

2nd National Survey of Australian Teachers of Sexuality Education 2018

The survey contains five sections:

1. Demographics
2. You and your school
3. Your sexuality education training (pre-service and/or professional development training)
4. Your experiences teaching sexuality education before and after the release of the Australian Curriculum
5. Final comments

Please be as honest as possible when answering these questions as we are trying to get an accurate understanding of the way in which sexuality education is currently taught in Australia. Your individual answers will not be shared with anybody. Your personal opinions on and experiences with sexuality education will not be shared in any way.

Some questions are taken and/or adapted from the 1st National Survey of Australian Secondary Teachers of Sexuality Education (Smith, Schlichthorst, Mitchell, Walsh, Lyons, Blackman, & Pitts, 2011).

If you have any questions or experience technical difficulties completing this survey, please contact Paulina Ezer on 03 9479 2335 or send an email to P.Ezer@latrobe.edu.au.

Section 1: DEMOGRAPHICS

1. Do you identify as male or female?

- Male
- Female
- Other

2. What is your age? (scroll down box ages 18–100)

3. Which of the following degrees do you hold? Please select all the apply.

- Bachelor of Education (Early Childhood and Primary) (Degree Specialisation(s): _____)
- Bachelor of Education (Primary) (Degree Specialisation(s): _____)
- Bachelor of Education (Secondary) (Degree Specialisation(s): _____)
- Bachelor of Teaching/Bachelor of Science (Degree Specialisation(s): _____)
- Bachelor of Teaching/Bachelor of Arts (Degree Specialisation(s): _____)
- Bachelor of Education (Health and Physical Education) (Degree Specialisation(s): _____)
- Graduate Diploma of Learning and Teaching (Degree Specialisation(s): _____)
- Graduate Diploma in Education (Secondary) (Degree Specialisation(s): _____)
- Master of Teaching (Primary) (Degree Specialisation(s): _____)
- Master of Teaching (Secondary) (Degree Specialisation(s): _____)
- Other: _____

4. What type of school do you currently work at? Please select one option in each list.

- Government
- Independent
- Catholic

5. Is your school

- for boys only
- for girls only
- co-educational

6. Please type the postcode of your school into the field below. This information will help determine the socio-economic status of your school's region. This information will remain anonymous and will not be linked to you in any way.

Your school's postcode: _____

7. Is your school in

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

8. Is your school in a:

- Capital city
- Regional town/city
- Rural area
- Remote area

9. Approximately how many students attend your school? _____

Section 2: YOU AND YOUR SCHOOL

10. Is sexuality education taught at your school (either as a special session or integrated into other areas of the curriculum)?

- Yes → go to **Question 11**
- No → go to **Section 6**
- Not sure → go to **Section 6**

11. Have you personally delivered sexuality education at a school in the last two years?

- Yes → go to **Question 12**
- No → go to **Section 6**

12. What is your main subject area? Please select as many apply.

- | | |
|--|---|
| <input type="checkbox"/> Biology | <input type="checkbox"/> Geography |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Health and Physical Education |
| <input type="checkbox"/> Civics and Citizenship | <input type="checkbox"/> History |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Humanities and Social Sciences |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Design and Technologies | <input type="checkbox"/> Media Arts |
| <input type="checkbox"/> Digital Technologies | <input type="checkbox"/> Music |
| <input type="checkbox"/> Earth and Environmental Science | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Economics and Business | <input type="checkbox"/> Science |
| <input type="checkbox"/> English | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Other, please specify: _____ |

13. What level of education do you teach? Choose multiple options if applicable.

- | | | |
|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Foundation Year | <input type="checkbox"/> Year 4 | <input type="checkbox"/> Year 9 |
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 5 | <input type="checkbox"/> Year 10 |
| <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 11 |
| <input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 12 |
| | <input type="checkbox"/> Year 8 | |

14. What is your employment status?

- Full-time
- Part-time
- Contract

15. Please select the number of years you taught sexuality education (at any schools) from the start of your teaching career through to 2017. (scroll down list of numbers from 1-100 years)

16. What teaching resources did/do you use for your teaching of sexuality education? Choose multiple options if applicable.

