

The s words

Sexuality, sensuality and sexual
expression



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Content

- What is sexuality & sensuality?
- Historical responses
- General responses
- Life factors
- What works

What is sexuality?

- **is an important part of the personality of every human being**
- **is a basic need and aspect of being human**
- **cannot be separated from other aspects of life**
- **includes the physical, physiological, psychological, social, emotional, cultural and ethical dimensions of sex and gender**
- **influences thought, feelings, actions and interactions**
- **affects our mental and physical health**

What is sensuality?

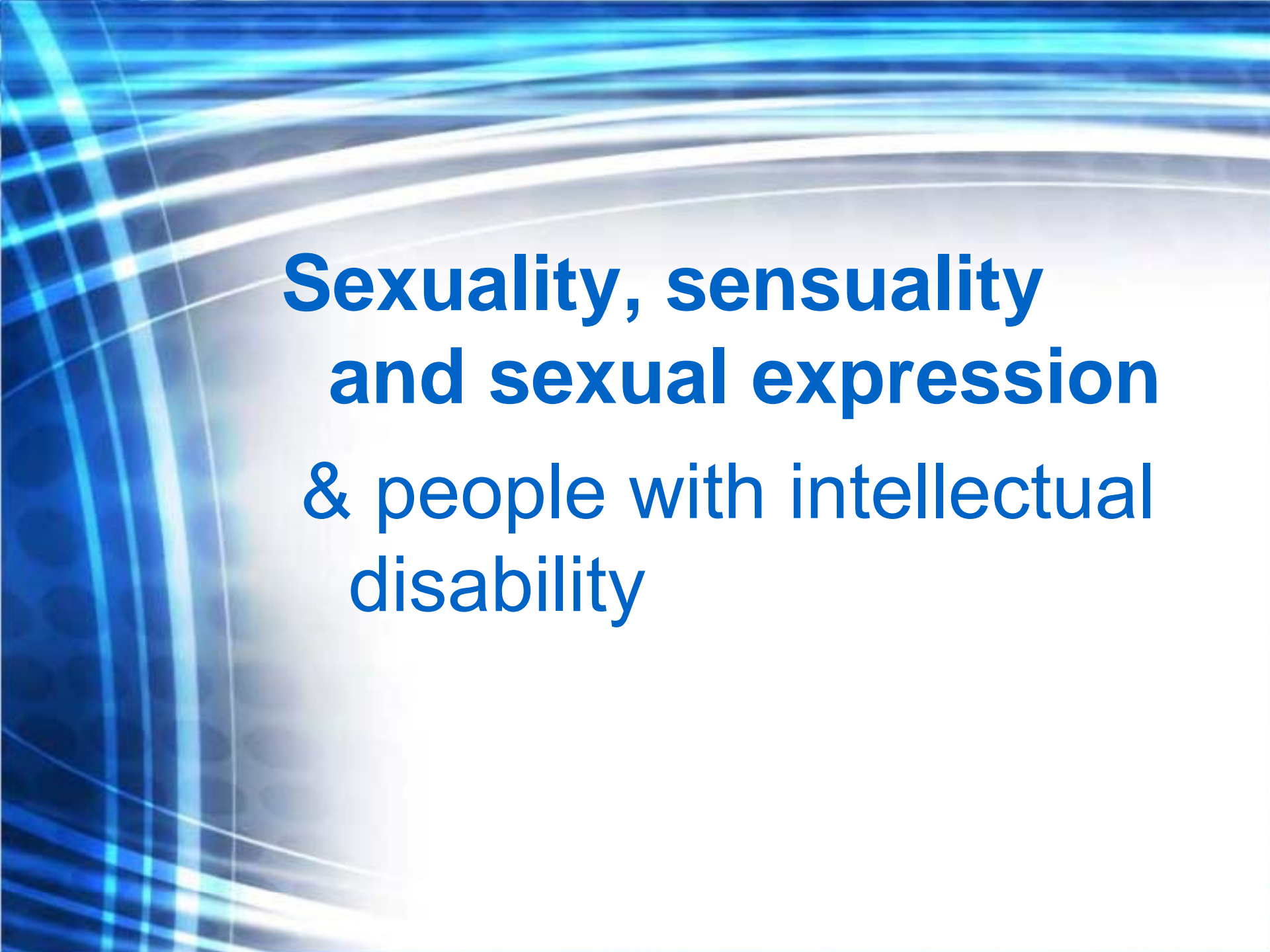
Awareness of one's senses

touch, taste, smell, hearing,
seeing, thinking

and taking pleasure in those senses

Sexual expression

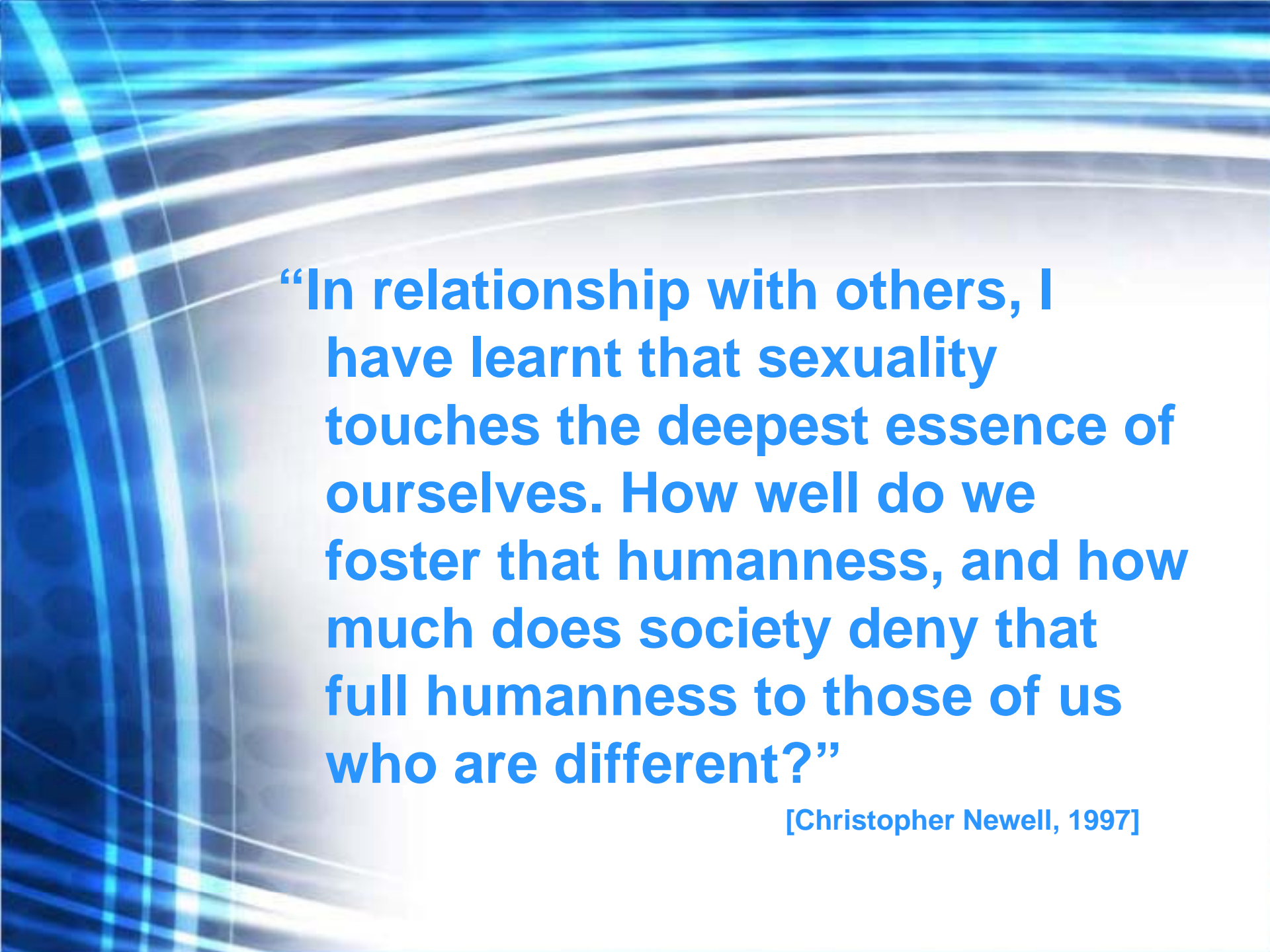
- The choice NOT to be sexually active and the choice to be sexually active
- Sexual expression need not involve another person



