



Royal College
of Nursing

Sexuality and sexual health in nursing practice

*An RCN discussion and
guidance document for
nurses who want to
develop their nursing
practice in the field of
sexuality and sexual health*



Contents

Introduction	1
Section 1	
Sexuality and sexual health: a legitimate area of nursing activity	2
Sexuality and sexual health: the boundaries of nursing practice	3
Sexuality and sexual health: developing skills and knowledge through nurse education	6
Sexuality and sexual health: developing nursing practice	7
Section 2	
Case studies	10
Section 3	
Conclusion	17
Section 4	
<i>Appendix 1</i>	18
Developing a policy for nursing practice	
<i>Appendix 2</i>	19
Medical conditions that can affect sexuality and sexual function	
<i>Appendix 3</i>	20
Commonly prescribed drugs associated with sexual dysfunction	
<i>Appendix 4</i>	22
Useful addresses and contacts	
References	23
Acknowledgements	Inside back cover

Sexuality and sexual health – terminology

Sexuality encompasses sexual health but sexuality does not automatically encompass issues of sexuality. To this end, the document has adapted the following definitions:

Sexuality – an individual’s self concept, shaped by their personality and expressed as sexual feelings, attitudes, beliefs and behaviours, expressed through a heterosexual, homosexual, bisexual or transsexual orientation.

Sexual health – the physical, emotional, psychological, social and cultural well being of a person’s sexual identity, and the capacity and freedom to enjoy and express sexuality without exploitation, oppression, physical or emotional harm. Sexual health may either be a primary or secondary focus of nursing care, depending on the patient’s care needs. This is more apparent for some people who may need specific nursing care to develop and promote sexual health. (This definition has been adapted with permission from the Family Planning Association 1999).

Sexual health is often a term used in association with conditions like HIV/AIDS or sexually transmitted diseases whereas sexuality is something shaped by, for example, environment, health, disability and self-concept.

Conversely, sexual ill health would be defined as an inability to express sexuality that is consistent with individual preferences as a result of physical, emotional, social or psychological difficulties.

Patient – the term patient will be used throughout this document when referring to a person receiving nursing care.

Sexuality and sexual health in nursing practice:

An RCN discussion and guidance document for nurses who want to develop their nursing practice in the field of sexuality and sexual health

Introduction

The guidance has been developed to help nurses work effectively in the challenging and sensitive field of sexuality and sexual health, set in the context of a rapidly changing health care system. It is aimed at nursing staff working across a range of settings from hospital to care home, and is intended to help shape and inform their nursing practice. Health care organisations too may be influenced to develop policy that addresses the sexuality and sexual health needs of patients.

Most people who come into a health care setting are not there because of sexual ill health yet their environment of care and/or their illness or disability may well impact on their sexuality. Helping patients deal with issues around sexuality and sexual health is a relatively new area of work for nurses. Some nurses have developed specialist expertise in this area, but many are for the first time considering how a patient's sexuality and sexual health needs relate to their nursing practice.

There are few resources available for nurses to help them meet the sexuality and sexual health needs of patients in a professional, sensitive, legal and practical way. As a result, some nurses are confused, embarrassed, and often unsure what to do when patients ask for information or advice on this subject.

Importantly, where care and treatment are linked to patients' sexuality and sexual health needs, nurses must understand the professional issues at stake. Without training, there is the potential to exploit and abuse vulnerable people. This is vital in caring for children, older people, people with a learning or physical disability, and people with mental health problems. New UKCC guidance on the prevention of exploitation and abuse of patients by nurses (*Guidance on relationships between registered nurses and midwives and health visitors and*

their clients UKCC, 1999) provides a valuable framework for nurses.

Nurses also need to be aware of the effect of sexual stereotyping on how they carry out their role and on them as women and men in the workplace.

Providing sexuality and sexual health care can be an intimate process, and nurse typecasting can lead to misunderstanding from patients and colleagues. It is therefore important for nurses to maintain a professional and non-judgemental attitude in their work.

The document has been written by nurses with expertise in a broad range of nursing specialisms including sexuality and sexual health. It reflects current nursing practice, and highlights many personal, professional, ethical and legal issues that nurses may face.

The guidance aims to:

- ◆ raise awareness of the professional role that nurses can develop in the area of sexuality and sexual health
- ◆ highlight some of the professional development issues nurses will need to take into account
- ◆ provide real life case studies where nurses have addressed the sexuality and sexual health needs of patients and highlight issues for discussion
- ◆ give some guidance on the principles and practice that need to be included in the development of this aspect of nursing
- ◆ provide professional, ethical and legal guidance on best practice.

The guidance forms an important element in the RCN's Sexual Health Strategy for nurses and nursing, launched at Congress 2000. It provides the basis for further exploration of the issues raised during the coming year.

“To focus solely on the sexual behaviour of the individual ignores the influence of the wider social context we live in. Each society is structured by dominant gender roles, ideologies and power inequalities that appear to prescribe certain expectations and assumptions about what is “normal” or “natural” sexual expression for men and women (Dallos and Dallos 1997)”.

SECTION 1

Sexuality and sexual health: a legitimate area of nursing activity

Nurses need to recognise that sexuality and sexual health is an appropriate and legitimate area of nursing activity, and that they have a professional and clinical responsibility to address it. Of course this will not be relevant to every patient, or even a priority. Many nurses may feel wary or embarrassed at addressing the sexuality and sexual health needs of a patient for a number of reasons:

- ◆ poor training or education in sexuality and sexual health
- ◆ a lack of relevant nursing experience
- ◆ religious beliefs, or personal views on sexuality, including when people should or should not be sexually active, homosexuality, or the use of contraception
- ◆ the culture of nursing may not regard sexuality and sexual health as either important or appropriate, for example in acute care
- ◆ embarrassment, or a lack of confidence that prevents nurses raising the issue. For example, explaining to a patient about retrograde ejaculation following prostatectomy, or discussing testicular self-examination.

These reasons may lead some nurses to minimise their unease with patients' sexuality and sexual health care needs by not incorporating them into their nursing assessments, or by focussing solely on medical treatments.

It is possible for nurses to work with patients on the issue of sexuality and sexual health without feeling

embarrassed, ill-equipped or ill-informed. Nurses vary in skill levels, but all have a duty to work at their level of competence using evidence-based practice.

There may be particular issues for nurses working with patients in long-term residential care. Just because the context of care is a nursing home does not mean that the patient's need for sexual expression will cease.

This is particularly relevant in the care of older people, whose desire for sexual expression may not be acknowledged at all. This can have dire consequences for both residents and care staff. For example, nurses could fail to recognise signs of sexual abuse, or take precautions to prevent it, because they believe older people to be a 'no risk' group. In all client groups each resident will have individual wishes and needs – some will want to continue sexual expression, others will not. There has to be a balance between respecting the person's rights to confidentiality, and sensitively exploring their needs and helping to meet them. At the same time nurses must safeguard them from sexual abuse or exploitation.

Nurses should talk to the patient and health care team to explore a long-term approach to meeting sexuality and sexual health needs. The most sensitive approach needs to be used here, and it is essential the care home has relevant policies and procedures in place to guide health care workers.

