

Aboriginal Adolescents & Young People

Supporting and Promoting
their Health and Wellbeing

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About this Booklet

In our research, the health and wellbeing of adolescents emerged as a critical concern for Aboriginal Health Workers, as did the need for and access to information to guide programs for adolescents. Aboriginal Health Workers play an important role in promoting the health and wellbeing of adolescents in their communities.

This booklet provides Aboriginal Health Workers with practical, usable, and user friendly information on key aspects of adolescent wellbeing. Health Workers can use this information to advise adolescents, their parents and families on ways to develop the safe and stable environments and behaviours necessary to development and wellbeing.

This booklet covers four themes identified by Aboriginal Health Workers in our research as areas of priority:

- Nutrition
- Sexual Knowledge and Health
- Mental Health and Wellbeing
- Alcohol, Smoking and Other Drugs

The information is specific to adolescents and young people and can be used with the general information contained in the other resource booklets. The information is intended to be used for health education, promotion and prevention programs. The information is a guide and not to be used in place of a medical diagnosis.

Adolescence Explained

Adolescent Health – The Australian Story

There are two pictures of Australian adolescent health:

1. Positive – Adolescents experience improved life expectancy and reduced mortality
2. Negative – Adolescent obesity, mental ill health and illness, drug and alcohol use have increased

The negatives are treatable and highly preventable. Early intervention and health promotion and education campaigns making adolescents aware of the risks and benefits of their lifestyle choices are important ways of improving the health and wellbeing of young people.

Young people face a number of health and wellbeing issues and challenges. In a recent survey Australian adolescents identified the following as their health and wellbeing priorities and concerns:

- Emotional and mental health
- Relationships with family and friends
- Sexuality and sexual orientation
- Body image
- Risk taking and experimentation
- Self harm and injury
- Alcohol and other drugs

Adolescence Explained

Adolescence is a time when lifelong behaviours begin. Through health education, intervention and promotion you can help adolescents to develop good health and wellbeing habits. This starts with understanding how to communicate with young people and knowing the physical and psychological changes they are going through. The following information is designed to aid Aboriginal Health Workers understand adolescence and promote positive development.

To be most effective, health services, education and promotion need to be tailored for the intended audience. Programs for young people should:

- Address their needs and concerns,
- Respect their growing knowledge and independence,
- Show them they are normal and not alone.

Health education and promotion requires effective communication. Tips for effective communication with young people include:

- Build trust
- Yarn don't lecture
- Help them problem solve
- Avoid judging and confronting
- Be open and honest
- Share your experiences

Adolescents are people aged 12-24. There are three periods of adolescent development:

- Early - 10 –14 years (puberty)
- Middle - 15 –19 years (18 = legal adult)
- Late - 20 – 24 years

But adolescence is more than age. It's a time of rapid emotional, physical, intellectual and behavioural change. It is the transition from childhood to adulthood. It is a complicated, confusing and frustrating time for young people and their families. By knowing and understanding how adolescents think and feel you can develop effective health promotion activities.

Hormonal Change:

Many of the physical and emotional changes in adolescence are caused by increased hormonal levels. These are:

- Testosterone in males
- Oestrogen in females

These hormones partly cause the physiological (bodily), sexual and behavioural changes associated with adolescence, such as:

Feelings	Behaviour
Sad	Emotional outbursts
Confused	Rapid mood swings
Highly sensitive	Hot tempers

Adolescence Explained

continued

Physical and Sexual Changes:

Rapid and intense physical growth and maturity takes place during adolescence. This includes reaching full adult height and rapid increases in weight due to muscle and bone growth and fat deposits. Average increases in height and weight are:

	Height	Weight
Girls	24 cm	17 kg
Boys	25 cm	19 kg

Growth and development can be uneven (spurts) – i.e. arms and legs grow quicker than the body. Adolescents might look ‘awkward’ and feel very self-conscious. They need love, support and positive affirmation from their parents and families.

Sexual development takes place in ‘spurts’ which might make a young person feel ‘awkward’.

Girls	Boys
Nipples and breasts	Penis and testicles grow
Hips widen	Facial, chest and pubic hair
Periods (menstruation)	Semen and sperm
Pubic and underarm hair	Voice breaks
Body odour	Acne
Acne	Adam’s apple and nose grow

Brain Development and Psychological Change:

Adolescents might look like adults but their brains are still in transition to adulthood. The frontal lobe (responsible for reason and logic) is still developing. Because of this adolescents and young people walk a fine line between adult and child like thinking and behaviour. Their behaviour might include:

Adult Thinking	Childlike Thinking
Reason	Quick judgement
Logic	Inaccurate assumptions
Critical thinking	Take things personally
Questioning	Mistrust/disbelief of parents/adults
Moral judgements	Invincible – it won't happen to me!

Young people are more likely to understand the short term consequences of their actions. Because of this, health promotion messages that emphasise both short term and long term consequences – i.e. that smoking costs you money and cause disease – might be most effective for adolescent audiences.

Behavioural/Social Change

Adolescents are also going through intense changes in personal identity and external relationships. They have a lot to think about and might appear 'selfish' as they go through this transition. Adolescents are discovering:

Place Where do they belong	Identity Who are they	Worldview Views and opinions
Social groups	Beliefs	Society
Community	Values	Politics
Society	Sexuality	Social issues
	Sense of worth	Religion

Adolescents are also becoming more independent. They might clash with their parents or even shut their parents out. Arguments are a normal and can be healthy, helping young people learn to manage anger. Aboriginal Health Workers can aid this transition by supporting parents to reinforce strong family bonds as 'protective factors'.

Adolescence Explained

continued

Friendship groups are very important to adolescents. They can have strong and intense friendships which may positively or negatively influence their thinking and behaviour. This includes:

Positive	Negative
Social support	Pressure to fit in
Self help group	Pressure to risk take
Sense of place/belonging	Loss of self

Negotiating the positives and negatives helps young people learn how to behave in adult society. Adolescents need reassurance that they are not alone in this journey and that what they are experiencing is a normal part of growing up. Aboriginal Health Workers play an important role in providing support and advice on these issues to young people.

Environment:

Young people are shaped by the space and place they live in and influenced by the economic and social circumstances around them. These factors can have a positive or negative impact on their lived experience and influence their overall development and wellbeing¹.

Young people often have multiple identities. They belong to different groups that shape their lives. These include social and cultural groups – race, ethnicity, religion, culture, family and class. Negotiating these identities helps them determine their sense of self and place in the world.

Young peoples' lives are also shaped by structural factors such as education and employment opportunities and socio-economic circumstance. Lack of access to opportunities can cause low self-esteem and this can negatively influence health and wellbeing. Aboriginal Health Workers can support adolescents in difficult times by helping them to understand their circumstances and find ways to look at their situation more positively.

¹ For more on this, refer to the risk and protective factors discussion in the Infant and Child booklet.

Young Aboriginal People:

Young Aboriginal people are generally more disadvantaged than non-Aboriginal people. Most do not have the same access to opportunities and resources that support and promote wellbeing. They often find themselves in circumstances that put them at high risk of poor life and health choices. In some situations they do not have the resources to control these circumstances. For example, young Aboriginal people are:

More likely to:	Less likely to:
Suffer ill health	Have access to education
Experience death	Have access to employment
Develop mental illness	Have access to community resources
Suicide	
Experience stress - racism/prejudice	
Have risky or unhealthy behaviours	
Substance abuse	
Be inactive	
Have a poor diet	

This is not to say that the development and wellbeing of all young Aboriginal people will always be compromised. Although Aboriginal Health Workers can't change all of the risk factors faced by young people, they CAN educate and empower adolescents to make better health and wellbeing choices through health promotion programs.

