

Staying Safe – sex and the under 16s

An interactive case based workshop

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Workshop aims

- Safe place to discuss care for young people who are sexually active below the age of consent
- Focus on
 - ensuring patient-centred care
 - supporting patient-parent dyad
 - increasing clinician confidence in relation to mandatory reporting decisions



The Royal Australasian
College of Physicians

Sexual and Reproductive Health Care for Young People

POSITION STATEMENT

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Committee

The Royal Australasian College of
Physicians 2015. Position Statement:
Sexual and Reproductive Health Care for
Young People

<https://www.raccp.edu.au/docs/default-source/advocacy-library/pa-ps-sexual-and-reproductive-health-care-for-young-people.pdf?sfvrsn=4>

Know your state or territory legislation on age of consent to sex

- Australian Government Institute of Family Studies
- April 2016 Resource sheet update with links to additional resources for young people
- <https://aifs.gov.au/cfca/publications/age-consent-laws>

State	Legislation	Age of consent
ACT	Crimes Act 1900 (Section 55) ¹⁶	The age of consent for sexual interactions is 16 years.
NSW	Crimes Act 1900 (Section 66C) ¹⁶	The age of consent for sexual interactions is 16 years.
NT	Criminal Code Act 1983 (Section 127) ¹⁶	The age of consent for sexual interactions is 16 years.
QLD	Criminal Code Act 1899 (Sections 208 and 215) ¹⁶	The age of consent for anal sex (referred to as sodomy in legislation) is 18 years, and for all other sexual acts (referred to as carnal knowledge in legislation) is 16 years.
SA	Criminal Law Consolidation Act 1935 (Section 49) ¹⁶	The age of consent for sexual interactions is 17 years.
TAS	Criminal Code Act 1924 (Section 124) ¹⁶	The age of consent for sexual interactions is 17 years.
VIC	Crimes Act 1958 (Section 45) ¹⁶	The age of consent for sexual interactions is 16 years.
WA	Criminal Code Act Compilation Act 1913 (Section 321) ¹⁶	The age of consent for sexual interactions is 16 years.

Case 1: Diabetes Clinic

- 15 year old male
- T1 DM from 5 years of age
- BSL increasingly erratic
- Wary in consultations
- Medication review – no better options

What would be your next step?

1. Diabetes educator
2. HEEADSSS assessment
3. Motivational interviewing
4. Parental oversight
5. Something else

HEEADSSS assessment

- **H**ome and environment
- **E**ducation and employment
- **E**ating
- peer-related **A**ctivities
- **D**rugs
- **S**exuality
- **S**uicide/depression
- **S**afety from injury and violence
- Living with parents, OK
- Year 9 local high school, no work
- Irregular - BMI 20
- “hangs out”
- “not really”
- “I’m not sure ...’
- “sometimes .. not now...”
- “some hassles at school ...

He agrees that you can ask him some more questions

- He is pretty sure he is gay
- He hasn't told his parents
- He has been with one guy, they just “mucked about” but it felt right
- His partner was also 15
- Everything was consensual. They had oral sex and mutual masturbation
- His partner has been sexually active with one other person before him

What are the risks for this young man?

Young and gay

- Writing themselves in 3 (2010) - 3,134 young people aged 14-21 years:
 - Young people are often aware of same-sex attraction at a young age
 - Experiences of homophobia are common and increase risk of harm (drug and alcohol and mental health)
 - Support of friends, family and safe school environments protective
- Growing up Queer: homophobic harassment
 - 16% of harassed LGBTI young people had attempted suicide, 33% had self-harmed
- LGBTI young people more likely to become sexually active at younger age, less likely to use condoms and more likely to get an STI
- Rural young people particularly struggle to access services
- Young gay men are at risk of syphilis and HIV as well as chlamydia and gonorrhoea
 - Need additional screening (throat, urethra and rectum)
 - Need information, skills and clinical support to reduce risk of HIV infection – including knowledge about PEP and PrEP

His parents ask to speak to you on their own.
They tell you they think their son is gay and ask you how they can “keep him safe”?

- What key points would you discuss with his mum and dad?

Parents supporting wellbeing for young gay men

- Love and respect
- Learn
- Encourage them to bring their partners home
- Gay friendly and informed GP care
 - consider sexual health centre care too
- Gay friendly and informed specialist care
- Encourage safe sex but avoid making staying HIV negative a “condition” of being gay

Useful resources

- Australian STI Management Guidelines for use in primary care <http://www.sti.guidelines.org.au>
- Beyond Blue <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people>
- Growing up Queer (2014) http://www.youngandwellcrc.org.au/wp-content/uploads/2014/02/Robinson_2014_GrowingUpQueer.pdf
- Safe Schools Coalition Australia <http://www.safeschoolscoalition.org.au/who-we-are>
- PFLAG <https://www.pflagaustralia.org.au/faq.html>
- Australian Human Rights Commission 2014. Face the Facts: Lesbian, gay, bisexual, trans and intersex people
- <https://www.humanrights.gov.au/face-facts-lesbian-gay-bisexual-trans-and-intersex-people>

Behaviour clinic - 14 yo female

- ADHD diagnosed at 10 years; some challenging behaviour
- Cared for by grandparents, low-ish SES
- Attending school mostly but struggling academically; suspended recently for fighting
- What is she at risk of?

