



Bloom-ED is committed to ensuring evidence-based Relationships and Sexuality Education (RSE) is offered to all young people in their homes, schools and communities. Successful RSE has many positive outcomes that result in healthier hearts, minds, bodies and people.

We are a collective of teachers, researchers, sexologists, students, parents and activists who operate as an alliance - in conjunction with other organisations - to advocate for comprehensive RSE.

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Response: Draft List of NDIS Support

Bloom-ED is a national peak body committed to ensuring evidence-based [Relationships and Sexuality Education \(RSE\)](#) is offered to all young people in their homes, schools and communities. We affirm that successful RSE has many positive outcomes that result in healthier hearts, minds, bodies and people.

We are a collective of teachers, researchers, sexologists, students, parents and activists who operate as an alliance - in conjunction with other organisations - to advocate for comprehensive RSE. One of our current focuses is on increasing funding and attention for particular sub-populations and communities, including people with disability, so that RSE can be delivered in a contextually appropriate way.

We adhere to the understanding of sexual health laid out by the World Health Organization (WHO) [1], the treatment of people with disability as per the United Nations Convention on the Rights of Persons with disability (UNCRPD) [2], the World Association of Sexual Health (WAS) Declaration of Sexual Rights [3], and their Declaration on Sexual Pleasure [4]. Bloom-ED affirms research highlighting the educational benefits of evidence-based RSE for all people. We understand that systemic changes in RSE are crucial to the protection of human rights and reducing the disproportionate violence, abuse, and exploitation experienced by people with disability.

The objective of this submission, therefore, is to contribute to this critical conversation and to provide a holistic view and understanding of the NDIS support list; the need to include sexual services, including sex work and sex toys from the list; and the impact of their removal. We also acknowledge that the removal of these items, and menstrual products from the support list decreases self-determination and removes choice and control from people with disability contravening the original intention of the NDIS. We affirm that people

with disability deserve their autonomy and access to human and sexual rights, which due to systemic barriers and oppression are often denied.

According to the decision paper, the “intent is to broadly reflect current practice including some proposed exclusions in relation to items that are not evidence-based...”. Bloom-ED reaffirms that there *is* a strong evidence-base and need for inclusion of sexual services including sex work and sex toys within the NDIS, due to an ongoing lack of appropriate and accessible RSE for people with disability. The following will detail the evidence base that supports the inclusion of these services and items.

The need for RSE for people with disability:

It is well acknowledged that sexuality is a fundamental part of the human experience [5,6]. Some suggest that sexuality is a basic human need inextricably linked with quality of life and life satisfaction [5,7]. For people with disability, sexuality is often deemed as too ‘sensitive’ or is simply neglected [8], despite the value and importance of romantic relationships, particularly for people with Intellectual and Developmental disabilities [9,10,11]. Unfortunately, people with disability are often socially excluded or are stigmatised by society with their preference for sexual activities questioned along with their capacity to consent [9]. Therefore, sexuality for people with disability is often neglected within schooling experiences and not addressed until there is a ‘crisis’ situation where problematic sexual behaviour is exhibited [5,9,12]. This accentuates a lack of autonomy and freedom and creates a system that promotes vulnerability and victimisation for people with disability.

The state of RSE for people with disability:

The exclusion of people with disability from RSE includes a lack of education about assertiveness and healthy relationships [9,10]. Furthermore, without an understanding of sexual education knowledge, people with disability are left without the information needed to make informed decisions or choices [6]. Whilst positive changes have been seen in terms of a greater number of accessible resources for teaching RSE [13], research shows that parental acceptance of teaching sexuality and disability was one of the more contentious topics across Australia [14]. This contradiction indicates that schools, in particular, mainstream schools are less likely to teach RSE in a form that either acknowledges disability or is accessible for people with disability. Additionally, any RSE delivered by family or carers may be skewed by their norms and stereotypes ignoring the needs of the person with disability [15]; therefore likely limiting the knowledge, particularly related to LGBTQIA+ inclusion. The ongoing negative societal attitudes and resultant exclusion

perpetrate a system that reinforces sexual violence and accidental perpetration and subsequent traumatising and justice system involvement.

The impact of inadequate RSE for people with disability:

The quality of a person's interpersonal relationships has a strong relationship with physical and mental health [10]. Research has documented lower rates of depression, anxiety, stress, and mortality [10,16] as well as improvements in cardiovascular health and sleep patterns [16], and increases in happiness and quality of life [17] for those in healthy relationships. Limiting RSE decreases the ability of people with disability to learn relationship skills, which coupled with social inclusion makes healthy relationship building, including friendships, extremely difficult. This in turn reduces the capacity of people with disability to feel confident in their identity, have belonging, purpose, meaning, and self-worth [10]. In addition, people who are in healthy relationships show less social exclusion, better interpersonal skills and conflict resolution [17] – thereby creating a situation whereby people with disability are in an endless cycle of exclusion and isolation. When society affirms that a successful transition to adulthood requires getting married and having a family [17]; it is clear that inadequate RSE perpetuates the ongoing infantilisation of people with disability.