Research² has identified a number of protective factors specific to Aboriginal people that draw on their history, culture and spirit of resilience. Aboriginal Health Workers can help young people to draw on this resilience by making them aware of the history of Aboriginal survival, strength and courage, and by highlighting the known strengths of Aboriginal people, which includes:

- A spirit of endurance
- A wealth of creativity
- A sense of humour
- Adaptability to changed circumstances
- Tolerance
- Self reliance
- A sense of compassion
- Having dignity and respect for self and others
- Cultural integrity
- Spirituality and connection to the land

Health promotion and education in this area could include using stories of strength and resilience from within the community and beyond as positive examples for young people.

2 For example, the Telethon Institute's Too Solid parenting program (see resources list).

Nutrition and Physical Activity

Balanced diet
High in nutrients
Find 30 every day

Low in fat,
salt & sugar

In our research, poor adolescent nutrition emerged as a concern for Aboriginal Health Workers. Many felt that young people did not know or understand the lifelong health impacts of their eating habits. The guidelines on nutrition and physical activity in the nutrition booklet can be used in health promotion and education with young people. In this section, Aboriginal Health Workers will find information on the specific nutritional and activity needs of young people to help develop more targeted approaches to health promotion and education.

The contexts in which young people make decisions about nutrition are very important. Young people have more independence to make their own decisions about diet and exercise. They make choices about what they eat, but often make poor nutrition choices. They might be cooking for themselves or have their own money to buy food. They might choose snacks high in salt, sugar and fat. Their poor choices often reflect a lack of knowledge and information.

Statistics suggest that around 33% of young people are overweight or obese. Adolescent obesity is caused mainly by poor diet and low activity levels. Young people are at high risk of lifestyle related diseases such as diabetes, heart disease, stroke, high blood pressure, osteoporosis and some cancers. Many of these are preventable: health promotion and education is an important part of prevention.

Young people also face many social pressures that influence their diet. For example, the pressure to look good and be thin might lead them to adopt disordered eating patterns such as anorexia, bulimia, or crash diets. They might cut out good foods because they think it will help them lose weight. When they do this, they don't get the right nutrients and might become underweight or sick.

What Adolescents Need to Eat and Why

It is important that young people understand the need for a balanced, nutrient rich diet and regular moderate activity. Adolescents need more calories and nutrients than adults and children to fuel:

- Growth – of body, muscle and bone
- Brain growth and development
- Sexual maturity
- Mental health and wellbeing
- Energy for learning

Each person has different nutritional needs which are determined by a number of factors, primarily:

- Age
- Height
- Rate of growth
- Body composition – small, medium, large build
- Stress

Young people need to understand what influences their nutritional needs in order to make healthy dietary choices.

A key message for young people is that their food input must be balanced with regular activity in order to avoid excessive weight gain. They need diets that:

- Are high in protein, calcium, complex carbohydrates and fibre
- Are low in sugar, salt and fat
- That include a variety of nutritious foods
- Are low in processed foods such as chips, lollies, takeaways and soft drinks
- Include 5-9 serves of vegetables and 3-4 of fruit
- Include 4-10 serves of wholegrain cereals
- Include 3-5 serves of low fat dairy

Health Workers can support adolescent decision making by promoting the following tips for maintaining a healthy weight:

- Eat a wide variety of foods
- Don't skip meals – breakfast starts the metabolism, gives you energy, and will help you avoid unhealthy snacks
- Snack healthy – avoid chocolate, chips and fast food. Try vegetables, fruit, nuts and low fat dairy
- Avoid soft drink – go for water, milk or sugar free options
- Portion size – only eat what you need
- Healthy takeaways – sushi, subs, wraps and salads
- Get active – play sport, walk, ride a bike, dance

Sexual Knowledge and Health

Sexual health through knowledge

Sex should be fun and pleasurable

No shame through confidence and control

Aboriginal Health Workers identified sexual health and sexuality as a priority in adolescent health and wellbeing. Many were concerned about the sexual risks young people in their communities were taking, and suggested that many of these risks were connected to a lack of self confidence or knowledge. Health Workers can use the information here to help young people understand sexual risks and rights.

Sexual health is more than the absence of sexually transmitted infections (STIs). Sex should be pleasurable and fun, and free of physical and psychological risks. Sexual health means enjoying and controlling sex and reproduction the way you want to. It means:

- No fear
- No shame
- No guilt
- Having knowledge
- Having confidence
- Being in control of when, where and with who you have sex

Sexual health and confidence also means knowing, owning and being proud of your sexuality and sexual identity. It is important that young people know that being gay, lesbian, bisexual or straight are all normal sexual identities. They should also have access to services, people and environments that support them in their sexual identity.

Young people might be comforted to know that their sexual development and maturity are a normal part of their transition to adulthood, and that this transition includes physical and hormonal changes. Some of these are obvious - breasts, facial hair, breaking voices – and might be embarrassing. Love, support and positive reassurance from parents and family are needed at this time.

Aboriginal Health Workers can support young people's sexual health through education and promotion that improves their sexual knowledge, and also by talking with them about sex and sexuality in a non-judging way. The information here is designed to support Health Workers in such activities.

Sexuality

It is difficult to know where to start when talking to young people about sex. There are many issues to cover, and it's hard to determine which comes first. We have started with sexuality because many people start thinking about their sexuality and sexual identity before they become sexually active. Helping young people navigate the minefield of sexual identity might also help them to decide when they are ready to become sexually active.

Sexuality has many parts. It includes:

- Gender – male or female
- Sexual feelings for others (attraction)
- Feelings as sexual beings
- Sexual orientation – gay, lesbian, bisexual, or straight
- Sexual behaviour

During adolescence, most young people start exploring, discovering and experimenting with their sexuality. They may have positive and negative feelings about this. Many adolescents face social pressures and challenges around sex: they need people who they can trust to support, but not judge, them. Aboriginal Health Workers can help adolescent in this journey by being supportive, understanding, non-judgemental and confidential.

Because of social pressures, developing a sexual orientation can be challenging and confronting. Some people who identify as homosexual are shamed by others because of how they feel. It is important that young people have confidence in their sexual identity, and this starts with knowing that being 'straight' is NOT the only kind of normal. Being gay, lesbian or bisexual is also normal. Young people need networks of people they can trust and who support their sexual identity.

Young people are also judged on their sexual behaviour. Some young people, especially girls, talk about a 'no win' situation. Saying 'NO' might mean they don't get asked out or they get labelled as 'frigid'. Saying 'YES' might mean they get a reputation as being 'easy'. All of this is unfair and adds to the pressure young people face. Let young people know that what they do is their choice and their business.

Talking to Young People about Sex and Sexuality

These are some of the things young people say they want in sexual health education and services:

- Confidentiality
- Youth friendly staff
- To feel safe
- Fun, interesting and relevant
- Not just 'biology'

Sexual Knowledge and Health

continued

Only have sex when
you feel ready

You Can say NO

Act and think safe

Safe sex
stops pregnancy
and disease

Drink, drugs
and safe sex
don't mix

Sex – Are You Ready?

Young people feel a lot of social pressure to have sex. What they hear from their friends and see in the media sends a message that everyone's having sex and that doing it makes you grown up and cool. But how do they know they're ready? Some questions you can ask young people to help them decide if they are ready include:

- Do you feel mature and ready in every way?
- Will you feel guilty or bad about yourself?
- Does your partner care about you and respect you?
- Can you talk about what you want to do and don't want to do?
- Who can you turn to if you have a bad experience?
- Can you talk to your partner about sex?

Young people need to know they should have sex only when they feel they are ready. If they don't feel ready, they should say NO. They should also know that they have right to say no and that right is protected by law.

What's Safe, What's Unsafe?

There are many types of sex and sex acts, each of which carries some risk of disease and infection. The main sex acts include:

Vaginal / Oral / Anal / Stroking - Manual Stimulation

Safe sex means using contraception, condoms, and thinking and acting safe. Safe sex is all forms that protect against STIs AND pregnancy. Young people need to know the risks involved in having sex and how they can protect themselves.