Age of first intercourse in WA (Raine) cohort

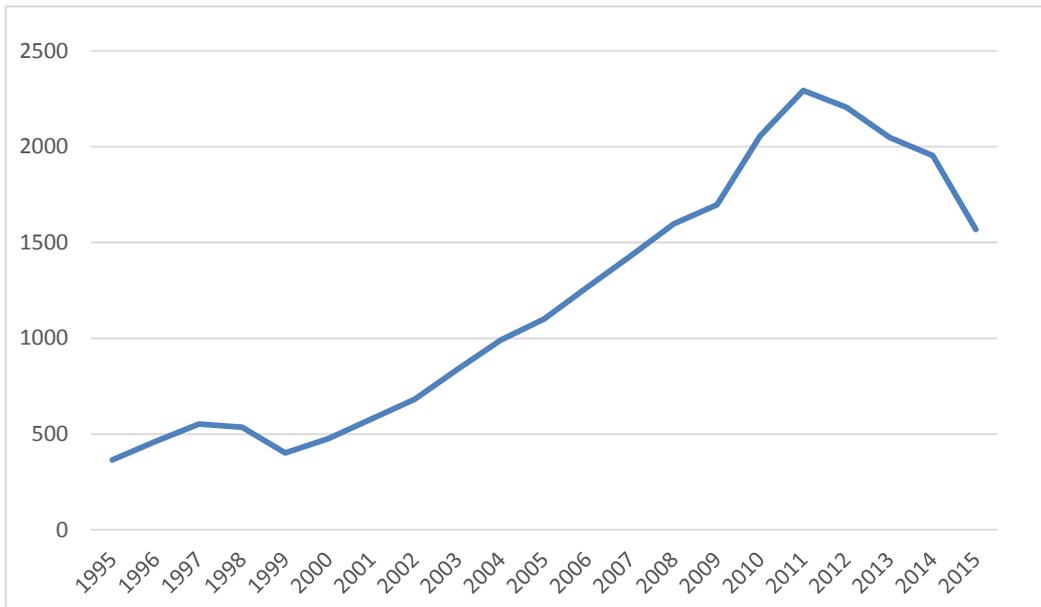
Age	Male			Female		
	N at risk	N experiencing FSI	Proportion experiencing FSI (95% CI)	N at risk	N experiencing FSI	Proportion experiencing FSI (95% CI)
13	593	17	0.03 (0.02-0.04)	607	8	0.01 (0.00-0.02)
14	576	31	0.08 (0.06-0.10)	599	52	0.10 (0.08-0.12)
15	545	81	0.22 (0.18-0.25)	547	94	0.25 (0.22-0.29)
16	464	108	0.40 (0.36-0.44)	453	142	0.49 (0.45-0.53)
17	180	27	0.49 (0.44-0.53)	156	12	0.53 (0.48-0.57)

Behaviour clinic- 14 yo female

- Reports smoking, tried marijuana
- Friends older and outside school
- Sexually active - 6 months, 1 partner.
- Consensual relationship with 15 yo
- Condom use most of the time
- **What are considerations?**
 - Legal, pregnancy, STIs, contraceptives

