Disability Specific Sexuality Supports

A Report for Women With Disabilities Australia

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# About Women With Disabilities Australia (WWDA)

[Women With Disabilities Australia (WWDA)](http://www.wwda.org.au/) is the national Organisation of Persons with Disabilities (OPD) for women, girls, feminine identifying and non-binary people with disability in Australia. As an OPD, WWDA is run by and for women, girls, feminine identifying and non-binary people with disability.

WWDA uses the term ‘women and girls with disability’, on the understanding that this term is inclusive and supportive of, women and girls with disability along with feminine identifying and non-binary people with disability in Australia.

WWDA represents more than 2 million women and girls with disability in Australia, has affiliate organisations and networks of women with disability in most States and Territories, and is recognised nationally and internationally for our leadership in advancing the rights and freedoms of all women and girls with disability. Our organisation operates as a transnational human rights organisation - meaning that our work, and the impact of our work, extends much further than Australia. WWDA’s work is grounded in a human-rights based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights.

Organisations of Persons with Disabilities (OPDs) are recognised around the world, and in international human rights law, as self-determining organisations led by, controlled by, and constituted of, people with disability. OPD’s are organisations of people with disability, as opposed to organisations which may represent people with disability. The United Nations Committee on the Rights of Persons with Disabilities has clarified that States should give priority to the views of OPDs when addressing issues related to people with disability. The Committee has further clarified that States should prioritise resources to organisations of people with disability that focus primarily on advocacy for disability rights and, adopt an enabling policy framework favourable to their establishment and sustained operation.

Contents

[Publishing Information 2](#_Toc175829086)

[Acknowledgments 2](#_Toc175829087)

[Contact 2](#_Toc175829088)

[Disclaimer 2](#_Toc175829089)

[About Women With Disabilities Australia (WWDA) 3](#_Toc175829090)

[1. Brief Methodology 6](#_Toc175829091)

[Survey Questions 6](#_Toc175829092)

[Content warning 6](#_Toc175829093)

[2. Demographics 7](#_Toc175829094)

[Gender 7](#_Toc175829095)

[NDIS Funding 8](#_Toc175829096)

[Type of disability 9](#_Toc175829097)

[3. Sexuality supports: Why do they matter? 11](#_Toc175829098)

[Social benefits 11](#_Toc175829099)

[Mental health 12](#_Toc175829100)

[Self-esteem and self-confidence 12](#_Toc175829101)

[Choice and control 13](#_Toc175829102)

[Human rights 13](#_Toc175829103)

[Physical health 13](#_Toc175829104)

[Access to intimacy 14](#_Toc175829105)

[4. Sexuality supports: A safe way to explore 15](#_Toc175829106)

[5. Sexuality supports: What do we need? 18](#_Toc175829107)

[Professional supports 18](#_Toc175829108)

[Sex facilitators 18](#_Toc175829109)

[Managing needs 19](#_Toc175829110)

[Understanding body 21](#_Toc175829111)

[Communication needs 21](#_Toc175829112)

[Physical connection 21](#_Toc175829113)

[6. Emotional needs 23](#_Toc175829114)

[7. Increasing sexual knowledge 24](#_Toc175829115)

[8. Using NDIS funding 25](#_Toc175829116)

[9. Recommendations 26](#_Toc175829117)

[10. Conclusion 28](#_Toc175829118)

[11. Selected references 28](#_Toc175829119)

# 1. Brief Methodology

Women With Disabilities Australia (WWDA), in collaboration with Associate Professor Pebdani, developed a brief survey on disability specific sexuality supports. Questions were intentionally open-ended, to allow for the widest variety of response. An easy-read format of the survey was also developed by WWDA.

## Survey Questions

Survey questions included:

1. How do you identify? (Gender)
2. Do you get support from the NDIS?
3. Do you identify as having a disability? If so, what type of disability do you have?
4. The NDIS provides funding for supports and services that are considered 'reasonable and necessary' for people with disabilities.
	1. Tell us about how sex work and support for sexuality can help or helps you.
	2. What sexual supports and services do you use with your NDIS funding?
	3. What sexual supports and services do you wish you had access to with your NDIS funding?
5. What sexual supports and services do you feel are linked to your disability-specific support needs?
	1. Examples and explanations are welcome and could be used anonymously to advocate for these support services.
6. Quotes are a great way to understand a message.
Can we quote your anonymous responses when we talk or write about this survey?

These questions were then distributed via social media for recruitment purposes. There were no limits on recruitment – and it was not required that respondents be WWDA members to respond.

