unsure (numbers were too small for statistical testing). There was no difference between genders for STI diagnosis or hepatitis A vaccinations. More trans and gender diverse young people (42.1%), followed by young women (37.7%), reported being vaccinated against hepatitis B than young men (30.7%, $p < .001$).

Young women (47.8%) and trans and gender diverse young people (47.4%) were significantly more likely than young men (33.7%) to believe they had been vaccinated against HPV ($p < .001$). Of those who reported that they had been vaccinated, 52.7% indicated that they had received one, two or three doses of the vaccine.

Compared to heterosexual young people, more LGBQ young people had been tested for HIV (7.9% compared to 4.1% heterosexual, $p < .001$), received an STI diagnosis (5.2% compared to 1.9% heterosexual, $p = .004$) and remembered being vaccinated for HPV (46.5% compared to 39.3% heterosexual, $p = .004$).

In terms of HIV testing, and STI diagnosis and vaccinations, there were no significant differences between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.



6.1.2 Perceptions of STI, HIV, and hepatitis B and C risk

Young people perceived their risk of HIV infection as very low (see Figure 6.1). More heterosexual young people (58.6%) than LGBQ young people (49.7%) perceived their risk of HIV infection as very unlikely or not at all likely ($p < .001$). There were no significant differences between young men and young women, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Young people had slightly higher levels of perceived risk of getting any STI than HIV (see Figure 6.1) with 13.4% believing it likely or very likely they would ever get an STI. There were 19.9% of LGBQ and 11.0% of heterosexual young people who perceived their risk of STI infection was likely or very likely ($p < .001$). Young people living in regional Victoria (19.1%) perceived their risk of getting an STI higher than those in Greater Melbourne (12.0%, $p = .001$). There were no significant differences for gender, between Aboriginal and non-Indigenous young people, or between CALD and non-CALD young people.

Very few young people believed they were likely or very likely to become infected with hepatitis B (3.4%) or C (3.5%). More young women (4.3%) believed they were likely or very likely to get hepatitis B compared to trans and gender diverse young people (3.4%) and young men (2.4%, $p = .006$); 12.5% of heterosexual young people believed they were at no risk of getting hepatitis B compared to 8.2% of LGBQ young people ($p = .001$); and 6.2% of young people living in regional Victoria believed they were likely or very likely to get hepatitis B compared to those in Greater Melbourne (2.7%, $p = .005$).

There were 12.5% of heterosexual and 7.7% of LGBQ young people who perceived their risk of hepatitis C as 'never' ($p < .001$). There were no significant differences in perceived risk for hepatitis C for gender nor geographic location, and no difference of perceived risk for hepatitis B or C between Aboriginal and non-Indigenous young people nor between CALD and non-CALD young people.

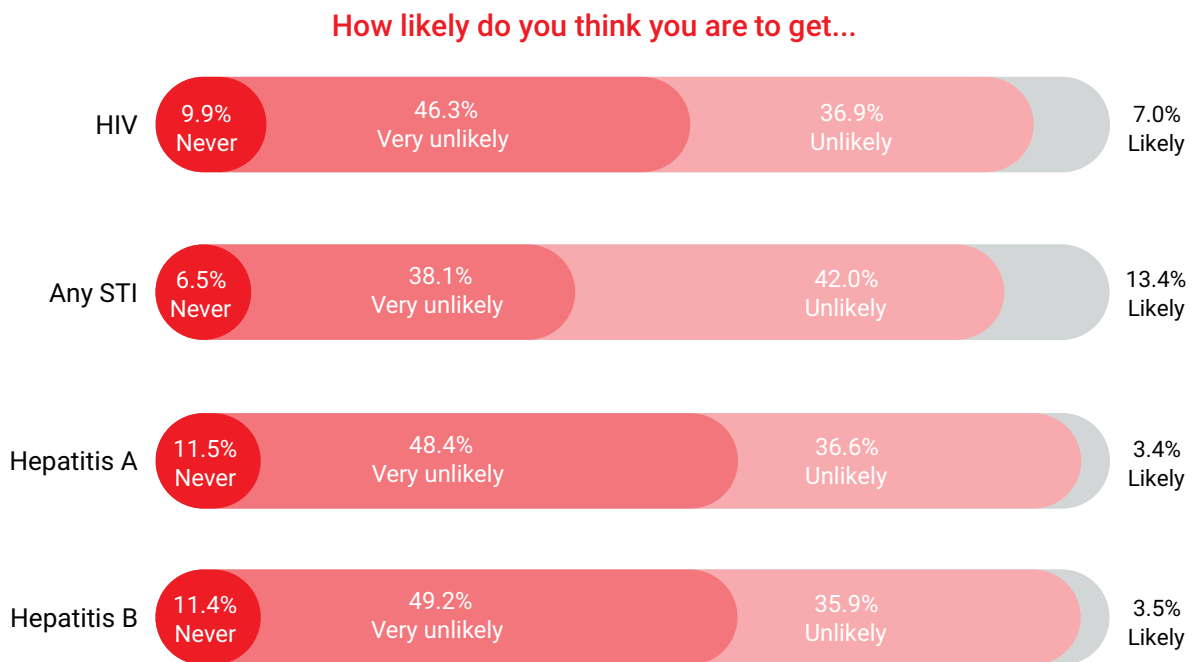


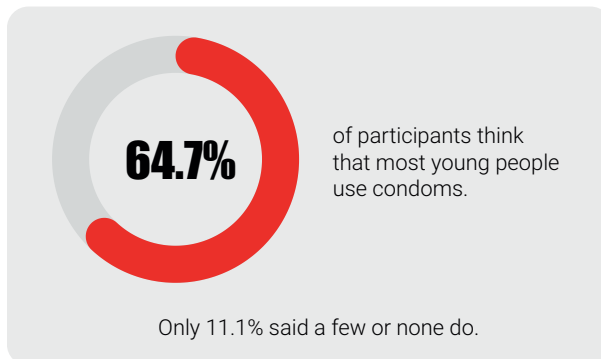
Figure 6.1 Responses to 'How likely do you think you are personally to get...'

6.1.3 Perceptions of peer norms of condom use

Young men were more likely to believe that boys (11.3%) or both girls and boys (51.2%) suggested using condoms, as compared to young women (boys = 2.9%; both = 38%) and trans and gender diverse young people (boys = 6.9%; both = 44.3%, $p < .001$). LGBQ young people were more likely to believe that girls suggested using condoms (LGBQ = 48.2%; heterosexual = 41.9%, $p < .001$) and less likely to think that both girls and boys suggested using condoms (LGBQ = 39.9%; heterosexual = 45.3%, $p < .001$).

There were no significant differences in perceived condom use between heterosexual and LGBQ young people, between Aboriginal and non-Indigenous young people, nor for geographic location. Due to the small sample size, we could not conduct any statistical analyses between CALD and non-CALD young people.

Do people your age use condoms?



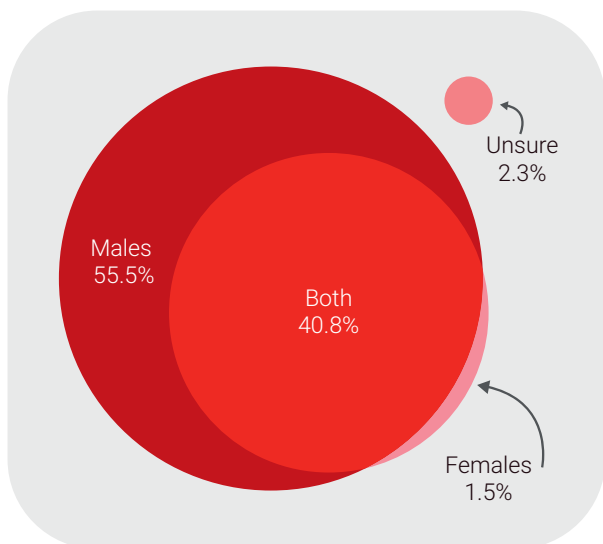
6.2 Sexual attraction and romantic relationships

The majority of young women (55.5%) reported that they were attracted solely to males and most young men reported solely being attracted to females (66.7%). More young men (66.7%) reported being attracted solely to females than young women (55.5%) reported being attracted solely to males ($p < .001$).

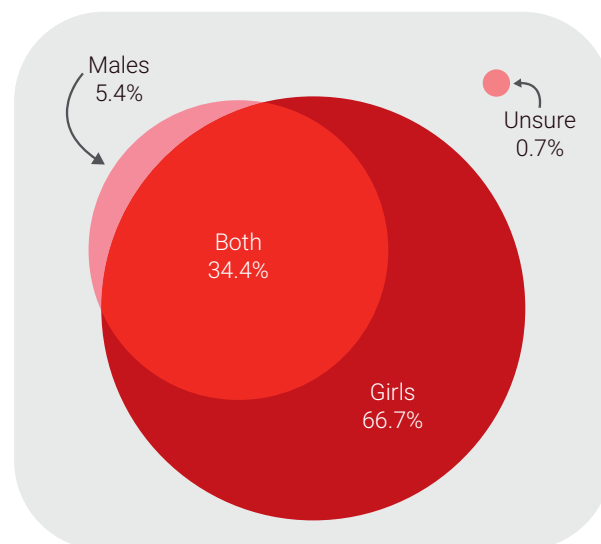
Few trans and gender young people were solely attracted to males (8.8%) with a further 8.8% being solely attracted to females. One third (33.3%) reported being equally attracted to males and females, 28.1% were mostly attracted to females and 15.8% mostly attracted to males. There was only one participant (1.8%) who was unsure.

Reported sexual attraction

Young women



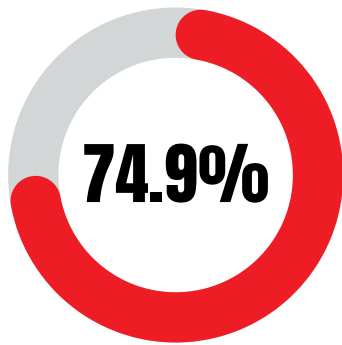
Young men



When asked about sexual attraction to other people, heterosexual young cisgender people mostly reported being solely attracted to the opposite sex (85.3% of young men, 75.2% of young women). Of the LBGQ young people, around one quarter of young men reported being attracted solely to the same sex (23.3%) compared to 3.9% of young women. Almost half of LGBQ young women reported being mostly attracted to young men (45.8%), about a third were equally

attracted to young men and young women (31.3%) and 9.4% were mostly attracted to young women.

There were no significant differences in sexual attraction between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

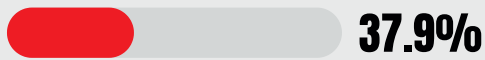


Had ever had a romantic relationship

CALD **66%**

Non-CALD **77.4%**

Less CALD young people (66.0%) compared to 77.4% of non-CALD young people had ever had a romantic relationship ($p < .001$).

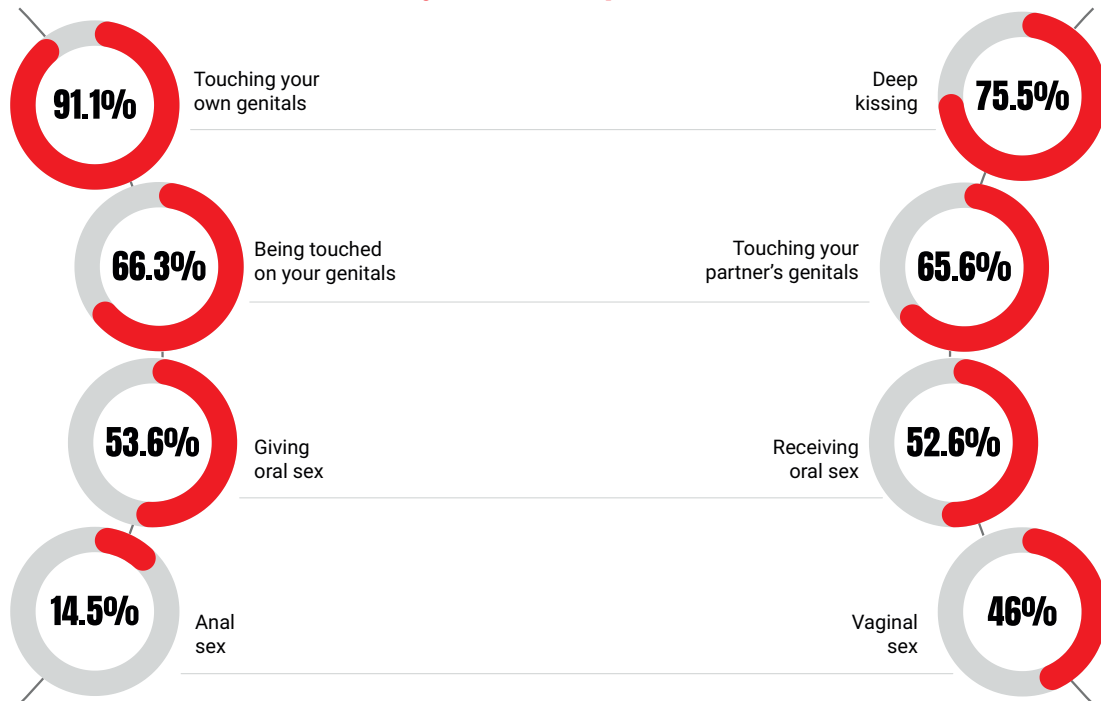


Few young Victorians were currently in a relationship

In terms of having ever had a romantic relationship, there were no significant differences between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, nor for gender or geographic location.

6.3 Sexual behaviour

Have you ever experienced...



The most reported sexual behaviour was touching one's own genitals (91.1%), with young women reporting this behaviour less than young men and trans and gender diverse young people ($p < .001$). The second-most reported behaviour, deep kissing (75.5%), was significantly more common for young

women when compared to young men or trans and gender diverse young people ($p < .001$). The third- and fourth-most reported behaviours were touching a partner's genitals (65.6%), and being touched on the genitals (66.3%), with no significant gender differences.

About half of young people reported having ever engaged in oral sex, in terms of both giving (53.6%) and receiving oral sex (52.6%). The two least-reported types of behaviour were: vaginal sex (46.0%), which was more commonly reported by young women than young men or trans and gender diverse

young people ($p = .002$); and anal sex (14.5%), which was more commonly reported by trans and gender diverse young people than young men or women ($p < .001$). Statistically significant differences between genders are illustrated in Figure 6.2.

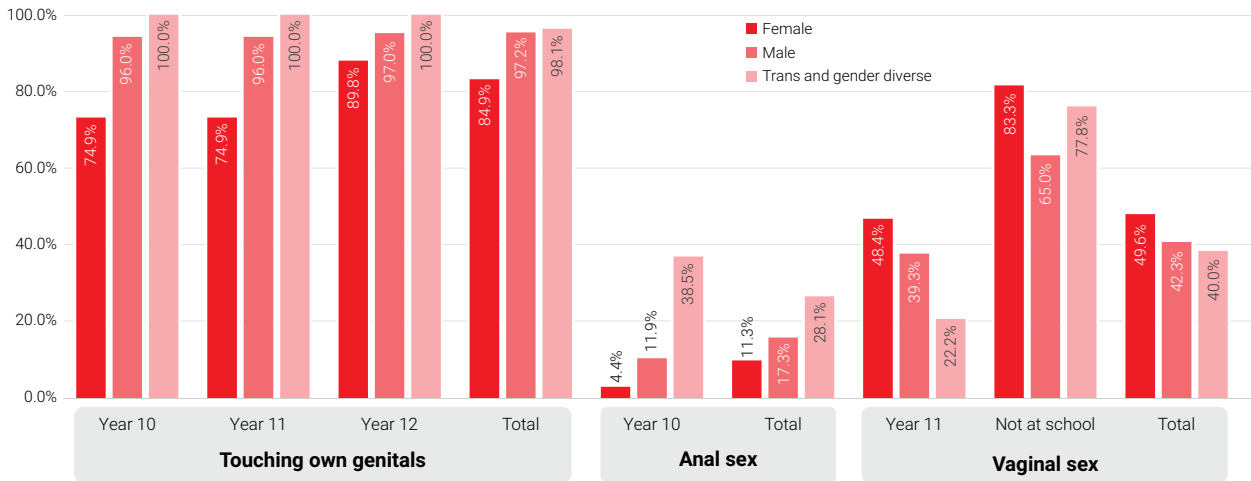
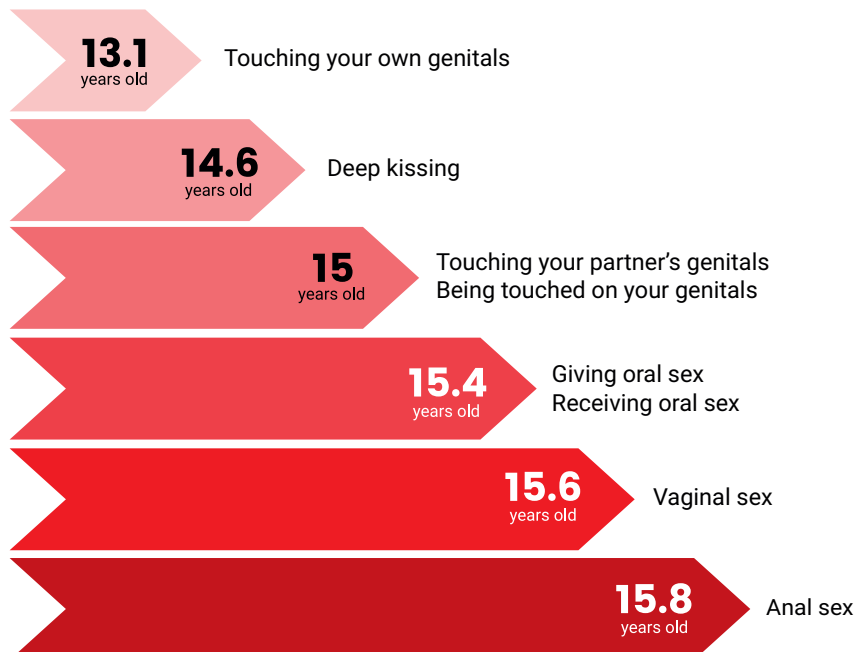


Figure 6.2 Statistically significant sexual behaviour by gender ($p < .01$)

Mean age of first sexual experiences



Across all behaviour, the proportion of young people having ever engaged in each behaviour significantly increased by age ($p < .001$).

There were no significant differences in reported sexual behaviour between heterosexual and LGBQ young people in Year 9 or in school leavers. Statistically significant differences between LGBQ and heterosexual young people are reported in Figure 6.3. Compared to heterosexual young people, LGBQ young people were more likely to report touching their own

genitals in Year 10 ($p = .001$) and Year 12 ($p = .002$). In Year 10, Year 11 and Year 12, more LGBQ young people reported anal sex than heterosexual young people ($p < .001$). Overall, more heterosexual young people reported vaginal sex than LGBQ young people ($p = .002$).

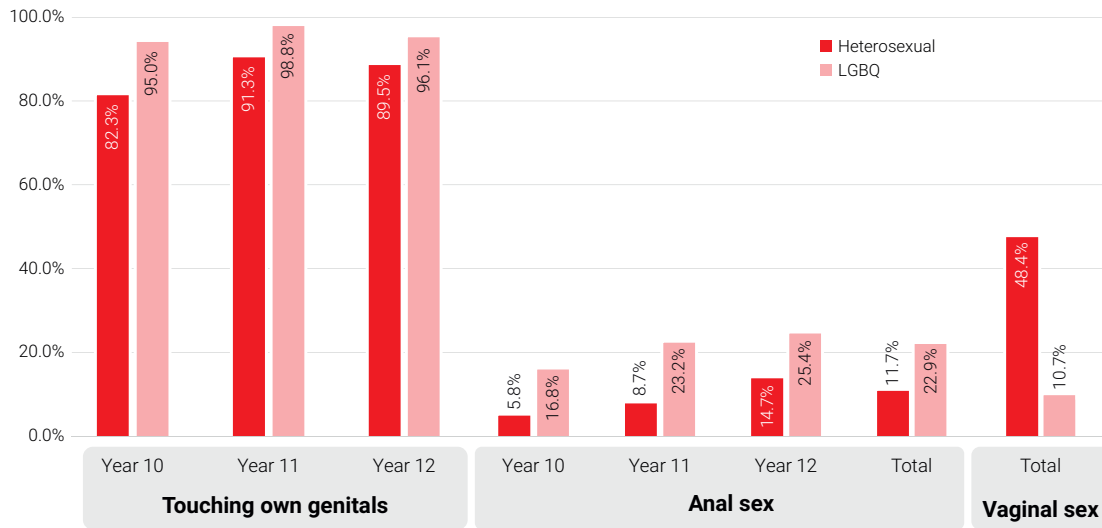


Figure 6.3 Statistically significant sexual behaviour for heterosexual and LGBQ young people ($p < .01$)

Deep kissing, touching genitals and being touched on one's genitals, and giving and receiving oral sex were more common

for non-CALD young people than CALD young people in the total sample and in Year 10 (see Figure 6.4).

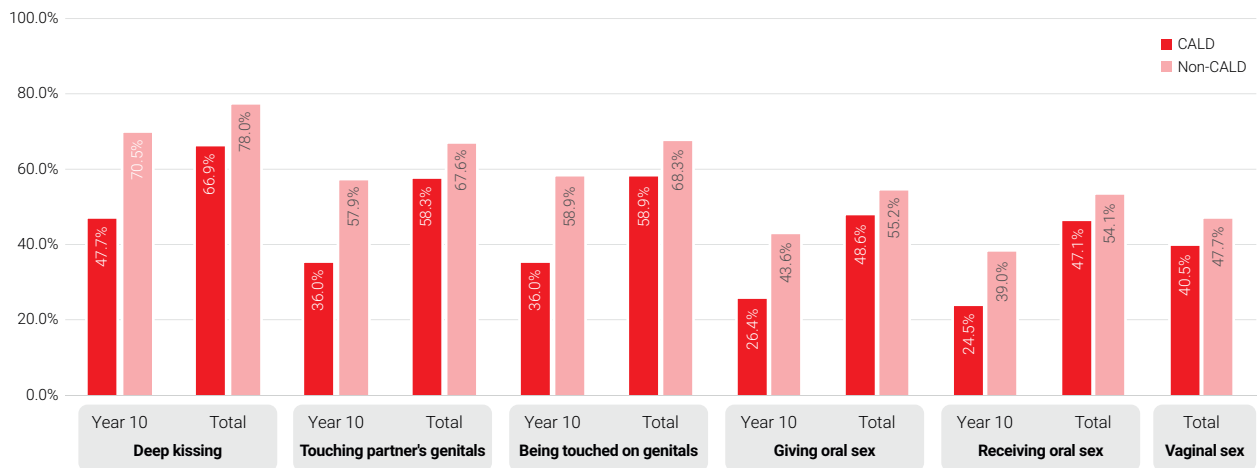


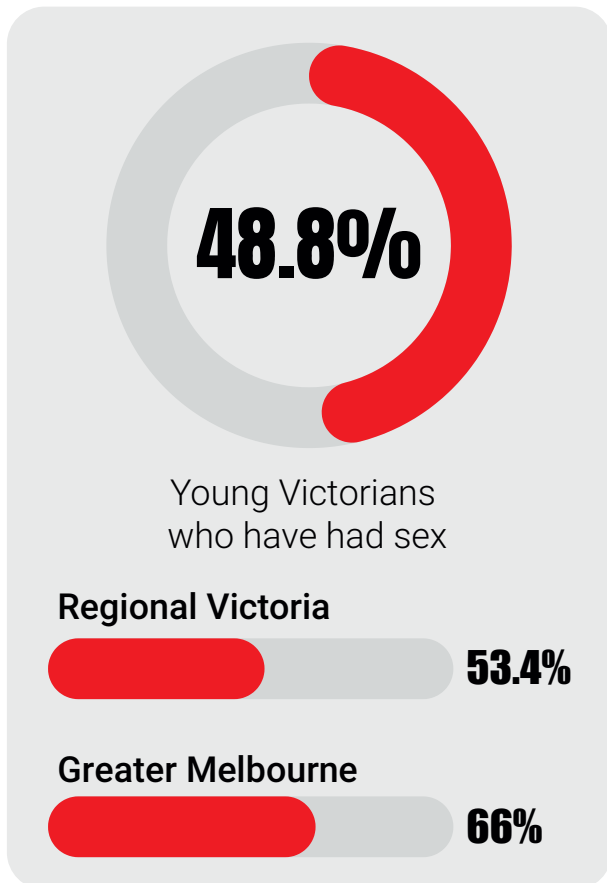
Figure 6.4 Statistically significant sexual behaviour for CALD and non-CALD young people ($p < .01$)

In Year 10, more young people living in regional Victoria than in Greater Melbourne reported experiencing sexual behaviour, with statistically significant differences for being touched on the genitals by a partner ($p = .006$). More school leavers in Greater

Melbourne (98.9%) reported masturbation than school leavers from regional Victoria (86.4%, $p < .001$).

6.4 Sexually active young people

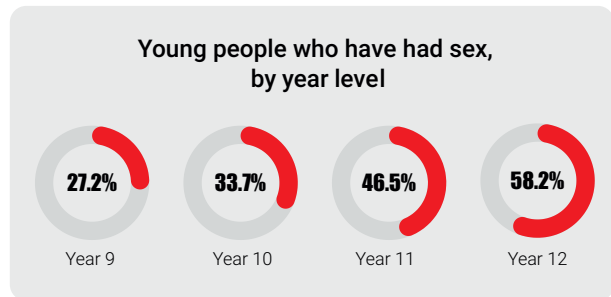
Approximately half of young people (48.8%) reported ever having engaged in sexual intercourse. For each year level and overall, there were no differences in reported anal and/or vaginal sexual intercourse for gender, between heterosexual and LGBQ young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.



6.4.1 Number of sexual partners in the past year

Most sexually active young people (59.7%) reported having one sexual partner in the past year. There were no significant differences in the number of sexual partners between male and female participants (the numbers for trans and gender diverse young people were too small for statistical analyses), between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Among LGBQ young people, 8.3% reported not having sex in



- 4.5% had not had sex in the past year
- 35.7% had two or more partners

Most had one sexual partner in the past year



Number of sexual partners in the past year



the past year, 48.4% reported having one sexual partner and 43.2% had two or more sexual partners. In comparison, 3.2% of heterosexual young people reported not having sex in the past year, 63.6% reported having one sexual partner and 33.2% reported having two or more sexual partners.

6.4.2 Unwanted sex

Slightly over a quarter (27.3%) of young people indicated that they had previously had sex when they didn't want to, with 45.8% of trans and gender diverse young people experiencing unwanted sex; more than young women (35.0%) and men (17.6%, $p < .001$). Far more trans and gender diverse young people (72.7%) reported experiencing unwanted sex because they were frightened, compared to young women (30.6%) and men (17.4%, $p < .001$).

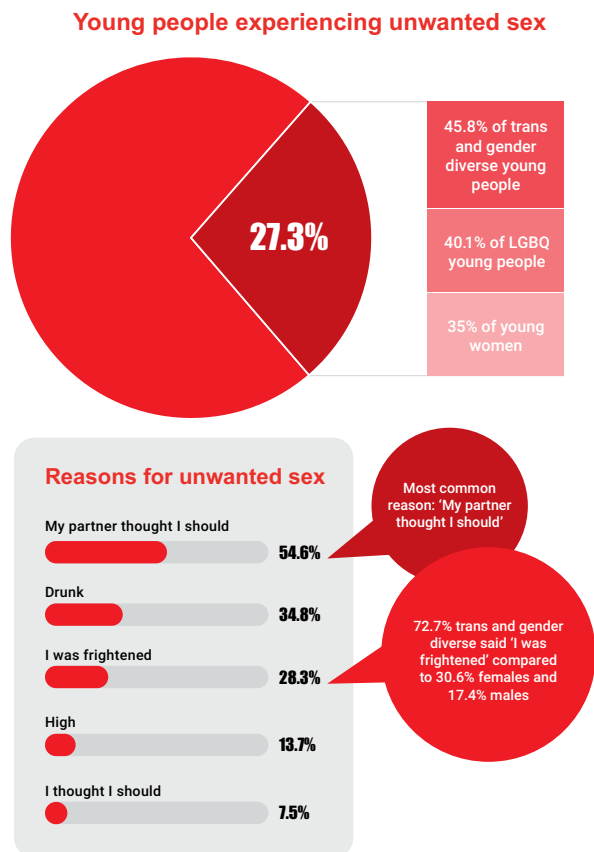
Significantly, over a third of LGBQ young people (40.1%), compared to just under one quarter of heterosexual young people (22.6%), reported that they have had unwanted sex ($p < .001$).

There were no significant differences between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

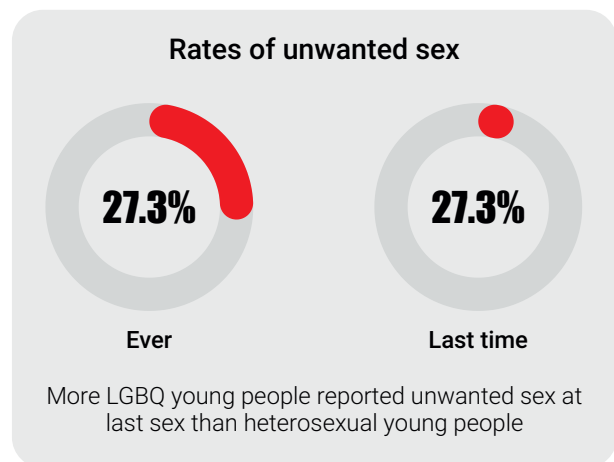
(54.6%) for having unwanted sex. The survey did not ask about forced or coerced sexual experiences nor did it attempt to assess lack of consent across unwanted sexual experiences. Some young people, however, provided additional written comments on why they had sex when they did not want to. Fifteen (5.1% of total respondents to the question) indicated that their experience involved force, coercion, rape, assault, blackmail, pressure and/or the experience was non-consensual. Other commonly stated reasons included: not being in the mood but doing it anyway, to please a partner, a feeling of indifference, and feeling they should because they had before.

There were no significant differences for reasons for unwanted sex between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Sexually active young people reported considerably lower rates (6.5%) of unwanted sex for their most recent sexual experience compared to having ever experienced unwanted sex (27.3%). LGBQ young people (11.8%) were more likely to report unwanted sex at last sexual experience than heterosexual young people (4.5%, $p < .001$). There were no significant differences in unwanted sexual experiences for gender, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.