Importance of sex work and sex toys as educational supports:

Bloom-ED affirms that the best location to deliver RSE "...should be tabled - focusing instead on how to deliver accessible education to support people with disability to receive CSE regardless of venue" [13]. Therefore, rather than debating the appropriate place to conduct RSE, NDIS should acknowledge the invaluable work done by sex workers who have been internationally recognised to be able to provide peer education [18], and in the case of HIV – effective preventative education [19]. If NDIS wishes to remain about safety, self-determination, and choice for its participants then the emphasis should remain on safety, self-determination, and choice in relation to sexuality and disability. People with disability should not be restricted or financially limited to become dependent on others as they currently feel [5], as this can lead to financial and other abuses by supports, families, and carers. Removing sex work from the NDIS support list further stigmatises sex workers and does not acknowledge the skills and experience they can bring to RSE. For example: sex workers operate on mutually consenting agreements reinforcing the skills necessary to negotiate consent and boundaries which are vital to healthy relationships and reducing sexual violence (20).

Bloom-ED also affirms the value of sex toys, acknowledging that this term may diminish their value and therefore moving forward will refer to them as sexual aids. For people with disability, depending on their type of disability, may require literal interpretations without euphemisms to understand the RSE being delivered.

This may, therefore, include the use of realistic dildos to understand how to put on a condom. We are aware of an example where a person with disability was taught to put a condom on a banana and couldn't understand how they had made their partner pregnant. The reality was that they were putting the condom on the banana and on their bed before sexual activities – as they had been taught. However, beyond traditional educational tools such as this, due to physical or sensory disabilities, someone may require more adaptive devices to be able to have a satisfying sexual life. This could include larger buttons, different grips or handles, harnesses, pillows that can hold body weight and certain positions, and many other adaptations [21]. As above, a satisfying sexual life has strong impacts on mental and physical health, and therefore, the inability to have sexual aids that allow an individual to reach this satisfaction is detrimental to their quality of life and could impact the ability of the individual to remain in a sexual relationship at all. Consequently, if the purpose of the NDIS is to “gain more time with family and friends, greater independence, access to new skills...and an improved quality of life” [22], excluding sexual services including sex workers and sexual aids from the NDIS support list is at odds with the intended function of the scheme.

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Bloom-ED is committed to advocacy and awareness initiatives as an avenue for positive change, and to challenge myths and stereotypes. We affirm that the removal of sexual support services from the NDIS will contribute to a negative reshaping of societal attitudes towards sexuality and decrease the quality of life for NDIS participants. We believe instead that understanding of RSE and the variety delivery including from sex workers can foster a more inclusive understanding of sexuality and relationships and reduce misinformation, misunderstandings, and sexual violence. Bloom-ED reaffirms that information that is tailored to people with disability also provides support to the whole of society and acts as a protective factor to both reduce rates of victimisation and abuse, and accidental perpetration for people with disability and people without disability. Bloom-ED affirms that we should not shame where information and knowledge are obtained, but rather the NDIS should support the facilitation and delivery of RSE to all people with disability in a manner that is appropriate and works for them, rather than diminish support and leave people with disability at risk.

Please do not hesitate to contact us should you require any further information.

