### Background

Young people aged between 15 and 19 years are disproportionately over- represented with newly acquired sexually transmitted infections (STIs). In the past decade, national notification rates for Chlamydia (1405.1 per 100 000 population) and Gonorrhoea (152.2 per 100 000 population) have almost tripled and doubled within this age group, respectively. Infectious Syphilis is relatively uncommon (4.5 per 100 000 population) and has decreased significantly in recent years due to sustained intervention programs. Unfortunately, there is still a proportion of youth overrepresented with the condition, and Aboriginal young people in remote areas are particularly vulnerable.

The *Second National Sexually Transmissible Infections Strategy 2010-2013* has recognised Chlamydia, Gonorrhoea and Infectious Syphilis as priority targets for intervention because of the disproportionate rates prevalent in vulnerable populations (including young people), heightened risks for negative health consequences as well as the increased risk for transmission of HIV.

Other non-notifiable STIs, such as Genital Herpes and Genital Warts, are also considered targets for intervention. The national Human Papillomavirus (HPV) program has significantly decreased the prevalence of Genital Warts (caused by HPV) in females under the age of 20 years since its introduction in 2007. Currently, a similar program is being initiated for boys and young men.

All STIs can have significant health consequences, but there are often no visible signs of infection, especially with Chlamydia and Gonorrhoea. This contributes to a poor perception of the risk and significance of STIs. Adolescent sexual behaviour is strongly influenced by social and behavioural norms, which may include peer influence to engage in sexual activities and use of alcohol. In addition, there are generally lower levels of health knowledge and skills, and heightened barriers to service access.

Aboriginal youth are at a higher risk for STIs than non-Aboriginal youth of the same age. The WA data for 2012 showed that Aboriginal youth (compared to non-Aboriginal youth), aged between 15 and 19 years, had a notification rate which was six times higher for Chlamydia, 68 times higher for Gonorrhoea, and 17 times higher for Infectious Syphilis. The WA rates for Chlamydia and Gonorrhoea in Aboriginal youth aged between 10 and 14 years were also substantially higher than their non-Aboriginal counterparts, but there were no recorded cases in this age group for Infectious Syphilis.

Young Aboriginal people are at significant risk of STIs for a number of reasons. In some Aboriginal cultures it is considered shameful to talk about sex, especially with a person of the opposite gender. This decreases the likelihood that intimate couples...
will negotiate safe sexual activity, and inhibits help-seeking when sexual issues arise. Aboriginal families and communities are less likely to discuss sexual health issues, and leading to poor sexual health literacy among Aboriginal youth. In addition, many Aboriginal people distrust health services which do not provide culturally appropriate, relevant and accessible services.\textsuperscript{12}

In many circumstances Community Health staff refer clients to other health services for STI testing and treatment, however in many rural and remote areas, testing is conducted by Community Health staff. The Health Act 1911 (WA) requires medical and nursing clinicians to notify the Executive Director of Public Health (or designated officer), of specified infectious diseases. Completed notification forms are to be sent to the Communicable Disease Control Directorate (for residents of the metropolitan area) or to the regional Population Health Unit (for cases resident in country areas).

An interagency protocol has been implemented to ensure that the Department for Child Protection and Family Support (DCPFS) and WA Police are informed of all children under 14 years of age diagnosed with notifiable STIs. Under the interagency protocol, the Director of Communicable Disease Control will on-report to DCPFS and WA Police all verified notifications of STIs in children under 14 (where the diagnosing practitioner is of the opinion that the infection was acquired sexually). In addition, the Director will on-report any children aged 14 – 15 years of age who have a verified STI where the notifying practitioner believes it was acquired through sexual abuse.\textsuperscript{13}

**General principles**

**Advocate for comprehensive sex education**

Schools should be encouraged and supported to implement comprehensive and developmentally appropriate sex education programs for all students in years K - 10.

It is important that teachers and health professionals who deliver sexual health education are skilled in providing relevant and meaningful learning opportunities. Knowledge presented should be linked to the social context for the students, and be limited to key messages only. Effective programs can assist young people to make sound decisions about relationships and sexual activity, including negotiation and refusal skills. In addition, students should learn how to identify risky situations, such as linking alcohol misuse and binge drinking to unwanted sex. Education sessions should include information about school health or other local services, so students can seek help and support with any specific concerns.

**Consider access for young clients**

School health services need to be accessible to young clients by offering a regular, known drop-in time(s), and allowing time for longer follow-up appointments where issues can be explored and addressed. Community Health Nurses should be familiar with the range of other services, including local General Practitioners, to which young people can be referred.