'My partner thought I should' was the most common reason



6.4.3 Condom use

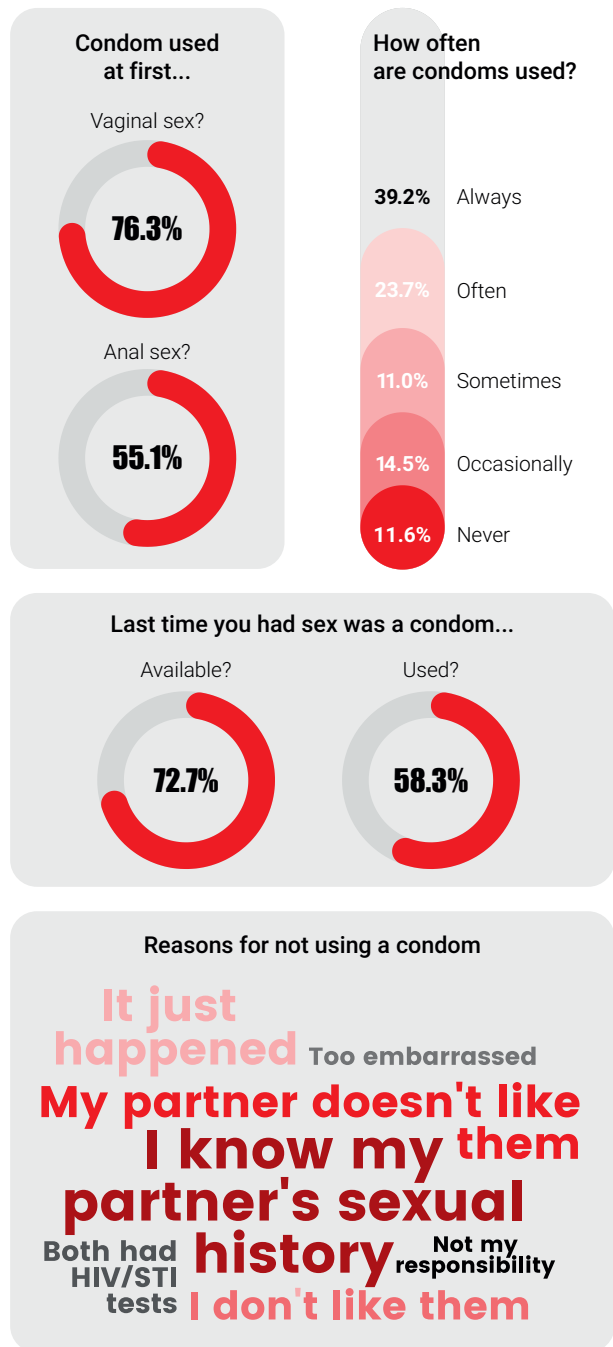
Most sexually active young people (62.9%) often or always used condoms over the past year. Young men (45.9%) were more likely than young women (33.3%) to report having always used a condom in the previous year ($p < .001$). There were no significant differences between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Condom use at first vaginal sex was high (76.3%), with lower rates of condom use for first anal sex event (55.1%). There were no significant differences for gender, between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Most sexually active young people (72.7%) indicated a condom was available at their last sexual event, with fewer (58.3%) reporting that condoms were used. Young people who reported not using a condom at their last sexual encounter were asked about their reasons for not doing so. The most common reasons were knowledge of their partner's sexual history (39.9%), trust in their partner (37.9%), 'it just happened' (32.4%) and their partner's dislike of condoms (31.7%). Embarrassment (2.4%) and 'It is not my responsibility' (1.3%) were the least-reported reasons for not using a condom.

There were no significant differences between heterosexual and LGBQ young people about why a condom was not used during their last sexual encounter, nor between Aboriginal and non-Indigenous young people, CALD and non-CALD young people, nor for geographic location.

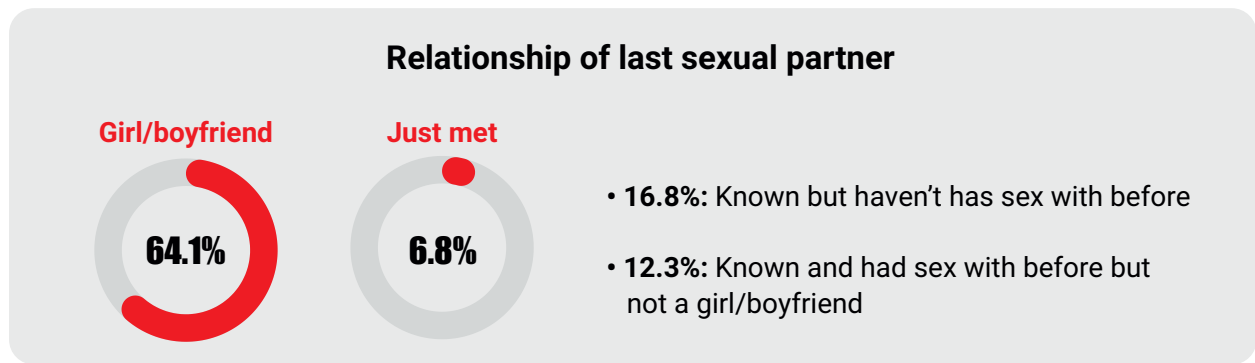
Brief written comments on why a condom was not used at their last sexual encounter – as given by participants who selected 'other' from the list of reasons – included: another form of contraception (i.e., the pill, the rod) was in use ($n = 110$, 24.2%), medical reasons (e.g., phimosis), pleasure-related issues, irrelevant due to being with a same-sex female partner, and a desire to get pregnant.



6.4.4 Most recent sexual encounter

Sexually active young people were asked about the last time they had sex. Many young people (64.1%) reported that their last sexual encounter was with a girlfriend or boyfriend. Very few young people indicated that their last sexual encounter was with someone they had just met (6.8%). There were no significant

differences for gender, between LGBTQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

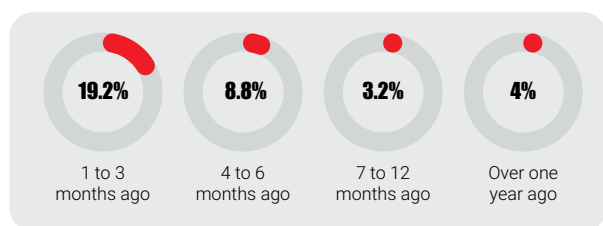
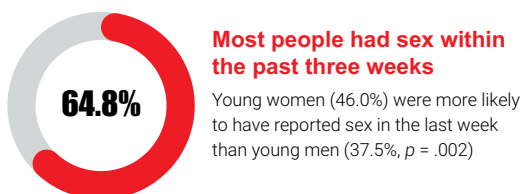


Most young people reported that the age of their last sexual partner was similar to their own age. For the vast majority (91.5%) of Year 10 students, their last partner was 17 or under; for most Year 11 (86.2%) and Year 12 (88.2%) students, their last partner was between 16 and 19 years old. Overall, less young men (26.2%) reported older sexual partners (18 years or older), as compared to trans and gender diverse young people (44.0%) and young women (40.0%, $p < .001$). More LGBTQ young people (40.7%) reported slightly older (18 years or older) sexual partners at their last sexual encounter, as compared to heterosexual young people (30.9%, $p = .003$). There were no significant differences between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

For young females, sexual experiences mostly occurred solely with males (98.1%) and 87.1% of young men had sex solely with females. Heterosexual young men (98.9%) reported having sex solely with females and young women (98.1%) reported having sex solely with males. More LGBTQ women (55.6%) had their last sexual experience with a male. Around half of the LGBTQ young men reported solely having sex with other men (46.8%), while only 2.7% of LGBTQ women reported solely having sex with other women (although this was probably due to the definition of 'sexually active' used in the study).



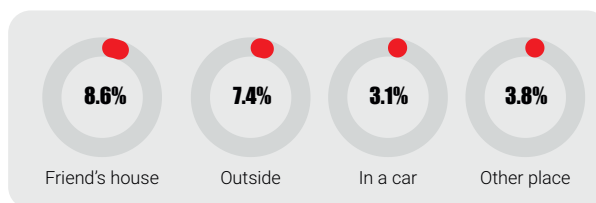
For 64.8% of sexually active young people, their last sexual encounter occurred within the three weeks prior to taking the survey. Young women (46.0%) were more likely to have reported having sex in the last week than young men (37.5%, $p = .002$). Although there were not enough trans and gender diverse young people for statistical analysis, for most, sexual activity occurred within the last week (42.1%).



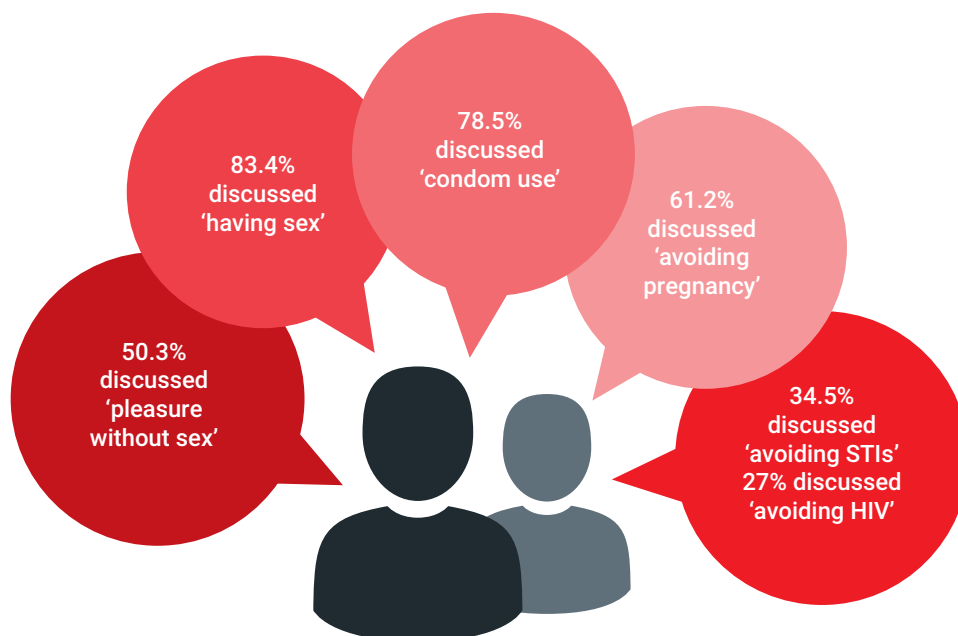
Sexually active young people were asked where their last sexual encounter happened, with most indicating that it took place at their house or their partner's house (77.3%).

More heterosexual (79.6%) than LGBQ (71.5%) young people reported that their last sexual encounter was at their own or their partner's house ($p = .02$), and most also reported that it occurred in the last three weeks (LGBQ = 59.4%, heterosexual = 66.7%, $p = .02$).

There were no significant differences for last occurrence or location of sexual activity between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.



Discussions at last sexual experience

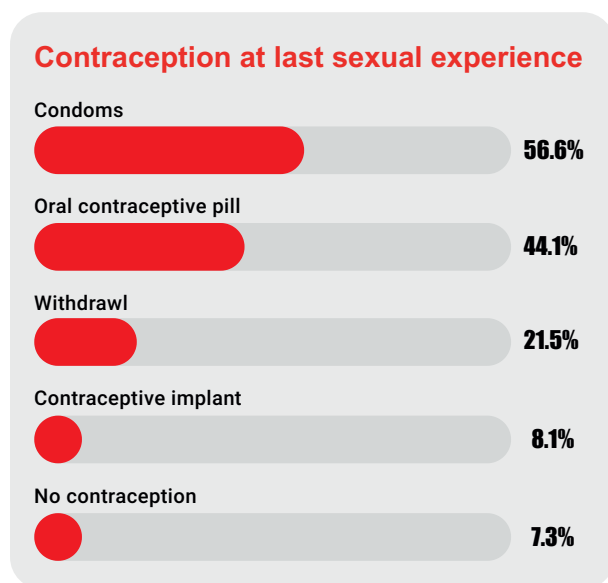


Before having sex, most sexually active young people talked with their partner about protecting their sexual health. These discussions included talking about having sex (83.4%), using a condom (78.5%), avoiding pregnancy (61.2%), and how to get sexual pleasure without intercourse (50.3%). About one third of young people also discussed avoiding STIs (34.5%) and avoiding HIV (27.0%). LGBQ young people (60.7%) were more likely than

their heterosexual counterparts (46.6%) to discuss sexual pleasure without intercourse ($p < .001$). CALD young people (42.6%) were more likely than non-CALD young people (32.6%) to discuss avoiding STIs prior to sex ($p = .009$). There were no significant differences for gender, between Aboriginal and non-Indigenous young people, nor for geographic location.

6.4.5 Contraception

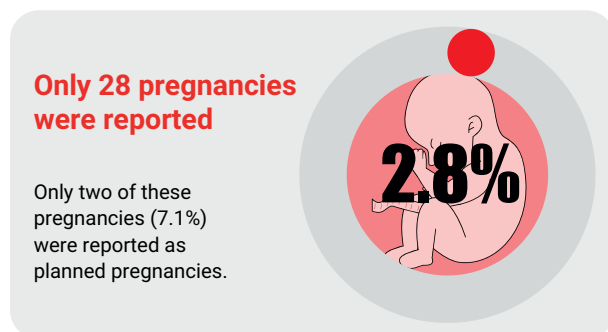
The most common contraceptives used were condoms (56.6%) and the oral contraceptive pill (44.1%). The least-used forms of contraception included the IUD (intrauterine device; 1.6%), rhythm method (1.2%), and injectables, and no one reported using a diaphragm. Fewer CALD young people (34.2%) used oral contraception than non-CALD young people (46.6%, $p = .002$). Reported use of contraception was similar between genders, between heterosexual and LGBQ young people, between Aboriginal and non-Indigenous young people, and for geographic location.



6.4.6 Reported pregnancies

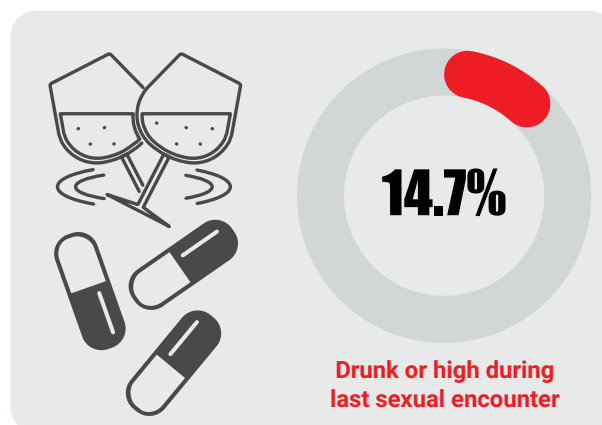
Four trans and gender diverse young people (19.0%), 15 young women (2.7%) and nine young men (2.1%) reported that they had sex resulting in a pregnancy. Four (15.4%) Aboriginal young people and 24 (2.5%) non-Indigenous young people had experienced a pregnancy.

No statistical analyses were conducted to examine whether pregnancies were planned or not, due to the small number of young people reporting pregnancies.

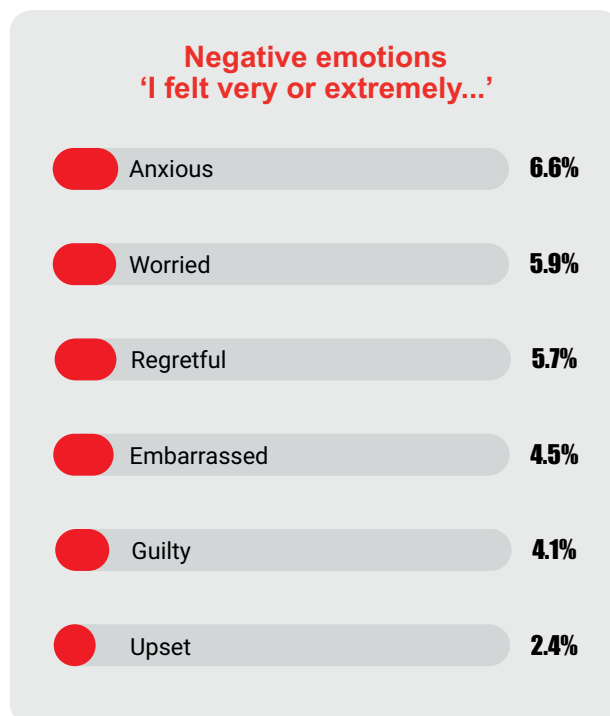


6.4.7 Alcohol and other drugs

Most young people (85.3%) were sober the last time they had sex, with no statistically significant differences between genders, between LGBQ (14.2%) and heterosexual (16.2%) young people, between Aboriginal (15.4%) and non-Indigenous (14.6%) young people, between CALD (13.3%) and non-CALD (15.1%) young people, nor for geographic location (13.8% for Greater Melbourne and 16.5% for regional Victoria).



6.4.8 Feelings about last sexual experience



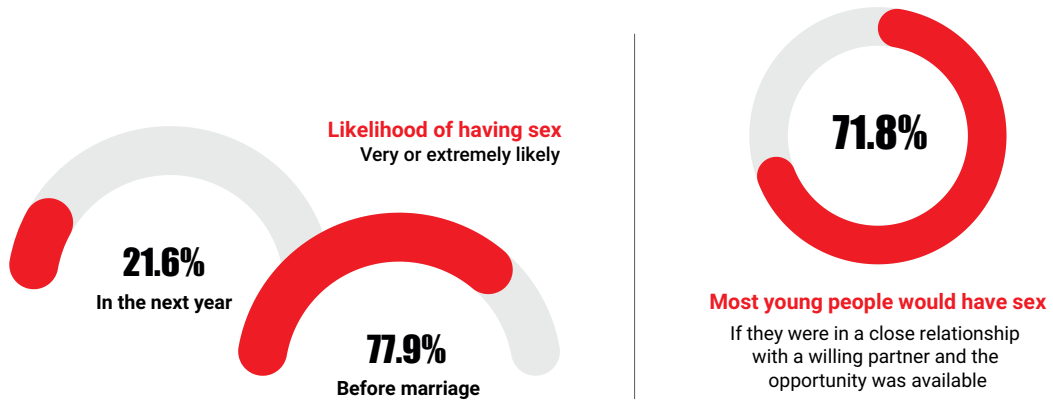
Most young people felt positive about their last sexual experience, reporting that they felt the following emotions extremely or a lot: good (71.5%), happy (71.7%) and fantastic (61.7%). Additionally, young people did not feel upset (96.0%), guilty (91.7%), embarrassed (90.2%), regretful (90.3%), worried (86.2%) or anxious (84.4%) about their last sexual encounter. Less young women reported feeling 'good' (64.5%) compared to young men (78.6%) and trans and gender diverse young people (72.0%, $p < .001$).

Compared to heterosexual young people, LGBQ young people reported less positive feelings about their last sexual encounter, such as feeling happy (LGBQ = 63.6%; heterosexual = 74.6%, $p < .001$) and fantastic (LGBQ = 55.4%;

heterosexual = 64.4%, $p = .003$). LGBQ young people also reported more negative feelings, such as anxiety (LGBQ = 10.3%; heterosexual = 5.2%, $p < .001$), guilt (LGBQ = 6.9%; heterosexual = 3.1%, $p < .001$) and worry (LGBQ = 8.9%; heterosexual = 4.5%, $p = .001$).

There were no significant differences between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

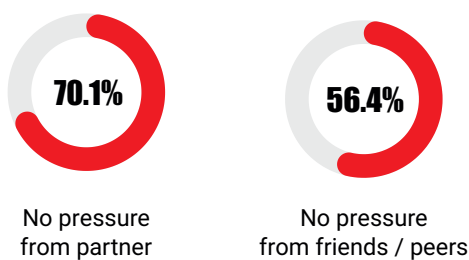
6.5 Young people who were not yet sexually active



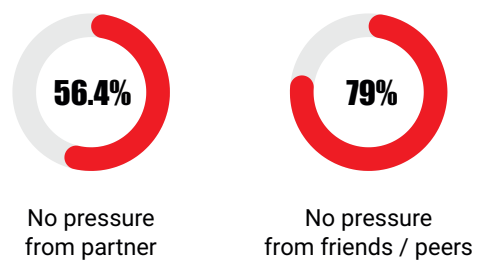
Very or extremely important reasons for not having sex yet



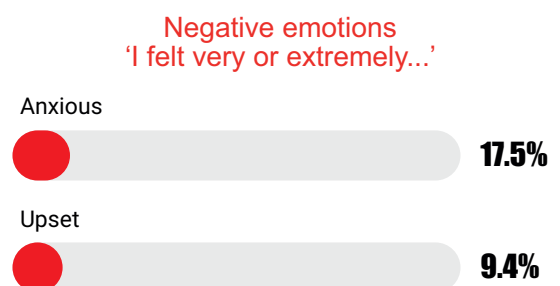
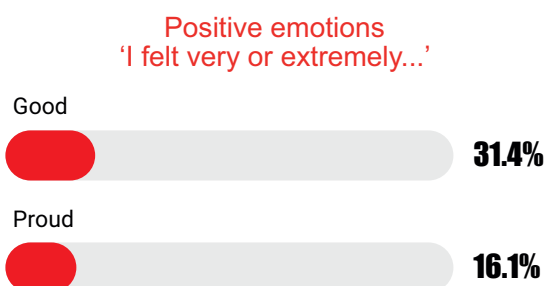
Pressure to have sex



Pressure to stay a virgin



Feelings about not having sex yet



6.5.1 Likelihood of having sex

Of the young people, 51.2% (n = 1,154) were not yet sexually active – that is, they indicated that they had not yet engaged in anal and/or vaginal sex. Compared to LGBQ young people (15.0%), slightly more heterosexual young people (24.0%) reported that they would be likely to have sex in the next year ($p = .028$). Compared to non-CALD young people (46.4%), CALD young people were significantly less likely to have sex in the next year, with 61.1% indicating they were not at all or only a little likely to have sex in the next year ($p < .001$). More non-CALD (81.3%) than CALD (67.3%) young people reported being very or extremely likely to have sex before marriage ($p < .001$). There were no significant differences between young men and women (the numbers were too small for statistical testing with trans and diverse young people included), between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, nor for geographic location.

Most young people who were not yet sexually active would have sex if the opportunity were available to them to do so within the context of a close relationship (71.8%), with young men (81.8%) more likely to do so than young women (62.6%) and trans and gender diverse young people (67.7%, $p < .001$). There were no significant differences between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

6.5.2 Reasons for not having sex yet

We asked young people who were not yet sexually active to rate how important various reasons for not having sex were to them. Heterosexual young people were more likely to report a high fear of pregnancy (54.8%) compared to LGBQ young people (45.8%, $p < .001$). More non-CALD young people reported not having sex yet because they had not met someone they wanted to have sex with (61.8%) than CALD young people (56.2%, $p = .005$). There were no significant differences between Aboriginal and non-Indigenous young people, nor for geographic location.

Some other reasons for not having sex yet (reported in responses to an open-ended question) were not yet being 'out' as gay or lesbian, not knowing what to do, low self-esteem (e.g., 'no one likes me like that,' 'I'm ugly') and fear of sex being painful.

6.5.3 Feeling pressure to have sex

Young women (14.2%) were more likely to feel more pressure to have sex from a partner than young men (2.5%) and trans and gender diverse young people (8.5%, $p < .001$). Young women (23.7%) also reported feeling more pressure to abstain from sex from parents and friends than young men (12.5%) and trans and gender diverse young people (12.9%, $p < .001$). Young women (6.4%) and trans and gender diverse young people (6.5%) felt more pressure to abstain from sex from their friends and peers than young men (1.5%, $p < .001$). There were no significant differences in peer and family pressure between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

6.5.4 Feelings about not having had sex

Less positive emotions about not having had sex were reported by trans and gender diverse young people (good: 20.0%; happy: 12.9%) and young men (good: 25.3%; happy: 21.9%), compared to young women (good: 37.8%; happy: 33.8%, $p < .001$). Young women (20.2%) were more likely to feel proud than young men (12.4%) and trans and gender diverse young people (6.5%, $p < .001$). There were no significant differences between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

6.6 Online behaviour

6.6.1 Social media use

Facebook, YouTube, Instagram and SnapChat were used frequently



Less than 35% had used Twitter, Pinterest, Tumblr, Reddit or dating apps in the past two months

These were used by less than 20% every day or most days

We asked young people about their social media use over the past two months. Young women reported more use of social media (such as Snapchat, Tumblr, Pinterest and Instagram) than young men or trans and gender diverse young people ($p < .001$). Of all the platforms that we asked about, dating apps were used the least (11.8%). The most used dating app was Tinder ($n = 22$; 46.8%), followed by Yubo ($n = 14$; 29.7%), with most users accessing the apps less than once a day (81.8% for Tinder and 92.3% for Yubo).

In comparison to heterosexual young people, LGBQ young people reported more use of Twitter (45.8% of LGBQ, 31.5% of heterosexual, $p < .001$), Tumblr (49.7% of LGBQ, 20.1% of heterosexual, $p < .001$) and dating apps (18.6% of LGBQ, 9.5% of heterosexual, $p < .001$). Aboriginal young people (56.5%) were more likely to use Twitter than non-Indigenous young people

(34.9%, $p = .004$). CALD young people were less likely to use Facebook (98.8%) compared to 99.8% of non-CALD young people ($p = .005$).

Many young people used social media daily. Heterosexual young people reported using Facebook (40.8% compared to 32.4% LGBQ, $p = .001$), Instagram (42.9% compared to 39.7% LGBQ, $p = .003$) and Snapchat (69.2% compared to 59.6% LGBQ, $p < .001$) at least daily, but reported less daily use of YouTube (18.3% compared to 24.3%, $p = .004$) than LGBQ young people. There were no significant differences in frequency of social media use between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

6.6.2 Sexting

Around half of the young people had received (47.4%) or sent (48.8%) a sexually explicit written text message once or a few times in the last two months. Sharing a sexually explicit nude or nearly nude photo or video occurred more frequently, with 62.4% of those receiving and 59.4% of those sending doing so once or a few times in the last two months.

About one third of young people (33.9%) had used social media sites for sexual reasons. Very few young people had sent sexually explicit materials of someone else (6.2%).

Trans and gender diverse young people were more likely to send sexually explicit texts (61.1%) than young women (42.7%) or young men (47.1%, $p = .008$). More trans and gender diverse young people (44.2%) and young men (42.6%) reported using social media sites for sexual reasons than young women (25.3%, $p < .001$). Young men (8.2%) were the most likely to send sexually explicit photos of someone else, compared to young women (4.5%) and trans and gender diverse young people (3.6%, $p = .002$).

Heterosexual young people reported engaging in less sexting behaviour than LGBQ young people, including sending a sexually explicit written text message (heterosexual = 43.2%, LGBQ = 51.0%, $p = .002$), and using social media for sexual reasons (heterosexual = 30.8%, LGBQ = 42.8%, $p < .001$).

CALD young people, compared to non-CALD young people, were less likely to send a sexually explicit photo or video of themselves (30.1% compared to 37.7%, $p = .003$), and receive a sexually explicit photo or video (42.9% compared to 50.7%, $p = .003$). CALD young people were significantly less likely to use social media sites for sexual reasons (26.9%) than non-CALD young people (40.6%, $p = .003$).

People with whom sexting occurred

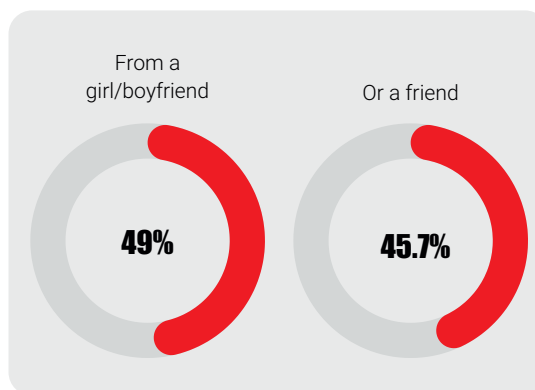
Young people indicated that their sexting behaviour (e.g., sending text, photos or videos, receiving texts, photos or videos and using the Internet for sexual reasons) most often happened with a girl/boyfriend (ranging from 37.9% to 58.2% depending on the sexting behaviour) or friend (ranging from 30.4% to 46.4%). In general, trans and gender diverse young people reported more sexting behaviour with a stranger (ranging from 15.8% to 50.0%) than young men (ranging from 7.8% to 18.4%) or women (ranging from 2.0% to 17.2%, $p < .01$).

In general, LGBQ young people reported engaging in more sexting behaviour with strangers (ranging from 11.5% to 24.7% depending on the sexting behaviour) and someone they have just met (ranging from 22.7% to 29.5%), as compared to heterosexual young people (ranging from 3.1% to 19.0%, $p < .01$). Heterosexual young people generally reported sexting more with a girlfriend/boyfriend (ranging from 40.5% to 62.8%) than LGBQ young people (ranging from 32.6% to 52.9%, $p < .01$). There were no significant differences in whom sexting occurred with for any of the sexting behaviours between Aboriginal and non-Indigenous young people, nor for geographic location.

Receiving sexts

54.8% of young people received a sexually explicit text in the past two months

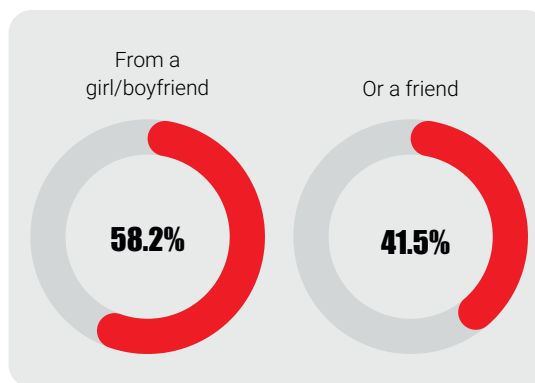
But 47.4% only received a sexually explicit text once or a few times in the past two months



Sending sexts

45.2% of young people sent a sexually explicit text in the past two months

But 48.8% only did it once or a few times in the past two months

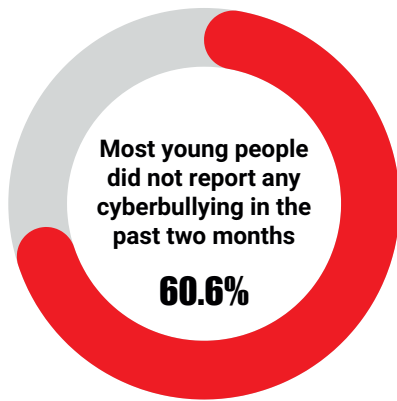


Social media for sexual reasons

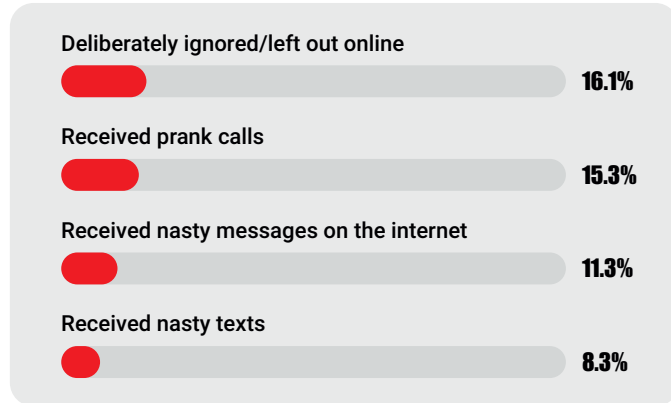
33.9% of young people used social media for sexual reasons in the past two months

But 48.2% only did it once or a few times in the past two months

6.6.3 Cyberbullying



Experiences of cyberbullying in the past two months



For most young people, these things only happened once or a few times in the past two months

Many participants (60.6%) did not report experiencing any cyberbullying in the past two months. For those who did, the most common experiences were feeling ignored or intentionally left out of things online (16.1%), receiving a prank call (15.3%), and receiving nasty messages on the Internet (11.3%) or via text message (8.3%).

Compared to young women and men, more trans and gender diverse young people reported having mean or nasty comments or pictures sent or posted about them (11.1%; female = 4.9%; male = 3.4%, $p = .007$) and feeling deliberately left out online (24.1%; female = 19%; male = 12.5%, $p < .001$). LGBTQ young people reported feeling deliberately left out online (21.0%) more than heterosexual young people (14.5%, $p < .001$).