14 yo female sexually active

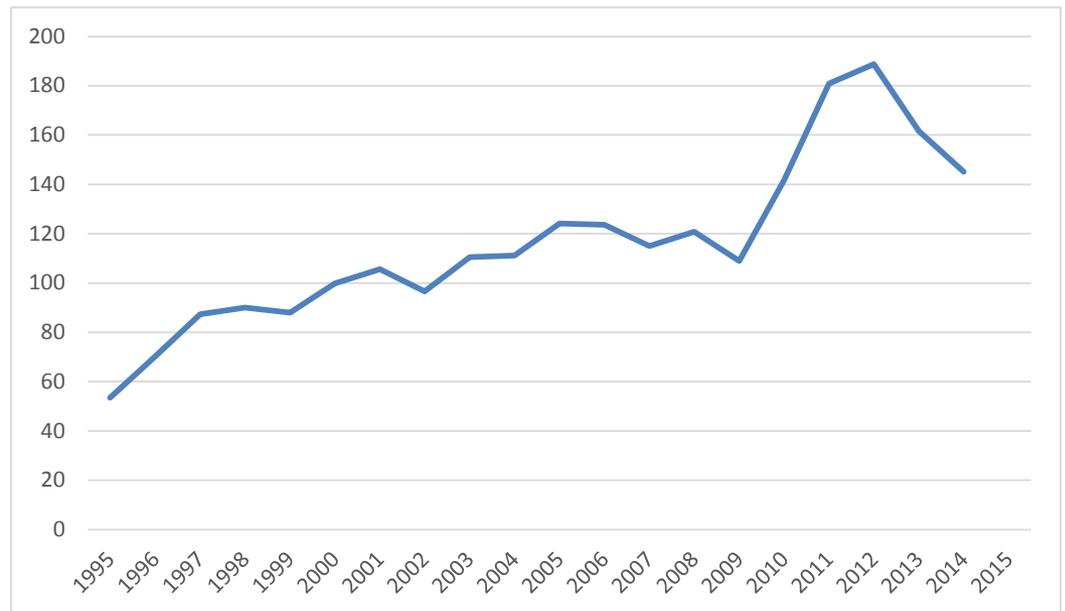
- Legal?
 - Minor for sexual activity and medical treatment
 - Sexting
- Pregnancy considerations?
 - Risk factors- age of first sex, EB, education, peers, beliefs, young mother, family disruption, low SES/ rural, indigenous
- Contraceptives?
 - Condoms vs OCP vs LARCs?
- STIs?
 - At risk – all sexually active adolescents, age of first sex, number of partners, unwanted sex, pregnant teens
 - Screening - all sexually young people under 25 (annual)



Chlamydial infection notifications/
100,000 15-19 years

Gonococcal infection notifications/
100,000 15-19 years

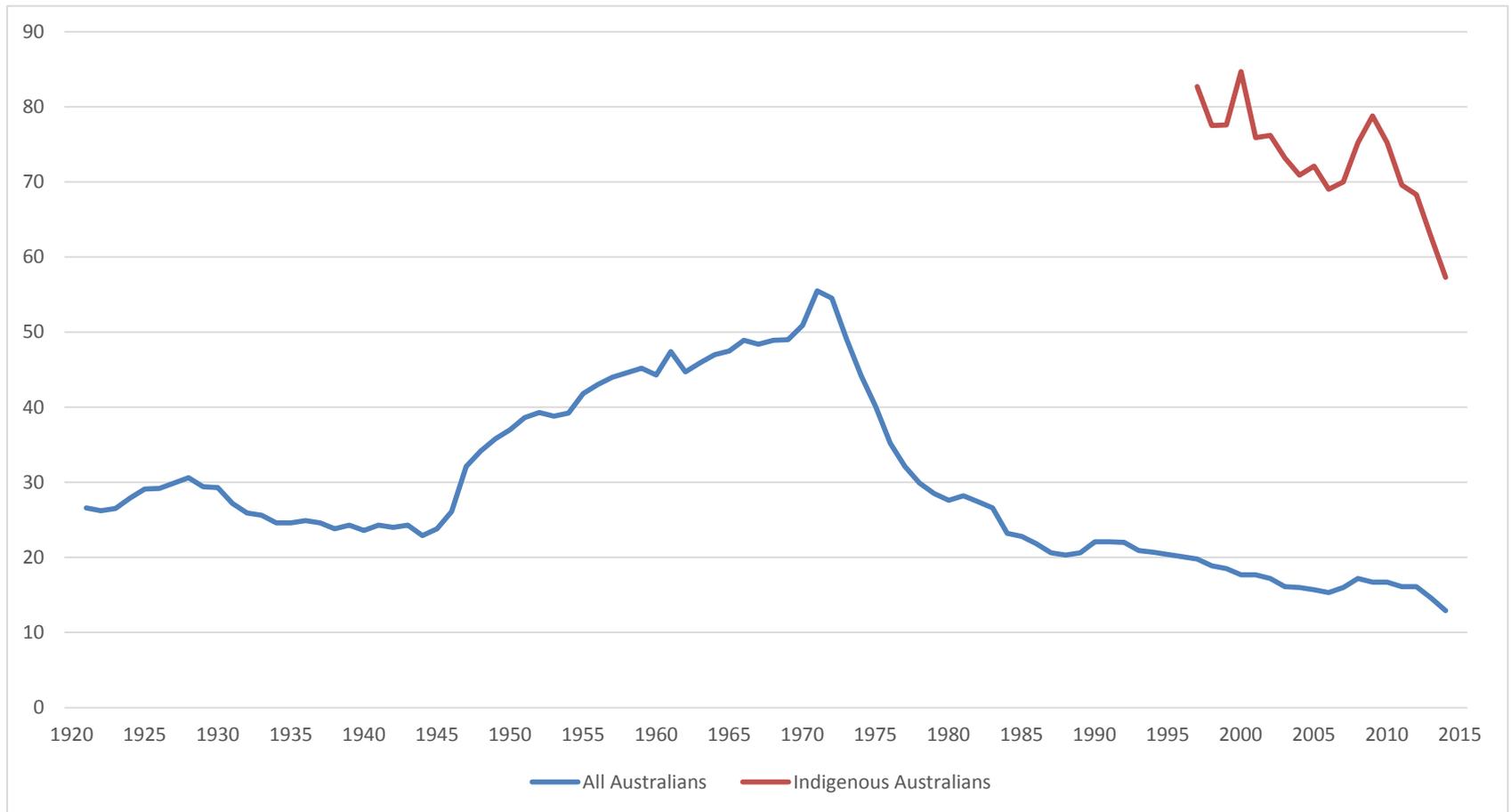
Source: Communicable Diseases
Network Australia.



