Webinar – 8 September: Supporting young people to navigate consent

The resources shared in this document are for your interest only. References to resources, material or links to external websites in this document do not constitute and should not be taken as endorsement by the NSW Department of Education.

Unanswered questions	Response
1. Do the changes in adolescents brought on by puberty differ between the sexes and at different ages?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** Puberty brings rapid and dynamic changes to an individual – their body and its physiological functions, their brain – thinking, processing of information, ability to consider abstract and hypothetical scenarios and their mind – emotions, mood and sensation-seeking. When put together, these impact on their behaviour (including what we often call 'risk-taking behaviour' which is considered a normative and (up to a point) healthy aspect of adolescent development.) These changes occur in the context of family, school, culture and society which in turn influence emotions, thinking, behaviour and the adolescent's development of their own values and beliefs. Puberty begins, on average, a year earlier for girls compared to boys. Physical changes such as the 'growth spurt' also happen at different stages of puberty for girls and boys – it occurs in an earlier stage of puberty in girls. That's why around early high school, it's common to see girls whose bodies are taller and more mature than boys of the same age. However within a couple of years, we are more likely to see boys who are bigger and taller than girls of the same age. The same can be said for their sexual/reproductive development. Girls mature earlier, but their first period is a late event in puberty, occurring well past their growth spurt, whereas in boys the first sperm/ejaculation occurs around mid-puberty. Importantly, social and cultural standards and expectations have a strong influence on how girls and boys think and behave when it comes to gender roles and sex. For example, boys might be expected to 'know' more about sex, whereas girls get mixed messages – they are expected to know some, but not too much. This section of the Raising Children Network website has more information - Teens: puberty and sexual development When it comes to the age of consent and other aspects of consent (eg to medical treatment), by 14 the majority will be in mid to late puberty and by 16 we would expect most adolescents to be nearing the completion of puberty. While there can be a huge variation in maturity (emotional, social), there will be similar intellectual capacity across genders by 16 and even by 14.
2. Just out of curiosity-do we have multilingual resources for the ethnic community	**Response provided by the NSW Department of Education:**

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Unanswered questions	Response
where the language is a barrier for them navigating the websites of the DoE and other internal and external stakeholders	Many NSW Department of Education documents are translated for parents to access information in many languages. For example, information letters outlining the content of the child protection education resources and aspects of consent are available in various languages for parents and carers. Additionally, parents can access the interpreter service if they need assistance to communicate with the school. **Response provided by Dr Melissa Kang (MBBS MCH PhD):** Here are a few external resources available to parents. Raising Children Network: https://raisingchildren.net.au/for-professionals/other-languages Resourcing Parents NSW government – a lot about child development but not adolescent development/puberty Victorian government health translations: Parenting (mainly about young children) Beyond Blue – mental health NSW Multicultural Health - Access to health care in Australia
3. What is the role of parents reporting these matters to school, so department and parents communicate together?	**Response provided by the NSW Department of Education:** Parents are advised to raise issues of concern with the principal, year advisor or PDHPE teacher. A collaborative and consultative process allows parents and carers to participate in discussions on both curriculum content and teaching and learning materials used to deliver this content. It provides opportunities for the school to share resources with parents to support conversations and discussions at home with young people. Communication between parents and the school assists all parties to better understand the needs of students and the content and aims of school-based programs.
4. How to explain to adolescents that bedroom/bathroom selfies in underwear are sexualised images	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** I'd encourage that this is a conversation ahead of rather than an explanation. In the days before smartphones, it would not be uncommon for adolescents to look at their bodies in the mirror, they might 'pose' in underwear or try to mimic what they would have seen in magazines, TV shows, movies etc. It is a natural phenomenon for