Compared to non-CALD young people (58.5%), more CALD young people (68.1%) reported that they did not experience any cyberbullying ($p < .001$). In addition, having mean or nasty messages about them sent to other student's mobile phones

occurred less for CALD young people (1.5%) than for non-CALD young people (4.5%, $p = .004$). There were no significant differences between Aboriginal and non-Indigenous young people, nor for geographic location.

Of those who experienced cyberbullying, many young people indicated that it happened only once or a few times. Of the young people who reported feeling deliberately ignored or left out of things over the Internet, over half (57.1%) experienced this only once or a few times in the last two months. The vast majority (84.4%) of young people receiving a prank call on their phone experienced it once or a few times in the last two months. Similarly, two thirds of those sent nasty messages via the Internet (68.5%) or via text message (70.1%) only experienced this once or a few times in the last two months.

7 Education

7.1 Informal education

7.1.1 Confidence talking to others

Young people were asked to indicate how confident they felt about talking with various people about HIV and other STIs, decisions concerning contraception, and sex (see Figure 7.1). Across all three topics, young people were most confident in talking with a female friend (65.8% about HIV/STIs, 74.3% about contraception and 75.7% about sex), followed by a male friend

(44.60% about HIV/STIs, 52.2% about contraception and 61.2% about sex) and a doctor/GP (45.0% about HIV/STIs, 62.5% about contraception and 40.1% about sex). Young people were less confident talking about these topics with school staff and their fathers.

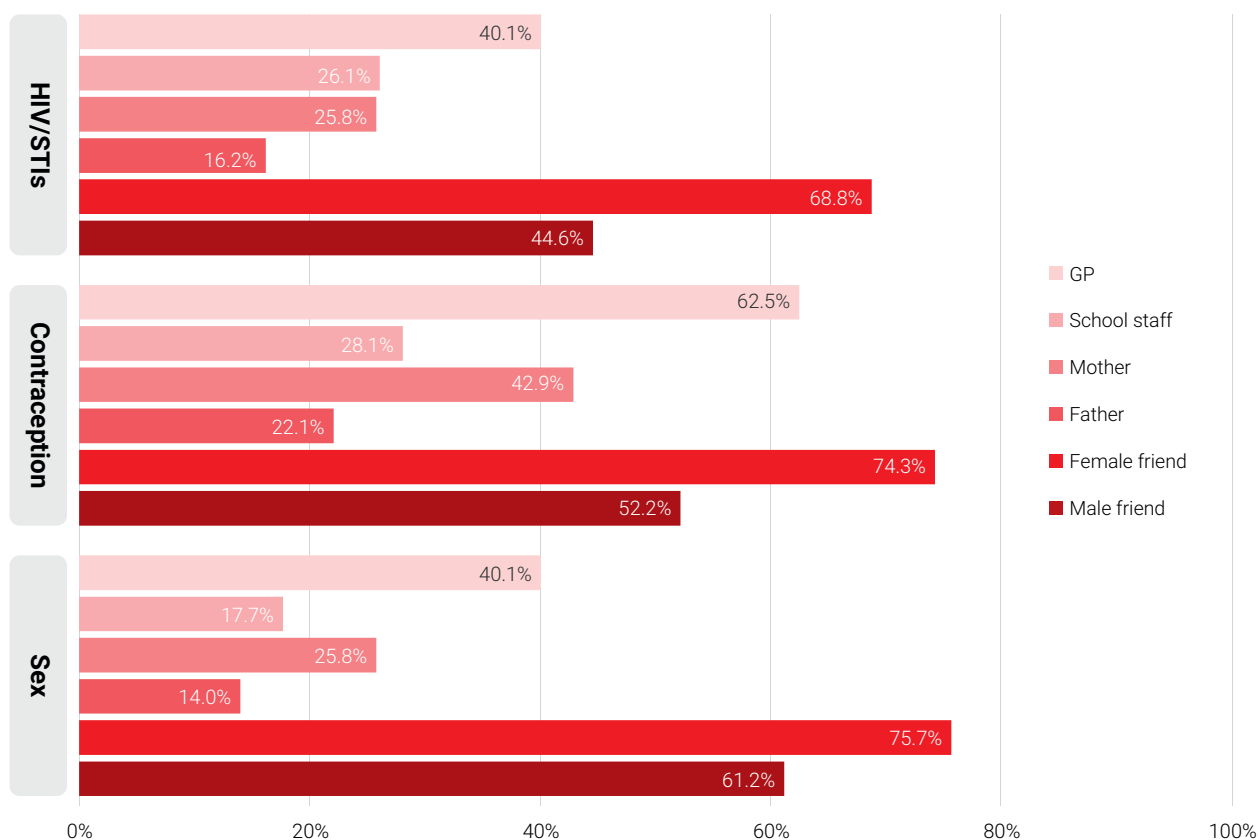


Figure 7.1 Confidence talking about HIV/STIs, contraception and sex

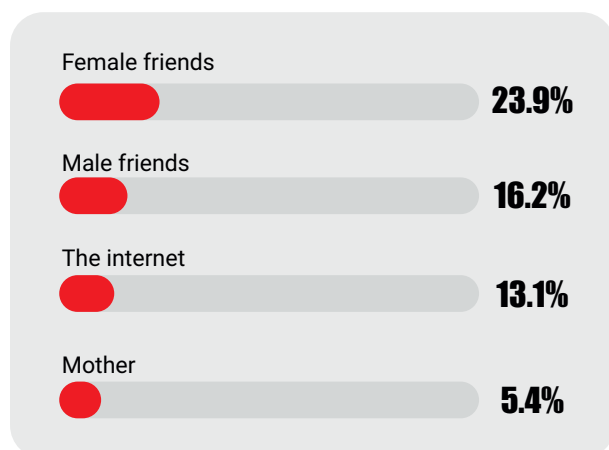
There was only one significant difference between LGBQ and heterosexual young people, with 72.2% of LGBQ young people and 63.4% of heterosexual young people feeling confident or very confident talking with a female friend about STIs and HIV ($p < .001$). There were no significant differences between Aboriginal and non-Indigenous young people. Compared to non-CALD young people, CALD young people were less confident talking with their mothers about HIV/STIs (CALD = 24.8%; non-CALD = 33.1%, $p < .001$), contraception

(CALD = 34.1%; non-CALD = 45.4%, $p < .001$), and sex (CALD = 11.2%; non-CALD = 14.8%, $p < .001$). There were no significant differences for geographic location except that young people in regional Victoria were more confident talking to their school nurse about contraception (32.2%) and sex (21.9%) than young people in Greater Melbourne (27.2% and 13.4% respectively, $p < .001$).

7.1.2 Sources of sexual health information

The most common source of sexual health information was the Internet (80.3%), followed closely by female friends (75.3%), while the least used sources included school staff (34.2%), fathers/male guardians/step-parents (24.7%) and siblings (19.7%). About half of young people used male friends (58.8%) and their mothers/female guardians/step-parents (51.6%) as sources of information.

The proportion of young people using these sources monthly or more in the past year



GPS, fathers and school staff were used by less than 3% of young people monthly or more in the past year

Young women were more likely than young men to seek information from doctors/GPs, their mothers/female guardians/step parents, female friends and the Internet ($p < .001$). In contrast, young men were more likely than young women to consult their fathers/male guardians/step-parents and male friends ($p = .001$).

Compared to heterosexual young people, LGBQ young people were less likely to talk to their fathers/male guardians/step-parents (LGBQ = 19.9%; heterosexual = 26.4%, $p = .003$) and male friends (LGBQ = 53.8%; heterosexual = 60.7%, $p = .006$). Instead, LGBQ young people were more likely to use the Internet (LGBQ = 85.4%; heterosexual = 78.4%, $p < .001$).

Compared to non-CALD young people, CALD young people reported less use of GPs (CALD = 26.7%; non-CALD = 33.5%, $p = .007$), mothers/female guardians/step-parents (CALD = 42.4%; non-CALD = 54.2%, $p < .001$) and female friends (CALD = 69.8%; non-CALD = 76.8%, $p = .003$).

There were no significant differences between Aboriginal and non-Indigenous young people, nor for geographic location.

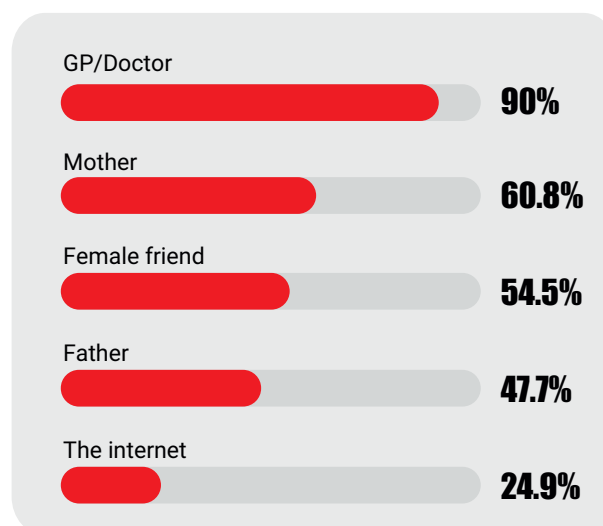
7.1.3 Trust of sexual health information sources

Doctors or GPs were by far the most trusted source of information, with 90.0% of young people rating them as highly trustworthy. Fathers/male guardians/step-parents were the least trusted sources of information (based on percentage of 'do not trust' responses, 18.1%). However, many young people reported moderate to high levels of trust across all sources.

LGBQ young people reported consistently lower levels of trust of all information sources compared to heterosexual young people, especially for mothers/female guardians/step-parents (LGBQ = 51.4%; heterosexual = 64.2%, $p < .001$) and fathers/male guardians/step-parents (LGBQ = 36.1%; heterosexual = 51.7%, $p < .001$).

More non-Indigenous young people trusted their fathers/male guardians/step-parents (47.9%) than Aboriginal young people (32.5%, $p = .005$). More non-CALD young people had high trust of mothers/female guardians/step-parents (63.0%) than CALD young people (53.0%, $p < .001$). There were no statistically significant differences for geographic location.

The proportion of young people reporting high levels of trust of these sources



Young men trusted fathers and male friends more than young women and trans and gender diverse young people

Young women trusted the Internet more than men or trans and gender diverse young people

7.2 Summary of informal education

7.2.1 Internet

The majority of young people had used the Internet as a source of sexual health information at least once in their lives (80.3%), with 81.0% indicating low to moderate use in the past year. One quarter of young people (24.9%) had a high level of trust that the Internet was providing them with accurate information.

7.2.2 Friends

Out of the sources of information provided, young people felt most confident talking to their female friends about sexual health. Most young people identified female friends as a source of information that they had used at least once in their life (75.3%), and with moderate to high frequency in the past year (56.5%). About half of young people also reported high levels of trust that their female friends were providing accurate information (54.5%). Male friends also served as sources for sexual health information, though less so than female friends.

7.2.3 Parents/guardians/step-parents

Among parents/guardians/step-parents, the favoured source of information was mothers/female guardians/step-parents. Almost twice as many young people were highly confident talking to their mothers/female guardians/step-parents than their fathers/male guardians/step-parents about contraception (42.9% and 22.1%) and sex (25.8% and 14.0%).

Young people were also more than twice as likely to have ever used their mothers/female guardians/step parents as a source of sexual health information, rather than their fathers/male guardians/step parents (51.6% and 24.7% respectively).

The difference in trust levels was much less pronounced. Most young people indicated a moderate to high level of trust that both parents/guardians/step parents would provide accurate sexual health information, only slightly favouring mothers/female guardians/step parents over fathers/male guardians/step parents (91.3% and 81.9% respectively).

Despite good levels of trust in parents/guardians/step parents, young people did not use them for sexual health information very often in the past year. Those who reported moderate to high usage again favoured their mothers/female guardians/step parents over their fathers/male guardians/step parents (23.5% and 15.0% respectively).

7.2.4 Doctor/GP

Young people reported varying levels of confidence in talking to a doctor or GP about sexual health. They were more confident talking to a GP about contraception (62.5%) than HIV/STIs (45.0%) or sex (40.1%). Doctors/GPs were also by far the most trusted source for accurate sexual health information (90.0%). However, doctors/GPs were used infrequently or never in the past year (89.3%). More broadly, only 32.1% of young people reported ever having used a doctor or GP as a source of sexual health information.

7.2.5 School

Few young people felt confident or very confident talking to school staff (i.e., teachers, nurses and counsellors) about HIV/STIs (26.1%), contraception (28.1%) and sex (17.7%). However, only 34.2% of young people indicated they had ever sought sexual health information from school staff.

7.3 Formal education

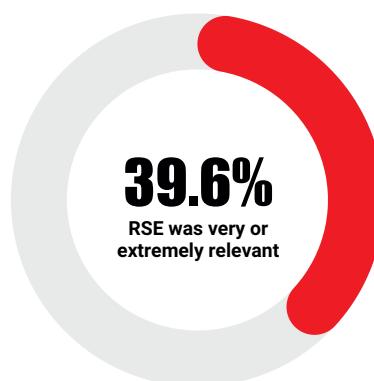
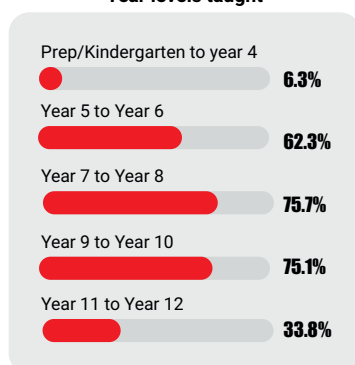
Relationship and sexuality education

Young people who reported having RSE during school:

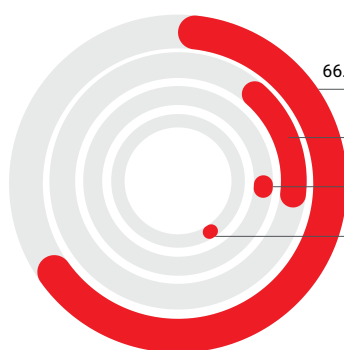


87.6%

Year levels taught

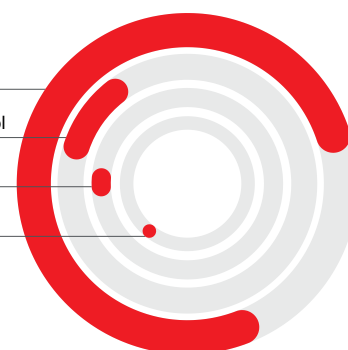


RSE was part of



66.9% Health and physical education
18.9% Its own subject
4.2% Religious education
4.1% Science/biology

Taught by



79.3% A teacher
12.8% Someone outside the school
5.2% School nurse
2.7% Someone else

Most young people (87.8%) responding to the survey had received some form of RSE at school. Many young people (66.9%) received their most recent RSE through their HPE subjects, while a small minority (18.8%) received RSE as its own subject or program. Most young people recalled receiving RSE in Years 7 to 8 (75.7%) and/or Years 9 to 10 (75.1%). Over half indicated that they had received RSE in Years 5 to 6 (62.3%). For the most recent experience of RSE, most young people indicated that a teacher had taught the subject (79.3%), with a small minority reporting that it was taught by someone from outside the school (12.8%). We also asked young people about the relevance of their RSE. Three quarters of young people indicated that their RSE was very or extremely relevant (39.6%) and 33.7% indicated that it was somewhat relevant.

Heterosexual young people reported having RSE at school more often than LGBQ young people (89.2% and 84.1% respectively, $p = .003$). For most heterosexual young people and LGBQ young

people, RSE occurred as part of HPE (heterosexual = 78.4%, LGBQ = 79.2%), was mostly taught by a teacher (heterosexual = 82.4%, LGBQ = 88.4%) and was mostly received in Years 7 to 8 (heterosexual = 76.8%, LGBQ = 77.3%). There were 40.4% of heterosexual and 37.1% of LGBQ young people who thought RSE was very or extremely relevant.

More non-Indigenous (87.9%) than Aboriginal (82.2%) young people reported receiving RSE ($p = .003$). RSE was received by 86.3% of CALD and 88.2% of non-CALD young people. RSE was received by 88.0% of young people living in Greater Melbourne and 85.7% of young people living in regional Victoria.

There were no significant differences in how RSE was taught, or its rated relevance, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

7.4 Commentary on RSE

There were 708 young people who commented about RSE. Below, we present a range of positive comments, critical comments and comments about seeking alternative sources of information.

7.4.1 Positive comments

Some young people reported positive experiences of RSE, noting that the curriculum was both informative and comprehensive. These young people indicated that their RSE curriculum included interactive discussions of reproduction, STIs and sexual health, consent, how to have safe sex, and healthy relationships.

Very useful, taught me how to be respectful about sexual interactions, how to use a condom and all the different contraceptive methods as well as a lot about STIs.

(Female, 17, bisexual, Year 11)

It has been very useful as I have utilised it as something of a stepping stone and base advice throughout my experiences with girls.

(Male, 18, heterosexual, not in school)

Even though I have not done anything and do not plan on it anytime soon at all, I think the information was useful because a lot of the stuff I learnt I didn't know about and they were important to know so I think that the information is just generally useful for me to know so it can help me make certain decisions.

(Female, 16, heterosexual, Year 10)

Was judgement free, broad, covered more than just straight sex which is good and looked at LGBT+ so very inclusive. We were taught emotional (heart/love/who you love/how you feel), mental (who you identify as/what to think and feel before sex) and physical (how to use condoms/protective yourself). Was very good in the depth and range.

(Female, 15, not sure, Year 11)

Extremely useful! What a healthy relationship was, what are [early] signs for possessiveness and or abuse in our own relationships and our peers relationships. STIs were talked about a lot and that contraceptives are not 100% effective! All the general stuff as well but definitely relationships that were and weren't healthy as well as making informed decisions for safer sex.

(Female, 18, heterosexual, Year 12)

7.4.2 Critical comments

Many young people provided critical assessments of their RSE experiences. The following three subsections reflect the range of factors covered in these comments: the adequacy of the content, the timing of the programs and the approach (how and where the program was delivered).

Content

For many young people, the RSE curriculum did not adequately cover sexual health and healthy and diverse relationships in a non-judgemental, affirming manner.

Non-vaginal and non-heterosexual sex were not discussed.

(Female, 18, bisexual, Year 12)

They barely teach you anything about actually having sex and the dangers of having sex, all we learnt was about the different body parts and how it was okay to touch yourself.

(Male, 17, heterosexual, Year 11)

School hasn't gotten down to the important stuff. In high school we've learnt about STIs and just had to research them but we were never told where we could go or what to do if we suspected we had one or wanted to get tested. Teens don't know whether they have STIs because it's not like they are going to ask their parents to get them tested and they don't know what to do or where to go that is confidential, free and accessible.

(Male, 14, gay, Year 9)

They don't teach us anything in school except that sex is used for baby making. It was not useful at all and I wish I had a programme to teach people consent and most importantly the many different sexualities.

(Female, 17, bisexual, not in school)

Talked only about heterosexual sex, contraception methods for young women and condoms, didn't discuss consent or relationships. Wasn't useful as I already knew about contraception methods.

(Female, 16, not sure, Year 11)

Learnt a little about health of men but nothing about girls.

(Male, 15, heterosexual, Year 10)

Didn't really state how pregnancy could be prevented and the types of STIs you can get. It was mainly about periods and puberty, stuff we already learnt in primary school.

(Female, 17, heterosexual, Year 12)

Timing

In addition to wanting more than what was on offer, some young people indicated that the inadequacy of the content may have been a result of RSE being offered infrequently and at the wrong times.

Wasn't very useful, teaching it too late for my development; I had already had those experiences before I had heard about it in school.

(Female, 18, heterosexual, not in school)

It should also [have] been implemented in later grades (11 and 12) as it is more relevant than (in example) grade 9.

(Male, 18, heterosexual, Year 12)

Approach

For some young people, the inadequacy of programs may have been a result of the approaches used to deliver RSE. Some young people hinted at teachers being uncomfortable teaching RSE material, while others recommended using outside professionals.

Teachers will not go into detail or complete the whole topic.

(Female, 16, heterosexual, Year 10)

Sexuality education at my school is taught by teachers that are fairly ignorant to recent developments in this field and struggle to communicate things effectively.

(Male, 18, bisexual, Year 12)

Little uncomfortable with male teacher.

(Female, 14, bisexual, Year 9)

I found that individual classes where a youth worker came and did lessons on it was much more effective than a few instances where they have shoved all the girls and boys in separate rooms and tried to get teachers to explain things because no one listens, there's too many people and everyone is too busy trying to talk to their friends. It makes it hard to take in information when it is so disruptive and rushed as if the teachers didn't want to be there.

(Female, 16, heterosexual, Year 11)

It was good, but when brought up in religious education, the teacher was talking about it in a biblical sense instead of a physical sense.

(Female, 15, bisexual, Year 9)

Have attended 2 school sessions, 1 for Health and 1 for RE [religious education]. Health one was very informative/practical, RE one was unhelpful, had a large focus on abstinence and made people who have had intercourse feel very guilty, which made me feel very nervous, upset and worrisome (I have diagnosed Anxiety and Depression).

(Male, 17, heterosexual, Year 11)

As I go to a catholic school, they block out the reality of what relationships really [are] during this age. which is just sex without being married.

(Female, 16, heterosexual, Year 11)

7.4.3 Alternative sources of information

The inadequacy of programs noted by some young people meant having to seek information from other sources.

Young people indicated they actively sought information outside of their classroom, particularly from the Internet and knowledgeable others.

Well, what they taught us was useful, but they didn't teach us how and in what ways it can be fun. All they taught us was everyone experiences sex in different ways. They didn't teach us really how to start off or continue, or even foreplay. For crying out loud. After watching tons of videos online, and reading up about it, Also asking my mother about sex, I think I learnt a lot more about how sex works for men and women than whatever school really taught me. If I didn't ask about Sex I wouldn't know that It can take much longer for Women to climax than a Man. School doesn't teach you how to make Sex pleasurable, Like come on, besides babies, that's the only other thing sex is good for.

(Male, 16, heterosexual, Year 10)

Not very useful, talks primarily about heterosexual relationships and nothing about gay relationships, did turn to internet for more answers and education for myself.

(Male, 17, gay, Year 11)

They teach about being safe and consent but don't actually teach about what you do, subsequently students go online to things such a porn for help which could be detrimental

(Female, 16, bisexual, Year 11)

It hasn't been helpful. I've been lucky I've been exposed to people and online communities that explore sexuality and can be open about my identity.

(Female, 16, heterosexual, Year 11)

7.4.4 Conclusion

These comments highlight the diversity of experiences of RSE. Some young people appear to have well trained teachers providing relatively engaging and comprehensive RSE in a supportive and non judgemental environment. However, other young people narrated a sense of not being taught 'the full extent' of relationships and sexuality.

Young people seem to want RSE that:

- is engaging and affirming
- covers a wide range of age-appropriate content delivered by well-trained teachers or other professionals who are comfortable with the topic.

Such an education may allow young people, when they do become sexually active, to have a better sense of 'what it's really going to be like,' how to 'practice it safely' and not 'feel ashamed' of their sexuality, whilst recognising 'what a healthy relationship' is, and ultimately 'making informed decisions.'

8 Conclusion

The Victorian-specific data for the 6th National Survey of Australian Secondary Students and Sexual Health 2018 provides a robust updated snapshot of the sexual health and wellbeing of young people in Victoria, based on the largest sample of secondary school-aged young people to be reported in the 26-year history of the survey.

Young Victorians' **knowledge** of HIV, STIs and BBVs was mixed, with a mean of 56.9% correct answers across all knowledge questions. Knowledge about HIV transmission and STI symptoms was high, with a mean of over 70% correct answers. Knowledge about viral hepatitis and HPV was low, with a mean of around 30% for these subject areas. Findings indicate the continued need to improve young people's HIV and STI knowledge, particularly in relation to STI transmission, HPV and viral hepatitis.

As with the conclusions in the national study (15), programs to address these gaps may improve knowledge, skills and awareness, as well as young people's perception of their risk of contracting HIV, STIs and BBVs. Prevention, testing and treatment behaviour may subsequently improve because of better knowledge, improved confidence and more accurate perceptions of risk. The percentage of correct answers to questions on HIV transmission and STI symptoms was well above the average of overall HIV and STI knowledge. This suggests that efforts to communicate this information – through formal in-school education programs, community-based initiatives, or other public health campaigns – have been successful. Such efforts should continue to maintain and expand upon this success.

Young people in Victoria continued to engage in responsible sexual **behaviour**. Sexually active young Victorians, like young people nationally, largely reported using condoms and contraception, having sex predominately with a partner, and having responsible conversations before engaging in sexual behaviour. Perhaps most importantly, sexually active young people felt good about their behaviour. Likewise, young people who were not yet sexually active also felt good about their decisions and were confident they could say 'yes' when they felt they were ready. Many young people were not engaged in sexting and when they did, it was generally infrequent and with a partner or friend. Not many young people reported experiences of cyberbullying, with 60.6% reporting no incidences of cyberbullying. Young people should be applauded for their largely healthy and responsible sexual relationships; Victorian communities should continue to support young people in their efforts to enact healthy sexual relationships.

Unfortunately, rates of unwanted sexual experiences for young people in Victoria were substantial, with over a quarter of young Victorians experiencing unwanted sex in their lifetime. Unwanted sex was considerably more common for trans and gender diverse young people, with fear a driving factor for its occurrence. Young women also reported fear as well as pressure from a partner, while a not insignificant minority of young men indicated that they too had experienced unwanted sex. The need for an expanded, comprehensive, ongoing consent education program is paramount to addressing these issues. Also paramount is increased support for social and cultural norm shifts that encourage young people to be fully engaged and committed to consent practices, support parents to impart the value of consent to their children, and encourage community efforts to normalise consent.

Young people's sexual health **education** comes from a variety of sources in their lives. The Internet and friends are perhaps the most important sources to young people in today's world. Schools continue to play an important role and offer a setting to ensure access to RSE for young people. Young people identified a range of opportunities to improve RSE, especially regarding coverage of respectful relationships, diversity and intersectionality. Educators should consider further adaptations to existing RSE content, timing and delivery approaches to address the needs of today's young people and society's changing attitudes to sexual and gender diversity and sexual behaviour. A well-trained and qualified education workforce would further support this effort. Similarly, health practitioners and health service providers may wish to consider these findings, and review their interactions with young people to incorporate open, inclusive and non judgemental channels of communication.

In conclusion, young Victorians are doing well overall with regard to their sexual health and wellbeing. There are variations to each individual's experiences when compared to the findings in this report; the intersectional nature of a lived experience across multiple overlapping identities, social factors and power relations is difficult to capture in a wide-ranging survey such as this one, which at most can only focus on differences between discrete population groups. Providing a wide array of avenues for improving HIV and STI knowledge and awareness, behaviour and educational experiences is important in assisting young people to make informed choices that are respectful of their partners and themselves.

The findings in this report provide a snapshot of the HIV and STI knowledge, behaviour and educational experiences of secondary-school-aged young people in Victoria. Moreover, this report suggests opportunities for improving programs and service delivery across education, health and community-based youth-focused settings that will better support young people and further improve their sexual health and wellbeing.



9 Appendix: Additional tables and results

This appendix offers additional information and detailed tables pertaining to the information above. This supplemental information also includes breakdowns by gender and, where appropriate, breakdowns pertaining to the priority populations of LGBTQ young people, young people living in regional Victoria, Aboriginal young people, and CALD young people.

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9.1 Detailed methodology

9.1.1 Recruitment

Table 1 shows the minimum sampling quotas as informed by targets based on 2016 Australian census data (17), the obtained Victorian sample, and the difference between the two.

Table 1 Victorian sample composition in relation to 2016 census data

	Gender	School year level	2016 census projections	Survey	Difference
			% to total	% to total	
Government	Male	Year 10	9.6%	5.8%	-3.84%
		Year 11	9.5%	8.9%	-0.62%
		Year 12	10.1%	8.3%	-1.82%
	Female	Year 10	8.9%	8.2%	-0.70%
		Year 11	8.9%	11.4%	2.49%
		Year 12	9.3%	9.2%	-0.10%
Catholic	Male	Year 10	4.1%	3.2%	-0.92%
		Year 11	4.0%	4.8%	0.78%
		Year 12	3.9%	4.6%	0.68%
	Female	Year 10	4.1%	3.4%	-0.70%
		Year 11	4.0%	6.6%	2.55%
		Year 12	4.1%	4.7%	0.65%
Independent	Male	Year 10	3.2%	2.5%	-0.74%
		Year 11	3.1%	4.0%	0.88%
		Year 12	3.2%	3.7%	0.48%
	Female	Year 10	3.2%	2.4%	-0.79%
		Year 11	3.3%	3.6%	0.35%
		Year 12	3.3%	4.7%	1.36%

Note: Only male and female data provided as the Australian Bureau of Statistics did not provide data on trans and gender diverse student identities in the 2016 school census (17).

9.1.2 Ethics

The study received ethics approval from the La Trobe University Human Ethics Committee (HEC18030). The approved ethics application noted that the primary ethical considerations in conducting this study were: 1) obtaining consent for persons under the age of 18, and 2) minimising potential harms for participating young people.

9.1.3 Consent

According to the National Statement on Ethical Conduct in Human Research, consent involves ensuring that research participants are respected, 'giving due scope to people's capacity to make their own decisions' (27 p16). In order for a person to be able to provide fully informed, voluntary consent, they must have the capacity to evaluate information about participating in the research (including the potential harms and benefits), understand what they will be asked to do as a participant, and understand how their survey responses will be used.

Ethics guidelines generally assume that people under the age of 18 may be less likely to have the capacity to evaluate this information and voluntarily consent to participate. Consequently, ethics guidelines usually require the consent of a parent or legal guardian to participate. However, a Human Research Ethics Committee can waive this requirement if 'involvement in the research carries no more than low risk', 'it is impractical to obtain consent', and there is sufficient protection of [the young person's] privacy' (27).

The 6th National Survey of Australian Secondary Students and Sexual Health 2018 was assessed as low risk. This was supported by the history of the survey (no adverse events or complaints were reported for any of the five previous surveys, as conducted over more than 20 years). The online platform made it impractical to obtain parental consent.

Going beyond the qualifying standards for waiver, the approved ethics application also documented recent research indicating that adolescents (14+ years of age) have the cognitive capacity to make fully informed decisions to participate in general survey research such as the current study (28-30).

All participating young people were asked to provide their consent by actively clicking 'I Agree' to participate.

9.1.4 Potential harms

All participants under 18 years of age were encouraged to discuss the survey with a parent or legal guardian prior to participating. The survey website provided links to the Participant Information Sheet so young people and parents could find out more about the study and, if needed, contact the research team with questions.

Privacy and confidentiality were ensured by the anonymous nature of the survey. No identifying information was collected during the survey, reducing any risk of harm and providing more than sufficient protection of privacy.

To further minimise any risks, the research team provided a 'prefer not to answer' option for every question so that participants did not have to answer any questions they did not want to, and every page of the survey included links and phone numbers for Kids Helpline and Lifeline. 'Prefer not to answer' responses were considered missing data and have not been reported.

The research team and the La Trobe University Research Office received no reports of adverse events or complaints about the 2018 survey.

9.2 Survey administration

The survey was administered through the password-secured online survey platform Qualtrics, available through La Trobe University. The survey went live on 5 April 2018 and was promoted via a set of Facebook advertisements. All advertisements were approved by the La Trobe University Human Ethics Committee (HEC18030). More comprehensive details on survey administration can be found in the national report and peer-reviewed open-access paper on methods (2, 16).