**Sexuality, sensuality
and sexual expression
& people with intellectual
disability**

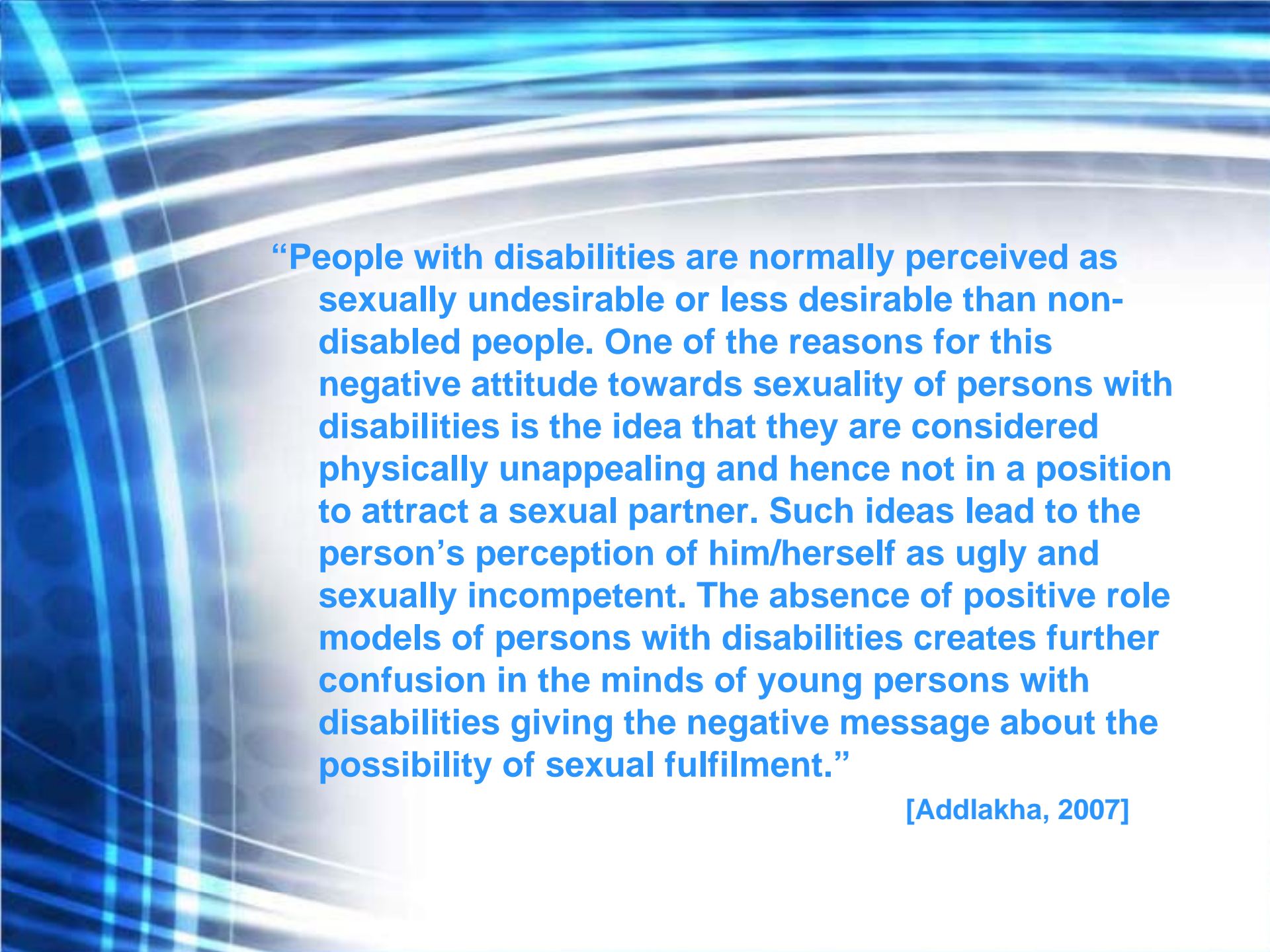
Historical responses

- ❖ **Segregation**
- ❖ **Confinement**
- ❖ **Relationship Prohibition**
- ❖ **Legally sanctioned sterilisation**
- ❖ **Viewed as asexual**
- ❖ **Viewed as hyper-sexual**
- ❖ **Eugenics**
- ❖ **Punishment**



“In relationship with others, I have learnt that sexuality touches the deepest essence of ourselves. How well do we foster that humanness, and how much does society deny that full humanness to those of us who are different?”

