

# Personal relationships, sexuality and sexual health policy and guidelines

Disability Services





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sexuality and sexual health  
policy and guidelines**

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## Introduction

Personal relationships and sexuality enrich and give meaning to our lives. They are both a source of, and a means of, expressing intimacy, connection, love, joy, creativity, desire, identity and individuality. Relationships and sexuality develop across a lifespan and provide many opportunities for growth, discovery and fun. Research has demonstrated that positive relationships are integral to our physical and emotional wellbeing.

## Background

The majority of people with a disability do not need support to create rewarding relationships. However, some people with a disability have encountered obstacles in their attempts to develop relationships, explore and express their sexuality, and access sexual health information and services.

The Department of Human Services is committed to a vision of communities that support individual diversity while increasing social connections and reducing obstacles to participation and personal choice. The Victorian State Disability Plan 2002–2012 (see *Appendix 1: Resources*) proposes three goals and strategies aimed at realising the Government’s vision for people with a disability:

- Pursuing individual lifestyles: to enable people to pursue their lifestyles by encouraging others to respect, promote and safeguard their rights, and by strengthening the disability support system so people’s individual needs can be met.
- Building inclusive communities: to strengthen the Victorian community so it is more welcoming and accessible, and so people with a disability can fully and equally participate in the life of the Victorian community.
- Leading the way: to lead the development of a more inclusive community for people with a disability by developing more inclusive and accessible public services, and promoting non-discriminatory practices.

Achieving these goals means creating communities where people with a disability experience greater opportunities and fewer obstacles. A community that encourages diversity and personal choice is one in which all people

have greater freedom to develop rewarding relationships, and explore and express their sexuality according to their needs, wants and abilities.

## Why do we need policy?

We need a policy to:

- Assist support providers and workers to enhance the way they respond to personal relations and sexuality.
- Increase opportunities for people with a disability.
- Provide greater clarity about complex issues, particularly where workers may be concerned about a person’s capacity to understand relevant aspects.

## The policy principles

The policy principles outline the rights and responsibilities of people with a disability and disability support providers in regard to personal relationships, sexuality and sexual health. These rights and responsibilities are enshrined in state and federal legislation. They are also reinforced by the Victorian State Disability Plan and the Victorian Standards for Disability Services (see *Appendix 1: Resources*), and underpinned by human rights and social justice principles.

The policy principles aim to create optimal conditions for people with a disability to experience positive relationships, sexuality and sexual health.

There are 10 policy principles:

1. Rights and responsibilities
2. Values and attitudes
3. Relationships
4. Social skills
5. Sexuality and sexual health
6. Freedom from exploitation and abuse
7. Privacy
8. Confidentiality
9. Access to education, information and services
10. Competent and skilled staff.



## Who does this policy apply to?

This policy applies to staff directly employed by the Department of Human Services, Disability Services and becomes effective April 2006. The primary audience includes cluster/sector/area managers and house supervisors/team leaders. A practice instruction has been developed to support this policy. Disability service providers in the funded sector are encouraged to utilise or refer to this policy when developing their own resources.

There may be cases where a support worker believes their values or attitudes will compromise their capacity to support a person with a disability to participate in chosen activities. In these cases, the support worker must refer the matter to their manager who can organise alternative support for the person with a disability.

## The guidelines

The guidelines provide a wide range of information and advice that is designed to help support providers and workers put the policy principles into practice.

## Why do we need guidelines and who are they for?

Personal relationships are complex and multi-faceted. The guidelines provide advice, support and suggestions to help disability support providers and workers meet the standards of practice outlined in the policy principles.

## How did we make the policy and guidelines?

Disability Services created this document via the following process:

- Consultation was conducted with a wide variety of stakeholders.
- A range of people were invited to join a reference group to guide the review of the policy and guidelines. Members included people with a disability, counsellors, a community visitor, academics, support providers, representatives from the Office of the Public Advocate, and staff from Disability Services head office and regions.

- A draft document was developed and consultation was conducted with people with a disability, advocacy organisations, support workers and providers, and other relevant organisations and government bodies.
- The draft document was edited based on key issues identified in the consultation before being implemented with training.

## Key definitions

The following definitions are provided to explain the terms used in the policy and guidelines.

### Cognitive disability

Cognitive disability applies to a person who has an intellectual or learning disability or an acquired brain injury. Some topics in this policy are particularly relevant to people with a cognitive disability, as their capacity to understand and make informed decisions may be less than that of other people.

### Counsellors and educators in personal relations and sexuality

There are a range of professionally trained people who work with issues related to disability, relationships and sexuality. These people may come from a range of professions and may use a range of titles such as psychologist, counsellor, human relations counsellor, nurse, social worker, general practitioner, behaviour intervention specialist or sexuality educator. In this document we will use the term counsellor or educator to refer to someone with expertise in these areas.

When you need professional support in this area it is very important to be clear about what skills are needed and who is best qualified for the work. It is a good idea to ask relevant professionals to recommend a suitable counsellor or educator. You should also enquire about a counsellor or educator's training and experience, in particular in relation to disability issues.



## Disability supports

Disability supports are the supports used by people with a disability to meet their individual needs and enhance their participation in community life. Supports may include assistance with communication, mobility and personal care. They may be provided informally by a person's network of partners, family, friends, carers and neighbours, or formally by organisations funded by Disability Services or by other government programs.

## People with a disability

There are many different types of disability. A disability can be caused by a genetic condition, an illness or an accident. In the Victorian State Disability Plan 2002–2012, 'disability' includes:

- Intellectual disability
- Physical disability
- Sensory disability
- Acquired brain injury
- Neurological impairment
- Dual disability (one of the above and a psychiatric disability)
- Disabilities that are unrelated to ageing
- Any combination of these.

## Personal relationships

Personal relationships cover the spectrum of relationships from casual acquaintances to colleagues, friends, family and partners. Personal relationships develop and change over a lifespan. They can provide support, love, joy, intimacy, sex and opportunities for giving and receiving. They can enhance our self-esteem and give us a sense of belonging. They are fundamental to our sense of wellbeing.

Personal relationships are often based on shared interests. They are usually reciprocal, but may go through stages where one person puts in more effort. Personal relationships can provide us with challenges that may be difficult, but they can also help us grow and mature as individuals. People generally learn how to have good relationships by experience and experimentation. However, many people with or without a disability need, or benefit from, specific support in developing skills that enhance relationships.

## Sexuality

Sexuality refers to our desires, practices and identity. It has psychological, biological and social aspects and involves values and attitudes. Sexuality develops throughout childhood and adolescence. Our sexuality is a key feature of our identity and so it affects the way we present ourselves in the world. The way each individual understands and interprets their sexuality varies enormously and often changes over time.

Positive sexuality is facilitated by good self-esteem and respect for self and others. Relevant, adequate, accurate, regular and timely information and support are crucial for us to understand our sexuality and avoid negative outcomes.

## Support provider

In the context of this document, *disability support provider* refers to Disability Services and organisations funded by Disability Services utilising this policy, to provide direct continuing care and support to people with a disability, according to their individual needs, to enhance their participation in community life.

## Support worker

In the context of this document, *disability support worker* refers to a person employed by Disability Services, or an organisation funded by Disability Services utilising this policy, to deliver care and support to people with a disability. This includes Disability Development and Support Officers.



## Policy principle 1: Rights and responsibilities

**All people, including those with a disability, have the same legislated rights and responsibilities. They also have a right to information about their legislated rights and responsibilities.**

People with a disability have a right to:

- The same freedoms, choices and life experiences as people without a disability
- Treatment with respect, consideration and sensitivity
- Adequate, accessible and accurate information about their legislated rights and responsibilities with regard to personal relationships
- Information regarding the legal, social and health consequences of their actions
- Support, education and resources to understand their rights and responsibilities.

People with a disability have a responsibility to:

- Respect the rights and responsibilities of other people.

Disability support providers and workers have a responsibility to:

- Act in accordance with the legislated rights of people with a disability
- Understand and keep up to date with all relevant legislation and policies
- Assist people with a disability to be aware of and understand their rights and responsibilities
- Be able to demonstrate knowledge of, and act according to, the duty of care requirements in the DHS *Duty of Care policy*.

### Guidelines: Rights and responsibilities

#### General

- People with a disability have the same legislated rights and responsibilities as other citizens.
- Specific legislation has been created to safeguard the rights of people with a disability.

#### Key areas

##### Legal framework

Disability support providers and workers need to know how the law affects their work with people with a disability. This section covers legislation and common law relevant to discrimination, guardianship, duty of care and lawful sexual activity. Other aspects of law are covered elsewhere in this document. The information in this document is not intended to cover all aspects of law or all possible scenarios. Complex situations require professional legal advice.

##### Anti-discrimination legislation

Anti-discrimination legislation was designed to prevent people being sexually harassed, or discriminated against, due to factors such as their gender, age, race or disability (see below for specific legislative Acts). Support providers need be aware of anti-discrimination legislation so they can help people with a disability, and their carers and guardians:

- Access and understand information about their rights under anti-discrimination legislation.
- Decide whether they want to take further action if they believe they are being sexually harassed or discriminated against.
- Get further legal advice.
- Get help from an advocate.

Discrimination can reduce opportunities to build social networks by restricting access to employment, education, clubs, associations or other community activities.

Discrimination can have a strong impact on any person's self esteem and negatively affect their desire and ability to form and maintain relationships.

If a support provider suspects that a person with a disability is being discriminated against, or sexually harassed, it is important to check whether the person with a disability is aware of their legislated rights. The Disability Discrimination Legal Service provides free legal information and advice, case work assistance and referral on disability discrimination issues (see *Appendix 1: Resources*). Local Community Legal Centres can also provide free advice on legal issues. The Centre nearest you can be found on the Community Law website (see *Appendix 1: Resources*). Villamanta Legal Service provides specialist statewide support around disability related legal issues to anyone wanting information, advice or referrals (see *Appendix 1: Resources*).

#### **Disability Discrimination Act 1992 (Commonwealth)**

The *Disability Discrimination Act 1992* (DDA) was created to protect people being discriminated against due to a disability. The DDA covers areas such as employment, education, accommodation, sport and activities of clubs and associations. It also protects people who may be discriminated against because they are relatives, friends, carers, colleagues or associates of a person with a disability. If people are being harassed or called names because of their disability, the DDA can also be used to address this. The DDA also provides protection for people who are being victimised because they have made a complaint under the DDA.

The Australian Human Rights and Equal Opportunity Commission (HREOC) deals with complaints about unlawful discrimination under the DDA. The HREOC website contains complaint forms and information about complaint processes (see *Appendix 1: Resources*).

#### **Equal Opportunity Act 1995 (Victoria)**

The *Equal Opportunity Act 1995* was created to protect Victorians from discrimination based on a range of factors including disability, gender, lawful sexual activity, sexual orientation and gender identity, and from sexual harassment.

Support providers should be aware of this Act because it is relevant not only to disability but also to several aspects of gender and sexuality. The Equal Opportunity Commission Victoria deals with complaints made under the *Equal Opportunity Act 1995* and operates a complaints advice line (see *Appendix 1: Resources*).

#### **Guardianship and Administration Act 1986 (Victoria)**

Guardians are appointed by the Guardianship List of the Victorian Civil and Administrative Tribunal (VCAT) (see *Appendix 1: Resources*) in a wide variety of situations. Most people with a disability will never need to have a guardian appointed to make decisions for them. Less restrictive options such as case conferences, planning meetings and independent advocacy are tried first to resolve issues. Guardianship is always the intervention of last resort when all other strategies have failed. Guardians are not usually appointed to make decisions about the personal relationships of a person with a disability.

Guardians do not have the power to make decisions on sterilisation or termination. Under the *Guardianship and Administration Act 1986* sterilisation and termination are considered to be special procedures, and only VCAT can consent to a special procedure for a person with a permanent or long-term disability. A special procedure is defined under the Act as:

- any procedure intended or likely to render the person permanently infertile
- any procedure carried out for medical research
- termination of pregnancy
- any removal of tissue for the purposes of transplantation to another person or
- any other medical/dental treatment that is prescribed to be a special procedure.

Most applications for special procedures are referred to the Office of the Public Advocate with a request for investigation and advocacy prior to a hearing in which the matter is decided.