## Content warning

Some respondents shared extremely distressing experiences, and readers should be aware that the information contained in this report can be triggering.

# 2. Demographics

Sixty-four people responded to the survey – the majority were women. Approximately one-third had NDIS funding. Participant types of disabilities varied and participants were able to select more than one disability type. Neurodivergence, psychosocial disability/mental illness, and chronic illness or medical condition were the three most common types of disability.

## Gender

The majority of participants identified as women (n=44, 62.9%), followed by non-binary people (n=11, 15.7%) and men (n=8, 11.4%). 4 people identified as transgender in addition to their stated gender (5.7%), and there was one respondent each who identified as genderqueer, agender, or none of the above (1.4% each). These data are depicted in the graph and table below. Respondents were able to select as many of these as apply, and some did not answer.

Image description: Purple and white graph depicting gender of participants. The majority of participants were women (n=44), followed by non-binary people (n=11), men (n=8), people who identified as transgender in addition to their stated gender (n=4), people who were genderqueer, agender, or none of the above (n=1 each).

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| **Participant’s gender**  | **n** | **percent** |
| **Woman** | 44 | 62.9% |
| **Non-binary** | 11 | 15.7% |
| **Man** | 8 | 11.4% |
| **Transgender** | 4 | 5.7% |
| **Genderqueer** | 1 | 1.4% |
| **Agender** | 1 | 1.4% |

## NDIS Funding

The majority of respondents did not have NDIS funding. Fifty respondents (61.7%) were not funded, 24 had current NDIS funding (29.6%), 3 were applying for funding (3.7%), and 4 preferred not to answer the question (4.94%). Respondents were able to select as many options as applied to them. These data are presented in the graph and table below.

Image description: Purple and white graph depicting NDIS funding status of respondents. Fifty respondents (61.7%) were not funded, 24 had current NDIS funding (29.6%), 3 were applying for funding (3.7%), and 4 preferred not to answer the question (4.94%).

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| **NDIS funding**  | **n** | **percent** |
| **No** | 50 | 61.7% |
| **Yes** | 24 | 29.6% |
| **Applying** | 3 | 3.7% |
| **Prefer not to say** | 4 | 4.9% |

## Type of disability

Respondents were able to select multiple types of disability, as disabilities often co-occur. The most commonly occurring type of disability was neurodivergence (n=34, 27.2%), followed by psychosocial disability/mental illness (n=27, 21.6%), physical disability (n=23, 18.4%), chronic illness or medical condition (n=20, 16.0%), neurological disability (n=13, 10.4%), cognitive/intellectual disability (n=3, 2.4%), Deaf/deaf or hard of hearing (n=2, 1.6%), blind or vision impaired (n=1, 0.8%), prefer not to say (n=1, 0.8%), and one write-in response of Autism (n=1, 0.8%). These data are presented in the graph and table below.

Image description: Purple and white graph depicting type of disability. Data are included in-depth in the text above. The most commonly occurring disability was neurodivergence, followed by psychosocial disability/mental illness, then physical disability.

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| **Type of disability**  | **n** | **percent** |
| **Neurodivergent** | 34 | 27.2% |
| **Psychosocial disability / mental illness** | 27 | 21.6% |
| **Physical disability** | 23 | 18.4% |
| **Chronic illness or medical condition** | 20 | 16.0% |
| **Neurological disability** | 13 | 10.4% |
| **Cognitive / intellectual disability** | 3 | 2.4% |
| **Deaf / deaf or hard of hearing** | 2 | 1.6% |
| **Blind or vision impaired** | 1 | 0.8% |
| **Prefer not to say** | 1 | 0.8% |
| **Write-in Autism** | 1 | 0.8% |

# 3. Sexuality supports: Why do they matter?

Sexuality supports provided benefits socially, in mental health and physical health, in self-esteem and self-confidence, in feelings of choice and control, and in access to intimacy.

## Social benefits

Respondents noted that sexuality supports were important to them in many ways. For some, sexuality supports of all kinds provided opportunities for community participation and social integration. Respondents noted that they felt less isolated, has more companionship, and felt more capable of building relationships. Respondents felt accepted and that they had emotional connections that were important to their quality of life. They also reported improved communication skills and reduced feelings of shyness.