All young people need services (including school health) which are highly accessible. This is particularly important for young people who are Aboriginal, of a culturally and linguistically diverse background, live in rural communities, or who face some form of disadvantage.
Sexually Transmitted Infections

If a person under the age of 15 years wishes to gain reimbursement from Medicare for a consultation with a GP, the family Medicare card (or the card details) and a signature from parent (or guardian) are normally required. Some GPs may accept the minor’s signature. Young people between 15 and 18 years can apply for their own Medicare card, and application forms are available at GP surgeries and chemists.

Be approachable

When a young person wants to talk to a health professional about sexual health, it is important that she/he can easily access a confidential and youth-friendly service, where advice and referral to appropriate services can be provided. Community Health Nurses and others working with young people need to take a non-judgemental approach to build trust with their young clients.

Talk about STIs

When health professionals are talking with individuals about sexual activity, intimate relationships or related matters, discussion should include prevention of STIs. Sensitive questioning can probe for young person’s understanding of STIs, risk and protective behaviours. To treat young people with STIs, there needs to be awareness of signs, symptoms (or lack thereof), and risk behaviours which can lead to infection.

Work within the law

Health professionals owe a duty of confidentiality to all clients, or in the case of an ‘incompetent minor’, to their parent or guardian. There are times however, when confidential information will need to be shared with other people or organisations. It is good practice to talk to a child or young person about the limits of confidentiality, early in the consultation.

Health professionals should encourage and support adolescents to inform their parents or guardian about significant sexual health issues. The support provided should reflect the maturity of the individual, significance of the issue, and the particular circumstances of each case. Health professionals should consult a line manager when appropriate about what information should be shared with a parent or guardian and how the communication should occur.

Health professionals are expected to monitor the care and protection of any minor under their care whom they know is engaging in underage (<16 year) sex. If there is any concern about the young person’s wellbeing, the professional should respond as per Guidelines for Responding to Child Abuse, Neglect and the impact of Family and Domestic Violence, DOH 2004. Community health nurses should refer to Working with Youth – A legal resource for community based health workers, to ensure familiarity with relevant common law and legislation.

Role of community health staff

Considerations when working with sexual health issues in the school setting

The following points should be considered when working with students experiencing sexual health issues:

In general

- Do you have competence in dealing with sexual health issues?
- Do you have competence in providing youth health care?
Sexually Transmitted Infections

- Can you provide a non-judgemental and impartial approach in dealing with young people and sexual health issues?
- Have you organised your open times and appointment times so students have a regular, known ‘drop-in’ time with the option of coming back for a longer more in-depth appointment?
- Is your service highly accessible to your clients, especially those who are most disadvantaged and vulnerable?
- Do you have a thorough knowledge of the youth-friendly local services to which you can refer students for sexual health issues, including for the purchase of condoms?
- Have you considered the duty of care and duty of confidentiality you owe to students? Have you considered scenarios when the duties may conflict, and how you might deal with them?
- Do you have a working knowledge of the law in relation to dealing with minors, their rights and your responsibilities?
- What happens when a situation arises outside of your scope of practice? Do you have access to clinical supervision in relation to sexual health issues?

Note: If you have answered ‘no’ to any of the questions above, discuss with your line manager.

When working with individual students

- In the best interests of the student, who else should be involved in care?
- Do you need to inform parents? If yes, when?
- Have you maintained good documentation in relation to the student and the care provided?
Nurse suspects that young person may have an STI

1. Ask questions to explore sexual activity and risk behaviour (See appendix)
   • Assess the individual’s competence and maturity.
   • Encourage and support the young person to discuss with parents (or guardian), if appropriate.
   • Carefully document the process and factors relied upon in assessing the individual’s competence.

2. Discuss testing and treatment
   • Provide information about need for testing and treatment.
   • Refer client to suitable service for testing.
   • Arrange another appointment to follow-up
   • Provide appropriate health care, including discussions about safe sex, access and use of condoms, and self-care

3. Assertively follow-up
   • Confirm that young person received testing and treatment.
   • Continue discussion about safe sex, self care and other relevant issues.

You judge the child NOT to be a mature minor.
   • Ask the child about his/her family and social situation.
   • Identify the appropriate parent or guardian.
   • Assist the child to tell his/her parent or guardian.
   • Assess ongoing risk i.e. child protection or coercion, and notify DCP as appropriate.

Treat case as high priority and fast track actions.