Nationally, the average time taken to complete the survey was 23.4 minutes, with most participants completing it on an Internet-enabled mobile device (87.8%) in under an hour (95.5%). After completing the anonymous survey, participants were thanked for their time and reminded of the list of services and resources on the survey website, including links and phone numbers for Kids Helpline and Lifeline.

9.3 Data management and analysis

The anonymous online survey responses were automatically saved upon completion or timeout (i.e., if the survey was started but not completed within 24 hours). At the conclusion of the study, results were imported into SPSS 25 (31) and stored on a secure, password-protected La Trobe University server. Standard data cleaning procedures were used to remove incomplete surveys and participants who did not meet the inclusion criteria or whose responses indicated a lack of genuine intent (see 4. Mischievous responders, 9.3.1 Limitations of the survey).

Data analysis for this report was generated using R (32) and included a detailed description of the 2018 data. Additional analyses commissioned by DoHV examined differences between LGBQ participants and heterosexual participants, Greater Melbourne and regional Victorians, Aboriginal and non-Indigenous persons, and CALD people versus non-CALD.

Young people selecting the 'prefer not to answer' option were excluded from analysis unless otherwise stated and as such some percentages may not add up to 100%.

9.3.5 Limitations of the survey

While the sample achieved in this report is diverse and aligns very closely with census data, we cannot say it is representative of all young people in Victoria. The results reported here therefore need to be understood in the context of the following limitations:

- 1. Self-selection bias.** Young people who voluntarily responded to our sample might differ from the population of young people in Victoria. For example, the Facebook advertisements were explicit that the survey focused on sex and/or sexual health, which may have led some young people who were not yet sexually active to think they would not qualify. These people may therefore have decided not to click on the advertisement and/or participate.
- 2. Sampling bias.** Almost all participants (97.8%) learnt about the study via Facebook advertisements. The advertisements were targeted at all 14- to 18-year-olds living in Australia. However, not all 14- to 18-year-olds in Australia have a Facebook account, are active Facebook users or were active users during the recruitment period. On the other hand, documented social media use in Australia indicates that most young people have a Facebook profile and access it more than a dozen times a week (33). The widespread use of Facebook thus minimises the sampling bias inherent in the study but does not fully overcome the limitation.
- 3. Attrition bias.** The estimated attrition rate (that is, people who started the survey but did not complete it) was 66.5% before data cleaning. Some of these participants likely started the survey, stopped due to distractions or similar issues, and returned later to start over. However, some may have been curious about the survey but, upon realising the scope, decided they did not want to continue.

- 4. Mischievous responders.** The self-administered nature of the survey left open the possibility for participants to give untruthful answers and thus introduce bias into the accuracy of results. Firstly, a rigorous strategy was used to minimise and then screen out mischievous responders. The length of the survey itself served as a deterrent and was deemed successful given the attrition rates. Secondly, variations of the important questions were asked more than once across the survey and were used to screen out possible inconsistent responders; the research team was conservative in this screening of responses and erred on the side of removing these responders from the results. Finally, further screening identified 'speeders' giving the same answer to a series of questions within a question block, and those who left derogatory comments in open-ended questions. Such responses were also removed.

9.4 Demographics

9.4.1 Gender

Table 2 Gender of the Victorian sample (n = 2,294)

Gender	n (%)
Female	1,170 (51.0%)
Male	1,067 (46.5%)
Trans and gender diverse	57 (2.5%)

9.4.2 Aboriginality; cultural and linguistic characteristics

A total of 50 (2.2%) young people self-identified as being of Aboriginal or Torres Strait Islander origin (see Table 3), providing an oversample compared to 0.8% of the population in Victoria (21). There were 26 (1.1%) young people who weren't sure if they were of Aboriginal or Torres Strait Islander origin and 4 (0.2%) who responded 'prefer not to answer'. These 30 young people were excluded from analyses regarding Aboriginal and non-Indigenous Victorians.

Most participants (91.5%) and about three quarters of their parents (mother = 79.3%, father = 76.8%) were born in Australia and the majority (94.5%) spoke English at home. There were 499 (21.8%) CALD participants. There were two participants who could not be classified as they responded 'prefer not to answer' on one or more of these questions and were therefore excluded from analyses regarding CALD and non-CALD young people.

Table 3 Cultural and linguistic characteristics by gender

Cultural and linguistic characteristic	Female n = 1,170	Male n = 1,067	Trans and gender diverse n = 57	Total n = 2,294
	n (%)	n (%)	n (%)	n (%)
Born in Australia	1,081 (92.9%)	954 (89.8%)	54 (94.7%)	2,089 (91.5%)
Aboriginal Victorians	29 (2.5%)	19 (1.8%)	2 (3.6%)	50 (2.2%)
Mother born in Australia	919 (81.5%)	787 (76.4%)	49 (87.5%)	1,755 (79.3%)
Father born in Australia	886 (79.7%)	750 (73.3%)	46 (85.2%)	1,682 (76.8%)
English spoken at home	1,113 (95.4%)	993 (93.2%)	56 (100.0%)	2,162 (94.5%)
CALD*	234 (20.0%)	260 (24.4%)	5 (8.8%)	499 (21.8%)

* CALD = a language other than English spoken at home, or one or both parents – or the young person themselves – are born in countries other than Australia, New Zealand, USA, Canada, UK and Ireland.

9.4.3 Schooling, age, remoteness

Table 4 lists the school type, year level at school, age and remoteness of the sample. Geographic location, based on the postcodes provided by participants and coded to Australian Bureau of Statistics remoteness categories (34), skewed toward Greater Melbourne and inner regional Victoria. There were 148 participants who responded 'prefer not to answer' to this question and were therefore excluded from further analyses regarding geographic location.

Table 4 School type, year level, age and remoteness of the Victorian sample, by gender

Characteristic	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
School type				
Government	553 (49.4%)	456 (44.3%)	29 (53.7%)	1,038 (47.1%)
Catholic	278 (24.8%)	246 (23.9%)	6 (11.1%)	530 (24.0%)
Independent	198 (17.7%)	190 (18.4%)	10 (18.5%)	398 (18.1%)
Not at school	91 (8.1%)	138 (13.4%)	9 (16.7%)	238 (10.8%)
Year level at school				
Year 9	93 (8.1%)	97 (9.2%)	6 (10.7%)	196 (8.7%)
Year 10	254 (22.0%)	207 (19.6%)	13 (23.2%)	474 (20.9%)
Year 11	386 (33.4%)	311 (29.5%)	19 (33.9%)	716 (31.6%)
Year 12	331 (28.7%)	301 (28.6%)	9 (16.1%)	641 (28.3%)
Age				
14 to 15 years	285 (24.4%)	235 (22.0%)	15 (26.3%)	535 (23.3%)
16 years	384 (32.8%)	311 (29.1%)	20 (35.1%)	715 (31.2%)
17 to 18 years	501 (42.8%)	521 (48.8%)	22 (38.6%)	1,044 (45.5%)
Remoteness				
Greater Melbourne	879 (80.6%)	818 (81.6%)	45 (84.9%)	1,742 (81.2%)
Inner regional Victoria	184 (16.9%)	159 (15.9%)	8 (15.1%)	351 (16.4%)
Outer regional Victoria	28 (2.6%)	24 (2.4%)	0 (0.0%)	52 (2.4%)
Remote Victoria	0 (0.0%)	1 (0.1%)	0 (0.0%)	1 (0.0%)

9.4.4 Sexual orientation

A sizeable minority (26.5%) identified as either gay or lesbian, bisexual or 'not sure' (LGBQ). It is difficult to say definitively if this is an oversample, given the limitations of Australian census and other population data (24). Recently, higher proportions of non-exclusively heterosexual people have been found in other research surveys, particularly among women. Recent evidence suggests that around 3% or 4% of the general population report identify as gay, lesbian or bisexual (22, 23), while other national studies indicate that between 10% and 36% of the population have some experience of same sex or both sex attraction or behaviour (25, 26).

The results presented in this report could reflect a greater willingness among gay, lesbian and bisexual young people to complete a survey on sexual health or a greater incentive to participate to have their experiences included. Alternatively – or additionally – the findings could suggest a growing willingness of young people to identify in research studies as having a sexual orientation other than heterosexual. Findings may reflect

current trends but must be interpreted with caution considering the likely sample bias toward people who are more interested in sexual health/sexuality – people who might also be more likely to be not exclusively heterosexual.

Young women were more likely to identify as bisexual than young men, who were more likely to identify as gay than young women ($p < .001$). As shown in Table 5, trans and gender diverse young people were the least likely to identify as heterosexual/straight (5.4%).

Compared to heterosexual or straight young people, LGBQ young people were more likely to attend government schools than Catholic schools ($p < .001$), but LGBQ young people did not differ statistically from heterosexual or straight young people for year level, remoteness or whether they or their parents were born in Australia.

Forty-one participants responded 'prefer not to answer' to the question asking about sexual orientation and were therefore excluded from further analyses regarding LGBQ young people.

Table 5 Self-identified sexual orientation by gender

Sexual orientation	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Heterosexual or straight	841 (73.1%)	812 (77.6%)	3 (5.4%)	1,656 (73.5%)
Gay or lesbian	22 (1.9%)	77 (7.4%)	12 (21.4%)	111 (4.9%)
Bisexual	209 (18.2%)	119 (11.4%)	36 (64.3%)	364 (16.2%)
Not sure	79 (6.9%)	38 (3.6%)	5 (8.9%)	122 (5.4%)

9.4.5 Religion

Most young people (64.2%) reported having no religion (see Table 6). There were no significant differences in religion between Aboriginal Victorians and non-Indigenous Victorians or between young people living in Greater Melbourne and young people living in regional Victoria.

Table 6 Religion by gender

Sexual orientation	Female n = 1,170	Male n = 1,067	Trans and gender diverse n = 57	Total n = 2,294
	n (%)	n (%)	n (%)	n (%)
Catholic	241 (21.1%)	190 (18.4%)	2 (3.6%)	433 (19.4%)
Anglican (Church of England)	42 (3.7%)	48 (4.7%)	2 (3.6%)	92 (4.1%)
Uniting Church	11 (1.0%)	12 (1.2%)	0 (0.0%)	23 (1.0%)
Presbyterian	7 (0.6%)	6 (0.6%)	0 (0.0%)	13 (0.6%)
Buddhism	8 (0.7%)	13 (1.3%)	0 (0.0%)	21 (0.9%)
Islam	6 (0.5%)	11 (1.1%)	0 (0.0%)	17 (0.8%)
Greek Orthodox	25 (2.2%)	16 (1.6%)	0 (0.0%)	41 (1.8%)
Baptist	15 (1.3%)	15 (1.5%)	0 (0.0%)	30 (1.3%)
Hinduism	1 (0.1%)	7 (0.7%)	0 (0.0%)	8 (0.4%)
Judaism	8 (0.7%)	5 (0.5%)	1 (1.8%)	14 (0.6%)
Other Christian religion	41 (3.6%)	29 (2.8%)	1 (1.8%)	71 (3.2%)
Other non-Christian religion	12 (1.1%)	20 (1.9%)	3 (5.4%)	35 (1.6%)
No religion	723 (63.4%)	659 (63.9%)	47 (83.9%)	1429 (64.2%)

More CALD young people (47.1%) reported being religious than non-CALD young people (32.7%, $p < .001$; reflected in Table 7). As shown in Table 8, LGBQ young people were less likely to

identify as Catholic and slightly more likely to identify with no religion than non-LGBQ young people ($p < .001$).

Table 7 Religion for CALD and non-CALD young people

Religion	CALD	Non-CALD
	n = 499	n = 1,793
	n (%)	n (%)
Catholic	100 (21.3%)	331 (18.8%)
Anglican (Church of England)	9 (1.9%)	83 (4.7%)
Uniting Church	5 (1.1%)	18 (1.0%)
Presbyterian	4 (0.9%)	9 (0.5%)
Buddhism	15 (3.2%)	6 (0.3%)
Islam	17 (3.6%)	0 (0.0%)
Greek Orthodox	19 (4.1%)	22 (1.3%)
Baptist	7 (1.5%)	23 (1.3%)
Hinduism	8 (1.7%)	0 (0.0%)
Judaism	5 (1.1%)	9 (0.5%)
Other Christian religion	22 (4.7%)	49 (2.8%)
Other non-Christian religion	10 (2.1%)	25 (1.4%)
No religion	248 (52.9%)	1,181 (67.3%)

Table 8 Heterosexual and LGBQ young people by religion

Religion	Heterosexual	LGBQ
	n = 1,656	n = 597
	n (%)	n (%)
Catholic	362 (22.5%)	60 (10.4%)
Anglican (Church of England)	71 (4.4%)	21 (3.6%)
Uniting Church	18 (1.1%)	5 (0.9%)
Presbyterian	10 (0.6%)	3 (0.5%)
Buddhism	17 (1.1%)	4 (0.7%)
Islam	14 (0.9%)	2 (0.3%)
Greek Orthodox	32 (2.0%)	8 (1.4%)
Baptist	22 (1.4%)	7 (1.2%)
Hinduism	8 (0.5%)	0 (0.0%)
Judaism	8 (0.5%)	6 (1.0%)
Other Christian religion	56 (3.5%)	13 (2.2%)
Other non-Christian religion	21 (1.3%)	14 (2.4%)
No religion	971 (60.3%)	436 (75.3%)

9.5 HIV and STI knowledge

9.5.1 HIV knowledge

As shown in Table 9, more trans and gender diverse young people (70.2%) knew that a baby could become infected with HIV if the mother was infected, as compared to young men (55.1%) and women (65.5%, $p < .001$). Additionally, more young men (94.3%) knew that a man could get HIV by having sex with a woman, as compared to young women (88.4%) and trans and gender diverse young people (91.2%, $p < .001$).

More LGBTQ young people (96.3%) than heterosexual young people (91.1%) knew that HIV can be transmitted from a man to a man through having sex ($p < .001$). There were no significant differences in answers to individual questions between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic area.

Table 9 Correct responses to HIV transmission questions, by gender

Question	Female n = 1,170	Male n = 1,067	Trans and gender diverse n = 57	Total n = 2,294
	n (%)	n (%)	n (%)	n (%)
Could a person get HIV (the AIDS virus) by sharing a needle with someone when injecting drugs? (Yes)	1,075 (92.0%)	976 (91.5%)	54 (94.7%)	2,105 (91.8%)
Could a woman get HIV (the AIDS virus) through having sex with a man? (Yes)	2,105 (91.8%)	1,009 (94.6%)	54 (94.7%)	2,144 (93.5%)
If someone with HIV coughs or sneezes near other people, could they get the virus? (No)	765 (65.4%)	715 (67.1%)	46 (80.7%)	1,526 (66.6%)
Could a man get HIV through having sex with a man? (Yes)	1,070 (91.5%)	992 (93.1%)	56 (98.2%)	2,118 (92.4%)
Could a person get HIV from mosquitoes? (No)	257 (22.0%)	265 (24.9%)	12 (21.1%)	534 (23.3%)
If a woman with HIV is pregnant, could her baby become infected with HIV? (Yes)	766 (65.5%)	588 (55.1%)	40 (70.2%)	1,394 (60.8%)
Could a person get HIV by hugging someone who has it? (No)	1,104 (94.4%)	1,002 (93.9%)	54 (94.7%)	2,160 (94.2%)
Does the pill (birth control) protect a woman from HIV infection? (No)	1,069 (91.4%)	972 (91.2%)	53 (93.0%)	2,094 (91.3%)
Could a man get HIV through having sex with a woman? (Yes)	1,032 (88.4%)	1,006 (94.3%)	52 (91.2%)	2,090 (91.2%)
If condoms are used during sex does this help to protect people from getting HIV? (Yes)	1,034 (88.5%)	963 (90.3%)	53 (93.0%)	2,050 (89.4%)
Could someone who looks very healthy pass on HIV infection? (Yes)	950 (81.4%)	853 (80.1%)	45 (78.9%)	1,848 (80.7%)

9.5.2 STI knowledge

STI knowledge

As shown in Table 10, less young men knew that STIs sometimes do not have obvious symptoms (92.1%) and that the genital herpes virus stays with a person for life (35.6%), as compared to young women (96.7% and 40.9% respectively) and trans and gender diverse young people (96.5% and 56.1% respectively, $p < .001$).

STI knowledge was similar for both heterosexual and LGBQ young people, but significantly more LGBQ young people knew that condoms do not provide complete protection for all STIs (88.6% compared to 82.3%, $p < .001$). There were no significant differences in individual items between Aboriginal

and non-Indigenous young people, nor between CALD and non-CALD young people, except that 40.5% of non-CALD young people knew that the herpes virus stays with a person for life compared to 32.7% of CALD young people ($p = .002$).

STI knowledge was also similar when comparing young people living in Greater Melbourne with young people living in regional Victoria. The exception was the question on chlamydia causing sterility in women, with young people living in regional Victoria significantly more likely to correctly answer this than those living in Greater Melbourne (59.2% compared to 48.9%, $p < .001$).

Table 10 Correct responses to STI knowledge questions, by gender

Question	Female n = 1,170	Male n = 1,067	Trans and gender diverse n = 57	Total n = 2,294
	n (%)	n (%)	n (%)	n (%)
Someone can have a sexually transmissible infection without any obvious symptoms. (True)*	1,127 (96.7%)	982 (92.1%)	55 (96.5%)	2,164 (94.5%)
Apart from HIV, all sexually transmissible infections can be cured. (False)	790 (67.7%)	717 (67.2%)	40 (70.2%)	1,547 (67.5%)
Chlamydia is a sexually transmissible infection that affects only women. (False)*	883 (75.7%)	745 (69.8%)	45 (78.9%)	1,673 (73.1%)
Chlamydia can lead to sterility among women. (True)*	638 (54.6%)	505 (47.3%)	28 (49.1%)	1,171 (51.1%)
Once a person has caught genital herpes, then they will always have the virus. (True)*	477 (40.9%)	379 (35.6%)	32 (56.1%)	888 (38.8%)
People who always use condoms are safe from all STIs. (False)	971 (83.1%)	896 (84.0%)	54 (94.7%)	1,921 (83.8%)
Gonorrhoea can be transmitted during oral sex. (True)	744 (63.8%)	640 (60.0%)	35 (61.4%)	1,419 (62.0%)
Genital warts can only be spread by intercourse. (False)	677 (58.1%)	575 (53.9%)	39 (68.4%)	1,291 (56.4%)
HIV only infects gay men and injecting drug users. (False)	1,063 (91.2%)	979 (91.8%)	52 (91.2%)	2,094 (91.5%)
Cold sores and genital herpes can be caused by the same virus. (True)	104 (8.9%)	100 (9.4%)	4 (7.0%)	208 (9.1%)

* Fisher's exact test ($p < .01$).

STI symptoms

Table 11 lists participants' responses for the STI symptoms by gender. Knowledge for the individual items of STI symptoms was similar between heterosexual and LGBQ young people, with the exception of the item identifying that penile/vaginal discharge can be a symptom of an STI. LGBQ young people were more likely to answer this correctly than heterosexual young people (77.6% compared to 71.4%, $p = .004$). There were no significant differences between Aboriginal and

non-Indigenous young people nor between geographic locations. There were differences between CALD and non-CALD young people: 92.4% of CALD young people and 95.4% of non-CALD young people knew that pain or discomfort urinating can be a symptom of an STI ($p = .009$), and 87.1% of CALD young people and 91.8% of non-CALD young people knew that lumps and bumps in the genital area can be a symptom of an STI ($p = .002$).

Table 11 Correct responses to STI symptom questions, by gender

Question	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Discharge from the penis or vagina can be a symptom of an STI. (True)	853 (73.1%)	769 (72.3%)	45 (78.9%)	1,667 (72.9%)
Pain or discomfort when urinating can be a symptom of an STI. (True)	1,128 (96.7%)	985 (92.5%)	56 (98.2%)	2,169 (94.8%)
Muscular soreness in the thighs can be a symptom of an STI. (True)	418 (35.9%)	440 (41.3%)	17 (29.8%)	875 (38.3%)
Lumps and bumps in the genital area can be a symptom of an STI. (True)	1,074 (92.0%)	951 (89.4%)	52 (91.2%)	2,077 (90.8%)
Severe headache can be a symptom of an STI. (True)	356 (30.5%)	325 (30.6%)	15 (26.3%)	696 (30.4%)
Discoloured skin in the genital area can be a symptom of an STI. (True)	890 (76.3%)	851 (80.0%)	41 (71.9%)	1,782 (77.9%)
A rash in the genital area can be a symptom of an STI. (True)	1,073 (91.9%)	951 (89.5%)	51 (89.5%)	2,075 (90.7%)

9.5.3 Viral hepatitis knowledge

Table 12 lists participant responses for viral hepatitis knowledge. There were no significant differences between individual items for gender, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location. Viral hepatitis knowledge was low for

both heterosexual and LGBQ young people. The knowledge item 'Hepatitis C can be transmitted by tattooing and body piercing' had a statistically significant difference, with LGBQ young people more likely to answer this correctly (60.9%) compared to heterosexual young people (53.1%, $p < .001$).

Table 12 Correct responses to viral hepatitis questions, by gender

Question	Female n = 1,170	Male n = 1,067	Trans and gender diverse n = 57	Total n = 2,294
	n (%)	n (%)	n (%)	n (%)
Hepatitis C has no long-term effects on your health. (False)	567 (48.7%)	555 (52.1%)	31 (54.4%)	1,153 (50.4%)
It is possible to be vaccinated against hepatitis A. (True)	541 (46.5%)	465 (43.6%)	26 (45.6%)	1,032 (45.1%)
It is possible to be vaccinated against hepatitis B. (True)	620 (53.3%)	500 (47.0%)	30 (52.6%)	1,150 (50.3%)
It is possible to be vaccinated against hepatitis C. (False)	133 (11.4%)	153 (14.4%)	8 (14.0%)	294 (12.9%)
People who have injected drugs are not at risk for hepatitis C (False)	860 (73.8%)	806 (75.6%)	44 (77.2%)	1,710 (74.7%)
Hepatitis C can be transmitted by tattooing and body piercing. (True)	675 (57.8%)	552 (51.8%)	33 (57.9%)	1,260 (55.0%)
Hepatitis B can be transmitted sexually. (True)	55 (4.7%)	59 (5.6%)	0 (0.0%)	114 (5.0%)
There is a cure for hepatitis C, which is 90 to 95% effective. (True)	321 (27.5%)	283 (26.5%)	15 (26.3%)	619 (27.0%)
Hepatitis C can be transmitted by sharing razors or toothbrushes. (True)	108 (9.3%)	108 (10.1%)	6 (10.5%)	222 (9.7%)

9.5.4 HPV knowledge

Female and trans and gender diverse young people consistently provided more correct responses when compared with young men (see Table 13). There were no significant differences for

correct answers given between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Table 13 Correct responses to HPV questions, by gender

Question	Female n = 1,170	Male n = 1,067	Trans and gender diverse n = 57	Total n = 2,294
	n (%)	n (%)	n (%)	n (%)
HPV affects only or mainly men. (False)*	546 (46.8%)	420 (39.5%)	29 (50.9%)	995 (43.5%)
HPV affects only or mainly women. (False)	370 (31.7%)	381 (35.8%)	17 (29.8%)	768 (33.6%)
HPV affects both men and women. (True)	640 (54.9%)	549 (51.6%)	33 (57.9%)	1,222 (53.5%)
HPV is the virus that causes genital warts. (True)	258 (22.2%)	256 (24.1%)	14 (24.6%)	528 (23.1%)
HPV causes cervical cancer in women. (True)*	459 (39.4%)	274 (25.8%)	25 (44.6%)	758 (33.2%)
HPV causes cancers of the head and throat. (True)	68 (5.8%)	69 (6.5%)	3 (5.4%)	140 (6.1%)
Using condoms when you have sex gives complete protection against HPV. (False)	684 (58.7%)	519 (48.9%)	39 (68.4%)	1,242 (54.4%)
You can tell if you have HPV. (False)	275 (23.6%)	196 (18.5%)	11 (19.3%)	482 (21.1%)
Being infected with HPV always leads to cervical cancer. (False)*	533 (45.7%)	408 (38.4%)	31 (54.4%)	972 (42.5%)
Vaccinating young people against HPV would encourage them to become sexually active. (False)*	813 (70.2%)	514 (48.6%)	42 (73.7%)	1,369 (60.2%)
The HPV vaccination won't work if a person is already sexually active. (False)*	574 (49.2%)	447 (42.1%)	30 (52.6%)	1,051 (46.0%)
The HPV vaccine gives you HPV. (False)*	694 (59.8%)	547 (51.6%)	35 (61.4%)	1,276 (56.0%)
My GP can give me the HPV vaccine free of charge. (True)	464 (39.9%)	375 (35.3%)	20 (35.1%)	859 (37.6%)
If a woman has had the HPV vaccination, she also needs to have regular cervical cancer tests. (True)*	454 (39.0%)	257 (24.2%)	18 (32.1%)	729 (31.9%)

* Fisher's exact test ($p < .01$).

In general, more LGBQ young people correctly answered the HPV knowledge questions compared to heterosexual young people (see Table 14).

Table 14 Correct responses to HPV questions for heterosexual and LGBQ young people

Question	Heterosexual	LGBQ
	n = 1,656	n = 597
	n (%)	n (%)
HPV affects only or mainly men. (False)	694 (42.1%)	282 (47.3%)
HPV affects only or mainly women. (False)	539 (32.7%)	213 (35.7%)
HPV affects both men and women. (True)*	847 (51.4%)	352 (59.1%)
HPV is the virus that causes genital warts. (True)	365 (22.2%)	149 (25.0%)
HPV causes cervical cancer in women. (True)	523 (31.8%)	224 (37.6%)
HPV causes cancers of the head and throat. (True)	94 (5.7%)	45 (7.6%)
Using condoms when you have sex gives complete protection against HPV. (False)*	856 (52.0%)	365 (61.1%)
You can tell if you have HPV. (False)	333 (20.2%)	140 (23.5%)
Being infected with HPV always leads to cervical cancer. (False)*	657 (39.8%)	301 (50.5%)
Vaccinating young people against HPV would encourage them to become sexually active. (False)*	919 (56.1%)	427 (71.8%)
The HPV vaccination won't work if a person is already sexually active. (False)*	730 (44.3%)	303 (50.9%)
The HPV vaccine gives you HPV. (False)*	888 (54.0%)	372 (62.9%)
My GP can give me the HPV vaccine free of charge. (True)	607 (36.8%)	237 (39.8%)
If a woman has had the HPV vaccination, she also needs to have regular cervical cancer tests. (True)	519 (31.5%)	197 (33.2%)

* Chi-square test of independence ($p < .01$).

9.6 Behaviour

9.6.1 Protective behaviour

Table 15 HIV antibody tests, STI diagnosis and vaccinations, by gender

Behaviour	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Ever had an HIV antibody test				
Yes	42 (3.6%)	69 (6.5%)	6 (10.5%)	117 (5.1%)
No	1,045 (89.8%)	935 (87.7%)	47 (82.5%)	2,027 (88.6%)
Unsure	77 (6.6%)	62 (5.8%)	4 (7.0%)	143 (6.3%)
Ever had a STI	18 (3.1%)	12 (2.3%)	2 (8.0%)	32 (2.8%)
Hepatitis A vaccination				
Yes	362 (31.3%)	290 (27.6%)	18 (31.6%)	670 (29.6%)
No	137 (11.9%)	171 (16.3%)	6 (10.5%)	314 (13.9%)
Don't know	657 (56.8%)	588 (56.1%)	33 (57.9%)	1,278 (56.5%)
Hepatitis B vaccination				
Yes	437 (37.7%)	324 (30.7%)	24 (42.1%)	785 (34.6%)
No	123 (10.6%)	171 (16.2%)	6 (10.5%)	300 (13.2%)
Don't know	599 (51.7%)	560 (53.1%)	27 (47.4%)	1,186 (52.2%)
HPV vaccination				
Yes	556 (47.8%)	358 (33.7%)	27 (47.4%)	941 (41.2%)
No	215 (18.5%)	265 (25.0%)	13 (22.8%)	493 (21.6%)
Don't know	393 (33.8%)	438 (41.3%)	17 (29.8%)	848 (37.2%)

More LGBQ young people had been tested for HIV, had received STI diagnoses and remembered being vaccinated for HPV than heterosexual young people (see Table 16).

Table 16 HIV antibody tests, STI diagnosis and vaccinations for LGBQ and heterosexual young people

Behaviour	Female	Male
	n = 1,656	n = 597
	n (%)	n (%)
Ever had an HIV antibody test*		
Yes	68 (4.1%)	47 (7.9%)
No	1,473 (89.2%)	522 (87.6%)
Unsure	110 (6.7%)	27 (4.5%)
Ever been diagnosed with an STI*	15 (1.9%)	16 (5.2%)
Hepatitis A vaccination		
Yes	488 (29.9%)	173 (29.4%)
No	238 (14.6%)	68 (11.5%)
Don't know	907 (55.5%)	348 (59.1%)
Hepatitis B vaccination		
Yes	570 (34.8%)	200 (33.7%)
No	231 (14.1%)	62 (10.5%)
Don't know	837 (51.1%)	331 (55.8%)
HPV vaccination*		
Yes	647 (39.3%)	277 (46.5%)
No	356 (21.6%)	133 (22.3%)
Don't know	644 (39.1%)	186 (31.2%)

* Chi-square test of independence ($p < .01$).

