

## **ETHICS OF TOUCH**

Adapted from:

**Reference:** Sexual Handbook Protocol, Sexual Health Resource Network,  
Sunnyhill Health Centre, Vancouver, BC.

### **PRINCIPLES:**

- Privacy is learned
- Rules are learned in association with other people
- Invasion of privacy can be subtle
- Privacy is a mental health issue (more so than a sexual health issue)
- People need time to be 'off task'
- Application of privacy is a social skill for all involved
- Many individuals with disabilities seldom have a 'say'
- Individuals with disabilities are more vulnerable to loss of privacy

### **'RULES' FOR SHOWING AFFECTION**

- Side by side not frontal hugs
- Hand never goes under arm, except to assist in lifts and transfers
- Brief 'hello' hug (European style)
- Contextual (What is the reason for the hug or touch?)
- Where appropriate 'ask' the individual if 'this is the right time' to talk, move, act, hug etc.
- Always ask the individual if they mind if you touch/hug them appropriately
- Be respectful of the individual's body language

### **FIVE REASONS FOR TEACHING 'AFFECTION' RULES**

The student will...

- Understand the appropriate circumstances
- Identify what is happening
- Understand the reason for the affection
- Understand the motive
- Will be able to mirror the appropriate affection rules

### **RELATIONSHIPS:**

- "People who know me less, touch me less."

- “The drive for intimacy is greater than the need for sex.”
- “It is our professional responsibility to facilitate clients developing relationships appropriately to meet their emotional needs”
- “The greater the disability the less likely the person will have friends to meet emotional needs”
- "The greater the disability the less likely the individual will be asked about their feelings and what is appropriate touch for them"
- "The greater the disability, the more vulnerable the individual is to inappropriate touch and affection"
- Sometimes caregivers and friends are so afraid to be 'inappropriate' in their interactions with the individual with a disability, that the individual does not receive any appropriate affection and may become more isolated

### **HOW CAN PEOPLE WITH MULTIPLE DISABILITIES HAVE INTIMACY NEEDS MET TO PREVENT LONELINESS AND ISOLATION? (“Paid caregivers are not necessarily true friends”)**

- Family
- Long-term relationships
- Grooming
- Pets
- Friendships
- Social/community events

### **HOW CAN I RESPOND TO GRIEF OR GIVE COMFORT?**

- A side by side hug while sitting is more intimate for giving comfort yet appropriate
- Talk to the individual, let them hear your concern for them in your voice
- Give eye contact (where appropriate and possible) to let them see how upset you are for them

### **WHEN A CLIENT EXPRESSES INAPPROPRIATE AFFECTION e.g., “I LOVE YOU”**

- Clarify your role rather than challenge the behavior
- Recognize the context (going to the mall)
- Acknowledge the moment (I like going to the mall with people I like, too)
- Respond to the statement, acknowledge the affection, and redirect to the appropriate wording

### **TEACH OTHER WAYS TO SHOW AFFECTION WITH...**

- Words: compliments, “nice to see you”
- Talking face to face, identifying the appropriate words for the appropriate affection e.g. " I really like you, you're a great friend"
- Smile
- Develop a 'personal greeting' that is just between you and the individual, e.g. a certain look, a particular way of saying hi that shows the individual you are special
- Gestures: high 5, wave, thumbs up
- Use voice output devices with appropriate greetings where appropriate, to allow the individual with a disability to 'have a say' and identify their feelings appropriately
- Gifts (where appropriate)

### **INTIMATE CARE**

- Peers at school never provide intimate care
- New/relief staff do NOT do intimate care alone
- Familiar staff do intimate care, new/relief staff do other jobs
- Supervisor who is familiar does intimate care instead of new/relief staff
- Ask parents to provide intimate care to fill in for new/relief staff
- Performed by staff who have the best comfort level for intimate care
- Be aware of the individual's body language with staff when intimate care routines are provided, if they seem uncomfortable, respect the body language of the individual. They may not appreciate the caregiver and it may have nothing to do with how they provide the care, we all have preferences
- Where possible, intimate care should be provided by a person of the same sex as the individual
- Respect 'intimate care' times as private times and do not provide care at the same time as another individual and do not have unnecessary people in the room at the time intimate care is being provided

