

Real Talk

Improving Quality of Sexual Health Care
for Patients with Disabilities



Overview

The result of this webinar is to help sexual health providers distribute their services to young people with disabilities in an accessible, inclusive way

1. Disability Overview
2. Real Talk Overview
3. What do providers need to know?
4. How to improve access & attitudes?

Disability

Disability is used to refer to how people function

- physical disability
- sensory disability
- cognitive disability
- intellectual disability
- mental illness
- chronic illness

The disability community is a diverse community with intersecting identities

Disability

In the 20th Century, Many People with Disabilities

- Rejected the medical / rehab models of “fixing” people with disabilities
- Rejected the warehousing of people with disabilities in nursing homes, institutions, and other segregated environments
- Communicated the civil and human rights nature of the movement
- Demanded full access and equal opportunity in their communities

Real Talk

Real Talk: Conversations and resources about sexuality for young people with disabilities and sexual health providers

- Three Facilitated Discussions
- Social media campaign
- Tools and resource development for healthcare providers
- *Teleconference & webinar to share final resources*

What Providers Need to Know

Sexual assault statistics

- Women with disabilities are raped and abused at a rate at least twice that of the general population of women
- Among adults who have developmental disabilities, as many as 83% of females and 32% of males are victims of sexual assault
- 40% of women with physical disabilities reported being sexually assaulted
- Lesbian, gay, bisexual, and queer people were three times more likely to report sexual violence and/or harassment compared to heterosexual people
- Most studies reveal that approximately 50% of transgender people experience sexual violence at some point in their lifetime

What Providers Need to Know

Sexual assault statistics

- A recent study found that more than 70% of women with developmental disabilities are sexually assaulted in their lifetime
- Another study found that 83% of women with intellectual disabilities had been sexually assaulted and that of those nearly 50% had been sexually assaulted 10 or more times
- In a five-year retrospective study of 4,340 child patients with disabilities in a pediatric hospital, 68% were found to be victims of sexual abuse and 32% were victims of physical abuse

What Providers Need to Know

- Sexual assault statistics
- Historical & modern day eugenics and coercion
 - Eugenics- the social movement claiming to improve the genetic features of human populations through selective breeding and sterilization
 - Coercion- the practice of persuading someone to do something by using force or threats
- Privilege and power as a provider
- The need for consent

Q & A



Questions to ask yourself

- Many people with disabilities have felt de-sexualized, so as a provider it is important to check your bias and ask yourself these questions:
 - Am I asking the same information and providing the same information, resources, options, and recommendations I would give a patient without a disability?
 - Am I assuming that sex for this patient is the same as sex for a nondisabled person?
 - Am I assuming their sexual orientation and gender identity?
 - Am I providing accessible and inclusive resources?
 - Am I talking to them, or to their parent or support staff?

Questions to ask the patient

- In order to build trust with clients, it is helpful to ask your patients these questions:
 - What is the best way for you to communicate during this appointment?
 - What are your gender pronouns?
 - Are you sexually active?
 - How does your disability impact your sexuality and your experience of sex?
 - Do you have a history of assault?
 - What makes resources accessible and inclusive for you?

Improving Access

- Have a safe space declaration for people with disabilities
- Make all materials available in accessible formats
 - Written materials should include alternate formats, including large print, Braille, plain language, visual supports, and digital access.
 - All videos and audio material should be captioned
 - Videos and images material should be described
- Ensure availability of sign language interpreters
- Provide an option for paperwork to be completed in advance
- Schedulers/staff should be aware of needs to book longer appointment times
- Ensure that the entire office team is aware of and on board with accessibility and disability inclusion
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Resources

- Real Talk Toolkit,
 - <http://autisticadvocacy.org/>
- Planned Parenthood
 - <https://www.plannedparenthood.org/>
- Scarleteen
 - <http://www.scarleteen.com/>
- Queerability
 - <http://queerability.tumblr.com/>
- Able-bodied privilege checklist
 - http://www.sap.mit.edu/content/pdf/able_bodied_privilege.pdf
- Access Living Reproductive Health Guide
 - <https://www.accessliving.org/1410ga304>

Reach out to the National Council on Independent Living or the Autistic Self Advocacy Network for referrals

References

- <http://www.ncdsv.org/images/sexualassaultstatistics.pdf>
- <http://www.broadreachtraining.com/advocacy/artfvioabu.htm>
- <http://www.uwosh.edu/ccdet/caregiver/Documents/Pinkston/Handouts/pamelastatcssex.pdf>
- http://www.rrsonline.org/?page_id=944
- https://www.google.com/?gws_rd=ssl#q=eugenics+definition
- https://www.google.com/?gws_rd=ssl#q=Coercion+definition