

Rethinking Sexual Health in Disability

The ALIVE+ Model for Inclusive Care

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SEXUAL HEALTH BELONGS IN ROUTINE DISABILITY CARE

WHY THIS MATTERS

Sexual and reproductive health is a **fundamental right**, yet sexuality in people with disabilities remains **under-addressed** due to structural, cultural, and educational barriers. Evidence suggests that people with disabilities face a 3- to 10-fold **increased risk of sexual abuse**, with individuals with intellectual disabilities being particularly vulnerable. **Traditional models** such as PLISSIT and ex-PLISSIT **should evolve** toward a more inclusive, multidisciplinary approach **incorporating intersectionality, LGBTQI+ perspectives, and pelvic floor rehabilitation**. This work reviews sexual function across different disabilities and proposes an **updated, comprehensive clinical model: ALIVE+**.

CLINICAL PHENOTYPES

Needs vary by neurological, cognitive, psychological and social factors

INTELLECTUAL	Premature ejaculation · erectile dysfunction · low desire · anorgasmia · dyspareunia, hypersexuality
MOTOR	Erectile and ejaculatory disorders · reduced libido · dryness · anorgasmia · dyspareunia
SENSORY	Physiology often preserved · communication barriers · higher abuse risk
NEURODIVERGENCE	Anorgasmia · premature ejaculation · fluctuating libido · sensory difficulties
PSYCHIATRIC	Reduced libido · arousal disorders · anorgasmia · erectile dysfunction · hypersexuality

FROM MODEL TO PRACTICE

- **Screen sensitively for abuse** and dysfunction
- **Include pelvic health** in clinical evaluation
- **Tailor interventions** to the person and disability phenotype
- **Refer** across rehabilitation, **sexual medicine and mental health**

METHOD

A **narrative literature review** examined **sexuality and disability** across different conditions, focusing on sexual dysfunction, abuse risk, LGBTQI+ identities, healthcare access, and perineal dysfunctions. Based on the literature and multidisciplinary clinical experience, the **ALIVE+ model was developed to provide an integrated approach to sexual health in people with disabilities**.

THE ALIVE+ MODEL FOR MANAGING SEXUALITY IN DISABILITY

	ASK & AFFIRM	Open dialogue with direct yet respectful questions. Affirm the validity of feelings and experiences.
	LANGUAGE & LISTENING	Use inclusive, non-judgmental language. Respect preferred pronouns and listen actively.
	INFORMATION & INTERVENTION	Provide clear, tailored information and interventions, including medications and assistive devices.
	VISIT & VALIDATION	Offer sexual health examinations. Confirm concerns rather than attributing them to disability.
	EDUCATION & EMPOWERMENT	Deliver accessible sexual education and support choice, boundaries, and self-determination.
	TEAM WORK⁺ IS DREAM WORK TEAMWORK	Adopt a multidisciplinary, integrated approach

Inclusive sexual healthcare protects autonomy, dignity and quality of life.