13 year old girl

- Remote indigenous community
- Maternal grandmother carer, social services involved
- ODD: truancy; when unsupervised: stealing
- Self harm, drug use, early onset sexual activity - age 10yrs
- Relationship with 14yo boy, consensual
- Refusing contraception
- Is the management any different?

Teenage births - 15-19 years



Management of teenage pregnancy checklist

1. Assess risk of teenage pregnancy
2. Aim to reduce risk of unintended pregnancy
3. What to do when pregnancy occurs
4. Care for pregnant continuing teenagers

Marino et al. Australian Family Physician (coming soon)

Assess level of risk for unintended pregnancy

- Indigenous, disadvantaged or rural/remote resident
- Using substances, including smoking, but especially intoxicants
- Born to teenage mothers
- Externalising behaviour problems
- Disrupted or abusive homelife
- Sexual abuse survivors
- Beliefs supportive of teenage parenting and neutral or negative towards contraception

Act to reduce the risk of unintended adolescent pregnancy:

- Contraceptive counselling
 - Long-acting reversible contraceptives (LARCs) first-line recommendation
 - Emergency contraception (OTC) +/- script if v young
- Sexual health counselling:
 - Correct condom use, access to condoms
 - Dual use of condoms and contraception
 - Routine screening for STIs +/- pregnancy
- Screen for substance use
- Social inclusion - re-engage with school, family support

Where unintended adolescent pregnancy occurs:

- Nonjudgmental counselling, including all options
- Explore pregnancy beliefs sensitively
- Screen for sexual abuse and exploitation, particularly among younger adolescents –
 - coercive relationships may be difficult to identify, as many adolescents who fall pregnant to older partners describe caring, consensual relationships

Care for pregnant continuing teenager

At risk of poor antenatal care but need much more

- **Home visitation by midwife - antenatal and postnatal**
- Assess nutrition status
- Screen for STI and bacterial vaginosis:
 - first antenatal visit, third trimester, postpartum and where symptomatic;
 - for positive STI tests, treat partners presumptively, with test of cure 3-4 weeks later
- Screen routinely for alcohol use, substance use, violence and mood disorders (each trimester and postpartum, or more often)
- Smoking cessation counselling, pregnancy-specific, referral to QuitLine, problem solving and facilitating social support
- Discuss postnatal contraceptive options before delivery
- Support breastfeeding
- Include fathers where possible
- Encourage return to school

Case 3 - Sexual and Reproductive Health issues in chronic disease in adolescence – the CF exemplar

- CF is no longer a life limiting disorder of childhood but **a chronic illness of adolescence and adulthood.**
- As many adults as children are now living with CF.
- Therefore, issues of sexual and reproductive health in CF needed to be and have been considered.
- The application of this knowledge to other adolescent conditions is the basis of this segment of the workshop.

A 15 year old male with CF

Our **15 year old male patient** - routine CF clinic visit.

- Passing remark that a week or so ago noticed a small discharge from his penis.
- Says he knows
 - that because he has CF he is sterile (from talking to others with CF – neither parents nor paediatrician talked with him about SRH).
 - no need for protection because of sterility.

Besides establishing whether or not he has an STI, what else would consider necessary with such a patient?