Sexuality and sexual health: the boundaries of nursing practice

Studies carried out by Waterhouse (1996) indicate that nurses tend not to initiate discussion on matters of sexuality and sexual health unless the patient raises the issue first. In this respect the approach of nurses towards sexuality and sexual health may be seen as different from other aspects of nursing, such as continence or hygiene. As a result many patients do not know how to introduce the concerns they have to the nurse. For example, a woman with rheumatoid arthritis may tell the nurse that her pain and disability is affecting her physical relationship with her partner and want advice from the nurse, but will not ask explicitly.

Nurses should remember the patient's wishes must be respected, and if they wish to discuss their sexuality and sexual health they should be able to do so with an expert nurse who can provide support, advice and appropriate referral.

Professional issues

Sexuality and sexual health is an important element of patient care, and employers should ensure that nurses are competent to deal with this. Training and support should be available for nurses to develop their professional competence in this area. To prevent potential abuse of the professional nurse/patient relationship, employers must have clear policies for nurses to identify levels of competence and the professional boundaries of their work (UKCC guidelines, 1999). The policies should look at how to equip nurses with the relevant skills, knowledge, structures and procedures.

The potential for abuse in this area is significant, but the RCN believes that registered nurses can be provided with the skills to deal with the professional issues involved. (For discussion on decreasing a patient's level

of vulnerability to abuse, see Aylott, 1999). For example, there may be scope for working closely with support staff and care assistants, without delegating the responsibility for care delivery.

There have been cases where nurses have been reported to the UKCC, for sexual activity with patients (Gulland, 1998). Nurses who act without clear guidelines, or referral to the employer run the risk of stepping beyond the remit of the UKCC Code of Conduct. As a consequence they could be referred to the UKCC professional conduct committee. The potential outcome is a caution, or being struck off the register.

Employment issues

Where nurses are specifically required to provide practical sexuality and sexual health care for patients, it must be made explicit in a job description in line with RCN recommendations. For example, a nurse may have to educate a person with a learning disability to buy and use a condom. The situation has the potential for abuse, and for nurses to act outside the law. To avoid this employers and nurses need to draw up clear care plans and contracts with patients, with set objectives that are evaluated regularly. It is important for the nurse to share the care plan with the health care team. This ensures a multi-professional comprehensive approach to patient care, and allows team members to give the nurse support.

All health care employers should have sexuality and sexual health guidelines in place, and a policy to guide best practice. (A suggested outline of a policy appears in Appendix 1.) Both policies and job descriptions should include a requirement to complete ongoing training. The extent and quality of clinical supervision should also be written into the policy and employment contract.

Some patients, relatives and colleagues target nurses for abuse and sexual harassment because of the sexual stereotyping that still exists. It is also recognised that many nurses will have intimate contact with patients as part of general nursing care and may feel vulnerable. This too can lead to harassment.

The RCN has published a lot of useful guidance in this area:

Dealing with violence against nursing staff, publication code 000 837

Safer working in the community: a guide for NHS managers and staff on reducing the risks from violence and aggression, publication code 000 920 (1998)

RCN model policy on harassment and bullying, publication code 000763 (1997)

The management of aggression and violence in places of care, publication code 000 713 (1997)

For further advice contact the RCN's 24-hour information and advice line RCN Direct on 0345 726 100.

Legal issues

There has been a confused legal response in the past to creating a balance between protecting vulnerable members of society, and giving people the right to access support for sexual health problems. The legal structure in the United Kingdom divides the law into both civil law and criminal law. Legislation can place boundaries on the extent to which health care workers may become involved in promoting the sexual health of an individual. The introduction of the Human Rights Act 1998 will have an impact on the rights of the individual and the provision of health care.

Civil law

In order to avoid a charge of negligence, nurses caring for patients with sexuality and sexual health needs must carry out their duty of care towards those patients. This duty of care calls for nurses to act in a reasonable manner to the standard of another similarly qualified professional. For example, if a nurse is supporting a person with learning disabilities and advising on the use of condoms, it is possible the duty of care may involve protecting that person from exploitation and harm. This may well require teaching the person how to respond assertively to the sexual approaches of others.

Consent is the legal means by which the patient gives a valid authorisation for treatment or care. The legal basis of consent is identical to the professional requirement that nurses need consent before carrying out any treatment. The case law on consent has established

three requirements that must all be satisfied before any consent given by a patient can be sufficient.

1. the consent should be given by someone with the mental ability to do so
2. sufficient information should be given to the patient
3. the consent must be freely given.

Nurses have a duty not to carry out nursing care or treatment that involves physical contact with the patient's body unless consent has been given. If a nurse does not have consent, then the touching of the patient's body will not be lawful. The patient could sue the nurse or the employer for compensation, even if no harm occurred. For example, if a nurse gives an injection to patient without his or her consent, the administration will not be lawful and the nurse could be sued, even though the outcome was beneficial to the health of the patient.

People over 18 years-of-age are allowed to make their own decisions about treatment and care. Between the age of 16 to 18 years adolescents can consent to treatment under the provisions of the Family Law Reform Act s.8 (1). The more problematic area concerns adolescents below the age of 16. The legal position in England, Wales and Northern Ireland is established in Gillick -v- West Norfolk and Norwich Area Health Authority which allows adolescents under 16 years to consent to treatment provided they have sufficient understanding and intelligence to enable them to understand fully what is proposed. The Age of Legal Capacity (Scotland) Act 1991 gives authority in Scotland to young persons of sufficient understanding to consent to treatment. Adolescents of sufficient understanding to make an informed decision have the right to consent to examination and treatment. They also have the right to refuse the treatment or care. The question of deciding whether the adolescent is capable of understanding is determined by the doctor, although it is likely that nurses, for example would be able to give treatment to children where they make a professional assessment that the child has the understanding to know what is proposed and involved in the nursing treatment.

Adults with impaired capacity may have either no ability or a limited ability to give consent depending on the care or treatment that is proposed. It will be a question of degree and dependent on the ability of the patient to understand what is involved.

If someone cannot give consent at all, it may be necessary to refer to the court to make a decision about

whether the treatment is in their best interest. The legal principles can be found in cases such as *Re F* [1990] 2 Appeal Court Reports, page 1 and *Re A*, Times Law Report 15 March 2000.

The civil law also requires nurses to respect the confidentiality of all patient information. It is particularly important that nurses maintain records detailing sexual health care treatment in an accurate and secure manner.

Criminal Law

The criminal law governs people's sexual behaviour by making certain activities unlawful. These are laid down in legislation. The purpose of legislation prohibiting certain sexual activity is to prevent exploitation.

The main legislation that identifies the prohibitions on sexual activity is the Sexual Offences Act 1956. This has been amended over time, although the main provisions still apply. This Act defines unlawful activity and the situations in which it occurs. For example, the age of consent to heterosexual sexual intercourse in England, Wales and Scotland is 16-years-of-age. In Northern Ireland it is 17-years-of-age. The age of consent for homosexual sexual intercourse is 18-years-of-age across the whole of the United Kingdom.