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	adolescents to become interested in what their bodies look like and to develop their own sense of attractiveness including 'sexiness'. The problem with digital technology as we know is that it has the double problem with its immediacy and its permanence. Anyone could send a message or an image into cyberspace impulsively or without considering its consequences and then find that it is too late to delete. This impulsivity, new-found romantic or sexual attraction and an evolving identity as a maturing adolescent can all combine with the 24/7 way that we can connect with others and lead to some actions that cause concern or have consequences. There are potential social and legal consequences of sending sexualised images. Having conversations about these are likely to be more constructive than one way provision of information. There could be a conversation about a hypothetical scenario and the social consequences, 'what would happen in your school if person X sent a sexy picture to person Y?' What would people think about person X, or person Y? What might happen down the track? How would person X and person Y feel? You could ask your adolescent if they have learned about the law and sexy pictures/ sexting at school? Is it something the other kids talk about? You could look up the information together and have a conversation about it. Finally – you can share your concerns directly "I'm worried that if you send sexy pictures to your friends/ romantic partner that it could have consequences for you. These are the consequences that I worry about." It's good to express your worries and be responsible for them – without insisting or assuming that your adolescent will agree or share them. But it helps to open the door to further conversations. Here is some information for parents from the safety Commissioner: https://www.esafety.gov.au/parents/big-issues/sending-nudes-sexting
5. How to improve their communicative skill?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** I assume this is about communication of thoughts and feelings. It is good to start with oneself, and role model good communication. It's never too young or too old to improve communication skills. It's also good to check how YOU are feeling about the topic or the reason you want to have clear communication. If it's a topic that you feel negative or strongly about, be aware of that.

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	The basics are: Communication is two-way Communication involves listening, talking, observing, asking/checking Checking is about not only understanding language and what words mean, but also checking on body language and exploring the feeling behind the words Listen and pay attention to what your adolescent is communicating – and reflect back on that and validate their feelings eg "Hey you said 'I dunno' when I asked you if you want to go to X's birthday party. I noticed you looked a bit unhappy when you said that. How are you feeling?" You can also offer some of your ideas, "I wonder if 'I dunno' means you're a bit anxious about going?" or "Does 'I dunno' mean you're not sure whether you want to go?" A resource about communication – video + factsheets: https://parents.au.reachout.com/skills-to-build/connecting-and-communicating/things-to-try-effective-communication/how-to-communicate-effectively-with-your-teenager
6. Do you think the Love Bites sessions offered at many schools is still helpful and should be supported still?	**Response provided by the NSW Department of Education:** Principals make decisions about engagement of external providers suitable to their school context and student needs. The Department does not currently review the content of external agency sessions, such as Love Bites. Principals and teachers have primary responsibility for education programs in schools. Teachers have expertise in teaching and learning, and knowledge of their students' needs, abilities and the ways they learn. They are skilled in developing teaching and learning programs that address the needs of students within a curriculum context.
7. How do you manage someone's response when the consent has changed from a yes to a no.	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** In most circumstances, (and always in relation to sexual or physical intimacy) a person can change their mind at any time. It's important to be very clear about what this means and what it looks like ourselves first. Then, explore what feelings arise when consent is changed – are we disappointed? Upset? Sad? Angry? What thoughts does this lead to? e.g. 'how dare they?' 'I'm fine with it, it's their decision' 'I'm so upset, I thought they really wanted to…' 'Don't they care about me?'

