



Let's Talk About Sexuality

PRACTICAL GUIDE on Sexuality
for Clients in the Intellectual
Disability Psychiatry Program



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Overview

The guidelines orienting and setting out the interventions regarding the affective and sexual life of the clientele were developed by the intellectual disability psychiatry program¹.

Inspired by those guidelines, this guide is meant to serve as a practical and accessible reference document containing concrete information about instructing the program's clients on the subject of sexuality.

Now, let's talk about sexuality!

1. Taillefer, L., Hénault, I., Langlois, L., Pommier, C. & Prévost, M.-J. *Guidelines on the Sexual Lives of Hospitalized Patients in the Intellectual Disability Psychiatry Program* (Montréal, Qc, février 2013). Traduction anglaise par Dalila Benhaberou, IUSMM, Montréal, 2015.



General Orientations on Sexuality Matters in the Program

CLIENTS' RIGHTS

- To lead an affective and sexual life in accordance with their needs and desires
- To manage their affective and sexual life their own way (as long as they do not hurt or harm themselves or others)
- To receive support in learning and expressing affective and sexual dimensions
- To receive support in relation to their unresolved sexual issues

PROPER APPROACH

A positive, individualized, respectful, empowering, safe and non-invasive approach should always be included in interventions regarding sexuality.

CLIENT INSTRUCTION

The type of instruction offered should be related to the actual issue. If needed, an education and instruction plan on sexuality should be developed.

This plan:

- Aims to help the person address his/her sexual needs and, if possible, to teach the person to fulfill his/her needs by him/herself, while respecting social standards and rules
- Must be developed with and approved by the client, so that the instruction is done with his/her consent
- Must also be approved by the interdisciplinary team
- If deemed relevant, the family and/or legal representative may be involved in developing the plan

CARE PROVIDER SUPPORT

The program's managers furnish the care providers the support and training to develop the skills and familiarity with the topic needed to intervene in sexuality matters.



The Program's Positions on Various Themes Related to Sexuality

SEXUAL ASSAULT

Definition

“An act that is sexual in nature, with or without physical contact, committed by an individual without the consent of the victim or in some cases [...] through emotional manipulation or blackmail. It is an act that subjects another person to the perpetrator’s desires through an abuse of power and/or the use of force or coercion, accompanied by implicit or explicit threats” (Gouvernement du Québec, MSSS, 2010).

Position and client support

Prevention

For **clients**:

- To learn how to detect circumstances that are likely to cause an assault, how to say “no” and how to refuse this type of situations
- To learn appropriate sexual and social behaviours
- To learn that it is possible to be in control of one’s life
- To learn how to protect one’s self against individuals who may cause harm
- Etc.

For **care providers**:

- To recognize the possibility that forms of domination and dependence against the clients may exist and may be considered abuse

Intervention for clients who are victims of sexual assault

Any situation that may cause a form of domination or dependence over clients must be reported immediately. If needed, support is offered to employees who report such a situation.

Actions to perform when a client is a victim of sexual assault:

- Implement measures to ensure the person's protection.
- Hold a clinical meeting.
- Direct the person to go to a hospital centre to begin the medico-legal procedure within the first few hours of the assault.
- Provide support adapted to the victim's needs.
- Provide support for the client's family/friends.
- Ensure that the situation is followed up and that measures will be implemented to prevent another assault.

Intervention for the perpetrator when also a client

- Provide support adapted to the client's needs.
- Hold a clinical meeting.
- Implement measures to ensure the person's protection.
- Provide support for the client's family.
- Ensure that the situation is followed up and that measures will be implemented to prevent another assault.

SEXUAL CONTACTS AND SEXUAL RELATIONS BETWEEN CLIENTS

Definition

Sexual contact is "a touch or a caress of the person's sexual parts or other intimate parts, in order to satisfy a sexual desire, whether it is a direct touch or over the clothing."²

Position

Sexual relations and sexual contact between clients, whether they are of opposite or same sex, may be allowed to occur, provided that the following conditions are met:

- The people involved consent and are able to understand what they are doing.
- Having sexual relations is not harmful to the person given his/her own clinical situation.
- The sexual contact occurs in a place that safeguards intimacy and privacy.

Client support

When needed, help the clients make informed decisions, find alternatives, accept their choices and learn from life experiences

2. Samowitz, P. (2009). *Sexual consent assessment*. YAI National Institute for People with Disabilities Network.

CONTRACEPTION

Definition: Range of methods preventing procreation.

Client support

The instructional intervention in this field consists of:

- Providing information about contraception
- Helping the person choose the most appropriate method
- Providing the required help regarding the method(s) chosen

FETISHES

Definition: Body part or object used to obtain sexual satisfaction.

Position

The use of fetishes, alone or with another person, is tolerated, provided that it is not harmful to the users, is safe, and does not become overwhelming or compulsive.

SEXUALLY TRANSMITTED INFECTIONS (STI)

Definition: Sexually transmitted infections (STI) may influence the general health, well-being and reproductive capability of the affected people.

Client support

- The instructional intervention in this field consists of:
- Providing information about STIs to better understand and avoid them
- Providing information on the means to prevent or to protect one's self against STIs
- Encouraging the use of those means (condoms, safe behaviours)

MASTURBATION

Definition: Self-stimulation of the genitals using hands, objects or body parts in order to obtain sexual pleasure.

Position

It is the client's choice to practise masturbation.

Client support

The intervention may consist of helping the client learn about masturbation, safe behaviours, and associated places and hygiene rules. If needed, masturbation training may be performed within the context of an approved plan.

PORNOGRAPHIC AND EROTIC MATERIAL

Definitions

Pornography is an indulgent representation of obscene subjects or details. The scenes and photos emphasize a close-up view of the genitals, without representing bodies or interaction between individuals.

Eroticism describes the phenomena triggering sexual desire and representations that express desire or give rise to it. The scenes and photos emphasize partially or completely naked bodies, without a direct representation of the genitals. The focus is on the interaction between the people and sexual desire.

Erotic material includes objects used to stimulate or enhance sexual excitation and pleasure.

Position

The use of pornographic material is banned. Erotic material may be tolerated, provided that the person uses it safely and respects privacy and socio-sexual standards.

Client support

The use of safer material for the client may be considered to replace an object used in the same conditions. This support is therefore provided in the context of an adapted sexual education approach.

It is important to pay particular attention to those who use this kind of material compulsively in order to help them develop a less reductive vision of the sexuality. The objective is also to avoid contributing to the development of dependency on this kind of material.

SEVERE SEXUAL BEHAVIOUR DISORDERS

Definitions

Sexual practices that violate the physical or moral integrity of the individual or of another. These disorders include all types of sexual deviance, several of which are subject to prosecution or judicial sentencing.

Position

A preventative and intervention-based attitude is preferred, in order to quickly identify the disorders and to implement an action plan.

Client support

In the event that the program's medical and professional resources do not have sufficient specific expertise on the disorder, highly specialized support is provided to the service users and the staff.



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