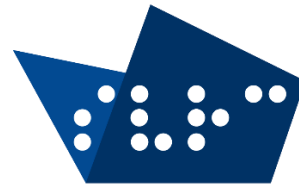




MONASH
University



Statewide Vision
Resource Centre

RELATIONSHIPS AND SEXUALITY EDUCATION FOR STUDENTS WITH VISION IMPAIRMENT



A HANDBOOK FOR EDUCATORS

ACKNOWLEDGEMENTS

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CONTENTS

INTRODUCTION	4
GLOSSARY OF TERMS AND DEFINITIONS	6
CHAPTER 1: ACCESSIBILITY REQUIREMENTS	8
CHAPTER 2: ANATOMY	13
CHAPTER 3: RELATIONSHIPS.....	17
CHAPTER 4: CONSENT	20
CHAPTER 5: SEXUAL HEALTH.....	24
CHAPTER 6: PERSONAL CARE.....	25
CHAPTER 7: PUBERTY.....	26
HELPFUL RESOURCES	27
REFERENCES	28

INTRODUCTION

Why was this handbook created?

This handbook was created by Monash University Occupational Therapy (Honours) students in collaboration with the Statewide Vision Resource Centre (SVRC). The purpose of this handbook is to address a lack of accessible and appropriate relationships and sexuality education for students in Victoria with vision impairments.

Research completed in the USA found that almost 61% of students with vision impairments stated that “their visual impairment had an impact on the way they were able to participate in sex education”.¹

There have been reports from students, families, educators, and other staff that this is an area that needs addressing with many students in Victoria missing out on the relevant and accessible materials or content they need.

Who contributed?

The information gathered to guide this handbook was collected from people with vision impairments, educators from SVRC, visiting teachers and other vision staff, parents and families, peer-reviewed literature and international educators and researchers from New Zealand, United Kingdom, and the USA.

Why is this important?

Relationships and sexuality education is an essential part of all students learning and is a compulsory element of the Victorian curriculum. It occurs throughout all ages and stages of development and involves more than simply learning about sex. Content that is explored includes gender, relationships, bodily changes and puberty, sexual health, and sexual safety.

Accessible materials and relevant content will enable students with vision impairments to engage in relationships and sexuality education in the classroom and gain the knowledge, skills, and behaviours they need to empower them to make safe and responsible choices.

How to use the handbook

This handbook has been made to complement the educational lessons, programs and resources provided by schools, organisations, and the Victorian Government, such as the Catching On resources.

This handbook does not provide the content that needs to be delivered but rather how to deliver it in an accessible and appropriate way. Accessible resources are discussed, as well as how to access them through SVRC or other methods.

This handbook has been created for the Victorian education system; however, it will be useful for educators of any area. Please note that any services provided by SVRC are for eligible Victorian students only. For those not in Victoria refer to your relevant state or national service.

GLOSSARY OF TERMS AND DEFINITIONS

Statewide Vision Resource Centre (SVRC)

“SVRC is a service of the Victorian Department of Education and Training, providing state-wide leadership in blind and low vision education. They aim to ensure inclusion and achievement for all learners who are blind or have low vision.”²

Vision Impairment (VI)

“A vision impairment is a loss of vision that cannot be corrected to normal range with glasses, contacts, medication or surgery. It may range from mild vision loss to total blindness.”²

Low vision

Low vision is defined as “visual acuity of less than 6/18 but equal to or better than 3/60, or a corresponding visual field loss to less than 20°, in the better eye with the best possible correction.”³ It is a permanent vision loss that cannot be corrected with prescription glasses and affects daily functioning.⁴ The level of vision impairment depends on the visual field loss. However, there is some vision remaining, lights and colour can be seen.