### Law of negligence and duty of care

The DHS *Duty of Care policy* (see *Appendix 1: Resources*) outlines the responsibilities of support providers and workers under the law of negligence. All support providers and workers must understand their obligations under duty of care. Although this section includes some information from the *Duty of Care policy*, it is not intended to summarise, or be a substitute for, the *Duty of Care policy*.

The information provided in this section explores when duty of care may be an issue in regard to personal relationships. Of course, it is not possible to imagine all situations where duty of care may be an issue. This section aims to define and raise awareness of potential risks, and outline processes for responding.

Under the law of negligence, DHS must act in a reasonable way to ensure anyone receiving support that it funds or delivers does not come to harm. DHS also has a duty of care to family, carers and friends of people receiving support, and members of the community who may be affected by its actions.

What is considered reasonable in a situation will depend on circumstances. It is impossible to have ready-made answers that cover all possible scenarios. Each situation needs to be assessed individually. Support workers should always consult with their managers who can access legal advice when needed. When a manager is not available (for example, during a night shift), support workers must be able to make an independent decision about what action is reasonable.

To guide support providers and workers in deciding what action is reasonable, the *Duty of Care policy* lists factors to consider. Support providers and workers must use their professional skills and experience to decide which factors are most important in a given situation. If a support provider or worker can demonstrate they have acted reasonably based on their assessment of relevant factors, they will have fulfilled their duty of care. Support providers have a responsibility to support workers to fulfill their duty of care responsibilities. It is possible that individual workers may come to different conclusions about what action is reasonable. There may be several reasonable responses to a situation.

Exercising duty of care does not mean eliminating all risk. When there are real benefits to be gained from an activity and the risks of serious harm are relatively small, then it may be reasonable to take those risks with proper precautions.

### Duty of care

Factors that must be considered are:

- Risk of harm.
- Likelihood of risk occurring.
- The sorts of illness or injury that may occur, and how serious these are.
- Precautions that could be taken.
- Powers that employees have.
- The usefulness or benefit of the particular activity that involves risks.
- Any statutory requirements or specific directions from DHS.
- Current professional standards about the issue.

Each of these factors is addressed below. This is not a comprehensive treatment of all possible issues but an attempt to elaborate on general considerations.

### **Risk of harm**

In many situations, it is relatively easy to identify risk of harm and reasonable actions; for example, when a person receiving support is a victim of sexual abuse or domestic violence, or is at risk of sexually offending against others. However, support workers are often unsure about their responsibilities when it comes to risk of pregnancy or sexually transmissible infections, especially if the person they are supporting has a cognitive disability. Issues concerned with HIV have not been addressed here as these are covered in the *HIV positive guidelines for Disability Services* (see *Appendix 1: Resources*).

In most situations, pregnancy cannot be defined as a risk of harm. However, pregnancy may be a complex issue if workers, carers or family are concerned about the emotional or physical impact that pregnancy, childbirth and parenting may have on the mother, or about a woman's capacity to care for a child. These issues should be acknowledged and discussed with the woman after input from experienced professionals.

Support workers may need to support women to access education and contraceptives, if women wish to engage in sexual activity without becoming pregnant. Sexually transmissible infections (STIs) do represent a risk of harm. The following text considers how the factors listed above may apply to sexual activity and risk of STIs.

### **Likelihood of risk occurring**

All people who engage in sexual activity are at risk of contracting a STI unless their sexual activity is in a monogamous relationship where both partners have been tested. Risk depends on the number of partners a person is sexually active with, and the type of sexual activity they engage in.

### **Illness or injury that may occur, and severity**

The seriousness of potential harm from an STI will depend on the type of STI, and how long it takes for the problem to be diagnosed. Although all STIs are treatable and many are curable, HIV is a serious risk. If left untreated, many STIs can be a serious risk.

### **Precautions that could be taken**

If a support worker knows that a person with a disability is engaging in sexual activity, they can take a number of precautions to reduce the likelihood of the person contracting an STI. For example, a support worker could help the person to access sexuality education and/or sexual health information and services, and to purchase, store and remember to use contraceptives and/or protection.

### **Powers that employees have**

Support providers and workers do not have powers that allow them to restrain or prevent people from engaging in lawful and consensual sexual activity. However, they may choose to address an issue by talking to the person, offering education and encouraging different behaviour.

### **Usefulness or benefit of the activity that involves risk**

Sexual activity has many purposes and benefits.

### **Statutory requirements or directives from DHS**

These will depend on the role the worker is in, the characteristics of the people they are supporting and being aware of any new directives from DHS.

### **Current professional standards**

Current professional standards aim to create situations where people with a disability have the same life opportunities as other citizens. This applies to all areas of life, including personal relationships.

### **Summary**

This section outlined some of the risks, precautions, benefits and powers relevant to sexual activity. It is not intended to be exhaustive, or to apply to all situations. Each situation must be assessed individually, and with relevant management and legal advice.

## Illegal sexual activity

Sexual activity is not legal unless participants are consenting. To give legally valid consent to sexual activity, people need to be aware of the sexual nature of the act they are consenting to. Consent is absent if a person gives a clear verbal or physical indication that they do not wish to participate. There are situations where consent is not a defence, these are outlined in the *Crimes Act 1958*. (For details, see *Appendix 2: Unlawful sexual activity*.)

It is not the role of support workers to monitor general sexual activity of the people they support to establish whether consent is present. If support workers know that adults with a disability are engaging in sexual activity, they must not intervene unless the activity is illegal, happening in an inappropriate place, or there are duty of care issues (for example, suspicion of abuse or coercion). Staff should still support people's safety and wellbeing (for example, by linking them to information, education or services). Situations where sexual activity is illegal are outlined in the *Crimes Act 1958*. (For details, see *Appendix 2: Unlawful sexual activity*.)

## Training

Disability support providers must ensure support workers have sufficient training and guidance to understand and act according to the legal framework.

## Where to get further support

Legal issues can be complex. If you are unsure of your duties or the limits of your role within the law firstly seek clarification with your manager, who in turn may approach a legal representative in your organisation or an appropriate legal service.





## Policy principle 2: Values and attitudes

### People with a disability have the right to explore, express and act according to their own values and attitudes.

People with a disability have a right to:

- Have their attitudes and values heard and respected
- Explore, express and act on their values and attitudes with respect to personal relationships
- Receive information and support that helps them explore, express and act according to their values and attitudes.

People with a disability have a responsibility to:

- Respect the values and attitudes of other people.

Disability support providers and workers have a responsibility to:

- Model positive values and attitudes in their day-to-day work
- Ensure they do not impose values or attitudes that restrict, deny or unduly influence the choices of people with a disability regarding personal relationships

Disability support providers have a responsibility to:

- Encourage workers to be open and non-judgemental when dealing with personal relationships.

## Guidelines: Values and attitudes

### General

- Our actions are guided by our values and attitudes. Values and attitudes about personal relationships can be strongly held and complex.
- The organisations we work for have values that can influence the behaviour of employees in positive or negative ways. These values may or may not be clearly stated.
- In consultation with staff, DHS has developed a set of values and behaviours to provide a foundation and framework for individual and organisational actions. These are designed to guide the actions of people working in support roles directly delivered by DHS.

### Key aspects

#### Values and attitudes of people with a disability

Like other citizens, people with a disability have a wide range of values and attitudes toward personal relationships, and these values and attitudes may change over time.

#### How values and attitudes develop

Values and attitudes toward personal relationships are often absorbed from family, peers and the media. Throughout life, our values and attitudes may evolve and change as we are influenced by new ideas and experiences. Some people have a strong sense of their own values and attitudes, while others need time to talk and think to clarify their values and attitudes.

#### The role of support workers

Support workers do not need to agree with or share the same values as the people they support. However, they must respect the values and attitudes of people with a disability, and any decisions or actions based on these. The only exceptions to this are when a person is engaging in illegal or potentially harmful or dangerous behaviour, or when a support worker is required to follow particular policy or legal procedures.

Support workers must be careful not to impose their values and attitudes on the personal relationships of people with a disability. However, if a support worker has strongly held values about personal relationships that may conflict with their capacity to provide support, they **must** refer the issue to their manager.

Depending on their history, some people with a disability may not have had many opportunities to discuss and clarify their values and attitudes about personal relationships.

Support workers can help by:

- Allowing time for people to explore their thoughts and feelings about personal relationships.
- Reminding people that everyone is entitled to hold their own values and attitudes.
- Encouraging people to make up their own mind about what they think.
- Acknowledging that it can be difficult to decide what you think about some issues, and that it's normal to feel confused or ambivalent about some things.
- Making referrals to counselling if a person wants to discuss sensitive or complex issues in depth.
- Making referrals to advocates if there is conflict between the values and attitudes of the person with a disability and those of carers, family members, co-residents, support workers or providers.

### **The role of support providers**

Personal relationships can be complex and challenging to deal with. Support providers should ensure support workers have the opportunity to explore their values and attitudes regarding personal relationships, and how these may influence their work with people with a disability.

### **Values and attitudes of family**

Family may hold different values and attitudes to those of the person with a disability. Sometimes there will be conflict between the wishes of the person with a disability and the wishes of the family. It is important for support workers to listen respectfully to all parties. Remember that the values and attitudes of the person with a disability take priority. However, it's important to be open, considerate and flexible in responding to the family's concerns (see *The role of family when a person is aged 16 years or over* on page 22). In some cases, you may need to help the person with a disability to contact an advocate. It is often appropriate to advise family about where they can seek a range of advice about how to approach a complex situation.

This may include the Office of the Public Advocate or the Guardianship List of the Victorian Civil and Administrative Tribunal if the family believes there is reason to seek a guardianship order.

### **DHS values and behaviours**

The Department of Human Services has created organisational values to guide the behaviour of DHS staff. Lists of acceptable and unacceptable behaviours can be accessed on the DHS internal website (see *values* under *Appendix 1: Resources*). These values and behaviours should underpin the work of support staff directly employed by Disability Services:

- Client focus: We work toward improving the health and wellbeing of our clients and community.
- Professional integrity: We treat all people with dignity and respect.
- Quality: We always strive to do our best and improve the way we do things.
- Collaborative relationships: We work together to achieve better results.
- Responsibility: We commit to the actions we take to achieve the best possible outcomes for our clients.

### **Training**

Support providers and workers should have training that includes opportunities to explore their values and attitudes toward personal relationships and disability, and how these may influence the support they provide.

### **Where to get further support**

If you are confused or concerned about how your values and attitudes relate to your support worker role you can talk to your manager, request further training, or read more about personal relationships and disability.

## Policy principle 3: Relationships

### People with a disability have a right to engage in relationships of their choice.

People with a disability have a right to:

- Have their relationships treated with respect and confidentiality
- Engage in any form of relationship that is legal and non-exploitative
- Live with partners of their choice, marry or have children
- Receive adequate and ongoing support, education and resources to create opportunities for socialising and developing social networks.

People with a disability have a responsibility to:

- Treat the relationships of other people with respect.

Disability support providers and workers have a responsibility to:

- Model positive relationships in their day-to-day interactions
- Respect the choices people with a disability make about their relationships
- Create positive and supportive environments where people can feel comfortable to create and enjoy relationships
- Respect all forms of relationships
- Provide, or facilitate access to, education, support and resources for those people who need assistance to develop and maintain relationships.

## Guidelines: Relationships

### General

- Relationships are the connections we have with a range of people including family, friends, acquaintances, colleagues and partners.
- There is a growing body of evidence that suggests people with strong social networks lead healthier and happier lives.
- People tend to develop friendships and social connections based on their common interests.
- Most people with a disability enjoy the same range and diversity of relationships as other people. However, many people with a disability also report a lack of friends, would like to have more friendships, or would like more support in developing and maintaining friendships.

### Key aspects

#### Helping people find or create social opportunities

To make friends and social connections, we need many opportunities to meet and mix with other people. People who would like more friends or social contact may need help in making or finding social opportunities. The kind of support a person needs may vary greatly from one person to the next. Don't take it for granted that a person will know how to create social options if they have never had adequate support or opportunities to practise. Remember that increased social opportunities may not lead to more friends if a person doesn't have basic social skills (for people who need social skills support, see *Policy principle 4: Social skills* on page 17).