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| **Relating to others** | Support for sexuality could be so helpful. Helpful in understanding myself better and this aspect of human experience, expression and relating with others. In intimate and safe ways. Social relationships can be challenging for me, close friendships, new friendships and finding ways to engage healthily with this very natural and normal part of a person's identity. |
| **Relationships** | I would never have considered being able to have a relationship (and I have still got a long way to go) had I not paid for sex work services. It is the only way I feel safe when I am naked but has also allowed me to fully understand my gender and push back against a society that often 'doesn't want to know'. It is the only way I've found a safe, comfortable, happy place in my mind. It is the only way I have been able to prove to myself that I can and would say 'no I don’t like that' or 'please do this' or 'can we try that'. Sex work services have enabled me to be a much better disability advocate for myself, my peers and the people I work with.Many neurological conditions are adult onset and have cognitive, sensory and physical impacts. It is essential that society recognises that many people with disabilities are wives, husbands, boyfriends and girlfriends and are in relationships prior to onset of our disability. Failing to support the physical side of these relationships is negligent, particularly as medical and allied health providers seem to assume that someone else is assisting. For example, previously I have found it challenging to form intimate relationships due to physical and social barriers. Access to sex work could have provided a safe and consensual way to explore my sexuality, experience physical intimacy, and develop a better understanding of my sexual preferences and needs. |
| **Intimate connection** | I am professionally diagnosed as experiencing high support needs (Level 3) Autism. I have experienced extensive trauma when it comes to intimate and interpersonal relationships. Being able to have support once moving through the healing journey, a natural progression of this for me is trying to connect with others on a physically and emotionally intimate level. Also learning safe ways of experiencing and expressing sexuality with another person/persons in a 'casual' setting. |
| **Communication skills** | Just like neurotypical pragmatic speech skills don’t come naturally to me, I could do with some support to learn more about sexual interactions and sexuality in a safe and non-judgemental space. |
| **Feeling accepted** | It makes me feel accepted. |
| **Able to feel like whole person** | My disabilities are fluctuating and may progress to a level where I am not able to access sexual relationships or expression without support. Sexuality is an important part of my wellbeing and humanity as a disabled person. Being able to access a sex worker through the NDIS would mean that I would continue to nourish this area of wellbeing and feel like I was a whole person, not forcibly desexualised by the government. |

## Mental health

Mental health benefits included improved mood, reduced anxiety, stress, and depression and improved emotional stability.

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| **Reduce depression** | Before I started seeing [personally funded sex worker] I was very self-conscious and depressed, and I was always feeling like I would forever miss out on these experiences I really wanted to have, which also affected my ability to socialise and relate to other people. |

## Self-esteem and self-confidence

*“Having a Sex Worker as part of my support team has improved my self-esteem, confidence and social skills all of which are necessary to help me play a broader role in society.”*

Respondents noted that access to sexuality supports led to improved self-esteem and body image, and increased confidence.

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| **Better self-image** | [Access to sex work] boosted endorphins, something to look forward to, socialisation, improved body image. |

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## Choice and control

Respondents noted that sexuality supports allowed them to make choices about their own body, increasing autonomy and independence. This also allowed respondents to explore their sexual identity in ways that felt right and safe to them.

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| **Making choices about my own body** | Access to services like sex work can empower us to make choices about our own bodies and experiences, fostering a sense of autonomy and control.  |

## Human rights

Respondents noted that sexuality is a human right – that they had a right to intimacy and touch, and that this was an important part of life that for some can fill an important gap in their lives.

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| **Right to intimacy and touch** | Physical contact and intimacy is an essential human need and right. It’s not just single folk, sometimes married couples with disabilities need trained workers to help them to be intimate with each other. Assistance with positioning and helping to keep couples safe. |
| **Human right** | Sexuality is a basic human right and is therefore reasonable and necessary for an ordinary life. Sexuality in all its forms; identity, expression, practice is about realising the full human expression and this should never be denied! |
| **Fills a gap** | Sexuality is a very important part of our lives, and sex work support will help to fill that gap that isn’t easy to fill in another way. |

## Physical health

Respondents expressed that sexual expression could lead to relief from pain and improved sleep – and that it could improve their physical health.

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| **Relief from pain** | Sexological bodywork, I see a practitioner and pay for it myself. They help me connect with my body and deal with all the internal shame that the over medicalisation of my body has led to, and helps me identify and experience pleasure, which is a huge relief from my daily experience of chronic pain. Boosts my mood, and self-confidence and helps make me more independent. |
| **Improves physical health** | Sex is important for physical and emotional health. |

## Access to intimacy

#### “I think it provides people who may not have access to sex and intimacy with an avenue to explore their sexual identity. It’s our ableist society that seems to believe that people with disabilities don’t have or need sex.”