- National Curriculum
- State Curriculum

- | | |
|---|--|
| <input type="checkbox"/> State curriculum additional package (e.g., Catching On, Growing and Developing Healthy Relationships, Building Respectful Relationships) | <input type="checkbox"/> Family Planning materials such as “Teach It Like It Is” |
| <input type="checkbox"/> Talking Sexual Health | <input type="checkbox"/> Websites: _____ |
| | <input type="checkbox"/> DVDs: _____ |
| | <input type="checkbox"/> CD Roms: _____ |
| | <input type="checkbox"/> Interactive Whiteboard Resources |
| | <input type="checkbox"/> Other, please specify _____ |

17. Have you read the parts of the national curriculum related to sexuality education?

- Yes → go to **Question 18**
 No → go to **Question 19**

18. How useful was the national curriculum for your sexuality education teaching?

- | | |
|--|---|
| <input type="checkbox"/> Not at all useful | <input type="checkbox"/> Very useful |
| <input type="checkbox"/> Somewhat useful | <input type="checkbox"/> Extremely useful |
| <input type="checkbox"/> Neither/nor | |

19. Have you read the parts of your state’s curriculum related to sexuality education?

- Yes → go to **Question 17**
 No → go to **Question 18**

20. How useful was your state’s curriculum for your sexuality education teaching?

- | | |
|--|---|
| <input type="checkbox"/> Not at all useful | <input type="checkbox"/> Very useful |
| <input type="checkbox"/> Somewhat useful | <input type="checkbox"/> Extremely useful |
| <input type="checkbox"/> Neither/nor | |

21. Who else besides yourself delivers curriculum-based sexuality education in your school?
Please choose as many options as applicable.

- | | |
|--|--|
| <input type="checkbox"/> English teacher | <input type="checkbox"/> School Nurse/Sexual Health Nurse |
| <input type="checkbox"/> Health and physical education teacher | <input type="checkbox"/> SOSE/Humanities teacher |
| <input type="checkbox"/> Science teacher | <input type="checkbox"/> Student welfare staff |
| <input type="checkbox"/> Religion teacher | <input type="checkbox"/> External provider, please specify _____ |
| <input type="checkbox"/> School Chaplain | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> School counsellor | <input type="checkbox"/> No one else |

22. Please state your level of agreement with the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
All students are entitled to school-based sexuality education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing information about birth control and safe sex encourages young people to have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about birth control and safe sex should be given whether young	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

people are sexually active or not.					
Abstinence should be taught as the only option for preventing pregnancy and sexually transmissible infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually abstinent students who are taught about contraceptives are more likely to become sexually active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexuality education is the responsibility of parents and should not be taught at schools at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexuality education is a shared responsibility of parents and schools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation and same-sex issues should not be included in sexuality education at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching about feelings and relationships gives students a good foundation to manage their own sexual health and safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex before marriage is acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexuality is always wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abortion is always wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Do you think sexuality education should (please select all applicable answers)?

- not be taught at school
- be voluntary for students
- be part of the national curriculum
- be mandated in the health and physical education curriculum
- be taught in a cross-curricular manner where possible
- be taught in some other subjects; please specify _____

24. Does your school require that....

	Yes	No	Don't know
...there is a whole-school approach to sexuality education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...you notify/inform parents about the topics that will be covered in sexuality education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...you inform parents that they have the option of removing their child from sexuality education classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| ...you give parents the opportunity to review curriculum content? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...different cultural and ethical backgrounds are taken into account? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...sexual diversity is accounted for? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3: TRAINING

25. Have you completed any pre-service training related to sexuality education?

- Yes → go to **Questions 26, 27, and 28**
- No → go to **Question 29**

26. What was the name of your training institution(s)? _____

27. How many hours did you spend in training? (scroll down list of numbers from 1-50+) _____

28. How useful was this training?

- Extremely useful
- Very useful
- Moderately useful
- Slightly useful
- Not at all useful

29. Did you complete any professional development training related to sexuality education **before** the introduction of the Australian Health and Physical Education Curriculum in September 2015? Professional development can include workshops or lectures provided by your school or external training facility to deliver sexuality education teacher training.