Documentation

- CHS 410 – High School Health Record (must be ordered from SmartDirect Online Ordering)
- CHS 412 – Progress Notes
- CHS 421- A – HEADSS Psychosocial Assessment form – Initial
- CHS 421- B – HEADSS Psychosocial Assessment Form – Plan & Follow up
- CHS 0663 – Referral from Community Health (must be ordered from SmartDirect Online Ordering)

Related professional development

- Sexual Health Foundations (FPWA) [www.fpwa.org.au](http://www.fpwa.org.au)
  A comprehensive 5 day course designed for nurses and other professionals wishing to develop a sound understanding of core sexual health and reproductive health issues, and skill to work effectively with young people and other individuals to promote sexual health.
A 3-4 day core sexual health training program. It is appropriate for community workers in areas such as youth, health, education and drugs and alcohol; people working with Aboriginal communities; and peer educators.

- MOODITJ Leaders training (FPWA) [www.fpwa.org.au](http://www.fpwa.org.au)
  A 3-4 day facilitators training program focussing on positive lifestyles and sexual health for Aboriginal youth 10-14 years of age. Includes topics on identity, puberty and caring for your body, understanding your emotions and how to express them well, relationships sexual issues and sexual rights, parenting, identifying goals and dreams.

- ABC of the Birds and Bees (Child and Adolescent Community Health)
  A 2 day course for community health nurses working in primary and secondary schools. The course provides fundamental information necessary to expand the knowledge, skills and confidence of those dealing with sexual health issues in schools and the community. Covers values and sexuality, contraception and managing unplanned pregnancy and STI's. (Available in metropolitan areas only.)

- Tools of the Trade (FPWA) [www.fpwa.org.au](http://www.fpwa.org.au)
  This 3 day course is designed to build on the foundation acquired in Nuts and Bolts to develop competence and confidence as a sexual health educator.
  This course aims to increase your understanding of sexual health promotion and behaviour change theory, develop skills to plan education sessions to promote knowledge, attitudes, skills and behaviours needed for sexual health and analyse a variety of facilitation techniques and creative group work strategies. Must have prior experience and be comfortable talking to small groups about sexual health information.
### Related internal policies, procedures and guidelines

<table>
<thead>
<tr>
<th>Policy/Procedures</th>
<th>Description</th>
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<tbody>
<tr>
<td>Sexual Health Guidelines</td>
<td>Identifying sexual healthy issues – how to ask the right questions.</td>
</tr>
<tr>
<td>Working with Youth – A legal resource for community based health workers</td>
<td>Department of Health WA. Available from HealthInfo 1300 135 030</td>
</tr>
<tr>
<td>Information Circular IC 0164/13 - Patient Confidentiality</td>
<td>Department of Health WA</td>
</tr>
<tr>
<td>Operational Circular – OP 1548/02 New Western Australian Public Sector Code of Ethics</td>
<td>Department of Health WA</td>
</tr>
<tr>
<td>Consent to Treatment Policy for the Western Australian Health System</td>
<td>Information Series No. 9 (2006). Office of Safety and Quality in Health Care</td>
</tr>
<tr>
<td>Guideline – Decision Making Framework, AHPRA Nursing and Midwifery Board</td>
<td>Code of Ethics, AHPRA Nursing and Midwifery Board</td>
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### References


North Coast Area Health Service. Cultural respect and communication guide: a resource to assist sexual health service delivery to Aboriginal communities New South Wales: NCAHS 2009.


Useful resources

PASH Manual www.fpwa.org.au
Promoting Adolescent Sexual Health (PASH) is a manual used for the training program providing participants with the knowledge and skills to run PASH groups. PASH with a Twist is a peer education program that gives older adolescents an opportunity to explore a variety of issues related to sexuality and sexual health in a safe, informal and fun environment. It includes issues such as drugs, alcohol and sex, social and emotional wellbeing. The manual can be used to run groups and FPWA educators are available to provide consultancy in planning and/or delivering a PASH. The manual is available for purchase at FPWA website or 9227 6177.

Puberty and Relationships Series - Three booklets for school children:
- Girls and Puberty
- Boys and Puberty
- Relationships, Sex and Other Stuff

Produced by the Sexual Health and Blood-borne Virus Program, Communicable Disease Directorate, Department of Health WA. Available from HealthInfo 1300 135 030

Interviewing Adolescents. A training DVD which covers generic concepts relevant for any health professional working with adolescents. It is a self-paced teaching tool for taking a complete psychosocial history from an adolescent. Phone CACH Workforce Development on 9224 1657.

