

Let's talk about sexual health!



Salford Learning Disability Service

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Part 1: The Basics

An introduction to Sexual Health guidance in Salford

Background, context and values

Sexual health is a human right and is vital for a person's overall wellbeing. People with learning disabilities are no exception yet often experience additional barriers to accessing relevant services and important information about sexual health. Acknowledging that access to sexual health is essential for everyone, Salford Learning Disability Service took the initiative to develop guidance aimed at promoting inclusive and equitable sexual health care for people with learning disabilities in Salford and beyond.

This guidance reflects our dedication to providing inclusive, accessible, person-centered care to everyone in Salford! We are committed to continuous growth and responsiveness to the diverse needs of people with learning disabilities. This initiative is underpinned by the values of the Northern Care Alliance NHS Trust:

- **We Care: We listen and treat each other with kindness.**
- **We Appreciate: We value and respect each other's contribution.**
- **We Inspire: We speak up and find ways to be even better.**

The sexual health of people with learning disabilities is everybody's business, therefore this document is intended for professionals, carers and families alike. This document outlines a sexual health pathway, along with clear recommendations and practical strategies. It is intended to be used alongside our resource workbook that includes plain English, educational materials and activities covering a wide range of topics relating to sexual health, such as contraception, masturbation, sexually transmitted infections. We hope our guidance and workbook will foster a proactive approach to addressing the sexual health needs of people with learning disabilities. Our goal is to shift the focus from being risk-averse to highlighting opportunities for growth, independence, and meaningful relationships. By doing this, we aim to build everybody's confidence in having open, respectful conversations, empowering individuals to make informed choices and improving the overall wellbeing of people with learning disabilities.

We are proud to share our guidance and resource workbook and encourage you to use them to promote equitable and inclusive care for everyone. We hope these documents prove useful and help facilitate meaningful discussions around sexual health. However, when applying this document it is important to consider the person's individual needs and abilities to ensure that the care provided is person-centred.

We would like to say a big thank you to NHS Forth Valley Learning Disability Team, who agreed for us to adapt their sexual health policy "Making choices and Keeping safe"¹ for the use within Salford. Any changes would require prior approval from NHS Forth Valley and Salford Learning Disability Team, Northern Care Alliance NHS Foundation Trust.

¹ NHS Forth Valley Community Learning Disability Team (2016) Making Choices, Keeping Safe (MCKS): Sexual Health and Relationships guidelines for supporting People with Learning Disabilities. <https://nhsforthvalley.com/wp-content/uploads/2022/04/MCKS-Policy.pdf>

What do we mean by 'sexual health' and 'learning disability'?

Learning disability

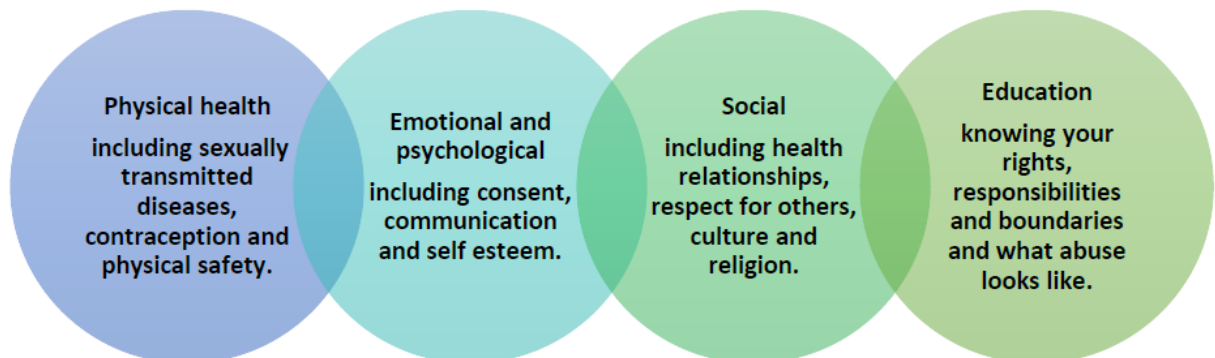
A learning disability is a condition that impacts how an individual understands, processes and reacts to information. A learning disability can be mild, moderate, severe or profound and is a lifelong condition. It can impact the individual's daily functioning, including communication, completing daily activities and personal care.

People with learning disabilities have the right to form healthy and safe relationships, and to express their sexuality freely and authentically. (Skills for Care, 2017).

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Sexual health Sexual health includes the overall wellbeing of an individual's sexual life. Sexual health can span across multiple life domains, including physical, emotional, social, psychological and knowledge.

Let's take a closer look...



Supporting someone with their sexual health

- Being open minded and non-judgemental.
- Providing access to information and education.
- Supporting people to access sexual health services if needed.
- Modelling appropriate interactions and healthy relationships.
- Supporting people to make informed choices where possible.

² Skills for Care (2017) *Supporting personal relationships: Supporting people who need care and support to have meaningful relationships*. <https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Learning-disability/Supporting-meaningful-relationships.pdf>

Why relationships and sexual health are so important for people with a learning disability?

Relationships and sexual health are a human right

People with learning disabilities have the same rights to sexual health and relationships as everyone else. People have the right to grow up, and be treated with the respect and dignity afforded to adults.

Many people with learning disabilities experience sexual urges, desires for companionship and wishes to express their sexuality, sexual orientation and/or gender. People have the right to be given information that enables them to make informed choices about their sexual health.

Relationships and sexual health are a human right

Vulnerability

People with learning disabilities are often more vulnerable than their peers, which is in part an effect of their disability. However, it is also a consequence of protective practices that can reduce their access to access to information about sexual health and relationships, as well as reducing opportunities for self-expression, privacy, intimacy and relationships.

What research tells us:

- People with learning disabilities are less likely to receive sexual health education.³
- People with learning disabilities are more vulnerable to experience sexual abuse, but are less likely to report it.⁴
- People with learning disabilities are more likely to engage in unsafe sex.⁵
- People with learning disabilities are overrepresented within the criminal justice system for sexual offences.⁶
- At an increased risk of contracting sexually transmitted diseases.⁷

Education is preventative and protective

³Borawska-Charko, M., Rohleder, P. & Finlay, W.M.L. (2017). The Sexual Health Knowledge of People with Intellectual Disabilities: a Review. *Sexuality Research and Social Policy* 14, 393–409. <https://doi.org/10.1007/s13178-016-0267-4>.

⁴Rape Crisis Scotland (2009) Supporting adults with learning disabilities who have been sexually abuse: A guide for family carers and support staff. <https://www.rapecrisisscotland.org.uk/resources/enable-abusebooklet-handbook.pdf>.

⁵Baines, S., Emerson, E., Robertson, J., & Hatton, C. (2018). Sexual Activity and Sexual Health among Young Adults with and without Mild/Moderate Intellectual Disability. *BMC Public Health*, 18, 1–12. <https://doi.org/10.1186/s12889-018-5572-9>.

⁶Scottish Government (2020) Harmful sexual behaviour by children and young people: Expert Group report. Link

⁷Gugeon, N. A. (2009). Sexuality education for students with intellectual disabilities, a critical pedagogical approach: outing the ignored curriculum. *Sex Education*, 9(3), 277–291. <https://doi.org/10.1080/1468181090359094>

Everybody's business

Sexual health is everybody's business!



Sexual health is a fundamental right for everyone. As professionals working with people with learning disabilities, it is crucial that we use our expertise and resources to ensure their rights are upheld.

We encourage family members, carers and professionals to take an active interest in the relationships and sexual health of people with learning disabilities. Identifying the person's individual needs enables the tailoring of support to their circumstances and level of understanding. Early recognition of needs can reduce vulnerability and improve overall wellbeing.

Here are some example questions you may ask:

- Do you know what a good friendship or relationship looks like?
- What makes you feel happy or safe in a relationship?
- Do you know what it means to say "yes" or "no" to something?
- How do you let someone know if you don't like what they're doing?
- Do you know the names for different parts of your body?
- Who is allowed to see or touch private parts of your body?
- Have you heard about condoms or other ways to stop babies or diseases?
- Do you know who to talk to if you have questions about sex or your body?
- Would you like more information or help about relationships or sex?
- Can you tell me what you understand about private behaviours like masturbation?
- Do you know where and when it is appropriate to touch yourself?
- Do you want to have a boyfriend or girlfriend someday?
- What kind of relationship do you think you would like to have?

These questions are designed to open a dialogue and help understand the individual's knowledge, feelings, and needs regarding relationships and sexual health. Make sure to listen patiently and adjust the conversation based on their responses and level of understanding. We recognise that having these conversations can sometimes be challenging, and it's natural to feel a bit uncomfortable. To support you, we've created a referenced resource workbook that offers guidance on discussing sexual health with individuals with learning disabilities.

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Important notice

People do not need to demonstrate capacity to receive information about sexual health and relationships. A basic understanding of sex and relationships is an essential requirement before a capacity assessment can be conducted.

Section 3(2), Mental Capacity Act 2005

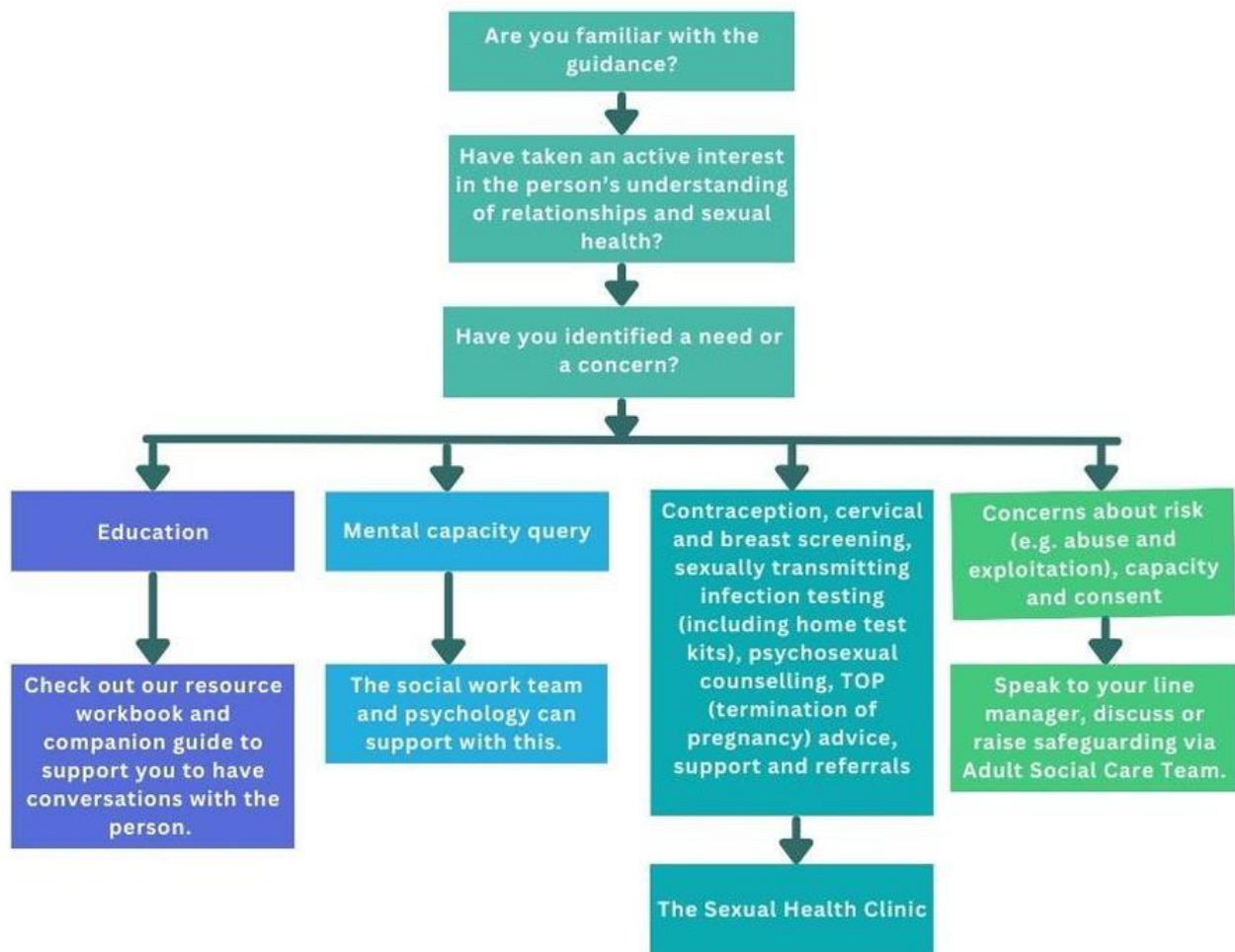
⁸Mental Capacity Act 2005, s. 3(2) (UK).