- Yes → go to **Questions 30, 31, and 32**
- No → go to **Question 33**

30. Please specify the type(s) of training: _____

31. How many hours did you spend in training? (scroll down list of numbers from 1-50+) _____

32. How useful was this training?

- Extremely useful
- Very useful
- Moderately useful
- Slightly useful
- Not at all use

33. Did you complete any professional development training related to sexuality education **after** the introduction of the Australian Health and Physical Education Curriculum in September 2015? Professional development can include workshops or lectures provided by your school or external training facility to deliver sexuality education teacher training.

- Yes → go to **Questions 34, 35, and 36**
- No → go to **Question 37**

34. Please specify the type(s) of training: _____

35. How many hours did you spend in training? (scroll down list of numbers from 1-50+) _____

36. How useful was this training?

- Extremely useful
- Very useful

- Moderately useful
- Slightly useful
- Not at all useful

37. Have you received any specific training related to the Australian Health and Physical Education Curriculum that was released in September 2015?

- Yes → go to **Questions 38, 39, and 40**
- No → go to **Question 41**

38. Please specify the type(s) of training: _____

39. How many hours did you spend in training? (scroll down list of numbers from 1-50+) ____

40. How useful was this training?

- Extremely useful
- Very useful
- Moderately useful
- Slightly useful
- Not at all useful

41. What would you like training on that you haven't already received?
If none, please write 'none'.

Section 4: YOUR EXPERIENCES

42. When you taught sexuality education, was it... (please choose all applicable answers):

- after hours
- a one-off special session
- a multi-session
- attended by parents
- video-based
- interactive (e.g. people could ask questions or discuss)
- classroom-based
- in a hall
- church-based
- part of a whole-school approach
- skills-based
- knowledge-based
- other: _____

43. You may have experienced both positive and negative influences that affect your teaching of sexuality education. These statements below describe possible barriers or facilitators within your educational environment. Thinking of the current school in which you teach, please state to which degree you agree or disagree regarding your personal situation and experience.

Your Personal Situation	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I was careful what sexuality topics I teach because of possible adverse community reaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had the full support of my school administration to meet the sexuality education needs of my students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents generally supported my efforts to meet the sexuality education needs of my students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students didn't feel comfortable talking with their teacher about sexuality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had access to the right training to provide the sexuality education needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was insufficient time for teaching the amount of sexuality education needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative media coverage of sexuality education has limited what I teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Thinking of the current school in which you teach, how comfortable are you with...

Your Comfort	Extremely comfortable	Somewhat comfortable	Neither/nor	Somewhat uncomfortable	Extremely uncomfortable
...the sexuality education curriculum you teach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the school policy on sexuality education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the school support for your teaching of sexuality education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the parents / community support for your teaching of sexuality education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...training available to you for the teaching of sexuality education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the resources available for the teaching of sexuality education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the external support network available to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...teaching students about sexuality and gender diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...teaching students relationship education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...teaching students about reproduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...teaching students about sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. In your opinion, how much influence has the following had on determining the sexuality education topics that you teach?

	A lot of influence	Some influence	A little influence	No influence at all
National Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher Authorities (Federal Government/ State Government/ Diocesan Office/ Regional Office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty/curriculum area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your personal values and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural/religious values of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available curriculum and other resources/teaching material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available training, workshops, ongoing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own feelings of confidence and competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. On average, what is the total number of hours you spend teaching sexuality education each school year? Please give your best estimate.

- 0
- 1-4
- 5-9
- 10-14
- 15-19
- 20-24
- 25-29
- 30 or more

47. A list of sexuality education topics is provided below regarding “**Biology**”. In which year level(s) do you personally teach the following topics? Choose more than one year level if applicable. If you did not teach the topic in any year level, please choose ‘none’.

