

## **Submission to the Australian Senate Inquiry into the sexualisation of children in the contemporary media environment by the Australian Research Centre In Sex, Health and Society, La Trobe University**

Researchers at the Australian Research Centre In Sex, Health and Society does not have a research base from which to comment on the sexualisation of children by the media and its impact on children and young people. We do however note the phenomena with some concern.

Children and young people are exposed to increased explicitly sexual material in the form of both images and discourse through the internet and through other media sources and we know that they themselves do not see media as a trustworthy source of information (Rosenthal et al,1995). The age of first intercourse has slowly been falling over the last 40 years (Smith et al, 2003) indicating that there are fewer social barriers to initiating sex early. Large numbers of young people in Australia at present are sexually active and engaging in a broad range of sexual behaviours. Studies carried out in a large sample of Australian secondary schools, with Year 10 and 12 students, in 1992 (Dunne et al. 1993), 1997 (Lindsay et al. 1998) and 2002 (Smith et al. 2003) demonstrated that sexual activity in young people is increasing and becoming more varied in its expression. In the 2002 study, the majority of young people in Years 10 and 12 were sexually active in some way, engaging in activities including deep kissing (80 per cent); genital touching (67 per cent), and oral sex (45.5 per cent). In addition, approximately 25 per cent of students in Year 10 and just over half of those in Year 12 had engaged in vaginal intercourse. It is evident that any population of secondary school students will include a range of young people from those who are sexually active to the approximately 20 per cent who have had no sexual experience at all.

The sexual development of young people is a critical part of their growing and may be seen by them to be the most important aspect of their lives throughout adolescence. We acknowledge that we live in an increasingly sexualised society in which young people struggle to make sense of messages around them often without the assistance of a sophisticated, authoritative and comprehensive sexual health education program provided as a routine part of their education. Research shows us that Australian secondary students see school programs as their most useful source of information about sexual health and relationships (Smith et al, 2002). Despite this, sexual health education in Australian secondary schools is at present inconsistent and ad hoc and has been so for many years.

State guidelines for sexual health education have limited impact. Many individual schools conduct excellent comprehensive programs using these guidelines. However, states and territories acknowledged that often, at the level of the individual school, staff interest and willingness, professional skills of teachers, available resources and demands of the crowded curriculum can mean that the mandated learning outcomes are met in only very limited ways, if at all. They may be limited to details on STIs and other dangers with no attention paid to skills development, relationships and other aspects more

relevant to achieving optimum sexual health outcomes. Catholic, Muslim and other Independent schools also work to these state level frameworks but interpret them in ways relevant to their religious or cultural ethos and deliver sexual health education, like government schools, inconsistently or not at all. Resources and programs for young people with special needs such as those from some cultural backgrounds, indigenous young people and students with learning difficulties are scarce and localised.

Sexual health education is a more difficult area for governments and individual schools to show leadership than are other areas of education. It is an area where parents may rightly claim to have an interest. It will always be politically contentious and subject to public criticism from some quarters. Political caution has been one of the biggest factors inhibiting the development of this area to match other areas of health education, and Australian young people and their families are paying a high price for that caution. We would like to see comprehensive sexual health education which is authoritative and age appropriate conducted from P – 12 in all schools across Australia and call upon the federal government to undertake this initiative.

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