Salford Sexual Health Pathway

Salford Sexual Health Pathway

All people with learning disabilities have the right to planned and coordinated support and services from agencies with a common value base.

To foster collaborative working across disciplines, we have developed a pathway that outlines the agreed roles and responsibilities of relevant services in Salford. We hope that this flow diagram will encourage professionals to work together, share expertise, and address the unique needs of people with learning disabilities. We strongly believe that together we have the skills to provide inclusive and holistic sexual health care to people with learning disabilities.

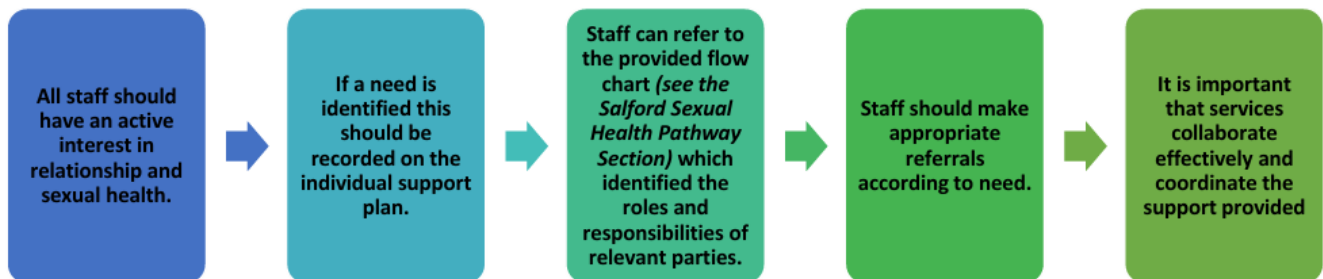


Multi-disciplinary collaboration

Working collaboratively within a multidisciplinary team (MDT) is crucial for delivering comprehensive, person-centred care, particularly for individuals with complex needs like those with learning disabilities. This approach ensures care is holistic and tailored to the individual needs of the person.

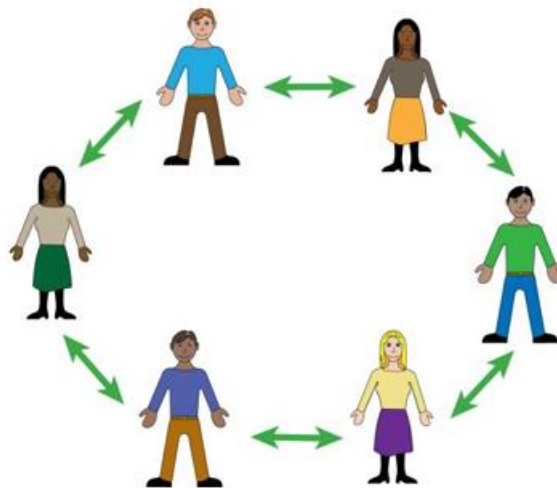
What are the responsibilities of professionals supporting people with learning disabilities?

The sexual health and relationship of people with learning disabilities is everybody's business.



Other factors to consider

- People with learning disabilities should be included in meetings wherever possible.
- Using consistent approaches sharing information as appropriate (see confidentiality section).
- Record minutes and outline clear actions for each party.
- Agree roles and responsibilities of each professional.
- Work to agreed protocols.
- Engage in joint planning and coordinate actions effectively.



What to expect from the sexual health clinic

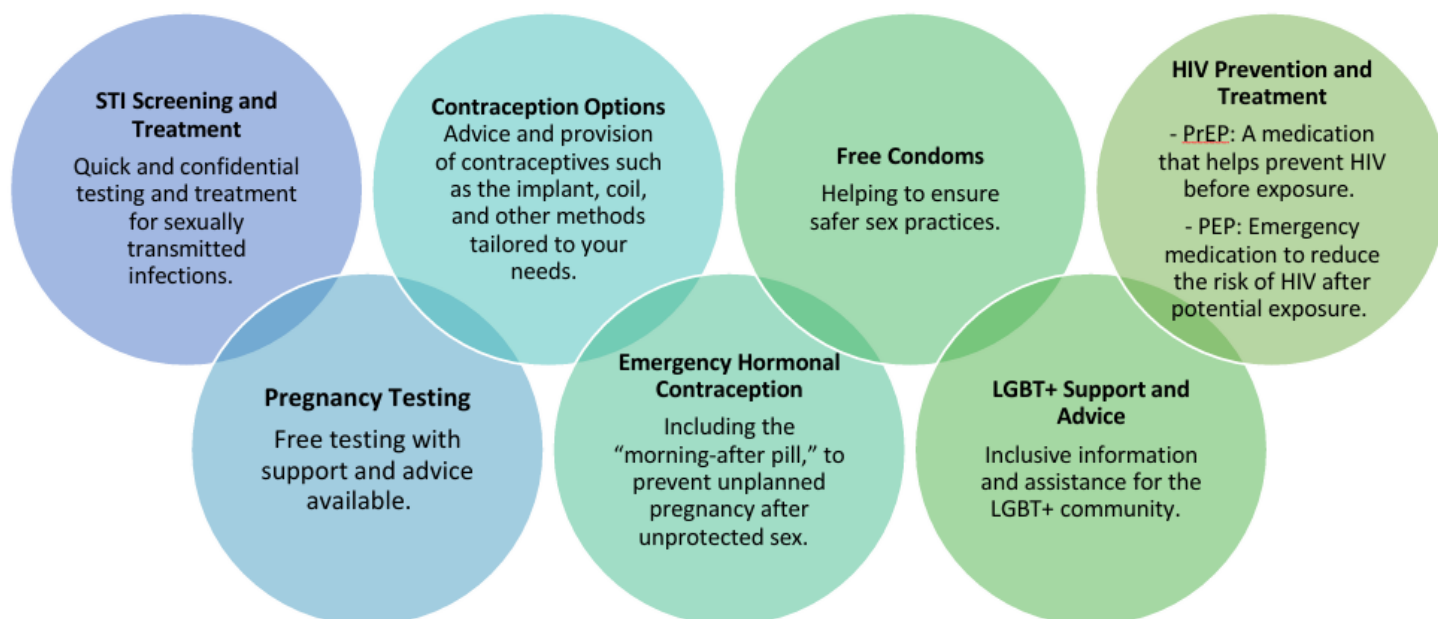
All Salford residents have access to, confidential, and free sexual health services provided by The Northern Contraception, Sexual Health and HIV Service, Manchester University NHS Foundation Trust.

What is my local sexual health service?

Your Local Sexual Health Centre
Lance Burn Medical Centre,
Churchill Way,
Salford,
M65QX

What does the sexual health clinic offer?

The clinic offers a comprehensive range of sexual health services, including:



How do I book an appointment?

Appointments can be booked conveniently online through the Personal Health Record or by calling 0161 388 4982. For any queries, you can also email the clinic at Salford.SexualHealth@mft.nhs.uk.

How to reduce vulnerability and promote safety?

The Ring of Safety (Hingsburger, 1994)⁹

This concept outlines factors that can help people with learning disabilities develop skills to keep themselves safe and reduce their vulnerability to abuse.



Sex education: Understanding the body and its uses, as well as our rights and responsibilities is a vital life skill. Education supports people with learning disabilities to identify and respond to abuse, and it will improve their understanding of healthy and safe relationships.

Practicing making choices and saying “no”: People with learning disabilities often lack the freedom to make choices about their lives. Creating opportunities for people with learning disabilities to make choices and to say “no”, promotes individual autonomy and non-compliance skills that can make them less vulnerable to abuse and exploitation.

Privacy: Understanding that their bodies are private and should not be touched without permission is an important way of developing safety awareness. Learning about privacy through discussions and modelling can help them to develop healthy boundaries.

Know their rights: People with learning disabilities should learn about their personal rights, enabling them to understand what to expect from those that support or care for them.

Someone who listens: People with a learning disability need access to trusted others that they can communicate with without judgement. Being able to communicate with non-judgemental listeners creates safety to explore sensitive topics, to get things wrong and to share concerns. Being mindful of verbal and non-verbal communication (including subtle behaviour changes) enables effective responses to differing communication attempts.

Healthy self-esteem: People need to understand that they are worthy and valued. People need to feel heard, be treated with respect and have their individual strengths recognised. This contributes to healthy self-esteem, healthy boundaries and protects against abuse.

⁹ Hingsburger, D. (1994). The ring of safety: Teaching people with disabilities to be their own first-line of defense. Developmental Disabilities Bulletin, 22(2), 72–79.

Good practice when supporting people with learning disabilities

What is the key message?

All people with learning disabilities have the right to enjoy and maintain healthy relationships, including sexual relationships. People with learning disabilities should be given appropriate relationship, sexual health and parenting education in collaboration with health and social care partnerships, so they understand consent, their rights, healthy relationships and how to access services.

What does 'good practice' look like?

- Help the person to understand and express their feelings, such as pleasure, anger, happiness, love, desire and intimacy.
- Provide opportunities for them to have a variety of sensory experiences.
- Provide opportunities to develop a sense of spirituality.
- Encourage a positive self-image.
- Provide information and education about the body and how it works and develops. For example, gender differences, puberty, growing older, and sexual feelings etc.
- Support to develop and maintain familial, social and intimate relationships. This includes educating them on different means of sexual expression, for example, touch, masturbation, sex, same sex relationships, celibacy, use of sexually explicit materials.
- Support people to enjoy healthy relationships through ensuring privacy, consent and safety, including access to contraception and negotiating the use of contraception.

