

**Disability, Housing and  
Community Services  
Disability and  
Community Services  
Personal Relationships and  
Sexuality Guidelines**

**Subject: Personal Relationships and Sexuality Guidelines**

**Policy Number: P2010/1093-001**

**Reviewed by The Solicitor-General**

**Related Legislation, DHHS, Divisional,  
Disability Services Policies, Standards &  
References:**

*Disability Services Act 2011 (TAS)*  
*Criminal Code Act 1924*  
*Anti-Discrimination Act 1998*  
*Guardianship and Administration Act  
1995*  
*Health Complaints Act 1995*  
*HIV/AIDS Preventive Measures Act 1993*  
*Sex Industry Offences Act 2005*  
*Disability Services Act 1986 (Cth)*  
*Disability Discrimination Act 1992 (Cth)*  
*Discrimination Act 1984 (Cth)*

**This policy replaces existing policy:**

Yes  No  (Please tick box)

If **Yes** Policy Number/s are: DS 030

**Date of Effect: July 2006**

**Date of Review: July 2007**

**Signature:**

**Date: 2 April 2012**

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## 1. PURPOSE

These *Personal Relationships and Sexuality Guidelines* have been formulated to assist management and staff members to develop a sensitive and consistent approach to the support of people with disability in the areas of personal relationships and sexuality.

They have been designed to provide accessible, relevant information with practical examples for staff members directly involved with supporting people with disability. Case studies have been included as hypothetical examples to help illustrate points of discussion raised in the text.

The information contained in these guidelines will help management and staff members develop wider options for people with disability in the areas of sexuality and personal relationships and ensure that they are as fully informed as possible before making or being assisted to make their choices.

These guidelines have been developed by a working party as a result of issues raised by the Sexuality and Disability Reference Group. Members of the working party included representatives from Family Planning Tasmania (FPT), Advocacy Tasmania, Disability Services and Montagu Community Living. Consultation was requested from a wide variety of sources including service providers and people with disability to ensure that all issues of concern were addressed.

These guidelines should be read in conjunction with the Department of Health and Human Services' (DHHS) *Personal Relationships and Sexuality Policy (July 2007)*.

## 2. DEFINITIONS

### 2.1 Personal Relationships

Personal relationships are fundamental to being part of our society. People have relatives, friends, work colleagues, partners and/or children and these relationships involve sentiments, values, shared activities, public declarations of commitment, and exchanges of information, thoughts, and feelings.

Relationships exist along a continuum, moving from the most impersonal (secondary relationships) to the most intimate (primary relationships). Secondary relationships are formal and are often functional in nature. They may be of short duration with little or no intimacy. Examples of secondary relationships include work colleagues, shop assistants or customers.

Primary relationships are more likely to be informal, enduring and involve intimate interactions over a period of time. People in primary relationships respond to each other on the basis of the unique and personal characteristics of the other person.

Primary relationships need not be sexually intimate. Examples of primary relationships include partners and special friends.

Personal relationships can be seen as a combination of both primary and secondary relationships with a number of relationships falling between the two extremes of the continuum (e.g. staff members).

*Personal relationships are not only about sexuality and sexual relationships.*

## **2.2 Sexuality**

Sexuality is much more than sex or reproduction. It is a part of who we are, what we think and feel about ourselves and our bodies and how we act towards others. A person's sexuality is unique and individual to them. It can be shaped by culture, environment, gender characteristics, life experiences, family background, personal beliefs and much more.

It is the sum of a person's inherited make up, knowledge, experiences, values, attitudes, feelings and behavior as they relate to being a woman or a man. It includes those ways of behaving which enrich the personality and enhance the relationships between people.

A person's sexuality can be expressed through various forms of sexual activity. The term 'sexual activity' covers a far broader range of behaviors than just the act of sexual intercourse. It also includes kissing, cuddling, self-stimulation (masturbation) and any kind of erotic stimulation.

*Sexuality is not just about sexual intercourse.*

Dignity of Risk provides a balance between over-protecting and under-protecting a client by enabling the client to make a decision which involves taking a chance. This decision may have a risk or questionable consequences for the client.