[Christopher Newell, 1997]



“People with disabilities are normally perceived as sexually undesirable or less desirable than non-disabled people. One of the reasons for this negative attitude towards sexuality of persons with disabilities is the idea that they are considered physically unappealing and hence not in a position to attract a sexual partner. Such ideas lead to the person’s perception of him/herself as ugly and sexually incompetent. The absence of positive role models of persons with disabilities creates further confusion in the minds of young persons with disabilities giving the negative message about the possibility of sexual fulfilment.”

[Addlakha, 2007]

General responses

OK - Safe sex programs, opposite sex partners, private and public shows of affection

NO-NOs – Homosexuality, bisexuality, prolonged public kissing, anal sex, pregnancy and childbirth, fetishes

Swango-Wilson 2008




**“Sexual expression is not a
problem for people with
cognitive disability – but for
those who work with them.”**

[Tarnai, 2006]

Hetero-sexual-ism

Homosexuality and bisexuality as sexual identities are considered either as anathema or part of someone's development towards heterosexuality

Lofgren-Martenson, 2008



“By denying individuals with intellectual disability the opportunity to learn about their sexuality and develop social relationships with others, society has denied them the right to self-fulfilment.”

[Swango-Wilson, 2008]

Life Factors

**Impairment
Environment
Boredom
Mental illness
Feeling down
Medications**



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Impairment

Illness

Chronic conditions

Physical impairment



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Physical difficulties

Speech

Movement differences

Medications

Arousal difficulties

(Wiwanitkit, 2008 on Parkinson's)

Physical difficulties

Urinary incontinence

Faecal incontinence

No difference with arousal between
people within cohort with and
without cognitive impairment

(Lassman et al - 2007 on Spina Bifida)

