

Disability and sexual issues

Sexuality is a key part of human nature. People who have a physical or intellectual disability, whether from birth or through accident or disease later in life, might find it difficult to express their sexuality in satisfying ways.

Their sexual function or feeling might be limited and they might have concerns about their body image. They might also be unsure about how to negotiate relationships and express their sexuality because of a lack of knowledge or physical or cognitive limitations.

People with a disability might also have limited opportunities for sexual relationships for a number of reasons, including a lack of privacy and being dependent on others for daily living. Finding ways to express sexuality can be a key part of rehabilitation when someone has acquired a physical disability in adulthood.

Body image concerns

Western culture has firm beliefs on how men and women should look. A person with a disability might feel unattractive or less worthy of a sexual relationship because they can't live up to the idealised image. If they acquired the disability later in life, they might remember how they used to look and might feel unattractive by comparison. Talking with other people who have overcome body image concerns or a counsellor can help.

Sexuality education

A child's sexuality education comes from a range of sources, including parents, school and friends. A child with a disability can face a number of barriers:

- Some people hold the misconception that people with a disability shouldn't have fulfilling sex lives or have access to sexuality education, in case it 'gives them ideas'.
- Children with an intellectual disability who do receive sexuality education can find it confusing, unless the information is delivered in a way they understand.
- Children with an intellectual disability might have trouble with social rules, for example, telling the difference between private and public behaviours.
- Sexuality education is usually general in nature and doesn't cover sexual issues that might be associated with certain disabilities. For example, children who are blind from birth need to tell the difference between males and females by touch. It's helpful for them to have anatomically correct 'life dolls' when learning how to do this.
- Parents might not have the information they need to help their child deal with their particular sexual issues.

Sexual function

Physical disability can interfere with sexual function. For example, some men with multiple sclerosis experience impotence. Physical disability can limit having sex in certain positions or cause problems with sexual arousal or libido (or both). Some conditions, such as cerebral palsy, cause uncontrollable muscle contractions which can interfere with sex or masturbation and cause clamping of the vaginal muscles, making penetration impossible.

People with a disability should talk to their doctor or support group for suggestions on how to deal with their sexual issues. They might need someone to help them get into or maintain sexual positions or explore different forms of intimacy that are less physically demanding than what they're used to. These can include oral sex, mutual masturbation and using sex aids such as vibrators. There are many sex aids available which have been designed to be more easily used by a person with a physical disability.

Sexual sensation

People with certain disabilities, such as spinal cord injuries, might have limited or no sexual sensation, but still feel sexual desire and arousal. In many cases, a 'phantom' orgasm can be felt in other parts of the body, given the right stimulation. Some disabilities, such as cerebral palsy, might cause painful muscle cramps during sex. People with a disability can talk to their doctor or support group about ways to increase sexual sensation.

Reproductive rights

Society tends to think that people with a disability should be non-sexual. In many cases, sexuality education is withheld because it's assumed the person 'won't need it'.

The forced sterilisation of people with an intellectual disability was addressed in 1992 by establishing a legal framework on child sterilisation. Research by the Australian Human Rights and Equal Opportunity Commission suggests that girls and women with an intellectual disability have been unlawfully sterilised.

The law states that a court or tribunal authority is needed before a child can be lawfully sterilised, unless the sterilisation is associated with surgery to treat a medical condition or disease and that sterilisation is the last resort.

For more information about forced sterilisation and consent for medical procedures, contact the Office of the Public Advocate or Victorian Civil Administrative Tribunal (VCAT).

Contraception

In most cases, a woman's fertility isn't disrupted by her disability because ovulation and menstruation are controlled by hormones. However, contraceptive choices might be limited for a number of reasons. For example:

- A woman with quadriplegia won't be able to insert diaphragms.
- Some medical conditions associated with certain disabilities can make taking the contraceptive pill less safe.
- Certain medications can interfere with the contraceptive pill and implants.
- A person with a physical disability might find it difficult to put on and remove condoms.

Pregnancy

Disability tends to affect male fertility more than female fertility, since men with some disabilities might experience impotence. Women with a disability are generally as fertile as women without a disability. A woman with a disability who chooses to have a child might be discriminated against by people who think a person with a disability is non-sexual, not capable of having a relationship or caring for a child.

A woman with a disability might need close medical attention and support throughout her pregnancy and might also need a caesarean.

Vulnerability and exploitation

People with a disability are more at risk of sexual assault and exploitation than the general population. Those with higher support needs can be less assertive when dealing with other people, partly because compliance is often encouraged.

People with a disability can also have problems communicating with other people. They might have limited knowledge and communication to report what happened to them. Some people might think the impact of sexual assault on a person with a disability is not as serious as an assault on someone from the general population. Assaults on people with a disability are also less likely to be reported.

Sexual assault must always be treated seriously and the matter referred to police and sexual assault support agencies.

Where to get help

- A doctor
- Family Planning Victoria Tel. (03) 9257 0100 or 1800 013 952
- Yooralla Community Learning and Living Centre Tel. (03) 9916 5800
- Centre Against Sexual Assault (CASA) Tel. 1800 806 292
- National Sexual Assault, Domestic Family Violence Counselling Service (Australia) Tel. 1800 737 732 – free telephone counselling hotline (24 hours, 7 days)
- 1800RESPECT – for real-time online counselling
- Office of the Public Advocate Advice Service Tel. 1300 309 337 or TTY (03) 9603 9529

Things to remember

- People who have an intellectual or physical disability might find it difficult to express their sexuality in satisfying ways.
- Problems include body image concerns, reduced sexual function, limited understanding of sexual and reproductive health, loss of sensation and the attitudes of other people.

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Family Planning Victoria

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