When a patient is vulnerable because of age or mental disability, nurses need to be sure their job description sets out the parameters of what health care activities are lawful. For example, a nurse may be aiding and abetting a criminal activity if the nurse assists two people to have sexual intercourse where the woman has severe learning difficulties. The law may regard this woman as being unable to give her consent, and if this is the case, it is possible that a criminal activity could take place, however well intentioned the health care intervention. If there is an agreed policy that includes providing accommodation where women with learning difficulties can explore sexual activity with privacy and dignity, for example, it is less likely there will be grounds for criminal activity to occur. However it is essential that nurses working in this area are certain of the legal limits placed on their practice.

Another situation that could be regarded as indecent assault includes touching a patient as part of the process of teaching how to use a condom or to masturbate. The prime defence for a nurse in this situation would be that there is no intent to assault in an indecent manner. The test of indecency is something that an ordinary person

would regard as indecent. Therefore if a nurse were teaching a young girl with learning disabilities to manage menstruation this would not be regarded as indecent. However there are legal difficulties teaching masturbation. But if it were done as part of professional practice the defence would be that there is no intent to commit an act of indecency. Again, the nurse must ensure that there are clear written procedures for any form of sexuality and sexual health intervention that could have the potential of being regarded outside the law so that there are clear lines of accountability and understanding. In this way, the likelihood of any potential abuse of position of the nurse would be minimised.

The RCN is clear in its position that nurses must act within the law and the UKCC Code of Conduct.

Sexuality and sexual health: developing skills and knowledge through nursing education

The content of the curriculum depends on the needs of the target group, and should give nurses the skills to consider patients' sexuality and sexual health needs using an assessment process. Nurses also need to be encouraged to voice their opinions about patient care in clinical supervision, and with colleagues. All pre and post-registration nurse training should be underpinned by the values of anti-discriminatory practice. This will ensure the sexuality and sexual health needs of gay, lesbian, bisexual and minority ethnic patients, as well as people of all ages, are addressed appropriately and that sexual stereotyping is not being carried out.

Sexuality and sexual health nursing practice in nurse education has changed and developed over time. Many nurses working today were trained when sexuality and sexual health issues were not considered appropriate for nursing practice. Today students develop an holistic approach to nursing care, but they still need time to explore their own ideas about sexuality and sexual health.

Nurses receive some training in sexuality and sexual health at pre-registration level, but evidence suggests they do not feel comfortable addressing the issue (Waterhouse, 1996), and need support in putting theory into practice. Classroom workshops could be one way of allowing students to explore their own beliefs, feelings and knowledge on the subject of sexuality and sexual health.

Post-registration nurses can develop their skills by attending specific courses on sexuality and sexual health. For example, courses validated by the English National Board (ENB) include: *Child protection/abuse* (R06, A93, 970, 430), *Developing skills in contraception and reproductive sexuality and sexual health* (R71), *Family planning and reproductive health* (8103). Other relevant ENB courses cover genito-urinary medicine and HIV/AIDS. Nurses who want to become a specialist practitioner can study for a qualification in *Family planning and reproductive health*. The British Association for Sexual and Family Therapy, the Family Planning Association, Relate and universities throughout the country also run courses for nurses in sexuality and sexual health. Relationship therapy or a BAC-approved training programme can be accessed by nurses and others working in the health and social care sector.

Sexuality and sexual health: developing nursing practice

Assessment

Assessments are used to identify the level of understanding that a patient has about his or her own body, how it works, and the knowledge and awareness of their own sexuality and sexual health. Sexuality and sexual health assessments assist nurses to evaluate their role in helping patients determine what nursing care is appropriate.

There are several objective and detailed assessment approaches to identify sexuality and sexual health needs. These include: *Sexual knowledge assessments* (Brook Advisory Centre 1987; O'Sullivan & Gillies 1993); P-LI-SS-IT model (Annon, 1976); and *Sexual health assessments* (Annon, 1976; Morrisey and Rivers 1998).

The P-LI-SS-IT model is more widely used. There are four levels to this model, and an outline of how they work is as follows:

Level 1: permission (P)

The challenge for all nurses at level one is to create a comfortable environment that gives patients permission to discuss concerns and problems related to their sexuality and sexual health by:

- ◆ ensuring the physical environment is comfortable and private
- ◆ communicating to the patient using acceptable counselling skills such as openness, reflection and paraphrasing
- ◆ using cue questions to give the patient the opportunity to raise any sexuality and sexual health concerns
- ◆ giving reassurance, where required, that the patient's

current sexual practices are appropriate and healthy, or that experimentation is appropriate

- ◆ having a range of information available that is educational and non-personal
- ◆ knowing where to get further information from, and routes of referral for the patient
- ◆ acknowledging the needs of sexual partners. For example, the spouses and partners of people with dementia, or partners of gay or lesbian couples people may welcome specific supportive measures
- ◆ acknowledging the sexuality and sexual health needs of patients in relation to their cultural background.

Level 2: limited information (LI)

This is where nurses provide non-expert, or limited information relating to sexuality and sexual health. For example, a woman receiving pelvic radiotherapy will need to know about vaginal dryness and possible implications for her future fertility; and a man who has had a prostatectomy will need to be told about retrograde ejaculation resulting in cloudiness in his urine.

Level 3: specific suggestions (SS)

To provide specific suggestions to help patients with sexuality and sexual health needs, nurses need to complete training at specialist practitioner level (see page 5). Nurses may have to advise a patient with respiratory problem on ways to minimise breathlessness during sexual intercourse. Or the nurse may give advice on safe and comfortable positions for sex to patients with chronic arthritis, disability, or who are rehabilitating from a stroke.

Level 4: intensive therapy (IT)

The most advanced level of nursing in sexuality and sexual health care involves complex interpersonal and psychological issues, and is used with patients who have specific sexual problems such as erectile dysfunction. Relationship counselling falls into this category.

Nurses providing this level of care will be specialists with family planning qualifications, and further training, for example in psychosexual counselling and therapy.

Care planning and treatment

Sound professional practice in care planning is based on the principle of collaboration and patient participation. The UKCC (1998) believes this is essential when nurses care for patients with complex needs and contrasting care philosophies as part of a team.

The following is an example of a good practice framework used by health care staff at South London and Maudsley NHS Trust, who use it to identify key issues in sexuality and sexual health before writing a care plan.

Privacy – does the care setting give the patient space and opportunity to exercise his or her sexuality, and promote his or her sexuality and sexual health? It is important to consider other people's rights in a shared environment.

Consent – is the patient consenting to sexual relations with another person? Is the patient capable of giving consent?

Risk assessment – where the patient or others may be at risk it is important to evaluate the risks, or benefits.

Health education – to be informed about different types of health promotional material available, including the Health Education Authority and voluntary organisations such as Terrence Higgins Trust. Staff should acknowledge the limits of their own knowledge, and know where to go for further advice and information.

Empowerment – patients should be encouraged to have the same opportunities as others to develop a sexual identity, and where possible staff should support healthy expressions of sexuality without prejudice or bias.

Assumptions – nurses must [try] not [to] assume that patients are all heterosexual, or that everyone has the same level of sexual knowledge and shares the same values about sexual activity.

