

# THE SEXUAL RESPECT TOOL KIT

for GPs and other health and  
social care professionals to feel  
more comfortable initiating  
discussions around sex

# Why is talking to clients about sex important?

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*"My catheter was placed below my bikini line, awkwardly positioned for sex. I told my consultant 'I prefer sex to sunbathing', so he said 'Let's reposition it'. My husband and I now have much more fun, and I feel better in myself."*

Alexandra

**Benefits:** sex was once seen to be something people simply wanted and enjoyed, but research now shows that a happy sex life brings physical and emotional well-being. Sex is something people actually benefit from, and some studies show that it prolongs life

**Consequences of not talking:** an unhappy or problematic sex life, or loneliness from having no partner, can lead to stress, depression and even illness. Not getting touched or hugged is particularly damaging

**Cures:** thankfully, many sexual problems can be overcome —the first step is to talk

**Being open:** health professionals and clients can often feel nervous and hold back from entering discussions, but communication works wonders! This kit is here to help you.

# Why should we do this and not leave it to someone else?

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*“Broaching the subject of sex is not easy  
but clinicians need to do it”*

Professor Kevan Wylie  
Sexual Health Guidelines,  
British Society of Sexual Medicine, September 2010

Talking about sex may seem unimportant compared to other health and care issues. But GPs, health and care professionals are absolutely the right people to discuss sex with their clients, because:

**Diagnosis:** talking about sexual wellbeing may help diagnose sexual symptoms which are flags for conditions such as diabetes or cardiac failure

**Recovery from illness:** regaining a full sex life after illness can significantly assist a patient’s recovery from the illness

**Quality of life:** a happy sex life can significantly add to the general quality of life for all your patients / clients

**Health:** it’s becoming clear that a patient’s sexual functioning is as medically significant as their respiratory, mental and muscle functioning

**You can:** because of your knowledge and training, you can help — even if that help is not direct, but referring on to a specialist or peer support

**You are trusted:** you are the person your patients/clients naturally turn to. They probably know you, trust you, and believe in you.

# What holds us back ? and what excuses we find

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*“Thinking about talking about sex is more  
frightening than actually doing it.”*

Dr Daniel Atkinson GP

We may hold back because we feel short of time, lack knowledge, feel fearful there is no solution, or make other assumptions — that they don't have sex, or we might find it shocking if they do. Both professionals and clients can be held back by:

**Embarrassment:** the consulting room seems the wrong place for sextalk

**Ignorance:** feeling incapable of having a sensible conversation on the subject

**Respect:** we are both wary of intruding and talking out of line

**Caution:** we may be wary of causing offence/being accused of abusive behaviour

**Sexual shame:** clients may not feel entitled to sex and we may assume they are asexual

**Believing sex is private:** and we should all deal with our own sexual problems

**Unsure about the law:** current laws are described on our website

**Afraid of gossip:** and social embarrassment, especially in small communities.

# Overcoming blocks within yourself

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*“We have endless meetings discussing our clients’ sexual deprivation, but nothing ever improves in practice.”*

Isabel, Rainbows Hospice

**Embarrassment:** become more comfortable by using our training film, reading the books in our Resources, and roleplay experiences of starting constructive discussions with clients, with your colleagues

**Feel short of time:** talking things through actually saves time. The Sex and Disability Helpline says the average time of each call is 4 minutes

**We may offend the client:** very often, the client will be relieved, and welcome positive support. Suggest they bring a chaperone or record the conversation if they are worried about their safety or dignity

**We cannot really help:** there is usually a way forward, even if we cannot come up with it straight away — we can look things up and/or refer on

**The client should begin the conversation about sex and ask me:** they may be shy, feel you won’t approve, need you to take the initiative.