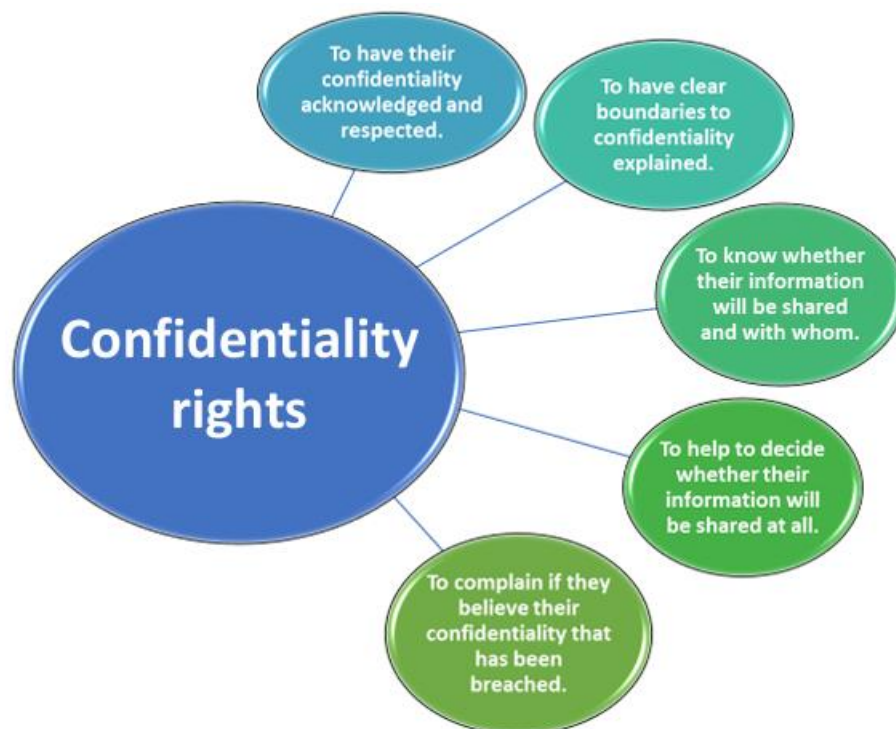
How to put sexual health on the agenda?



Confidentiality

Right to confidentiality

People with a learning disability have the legal right to confidentiality, unless there is a concern about abuse or risk of harm. Those that need help with issues of sex and sexuality have a right to expect that their confidentiality and sensitivity be respected.



In practice, this means that professionals have a responsibility to:

- Keep up-to-date with relevant training and be familiar with relevant guidance.
- Explain confidentiality in an accessible format, providing specific examples of events that could constitute a risk.
- Agree clear boundaries to confidentiality with each person, describing who has access to their information.
- Inform each person with a learning disability that they are allowed and encouraged to talk about aspects of relationships/sexual wellbeing.
- Should concerns about harm or abuse arise, this should be discussed with the person beforehand if appropriate, and local safeguarding procedures should be followed.
- In all cases where professionals deliberately release information, even if they believe it to be in the best interests of the public, they must be able to justify their decision.
- If the person has a Lasting Power Of Attorney, they still have the right to confidentiality although the Attorney might have powers allowing access to some information.

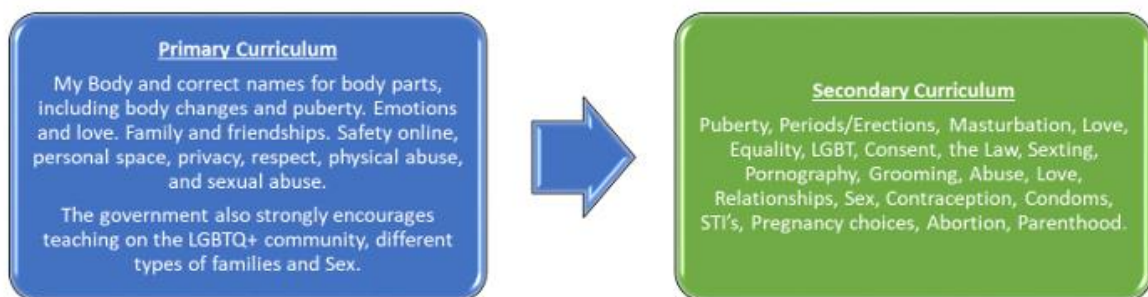
Information and education about relationships and sexual health

Relationships and Sex information/education is a vital life skill

Learning about sex and relationships is a lifelong process of experiential learning. Starting in early childhood, it continues through interactions with families, peers, media and wider culture. Sexual health is viewed as an important part of the curriculum in formal education settings. It enables children and young people to learn the skills, knowledge and attitudes necessary to their satisfy self-fulfilment and development as active and responsible citizens.

All children and young people age 3-18 are entitled to receive relationships and sex education.

What do children in mainstream education learn and when?



Access to information

People with learning disabilities experience additional barriers to accessing this important information. Some people have had no prior access to sex education, may not have understood the content or may have received the information from an unreliable source (e.g. porn or peers). It is important to assess (not assume) someone's knowledge base.

Why is it important that people have access to sexual health information and education?

Being informed promotes the rights, independence, choice and inclusion of people with learning disabilities. It can empower people with learning disabilities, reducing their vulnerability to sexual abuse and exploitation and enabling them to live more fulfilling lives.

The role of professionals

- Families and carers should be helped to understand that talking about sexual health does not encourage sexual activity. Openness to discuss sexual health with carers, families and people with learning disabilities will assist in developing a proactive and supportive approach.
- Discussions around relationships, sexual health and education should be included within the individual support plan/informal discussions as appropriate.
- Accessible resources should be made available to the people with learning disabilities to improve access to education and information.

Capacity

Adults with a learning disability do not need 'capacity to consent' to this education - just as young people in secondary schools do not need permission from parents to receive education.

Support for families, carers and professionals

Educate yourself

The sexual health of people with learning disabilities is everybody's business. Everyone has the right to be supported by workers with relevant knowledge, skills and resources in relationship and sexual wellbeing.



What is available to support me?

Guidance

- Be familiar with this guidance and apply it as a framework for discussing sexual health within professional boundaries.
- Be mindful that the guidance should be applied alongside professional judgement.
- Reflect on the population in Salford and consider diverse cultural attitudes towards sexual health.

Salford Sexual Health Pathway

- Review the Sexual Health Pathway to identify specialist support.
- Collaborate and coordinate care with local services.

Resources

- Access the resource workbook for plain English materials, visual guides, and communication aids. The workbook comes with a companion guide to help you to navigate these conversations.
- Guidance on addressing sensitive topics in a respectful and accessible manner.
- Strategies for overcoming communication barriers, including using plain language and visual aids.

Supervision

- Regular supervision from line management is essential to promote high quality care for people with learning disabilities.
- Supervision can provide space to discuss your values and beliefs on this topic – however, it is essential that this does not impede upon the care provided to the person with a learning disability.

Peer support

- Take advantage of opportunities for peer learning and sharing best practices.
- Seek out debriefing sessions with peers to navigate challenges.
- Consider role-playing challenging conversations with peers to build your confidence.
- Request feedback about your practice following role plays and support to build comfort in addressing complex or awkward topics.

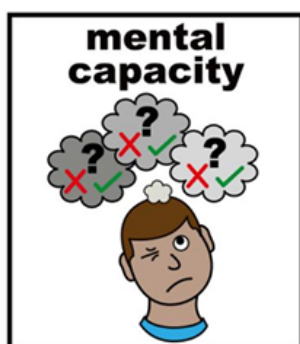
Capacity to consent to sexual activity

Capacity to consent

The law starts from the assumption that all adults, including those with a learning disability, have the capacity to consent¹⁰.

Some people with a learning disability will have the capacity (the ability to make an informed choice) to consent to sexual relations. Whilst others would be considered as being unable to give consent and therefore would be assessed as lacking capacity.

Capacity is not absolute



Capacity should not be generalised

Some people may have the capacity to make decisions about certain aspects of their daily lives. For example, a person may be able to consent to sexual relations but be unable to make decisions about medical treatment.

Capacity can change

For example, a person may not be able to consent to a sexual relationship prior to receiving relevant education but this may change after the person has received the appropriate information, education and support.

Consent

Consent is crucial in deciding whether a particular sexual relationship or act is abusive.

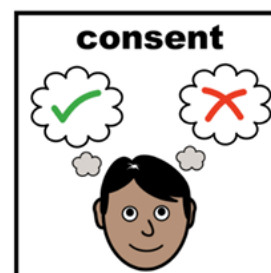
What needs to be decided is:

- Was the person able to give consent?
- Was consent given by the individual?

Evidence of mutuality should be looked for by those assessing consent, to show that the relationship is not abusive.

This is reflected in factors such as:

- Both parties seeking each other out.
- Spending spare time together.
- Shared resources.
- Shared leisure activities.
- Restriction of activities with other potential partners.



Families, carers and professionals should note that even where a person can't consent to a sexual relationship, they can still enjoy a relationship such as hugging, kissing, touching, holding hands and should be given the opportunity to find love and express love.

¹⁰ Mental Capacity Act 2005, s. 1(2) (UK).

Being unable to provide informed consent

The Sexual Offences Act (2003)¹¹ outlines that a person is able to provide consent to sex “if a person agrees by choice, and has the freedom and capacity to make that choice”.

Consent can be simplified to the offer of cup of tea! Check out this video... [Tea and Consent](#)



Factors which might make a person's consent to sexual activity invalid include if a person:

Person has capacity and does not give consent.

Person does not really understand what is being asked.

Person does not know they have the right to refuse sex.

Person does not know how to refuse sex.

Person is afraid to refuse sex.

Person does not know that sex is not meant to be painful or uncomfortable.

Person does not know that he or she is being exploited when a reward, incentive or payment for sex is used.

Person does not know that some relationships are illegal, such as those within families, or between workers and clients.

Person has capacity but feels coerced into sexual activity because another person is in a position of trust, power and authority.

It is important to remember that people with capacity...

- Have less-than perfect relationships.
- Engage in risk taking sexual behaviour, e.g. multiple partners and not using condoms.
- Maybe aware of the positive and negative implications of their behaviour, but still wish to engage in the activity.

Good practice:

- Non-judgemental approach.
- Promote safe sex and make the individual aware of potential risks.
- Able to recognise the difference between abuse and risk-taking.
- Remain sensitive to the possibility of abuse. If unsure, bring observations and concerns to the attention of their line manager and consider a formal capacity assessment.

¹¹ Sexual Offences Act 2003, s. 74 (UK).

Working with families and carers

Promoting choice

It is important that people with learning disabilities are supported to make their own choices within the limits of societal norms and laws, just like everyone else¹².

Many people live with family members, are dependent on them for support and their families may strongly influence their values, attitudes and decisions. Therefore it is important to note that family members and care givers do not have a legal right to breach the rights of individuals with learning disabilities.

Support for families

Mostly family members and carers act in the best interest of the individual. However some can struggle to accept their relative's sexuality or sexual behaviour and fear the consequences. Support may be needed to help families, particularly parents, accept the changes that come with adulthood, including their relative's evolving expectations and legal rights. Professionals can play a key role in this process. It's important to work collaboratively with families, while keeping the individual with a learning disability as the central focus.

Professionals have a responsibility to:

- Ensure open communication with families and carers while respecting the person's legal rights to sexual health, relationships, and confidentiality.
- Listen to and respect the views of families and carers but prioritize the legal rights and best interests of the person with a learning disability.
- Take any concerns about personal safety seriously by conducting an appropriate risk assessment.
- Understand the legal powers of welfare guardians or power of attorney and consult with them as needed, ensuring decisions are made in the best interest of the individual.
- Support the person with a learning disability to communicate their wishes and challenge decisions through advocacy.
- Share information and resources with the family only with the consent of the person with a learning disability, if they have capacity.
- Signpost families and carers to relevant sexual health and relationship services.