Culture, values, beliefs and prejudices – respect for cultural background, religion, lifestyle, giving support and advice without bias or prejudice.

Influences – what influences are there on the patient's behaviour?

Counselling – nurses need to feel comfortable to explore sexuality and sexual health as part of the patient's support. They also need to understand the patient may have a different sexual orientation to their own and use different words to express sexual behaviour.

Confidentiality and trust – respect confidentiality. Many patients may not want their families to know about their sexual orientation.

Stigma and taboo – to recognise that sexuality and sexual health issues were not addressed in the past and may have prevented a patient's needs from being met.

Legal issues – nurses must not break the law, and should not agree to any requests from patients to do this.

Implementation

Before implementing a patient's care plan it is important to find out if all team members involved in the delivery of care have the necessary guidance and support. The UKCC (1998) advises: "There should be clear local procedures for carrying out care practices with clients. These will include, for example, washing and bathing, and practical sex education with patients. . . . Patients should be allowed to express their sexuality appropriately but this must be balanced against the risk of abuse or exploitation."

Providing sexuality and sexual health care may raise ethical concerns. If this happens nurses may need to refer the issue to an ethics committee, and use a problem solving approach as explained in Seedhouse (1988).

Nurses may face criticism for using sexuality and sexual health promotion material as teaching aids. The material may be regarded as too explicit. Nurses should be very clear why they are using the material, and have the backing of their manager as well as patient consent. This reduces the risk that the content may not cause offence or confusion, or may not be culturally and socially appropriate.

Nurses should work with health care colleagues to provide guidance on how the information will be used and the expected health benefits for the patient. The RCN suggests that all sexuality and sexual health promotion material should be recommended by

reputable organisations, for example: the Health Education Authority; the Beth Johnson Foundation; and The Centre for Policy on Ageing (details provided in Appendix 4, page 19).

Medical treatments and conditions

There are a number of medical treatments and conditions that can affect a patient's sexuality and sexual function. It is therefore important that nurses consider the impact of these conditions and of medication on the sexuality and sexual function of patients in their care. (See Appendices 2 and 3, page 19, 20 and 21 for more information.)

Evaluation

The importance of evaluating health care is highlighted by Scriven (1991): "Evaluation is the process of systematically and objectively determining the merit, worth and value of things, and it also denotes the products (or outcomes) of that process." To avoid subjectivity and of allowing our own values and beliefs about sexuality to influence nursing practice we need to identify a framework for evaluation:

- ◆ systematic evaluation helps transform nursing care from subjective to objective practice
- ◆ evaluation helps nurses reflect on their own practice, and consider how a patient's sexuality and sexual health needs have been met in relation to their cultural needs, sexual orientation, age, disability and ethnicity. This challenges stereotypes and assumptions sometimes made about individuals
- ◆ nurses need to ensure the patient is not being exploited or abused, and that the provision of sexuality and sexual health care is in the patient's best interest.

SECTION 2

Case studies

The following case studies are taken from real life examples where nurses have addressed the sexuality and sexual health needs of patients. They are included to illustrate how sexuality and sexual health is an aspect of nursing that crosses all specialities, and that working closely with the patient is an important part of nursing care. The case studies highlight the difficult questions that nurses in similar situations may have to confront.

The case studies have been included for three reasons:

- ◆ to promote discussion with colleagues
- ◆ to aid reflection on individual nursing practice
- ◆ to generate ideas to develop nursing practice in sexuality and sexual health.

To ensure confidentiality the names of all patients have been changed.

1. Sexuality and sexual health and older people

Edward and Eva Johnson have known each other for over 65 years and have been married for nearly 60. Mrs Johnson was diagnosed with Alzheimer's Disease four years ago and, although Mr Johnson was keen for her to stay at home, six months ago he reluctantly agreed to her living in a nursing home. He visits her every day, and she seems calmer when he's with her. When he asks for a kiss, she usually draws towards him. Staff make a point of talking with Mr Johnson, and during such a conversation he confided in the nurse that he missed the physical side of his relationship with his wife. The nurse suggested that they talk more on the subject when he next visits and Mr Johnson agreed.

Issues for discussion

The patient and carer

Does Mr Johnson feel differently about his wife, having been her carer for some years. Is he unsure about intimacy because of the changes in her mental state; is there anywhere in the home they can be alone to be intimate?

How would Mrs Johnson feel about intimacy with her husband? As she is not able to express verbal consent, how could a nurse find out what she wants?

Staff

Attitudes: Do staff in the home believe older people have rights, including the right to have the sexual relationships they choose?

Skills: Do staff have the skills to talk to Mr Johnson about his wishes and needs? Do they have the skills to assess Mrs Johnson's wishes, needs or reactions?

Knowledge: Do staff have the knowledge to offer appropriate advice and at what level? (see discussion of the P-LI-SS-IT model page 7). For example, could they advise on vaginal dryness, erectile dysfunction or sexual techniques for older people?

Education: Do staff need education in any of these areas, and how could this best be accomplished?

The environment and care regimes

- ◆ Is there privacy for Mr and Mrs Johnson should they want to spend time alone or, for example, is Mrs Johnson in a shared room?
- ◆ Do staff enter rooms without knocking and waiting for a reply?
- ◆ Could Mr Johnson lock the door of his wife's room?
- ◆ Is Mrs Johnson's bed too small for two people?
- ◆ Are there care regimes that could interfere with sexual enjoyment, such as drugs, catheters or incontinence pads?

Evaluating care programmes

- ◆ How does your own care environment and nursing practice rate on the above questions? How often is privacy invaded, choice influenced or eroded, other barriers to sexual expression ignored?

- ◆ How do staff manage potential conflict of interests where the needs of an individual conflict with others in the home?
- ◆ What is the potential for residents forming and developing new relationships in the home?
- ◆ How much do residents contribute to the running of the home?

2. Sexuality and sexual health and people with learning disabilities

Joe is a 49-year-old man who has a moderate learning disability. Up to the age of 30 he had lived at home with his parents and brother in the country. Joe now lives in a nursing home for 12 people with a learning disability and shares a bedroom with Mike. He has a number of nephews and nieces who had been regular visitors until they were stopped by his brother because Joe started to masturbate in front of the children. Joe's records describe a long history of masturbating in public places, and suggest he enjoys the attention it brings. His parents do not remember Joe exhibiting this behaviour when he lived at home. Care planning meetings decide to minimise the frequency of Joe's public masturbation, and care workers teach Joe the difference between public and private places.

Issues for discussion

Privacy

- ◆ Joe may have learnt to masturbate outside because it was the only really private place he had when he was growing up. He now shares a bedroom, so where can Joe masturbate in private?
- ◆ Should care workers suggest that Joe should have his own room?
- ◆ How much does the home environment influence negative behaviour?

Care plan

- ◆ Discuss with colleagues what information should be included in a sexuality and sexual health policy to ensure that staff support Joe appropriately.
- ◆ Does the nursing home have a policy on teaching residents about appropriate ways of exploring sexuality?

- ◆ How will this teaching be evaluated?
- ◆ What elements should be included in the policy to protect vulnerable adults from abuse?

