

Sexuality and Disability

Fact Sheet

Background

People with intellectual and developmental disabilities have the same diversity of sexual needs and desires as the rest of the community. They often have different life experiences and limited opportunities to learn and sometimes require assistance to understand the complexities of human relationships and the rights and responsibilities of sexuality and how this can be incorporated into their lives. Most issues regarding sexuality can be dealt with in exactly the same way as you would for anyone else in the community. The issues discussed briefly below are some of the more commonly problematic aspects of sexual behaviour.

Discussing sexuality

For most people with an intellectual disability abstract concepts are difficult to understand and given the complexity of most issues regarding human relationships and sexuality issues, you need to be specific about what and how information is given to people with intellectual disabilities. This can be done by remembering these key points in communication:

- Keep language simple and concrete.
- Repeat what you say.
- Demonstrate wherever possible. Use simple and clear pictures, realistic models, or the actual object. Demonstrate using the person's own body.
- Check and recheck that the person has understood. Rephrase and ask the same questions in different ways to check that the person has understood the information or instructions.

Menstruation

Most women with an intellectual disability begin menarche at the usual time and go on to menstruate with the same regularity as their non disabled peers. The management of menstruation or menstrual disorders in women with an intellectual disability should be no different to that provided for any other woman.

Masturbation

- Masturbation in an appropriate place is generally regarded as acceptable socio/sexual behaviour for men and women of all ages and abilities.
- Concern is often expressed regarding the frequency and type of masturbation and/or the inability to ejaculate. As a general rule these are not usually medically based but it is important to exclude any underlying medical or psychiatric condition.

Homosexuality

- Homosexuality occurs at roughly the same percentage in people with intellectual disabilities as it does in the rest of the population.
- Many people with intellectual disabilities have spent long periods of their lives in institutions, usually living in same sex units and their sexual experiences may have been limited to same sex, sexual activity.
- Each individual should be given opportunities to socialise and experience a wide range of relationships in order to help them more fully understand their own sexual preferences.

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Inappropriate socio-sexual behaviour

For various reasons some people with an intellectual disability may engage in what is considered socially inappropriate behaviour in relation to sexuality. This behaviour is sometimes seen as the result of a 'high' sex drive and you may be asked to prescribe anti-androgens such as Depo Provera and Androcur to curtail sexual libido. Medication on its own should never be a first approach to treatment. It is not appropriate to prescribe these drugs simply because the person is 'perceived' by others to have a problem with their sexuality. A holistic approach should be taken and should include social, psychological, educational, medical and psychiatric aspects of the problem behaviour.

Menstrual Suppression

There may be some circumstances when the suppression of menstruation could be considered appropriate and to be in the woman's best interests. This should only be considered if trials of other options have proved to be inadequate or if the woman is able to make an informed decision. Menstrual suppression is still considered to be an ethically contentious issue by the Guardianship List and advice from them should be sought whenever there is doubt as to the appropriateness of this alternative.

Sterilisation

Any sterilisation procedure should only be considered for the same therapeutic reasons that you would consider them for anyone else. These procedures including endometrial ablation and vasectomy are considered by law to be major medical procedures in all Australian states.

Therefore:

- If a person is under 18 years of age the matter must go through the Family Court.
- If an adult is not able to give informed consent then the matter must be referred to the appropriate guardianship authorities.

Sexual Abuse

People with intellectual disabilities are more vulnerable to sexual abuse and are more likely to be abused because:

- They often do not understand what is happening to them.
- They are less able to protect themselves.
- They are unlikely to report abuse.
- They are less likely to be believed even if they do report sexual abuse.

In response to suspicions or disclosure of sexual abuse you should deal with the allegations as you would for anyone else. You are legally mandated to report abuse of children.

The material in this sheet has been adapted from the Therapeutic Guidelines book 'Management Guidelines for People with Developmental and Intellectual Disabilities' and updated from the 2005 version, Management Guidelines – Developmental Disability' which can be consulted for more detailed information.

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