Note: A visual acuity of 6/18 means a letter on a chart should be read at 18 metres, but you can only read it at 6 metres

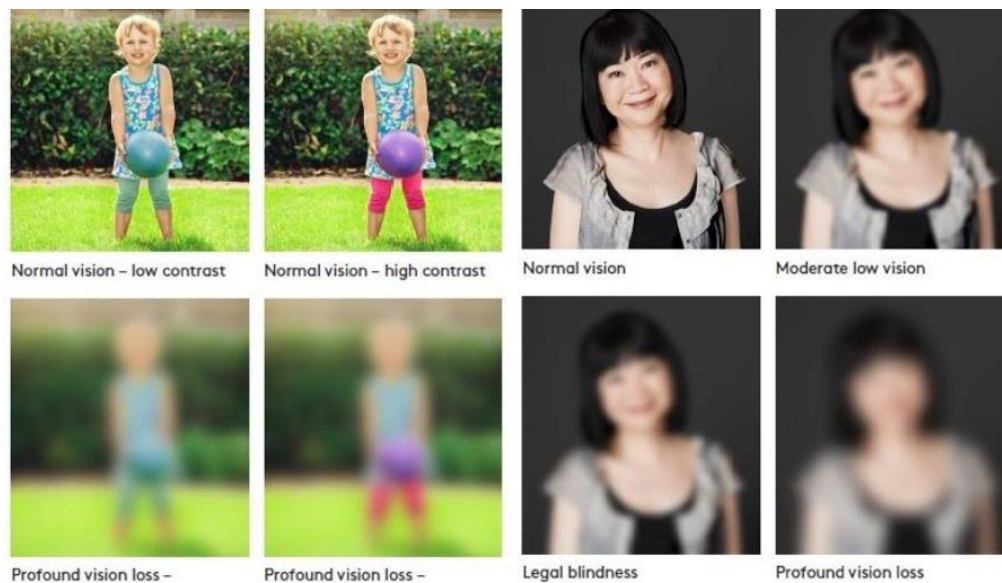
Legal Blindness

“A person is considered legally blind if they cannot see at six metres what someone with normal vision can see at 60 metres or if their field of vision is less than 10 degrees in diameter.”⁴

Total Blindness

“Total blindness is where a person has no measurable or useful vision, and no light perception.”²

This image illustrates how different vision impairments may present.⁵



Relationships and Sexuality Education (RSE)

RSE is a compulsory area of the Victorian Curriculum for government schools from Foundation to Year 10.⁶ It involves more than simply learning about sex, with content exploring gender, relationships, bodily changes, and sexual health and safety.⁷

Visiting teachers (VTs)

“Visiting Teachers are specialist teachers with expertise and experience in specific disabilities and impairments. They give schools and teachers guidance in supporting engagement and participation of students with disabilities and additional needs.”⁷ Vision-specific visiting teachers work with schools to address the learning needs of students with VI. This includes teaching vision-specific skills to complement the expanded core curriculum and requesting materials and technology for students.

CHAPTER 1: ACCESSIBILITY REQUIREMENTS

It is a legal obligation under the Federal Disability Standards for Education (2005), the Disability Discrimination Act (1992) and the Victorian Equal Opportunity Act (2010) that educators make reasonable adjustments for students with disabilities. For students with vision impairments, this includes providing the appropriate transcribed materials, making necessary accommodations to how content is taught and adjusting classroom activities as appropriate.

Students with vision impairments experience prejudice and discrimination from society known as ableism. It is important to understand ableism, particularly in the context of vision impairment, to ensure your teaching and language is accessible and appropriate for all students. ⁸

For more information about ableism for the blind and low vision community, as well as some language to avoid, Fiona Woods has written an article for Blind Citizens Australia that can be found at this link: <https://www.bca.org.au/2020/11/09/weve-all-been-there-exploring-ableism/>

Transcribing Materials

The best thing is to be prepared!

Students' vision will vary greatly so make sure you are adapting the materials and lesson to their individual needs.

→ Many students with vision impairments will have a vision statement stating their individual needs, otherwise, chat to a classroom teacher or a VT.

Think about the activities and materials you have planned and whether they can be adapted to be accessible – not all activities or materials will need to be changed!

Once you know what accommodations they need, you can request transcribed materials (eg. braille, E-text etc.). For eligible Victorian students, this can be done through SVRC. You will need to fill out a form that can be found on the SVRC website and attach a print copy or pdf of the material you would like transcribed. Please note this must be done at least 3 weeks before the date it is needed.

→ Consider whether materials need to be provided in advance of the lesson so the student can go through the materials with a teacher or VT before the class.

Print

If you have print materials as a part of your lesson or program (eg. worksheets or handouts) this will likely need to be provided in an alternative format specific to the needs of the student.

This may include transcription into braille, large print or providing an electronic copy of the information in a word document or accessible PDF. If providing an electronic copy of information that contains images, ensure there is alternative text or a written description of the image.