## **3. GUIDELINE**

### **3.1 Issues in Developing a Personal and Sexual Identity**

For people with disability there are a number of factors which may hinder the exploration and development of their personality and sexuality. The social attitudes stemming from myths and beliefs held about people with disability are major influences on their development. Such attitudes produce stereotypical images of people with disability that often result in severe restrictions being placed on their personal and sexual development. For people with disability the result can be far reaching and may contribute to the development of low self-esteem, a general lack of confidence and an inability to express themselves or make friends.

Other issues which may occur as a result of people with disability being denied their rights to personal and sexual development include:

- problems with social skills (lack of 'small talk' meeting people skills and understanding and respecting the needs of others)
- a lack of opportunities for social interaction
- being non-assertive or over compliant
- being aggressive or demanding
- having negative attitudes towards their own body and sexuality
- having difficulties in forming, maintaining and ending relationships
- having a lack of discernment about how to act in different kinds of relationships (e.g. stranger, staff member, shop assistant, friend).

### **3.2 What People Need**

In consultations held with people with disability a number of common themes emerged which highlighted specific needs in the areas of personal relationships and sexuality. The issues included people's need for support in:

- being taught new skills
- learning more about what to do when meeting new people
- providing privacy
- organising outings to see friends and family
- maintaining telephone contact and correspondence with friends and family
- situations when family members don't like their friends
- providing opportunities to meet new people.

In order to address the issues outlined above, people with disability need to have access to relevant and accurate information in the areas of personal relationships and sexuality. Formal education courses should also be made available to people with disability to enable them to develop the skills and knowledge they need in these areas.

In addition to information and education, opportunities need to be made available for people with disability to meet and make new relationships and to maintain existing friendships. Staff members therefore not only need to develop an awareness of community services and resources in the areas of personal relationships and sexuality, but also provide practical support such as transport to venues, assistance with telephoning friends or organising social events.

All information and education for people with disability should be presented in a format that takes into consideration their communication needs and abilities.

People with disability could benefit from information and education about the following areas:-

### **Development of Self-Awareness and Self-Esteem**

Self-awareness and self-esteem are important factors in developing a sense of one's self as a unique individual. Self-awareness includes the development of personal beliefs and values which are upheld by the community and which are culturally appropriate. It also includes developing an awareness of one's own feelings, an understanding that everyone has them and an ability to express feelings in an acceptable way and to change them if required.

### **Body Awareness - Development of a positive body image**

**Information in this area would include how the body works, including the sexual and reproductive parts. Education would also engender a sense of ownership of, and the right to control one's body.**

### **Awareness of Others**

Issues to consider in connection with awareness of others would include highlighting people's differences as well as their similarities. It would also include providing information on the way people affect others via their actions and feelings and developing a sense of responsibility for their own actions.

### **Relationships**

Information would need to be provided about the different kinds of relationships (e.g. staff member, friend, sex worker, shop assistant) and the different kinds of behavior which is expected for each kind of relationship. An example of an available resource in this area is the Circles Concept (see Further Resources). Information in this area would also assist in helping develop skills in making, maintaining and

ending relationships. Skills in this area include listening, turn taking in conversation, awareness of body language and eye contact, reflecting what has been said.

### **Awareness of Social Custom/Rules/Values/Beliefs**

Issues in this area include descriptions of what is considered acceptable behavior in the general community (e.g. appropriate touching of one's own body and others). It is also important to consider and discuss the different values that people hold, particularly in the area of sexuality.

### **Self Assertion**

Developing confidence in interacting with others and asserting one's own views and needs are very important skills for people with disability to develop. Greater self assertion leads to people with disability being less vulnerable, and taking a greater responsibility for themselves. It also leads to better problem solving and negotiating skills and a greater understanding of the consequences of their actions.

