

Family Planning Victoria

Submission to the Senate Education and Employment References Committee

***Inquiry into current levels of access and attainment
for students with disability in the school system, and
the impact on students and families associated with
inadequate levels of support***

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**family
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Sexual & Reproductive Health
Care. Education. Advocacy.

Contents

About Family Planning Victoria	3
FPV's disability and sexuality framework.....	3
Response to Terms of Reference	4
References.....	9

About Family Planning Victoria

Family Planning Victoria (FPV) is a not-for-profit, leading provider of reproductive and sexual healthcare, education and advocacy and is governed by a voluntary board of directors. We provide a range of services that are accessible, culturally relevant and responsive to the needs of the Victorian community. These services include education and training as well as clinical care and aim to empower disadvantaged, at risk and marginalised people who experience difficulty accessing mainstream services.

Educators at FPV have over 40 years combined experience teaching sexuality education in schools using an evidence-based approach and best practice standards. This includes the development and implementation of sexuality education curricula for students with intellectual disabilities and their parents and teachers.

FPV's disability and sexuality framework

In addition to the standard reproductive and sexual health clinical services and sexuality education, FPV has been providing specialist counselling for people with an intellectual disability since 1982 and is an accredited disability provider. Additionally, through the disability program, FPV has provided support, information and guidance to family members, disability workers, and health and community professionals who support people with an intellectual disability. This has provided us with an understanding of the views, fears and challenges of people with intellectual disabilities, as well as their support people. We also provide training regarding sexuality and disability to a range of health and community professionals through courses and workshops conducted by FPV as well as external organisations such as universities and health organisations.

FPV advocates that people with intellectual disabilities must be acknowledged as sexual beings, and have access to information and resources to make informed choices about their sexuality and reproductive and sexual health. It is essential that people with an intellectual disability be supported to make choices and decisions that offer the least restrictive alternative to their health and lifestyle. FPV actively promotes the right of people with disabilities to access effective sexuality education programs, resources, information and clinical services that meet their reproductive and sexual health needs. FPV supports the principles that people with disabilities have the right to:

- respect for their human worth and dignity as individuals
- realise their individual capacities for physical, social, emotional and intellectual development
- services that support their attaining a reasonable quality of life in a way that supports their family unit and their full participation in society
- participate actively in the decisions that affect their lives, including the development of disability policies, programs and services
- any necessary support, and access to information, to enable them to participate in decisions that affect their lives
- receive services in a way that results in the minimum restriction of their rights and opportunities

This is in line with our Position Statement regarding sexuality and disability, available here: <http://www.fpv.org.au/assets/Uploads/PDF-Downloads/Advocacy-and-Research/FPV-SEXUALITYDISABILITY.pdf>

FPV advocates for supportive policy frameworks and the development of reproductive and sexual health resources to address specific learning needs.

Response to Terms of Reference

FPV thanks the Senate Education and Employment Committees for undertaking this inquiry. This submission will respond only to those terms of reference where FPV can provide an authoritative response.

a) Current levels of access and attainment for students with disability in the school system, and the impact on students and families associated with inadequate levels of support

It is the experience of FPV educators that students with intellectual disabilities continue to be routinely excluded from sexuality education, with students with moderate to severe intellectual disabilities being least likely to receive this education.

Sexuality education is a compulsory part of the school curriculum in government schools in Victoria and as such, it is mandatory for students with intellectual disabilities in these settings to receive this education. Students with intellectual disability in non-government settings still have the same rights as their peers without intellectual disability to access this education (Doyle, 2008). In addition, the rights of people with disability to access sexuality education is clearly articulated in international declarations such as the United Nations Convention on the Rights of Persons with Disability (Hendricks, 2007) and the World Health Organization Promoting Sexual and Reproductive Health for Persons with Disabilities (Organization, 2009) guidance statement. However, despite these laws, declarations and policies; it is the experience of FPV educators that students with intellectual disabilities continue to be routinely excluded from sexuality education, with students with moderate to severe intellectual disabilities being least likely to receive this education. This observation is consistent with empirical reports demonstrating that students with intellectual disabilities receive less sexuality education than their typically-developing peers and that an inverse relationship exists between intellectual ability and the likelihood of receiving sexuality education (Barnard-Brak et al., 2014). Consequently, young Australians with intellectual disabilities report lower levels of sexual knowledge compared to their peers without intellectual disabilities (McCabe, 1999) despite many of these individuals either being sexually active or having strong intentions of becoming sexually active (Jahoda and Pownall, 2014).

b) The social, economic and personal benefits of improving outcomes for students with disability at school and in further education and employment;

FPV educators have experienced first-hand the benefits of providing sexuality education to students with intellectual disabilities which includes increased capacity to protect oneself from sexual abuse, reduced rates of STIs and unplanned pregnancy, increased contraception use and reductions in sexualised behaviours of concern.