For printed materials, also consider the colours and contrast of the handout or worksheet for students with low vision.

Diagrams

Diagrams, such as anatomical or Venn diagrams, can be transcribed into tactile (raised line) format.

Tactile diagrams of reproductive anatomy have been produced at SVRC and can be supplied upon request. Please note, if using tactile diagrams, a teacher must go through the diagrams with the student before the class. Additionally, they are not a substitute for 3D models but can be used in conjunction with 3D models which are discussed in the anatomy chapter.

PowerPoints

PowerPoints should be shared electronically with the student or transcribed into braille depending on the student's needs and preferences. Ensure when presenting the student is situated in an appropriate position for their vision (eg. they may need to be closer to the board or away from glare). It is also important to make sure you are verbalising what is on the PowerPoint for the student to follow along.

Detailed information about creating accessible PowerPoints can be found at the Perkins School for the Blind eLearning via this link:

<https://www.perkinselearning.org/technology/digital-transitions/creating-accessible-powerpoint-presentations-students-visual>

Videos

The best practice for videos that are to be shown in class is for audio description to be available. If audio description is not available, consider these options and discuss with the student what they would prefer:

- Pause the video and describe the images on the video yourself, remembering not to single out the student with the vision impairment. For example, "She is looking away and seems uncomfortable, why do you think that is?"
- Provide the student with the video before showing the class. This will allow them to view the video up close or to go through the video with someone to provide audio description one-on-one.
- If creating a new video resource, consider using a universal design by having casual audio descriptions. This could look like having a narrator that describes what is happening in the video without explicitly being audio described.

3D prints

SVRC can produce 3D-printed materials, or many schools may have a 3D printer. Suggested 3D printed materials would be internal organs, such as the clitoris. 3D models of external anatomy are available on loan from SVRC (see Anatomy chapter).

General accommodations

It is important to ensure that students can engage in all lessons with their peers in the classroom. This is important to promote social inclusion for the student with a vision impairment. People with disabilities are often viewed as asexual and can therefore be excluded from activities or relationships or are not taken seriously about their needs in areas of relationships and sexuality. By having the student in class with their sighted peers, they can see that the people with disabilities are sexual beings and have similar needs, issues, and desires to them.

Here is a list of general accommodation requirements to promote inclusion for students with vision impairment in the classroom:

- If you are an external provider of relationships and sexuality education, consider adding a section on the booking form about whether the materials need to be provided in an alternative format.
- Begin each session with a roll call of who is in the classroom, so the student knows who is present. This can be done by going around the room and everyone stating their name. If a roll has been completed, ensure that staff or those not on the roll also state their name.
- If someone enters the room during the session, state their name and role without singling out the student with the vision impairments. For example, “Mrs Smith the principal has just joined us. Welcome, Mrs Smith.”
- Some students may need to be seated somewhere particular in the room. Please be aware of their preferred seating and allow them to sit where they need.
 - This may be closer to the front to see the board or away from the windows to reduce glare.
- Verbalise anything that is shown or written on the whiteboard.

- Be mindful of the colour of your whiteboard marker.
 - Low vision students may find some colours difficult to read. Ensure to come prepared with the appropriate marker colour(s) and check all markers are working well and writing clearly.
- Do not rely on visuals - Catching On resources provided by the DET heavily rely on worksheets. Think or chat with the VTs about which ones are appropriate to transcribe and what activities should be adapted.
 - You can lessen the focus on visual content and activities by using discussion-based learning methods such as class or small group discussions, scenarios, or role-playing activities.
- Question boxes are a common activity used but consider the anonymity of this activity. For example, if a student is using braille or needs to dictate their question to an aide then the anonymity is taken away.
 - Consider using an anonymous Google Form or an online platform such as Mentimeter which allows for anonymous Q&A submitted online. Another option would be for students to type their questions on a word document and then print it.
- Consider how you can adapt activities that rely on students to see others.
 - For example, if doing a 'raise your hand if...' or 'cross the room if...' activity make a note aloud of how many students raised their hand/crossed the room or get them all to raise their hands with their eyes closed.
- Do not assume knowledge of anything. A lot of implicit learning happens through sight. Describe everything you are going through using explicit language and descriptions.
 - For example, students, particularly those who have never had sight, may not know where different genitalia are located on the body.
- There will likely be many giggles or laughter happening in the classroom with certain topics. If the giggles and laughter are for something not obvious or seen by the student, ensure that you state what people are laughing about. This means the student can feel included in the class's experience, but also that they are aware it is not them they are laughing about.
 - For example, "I know this picture looks quite funny, what we are looking at here is..."