But you don't want to make it sound too scary. Let young people know that just because they have safe sex, it doesn't mean it can't be fun, Safe sex includes:

- Cuddling, stroking and kissing
- Vaginal/anal with a condom
- Masturbation and mutual masturbation
- Oral sex with a 'dam' (cover for vagina/anus) or condom

You have choices

Help is available

Young people are also more likely to be complacent when it comes to safe sex. Let them know that no contraceptive is 100% effective. Pills and IUDs only prevent pregnancy. Barriers such as condoms and dams prevent pregnancy AND STI transmission.

Safe sex also means being in control to make informed decisions. Anything that impairs judgement can lead to unsafe sex. For that reason alcohol, drugs and safe sex don't mix. If someone is out of it, they can't control what happens to their body. Drunk people can be taken advantage of – they might be raped, assaulted, catch an STI, or get pregnant.

Pregnancy

Unwanted pregnancy is one risk of having unprotected sex. It can be a time of confusion and fear for the young person involved. Aboriginal Health Workers might find themselves in a situation supporting and advising a young woman or couple who think they might be pregnant and are unsure of what to do and where to go for further help and advice. In this situation, it is important to:

- Be Confidential – she needs someone to trust
- Offer advice but don't judge her situation or actions
- Advise them to take a pregnancy test – you can help her to do this at home or in a clinic or advise her to go to her GP
- Let them know they have choices – have the baby, an abortion, or adoption/foster care

Part of the support role is to offer advice her on where to get confidential, free advice through services such as:

- Family Planning WA – including the Aboriginal Education Team
- FPWA Quarry Health Centre for under 25's
- Sexual Health Helpline
- Her local AMS clinic – many have trained sexual health workers

Sexual Knowledge and Health

continued

STIs are preventable

Always have safe sex

Use condoms

Get an STI check

Sexually Transmissible Diseases (STI)

There are many STIs, with different symptoms, ways of transmission, and health impacts. Most are preventable and also treatable. The table below describes the main STIs, and is intended to help Aboriginal Health Workers talk to someone who thinks they might have an STI. It is intended as a guide only and should not replace a medical diagnosis.

Common STIs, Symptoms and Transmission

STI	Passed Through	Symptoms	Prevention	Treatment	Health Impact if Untreated
Chlamydia	Oral Vaginal Anal Sex	Mostly none Sometimes pus	Condoms Dams	Antibiotics	Pelvic inflammation Infertility Pass to baby during birth
Gonorrhoea (Gono, the clap, the drip)	Oral Vaginal Anal Sex	Men – yellow pus/discharge Urination pain Women – mostly none, sometimes pus and pain during urination or sex	Condoms Dams Immunise	Antibiotics	Infertility Pelvic inflammation, Swollen penis and testicles Arthritis Skin and organ infections, Pass to baby during birth
Hepatitis A	Touch Food, Faeces Saliva Sex	Sometimes none Tiredness Yellow skin Yellow eyes Dark wee Poor appetite	Clean hands Clean Food Condoms Don't share saliva	Healthy lifestyle	Liver damage
Hepatitis B	Sex Blood, Baby during birth Breastfeeding		Immunise Condoms	Healthy diet and lifestyle	
Herpes	Anal Oral Vaginal Sex	Blisters on mouth, face or genitals Virus stays after sores heal	Condoms, No sex if have sores	Treatment for sores No cure for the virus	Sores Can be passed to babies during birth
HIV – virus AIDS – the disease	Anal Oral Vaginal sex Blood-to-blood	Sometimes flu like symptoms. Usually no signs	Use condoms Don't share needles	Treatment to prolong life or delay AIDS, but there is no cure	Weak immune system means you get sick Will eventually die
Syphilis (pox)	Anal Oral Vaginal sex	Sores on genitals All over rash if untreated	Use condoms	Antibiotics	Damage to brain, heart and other organs, Still birth

Sexual Knowledge and Health

continued


Am I at risk?

- I have had UNSAFE sex (without a condom, condom not used properly, condom fell off)
- I have a new partner or many partners
- I have discharge, pain or sores in private parts
- I was named as a contact of someone else with an STI
- I can't remember if I had UNSAFE sex (eg if I was drunk)
- my partner or I have ever injected drugs
- I have had contact with someone else's blood (eg getting a tattoo, fighting).


If you said YES even once, or are thinking of having a baby...

Get an STI CHECK!


Condoms Stop STIs from Spreading




Check date and seal of the packet – old condoms break




Open the packet carefully (don't use teeth)




Roll on when the penis is hard




Pinch the tip so air doesn't get trapped as you roll down



Put on some water-based lubricant



Hold the condom on your penis when you pull out, so semen (cum) doesn't spill out



Throw the condom in the bin – not down the toilet.

People you've had sex with

If you have an STI, it is important to let your sex partner(s) know.
If you want, the clinic can do it for you without telling anyone your name.

If you or your sex partners are not treated, you might get that STI again!

How do I stop herpes?

- Have an STI check if you are at risk (Am I at risk? See other side).
- Don't have sex when there are sores on the sex parts.
- Don't have oral sex when there are sores on the mouth.
- Safe Sex – use condoms and lube every time you have sex.

Condoms will help protect you from herpes if the condom stops skin-to-skin contact with the herpes sore. But if the sore isn't covered by the condom, herpes can still be passed on.

- Stay with one partner.
- Have regular men's and women's health checks.

If you have the herpes virus, you can pass it on even when there are no sores on your skin.

Image above was reproduced with permission from the Department of Health WA

If you think someone is at risk of having an STI, advise them to talk to their GP, local AMS clinic, or to contact one of the Regional Aboriginal Sexual Health Teams listed below. They should also talk to their partner(s) and advise them to also get an STI check.

Albany (08) 9842 7500	Broome (08) 9194 1630	Bunbury (08) 9781 2350	Perth Derbal Yerrigan (08) 9421 3888
Carnarvon (08) 9941 0560	Fitzroy Crossing (08) 9166 1777	Geraldton (08) 9956 1985	Pilbara (08) 9172 8303
Goldfields (08) 9080 8200	Halls Creek (08) 9168 6266	Helpline 1800 198 205	South Hedland (08) 9172 8333
Kalgoorlie (08) 9080 8200	Kununurra (08) 9168 1288	Northam (08) 9622 4320	

Sexual Knowledge and Health

continued

No-one can force you to have sex

Assault and Abuse, there's no excuse

Stopping assault and abuse is everyone's business

Sexual Rights and the Law

Sexual health and wellbeing also involves knowing your legal rights and protections when it comes to sex. Aboriginal Health Workers can support a young persons' sexual wellbeing by making them aware of their rights when it comes to sex. You can advise young people that there are laws to protect people from assault and abuse, and to punish offenders. These include:

What	Illegal When	What's Involved	Punishment	What to Do
Age of Legal Consent (Different from giving personal consent)	Under 16 years old some exceptions apply*	Sex Sex acts Touching	Fine Jail Some exceptions	Talk to the people involved Report to police if necessary
Sexual Assault/ Rape	Force Drug Threaten Pressure No consent Didn't say yes	Sex Sex acts Touching	Jail	Report to police Help through Sexual Health Resource Centre (SARC) 1800 199 888
Sexual Abuse (Molested)	Under 16	Sex Touching Genitals Making porn with kids Making kids look at porn	Jail	Report to police Help – SARC, Department of Child Protection

(Adapted from http://www.childwise.net/downloads/Age_of_consent.pdf)

Sexual Health Services for Young People

Below is a list of sexual health support services for young people:

Family Planning WA www.fpwa.org.au 9227 6178 1800 198 205 70 Roe St, No Northbridge	Quarry Health Under 25's www.fpwa.org.au 9430 4544 7 Quarry St, Fremantle	Sexual Assault Resource Centre 24 Hour Crisis Line 9340 1828 1800 199 888	Get the Facts Youth Sexual Health www.getthefacts.wa.gov.au
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* We would like to acknowledge and thank the Aboriginal Sexual Health Educators at Family Planning WA for their support and advice.