For some, access to intimacy was their only opportunity to have sex – and the only intimacy that they were able to access.

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| **Only opportunity to have sex** | I do not have any other opportunities for sexual expression in my life currently, nor have I ever. [Sex work] has been the only opportunity for me and I wish the NDIS would recognise and support that, even if it was only for me to see him once or twice a year it's better than nothing. |
| **Only intimacy I can get** | Sex work and support for sexuality helps me as it’s the only form I’ve intimacy I can get with another human being. Without it I’m unable to have something which able-bodied people are able to access relatively easily. Being able to access sex workers helps my physical and emotional wellbeing and makes me feel like I’m properly part of the community. |
| **Fulfil needs I can’t do through dating** | I have a great deal of difficulty with dating due to my disability, which also leads to a lot of emotional distress for me. Access to sex work would help me fulfil my sexual needs that I'm not able to through dating, which would help reduce stress and improve my emotional wellbeing. It would possibly also help me to be more confident and more able to navigate dating life. |

# 4. Sexuality supports: A safe way to explore

#### “I am unable to feel or move from my chest down. A sex worker for me would enable me to explore and meet my intimacy needs with an expert in a safe environment.”

Participants spoke of the importance of safety – that sexuality supports provided a safe way for them to explore their wants and desires and learn about sex in a safe way. For some, it was an opportunity to learn about boundaries and consent, and how to communicate in sexual situations. For others, it was a safe way to have the needs met.

Notably, for a number of respondents, it was a way for people to regain control and access to intimacy after trauma – particularly relevant as many members of the disability community are at an increased risk of violence and trauma.

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| **Safely explore wants and desires** | I am unable to feel or move from my chest down. A sex worker for me would enable me to explore and meet my intimacy needs with an expert in a safe environment. It’s not like I could get up and run if a date was to go wrong. Despite trying in dating apps for over 8 years I have had no success. It also takes away the anxiety of a partner not liking my body in it’s disabled state or being raped.The only sexual experiences I've had have been with one person, this person is a sex worker who I have been seeing for the past 7 years whenever I can afford it, which has been around twice a year thanks to some money my mum gave me, which I've almost run out of and when that happens I don't know if I'll be able to continue doing it. It has been really positive for me because having sex is something I've wanted to do for a long time but just haven't had the opportunity to do outside of seeing this person. He has given me the opportunity to explore and experience things I want to do in a safe and trusting environment with a professional who I have been able to develop a rapport with and who has helped me increase my confidence and quality of life, which has helped me in other aspects of daily functioning.It gave me access to a physical connection that I did not feel safe finding elsewhere. I was able to feel confident that my needs were understood and respected so that I could enjoy myself and not risk being physically hurt. |
| **Learning about sex in a safe way** | If the sex worker organisation is well versed / trained working with people with disabilities, it would help provide individuals with disabilities experience to learn and/or access sex practices in a safe way.Sexuality therapy and a supportive sex service to help me learn about safe enjoyable sex where I am safe and in control |
| **Safe exposure after trauma** | I would like support to discover my sexuality safely. I need help and guidance to discover sex is not just abuse. I really want to develop intimate relationships over time, but this prevents me and I fear without help I will always be alone.I currently self-fund sex work as I am not approved for it on NDIS. I am a survivor of horrible, complex sexual trauma... My primary diagnosis on NDIS reflects this. At almost aged 40 I had never had consensual sexual interactions and whilst wanting to not be alone for the rest of my life, I also couldn't even bear the thought of anyone else even holding my hand. I had no idea if I would ever consent or just agree to sexual activity with another human being, and 'chock up another rape under my belt'. I started paying to see a sex worker when I started sexually self-harming, because rape was the ONLY form of sex I knew. The first time was the hardest, I was scared, petrified. And honestly, afterwards I just laid there and cried, I had no idea that sex was meant to be a pleasurable, intimate experience, where there was a sense of connection, and where you weren't just thrown in a cold shower and left alone. I have since utilised the services of the same sex worker several times, and each time things evolve, my understanding of myself, my gender, sexuality, consent, wantedness and pleasure has altered significantly.I would get so much help from sex work. My PTSD and Autism means I cannot have physical contact with anyone without shutting down and not being able to move. I am desperate to be able to have a romantic and sexual relationship in the future. I am working on this in therapy but I can't have physical contact with my therapist. It's hard to work on this issue without being able to safely do exposure and learn how to interact safely.I need NDIS to recognise that there are some participants with psychosocial disability and physical disability who have been severely sexually traumatised, and it leads to us HATING ourselves, our gender and our sexuality. Without the support of a sex therapist and sex worker, we have no hope of understanding what consent is, how to get it, how to gain it, but most of all how to feel pleasure and intimacy like every other human being seems to have been born allowed to do. |
| **Learn about consent** | Accessing psychology for sex and improved relationships - I am autistic and this makes sex and relationships a challenge for me. I wish that I’d had autism/disability specific sex education when I was younger, especially around consent and the right to always make my own decisions about my body and how I’m treated. There is a lot about sex and relationships that I think other people have just figured out for themselves. I talk to my psychologist about sex a bit, but I’d value someone who specialised in this field, whether that was an OT, psychologist, social worker or other worker. I would like sex education and specialist support around consent and expressing myself and eventually after a lot of therapy I would like to use a sex worker to help me understand what sex I am comfortable with, feel safe with and practice consent and trust. |
| **Learn about boundaries** | I've been able to see a sex worker using my own funding, it's taught me about consent, boundaries and communication and I wouldn't have been able to engage in sex safely without those experiences. What I've learnt about communication and boundaries from seeing a sex worker has extended beyond sex and helps me in everyday relationships and interactions. |
| **Learning how to communicate in sexual situations**  | Sex is something I’m very insecure about because I often feel like I don't know what I'm doing or I'm not picking up on cues from other people about what I should be doing. Communicating in those situations can also feel hard and overwhelming. Being able to hire a sex worker to help me learn safe, consensual sexual practices from a professional would make a lot more confident and able to navigate sexual spaces more safely. |
| **Safe way to have needs met** | My sex worker provides a safe, comfortable place for me to have my needs for sex, intimacy, connection and non-sexual touch met and the effect on my overall wellbeing has been massively positive. It has by and far been the most beneficial support I've engaged and had the biggest impact on improving my overall capacity and reaching my goals. |
| **Intersecting identities** | Part of exploring yourself, your body, your place in the world and how you relate includes exploring sexual identities and expressions. All people deserve this to have an integrated sense of self, but the more marginalised you are the harder and more niche it becomes to find access to that. Being a disabled person, and a queer person, and a person who is not cisgender, this would be something I struggle with without the help of sexual wellness products/ aids/ and services. |