- Include content and scenarios that involve people with disabilities and other diverse identities.
 - Ensure that when including stories or content of people with disabilities that it showcases healthy and positive examples, as well as challenges they may face.
- Many students with vision impairments have additional disabilities. These may include intellectual disability, physical disability, sensory disability, or autism. To ensure your education is accessible, find out and adjust to the student's individual needs and cover all the basics - Do not assume knowledge of any concept.
- Some parents and families of students with vision impairments may also have a vision impairment. In this case, ensure there is an accessible copy available of any information going home to parents or guardians. An accessible electronic copy would be appropriate.
- If there are materials or activities that you are uncertain about how to adapt, speak to the VT for ideas or talk to the student themselves to see how they would like to go about it.

CHAPTER 2: ANATOMY

Learning about sexual anatomy and development can be challenging for students with vision impairments when it relies heavily on pictorial diagrams.

Under the Victorian Curriculum, students should begin learning about sexual anatomy in primary school (eg. accurate terminology, location etc.), however, they may not fully explore organs and genitalia until secondary school.

So how can this content be made accessible?

Materials

3D Models are essential for many students with vision impairments to learn about anatomy AND they are also helpful for sighted students.

It is hard for students with any level of vision to understand 3D concepts in a 2D diagram. Many students (and adults) do not fully understand how their internal anatomy sits in their body.

The Jim Jackson Models

The Jim Jackson Models are anatomically correct models of male and female genitalia and reproductive systems.

These models may seem awkward or uncomfortable, but they provide valuable learning through formal teaching and explanation, as well as informal exploration and discussions (and giggles) with their friends.

A set of Jim Jackson Models can be requested for a loan of up to a term (12 weeks). The VTs can request this equipment through the SVRC tracking system.



Activity ideas

- Split students off into small friendship groups or pairs to explore together.
- Have the class set out in stations that all students can cycle through so that the teacher can deliver a small group verbal explanation of the models and the visually impaired student is not singled out to touch them.
- Use them for hands-on activities such as practising contraception use.
- If they are not appropriate for the class, a VT can go through the content with the student before the lesson. Allow them to bring a friend along to ease the awkwardness of the content!

3D printed models

3D printing has been used for organs such as the clitoris for sexuality education classes internationally.⁹ The 3D-printed clitoris was not intended for students with vision impairments, but rather for all students to address the lack of information or misrepresentation of female anatomy, sexuality, and pleasure.

The clitoris is often not shown on diagrams and it cannot be fully felt so students without vision need a 3D model to learn about it.

You can access a design for 3D printing via this link:

<https://www.thingiverse.com/thing:1876288>

DIY models

Another option is to make your models from everyday materials. For example, using Styrofoam balls and pipe cleaners for the ovaries and fallopian tubes or using clay - get creative!

People who are blind have reported that having different representations (eg. DIY models, 3D anatomically correct models and tactile diagrams) all work together to help aid understanding of these concepts. They are helpful to aid the understanding of sighted students as well.

Other 3D model ideas

Science departments at the school may also have other scientific anatomical models of internal anatomy or around topics such as childbirth.

Dildos are another good way to bring 3D models into the classroom.

Tactile diagrams

Tactile or raised-line diagrams have been reported to be used, however, these cannot be relied on as people with vision impairments report that 3D models are needed to fully understand the 3D concepts being explored. Students also might find it awkward to feel, especially if they are touching it while everyone else is looking at the board.

If tactile diagrams are being used, they can be supplied by SVRC. The student must have the opportunity for someone (eg. a VT) to go through the diagram with them before the lesson.



Activity ideas

Think about other activities that can be done that do not rely solely on diagrams.

For example, try using butcher's paper and tracing the outline of the body.

- A large print diagram like this can be drawn on and labelled for accessibility for low vision students, or
- Tactile materials such as string, felt, balloons etc. can be used to map out the body parts for accessibility for blind students.



How do you give verbal descriptions?

