

## Disability and sexuality policy

2017

FPA believes that society puts barriers in place that prevent people with disabilities from being able to express their sexuality. All people with disabilities have the right to enjoy positive relationships and good sexual health and wellbeing throughout their lives.

### **Our beliefs about disability**

1. FPA believes in the social model of disability. Impairments create differences in mental, physical, and sensory functions, but disability is caused by society. When barriers are removed, people with disabilities can be equal in society and control their own sexuality and sexual and reproductive health.
2. FPA believes that the sexuality of people with disabilities is often ignored, neglected or stigmatised by society. People with disabilities have the right to sexual health and wellbeing and should be acknowledged as sexual beings.
3. FPA believes that ongoing relevant and practical sex and relationships education (SRE) for people with disabilities is crucial to their sexual and emotional development.
4. FPA believes that people with disabilities can be more vulnerable to sexual abuse and require protection in these circumstances.
5. FPA believes that staff working with and caring for people with disabilities should respect the confidentiality and privacy of the individual's sexual expression as far as possible.
6. FPA believes that staff working with and caring for people with disabilities should take a holistic view of sexuality to encompass sensuality and intimacy, and the focus should be on the needs of the individual rather than on the disability.
7. FPA believes that the training and support needs of people working with and caring for people with disabilities must be addressed. There is a need for clear policies and guidance for professionals working with people with disabilities in the field of sexual health and relationships.
8. FPA believes that sexual health professionals and services should meet the practical, emotional and physiological needs of people with disabilities. Individuals should be provided with support to empower them to make informed choices about their sexual health, and services must be fully accessible to people with disabilities.
9. FPA believes that people with disabilities should be fully consulted in the development of sexual health services.



## Why we believe this

1. *FPA believes in the social model of disability. Impairments create differences in mental, physical, and sensory functions, but disability is caused by society. When barriers are removed, people with disabilities can be equal in society and control their own sexuality and sexual and reproductive health.*

FPA believes that society can limit people with disabilities, through a lack of appropriate services and support. In sexual and reproductive health, barriers to access might be physical, such as a lack of an accessible entrance into a clinic, or to do with knowledge or attitudes, such as encountering staff who are dismissive and judgemental or who lack an understanding of specific impairments.

We believe that barriers should be removed, so that people with disabilities are able to exercise their right to good sexual health and wellbeing.

2. *FPA believes that the sexuality of people with disabilities is often ignored, neglected or stigmatised by society. People with disabilities have the right to sexual health and wellbeing and should be acknowledged as sexual beings.*

One of the greatest barriers to good sexual health and wellbeing for people with disabilities is the stigma around sex and disability. Studies have shown that, even as care for people with learning disabilities improves, 'restrictive or prohibitive attitudes prevail' when it comes to relationships and sexual expression.<sup>1</sup>

Acknowledgement of sexual identity is a human right and crucial to individuals' wellbeing. Individual autonomy, choice and consent are all established in law and underpinned by the Human Rights Act 1998; assumptions about the sexuality of people with disabilities, which can lead to the denial of these rights, should be challenged. That's why FPA has run campaigns such as [It's My Right](#), focusing on the needs of people with learning disabilities.

People with disabilities who have the capacity to consent have the right to sexual experiences and relationships, good sexual and reproductive health and the rights to become pregnant, have children and be a parent if they choose.

The Mental Capacity Act 2005 requires that all practicable steps should be taken to help a person make a decision, which includes decisions about sexuality.

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<sup>1</sup> Relationships, sexuality and decision-making capacity in people with an intellectual disability. (Current Opinion in Psychiatry, 2011) [http://journals.lww.com/co-psychiatry/Abstract/2011/09000/Relationships,\\_sexuality\\_and\\_decision\\_making.8.aspx](http://journals.lww.com/co-psychiatry/Abstract/2011/09000/Relationships,_sexuality_and_decision_making.8.aspx)

3. *FPA believes that ongoing relevant and practical sex and relationships education (SRE) for people with disabilities is crucial to their sexual and emotional development.*

Through our [learning disabilities projects](#), we know that by challenging misconceptions and exposing myths about disability and sex, sex and relationships education (SRE) can promote the sexuality of people with disabilities in a positive manner. Research also shows that people with learning disabilities want more accessible sexual health information and education about relationships.<sup>2</sup>

Learning about developing sexuality and sexual identity allows people to exercise their right to fulfilling adult friendships and relationships, improving quality of life and challenging the social exclusion that people with disabilities may experience. SRE for people with disabilities should be ongoing and provided in a format and at a pace that is compatible with their needs.