# 5. Sexuality supports: What do we need?

Respondents addressed a need for specific professional supports with trained professionals as well as facilitators for sexuality. Respondents also wanted support in managing their sexuality needs, the opportunity to better understand their bodies, support in communication, and access to physical connection. For many, sexuality supports facilitated this.

## Professional supports

Respondents wanted opportunities for exploration that were facilitated by sex workers or sex therapists who had disability specific knowledge and were trauma informed. Respondents also wanted psychologists, allied health professionals, and medical professionals who were disability and sexuality informed.

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| **Trauma informed sex workers** | A trauma informed sex worker would be wonderful |
| **Disability informed sex worker** | My sex worker has extra qualifications in somatic work & psychology. He has also completed the Touching Base training and is very proactive in furthering his knowledge. This has enabled him to make a huge impact on my quality of life far beyond the confines of the bedroom.  |
| **Medical sexuality supports** | To be able to see gynaecologist to fix endometriosis. |
| **Allied health sexuality supports** | Looking to fund an OT to prescribe some aids to make sex with my partner and masturbating more accessible for me. |

## Sex facilitators

#### “Advice from an occupational therapist/physiotherapist around positioning and/or sex toys that work for physical disability, advice from a neurophysiotherapist around managing seizures and involuntary movements, and a sex worker who can be patient and help me try suggested strategies in a safe space.”

In order to facilitate sex, respondents noted a need for adaptive and sensory friendly sex toys, hands free devices, waterproof blankets, or electric beds (depending on their type of disability). Also important were support workers who were trained in disability and sexuality and could facilitate and support sexual needs such as positioning.