The low participation rate of students with intellectual disabilities in sexuality education is disappointing, as this provision of this education provides a number of documented benefits to these students. Compared with the general population, people with intellectual disability are approximately 1.5-1.8 times at greater risk of sexual abuse and four times more likely to be victims of sexual crimes (Swango-Wilson, 2011), partly because they frequently have difficulty distinguishing between abusive and non-abusive behaviour and may lack the communication skills required to report any abuse they may experience (Barnard-Brak et al., 2014). Providing sexual education to students with intellectual disabilities actively reduces their risk of abuse by increasing their capacity to protect themselves from abuse (Grieve et al., 2007) and facilitating earlier identification and treatment of sexually-based crimes (Swango-Wilson, 2011). This is particularly relevant for students with more complex needs as they are more likely than those with milder intellectual disabilities to experience abuse (Grieve et al., 2007). Providing these students with sexuality education is therefore an integral part of ensuring their safety in the community.

In addition to being at greater risk of sexual abuse, people with intellectual disabilities are also at increased risk of contracting sexually transmissible infections (STIs), partly because of their poor sexual health knowledge and difficulties distinguishing between risky and safer sexual practices (Barnard-Brak et al., 2014, Rohleder and Swartz, 2009). Providing students with intellectual disabilities with instruction on sexual and reproductive health and safer sexual practices has however been shown to reduce their risk of STIs (Barnard-Brak et al., 2014).

The provision of sexuality education to students with intellectual disabilities has a number of additional benefits that include delaying the onset of first sexual experience and increasing the likelihood of contraception use (Doyle, 2008). In addition, this type of education can help to generate a positive sexual identity and foster respectful relationships (Blanchett and Wolfe, 2002). It can also develop knowledge and understanding of reproductive and sexual health, sexual development, gender identity and relationship formation (Livingstone, 2012).

FPV regularly sees clients with intellectual disabilities for one-to-one education programs, who have sexualised behaviours of concern deemed to be in part, or wholly, as a result of a lack of adequate sexuality education. Individuals with intellectual disability are over-represented as victims and offenders of sexually-based crimes in the justice system, primarily because of knowledge-deficits regarding sexually appropriate behaviour and consent (Meaney-Tavares and Gavidia-Payne, 2012). The provision of adequate sexuality education to people with intellectual disabilities may assist to address this imbalance.

c) The impact on policies and the education practice of individual education sectors as a result of the More Support for Students with Disabilities program, and the impact of the cessation of this program in 2014 on schools and students

No comment

d) The future impact on students with disability as a result of the Government's decision to index funding for schools at the consumer price index after 2017

No comment

e) The progress of the implementation of the needs-based funding system as stated in the Australian Education Act

No comment

f) The progress of the Nationally Consistent Collection of Data on School Students with Disability and the findings, recommendations and outcomes from this process, and how this data will, or should, be used to develop a needs-based funding system for students with disability

No comment

g) How possible changes as a result of the Nationally Consistent Collection of Data on School Students with Disability will be informed by evidence-based best practice of inclusion of students with disability

No comment

h) What should be done to better support students with disability in our schools

FPV educators find that in general, both the community and individuals with intellectual disabilities themselves tend to hold attitudes towards their sexuality that are both more negative and conservative than people without an intellectual disability.

Although the benefits of providing sexual education to students with disabilities are clear, educators continue to face a number of barriers to implementing sexuality and relationships programs in their classrooms. Acknowledging and understanding these barriers is an important step towards ensuring the adequate provision of sexuality education to students with intellectual disabilities.

Consistent with empirical reports, FPV educators find that in general, both the community and individuals with intellectual disabilities themselves tend to hold attitudes towards their sexuality that are both more negative and conservative than people without an intellectual disability (Gougeon, 2009, Howard-Barr et al., 2005). Students with intellectual disability are often excluded from sexuality in schools based on the false presumption that they are either asexual or unable to control their sexual impulses (Barnard-Brak et al., 2014) and educators have been found to have restrictive attitudes towards the provision of sexuality education for students with severe or profound disabilities (Blanchett and Wolfe, 2002). Coupled with a lack of suitable resources for students with severe or profound intellectual disabilities, these restrictive attitudes mean that sexuality education for these students is frequently absent or inadequate. Given the ability of sexuality education to ameliorate the greater risk of sexual abuse faced by these students, this is an undesirable situation that requires rectification.

When students with an intellectual disability do receive sexuality education, it is often heavily focussed on biological aspects, in reaction to an incident of sexually inappropriate behaviour or provided after the commencement of sexual activity. This is contrary to the recommendation from the Victorian Department of Education and Training that sexuality education provides a comprehensive and whole-of-school

approach that focusses on respectful relationships, safer sex, protective behaviours and sexual decision-making.