Table 17 Perceived likelihood of contracting HIV, STIs or viral hepatitis, by gender

Perceived likelihood	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
HIV				
Never	107 (9.3%)	112 (10.7%)	4 (7.0%)	223 (9.9%)
Very unlikely	545 (47.5%)	480 (45.7%)	19 (33.3%)	1,044 (46.3%)
Unlikely	425 (37.0%)	379 (36.1%)	27 (47.4%)	831 (36.9%)
Likely/Very likely	71 (6.2%)	79 (7.5%)	7 (12.3%)	157 (7.0%)
Any STI				
Never	60 (5.2%)	82 (7.8%)	4 (7.0%)	146 (6.5%)
Very unlikely	447 (39.0%)	398 (37.8%)	14 (24.6%)	859 (38.1%)
Unlikely	482 (42.1%)	439 (41.7%)	26 (45.6%)	947 (42.0%)
Likely/Very likely	156 (13.6%)	133 (12.6%)	13 (22.8%)	302 (13.4%)
Hepatitis B				
Never	112 (10.0%)	138 (13.4%)	5 (8.9%)	255 (11.5%)
Very unlikely	565 (50.4%)	484 (46.9%)	21 (37.5%)	1,070 (48.4%)
Unlikely	397 (35.4%)	384 (37.2%)	28 (50.0%)	809 (36.6%)
Likely/Very likely	48 (4.3%)	25 (2.4%)	2 (3.6%)	75 (3.4%)
Hepatitis C				
Never	112 (10.0%)	136 (13.2%)	4 (7.1%)	252 (11.4%)
Very unlikely	567 (50.6%)	495 (48.1%)	23 (41.1%)	1,085 (49.2%)
Unlikely	396 (35.3%)	369 (35.8%)	27 (48.2%)	792 (35.9%)
Likely/Very likely	46 (4.1%)	30 (2.9%)	2 (3.6%)	78 (3.5%)

9.6.2 Sexual attraction and relationships

Table 18 Sexual attraction to other people, by gender

Sexual attraction to	Female	Male	Trans and gender diverse
	n = 1,170	n = 1,067	n = 57
	n (%)	n (%)	n (%)
Only females	17 (1.5%)	696 (66.7%)	5 (8.8%)
Mostly females	31 (2.7%)	199 (19.1%)	16 (28.1%)
Both males and females equally	100 (8.7%)	27 (2.6%)	(33.3%)
Mostly males	339 (29.4%)	58 (5.6%)	9 (15.9%)
Only males	641 (55.5%)	56 (5.4%)	5 (8.8%)
Unsure	26 (2.3%)	7 (0.7%)	1 (1.8%)

Table 19 Sexual attraction to other people, by sexual orientation and gender

Sexual attraction to	Heterosexual		LGBQ	
	Female	Male	Female	Male
	n = 841	n = 812	n = 310	n = 234
	n (%)	n (%)	n (%)	n (%)
Only females	5 (0.6%)	691 (85.3%)	12 (3.9%)	5 (2.2%)
Mostly females	2 (0.2%)	117 (14.4%)	29 (9.4%)	82 (35.3%)
Both males and females equally	2 (0.2%)	0 (0.0%)	97 (31.3%)	26 (11.2%)
Mostly males	196 (23.3%)	0 (0.0%)	142 (45.8%)	58 (25.0%)
Only males	632 (75.2%)	2 (0.2%)	7 (2.3%)	54 (23.3%)
Unsure	3 (0.4%)	0 (0.0%)	23 (7.4%)	7 (3.0%)

Table 20 Past and current relationships, by gender

Question	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Have you ever had a girlfriend or boyfriend?				
No	273 (23.3%)	269 (25.3%)	13 (22.8%)	555 (24.2%)
Yes	889 (76.0%)	784 (73.8%)	43 (75.4%)	1,716 (74.9%)
Unsure	8 (0.7%)	10 (0.9%)	1 (1.8%)	19 (0.8%)
Do you currently have a girlfriend or boyfriend?				
No	672 (57.6%)	671 (63.2%)	43 (75.4%)	1,386 (60.6%)
Yes	479 (41.0%)	374 (35.2%)	14 (24.6%)	867 (37.9%)
Unsure	16 (1.4%)	17 (1.6%)	0 (0.0%)	33 (1.4%)

9.6.3 Sexual behaviour

We asked young people about their sexual behaviour. The results are presented by year level and gender in Table 21.

Table 21 Reported sexual behaviour, by year level and gender

Behaviour/year level	Female n (%)	Male n (%)	Trans and gender diverse n (%)	Total
Deep kissing				
Year 9	55 (59.8%)	47 (49.5%)	3 (50.0%)	105 (54.4%)
Year 10	169 (66.8%)	128 (62.7%)	9 (69.2%)	306 (65.1%)
Year 11*	315 (82.0%)	219 (70.6%)	13 (68.4%)	547 (76.7%)
Year 12	283 (86.5%)	237 (79.0%)	7 (77.8%)	527 (82.9%)
Not at school	86 (94.5%)	121 (88.3%)	7 (87.5%)	214 (90.7%)
Total*	917 (78.9%)	762 (72.0%)	39 (69.6%)	1,718 (75.5%)
Touching partner's genitals				
Year 9	42 (47.7%)	37 (38.9%)	2 (33.3%)	81 (42.9%)
Year 10	128 (51.4%)	109 (53.4%)	8 (66.7%)	245 (52.7%)
Year 11	262 (68.6%)	194 (63.2%)	9 (47.4%)	465 (65.7%)
Year 12	246 (75.5%)	218 (73.2%)	6 (66.7%)	470 (74.2%)
Not at school	83 (92.2%)	113 (81.9%)	7 (87.5%)	203 (86.0%)
Total	761 (67.0%)	671 (64.4%)	32 (59.3%)	1,464 (65.6%)
Being touched on your genitals				
Year 9	45 (50.6%)	41 (43.2%)	2 (33.3%)	88 (46.3%)
Year 10	130 (52.2%)	108 (53.2%)	10 (83.3%)	248 (53.4%)
Year 11	269 (70.4%)	194 (63.0%)	9 (47.4%)	472 (66.6%)
Year 12	246 (75.5%)	216 (72.5%)	6 (66.7%)	468 (73.9%)
Not at school	83 (92.2%)	113 (83.1%)	7 (87.5%)	203 (86.8%)
Total	773 (68.0%)	672 (64.6%)	34 (63.0%)	1,479 (66.3%)
Touching your own genitals				
Year 9*	58 (70.7%)	87 (94.6%)	5 (83.3%)	150 (83.3%)
Year 10*	170 (74.9%)	194 (96.0%)	12 (100.0%)	376 (85.3%)
Year 11*	317 (88.5%)	303 (98.4%)	18 (100.0%)	638 (93.3%)
Year 12*	281 (89.8%)	288 (97.0%)	8 (100.0%)	577 (93.4%)
Not at school	76 (92.7%)	135 (98.5%)	9 (100.0%)	220 (96.5%)
Total*	914 (84.9%)	1,018 (97.2%)	53 (98.1%)	1,985 (91.1%)

Table 21 Continued

Behaviour/year level	Female n (%)	Male n (%)	Trans and gender diverse n (%)	Total
Giving oral sex				
Year 9	34 (37.8%)	23 (23.7%)	2 (33.3%)	59 (30.6%)
Year 10	100 (40.2%)	75 (37.1%)	8 (66.7%)	183 (39.5%)
Year 11	211 (55.2%)	147 (48.0%)	8 (42.1%)	366 (51.8%)
Year 12	218 (66.7%)	178 (59.7%)	6 (66.7%)	402 (63.4%)
Not at school	79 (87.8%)	102 (74.5%)	6 (75.0%)	187 (79.6%)
Total	642 (56.4%)	525 (50.5%)	30 (55.6%)	1,197 (53.6%)
Receiving oral sex				
Year 9	29 (32.6%)	28 (29.2%)	2 (33.3%)	59 (30.9%)
Year 10	80 (32.0%)	77 (37.9%)	9 (69.2%)	166 (35.6%)
Year 11	202 (53.0%)	156 (50.8%)	6 (31.6%)	364 (51.5%)
Year 12	205 (62.5%)	183 (61.6%)	5 (55.6%)	393 (62.0%)
Not at school	77 (85.6%)	106 (77.4%)	7 (87.5%)	190 (80.9%)
Total	602 (52.2%)	559 (53.1%)	29 (51.8%)	1,190 (52.6%)
Anal sex				
Year 9	10 (10.9%)	9 (9.3%)	1 (16.7%)	20 (10.3%)
Year 10*	11 (4.4%)	24 (11.9%)	5 (38.5%)	40 (8.7%)
Year 11	39 (10.2%)	44 (14.3%)	5 (26.3%)	88 (12.4%)
Year 12	46 (14.0%)	64 (21.5%)	1 (11.1%)	111 (17.5%)
Not at school	23 (25.8%)	38 (27.7%)	4 (44.4%)	65 (27.7%)
Total*	131 (11.3%)	182 (17.3%)	16 (28.1%)	329 (14.5%)
Vaginal sex				
Year 9	28 (30.8%)	18 (18.9%)	2 (33.3%)	48 (25.0%)
Year 10	83 (33.6%)	58 (28.7%)	5 (38.5%)	146 (31.6%)
Year 11*	186 (48.4%)	120 (39.3%)	4 (22.2%)	310 (43.8%)
Year 12	192 (58.9%)	154 (51.7%)	4 (44.4%)	350 (55.3%)
Not at school*	75 (83.3%)	89 (65.0%)	7 (77.8%)	171 (72.5%)
Total*	564 (49.6%)	439 (42.3%)	22 (40.0%)	1,025 (46.0%)

* Chi-square test of independence ($p < .01$).

Table 22 Reported sexual behaviour, by year level and sexual orientation for heterosexual and LGBQ young people

Behaviour/year level	Heterosexual	LGBQ
	n (%)	n (%)
Deep kissing		
Year 9	79 (53.4%)	23 (56.1%)
Year 10	228 (68.9%)	73 (57.9%)
Year 11	406 (78.4%)	131 (72.4%)
Year 12	384 (83.1%)	139 (82.2%)
Not at school	156 (91.8%)	54 (87.1%)
Total	1,253 (76.9%)	420 (72.5%)
Touching partner's genitals		
Year 9	57 (39.6%)	22 (53.7%)
Year 10	176 (53.5%)	64 (52.0%)
Year 11	337 (65.6%)	120 (66.7%)
Year 12	345 (74.8%)	122 (72.6%)
Not at school	147 (86.5%)	52 (83.9%)
Total	1,074 (65.6%)	386 (66.1%)
Being touched on your genitals		
Year 9	62 (42.8%)	23 (56.1%)
Year 10	175 (53.4%)	68 (55.3%)
Year 11	343 (66.7%)	121 (66.9%)
Year 12	340 (73.8%)	125 (74.9%)
Not at school	147 (87.5%)	52 (83.9%)
Total	1,079 (66.0%)	395 (67.6%)
Touching your own genitals		
Year 9	114 (82.6%)	33 (84.6%)
Year 10*	256 (82.3%)	113 (95.0%)
Year 11	457 (92.3%)	171 (96.6%)
Year 12*	411 (91.3%)	161 (98.8%)
Not at school	155 (95.7%)	61 (98.4%)
Total*	1,409 (89.5%)	547 (96.1%)

Table 22 Continued

Behaviour/year level	Heterosexual	LGBQ
	n (%)	n (%)
Giving oral sex		
Year 9	42 (28.4%)	16 (39.0%)
Year 10	128 (39.3%)	52 (41.6%)
Year 11	258 (50.4%)	102 (56.4%)
Year 12	288 (62.5%)	113 (67.3%)
Not at school	136 (80.5%)	47 (75.8%)
Total	864 (52.8%)	335 (57.1%)
Receiving oral sex		
Year 9	40 (27.4%)	16 (39.0%)
Year 10	117 (35.7%)	47 (37.3%)
Year 11	261 (50.9%)	97 (53.6%)
Year 12	279 (60.7%)	113 (66.9%)
Not at school	137 (81.1%)	49 (79.0%)
Total	846 (51.7%)	328 (55.7%)
Anal sex		
Year 9	15 (10.1%)	5 (11.9%)
Year 10*	19 (5.8%)	21 (16.8%)
Year 11*	45 (8.7%)	42 (23.2%)
Year 12*	68 (14.7%)	43 (25.4%)
Not at school	43 (25.6%)	21 (33.3%)
Total*	192 (11.7%)	135 (22.9%)
Vaginal sex		
Year 9	39 (26.4%)	7 (17.5%)
Year 10	114 (34.9%)	29 (23.6%)
Year 11	233 (45.2%)	74 (41.3%)
Year 12	267 (57.9%)	82 (48.8%)
Not at school	129 (75.9%)	39 (62.9%)
Total*	793 (48.4%)	237 (40.7%)

* Chi-square test of independence ($p < .01$).

Table 23 Reported sexual behaviour by year level, for Aboriginal and non-Indigenous young people

Behaviour/year level	Aboriginal Victorians	Non-Indigenous Victorians
	n (%)	n (%)
Deep kissing		
Year 9	5 (55.6%)	97 (54.5%)
Year 10	13 (86.7%)	286 (64.1%)
Year 11	5 (83.3%)	538 (76.6%)
Year 12	9 (90.0%)	512 (82.7%)
Not at school	5 (71.4%)	207 (91.2%)
Total	37 (78.7%)	1,640 (75.5%)
Touching partner's genitals		
Year 9	3 (33.3%)	76 (43.9%)
Year 10	13 (86.7%)	225 (51.0%)
Year 11	4 (66.7%)	457 (65.6%)
Year 12	9 (90.0%)	457 (74.1%)
Not at school	4 (57.1%)	197 (86.8%)
Total	35 (71.4%)	1,428 (65.4%)
Being touched on your genitals		
Year 9	4 (44.4%)	82 (46.9%)
Year 10	13 (86.7%)	229 (52.0%)
Year 11	4 (66.7%)	464 (66.5%)
Year 12	9 (90.0%)	454 (73.7%)
Not at school	4 (57.1%)	197 (87.6%)
Total	36 (73.5%)	1,442 (66.1%)
Touching your own genitals		
Year 9	4 (57.1%)	142 (84.5%)
Year 10	12 (85.7%)	357 (85.2%)
Year 11	5 (83.3%)	628 (93.3%)
Year 12	7 (77.8%)	564 (93.5%)
Not at school	6 (100.0%)	212 (96.4%)
Total	36 (81.8%)	1,925 (91.3%)

Table 23 Continued

Behaviour/year level	Aboriginal Victorians	Non-Indigenous Victorians
	n (%)	n (%)
Giving oral sex		
Year 9	2 (22.2%)	56 (31.6%)
Year 10*	11 (78.6%)	168 (38.2%)
Year 11	4 (57.1%)	359 (51.7%)
Year 12	7 (70.0%)	391 (63.4%)
Not at school	3 (42.9%)	183 (81.0%)
Total	29 (59.2%)	1,172 (53.7%)
Receiving oral sex		
Year 9	0 (0.0%)	58 (33.1%)
Year 10*	10 (71.4%)	152 (34.3%)
Year 11	4 (57.1%)	357 (51.4%)
Year 12	7 (70.0%)	383 (62.0%)
Not at school	4 (57.1%)	184 (81.4%)
Total	27 (55.1%)	1,150 (52.7%)
Anal sex		
Year 9	0 (0.0%)	20 (11.2%)
Year 10	2 (14.3%)	37 (8.4%)
Year 11	2 (28.6%)	84 (12.0%)
Year 12	1 (10.0%)	108 (17.4%)
Not at school	1 (14.3%)	64 (28.3%)
Total	6 (12.2%)	318 (14.5%)
Vaginal sex		
Year 9	1 (11.1%)	46 (26.1%)
Year 10	9 (60.0%)	133 (30.4%)
Year 11	4 (57.1%)	303 (43.6%)
Year 12	6 (66.7%)	340 (55.0%)
Not at school	4 (57.1%)	165 (72.7%)
Total	26 (53.1%)	1,002 (45.9%)

* Chi-square test of independence ($p < .01$).

Table 24 Reported sexual behaviour by year level, for CALD and non-CALD young people

Behaviour/year level	CALD	Non-CALD
	n (%)	n (%)
Deep kissing		
Year 9	20 (48.8%)	85 (55.9%)
Year 10*	53 (47.7%)	253 (70.5%)
Year 11	109 (69.9%)	437 (78.6%)
Year 12	107 (77.5%)	420 (84.3%)
Not at school	36 (90.0%)	177 (90.8%)
Total*	325 (66.9%)	1,372 (78.0%)
Touching partner's genitals		
Year 9	15 (36.6%)	66 (44.6%)
Year 10*	40 (36.0%)	205 (57.9%)
Year 11	98 (64.1%)	367 (66.2%)
Year 12	94 (69.1%)	376 (75.7%)
Not at school	35 (87.5%)	167 (85.6%)
Total*	285 (58.3%)	1,196 (67.6%)
Being touched on your genitals		
Year 9	17 (41.5%)	71 (47.7%)
Year 10*	40 (36.0%)	208 (58.9%)
Year 11	99 (63.9%)	373 (67.5%)
Year 12	96 (70.1%)	372 (75.0%)
Not at school	35 (87.5%)	167 (86.5%)
Total*	290 (58.9%)	1,206 (68.3%)
Touching your own genitals		
Year 9	32 (88.9%)	118 (81.9%)
Year 10	93 (87.7%)	283 (84.5%)
Year 11	145 (96.0%)	492 (92.5%)
Year 12	127 (94.1%)	450 (93.2%)
Not at school	38 (97.4%)	181 (96.3%)
Total	440 (92.8%)	1,543 (90.7%)

Table 24 Continued

Behaviour/year level	CALD	Non-CALD
	n (%)	n (%)
Giving oral sex		
Year 9	13 (31.7%)	46 (30.3%)
Year 10*	29 (26.4%)	154 (43.6%)
Year 11	81 (52.6%)	285 (51.6%)
Year 12	80 (58.0%)	322 (64.9%)
Not at school	31 (77.5%)	155 (79.9%)
Total*	237 (48.3%)	976 (55.2%)
Receiving oral sex		
Year 9	11 (26.8%)	48 (32.0%)
Year 10*	27 (24.5%)	139 (39.0%)
Year 11	76 (49.7%)	288 (52.1%)
Year 12	82 (59.4%)	311 (62.7%)
Not at school	32 (80.0%)	157 (80.9%)
Total*	231 (47.1%)	958 (54.1%)
Anal sex		
Year 9	4 (9.8%)	16 (10.4%)
Year 10	12 (10.9%)	28 (8.0%)
Year 11	16 (10.3%)	72 (13.0%)
Year 12	23 (16.8%)	88 (17.7%)
Not at school	10 (26.3%)	55 (28.1%)
Total	66 (13.5%)	263 (14.8%)
Vaginal sex		
Year 9	11 (26.8%)	37 (24.5%)
Year 10	26 (23.6%)	120 (34.1%)
Year 11	64 (41.6%)	246 (44.6%)
Year 12	67 (48.6%)	283 (57.2%)
Not at school	28 (70.0%)	142 (72.8%)
Total*	199 (40.5%)	842 (47.7%)

* Chi-square test of independence ($p < .01$).

Table 25 Reported sexual behaviour, by year level by geographic location

Behaviour/year level	Greater Melbourne	Regional Victoria
	n (%)	n (%)
Deep kissing		
Year 9	77 (52.7%)	18 (52.9%)
Year 10	213 (62.8%)	61 (72.6%)
Year 11	419 (76.5%)	91 (74.0%)
Year 12	407 (82.1%)	97 (86.6%)
Not at school	166 (92.2%)	38 (86.4%)
Total	1,282 (75.0%)	305 (76.8%)
Touching partner's genitals		
Year 9	57 (39.9%)	15 (45.5%)
Year 10*	162 (48.6%)	55 (64.0%)
Year 11	355 (65.4%)	79 (64.2%)
Year 12	364 (73.4%)	85 (77.3%)
Not at school	155 (86.1%)	38 (86.4%)
Total	1,106 (64.3%)	274 (68.8%)
Being touched on your genitals		
Year 9	63 (44.1%)	16 (48.5%)
Year 10	163 (49.1%)	57 (66.3%)
Year 11	359 (65.9%)	83 (67.5%)
Year 12	365 (73.6%)	83 (76.1%)
Not at school	155 (87.1%)	38 (86.4%)
Total	1,118 (65.1%)	279 (70.3%)
Touching your own genitals		
Year 9	114 (84.4%)	26 (78.8%)
Year 10	273 (85.3%)	70 (87.5%)
Year 11	490 (93.2%)	113 (94.2%)
Year 12	451 (93.4%)	103 (94.5%)
Not at school*	174 (98.9%)	36 (85.7%)
Total	1,521 (91.5%)	350 (90.7%)

Table 25 Continued

Behaviour/year level	Greater Melbourne	Regional Victoria
	n (%)	n (%)
Giving oral sex		
Year 9	45 (30.8%)	8 (24.2%)
Year 10	124 (37.3%)	34 (40.0%)
Year 11	273 (50.5%)	65 (52.4%)
Year 12	308 (62.2%)	76 (68.5%)
Not at school	144 (80.4%)	34 (77.3%)
Total	906 (52.8%)	219 (54.9%)
Receiving oral sex		
Year 9	43 (29.7%)	9 (28.1%)
Year 10	109 (32.4%)	36 (42.9%)
Year 11	268 (49.4%)	69 (55.6%)
Year 12	302 (60.9%)	74 (67.3%)
Not at school	145 (81.0%)	36 (81.8%)
Total	880 (51.1%)	226 (57.1%)
Anal sex		
Year 9	14 (9.5%)	4 (11.8%)
Year 10	27 (8.1%)	7 (8.2%)
Year 11	65 (11.9%)	17 (13.7%)
Year 12	81 (16.3%)	26 (23.2%)
Not at school	50 (27.9%)	14 (31.8%)
Total	241 (14.0%)	69 (17.2%)
Vaginal sex		
Year 9	35 (24.1%)	9 (27.3%)
Year 10	92 (27.7%)	35 (41.7%)
Year 11	227 (42.0%)	62 (50.0%)
Year 12	272 (54.8%)	61 (55.0%)
Not at school	132 (72.9%)	31 (70.5%)
Total	771 (44.9%)	200 (50.3%)

* Chi-square test of independence ($p < .01$).

Table 26 Young people who have ever had sexual intercourse (anal and/or vaginal), by year level and gender

Year level	Female	Male	Trans and gender diverse	Total
	n (%)	n (%)	n (%)	n (%)
Year 9	27 (30.0%)	23 (24.2%)	2 (33.3%)	52 (27.2%)
Year 10	83 (33.7%)	66 (32.8%)	6 (46.2%)	155 (33.7%)
Year 11	187 (48.7%)	135 (44.4%)	6 (33.3%)	328 (46.5%)
Year 12	193 (59.2%)	171 (57.6%)	4 (44.4%)	368 (58.2%)
Not at school	75 (84.3%)	98 (71.0%)	7 (77.8%)	180 (76.3%)
Total	574 (49.9%)	501 (47.8%)	25 (44.6%)	1,100 (48.8%)

9.6.4 Sexually active young people

Table 27 Relationship of partner at last sexual encounter, by gender

Relationship of partner	Female	Male	Trans and gender diverse	Total
	n = 574	n = 501	n = 25	n = 1100
	n (%)	n (%)	n (%)	n (%)
Someone you had just met for the first time	35 (6.1%)	37 (7.4%)	2 (8.0%)	74 (6.8%)
Someone you had known for a while, but had not had sex with before	86 (15.0%)	95 (19.1%)	3 (12.0%)	184 (16.8%)
Someone you had known for a while and had had sex with before, but not your girlfriend/boyfriend at the time	68 (11.9%)	62 (12.5%)	5 (20.0%)	135 (12.3%)
Your girlfriend/boyfriend at the time	384 (67.0%)	303 (61.0%)	15 (60.0%)	702 (64.1%)

Table 28 Responses to ‘How old was the last person you had vaginal and/or anal sex with?’

Year level/Partner age	Female	Male	Trans and gender diverse	Total
	n (%)	n (%)	n (%)	n (%)
Year 9				
Under 16 years old	11 (40.7%)	20 (90.9%)	1 (50.0%)	32 (62.7%)
16 to 17 years old	12 (44.4%)	1 (4.5%)	1 (50.0%)	14 (27.5%)
18 to 19 years old	2 (7.4%)	1 (4.5%)	0 (0.0%)	3 (5.9%)
20 years of age or older	2 (7.4%)	0 (0.0%)	0 (0.0%)	2 (3.9%)
Year 10				
Under 16 years old	35 (42.7%)	35 (53.8%)	4 (66.7%)	74 (48.4%)
16 to 17 years old	40 (48.8%)	26 (40.0%)	0 (0.0%)	66 (43.1%)
18 to 19 years old	7 (8.5%)	2 (3.1%)	1 (16.7%)	10 (6.5%)
20 years of age or older	0 (0.0%)	2 (3.1%)	1 (16.7%)	3 (2.0%)
Year 11				
Under 16 years old	13 (7.0%)	18 (13.3%)	3 (50.0%)	34 (10.4%)
16 to 17 years old	126 (68.1%)	105 (77.8%)	2 (33.3%)	233 (71.5%)
18 to 19 years old	38 (20.5%)	10 (7.4%)	0 (0.0%)	48 (14.7%)
20 years of age or older	8 (4.3%)	2 (1.5%)	1 (16.7%)	11 (3.4%)
Year 12				
Under 16 years old	0 (0.0%)	7 (4.1%)	0 (0.0%)	7 (1.9%)
16 to 17 years old	91 (47.6%)	112 (66.3%)	2 (50.0%)	205 (56.3%)
18 to 19 years old	81 (42.4%)	35 (20.7%)	0 (0.0%)	116 (31.9%)
20 years of age or older	19 (9.9%)	15 (8.9%)	2 (50.0%)	36 (9.9%)
Not at school				
Under 16 years old	0 (0.0%)	4 (4.1%)	0 (0.0%)	4 (2.2%)
16 to 17 years old	10 (13.3%)	35 (35.7%)	1 (14.3%)	46 (25.6%)
18 to 19 years old	46 (61.3%)	49 (50.0%)	5 (71.4%)	100 (55.6%)
20 years of age or older	19 (25.3%)	10 (10.2%)	1 (14.3%)	30 (16.7%)

Table 29 Reported number of sexual partners in the past year, by gender

Number of sexual partners	Female	Male	Trans and gender diverse	Total
	n = 574	n = 501	n = 25	n = 1,100
	n (%)	n (%)	n (%)	n (%)
I have not had intercourse in the past year	15 (2.6%)	29 (5.8%)	5 (20.0%)	49 (4.5%)
1 person	356 (62.2%)	287 (57.9%)	10 (40.0%)	653 (59.7%)
2 people	93 (16.3%)	74 (14.9%)	6 (24.0%)	173 (15.8%)
3+ people	108 (18.9%)	106 (21.4%)	4 (16.0%)	218 (19.9%)

Table 30 Reported number of sexual partners in the past year, by sexual orientation

Number of sexual partners	Heterosexual	LGBQ
	n = 797	n = 291
	n (%)	n (%)
I have not had intercourse in the past year	25 (3.2%)	24 (8.3%)
1 person	504 (63.6%)	140 (48.4%)
2 people	113 (14.3%)	59 (20.4%)
3+ people	150 (18.9%)	66 (22.8%)

Table 31 Gender of sexual partners over the past year, by sexual orientation

Gender of sexual partners	Heterosexual		LGBQ		Total
	Female	Male	Female	Male	
	n = 417	n = 379	n = 151	n = 116	n = 1,063
	n (%)	n (%)	n (%)	n (%)	n (%)
Males only	409 (98.1%)	0 (0.0%)	124 (83.8%)	52 (46.8%)	585 (55.6%)
Females only	1 (0.2%)	372 (98.9%)	4 (2.7%)	47 (42.3%)	424 (40.3%)
Both males and females	7 (1.7%)	4 (1.1%)	20 (13.5%)	12 (10.8%)	43 (4.1%)

Table 32 Reasons for unwanted sexual experiences, by gender

Reason	Female	Male	Trans and gender diverse	Total
	n = 196	n = 86	n = 11	n = 293
	n (%)	n (%)	n (%)	n (%)
I was too drunk at the time	71 (36.2%)	27 (31.4%)	4 (36.4%)	102 (34.8%)
I was too high at the time	23 (11.7%)	13 (15.1%)	4 (36.4%)	40 (13.7%)
My partner thought I should	109 (55.6%)	43 (50.0%)	8 (72.7%)	160 (54.6%)
My friends thought I should	11 (5.6%)	9 (10.5%)	2 (18.2%)	22 (7.5%)
I was frightened	60 (30.6%)	15 (17.4%)	8 (72.7%)	83 (28.3%)
Other	40 (20.4%)	22 (25.6%)	3 (27.3%)	65 (22.2%)

Table 33 Frequency of condom use in the past year

Frequency	Female	Male	Trans and gender diverse	Total
	n = 574	n = 501	n = 25	n = 1,100
	n (%)	n (%)	n (%)	n (%)
Never	66 (12.0%)	49 (10.5%)	6 (31.6%)	121 (11.6%)
Occasionally	81 (14.7%)	69 (14.7%)	1 (5.3%)	151 (14.5%)
Sometimes	78 (14.1%)	34 (7.3%)	2 (10.5%)	114 (11.0%)
Often	143 (25.9%)	101 (21.6%)	2 (10.5%)	246 (23.7%)
Always	184 (33.3%)	215 (45.9%)	8 (42.1%)	407 (39.2%)

Table 34 Used a condom for first sexual experience, by gender

Type of sex	Female	Male	Trans and gender diverse	Total
	n = 574	n = 501	n = 25	n = 1,100
	n (%)	n (%)	n (%)	n (%)
Anal sex	61 (50.0%)	103 (57.9%)	10 (62.5%)	174 (55.1%)
Vaginal sex	421 (74.6%)	347 (78.5%)	16 (72.7%)	784 (76.3%)

Table 35 Reasons for not using a condom at last sexual experience, by gender

Reason	Female	Male	Trans and gender diverse	Total
	n = 253	n = 186	n = 15	n = 454
	n (%)	n (%)	n (%)	n (%)
I don't like them	70 (27.7%)	55 (29.6%)	2 (13.3%)	127 (28.0%)
My partner doesn't like them	87 (34.4%)	54 (29.0%)	3 (20.0%)	144 (31.7%)
I trust my partner	97 (38.3%)	69 (37.1%)	6 (40.0%)	172 (37.9%)
It just happened	81 (32.0%)	60 (32.3%)	6 (40.0%)	147 (32.4%)
We both have been tested for HIV/STIs	59 (23.3%)	22 (11.8%)	4 (26.7%)	85 (18.7%)
Too embarrassed	6 (2.4%)	5 (2.7%)	0 (0.0%)	11 (2.4%)
I know my partner's sexual history	94 (37.2%)	79 (42.5%)	8 (53.3%)	181 (39.9%)
It is not my responsibility	3 (1.2%)	3 (1.6%)	0 (0.0%)	6 (1.3%)
Other	99 (39.1%)	62 (33.3%)	8 (53.3%)	169 (37.2%)

Table 36 Gender of last sexual partner, by gender

Gender of sexual partner	Female	Male	Trans and gender diverse	Total
	n = 574	n = 501	n = 25	n = 1100
	n (%)	n (%)	n (%)	n (%)
Male sexual partner	563 (98.1%)	61 (12.3%)	14 (56.0%)	638 (58.2%)
Female sexual partner	11 (1.9%)	433 (87.1%)	7 (28.0%)	451 (41.1%)
Trans and gender diverse sexual partner	0 (0.0%)	3 (0.6%)	4 (16.0%)	7 (0.6%)

Table 37 When and where the last sexual experience occurred

Response	Female	Male	Trans and gender diverse	Total
	n = 574	n = 501	n = 25	n = 1,100
	n (%)	n (%)	n (%)	n (%)
When				
In the last week	263 (46.0%)	184 (37.5%)	12 (48.0%)	459 (42.2%)
1 to 3 weeks ago	134 (23.4%)	110 (22.4%)	2 (8.0%)	246 (22.6%)
1 to 3 months ago	101 (17.7%)	101 (20.6%)	7 (28.0%)	209 (19.2%)
4 to 6 months ago	45 (7.9%)	50 (10.2%)	1 (4.0%)	96 (8.8%)
7 to 12 months ago	18 (3.1%)	17 (3.5%)	0 (0.0%)	35 (3.2%)
Over 12 months ago	11 (1.9%)	29 (5.9%)	3 (12.0%)	43 (4.0%)
Location				
My house	192 (34.0%)	198 (40.9%)	10 (40.0%)	400 (37.2%)
My partner's house	245 (43.4%)	176 (36.4%)	8 (32.0%)	429 (39.9%)
A friend's house	50 (8.8%)	40 (8.3%)	2 (8.0%)	92 (8.6%)
Outside (e.g., in the park or on the beach)	37 (6.5%)	40 (8.3%)	2 (8.0%)	79 (7.4%)
In a car	21 (3.7%)	10 (2.1%)	2 (8.0%)	33 (3.1%)
Another place	20 (3.5%)	20 (4.1%)	1 (4.0%)	41 (3.8%)

We asked young people who had vaginal sex at their last sexual encounter what types of contraception were used, if any (see Table 38).