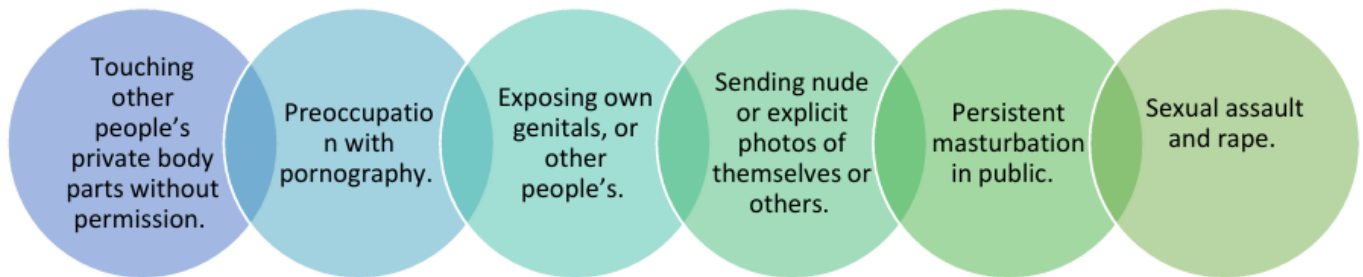
¹² Human Rights Act 1998, c. 42, s. 8 & s. 14 (UK).

Managing and preventing harmful sexual behaviour

Harmful sexual behaviour

Sexual behaviour can be a natural healthy part of growing up. Some children, young people and adults may, however, develop inappropriate/problematic habits or display harmful sexual behaviour. Harmful sexual behaviours can be displayed in both women and men.

Harmful sexual behaviour can cover a range of actions including...



People with learning disabilities are overrepresented in the criminal justice system for sexual offences. This may be due to their vulnerability, the likelihood of being caught, a lack of sexual health and relationship education and limited understanding of sexual boundaries, public and private and appropriate behaviour.

If a person with a learning disability is displaying harmful sexual behaviours, it can be helpful to keep track of behaviours to spot triggers or patterns that can help guide support.

Tips for navigating potentially harmful sexual behaviours:

Masturbation

- It's Natural: Masturbation is a normal behaviour, so don't be alarmed if it happens.
- Private Spaces: Teach when and where it's appropriate to engage in masturbation.
- Respect Privacy: Give time for privacy and avoid clothing or pads that may interfere.
- Stay Engaged: Keep the person busy to reduce the chances of boredom leading to unwanted behaviour.

Relationships and Consent

- Ensure Consent: Both individuals should fully understand and agree to what's happening.
- Set Boundaries: Clearly explain what is acceptable and what isn't in any sexual interaction.
- Be Mindful: Stay aware of potential risks for abuse, but don't assume negative behaviour is always linked to past trauma.

Pornography

- It's Common: Many people show interest in pornography. While this is normal, it's important to set healthy boundaries and ensure it doesn't lead to inappropriate material.

Intimate Care

What do staff need to know?

People who rely on others for personal hygiene and intimate care can be more vulnerable to sexual abuse. The dignity of people with learning disabilities must be upheld by staff at all times.

It is important that people with learning disabilities understand the difference between intimate care and abuse, through standards and modelling good practice.

Good practice when undertaking intimate care includes:

- Closing toilet/bathroom/bedroom doors to maintain privacy.
- Wearing gloves when supporting intimate care.
- Professional behaviour.
- Talking through each process as it is carried out, checking if they are okay, gaining consent.
- Sensitivity, for example being aware of the appropriate use of language when talking to people with learning disabilities and using biological terms for body parts.
- Awareness of religious and cultural beliefs and practices.
- Allowing the person to choose who assists them when they need help or support with their personal care where practicable, whilst respecting the rights of both parties.
- If two people are supporting the person with personal care the focus of communication should be between the staff and the person rather than between the staff themselves.
- Negative comments and disapproval expressed through word or body language should be avoided by staff.
- Intimate care should be undertaken ideally by workers whom the person is familiar with and trusts.
- Intimate care should be provided in private.
- The emotional and physical safety of people with learning disabilities should always be prioritised, including strict adherence to Health and Safety guidelines.
- Staff safety should be maintained, using safe manual handling techniques.
- The physical comfort of individuals with learning disabilities should take priority, with intimate care tasks being the focus, even over other duties like mealtime care.



Privacy

Understanding the concept of privacy

Understanding privacy can be a challenging concept for people with learning disabilities. People with learning disabilities often do not experience the same privacy that those without a learning disability enjoy. This may be due to the requirement for intimate care or life domains that are typically private may be discussed in meetings with professionals and/or carers (e.g. masturbation). For this reason, people with learning disabilities often experience challenges understanding the concept of privacy, particularly in relation to their bodies, sexual health and relationships.

Vulnerability and risk

A poor understanding of privacy can:

- Put them at risk of abuse and exploitation.
- Mean that they have greater difficulty recognising when they are being abused.
- Increase the risk of them engaging in sexualised or inappropriate behaviours in public spaces.

General good practice

- It is important we respect the privacy of people with learning disabilities around relationships and sexuality.
- People with learning disabilities should be supported to develop a range and variety of relationships. Relationships that develop may or may not have a sexual element.
- People with learning disabilities should be supported to understand that their body is private and should not be touched without permission.
- They should be informed about what sexual acts should take place in private (for example, masturbation) and be shown appropriate spaces for the act to take place.
- Those supporting people with learning disabilities should respect their privacy, for example by not having conversations about personal subjects to those that it does not concern.
- Where possible individuals with a learning disability should be supported to plan to meet friends/partners both in public and in private. This supports the individual to develop a sexual relationship in a private setting.

Good practice for supported living

- People with a learning disability should be able to lock their bedroom doors.
- Staff should not go into a person with learning disability's room without seeking their permission. However, there may be times when permission is not required, for example, landlords' entry rights.

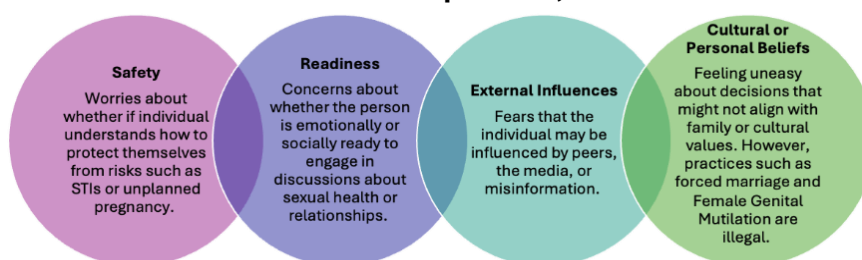


Diverse community views

Differences in views

It is completely normal for parents, carers, and staff to feel anxious or uncertain when discussing sexual health and relationships, especially with individuals who have learning disabilities. These topics often touch on sensitive personal, cultural, or religious beliefs, and it is understandable to feel unsure about how to approach them. Acknowledging these feelings is an important step in ensuring these conversations are approached with empathy, openness, and understanding.

What might be some of the concerns that parents, carers and staff have?



Freedom of choice and its exceptions

Sexual health is a deeply personal matter, and every individual has the right to make informed and independent decisions.

Whilst staff should be mindful of the freedom of choice and personal opinion, they also need to make people with learning disabilities aware of acceptable and unacceptable behaviour, especially when it impacts on other people.

For example:

- A person may not agree with same sex relationships, but homophobic comments or behaviour is against the Law.
- Not using contraception is a choice a person is free to make, but this needs to be made with the agreement of their sexual partner and with the knowledge of the risk of STI's and pregnancy.
- Forced Marriage and Female Genital Mutilation are illegal.
- Staff may have their own views on sex toys, masturbation, pornography etc. It is important that staff support the person with learning disabilities in their own choices, provided they are legal, rather than imposing their own values.



Part 2: Knowledge Building

Please see the accompanying workbook developed for people with learning disabilities for more resources and information on the following specific topics

Sexual activity

What does it all mean?

Sexual health and relationships are a human right

People with a learning disability often have fewer opportunities to be sexually active, especially with a partner.

Sexual activity

Sexual activity refers to the way in which humans experience and express their sexuality. Every person has a right to engage in sexual activities that are lawful, wanted and understood, without being exposed to exploitation or sexual violence.

Sexual expression

Sexual expression is wide ranging and can include anything from stroking, cuddling, masturbation and self-stimulation to vaginal intercourse, anal intercourse or oral sex.

Sexual intercourse

Sexual intercourse including vaginal, anal and oral sex is legal from the age of 16 and over. This is the same for heterosexual relationships and same sex relationships.

Carers should enable people with learning disabilities to meet partners and enjoy intimacy. Even if they are unable to consent to sex, they may enjoy kissing, cuddling and feeling close to someone else. People with a learning disability have a right to express emotions and sexuality in ways that suit them and are legally accepted for all adults.

Staff knowledge and training

- Staff should be confident and open to discussing different types of sexual activity, including pleasure, intimacy and how to stay safe.
- Training should be provided by workplaces to help staff feel prepared to do so and increase knowledge of sexual health and wellbeing issues for people with learning disabilities.

Consent and risk

- All sexual activity with another person should be consensual. Please see the consent section for more information.



Same sex relationships

Same sex relationships

Around 10% of the general population identify as lesbian, gay or bisexual (LGB). It follows that a similar proportion of people with learning disabilities will identify as LGB too. However, it might be harder for people with learning disabilities to explore feelings of same sex attraction due to fear of negative responses from parents/ caregivers/ staff friends.

Even if people with learning disabilities have been assessed to lack capacity to have sexual relationships, they should still be supported in developing friendships and loving relationships, just like anyone else.

Therefore, we all need to be aware of our own values and beliefs around sexuality in order to best support the person with a learning disability. Any discrimination must be challenged.

Good practice

If a person with a learning disability thinks they might be gay, lesbian or bisexual, staff must fully support them to discover their sexuality.

- Providing easy-to read information on LGBTQ+ health (see workbook).
- Creating opportunities to chat about sexual orientation, e.g. informal chats, care plan reviews listening to the person.
- Allowing them to explore their feelings at their own pace.
- Assure confidentiality, do not 'out' the person directly or indirectly.
- Support them to access supportive agencies/organisations.
- Exploring local LGBT social or dating groups/websites
- Some people who have feelings of same-sex attraction decide not to use the labels gay, lesbian or bisexual for themselves. People should be supported to understand commonly understood meanings of these labels, while not being pressured to take on a label they have not chosen.

What might this look like?

Important: Do not assume!

It is important we do not make assumptions about someone's sexuality. For example, use gender neutral terms, such as 'partner' rather than 'boyfriend' or 'girlfriend'.



Gender diversity

Gender identity

Gender identity is about how someone feels inside about whether they are a man, woman or neither. It is separate from someone's biological sex (including hormones, chromosomes, genitals, testes/ovaries).

Gender identity is also different from sexual orientation, meaning that people that do not identify with their gender at birth can be lesbian, gay, bisexual or heterosexual.



Gender expression

People who change their body or express their gender in a non-traditional way are sometimes known as transgender people. Expressing gender diversity can include; wearing different clothing, changing their appearance, using a different name, taking hormones or having physical treatment to change their body. People should not be pressured to use the label transgender or to explain their chosen gender expression.

How to support people with learning disabilities with their gender diversity?