# Overcoming blocks to help the patient / client

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*"It helped when my doctor started talking about sex without seeming to be judgemental that I am a lesbian."*

Sophie

**Grab the moment:** when the topic of their partner/daily life comes up

**Spot the signs:** when a client's symptoms indicate there might be a sexual problem linked to condition, their medication or emotional state — raise the issue of sexual happiness

**Open the door:** introduce the topic of sex, but don't push. It may take a while for them to become receptive and find the courage to discuss their situation and worries. Thank them when they do

**Give permission:** be open, relaxed and unjudgemental in words and body language. Reassure over confidentiality. Say it's fine to feel anxious, tearful or angry. Tell them others have confided in similar things

**Be aware:** of the different ways people express sexuality and learn. Don't assume that a person has a particular lifestyle, sexual preference or orientation

**Be patient:** you will improve with time as you practice.

# Opening Lines

## to help and inspire you

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*"I regarded my doctor in a new light  
when he asked about the most precious part of my life.  
He became a human being."*

Julie

**Giving Permission:** "It's fine to talk about worries you have, including sexual ones", "Many patients/clients bring up concerns about sexual difficulties and situations", "If there are any questions I ask that make you feel uncomfortable, just let me know"

**Asking, not assuming:** "Do you have a partner? Are they male/female? How's it going? Are they being supportive and has your condition caused any sexual or emotional difficulties?" "If you don't have a partner, how are you coping with your personal life?"

**Reassuring:** "Lots of my patients do have sexual questions and I often mention the topic." "Some people with a condition like yours find it gets in the way of intimacy. Are you finding that?" "Everything you tell me is confidential" "I hear a wide range of different stories, so don't be shy: this is a place you can share your personal secrets." "There are solutions and I can refer you to a specialist or peer support, if you're willing?"

**Thanking:** "Thank you for telling me that. It helps me see how you can move forward." "Thanks, it's fine to mention your private life to me whenever you want to in the future." "OK, sex may not be a concern for you, but you can talk about it with me at any time."

\* We may need to breach confidentiality if what the client is doing contravenes the law.

# Specific Problems and positive suggestions

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**Vocabulary:** use words you feel comfortable with and check they understand them or, if they would prefer other words, use the words they use

**Ask about changes:** “have you noticed any difference in your ability to....your mobility to get into positions or enjoy....your comfort....your desire or the desire of your partner?” “Are you or your partner fearful of trying sex?”

**Distress:** “are you experiencing any difficulties or having relationship problems?”

**Specifics:** “can you: feel desirable....feel aroused.....have an erection....lubricate.... enjoy masturbation....enjoy oral sex....enjoy intercourse.... enjoy anal sex.....enjoy orgasm....enjoy the type of sex you prefer?”

**Action already taken:** “how have you tried to overcome these difficulties? What helps and what does not?”

**Practical suggestions:** find ways of easing pain or fatigue, or suggest times when they are less. Alter medication. Discuss sexual activity after heart attack or during pregnancy, for example. Discuss ways around lack of sensation, restricted movement and other impairments. Listen to their ideas, guide them and provide encouragement. Go through our hand-out with them, and suggest further reading.

Refer or signpost on within your team or to a specialist.



# Creating a Strategy in your practice

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*"Before he left the job, we relied on Joe to handle sexual matters, now nobody does, and sex is not discussed."*

*Practice Manager*

**Team effort:** it's easier to discuss sex with the backing and involvement of colleagues. Set up a whole-practice strategy. Include training and discussions on difficult cases. Use one of our posters, books and leaflets to let clients know that sex is discussed in your workplace

**Keep up-to-date:** complete a copy of the Tool Kit hand-out listing local sex therapists, self-help groups and peer support, and ensure everybody has copies to hand out. Similarly, ensure everyone has current sexual health and other information that is accurate and trustworthy. Suggest one of you joins the Sexual Health and Disability Alliance (SHADA)

**Support staff:** ensure staff who don't yet feel comfortable about sexual discussions are briefed to ask an initial question, refer on and pass the hand-out to clients. Allow other staff to attend CPD

**Accommodate clients:** with longer appointments or to see someone else of a different gender, age or experience. Good luck!