### **Awareness of Self as a Sexual Being**

Issues to consider in this area include:

- gaining an understanding that sexuality is a normal and health part of peoples lives and that they have choices about it expression
- understanding the difference between love and sexual desire and appropriate ways of expressing them
- accurate, value free information about sex and sexual health (e.g. HIV and other sexually transmitted infections).

Information may also be needed to assist people in gaining an understanding and acceptance of their sexual orientation and any issues which may arise from that knowledge.

## **3.3 Role of Staff**

The role of staff members in relation to personal relationships and sexuality is to support people with disability to identify their needs in these areas, develop appropriate options and responses and to assist them in implementing an agreed set of goals. This process may be carried out in conjunction with family members, friends, advocates, Family Planning Tasmania (FPT) or service co-coordinators, depending on the wishes of the individual concerned.

Staff members should develop information about community services and resources in the areas of personal relationships and sexuality to assist people with disability in this process. Staff members should also be aware of consent and confidentiality issues and follow the decision-making processes of their organisation.

Another important aspect of staff members' support in the area of personal relationships and sexuality is in the day-to-day interactions they have with people with disability. Examples include, engaging in conversations, asking questions and listening. Treating people with respect, positive regard and acknowledging that everyone is entitled to their own opinion, promotes good social and relationship skills. People with disability may also require practical support to acquire or maintain relationships (e.g. transport to venues, assistance to telephone friends or organising social events).

### **Formal and Informal Education**

Staff members can support the social and sexual development of people with disability in a variety of ways. For example, people with disability may need support in accessing appropriate information and resources from relevant training or community agencies (e.g. formal sex education, counseling).

People with disability may also require day-to-day informal education. Examples of informal education include respecting a person's privacy by knocking before entering, treating people in an age appropriate manner and modeling appropriate behaviour.

### **Values, Attitudes and Beliefs**

It is important for staff members to have a clear understanding of their own values, attitudes and beliefs in the areas of personal relationships and sexuality and be conscious of not imposing these onto the people they support. Although staff members are entitled to their own religious and moral viewpoints, at work they must enact the policies and procedures of their organisation.

Providing support which is influenced by a staff member's personal values, attitudes and beliefs could result in a person with a disability being limited in their opportunities for personal and sexual development. In this regard staff members should be prepared to accept that sometimes people will make choices with which they do not agree. Staff members also need to view the process of dealing with difficult issues in this area as part of their own personal and professional development.

However, if a staff member feels that they do not have the skills, knowledge or are unable to give an unbiased view of all the options relating to areas such as gay relationships or accessing a sex worker, they should seek support from a senior staff member.

Outlined below are a number of important issues which need to be considered when making decisions in relation to personal relationships and sexuality.

### **3.3.1 Dignity of Risk and Duty of Care**

Staff members should actively encourage and support people with disability to access a range of life experiences and to recognise the potential skill building and educational benefits these life experiences have for them.

At the same time people working in the area of human services also have a duty to take reasonable care for the safety and well-being of the people to whom they provide a service. A failure to take reasonable care which subsequently results in injury, loss or damage may give rise to a claim of negligence. Negligence is a failure to exercise the degree of care and skill which can be reasonably expected in the circumstances (known as the *accepted standard of care*). As long as staff members work above the accepted standard of care there will be no risk of them breaching their duty of care.

Staff members have a responsibility to consider their duty of care in conjunction with people with disability and their dignity of risk. In fulfilling this responsibility staff members should provide people with disability with least restrictive alternatives in relation to personal relationships and sexuality, whilst at the same time remaining aware of and discussing the foreseeable risks involved with proposed courses of action.

Staff members can minimise the risk of breaching their duty of care by:

- providing knowledge and experiences which will empower people with disability to make their own decisions and to be as personally responsible as possible
- supporting people with disability to take informed risks - where measures have been taken to minimise harm
- consulting with senior staff and significant others for advice and support if unsure
- documenting decisions and reasons for actions.

Following these steps will help ensure that staff members will maintain the accepted standard of care required to fulfill their duty of care.

Disability Services' position paper on *Duty of Care* contains further information on this subject.