Issues of

- Sexual function – not affected
- Sterility - doesn't protect against STIs – barrier protection necessary.
- Fertility - Semen analysis when a young adult to establish likely fertility (65% pregnancy rate from fertile male CF patients).
- Safe sex – barrier protection, partner's protection
- STIs
 - Potentially serious problems with Hep B, C – effect on liver.
 - Problems with immunosuppression if HPV or HS infection occurs. Therefore HPV immunisation.
- Responsible sexual behaviour
 - Publication Sex, Love and Other Stuff.
 - Respect Checklist – from Sex Love Other Stuff.
 - Consent and sexual relationships
- Learning about infertility early/appropriately \approx 14 yrs. from paediatrician/parents

Sexual Health and CF – males – what's known

- Onset of puberty may be delayed to 6 months – UK, USA
- Sterility/fertility status in males with CF
 - Absence of vas
 - Semen analysis as young adults to assess possibility of fertility
- Sexual activity
 - Mean age of Australian males with CF at first intercourse 17.9 years (2005)
 - Male and female adolescents with CF were older (15.7 years) at first sexual activity than matched controls (14.6 years); equally likely to engage in risky sexual behaviours.
 - at most recent intercourse
 - 42% no barrier protection (control 46%)
 - 19% no form of contraception(control 13.3%)
 - 47% had three or more sexual partners (control 44.4%)

Sexual and reproductive health in cystic fibrosis: a life-course perspective *Frayman K, Sawyer S ; Lancet Respir Med, 2014*

STIs and chronic disease

- In CF males 5% life-long prevalence of STIs
- Hep B and C greater risk because of liver disease
- Chlamydia etc. CF patients have normal response
- HPV and HS infections have implications if immunosuppression is used. Therefore 1⁰ prevention with HPV immunisation.

Sexual and Reproductive Health in CF

- Small studies (UK, USA)
 - only 50% parents knew their adolescent sons with CF likely to be infertile
- Parents want involvement in SRH education
 - barriers are lack of knowledge, confidence, privacy, embarrassment (parent, son, Dr), other CF issues, limited time availability
- Parents want the CF team to provide SRH information to themselves and their sons
- Even when parents were informed of male infertility, early after the CF diagnosis, < 20% had subsequent SRH discussions with the CF paediatrician – usually discussions initiated by parents

The provision of SRH – from clinicians

- Clinicians recognise 14 years the most appropriate age to discuss infertility but no routine discussions until after 15 years
- Only 50% of clinicians reassured boys that CF does not affect sexual function
- Less than 20% discussed reproductive options
- The barriers they identified included
 - Embarrassment - adolescents, parents, clinician
 - Lack of time
 - Finding the right time
 - Difficulty discussing bad news
 - Lack of training
 - Other clinic priorities

Encouraging responsible sexual behaviour

The pamphlet can be recommended/given to young men and discussed at the next clinic visit.
Less embarrassing?

Developed by young men and the Domestic Violence Resource Centre, Vic



Sex, Love and Other Stuff (DVRCV)

- What respect is and what it looks like in a relationship?
- What different sorts of relationships look like?
- What girls want in a relationship?
- How to check if someone wants to have sex
- Statistics on young people, sex and relationships (like 'How many are having sex or in relationships?')
- How to help a friend who has experienced violence
- How to talk to your girlfriend or to a girl you like

Do this quiz to find out if you're being respectful in your relationship.

The **white** sentences are signs of respect.

If you've ticked some of the **black** sentences, then things might not be ok in your relationship.

Take a look at the back page for more information or support.

Respect Checklist

Respect - you gotta give it to get it.

Do this quiz to find out if you're being respectful in your relationship.

The **white** sentences are signs of respect. If you've ticked some of the **black** sentences, then things might not be ok in your relationship.

Take a look at the back page for more information or support.

I sometimes snoop and look at my GF/BF's texts or through their stuff

I worry that my GF/BF is cheating on me

WE'RE BOTH FREE TO SPEND TIME WITH OUR OWN FRIENDS SOMETIMES

I care about what my GF/BF thinks and feels

When we go out, I mostly decide what we're doing

With sex and kissing/touching, we can both say what we like and don't like

I wish we didn't see so much of each other

When we're together, I feel like I can be myself

I laugh and have fun when I'm with my GF/BF

I hate it when my GF/BF talks to other guys/girls

I GET ANGRY OR UPSET WHEN MY GF/BF DRESSES WITH ME

I respect the choice of my GF/BF when they say 'no' to something they don't want to do

I get mad when my GF/BF says no to sex and kissing/touching

Useful Resources

- The RACP - [*Sexual and Reproductive Health Care for Young People Position Statement*](#)
- Shine SA (local, useful website)
- Local Adolescent Health services
- ‘Phone a friend’ – doctors contacting Sexual Health Centre’s Sexual Health Physicians, other health professionals

Getting back to our patients: words from a 15 year old

- Please

- ✧ smile & be friendly – it's scary being here
- ✧ be nice to me, remember I am a person, not just a teenager
- ✧ know that all the info you give me can be confusing
- ✧ be patient with me and willing to explain a second time
- ✧ show me things to help me understand – pictures, diagrams
- ✧ ask me to tell you what I have understood
- ✧ and ask me, more than once, if I have any other questions

- ✧ find out how long I have been with my partner, check if everything is going OK, and encourage me to say “no” when I want to
- ✧ acknowledge my priorities, which may be different to your own
- ✧ explain procedures simply
- ✧ tell me why examining me would be helpful before asking me if you can
- ✧ ask me if I have thought about bringing my mum with me next time
- ✧ invite me to come back to talk some more

- Thankyou.