Research shows that common interests are an important part of social connections, so it's a good idea to start by finding out about a person's interests. Support workers may be able to help by suggesting activities or interests a person may not have heard of but might enjoy. When people have had limited exposure to activities, they may need to sample a variety of things to find out what they

enjoy most. In these cases, workers may need to help people explore and experiment with different sports, creative pursuits, spiritual interests or hobbies.

Once you have a clear picture of a person's interests, you can focus on finding or creating social opportunities to match. Finding other people with similar interests may involve looking for relevant clubs, organisations or classes. Be creative and encourage experimentation. For example, someone who loves animals may wish to work with other volunteers at a local animal shelter.

If a person needs support with creating social opportunities, it may be helpful to brainstorm options. You might want to list activities they could initiate with others. For example:

- Cooking dinner for someone, or making brunch or lunch on the weekend.
- Having a games or cards night.
- Inviting a friend to go shopping or to see a film.
- Having a regular sporting activity together such as swimming.
- Getting together to watch a favourite TV show or a video.
- Organising a birthday party.

You may need to spend time together practising how to plan and organise events like these.

### Emotional wellbeing

Having emotional wellbeing means feeling OK about yourself and your life most of the time, despite normal ups and downs. Our sense of emotional wellbeing usually comes from positive experiences such as participating in activities we enjoy, having the opportunity to achieve goals and develop ourselves, or spending time with family or friends. All of these things can help build good self-esteem. Good self-esteem and feeling positive about life make it much easier to connect with other people and make friends. Support workers can promote emotional wellbeing by helping people with a disability create opportunities for positive experiences in a number of areas.

Support workers can also help by providing extra assistance or referrals when a person does not have a strong sense of emotional wellbeing. There are times when everyone needs some extra support to cope with difficult situations or overcome problems. For example, Australian research shows that one in four women, and one in six men, will suffer depression at some stage in their life. In addition, studies show that people with a disability may experience mental health problems, including depression, at higher rates than the rest of the population. In some cases, referrals to counselling or medical professionals may be needed.

LifeLine, Griefline, the Gay and Lesbian Switchboard and Victorian Suicide Helpline all provide free and confidential telephone counselling (see *Appendix 1: Resources*). There are often low-cost or free counselling services located at community health centres, and many disability-specific organisations provide counselling for a range of issues. If you are making a referral for face-to-face counselling, always try to find a service that has been recommended by a person with relevant expertise.

### When relationships end

Regardless of whether someone has a disability they may need extra support when faced with the loss of a relationship. People who do not communicate verbally may express their sense of loss in other ways. Remember that people with a disability experience the same range of emotions as other people, and may also become depressed.

Loss of a relationship can happen in many ways; for example, a death, loss of a partner, an argument with a friend, moving to another home, losing social connections when leaving a job or other organisation, or when a support worker leaves. Don't make assumptions about how a person must be feeling based on whether you think their loss seems large or small. What might seem like a small thing to you may represent a massive loss for another person. Find out what the experience means to them, how you can help, or whether the person wants to access other support such as counselling.

When support providers are considering moving a person to a different residence or program, they should consider the impact this will have on the person's established relationships and social networks. If a person with a disability must be relocated, support workers should remember that the person being moved may need:

- Extra support to stay in touch with friends or significant people in their previous location.
- Extra help if they experience loss of significant relationships.
- Assistance in establishing a new network.

### **Having visitors over when you live in a residential support**

People who live in residential supports have the right to have guests visit and stay over. The rights of other residents need to be considered. All residents should have the chance to discuss and agree on when and how often visitors can stay. Agreements should be flexible and negotiable over time as the residents' needs and wishes change. You may also need to discuss:

- Where the guest will sleep.
- Whether the guest will need to contribute to costs such as food.
- What care or support needs the guest may have.
- Whether emergency procedures in the house need to be reviewed.

### **Same-sex relationships**

Homosexuality and bisexuality are as common in people with a disability as in people without a disability. Support workers must respect the rights of individuals who are in, or wish to develop, a same-sex relationship. Remember that individuals or couples who identify as gay or bisexual may face additional challenges in having their relationships accepted by family, friends or the community. The Gay and Lesbian Switchboard provides a free and confidential telephone counselling service (see *Appendix 1: Resources*).

### **Social relationships with support staff**

The role of support workers is to provide support that enhances opportunities for people with a disability to pursue individual lifestyles and chosen activities. This may include supporting people with a disability to develop friendships and extend social networks. Support workers are not employed to act as a friend to the people they support.

### **Physical interaction**

Support workers often touch people with a disability to attend to their personal care needs. Many workers also use what we call social touch. Social touch means touch that isn't related to bodily function care needs. It includes a hug or an arm around a shoulder. People use social touch to provide emotional support or comfort, or to express feelings such as closeness or happiness. Although it is a normal and acceptable to respond to distress by using comforting social touch, support workers should not regularly hug the people they support.

Frequent social touch between disability workers and the people they support:

- May encourage dependency on support workers to meet needs for social touch that should be met in personal relationships.
- Can be confusing for people who don't understand normal social rules about touch. For example, they may be accused of inappropriate or abusive behaviour if they try to hug every person they meet.
- Can make a person vulnerable to abuse. Research shows that paid carers or family members perpetrate most sexual abuse of people with a disability.

## Training

Support workers should have training that:

- Helps them understand the importance of relationships for overall health and wellbeing.
- Increases their ability to support people with a disability to create and maintain relationships.
- Reinforces the importance of professional boundaries.

## Where to get further support

If you want to know more about how to provide basic support to people in developing and maintaining relationships you can request training that explores general issues and addresses the particular needs of the people you work with. There are also many excellent publications that you can access via libraries, or request that your organisation purchase.

It is a good idea to find out about training or counselling options in your area so you can refer people with a disability for comprehensive professional support where needed.



## Policy principle 4: Social skills

### People with a disability have a right to appropriate and ongoing support to enhance social skills and develop and maintain relationships.

People with a disability have a right to receive:

- Ongoing support in developing and maintaining social skills
- Support from people who consistently demonstrate respectful and appropriate social behaviour
- Support from people who understand the importance of enhancing interpersonal skills for people with a disability.

Disability support providers and workers have a responsibility to:

- Model positive social interactions in their day-to-day behaviour
- Understand the importance of appropriate and ongoing social skills training for people with a disability who require such support
- Provide ongoing, informal social skills support
- Assist people with a disability in developing and maintaining social skills.

### Guidelines: Social skills

#### General

- Most people with a disability do not need support to develop social skills. Social skills support is relevant when a person's disability impacts on their ability to learn or maintain social skills.
- We tend to absorb and learn our social skills from our family, friends and environment while young. However, some people miss out on adequate, basic social skills education and can benefit from direct and ongoing social skills support.
- It is important to respect the personality and wishes of each person. Some people are highly social while others like to spend a lot of time alone.
- Some people with a disability may need several opportunities to learn new skills and ongoing support to maintain them.

#### Key aspects

##### Basic conversation skills

Some people with a disability may not have picked up, or been taught, basic conversation skills that most of us take for granted. Support workers can help by explaining and practising things like:

- How to begin and end conversations.
- When it is or isn't OK to interrupt.
- How to give and receive compliments.
- How to ask for other people's thoughts or opinions, and how to offer your own.
- How to share information about something that interests you.
- What kinds of questions to ask strangers as opposed to those that can be asked of friends.
- What kinds of questions are private.

Sometimes it's hard for people to think of things to talk about. It may be useful to help people in staying up to date with current affairs so they can discuss issues that interest them.

Remember that people who are nonverbal ‘converse’ and communicate in many ways. People who are nonverbal may benefit from learning how to communicate better. It’s appropriate to be proactive in teaching basic conversation skills. If you notice that someone needs support, take some time to help. Provide some positive feedback and encouragement too. See *Communication support*, page 38, for further information.

### **The importance of giving**

Research shows that giving is an important part of social interactions. Some people with a disability have not been taught how to give in the context of social relationships. Their experiences may have encouraged them to see their role as passively receiving support. The concept of giving can easily be explained and modelled in the context of day-to-day interactions. Giving can take many forms such as:

- Sending cards, email or letters. For example, you might want to use a calendar to mark birthdays of family and friends so the person with a disability can send regular cards. They may even wish to make the card themselves.
- Making a cup of tea for another person, or offering to take someone out for a coffee.
- Sharing treats.
- Giving compliments.
- Asking questions that show interest in other people.
- Offering to help another person with something.

Don’t underestimate the importance of giving in building social relationships. You might need to explain that giving is not about money or favours. Giving is about sharing with, and caring for, people because you like them and have feelings for them. Giving should come from feelings, and not from a sense of obligation or wanting to buy friendship or favours.

### **Social etiquette**

There are many simple social rules that some people may never have learned. For example, they may not understand that it’s generally not polite to burp loudly while eating in front of others. It’s important to teach normal social etiquette when a person needs support in this area. It’s a good idea to explain why social etiquette is important, especially if someone wants to find work, make new friends or meet potential partners.

Support should be provided in a positive way that does not stigmatise the person. Wherever possible, explain social rules in private and don’t tackle too much at once. You can also provide positive feedback about what the person does well. Some people with a disability may need several opportunities to learn and generalise new skills. Remember that social etiquette is not much use if you don’t have skills for making friends, such as conversation skills. People need support to develop a range of social skills besides polite behaviour.

### **Expanding social interactions**

Support workers can play an enormously valuable role in explaining, demonstrating and practising social and conversation skills with people with a disability. However, it’s important that the hidden message is not that interactions should only happen between support workers and people with a disability. Often support workers are sought out because they are seen as having power or interest.

People with a disability may not have put much effort into making connections with other people in their daily environments. Disability workers should encourage people with a disability to generalise their social skills beyond interactions with support workers. You could encourage people to explore and develop their connections with other people in home, work or social contexts. For example, you could help someone practise initiating conversations with others at the dinner table.

## Clothing

The support people need in this area will vary greatly depending on the individual's needs and wishes. Support providers may need to offer information and advice about:

- Clothing that is appropriate for a person's age, culture and gender.
- How to dress for particular situations; for example, a wedding or a special dinner.
- How to dress in a way that makes them look attractive to potential partners (although this may vary greatly depending on the individual).
- How and when to wash and care for clothes.
- How often to change clothing and underwear.
- The importance of appearances in our culture. Even if we don't think this is important ourselves, people with a disability should still have the information they need to make their own decisions.

It's important to remember that some people are not interested in fashion or the way they dress, while others may choose to dress in a distinctive or unusual way. Support providers should not impose their own taste. Be creative when a person wants help choosing or buying clothes. Browse magazines, discuss what other people are wearing, take advantage of sales or explore second-hand stores.

## Body care

Support workers should explain the importance of good body care for socialising, but respect individual preferences. It is useful to explain how often hair should be washed, and to find a hairdresser who can help the person select a haircut they like.

## Self-care products and services

There are a wide range of self-care products and services that people use to enhance their appearance. These products and services are part of our social behaviour. For example, many people only shave or wear make-up if they

are going to be in social environments. Some people use products and services just to make themselves feel good or attract potential partners.

Some of the products and services that you might suggest for people with a disability to explore or experiment with include:

- Perfume or after shave.
- Make-up.
- Body and face moisturisers for men or women.
- Home hair dyes or having colour put in by a hairdresser.
- Jewellery, including ear piercing or clip-on earrings.
- Manicures or pedicures.
- Facial treatments by a beautician, or facial scrubs or masks to use at home.
- Waxing, shaving or electrolysis to remove unwanted hair.

## Training

Support workers should have training that helps them to provide informal social skills support as part of their day-to-day work.

## Where to get further support

If you want to know more about how to provide basic support to people in developing and maintaining social skills you can request training that explores general issues and addresses the particular needs of the people you work with. There are also many excellent publications that you can access via libraries, or request that your organisation purchase.

It is a good idea to find out about training or counselling options in your area so you can refer people with a disability for more comprehensive professional support where needed.



## Policy principle 5: Sexuality and sexual health

### People with a disability have the right to explore, express and enjoy their sexuality, and to receive appropriate sexual health information and services.