### **3.3.2 Consent**

The legal elements of consent are not fixed in legislation. Instead, they have been established by courts as part of the common law. The essential elements of the law

about consent for the purposes of this document are as follows:

- The person who is giving consent must have the intellectual capacity and maturity to understand the situation they are consenting to, the choices that are available and the consequences of their decision. This applies to all people, regardless of age and whether or not they have a disability;
- In order for a person to provide *informed consent*, the person must be given sufficient accurate information about the matter or procedure, and that information must be presented in such a way that the person can fully understand it;
- Any consent must be freely given and must not be obtained by force, threat, deception or undue influence;
- A person may be able to make decisions and give valid consent in some areas of their life but not in others depending on their skills and experience.

If a person is unable to provide informed consent about an important issue, consultation and agreement would need to occur between the key people involved with that issue (e.g. family members, advocates, service providers).

Depending on the circumstances it may be possible to make a decision based on the implied consent of the person with disability. Factors to take into account in this situation would be knowledge of the person, evidence of preference through documentation, any initiation of part or all of an action, absence of resistance.

Where there is any conflict about a proposed course of action which cannot be resolved, consultation must occur with the Guardianship and Administration Board.

### **Consent for Medical Treatment**

Valid consent is needed for medical treatment or intervention unless the treatment is necessary because of an emergency. Additional features relating to consent for medical procedures include that:

- a person understands that they can refuse the treatment
- the consent is sought for a specific procedure
- a person has an understanding of the general nature and effect of the proposed treatment including the likely and foreseeable consequences.

Valid consent is also needed from a person before they can be tested and receive treatment for sexually transmitted infections (STIs).

Medical testing and treatment without informed consent may be considered an assault.

Normally consent must be given by the person receiving treatment. There may be situations where the person does not have the capacity to consent i.e. to understand the nature and effect of the proposed treatment. In these cases, consent can usually be given by somebody else, such as:

- for children – a parent or guardian
- for adults – ‘the person responsible’ (e.g. legal guardian, spouse, unpaid carer or close friend/relative)
- or in some cases the Guardianship and Administration Board (e.g. sterilization or termination of pregnancy).

N.B. The ‘person responsible’ does not include a staff member.

People with disability have the right to accurate information regarding medical issues and informed consent.

Further information on consent is contained in Disability Services’ *Consent by Clients* policy and the Guardianship and Administration Board’s fact sheet on *Consent for Medical Treatment*.

### **3.3.3 Privacy**

The *Disability Services Act 2011 (TAS)*, *Standards for Services for People with Disability* and *Personal Information protection Act 2004* contain statements which require service providers to respect the personal privacy of people with disability and ensure that information about them is treated with confidentiality. Listed below are some important points to consider in order to uphold the right to privacy of people with disability.

Information given to staff members in confidence by people with disability should not be disclosed. Activities people with disability wish to keep confidential are not to be disclosed to others. This does not include situations where staff members are obliged to divulge information to others in accordance with their organisations policies and procedures.

Staff members recognise and respect the needs and rights of adults to physical and emotional privacy.

People with disability have the right to sexual activity in private.

People with disability have the right to spend time in private with other people. Staff members respect this except where a person's safety is in question.

People with disability do not share the same bedroom unless it is specifically requested by both people or informed consent has been provided by both people.

All bedrooms, bathrooms and toilets have doors which are kept closed when in use. Where a person requires assistance or support, privacy is maintained.

People always knock and wait for a reply before entering private rooms. This does not apply where a person's safety is in question.

People with disability are encouraged to draw their blinds and curtains for privacy.

People with disability have a right to access the telephone and the opportunity to make and receive confidential telephone calls with assistance when necessary.

Assistance and support with toileting, bathing, menstrual and genital hygiene for people with disability should be provided as sensitively as possible. Specific requests made by people with disability, particularly relating to cultural and gender issues, should be complied with wherever possible.

### **3.3.4 Diversity**

Staff members should take into account linguistic, cultural, and religious factors when addressing issues of personal relationships and sexuality with people with disability and their families.

