

# *RealTalk:* Provider Toolkit

*Improving Quality of Sexual Health Care  
for Patients with Disabilities*



# What Do Providers Absolutely Need to Know?

- Disabled people have sex. Lots of sex. In different ways.
- We may use accommodations in order to have sex.
- We can consent. Our consent is not optional.
- People under guardianship still have a right to privacy.
- We are all individuals even if we share a label.
- The disability community is a diverse community with a diversity of experiences, disabilities, identities, needs, faiths, beliefs and different comfort levels related to disability and sex.
- We may have multiple identities: in addition to being disabled, some of us are LGBTQIA, some of us come from different countries, some of us may use different modes of communication and speak different languages, some of us are people of color, and many of us have multiple disabilities, both apparent and non-apparent. All of these identities are important and must be considered when providers are developing cultural competency.
- We may not have access to information which our peers without-disabilities have so please know where to find relevant resources for us, such as adaptive devices and/or accessible information.
- We are not education objects for interns and med students.
- There is a long history of eugenics and coercion in this country when it comes to people with disabilities and sexuality. This history is still very much alive for us, including but not limited to forced sterilization.
- You need to know the statistics on abuse for people with disabilities, and you need to know how those statistics break down by disability category and by our various other intersecting identities.
  - » 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. (<http://www.usu.edu/saavi/info/stats.cfm>)
- You have a lot to unlearn, particularly about power and privilege ([http://www.sap.mit.edu/content/pdf/able\\_bodied\\_privilege.pdf](http://www.sap.mit.edu/content/pdf/able_bodied_privilege.pdf))
- A disability is the start of a conversation. Not an answer. Not the end.

## Questions to Ask Yourself as a Provider

---

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 providing accessible and inclusive resources?

Am I talking to them, and not their parent or support staff?

### **Do I think this person...**

...Can have sex?

...Can enjoy sex?

...Can have children?

...Can get STDs?

...Should have sex?

...Should have children?

...Needs information?

...Needs birth control?

...Needs STD screening?

...Has experienced assault?

Am I assuming that sex for this patient is the same as sex for a nondisabled person?\*

Am I assuming they are straight? Asexual?\*

Am I assuming their gender identity?\*

**\*If you checked any of the last three items, you need to check your biases and ask yourself: “Why am I making these assumptions?”**

# Questions to Ask the Patient

---

- All the standard questions you would ask any patient, for example:
  - » Are you sexually active?
  - » Do you want information? What information do you need?
  - » What are your pronouns?
- Do you understand the terms I am using?
- What is the best way for you to communicate during this appointment?
- What other identities do you have? How does the intersection of these multiple identities (e.g., being disabled and LGBTQIA) impact you?
- Are you comfortable talking about your disability?
- How does your disability impact your sexuality and your experience of sex?
- What is sex like for you? Would you want or expect sex to be different for you than how it is now?
- Do you feel you have the ability to safely say “no” to people in your life?
- Do you have a history of assault?
- Have you received sex education? Did you find it helpful?
- During your sex education, did you feel comfortable and welcome to ask any questions that you had about sex?
- What worked and did not work for you in your sex education experience?
- How does your disability affect your ability to access care?
- How does your religious background impact your relationship to disability and sexuality?
- What makes resources accessible and inclusive for you?

## Improving Access & Attitudes

---

- Have a sign explicitly stating that this is a space which includes people with disabilities, similar to a safe space declaration for the LGBTQIA community
- Include young people with disabilities in your pamphlets, posters, advertising, and other general materials & media
- Give youth access to materials to help them self-advocate regarding their own healthcare and sexuality.
- Make sure all materials are available in accessible formats
  - » Written materials should include alternate formats, including large print, Braille, plain language, visual supports, and digital access.
  - » All audio material should be captioned
  - » Visual material should be described
  - » Alternate formats should be available in the same manner as default materials, without needing to request them specifically
- Ensure availability of sign language interpreters
- Ensure that service animals are welcome
- Ensure the physical space is ADA compliant
- Provide multiple ways to schedule appointments, including
  - » In-person with a receptionist
  - » Drop-in hours
  - » Online or via email or text
  - » Via phone
- Provide an option for paperwork to be completed in advance
- Provide an option for the appointments to have extended time to ensure that all of the patients' access needs are met.
- Ensure that the entire office team is aware of and on board with accessibility and disability inclusion. Educate nurses, receptionists, and other personnel through additional trainings.
- When your office and/or agency conducts patient and community outreach, ensure that the outreach is inclusive to people with disabilities.

## Resources

---

- [Empowered Fe Fes' "Take Charge!" Reproductive Health Guide](#)
- [Planned Parenthood](#)
- [Scarleteen: Sex Ed for the Real World](#)
- [Queerability](#)
- [AASPIRE Healthcare Toolkit](#)
- Reach out to [National Council on Independent Living](#) for referrals to Centers for Independent Living all over the country that would be happy to provide tips (or even training) on being accessible, inclusive, and supportive of people with disabilities.