People with a disability have a right to:

- Have their sexuality treated with respect
- Express and enjoy their sexuality in any way that is legal and does not exploit or infringe on others
- Receive adequate and ongoing information about sexuality that is relevant to developmental and life stages
- Receive information about sexuality that is relevant to specific disability types
- Receive adequate resources and information to reduce the risk of negative outcomes such as sexually transmissible infections or unwanted pregnancy
- Receive support in finding out about and/or accessing products and services specific to their sexuality needs.

Disability support providers and workers have a responsibility to:

- Treat each person's sexuality with respect
- Foster environments that respect diversity of sexuality
- Provide, or facilitate access to, accurate and ongoing sexuality information, education, resources and services that are appropriate to developmental and life stages, individual need, cultural and linguistic diversity and disability type.

Disability support providers have a responsibility to:

- Support workers in dealing with sexuality issues.

## Guidelines: Sexuality and sexual health

### General

- People with a disability experience the same range of sexual thoughts, attitudes, feelings, desires, fantasies and activities as people without a disability.
- To understand and enjoy their sexuality, all people need adequate information and support from a young age.
- It's important to consider the different sexuality and sexual health needs of women and men.

### Key aspects

#### The role of support workers

All people access a wide variety of support and materials to meet their individual needs. Sexuality is just one of many life areas where people may seek such support. The role of support workers is to provide assistance, where needed, so people with a disability can experience the same life opportunities as other people.

As part of their role, support workers are expected to be able to respond to sexuality and sexual health issues by:

- Answering simple questions.
- Supporting people with a disability to understand their rights and responsibilities in this area.
- Supporting people in accessing services where needed. This may include helping people access information and services or attend appointments.
- Being aware of, and able to respond appropriately to, duty of care issues.
- Ensuring sexuality and sexual health are considered in individual planning for people with an intellectual or cognitive disability.

### The role of family

The law in relation to consent to sexual activity is the same for people with a disability as for people without a disability (see *Appendix 2: Unlawful sexual activity*).

People with a disability who are 16 years and over are entitled by law to privacy and independent choice regarding their sexuality and sexual activity. However, when family play an important role in the life of the person with a disability, it is wise to consider the impact of sexuality issues on all parties. For example, if a family is concerned about a sexuality issue, a confronting approach may alienate them and cause them to withdraw. In some cases, this may have negative consequences, especially if the person with a disability lives with their family.

The rights of the person with a disability come first but, wherever possible, it is important to work in ways that maintain goodwill and cooperation among all parties. In most instances, family should not generally be informed or consulted about the sexual orientation or activity of a person with a disability aged 16 years or over, except if the person with a disability clearly indicates that they want family involved. When a person with a disability consents to other parties being consulted, the person with a disability still has the right to make independent decisions. If concerns remain about an individual's capacity to understand the issues, it may be important to draw on professional assessment or support to determine the best approach.

When a person with a disability is a child or young adolescent the parents have the right to make decisions about the young person's education, and establish boundaries around acceptable sexual behaviour. When a person aged under 16 years is using respite support it is particularly important that workers discuss any concerns around sexuality with the young person's family or carer. It may be appropriate to seek professional advice regarding the rights and needs of the young person and the role of family or carers.

### The role of the general practitioner

The general practitioner's role is to determine whether any person, irrespective of their age, is able to make informed decisions about medical intervention. This can be complex when the person has a cognitive disability that may affect their capacity to understand the nature and risks of a proposed treatment. A general practitioner must take many factors into consideration when assessing a person's ability to consent to medical intervention. The general practitioner may seek permission from the person with a disability to consult with others. Others may include relevant professionals with disability experience, support workers or family members.

It is not the role of a support worker to determine whether a person with a disability has the capacity to understand and consent to medical treatment. Requests for sterilisation of people with an intellectual disability must be dealt with according to specific processes (see *Sterilisation* on page 24).

Adolescents who are 16 or 17 years have the right to access sexual health services and contraception without the knowledge or consent of their parents. In these cases it is the role of the GP to determine whether the person has the capacity to understand the nature and risks of a proposed treatment.

## Specific issues

### Location of sexual activity

If sexual activity is taking place in inappropriate places, consider whether appropriate private places are available, or need to be made available. Remember that kissing, hugging or other publicly acceptable forms of affection and touch do not necessarily constitute sexual activity. It is not the role of support providers to set limits on socially acceptable touch between consenting adults. However, some people may need advice on where it is normal to display affection. For example, most people don't kiss and hug their partners regularly while at work.

**Partners staying over**

People who live in residential supports may choose to have their partner stay at their home and sleep in the same bed. The wishes of other residents must be considered (see *Having visitors over when you live in a residential support* on page 15).

**Normal versus problem behaviours**

People are often unclear about what represents normal sexual development and activity in children, adolescents and adults. It is normal for all children and adolescents to explore and express their sexuality from an early age, and for adults to engage in a wide range of sexual behaviour. However, there are some behaviours that indicate a person may be at risk of developing problem sexual or sexual-offending behaviour. If you have any concerns, you should raise the issue with your manager and seek a secondary consultation.

If you are concerned that another support worker is inhibiting, or responding negatively to, normal sexual behaviour of a person with a disability, you should raise this with your manager. A professional with relevant experience can provide workplace training that includes discussion of normal sexual development and activity.

**Inappropriate sexual behaviour**

There are instances where people with particular disabilities may engage in socially inappropriate sexual behaviour that is not illegal conduct. For example, a person with an acquired brain injury that affects inhibition may talk about intimate sexual details in social situations without being aware that this is inappropriate. It is crucial to address inappropriate behaviour as quickly and efficiently as possible, especially if the behaviour causes self-harm, harm to others, is likely to escalate or could lead to criminal charges (for example, if a person exposes themselves in public because they don't understand the concept of privacy). It is also important to distinguish inappropriate behaviour carried out unknowingly from inappropriate or illegal behaviour carried out intentionally.

To provide support, it is important to know why a person is engaging in inappropriate behaviour. For example, the person may not understand public and private behaviour. If you are not sure why the behaviour is happening, it is important to seek an assessment from an experienced professional.

As an immediate response, it is best to explain calmly and clearly the type of behaviour that is appropriate for the situation. Wherever possible, such an explanation should be given in private or so others cannot hear. In some instances, a support worker may also need to redirect the activity to an appropriate place. People with a cognitive disability may need several opportunities to learn and practise new skills and behaviour.

**The range of sexual activity**

Sexuality is expressed in many ways and some people enjoy activities that may not appeal to others. It is important not to express judgement about activities or attitudes that do not reflect your preferences. Any activity that is lawful and does not exploit or harm others or the individual is acceptable.

**Gender, sexuality and identity**

Some people identify as transsexual or transgendered and may choose to dress accordingly. The diversity of gender and sexual identity must be respected (for more information see *Transgender Victoria Inc* in *Appendix 1: Resources*).

**Sexual health**

Information on a wide variety of general and sexual health issues can be found at DisabilityOnline and Better Health Channel (see *Appendix 1: Resources*).

**Sexually transmissible infections**

A sexually transmissible infection (STI) is any infection that can be passed from one person to another during sexual activity. Bacteria, a virus or a parasite can cause the infection. There are many different STIs and they can cause a wide range of problems.



People with a disability need up-to-date and accessible information about STIs. Where a person with a disability is not aware of relevant issues, it is important for support workers to consider whether regular check-ups with a general practitioner need to include tests for STIs, or whether a visit to a sexual health clinic is warranted. Do not presume that monogamous partners can safely have sex without condoms if tests for STIs have never been conducted.

If you suspect that a person with a disability is not practising safe sex, you should explain your concern to the person in question and suggest a referral to services where they can get adequate information and support.

### **HIV (Human Immuno-deficiency Virus)**

Disability Services has created guidelines to assist workers in supporting people who are HIV positive, or at risk of becoming HIV positive, who may represent an infection risk to themselves or the public (see *HIV positive guidelines for Disability Services* in *Appendix 1: Resources*).

### **Common infections**

Some genital problems are not always sexually transmissible, but are relatively common, such as urinary tract infections or thrush. Remember that people with a disability can have genital problems or infections that are not sexually transmissible, and will need information and support for these issues.

### **Continence**

Incontinence is the involuntary leakage of urine from the bladder or a faeces (bowel motion) from the bowel. If a person with a disability has continence issues, it's important that they also have information about how this may affect their sexuality and relationships, and what they can do about it. It is the role of support workers to provide assistance in accessing specialist information and advice. The Victorian Continence Resources Centre can provide information and advise on services in your area (see *Appendix 1: Resources*).

### **Sexual dysfunction**

Sexual dysfunction means a person is unable to enjoy sex due to any of a range of issues such as lack of arousal, erectile problems, physical pain from intercourse or lack of vaginal lubrication. Dysfunction can be the result of physical injury, prescribed drugs, ageing, psychological illnesses including depression, or the physical or emotional consequences of a disability. Sexual dysfunction must be dealt with by an experienced professional. Often a consultation with a medical practitioner is required to find out whether the dysfunction has a psychological or biological basis.

### **Sterilisation**

The Family Court of Australia has jurisdiction over any application for sterilisation of any child under 18. In Victoria, protocols have been developed by the Family Court in which the Office of the Public Advocate assists the court by gathering relevant information for hearings and acting as an advocate.

The *Guardianship and Administration Act 1986* requires that applications for sterilisation of female or male adults with a disability, who are incapable of giving informed consent, are dealt with by the Guardianship List of the Victorian Civil and Administrative Tribunal (see *Guardianship and Administration Act* on page 6).

Sterilisation is generally only considered when all less restrictive options have been thoroughly investigated. The *Guardianship and Administration Act* states that the provisions of the Act must be exercised in a way that is least restrictive to the freedom and choice of the individual, in the best interests of the person with a disability, and the wishes of the person with a disability are given effect wherever possible.

### **Women's sexual health**

A range of health issues affects women. The Women's Health Victoria website has a list of women's health services around the state that provide information and other services (see *Appendix 1: Resources*).

### Contraception and the morning after pill

Women and men with a disability have the right to make their own informed choices about what kind of contraception they will use. To make these choices, people with a disability need adequate, accurate and accessible information about reproduction, the purpose of contraception and contraceptive options. Support workers can facilitate access to this kind of information.

Women may wish to use emergency contraception. The morning after pill is a form of emergency contraception that must be started within 72 hours of having unprotected sex. Emergency contraception is needed if a woman wishes to prevent pregnancy after unprotected sex. There are many reasons why a woman might use emergency contraception; for example, if the pill is missed, a condom breaks, or due to a sexual assault.

### Menstruation

Women with a disability need adequate information about menstruation to prepare them for it. Hormonal processes can impact on mood and behaviour. Women may need extra support if they suffer pre-menstrual tension or cramping. Changes in behaviour or routine may be due to menstrual pain.

Support workers assisting women with intellectual disability must refer to the *Menstrual management policy* to guide their actions (see *Appendix 1: Resources*). Associated baseline practice guidelines are provided in the *Accommodation Services practice instruction manual*, volume 3 (see *Appendix 1: Resources*).

### Menopause

Menopause is the last menstrual (monthly) period in a woman's life. It is a natural occurrence that marks the end of a woman's reproductive years. Most women reach menopause somewhere between the ages of 45 and 55 (the average age is around 50). Menopause can cause symptoms that women need to be aware of and may need assistance with. Symptoms include aches and pains, forgetfulness, headaches, irritability, lack of self-esteem, reduced sex drive (libido), tiredness, urinary frequency and vaginal dryness. Support workers should be aware that these issues may arise for women of menopausal age.

General practitioners are a good starting point for women experiencing menopausal symptoms.

### Pap tests

All women between the ages of 18 and 70 years who have ever been sexually active should have a Pap test every two years. Sexual activity includes female-to-female sex. The Pap test (or Pap smear) is a quick and simple test used to check for changes to the cells of the cervix that may lead to cervical cancer. A doctor or nurse Pap test provider takes a sample of cells from the surface of the cervix and smears them onto a glass slide. The slide is sent to a laboratory for analysis and results are usually available within a week.