3. Sexuality and sexual health information

Mrs Patel is a 52-year-old south Asian woman with cervical cancer who was treated with radiotherapy as an outpatient. English is not her first language. At her first outpatient's appointment Mrs Patel was assessed by a member of the outpatient nursing team, and the senior registrar responsible for her treatment. The nurse assumed her medical colleague would explain the side effects of the treatment, including information about its impact upon sexual function. But the senior registrar noticed that Mrs Patel was widowed, and, assuming she would not be in a sexual relationship, gave limited information about the effects of the treatment. Ten months later Mrs Patel returned to the radiotherapy clinic complaining of vaginal dryness and pain during intercourse. Vaginal examination proved difficult due to vaginal stenosis and fibrosis that had occurred as a result of the radiotherapy.

Issues for discussion

1. Challenging stereotypes

- ◆ What checks should be in place to avoid stereotyping patients in nursing care?
- ◆ What knowledge and skills should nurses have to meet Mrs Patel's needs?
- ◆ Should nursing staff have requested a female interpreter at the initial assessment?

2. Providing adequate information

- ◆ How does inadequate information affect the future sexual function of the patient?
- ◆ What further nursing and medical care may now be necessary?

4. Sexuality and sexual health and acute mental health care

Susan is 19-years-old and unemployed. She had been abused by her father from the age of seven to 14. Susan was

admitted to an acute psychiatric ward after a bout of self-harm, including repeated cutting of her arms and genitals and suffering from moderate anorexia. There were further incidents of cutting on the ward after visits from her father. Susan's family had discouraged visitors and social contact at home, and as a consequence she is very withdrawn. Susan's primary nurse Karen wants to help her learn social skills when the current crisis has stabilised.

George was admitted to the unit three weeks after Susan. He is 45 and has a history of alcohol abuse and associated drink/driving, grievous bodily harm and aggravated burglary charges. George's ex-wife had obtained a court order preventing him from visiting their three children aged 11, 13, and 15. Within 48 hours it was clear George was taking a particular interest in Susan. He sat next to her in the day room, tried to make conversation with her, and offered to collect her food from the trolley at mealtimes. Susan's primary nurse asked her about the friendship with George, to find out whether she wanted his attention. Susan said he was "all right" and that she "didn't mind" him talking to her. Three days later Susan said she liked George, but he sometimes reminded her of her father.

Issues for discussion

1. Confidentiality

- ◆ How appropriate is it for the primary nurses to meet with Susan and George individually to tell them about the team's concerns of their relationship, in the light of the recent crises that led to their admission to hospital?
- ◆ What are the constraints of confidentiality?
- ◆ Should either patient be informed of the other's past history?

2. Protecting patients

- ◆ What strategies could be put in place to protect both individuals?
- ◆ Should one of the patients be transferred to another unit?
- ◆ Should there be a system of formal observation and direct questioning?
- ◆ How should nursing staff assess Susan's vulnerability to a sexual relationship with George?

3. Care plans

- ◆ What care plans could be drawn up with the

participation of each patient?

- ◆ Should nursing staff concentrate on counselling and support to help Susan deal with sexual abuse, or should they use opportunity to provide information on sexuality and sexual health and contraception?

5. Sexuality and sexual health and rehabilitation needs

Jane is a 42-year-old woman with multiple sclerosis. She is dependent on Dave her husband for all her physical needs. Jane uses the young disabled unit every fortnight for respite care. During one of these visits Jane's primary nurse became aware that Jane was not her usual self, showing symptoms of withdrawal, irritability and depression. During discussion Jane became tearful and confided in her nurse that she and Dave were no longer having sexual intercourse. Using the assessment process the nurse found out that Jane and Dave were unable to find a comfortable and pain free position for sexual intercourse. The nurse and Jane worked together with the physiotherapist and the occupational therapist. With the help of the therapists Jane and Dave were able to try out different positions at the unit. The nurse also gave Jane and Dave a variety of literature and information on aids to enhance sexual satisfaction. The nurse arranged follow-up sessions to evaluate the care and to suggest changes to accommodate Jane's disabilities. After two months of the programme Jane and Dave were able to find a position that they were both comfortable with, and a vibrator for Jane that they used for foreplay.

Issues for discussion

1. Providing the right support

- ◆ Not all nurses will feel comfortable or competent in providing the support illustrated by the above example. Using the P-LI-SS-IT model (see page 7) can you identify the level you would be able to work with Jane and Dave?
- ◆ What were the factors that made the care plan successful for Dave and Jane?
- ◆ At what point would Jane and Dave be referred to a psychosexual counsellor?

2. Ethical issues

- ◆ What systems should be in place to ensure that professional, legal and ethical issues are properly addressed?

6. Sexuality and sexual health and accident and emergency patients

Mr Bateman is a 45-year-old construction worker admitted to accident and emergency following a serious fall at work. The casualty team begins to undress him to assess the full extent of his injuries. When they remove his outer work clothing they find he is wearing female underclothes and a sexual aid.

Issues for discussion

1. Providing the right support

- ◆ What is your reaction when faced with an embarrassing situation? Using the P-LI-SS-IT model (see page 7) can you identify the level you would be able to work with Mr Bateman?
- ◆ Because of the short-term nature of accident and emergency care how easy, or difficult, is it for staff to deal with a patient's sexuality and sexual health?
- ◆ People who cross dress vary in their sexual orientation. How would you promote non-prejudicial care for Mr Bateman?

7. Sexuality and sexual health and neuro-surgical nursing

Mr Andrews is a 27-year-old man admitted to a neuro-surgical unit with multiple injuries following a road traffic accident. Initially he made a good recovery with no obvious complications from his injuries or the related surgery. But two days after his admission he began using sexually explicit language, and touching female nurses when they assisted him to meet personal hygiene needs. This behaviour initially caused embarrassment, but it was generally ignored or met with mild amusement. Its continuation began to pose a problem for the nurses and for his parents, who were eager to stress this behaviour was uncharacteristic.

Issues for discussion

- ◆ How would you deal with Mr Andrews's sexually explicit behaviour?
- ◆ How would you deal with his parents, and what issues would you not discuss in relation to your concerns regarding confidentiality?

- ◆ What guidance needs to be in place on the ward for nurses to be able to feel confident and competent to work with Mr Andrews? (See Appendix 1).

8. Effective cross agency working on sexuality and sexual health issues

Both Michael and Stephanie have learning disabilities. They have had a relationship for six years, and live together with the support of part-time care workers in their home. The community family planning nurse has sent a referral to the community learning disability nurse after becoming concerned that Michael was using up to 30 condoms over the course of a weekend, and worried about Stephanie's reluctance to talk about it. She thinks there may be a problem about how the couple use the condoms, and is concerned the support staff may be making a joke of it. Michael has been taught to use condoms, including the need to expel air from the end of the condom. But when air was trapped he cut the end of the condom using a pair of scissors, with the risk of injuring himself. No evaluation of Michael and Stephanie's sexual practice teaching has been carried out.

