# “Nothing about us without us”: Co-designing a psychosexual safety program for people with Intellectual Disabilities

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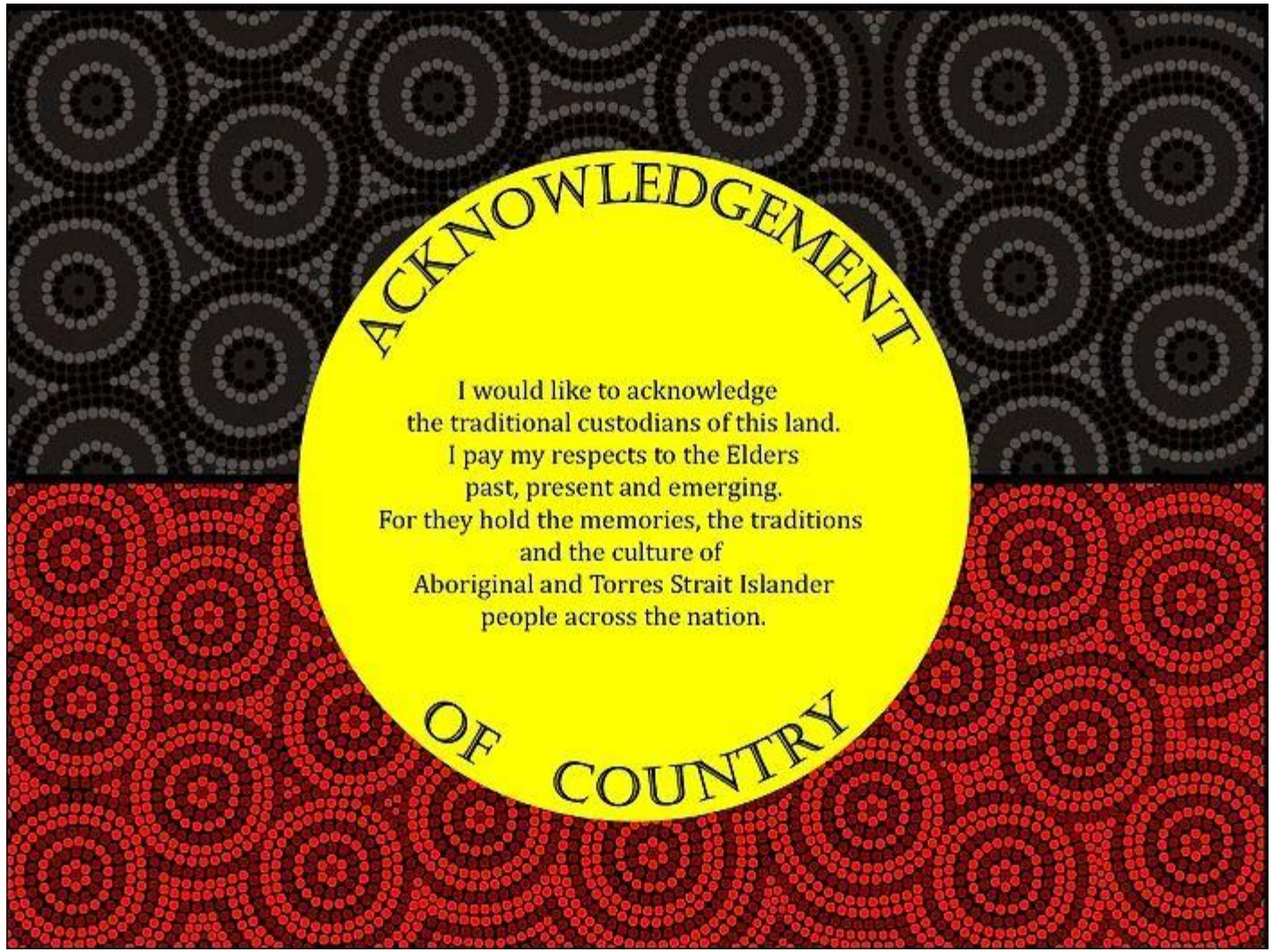

ACKNOWLEDGEMENT
I would like to acknowledge
the traditional custodians of this land.
I pay my respects to the Elders
past, present and emerging.
For they hold the memories, the traditions
and the culture of
Aboriginal and Torres Strait Islander
people across the nation.
OF COUNTRY

# Introduction

- People with disabilities are overrepresented in the Australian criminal justice system (Australian Institute of Health and Welfare, 2019; Hellenbach et al., 2017).