People with a learning disability have the right to express themselves without having to explain or justify themselves. Staff should be open, accepting a person as they are and being available to speak about feelings.

Staff could provide practical support to enable self-expression by:

- Creating opportunities to discuss wants or needs e.g. support plan reviews.
- Providing easy to read information on Gender Diversity.
- Creating opportunities to go shopping for clothing and to dress according to preference.
- Helping someone to change their name legally.
- Supporting a referral to a specialist service.
- Exploring local support/social groups.
- Challenging discrimination by staff and other people with learning disabilities.

It is not acceptable to deny someone the right to express their gender in their preferred way because other people are uncomfortable with this. In single-sex settings, services may need to be adapted to ensure that an equivalent service continues to be offered.

People who want to permanently change their gender must be supported to live full time in their chosen gender. Your local Sexual Health clinic can offer advice and make appropriate referrals.

Marriage, civil partnerships, living together and divorce

Right to marriage

People with a learning disability have the same rights in law as anyone else to marry or live together. Providing the person is over 16 years and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. No one else's consent is ever required.

However, the District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so.

If people with a learning disability express a desire to marry, co-habit or enter a civil partnership, workers should be willing to discuss this option with them sensitively and seriously - whatever their sexuality. Only if the couple agree, can workers involve families and carers. However, the benefit of family/carers support should be emphasised.

There are many successful marriages, civil partnerships and relationships involving people with varying degrees of learning disability. However, as with other couples, there are examples of unsuccessful marriages and relationships, some of which may end in separation and divorce.

Supporting a person with a learning disability with marriage and civil partnerships

- The professional's responsibility is to clarify the implications of various actions and to assess practical support needed by the couple.
- Living together/marriage will mean that the person's financial and legal obligations will change. Staff may need to help the person with a learning disability to access appropriate information and advice.
- Do not demand guarantees that a marriage/living together between two people with a learning disability will work.
- Support separated couples to seek help from other agencies, such as housing and solicitors, as well as emotional support.
- Support couples who live in care homes with practical provisions to allow them to separate.



Forced marriage

What is forced marriage?

- Forced marriage is when someone faces pressure to get married. This pressure can come from family, friends, or their partner.
- Pressure can look like threats, physical or sexual violence, as well as psychological pressure (such as being told they are bringing 'shame' on the family by not marrying).
- Men, women and children from all backgrounds may be victims of forced marriage.



Forced marriage is different from an arranged marriage

In an arranged marriage, the family (typically the parents) take the lead on finding a partner for their child.

All parties are consenting, unlike in a forced marriage.

Forcing someone into marriage is a criminal offence, whether or not the marriage takes place. If someone you look after or care about is being forced into marriage, please see the below organisations for support in Salford:

- Contact Safe in Salford on 0161 793 3232, or email them at info@safeinsalford.org.uk.
- Contact Salford Women's Aid on 0207 008 0151.
- Call Greater Manchester Domestic Abuse Helpline: 0800 254 0909 (Mon-Fri 10am-4pm).

Contraception

People with a learning disability have the same right to information and help with contraception as non-disabled people. This should enable them to make their own decisions about contraception methods.

Consenting to contraception

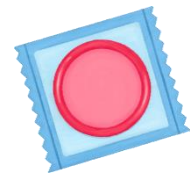
In line with Gillick Competency, parents have responsibility to give consent for medical treatment for their children. However, someone under the age of 16 can consent to their own medical treatment, including contraception if they understand the treatment and any risks which might come with it.

Someone with Power of attorney should only be consulted if the person they are responsible for lacks capacity and if their powers include responsibility for medical treatment.

- Consenting to using contraception is separate from consenting to sexual activity.
- Contraception should be seen in terms of the needs of the person rather than in terms of relieving the anxieties of workers and relatives.
- Every effort must be made to ensure that the person understands any contraceptive method.
- Where a person can consent to their medical treatment, confidentiality must be maintained and the person's wish to inform relatives or not must be respected.
- Male and Female Condoms are not medical devices and therefore no consent is needed to buy or use them. There is no legal age for buying condoms.
-

There are many forms of contraception including:

- condoms
- oral contraception
- dermal patch
- injection



Longer lasting contraception (sometimes referred to as long acting and reversible contraception or LARC) include:

- coil
- implant

Staff should be prepared to assist a service user:

- To access services which offer contraception e.g. GP surgery or Sexual Health clinics.
- By learning how to use the contraceptive (easy-read leaflets etc).
- By providing reminders (when to take pill, when to go for next injection).
- In getting help from a GP or sexual health clinic for any problems.

Easy Read leaflets are available <https://www.centalsexualhealth.org/contraception/easy-read-leaflets/>

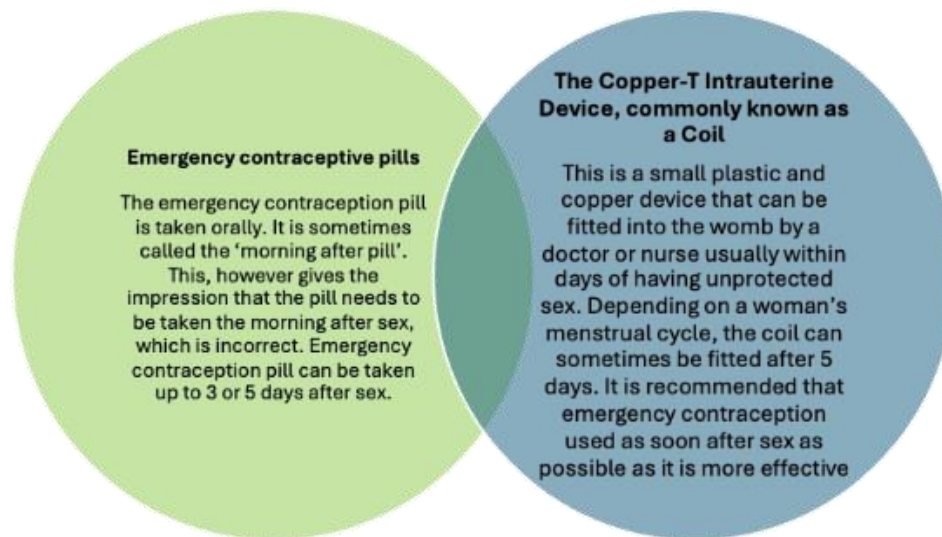
Emergency contraception

Emergency Contraception is a form of contraception that is taken to prevent pregnancy AFTER someone has had sex. This may be because the couple:

- Have not used any contraception at all.
- The contraception has failed (e.g. condom burst).
- The contraception has been used incorrectly (e.g. missed pill).

Emergency contraception reduces the risk of pregnancy if used properly but should not be seen as an alternative to other methods of contraception.

There are two types of emergency contraception:



It is free!

If someone needs Emergency Contraception, they can get it for free (for people aged 13 and over) from pharmacists, GP's, Sexual Health Services and some walk-in clinics. The Pharmacist is usually the quickest and easiest option.

Accessing emergency contraception

- Staff may need to support the woman to access these Services.
- The woman will also need advice on future use of contraception and condoms.
- Emergency Contraception services are confidential.
- Time is of the essence.

Sterilisation

Sterilisation

Sterilisation can be considered as a form of contraception for any individual. It is an effective method of contraception; however, it is usually permanent and difficult to reverse. Additionally, this does not protect against the risk of sexually transmitted infections and HIV.

What is involved?

Women

The procedure involves cutting, sealing or blocking the fallopian tubes to prevent eggs reaching the sperm and becoming fertilised.

Female sterilisation does not affect hormones or stop periods.

The risk of complications is greater for women, requiring general anaesthetic and inpatient care.

Men

The procedure is known as a vasectomy. It involves cutting or sealing the tubes that carry a man's sperm, thereby preventing the sperm reaching an egg and fertilising the egg.

Routinely this takes place in hospital under local anaesthetic and is unlikely to require inpatient care.

Risk

Sterilisation involves invasive medical treatment which carries greater risks than most other forms of contraception it is explored on an individual basis through a longer process of consultation. For people with learning disabilities, the person's capacity and the potential psychological impact the procedure must be discussed during the consultation.

It is recommended to consider alternative methods of contraception first, in particular the option of longer lasting reversible contraception for women such as the coil or implant. These are comparably effective but less invasive.

Supporting someone with a learning disability who is considering sterilization...

- They must have the opportunity to receive appropriate counselling from a specialist medical advisor, to understand the emotional and permanent implications of sterilisation.
- Demands for sterilisation from families or relatives must not override the wellbeing of the individual and their right to choose.
- Staff should work in collaboration with Salford's sexual health services to ensure that the person receives the right advice and support with this issue.

Those that are unable to give consent

Where a person is unable to give consent, the process of decision making must be in line with the Mental Capacity Act (2005). Any decision must be seen to be proportionate to the situation, and to be least restrictive.

Condoms

Condoms

Condoms are useful in preventing the spread of sexually transmitted infections (STI) and HIV, as well as pregnancy. They are the only method of contraception that reduces risk of STIs as they act as a barrier to most virus and bacteria.

Buying condoms

There is no legal age to buy or receive condoms. Condoms are not a medical device, therefore no consent is needed to buy, receive or use condoms even if the service user has a power of attorney or guardian. Additionally, most NHS sexual health clinics provide free condoms for their service users.

How effective are they?

- Male condoms are over 98% effective if used correctly. It is useful to encourage service users to play with and practise using male condoms (i.e. masturbating with them). This makes it much more likely that the person will use a condom, and use it correctly, during sexual intercourse.
- Female condoms are 95% effective if used correctly.

People with learning disabilities should be taught...

- Why using condoms is important.
- How to check the date and kitemark.
- How to open the packet correctly and ensure the condom is not damaged.
- How to put one on correctly, and how to dispose of it.
- Where to get free condoms and where to buy them.
- How to negotiate use of condoms with a partner.
- The selection of condoms that are available - with information about the use of lubrication.
- What to do if a condom bursts.

Types of condoms

Different types of condoms are available including ribbed, flavoured, non-latex (if someone is allergic to latex) and a range of sizes. All male condoms are suitable for vaginal, oral and anal sex.

Lubricant

For anal sex, additional lubricant should be used. Lubricant should not be used for vaginal sex unless there is a problem with dryness.



Sexually Transmitted Infections

Sexually Transmitted Infections (otherwise known as STIs)

STIs in Salford are comparatively higher than the national average. Salford has very high rates of syphilis, 41.7 per 100,000 compared to the average rates across England, 16.7 per 100,000.

What do people with a learning disability NEED to know?

- How an STI is passed on.
- The general signs and symptoms of STIs, and that some people often don't have symptoms.
- Where to go for diagnosis, testing and treatment.
- How to access services (bus routes, opening times, etc.).
- Who to talk to for advice and confidentiality.
- How to avoid getting an STI.
- People with a learning disability and/ or autism who are sexually active are just as likely as other people to come into contact with STIs.

Symptoms associated with STI include:

- Itchiness around the genitals.
- Lower abdominal pain.
- Pain during sex.
- Blisters, sores or lumps, spots in or around the genitals.
- Unusual or smelly discharge from the penis or vagina.
- Pain when urinating (peeing).
- Unusual or abnormal bleeding.

Some STIs may have no symptoms and screening is very important. The best way to reduce the risk of getting an STI or passing one on is safer sex and condom use.