It's your right to say NO

Assault and abuse are not our culture

Sex with Kids is against the law

You are the boss of your body

Mental Health and Wellbeing

Aboriginal Health Workers often find themselves at the frontline of mental health intervention and prevention. Being armed with information and guidelines on key symptoms, indicators and intervention strategies better equips health workers to deal with mental health situations as they arise. The information here is intended to aid Aboriginal Health Workers in the detection and prevention of mental health issues in adolescent people, and to support the mental wellbeing of young people. This information can also be used in conjunction with the guidelines in the mental health and wellbeing booklet in this resource.

Adolescent Mental Health and Wellbeing: The Context

Adolescence is a time of change and stress, and this can cause mental health issues. However, telling the difference between 'normal' teenage stress and serious mental health issues can be difficult. Time is a primary indicator. If a young person feels sad, irritable or anxious most of the time, and for two or more weeks, they might have a mental health problem.

Knowing exactly what causes mental illness is difficult because the factors are different from person to person. Some factors are physiological (in the person) and others are environmental.

Risk factors include:

- Genetics – family history of mental illness
- Brain chemistry
- Hormonal changes
- Side effects of medication
- Stressful events – family death or suicide, unemployment, racism
- Trauma – physical or mental
- Abuse and bullying
- Family violence or breakdown
- Drug abuse

Young Aboriginal people are considered at greater risk of mental ill health because of the environmental factors influencing them.

These include:

- Suicide and grief
- Trauma – includes loss of country, culture and language
- Intergenerational trauma caused by the forced removal of children
- Poverty
- Unemployment
- Discrimination and racism
- Lack of cultural safety in services

Mental Health and Wellbeing

continued

Anxiety in Young People

Young people experience similar anxiety symptoms to adults. These include physical, psychological and behavioural symptoms such as those described in the mental health and wellbeing booklet. Anxiety symptoms specific to adolescents include:

- Worrying what other people think about them
- Fear of social situations
- Worry about past failures

Early intervention, diagnosis and treatment are important to overcoming anxiety disorders: Aboriginal Health Workers are an important part of this process. In knowing the signs and symptoms of anxiety you can be better prepared to support a young person who might be experiencing one of the many types of anxiety disorder, which includes:

- Generalised – daily excessive worry and panic about life
- Panic attacks
- Specific phobias – i.e. of open spaces
- Separation anxiety – fear of leaving home or parents
- Post Traumatic Stress Disorder – from trauma such as accidents or disasters
- Obsessive Compulsive Disorder – repetitive actions to overcome anxiety
- Mixed Anxiety and Depression – prolonged anxiety leading to depression

It is important that anxiety in adolescents is detected and treated early because it can increase the risk of other mental health disorders later in life. These include:

- Depression
- Alcohol dependence
- Drug dependence
- Suicidal behaviour
- Poor educational outcomes
- Early parenthood

Early Intervention Guidelines for Depression and Anxiety

The steps listed below are intended to help Aboriginal Health Workers intervene with people who might have or be at risk of developing a mental illness.

1. Assess the Risk of Suicide
2. Listen non-judgementally
3. Give reassurance and information
4. Encourage the young person to get help
5. Encourage self-help strategies

For more information on these actions, refer to the mental health and wellbeing booklet in this resource. If you think a young person might have a mental health issue or illness encourage them to seek professional help. There are a number of specialised youth mental health support services offering advice, referrals and self help by phone or online. Most are free of charge. These include:

Kids HelpLine www.kidshelp.com.au 1800 55 1800	Youth Beyond Blue (Ybblue) www.ybblue.com.au
Reach Out! www.reachout.com.au	WA Crisis Team 1800 676 822
Princess Margaret Hospital for Children www.pmhfoundation.com Phone: 9489 1100	National Youth Mental Health Foundation www.headspace.org.au
Bentley Family Clinic Phone: 9334 3900	Lifeline's Just Ask 1300 13 11 14 Mon-Fri 9am-5pm
Youthlink (Inner City Health Service) Phone: 9227 4300 Peel: 9531 8080	

Adolescent Mental Health Service			
Albany 9892 2440	Bunbury 9791 4355	Geraldton 9921 7833	Goldfield 9021 6200
Kalamunda 9454 2698	Kelmscott 9390 1135	Narrogin 9881 4888	Peel 9531 8080
Selby 9382 0773	South Metropolitan 9336 3099	Swan 9250 5777	Warwick 9448 5544

The information contained here is meant as a guide only: it is not intended for diagnosis and is not a substitute for professional advice, diagnosis or treatment.

Alcohol, Smoking and Other Drugs

No Alcohol is best

Most common drug used by teenagers

Highest cause of teenage deaths

Education is more effective than prevention

Increases risky behaviour

Teach responsible drinking and break myths

Educate teenagers and parents

In our research, the use and abuse of alcohol, tobacco and other drugs emerged as a major adolescent health concern. Aboriginal Health Workers suggested that many young people are unaware of the short and long term health implications of substance use. They attributed this unawareness to a lack of knowledge. The information provided here is intended to aid Aboriginal Health Workers in their health promotion and education activities with young people. It discusses aspects of substance use specific to adolescents, and can be used in conjunction with the information in the alcohol, smoking and other drugs booklet.

Alcohol

Ideally, teenagers should not be drinking. Research tells us that people under the age of 18, should not be consuming any amount of alcohol. In addition to the health risks involved, it is illegal for someone under 18 to buy and consume alcohol.

The reality is that alcohol is the most commonly used drug by teenagers. Most are aware of some of the alcohol related health and safety risks, but often ignore them. Many adolescents are more concerned with their image than by the risks. They also tend to binge drink – too much, too quickly - a dangerous behaviour that can cause severe health problems and even death.

Many experts concede that we can't stop teenagers from drinking. Because of this it is important to promote sensible and responsible drinking and help adolescents minimise harm. Aboriginal Health Workers play an important role in this process. They are well placed to work with teenagers and parents to educate them about the realities of alcohol use.

This education process sometimes involves busting myths surrounding alcohol use. Some parents think that alcohol is not as bad as other drugs and because of this they allow their teenagers to drink. Parents need to know that this is untrue and be made aware of the short and long term risks to their children from alcohol use. They also need to know that their children learn from them: If they drink sensibly, their children are more likely to do the same.

Alcohol – What is it?

Alcohol is a drug that affects the brain and central nervous system. It is a ‘depressant’ that slows down the brain and nerves and changes thinking, movement and responses. Alcohol also changes the way people think and feel: it impairs judgement and because of this increases risks to health, safety and wellbeing.

Why do Adolescents Drink?

Adolescents drink for a number of reasons - psychological, environmental or based on myths about alcohol. Each person’s reasons are different and these reasons include:

- Self medicating – trying to forget
- Peer pressure
- They ignore the risks
- They think its socially acceptable
- Thinking it’s fun
- Thinking it’s cool
- Thinking it gives them confidence
- Their parents example

Understanding why adolescents drink can help you to intervene and educate them on how drink responsibly.