- Prevalence of intellectual disability within the general community is approximately 3% (ABS, 2012).

- 35 to 40% of people in prison have intellectual disability (Hellenbach et al., 2017).

# Background

- Individuals with ID in Forensic settings are at an increased risk of experiencing **sexual harm, boundary violations, institutional neglect, and misinterpretation of their psychosexual development.**

- The prevalence of sexually offending behaviour among this population is difficult to ascertain due to underreporting and the variability in diagnostic criteria (Baselice & West, 2022).

# Background

- People with intellectual disabilities are overrepresented as both victims and perpetrators of sexual offenses (Hogg et al., 2001; Lambrick & Glaser, 2004).

- Women with disabilities, particularly those with intellectual disabilities in institutional and residential settings are highly likely to experience violence, especially sexual violence (Dias et al., 2013; Hollenbach et al., 2017).

# Background

- People with ID may exhibit sexually inappropriate behaviours due to a lack of sexual knowledge, impulsivity and difficulties in interpreting social cues (Griffiths & Fedoroff, 2020).

- Many frontline staff, including nurses, lack the training and confidence to appropriately manage sexual behaviours and associated risks in a Forensic setting (Bran et al., 2022).

# Background

- The role of nurses in supporting psychosexual safety is crucial.

- Nurses are often the primary caregivers and educators for individuals with intellectual disabilities, making them well-positioned to provide necessary sexual education and support (Hayashi, Arakida, & Ohashi, 2011).

- Despite the importance of this role, there is a lack of comprehensive research and training programs focused on psychosexual safety for this population (Gust et al., 2003).

# Background

- Capacity building for health professionals was a key recommendation of the Disability Royal Commission (2023), particularly about responding to sexual behaviours.

- This project ensures that people with ID actively shape the program that affects their lives, aligning with the principle of "Nothing about us without us."

# Aim:

- To co-design a psychosexual safety education program for nurses and people with intellectual disabilities in a forensic mental health setting.

