Sexuality & Disability

A briefing guide for primary healthcare providers

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Sexuality & Disability

Sexuality is an integral part of being human and can include sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is more than just genital contact and can be experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Every person, disabled or non-disabled, is a sexual being and is entitled to the information and services necessary to make informed choices regarding sexual and reproductive health.

Sexual and reproductive health (SRH) is not just the absence of disease but is a state of physical, emotional, mental and social well-being related to sexuality and reproduction. SRH requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

The following are examples of SRH services that may be available from GPs, family planning clinics, counsellors and gynaecologists:

- >> Information on contraception, sexually transmitted infections (STIs), pregnancy, abortion, sex with a partner, masturbation, sexual development, puberty, menstruation, menopause, impotence and sexual violence
- >> Crisis pregnancy counselling which includes options on parenting, adoption and abortion
- >> Instruction and demonstration of how to use condoms / dental dams / diaphragms
- >> Breast, cervical, and STI screening
- >> Pelvic examination
- >> Advice on fertility
- >> Antenatal care
- >> Sterilisation

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The possibility to explore and enjoy sexuality is often denied disabled people, regardless of whether their impairment is physical, sensory, intellectual etc. As a result they are physically and socially excluded from services designed to meet individual needs of achieving sexual health. This exclusion often stems from lack of knowledge about disabled people's sexuality and also paternalistic attitudes on behalf of service providers, parents and carers that disabled people do not need to learn about sexual development or access the accompanying health and support services.

Failure to meet the sexual health needs of any population group creates vulnerability to unplanned pregnancy, poor self-image, possible fertility problems, STIs, sexual violence and dissatisfaction with relationships and sex. Any efforts, therefore, in addressing discrimination experienced by disabled people accessing sexual health services must begin with an acknowledgement by service providers that people with physical and/or intellectual impairments are sexual beings and have sexual health needs.

Service providers are legally and ethically obliged to deliver the same level of service to everyone without discrimination. Failure to do so will disable people from taking part in what should be every day activities in every day lives. What this means for service providers is that a woman with a hearing impairment, for example, should have the same ease of access to a cervical smear as every other woman. It is important to note that although the service may be offered in different ways (e.g. with an interpreter or visual aids) the outcome should be the same. Services must be individualised to meet the particular needs of each client with equal respect and dignity. And any possible barriers to access must be examined and addressed.

Barriers to Access

Physical barriers –

lack of transportation, no parking close to entrance, narrow doorways, small bathrooms, examination tables that are too high, unsuitable equipment.

Emotional barriers –

embarrassment, fear or anxiety about invasive examinations, lack of information about what to expect from the service provider, frustration regarding the difficulties encountered when trying to access service.

Staff attitudinal barriers –

stereotypes, judgment, dismissal of sexuality, no knowledge of how disability may affect sexuality.

Myths

Various, conflicting myths surrounding sexuality and disability prevail in society which perpetuate and reinforce the marginalisation and discrimination of people with physical and/or intellectual impairments. Examples of some myths include:

- >> All disabled people have the same needs
- >> All disabled people are heterosexual
- >> All disabled people are asexual
- >> Information and education about sex will encourage "inappropriate" sexual behaviour
- >> Intellectually disabled people are incapable of understanding sexuality
- >> Physically disabled people are unable to have sex
- >> Disabled people cannot/should not be parents
- >> Disabled people should be grateful for any type of sexual relationship

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Disability Facts and Figures

- >> All disabled people are sexual beings
- >> According to the 2002 census, 323,707 people live with disabilities in Ireland[1]
- >> 47,931 women of reproductive age (15-49), live with disabilities in Ireland [2]
- >> Disabled people are the world's largest minority
- >> Disabled people are a diverse population with different cognitive and physical needs in addition to varied identities influenced by race, religion, ethnicity, sexual orientation and gender
- >> Disabled women and men are more likely to experience sexual violence during the course of their life

[1] Central Statistics Office Ireland (2002) [2] Central Statistics Office Ireland (2002)

Suggestions for primary healthcare providers

Be proactive about making your service environment more accessible and inclusive

>> Don't assume a client does not have an impairment

>> Don't assume a client is heterosexual

>> Encourage staff to attend training to raise awareness of the barriers some people face in accessing services

>> Educate staff on the principles and requirements of non-discrimination enshrined in the Disability Act 2005, the Convention on the Rights of Persons with Disabilities, the Equality Act 2000 & 2004, Report of the Commission on the Status of People with Disabilities, and various international human rights documents

>> Implement policies and procedures so staff will know how to best serve disabled clients

>> Conduct an accessibility audit of your premises and service

>> Ask clients how the service could better meet their needs

>> Produce or locate informational resources in a variety of formats such as audio tapes, pictures, Braille, booklets in large font and easy to understand language

>> Make any structural adaptations necessary to improve access

>> Determine if equipment is suitable for clients (for example examination tables may be too high for transfer from a wheelchair)

Respect the dignity, individuality and autonomy of every client

>> Don't make any assumptions about the sexuality or sex life of clients, regardless of disability

>> Routinely inquire about the sexual health of clients

>> Ask clients if they have any questions about sex

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>> Maintain a non-judgmental attitude

>> Respect the client's right to privacy and confidentiality

>> Assess level of understanding

>> Explain rationale, side-effects and proper use of contraceptives

>> Use language that is easy to understand

>> Give honest answers

>> Be sensitive about the anxiety experienced by many women (non-disabled and disabled alike) having an invasive pelvic examination

>> Be aware of how some medications can impact upon client's sexuality and/or interact with contraceptives

Practical considerations

>> Always speak directly to the client instead of partner, carer, personal assistant, parent or interpreter.

>> Any aid or equipment a person may use, such as a wheelchair, guide cane, walker, crutch or guide dog is part of that person's personal space. Do not touch, push, pull or otherwise physically interact with an individual's body or equipment unless requested to do so. If it is necessary to move a person's mobility device, never do so without asking first.

>> When talking at length with a person in a wheelchair, sit or place yourself at that person's eye level, but do not kneel.

>> When greeting a person with a severe loss of vision, always identify yourself and others who may be with you.

>> To get the attention of a person who has a hearing impairment, tap the person on the shoulder or wave your hand.

>> Explain each part of the procedure or examination and show client any equipment that will be used.

>> Use any visual props available such as dolls, pictures, videos, condom demonstrator and/or books to ensure the client understands.

USEFUL RESOURCES:

- **www.ifpa.ie**
- **www.reproductiverights.org**
- **www.un.org/disabilities**
- **www.isenonline.com**
- **www.tcd.ie/niid**
- ***A Health Handbook for Women with Disabilities***
  by Jane Maxwell, Julia Watts Belser & Darlena David