Effects of Alcohol on Adolescents

Adolescents are more vulnerable to the physical and mental effects of alcohol because:

- They have no tolerance
- They are physically smaller
- They lack drinking experience
- They can’t judge how drunk they are

Alcohol use is the leading cause of teenage death. Drinking leads to risk taking and this can lead to serious accidents and death. Alcohol use and abuse can also have a number of short and long term effects on adolescents. Educating adolescents on the risks of drinking includes making them aware of the:

Short Term Risks	Long Term Risks
Road accidents and injuries	Cause brain damage
Drink driving	Loss of memory
Unsafe sex – pregnancy and STIs	Impair development
Fighting, violence and assault	Damage to organs and body
Drowning	Disease - cancers and liver damage
Suicide	Lead to alcohol dependency
Breaking the law	Problems with the law and jail

Alcohol, Smoking and Other Drugs *continued*

Teaching Responsible Drinking

Harm minimisation is a good prevention and promotion strategy. This means educating adolescents about risks and how to be responsible with alcohol. Teaching a responsible attitude to drinking from a young age can help reduce risks. This can include:

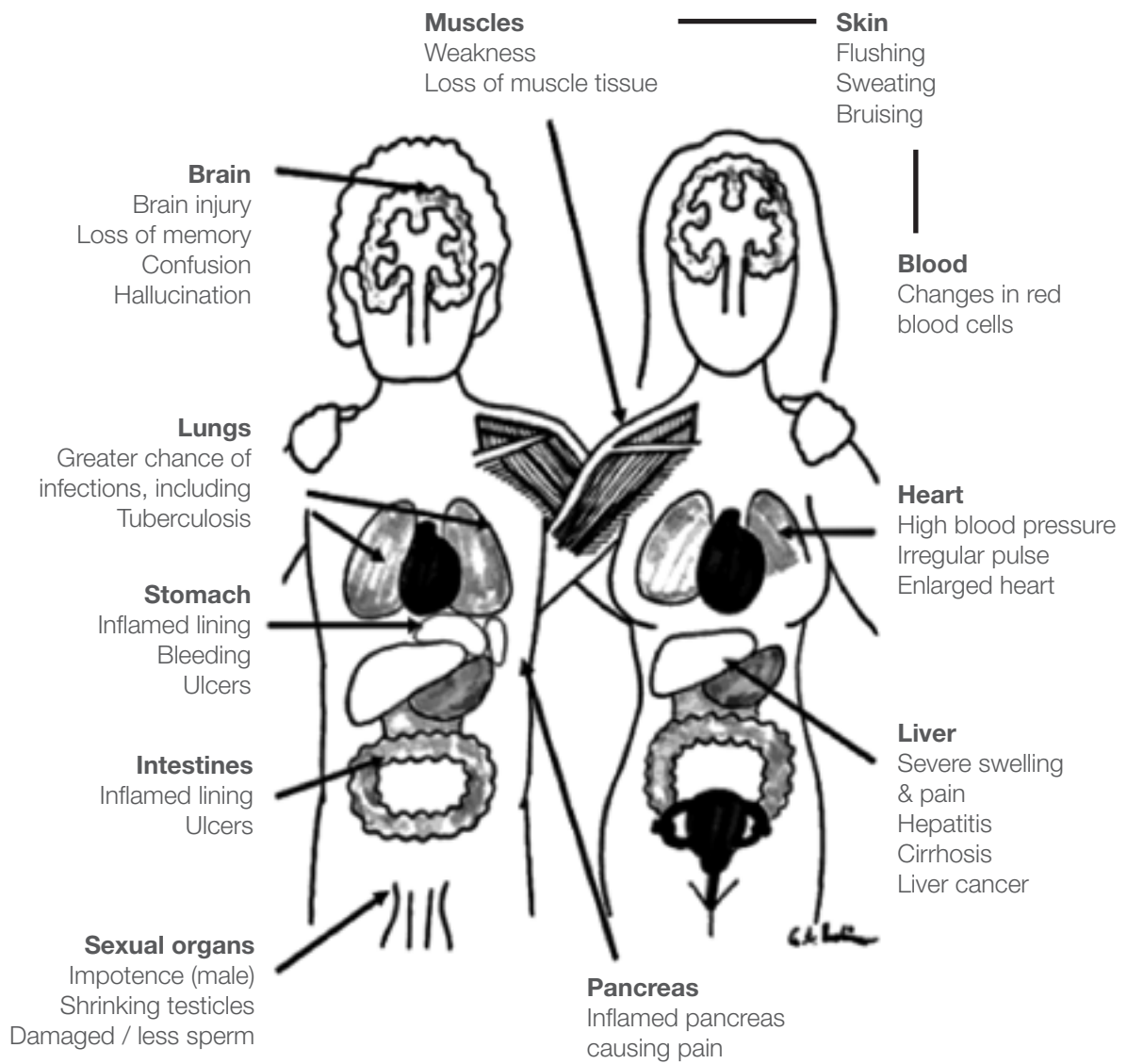
- Teaching about effects and risks
- Explaining the unpleasant short term outcomes – hangovers, vomiting, passing out
- Making them aware of alcohol and risky behaviour – drunk driving, unsafe sex, unwanted pregnancy
- Giving them the confidence to say no to alcohol

Teaching responsible drinking can also involve promoting behaviours such as:

- Following standard drink guidelines – don't binge
- Pace and space– drink slowly and have soft drinks or water in between
- Don't drink on an empty stomach
- Planning for safe travel – taxis, lifts and public transport

Role modelling is also important. Research shows that adolescents learn bad drinking habits from their parents. Parents can model sensible drinking by:

- Sometimes refusing alcohol
- Not always using alcohol to celebrate
- Avoid using alcohol to deal with stress
- Not getting drunk
- Not drink driving
- Drink moderately – keep to standard drink limits



Schematic drawing - not anatomically correct
Image reproduced with permission from the Department of Veteran's Affairs.

Alcohol, Smoking and Other Drugs *continued*

Number of Standard Drinks - Wine



Number of Standard Drinks - Spirits



*Ready to drink

Number of Standard Drinks - Beer



Useful Websites and Services

Information is important to health education and promotion. The following is a list of alcohol support and information services for young people.

Reach Out

<http://au.reachout.com/find/issues/alcohol-other-drugs/alcohol>

What's The Rush

www.whatstherush.org.au

Youth Substance Abuse Service

www.ysas.org.au

Koori Youth A&D Healing Service

PO Box 2950
Fitzroy WA 3065
Phone: (03) 9495 6173
Fax: (03) 9419 9799

Drug and Alcohol Youth Service

Hill Street Centre
129 Hill Street, East Perth
1300 651 329

Alcohol, Smoking and Other Drugs *continued*

Smoking is addictive

NO smoking is best

Smoking kills

Smoking should be prevented

People who smoke should quit

Smoking

Smoking is the number one cause of preventable death in Australia. It kills more people than other diseases, accidents, crime, and natural events put together. Ideally, we want to stop adolescents from taking up smoking in the first place. If they are already smoking, we want to get them to quit. Anti-smoking education and messages are a good way of doing this. Aboriginal Health Workers have an important role to play in educating young people on the risks of smoking.

Why do Adolescents Smoke?

There are many reasons why adolescents smoke and understanding these can help with health prevention and promotion activities. Reasons include:

- Family history – they see it as normal
- Peer pressure
- Image –it is portrayed as being cool
- Low self esteem
- Myths (see below)
- They think it helps with stress

Busting the Myths: Adolescents and Smoking

Teaching adolescents the risks in smoking involves some myth-busting. Teenage myths about smoking include:

- It keeps me thin
- I don't smoke enough to get hooked
- I can easily quit later
- It won't affect me till I'm older
- It's ok to smoke sometimes
- Smoking is cool

None of these is true. The reality is that adolescent smokers are more likely to:

- Become regular smokers
- Smoke heavily
- Have problems quitting
- Develop diseases

Adolescents need to be aware of the long and short term health risks in order to make informed decisions about smoking.