If a service user complains of symptoms associated with STI, staff should help to arrange an appointment at the Sexual Health Clinic as soon as possible.

<https://thenorthernsexualhealth.co.uk/>



HIV (Human Immunodeficiency Virus)

What is HIV?

HIV is a Sexually Transmitted Infection (STI) and a Blood Borne Virus (BBV). HIV is a virus that attacks the immune system and makes it difficult to fight off illnesses.

There is no cure for HIV but there are drugs that can slow the progress of the condition. With recent developments in the treatment for HIV, people can feel well, work, have relationships and have children. Providing condoms is an effective way to promote safe sex. If used correctly, condoms can prevent the transmission of HIV.

What is AIDS (Acquired Immune Deficiency Syndrome)?

It's the name given to a collection of infections and diseases, such as tuberculosis, pneumonia and some cancers that, when present, indicate that the HIV virus has severely weakened someone's immune system.

You cannot catch AIDS. HIV causes AIDS. It is only HIV that can be passed on.

What do people with learning disabilities need to know?

- What HIV and AIDS are.
- How people get HIV and how to prevent getting it or transmitting it.
- How and where to test for it.
- How it is treated and medical and social implications of being HIV positive.
- Rights to confidentiality.



Treatment

If staff are working with someone at risk of HIV (for example, someone who is in a relationship with a carrier), it is important to know what treatment is available.

- Pre-Exposure Prophylaxis (PrEP): medicine taken by people who are considered high risk to prevent them becoming infected with HIV through sex or drug use. Recent research suggests that PrEP is as effective as condoms at preventing HIV.
- Post Exposure Prophylaxis for HIV (PEP): anti-retroviral drugs (drugs used to treat HIV) that are given to try to prevent HIV infection in someone who has been exposed to the HIV virus. PEP is most effective if given within 24 hours of exposure.



Pregnancy

Research on reproductive rights (Disabled Women; Our Bodies, Our Rights. Engender 2017) shows that women with a learning disability often have no information, guidance or support around planned pregnancy. Too often, a woman receives support only after the pregnancy is confirmed.

What is the role of a carer?

A carer should ensure that women and men with a learning disability:

- Have the opportunity to talk about their future plans and wishes around pregnancy (care plan reviews, informal chats).
- Are supported to find out how their medication or any health condition can affect a pregnancy.
- Are supported to take steps to prepare for pregnancy (following advice on medication, eating healthily etc.).
- Know how pregnancy occurs.
- Recognise the signs of pregnancy.
- Can access a pregnancy test.
- Know what to do if they are pregnant and where to go for help
- Have the opportunity to talk about their needs as future parents and the needs of the baby and identify who can help.

Pregnancy tests can be bought from pharmacists and supermarkets.

Free pregnancy tests are available at the Sexual Health Clinic <https://thenorthernsexualhealth.co.uk/>.



Parenthood

People with learning disabilities have the right to be a parent should they wish.

Studies have shown no direct link between having a learning disability and being an inadequate parent. However, people with learning disabilities are more likely to have their children removed from their care than any other group.

A carer should support people with learning disabilities by discussing their wishes to be parents through care plan reviews or informal chats. This is because parents fare better when they have planned the pregnancy and birth, and have the knowledge, skills and support already in place.



Some Things to Consider

- Having easy-read information for people with a learning disability.
- Research describes a 'cloak of competence' where parents are keen to present as able to avoid drawing attention to a problem, which may lead to negative assumptions about their coping skills. As a result, many parents only come to the attention of services at times of crisis.
- Support should be sensitive to the family's changing needs over time, and should be offered for as long as the family requires it.

Abortion (Termination of Pregnancy)

An abortion is the medical process of ending a pregnancy, otherwise known as a termination. This can be done by taking medication or having a minor surgical procedure. 1 in 3 women in the UK will have an abortion in their lifetime.

Legality

Abortion is regulated by Law and can only be authorised by medical practitioners, such as a GP or a specialist doctor. Abortion is legal up to 24 weeks of pregnancy, after this period abortions can only go ahead under extreme circumstances (e.g. the mother's life is in danger). Abortions before or up to 12 weeks' gestation are safer.

Women with learning disabilities

Poor sex education means that women with learning disabilities are at a greater risk of missing early signs of pregnancy. This means that they may be at a higher risk of needing second-trimester terminations of pregnancy. It is important that any sex education includes the signs of pregnancy.

Decision-making about an abortion

- Information, counselling and support may be required to help the person decide.
- Family requests for a termination must not override the person's rights/well-being.
- Staff should work with their line manager when supporting a person with an abortion.
- Views on the ability of the person to be a parent are not grounds for pregnancy termination.

What to do if the person you care for or support wants to have an abortion?

- Self-refer to an abortion provider or local NHS sexual health websites will provide more information about services in your area.
- Contact their GP, the GP can make a referral to your local abortion service.
- Contact their local sexual health clinic and ask for a referral to an abortion service.

People who are not able to provide consent

When a person is deemed to lack capacity, the Mental Capacity Act 2005 outlines that professionals should take reasonable steps to support the person to make their own decision within a best-interest framework. This could include:

If all practicable steps have been taken and the person is still deemed to lack capacity:

- Reasons for this view should be documented, including measures taken to support the person concerned with their decision-making.
- The Act then directs professionals to make decisions that are in the person's 'best interests' (refer to [Mental Capacity Act 2005 Code of Practice](#), p. 64-91).

The use of appropriate words, pictures and symbols.

Involving people skilled in using these techniques.

Involving people close to the individual and familiar with their ways of communicating.

A suitable environment and enough time for the communication to take place.

Cervical Screening (Smear Test)

A smear test is currently the most effective way to screen for cervical cancer. An important mode of cervical cancer prevention, enabling the detection and treatment of pre-cancerous cell changes. If left untreated these cells could become cancerous.

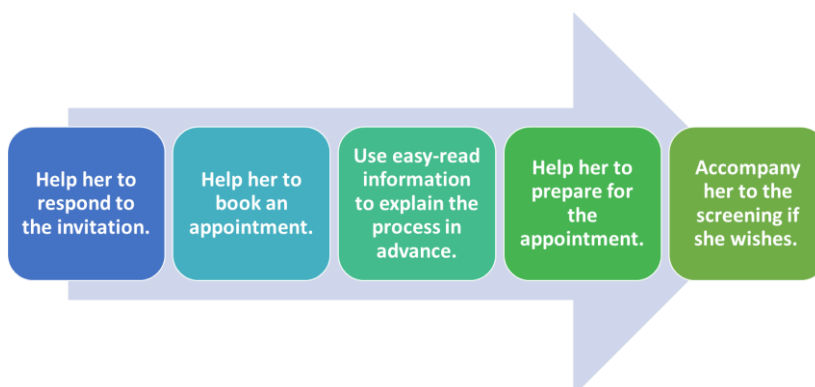
Women with a physical or learning disability are less likely to attend cervical screening. However cervical screenings are important for ALL WOMEN aged 25+.

Women aged 25-49 across England are invited to have a cervical screening test every three years. Women over 50 are invited to for a smear test every 5 years.



What should staff/family/carers do when supporting a woman with a learning disability?

It is important that all women attend smear appointments. A woman with a learning disability may need to be supported to attend her smear test.



Mitigating distress

Some women with a learning disability can find smear tests distressing. They may benefit from a series of visits to the clinic or surgery before the test so that they can develop trust in the people involved. A carer can contact the GP to ensure that reasonable adjustments are being made to accommodate the person.

Consent

If a woman is unable to be able to give consent to having the test. It is recommended that staff/carers speak to their GP for advice during the decision-making process.

Empowering people with a learning disability

Staff should also encourage people with a learning disability to look for signs and symptoms, and to tell a staff member if they have any concerns. Signs or symptoms can include unusual vaginal bleeding, changes to vaginal discharge, pain or discomfort during sex, and unexplained pain in the lower back or pelvis. There is also the option of the HPV vaccination.

Checking breasts and testicles

Breasts

- Breast screening is routinely offered to women between the ages of 50-70. Screening is also available if anyone has signs or symptoms.
- Men can also develop breast cancer but, if they have symptoms, are likely to be offered other tests, such as a biopsy.

Accessibility of breast screening for people with learning disabilities

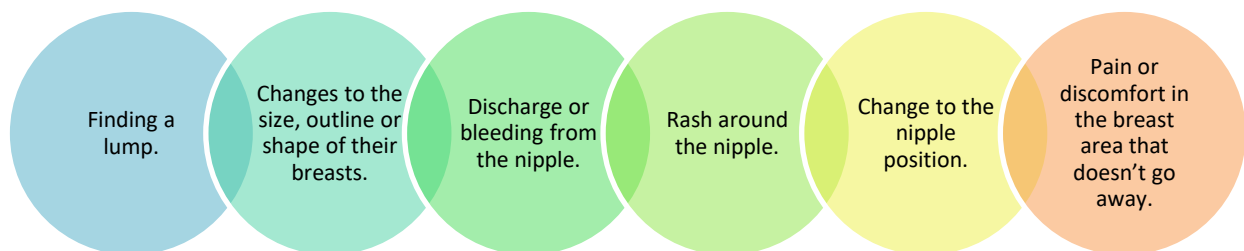
Women with learning disabilities are less likely to attend routine breast screenings. Reasons for non-attendance can include:

- They do not understand the invitation.
- The importance of screening.
- They cannot read the letter.
- They are unable to make the appointment.
- They are unable to get to the place of the screening.



Staff should help people with learning disabilities to understand the process and to make arrangements for the screening.

When to go to the GP for breasts?



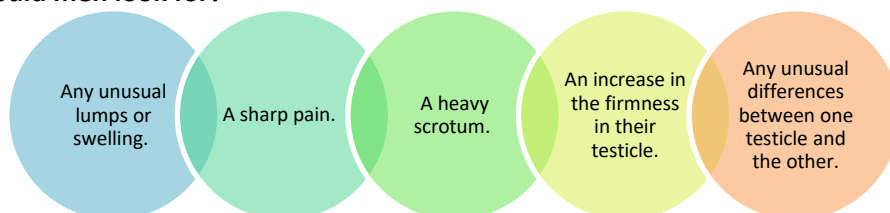
Testicles

There is no routine screening for men's testicles. They have a responsibility to check themselves and look for signs and symptoms.

Staff in a residential setting or who care for a person in their own home or have regular contact with a person with a learning disability are ideally placed to remind them to check themselves. They can also look for signs/changes during intimate care. Staff should provide opportunities for someone to tell a staff member if they have concerns.



What should men look for?