Environment

Boredom

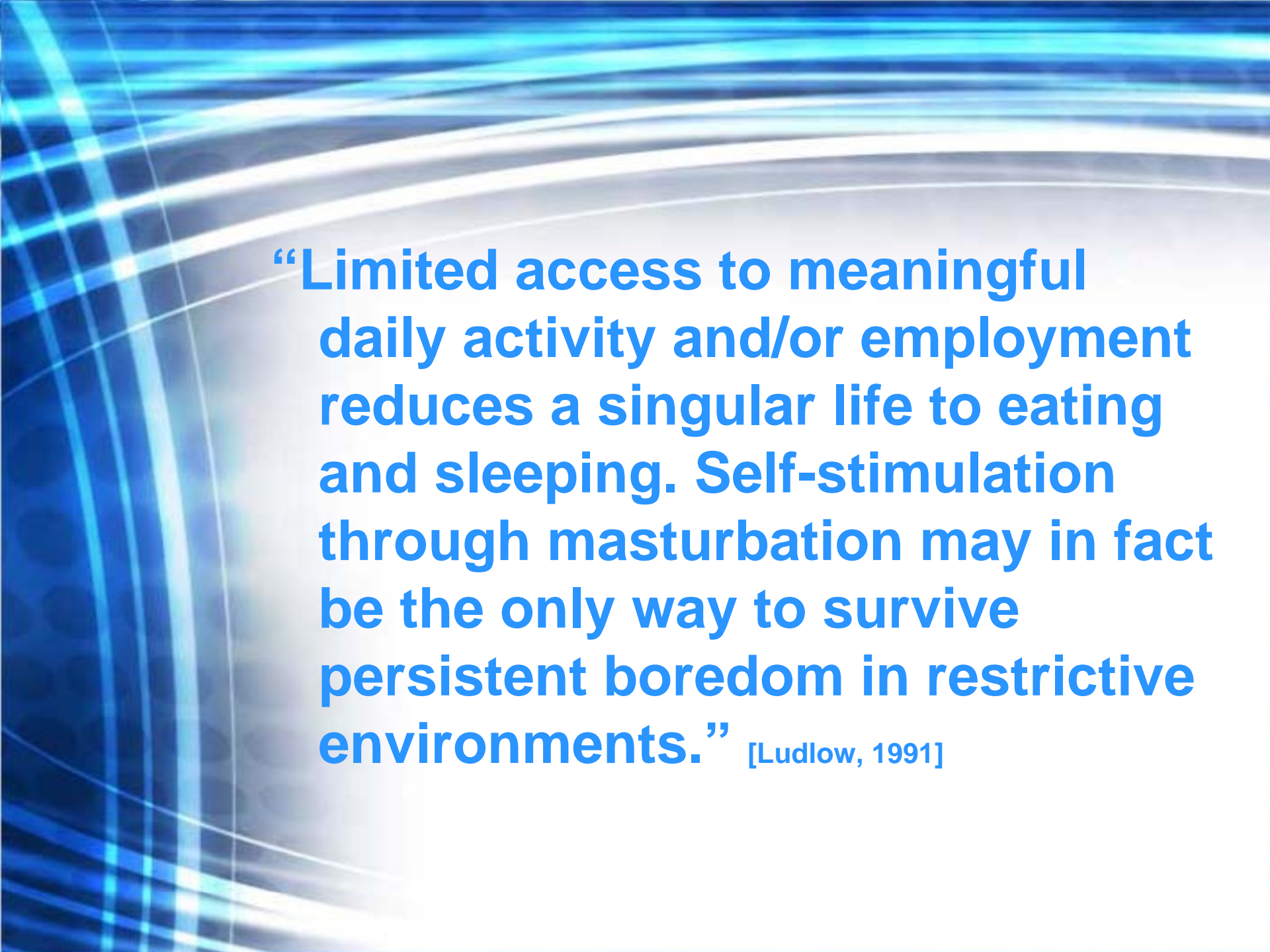
Poor life experiences

Lack of friendships



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“Limited access to meaningful daily activity and/or employment reduces a singular life to eating and sleeping. Self-stimulation through masturbation may in fact be the only way to survive persistent boredom in restrictive environments.” [Ludlow, 1991]

The way we see

Scratching, touching, rubbing around genital areas may well be interpreted as masturbatory behaviour rather than a health or comfort issue

Tarnai, 2006

Limited worlds

The poverty of life experiences for many people with intellectual disability is profound.

Dyke, 2001

Mental illness

Sexual isolation

Limited access to partners

Sexual dysfunction

Fear post-abuse

Fear of disease or pregnancy

Moral or religious doubts

Restrictive accommodation

Medications

Wright, 2007

“I don’t know, maybe it’s the medication I’m on or maybe its just that I’m getting older, but for some reasons I struggle and struggle with the damn thing, my penis, you know, and then practically after a half hour of struggling with it, a little semen just barely dribbles out and I feel a tiny rush and then it’s all over with.”

[Wright, 2007 #3219]

Feeling down

Lower libido

Poor self image

Lack of motivation

Poor self-care

Lack of peer supports



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Medications

- Anti-psychotics
- Anti-depressants
- Anti-epileptics
- Hormones
- Anti-hypertensives
- Diuretics

