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SHORT COMMUNICATION

From taboo to practice: Integrating sexual health in rehabilitation nursing

Del tabú a la práctica: Integrando la salud sexual en la enfermería de rehabilitación

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ABSTRACT

Sexuality is recognized as an essential dimension of human life, with a direct impact on quality of life. However, it remained a taboo topic in society and healthcare, especially in the context of disabled persons. The aim of this article was to analyze the challenges of integrating sexual health into Rehabilitation Nursing care for disabled persons. A theoretical-reflective review was conducted, identifying cultural, social, and educational barriers that hindered clinical integration. It was found that, despite the competencies attributed to the Specialist Nurse in Rehabilitation Nursing, the lack of specific training and clear guidelines limited their intervention. Several Sexual Counseling Models (e.g., PLISSIT, BETTER, Check In, Affirm, Clarify, and Answer Tool) are identified as crucial tools to facilitate communication and clinical action, though their application requires adaptation. Training and health education proved to be key strategies for promoting sexual health literacy and ensuring the sexual rights of disabled person. It was concluded that integrating sexual health into clinical practice depends on professional training and the deconstruction of entrenched myths. Future research was suggested to evaluate the impact of Rehabilitation Nursing interventions on the experience of sexuality, as well as the effectiveness and applicability of Sexual Counseling Models in different clinical and sociocultural contexts.

Keywords: Communication; Disabled Persons; Rehabilitation Nursing; Sexuality; Sexual Health; Taboo.

RESUMEN

La sexualidad es reconocida como una dimensión esencial de la vida humana, con un impacto directo en la calidad de vida. Sin embargo, se mantuvo como un tema tabú en la sociedad y en la atención sanitaria, especialmente en el contexto de las personas con discapacidad. El objetivo de este artículo fue analizar los desafíos de la integración de la salud sexual en los cuidados de Enfermería de Rehabilitación a personas con discapacidad. Se realizó una revisión teórico-reflexiva, en la que se identificaron barreras culturales, sociales y formativas que dificultaron dicha integración. Se constató que, a pesar de las competencias atribuidas al Enfermero Especialista, la falta de formación específica y de directrices claras limitan su intervención. Varios Modelos de Consejería Sexual (por ejemplo, PLISSIT, BETTER, *Check In, Affirm, Clarify, and Answer Tool*) se identifican como herramientas cruciales para facilitar la comunicación y la acción clínica, aunque su aplicación requiere adaptación. La formación y la educación para la salud demostraron ser estrategias clave para promover la alfabetización en salud sexual y garantizar los derechos sexuales de las personas con discapacidad. Se concluyó que la integración de la salud sexual en la práctica clínica depende

de la capacitación profesional y de la superación de mitos arraigados. Se sugirió que futuras investigaciones evalúen el impacto de la intervención de la Enfermería de Rehabilitación en la vivencia de la sexualidad, así como la eficacia y aplicabilidad de los Modelos de Consejería Sexual en distintos contextos clínicos y socioculturales.

Palabras clave: Comunicación; Personas con Discapacidad; Enfermería de Rehabilitación; Sexualidad; Salud Sexual; Tabú.

INTRODUCTION

Sexuality is an important element for quality of life throughout the life cycle.[1,2,3,4] Currently, society treats sexuality as a taboo, making open dialogue difficult.[2,5,6] There are also various myths about sexuality,[2,3,7] social prejudice and sexual discrimination against disabled persons.[4,6,7] Furthermore, society imposes barriers that restrict the inclusion of people with disabilities, limiting their participation in social activities and denying them the right to fully experience their sexuality, affecting them psychologically.[7,8,9,10,11,12]

Within this context, sexuality is acknowledged as a significant dimension of health that health professionals should actively address.[1,2,3,4] The role of sexuality is a specific focus of attention for Rehabilitation Nursing in Portugal,[2,3,13] as is the development of actions to reduce stigma and social exclusion.[14] However, the Rehabilitation Nurse Specialist (RNS) finds it difficult to address the issue and sometimes chooses not to intervene.[2,3] Furthermore, existing policies and protocols are scarce and do not offer clear guidelines on how the RNS should act.[6,15]

In 1999, the World Association for Sexual Health issued the Declaration of Sexual Rights,[16] aligning it with the philosophy of human rights and emphasizing that these rights must be respected, fulfilled, and safeguarded to protect individuals and their sexual health.[1,16] The Registered Nurses Association of Ontario guideline on person-centered care reinforces inclusive practices that respect diversity and human rights, justifying the integration of sexual health into Rehabilitation Nursing practice as an essential part of person-centered care for disabled persons.[17]

The aim of this article is to analyze the barriers to integrating sexual health into Rehabilitation Nursing care for disabled persons. In addition, it suggests approaches to addressing these challenges, including training, communication models, and the deconstruction of societal taboos.