With respect to sexual orientation, diversity occurs at roughly the same rate in people with disability as it does with the rest of the population.

People with disability should have the opportunity to mix with people of both the same and opposite sex to experience a wide range of relationships in order to determine their own sexual orientation.

### **3.3.5 Responding to Sexual Behaviour**

In our society issues relating to sexuality are often dealt with in a secretive manner and people rarely converse about sexual matters. These cultural and social influences can impact on the manner in which staff members express, learn to discuss and respond to aspects of the sexual behavior of people with disability.

In considering what is and what is not appropriate sexual behavior, staff members must be aware of the impact that their own values, morals, attitudes and beliefs can have on making such decisions. The behavior of people with disability should not

be judged by another person's own values, attitudes and beliefs.

It is very important that people with disability receive clear and consistent information about sexual behavior. There should be common agreement amongst key staff members about what is considered to be appropriate sexual behavior and consistent strategies developed and used when sexual behavior becomes inappropriate.

Some questions which may clarify whether or not a particular behavior is sexually inappropriate are as follows:

- does the behavior make it difficult for the person to be accepted in the community?
- Will it make the person vulnerable to ridicule?
- Will it place the person at risk?
- Is the behavior hurting another person?
- Will it make the person vulnerable to assault?
- Will the behavior make the person vulnerable to exploitation?

Inappropriate sexual behavior can be the result of a combination of factors; a lack of understanding of appropriate social behavior, a lack of appropriate teaching programs and/or a lack of opportunities to develop and build upon social experiences.

It is important in situations deemed as 'inappropriate sexual behaviors' that underlying medical and/or psychiatric causes are explored/excluded and that referrals are made for behavioral support and educational programs where appropriate.

### **3.3.6 Sexual Health**

Staff members in both residential and day support services have a responsibility to ensure people with disability have access to information and education from health professionals, Family Planning Tasmania (FPT), or DHHS' Sexual Health Branches on:

- contraception
- reproduction
- menstrual management
- sexually transmitted infections including HIV/AIDS
- sexual health including cervical cancer screening, breast and testicular examination and prostate cancer screening.

Sex education for people with disability should emphasise the use of condoms to ensure protection from sexually transmitted infections. It should also stress that the responsibility for the use of safe sex practices lies with both sexual partners and not just one individual.

### **Additional points about contraception**

There are many different forms of contraception available. No single method of contraception is suitable for all people with disability.

For each individual all methods need to be evaluated in terms of the person's wishes, their health, motivation, skills to use a particular method reliably, and the effectiveness of the method in preventing pregnancy. In this regard it is very important for the individual to seek the advice of FPT and/or the person's medical practitioner.

People with disability cannot be forced to accept a method for contraception if it is against their wishes. Disputes of this nature should be referred to the Guardianship and Administration Board (GAB).

Similarly, any proposal to use sterilisation as a method of contraception (male or female) or for menstruation management should be referred to the GAB.

### **3.3.7 Access to a Sex Worker**

Access to a sex worker should be seen as one of a number of options to consider when supporting people with disability to make decisions about their sexual needs.

Staff members who provide physical assistance to enable people with disability to access the services of a sex worker will not, merely by doing so, breach any law in Tasmania provided that they deal only with a self-employed sex worker (i.e. a sex worker who with not more than one other person owns and operates a sexual services business). Reference should be made to the *Sex Industry Offences Act 2005* for a clear understanding of what sorts of sexual services can no longer be legally provided in Tasmania.

If a person with disability requests the service of a sex worker the staff member should refer the request in the first instance to their supervisor.

After consultation with their supervisor, the staff member has the option to decline any involvement in supporting the person's request. In this case the supervisor should refer the matter to another appropriate staff member.

It is recommended that FPT be contacted to provide advice and education to people with disability about their rights and responsibilities.

If a person with disability wishes to access a sex worker then planning and budgeting measures need to take place to ensure that adequate funds are available.

