Improving Sexual Health Outcomes for People with Disabilities

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Sexuality
Education
Counselling
Consultancy
Agency
Case Study #1 - presentation

Referral: Young man living in a group home caught having unprotected anal sex in the bushes with a male co-resident

Getting the story:
• Some knowledge of condom use
• No access to condoms - weren’t supplied in the home, no money, no-one he can ask
• Knows he shouldn’t have sex in public but no alternative – no privacy in group home, constantly supervised
• Staff discomfort has prevented him accessing support
Case Study #2 - presentation

Referral: Teenaged girl was exposing herself and having oral sex with male classmates at school

Getting the story:
• Sex in exchange for promised friendship/relationship
• Unaware of safer sex practices or contraception
Barriers to Sexual Health

• Physical barriers
• Communication barriers
• Lack of privacy
• Poor self-esteem/self-worth
• Assumptions that people with disabilities are asexual
• Belief that sexual expression is wrong for people with disabilities
• Assumptions that all people with disabilities are heterosexual
• Lack of autonomy
• Paternalistic attitudes about protection
Case Study #1 - interventions

Education for the individual
• Condom use, STIs and safer sex practices
• Consent
• Public and private
• Legal issues around public sex
• Sexual diversity and same sex/gender relationships
Case Study #1 - interventions

Education for the staff

• Sexuality & Disability workshop to highlight sexuality rights of the clients and address the impact of values and attitudes

Support for the organisation

• Assisted to develop a sexuality policy that includes guidelines around relationships between residents, providing condoms and sexual health checks, and sexuality education for the residents
Case Study #1 - interventions

Referrals and further support for the individual

• Referred to a sexual health clinic for STI testing
• Referred to QLife counselling for LGBTI support
Case Study #2 - interventions

Education for the individual

- Healthy friendships
- Appropriate relationship development
- Consent
- Protective behaviours
- STIs and safer sex
- Contraception
Case Study #2 - interventions

Work with the family
- Reinforcing messages about healthy friendships
- Providing appropriate social opportunities to make friends
- Exploring future contraceptive options for their daughter

Further support for the individual
- Exploring personal values around sexuality
- Work on her self-esteem
- Practice social skills to make friends
Conclusions

- People with disabilities may have different and broader educational needs
- Education for the individual is necessary but not sufficient
- Important to involve and educate families, schools, support workers, and organisations to reduce structural barriers to sexual health