- It is helpful to give a general overview first of what the diagram or model is.
- Give the context of the diagram or object.
 - eg. if it is a cross-section, you can relate it to an apple cut in half.
 - If it is a body part, relate it to the location on their body.
- If they are feeling it, let them explore and then discuss and describe what is under their fingers.
- Think about analogies of things they know or may have felt before.
 - For example, a uterus can be described as pear-shaped and is roughly the size of your fist and ovaries are roughly the size and shape of an almond.
 - You may need to have a few examples prepared in case it is not making sense for the student.

CHAPTER 3: RELATIONSHIPS

Communication skills

Social skills naturally develop through observations in daily life. Students with vision impairments are likely to have difficulty recognising non-verbal cues from others, such as body language, eye contact or facial expressions, and are not able to see the effects of their actions on others. This can hinder the development of relationship skills and restrict the opportunity to build relationships with other students. Although some students with no sight are still able to pick up on some non-verbal cues through tone of voice or other indicators, students may need extra support in identifying non-verbal communication to facilitate a better understanding of conversations. ¹⁰

- Students may need assistance in positioning themselves when talking to others. For example, facing the person who is talking. Some students have better peripheral vision. In this case, educators can still encourage them to turn their body and face towards the speakers.
- Students may not know how to show enthusiasm when involved in a conversation by nodding their head or smiling.
- Students who are blind may tend to keep their head down. They should be encouraged to hold their heads up when participating in activities or conversations.
- Students may need assistance keeping appropriate boundaries or distance with other people. They may tend to stand closer to other people to better see them.



Activity ideas

Role-playing social situations can help students understand body language and relationship dynamics.

- Some activities have been outlined in the *Catching On* resources (Refer to *Catching On Later* [page 24](#))
 - Have an accessible format ready for students.
 - It may also be beneficial for educators to read the “Topics for discussion” cards or the “Behaviour cues” cards aloud to the class before starting the activity.

- Another role-playing suggestion is for teachers to give each student a certain mood or emotion to portray within a small group. Let the other students guess what the emotion is. And to discuss that emotion by providing prompts.
 - For example:
 - Under what circumstances will the emotion be applied?
 - What if I show that emotion under the opposite situation?
 - Do you feel comfortable when seeing others to show you this emotion and why?
- Encourage cooperative learning.

Social environment

Students with VI were found to be spending more time at home alone with passive activities that were not highly interactive, and they tend to have smaller networks than their sighted peers.¹¹ By fostering a supportive social environment for students with VI with accommodations made for them to be included in school activities with their peers, interaction with other students and participation in activities can be increased.

Here are some overall tips on how to improve their social environment:

- Foster a supportive social environment for students. Do not single out students with VI in activities.
- Having students with similar interests in the same activity group.
- Having ground rules in the classroom for all students.
- Start with ice-breaker activities if the students do not know each other.

Dating online

Most dating sites are accessible and there are dating apps available to use on the phone. When completing profiles, students may be required to upload their photos. It is encouraged that students ask someone who is trustworthy to take their photos and tell them how they want the photos to look like.¹²

Talk to students about the disclosure of information online. Make sure students are aware of the consequences of disclosing personal information and what is suitable to be included in their profile.



This will include discussing with students about the choice of disclosing vision issues online. Students can feel uncertain about whether it is necessary to put their vision issue available in their description. However, students can be encouraged to prepare answers on how to explain their vision problems when people approach them.

Intimate relationships

Students with VI may have difficulties with sexual behaviours such as flirting. They may find it challenging to identify or exhibit flirtatious behaviour and need extra support in this area.

It is also important for students to learn how to communicate their wants and thoughts in the relationships. Teachers should discuss with students on how to negotiate their wants with their partners.



When going through sexual behaviours with students, discussion around pornography should not be avoided as students with vision impairments still access pornography.

CHAPTER 4: CONSENT

Consent education is now mandatory to be taught in all Government schools in Victoria, as announced by the Victorian State Government.¹³ This was brought in after students across Australia called for earlier and more comprehensive consent education. Consent education is an integral part of relationships and sexuality education and is especially important for students with disabilities.

Research has identified that students with vision impairments are more vulnerable to sexual abuse.^{1, 14, 15} This increased vulnerability is due to increased reliance on touch or being touched and increased likelihood to be in vulnerable situations with adults.^{1, 14} Additionally, students recognised that they were at a higher risk of sexual abuse with their intimate partners due to not recognising warning signs in their partners.¹⁴ Other internal factors that increased the risk of sexual violence towards them included low self-respect, poor assertiveness skills and the desire to feel included amongst peers and partners.¹⁴

It is important for students to learn about consent and to understand that making decisions about their health and body is a basic human right.