Table 38 Contraception used at last vaginal sex, by gender

Contraception type	Female	Male	Trans and gender diverse	Total
	n = 573	n = 447	n = 22	n = 1,042
	n (%)	n (%)	n (%)	n (%)
The pill	247 (43.1%)	205 (45.9%)	8 (36.4%)	460 (44.1%)
IUD	6 (1.0%)	11 (2.5%)	0 (0.0%)	17 (1.6%)
Emergency contraception (the morning-after pill)	27 (4.7%)	18 (4.0%)	0 (0.0%)	45 (4.3%)
Withdrawal	128 (22.3%)	93 (20.8%)	3 (13.6%)	224 (21.5%)
Rhythm method	5 (0.9%)	8 (1.8%)	0 (0.0%)	13 (1.2%)
Condom	312 (54.5%)	269 (60.2%)	9 (40.9%)	590 (56.6%)
Contraceptive implant (e.g., Implanon)	52 (9.1%)	27 (6.0%)	5 (22.7%)	84 (8.1%)
None	45 (7.9%)	29 (6.5%)	2 (9.1%)	76 (7.3%)
Other	3 (0.5%)	5 (1.1%)	1 (4.5%)	9 (0.9%)

Note: There were no young people who answered 'yes' to 'Diaphragm' or 'Injection (e.g., Depo-Provera)'.
 Note: There were no young people who answered 'yes' to 'Diaphragm' or 'Injection (e.g., Depo-Provera)'.

Table 39 Topics discussed with sexual partner before last sexual experience, by sexual orientation

Topic discussed before sex	Heterosexual	LGBQ
	n = 797	n = 291
	n (%)	n (%)
Avoiding pregnancy	488 (63.5%)	157 (55.1%)
Avoiding HIV infection	195 (25.4%)	91 (32.2%)
Avoiding STIs	250 (32.6%)	114 (40.4%)
Sexual pleasure without intercourse	353 (46.4%)	170 (60.7%)
Using a condom	619 (78.9%)	224 (78.0%)
Having vaginal and/or anal sex	644 (82.1%)	245 (87.2%)

Table 40 Topics discussed with sexual partner before last sexual experience, for CALD and non-CALD young people

Topic discussed before sex	CALD	Non-CALD
	n = 212	n = 887
	n (%)	n (%)
Avoiding pregnancy	140 (68.3%)	510 (59.4%)
Avoiding HIV infection	68 (33.5%)	218 (25.4%)
Avoiding STIs	86 (42.6%)	279 (32.6%)
Sexual pleasure without intercourse	103 (51.0%)	425 (50.1%)
Using a condom	171 (82.6%)	679 (77.5%)
Having vaginal and/or anal sex	174 (84.1%)	722 (83.2%)

Table 41 Reported feelings about last sexual experience, by gender

Feeling	Female	Male	Trans and gender diverse	Total
	n = 574	n = 501	n = 25	n = 1,100
	n (%)	n (%)	n (%)	n (%)
Good				
Not at all/A little	88 (15.5%)	25 (5.0%)	5 (20.0%)	118 (10.8%)
A fair amount	109 (19.2%)	82 (16.4%)	2 (8.0%)	193 (17.7%)
Extremely/A lot	372 (65.4%)	392 (78.6%)	18 (72.0%)	782 (71.5%)
Upset				
Not at all/A little	545 (95.3%)	485 (97.2%)	22 (88.0%)	1,052 (96.0%)
A fair amount	10 (1.7%)	7 (1.4%)	1 (4.0%)	18 (1.6%)
Extremely/A lot	17 (3.0%)	7 (1.4%)	2 (8.0%)	26 (2.4%)
Guilty				
Not at all/A little	519 (90.7%)	464 (93.0%)	22 (88.0%)	1,005 (91.7%)
A fair amount	26 (4.5%)	19 (3.8%)	1 (4.0%)	46 (4.2%)
Extremely/A lot	27 (4.7%)	16 (3.2%)	2 (8.0%)	45 (4.1%)
Happy				
Not at all/A little	72 (12.6%)	40 (8.0%)	3 (12.0%)	115 (10.5%)
A fair amount	98 (17.2%)	93 (18.6%)	4 (16.0%)	195 (17.8%)
Extremely/A lot	401 (70.2%)	366 (73.3%)	18 (72.0%)	785 (71.7%)
Worried				
Not at all/A little	484 (84.5%)	438 (88.0%)	23 (92.0%)	945 (86.2%)
A fair amount	47 (8.2%)	39 (7.8%)	0 (0.0%)	86 (7.8%)
Extremely/A lot	42 (7.3%)	21 (4.2%)	2 (8.0%)	65 (5.9%)
Regretful				
Not at all/A little	518 (90.4%)	449 (90.2%)	23 (92.0%)	990 (90.3%)
A fair amount	17 (3.0%)	27 (5.4%)	0 (0.0%)	44 (4.0%)
Extremely/A lot	38 (6.6%)	22 (4.4%)	2 (8.0%)	62 (5.7%)

Table 41 Continued

Feeling	Female	Male	Trans and gender diverse	Total
	n = 574	n = 501	n = 25	n = 1,100
	n (%)	n (%)	n (%)	n (%)
Fantastic				
Not at all/A little	129 (22.6%)	74 (14.9%)	5 (20.0%)	208 (19.0%)
A fair amount	114 (20.0%)	92 (18.5%)	4 (16.0%)	210 (19.2%)
Extremely/A lot	327 (57.4%)	331 (66.6%)	16 (64.0%)	674 (61.7%)
Anxious				
Not at all/A little	480 (83.8%)	426 (85.4%)	20 (80.0%)	926 (84.4%)
A fair amount	47 (8.2%)	48 (9.6%)	4 (16.0%)	99 (9.0%)
Extremely/A lot	46 (8.0%)	25 (5.0%)	1 (4.0%)	72 (6.6%)
Proud				
Not at all/A little	281 (51.7%)	240 (49.1%)	13 (54.2%)	534 (50.5%)
A fair amount	135 (24.8%)	125 (25.6%)	6 (25.0%)	266 (25.2%)
Extremely/A lot	128 (23.5%)	124 (25.4%)	5 (20.8%)	257 (24.3%)
Embarrassed				
Not at all/A little	510 (89.2%)	456 (91.6%)	22 (88.0%)	988 (90.2%)
A fair amount	33 (5.8%)	24 (4.8%)	1 (4.0%)	58 (5.3%)
Extremely/A lot	29 (5.1%)	18 (3.6%)	2 (8.0%)	49 (4.5%)

* Fisher's exact test ($p < .01$).

Table 42 Reported feelings about last sexual experience, by sexual orientation

Feeling	Female	Male
	n = 797	n = 291
	n (%)	n (%)
Good*		
Not at all/A little	76 (9.6%)	41 (14.1%)
A fair amount	132 (16.7%)	59 (20.3%)
Extremely/A lot	583 (73.7%)	191 (65.6%)
Upset*		
Not at all/A little	771 (97.0%)	270 (93.1%)
A fair amount	8 (1.0%)	10 (3.4%)
Extremely/A lot	16 (2.0%)	10 (3.4%)
Guilty*		
Not at all/A little	746 (93.8%)	249 (85.9%)
A fair amount	24 (3.0%)	21 (7.2%)
Extremely/A lot	25 (3.1%)	20 (6.9%)
Happy*		
Not at all/A little	69 (8.7%)	45 (15.5%)
A fair amount	133 (16.8%)	61 (21.0%)
Extremely/A lot	592 (74.6%)	185 (63.6%)
Worried*		
Not at all/A little	702 (88.4%)	233 (80.1%)
A fair amount	54 (6.8%)	32 (11.0%)
Extremely/A lot	38 (4.8%)	26 (8.9%)
Regretful*		
Not at all/A little	733 (92.3%)	247 (84.9%)
A fair amount	25 (3.1%)	18 (6.2%)
Extremely/A lot	36 (4.5%)	26 (8.9%)

Table 42 Continued

Feeling	Female	Male
	n = 797	n = 291
	n (%)	n (%)
Fantastic*		
Not at all/A little	132 (16.7%)	74 (25.6%)
A fair amount	150 (18.9%)	55 (19.0%)
Extremely/A lot	510 (64.4%)	160 (55.4%)
Anxious*		
Not at all/A little	694 (87.3%)	222 (76.3%)
A fair amount	60 (7.5%)	39 (13.4%)
Extremely/A lot	41 (5.2%)	30 (10.3%)
Proud*		
Not at all/A little	370 (48.4%)	
A fair amount	201 (26.3%)	63 (22.3%)
Extremely/A lot	193 (25.3%)	61 (21.6%)
Embarrassed*		
Not at all/A little	723 (91.2%)	255 (87.6%)
A fair amount	39 (4.9%)	19 (6.5%)
Extremely/A lot	31 (3.9%)	17 (5.8%)

* Fisher's exact test ($p < .01$).

9.6.5 Young people who were not yet sexually active

Young people who were not yet sexually active – that is, those who indicated they had not yet engaged in anal and/or vaginal sex (51.2%; n = 1,154) – were asked a series of questions about their experience of not having had sex yet.

Likelihood of having sex

Most young people who were not yet sexually active reported being unlikely (not at all likely/a little likely) to have sexual intercourse in the next year (49.8%) but were very/extremely likely to do so before marriage (77.9%; see Table 43).

Table 43 Responses to ‘How likely are you to engage in vaginal or anal sex during the next year?’

Response	Female n = 576	Male n = 547	Trans and gender diverse n = 31	Total n = 1154
	n (%)	n (%)	n (%)	n (%)
During the next year?				
Not at all likely	145 (25.3%)	131 (24.2%)	12 (40.0%)	288 (25.2%)
A little likely	144 (25.2%)	134 (24.8%)	6 (20.0%)	284 (24.8%)
Somewhat likely	153 (26.7%)	165 (30.5%)	7 (23.3%)	325 (28.4%)
Very likely	81 (14.2%)	70 (12.9%)	4 (13.3%)	155 (13.6%)
Extremely likely	49 (8.6%)	41 (7.6%)	1 (3.3%)	91 (8.0%)
Before you get married?				
Not at all likely	30 (5.3%)	22 (4.0%)	2 (6.9%)	54 (4.7%)
A little likely	24 (4.2%)	44 (8.1%)	2 (6.9%)	70 (6.1%)
Somewhat likely	58 (10.2%)	70 (12.9%)	1 (3.4%)	129 (11.3%)
Very likely	123 (21.6%)	127 (23.3%)	7 (24.1%)	257 (22.5%)
Extremely likely	335 (58.8%)	281 (51.7%)	17 (58.6%)	633 (55.4%)

Slightly more heterosexual young people reported that they would be likely to have sex in the next year than LGBQ young people ($p = .028$). CALD young people were significantly less likely to have sex in the next year than non-CALD young people: 61.1% of CALD young people indicated that they were not at all or only a little likely to have sex in the next year, as compared to non-CALD young people (46.4%, $p < .001$). Additionally, more non-CALD young people (81.3%) than CALD young people (67.3%) reported being very or extremely likely to have sex before marriage ($p < .001$). There were no significant differences between men and women (the numbers were too small for statistical testing when trans and diverse young people were included), between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, nor for geographic location.

Most young people who were not yet sexually active (71.8%) would have sex if the opportunity were available to them to do so within the context of a close relationship, with young men (81.8%) more likely than young women (62.6%) and trans and gender diverse young people (67.7%, $p < .001$). There were no significant differences between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Reasons for not having sex yet

We asked young people who were not yet sexually active to rate how important various reasons for not having sex were to them (see Table 44). Most young people indicated that they were proud to be able to say no and mean it (78.6%) or were not ready to have sexual intercourse (67.6%).

Table 44 Importance of reasons for not having sex yet, by gender

Reason	Female	Male	Trans and gender diverse	Total
	n = 576	n = 547	n = 31	n = 1,154
	n (%)	n (%)	n (%)	n (%)
I do not feel ready to have sexual intercourse*				
Low	65 (11.4%)	156 (28.9%)	7 (22.6%)	228 (20.0%)
Moderate	58 (10.2%)	79 (14.6%)	4 (12.9%)	141 (12.4%)
High	446 (78.4%)	305 (56.5%)	20 (64.5%)	771 (67.6%)
My current partner (or last) is (was) not willing				
Low	63 (11.2%)	82 (15.2%)	2 (6.9%)	147 (13.0%)
Moderate	26 (4.6%)	41 (7.6%)	1 (3.4%)	68 (6.0%)
High	342 (60.7%)	286 (53.2%)	13 (44.8%)	641 (56.7%)
I am proud that I can say no and mean it*				
Low	24 (4.2%)	84 (15.5%)	4 (13.3%)	112 (9.8%)
Moderate	43 (7.6%)	87 (16.1%)	2 (6.7%)	132 (11.6%)
High	501 (88.2%)	370 (68.4%)	24 (80.0%)	895 (78.6%)
It is against my religious beliefs				
Low	356 (63.2%)	330 (62.1%)	27 (87.1%)	713 (63.4%)
Moderate	58 (10.3%)	63 (11.9%)	1 (3.2%)	122 (10.8%)
High	149 (26.5%)	138 (26.0%)	3 (9.7%)	290 (25.8%)
It is against my cultural beliefs				
Low	349 (62.4%)	335 (63.0%)	27 (87.1%)	711 (63.4%)
Moderate	70 (12.5%)	70 (13.2%)	1 (3.2%)	141 (12.6%)
High	140 (25.0%)	127 (23.9%)	3 (9.7%)	270 (24.1%)

Table 44 Continued

Reason	Female	Male	Trans and gender diverse	Total
	n = 576	n = 547	n = 31	n = 1,154
	n (%)	n (%)	n (%)	n (%)
My fear of parental disapproval*				
Low	233 (40.7%)	287 (53.3%)	21 (67.7%)	541 (47.4%)
Moderate	170 (29.7%)	122 (22.7%)	6 (19.4%)	298 (26.1%)
High	169 (29.5%)	129 (24.0%)	4 (12.9%)	302 (26.5%)
My fear of pregnancy*				
Low	113 (19.8%)	177 (32.8%)	17 (54.8%)	307 (26.9%)
Moderate	131 (22.9%)	103 (19.1%)	3 (9.7%)	237 (20.8%)
High	328 (57.3%)	259 (48.1%)	11 (35.5%)	598 (52.4%)
It is important for me not to have sexual intercourse before I get married				
Low	401 (70.2%)	385 (71.7%)	28 (90.3%)	814 (71.5%)
Moderate	61 (10.7%)	59 (11.0%)	1 (3.2%)	121 (10.6%)
High	109 (19.1%)	93 (17.3%)	2 (6.5%)	204 (17.9%)
Fear of damaging my reputation*				
Low	301 (52.8%)	318 (58.9%)	28 (90.3%)	647 (56.7%)
Moderate	129 (22.6%)	118 (21.9%)	2 (6.5%)	249 (21.8%)
High	140 (24.6%)	104 (19.3%)	1 (3.2%)	245 (21.5%)
I have not met a person I wanted to have intercourse with*				
Low	89 (16.0%)	178 (33.1%)	10 (32.3%)	277 (24.6%)
Moderate	80 (14.4%)	85 (15.8%)	2 (6.5%)	167 (14.8%)
High	388 (69.7%)	274 (51.0%)	19 (61.3%)	681 (60.5%)
I worry about contracting HIV/AIDS*				
Low	188 (33.0%)	209 (38.6%)	20 (64.5%)	417 (36.5%)
Moderate	132 (23.2%)	128 (23.7%)	4 (12.9%)	264 (23.1%)
High	249 (43.8%)	204 (37.7%)	7 (22.6%)	460 (40.3%)

Table 44 Continued

Reason	Female	Male	Trans and gender diverse	Total
	n = 576	n = 547	n = 31	n = 1,154
	n (%)	n (%)	n (%)	n (%)
I worry about contracting STIs*				
Low	150 (26.4%)	185 (34.2%)	19 (61.3%)	354 (31.1%)
Moderate	151 (26.6%)	133 (24.6%)	4 (12.9%)	288 (25.3%)
High	267 (47.0%)	223 (41.2%)	8 (25.8%)	498 (43.7%)
I am too shy or embarrassed to initiate sex with a partner*				
Low	164 (29.1%)	198 (36.7%)	7 (23.3%)	369 (32.5%)
Moderate	127 (22.5%)	150 (27.8%)	8 (26.7%)	285 (25.1%)
High	273 (48.4%)	192 (35.6%)	15 (50.0%)	480 (42.3%)
I have not been in a relationship long enough				
Low	97 (17.3%)	109 (20.4%)	8 (26.7%)	214 (19.0%)
Moderate	106 (18.9%)	135 (25.3%)	7 (23.3%)	248 (22.0%)
High	358 (63.8%)	290 (54.3%)	15 (50.0%)	663 (58.9%)
It is important for me to be in love with the person with whom I first have sexual intercourse				
Low	130 (22.8%)	139 (25.9%)	8 (26.7%)	277 (24.3%)
Moderate	110 (19.3%)	111 (20.7%)	7 (23.3%)	228 (20.0%)
High	331 (58.0%)	287 (53.4%)	15 (50.0%)	633 (55.6%)
I do not feel physically attractive or desirable				
Low	146 (25.9%)	221 (41.0%)	6 (20.0%)	373 (32.9%)
Moderate	137 (24.3%)	128 (23.7%)	6 (20.0%)	271 (23.9%)
High	281 (49.8%)	190 (35.3%)	18 (60.0%)	489 (43.2%)
I have not had the opportunity to have vaginal/anal sex				
Low	173 (31.2%)	109 (20.5%)	9 (29.0%)	291 (26.0%)
Moderate	116 (20.9%)	83 (15.6%)	6 (19.4%)	205 (18.3%)
High	266 (47.9%)	340 (63.9%)	16 (51.6%)	622 (55.6%)

Note. Low = not at all or slightly important, Moderate = moderately important, High = very or extremely important.

* Fisher's exact test ($p < .01$).

Heterosexual young people were more likely to report a high fear of pregnancy (54.8%) compared to LGBQ young people (45.8%, $p < .001$). There were no significant differences between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Young people ($n = 93$) also reported other reasons for not having sex yet. Common reasons that were specified included not yet being 'out' as gay or lesbian, not knowing what to do, low self-esteem (i.e., 'no one likes me like that,' 'I'm ugly') and fear of sex being painful. More non-CALD young people reported not having sex yet because they have not met someone they want to have sex with (61.8%), as compared to CALD young people (56.2%, $p = .005$). There were no significant differences between LGBQ and non-LBGQ young people, Aboriginal and non-Indigenous young people, nor for geographic location.

Feeling pressure to have sex

As show in Table 45, many young people reported not feeling pressure from a partner (70.2%) or peers (56.4%) to engage in sexual intercourse, nor pressure to abstain from sex from their parents/guardians/step-parents (56.4%) or peers (79.0%). Young women were more likely than young men to feel more pressure to have sex from a partner ($p < .001$) and more pressure to abstain from sex from their parents/guardians/step-parents and friends ($p < .001$). There were no significant differences in pressure between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Table 45 Reported social pressures to have sex and to remain a virgin, by gender

Social pressure	Female n = 576 n (%)	Male n = 547 n (%)	Trans and gender diverse n = 31 n (%)	Total n = 1,154 n (%)
From your girlfriend or boyfriend to have sex				
None	186 (61.4%)	225 (80.4%)	11 (61.1%)	422 (70.2%)
A little or some	74 (24.4%)	48 (17.1%)	6 (33.3%)	128 (21.3%)
A fair amount/A lot	43 (14.2%)	7 (2.5%)	1 (5.6%)	51 (8.5%)
From your peers or friends to have sex				
None	337 (59.3%)	289 (53.7%)	15 (48.4%)	641 (56.4%)
A little or some	185 (32.6%)	191 (35.5%)	16 (51.6%)	392 (34.5%)
A fair amount/A lot	46 (8.1%)	58 (10.8%)	0 (0.0%)	104 (9.1%)
From your parents/guardians/step-parents to remain a virgin				
None	251 (44.4%)	369 (68.8%)	19 (61.3%)	639 (56.4%)
A little or some	180 (31.9%)	100 (18.7%)	8 (25.8%)	288 (25.4%)
A fair amount/A lot	134 (23.7%)	67 (12.5%)	4 (12.9%)	205 (18.1%)
From your peers or friends to remain a virgin				
None	399 (70.5%)	470 (87.5%)	27 (87.1%)	896 (79.0%)
A little or some	131 (23.1%)	59 (11.0%)	2 (6.5%)	192 (16.9%)
A fair amount/A lot	36 (6.4%)	8 (1.5%)	2 (6.5%)	46 (4.1%)

Feelings about not having had sex

Many young people did not feel negatively about not yet having experienced sexual intercourse (see Table 46). Young people reported feeling 'not at all' or 'a little' upset (79.7%), guilty (95.7%), regretful (87.2%) or embarrassed (81.0%) about not yet having had sexual intercourse. Ratings of positive feelings about not being sexually active were considerably more mixed: about one third of young people reported feeling 'extremely' or 'a lot' good (31.4%) or happy (27.6%), with closer to one fifth feeling fantastic (20.5%) or proud (16.1%). Trans and gender diverse young people and young men were less likely to feel good or

happy about not yet having experienced sexual intercourse than young women ($p < .001$).

Young women were more likely to feel proud than young men and trans and gender diverse young people ($p < .001$). There were no significant differences between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Table 46 Reported feelings about not having experienced vaginal or anal sex, by gender

Feeling	Female n = 576	Male n = 547	Trans and gender diverse n = 31	Total n = 1,154
	n (%)	n (%)	n (%)	n (%)
Good				
Not at all/A little	156 (28.1%)	250 (47.5%)	14 (46.7%)	420 (37.8%)
A fair amount	190 (34.2%)	143 (27.2%)	10 (33.3%)	343 (30.8%)
Extremely/A lot	210 (37.8%)	133 (25.3%)	6 (20.0%)	349 (31.4%)
Upset				
Not at all/A little	459 (81.4%)	415 (78.0%)	24 (77.4%)	898 (79.7%)
A fair amount	77 (13.7%)	76 (14.3%)	5 (16.1%)	158 (14.0%)
Extremely/A lot	28 (5.0%)	41 (7.7%)	2 (6.5%)	71 (6.3%)
Guilty				
Not at all/A little	537 (95.4%)	513 (96.2%)	29 (93.5%)	1,079 (95.7%)
A fair amount	15 (2.7%)	14 (2.6%)	1 (3.2%)	30 (2.7%)
Extremely/A lot	11 (2.0%)	6 (1.1%)	1 (3.2%)	18 (1.6%)
Happy				
Not at all/A little	213 (38.1%)	281 (53.5%)	15 (48.4%)	509 (45.7%)
A fair amount	157 (28.1%)	129 (24.6%)	12 (38.7%)	298 (26.7%)
Extremely/A lot	189 (33.8%)	115 (21.9%)	4 (12.9%)	308 (27.6%)
Worried				
Not at all/A little	415 (73.7%)	413 (77.3%)	23 (74.2%)	851 (75.4%)
A fair amount	88 (15.6%)	79 (14.8%)	4 (12.9%)	171 (15.2%)
Extremely/A lot	60 (10.7%)	42 (7.9%)	4 (12.9%)	106 (9.4%)

Table 46 Continued

Feeling	Female	Male	Trans and gender diverse	Total
	n = 576	n = 547	n = 31	n = 1,154
	n (%)	n (%)	n (%)	n (%)
Regretful				
Not at all/A little	507 (90.1%)	450 (84.6%)	25 (80.6%)	982 (87.2%)
A fair amount	44 (7.8%)	47 (8.8%)	5 (16.1%)	96 (8.5%)
Extremely/A lot	12 (2.1%)	35 (6.6%)	1 (3.2%)	48 (4.3%)
Fantastic				
Not at all/A little	300 (54.3%)	341 (64.7%)	23 (74.2%)	664 (59.8%)
A fair amount	113 (20.5%)	99 (18.8%)	7 (22.6%)	219 (19.7%)
Extremely/A lot	139 (25.2%)	87 (16.5%)	1 (3.2%)	227 (20.5%)
Anxious				
Not at all/A little	350 (62.1%)	369 (69.5%)	22 (71.0%)	741 (65.8%)
A fair amount	105 (18.6%)	82 (15.4%)	1 (3.2%)	188 (16.7%)
Extremely/A lot	109 (19.3%)	80 (15.1%)	8 (25.8%)	197 (17.5%)
Proud				
Not at all/A little	332 (60.4%)	379 (72.3%)	28 (90.3%)	739 (66.9%)
A fair amount	107 (19.5%)	80 (15.3%)	1 (3.2%)	188 (17.0%)
Extremely/A lot	111 (20.2%)	65 (12.4%)	2 (6.5%)	178 (16.1%)
Embarrassed				
Not at all/A little	456 (81.1%)	430 (81.0%)	24 (77.4%)	910 (81.0%)
A fair amount	55 (9.8%)	56 (10.5%)	3 (9.7%)	114 (10.1%)
Extremely/A lot	51 (9.1%)	45 (8.5%)	4 (12.9%)	100 (8.9%)

9.6.6 Online behaviours

As shown in Table 47, in the two months prior to the survey, most young people had used Facebook (99.6%), YouTube (97.3%), Snapchat (93.3%) and Instagram (93.3%).

Table 47 Social media platforms used in the past two months

Platform	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Facebook	1,152 (99.8%)	1,045 (99.3%)	56 (100.0%)	2,253 (99.6%)
Instagram*	1,109 (96.4%)	948 (90.5%)	47 (83.9%)	2,104 (93.3%)
Snapchat*	1,111 (96.6%)	947 (90.4%)	45 (80.4%)	2,103 (93.3%)
YouTube	1,115 (96.9%)	1,028 (97.9%)	52 (92.9%)	2,195 (97.3%)
Twitter*	324 (29.7%)	418 (40.6%)	27 (48.2%)	769 (35.3%)
Tumblr*	387 (35.1%)	186 (18.3%)	36 (64.3%)	609 (28.0%)
Pinterest*	553 (49.7%)	185 (18.2%)	24 (42.9%)	762 (34.8%)
Reddit*	108 (10.0%)	377 (36.8%)	17 (30.9%)	502 (23.2%)
Dating apps (e.g., Tinder)*	98 (9.1%)	146 (14.4%)	10 (18.5%)	254 (11.8%)

* Fisher's exact test ($p < .01$).

Most young people reported using these four main platforms every day or most days (see Table 48). The most frequently used platform was Snapchat, with 66.7% of young people using it five or more times a day. YouTube was the least frequently

used of the four, with 20.0% of young people using it five or more times a day. Table 48 also shows statistical differences between genders.

Table 48 Frequency of social media use in the past two months, by gender

Platform/Frequency of use	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Facebook				
5+ times a day	465 (40.8%)	381 (36.5%)	17 (30.4%)	863 (38.5%)
Every day/most days	521 (45.7%)	496 (47.5%)	29 (51.8%)	1,046 (46.7%)
Less than every day	155 (13.6%)	168 (16.1%)	10 (17.9%)	333 (14.9%)
Instagram*				
5+ times a day	547 (49.8%)	310 (32.7%)	23 (48.9%)	880 (42.0%)
Every or most days	428 (38.9%)	432 (45.6%)	13 (27.7%)	873 (41.7%)
Less than every day	124 (11.3%)	205 (21.6%)	11 (23.4%)	340 (16.2%)
Snapchat*				
5+ times a day	784 (71.2%)	581 (61.5%)	30 (66.7%)	1,395 (66.7%)
Every day/most days	259 (23.5%)	253 (26.8%)	7 (15.6%)	519 (24.8%)
Less than every day	58 (5.3%)	111 (11.7%)	8 (17.8%)	177 (8.5%)
YouTube*				
5+ times a day	156 (14.1%)	266 (25.9%)	14 (26.9%)	436 (20.0%)
Every day/most days	359 (32.5%)	472 (45.9%)	18 (34.6%)	849 (38.9%)
Less than every day	590 (53.4%)	290 (28.2%)	20 (38.5%)	900 (41.2%)
Twitter				
5+ times a day	16 (5.0%)	27 (6.5%)	3 (11.5%)	46 (6.0%)
Every day/most days	36 (11.2%)	51 (12.2%)	3 (11.5%)	90 (11.8%)
Less than every day	269 (83.8%)	340 (81.3%)	20 (76.9%)	629 (82.2%)
Tumblr				
5+ times a day	20 (5.2%)	4 (2.2%)	4 (11.1%)	28 (4.6%)
Every day/most days	44 (11.5%)	26 (14.0%)	6 (16.7%)	76 (12.6%)
Less than every day	318 (83.2%)	156 (83.9%)	26 (72.2%)	500 (82.8%)

Table 48 Continued

Platform/Frequency of use	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Pinterest				
5+ times a day	10 (1.8%)	3 (1.6%)	0 (0.0%)	13 (1.7%)
Every day/most days	39 (7.1%)	10 (5.4%)	3 (12.5%)	52 (6.9%)
Less than every day	498 (91.0%)	171 (92.9%)	21 (87.5%)	690 (91.4%)
Reddit				
5+ times a day	6 (5.8%)	42 (11.2%)	0 (0.0%)	48 (9.7%)
Every day/most days	6 (5.8%)	38 (10.1%)	1 (5.9%)	45 (9.1%)
Less than every day	92 (88.5%)	296 (78.7%)	16 (94.1%)	404 (81.3%)

Overall, around half of all young people reported that they had engaged in sexting in the past two months (see Table 49).

Table 49 Sexting behaviour in the past two months, by gender

Sexting behaviour	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Sent a sexually explicit written text message	459 (42.7%)	477 (47.1%)	33 (61.1%)	969 (45.2%)
Received a sexually explicit written text message	617 (56.0%)	542 (53.2%)	32 (61.5%)	1,191 (54.8%)
Sent a sexually explicit nude or nearly nude photo or video of yourself	406 (36.9%)	355 (35.1%)	19 (34.5%)	780 (36.0%)
Sent a sexually explicit nude or nearly nude photo or video of someone else	51 (4.5%)	85 (8.2%)	2 (3.6%)	138 (6.2%)
Received a sexually explicit nude or nearly nude photo or video of someone else	546 (49.1%)	502 (48.9%)	26 (46.4%)	1,074 (49.0%)
Used a social media site for sexual reasons	278 (25.3%)	430 (42.6%)	23 (44.2%)	731 (33.9%)

Below, we present further results on sexting behaviour (Table 50 to Table 53), followed by results on cyberbullying behaviour (Table 54 and Table 55).