If a person with disability wishes to access a sex worker it would be important to ensure that their privacy is maintained and that there is minimal impact upon their house-mates if the person lives in a shared home.

Staff members also need to consider the following:

- The person must be informed that the relationship between themselves and the sex worker is purely in the context of a 'user pays' service;
- The person should be given an opportunity afterwards to discuss their experience in confidence if they wish.

### **3.3.8 Sexual Abuse**

All staff members should be made aware of, and when necessary, implement procedures outlined in Disability Services' *Guidelines for the Reporting of Abuse in Services for People with Disability (November 2000)*.

It is the responsibility of senior staff to ensure that all staff members are familiar with and have access to, the *Guidelines for the Reporting of Abuse*.

Staff members should receive training in the identification and prevention of physical, sexual or emotional abuse.

### **3.3.9 Working with Families**

For many people with disability, their families are very important to them. 'Families' can mean mothers, fathers, brothers and sisters, but also members from the larger/extended group such as uncles, aunties, cousins, nieces and nephews.

Staff members need to consider the following points in relation to families when supporting people with disability to maintain and develop their personal and sexual relationships.

People with disability need to be freely consulted about the sort of relationship they want (if any) with their various family members.

People with disability may need support with many of the steps involved in maintaining relationships with their families. This support may range from:

- helping to dial a telephone number
- making sure there is a quiet private place for personal call or visits
- noting down important dates and helping people with disability to purchase a card or present

- transport to family events
- planning family visits
- assisting to host an afternoon tea at home
- providing support if their family member is sick or dies.

Relationships, particularly intimate ones, are very personal and private. The person with disability may not choose to discuss or share with any members of their family. This choice should be respected unless there are serious concerns (e.g. abuse). In this situation family members may need to be involved depending on the particular set of circumstances.

People with disability may want their family's support, involvement or even approval regarding their relationships.

In circumstances where people with disability are unable to indicate their preferences, a collaborative approach focusing on the person is essential to assist that person to make decisions about their personal and sexual development.

Family members often have much to offer, their contributions should be valued and respected and their participation in planning and decision-making should be encouraged and supported. Family members do need to be made aware that others who are closely involved in the person's life will also be involved in the decision-making process.

Staff members need to remember that, whilst always maintaining a positive working relationship with family members, their primary focus is the person with disability. Issues of sexuality for people with disability are often confronting for families. Where this is the case families may need independent support from another agency.

Situations may arise where a person with disability does not have the capacity to make a decision on an important matter and there is a dispute between family members and others about a particular course of action. In these circumstances it would be important to involve an independent advocate for the person with disability and, if the dispute remains unresolved, the Guardianship and Administration Board.

## **3.4 Decision Making Checklist for Staff Providing Assistance in the Area of Personal Relationships**

### **3.4.1 For the Person With Disability**

- Has the person clearly requested support or has it been clearly identified (e.g. from observation) that the person needs support from staff or others?
- Has the information been provided to the person in a format that they understand and is useful to their situation or issue?
- Have the steps been taken to ensure that the person understands their rights and responsibilities?
- Does the person have the skills and knowledge to develop the relationship or deal with issues such as contraception, consent or self protection?

### **3.4.2 For Staff Members**

- Am I the appropriate person to inform and support the person with disability
- Have I considered my own values and their impact on my support of the person with disability?
- Have I considered and acted appropriately with regard to the accepted standard of care, confidentiality and consent standards?
- Do I need support from a senior staff member?
- Have discussions relating to the issues, concerns, decisions and actions taken been documented?
- Am I able to provide the person with disability with what they need or should I refer the person to a more appropriate service?