It is not the role of support workers to determine whether someone has ever been sexually active; this is the responsibility of a health professional. However, if workers are aware that a woman has been sexually active at some point, they should discuss Pap tests with the woman and help her decide whether she wants to be tested. It's important for a woman to be informed about the procedure beforehand and to find a general practitioner or nurse she feels comfortable with.

PapScreen Victoria produces a directory that provides information on Pap test providers (including disability access, staffing and cost) throughout Victoria. The *Victorian community Pap test services directory* is updated annually. PapScreen Victoria also produces a plain English, large-print fact sheet entitled *The Pap test*. This fact sheet provides basic information on the Pap test and is particularly suitable for women with lower literacy levels, sight impairments and other disabilities. For copies of the directory or fact sheet, contact Papscreen (see *Appendix 1: Resources*).

### Breast examinations

Women need to understand the importance of self-examination of breasts to check for lumps that may indicate cancer. Where a person with a disability does not understand these issues, or is unable to check themselves for lumps, support workers can:

- Provide relevant explanations.
- Help access relevant public health information.

- Ensure a general practitioner explains self-examination and/or conducts examinations.
- Make an appointment at an appropriate generic service such as a sexual health centre, family planning service or community health centre.

Women over 40 years of age need to consider mammography screening. This should be discussed with a general practitioner.

BreaCan provides free and confidential information and support for people with breast cancer, their family and friends (see *Appendix 1: Resources*). BreaCan also operates a drop-in centre.

### Termination

It is legal for any woman to seek to terminate a pregnancy. People are entitled to access support and counselling about termination issues. It is the role of the medical practitioner to determine whether a woman has the capacity to consent to a termination.

Where a woman with a disability cannot provide informed consent, the *Guardianship and Administration Act* allows for an application to be made to the Guardianship List of the Victorian Civil and Administrative Tribunal, which has the power to give consent to a special procedure for a person with a disability (see *Guardianship and Administration Act* on page 6).

## Men's sexual health

### Testicular examinations

Men need to understand the importance of self-examination of testicles to check for lumps that may indicate cancer. Where a person with a disability does not understand these issues, or is unable to check themselves for lumps, support workers can:

- Provide relevant explanations.
- Help access relevant public health information.
- Ensure a general practitioner explains self-examination and/or conducts examinations.

- Make an appointment at an appropriate generic service such as a sexual health centre, family planning service or community health centre.

## Genetic services, conception and pregnancy

People with a disability who are considering having children must be supported in accessing relevant services. They may need information about genetic counselling, conception, pregnancy or birth. Support workers must ensure people with a disability are aware of, and able to, access relevant generic and specialist services.

Genetic services in Victoria cover diagnosis, screening and testing, counselling, education, clinical research, and the ongoing management of individuals and families with a history of particular birth defects and genetic disorders. People with a disability who are pregnant or are considering having children may want to access these services (see *Genetic Health Services Victoria* and *Genetic Support Network Victoria* in *Appendix 1: Resources*).

## Training

All support workers should have training that covers.

- A basic understanding of sexuality issues for people with a disability.
- The responsibilities and limits of their professional role.
- How to support people with a disability to explore, express and enjoy their sexuality.
- Information and referral options for sexuality and sexual health services.

## Where to get further support

If you want to know more about how to provide support concerning sexuality issues you can request training that explores general topics and addresses the particular needs of the people you work with. There are also many excellent publications that you can access via libraries and the internet, or request that your organisation purchase.

It is a good idea to find out about services in your area so you can make relevant referrals.

## Policy principle 6: Freedom from exploitation and abuse

### People with a disability have a right to enjoy relationships and sexuality without being abused or exploited.

People with a disability have a right to:

- Live, work and socialise in environments that are safe and supportive
- Receive information and education about appropriate touch, boundaries and relationships
- Receive information and education on assertiveness skills and how to avoid or end abusive and coercive situations or relationships
- Have allegations of emotional, physical, financial or sexual abuse or neglect taken seriously
- Report allegations of abuse to the police
- Receive support in reporting allegations of abuse
- Receive immediate medical service if they have been physically or sexually assaulted
- Receive information about support services for people who have been abused
- Receive counselling for any form of abuse they have suffered.

Disability support providers and support workers have a responsibility to:

- Create environments that are safe and supportive
- Treat allegations of verbal, physical, financial or sexual abuse or neglect with seriousness, sensitivity and respect
- Ensure people with a disability have adequate support in reporting allegations of abuse
- Be aware of, and able to refer people to, specialist services for people who have been abused.

Disability support providers have a responsibility to:

- Provide a safe environment for support workers and people with a disability.

Disability support providers and workers:

- **Must not** engage in any form of sexual relationship or activity with a person with a disability who they are supporting. Such activity is a criminal offence, even if the person with a disability consents.

## Guidelines 6: Freedom from exploitation and abuse

### General

- As statistics show, it is an unfortunate reality that people with a disability experience all forms of abuse at much higher rates than people without a disability. Therefore, it is especially important that support workers are aware of indicators of abuse, and able to report inappropriate conduct or raise issues on behalf of those who may be unable to do so.
- Abuse may include physical, sexual, emotional or financial abuse or neglect. Abuse may also happen in the context of domestic or family violence.
- Research shows that the vast majority of sexual abuse in the general population is perpetrated by someone known to the victim; most commonly, this person is a family member or close family friend. However, carers, other people with a disability or people in positions of trust or power also sexually abuse people with a disability.
- All people have the right to access counselling and support for abuse experienced at any time in their life. Research indicates that experienced professional support in the period immediately after a sexual assault is highly beneficial for the victim.

## Key aspects

### Protective behaviours

Protective behaviours are those that help people look after themselves in situations where they may be at risk of harm. People with a disability need to learn protective behaviours from a young age because they have an increased risk of being abused. Some of the reasons for their greater vulnerability to abuse include:

- Lack of adequate sexuality education providing guidance on where and when it's OK for other people to touch you.
- Inability to physically resist abusive behaviour.
- Lack of a sense that they have the right to say what happens with their body, especially if they are used to other people constantly attending to their physical needs.
- Being raised in situations where they are used to being told what to do, and therefore readily go along with requests or demands made by an abuser.
- Willingness to engage in sexual activity to fulfil unsatisfied cravings for attention, affection or rewards.

Support workers can assist by modelling assertive behaviour, making referrals when a person needs additional training, and explaining the following basics of protective behaviours:

- Each person has the right to say what happens with their body.
- There are laws that protect a person's right to live safely without being harmed or exploited.
- Everyone has the right to feel safe (sometimes people may need additional training so they can understand how to identify feelings of being unsafe).
- There are many people who can be trusted, but also some who can't.
- What kind of behaviour is appropriate for themselves and others.
- How to communicate assertively, and say no to unwanted behaviour.
- It is OK to change their mind, even if they have agreed to something.

- What to do if someone is abusive or exploitative toward them.
- How to report inappropriate or abusive behaviour.
- There are people who can help if they are a victim of abuse or exploitation.

People often encourage children or adults, with or without a disability, to hug or kiss family members or friends hello or goodbye when the child or adult does not wish to do so. While this is often held to be teaching good manners, it can leave people confused about their right to say no to unwanted touch, and make them vulnerable to abuse.

### Indicators of abuse

People who have been, or are being, abused will frequently indicate this in some way (verbally or otherwise). Common indicators that a person is being abused are the same for people with or without a disability. They include:

- Sudden changes in behaviour or routine.
- Physical signs of damage.
- Frequent crying.
- Depression and/or anxiety.
- Hopelessness and/or withdrawal.
- Emotional outbursts.
- Trouble sleeping or nightmares.
- Loss of appetite unrelated to medical conditions.
- Loss of interest in previously pleasurable activities.
- Sexual activity or interest at an unusually young age, or inappropriate sexual behaviour. These may be signs of sexual abuse.

A person who is dependent on others for personal support may indicate abuse by:

- Showing fear of a particular person, such as a carer or another resident.
- Shaking, trembling or fearing to speak in the presence of a particular person.
- Hitting out or refusing to cooperate.
- Becoming childlike or excessively dependent.

In people with a disability, frequent illnesses or sudden physical deterioration may also be a sign of abuse.

It's important not to assume that possible indicators of abuse mean someone is actually being abused. However, it is crucial to explore all indicators to determine whether abuse is present. This must be done with sensitivity and respect. If you are unsure how to proceed, discuss the matter with your manager and seek a secondary consultation from an experienced professional such as a sexual assault counsellor (see *Centre Against Sexual Assault in Appendix 1: Resources*).

Even if abuse is not occurring, the presence of any of the common indicators suggests there may be a need to provide further support. For example, a person suffering depression or anxiety may need to be referred for counselling. All people can communicate about abuse, even if they don't communicate readily or verbally.

### Family violence

Family violence can include physical, sexual or emotional abuse or neglect. Most victims of family violence are women and children. Men with or without a disability may also be victims of family violence, but this is far less common. Women experiencing family violence may make several attempts to leave or address the situation before they succeed. Many women consider using intervention orders. It is always advisable to seek support from a family violence service to consider the best options for each situation.

Violence against women with a disability may also include:

- Removal of a woman's wheelchair.
- Emotional isolation.
- Refusal to provide assistance when she needs support to do daily activities.
- Restriction of access to money, food or medical assistance.

Addressing violence against women with a disability can be further complicated if the woman's partner is her primary carer and her abuser.

Workers supporting women experiencing family violence may need to:

- Help the woman understand that she is experiencing family violence. Some women may not realise that the way they are being treated is unacceptable and/or unlawful.
- Explain support options (including refuges and counselling) and provide referrals to family violence services.
- Remember that a woman who has tried to seek help previously may have been ignored or disbelieved. She may need encouragement to continue seeking support despite past negative experiences.

The Women's Domestic Violence Crisis Service of Victoria (see *Appendix 1: Resources*) is a 24-hour, seven days a week, confidential service that provides information, support and access to safe accommodation or refuges for women and their children. There are specially built or adapted refuges available that can accommodate women who:

- Use a wheelchair.
- Need a carer to accompany them.
- Have children with a disability.

For their own safety, and to maintain the security of refuges, women who need a refuge are almost always accommodated outside their normal geographic area. Support workers can also get information and advice from the Domestic Violence Incest Resource Centre (see *Appendix 1: Resources*).

### Helping people with a disability make a complaint

People with a disability have a right to know about avenues for complaint if they believe they are victims of abuse or neglect. Cases of abuse and neglect can include physical, sexual, psychological, legal and civil abuse, restraint and restrictive practices, or financial abuse. It can also include the withholding of care and support that exposes an individual to harm.



Workers should inform people with a disability about their options for making complaints. These include making a complaint to:

- A support provider.
- The police.
- A person/institution via an advocate.
- The National Disability Abuse and Neglect Hotline (see *Appendix 1: Resources*).

### **Mandatory reporting of physical and sexual assault**

Information and processes related to mandatory reporting are outlined in the Department of Human Services *Departmental Instruction: Responding to allegations of physical or sexual assault* (see *Appendix 1: Resources*).

### **Uncertainty about whether abuse and exploitation are occurring**

Sometimes it is difficult to gauge whether abuse or exploitation are occurring. There will always be complex situations that require careful consideration. Support workers should remember that they don't have to make decisions about the presence of abuse or assault on their own. These are serious matters and it is important to seek support and advice from managers, colleagues and experienced professionals.

### **When a person appears to be a willing or unknowing victim of abuse or exploitation**

There are some situations where a person with a disability appears to be a willing or unknowing victim of abuse or exploitation. For example, a person with a disability may:

- Willingly offer sexual favours in return for small gifts such as soft drinks or lollies. If the issue is raised for discussion, the person with a disability may say they are content with the situation because it is a way to gain desired goods.

- Engage in sexual activity they do not enjoy because they have been told it is part of their role as a partner. They may be coerced into the activity with or without force. They may not be aware that coercion is wrong, and so may not speak out about the matter even if they are unhappy about it.

In situations like these, the person with a disability is unlikely to raise concerns about exploitation or abuse. If you suspect this type of abuse may be occurring, discuss your concerns with a manager and seek advice. These situations are complex and may require a collaborative approach involving experienced professionals.