Consent culture

It is important to create a culture of consent for students of all ages and abilities. This means using and modelling consent in everyday situations. This will allow students to learn the language and skills needed to practice consent in all situations, including in relationships and intimacy. Consent culture also affirms the importance of students' agency.



For a student with a vision impairment, this may look like saying your name and verbally asking for permission if you need to provide hands-on assistance and respect their wishes if they say no.

Teaching consent

Consent skills and verbal consent

When teaching consent to a student with a vision impairment, the importance of verbal consent must be emphasised, modelled, and practised.

As mentioned, students with vision impairments can still recognise non-verbal cues from others, however, for most students, verbal discussions around consent will ensure consent is informed and enthusiastic from all parties involved.

It is also important to model this verbal consent and give students the language to ask for consent and respond appropriately. This can be done by demonstrating phrases in straightforward, easy to understand language to the class. Students can then practice with each other or brainstorm their own phrases.



Activity idea

Do... RSE for Schools an organisation from the UK has resources and lesson plans for all different areas of RSE which can be accessed via this link:

<https://www.dosreforschools.com/how-do-can-help/do-for-educators/lesson-plans-and-stimulus/>

Lesson plan 4: *Communication, Consent and Sex* has an activity that uses greetings such as handshakes as a metaphor for sexual consent. This icebreaker allows students to be in situations where they need to negotiate touch and what they are comfortable within a way accessible to all students.

Learning what is appropriate

Another important component of consent for all students, but especially those with vision impairments, is being explicit about what behaviours from others are acceptable and what is not. This includes behaviours from peers, intimate partners, and adults in their lives.

Behaviours must be discussed explicitly, labelled where appropriate (eg. harassment, assault etc.) and discussed sensitively for those who may have past trauma.

Ensure help-seeking behaviours and resources are discussed and made available in an accessible way. For example, helpline numbers are not just shown on the screen or a handout but read aloud and provided in an electronic or accessible format for future reference.

Self-advocacy and assertiveness skills

Lastly, self-advocacy and assertiveness skills are important components of consent. Students with vision impairments may have more of an inclination to be compliant or passive in situations due to their age and disability. Teaching students how to be assertive and advocate for themselves will make them less vulnerable to sexual mistreatment or more likely to seek help if it occurs.¹⁶



Activity idea

Laura Millar who is a researcher and educator of RSE suggested a consent activity regarding consent violations and microaggressions (a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group).¹⁶

The activity steps are as follows:

1. Every student thinks of a situation where they experienced a consent violation, a microaggression or any situation they wished they responded differently.
 - o An example might be a rude comment someone said to them, a time they did something they wished they had not due to peer pressure or a time they were uncomfortable with someone's actions towards them.
 - o Make sure you give a few examples to get them thinking and it may be good to give a personal example and get some students to help you with an initial demonstration.

2. The students then get into groups and act out the situation as it happened.
3. The group or the class then discuss what happened and what would have been the ideal response or outcome in that situation.
4. Lastly, the group acts out the situation again with their ideal response or outcome.

This allows students to practice their self-advocacy and assertive communication whilst also spreading awareness of the hardships that different students face.

→ If students are not comfortable acting out the situation, then this can be a discussion-based activity or done in small groups, not in front of the class.

It may also be helpful to have some examples or scenarios that are appropriate for the group ready to go in case students do not want to share their personal experiences.



Other activity ideas

- Any activities or scenarios that allow students to practise being assertive and saying no, as well as responding and accepting when someone says no to you.

CHAPTER 5: SEXUAL HEALTH

Accessing health clinics

There are many barriers for people with vision impairments when accessing sexual health clinics. Much of the information, such as community resources and campaigns, are disseminated through bulletins in the clinics with no alternative format provided. Thus, people with vision impairment may not access the relevant information they need.¹⁷

Also, hospital and public health settings provide information such as admission procedures, pre-admission information, consent forms for surgery and general information about the hospital services in print only. Therefore, this enhances the dependency of people with vision impairment on others and compromise their privacy and confidentiality of information.