Let’s Talk about Sex. A DVD story of teenage Perth-based Aboriginal couple negotiating their relationship. Includes STI information. Contact Jo Rees, South Metro Population Health Unit. Phone 9431 0200 or email jo.rees@health.wa.gov.au

FPWA Sexual Health Services – www.fpwa.org.au Provides services, information and training.

Could I Have It – Get a simple test for free, is a website where you can get free online testing for Chlamydia and Gonorrhoea.

Talk Soon. Talk Often. A guide for parents talking to their kids about sex. This free resource has been developed to help parents initiate regular and relaxed conversations with their children about sexuality and relationships.
Appendix 1
History Taking - Suspected sexual transmitted infections

Using a structured approach to questioning will ensure that your assessment of the young person’s sexual health history is useful and pertinent. Here are some useful guidance and tips in achieving a more comprehensive assessment by asking the right questions.

- Try to gather as much information as possible from the young person’s file prior to the consult.
- A non-judgemental and an impartial approach to all issues are required. Be aware of your own comfort/discomfort in dealing with some of the sensitive sexual issues that young people raise as this can affect the young person’s comfort in talking to you.
- Introduce yourself and briefly explain your role.
- Start the conversation with very open general questions and conversation about the young person, for example:
  - How are you feeling today? What brings you here to see me?
  - Did you come on your own or did someone suggest you come along to see me?
- Explain why you are asking certain questions and that some of these questions may seem personal, sensitive or even unrelated to the current problem.

  I’d like to ask you a few personal questions. You don’t have to answer these if you don’t feel comfortable. The reason I want to ask these questions is to get a picture of your life and your overall health, and to give you a chance to talk about things that might be of concern to you. Remember that anything we discuss will be kept confidential unless you tell me something that makes me concerned about your safety or someone else’s safety, I can not keep that confidential. Is it OK if I ask you some more questions now?

- Explain that the consultation is confidential and private, with very few exceptions. Discuss conditional confidentiality, and explain that as a health professional, there are times when the law requires you to share certain details. One of the ways you may decide to do this is to give an example of when confidentiality would be breached, i.e. if someone was going to harm themselves or another person. Explain that you would need to pass on this information to protect the people involved. Explain that you would always respect the young person’s position and seek to gain their approval and cooperation prior to disclosing information onto others.

  Remember that anything we discuss will be kept confidential unless you tell me something that makes me concerned about your safety or someone else’s safety. I can not keep that confidential, but I will let you know if I need to share any of your personal information.

- Commence the consultation with the least threatening questions, moving on to more sensitive questions once the young person is beginning to relax in your
company.

- With some young people you may need to use colloquial language but it is important to avoid value laden language or its interpretations.
- Use open ended questions when you want the young person to describe issues, for example: *Tell me about what happened at the party on Saturday night.* Closed questions will also give you succinct information, for example: *How old are you?*
- Never make assumptions about the young person or their behaviour. For example always ask if they are having a relationship be it sexual or not with boys, girls or both, for example:

  *Have you had a sexual relationship with a boy or a girl (or both)?*

- Observe the non-verbal body language of the young person at all times. This will give you clues as to what to explore with them, when to leave a particular subject alone and whether it’s ok to continue with the questions you are asking.
- Many young people have multiple issues. Focus on what are the most important to deal with at that time and explain to the young person that you may need to visit other problems at a later stage with them.
- Ascertain what the presenting problem is, for example:

  *What is worrying you the most about your sexual health?*

- Ask the young person to describe what has happened in their words and what they see as their problem, for example:

  *Let’s talk about what has brought you here today so that I can help you?*

- Get the young person to describe any conditions they are experiencing. You may need to ask several questions here to gather the relevant details, for example:

  *Have you had sex or any sexual contact with someone else? When I say sexual contact I mean oral sex, intercourse, rubbing or touching of the genitals (private parts) or anal sex with another person.*

  (You may need to explain each of these separate sexual activities, as well as body parts, for the young person to fully understand.)

- Ask if this sexual contact was consensual.

  *Has anyone ever touched you in a way that has made you feel uncomfortable or forced you into a sexual relationship?*

- If you have established that the young person has had sexual intercourse/oral/anal sex, ask if this was unprotected (i.e. without condoms at any time)

  *What do you know about contraception and protection against STIs? Do you use condoms or other contraception?*

- Check to see if the young person is using any other form of contraception i.e. the pill, Implanon etc. Ask if the contraception has been missed or if they have had vomiting, diarrhoea or been on medication such as antibiotics, which would affect the efficacy of the pill.
• Ask the young person if they have had unprotected sex, and if so, if they had sex with more than one person in the last six months.