Issues for discussion

1. Teaching sexual practice

- ◆ Devising care plans is a way of developing a partnership with patients, at a pace they feel happy with and that prevents embarrassment and ridicule. The nurse may also consider using appropriate teaching aids, for example: *You Me & HIV* (O'Sullivan and Gillies, 1993); *Life Horizons* (Kempton, 1988); and a condom teaching model that demonstrates ejaculation (Rouse & Birch 1991; Stewart et al 1994; Dixon & Craft 1992. What would influence your selection of a teaching aid?
- ◆ It can be very difficult for a couple who do not know how to ask for help or guidance in checking out the use of condoms. What can you do to ensure the couple feel comfortable talking about their sexual relationship?

2. Using care plans

- ◆ What would you hope to achieve by using an assessment and care plan approach?

9. Developing anti-discriminatory practices

Robin Woods is a 39 year old gay man who has had a triple by-pass operation and is on a mixed surgical ward. His heart disease diagnosis is still very recent and he is shocked by the discovery of his serious illness and the fast progress to surgery. He lives with his partner Peter and he is also supported by a close network of mainly gay men.

Generally he is quite at ease with his sexuality but last night he talked to a male nurse about how uncomfortable he feels on a ward where nearly all the other patients are quite old. He feels he can neither greet his friends with a hug and a kiss nor receive physical comforting and affection from his partner. During the time when he was most seriously ill his partner hadn't felt able to stay overnight which added to Robin's distress.

The only time sex or sexuality was discussed was in a group discharge meeting when some information was given about when it would be safe to resume sexual activity. Robin had questions he would have liked to have asked but couldn't possibly have raised them in what he assumed to be a heterosexual group setting.

Whereas all of the above caused Robin distress, what most upset him was the surgeon's insistence that he had an HIV test both before surgery, which he refused, and then more insistently when a member of staff had a needlestick injury from a needle used on Robin.

He has never had an HIV test, he can't rule out the possibility of being HIV positive, but to date he has never felt ready to have a test. Reeling from the shock of heart disease and surgery he certainly feels he couldn't cope with one.

Issues for discussion

1. What could have been done to help Robin feel more comfortable during his hospital stay? If Robin received care or support from your organisation are you convinced that they would feel comfortable?
2. What was the role of the nurse when Robin was pressurised to have an HIV test by the surgeon? Is the perceived link between gay and HIV positive reasonable?
3. If another patient had complained about "those poofs canoodling", how should this have been handled?

10. Using educational material to promote sexuality and sexual health

A women's group to promote assertiveness and confidence for women with mild to moderate learning disabilities was set up three years ago in the suburbs of a large city. The group has asked the practice development nurse to provide a series of sessions on health education, including information and advice on sexuality and sexual health. The NHS health promotion department recommended a Brook Advisory Centre video that provides information on the cervical smear test. The video is targeted at women from the Asian community where take up of cervical screening services is poor.

The video is sexually explicit, and the group facilitator fears it could be misinterpreted as pornography if described by one of the women to her parent or carer. She asks the nurse to write to the parents and carers asking their permission to show the video, and decides to hold a discussion with the group to prepare them for the video.

Issues for discussion

1. Access to sexuality and sexual health teaching

- ◆ What systems are in place in your organisation to ensure sexuality and sexual health teaching material cause no offence?

2. Consent and content

- ◆ How would you prepare for a video showing?
- ◆ Would you inform carers, and if so what would you do if they said they did not want their child to view the video?

11. Sexuality and sexual health and children's nursing

Children's sexuality and sexual health issues are very complex, and this example explores issues that children's nurses need to be aware of.

Children with disabilities

A student nurse submitted an assessment of 10-year-old Chloe to her practice assessor. The child had a profound multiple disability, complicated by the fact she is a

refugee and English is not her first language. When the practice assessor highlights the omission of sexuality and sexual health and dying from the assessment, the student reveals she did not believe these were appropriate because of the child's age. During supervision sessions with the practice assessor the student is able to understand how the expression of sexuality starts in childhood, and does not just relate to adults. The student also looks at how to communicate with a child who has a profound, multiple disability. She learns how to support the child's personal hygiene routine, and sexuality and sexual health education. For example, the student realises that a mirror placed strategically would allow the child to see parts of her body being washed, which she would not have seen because of her physical disability.

Issues for discussion

1. The child's understanding

- ◆ Why is it important to find out how much the child understands about privacy, hygiene, her own body, sexual behaviour, relationships, safety, growing and developing?

2. Using reflective supervision

- ◆ Reflective supervision is an important element of teaching nursing practice. It allows students to understand how children, including those with physical or learning disabilities, develop and express their sexual identity.

Difficult practice situations

The examples below are not an exhaustive list, but highlight how nurses can find themselves in situations where they need to be aware of the sexuality and sexual health needs of children and young people.

This section may not answer every question or dilemma that nurses may face. But it provides a starting point for nurses to consider their own practice, and how employers should support them.

Jessica

Jessica is a seven-year-old girl in a paediatric surgical ward with two other children. She is anxious while her parents are away from the bedside taking a necessary break. Her wound hurts and she asks for a cuddle from the 27-year-old paediatric nurse Joachim. He wants to

reassure the child but feels uncomfortable about it. He has heard about a male nurse accused of sexually abusing a young girl in his care.

Tony

Tony is a 16-year-old boy with muscular dystrophy who receives respite care in a children's hospice. He is believed to have a mild learning disability. He has asked about girls, sex, his body, and his sexual feelings. His parents have told staff not to discuss these issues with him, but staff want to respond to his request for help.

Jane

Jane is 12-years-old. She receives respite care in a children's hospice. Her parents have gone away for a long weekend, and during this time Jane starts to menstruate. Staff were unaware she had not started her periods, so no one has prepared her for this event. She is distressed and anxious about what is happening.

Judy

Judy is a school nurse who takes physical health and social education classes at a local primary school. The courses are planned with the teaching staff, and she feels comfortable working with parents, teachers and governors in formulating the health and sex education programme. After a session working with a group of 10-year-old girls, one child discloses that her father touches her genitals and gets her to touch him.

Naomi

Naomi is also a school nurse. She regularly takes health and sex education classes in a special needs school, and gives advice to individual children following the sessions. Like Judy she is happy with the working arrangements in the school. She is devastated when her line manager tells her a complaint has been sent to her trust chief executive. The parents of one 14-year-old girl complain that they did not want the child to take part in any of the sessions. The girl has been placing hair brushes and tooth brushes in her pants and her mother found her daughter trying to insert the handle of a hair brush into her vagina. Copies of the parent's complaint letter have been sent to the local MP and the Community Health Council.

Derek

Derek is a district nurse who visits single parent Ryan, a

35-year-old male patient. Derek and Ryan have built up a good relationship and during a visit Ryan asks Derek if he would be able to talk to his 10-year-old daughter about puberty and starting periods.

Issues for discussion

1. How to deal with difficult situations

- ◆ Not all nurses are skilled or equipped to provide sexuality and sexual health advice and support to children and their parents. Would you know what to do if you were faced with any of the above situations? If not then discuss the circumstances with peers and your line manager.
- ◆ Is there a sexuality and sexual health policy in place?

2. Assessing a child's background

- ◆ Nurses need to take account of a child's age, gender, ethnicity and cultural background before nursing care can be safely administered – with the exception of emergency treatment.