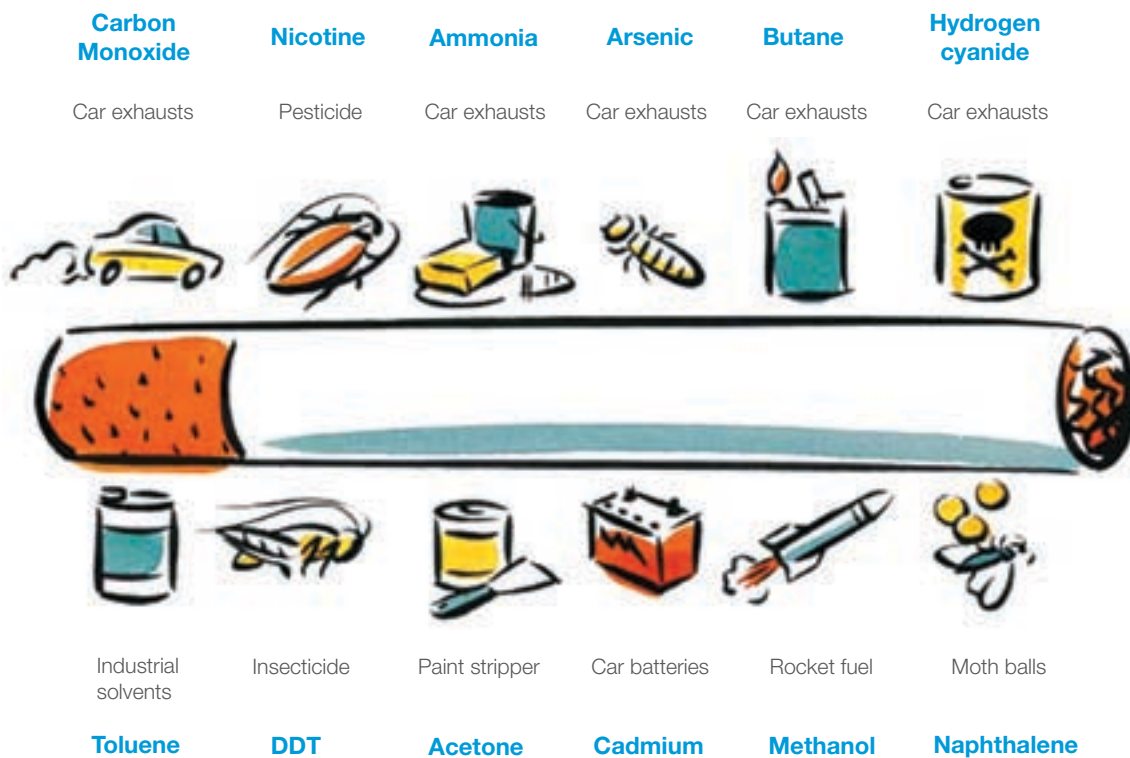


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What's in a Cigarette?

Education and promotion activities might also involve making adolescents aware of the harmful contents in cigarettes. Nicotine is a natural part of tobacco that is also a highly addictive drug. People become dependent on the nicotine. They grow to like the way nicotine makes them feel in the short term and their body and brain are 'tricked' into thinking they need nicotine to be calm and relaxed. Nicotine dependency is what causes addiction.

In addition to nicotine, cigarettes contain over 4000 poisonous chemicals. These chemicals cause deadly diseases such as cancers and heart disease. No-one would eat or drink these, so why smoke them? These poisons include:

Chemical	Other sources
Ammonia	Cleaning products
Acetone	Nail polish remover
Arsenic	White ant poison
Cadmium	Car batteries
Benzene	Petrol
Naphthalene	Mothballs

Alcohol, Smoking and Other Drugs *continued*

The Health Effects of Smoking

Making adolescents aware of the short and long term health and other effects of smoking is an important part of anti-smoking health education. The risks include:

Short Term	Long Term
Yellow fingers	Stroke
Smell	Blindness
Bad breath	Cancers
Bad skin	Heart attack
Short of breath	Infertility
Costs you money	Costs you money
	DEATH

Quitting

Quitting is hard, but it can be done. Research shows most smokers want to quit, and about 75% try to. The symptoms of nicotine withdrawal make quitting difficult. These symptoms include:

- Feel anxious
- Hungry
- Grumpy or angry
- Lose concentration

Even smoking every now and then can lead to addiction.

People who are trying to quit need support, ideas and information. Aboriginal Health Workers have an important role to play in this process. You can help teenagers quit smoking by:

1. Getting them to think about their smoking
2. Promoting the benefits of quitting
3. Telling them what smoking does to them

For more on quitting, see the Alcohol, Smoking and Other drugs booklet. There you will find tips and worksheets to help people quit smoking.

Immediate & Short-term

Medium & Long-term

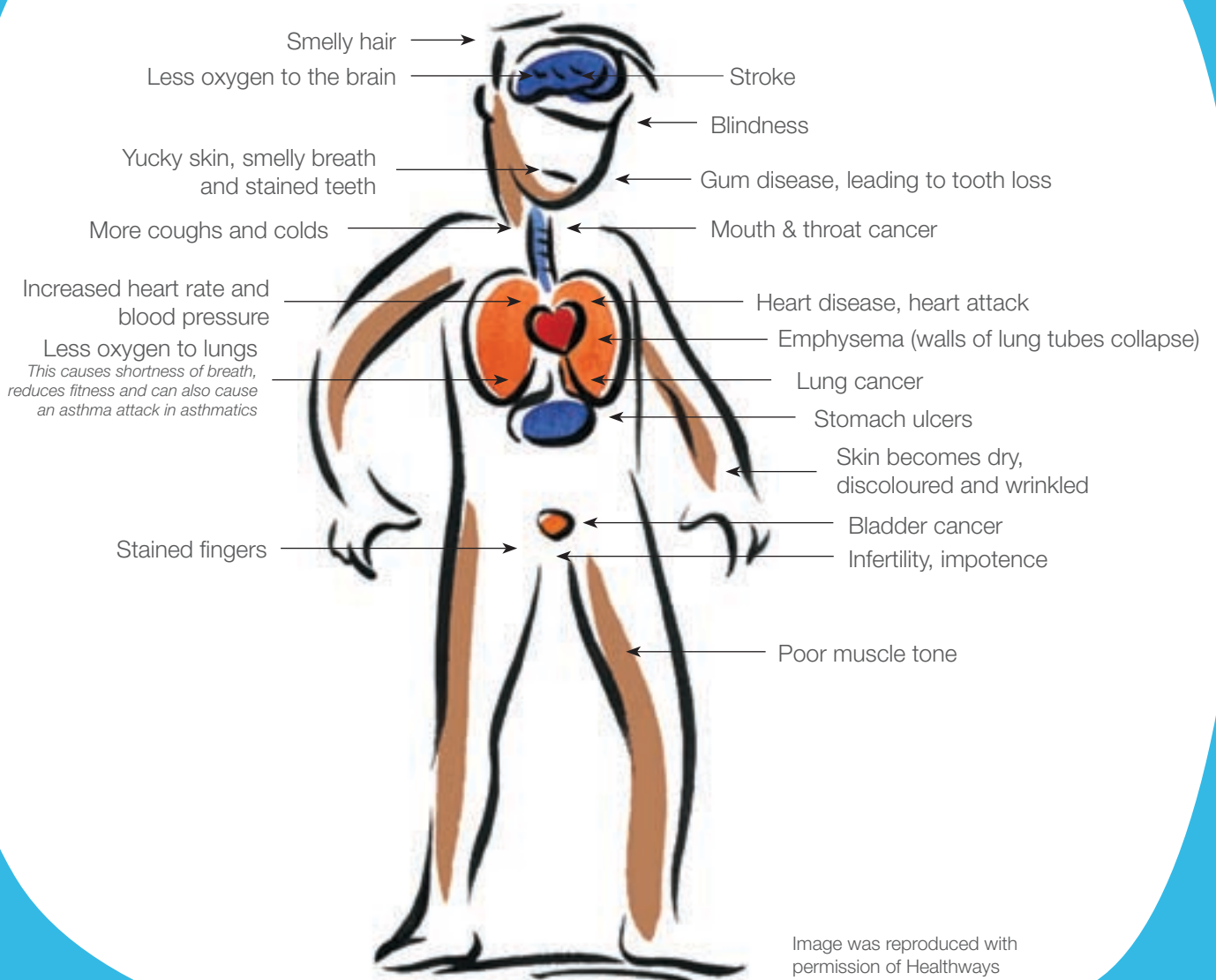


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Useful Websites and Services

Oxygen

www.oxygen.org.au

Smarter than Smoking

Phone: +61 8 9388 3343

Fax: +61 8 9388 3383

Email: SMART@Heartfoundation.org.au

www.smarterthansmoking.org.au

Beyond the Big Smoke Aboriginal Smoking Strategy

www.ahcwa.org.au

Quit Campaign

131 848

www.quitnow.info.au

Alcohol, Smoking and Other Drugs *continued*

Say NO to drugs

All drugs are harmful

Drug use is risky

If you take drugs, find ways to be safe

Other Drugs

Adolescents try drugs and take drugs for many reasons. Understanding these will help you develop education and prevention activities. These reasons include:

- Peer pressure
- Fun and relaxation
- Boredom
- To fit in
- Experimenting
- To cope with pain, loss, or stress
- To escape reality

Most young people start by experimenting but then become addicted. However, because drugs affect different people in different ways, some people become addicted while others don't. Some people have pleasant drug taking experiences whereas others have bad reactions ranging from risk taking to death. The best advice you can give to young people is to say NO to drugs.