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	What effect do the thoughts and feelings have on how we act/react? If we get angry, are we able to ensure we don't attack (verbally or physically) the person or property? Do we take a change of consent as some sort of personal failure and withdraw/ stop interacting/ unfriend the person? Rehearsing the feelings-thoughts-actions cycle in a hypothetical way is good practice for dealing with situations in the moment.
8. How to support the school educating the children on consent	**Response provided by the NSW Department of Education:** Families have a strong role in teaching their children values and attitudes towards relationships, consent and sexuality. Families will lay the foundations for well adjusted, confident and healthy children who go on to experience positive, respectful relationships. Accessing reliable and accurate information about a wide range of relationships, sexuality and sexual health issues is important to have the discussions at home. Working in partnership with the school will maximise the outcomes for each child. The Department does not endorse or mandate external resources, programs or providers. Principals and teachers are empowered to make these decisions at a local level. These decisions are made based on student needs and community context and resources. However, there are some good resources to support parents with discussing consent or aspects or relationships, sexuality or sexual health at home. Parents are encouraged to speak to teachers to find out which resources are used in their school. Through the Statement of Intent, we have committed to providing greater support and resources for parents and carers to continue these conversations beyond the school gate.
9. From what age can adolescents visit medical professional without their parents? Do they need access to a medicare card?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** There is no 'hard and fast rule' that says 'you cannot see a medical professional' or 'you cannot enter the building!' if you are below a certain age. However, there are laws which apply when an adolescent is able to consent to their own treatment without the consent of a parent or guardian. This is not dependent on owning a Medicare card, but is determined on a case by case basis and depends on factors such as:

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	• The adolescent's age – the younger, especially if under 14, the less likely that a medical professional will consider them competent to consent especially to more complex treatments. • Their maturity – there is a wide range in maturity during adolescence – a mature 12 or 13 year old can actually be similar to an immature 16 or 17 year old. • Their ability to comprehend what is being discussed – this needs to be assessed by the medical professional through strategies such as asking the adolescent to feed back on what they understand about the treatment, asking the adolescent what questions they have and what they already know about the issue. Medical practitioners also consider: • The adolescent's school attainment • Their social circumstances and who their supports are • The nature of the treatment or advice being sought • Whether there is any concern about safety Medicare legislation (and My Health Record) recognises the increasing capacity of adolescents to consent, such that when they reach their 14th birthday, they have automatic control over who can see their Medicare and their My Health Record information (they can add their parent/guardian if they wish). They can apply for their own Medicare card at age 15, or younger under special circumstances. However because their Medicare information is private once they turn 14, they can in practical terms, access health care using the family Medicare number in a confidential manner. I recommend to parents that they have this conversation with their adolescent children and suggest that the Medicare number could be put in the adolescent's phone contacts (or take a photo of the card) so that there are no barriers to accessing health care if they need it. The great majority of adolescents rely upon and want their parents/carers' support when it comes to health care. Medical practitioners also know this and would have conversations with adolescents about having parents and carers involved (or not). Medical practitioners must involve parents or guardians in consent when they believe that an adolescent is not competent to consent.

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Unanswered questions	Response
10. What training is available for teachers to help recognise and manage inappropriate behaviours in school settings?	**Response provided by the NSW Department of Education:** The Department provides annual mandatory Child Protection training for all staff. It supports staff to identify the indicators of sexual abuse and respond positively and supportively to a student's disclosure. Professional learning to support the delivery of consent education is also available to all Department staff. Developed in consultation with experts in the field, the professional learning is based on evidence-based approaches to consent education. Advice and guidance are provided on how to deliver the content and how to create supportive learning environments for students to learn and ask questions comfortably. The 'Children with Problematic or Harmful Sexualised Behaviours – Guidelines for Schools' is available on the Department's website to support schools in responding to problematic or harmful sexual behaviour between children and young people. The guidelines ensure that incidents of problematic or harmful sexual behaviour are taken seriously and responded to promptly.
11. How should this information be given to a student with disability, given the statistics are higher?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** If it's a cognitive /intellectual disability then, depending on the nature and severity, it can impact on the person's capacity to consent. However, it's up to the person seeking consent to understand and enact this. People with disability are sexual in the same way that people without disability are – there will be the same range of interest in sex, attraction and experiences. It's important for adults to acknowledge that adolescents with disability are sexual beings in the same way that those without disability are. The disability might affect the way communication happens (eg verbal/non-verbal). If the person requires mobility aids, such as a wheelchair, then that mobility aid can be an extension of their body and part of their bodily autonomy, ask if you can touch their wheelchair, for example. It's just as important for a person with disability to have the same information and knowledge about their bodies as someone without a disability. Family Planning NSW has many resources and factsheets: https://www.fpnsw.org.au/factsheets/individuals/disability/all-about-sex Also, a new website, Planet Puberty – for parents of children with intellectual disability and autism and includes information about consent: https://www.planetpuberty.org.au/