4. *FPA believes that people with disabilities can be more vulnerable to sexual abuse and require protection in these circumstances.*

Using information from 106 councils in England, a BBC investigation found that there were 4,748 reports of sexual abuse against adults with disabilities from 2013 to 2015.<sup>3</sup> 63% of those reported cases were against those with learning disabilities, and 37% against those with physical disabilities. On the basis of international research, the NSPCC states that disabled children are three times more likely to be abused than non-disabled children.<sup>4</sup>

This is due to a variety of factors, including poor staff training and stigmatisation of the sexuality of people with disabilities. A 2015 report<sup>5</sup> found that young people with learning disabilities are vulnerable to child sexual exploitation due to factors that include 'overprotection, social isolation and society refusing to view them as sexual beings'. The research also found that significant numbers of children with learning disabilities are not being adequately protected due to a lack of specialist services and a failure to implement existing national and local policies.

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<sup>2</sup> Talking about sex and relationships: the views of young people with learning disabilities (CHANGE, 2010). <http://disability-studies.leeds.ac.uk/files/library/change-final-report-read-copy.pdf>

<sup>3</sup> Sexual abuse of disabled adults revealed (BBC, 2015). [www.bbc.co.uk/news/uk-32693998](http://www.bbc.co.uk/news/uk-32693998)

<sup>4</sup> 'We have the right to be safe' Protecting disabled children from abuse (NSPCC, 2014). [www.nspcc.org.uk/globalassets/documents/research-reports/right-safe-disabled-children-abuse-report.pdf](http://www.nspcc.org.uk/globalassets/documents/research-reports/right-safe-disabled-children-abuse-report.pdf)

<sup>5</sup> Unprotected, Overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of sexual exploitation (Barnardo's, The Children's Society, British Institute of Learning Disabilities (BILD), Paradigm Research and Coventry University, 2015). [www.barnardos.org.uk/cse-learning-disabilities](http://www.barnardos.org.uk/cse-learning-disabilities)

Sexual health services should balance the individual's right to be a sexual being with the necessity to assess the risks for people with disabilities and those around them. FPA recognises that people with physical impairments or learning disabilities may experience problems in communicating their needs and desires, but this does not necessarily imply a lack of capacity to consent.

Training for professionals is key in order to support people with disabilities to have a fulfilling sexual life and to identify potential situations in which abuse can occur. Support for parents and wider recognition of people with disabilities' sexual rights are also vital in making sure that people with disabilities are supported and kept safe from exploitation.

5. *FPA believes that staff working with and caring for people with disabilities should respect the confidentiality and privacy of the individual's sexual expression as far as possible.*
6. *FPA believes that staff working with and caring for people with disabilities should take a holistic view of sexuality to encompass sensuality and intimacy, and the focus should be on the needs of the individual rather than on the disability.*

Professionals have a duty to acknowledge that people with disabilities have a right to sexual health and wellbeing, and should be sensitive to difficulties that people with disabilities may have in freely expressing their sexuality.

Some people with disabilities may be dependent on their families, staff or other carers in order to have relationships or engage in sexual activity. Respecting the confidentiality of sexual expression is crucial to personal self-esteem. Although assistance with sexual expression may be required, all efforts should be made to preserve the individual's privacy in so far as the situation is legal and professionally ethical.

Staff and carers should not only consider supporting disabled people, but also work to ensure that all needs are met. This means when working with people with disabilities, opportunities for intimacy are provided. In line with the social model of disability, FPA believes that staff and carers should focus on individual need rather than perceived limitations of a disability.