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| **Adaptive sex toys** | Disabled folks have just as much of a right to sex and sexuality as any able-bodied person. Due to my physical disability, I can’t have sex or masturbate as easily as an able-bodied person. I need aids etc to be prescribed by OT to help make things accessible for me.Greater funding for a wider range of adaptive sexual aids and devices that can facilitate safe and enjoyable sexual experiences. Currently I access sexual device supports through NDIS funding. |
| **Sensory sex toys** | I would like access to sex toys which can meet my sensory needs. |
| **Hands free devices** | Due to physical barriers I experience, such as paralysis and positional limitations, I am unable to experience sexual pleasure on my own, without the assistance of sexual supports, such as hands-free sexual devices. I currently access such supports through NDIS funding. Due to the individualised nature of disability, the devices you purchase may not be suitable for a variety of reasons (i.e. skin integrity, unsuitable positional requirements, unsafe for xyz reason), requiring you to purchase another, creating an additional cost barrier to accessing sexual pleasure, that would otherwise not exist, provided you did not have a disability which affects your ability to access sexual pleasure. If this were not covered by the NDIS, myself and other participants would be subject to further financial stress and a lack of access to sexual pleasure, also likely reducing positive physical and mental health outcomes, as a result.  |
| **Waterproof blankets** | I would like to use my funding on low cost supports. For example, I’ve seen waterproof blankets online that look really attractive, and I think this would be nicer than putting down a Kylie (washable absorbent pad). |
| **Support workers who can facilitate sexual activity** |  Access to support workers who are comfortable with assisting masturbation, i.e. positioning, pressing difficult buttons on vibrators, (my hand and arm pain can make this difficult and may progress to make this impossible in future), cleaning sex toys after use, etc.As a person with a physical disability and Cerebral Palsy, intimate positioning can be difficult and sometimes impossible. Having a trained sex worker present who can help to position limbs and bodies and help to prevent injuries. |

## Managing needs

Respondents reported specific sexual needs such as the opportunity to explore disabled sex, support in experiencing pleasure, and opportunities for safe sexual expression. Respondents needed access to intimacy that could be managed in a way that did not exacerbate their disability as well as opportunities to manage disability symptoms like spasticity or pain during intimate encounters. Some respondents noted that they needed sexuality supports that took into account their sensory needs, as well.

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| **Exploring disabled sex** | Sex work would be extremely helpful to have covered in my NDIS funding, as I consistently experience people perceiving me as inherently broken and non-sexual, severely limiting my access to intimate connection as a result. It would also be helpful to determine my sex specific disability-related needs. |
| **Help experiencing pleasure** | Due to physical barriers I experience, such as paralysis and positional limitations, I am unable to experience sexual pleasure on my own, without the assistance of sexual supports, such as hands-free sexual devices. I currently access such supports through NDIS funding. I wish I [could] hire a professional sex therapist and escort support worker to help me explore pleasure, maybe light touch or massage, talk about sex and body image. |
| **Safe ways of sexual expression** | For some people, they face severe discrimination when it comes to dating. Due to this, they cannot access safe intimacy with others and are often then left with only sexual assault at the hands of medical workers or allied health professionals, or they are fetishised by citizens who wish to cause them harm. |
| **Navigating physical symptoms** | I was able to access a worker that is registered with touching base. His premises were wheelchair accessible and if needed hoist etc were available. He was able to assist me by asking appropriate questions to ensure I was comfortable and safe. I knew all my needs were being addressed and felt safe physically and mentally. When there were issues with my body spasming, it was not an issue. We simply stopped and he took the time to help me reposition. It was not awkward at all. In fact he was able to make suggestions to help the process along. It had been a long time since I had felt that connection with another person. I felt respected and it gave me a lot more confidence that I did deserve to go out and find a meaningful relationship. That I could do this given time and feeling safe to have my own needs met. I have not used sex work/supports, but think it would be helpful. None of my medical or allied health providers have raised the topic of how to maintain intimacy after an adult-onset disability - even while I was married. Now I'm single, I think the right sex supports could help me find out how to be physically intimate without triggering seizures or assist with positioning to reduce pain and fatigue. |
| **Sensory needs** | I have significant sensory issues and need to experiment a lot to understand my limits, what I like and don't like, want senses I am comfortable with etc. |

## Understanding body

Respondents expressed that sexuality supports could help them better understand their bodies. In one example, using a sex worker helped a respondent figure out they were experiencing medication side effects. Some respondents described how sex work could support them in exploring limited sensation or function or learn how their body will function in a sexual environment. Respondents also noted that sexual supports could provide opportunities to better know one’s own body and connect with their body.

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| **Learning about medication side effects** | [Sex work] Helped me figure out I had medication side effects.  |
| **Exploring limited sensation/function** | Due to the individualised nature of disability, accessing sex work is helpful to explore sexuality, particularly sex specific attributes of disability, such as limited sensation/function, and navigating sex with a disability, among other reasons.Exploring sensations and what works for a paralysed body, a sex therapist to get over sexual shame around being disabled. |

## Communication needs

Respondents also expressed needs around communication – including clear communication about sex as a way to learn how to navigate sexual situations. These sexuality supports could also provide a space to learn about dating and communication, how to understand reactions or feelings of others (or themselves), and an opportunity to practice conversation, read facial expressions, and read body language.