What is a Drug?

A drug is any substance that changes the way you 'think' 'feel' and 'act'. Some drugs occur naturally in food and plants, others are man-made. Drugs can be:

- Legal – medicines, caffeine, alcohol, cigarettes
- Illegal – marijuana, heroin, speed, inhalants

The focus of this section is on illegal drugs.

There are three categories of drugs: depressants, stimulants and hallucinogens.

Depressants - Downers

These include: Alcohol, Heroin, Opium, Morphine, Methadone, Cannabis, Sedatives, Solvents, and Inhalants.

Depressants slow down the body and brain and even small amounts can make people feel relaxed. Larger amounts can be dangerous, possibly causing:

- Slowed breathing and heart rate
- Reduced blood pressure
- Nausea
- Vomiting
- Passing out
- Death

Stimulants - Uppers

Includes: Tobacco, Caffeine, Amphetamines (speed), Ephedrine (Sudafed), Ecstasy, and Cocaine.

Stimulants act on the central nervous system making people feel awake and alert. Some of the effects of stimulant use include:

Short term – in small doses	Larger doses
Increased heart rate	Anxiety
Increased body temperature	Paranoia
Increased blood pressure	Aggression
Agitation	Stomach cramps
Keep you awake	
Decreased appetite	
Pupils dilate	

Hallucinogens

Includes: LSD (acid/trips), Magic Mushrooms, Cannabis (large amounts)

Hallucinogens act on the brain and the senses (taste, smell, sound, sight, touch) causing hallucinations. People see, hear or feel things that aren't really there. It can also 'mix up' the senses so that people 'hear' colours or 'taste' sounds.

These drugs are unpredictable. The effects might last for hours or days. People can experience flashbacks many years after taking the drugs. Hallucinogens can cause good or bad 'trips'. Long term use can lead to dependence and/or psychosis. Reactions include:

Normal reactions	Bad Trip/Reaction
Feeling detached from the body	Anxiety
Relaxation	Panic
Increased heart rate	Paranoia
Dilated pupils	Aggression
Nausea	Convulsions
Loss of appetite	Muscle spasms

Alcohol, Smoking and Other Drugs *continued*

Commonly Used Drugs

Marijuana – Gunja, weed, dope, pot, weed, hash

Marijuana is a depressant that comes from dried cannabis leaves. It is usually smoked but can also be eaten. It causes the nervous system to slow down so that people feel relaxed. Aboriginal Health Workers have an important role to play in making adolescents aware of:

Long term effects	Short term effects	Harm Minimisation Strategies
Lung cancer	Poor co-ordination	DON'T use
Bronchitis	Loss of balance	Using small amounts
Psychosis	Not thinking straight – leads to risk taking	Using less often
Anxiety		Not mixing with alcohol or other drugs
Paranoia		Not driving

Smoking too much can lead to tolerance. This has health outcomes and costs a lot of money. Long term smokers can have unpleasant withdrawals if they stop.

Solvents and Inhalants – Glue, gas, sniff, huff, chroming

These are depressants that slow the body and mind. People sniff the vapours of glue, petrol, paint and cleaning products. These are absorbed through the lungs and go straight to the brain. Inhaling can cause long term health problems and even death. Health Workers play an important role in education and prevention activities, which can include identifying signs of use and educating people on the effects. These include:

Effects	Signs of abuse
Slowed heart rate and breathing	Lots of solvent containers around
Disorientation	Chemical smell on clothes
Hallucination	Breath smells
Loss of control	Sores around nose and mouth
Nausea	Runny nose and wet cough
Suffocation	
Death	

Speed – amphetamines, up, fast, goey, whiz, uppers

This is a stimulant that speeds up the body and mind. These are man made drugs in the form of:

- Liquid
- Crystals
- Tablets
- Powder

Health workers have a role to play in educating people on the health risks of speed use, and in intervening in the event of an overdose. To do this, you need to know:

The short term effects	The long term effects	When to call a doctor or 000
Aggression	Malnutrition	Fever and sweating
Increased heart rate	Psychosis	Blurred vision
Increased blood pressure	Violence	Loss of co-ordination
Hallucinations	Hepatitis and HIV	Collapse
Reduced appetite	Other drug use	Tremor
Anxiety and panic	Poor immunity	Dizziness
Lack of sleep		

Heroin - Smack, gear, junk, horse

Heroin is an opiate that comes in white powder, but it might also be brown or almost black. It is highly addictive – people can become dependent very quickly. Health workers have a role to play in educating people on the health risks of use, promoting harm minimization, and in intervening in the event of an overdose. To do this, you need to know:

The short term effects/risks	The long term effects	When to call a doctor or 000	How to minimise harm and risk
Drowsiness	Constipation	Fever and sweating	Not sharing needles
Nausea or vomiting	Infertility	Blurred vision	Buying from dealers they know
Infections	Loss of sex drive	Loss of co-ordination	Not mixing drugs
Hepatitis or HIV (needle sharing)	Gangrene Tissue damage Poor immunity Pneumonia	Collapse Tremor Dizziness	

Alcohol, Smoking and Other Drugs *continued*

Drugs – Websites and Services

Aboriginal Drug and Alcohol Office 189 Royal Street East Perth Wa 6004 Phone: (08) 9222 2455 http://www.aboriginal.health.wa.gov.au	Alcohol and Drug Information Service ADIS Phone: 9442 5000 Country Free Call 1800 198 024 Confidential 24 hr State-wide Service
Parent Drug Information Service PDIS Phone: 9442 5050 Country Free Call 1800 198 024 State-wide service	Drugs – Vibe Health http://drugs.vibe.com.au/index.asp?PageID=1
Family Drug Support Help Line 1300 368 186 http://www.fds.org.au/	WANADA City West Lotteries House 2 Delhi St West Perth WA 6005 Phone: (08) 9420 7236 E-mail: drugpeak@wanada.org.au
Australian Drug Information Network www.adin.com.au	Drug Arm Australasia 1300 656 800 www.drugarm.com.au

References

We used the following resources in this booklet:

National Alcohol Strategy *'Alcohol and Young People (up to about 18years)'*, available at [http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/content/01212f447ec2ad34ca257261001f1acb/\\$file/alcfs10.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/content/01212f447ec2ad34ca257261001f1acb/$file/alcfs10.pdf)

ABCD Parenting, *'Understanding Your Adolescent'*, available at <http://www.abcdparenting.org/>

Australian Institute of Health and Welfare (2003) *'Australia's Young People 2003: Their Health and Wellbeing'*, available at <http://www.aihw.gov.au/publications/index.cfm/title/9569>

Australian Medical Association (2006), *'Developmental Health and Wellbeing of Australia's Children and Young People'*, available at www.ama.com.au/node/4550

Better Health Channel, *'Factsheet: Hallucinogens'*, available at www.betterhealth.vic.gov.au

Centrecare Goldfields, *'Factsheet: What the Law Says About Sex'*, WA Health Department, Perth

Sexual Health and Blood Borne Virus Program (2007), *'Our Communities, Our Responsibility: STI Factsheet Series'*, Department of Health Western Australia

Department of Human Services Victoria, *'Factsheet: Food and Your Life Stages'*, available at <http://hnb.dhs.vic.gov.au/dsonline>

Department of Human Services Victoria, *'Factsheet: Sexually Transmissible Infections – Overview'*, available at <http://hnb.dhs.vic.gov.au/dsonline>

Department of Human Services Victoria, *'Factsheet: Sex – Are You Ready?'*, available at <http://hnb.dhs.vic.gov.au/dsonline>

Dieticians Association of Australia, *'Factsheet: Adolescent Nutrition'*, available at www.daa.asn.au

Eckersley, R (2006), *'Young People: Their Health and Wellbeing in the Future'*, presentation to the 5th Australia and New Zealand Adolescent Health Conference, November 2006.