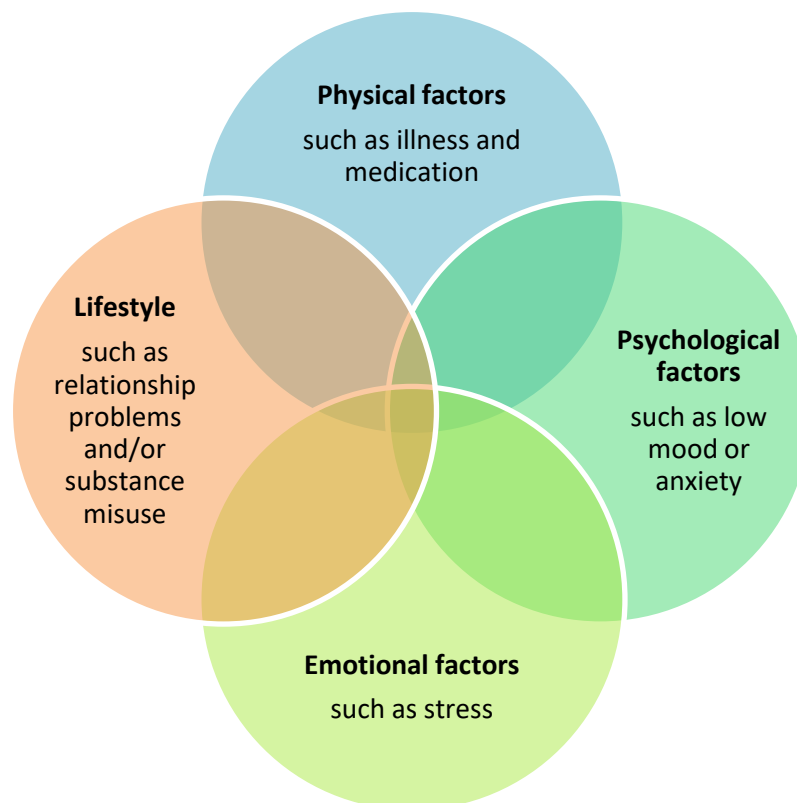
Sexual problems

It is common for both men and women to experience sexual problems at some stage in their lives. Such problems can cause a great degree of distress.

Common sexual problems can include...

- Lack of sex drive
- Premature ejaculation
- Erectile dysfunction
- Pain during sex
- Lack of orgasm

Factors associated with sexual dysfunction may be...



What to do if the person you support or care for is experiencing sexual problems?

Some problems resolve themselves, but others may need professional help to improve or overcome them.

If you support someone who is experiencing problems, you should enable them to see their GP. The GP will usually start by investigating whether there is an underlying health cause or problem with existing medication.

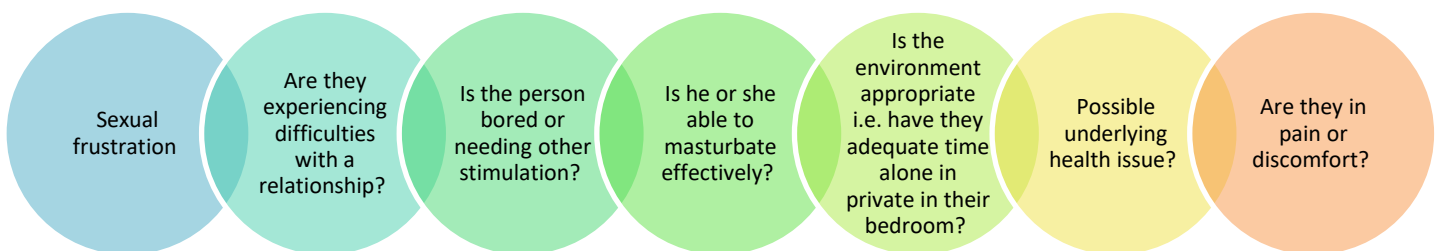
Masturbation

Masturbation is a sexual release but is also used as a comfort, to aid sleep, and to reduce stress. Masturbation can be an outlet for sexual feelings and it is considered an acceptable sexual behaviour for females and males. People should not be discouraged from masturbating, providing that it is done in private.

Excessive masturbation

If masturbation seems to be taking place excessively, for example, if it is interfering with day-to-day living, or taking place in inappropriate situations, it may indicate other issues which need to be addressed. Staff should consult with their line manager.

Points to consider:



Is it a risk?

- Some people develop rituals or fixate on objects when masturbating. As long as this is doing no harm, and in private, there is no reason to intervene.
- If someone is masturbating with dangerous objects that could cause harm (e.g. a glass bauble in the anus, a sharp instrument in the vagina) this is an immediate cause for concern and should be acted on without delay. A carer may need to replace the dangerous objects with suitable sex toys.

A carer cannot provide physical assistance to help with masturbation but should provide resources etc.

Social stories may help to redirect behaviour. Examples can be found here:

<https://rshp.scot/learners-with-additional-support-needs-asn/social-stories/>

Speech and Language Therapy and the Community Learning Disability Nursing Team can help to create social stories for people with learning disabilities.



Safer internet use

Social networking

People are increasingly forming relationships online. A carer may be asked to assist people accessing social networking sites, dating sites, gaming sites, or chat rooms. A carer and people with a learning disability should be aware of any age limits (e.g. over 18s only) and costs that may apply.

Benefits

The use of such sites can have particular benefits for people with a learning disability as they often have fewer opportunities to socialise and can be socially isolated. Online chats can sometimes be easier than face-to-face meetings, with no awkward silences or eye contact.



Risks

Carers and people with learning disabilities must be aware of the risks of using social media, as well as the responsibility of users.

- Grooming (sexual exploitation).
- Bullying.
- Threats and blackmail.
- Exposure to inappropriate and illegal sexual material.
- Cyber sexual abuse online, e.g. using webcam/audio technology to force, observe or exhibit unwanted sexual behaviours.
- Requesting money.
- Catfishing, which is when people create a pretend identity online to deceive others.

How to mitigate risks?



A carer should encourage people with learning disabilities to ensure they never display their full name, address, phone number, passwords and bank details or disclose where they are going to be at a specific time.

Remember that people may not always be who they say they are, and that profile pictures may not always be true representations - it is important a carer remind people with a learning disability about this.

A carer can help people with a learning disability to access safer websites (chat rooms/ dating sites etc). They can also provide more opportunities for people with a learning disability to socialise and meet friends and partners, rather than relying on online relationships.

Sexting

Sexting is the sending of sexually explicit messages and images usually via a mobile phone or other social media platform. This can include sending naked, semi-naked pictures or suggestive pictures or videos via text. It can also happen through messaging services (such as WhatsApp) and direct messaging on social media.



Legality

Sexting itself is legal, however, it is important to get consent in all sexual encounters.

To gaining consent from a sexting partner:

The person MUST be aged 18 or above.

The person MUST consent to the contact, which can be confirmed virtually.

A person will be committing a criminal offence if they possess, send, make, take, distribute or show indecent photos of children or young people under the age of 18.

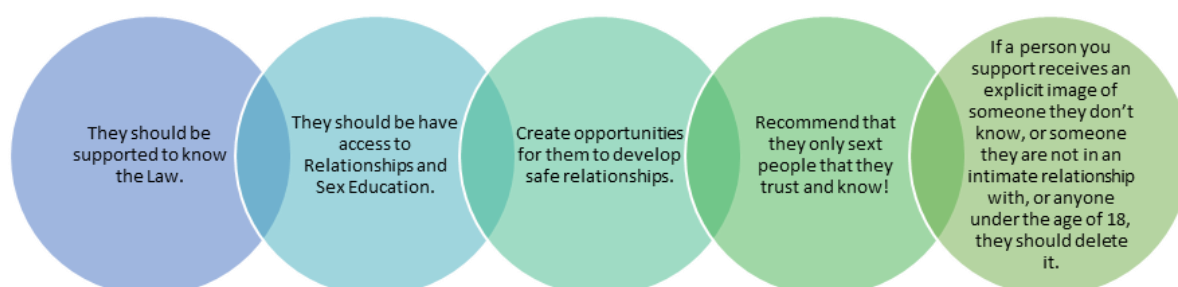
It is an offence for a child or young person (under the age of 18) to take a sexually explicit photo of themselves, or another young person under 18, as it amounts to making and possessing an image. Anyone who then receives that photo will be committing an offence if they save it, share it or show it to anyone else.

It is also an offence to send sexualised content and imagery to a child or young person (under the age of 18).

Risk

- Sharing explicit content and images with people that you do not know and trust can be risky. Risks can include:
- They may not be who they say they are. Some people create fictitious personas online with the intent of deceiving other people, this is known as 'catfishing'.
- People may show other people the content that has been shared with them, once content has been sent the sender is no longer in control of what is done with it.
- Threats may be made to share private imagery publicly as blackmail or revenge, or it may well be shared.
- Once content is on the internet, it can be on there forever!

Supporting people with a learning disability



Meeting online contacts in person

If a person with a learning disability wants to meet an online contact in person, they should be encouraged to take someone trusted with them. A carer may need to support individuals to meet up with someone new whom they have met on the internet.

Online dating can be positive, and sometimes easier for people with a learning disability as they don't have to make eye contact or think of continuous things to say. However, there are risks with meeting someone you don't know.



Mitigating risk

Always prompt the individual to tell the person they are planning to meet that they are taking a friend along - what is their reaction? Do they still want to meet up?

If a person with a learning disability chooses to meet someone without a friend or a carer present and still wishes to go unaccompanied, the following advice should be given:

- It is best not to meet someone that they know only from talking to online, even if they have seen pictures of them.
- Before they go they should always tell someone they trust who they are meeting, with their full name and phone number and where they are meeting.
- Always meet in a public place, never a person's house for a first meeting, especially if this has been requested.
- Tell someone what time they are meeting and what time they are due back.
- To have their phone with them, charged up and switched on.

Many successful dates do begin online, but people with a learning disability also need to know the real danger, such as assault, rape, and murder.

It may also be helpful for a carer to help create other 'real life' opportunities for people to meet partners, rather than relying on online platforms.

Sexual abuse

Sexual abuse is any forced or coerced sexual activity. It also includes all sexual activity to which the individual cannot legally give consent.

Factors that increase vulnerability to abuse

Lack of Relationships and Sex Education.	Limited or no understanding the Law and their rights.	Fewer opportunities to develop friendships or relationship.	Difficulties recognising when they are being abused.
Fears about not being believed if they disclose abuse.	Less able to communicate what is happening to them.	Not being asked about sexual health or relationships.	Assumptions that they are not sexual, and therefore not being abused.
Not having the language for private body parts, sex, abuse.	Used to a having a lack of power or control over their lives	Having fewer opportunities to make choices.	Dependent upon others for intimate care.

Supporting people with learning disabilities to be safe

A carer working with people with a learning disability should be aware of the additional risks and vulnerabilities of people with a learning disability and proactively work to prevent and tackle sexual abuse. This can be done by:

- Attend training to ensure they have a good understanding of signs of sexual abuse.
- Staff make sure you understand the capacity to consent and how to assess this.
- Staff ensure that you understand safeguarding and intimate care policies.
- Support people with learning disabilities to access relationships and sex education.
- Talk about sexual health by including it in individual care plans and informal chats.
- Support them to make friends/partners in safe spaces online and in the community.
- Create opportunities to help people to make choices, be assertive and say “no”.

What to do if someone discloses sexual abuse?

- Be mindful that you may be the first person that they have told about their experience.
- Listen to what they are saying to you and take them seriously.
- If they are struggling to express themselves, use tools to help them to communicate.
- Reassure them that they have done the right thing in talking to you.
- Tell them what you are going to do next and who you are going to inform.
- Discuss the next steps with your line manager or supervisor.
- Follow your local Adult Safeguarding Policy.
- You can contact the local adult safeguarding online or by calling 0161 206 0604.