3. Consent and clinical supervision

- ◆ Not all nurses will be experienced enough to know how mature, rational, understanding, or trusting the children they come into contact with are. Nurses need to receive regular clinical supervision and professional support.
- ◆ Nurses may wish to develop a network of colleagues teaching sex education.
- ◆ Records of practice and intervention should always be maintained.

4. Child protection law

- ◆ Nurses working with children need to be aware of child protection law. This includes the process of responding to an initial disclosure of abuse, and subsequent legal and professional action.
- ◆ Nurses must have up-to-date training on what to do when a child discloses abuse.
- ◆ What systems are in place in your organisation for a child to disclose abuse? What would your role be? Each NHS trust will have a named nurse to advise on child protection issues, do you know who this is?

5. Nurse vulnerability

- ◆ Nurses may feel vulnerable to accusations of abuse when they provide intimate, personal or educational care and support to children. Many good and safe practice points have already been highlighted, but nurses should also refer to *Issues in health and nursing number 39 – protection of nurses working with children and young people* (RCN, 1996 – currently under review).

Conclusion

Here are some questions to help you reflect on your practice in sexuality and sexual health nursing care:

- ◆ Do you acknowledge that a patient's sexual health is part of your nursing role?
- ◆ Have you received any training in the area of sexual health to prepare you in your work?
- ◆ Have you reflected on your attitudes, values and beliefs in relation to sexual health and patients? For example, do you think patients will be sexually active while they receive health care?
- ◆ Where does a patient's sexual health sit in relation to your own nursing practice priorities?
- ◆ Where does a patient's sexual health sit in relation to your organisation's priorities?
- ◆ Are you aware of legal and ethical issues? For example, informed consent, exploitation, and manipulation?
- ◆ Does your organisation have a sexual health policy?
- ◆ Do you discuss the issues of sexual health nursing practice with other colleagues?
- ◆ Are you isolated in your views and practice in this area?
- ◆ Do you receive clinical supervision and is this issue of nursing practice discussed?
- ◆ Is the environment conducive to clients discussing their sexual health?
- ◆ Has the issue of sexual health been discussed with the staff team?
- ◆ Does the patient have a means of communication, and do you know what this is?

- ◆ What approach do you use to ensure communication is maximised with patients, relatives and the health care team?
- ◆ Do you know where to go for resources and information? Do you know who you could refer a patients to if you feel uncomfortable?

If you want to develop a good practice policy for sexuality and sexual health nursing care refer to guidance in Appendix 1 on page 19.

SECTION 3

Conclusion

This document has addressed some of the sexuality and sexual health issues that face nurses today in the course of their work. It is a complex area that can cause nurses confusion and embarrassment, and expose them to criticism from colleagues and the public. Sexuality and sexual health is a recognised sphere of nursing that challenges personal morality and values. The failure to provide nurses with relevant education and information places both nurses and patients in a vulnerable situation. Support for patients' sexuality and sexual health needs is a recognised part of nursing practice, but the debate about what constitutes good professional sexuality and sexual health nursing practice continues. However, nurses can remain committed to developing nursing care that leads to a more sensitive, non-prejudicial and evidence-based approach in the future.

Key recommendations

To address sexuality and sexual health issues in nursing care two action areas have been identified that nurses, and employers can use:

Personal and practical

- ◆ identify what issues in your area of nursing practice relate to sexuality and sexual health
- ◆ identify what sexuality and sexual health care practice has caused concern in the team
- ◆ ask how well you deal with sexuality and sexual health care issues measured against the P-LI-SS-IT model
- ◆ ask whether you are able to discuss sexuality and sexual health care issues in clinical supervision
- ◆ find out whether your team is aware of further courses to develop sexuality and sexual health care practice.

Organisational

- ◆ find out whether your employer has a sexuality and sexual health policy that applies to your area of nursing
- ◆ find out whether there has been research into sexuality and sexual health in your area of nursing, and compare your organisation's service with the research recommendations

SECTION 4

Appendix 1

Developing a policy for sexual health nursing practice

1 Aims of the practice

- ◆ What exactly do you hope the policy will help you to do and how will this change current practice? What aspect of nursing practice are you involved in, and what examples or situations have arisen that have caused challenges to the nurses and staff team?

2 Objectives of the policy

- ◆ What needs to be done to achieve the aims of the policy?
For example, sexuality and sexual health could be incorporated into induction training for nurses, or could be an explicit aspect of nursing care assessment and practice.

3 Vulnerable client groups

- ◆ How is the organisation going to find the balance between supporting a patient's sexual health needs and protecting vulnerable individuals from abuse?
- ◆ Are there adult or child protection policies to refer to?
- ◆ Patients can be vulnerable when they are receiving intimate health care support.

4 Understanding sexuality and sexual health

- ◆ What does the patient understand by sexuality and sexual health?
- ◆ Can you use the P-L-I-SS-I-T model with what aims, purpose and intentions?

5 Nursing and the law

- ◆ Are nurses involved in practices that may be in breach of the law?
- ◆ Does the patient need personal assistance to obtain goods and services?

- ◆ Does the patient need advice and support not to hurt themselves in particular sexual practices?
- ◆ Does the patient need help to minimise self-harm?
- ◆ Will nurses always be required to work in partnership with a multi-professional team to ensure accountability, and to apply a professional response to the situation?

6 Culturally sensitive care

- ◆ Will any new or existing guidelines respect different cultural interpretations of sexual health? Consider the following examples:

Sikhs regard body hair as sacred, and cutting or shaving hair should be avoided whenever possible. If you work in a surgical unit how will this cultural issue be incorporated into day-to-day nursing practice?

Some Jewish husbands pledge in the marriage contract to fulfil sexual intercourse with certain minimal frequency. If you are working in a surgical unit how will you nurse a married Jewish man who has just had a prostatectomy?

7 Renew and monitoring process

- ◆ How will the implementation of the policy be monitored?
- ◆ When and how will the policy be reviewed?
- ◆ Who will review it?
- ◆ Have you considered the issues of confidentiality and discussed this with peers/supervisor? What approach do you use to ensure confidentiality?

8 Involving service users

- ◆ Have service users had an opportunity to discuss and influence the writing of the policy?
- ◆ Is there a patient's counsel to consult with?