## 4. REFERENCES

### 4.1 Further Resources

<p><i>Helping people with a learning disability explore relationships.</i> (Jackson, Eve &amp; Neil).</p> <p><i>Rights and Recognition</i> (Family Planning NSW)</p> <p><i>Sexuality and people with intellectual disability.</i> (Fegan, Rauch and McCarthy).</p> <p><i>The Circles Concept: Friends and other people.</i> (Family Planning Tasmania).</p> <p><i>Changing inappropriate sexual behaviour.</i> Griffiths, Quinsey &amp; Hinsburger).</p> <p><i>Sexuality after Spinal Cord Injury</i> (Duchame &amp; Gill)</p> <p><i>Public and Private</i> (VIDEO)</p> <p><i>Women with Physical Disability</i> (Edited by Daut M. Krotoski)</p>	<p>A book designed for people with disability to read alone or with support.</p> <p>A guide to sexuality policy and education</p> <p>Candidly discusses sexuality and the attitude both support workers and people with disability</p> <p>Demonstrates the use of the Circles Concept – includes teaching notes.</p> <p>Based on six years of research and field testing this resource discusses a wide variety of behaviours and offers definitive plans for intervention.</p> <p>Written in a convenient question and answer format, this candid and compassionate guide addresses the myriad of physical and emotion issues surrounding sexuality after a spinal co injury.</p> <p>A two part video. The first part aims to differentiate between public and private, in th areas of bodies, places, conversation and behaviours. Part two of the video is a series o vignettes which illustrates points raised in the part.</p> <p>Written by well respected researchers and women with disability, this resource has chapters which examine sexuality and reproduction; love, marriage and relationships; stress; and physical fitness.</p>
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<p><i>Untold Desires</i> (Video)</p> <p><i>You and Me</i> (Simpson &amp; Grahame)</p>	<p>Highlights the struggle that people with physical disability face in their quest to be recognised as sexual beings, free to express their sexuality and lead sexually active lives.</p> <p>A resource kit aimed at adult men and women who have sustained a traumatic brain injury. A wide range of materials has been created, reflecting a broad range of needs that people have when resuming their sexual lives following a traumatic brain injury.</p>
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For more details about these and other resources contact Family Planning Tasmania (South).

### Websites

Organisation	Website
Sexual Health Information	<a href="http://www.shinesa.org.au">http://www.shinesa.org.au</a>
Sexuality Information Email Network	<a href="mailto:ACCSEX@yahoogroups.com">ACCSEX@yahoogroups.com</a>

## 4.2 Key Contacts

### Hobart

Organisation	Telephone Numbers
Family Planning South	(03) 6228 5422
	Free call 1800 007 119
Sexual Health Branch	Free call 1800 675 859
Women's Health Centre	(03) 6231 3212
	Free call 1800 353 212
Women's Health Information Line	Free call 1800 675028
Disability Services South	(03) 6230 7600
Guardianship and Administration Board	(03) 6233 3085
Advocacy Tasmania	(03) 6224 2240
	Free call 1800 005 131
Speak Out Association of Tasmania	(03) 6231 2344

## Burnie

Organisation	Telephone Numbers
Family Planning Tasmania	(03) 6431 7692
	Free call 1800 007 119
Sexual Health Branch	(03) 6434 6315
	Free call 1800 675 859
Women's Health Unit	(03) 6440 7131
Disability Services North West	(03) 6434 4103
Speak Out Association of Tasmania	(03) 6431 9333

## Devonport

Organisation	Telephone Numbers
Mersey Sexual Health Clinic	(03) 6421 7759

## Launceston

Organisation	Telephone Numbers
Family Planning Tasmania	(03) 6343 4566
Advocacy Tasmania	(03) 6331 0740
Sexual Health Branch	(03) 6336 2216
Women's Health Information Service	(03) 6334 8335
	Free call 1800 675 028
Sexuality and Disability Reference Group	(03) 6331 4322
Disability Services North	(03) 63364030

### 4.3 Appendix A – Case Study - Dignity of Risk and Consent

Sally who is aged 24 and lives in a shared home, has a moderate intellectual disability and is non-verbal. For a number of months Sally has been going out with Simon, a young man with a mild intellectual disability. She has appeared very happy. Simon has his own car and has recently been picking her up and taking her to spend full days at his house. When Sally returns she is extremely cheerful with a huge smile on her face. As a staff member you are concerned about the ramifications of Sally's possible sexual activity.