Risk factors for early sexual activity

WA Raine cohort

Characteristic	Female				Male			
	All	Sexually active	Not sexually active	<i>p</i> ^a	All	Sexually active	Not sexually active	<i>p</i> ^a
All participants	607 (100)	374 (61.6)	233 (38.4)	-	593 (100)	331 (55.8)	262 (44.2)	-
Maternal age at delivery								
<20 years	55 (9.1)	42 (11.2)	13 (5.6)	<0.001	44 (7.4)	24 (7.3)	20 (7.6)	0.43
20-24 years	120 (19.8)	94 (25.1)	26 (11.2)		115 (19.4)	69 (20.8)	46 (17.6)	
25-29 years	181 (29.8)	102 (27.3)	79 (33.9)		192 (32.3)	111 (33.5)	81 (30.9)	
30-34 years	164 (27.0)	86 (23.0)	78 (33.5)		157 (26.5)	87 (26.3)	70 (26.7)	
35+ years	87 (14.3)	50 (13.4)	37 (15.9)		85 (14.3)	40 (12.1)	45 (17.2)	
Maternal highest education								
<High school	151 (26.7)	115 (32.3)	36 (17.1)	<0.001	136 (24.2)	79 (25.2)	57 (22.9)	0.01
High school	99 (17.5)	66 (18.5)	33 (15.7)		92 (16.4)	64 (20.4)	28 (11.2)	
Trade	236 (41.7)	137 (38.5)	99 (47.1)		254 (45.2)	132 (42.2)	122 (49.0)	
Tertiary	80 (14.1)	38 (10.7)	42 (20.0)		80 (14.2)	38 (12.1)	42 (16.9)	
High family income ^b	176 (31.3)	100 (28.9)	76 (35.0)	0.13	174 (32.5)	97 (32.0)	77 (33.0)	0.80
Father not living with mother	63 (11.0)	54 (15.0)	9 (4.2)	<0.001	46 (8.1)	29 (9.2)	17 (6.7)	0.28
Maternal smoking	138 (22.7)	107 (28.7)	31 (13.5)	<0.001	118 (19.9)	88 (26.7)	30 (11.5)	<0.001
Paternal smoking	198 (34.0)	148 (40.5)	50 (22.9)	<0.001	178 (30.8)	116 (36.1)	62 (24.2)	0.002
Maternal alcohol use	400 (65.9)	255 (68.2)	145 (62.2)	0.13	294 (49.6)	223 (67.4)	171 (65.5)	0.64
Maternal drug use	56 (10.1)	46 (13.2)	10 (4.9)	0.002	33 (6.0)	20 (6.6)	13 (5.3)	0.53
Paternal drug use	120 (20.7)	95 (26.2)	25 (11.5)	<0.001	83 (14.4)	56 (17.4)	27 (10.6)	0.02

Skinner et al, J Adolesc Health (submitted 2016)

Externalising behaviour and first oral sex and intercourse - Raine cohort

CBCL \geq 60	Female, N=607				Male, N=593			
	Relative rate FOS ^a		Relative rate FSI ^a		Relative rate FOS ^a		Relative rate FSI ^a	
	HR ^b (95% CI)	<i>p</i>	HR ^b (95% CI)	<i>p</i>	HR ^c (95% CI)	<i>p</i>	HR ^c (95% CI)	<i>p</i>
Externalizing								
Age 2	0.93 (0.63-1.36)	0.70	0.92 (0.61-1.38)	0.68	1.16 (0.82-1.64)	0.41	1.18 (0.81-1.73)	0.40
Age 5	1.24 (0.93-1.65)	0.14	1.21 (0.89-1.64)	0.23	1.38 (1.04-1.83)	0.03	1.39 (1.02-1.90)	0.04
Age 8	1.15 (0.85-1.56)	0.35	1.02 (0.74-1.42)	0.90	1.36 (1.02-1.81)	0.04	1.47 (1.09-2.00)	0.01
Age 10	1.40 (1.00-1.98)	0.05	1.38 (0.96-1.98)	0.08	1.55 (1.14-2.11)	0.005	1.94 (1.40-2.69)	<0.001
Age 14	1.38 (1.01-1.90)	0.05	1.52 (1.09-2.12)	0.02	1.51 (1.10-2.07)	0.01	1.78 (1.27-2.48)	0.001
Internalizing								
Age 2	0.62 (0.38-1.03)	0.06	0.62 (0.36-1.07)	0.08	1.12 (0.73-1.72)	0.59	1.23 (0.79-1.92)	0.37
Age 5	0.95 (0.69-1.32)	0.77	0.99 (0.71-1.40)	0.97	0.97 (0.72-1.29)	0.82	1.02 (0.75-1.39)	0.91
Age 8	0.94 (0.70-1.27)	0.70	0.91 (0.66-1.25)	0.57	1.06 (0.80-1.40)	0.70	1.33 (0.99-1.78)	0.06
Age 10	0.95 (0.70-1.29)	0.75	1.02 (0.73-1.40)	0.93	1.19 (0.90-1.57)	0.22	1.39 (1.03-1.87)	0.03
Age 14	1.08 (0.79-1.46)	0.65	1.19 (0.87-1.64)	0.28	0.74 (0.47-1.15)	0.18	1.13 (0.73-1.76)	0.58