Family Planning Victoria, *'Factsheet: Safer Sex'*, available at www.fpv.org.au/2_5_7.html

Children, Youth and Women's Health Service, *'Factsheet: Drugs'*, available at www.cyh.com/HealthTopics/HealthTopicDetailsKids

Children, Youth and Women's Health Service, *'Factsheet: Sexuality'*, available at www.cyh.com/HealthTopics

Headroom Project, *'Factsheet: Being Different – It's Actually Quite Normal'*, available at www.headroom.net.au

Headroom Project, *'Factsheet: Coming Clean About Self Esteem'*, available at www.headroom.net.au

Headroom Project, *'Factsheet: Sex'*, available at www.headroom.net.au

Knox Community Health Service, *'Youth KISS Project: Knox Innovative Sexual Health Strategy'*, available at www.kchs.org.au

Koori Drug Info, *'Factsheets'*, on Yarnidi, Heroin, Chroming and Speed available at www.kooridruginfo.adf.org.au

New South Wales Association for Adolescent Health, (2001) *'Position Paper: Young People and Approaches to their Health and Wellbeing'*, available at www.naah.org.au

Reach Out Australia, *'Drugs Factsheet'*, available at <http://au.reachout.com/find/articles/drugs>

Strong Bonds, *'Understanding the Reasons: Adolescent Development'*, available at <http://www.strongbonds.jss.org.au/>

Vimpani, G, *'The Health and Wellbeing of Australian Children and Young People 0-20 Years,'* available at nfaw.org/assets/Socialpolicy/Health/vimpani.pdf

Youth Mentoring Network, *'Factsheets for Mentors: Adolescent Issues'*, available at www.youthmentoring.org.au

Protecting children

Children and young people can be damaged in their spirit if people use them for sex.

This damage can be with them for all their lives.

It can finish their trust for people.

They can sometimes give up and get drunk all the time or sniff.

When they grow up it can make it hard for them to have a good marriage.

The damage can be passed on to grandchildren and great-grandchildren and life will be hard for them too.

The law is not just about full on sex. It might be:

- touching in a sex sort of way
- making the child watch porn videos
- making the child touch their own or another person's private parts
- taking sexy sort of photos of a child

If a community is going to be strong, and have good families, the children have to be protected. Men who might want to use them for sex have to be stopped and kept away.

In the law, using children for sex is a crime.

The Law

In WA, the law protects children and young people.

It says that :

You aren't allowed to have sex with a boy or girl if they are younger than 16.

You can't have sex with a close relation, like a son or daughter, a brother or sister, or a stepson or stepdaughter or any child under your care.

If you are someone in authority, like a teacher, a pastor or a community leader, you aren't allowed to have sex with a boy or girl younger than 18.

If you are worried about someone, you can call:

DCD (08) 9223 1111 or 1800 199 008

SARC (08) 9340 1828 or 1800 199 888

Centrecare 1800 671 833

or talk to:

- your community nurse
- a teacher
- a police officer
- a welfare officer

They will do their best to make sure there is no gossip and that things are done the proper way.

The painting depicts child abuse and speaking up. The middle of the circle is hands... children's hands. The Elders sit outside the circle protecting the children and talking among themselves, encouraging community members to speak up. Each Elder then carries this information back to their communities encouraging others to do the same. Joanne Honeysett, Taungurung, Victoria

PICTURE REPRODUCED WITH PERMISSION OF SNAIC

Produced by Centrecare Goldfields and Kalgoorlie Detectives
HP 2304



what the LAW says about

SEX

What the law says about sex between adults

The most important thing in the law about sex between adults is:

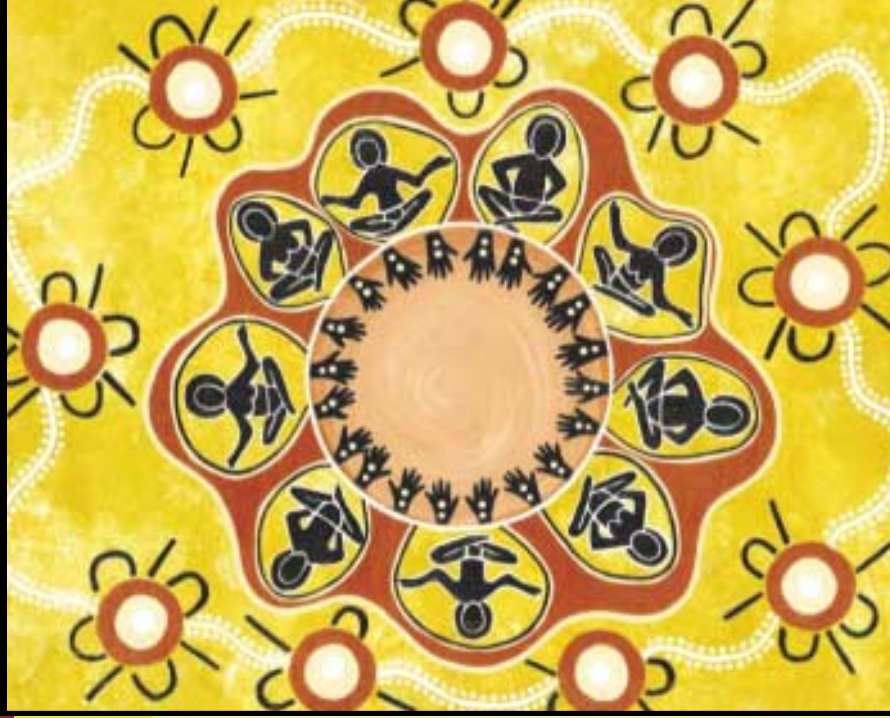
- ✓ Both people have to be OK about it.
- ✓ Both people have to agree to it.
- ✓ Both people have to have a free choice.
- ✗ You can't force them.
- ✗ You can't give them no choice.
- ✗ You can't trick them into it.
- ✗ You can't get them drunk or drugged and take advantage.
- ✗ You can't threaten them in any way.

Both people have to be happy to have sex with each other. You got to make sure that the other person is OK for it to happen before you have sex with them.

The law calls that
" **consent** "

People are allowed to change their mind about sex half way through. They might seem to be OK about sex, and go part of the way, and then change their minds. If they do, the other person has to let them go.

Choice is the important thing.



The law is not just about full-on sex. Any kind of touching in a sex sort of way is against the law if the other person doesn't want it to happen.

No excuse

Usually, the problem is with a man who wants sex with a woman and she has not given her consent, but he just goes ahead.

It is still rape or sexual assault if:

- The man was drunk or on drugs at the time.
- The woman was drunk or on drugs at the time.
- The man reckons that he "couldn't control himself".
- The man thinks "she led him on".
- One person was flirting with another person, but didn't want to have sex.
- She was "asking for it" by dancing or behaving in a sexy way, or by dressing in a sexy way.
- The two people are married or de facto.
- The two people used to be in a relationship.
- They love each other, but one of them is not ready to have sex.
- She has had sex with other people.

It will still be rape or sexual assault whether the person doing it is a man or a woman or whether the other person is a man or a woman.

Sex is only OK in the law if both people are OK for it to happen.