Biology	None	F	1-2	3-4	5-6	7-8	9-10	11	12
Puberty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIs including HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. A list of sexuality education topics is provided below regarding “**Contraception/Birth Control**”. In which year level(s) do you personally teach the following topics? Choose more than one year level if applicable. If you did not teach the topic in any year level, please choose ‘none’.

Contraception / Birth Control	None	F	1-2	3-4	5-6	7-8	9-10	11	12
Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abstinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. A list of sexuality education topics is provided below regarding “**Decision-Making/Information Sources**”. In which year level(s) do you personally teach the following topics? Choose more than one year level if applicable. If you did not teach the topic in any year level, please choose ‘none’.

Decision-making / Information Sources	None	F	1-2	3-4	5-6	7-8	9-10	11	12
Communication with parents about sexuality decisions/issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effects of alcohol/drug use on sexual decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How and where to find trustworthy information on sexuality issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of communication technology on sexuality and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of media on sexuality and identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. A list of sexuality education topics is provided below regarding “**LGBTIQ Topics**”. In which year level(s) do you personally teach the following topics? Choose more than one year level if applicable. If you did not teach the topic in any year level, please choose ‘none’.

LGBTIQ Topics	None	F	1-2	3-4	5-6	7-8	9-10	11	12
Gender diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intersex persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex attraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transphobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. A list of sexuality education topics is provided below regarding **“Relationships/Sexual Partners”**. In which year level(s) do you personally teach the following topics? Choose more than one year level if applicable. If you did not teach the topic in any year level, please choose ‘none’.

Relationships/ Sexual Partners	None	F	1-2	3-4	5-6	7-8	9-10	11	12
Body image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication and negotiation skills with a sexual partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. A list of sexuality education topics is provided below regarding **“Sexual Activity”**. In which year level(s) do you personally teach the following topics? Choose more than one year level if applicable. If you did not teach the topic in any year level, please choose ‘none’.

Sexual Activity	None	F	1-2	3-4	5-6	7-8	9-10	11	12
Avoiding unwanted or unplanned sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional issues and consequences of being sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleasures of sexual behaviour/ activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex acts other than intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen parenthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Have you personally added or removed any sexuality education topics since the introduction of the Australian Curriculum?

- Yes, I added: _____
- Yes, I removed: _____
- No

54. Has your school added or removed any sexuality education topics since the introduction of the Australian Curriculum?

- Yes, it added: _____
- Yes, it removed: _____
- No
- I don't know

55. Is there any information that is not included in your sexuality education curriculum that you feel students need to know?

- Yes → go to **Questions 56 and 57**
- No → go to **Question 58**

56. Please describe which information is not included: _____

57. Why is this information not included? _____

58. In your opinion, how effective is today's sexuality education since the release of the Australian Curriculum with regard to the objectives listed below?

	Extremely effective	Very effective	Somewhat effective	Hardly effective	Not at all effective	I don't know
Increasing knowledge and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploring and clarifying feelings, values, and attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing and strengthening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting and sustaining risk-reducing behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. How useful have the following been in making a difference for you as a sexuality educator?

Extremely useful	Very useful	Somewhat useful	Hardly useful	Not at all useful	Not applicable
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The Australian Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your state's curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-service training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A specific resource, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A specific website, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your school's principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your school's policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your students' parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: FINAL COMMENTS

60. Is there anything else you would like to tell us?

61. How did you hear about this survey?

- Australian Education Union
- Ansell Newsletter
- Email
- Facebook
- Family Planning
- La Trobe University
- Other, please specify: _____

THANK YOU FOR YOUR PARTICIPATION

Section 6

Thank you for your interest in our research. Unfortunately, you do not qualify to take part in this survey as we are looking for teachers who have taught sexuality education in a school setting and you have indicated that this is not the case for you.