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| **Clear communication about sex** | With the communication differences that come with Autism, it can often be hard to navigate sexual situations or know how to act. The value our society places on sex makes it even more overwhelming and anxiety inducing if you don't know how to do it. Having someone who could provide direct clear communication about sex would be more conducive with my autism. |
| **Dating and communication support** | Dating support such as social events focused on dating. Dating coach/psychologist to teach me how to interact with opposite sex, overcome anxiety around opposite sex. |

## Physical connection

Sex work and sexological bodywork gave respondents opportunities for intimacy and physical connection and allowed them to feel like a sexual being and reduced feelings of loneliness. Respondents also noted the importance of these encounters to allow for non-medicalised touch.

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| **Non-medicalised touch** | The only people who touch me on a semi regular basis are medical therapists.I see a practitioner and pay for it myself. They help me connect with my body and deal with all the internal shame that the over-medicalisation of my body has led to.Non-medicalised intimate human contact I have been told helps them to "get back to feeling like me again".  |
| **Feeling like a sexual being** | Access to sex work is also important due to inherent societal perceptions of disability, because these perceptions cause significant difficulty when trying to find intimate connection with someone, as a large portion of society seems to perceive you as a broken, completely non-sexual being, when that is simply not the case. Having access to sexual supports, including sex work and sexual device supports, is extremely helpful to accessing sexual pleasure and intimate connection.  |
| **Feel less alone** | Sex work makes me feel like I’m part of the broader population of people who have uninhibited access to sexual experience, and makes me feel less isolated and alone, in a system that isn’t built for me. |

# 6. Emotional needs

Respondents noted that there was a need for well trained professionals, the opportunity to develop sexually, supports for dating and intimacy, and supports for safe and enjoyable sex.

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| **Well trained professionals** | Support workers trained in sexuality and disability and queer relationships and sexual autonomy. It is important to train support workers in these things as many people unfortunately remain closeted as workers may openly express homophobic views and they need their workers to help them get ready for a date or sex. I think people with disabilities should be able to use their funding to engage trained disability sex workers to experience intimacy or to have them support the participant to have a fulfilling emotional and sexual relationship with their partner.I would like to see a neurodivergent aware sexologist. |
| **Supports for safe and enjoyable sex** | As a disabled woman it is not at all easy or necessarily safe to have my sexual and emotional needs met unless I am able to see a sex worker. I would like to date again, but I am extremely nervous about how my body will function. Both sex experts and sex work are options I find attractive to help me be sexual with others in a safe space. |

# 7. Increasing sexual knowledge

Access to sexuality supports gave respondents a safe place to practice and learn about their sexuality, experiment with different kinds of touch, gain advice on self-pleasure, get guidance in using sex toys, and generally learn how to function sexually.

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| **Safe place to practice and learn** | I have a daughter who is extremely afraid of anything to do with sex, education and space to learn in a positive way could help. I have worked in the industry and have seen the benefits of being able to access sex workers firsthand. Disable people are sexual beings and have the same rights to explore sexuality and sex.I have orthostatic issues and want to find safe and enjoyable positions that I can maintain for a reasonable time. I want to practice awkward conversations about pain, limitations, and continence. I want to feel desirable in my disabled body.Sex work, sex therapy, as an autistic person with my biggest difficulty being social interaction I am not able to understand how to do things or how things work (like sexual acts, communication during sex, how to have and respect boundaries, how to give and receive consent) without being explicitly shown first and having a safe place to practice and learn.  |
| **Advice on self-pleasure** | Advice on sex toys and self-pleasure - this is a really tricky but good place to start, but people who are unfamiliar with their sexual anatomy, or petrified of it need to know what they are doing. |
| **Guidance on using sex-toys** | At times, I have needed adaptive aids to be able to use sex toys or needed guidance with what to do with them and how to use them.  |

# 8. Using NDIS funding

#### “Haven’t used it, I didn’t know that it was possible. Also I don’t feel comfortable claiming those services with a plan manager.”

Most respondents were not using NDIS funding for sexuality supports, for a variety of reasons. Some did not realise it was possible, others did not feel comfortable discussing sex with their plan manager, while others still were too embarrassed or afraid to ask. One self-manager was worried that if they did use the supports, they might be audited and be told the supports were not allowed. Others noted that they did not know how to access the supports, while others had tried but had the supports denied.