7. *FPA believes that the training and support needs of people working with and caring for people with disabilities must be addressed. There is a need for clear policies and guidance for professionals working with people with disabilities in the field of sexual health.*



FPA believes that the organisations responsible for providing health and social care services for people with disabilities should be sensitive to the training and support needs of staff and carers. Through our work with the Open University producing [guidance on sex, sexuality and life limiting illness](#)<sup>6</sup>, we know that many staff members do not understand the law and feel uncomfortable discussing issues related to sexual wellbeing.

Training for those working with or caring for people with disabilities should address the social impact of disability, the barriers experienced and how they can be overcome. Training should seek to reassure staff, families and carers who may feel anxious or uninformed about the law and the sexual health needs of people with disabilities, and enable them to address the sexuality of individuals in their care with confidence. It is also essential that professionals have clear and agreed policies, procedures and guidance for their work with people with disabilities in the field of sexual health. Appropriate training tools and tailored resources should be made available to support parents, teachers and other people working with and caring for people with disabilities.

8. *FPA believes that sexual health professionals and services should meet the practical, emotional and physiological needs of people with disabilities. Individuals should be provided with the material to empower them to make informed choices about their sexual health, and services must be fully accessible to people with disabilities.*

In promoting the sexual health and wellbeing of people with disabilities, professionals should have regard to the person and not the disability. Resources should contain practical information and explain where contraception and emergency contraception can be obtained, and should be in an accessible format for those with sensory disabilities. The needs of people with disabilities would be better facilitated through increased access to counselling and advice services for individuals, their families and carers, improved access to helplines or other support services, greater signposting of services, and greater access to sexual health screening, diagnosis and treatment.

The overall objective must be to integrate people with disabilities more effectively into sexual health services from which they are all too often excluded, and to acknowledge their sexual and reproductive rights and need for sexual wellbeing. Sexual health services and organisations should also work with the media and

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<sup>6</sup> Talking about sex, sexuality and relationships: Guidance and standards For those working with young people with life-limiting or life-threatening conditions (Open University, 2016) [www.open.ac.uk/health-and-social-care/research/sexuality-alliance/sites/www.open.ac.uk.health-and-social-care.research.sexuality-alliance/files/files/ecms/web-content/research-web-content/Sexuality%20Guidance%20Second%20edition%20July%202016.pdf](http://www.open.ac.uk/health-and-social-care/research/sexuality-alliance/sites/www.open.ac.uk.health-and-social-care.research.sexuality-alliance/files/files/ecms/web-content/research-web-content/Sexuality%20Guidance%20Second%20edition%20July%202016.pdf)



others to challenge stereotypes and develop a wider understanding of people with disabilities as sexual beings.

9. *FPA believes that people with disabilities should be fully consulted in the development of sexual health services.*

People with disabilities, their families, carers and health professionals need to be fully consulted and involved in the planning, commissioning and delivery of sexual health services. Services and providers often fail to consider fully the views and widely diverging needs of people with disabilities, which vary according to the nature and extent of the disability.

For example, our work setting up [Connect Clinics](#) – which offer free contraception, infection testing and treatment, and information and advice on relationships and safer sex for people with learning disabilities, autism and Asperger syndrome – fully engaged people with disabilities to tailor services to their needs.

#### **Related FPA resources**

- FPA's sex and relationships education policy statement  
[www.fpa.org.uk/sites/default/files/sre-policy-statement.pdf](http://www.fpa.org.uk/sites/default/files/sre-policy-statement.pdf)
- Good sexual health for people with learning disabilities project  
[www.fpa.org.uk/sites/default/files/westminster-good-sexual-health-programme-parents-leaflet.pdf](http://www.fpa.org.uk/sites/default/files/westminster-good-sexual-health-programme-parents-leaflet.pdf)

#### **Additional reading**

- Talking about sex and relationships: The views of young people with learning disabilities, CHANGE  
<http://disability-studies.leeds.ac.uk/files/library/change-final-report-read-copy.pdf>