### **Reporting suspected abuse and neglect by a colleague**

Many people with a disability may not be able to identify or report experiences of abuse or neglect so it is important for workers to raise the issue if they are concerned about a colleague's conduct. Concerns can be raised directly with appropriate managers. However, in some cases, a worker may have reasons why they do not wish to raise a matter directly with their manager or within their organisation. In these cases, a worker may choose to make a report as a whistleblower.

Whistleblowing means reporting concerns about the professionalism of a colleague, employer or organisation. This may include concerns about physical, sexual, emotional or financial abuse, or neglect of a person with a disability.

Support workers who receive a disclosure or wish to make a disclosure, should call the DHS Whistleblower Line on 1300 131 431, or the Ombudsman directly. Further information is available on the Whistleblowers website (see *Appendix 1: Resources*).



Under the *Whistleblowers Protection Act 2001*, public bodies (this includes all government-funded residential services) must have written procedures for responding to disclosures made under the Act. All service providers should have a policy on whistle blowing that outlines:

- Confidentiality and neutrality.
- How to report concerns about a colleague's conduct.
- Procedures for:
  - Supporting the person making the allegation.
  - Supporting and responding to the person who is the subject of the allegation.
  - Supporting the alleged victim before, during and after any investigation.
  - Dealing with allegations that prove false or mischievous.

## Training

Support workers should have induction or training that covers:

- Protective behaviours and how to support people to develop them.
- Common indicators of abuse and services available for victims of abuse.
- Mandatory reporting of abuse.
- Whistleblowing and relevant procedures.

## Where to get further support

Dealing with abuse issues can be complex. You should always seek advice and support from your manager and relevant professionals.



## Policy principle 7: Privacy

### People with a disability have a right to access supports that respect emotional, physical and sexual privacy.

People with a disability have a right to:

- Maximum privacy, respect and choice in having their support needs attended to.

If living in a residential support, people with a disability have the right to:

- Space to be alone if they want some time by themselves
- Space to be alone with friends, family, personal visitors or partners
- Space to engage in private sexual activity
- Opportunity to make phone calls in private and receive personal mail promptly and unopened.

People with a disability have a responsibility to:

- Respect the privacy of other people.

Disability support providers and workers have a responsibility to:

- Respect the emotional, physical and sexual privacy of people with a disability
- Create positive and supportive environments where there is space for activity or discussion that is private

- Ensure people with a disability are not encouraged or coerced into revealing personal details, thoughts or feelings that they would prefer to keep private
- Attend to personal care needs in a way that ensures maximum privacy, respect and choice for the person with a disability
- Wherever possible, ensure people in residential supports have space where they can be alone or receive visitors in private
- Be aware of instances where duty of care requirements may sometimes override privacy considerations.

Disability support providers have a responsibility to:

- Provide an appropriate environment in which privacy can be supported and maintained.

Note: The concept of privacy covered in this section relates to personal privacy including social, emotional, physical and sexual privacy. Principles concerned with handling of private information according to privacy legislation are covered in *Policy principle 8: Confidentiality*.

## Guidelines: Privacy

### General

- Personal privacy includes personal, physical, social, emotional and sexual privacy.
- People with or without a disability generally regard their personal relationships and sexuality as private matters that must be treated with sensitivity and respect.
- Privacy covers all forms of communication. Sharing what might be thought of as 'harmless' gossip is not appropriate when it includes private information about the personal relationships or sexuality of a person with a disability.
- People with a disability may need to reveal sensitive personal information to receive the support they need. This can make people feel vulnerable or embarrassed. Support workers must act with consideration for the feelings that disclosure of personal information can cause.
- There are times when privacy considerations may be overridden by other policy or duty of care requirements. This should always be explained to the person with a disability.

## Key aspects

### Personal care needs

When people need support with personal care such as dressing, toileting or menstrual management, only the minimal number of support workers required should be present. Wherever possible, the person with a disability should be able to choose the support worker they feel most comfortable with. This may or may not be someone of the same gender.

The support worker should always ask permission before carrying out a personal care task, and should explain what they are going to do. For some people, it is a good idea to narrate the activity as you go; for example, 'Now I'm going to help you get dressed. Let's start with your underwear'.

### For people living in residential supports

#### *Telephone calls and personal mail*

People who live in residential supports must be able to make telephone calls in private. Personal mail must be delivered promptly and unopened. When a person needs staff assistance to make calls, or read and understand letters, support workers must remember that all information is confidential and should not be discussed with others.

#### *Individual bedrooms*

People living in residential supports should have their own bedroom. Sharing rooms should only happen when both people request to share.

#### *Private rooms*

Bedrooms are private rooms, and so are toilets, bathrooms and other spaces where people can shut the door and take time to be alone, or have privacy to enjoy being with others. Support workers must knock before entering a private room and wait for confirmation that it is OK to enter. It is not acceptable to simply knock and walk in, except in emergency situations or when duty of care requirements override privacy. Sometimes a person with a disability may not be able to indicate verbal consent for someone to enter a private room. In these cases, support workers should explore whether there are other ways the person can

indicate their consent for someone to enter. If the person is unable to indicate consent, support staff should still respect privacy by knocking and pausing before entering.

People in residential supports should have access to private space where they can be alone, engage in sexual activity, or enjoy the company of visitors without being interrupted or overheard.

## Training

Support workers should have training that:

- Defines personal privacy.
- Enhances their capacity to provide support in a way that maximises personal privacy.

## Where to get further support

If support workers have any concerns about maximising privacy of the people they support they should discuss these with their manager.

## Policy principle 8: Confidentiality

### People with a disability have a right to have personal information treated confidentially.

People with a disability have a right to:

- Have information about their personal relationships remain private unless they consent to disclosure, or duty of care or legal issues require disclosure
- Have personal information provided to specific parties for specific purposes on a 'needs-to-know' basis only
- Have personal information stored securely
- Be informed beforehand in situations where, even if they wish otherwise or have no choice, the law allows for personal information to be provided to other parties.

Disability support providers and workers have a responsibility to:

- Treat all personal information as confidential

- Keep private all information about the personal relationships of a person with disability unless the person consents to disclosure, or duty of care or legal issues require disclosure
- Refrain from discussing the personal relationships of a person with a disability with other support workers unless this is specifically required within their role
- Be aware of, and act according to, the provisions and requirements of the DHS *Privacy policy* and *Privacy policy guidelines* and other relevant Acts.

Disability support providers have a responsibility to:

- Enable staff to fulfill and maintain privacy requirements within the workplace.

## Guidelines: Confidentiality

### General

- Confidentiality means protecting the privacy of personal information held by DHS and all support providers.
- People with a disability often need to reveal highly sensitive personal information to apply for, or receive, the supports they need. To provide maximum protection of personal information, all information must be handled according to the DHS *Privacy policy*, which is based on Victorian privacy laws.
- There are provisions in several pieces of legislation that take precedence over the *Privacy policy*. Relevant Acts include:
  - *Information Privacy Act 2000*
  - *Health Records Act 2001*
  - *Occupational Health and Safety Act 2004*

### Key aspects

#### Privacy policy and Privacy website

DHS has created the *Privacy policy* and the Privacy website to guide workers in handling personal information (see *Appendix 1: Resources*). The principles and guidelines cover all types of personal information. The information included below focuses on information about personal relationships.

#### What information do I need to collect about personal relationships and sexuality?

Support workers must only collect information needed for a specified purpose. For example, personal planning has a holistic focus that often includes consideration of a person's support needs in the area of personal relationships, sexuality and sexual health.

#### Inform the person about why the information is being collected

Support workers must ensure a person with a disability knows why information about their personal relationships, sexuality or sexual health is being collected, where it will be stored and who will have access to it. Where a person needs support to understand this, the support worker should ensure they have assistance. In rare circumstances

when legislation allows for collection or use of information without consent, the person with a disability should still be told why information is being collected and how it will be used.

### Use and disclosure of information collected

Information about the relationships, sexuality and sexual health of a person with a disability should only be used or disclosed for the purpose stated or another directly related purpose (unless the use or disclosure is authorised by law). If you wish to use the information for a different purpose, you must seek consent from the person with a disability. The specifics of each new consent agreement must be documented.

Support providers should document decisions made about use or disclosure of personal information. The record should indicate which aspects of legislation and policy guided those decisions.

### Secondary consultation

There are instances where a support worker may need to seek a secondary consultation. This means talking to a more experienced person (such as a counsellor, behavioural intervention specialist or a psychologist), to gather their expertise and advice on how to deal with a particular situation. If you are seeking a secondary consultation, there is no need to reveal the identity of the person you are consulting about, unless duty of care or other policy or legal requirements override privacy considerations. Identifying data must be kept to a minimum unless disclosure is required by law, or the person with a disability has given consent for their identity to be revealed.

### Storing personal information

Information about the relationships, sexuality and sexual health of a person with a disability must be stored securely. Support workers or other professionals should not be able to access this information unless there is a specific work-related need, and access does not contravene the principles of the *Privacy policy*.

### People with a disability can access information held by DHS

Under the *Freedom of Information Act 1982* (FOI) people using disability supports have the right to access and correct any information held by the Department of Human Services, including information about their relationships, sexuality and sexual health. They also have the right to know they can access any information held about them. Information about these rights could be provided as part of an information kit when a person with a disability first accesses a particular disability support.

When creating written records, support workers should keep in mind the FOI provisions. Use respectful language that would be appropriate if read by colleagues or the person with a disability.

### Training

Support workers must have training that helps them understand and act according to the *Privacy policy* and other relevant legislation.

### Where to get further support

If concerns remain, support workers should discuss issues with their manager. If you are unable to find the information you need in the *Privacy policy*, or on the privacy website, contact the privacy contact officer in your region or program area. Details are available on the Privacy website.

## Policy principle 9: Access to education, information and supports

**People with a disability have a right to education, information and supports that are accessible and appropriate to their individual relationships, sexuality needs and communication requirements.**

People with a disability have a right to:

- Receive relationships, sexuality and sexual health information, education and supports that meet their individual needs, cultural and linguistic diversity and communication requirements
- Access mainstream community services that meet their relationships, sexuality and sexual health needs.

Disability support providers and support workers have a responsibility to:

- Assist people with a disability in accessing relationships, sexuality and sexual health information, education and supports appropriate to their individual needs, culture, language and communication requirements.

### Guidelines: Access to education, information and services

#### General

- People with a disability have often faced obstacles in getting information, education or services in the area of sexuality, sexual health and personal relationships. Support workers often play a key role in identifying needs for support and helping people access relevant services.
- People with a disability have the same right as other people to access community services to meet their needs.
- People with a disability have a right to information, education and services that consider how their disability may impact on their relationships, sexuality and sexual health.

#### Key aspects

##### Identifying issues and linking to supports

People cannot access relevant support if they are not aware of their needs or appropriate services. Support workers can play a key role in identifying needs and making people aware of appropriate information, education and support options. Therefore, it is essential that support workers are able to:

- Identify and respond to common relationships, sexuality and sexual health issues.
- Provide basic information.
- Suggest or refer to relevant information, education and support.

##### Limited mobility

Limited mobility can restrict people's access to information, education and support. When people need physical assistance to access services, support workers may need to:

- Provide extra physical assistance for a person to get to and receive services.
- Find supports that are easily accessible; for example, doctors who have entry ramps and examinations tables that can be lowered and raised.
- Organise or provide accessible transport.



### Communication support

Many people have complex communication needs. This means they have difficulties communicating verbally, and might need assistance to understand what others say to them. Workers might need to use other forms of communication such as communication aids, photos, key word sign and gesture, or objects. People with complex communication needs often require more time to process information and prepare questions (for example, before visiting a doctor).

Support workers may need to find, or have written information translated into Easy English, braille, audiotapes, pictures or photos.

### Advocacy

When people have trouble accessing support due to lack of adequate services or undue constraints (for example, lack of transport), it is appropriate for support workers to:

- Refer people to advocates who can lobby on their behalf.
- Support people with a disability in requesting services they need be made available.

### Sexuality counselling

Sometimes people indicate that they have concerns about their sexual orientation or sexual performance. Complex sexuality issues need to be addressed by a trained professional with relevant experience.

When a support worker is seeking a referral for a complex sexuality issue, it is important to find a counsellor, general practitioner or other relevant professional who is experienced in working with similar sexuality and disability issues. If you are unsure about whether a professional has suitable expertise, or you are considering making a referral to a professional you haven't heard of, it is appropriate to ask about their training, prior experience with similar issues and general approach.