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| **Worried about being audited** | I self-manage and I have ideas for how I could use my NDIS funds that would fit my goals and all NDIS rules, but I was already worried about being audited and sexual supports being seen as inappropriate. I worry a lot about using funding appropriately, and there would be even more shame and embarrassment if the NDIS found I’d used funds inappropriately for sexual supports as opposed to other life domains.  |
| **Too embarrassed/afraid to ask** | I don’t know how to access this support because there’s so [much] stigma, bias and discrimination around this topic. The media and politicians speaking negatively about this is quite distressing. I want to heal my sexual trauma in a safe way but I have fear to use my NDIS funding. |
| **Don’t know how** | [I] don't know how to access support even faintly related to it.None currently, I would if I could access it but don't know how to go about it. |
| **Not approved** | I have not been approved for any of these supports in my funding |

# 9. Recommendations

We present a number of recommendations based on the results of this survey.

**Recommendation 1: Sexuality supports should remain funded under the NDIS.**

* Sexuality is a human right, and access through the NDIS supports individuals to make choices about their own bodies.
* Access to sexuality improves community participation and integration.
* It also has numerous other benefits including mental health, physical health, self-esteem and self-confidence. This is consistent with considerable evidence on the benefits of sex.(1)

**Recommendation 2: Sex work is an integral part of sexuality support for some people with disabilities and should continue to be funded by the NDIS.**

* For some, sex work is a safe space to explore wants and desires and learn about sex in a safe way.
* For people who have experienced trauma (particularly sexual trauma), sex workers can provide a safe space to explore sexuality again. This is particularly important given the higher rates of sexual abuse that women with disability experience.(2)
* Sex workers can provide a safe space for people with disabilities to learn about consent, boundaries, how to communicate in sexual situations, and how to safely have their sexual needs met. When this is paired with the considerable evidence that people with disability often are excluded from sexual education, it becomes even more important (3).

**Recommendation 3: The NDIS should continue to fund sex facilitators (professionals, adaptive devices, and other facilitators).**

* There is a need for well-trained disability-informed sex workers in addition to medical and allied health professionals who are knowledgeable about sexuality and disability. This is consistent with research that has shown that professionals often do not have sufficient training to address sexuality for people with disability.(4)
* Support workers knowledgeable and comfortable with disabled sexuality are necessary to facilitate sexual activity (from preparing for dates to sexual positioning supports and beyond).
* People need access to adaptive sex toys, sensory sex toys, hands free devices, waterproof blankets, among other items that can facilitate sexual activity.

**Recommendation 4: NDIA employees, plan managers, and support coordinators need training on disabled sexuality.**

* Lack of access to plan managers and support coordinators who are knowledgeable about disabled sexuality is a barrier to accessing NDIS funded sexuality support.
* Auditors and NDIA decision makers must be knowledgeable about disabled sexuality in order for them to make decisions that support sexuality for people with disability.

**Recommendation 5: The NDIA needs to develop a comprehensive NDIS policy framework on sexuality framed in sexual positivity.**

* The results overwhelmingly state that access to sexuality is important for wellbeing, inclusivity, access, and safety.
* Access has historically been limited given people’s discomfort discussing sex with plan managers and not knowing that sexuality tools and services can be accessed.
* This is in line with advocacy work by DPO Australia since 2019.(5)

# 10. Conclusion

The participant quote below says it best:

#### “As someone with a disability, I’ve found that no one wants to engage in any form of sexual activity with me. Using NDIS funding to access sex workers allows me to have intimacy with another person once a month, which is still less than what an able-bodied person would have. If it wasn’t for NDIS funding being able to be used to access sexual services and supports, I’d have a life of celibacy and abstinence forced upon me by the federal government due to able bodied people … feeling uncomfortable at the idea of people with disabilities being able to be sexual beings. Banning people from using their NDIS funding to access sexual services would be the single most ableist thing imposed by any government in my entire lifetime.”

Access to disability-specific sexuality and sexuality supports are reasonable and necessary – as everyone deserves full participation in life.

# 11. Selected references

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4. McGrath M, Low MA, Power E, McCluskey A, Lever S. Addressing sexuality among people living with chronic disease and disability: a systematic mixed methods review of knowledge, attitudes, and practices of health care professionals. Archives of Physical Medicine and Rehabilitation. 2021;102(5):999-1010.

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