Bloom-ED Team
team@bloom-ed.org
GPO Box U1987, Perth WA 6845



References

- [1] WHO. (n.d.). *Sexual Health*. https://www.who.int/health-topics/sexual-health#tab=tab_1
- [2] UN General Assembly. (2007). *Convention on the Rights of Persons with Disabilities: Resolution*. <https://www.refworld.org/topic,50ffbce51b1,50ffbce51c9,45f973632,0,UNGA,RESOLUTION,.html>
- [3] WAS. (2014). *Declaration of Sexual Rights*. <https://worldsexualhealth.net/wpcontent/uploads/2013/08/Declaration-of-Sexual-Rights-2014-plain-text.pdf>
- [4] WAS. (2021). *Declaration on Sexual Pleasure*. <https://worldsexualhealth.net/wpcontent/uploads/2021/09/WAS-DECLARATION-ON-SEXUAL-PLEASURE-2021-.pdf>
- [5] Chrastina, J., & Večeřová, H. (2020). Supporting sexuality in adults with intellectual disability — A short review. *Sexuality and Disability*, 38(2), 285-298. <https://doi.org/10.1007/s11195-018-9546-8>
- [6] McCann, E., Marsh, L., & Brown, M. (2019). People with intellectual disabilities, relationship and sex education programmes: A systematic review. *Health Education Journal*, 78(8), 885-900. <https://doi.org/10.1177/0017896919856047>
- [7] United Nations Population Fund. (2009). *Frameworks and policies on sexual and reproductive health*. https://www.unfpa.org/sites/default/files/jahia-events/webdav/site/global/shared/documents/events/2009/policies_frameworks.pdf
- [8] Pownall, J. D., Jahoda, A., & Patrick Hastings, R. (2012). Sexuality and sex education of adolescents with intellectual disability: Mothers' attitudes, experiences, and support needs. *Intellectual and Developmental Disabilities*, 50(2), 140-154. <https://doi.org/10.1352/1934-9556-50.2.140>
- [9] Sala, G., Hooley, M., Attwood, T., Mesibov, G. B., & Stokes, M. A. (2019). Autism and intellectual disability: A systematic review of sexuality and relationship education. *Sexuality and Disability*, 37(3), 353-382. <https://doi.org/10.1007/s11195-019-09577-4>
- [10] Ward, K. M., Atkinson, J. P., Smith, C. A., & Windsor, R. (2013). A friendships and dating program for adults with intellectual and developmental disabilities: A formative evaluation. *Intellectual and Developmental Disabilities*, 51(1), 22-32. <https://doi.org/10.1352/1934-9556-51.01.022>
- [11] Ward, K. M., Bosek, R. L., & Trimble, E. L. (2010). Romantic relationships and interpersonal violence among adults with developmental disabilities. *Intellectual and Developmental Disabilities*, 48(2), 89-98. <https://doi.org/10.1352/1934-9556-48.2.89>
- [12] Graff, H. J., Moyher, R. E., Bair, J., Foster, C., Gorden, M. E., & Clem, J. (2018). Relationships and sexuality: How is a young adult with an intellectual disability supposed to navigate? *Sexuality and Disability*, 36(2), 175-183. <https://doi.org/10.1007/s11195-017-9499-3>
- [13] Andreassen, K., Quain, J., & Castell, E. (2024). Stop leaving people with disability behind: Reviewing comprehensive sexuality education for people with disability. *Health Education Journal*, 0(0). <https://doi.org/10.1177/00178969241269656>

- [14] Hendriks, J., Marson, K., Walsh, J., Lawton, T., Saltis, H., & Burns, S. (2023). Support for school-based relationships and sexual health education: a national survey of Australian parents. *Sex Education*, 24(2), 208–224. <https://doi.org/10.1080/14681811.2023.2169825>
- [15] Stoffelen, J. M. T., Schaafsma, D., Kok, G., & Curfs, L. M. G. (2019). Views on sex using the nominal group technique to explore sexuality and physical intimacy in individuals with Intellectual Disabilities. *Sexuality and Disability*, 37(2), 227-244. <https://doi.org/10.1007/s11195-018-9550-z>
- [16] Black, R. S., & Kammes, R. R. (2019). Restrictions, power, companionship, and intimacy: A metasynthesis of people with intellectual disability speaking about sex and relationships. *Intellectual and Developmental Disabilities*, 57(3), 212-233. <https://doi.org/10.1352/1934-9556-57.3.212>
- [17] Henninger, N. A., & Taylor, J. L. (2014). Family perspectives on a successful transition to adulthood for individuals with disabilities. *Intellectual and Developmental Disabilities*, 52(2), 98-111. <https://doi.org/10.1352/1934-9556-52.2.98>
- [18] Wotton, R.A. (2016) Sex workers who provide services to clients with disability in New South Wales, Australia [Master's thesis, University of Sydney]. The University of Sydney Library. <http://hdl.handle.net/2123/16875>
- [19] Bates, J., & Berg, R. (2014). Sex workers as safe sex advocates: Sex workers protect both themselves and the wider community from HIV. *AIDS Education and Prevention*, 26(3), 191-201. <https://doi.org/10.1521/aeap.2014.26.3.191>
- [20] Department of Social Services. (2023). *The Commonwealth consent policy framework*. Australian Government. https://www.dss.gov.au/sites/default/files/documents/01_2024/consent-policy-framework.pdf
- [21] Morales, E., Gauthier, V., Edwards, G., Courtois, E., Lamontagne, A., & Guérette, A. (2018). Co-designing sex toys for adults with motor disabilities. *Sex and Disability* 36, 47–68. <https://doi.org/10.1007/s11195-017-9506-8>
- [22] NDIS (n.d.). *What is the NDIS?* National Disability Insurance Agency. <https://www.ndis.gov.au/understanding/what-ndis#:~:text=The%20NDIS%20provides%20funding%20to,to%20services%20in%20their%20community.>