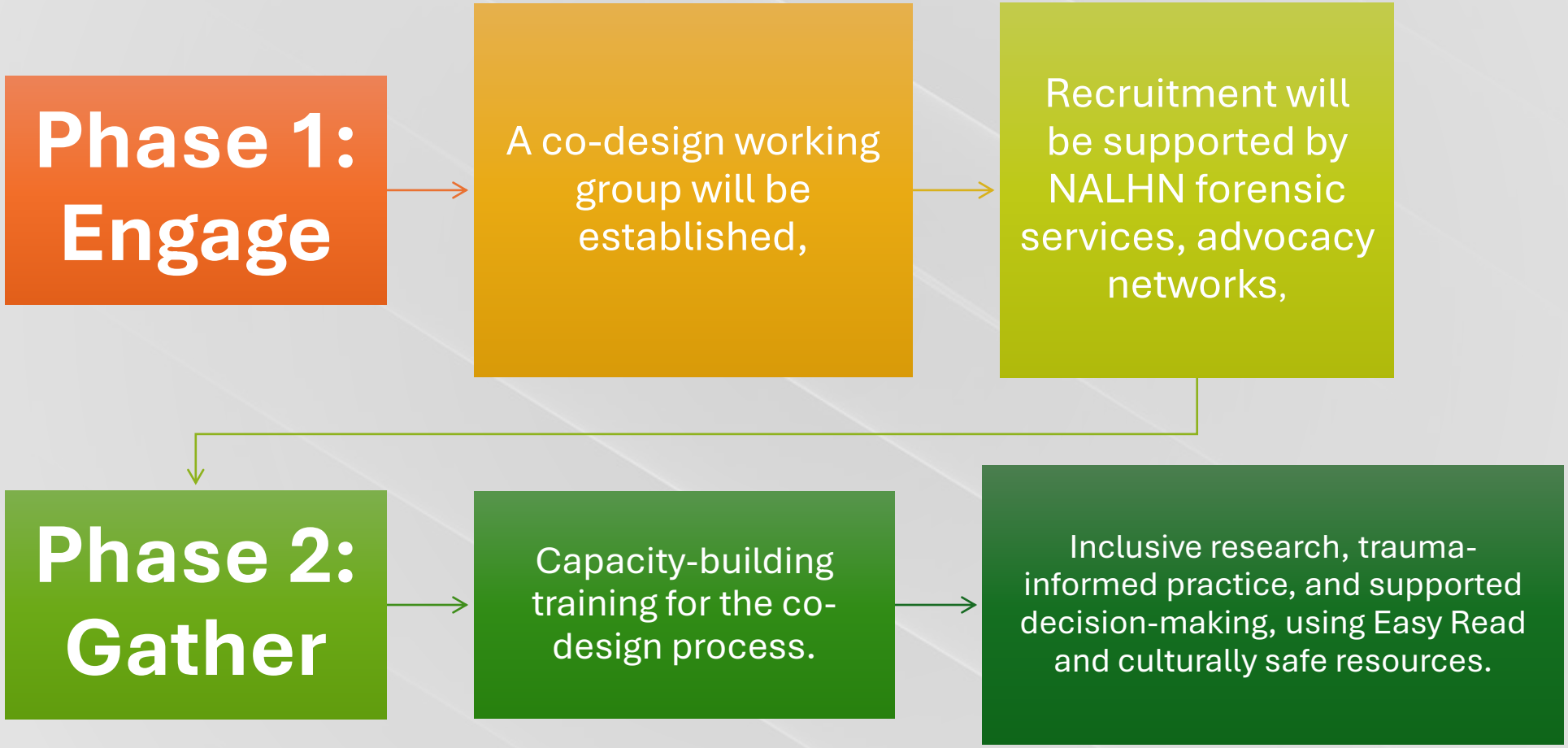
# Objectives

- To explore the experiences, needs, and priorities of people with ID and nurses related to psychosexual safety.
- To co-design a psycho-educational program with key stakeholders.
- To develop accessible, inclusive resources (including Easy Read materials) for people with ID and training tools for nurses.
- To pilot and evaluate the acceptability and feasibility of the program within a forensic mental health setting.