Table 50 Sexting behaviour in the past two months, by sexual orientation

Sexting behaviour	Heterosexual	LGBQ
	n = 1,656	n = 597
	n (%)	n (%)
Sent a sexually explicit written text message	679 (43.2%)	285 (51.0%)
Received a sexually explicit written text message	846 (53.2%)	338 (59.2%)
Sent a sexually explicit nude or nearly nude photo or video of yourself	551 (34.7%)	227 (40.1%)
Sent a sexually explicit nude or nearly nude photo or video of someone else	94 (5.8%)	44 (7.6%)
Received a sexually explicit nude or nearly nude photo or video of someone else	761 (47.4%)	308 (53.5%)
Used a social media site for sexual reasons	489 (30.8%)	239 (42.8%)

Table 51 Proportion of young people experiencing sexting behaviour once in the past two months or a few times a month, by gender

Sexting behaviour	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Sent a sexually explicit written text message	218 (49.5%)	220 (48.2%)	15 (45.5%)	453 (48.8%)
Received a sexually explicit written text message	282 (47.7%)	243 (47.4%)	13 (40.6%)	538 (47.4%)
Sent a sexually explicit nude or nearly nude photo or video of yourself	239 (61.1%)	195 (57.9%)	9 (50.0%)	443 (59.4%)
Sent a sexually explicit nude or nearly nude photo or video of someone else	29 (69.0%)	44 (60.3%)	0 (0.0%)	73 (62.4%)
Received a sexually explicit nude or nearly nude photo or video of someone else	309 (59.7%)	276 (59.0%)	14 (60.9%)	599 (59.4%)
Used a social media site for sexual reasons	134 (51.1%)	156 (38.6%)	11 (50.0%)	301 (43.8%)

Table 52 People with whom sexting occurred, by gender

Sexting behaviour	Female	Male	Trans and gender diverse	Total
	n (%)	n (%)	n (%)	n (%)
Sent a sexually explicit written text message				
Boy/girlfriend*	286 (62.3%)	265 (55.6%)	13 (39.4%)	564 (58.2%)
Friend	174 (37.9%)	209 (43.8%)	19 (57.6%)	402 (41.5%)
Someone just met	62 (13.5%)	91 (19.1%)	7 (21.2%)	160 (16.5%)
Stranger*	22 (4.8%)	37 (7.8%)	6 (18.2%)	65 (6.7%)
Received a sexually explicit written text message				
Boy/girlfriend	298 (48.3%)	274 (50.6%)	12 (37.5%)	584 (49.0%)
Friend	284 (46.0%)	243 (44.8%)	17 (53.1%)	544 (45.7%)
Someone just met	133 (21.6%)	123 (22.7%)	9 (28.1%)	265 (22.3%)
Stranger*	91 (14.7%)	60 (11.1%)	9 (28.1%)	160 (13.4%)
Sent a sexually explicit nude or nearly nude photo or video of yourself				
Boy/girlfriend	253 (62.3%)	207 (58.3%)	7 (36.8%)	467 (59.9%)
Friend	155 (38.2%)	145 (40.8%)	10 (52.6%)	310 (39.7%)
Someone just met*	37 (9.1%)	63 (17.7%)	7 (36.8%)	107 (13.7%)
Stranger*	8 (2.0%)	32 (9.0%)	3 (15.8%)	43 (5.5%)
Sent a sexually explicit nude or nearly nude photo or video of someone else				
Boy/girlfriend	21 (41.2%)	35 (41.2%)	1 (50.0%)	57 (41.3%)
Friend	21 (41.2%)	41 (48.2%)	2 (100.0%)	64 (46.4%)
Someone just met	3 (5.9%)	14 (16.5%)	1 (50.0%)	18 (13.0%)
Stranger	4 (7.8%)	11 (12.9%)	1 (50.0%)	16 (11.6%)
Received a sexually explicit nude or nearly nude photo or video of someone else				
Boy/girlfriend	224 (41.0%)	214 (42.6%)	7 (26.9%)	445 (41.4%)
Friend	256 (46.9%)	223 (44.4%)	13 (50.0%)	492 (45.8%)
Someone just met	108 (19.8%)	109 (21.7%)	7 (26.9%)	224 (20.9%)
Stranger*	94 (17.2%)	56 (11.2%)	8 (30.8%)	158 (14.7%)
Used a social media site for sexual reasons				
Boy/girlfriend*	124 (44.6%)	147 (34.2%)	6 (26.1%)	277 (37.9%)
Friend	71 (25.5%)	141 (32.8%)	10 (43.5%)	222 (30.4%)
Someone just met*	24 (8.6%)	95 (22.1%)	5 (21.7%)	124 (17.0%)
Stranger*	26 (9.4%)	79 (18.4%)	5 (21.7%)	110 (15.0%)

* Fisher's exact test ($p < .01$).

Table 53 People with whom sexting occurred, by sexual orientation

Sexting behaviour	Heterosexual	LGBQ
	n (%)	n (%)
Sent a sexually explicit written text message		
Boy/girlfriend*	417 (61.4%)	143 (50.2%)
Friend*	260 (38.3%)	140 (49.1%)
Someone just met*	95 (14.0%)	65 (22.8%)
Stranger*	25 (3.7%)	40 (14.0%)
Received a sexually explicit written text message		
Boy/girlfriend*	435 (51.4%)	145 (42.9%)
Friend	377 (44.6%)	164 (48.5%)
Someone just met*	161 (19.0%)	104 (30.8%)
Stranger*	80 (9.5%)	80 (23.7%)
Sent a sexually explicit nude or nearly nude photo or video of yourself		
Boy/girlfriend	346 (62.8%)	120 (52.9%)
Friend	213 (38.7%)	95 (41.9%)
Someone just met*	58 (10.5%)	49 (21.6%)
Stranger*	17 (3.1%)	26 (11.5%)
Sent a sexually explicit nude or nearly nude photo or video of someone else		
Boy/girlfriend	38 (40.4%)	19 (43.2%)
Friend	46 (48.9%)	18 (40.9%)
Someone just met*	8 (8.5%)	10 (22.7%)
Stranger*	9 (9.6%)	7 (15.9%)
Received a sexually explicit nude or nearly nude photo or video of someone else		
Boy/girlfriend	331 (43.5%)	112 (36.4%)
Friend	345 (45.3%)	144 (46.8%)
Someone just met	132 (17.3%)	91 (29.5%)
Stranger	82 (10.8%)	76 (24.7%)
Used a social media site for sexual reasons		
Boy/girlfriend	198 (40.5%)	78 (32.6%)
Friend	146 (29.9%)	75 (31.4%)
Someone just met	72 (14.7%)	52 (21.8%)
Stranger*	54 (11.0%)	56 (23.4%)

* Fisher's exact test ($p < .01$).

Table 54 Frequency of cyberbullying behaviours in the past two months, by gender

Cyberbullying behaviour	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Sent threatening emails	12 (1.1%)	14 (1.4%)	2 (3.7%)	28 (1.3%)
Sent nasty messages on the Internet (e.g., through Facebook Chat, Skype, Tumblr)	142 (12.7%)	97 (9.6%)	8 (14.8%)	247 (11.3%)
Sent nasty text messages	106 (9.5%)	70 (6.9%)	4 (7.4%)	180 (8.3%)
Received prank calls on my mobile phone	183 (16.4%)	143 (14.2%)	7 (13.0%)	333 (15.3%)
Someone used my username or profile, pretending to be me to hurt someone else	13 (1.2%)	18 (1.8%)	1 (1.9%)	32 (1.5%)
Someone sent my private emails, messages, pictures or videos to others	28 (2.5%)	23 (2.3%)	3 (5.6%)	54 (2.5%)
Mean or nasty comments or pictures were sent or posted about me to websites (e.g., Facebook, Twitter or Tumblr)*	55 (4.9%)	32 (3.2%)	6 (11.1%)	93 (4.3%)
Mean or nasty messages or pictures were sent about me to other students' mobile phones	46 (4.1%)	34 (3.4%)	4 (7.4%)	84 (3.9%)
I was deliberately ignored or left out of things over the Internet*	212 (19.0%)	126 (12.5%)	13 (24.1%)	351 (16.1%)
Other	6 (0.5%)	6 (0.6%)	2 (3.7%)	14 (0.6%)
None of these things happened to me	662 (59.0%)	644 (62.9%)	28 (50.9%)	1,334 (60.6%)

* Fisher's exact test ($p < .01$).

Table 55 Proportion of young people experiencing cyberbullying once in the past two months or a few times a month, by gender

Cyberbullying behaviour	Female	Male	Trans and gender diverse	Total
	n (%)	n (%)	n (%)	n (%)
Sent threatening emails	8 (72.7%)	9 (64.3%)	2 (100.0%)	19 (70.4%)
Sent nasty messages on the Internet (e.g., through Facebook Chat, Skype, Tumblr)	91 (68.4%)	66 (70.2%)	4 (50.0%)	161 (68.5%)
Sent nasty text messages	68 (70.1%)	47 (71.2%)	2 (50.0%)	117 (70.1%)
Received prank calls on my mobile phone	152 (84.9%)	120 (85.1%)	4 (57.1%)	276 (84.4%)
Someone used my username or profile, pretending to be me to hurt someone else	10 (83.3%)	15 (88.2%)	0 (0.0%)	25 (83.3%)
Someone sent my private emails, messages, pictures or videos to others	19 (79.2%)	15 (71.4%)	1 (33.3%)	35 (72.9%)
Mean or nasty comments or pictures were sent or posted about me to websites (e.g., Facebook, Twitter or Tumblr)	35 (70.0%)	19 (65.5%)	3 (50.0%)	57 (67.1%)
Mean or nasty messages or pictures were sent about me to other students' mobile phones	21 (52.5%)	19 (61.3%)	2 (50.0%)	42 (56.0%)
I was deliberately ignored or left out of things over the Internet	121 (57.9%)	70 (56.5%)	7 (50.0%)	198 (57.1%)

9.7 Education

9.7.1 Informal education

Table 56 shows the proportion of young people who indicated that they were 'confident' or 'very confident' that they could talk about HIV and STIs, contraception, and sex with a range of individuals. These individuals spanned informal and professional sources: GPs, school staff, parents/guardians/step parents, and friends.

Table 56 High confidence talking with informal and professional sources about HIV/STIs, contraception and sex

Source	Female n = 1,170	Male n = 1,067	Trans and gender diverse n = 57	Overall N = 2,294
	n (%)	n (%)	n (%)	n (%)
Doctor/GP				
HIV/STIs	437 (39.3%)	515 (51.1%)	26 (48.1%)	978 (45.0%)
Contraception	705 (64.5%)	589 (60.4%)	32 (61.5%)	1,326 (62.5%)
Sex	378 (34.7%)	454 (46.1%)	20 (38.5%)	852 (40.1%)
School staff (i.e., teacher, nurse and counsellor)				
HIV/STIs	261 (23.8%)	284 (28.8%)	12 (23.1%)	557 (26.1%)
Contraception	287 (26.7%)	280 (29.4%)	16 (32.0%)	583 (28.1%)
Sex	154 (14.4%)	200 (21.2%)	10 (20.0%)	364 (17.7%)
Mother/female guardian/step parent				
HIV/STIs	384 (34.7%)	278 (28.0%)	11 (21.6%)	673 (31.3%)
Contraception	534 (49.2%)	341 (35.9%)	21 (42.0%)	896 (42.9%)
Sex	294 (27.2%)	233 (24.2%)	13 (25.5%)	540 (25.8%)
Father/male guardian/step parent				
HIV/STIs	94 (8.8%)	242 (24.7%)	4 (8.0%)	340 (16.2%)
Contraception	138 (13.1%)	301 (32.0%)	13 (26.0%)	452 (22.1%)
Sex	77 (7.3%)	204 (21.5%)	6 (11.8%)	287 (14.0%)
Female friend				
HIV/STIs	880 (79.2%)	512 (50.8%)	38 (70.4%)	1,430 (65.8%)
Contraception	925 (85.0%)	597 (62.0%)	40 (76.9%)	1,562 (74.3%)
Sex	932 (85.7%)	635 (64.9%)	36 (69.2%)	1,603 (75.7%)
Male friend				
HIV/STIs	423 (38.7%)	514 (50.8%)	25 (47.2%)	962 (44.6%)
Contraception	471 (44.0%)	591 (61.3%)	27 (52.9%)	1,089 (52.2%)
Sex	545 (51.1%)	713 (72.6%)	27 (52.9%)	1,285 (61.2%)

Note. This table presents 'confident' or 'very confident' responses.

Table 57 Confidence talking with informal and professional sources about HIV and STIs, by gender

Source	Female n = 1,170 n (%)	Male n = 1,067 n (%)	Trans and gender diverse n = 57 n (%)	Total n = 2,294 n (%)
Doctor/GP*				
Low	351 (31.6%)	243 (24.1%)	17 (31.5%)	611 (28.1%)
Moderate	324 (29.1%)	249 (24.7%)	11 (20.4%)	584 (26.9%)
High	437 (39.3%)	515 (51.1%)	26 (48.1%)	978 (45.0%)
School counsellor				
Low	674 (61.1%)	548 (54.9%)	32 (61.5%)	1,254 (58.2%)
Moderate	247 (22.4%)	232 (23.2%)	11 (21.2%)	490 (22.7%)
High	183 (16.6%)	219 (21.9%)	9 (17.3%)	411 (19.1%)
School nurse				
Low	699 (63.7%)	603 (61.2%)	33 (63.5%)	1,335 (62.6%)
Moderate	229 (20.9%)	206 (20.9%)	10 (19.2%)	445 (20.9%)
High	169 (15.4%)	176 (17.9%)	9 (17.3%)	354 (16.6%)
Teacher				
Low	854 (77.5%)	727 (72.3%)	37 (71.2%)	1,618 (74.9%)
Moderate	157 (14.2%)	156 (15.5%)	8 (15.4%)	321 (14.9%)
High	91 (8.3%)	122 (12.1%)	7 (13.5%)	220 (10.2%)
Youth worker				
Low	509 (46.5%)	475 (47.7%)	23 (44.2%)	1,007 (47.0%)
Moderate	334 (30.5%)	261 (26.2%)	15 (28.8%)	610 (28.5%)
High	252 (23.0%)	259 (26.0%)	14 (26.9%)	525 (24.5%)
Mother/female guardian/step parent*				
Low	495 (44.7%)	528 (53.2%)	28 (54.9%)	1,051 (48.9%)
Moderate	228 (20.6%)	187 (18.8%)	12 (23.5%)	427 (19.9%)
High	384 (34.7%)	278 (28.0%)	11 (21.6%)	673 (31.3%)
Father/male guardian/step parent*				
Low	863 (80.4%)	565 (57.7%)	35 (70.0%)	1,463 (69.6%)
Moderate	116 (10.8%)	173 (17.7%)	11 (22.0%)	300 (14.3%)
High	94 (8.8%)	242 (24.7%)	4 (8.0%)	340 (16.2%)

Table 57 Continued

Source	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Female friend*				
Low	69 (6.2%)	265 (26.3%)	6 (11.1%)	340 (15.7%)
Moderate	162 (14.6%)	230 (22.8%)	10 (18.5%)	402 (18.5%)
High	880 (79.2%)	512 (50.8%)	38 (70.4%)	1,430 (65.8%)
Male friend*				
Low	380 (34.8%)	264 (26.1%)	14 (26.4%)	658 (30.5%)
Moderate	289 (26.5%)	233 (23.0%)	14 (26.4%)	536 (24.9%)
High	423 (38.7%)	514 (50.8%)	25 (47.2%)	962 (44.6%)
Older brother/sister				
Low	481 (59.7%)	461 (63.2%)	24 (64.9%)	966 (61.5%)
Moderate	131 (16.3%)	112 (15.4%)	7 (18.9%)	250 (15.9%)
High	194 (24.1%)	156 (21.4%)	6 (16.2%)	356 (22.6%)

Note. Low = not at all confident or not very confident, Moderate = somewhat confident, High = confident or very confident.

* Chi-square test of independence ($p < .001$).

Table 58 Confidence talking with informal and professional sources about contraception, by gender

Source	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Doctor/GP				
Low	166 (15.2%)	191 (19.6%)	12 (23.1%)	369 (17.4%)
Moderate	222 (20.3%)	195 (20.0%)	8 (15.4%)	425 (20.0%)
High	705 (64.5%)	589 (60.4%)	32 (61.5%)	1,326 (62.5%)
School counsellor*				
Low	603 (55.5%)	457 (47.5%)	31 (62.0%)	1,091 (52.0%)
Moderate	212 (19.5%)	211 (21.9%)	4 (8.0%)	427 (20.3%)
High	271 (25.0%)	295 (30.6%)	15 (30.0%)	581 (27.7%)
School nurse				
Low	622 (57.8%)	501 (52.5%)	29 (58.0%)	1,152 (55.4%)
Moderate	204 (18.9%)	203 (21.3%)	7 (14.0%)	414 (19.9%)
High	251 (23.3%)	250 (26.2%)	14 (28.0%)	515 (24.7%)
Teacher*				
Low	782 (72.2%)	611 (63.4%)	31 (62.0%)	1,424 (67.9%)
Moderate	148 (13.7%)	176 (18.3%)	11 (22.0%)	335 (16.0%)
High	153 (14.1%)	177 (18.4%)	8 (16.0%)	338 (16.1%)
Youth worker				
Low	493 (45.5%)	431 (44.9%)	21 (42.0%)	945 (45.2%)
Moderate	274 (25.3%)	224 (23.3%)	9 (18.0%)	507 (24.2%)
High	316 (29.2%)	305 (31.8%)	20 (40.0%)	641 (30.6%)
Mother/female guardian/step parent*				
Low	373 (34.3%)	453 (47.6%)	21 (42.0%)	847 (40.6%)
Moderate	179 (16.5%)	157 (16.5%)	8 (16.0%)	344 (16.5%)
High	534 (49.2%)	341 (35.9%)	21 (42.0%)	896 (42.9%)

Table 58 Continued

Source	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Father/male guardian/step parent*				
Low	799 (75.8%)	482 (51.3%)	35 (70.0%)	1,316 (64.4%)
Moderate	117 (11.1%)	157 (16.7%)	2 (4.0%)	276 (13.5%)
High	138 (13.1%)	301 (32.0%)	13 (26.0%)	452 (22.1%)
Female friend*				
Low	63 (5.8%)	186 (19.3%)	8 (15.4%)	257 (12.2%)
Moderate	100 (9.2%)	180 (18.7%)	4 (7.7%)	284 (13.5%)
High	925 (85.0%)	597 (62.0%)	40 (76.9%)	1,562 (74.3%)
Male friend*				
Low	370 (34.6%)	204 (21.2%)	16 (31.4%)	590 (28.3%)
Moderate	229 (21.4%)	169 (17.5%)	8 (15.7%)	406 (19.5%)
High	471 (44.0%)	591 (61.3%)	27 (52.9%)	1,089 (52.2%)
Older brother/sister				
Low	433 (54.9%)	401 (59.5%)	21 (58.3%)	855 (57.1%)
Moderate	117 (14.8%)	88 (13.1%)	5 (13.9%)	210 (14.0%)
High	238 (30.2%)	185 (27.4%)	10 (27.8%)	433 (28.9%)

Note. Low = not at all confident or not very confident, Moderate = somewhat confident, High = confident or very confident.

* Chi-square test of independence ($p < .001$).

Table 59 Confidence talking with informal and professional sources about sex, by gender

Source	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Doctor/GP				
Low	428 (39.3%)	291 (29.5%)	23 (44.2%)	742 (34.9%)
Moderate	282 (25.9%)	240 (24.4%)	9 (17.3%)	531 (25.0%)
High	378 (34.7%)	454 (46.1%)	20 (38.5%)	852 (40.1%)
School counsellor*				
Low	743 (68.9%)	532 (54.6%)	33 (66.0%)	1,308 (62.2%)
Moderate	183 (17.0%)	214 (21.9%)	9 (18.0%)	406 (19.3%)
High	153 (14.2%)	229 (23.5%)	8 (16.0%)	390 (18.5%)
School nurse				
Low	783 (72.8%)	620 (64.2%)	36 (72.0%)	1,439 (68.8%)
Moderate	162 (15.1%)	174 (18.0%)	6 (12.0%)	342 (16.4%)
High	130 (12.1%)	172 (17.8%)	8 (16.0%)	310 (14.8%)
Teacher*				
Low	867 (80.3%)	675 (69.3%)	36 (72.0%)	1,578 (75.0%)
Moderate	132 (12.2%)	155 (15.9%)	10 (20.0%)	297 (14.1%)
High	81 (7.5%)	144 (14.8%)	4 (8.0%)	229 (10.9%)
Youth worker				
Low	621 (57.6%)	475 (48.8%)	30 (60.0%)	1,126 (53.5%)
Moderate	250 (23.2%)	238 (24.4%)	5 (10.0%)	493 (23.4%)
High	208 (19.3%)	261 (26.8%)	15 (30.0%)	484 (23.0%)
Mother/female guardian/step parent*				
Low	579 (53.6%)	561 (58.3%)	32 (62.7%)	1,172 (56.0%)
Moderate	208 (19.2%)	168 (17.5%)	6 (11.8%)	382 (18.2%)
High	294 (27.2%)	233 (24.2%)	13 (25.5%)	540 (25.8%)
Father/male guardian/step parent*				
Low	887 (84.6%)	574 (60.5%)	39 (76.5%)	1,500 (73.2%)
Moderate	85 (8.1%)	171 (18.0%)	6 (11.8%)	262 (12.8%)
High	77 (7.3%)	204 (21.5%)	6 (11.8%)	287 (14.0%)

Table 59 Continued

Source	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Female friend*				
Low	51 (4.7%)	164 (16.8%)	7 (13.5%)	222 (10.5%)
Moderate	104 (9.6%)	180 (18.4%)	9 (17.3%)	293 (13.8%)
High	932 (85.7%)	635 (64.9%)	36 (69.2%)	1,603 (75.7%)
Male friend*				
Low	292 (27.4%)	119 (12.1%)	15 (29.4%)	426 (20.3%)
Moderate	229 (21.5%)	150 (15.3%)	9 (17.6%)	388 (18.5%)
High	545 (51.1%)	713 (72.6%)	27 (52.9%)	1,285 (61.2%)
Older brother/sister				
Low	499 (64.1%)	403 (59.2%)	25 (73.5%)	927 (62.0%)
Moderate	112 (14.4%)	101 (14.8%)	5 (14.7%)	218 (14.6%)
High	168 (21.6%)	177 (26.0%)	4 (11.8%)	349 (23.4%)

Note. Low = not at all confident or not very confident, Moderate = somewhat confident, High = confident or very confident.

* Chi-square test of independence ($p < .001$).

Table 60 High confidence talking with informal and professional sources about HIV/STIs, contraception and sex, by sexual orientation

Source	Heterosexual	LGBQ
	n = 1,656	n = 597
	n (%)	n (%)
Doctor/GP		
HIV/STIs	703 (44.3%)	272 (47.4%)
Contraception	973 (62.5%)	349 (62.9%)
Sex	620 (39.9%)	229 (40.7%)
School counsellor		
HIV/STIs	288 (18.3%)	120 (21.2%)
Contraception	421 (27.3%)	158 (28.8%)
Sex	268 (17.4%)	120 (21.6%)
School nurse		
HIV/STIs	255 (16.3%)	97 (17.4%)
Contraception	366 (24.0%)	147 (27.0%)
Sex	220 (14.4%)	89 (16.2%)
Teacher		
HIV/STIs	148 (9.4%)	71 (12.5%)
Contraception	240 (15.6%)	98 (17.9%)
Sex	166 (10.8%)	63 (11.3%)
Youth worker		
HIV/STIs	375 (23.9%)	148 (26.2%)
Contraception	462 (30.0%)	177 (32.5%)
Sex	347 (22.5%)	135 (24.4%)
Mother/female guardian/step parent		
HIV/STIs	500 (31.7%)	170 (30.1%)
Contraception	661 (43.0%)	232 (42.9%)
Sex	403 (26.3%)	136 (24.5%)
Father/male guardian/step parent		
HIV/STIs	264 (17.1%)	76 (13.8%)
Contraception	341 (22.6%)	109 (20.6%)
Sex	223 (14.8%)	64 (11.9%)

Table 60 Continued

Source	Heterosexual	LGBQ
	n = 1,656	n = 597
	n (%)	n (%)
Female friend		
HIV/STIs	1,008 (63.4%)	413 (72.2%)
Contraception	1,128 (73.0%)	426 (77.7%)
Sex	1,150 (74.4%)	444 (79.0%)
Male friend		
HIV/STIs	721 (45.5%)	238 (42.4%)
Contraception	804 (52.3%)	282 (52.4%)
Sex	960 (62.4%)	321 (58.4%)
Older brother/sister		
HIV/STIs	264 (22.7%)	90 (22.5%)
Contraception	321 (28.9%)	110 (28.7%)
Sex	258 (23.4%)	88 (22.9%)

Note. This table presents 'confident' or 'very confident' responses.

Table 61 High confidence talking with informal and professional sources about HIV/STIs, contraception and sex, for Aboriginal and non-Indigenous Victorians

Source	Aboriginal Victorians	Non-Indigenous Victorians
	n = 50	n = 2,214
	n (%)	n (%)
Doctor/GP		
HIV/STIs	28 (60.9%)	939 (44.8%)
Contraception	29 (64.4%)	1,280 (62.6%)
Sex	21 (45.7%)	819 (40.0%)
School counsellor		
HIV/STIs	11 (23.9%)	392 (18.9%)
Contraception	16 (35.6%)	551 (27.2%)
Sex	15 (32.6%)	367 (18.1%)
School nurse		
HIV/STIs	9 (19.6%)	338 (16.4%)
Contraception	10 (22.2%)	491 (24.5%)
Sex	11 (23.9%)	290 (14.4%)
Teacher		
HIV/STIs	4 (8.7%)	211 (10.1%)
Contraception	9 (20.0%)	323 (16.0%)
Sex	8 (17.4%)	215 (10.6%)
Youth worker		
HIV/STIs	10 (21.7%)	506 (24.5%)
Contraception	12 (26.7%)	615 (30.5%)
Sex	13 (28.3%)	462 (22.8%)
Mother/female guardian/step parent		
HIV/STIs	13 (28.9%)	651 (31.3%)
Contraception	19 (43.2%)	861 (42.8%)
Sex	14 (33.3%)	515 (25.4%)
Father/male guardian/step parent		
HIV/STIs	3 (6.8%)	331 (16.3%)
Contraception	7 (16.3%)	435 (22.0%)
Sex	3 (7.0%)	279 (14.1%)

Table 61 Continued

Source	Aboriginal Victorians	Non-Indigenous Victorians
	n = 50	n = 2,214
	n (%)	n (%)
Female friend		
HIV/STIs	34 (75.6%)	1,372 (65.4%)
Contraception	36 (81.8%)	1,500 (73.9%)
Sex	34 (75.6%)	1,542 (75.4%)
Male friend		
HIV/STIs	20 (44.4%)	923 (44.4%)
Contraception	19 (45.2%)	1,048 (52.1%)
Sex	28 (63.6%)	1,234 (60.9%)
Older brother/sister		
HIV/STIs	8 (23.5%)	338 (22.3%)
Contraception	5 (16.7%)	418 (28.9%)
Sex	7 (21.9%)	336 (23.3%)

Note. This table presents 'confident' or 'very confident' responses.

* Chi-square test of independence ($p < .001$).

Table 62 High confidence talking with informal and professional sources about HIV/STIs, contraception and sex, for CALD and non-CALD young people

Source	CALD	Non-CALD
	n = 499	n = 1,793
	n (%)	n (%)
Doctor/GP		
HIV/STIs	214 (45.4%)	763 (44.9%)
Contraception	268 (58.4%)	1,057 (63.7%)
Sex	174 (37.7%)	678 (40.8%)
School counsellor		
HIV/STIs	84 (17.9%)	327 (19.4%)
Contraception	114 (25.1%)	467 (28.4%)
Sex	81 (17.7%)	309 (18.8%)
School nurse		
HIV/STIs	72 (15.5%)	281 (16.8%)
Contraception	96 (21.2%)	418 (25.7%)
Sex	58 (12.7%)	251 (15.4%)
Teacher		
HIV/STIs	48 (10.2%)	172 (10.2%)
Contraception	68 (15.0%)	270 (16.4%)
Sex	45 (9.8%)	184 (11.2%)
Youth worker		
HIV/STIs	115 (24.8%)	409 (24.4%)
Contraception	125 (27.6%)	515 (31.4%)
Sex	102 (22.3%)	381 (23.2%)
Mother/female guardian/step parent		
HIV/STIs*	115 (24.8%)	558 (33.1%)
Contraception*	154 (34.1%)	742 (45.4%)
Sex*	79 (17.5%)	461 (28.1%)
Father/male guardian/step parent		
HIV/STIs*	71 (15.5%)	269 (16.4%)
Contraception*	83 (18.5%)	369 (23.1%)
Sex*	50 (11.2%)	237 (14.8%)

Table 62 Continued

Source	CALD	Non-CALD
	n = 499	n = 1,793
	n (%)	n (%)
Female friend		
HIV/STIs	294 (62.7%)	1,135 (66.7%)
Contraception	324 (70.7%)	1,237 (75.2%)
Sex	325 (70.8%)	1,277 (77.0%)
Male friend		
HIV/STIs	210 (45.0%)	751 (44.5%)
Contraception	241 (52.9%)	847 (52.0%)
Sex	268 (58.8%)	1,016 (61.9%)
Older brother/sister		
HIV/STIs	77 (23.0%)	279 (22.6%)
Contraception	89 (27.7%)	344 (29.2%)
Sex	69 (21.9%)	280 (23.7%)

Note. This table presents 'confident' or 'very confident' responses.

* Chi-square test of independence ($p < .001$).

Table 63 High confidence talking with informal and professional sources about HIV/STIs, contraception and sex, by geographic location

Source	Greater Melbourne	Regional Victoria
	n = 1,742	n = 404
	n (%)	n (%)
Doctor/GP		
HIV/STIs	772 (45.6%)	173 (44.0%)
Contraception	1,033 (62.0%)	245 (63.8%)
Sex	662 (39.6%)	166 (42.9%)
School counsellor		
HIV/STIs	339 (20.2%)	60 (15.5%)
Contraception	450 (27.2%)	115 (30.7%)
Sex	295 (17.8%)	86 (22.7%)
School nurse		
HIV/STIs	275 (16.5%)	70 (18.2%)
Contraception*	382 (23.3%)	120 (32.2%)
Sex*	220 (13.4%)	83 (21.9%)
Teacher		
HIV/STIs	175 (10.4%)	39 (10.1%)
Contraception	256 (15.5%)	75 (19.9%)
Sex	176 (10.6%)	50 (13.2%)
Youth worker		
HIV/STIs	404 (24.2%)	101 (26.3%)
Contraception	499 (30.3%)	126 (33.7%)
Sex	375 (22.7%)	100 (26.2%)
Mother/female guardian/step parent		
HIV/STIs	530 (31.7%)	118 (30.2%)
Contraception	692 (42.2%)	174 (46.3%)
Sex	407 (24.7%)	115 (30.5%)
Father/male guardian/step parent		
HIV/STIs	275 (16.9%)	56 (14.5%)
Contraception	358 (22.3%)	82 (22.2%)
Sex	225 (14.0%)	56 (14.9%)

Table 63 Continued

Source	Greater Melbourne	Regional Victoria
	n = 1,742	n = 404
	n (%)	n (%)
Female friend		
HIV/STIs	1,113 (66.0%)	264 (66.7%)
Contraception	1,219 (74.0%)	293 (76.5%)
Sex	1,247 (75.0%)	304 (78.8%)
Male friend		
HIV/STIs	752 (44.8%)	178 (45.6%)
Contraception	859 (52.6%)	200 (52.8%)
Sex	1,005 (60.9%)	243 (63.8%)
Older brother/sister		
HIV/STIs	279 (22.9%)	65 (22.4%)
Contraception	338 (28.8%)	80 (29.4%)
Sex	263 (22.5%)	75 (27.0%)

Note. This table presents 'confident' or 'very confident' responses.

* Chi-square test of independence ($p < .001$).