Skinner et al, J Adolesc Health (submitted 2016)

Externalising behaviour and risky sex - Raine cohort

Externalizing CBCL $T \geq 60$	Female				Male			
	Yes N (%)	No N (%)	OR ^a (95% CI)	<i>p</i>	Yes N (%)	No N (%)	OR ^b (95% CI)	<i>p</i>
	SI with ≥ 2 partners in past year, N=307				SI with ≥ 2 partners in past year, N=307			
Age 2	9 (9.0)	21 (14.4)	0.55 (0.22-1.36)	0.2	22 (21.2)	10 (9.3)	2.29 (0.99-5.29)	0.05
Age 5	24 (21.2)	39 (23.4)	0.82 (0.44-1.55)	0.5	36 (31.0)	17 (13.8)	2.96 (1.49-5.86)	0.002
Age 8	25 (22.9)	26 (15.2)	1.63 (0.84-3.17)	0.1	36 (30.3)	19 (15.1)	2.36 (1.23-4.53)	0.010
Age 10	21 (18.1)	21 (12.7)	1.32 (0.63-2.76)	0.5	30 (25.0)	18 (14.3)	1.98 (1.01-3.86)	0.05
Age 14	20 (16.9)	28 (17.0)	0.80 (0.40-1.62)	0.5	29 (25.2)	16 (13.4)	2.12 (1.04-4.30)	0.04
	OS with ≥ 2 partners in past year, N=357				OS with ≥ 2 partners in past year, N=319			
Age 2	10 (8.8)	25 (13.8)	0.69 (0.29-1.63)	0.4	23 (17.7)	15 (11.3)	1.76 (0.85-3.68)	0.1
Age 5	29 (24.4)	41 (19.2)	1.56 (0.86-2.83)	0.1	38 (25.9)	25 (17.5)	1.64 (0.91-2.96)	0.1
Age 8	30 (25.4)	29 (13.7)	2.54 (1.35-4.77)	0.004	37 (25.2)	24 (16.1)	1.73 (0.96-3.13)	0.07
Age 10	21 (17.2)	26 (12.6)	1.40 (0.70-2.82)	0.3	33 (22.0)	18 (11.9)	2.19 (1.13-4.23)	0.02
Age 14	22 (17.6)	29 (13.9)	1.25 (0.64-2.45)	0.5	32 (21.9)	16 (11.3)	2.19 (1.10-4.32)	0.03
	Condom at last sex, N=307				Condom at last sex, N=263			
Age 2	12 (11.2)	18 (12.9)	0.62 (0.26-1.46)	0.3	7 (14.3)	25 (15.2)	0.64 (0.24-1.68)	0.4
Age 5	27 (22.3)	35 (22.0)	0.85 (0.45-1.60)	0.6	19 (31.7)	34 (18.8)	1.66 (0.83-3.33)	0.1
Age 8	22 (18.3)	28 (17.5)	0.91 (0.47-1.77)	0.8	17 (28.8)	38 (20.2)	1.28 (0.64-2.57)	0.5
Age 10	17 (14.0)	25 (15.4)	0.82 (0.39-1.72)	0.6	13 (21.7)	35 (18.5)	0.98 (0.46-2.08)	>0.9
Age 14	23 (19.0)	24 (14.8)	1.30 (0.66-2.59)	0.4	14 (24.6)	31 (17.2)	1.28 (0.60-2.73)	0.5
	Ever had sex when didn't want to, N=307				Ever had sex when didn't want to, N=263			
Age 2	14 (21.9)	16 (8.7)	1.95 (0.92-4.13)	0.08	7 (23.3)	25 (13.6)	1.90 (0.67-5.42)	0.2
Age 5	23 (30.3)	40 (19.4)	1.68 (0.92-3.09)	0.09	8 (25.0)	46 (21.9)	1.19 (0.47-2.99)	0.7
Age 8	21 (27.3)	30 (14.6)	1.91 (1.04-3.53)	0.04	8 (23.5)	48 (22.4)	1.06 (0.42-2.63)	0.9
Age 10	19 (24.4)	23 (11.2)	2.52 (1.27-4.99)	0.008	7 (20.6)	41 (19.0)	1.12 (0.44-2.90)	0.8
Age 14	19 (24.1)	29 (14.1)	2.05 (1.07-3.93)	0.03	7 (22.6)	38 (18.4)	1.42 (0.54-3.78)	0.5