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Unanswered questions	Response
	In NSW Public Schools, students in years 7 to 10 with a disability, particularly with an intellectual disability, who may be unable to access the regular PDHPE outcomes and content through adjustments, can undertake the PDHPE Life Skills outcomes and content. Embedded in the Life Skills outcomes and content are the same opportunities for students to be able to build understanding and negotiate consent.
12. How does disability impact on consent?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** If it's a cognitive /intellectual disability then depending on the nature and severity, then it can impact on the person's capacity to consent. However it's up to the person seeking consent to understand and enact this. People with disability are sexual in the same way that people without disability are – there will be the same range of interest in sex, attraction and experiences. It's important for adults to acknowledge that adolescents with disability are sexual beings in the same way that those without disability are. The disability might affect the way communication happens (e.g. verbal/non-verbal). If the person requires mobility aids, such as a wheelchair, then that mobility aid can be an extension of their body and part of their bodily autonomy, ask if you can touch their wheelchair, for example. It's just as important for a person with disability to have the same information and knowledge about their bodies as someone without a disability. Family Planning NSW has many resources and factsheets: https://www.fpnsw.org.au/factsheets/individuals/disability/all-about-sex Also a new website, Planet Puberty – for parents of children with intellectual disability and autism and includes information about consent: https://www.planetpuberty.org.au/
13. Are sex-segregated education settings hindering the development of respectful relationships?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** This is a difficult question to answer and there is not much evidence either way. It's also a sensitive area because there are many who firmly believe in sex-segregated education settings and many who feel the opposite way. Ultimately, respectful relationships and attitudes about gender and gender roles are learned from a very young age, in the home and then from influences in the world around us. School is a powerful institution for not only learning facts but also being exposed to attitudes about the world around us, including gender and sexuality.

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Unanswered questions	Response
14. What would be the strategy and practice for parents when their child always says "no" whenever and whatever you ask?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** Please see other responses about communication and engaging in conversation with our children. In addition – consider having conversations that aren't about yes/no answers. "How would you prefer to do this?" "What will happen if you can't get to school/sports training/band practice/work this week?" Expect (and show) respect – if your child's 'no' is disrespectful then call it out. Negotiating boundaries is one of the hallmarks of parenting adolescents. If the 'no' is about refusal to participate in chores, household expectations then explain that you are open to negotiation but there needs to be a conversation, including about consequences.
15. What to do when a teenage boy refuses to talk	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** This is a very general answer. 'What to do' will depend on the situation and if there is any concern about a teenage boys' health, wellbeing or safety it would likely be different. First, ask yourself, what were you like when you were their age? What can you remember about being that age, and how you related to parents, carers or other adults? How much of your son's refusal to talk might be part of the stage of development he's going through, and that might not really be a major concern, even if annoying? Without wanting to contradict what I just said, it's also important as a parent or carer to have clear boundaries about acceptable and unacceptable behaviour and to communicate this. If refusal to talk is in fact a form of disrespect or rude, communicate that "I feel disrespected when you won't answer my simple questions or talk to me about things I need to know. I can't plan my week/help you with your homework/drive you to practice if I don't know what you have planned" Second, role model respectful and clear communication, including about your feelings. Engage other adults in the house with this role modelling. Third, choose the right moments to have more in-depth or important conversations – in the car, going for a walk.