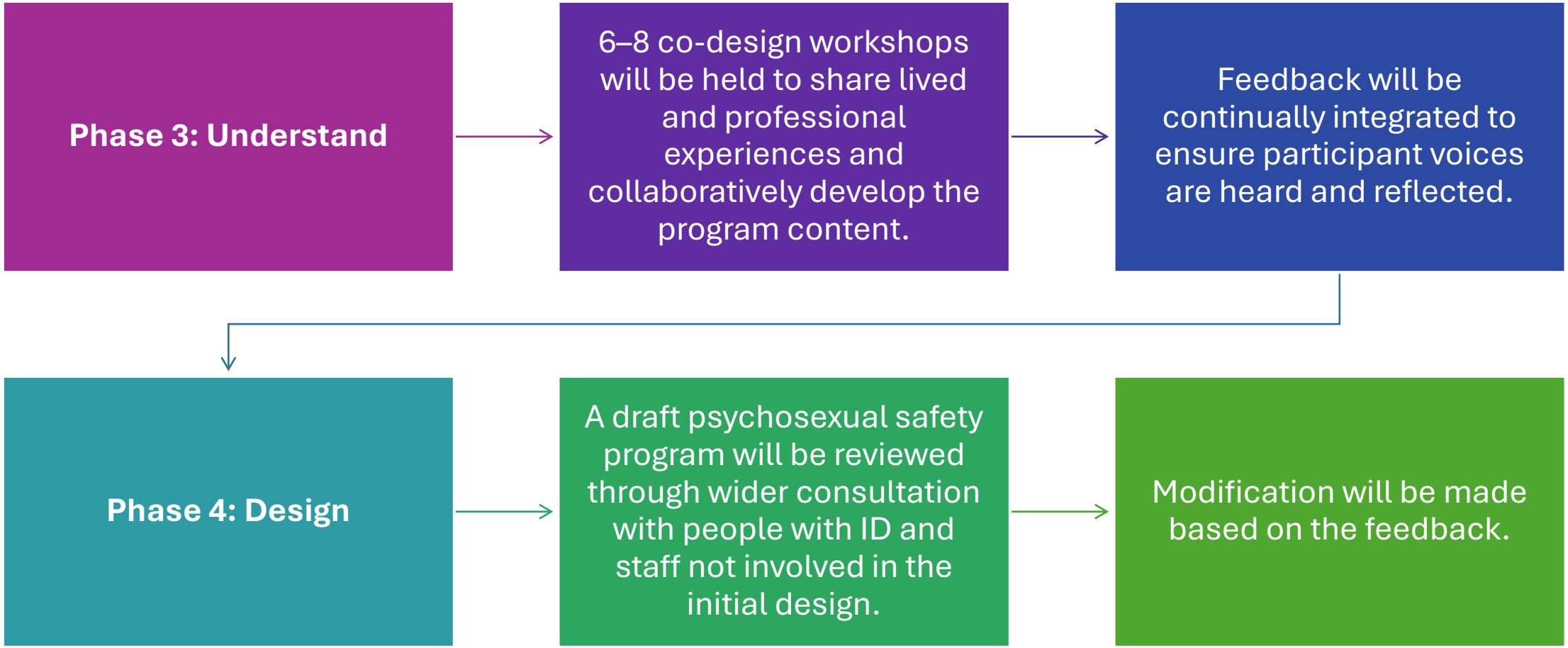
# Methodology

- Participatory action research (PAR) framework (Baum et al., 2006) and co-design methodology.
- The study will be conducted in three phases:
- **Exploration Phase**: Semi-structured interviews with people with ID and focus groups with nurses and other stakeholders will be held to identify current challenges, gaps, and opportunities related to psychosexual safety.
- **Co-Design Phase:** A series of facilitated workshops involving people with ID, nurses, advocates, and experts will collaboratively design the program content and format.
- Materials will be developed in plain English and Easy Read formats.
- The project is informed by the co-design process described by the Agency for Clinical Innovation (2025): Engage, Gather, Understand, and design

# Co design process



# Co- design process



# Study settings

JNH

Tarnanthi

Ashton House

# Study participants

**Inclusion criteria**

Individuals with ID aged above 18 admitted in forensic settings .

Knows English.

Nurses working in forensic settings.