Table 64 Information sources ever used for sexual health advice, by gender

Source	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Doctor/GP*	440 (41.1%)	205 (21.3%)	23 (45.1%)	668 (32.1%)
School staff	363 (34.1%)	326 (34.2%)	19 (36.5%)	708 (34.2%)
Mother/female guardian/Step parent*	652 (61.0%)	395 (41.1%)	25 (50.0%)	1,072 (51.6%)
Father/male guardian/step parent*	170 (16.1%)	336 (35.1%)	5 (9.8%)	511 (24.7%)
Female friend*	942 (87.8%)	593 (61.6%)	35 (68.6%)	1,570 (75.3%)
Female friend*	942 (87.8%)	593 (61.6%)	35 (68.6%)	1,570 (75.3%)
Male friend*	579 (54.1%)	624 (64.7%)	25 (48.1%)	1,228 (58.8%)
Older brother/sister*	230 (22.5%)	154 (16.8%)	8 (16.7%)	392 (19.7%)
Internet*	900 (84.3%)	729 (75.6%)	42 (85.7%)	1,671 (80.3%)

* Fisher's exact test ($p < .01$).

Table 65 Information sources ever used for sexual health advice, by sexual orientation

Source	Heterosexual	LGBQ
	n = 1,656	n = 597
	n (%)	n (%)
Doctor/GP	475 (31.2%)	191 (34.7%)
School counsellor	148 (9.8%)	75 (13.6%)
School nurse	134 (8.8%)	59 (10.7%)
Teacher	425 (28.0%)	147 (26.7%)
Youth worker	118 (7.8%)	54 (9.8%)
Mother/female guardian/step parent	788 (51.9%)	280 (50.9%)
Father/male guardian/step parent*	399 (26.4%)	109 (19.9%)
Female friend	1,146 (75.1%)	416 (75.5%)
Male friend*	925 (60.7%)	297 (53.8%)
Older brother/sister	293 (20.1%)	96 (18.4%)
Internet*	1,194 (78.4%)	469 (85.4%)
School programs	814 (53.6%)	290 (52.7%)
Community health services*	265 (17.6%)	126 (23.1%)

* Chi-square test of independence ($p < .001$).

Table 66 Information sources ever used for sexual health advice, for CALD and non-CALD young people

Source	CALD	Non-CALD
	n = 499	n = 1,793
	n (%)	n (%)
Doctor/GP*	120 (26.7%)	548 (33.5%)
School counsellor	45 (10.1%)	181 (11.1%)
School nurse	41 (9.2%)	153 (9.4%)
Teacher	126 (28.0%)	450 (27.7%)
Youth worker	27 (6.1%)	146 (9.0%)
Mother/female guardian/step parent*	191 (42.4%)	881 (54.2%)
Father/male guardian/step parent	104 (23.4%)	407 (25.1%)
Female friend	314 (69.8%)	1,255 (76.8%)
Male friend	262 (58.2%)	965 (59.0%)
Older brother/sister	76 (17.6%)	316 (20.3%)
Internet	374 (83.5%)	1,296 (79.5%)
School programs	251 (55.9%)	858 (52.7%)
Community health services	78 (17.6%)	317 (19.6%)

* Chi-square test of independence ($p < .01$).

Table 67 Information sources ever used for sexual health advice, by geographic location

Source	Greater Melbourne	Regional Victoria
	n = 1,742	n = 404
	n (%)	n (%)
Doctor/GP	512 (31.0%)	138 (35.8%)
School counsellor	169 (10.2%)	54 (14.2%)
School nurse*	129 (7.8%)	60 (15.7%)
Teacher	446 (27.1%)	118 (30.8%)
Youth worker	129 (7.8%)	41 (10.8%)
Mother/female guardian/step parent	836 (50.7%)	208 (54.6%)
Father/male guardian/step parent	402 (24.5%)	99 (26.0%)
Female friend	1,231 (74.4%)	303 (78.9%)
Male friend	975 (59.0%)	226 (58.5%)
Older brother/sister	308 (19.5%)	73 (20.2%)
Internet	1,330 (80.5%)	308 (80.4%)
School programs	876 (53.0%)	212 (55.8%)
Community health services*	290 (17.7%)	99 (26.1%)

* Chi-square test of independence ($p < .1$).

We asked young people a series of follow-up questions about how often they had used these sources in the past year (see Table 68). The most frequently used sources of information (i.e., used more than once a month or almost weekly) were female friends (23.9%), male friends (16.2%), and the Internet (13.1%). The least-used sources (i.e., not used in the past year or used once, twice or a few times in the past year) were school nurses (95.1%), teachers (94.7%) and community health services (89.6%).

Table 68 also reports differences between young men and women. Numbers for trans and gender diverse young people were too small for statistical testing. There were no significant differences between LGBQ and heterosexual young people, between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

Table 68 Information sources used in the past year for sexual health advice, by gender

Source	Female n = 1,170 n (%)	Male n = 1,067 n (%)	Trans and gender diverse n = 57 n (%)	Total n = 2,294 n (%)
Doctor/GP*				
None	87 (20.1%)	70 (34.8%)	9 (40.9%)	166 (25.3%)
Low	286 (66.2%)	120 (59.7%)	13 (59.1%)	419 (64.0%)
Low	286 (66.2%)	120 (59.7%)	13 (59.1%)	419 (64.0%)
High	3 (0.7%)	0 (0.0%)	0 (0.0%)	3 (0.5%)
School counsellor				
None	53 (45.7%)	45 (46.9%)	3 (42.9%)	101 (46.1%)
Low	45 (38.8%)	46 (47.9%)	2 (28.6%)	93 (42.5%)
Moderate	15 (12.9%)	5 (5.2%)	1 (14.3%)	21 (9.6%)
High	3 (2.6%)	0 (0.0%)	1 (14.3%)	4 (1.8%)
School nurse				
None	59 (57.8%)	49 (63.6%)	1 (20.0%)	109 (59.2%)
Low	36 (35.3%)	26 (33.8%)	4 (80.0%)	66 (35.9%)
Moderate	6 (5.9%)	1 (1.3%)	0 (0.0%)	7 (3.8%)
High	1 (1.0%)	1 (1.3%)	0 (0.0%)	2 (1.1%)
Teacher*				
None	145 (53.5%)	151 (55.1%)	4 (28.6%)	300 (53.7%)
Low	111 (41.0%)	108 (39.4%)	10 (71.4%)	229 (41.0%)
Moderate	14 (5.2%)	14 (5.1%)	0 (0.0%)	28 (5.0%)
High	1 (0.4%)	1 (0.4%)	0 (0.0%)	2 (0.4%)
Youth worker				
None	40 (51.9%)	47 (57.3%)	2 (25.0%)	89 (53.3%)
Low	27 (35.1%)	27 (32.9%)	5 (62.5%)	59 (35.3%)
Moderate	7 (9.1%)	7 (8.5%)	1 (12.5%)	15 (9.0%)
High	3 (3.9%)	1 (1.2%)	0 (0.0%)	4 (2.4%)
Mother/female guardian/step parent*				
None	98 (15.3%)	83 (21.5%)	8 (32.0%)	189 (18.0%)
Low	352 (55.1%)	249 (64.5%)	13 (52.0%)	614 (58.5%)
Moderate	143 (22.4%)	45 (11.7%)	2 (8.0%)	190 (18.1%)
High	46 (7.2%)	9 (2.3%)	2 (8.0%)	57 (5.4%)

Table 68 Continued

Source	Female n = 1,170 n (%)	Male n = 1,067 n (%)	Trans and gender diverse n = 57 n (%)	Total n = 2,294 n (%)
Father/male guardian/step parent*				
None	53 (32.9%)	89 (27.1%)	2 (40.0%)	144 (29.1%)
Low	76 (47.2%)	198 (60.4%)	2 (40.0%)	276 (55.9%)
Moderate	27 (16.8%)	35 (10.7%)	1 (20.0%)	63 (12.8%)
High	5 (3.1%)	6 (1.8%)	0 (0.0%)	11 (2.2%)
Female friend*				
None	46 (5.0%)	49 (8.4%)	1 (2.9%)	96 (6.2%)
Low	287 (31.0%)	288 (49.5%)	15 (44.1%)	590 (38.2%)
Moderate	321 (34.6%)	158 (27.1%)	9 (26.5%)	488 (31.6%)
High	273 (29.4%)	87 (14.9%)	9 (26.5%)	369 (23.9%)
Male friend*				
None	49 (8.7%)	55 (8.9%)	4 (16.7%)	108 (9.0%)
Low	253 (45.1%)	314 (51.1%)	6 (25.0%)	573 (47.8%)
Moderate	158 (28.2%)	155 (25.2%)	12 (50.0%)	325 (27.1%)
High	101 (18.0%)	91 (14.8%)	2 (8.3%)	194 (16.2%)
Older brother/sister				
None	30 (13.6%)	22 (14.5%)	2 (25.0%)	54 (14.2%)
Low	104 (47.1%)	83 (54.6%)	4 (50.0%)	191 (50.1%)
Moderate	72 (32.6%)	35 (23.0%)	2 (25.0%)	109 (28.6%)
High	15 (6.8%)	12 (7.9%)	0 (0.0%)	27 (7.1%)
Internet*				
None	44 (5.0%)	51 (7.1%)	2 (4.8%)	97 (5.9%)
Low	332 (37.6%)	372 (51.9%)	17 (40.5%)	721 (43.9%)
Moderate	369 (41.7%)	228 (31.8%)	13 (31.0%)	610 (37.1%)
High	139 (15.7%)	66 (9.2%)	10 (23.8%)	215 (13.1%)
School programs				
None	225 (40.5%)	202 (40.1%)	9 (39.1%)	436 (40.3%)
Low	275 (49.5%)	263 (52.2%)	10 (43.5%)	548 (50.6%)
Moderate	47 (8.5%)	31 (6.2%)	4 (17.4%)	82 (7.6%)
High	8 (1.4%)	8 (1.6%)	0 (0.0%)	16 (1.5%)
Community health services				
None	83 (40.5%)	61 (36.5%)	5 (38.5%)	149 (38.7%)
Low	101 (49.3%)	90 (53.9%)	5 (38.5%)	196 (50.9%)
Moderate	19 (9.3%)	11 (6.6%)	3 (23.1%)	33 (8.6%)
High	2 (1.0%)	5 (3.0%)	0 (0.0%)	7 (1.8%)

Note. None = not used in the past year, Low = once, twice or a few times in the past year, Moderate = several times to about once a month, High = more than once a month or almost weekly.

* Fisher's exact test ($p < .01$) for cisgender participants only. Trans and gender diverse participants excluded due to small sample size.

Table 69 Trust of information sources to provide accurate sexual health information, by gender

Source	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Doctor/GP				
None	17 (1.6%)	14 (1.4%)	1 (2.0%)	32 (1.5%)
Low to moderate	107 (9.9%)	65 (6.7%)	6 (11.8%)	178 (8.5%)
High	952 (88.5%)	895 (91.9%)	44 (86.3%)	1,891 (90.0%)
School counsellor*				
None	210 (20.0%)	110 (11.5%)	5 (10.2%)	325 (15.8%)
Low to moderate	437 (41.6%)	433 (45.4%)	24 (49.0%)	894 (43.5%)
High	403 (38.4%)	411 (43.1%)	20 (40.8%)	834 (40.6%)
School nurse				
None	192 (18.5%)	138 (14.7%)	8 (16.3%)	338 (16.7%)
Low to moderate	362 (34.9%)	337 (35.9%)	17 (34.7%)	716 (35.4%)
High	483 (46.6%)	463 (49.4%)	24 (49.0%)	970 (47.9%)
Teacher*				
None	268 (25.7%)	154 (16.1%)	6 (12.2%)	428 (20.9%)
Low to moderate	491 (47.0%)	516 (54.0%)	29 (59.2%)	1,036 (50.6%)
High	285 (27.3%)	286 (29.9%)	14 (28.6%)	585 (28.6%)
Youth worker				
None	169 (16.7%)	155 (16.5%)	5 (10.2%)	329 (16.4%)
Low to moderate	446 (44.0%)	412 (43.9%)	21 (42.9%)	879 (43.9%)
High	398 (39.3%)	372 (39.6%)	23 (46.9%)	793 (39.6%)
Mother/female guardian/step parent				
None	94 (8.9%)	97 (10.1%)	7 (14.0%)	198 (9.6%)
Low to moderate	293 (27.9%)	293 (30.6%)	22 (44.0%)	608 (29.5%)
High	664 (63.2%)	567 (59.2%)	21 (42.0%)	1,252 (60.8%)
Father/male guardian/step parent*				
None	221 (22.6%)	118 (12.5%)	17 (34.0%)	356 (18.1%)
Low to moderate	362 (37.1%)	292 (31.0%)	20 (40.0%)	674 (34.2%)
High	394 (40.3%)	532 (56.5%)	13 (26.0%)	939 (47.7%)

Table 69 Continued

Source	Female	Male	Trans and gender diverse	Total
	n = 1,170	n = 1,067	n = 57	n = 2,294
	n (%)	n (%)	n (%)	n (%)
Female friend				
None	43 (4.0%)	59 (6.1%)	5 (9.8%)	107 (5.1%)
Low to moderate	418 (39.1%)	401 (41.7%)	20 (39.2%)	839 (40.3%)
High	608 (56.9%)	501 (52.1%)	26 (51.0%)	1,135 (54.5%)
Male friend*				
None	126 (12.3%)	84 (8.7%)	5 (10.2%)	215 (10.5%)
Low to moderate	531 (51.7%)	468 (48.3%)	27 (55.1%)	1,026 (50.1%)
High	371 (36.1%)	417 (43.0%)	17 (34.7%)	805 (39.3%)
Older brother/sister				
None	171 (23.8%)	184 (28.4%)	13 (37.1%)	368 (26.3%)
Low to moderate	277 (38.5%)	232 (35.9%)	11 (31.4%)	520 (37.1%)
High	271 (37.7%)	231 (35.7%)	11 (31.4%)	513 (36.6%)
Internet*				
None	143 (13.5%)	186 (19.3%)	7 (13.7%)	336 (16.2%)
Low to moderate	621 (58.5%)	569 (59.0%)	34 (66.7%)	1,224 (58.9%)
High	297 (28.0%)	210 (21.8%)	10 (19.6%)	517 (24.9%)
School programs				
None	162 (15.3%)	147 (15.3%)	9 (18.0%)	318 (15.4%)
Low to moderate	405 (38.4%)	378 (39.3%)	28 (56.0%)	811 (39.2%)
High	489 (46.3%)	436 (45.4%)	13 (26.0%)	938 (45.4%)
Community health services				
None	98 (9.5%)	89 (9.5%)	5 (10.0%)	192 (9.5%)
Low to moderate	308 (29.7%)	322 (34.4%)	22 (44.0%)	652 (32.2%)
High	630 (60.8%)	526 (56.1%)	23 (46.0%)	1,179 (58.3%)

Note. None = do not trust, Low to moderate = trust a little or somewhat, High = trust or trust a lot.

* Fisher's exact test ($p < .01$).

Table 70 Trust of information sources to provide accurate sexual health information, by sexual orientation

Source	Heterosexual	LGBQ
	n = 1,656	n = 597
	n (%)	n (%)
Doctor/GP		
None	23 (1.5%)	9 (1.6%)
Low to moderate	122 (8.0%)	54 (9.7%)
High	1,389 (90.5%)	492 (88.6%)
School counsellor		
None	237 (15.7%)	87 (16.2%)
Low to moderate	641 (42.5%)	247 (46.1%)
High	629 (41.7%)	202 (37.7%)
School nurse		
None	245 (16.5%)	91 (17.2%)
Low to moderate	530 (35.7%)	180 (34.1%)
High	711 (47.8%)	257 (48.7%)
Teacher		
None	316 (21.1%)	111 (20.7%)
Low to moderate	756 (50.4%)	272 (50.7%)
High	429 (28.6%)	154 (28.7%)
Youth worker		
None	252 (17.1%)	75 (14.4%)
Low to moderate	649 (44.1%)	227 (43.6%)
High	569 (38.7%)	219 (42.0%)
Mother/female guardian/step parent*		
None	125 (8.3%)	72 (13.3%)
Low to moderate	414 (27.5%)	191 (35.3%)
High	967 (64.2%)	278 (51.4%)
Father/male guardian/step parent*		
None	218 (15.1%)	135 (26.4%)
Low to moderate	480 (33.2%)	192 (37.5%)
High	748 (51.7%)	185 (36.1%)

Table 70 Continued

Source	Heterosexual	LGBQ
	n = 1,656	n = 597
	n (%)	n (%)
Female friend		
None	73 (4.8%)	32 (5.8%)
Low to moderate	609 (40.0%)	227 (41.4%)
High	840 (55.2%)	289 (52.7%)
Male friend		
None	152 (10.1%)	62 (11.7%)
Low to moderate	764 (50.8%)	256 (48.3%)
High	589 (39.1%)	212 (40.0%)
Older brother/sister		
None	263 (25.6%)	102 (27.8%)
Low to moderate	386 (37.6%)	132 (36.0%)
High	377 (36.7%)	133 (36.2%)
Internet*		
None	264 (17.4%)	70 (12.8%)
Low to moderate	900 (59.3%)	318 (57.9%)
High	353 (23.3%)	161 (29.3%)
School programs		
None	240 (15.8%)	76 (14.0%)
Low to moderate	572 (37.8%)	236 (43.5%)
High	703 (46.4%)	230 (42.4%)
Community health services		
None	151 (10.2%)	40 (7.5%)
Low to moderate	484 (32.7%)	165 (31.0%)
High	846 (57.1%)	327 (61.5%)

Note. None = do not trust, Low to moderate = trust a little or somewhat, High = trust or trust a lot.

* Chi-square test of independence ($p < .01$).

Table 71 Aboriginal young people's and non-Indigenous young people's trust of information sources to provide accurate sexual health information

Source	Aboriginal Victorians	Non-Indigenous Victorians
	n = 50	n = 2,214
	n (%)	n (%)
Doctor/GP		
None	0 (0.0%)	31 (1.5%)
Low to moderate	4 (9.1%)	168 (8.3%)
High	40 (90.9%)	1,828 (90.2%)
School counsellor		
None	9 (22.0%)	311 (15.7%)
Low to moderate	20 (48.8%)	862 (43.5%)
High	12 (29.3%)	809 (40.8%)
School nurse		
None	12 (28.6%)	320 (16.4%)
Low to moderate	12 (28.6%)	696 (35.7%)
High	18 (42.9%)	936 (48.0%)
Teacher*		
None	15 (34.9%)	409 (20.7%)
Low to moderate	25 (58.1%)	996 (50.4%)
High	3 (7.0%)	571 (28.9%)
Youth worker*		
None	14 (31.8%)	306 (15.9%)
Low to moderate	19 (43.2%)	854 (44.3%)
High	11 (25.0%)	768 (39.8%)
Mother/female guardian/step parent*		
None	10 (23.3%)	187 (9.4%)
Low to moderate	10 (23.3%)	591 (29.8%)
High	23 (53.5%)	1,208 (60.8%)
Father/male guardian/step parent*		
None	15 (37.5%)	339 (17.8%)
Low to moderate	12 (30.0%)	653 (34.3%)
High	13 (32.5%)	912 (47.9%)

Table 71 Continued

Source	Aboriginal Victorians	Non-Indigenous Victorians
	n = 50	n = 2,214
	n (%)	n (%)
Female friend		
None	5 (11.4%)	102 (5.1%)
Low to moderate	17 (38.6%)	811 (40.4%)
High	22 (50.0%)	1,094 (54.5%)
Male friend		
None	9 (21.4%)	203 (10.3%)
Low to moderate	17 (40.5%)	998 (50.6%)
High	16 (38.1%)	773 (39.2%)
Older brother/sister		
None	11 (36.7%)	353 (26.1%)
Low to moderate	10 (33.3%)	504 (37.3%)
High	9 (30.0%)	495 (36.6%)
Internet*		
None	11 (24.4%)	321 (16.0%)
Low to moderate	27 (60.0%)	1,182 (59.0%)
High	7 (15.6%)	500 (25.0%)
School programs		
None	13 (28.9%)	300 (15.1%)
Low to moderate	17 (37.8%)	783 (39.3%)
High	15 (33.3%)	910 (45.7%)
Community health services		
None	6 (13.0%)	181 (9.3%)
Low to moderate	16 (34.8%)	628 (32.3%)
High	24 (52.2%)	1,138 (58.4%)

Note. None = do not trust, Low to moderate = trust a little or somewhat, High = trust or trust a lot.

* Fisher's exact test ($p < .01$).

9.7.2 Relationship and sexuality education

Most young people (87.8%) had received some form of RSE at school. As shown in Table 72, many young people (66.9%) received their most recent RSE through their HPE subjects, while a small minority (18.9%) received RSE as its own subject. Most young people recalled receiving RSE in Years 7 to 8 (66.5%) and/or Years 9 to 10 (65.9%). Over half indicated that they received RSE in Years 5 to 6 (54.7%). For their most recent

experience of RSE, most young people indicated that a teacher taught the subject (79.3%), with a small minority reporting that RSE was taught by someone from outside the school (12.8%). We also asked young people about the relevance of their RSE, with three quarters of young people indicating that it was somewhat, very, or extremely relevant (73.3%).

Table 72 Experiences of RSE

Experience	Female n = 1,170	Male n = 1,067	Trans and gender diverse n = 57	Total n = 2,294
	n (%)	n (%)	n (%)	n (%)
Most recent subject that RSE was part of				
Its own subject	137 (15.6%)	187 (22.1%)	9 (22.5%)	333 (18.9%)
HPE	616 (70.2%)	537 (63.6%)	26 (65.0%)	1,179 (66.9%)
Science/biology	30 (3.4%)	41 (4.9%)	1 (2.5%)	72 (4.1%)
Religion instruction/ education	32 (3.6%)	41 (4.9%)	1 (2.5%)	74 (4.2%)
Other	63 (7.2%)	39 (4.6%)	3 (7.5%)	105 (6.0%)
Year levels that RSE was received				
Prep/kindergarten	2 (0.2%)	3 (0.3%)	0 (0.0%)	5 (0.2%)
Years 1 to 4	46 (4.5%)	58 (6.1%)	3 (6.0%)	107 (5.3%)
Years 5 to 6	547 (53.0%)	542 (57.1%)	21 (42.0%)	1,110 (54.7%)
Years 7 to 8	670 (64.9%)	652 (68.7%)	28 (56.0%)	1,350 (66.5%)
Years 9 to 10	682 (66.1%)	624 (65.8%)	33 (66.0%)	1,339 (65.9%)
Years 11 to 12	206 (30.1%)	184 (30.0%)	7 (25.0%)	397 (29.9%)
Most recently taught by				
A teacher	693 (79.0%)	667 (79.6%)	31 (77.5%)	1,391 (79.3%)
A school nurse	45 (5.1%)	45 (5.4%)	2 (5.0%)	92 (5.2%)
A chaplain	6 (0.7%)	8 (1.0%)	1 (2.5%)	15 (0.9%)
A school counsellor	9 (1.0%)	18 (2.1%)	1 (2.5%)	28 (1.6%)
Someone from outside the school	122 (13.9%)	98 (11.7%)	5 (12.5%)	225 (12.8%)
Someone else	2 (0.2%)	2 (0.2%)	0 (0.0%)	4 (0.2%)
Relevance				
Low	229 (26.1%)	224 (26.5%)	18 (45.0%)	471 (26.7%)
Moderate	281 (32.0%)	304 (35.9%)	10 (25.0%)	595 (33.7%)
High	368 (41.9%)	318 (37.6%)	12 (30.0%)	698 (39.6%)

Note. Low = not at all or a little relevant, Moderate = somewhat relevant, High = very or extremely relevant.

Heterosexual young people reported having RSE at school more often than LGBQ young people (89.2% and 84.1% respectively, $p = .003$). For many heterosexual and LGBQ young people, RSE occurred as part of HPE (heterosexual = 78.4%, LGBQ = 79.2%), was mostly taught by a teacher (heterosexual = 82.4%, LGBQ = 88.4%), and was received in Years 7 to 8 (heterosexual = 76.8%, LGBQ = 77.3%). Most heterosexual (64.4%) and LGBQ (50.5%) young people rated RSE as being somewhat or very relevant.

More non-Indigenous (87.9%) than Aboriginal (82.2%) young people reported receiving RSE ($p = .003$). RSE was received by 86.3% of CALD and 88.2% of non-CALD young people. In addition, RSE was received by 88.0% of young people living in Greater Melbourne and 85.7% of young people living in regional Victoria.

There were no significant differences in how RSE was taught or how its relevance was rated between Aboriginal and non-Indigenous young people, between CALD and non-CALD young people, nor for geographic location.

10 References

1. Fisher CM, Mikolajczak G, Ezer P, Kerr L, Bellamy R, Brown G, et al. Study protocol: 6th National Survey of Australian Secondary Students and Adolescent Sexual Health, 2018. *Front Public Health*. 2019;7(217). doi: 10.3389/fpubh.2019.00217.
2. Fisher CM, Waling A, Kerr L, Bellamy R, Ezer P, Mikolajczak G, et al. National survey of secondary students and sexual health 2018: results of the 6th National Survey of Australian Secondary Students and Sexual Health. Bundoora: Australian Research Centre in Sex, Health and Society, La Trobe University; 2019 Jun. 96 p. ARCSHS Monograph Series No. 113.
3. Women's Health Victoria. Delivering optimal sexual and reproductive health outcomes for Victorian women: priorities for the next women's sexual and reproductive health plan 2021–2025. Melbourne: Women's Health Victoria; 2021. 39 p.
4. Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2018. Sydney: Kirby Institute; 2018. 208 p.
5. Department of Health and Human Services, State of Victoria. Victorian hepatitis B strategy (2016–2020). Melbourne: Victorian Government; 2016 Jul. 44 p.
6. Department of Health and Human Services, State of Victoria. Victorian hepatitis C strategy (2016–2020). Melbourne: Victorian Government; 2016 Jul. 44 p.
7. Department of Health and Human Services, State of Victoria. Victorian HIV strategy (2017–2020). Melbourne: Victorian Government; 2017 Jun. 44 p.
8. Health and Human Services Victoria. Victorian sexually transmissible infections action plan (2018–2020). Melbourne: Victorian Government; 2020 Jun. 17 p.
9. Madkour AS, Farhat T, Halpern CT, Godeau E, Gabhainn SN. Early adolescent sexual initiation and physical/psychological symptoms: a comparative analysis of five nations. *J Youth Adolescence*. 2010;39(10):1211-25. doi: 10.1007/s10964-010-9521-x.
10. Australian Government Department of Health. Eighth national HIV strategy 2018-2022. Canberra: Commonwealth of Australia; 2018. 40 p.
11. Australian Government Department of Health. Fourth national sexually transmissible infections strategy 2018-2022. Canberra: Commonwealth of Australia; 2018. 44 p.
12. Australian Government Department of Health. Fifth national hepatitis C strategy 2018-2022. Canberra: Commonwealth of Australia; 2018. 36 p.
13. Australian Government Department of Health. Third national hepatitis B strategy 2018-2022. Canberra: Commonwealth of Australia; 2018. 40 p.
14. Australian Government Department of Health. Fifth national Aboriginal and Torres Strait Islander blood borne viruses and sexually transmissible infections strategy 2018-2022. Canberra: Commonwealth of Australia; 2018. 35 p.
15. Fisher CM, Kauer S. National Survey of Australian Secondary Students and Sexual Health 1992-2018: trends over time. Bundoora: Australian Research Centre in Sex, Health and Society, La Trobe University; 2019. 48 p. ARCSHS Monograph Series No. 118.
16. Fisher CM, Kauer S, Mikolajczak G, Ezer P, Kerr L, Bellamy R, et al. Prevalence rates of sexual behaviours, condom use and contraception among Australian heterosexual adolescents. *J Sex Med*. 2020;17:2313-21. doi:10.1016/j.jsxm.2020.08.009.
17. Australian Bureau of Statistics. 4221.0 - Schools, Australia, 2016. Canberra: Australian Bureau of Statistics; 2017. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/ProductsbyReleaseDate/A5A0183F3034673BCA258227000B6F5E?OpenDocument>
18. The GenIUSS Group. Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. Los Angeles: The Williams Institute; 2014. 68 p.
19. Sexual Minority Assessment Research Team. Best practices for asking questions about sexual orientation on surveys. Los Angeles: The Williams Institute; 2009 Nov. 58 p.
20. Glover JD, Tennant SK. Remote areas statistical geography in Australia: notes on the Accessibility/Remoteness Index for Australia (ARIA+ version). Adelaide: Public Health Information Development Unit, University of Adelaide; 2003. 31 p. Working Paper Series No. 9.
21. Australian Bureau of Statistics. Aboriginal and Torres Strait Islander population - Victoria 2016. Canberra: Australian Bureau of Statistics; 2019. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20islander%20Population%20Article~12>
22. Australian Bureau of Statistics. 4159.0 - General social survey: summary results, Australia, 2014. Canberra: Australian Bureau of Statistics; 2015. Available from: <https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/2014>

23. Richters J, Altman D, Badcock PB, Smith AM, de Visser RO, Grulich AE, et al. Sexual identity, sexual attraction and sexual experience: the Second Australian Study of Health and Relationships. *Sex Health*. 2014 Nov 7;11(5):451-60. doi:10.1071/SH14117.
24. Australian Bureau of Statistics. 2071.0 - Census of population and housing: reflecting Australia - stories from the census, 2016: Same-sex Couples in Australia, 2016. Canberra: Australian Bureau of Statistics; 2018. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Same-Sex%20Couples~85>
25. Australian Longitudinal Study on Women's Health. Women's Health Australia: Databook for the first survey of the 1989-95 cohort (when they were aged 18-23 years). Callaghan (Australia): The University of Newcastle; 2014 Dec. 35 p. Available from: https://alswh.org.au/wp-content/uploads/2020/01/NYC_1databook.pdf
26. Australian Longitudinal Study on Women's Health. Women's Health Australia: Databook for the third survey of the 1989-95 cohort (when they were aged 20-25 years). Callaghan (Australia): The University of Newcastle; 2016 Nov. Available from: https://alswh.org.au/wp-content/uploads/2020/01/NYC_3databook.pdf
27. National Health and Medical Research Council; Australian Research Council; Universities Australia. National statement on ethical conduct in human research 2007 (updated 2018). Canberra: National Health and Medical Research Council; 2018. 116 p.
28. Flicker S, Guta A. Ethical approaches to adolescent participation in sexual health research. *J Adolesc Health*. 2008;42(1):3-10. doi:10.1016/j.jadohealth.2007.07.017.
29. Kuyper L, de Wit J, Adam P, Woertman L. Doing more good than harm? The effects of participation in sex research on young people in the Netherlands. *Arch Sex Behav*. 2012;41(2):497-506. doi: 10.1007/s10508-011-9780-y.
30. Shaw T, Cross D, Thomas LT, Zubrick SR. Bias in student survey findings from active parental consent procedures. *Br Educ Res J*. 2015;41(2):229-43. doi: 10.1002/berj.3137.
31. IBM. IBM SPSS statistics for Windows, version 25.0. Armonk (NY): IBM; 2017.
32. R Core Team. R: a language and environment for statistical computing. Vienna: R Foundation for Statistical Computing; 2020. Available from: <https://www.R-project.org/>.
33. Sensis. Yellow social media report. Part one - consumers. Melbourne; 2018. 48 p.
34. Australian Bureau of Statistics. 1270.0.55.005 - Australian Statistical Geography Standard (ASGS): volume 5 - remoteness structure, July 2016: correspondence, 2017 postcode to 2016 remoteness area. Canberra: Australian Bureau of Statistics; 2018. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.005July%202016?OpenDocument>

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