#### Discussion

As a staff member you must be aware of your own values and their impact on your work. What are your concerns and are they justified? You may be unsure if Sally is consenting to this relationship or is aware of her rights. Have adequate steps been taken to assist Sally to communicate her wishes and understand the situation. Are Simon's intentions honorable or is Sally being exploited. Sally's apparent willingness to go with Simon may constitute implied consent however additional questions and concerns related to Sally's health and safety would need to be addressed.

A service providing support has a duty to provide an acceptable level of care whilst balancing this with a dignity of risk for each service user. Does your organisation have policies and guidelines to assist you? Are you out of your depth? Have you discussed your concerns with Sally or your supervisor? Have discussions relating to the issues, concerns, decisions and actions taken been documented?

Although Sally may not be sexually active she is however, placing herself in a potentially compromising situation. Your organisation is responsible for ensuring that Sally has a clear understanding of any foreseeable risks, (e.g. personal safety, ability to leave an undesirable situation, sexually transmitted infections; contraception etc.), that she knows how to minimise these risks and is aware of services or resources that may assist her to make an informed decision about her actions.

## 4.4 Appendix B – Case Study – Responding to Sexual Behavior

Tom is 32 years old and has a moderate intellectual disability. He lives in a shared home and is nonverbal. His house-mates complain he frequently masturbates whilst watching the television in the living room at night.

### Discussion

Public self-stimulation is causing discomfort amongst Tom's house-mates. Some possible contributing factors may be that the television is too boring or sexually exciting. Perhaps Tom has a rash or his underwear is too tight. He may be trying to get attention and in turn his house-mates may be reinforcing the behavior. Does Tom understand about public and private?

Masturbation is a form of sexual expression for both males and females that is sometimes expressed inappropriately. It is important to try to find out from Tom why he is masturbating in the living room. He may prefer to do something else or watch a different TV show. He may like a TV in his bedroom. Does he need to learn more appropriate ways to get attention?

Teaching Tom about public and private is vital and it is important to teach the house-mates how to respond to Tom's actions. It is also important that all staff members respond positively and consistently and immediately redirect Tom to a more appropriate place or activity. The issue should be discussed at a staff meeting in order to gain agreement about strategies and courses of action. If necessary refer Tom or seek assistance from a specialist service regarding behavior or education programs.

## 4.5 Appendix C – Case Study – Sexual Health

Tania, aged 28, has a mild intellectual disability. She lives alone in the community with minimal support and requests to be provided with information about the contraceptives available to her.

### Discussion

As Tania's support worker you have a responsibility to be receptive to her needs. Do not jump to any conclusions when responding to Tania's request. In determining the most appropriate option you might explore with Tania the reasons she wants this information. She may be dissatisfied with her current method of contraception or be contemplating an intimate relationship or she may be studying a health module at TAFE.

Be mindful of the limitations of your role. It may be necessary to refer Tania to a community service/health professional. In discussing each available option for referral go through the reasons she might choose or decline the various services/resources. Some of the issues to consider could include:

the concept of public and private body parts, places and behaviors; sexual health; sexual relationships; and menstrual management. Services or resources may include Family Planning Tasmania, her general practitioner, the Internet, the local community health centre, her pharmacist, and the library.

## 4.6 Appendix D - Case Study – Access to a Sex Worker

John is 50 years old and has a brain injury. He uses a wheelchair. He lives by himself and you provide daily support. You have developed a fairly close working relationship with John; he seems to trust you and his conversation has turned more and more to personal matters. One day John tells you that although he has never considered the option before, he wants to access the services of a sex worker. He has asked for your assistance.

### Discussion

There are a number of issues for consideration, this is a new experience for John and he has asked for your help. Finding an accessible, safe, supportive sex worker service and educating John regarding his rights and responsibilities when visiting a sex worker are vital. Family Planning Tasmania is available to educate John or support staff with regard to this issue. John should be informed that you must discuss your role and responsibilities with your supervisor before providing the support requested. Is John aware of other options? Consider to whom John could be referred to explore such options.