Externalising behaviour and substance use - Raine cohort

Externalizing CBCL $T \geq 60$	Female				Male				
	Yes N (%)	No N (%)	OR ^a (95% CI)	<i>p</i>	Yes N (%)	No N (%)	OR ^b (95% CI)	<i>p</i>	
Smoked, past 4 weeks, N=606					Smoked, past 4 weeks, N=593				
Age 2	11 (9.9)	43 (11.2)	0.65 (0.30-1.45)	0.3	12 (11.9)	52 (13.5)	0.81 (0.49-1.32)	0.4	
Age 5	31 (24.6)	65 (14.9)	1.54 (0.90-2.65)	0.1	28 (26.9)	72 (16.4)	1.80 (1.26-2.57)	0.001	
Age 8	29 (23.4)	57 (13.0)	1.81 (1.05-3.15)	0.03	29 (27.4)	68 (15.3)	2.02 (1.40-2.90)	<0.001	
Age 10	21 (16.9)	41 (9.1)	1.61 (0.84-3.10)	0.2	25 (22.7)	45 (10.0)	2.23 (0.15-3.33)	<0.001	
Age 14	29 (23.6)	40 (8.9)	2.98 (1.66-5.37)	<0.001	27 (26.5)	45 (10.3)	3.07 (2.08-4.53)	<0.001	
Drunk, past 6 months, N=607					Drunk, past 6 months, N=593				
Age 2	36 (10.7)	15 (9.9)	1.41 (0.75-2.64)	0.3	45 (14.4)	18 (10.5)	1.37 (0.75-2.51)	0.3	
Age 5	72 (19.2)	22 (12.4)	1.40 (0.84-2.33)	0.2	70 (20.1)	29 (15.2)	1.38 (0.84-2.26)	0.2	
Age 8	58 (15.3)	25 (14.2)	1.33 (0.79-2.23)	0.3	68 (19.2)	28 (14.7)	1.36 (0.82-2.24)	0.2	
Age 10	40 (10.4)	22 (12.0)	1.86 (0.99-3.51)	0.06	54 (15.0)	16 (8.3)	1.86 (1.01-3.42)	0.05	
Age 14	47 (12.4)	21 (11.4)	1.73 (0.93-3.21)	0.09	53 (15.4)	19 (10.1)	1.52 (0.85-2.72)	0.2	
Ever used cannabis, N=600					Ever used cannabis, N=585				
Age 2	17 (10.6)	34 (10.4)	0.67 (0.33-1.37)	0.3	22 (13.7)	40 (12.7)	0.98 (0.55-1.75)	>0.9	
Age 5	40 (21.6)	50 (13.6)	1.34 (0.80-2.25)	0.3	46 (25.6)	51 (14.3)	1.90 (1.20-3.01)	0.006	
Age 8	30 (16.6)	51 (13.7)	1.00 (0.58-1.71)	>0.9	45 (24.3)	50 (14.0)	1.81 (1.14-2.87)	0.01	
Age 10	28 (15.3)	32 (8.4)	1.52 (0.82-2.82)	0.2	36 (19.3)	34 (9.4)	2.07 (1.23-3.48)	0.006	
Age 14	343(17.8)	34 (9.0)	1.98 (1.12-3.51)	0.02	38 (21.5)	34 (9.6)	2.28 (1.36-3.84)	0.002	
Ever used other illicit drugs^c, N=602					Ever used other illicit drugs^c, N=586				
Age 2	11 (13.6)	43 (10.4)	1.50 (0.70-3.23)	0.3	9 (13.2)	55 (13.2)	0.90 (0.41-1.97)	0.8	
Age 5	23 (25.0)	73 (15.5)	1.70 (0.94-3.07)	0.08	16 (21.9)	84 (17.8)	1.22 (0.66-2.26)	0.5	
Age 8	19 (20.9)	67 (14.2)	1.67 (0.91-3.07)	0.1	21 (25.9)	76 (16.2)	1.67 (0.94-2.95)	0.08	
Age 10	15 (16.0)	47 (9.8)	1.73 (0.86-3.47)	0.1	17 (21.0)	53 (11.1)	1.89 (1.01-3.54)	0.05	
Age 14	24 (25.3)	45 (9.4)	3.31 (1.79-6.09)	<0.001	20 (26.3)	52 (11.2)	2.58 (1.40-4.76)	0.002	