*Have there been any times in the last six months when you have had unprotected sex?*

If yes, then:

*Have you had unprotected sex with more than one person in the last six months?*

• Explain that any person who has had unprotected sex requires STI testing. Any of his/her partners will also require testing.

• If the young person is experiencing symptoms/conditions.

*Have you had any discharges from your penis/vagina? Have you had any pain or difficulty in passing urine? Have you had any painful periods? Have you had pain during sexual intercourse?*

Or in the case of suspected pregnancy:

*Have you missed a period recently? Do you have sore breasts? Have you been feeling sick at all?*

• Ascertain timings for the young person’s condition, for example:

  *How long since they may have missed their period? How long have you had these symptoms?*

• Check the young person understands what you have discussed with them.

  *Let’s go over what we have talked about today.*

• You could use a checklist with key points in writing for the young person to consider.

• Encourage the client to ask questions throughout the consultation and answer these as fully as you can. If you don’t know the answer, tell them you will find out and get back to them about that matter.

  *Is there anything (else) you would like to ask me?*

• Record all of the consultation in accordance with good record keeping guidelines

• Refer on to another service or agency as necessary. Recall the young person to follow-up any issues you may still need to address or review.

Information you will need to gather and record.

• Sexual Health History
  
  o Age
  
  o Maturity
  
  o Informed consent, legal and personal rights/ responsibilities
  
  o Informed choice
  
  o Sexual Partner(s) regular/ casual male/female/both
Sexually Transmitted Infections

- Last sexual contact (protected/unprotected)
- Type of sexual activity (skin to skin contact, oral, vaginal, anal, toys)
- Safe sex practice, contraception
- Previous history
- Any other medical problems
- Known allergies
- Females
  - Last MP
  - Menstrual cycle, flow, duration of bleeding, length of cycle
  - Discharges, pain, discomfort, tenderness
  - Dysuria, rashes, ulcers, urinary problems, pelvic pain
  - Anything unusual noticed by the person in terms of their sexual wellbeing
  - Breast tenderness, nausea, pregnancy symptoms
  - Contraception,
  - Informed choice, informed consent, awareness of actions and implications
  - Level of risk taking, alcohol and drug involvement
- Males
  - History of any previous problems
  - Discharges, pain, discomfort
  - Dysuria, rashes, ulcers, urinary problems, pelvic/testicular pain
  - Anything unusual noticed by the person in terms of their sexual wellbeing
  - Informed choice, informed consent, awareness of actions and implications
  - Contraception, condoms
  - Level of risk taking, alcohol and drug involvement

The majority of people who have an STI are unaware they have contracted it. Every case needs to be individually assessed and provides an opportunity for preventative education to be delivered.

The cultural and spiritual beliefs of young people need to be respected before discussing STI education and prevention.

Preventative education should include the following:

- Abstinence and the right to refuse any sexual activity as everyone’s basic human right
- Limit the number of sexual partners
- Discuss with partners before sexual activity about using protection i.e. condoms and water-based lubricant.
- Encourage STI testing prior to engaging in any sexual activity with a new partner.
- Encourage STI testing if the young person has had unprotected sexual
intercourse/ oral/anal sex with more than one other person in the last six months.

- Explain basic STI testing processes to the young person.
- Inform the young person of where they can go to get testing done.
- Assist them in accessing sexual health services.
- Advise the young person about accessing Medicare.
- Inform the young person of the potential treatments for the common STI's.
- Give written information on STI's to the young person.
- Discuss support networks for the young person.
- Encourage the young person to involve their sexual partner (in cases where a positive STI has been diagnosed this would need to occur for all notifiable infections).
- Follow-up as required once the young person has been seen by a medical practitioner/sexual health service. The possibility of co-existent infections needs to be considered.

Exploring sexual activity in the young person who may have an STI includes assessing for the following signs:

- Is there any discomfort or itching in the genital, perineal/anal region?
- Is the young person experiencing a vaginal or urethral discharge?
- Is the young person experiencing a genital rash, sores, ulcers or lumps?
- Does she/he have dysuria?
- Is there any pelvic pain, soreness/ testicular pain/ soreness
- Is she experiencing painful menstruation?
- Is she/he experiencing painful intercourse?

If the young person answers yes to any of these questions they require referral for clinical assessment and examination/testing.

**Note:** Remember the majority of STI cases do not present with symptoms. Safe sex practices are paramount to prevent infection. Assessment and possible testing is necessary for all cases who present with risk factors.