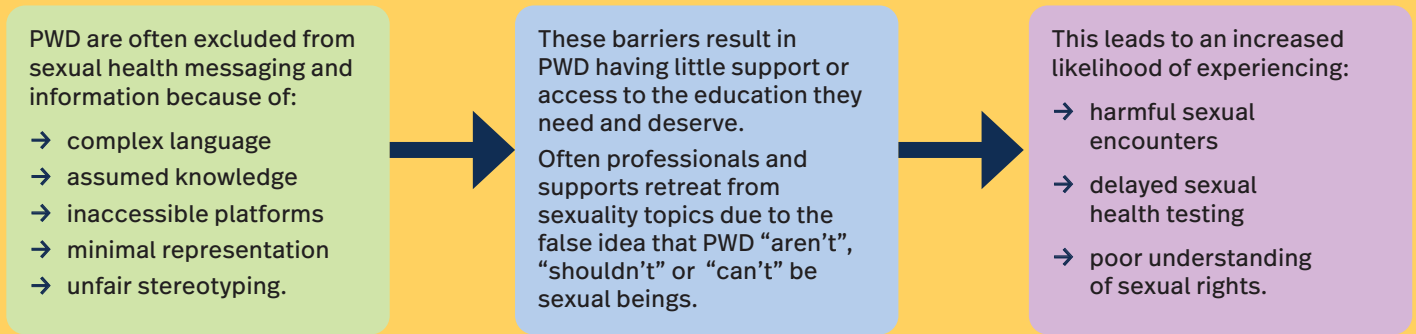


Developing Accessible Sexual Health Resources

People with disabilities (PWD) require the same information about sexuality and sexual health.

Background PWD experience unfair stereotypes and information gatekeeping when it comes to sexuality and sexual health topics.



Practical Content Considerations

→ Relevant sexuality topic?

If people without a disability have access to this information then it is relevant to share and teach about the topic. Often people will deem sexuality information “not relevant” or “not appropriate” for PWD with no input from the person.

→ Ask the parent or guardian permission?

It is important to note that not all PWD have a guardian, this is a common misconception.

A guardian is a legally appointed role which is often limited to making certain decisions such as housing, money or health.

If the person is over 18 years of age and does not have a guardian, you do not need to ask permission from anyone except them to teach or talk about sexuality topics.

→ Is it age appropriate?

If someone is over 18 years of age they have the same right to information as other adults. If they are under 18 years of age then the guidelines of appropriate sexuality and relationships content provided by the government apply.

→ Are you preventing harm?

A harm minimisation approach, paired with a duty of care versus dignity of risk approach is key to education in this space.

People have a human right to education about sexuality and sexual health, yet we worry we will say something “wrong” or open the dreaded “can of worms”.

If in doubt, come back to the why – why are you teaching or talking about this topic? Is it to help someone have a better life, understand themselves better, connect to others or prevent harm? Well then, there should be no doubt that it’s addressed.

→ Are you being sex positive?

We don’t want to provide information only once an individual has asked repeatedly or shown behaviour that requires attention.

Being sex positive in a disability context is the same as any other – don’t shame people for their questions, practices, or interests.

When people have a disability, we see professionals and supports retreat from sexuality topics due to the unfair stereotypes that PWD “aren’t”, “shouldn’t”, “can’t” be sexual beings. This is of course far from the truth and a damaging assumption.

Expect the same diversity of sexual practices, sexual interests, and identity for PWD and challenge others who fuel this damaging stereotype.



All service providers and professionals can incorporate these simple elements into their talking, teaching, and resource development to be more inclusive and accessible for people with varied learning or communication needs.

Practical Visual Considerations

- Use **high contrast text** on light background. Carefully consider font colour with regards to juxtaposition and readability.
- Use **minimum 12pt** for text.
- Use easy-to-read sans-serif fonts such as **Arial** or **Calibri**.
- Leave space throughout text. This can provide **'thinking space'** or a visual rest.
- Are **PWD represented** in the images? Hearing aids, canes, wheelchairs etc.
- Use **symbolic pictures** as often as possible to support text.
- Image sequencing or sorting layout are best.
- Consider **Easy English** best practice where possible – one image on the left of the page with matching one sentence on the right.
- The best and most effective way to convey an image is through a **photo**, then anatomically-correct **illustrations**, followed by **sketches** or **outlines**.

Note! *These accessibility elements also serve to assist young people, people who speak English as a second language or people with low literacy to understand and comprehend complex health and rights-based information.*

Practical Written Considerations

- ✓ Be **clear** and **straightforward**.
- ✓ Include **information relevant** to how, where or when a **support person may be able to assist**.
- ✓ Provide **specific details** where possible. For example provide phone numbers and referral names rather than “google it” or “go to your local health clinic”.
- ✓ Define all **acronyms**.
- ✓ Include **image descriptions** or **“alt-text”** on social media posts, in addition to captions.
- ✓ **Repetition** of messaging is encouraged if space allows.
- ✗ Avoid **contractions**. For example, instead of “don’t”, use “do not”.
- ✗ Avoid **commas** where practicable. Create two shorter sentences instead.
- ✗ Avoid **complex or long words** – simple English is best. Alternatively, add a glossary or describe the word in the following sentence.
- ✗ Avoid **slang** and **colloquialisms**.



Summary

To **uphold the human and sexual rights of all people**, it is necessary for Relationship and Sexuality Education (RSE) to be delivered to PWD.

As per the social model of disability, the **onus of inclusion is on the whole of our society to adapt**, not for PWD to have to constantly self-advocate and demand their basic rights.



Visit www.secca.org.au/resources to browse resources or to find out more.