

## Keeping it real: relationships, sexuality, pornography

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## Overview

- ↳ Why are we talking about this?
- ↳ Key sexual health issues for people with disabilities
- ↳ Key challenges for parents/carers, support workers and health professionals
- ↳ A 'toolkit' for approaching discussion and decisions about relationships, sexuality



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## What's driving and influencing interest in these issues?

- ↳ Impact of self-advocacy
- ↳ Recognition of a history of maltreatment by the 'system' and by carers
- ↳ Social inclusion agenda and individual support focus
- ↳ Increasing interest in
  - ↳ Supportive responses for sexual expression
  - ↳ Supported decision making



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## What's driving and influencing interest in these issues?

- ↳ Increasing concern about
  - ↳ Prevalence of pornography as default sex education
  - ↳ Consent education, capacity to consent
  - ↳ Respectful relationships
- ↳ Sexual and reproductive health and rights



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## What are the key sexual health issues for people with disabilities?

- ↳ Recognition as sexual beings
- ↳ Sexual and reproductive health and rights
  - ↳ Free from violence, coercion and discrimination
- ↳ Access to information and services to inform decision making, promote health and wellbeing
- ↳ Guardianship/substitute decision making vs supported decision making



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## Common myths about the sexuality of people with disabilities

- ↳ SLIDO Word Cloud



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October 27, 2021

### Effects of myths and stereotypes about sexuality of people with disability on health and wellbeing

- ❖ These myths form part of the social construction of disability
- ❖ They impact on the individual's sense of self, their self esteem
- ❖ They decrease opportunities for valued social roles and participation
- ❖ They increase negative health outcomes:
  - ❖ Services not considered and provided (e.g. cervical and STI screening)
  - ❖ Symptoms and concerns are ignored or misinterpreted (e.g. symptoms of thrush attributed to 'oversexed' behaviours)
- ❖ They increase vulnerability to sexual exploitation



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### Goals

- ❖ The same or similar opportunities and outcomes as age-peers
- ❖ Safe, healthy, well, happy
- ❖ Sustaining connection with people who love us, care for us, support us
- ❖ In relationships and sexual interactions with others
  - ❖ To feel in control of our body and our choices
  - ❖ To feel respected, seen and considered



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### What are the key challenges for parents/carers, support workers and health professionals?

- ❖ Personal and community values, attitudes and assumptions
  - ❖ We tend to see 'disability' to the exclusion of almost everything else
  - ❖ Getting 'sex' on the agenda
- ❖ Communication strategies, tools and 'interpreters'
- ❖ Time:
  - ❖ May require several interactions (or consultations, health professionals) to achieve same or similar outcome
  - ❖ Forming connections and partnerships with support organisations and carers for preparation



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### What are the key challenges for health professionals?

- ❖ Assessing capacity to consent
  - ❖ to treatment, capacity to consent to sexual interactions
- ❖ Managing alternative decision-maker priorities
  - ❖ Including the 'dignity of risk' vs 'duty of care' balance
- ❖ Training and professional development
  - ❖ Supported opportunities to engage with the client group from base of professional expertise



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### Toolkit

- ❖ Values clarification
- ❖ "But for the disability" test
- ❖ Goal setting
- ❖ LEAST to MOST intervention



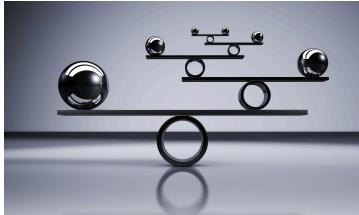
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Clarifying my values and priorities,  
understanding others'



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'But for the disability...'

*A useful legal principle for testing discrimination*

- ❖ What would our response be?
- ❖ What rights would the person have and exercise independently/autonomously?
- ❖ What intervention would be required or permitted by others?
- ❖ What say in this matter would others have if there were no disability?
- ❖ What access to resources would the person have to fulfil their own request or need?
- ❖ What knowledge, skills and education would we assume they have had?

**What is it about the particular circumstances, capacities or nature/experience of the disability of the person in front of us that requires something us to do something different?**

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Goals and Choices

Faced with any expressed need, want or desire, we have the choice to:

Do nothing

Prevent

Support

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LEAST to MOST intervention

- ❖ Clarify and understand in detail the desires, preferences, and needs of the person with disability
- ❖ **Give these primacy of consideration**
- ❖ Be aware of and consider other stakeholder views and opinions
- ❖ Identify the range of least intrusive to most intrusive/interventionist options for achieving the goal, and eliminate progressively

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❖ SLIDO Chat/Questions

❖ Reminder Discussion Q&A session coming up, please put your question or comment into SLIDO now.

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Discussion,  
Questions,  
Comments,  
and  
Feedback



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Sexual and reproductive health and rights

Sexual and reproductive rights are human rights applied in the context of sexuality, relationships, gender/sexual identity and behaviour, and reproduction.



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Declaration of Sexual Rights  
Include the RIGHT of all persons, free of coercion, discrimination and violence, to:

- Autonomy, integrity, and safety
- Privacy & equity
- Pleasure
- Emotional sexual expression
- Freedom within the limits of laws (for everyone)
- Free association (to have sexual relationships)
- Make free and responsible reproductive choices
- Information based upon scientific inquiry
- Comprehensive sexuality education
- Sexual health care

Taken from the World Association of Sexual Health – [www.worldsexology.org](http://www.worldsexology.org)



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