

“They Assume That You’re Not Having Sex”: A Qualitative Exploration of How Paediatric Healthcare Providers Can Have Positive Sexuality-Related Conversations with Youth with Disabilities

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CONTEXT

-  Youth with disabilities are sexual beings, although this is often not recognized.
-  They often encounter barriers when discussing sexuality with paediatric healthcare professionals (PHCPs).
-  PHCPs often feel ill-equipped and uncomfortable discussing sexuality with youth with disabilities.

PURPOSE

- We asked PHCPs and young adults (YAs) with disabilities what would facilitate sexuality-related conversations in healthcare settings.

METHODS

- Qualitative focus groups (60-90 minutes) with each participant group (PHCPs and YAs) separately.
- Descriptive thematic analysis to identify, analyze, and report themes in the data.

SAMPLE

5 PHCPs <ul style="list-style-type: none"> All identified as women Currently providing care to youth with disabilities 	5 YAs <ul style="list-style-type: none"> 2 identified as woman, 2 identified as non-binary, 1 identified as man Average age: 22 years
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RESULTS

1 Setting the stage

- PHCPs should recognize that youth with disabilities have sexual needs.
- PHCPs should promote patient autonomy during sexuality-related discussions.
- Both PHCPs and YAs need to feel safe to initiate these discussions.

Healthcare providers need to recognize that children and youth with disabilities are sexual beings who require appropriate information from an early age.



SCAN FOR PUBLICATION

RESULTS CONTINUED

2 Foundational components

- Consent should be taught and explained to clients at an early age.
- Conversations should be tailored to the client’s disability-specific needs.

“They [PHCPs] don’t really think about disability in terms of, like, how it affects my whole life, like the sexual aspect.” (Lindsay, YA, woman)

3 Timing is critical

- Age-appropriate discussions of sexuality should begin early in life.

“There’s the question of when should it be done, which I strongly believe is much younger than everyone thinks.” (Kathryn, Nurse)

4 Capacity building within services

- Services need to improve by providing greater disability specific information, having age-appropriate discussions from an early age, and increasing interdisciplinary care, so that children and youth with disabilities feel supported to explore sexuality-related topics.

“More training, more spaces, and clinicians throughout the hospital understanding the importance of having these kind of conversations.” (Jasmine, Nurse)

CONCLUSIONS / NEXT STEPS

- PHCPs should: 1) recognize the sexual needs of youth with disabilities, 2) provide age-appropriate sexuality-related conversations that address their disability-specific needs, and 3) improve capacity to explore sexuality-related topics.
- The results of this study helped inform a resource for having positive conversations around sexuality. Scan the QR code for a publication of our findings.

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