

Access to sexual health services for women with psychiatric disabilities

Background

Research suggests that women with psychiatric disabilities may experience particular sexual health vulnerabilities and a need for associated sexual health services.

These vulnerabilities include increased risk of sexually transmitted infections, including HIV/AIDS; lower rates of contraceptive use; unplanned and unwanted pregnancies; and higher rates of gender-based violence, including childhood sexual abuse, sexual assault and rape in adulthood, and intimate partner violence.

Our project was guided by two overarching goals: (1) to develop an understanding of sexual health service access for women with psychiatric disabilities, and (2) to create evidence-informed recommendations for enhancing access to equitable, quality sexual health services for this group. In this, we have drawn on a psychiatric disabilities-informed analysis of women's experiences that attends to the ways that intersecting identities, such as racialized identities and sexual and gender minority identities, impact access to sexual health services.

What women told us about their experiences

- Experiences of violence or trauma profoundly impacted women's need for, and their comfort in accessing, sexual health services.

"I think because of the level of trauma I've experienced from being street involved and a sex worker, and all my boyfriends . . . are there a lot of services that can handle me? No, probably not."

- Women avoided hospital-based sexual health services because they felt that these services were not

equipped or not willing to take account of their trauma histories. They felt marginalized, stigmatized and sometimes re-traumatized when they accessed services in the hospitals.

"Health care providers still don't know what to do when you say, 'Oh, I have a history of sexual trauma.' They're completely clued out."

- Women living with psychiatric disabilities also preferred to access sexual health services in the community because they feel safe, supported and understood.

"I always stick to my community health clinics because they're used to poor sex workers who do drugs and fuck around. And that's good for me."

- Women talked about the multiple and intersecting forms of discrimination they experienced when trying to access sexual health services, and particularly those located in hospitals. Besides having a psychiatric disability, many experienced discrimination associated with other aspects of their identities or experiences, such as LGBTQ identity, experiences of poverty or sex work, and/or racialized identities.

"The stigma you get when you're out there and you're walking into the clinic, oh my god. Yeah, it's the worst thing. That vibe you feel, it's just very uncomfortable. They don't want to take you, once they know you're a sex worker."

"The truth has to come out about the way we're being treated, especially when we go into the hospital for health care. We get all the stigma and the racism and are shuffled off to the end of the corridor and the back room."

Implications for . . .

Women's health

Overall lack of access to trauma-informed and trauma-specific sexual health services puts women at risk as they delay or avoid preventative screening and treatment. This is a long-known phenomenon that our study findings affirm.

Institutional responsibilities

Health care institutions need to facilitate development of the understanding, knowledge and skills required by service providers to be responsive, in non-discriminatory ways, to the complexity of women's trauma experiences, psychiatric disabilities, other marginalized social locations, and related support needs.

Governmental responsibilities

Women we spoke with expressed preference for receiving sexual health services in community-based agencies that approach sexual health from a relational and holistic perspective and that consider impacts of trauma. Informants also expressed concern that community-based sexual health services are limited due to chronic municipal and provincial underfunding. These findings have implications for both institutional and government responsibilities.

An effective response from health care institutions might include supporting women-centred, community-based services. In concrete terms, this involves advocating for proper ongoing funding for trauma-informed sexual health programs that have a history of meeting the needs of diverse women. Incorporating a psychiatric disability analysis and recognizing and building on existing community-based knowledge and practice in this process is crucial.

Collective action

This project foregrounds the urgent need for collective action – perhaps the revitalization of the women's health movement – to advocate for resources to mobilize diversely situated women's communities, in order to determine where and how trauma-informed sexual health services should be provided.

It raises questions about how to centre the voices and experiences of women with psychiatric disabilities in the creation and implementation of these services within the community, and . . .

and to say very clearly to women,
you matter, your body matters.
You deserve access to high quality, compassionate care.

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