Make sure the students are aware of the availability of accessible formats from hospitals/ clinics. They can be obtained upon request.

Teachers can go through the procedures of accessing clinics with students and discuss what they are expected to do. For example, report to the reception and ask for an accessible form to fill in personal information.

Contraception and STI protection

When teaching all students about contraception, especially students with vision impairment, it is important to use real tangible objects so they can have the awareness and the skills to safely use contraception.



This includes both male and female condoms, dental dams, implants, contraceptive pills, contraceptive rings, and intrauterine devices (IUDs).

Many contraceptive packets may not have instructions in an accessible format and students may not want to ask for assistance in this area. To promote safe sex and prevent unintended pregnancy, it is important to give explicit instructions about contraception use and the different options available.

The use of contraception such as condoms or dental dams can be demonstrated and practised using 3D models such as the Jim Jackson Models or dildos.

Contraceptive options are available for schools, such as this free toolkit from Ansell <https://sex-ed.com.au/ansell-sex-ed-kit/> or resources from Family Planning Victoria. Alternatively, you can buy them as needed from your local pharmacy.

CHAPTER 6: PERSONAL CARE

Personal care and hygiene are important for all students; however, many areas of personal care may be difficult for students with vision impairments. Health and hygiene are included in the Victorian Level 7 curriculum.

This includes a discussion of activities such as:

- Hair removal (eg. shaving)
- Make-up application
- Grooming
- Toothbrush skills
- Hygiene
- Laundry



Activity ideas

- Place different hygiene and personal care items (eg. toothbrush, loofah, make-up blender) in a box that is covered by a sheet or filled with rice. Students take turns finding an object, feeling the object, and guessing what it is without looking.
- Students volunteer to be blindfolded and guess different products in front of the class. Place small amounts of products (eg. shaving cream, shampoo, or lotion) in their hands. Students describe what they are feeling and smelling aloud as they guess.



Be aware of any allergies for this activity.

CHAPTER 7: PUBERTY

Teaching about what to expect before students reach puberty is important so that they can be prepared. Students with vision impairments often rely on parents to deliver education around puberty, however, this education is often provided in schools and can be made easily accessible. Additionally, students may lack implicit knowledge about puberty if they cannot see the physical changes occurring in their peers.

Periods

When periods are being discussed there must be tangible objects available to explore. This includes pads, tampons, menstrual cups, and period underwear. These are also good for those who do not menstruate to satisfy curiosity and help reduce stigma around periods.

The Blind Girl's Guide to Puberty written by Emma-Mae Schmidt, who is a young blind woman, is an excellent introduction to puberty and menstruation for other young visually impaired women. This book provides great information, description and how-to about aspects of puberty including breasts and bras, periods, and female reproductive organs.



It will be very helpful to read before delivering a session about puberty and can also be passed on to the student to read at their leisure.

The Blind Girl's Guide to Puberty can be accessed via this link:

<https://www.spevi.net/wp-content/uploads/2015/07/Schmidt-E-M.-2019-The-Blind-Girls-Guide-to-Puberty-Booklet.pdf>

Other areas

For other areas of puberty (eg. body hair, pimples, wet dreams) ensure there are verbal descriptions given of anything discussed.

See Chapter 2: Anatomy for instructions on verbal descriptions.

HELPFUL RESOURCES

Victorian Government *Catching On* resources

Catching On Early: Sexuality Education for Victorian Primary Schools

<https://fuse.education.vic.gov.au/Resource/LandingPage?ObjectId=ee5cfd49-48e7-4698-a06d-37e2e21cbbd9&SearchScope=Teacher>

Catching On Later: Sexuality Education Resources

<https://fuse.education.vic.gov.au/Resource/LandingPage?ObjectId=407ed837-2c8b-4842-9a22-fe7f8bb07b99&SearchScope=All>

Perkin's eLearning Video

Addressing Issues of Sexuality with Students Who are Visually Impaired is an eLearning video from Perkins School for the Blind done by Jeff Migliozi who is blind himself.

<https://www.perkinselearning.org/videos/webcast/addressing-issues-sexuality-students-who-are-visually-impaired>

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Forty Years in the Making: Special Issue on Sex Education and Students with Visual Impairments

<http://dvi.uberflip.com/i/258820-dvi-quarterly-volume-59-2/0?>

The Blind Girl's Guide to Puberty, Emma-Mae Schmidt

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