Even if students with intellectual disabilities do receive formal instruction in sexuality education at school, they frequently do not acquire aspects of sex and sexuality knowledge that are learnt through informal peer interaction. This is known as the ignored curriculum and occurs for a number of reasons including persistent adult supervision, limited opportunities to form friendships with peers without an intellectual disability owing to segregated educational settings, reduced participation in extra-curricular activities and employment, which provide opportunities for the ignored curriculum to be taught. Addressing the ignored curriculum through initiatives such as peer-led sexuality education can contribute towards the provision of comprehensive and relevant sexuality education for students with intellectual disabilities that will help to inform their sexual decisions, choices and relationships (Gougeon, 2009).

Barriers to the provision of sexuality education for students with intellectual disabilities stem in part from educators themselves, who frequently report feeling unprepared to teach sexuality education to these students and experience high levels of discomfort with this subject matter (Howard-Barr et al., 2005). Educators commonly report that their sexuality education training was inadequate (Howard-Barr et al., 2005) and that they lack sufficient resources to provide this education to their students (East and Orchard, 2014). Furthermore, educators may view their students in terms of their mental rather than chronological age and are prone to using subjective judgement instead of objective assessment to determine their students' learning needs (Barnard-Brak et al., 2014). In order for adequate sexuality education for students with intellectual disabilities to become a reality, it is vital that these barriers be addressed.

Changes are required in the school curriculum in order for students with intellectual disabilities to be afforded their right to receive and obtain benefit from sexuality education. As mentioned previously, sexuality education curriculum needs to move from focussing on the biological aspects of sexuality to a curriculum that focusses on developing a healthy sexual identity, respectful relationships, safer sexual practices, informed decision-making, protective behaviours and sex in the context of intimacy, desire and pleasure (Löfgren-Mårtenson, 2012, Blanchett and Wolfe, 2002, Katz and Lazcano-Ponce, 2008). In addition, students with intellectual disabilities should be equipped with skills and strategies that assist them to take responsibility for their sexual expressions and needs and sexuality education programs should actively challenge the hetero-normative perspective (Löfgren-Mårtenson, 2012). The curriculum should include an assessment of students' current sexual knowledge in addition to observable and measurable outcomes (Blanchett and Wolfe, 2002). As the learning needs of individual students differ greatly, it is vital that the curriculum be tailored to the unique needs of each student, taking into account factors such as their maturity levels, life experience and preferred method of learning (Löfgren-Mårtenson, 2012). To maximise generalisation of knowledge, it is also useful for the curriculum to include strategies that foster collaboration between educators and caregivers (Blanchett and Wolfe, 2002).

In order for schools to implement appropriate sexuality education curricula for their students with intellectual disability, it is vital that educators have access to comprehensive professional development and resources. Drawing on our extensive experience in this area and following intensive research and consultation, FPV has developed a program that aims to build the capacity of educators to provide students with intellectual disabilities with the knowledge and skills that will enable them to develop healthy, safe and fulfilling relationships whilst ensuring improved sexual

health outcomes. This will be achieved by providing educators with evidence-based professional learning opportunities, and accompanying comprehensive sexuality education curriculum materials that align with the ABLES and AusVELS curriculum frameworks. This program is currently under development, with roll-out anticipated to occur in the latter half of 2015. Curriculum materials will be made available at no cost online. Educators from FPV who specialise in sexuality education for students with intellectual disability can also be contacted for professional learning, in-classroom teaching, resource development and advice. For further information, educators are invited to contact FPV by telephone: (03) 9257 0121 or email: bookingenquiry@fpv.org.au

i) The early education of children with disabilities

It is the experience of FPV educators that children with intellectual disability are either provided with only a cursory sexuality education curriculum or denied access to this type of education.

The Victorian Essential Learning Standards make sexuality education a compulsory component of the Health Education teaching curriculum from Prep. It is however the experience of FPV educators that children with intellectual disability are either provided with only a cursory sexuality education curriculum or denied access to this type of education. Like their typically-developing peers, children with intellectual disabilities are also sexual beings who have an innate curiosity about the way their bodies work, different types of relationships and the processes involved with conception. It is vital that their schools support them to obtain age and developmentally-appropriate information about these topics so that they are able to acquire information and skills related to sexual development, reproduction and respectful relationships.

j) Any other related matters

It is vital that educators be supported to develop comprehensive sexual education curricula that will assist their students with intellectual disability to develop healthy, safe and fulfilling sexual relationships and that are tailored to the individual learning needs of these students.

In conclusion, students with intellectual disabilities have the same rights as all other students to access sexuality education. The provision of this education has a number of documented benefits including the reduction and prevention of sexual abuse, reduced incidences of unplanned pregnancy and STIs, the generation of positive sexual identity and the fostering of respectful relationships. In order for adequate sexuality education for students with intellectual disability to become a reality, it is essential that barriers to the provision of this education be acknowledged and understood. Furthermore, it is vital that educators be supported to develop comprehensive sexual education curricula that are tailored to students' individual learning needs and that will assist these students to develop healthy, safe and fulfilling sexual relationships.

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