### Assessment of Sexual Knowledge

The Assessment of Sexual Knowledge (ASK) is a test that provides workers in the disability sector with a tool to assess the sexual knowledge and attitudes of people with an intellectual disability. The information obtained from the assessment can then provide the basis for the development of educational programs and counselling that can be tailored to suit individual and group needs.

Support providers must only use the ASK when they have had appropriate training to deliver the test. The ASK has been designed so a range of professionals can be trained to deliver it. Suitable professionals include psychologists, counsellors, case managers and educators.

The ASK may be relevant in a variety of situations including:

- When a person with an intellectual disability requests personal relations and sexuality training.
- To assist in personal planning for people eligible to receive services.
- Prior to a person joining a training course to determine whether the course will meet their needs.
- In response to particular issues; for example, if a person is having unsafe sex, the ASK may be used to help determine whether they have adequate knowledge about safe sex.
- When there is inappropriate sexual behaviour.

### About sexuality education

Support workers need to know what sexuality education is to understand its purpose and what kind of support people with a disability need.

#### What is sexuality education?

Traditional sex education typically covered only the biological and functional aspects of sex such as body parts, puberty, intercourse, conception, pregnancy and birth. However, knowing the 'mechanics' of sex does not teach us how to understand things like our sexual identity or how to develop and negotiate sexual relationships. Sexuality education must cover the biological aspects of sex as well

as sexual thoughts, feelings and identity; relationships and social behaviour; the differences between attraction, love and sex; same-sex attraction; contraception and safe sex; masturbation and sex aids; negotiating sexual activity; saying no to unwanted or unsafe sexual activity; and inappropriate and/or illegal behaviour.

### **Where does our sexuality education come from?**

We all learn about sexuality from a variety of sources including parents and family, peers, school, general practitioners, books, pamphlets, the internet and the media. Typically, the majority of our sexuality education comes from informal sources. Informal education can be very important for many people with a disability because it is immediate, ongoing and responsive to individual needs.

Formal classes or courses are also an invaluable source of sexuality education. Formal classes provide an opportunity to deliver comprehensive, accurate, up-to-date and detailed information. It's important to consider the best learning method for each person. Many people will benefit from a combination of formal and informal education.

### **When should sexuality education happen?**

All people with or without a disability need ongoing, age-appropriate sexuality education across their life span. For children and young people, this means comprehensive and regular information about the social and personal context of sexual development, as well as information about the biological and physical aspects of sexuality. As adolescents and adults, we also need ongoing information about safe sex, contraception, reproduction, breast examination, Pap smears, testicular examination, puberty, menopause, sexual dysfunction and sexual activity in later years.

Many people with a disability have had limited access to sexuality education and information. This may be because their disability made it difficult for them to access information independently, information was not available in a format they could use, or they grew up in an environment where sexuality was not acknowledged. Remember that people with a disability may have missed out on basic sexuality education.

### **Who should provide sexuality education?**

Although parents and schools are in the best position to provide early and ongoing sexuality education, many children and young adults still miss out on the information they need. Therefore, it is important that support workers are able to provide support and refer to appropriate services and resources.

### **Training**

Support worker training should highlight issues that may limit people's access to information, education and services.



## Policy principle 10: Competent and skilled staff

### People with a disability have a right to receive support from staff who are competent, skilled and well supported to deal with relationships, sexuality and sexual health issues.

People with a disability have a right to receive support from:

- Staff who understand personal relationships issues for people with a disability
- Workers who are able to provide, or refer to, relationships and sexuality information and services appropriate to culture, gender, age and disability type
- Workers who have an appropriate level of training and skill in responding to personal relationships issues.

Disability support workers have a right to:

- Access accurate information and, if required, be fully supported to better understand the personal relationships, sexuality and sexual health issues of people with a disability.

Disability support providers have a responsibility to:

- Ensure staff have adequate training and education to understand personal relationships issues of people with a disability
- Provide sufficient information and training for staff to be competent in responding to personal relationships issues
- Ensure staff have appropriate organisational and management support in dealing with personal relationships issues
- Ensure staff know where to get additional support or information in dealing with personal relationships issues.

### Guidelines: Competent and skilled staff

#### General

- All support workers should have a basic understanding of the issues related to personal relationships of people with a disability. Induction and ongoing training are crucial ways to develop this.
- Support workers may find themselves dealing with complex and sensitive personal relationship issues and dilemmas that have no easy answers. Good management support is essential.

#### Key aspects

##### When a support worker does not feel able to respond to a sexuality issue

Modern western culture is becoming more open in talking about sexuality; however, many people with or without a disability still do not feel comfortable talking about sexuality. When support workers believe their own discomfort will prevent them from offering adequate

support to a person with a disability, it is important they acknowledge this and refer the matter to their manager who can arrange for someone else to assist. Support workers should endeavour to develop competence and confidence in responding to personal relationships issues.

##### Getting better at dealing with sexuality

Support workers can do many things to become more comfortable in dealing with personal relationships. They can:

- Suggest taking time during staff or work meetings to discuss specific issues.
- Ask for relevant training.
- Learn more about sexuality. There are many excellent books, videos and other resources that focus on sexuality and disability.

## Finding, training and supporting disability support workers

### Interviewing prospective staff

In interview situations, employers should include questions about attitudes toward personal relationships. Things they might like to know about prospective employees include their:

- Attitudes toward the personal relationships of people with a disability.
- Knowledge of personal relationships issues for people with a disability.
- Prior experience in working with personal relationship issues for people with a disability.
- Strong beliefs or attitudes that may limit their ability to be open and non-judgemental about the relationships of people with a disability.
- Level of comfort in talking about personal relationships.
- Level of willingness to learn more about the area of relationships, sexuality and disability.

### The role of managers and support providers

To respond to personal relationships issues, disability workers need support from their employers. Employers can help by:

- Providing training, supervision and debriefing.
- Buying relevant resources.
- Allowing time for discussion of issues in team meetings.

### The role of a key support person

It may be a good idea to choose one person who can develop extra skills in working with personal relationship issues by attending further training. The aim would not be for the chosen person to deal directly with all personal relationship issues; instead, they would provide advice and information to other support workers about personal relationship issues. In this way one identified person can become a resource and support for others.

### Induction

Induction programs should cover personal relationships issues.

### Victorian Standards for Disability Services

To ensure workers provide competent support, the Victorian Standards for Disability Services (see *Appendix 1: Resources*) were created to ensure a minimum level of quality in the delivery of disability supports. There are nine standards and each has specific criteria that support providers must adhere to. Support workers should be aware of the standards and how they apply in their day-to-day work. The standards are:

Standard 1: Service Access

Standard 2: Individual Needs

Standard 3: Decision-Making and Choice

Standard 4: Privacy, Dignity and Confidentiality

Standard 5: Participation and Integration

Standard 6: Valued Status

Standard 7: Complaints and Disputes

Standard 8: Service Management

Standard 9: Freedom from Abuse and Neglect.

### Training

Support providers should ensure support workers have a basic level of training in personal relationships issues.

### Where to get further support

If support workers believe they need more support they should discuss their supervision and training needs with their manager.

## Appendix 1: Resources

For reference only. This list is not exhaustive and there may be other relevant resources. Seek information from Disability Services in the relevant region, local community centres, a general practitioner, or community networks. This information was correct at time of printing.

**Accommodation Services practice instruction manual, volume 3.** The manual provides practice baselines for many areas of support provision, including menstrual management.

Go to: [http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov\\_policies\\_p\\_accommsservpracmanvol3](http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov_policies_p_accommsservpracmanvol3)

**Australians Against Child Abuse** offers free counselling and advocacy for children and young people affected by abuse and their families.

Ph: (03) 9874 3922

Fax: (03) 9874 7922

Email: [info@aaca.com.au](mailto:info@aaca.com.au)

**Better Health Channel** is the online health information site of the Victorian Government. It contains articles on a wide range of topics including sexuality and disability.

Go to: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

**BreaCan** provide free and confidential information and support for people with breast cancer, their family and friends. The drop-in centre is open Monday, Wednesday and Thursday from 10 am to 2 pm.

First floor, 123 Lonsdale Street, Melbourne 3000

Ph: (03) 9664 9333

Fax: (03) 9663 7955.

Email: [breacon@whv.org.au](mailto:breacon@whv.org.au)

Website: [www.whv.org.au/breacon.htm](http://www.whv.org.au/breacon.htm)

**Centre Against Sexual Assault (CASA)** offers free information, advocacy and individual or group counselling for victims of sexual assault, and 24-hour crisis care for young people and adults who have been recently sexually assaulted. There are CASA offices around Victoria and many staff are experienced in working with people with a disability. To find the one nearest you, go to:

[www.casa.org.au](http://www.casa.org.au)

CASA operates the Victorian After Hours Sexual Assault Crisis Line and it offers confidential telephone counselling, information and referral at any time of day or night outside normal business hours. Support workers, carers and family can also ring for information or advice.

Ph: (03) 9349 1766

Freecall: 1800 806 292 (toll free from outside Melbourne metropolitan area only)

**Centre for Developmental Disability Health Victoria**

**(CDDHV)** offers a wide range of services in the area of health, human relations and sexuality for people with a developmental disability, staff, parents/carers, professional and community organisations. These services include; education, educational counselling, assessment, professional development and staff training. The Centre also provides a tertiary and telephone consultation and information service to assist people with a developmental disability, staff, parents/carers, professional and community organisations in dealing with issues related to personal relationships, sexuality and sexual health.

Suite 202, 3 Chester St, Oakleigh 3166

Ph: (03) 9564 7511

Fax: (03) 9564 8330

Email: [cddh@med.monash.edu.au](mailto:cddh@med.monash.edu.au)

Website: [www.cddh.monash.org](http://www.cddh.monash.org)

**Community Law** is the website of the Federation of Community Legal Centres (Vic). The Federation is the peak body for Victoria's 49 Community Legal Centres (CLCs). Victoria's CLCs provide free legal information and advice to Victorians. You can find your nearest CLC on the Community Law website.

Website: [www.communitylaw.org.au](http://www.communitylaw.org.au)

**Disability Discrimination Legal Service (DDLS)** provides free legal information and advice, case work assistance and referral on disability discrimination issues.

2nd Floor, 289 Barkly St, Footscray 3011

Ph: (03) 9689 8011

Telephone Typewriter (TTY): (03) 9689 8066

Fax: (03) 9689 8022

Country: 1300 882 872

Email: [info@ddls.org.au](mailto:info@ddls.org.au)

Website: [www.ddls.org.au](http://www.ddls.org.au)

**DisabilityOnline directory** features information, services and products of direct interest to individuals with a disability or illnesses and those around them. You can search DisabilityOnline for links to a range of sites with information about sexuality and disability.

Go to: [www.disabilityonline.com](http://www.disabilityonline.com)

**Domestic Violence and Incest Resource Centre** offers information and referral for people experiencing family violence, and consultation for support workers dealing with these issues.

292 Wellington Street Collingwood 3066

Ph: (03) 9486 9866 Monday to Friday 9 am to 5 pm

TTY: (03) 9417 1255

Fax: (03) 9486 9744

Website: [www.dvirc.org.au](http://www.dvirc.org.au)

**Duty of Care policy** outlines how the law of negligence affects the way service providers and workers provide various services to the community.

Go to: [http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov\\_policies](http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov_policies)

**Employee Assistance Program (EAP)** offers free, confidential short-term counselling for issues affecting a person's work performance. Support workers who are directly employed by Disability Services can contact their local EAP via numbers listed on KnowledgeNet.

Go to: <http://knowledgenet:8080/hrb/whu.nsf/pages/eap1>

**Equal Opportunity Commission Victoria.** The Complaints Advice Line is open weekdays from 9 am to 5 pm, and Wednesdays from 9 am to 2 pm and from 4 pm to 5 pm.