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	Fourth, explain why you want to talk and what you want to talk about. Express concern if that's how you feel and invite conversation "I worry that because you won't talk to me that you might be feeling upset/down/angry/worried. I'm here to listen any time." Gather other perspectives if you're really worried – ask other adults if they've observed anything (other parent/ carer; sports coach; teacher). Get information about adolescents' development, communicating with adolescents, when to be worried and when it's normal.
16. Is it (consent) important for boys?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** Consent is important for everyone. For many years/generations social attitudes and norms have assumed and allowed girls to be 'gatekeepers' when it comes to sexual consent, ie that girls are the ones to say 'yes' or 'no'. This puts pressure on girls to know what they want or don't want, and it also puts pressure on boys to initiate physical intimacy. Everyone needs to learn what consent means and how it plays out – the 'golden rules', how to be self-aware to help guide decision making, and how to communicate and negotiate – the 'Ask-Listen-Observe' cycle.
17. Boys can also be manipulated, coerced or even bullied by girls. What tools or language can help them not give consent?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** Yes, it's really important to acknowledge and recognise the pressure that boys come under and also that they can be victims of sexual harassment, coercion and assault. Boys can feel pressure to know about sex, what it is, what to do, and also that they are supposed to want to have it. There can be intense peer pressure from other boys around mid-adolescence to share their sexual experiences or 'conquests' with little respect shown for the girls they talk about – this can also cause distress in boys who do respect girls. The tools and language for boys to discuss consent – to give, or not give it – are the same as for everyone. But what can be helpful is to have conversations with our sons about these underlying attitudes around them about masculinity, sexual 'prowess' and pressure to be a certain type of (heterosexual) male and how narrow-minded that is. As with other conversations about sensitive issues where your child might not want to engage in a direct conversation about themselves, it can be helpful to use external examples – a news story, TV show etc.
18. How to talk to teenage boys and girls about consent	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** Consent happens every day in ordinary situations. So one way to start explicitly talking about consent is to become aware of how it happens ourselves and then use these as examples. Eg (for a younger child) "May I help

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Unanswered questions	Response
	tuck your shirt in/brush your hair/put sunscreen on?" or (for an adolescent) "May I come in?" (to your bedroom/ the bathroom) Next, we can role model consent in other interactions we have with people, including other adults around us. This might be asking our child/ adolescent if they want to hug grandma/grandpa/aunty/uncle today. We can practise consent with our partner in the home, eg "May I borrow your phone for a sec to look something up?" "Can I sit in the comfy chair?" "Would you like me to give you a neck rub?" We can use opportunities at different times to discuss situations where consent becomes salient – this could be referring to a news story, a TV show, a situation that has occurred at our child's school or among their peers. Ask what they think about the situation and whether consent is an issue. Ask what they understand about or think consent is/isn't. There are principles, or 'golden rules' of consent that we can discuss with our children, and other important elements such as the 'pillars' Respect and Bodily Autonomy. One of the most important aspects of consent is to help our children learn about their feelings, thoughts and actions – the self-awareness cycle. Finally, communication – ask-listen-observe, is something we can put into practice ourselves and talk to our children about. All of this can happen over time, in different situations ranging from short opportunistic chats in the car or when there's a suitable moment, right through to making time for a more in-depth conversation.
19. Thank you for this wonderful and clear webinar. You mentioned boys often have "higher social power". For parents of boys, what specific conversations do we need to have with them? Or messages do we need to pass on to them?	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** The basics of teaching our children about their feelings-thoughts-actions (self-awareness) are the same across all genders (and ages). To have 'cut-through' with boys we need adult men on board too, so all the information in the webinar and in the various resources mentioned there and in this set of answers to be equally regarded by the adult men in boys' everyday lives. We don't need to go into in-depth discussions about power and gender (we can, but we don't have to!) in order to say to boys "It's never OK to touch anyone (whatever their gender) without their consent"

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Unanswered questions	Response
20. How to let the young boys to manage the games time	**Response provided by Dr Melissa Kang (MBBS MCH PhD):** This question is outside the scope about consent, relationships and communication. However the safety Commission has some good information: https://www.esafety.gov.au/parents/big-issues/time-online