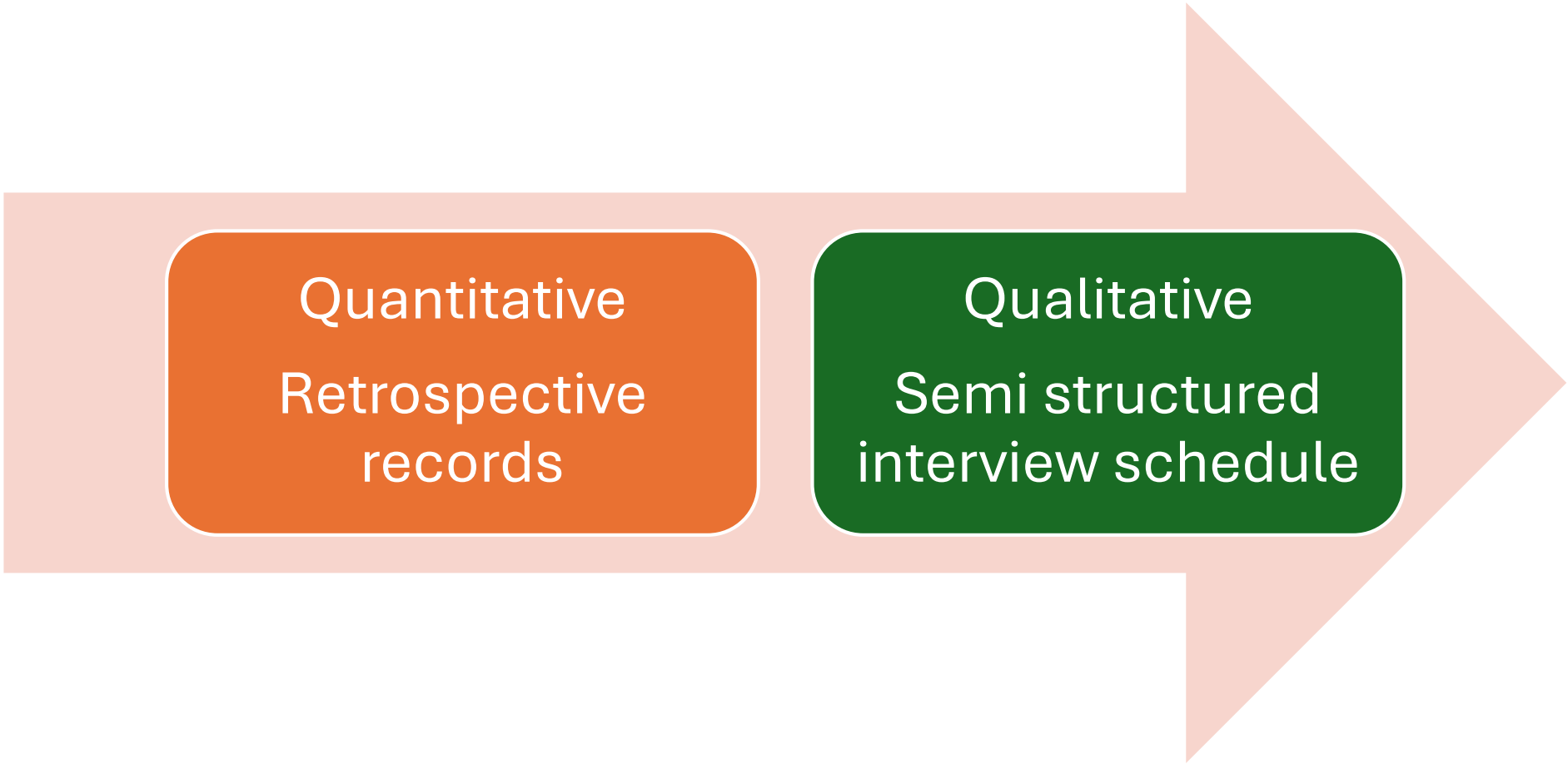
**Exclusion criteria**

Who cannot consent

Inadequate verbal capacity

Cannot speak English

# Data collection



# Data Analysis –Quantitative

**Descriptive statistics**

- Retrospective data

**Inferential statistics**

- Chi square for categorical data e.g., type of sexual behavior vs. gender, setting, or time of day)
- ANOVA or Kruskal-Wallis – to compare differences across three or more groups

# Data analysis - qualitative data

Braun and Clark's (2015) six-step thematic analytic approach

NVIVO qualitative data analysis software

# Outcomes & significance

- The findings of this study will contribute to a deeper understanding of the sexual behaviours of individuals with intellectual disabilities in forensic settings, helping healthcare professionals, caregivers, and policymakers develop informed approaches to care.

# Outcomes

valuable insights into the challenges faced by this vulnerable population.

Development of targeted strategies to enhance psychosexual safety in forensic healthcare settings

This includes improving staff training, implementing evidence-based policies, and creating safer environments that respect the rights and well-being of individuals with intellectual disabilities.

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Thank you