Appendix 2

Examples of medical conditions that can affect sexuality and sexual function

Conditions	Possible side-effects
Cancer	<p>Cancer and its treatment can lead to a negative self-image, and may affect fertility and sexual function. For example, chemotherapy and radiotherapy can cause extreme fatigue that can persist for several months and lead to a reduction in sexual desire</p> <p>Also erectile dysfunction can occur in 22-84% of men undergoing prostate cancer treatment – caused by vascular damage to penile arteries and associated neural control (Borwell, 1997)</p> <p>In women, pelvic irradiation can cause vaginal stenosis, painful intercourse, decreased lubrication and shortening of the vagina</p>
Hormonal imbalance	Can interfere with sexual activity and sexuality for both men and women
Diabetes	<p>Uncontrolled diabetes in men can cause sexual dysfunction due to small vessel disease.</p> <p>This can cause impotence on up to half of affected men (Tomlinson, 1999)</p>
Il-eostomy, colostomy and urostomy	A high percentage of patients suffer sexual problems and decreased libido (de Marquiegui and Huish, 1999)
Cardiac conditions and surgery	Many patients with cardiac conditions are afraid of sexual activity, Intercourse can take place when a woman feels like it, provided she can walk up two flights of stairs without difficulty (de Marquiegui and Huish, 1999)
Physical disability (brain damage, spinal cord injury)	Can inhibit sexual activity, but patients can be advised of the most comfortable positions
Pain – arthritis, vaginal atrophy, osteoarthritis of the hips or knees	
Continence	Urinary incontinence can cause sexual dysfunction due to stress continence

Appendix 3

Commonly prescribed drugs associated with sexual dysfunction (list not fully comprehensive) (Tomlinson, 1999)

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Drug	Erectile Dysfunction	Altered Drive	Ejaculatory Disorder	Orgasmic Disorder	Priapism
Anticonvulsants					
Carbamazepine	✓	✓	✓	✓	✓
Phenytoin	✓	✓			
Primidone	✓	✓			
Antidepressants					
<i>Tricyclics</i>					
Amitriptyline	✓	✓	✓		
Amoxapine	✓	✓	✓		
Clomipramine	✓	✓	✓	✓	
Imipramine	✓	✓	✓	✓	
Maprotiline	✓	✓			
Nortriptyline	✓	✓			
Protriptyline	✓	✓	✓		
<i>Monoamine oxidase inhibitors</i>					
Phenelzine	✓	✓	✓	✓	
<i>Selective serotonin reuptake inhibitors</i>					
Fluoxetine	✓		✓		
Fluvoxamine	✓		✓		
Paroxetine	✓		✓		
Sertraline	✓		✓		
Antipsychotics					
Chlorpromazine	✓	✓	✓		✓
Fluphenazine	✓	✓	✓		
Haloperidol	✓		✓		
Thioridazine	✓		✓	✓	✓
Benzodiazepines					
	✓	✓	✓	✓	
Antihypertensives					
Atenolol	✓				
Clonidine	✓		✓	✓	
Guanethidine	✓	✓	✓		
Hydralazine	✓				✓
Labetalol	✓	✓	✓		✓
Methyldopa	✓	✓	✓	✓	
Metoprolol	✓	✓			

Drug	Erectile Dysfunction	Altered Drive	Ejaculatory Disorder	Orgasmic Disorder	Priapism
Pindolol	✓				
Prazosin	✓				
Propranolol	✓	✓	✓	✓	
Reserpine	✓	✓	✓		
Timolol	✓	✓			
Verapamil	✓				
Diuretics					
Amiloride	✓	✓			
Chlorthalidone	✓	✓			
Indapamide	✓	✓			
Spirolactone	✓	✓			
Thiazides	✓				
Antiemetics					
Metoclopramide	✓	✓			
Non-steroidal anti-inflammatory drugs					
Naproxen	✓		✓		
Anticholinergics					
Antropine	✓				
Diphenhydramine	✓	✓			
Hydroxyzine	✓	✓			
Propantheline	✓				
Scopolamine	✓				
Antispasmodics					
Baclofen	✓		✓		
Hypnotics					
Barbiturates	✓	✓	✓		

Appendix 4

Useful addresses and contacts

The Ann Craft Trust

(formerly the National Association for the Protection from abuse of adults and children with learning disabilities NAPSAC)

Centre for Social Work
University of Nottingham
University Park
Nottingham
NG7 2RD

☎ 0115 951 5400

Association for the Sexual and Personal Relationships of People with a Disability (SPOD)

286 Camden Road
London
N7 0BJ

The Beth Johnson Foundation

Parkfield House
64 Princes Road
Hartshill
Stoke on Trent
ST4 7JL

☎ 01782 844036

British Association for Sexual and Relationship Therapy (BASRT)

PO Box 13686
London
SW20 9ZH

British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN)

10 Priory Street
York
YO1 1EZ

☎ 01904 613605

Brook Advisory Centres

Education and Publications Unit
165 Gray's Inn Road
London
WC1X 8UD

☎ 020 71833 8488

CONSENT

(sexuality training for people with learning difficulties)

Woodside Road
Abbots Langley
Herts
WD5 0HT

☎ 01923 670 793

The Contraceptive Service

☎ 020 7837 4044

FPA (formerly Family Planning Association)

For training courses and consultancy on sexual health, sex and relationships, education and sexuality.

2-12 Pentonville Road
London
N1 9FP

☎ 020 7837 5432

☎ 020 7923 5232

The Gender Trust

(the only registered charity in the UK which helps people who are transsexual, gender dysphoric or transgenderist)

PO Box 3192
Brighton
BN1 3WR

☎ 07000 790 347

Health Education Authority

Health Promotion Information Centre
HEA Customer Services
Marston Brook Services Ltd
PO Box 269
Abingdon
Oxon
OX14 4YN

☎ 020 7222 5300

Institute of Psychosexual Medicine

11 Chandos Street
London
W1M 1DE

☎ 020 7580 0631

London Lesbian and Gay Switchboard

PO Box 7324
London
N1 9QS

☎ 020 7837 7324

Marie Stopes International

108 Whitfield Street
London
W1P 0BE

☎ 020 7388 0662

Mencap National Centre

123 Golden Lane
London
EC1Y 0RT

☎ 020 7454 0454

MIND

Granta House
Broadway
London
E15 4BQ

☎ 020 8519 2122

RELATE

Herbert Gray College
Little Church Street
Rugby
Warwicks
CV21 5AP

☎ 01788 573 241

Royal College of Nursing

20 Cavendish Square
London
W1M 0AB

☎ 020 7409 3333

RCN Direct

24-hour information and advice for RCN members

☎ 0345 726 100

Sexwise

Chief Publicity Officer
DoH
Rm 579D
Skipton House
80 London Road
London
SE1 6LH

☎ 0800 282930 (free helpline for teenagers)

Terence Higgins Trust

52 Gray's Inn Road
London
WC1X 8JU

☎ 020 7242 1010 (helpline)

☎ 020 7831 0330 (admin)

UKCC

23 Portland Place
London
W1N 4JT

☎ 020 7637 7181

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Acknowledgements

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The RCN would like to thank the following people for their comments which have been valuable in the final production of this document.

Jenny Ager RCN Family Planning Forum	Ruth Endacott Chair – RCN Critical Care Forum	Edith Parker Chair – History of Nursing Forum
Angela Avis Chair – RCN Complimentary Therapies Forum	Gillian Granville Beth Johnson Foundation, Stoke on Trent	Margaret Ramage British Association for Sexual Relationship Therapy
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Lindsay Bates Nursing Adviser – HM Prison Service	John Lister Registered Residential Care manager – New Era Housing	Sally Stagg The Wessex Children's Hospice Trust – Naomi House
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Royal College
of Nursing

March 2000

Published by the Royal College of Nursing
20 Cavendish Square
London
W1M 0AB

020 7409 3333

RCN Direct 0345 726 100
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Publication code 000 965