Level 3, 380 Lonsdale Street, Melbourne 3000

Ph: (03) 9281 7100

(03) 9281 7111 (for general enquiries)

Freecall: 1800 134 142 (toll free from outside Melbourne metropolitan area only)

TTY: (03) 9281 7110

Fax: (03) 9281 7171

Email: [eoc@vicnet.net.au](mailto:eoc@vicnet.net.au)

Website: [www.eoc.vic.gov.au](http://www.eoc.vic.gov.au)

**Family Planning Victoria (FPV)** offers a range of clinical services in the area of sexuality and sexual health. In addition, FPV offers some disability-specific services. The FPV Disability Services Unit provides counselling and educational services in the area of personal relations, sexuality and sexual health for people with a disability, parents, carers and families, teachers and other disability services workers. The unit also provides a telephone consultation and information service for parents and carers who have a family member with a disability, teachers, integration aides and other disability workers to assist with issues regarding personal relations, sexuality and sexual health.

901 Whitehorse Road, Box Hill 3128

Ph: (03) 9257 0100

Fax: (03) 9257 0111

FPV Disability Resources Library: (03) 9257 0147

Website: [www.fpv.org.au](http://www.fpv.org.au)

**Gay and Lesbian Switchboard** offers confidential telephone counselling, referral and information to people who identify as gay, lesbian, transgender and transsexual, or who are unsure about their sexual orientation, including calls about relationship issues. The switchboard operates from 6 pm to 10 pm daily, and from 2 pm to 10 pm on Wednesdays.

Ph: (03) 9827 8544

Freecall: 1800 184 527 (toll free from outside Melbourne metropolitan area only)

**Genetic Health Services Victoria** is a statewide service delivering clinical genetic diagnostic and counselling services through 12 metropolitan and 10 non-metropolitan centres and laboratory diagnostic services through six laboratories. To find the service nearest you, go to: [www.genetichealthvic.net.au/pages/contacts.html](http://www.genetichealthvic.net.au/pages/contacts.html). Their main office is based on the 10th Floor, Royal Children's Hospital, Flemington Rd, Parkville 3052.

Ph: (03) 8341 6201



**Genetic Support Network Victoria** offers a range of services including information on genetic conditions and contact details for support groups.

10th Floor, Royal Children's Hospital,  
Flemington Rd, Parkville 3052

Ph: (03) 8341 6315 (TTY available on this phone number)

Fax: (03) 8341 6390

Email: [info@gsnv.org.au](mailto:info@gsnv.org.au)

Website: [www.gsnv.org.au](http://www.gsnv.org.au)

**Griefline** offers confidential telephone counselling for anyone experiencing grief or loss for any reason.

Ph: (03) 9596 7799

#### **Guardianship List of the Victorian Civil Administration**

**Tribunal** is responsible for appointing guardians and reviewing guardianship orders.

Ph: (03) 9628 9911

Freecall: 1800 133 055 (toll free from outside Melbourne metropolitan area only)

Fax: 9628 9932

Email: [vcat@vcat.vic.gov.au](mailto:vcat@vcat.vic.gov.au)

Website: [www.vcat.vic.gov.au](http://www.vcat.vic.gov.au)

**HIV positive guidelines for Disability Services.** These guidelines were designed to assist support workers in supporting people who are HIV positive, or at risk of becoming HIV positive, who may represent an infection risk to themselves or the public.

Go to: [http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov\\_policies](http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov_policies)

#### **Human Rights and Equal Opportunity Commission**

**(HEREOC).** The HEREOC website includes the Disability Discrimination Act 1992 and information about processes for making complaints about discrimination.

Website: [www.humanrights.gov.au](http://www.humanrights.gov.au)

**Intake and Response Team.** Support workers can find out about the range of sexuality services in their area by calling the Disability Services Intake and Response Team and being automatically connected to their regional intake team. Statewide organisations representing people with a particular disability often have information about sexuality issues related to specific disabilities. Intake and Response should be able to tell you about these services.

Ph: 1800 783 783

**LifeLine** offers free, statewide, 24-hour, confidential telephone counselling and referral for all issues.

Ph: 13 11 14

TTY: (03) 9662 9030

**Melbourne Sexual Health Centre (MSHC)** offers clinical services to people who have, or are at high risk of contracting, a sexually transmissible infection. MSHC also offers a free and confidential telephone information service that is staffed by a registered nurse.

580 Swanston Street, Melbourne 3053

Ph: (03) 9347 0244

Freecall: 1800 032 017 (toll free from outside Melbourne metropolitan area only)

TTY: (03) 9347 8619

Fax: (03) 9347 2230

HIV/AIDS Clinic: (03) 9341 6214

Website: [www.mshc.org.au](http://www.mshc.org.au)

**Menstrual Management policy** outlines relevant legal and policy requirements for workers supporting women with an intellectual disability in supports directly delivered by Disability Services.

Go to: [http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov\\_policies](http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov_policies)

**National Disability Abuse and Neglect Hotline** is an Australia-wide telephone hotline for reporting abuse and neglect of people with a disability using government-funded services. Allegations are referred to the appropriate authority for investigation. Anyone can call the hotline to report cases of abuse or neglect, or to find out more about the service. The hotline is open from 8 am to 8 pm across Australia, seven days a week.

Ph: 1800 880 052

TTY: 1800 301 130

National relay service (NRS): 1800 555 677

Translating and interpreting service (TIS): 131 450

**Office of the Public Advocate** is an independent statutory office that works to promote the interests, rights and dignity of Victorians with disability. Among other things, the Office provides advice, advocacy, guardianship and investigative services.

Ph: (03) 9603 9500

Freecall: 1300 309 337

TTY: (03) 9603 9529

**Ombudsman.** The main role of the Ombudsman is to investigate complaints made against the government administration. Complaints must be forwarded in writing.

Level 3, 459 Collins Street, Melbourne 3000

Ph: (03) 9613 6222

Fax: (03) 9614 0246

Freecall (non-metropolitan only): 1800 806 314

Website: [www.ombudsman.vic.gov.au](http://www.ombudsman.vic.gov.au)

**PapScreen Victoria** is the Victorian cervical screening program and provides Pap test information for all Victorian women, as well as support and enhancement initiatives to women with a disability, lesbian women, women from culturally diverse backgrounds, women's health nurse Pap test providers and community health practitioners. For more information about Pap tests or cervical cancer, contact your local doctor, health service or the Cancer Council Victoria's Cancer Helpline on 13 11 20.

1 Rathdowne St, Carlton 3053

Ph: (03) 9635 5206

Fax: (03) 9635 5360

Website: [www.papscreen.org](http://www.papscreen.org)

**Privacy policy** outlines legislative requirements and processes for handling personal information.

Go to: [www.dhs.vic.gov.au/privacy](http://www.dhs.vic.gov.au/privacy)

**Privacy website** contains a wide range of information about privacy legislation and policy, and links to other relevant sites.

Go to: [www.dhs.vic.gov.au/privacy](http://www.dhs.vic.gov.au/privacy)

**Responding to Allegations of Physical or Sexual**

**Assault** contains a set of minimum standards for reporting allegations of physical or sexual assault.

Go to: [http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov\\_policies](http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov_policies)

**Transgender Victoria Inc** works with government and community groups in all aspects of human rights for transsexuals and cross-dressers alike. The organisation aims to achieve justice and equity for transgender people and their supporters; to consult with the transgender community; work to promote understanding of transgender issues; and to address areas of disadvantage and discrimination against transgender people.

PO Box 762, South Melbourne 3205

Ph: (03) 9517 6613

Email: [transgendervictoria@yahoo.com.au](mailto:transgendervictoria@yahoo.com.au)

Website: <http://home.vicnet.net.au/~victrans/>

**Values.** For support workers directly employed by Disability Services, further information about DHS values is available on KnowledgeNet, the DHS internal website.

Go to: <http://knowledgenet/values/index.htm>

**Victorian Civil and Administrative Tribunal** deals with a range of disputes, and provides Victorians with access to a civil justice system that is modern, accessible, efficient and cost effective. Disputes dealt with include guardianship and administration, and a range of other disputes between people and government.

55 King Street, Melbourne 3000

General enquiries: (03) 9628 9700

Email: [vcats@vcats.vic.gov.au](mailto:vcats@vcats.vic.gov.au)

Website: [www.vcats.vic.gov.au](http://www.vcats.vic.gov.au)

**Victorian Continence Resource Centre** can provide information about continence and sexuality.  
 St Georges Health Service, 283 Cotham Road, Kew 3101  
 Ph: (03) 9816 8266  
 Fax: (03) 9816 8366  
 Email: cfavic@continencevictoria.au  
 National Continence Helpline: 1800 33 00 66  
 (8 am to 8 pm, 7 days)  
 Website: [www.contfound.org.au](http://www.contfound.org.au)

**Victorian Suicide Helpline** provides support for people who are at risk of suicide, concerned about someone who may be at risk of suicide, or bereaved by suicide. Workers can also use the helpline for secondary consultation around any suicide issue.  
 Ph: 1300 651 251

**Villamanta Legal Service** provides specialist statewide support around disability-related legal issues. Anyone wanting information, advice or referral about a disability-related legal issue can call 1800 014 111 for free.  
 6 Villamanta Street, Geelong West 3218  
 Ph: (03) 5229 2925  
 Freecall: 1800 014 111  
 TTY: 1800 014 333  
 Fax: (03) 5229 3354  
 Email: [legal@villamanta.org.au](mailto:legal@villamanta.org.au)  
 Website: [www.villamanta.org.au/legal](http://www.villamanta.org.au/legal)

**Victorian Standards for Disability Services** are the minimum operating requirements for government and funded non-government disability service providers in Victoria.  
 Go to: [http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov\\_policies](http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov_policies)

**Victorian State Disability Plan 2002–2012** outlines the Government's vision for the future and some strategies for realising this vision.  
 Go to: <http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/plan>

**Whistleblower Line** for staff directly employed by DHS who have received a disclosure or wish to make a disclosure.  
 Ph: 1300 131 431

**Whistleblower website** is located on the DHS intranet. It contains general information about whistleblowing and a link to the *Whistleblower Protection Act 2002*.  
 Go to: [www.dhs.vic.gov.au/whistleblowers](http://www.dhs.vic.gov.au/whistleblowers)

**Women's Domestic Violence Crisis Service of Victoria** is a 24-hour, seven days a week, confidential service that provides information, support and access to safe accommodation or refuges for women and their children.  
 Crisis line: (03) 9373 0123  
 Freecall: 1800 015 188 (toll free from outside Melbourne metropolitan area only)

**Women's Health Victoria** has a list of statewide women's health services. Go to: [www.whv.org.au](http://www.whv.org.au) select 'Sitemap' and then 'Victorian women's health program'.

## Appendix 2: Unlawful sexual activity

The *Crimes Act 1958* includes provisions applicable to all citizens that deal with unlawful activity, including unlawful sexual activity. The Act also includes provisions that relate specifically to people with a disability. A number of provisions relate to sexual activity and not all of them are summarised here. The provisions related to age, and for people receiving support from disability providers or other professionals, are:

- A person must not take part in an act of sexual penetration with a child under the age of 16. Consent is not a defence except in limited circumstances (section 45).
- It is an offence to commit or be a party to an indecent act with or in the presence of a child under 16. Consent is not a defence except in limited circumstances (section 47).
- It is an offence to maintain a sexual relationship with a child under 16 (section 47A).
- It is an offence for a person to take part in an act of sexual penetration with a 16- or 17-year-old child to whom he or she is not married and who is under his or her care, supervision or authority. Consent is not a defence except in limited circumstances (section 48).
- It is an offence for a person to commit or be a party to an indecent act with or in the presence of a child aged 16 to whom he or she is not married and who is under his or her care, supervision or authority. Consent is not a defence except in limited circumstances (section 49).
- It is an offence to facilitate the commission of sexual offences against children (section 49A).
- It is an offence for a person who provides medical or therapeutic services to a person with impaired mental functioning to take part in an act of sexual penetration with that person unless they are married to the person, or to be party to the commission of an indecent act with that person regardless of whether the person consents (section 51). For the purposes of this Act, impaired means impairment because of intellectual disability, brain injury, dementia or mental illness.
- It is an offence for a worker at a residential facility to take part in an act of sexual penetration with a resident of the facility unless they are married to the person, or to be party to the commission of an indecent act with a resident of the facility (section 52). These activities are an offence regardless of whether the resident consents.



