

Disability and sexual issues

Sexuality is a key component of human nature. People who have a physical or intellectual disability, whether from birth or through accident or disease later in life, may find it difficult to express their sexuality in satisfying ways. They may have reduced sexual function or feeling or concerns about body image. They may be unsure of how to negotiate relationships and express their sexuality because of a lack of knowledge or because of physical limitations.

Individuals with a disability may also experience reduced opportunities for sexual relationships for various reasons, including a lack of privacy and dependence on others for daily living. Finding ways to express sexuality can be a vital part of rehabilitation when someone has acquired a physical disability in adulthood.

Body image concerns

Western culture has firm ideas on how men and women should look. A person with a disability may feel unattractive or 'less worthy' of a sexual partnership because they can't live up to the idealised image. If they acquired the disability later in life, the person may remember how they used to look and may feel unattractive by comparison. Talking with others who have overcome body image problems may be helpful.

Sex education

A child's sex education is gathered from a range of sources, including parents, school and friends. A child with a disability can face a number of difficulties:

- Many people hold the misconception that people with a disability are non-sexual (or should be) and don't need sex education.
- Some people hold the misconception that people with an intellectual disability are potential sexual deviants and should be denied sex education in case it 'gives them ideas'.
- Children with intellectual disabilities can become confused by sex education, unless the information is presented to them in a way they understand.
- A child with intellectual disabilities may have trouble distinguishing between private and public behaviours.
- Sex education is usually of a general nature and doesn't address the potential sexual problems that arise from a particular disability. For example, children who are blind from birth need to distinguish between the sexes by touch. It is very useful for them to have anatomically correct 'life dolls' for tactile exploration.
- Parents may not have the knowledge to advise the child on how to overcome their particular sexual problems.

Sexual function

Physical disabilities may interfere with sexual functioning. Some men with multiple sclerosis suffer from impotence. Physical disability can prevent certain lovemaking positions, cause problems with sexual arousal or reduce libido. Some conditions (such as cerebral palsy) cause uncontrollable muscle contractions, which can interfere with lovemaking or masturbation and cause clamping of the vaginal muscles that makes penetration impossible.

Suggestions from your doctor or support group may be helpful. You may need someone to help you get into or maintain sexual positions, even if the thought of a 'sexual assistant' is initially embarrassing. Other suggestions include exploring activities that are less physically taxing than your current sexual practice. These can include oral sex, mutual masturbation and the use of sex aids such as vibrators.

Sexual sensation

People with spinal cord injuries, for example, may have reduced or no sexual sensations in their genitals, but may still feel desire and arousal. In many cases, a 'phantom' orgasm can be felt in other areas of the body, given the right stimulus. Some disabilities, such as cerebral palsy, may cause painful muscle cramps during sexual activity. Professional advice from your doctor or support group on how to maximise sensations is recommended.

Reproductive rights

Society tends to believe that individuals with an intellectual disability should be non-sexual. In many cases, sex education is withheld on the assumption the individual 'won't need it'.

The forced sterilisation of people with an intellectual disability was addressed as an issue in 1992 through the establishment of 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 malfunction or disease – and that sterilisation is a last resort option.

More information about this issue and consent for medical procedures can be obtained from the Office of the Public Advocate or Victorian Civil Administrative Tribunal (VCAT).

Contraception

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

- A woman with quadriplegia will be unable to insert diaphragms.
- Some medical conditions associated with a disability can make use of the contraceptive pill less safe.
- Medications may interfere with the contraceptive pill and implants.
- Physical disabilities may limit condom use.

Pregnancy

Disability tends to impact more on male fertility than female fertility, since men with some disabilities may experience impotence. Women with disabilities are generally as fertile as women without disabilities. A woman with a disability who chooses to have a child may encounter prejudice from some people who have a perception that a person with a disability is non-sexual or not capable of having a relationship or caring for a child.

Other issues include antenatal care – a woman with a disability may need close medical attention and support throughout her pregnancy. Some disabilities may mean that a caesarean needs to be considered.

Vulnerability and exploitation

Individuals with a disability are more vulnerable to sexual assault and exploitation than the general population. Compliance is often encouraged in people who have higher support needs and this can make them less confident in their dealings with others.

A person with a disability may have experienced communication barriers. They may have limited knowledge and language to report what has happened to them. There is sometimes a perception that the impact of sexual assault on a person with an intellectual disability is not as serious as an assault on someone from the general population. There is also less likelihood of the assault being reported.

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

Where to get help

- Your doctor
- Family Planning Victoria Tel. 1800 013 952 or (03) 9257 0100 www.fpv.org.au
- Yooralla Community Learning and Living Centre Tel. (03) 9607 3511
- South East Centre Against Sexual Assault Tel. (03) 9594 2289
- 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 may find it difficult to express their sexuality in satisfying ways.
- Problems include body image concerns, reduced sexual function, loss of sensation, and the attitudes of others.

This page has been produced in consultation with, and approved by:

Family Planning Victoria

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