Phone numbers for local support service

Domestic Abuse	Sexual Abuse	Emergency
<ul style="list-style-type: none"> • Safe in Salford domestic abuse support service • 0161 793 3232 	<ul style="list-style-type: none"> • St Mary's Sexual Assault Crisis Line • 0161 276 6515 	<ul style="list-style-type: none"> • Police • 999

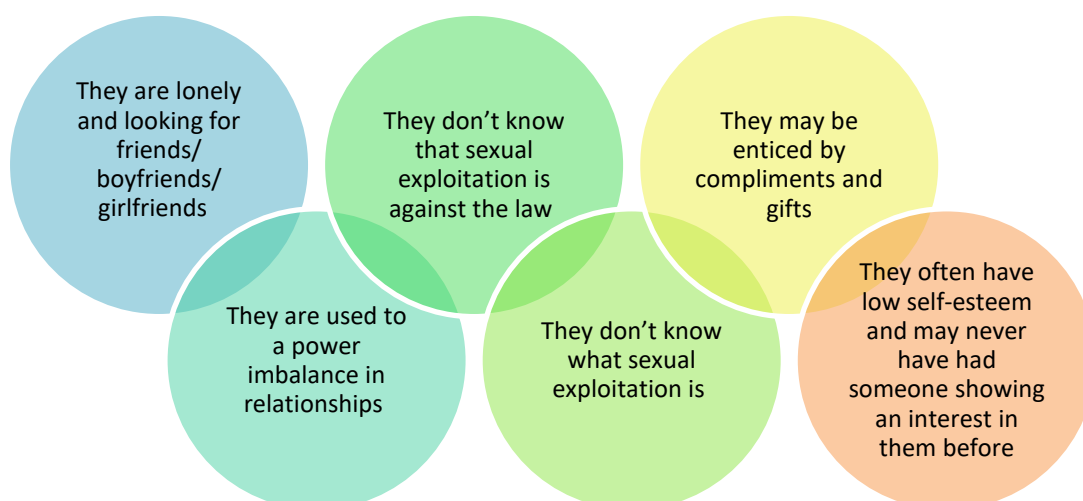
Sexual exploitation

Sexual exploitation is a form of sexual abuse. It involves a person taking advantage of a power imbalance to force, entice, bribe or manipulate or coerce someone to engage in sexual activity with them (and in many cases, others) in return for something.

The 'something' could be many things, such as food, money, drugs, alcohol, cigarettes, a roof over their head, a bed for the night, a mobile phone, gifts, care, affection, and love. It could also be the avoidance of harm or violence.

Vulnerability

Children, young people and adults with a learning disability are more at risk of sexual exploitation. This may be because:



One of the most common forms of sexual exploitation is the 'boyfriend model' which refers to boys/men who befriend other boys, men, girls or women, initially pretending to be a new friend and then wanting to be their 'boyfriend'. Once the relationship is established the abuse begins.

Mitigating the risk of abuse and exploitation

Most people with a learning disability want to have a partner. Some people would rather have a partner that abuses them than no partner at all. Fearing that adult protection will intervene is a barrier to disclosure. A carer must balance the rights of people with a learning disability to take risks and to make choices (even bad choices) against safeguarding and a duty of care.

A carer can:

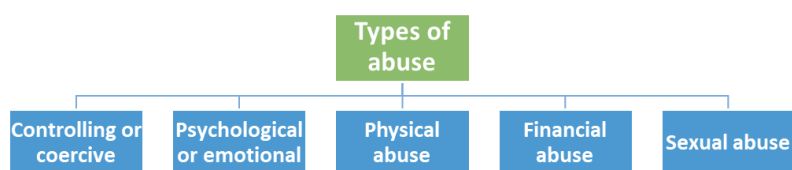
- Educate people with a learning disability about healthy relationships and abuse.
- Create opportunities to talk about their relationships.
- Regularly check that they are safe and happy.
- Provide opportunities for them to meet partners and have healthy relationships.

Domestic abuse

Domestic abuse is abuse that occurs in a domestic context. It can happen in any intimate relationship (partners, ex-partners, family members or caregivers). People of diverse ages, genders, ethnicities, socio-economic statuses and sexualities can be victims or perpetrators.

Hidden but serious

Due to the nature of domestic abuse, it is often hidden behind closed doors. It can cause serious long-lasting harm to adults and children and in some cases, it can be life-threatening.



Vulnerability

People with learning disabilities are considered to be at a greater risk of experiencing domestic abuse (Caton et al, 2021). For reasons for vulnerability see the 'Sexual Abuse' topic. Additional risks are victims may be reliant on their abuser, reducing the abuse reporting.

Public Health England (2015) outlined that people with learning disabilities who experience abuse tend to:

Supporting people with learning disabilities

- Normalise talking about topics such as sex and relationships.
- Create opportunities for disclosure, be curious about relationships and vigilant to power dynamics within relationships. Do not be afraid to ask direct questions.
- Provide easy-read information on domestic abuse and gender-based violence.
- Attend relevant training and learn the common types and indicators of abuse.

Abuse disclosure

- Be mindful that you may be the first person that they have told about their experience.
- Listen to what they are saying to you, take them seriously and reassure them.
- If they are struggling to express themselves, use tools to help them to communicate.
- Tell them what you are going to do next and who you are going to inform.
- Discuss the situation and next steps with your line manager or supervisor.
- Follow your local Adult Safeguarding Policy.
- You can contact the local adult safeguarding online or by calling 0161 206 0604

Domestic Abuse

- Safe in Salford domestic abuse support service
- 0161 793 3232

Sexual Abuse

- St Mary's Sexual Assault Crisis Line
- 0161 276 6515

Emergency

- Police
- 999

Female genital mutilation

Definition

The World Health Organisation (WHO) defines Female Genital Mutilation (FGM) as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. It is also known as female circumcision or cutting.

Female Genital mutilation is illegal, this is backed by the Female Genital Mutilation Act (2003) and the Serious Crime Act (2015).

Female Genital Mutilation is recognised internationally as a violation of the human rights of girls and women. It is illegal in the UK and is child abuse.

England and Wales

Female Genital Mutilation Act 2003 - Illegal for UK Nationals or Permanent UK Residents to perform FGM on a girl overseas or aid/abet a UK national to undergo FGM in the UK or abroad.

Serious Crime Act 2015 - Extended FGM Act 2003 protection to include UK habitual residents, Mandatory Reporting (for teachers, social workers and health professionals); Introduction of FGM Protection Orders and lifelong anonymity for survivor.

Maximum penalty: 14 years in prison.

Failure to protect a girl: (parental responsibility) 7 years in prison.

Breach of FGM Protection order: 5 years in prison.



Inequality

It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.

It is nearly always carried out on minors, usually between the age of 8 and 15 (before puberty starts) and is a violation of the rights of children.

The practice also violates a person's rights to:

- health, security and physical integrity
- be free from torture and cruel, inhuman or degrading treatment
- life (when the procedure results in death)

Impact

FGM has no health benefits.

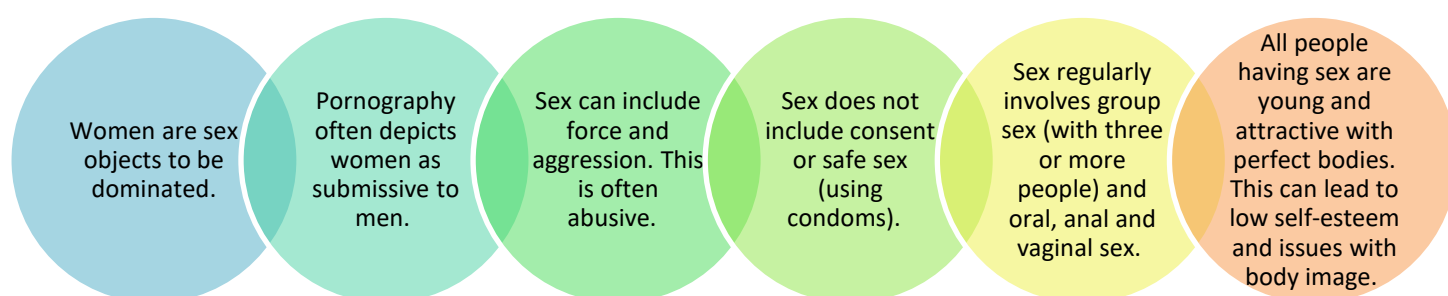
It is very painful and harms girls and women because it interferes with the natural functions of their bodies, including sex, menstruation, urination, childbirth and mental health.

Pornography

What is pornography?

- Sexually explicit imagery that is not used for educational purposes.
- Pornography can look like adult films and magazines, as well as videos and images found on the internet.
- People have different opinions about watching porn—some enjoy it, some don't, and that's okay, what matters is that people with learning disabilities have the right to make their own choices and feel respected.

Pornography can give people an unrealistic and unhealthy view of sex and relationships including:



Availability

This material is available to any person with a learning disability in the same way as any other person. Parents/guardians may not approve of pornography, but the wishes of the person with a learning disability must come first. Staff should be prepared to help the person with a learning disability to challenge the guardian's decision.

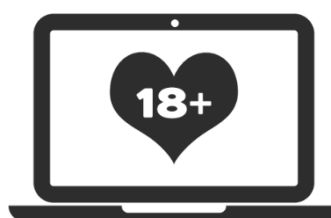
Legality

People with learning disabilities, like anyone else, should only be viewing legal pornography. In England, the Criminal Justice and Immigration Act (2008) makes it illegal to possess extreme pornography.

Extreme pornography might include:

- An act which threatens someone's life, or results in serious injury or risk to life for someone.
- Rape or any other non-consensual sexual activity.
- Sexual activity involving (either directly or indirectly) a human corpse.
- Sexual activity between a person and an animal (or an animal carcass).

Adults and young people often use pornography to learn about sex. This is more likely if they have received no sex education. It would be best practice for staff to talk to service users about 'real sex' and provide sex education to counteract what they are viewing in pornography.



The sex industry

Is Sex Work Legal?

Sex work is not illegal in England, however some activities are, such as:

- An act which threatens someone's life, or results in serious injury or risk to life for someone.
- Rape or any other non-consensual sexual activity.
- Sexual activity involving (either directly or indirectly) a human corpse.
- Sexual activity between a person and an animal (or an animal carcass).
- The Sex Industry Advertising sexual services.
- Owning or managing a brothel.
- Having sex in a public place.

It is not illegal for a person with a learning disability to hire the services of a sex worker, just like anyone else.

Similarly, a person with a learning disability might want to visit a sauna, massage parlour or an exotic dancing club. If these establishments are legal and licensed, it is legal to use these facilities.



The role of staff if someone with a learning disability wants to hire the services of a sex worker

- If a staff member is asked to help a person with a learning disability contact a sex worker, they should discreetly discuss it with their manager first.
- It is usually good practice for staff to assist in maximising a person with a learning disability's general ability to communicate independently (e.g. accessing assistive technology to allow them to contact others). However, staff should not get involved in making direct arrangements with a sex worker, as it could leave staff open to a variety of allegations a potential criminal charge.
- Where a staff member is asked to accompany a person with a learning disability, they should consult with their manager and should not be expected to engage in something they feel uncomfortable with.

Sex Workers vs Relationships



It would be good practice for a carer to talk to people with a learning disability about the difference between 'sex with a sex worker' and 'sexual relationships with a partner'.

If the person with a learning disability wants a relationship, other outlets such as dating sites and dating agencies may be more suitable. A carer should help the person with learning disability access these.

Acknowledgements

Thank you to Easy On The Eye, for use of pictures throughout this document. All Images/Resources copyright © LYPFT.

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We would like to thank the following for their contributions: Forth Valley Trust Salford Sexual Health.

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