Medications which are known to reduce sexual arousal and libido

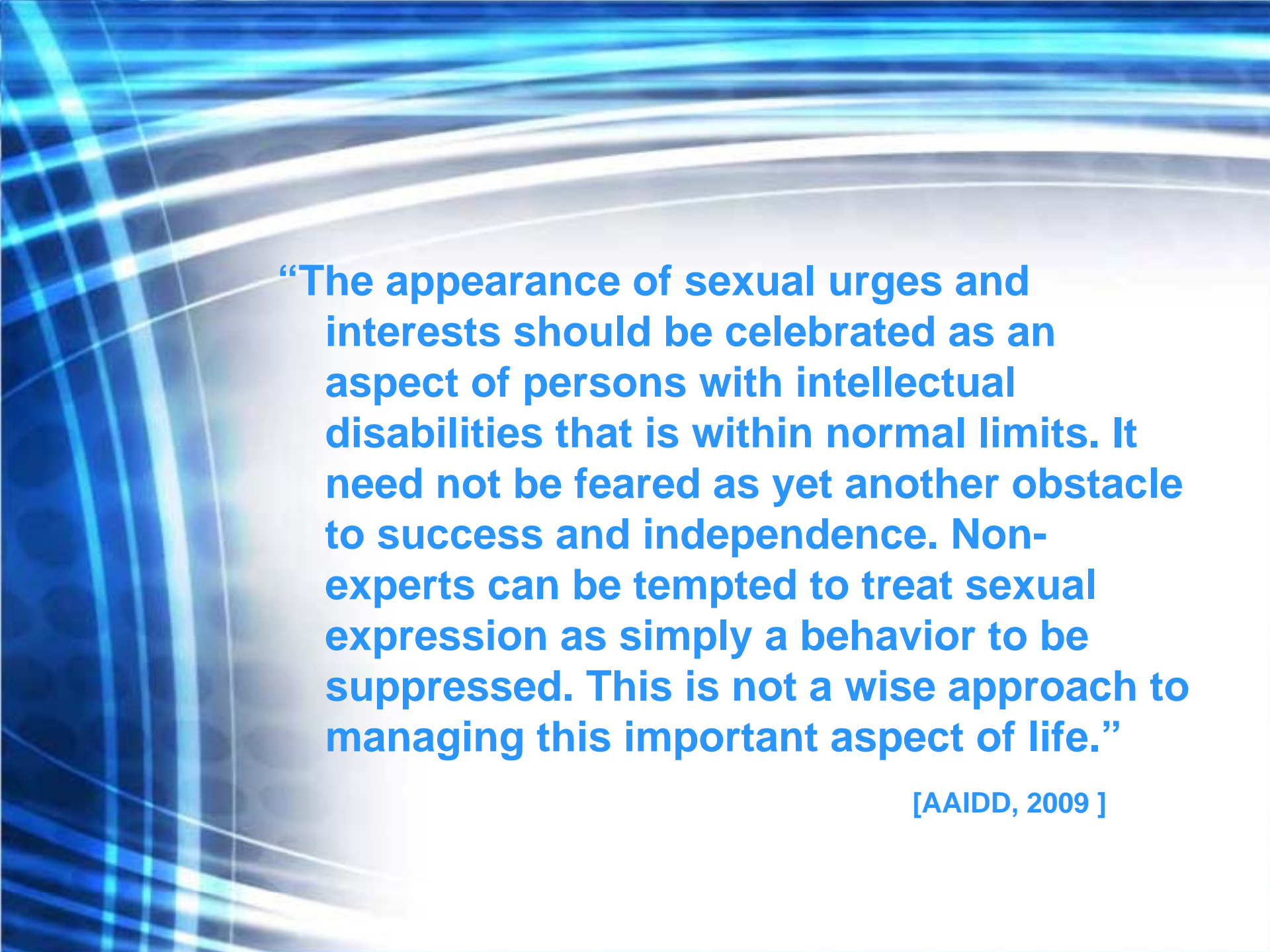
Adalat	Adapin	Aldactone		Aldomet	Altace	Anafranil
Anaprox	Apresoline	Artane	Asendin	Ativan	Atromid-S	
Aventyl	Axid	Bentyl	Blocadren	Bumex	BuSpar	
Calan	Capoten	Cardene	Cardizem	Cardura	Cartrol	Catapres
Clozaril	Cogentin	Combipres	Compazine	Corgard		
Cytotec	Danocrine	Depo-Provera		Desyrel	Diamox	
Dibenzyline	Dilantin	Dipentum		Ditropan	Diupres	
Diuril	Dolophine	Donnatal	Dopar	Doral	Dyazide	
DynaCirc	Elavil	Eldepryl	Endep	Esidrix	Esimil	Eskalith
Ethmozine	Eulexin		Folex	Halcion	Haldol	
HydroDIURIL		Hylorel	Hytrin	Inderal	Inderide	Ismelin
Isoptin	Lanoxin	Larodopa	Librax	Limbitrol	Lithobid	Lopid
Lopressor	Lozol	Ludiomil	Lupron	Marplan	Maxzide	
Megace	Mellaril	Minipress		Moduretic		Monopril
Mysoline	Naprosyn	Nardil	Navane	Nizoral	Normodyne	Normozide
Norpace	Norpramin	Oretic	Pamelor	Parnate	Pepcid	Pertofrane
	Plendil	Prinivil	Pro-Banthine		Procardia	
Prolixin	Provera	Prozac	Reglan	Rheumatrex		Robinul
Rocaltrol	Serax	Serentil	Sinemet	Sinequan	Stelazine	Tagamet
Tegretol	Tenex	Tenormin	Thorazine	Timoptic	Tofranil	Trandate
Valium	Vasotec	Verelan	Visken	Voltaren	Wellbutrin	Xanax
Zantac	Zestril	Zoloft				

Living sexuality

- Celebration of sensuality and sexual awareness
- Body knowledge
- Opportunities to be social beings
- Friendships
- The means to communicate
- Privacy
- Choice

“Efforts are made to teach people with intellectual disabilities to feed, clothe and bathe themselves. Why then is it not possible to teach people to masturbate privately and safely?”

[Pattullo, 1975]



“The appearance of sexual urges and interests should be celebrated as an aspect of persons with intellectual disabilities that is within normal limits. It need not be feared as yet another obstacle to success and independence. Non-experts can be tempted to treat sexual expression as simply a behavior to be suppressed. This is not a wise approach to managing this important aspect of life.”

[AAIDD, 2009]

Education

[As an educator, is my] intention to eliminate sexual obsession or attenuate sexual interest? In ideal conditions, the goal is to develop in people with intellectual disability a positive attitude towards sexuality and an improvement in their self-esteem.

Katz, 2008

Programmes

Educational programmes for people with intellectual disability should be age appropriate, not centred on their IQ, and focus on sexual expression as an ordinary part of an ordinary life.

Katz, 2008

Where to start?

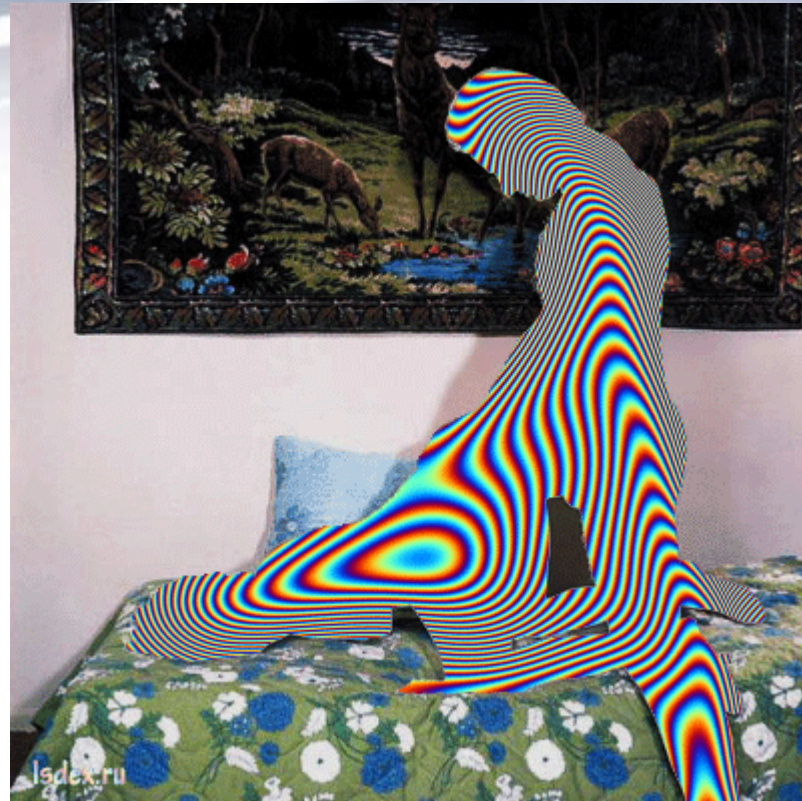
What do I think?

What are my prejudices?

The inner voice

“What is my first reaction to him/her expressing sexuality? & Why?”

“How can I support him/her to live a full life?”



Thanks for listening!