METHOD

A theoretical-reflective approach was used. A literature review was carried out during the month of September 2025, using the MeSH descriptors (Communication, Disabled Persons, Nursing Care, Rehabilitation Nursing, Sex Education, Sexuality, Sexual Health, Taboo) and the DeCS descriptor (Healthcare Models), in the Google Scholar and EBSCOhost databases.

Articles published in scientific journals since 2020 were considered, with relevant information on the challenges of sexuality and/or sexual health for health professionals and how to overcome them, with a special focus on the work of Rehabilitation Nursing.

Furthermore, reference books and documents on the topic were consulted to enrich the analysis. The key ideas were analyzed with a view to contributing to overcoming the taboo and integrating sexual health into the clinical practice of Rehabilitation Nursing.

DEVELOPMENT

Challenges in Approaching Sexuality

Sexuality encompasses the entire life cycle, expressed through thoughts, desires, beliefs, values, behaviors, roles and relationships, shaped by biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.[1]

Sexuality remains taboo due to enduring myths and resistance rooted in its historical construction.[9,18] Religious and cultural beliefs strongly influence the way sexuality is lived and discussed, and its initial framing as a dangerous, forbidden subject associated with rigid rules and negative superstitions has contributed to the negative connotation that persists today.[18,19,20] In clinical practice, entrenched myths and prejudices generate discomfort among professionals and patients, obstructing dialogue and acceptance.

The way society views sexuality is influenced by the historical, social, political and cultural context in which the person is inserted.[4,7,9,19] The person with altered sexual function usually has a disability, feels social prejudice.[7,9,10] Disabled persons may have physical or psychological impairments, acquired or congenital, which, in combination with external factors, may make it difficult for them to carry out or participate in activities, on equal terms with non-disabled people.[14] People can experience and/or present alterations in the

function of sexuality, i.e. sexual dysfunction.[21]

In this context, the approach to sexuality by health professionals is hampered by factors such as the perception of intrusion, shyness, a sense of inadequacy and a lack of time.[6,22,23] RNS face training gaps that constrain their intervention, reinforcing stigma and the perceived vulnerability of disabled persons.[2,3,24]

Sexual rights point to the need to create conditions that promote full and inclusive sexual health.[11,16] According to the World Health Organization, sexual health corresponds to a state of physical, emotional, mental and social well-being in the domain of sexuality, is not limited to the absence of disease, dysfunction or infirmity and encompasses safe, informed and satisfying sexual experience, supported by a positive and respectful approach to sexual relationships and sexual diversity.[1] However, this concept remains fragmented and poorly consolidated in social and clinical practice, largely due to cultural differences that influence its understanding and application.[19] Despite progress in inclusion, society and health professionals must continue to recognize that disability does not nullify desire, affection, or sexuality.

Rehabilitation Nursing Competencies

The Regulation of the Specific Competences of the RNS, published by the Order of Nurses in Portugal, describes the specific competences of Rehabilitation Nursing. Among them are those involving care for disabled persons and training for reintegration and the exercise of citizenship, both related to the Nursing Process and to assessment and intervention in the role of sexuality.[25] Although clear standards exist, the consideration of sexuality continues to be largely omitted from nursing and healthcare practice.

The RNS must ensure people's satisfaction, promote health, prevent complications, maximize well-being and facilitate the performance of Activities of Daily Living. They must also implement functional readaptation processes, combat stigma and social exclusion, and participate in the organization of nursing care.[14] The RNS should adopt a holistic perspective, acknowledging individuals' emotional and sexual preferences as integral components of the rehabilitation and social reintegration process.

The documents of the Order of Nurses recognize the principles of the Declaration of Sexual Rights and guide the practice of RNSs.[6,23] To guarantee these rights (such as access to sexual information based on scientific evidence, autonomy, education and sexual health care) the RNS must have adequate knowledge.[26]

The RNS's main intervention focuses on education about healthy sexuality, and the use of effective communication strategies is essential.[2,6,25] The RNS's practice should focus on identifying changes in the person's sexual function and communicating with them in order to provide them with relevant information for making decisions about their sexual health.[2,26,27,28] Integrating sexuality into Rehabilitation Nursing education is critical to ensuring person-centered care that respects human dignity and promotes comprehensive rehabilitation.

Training and Communication: Bridges to Integration

Building upon the established competencies, ongoing professional development and structured communication are crucial for integrating sexual health into RNS practice,[29] without these, sexual health runs the risk remaining theoretical and disconnected from clinical reality. The RNS's role in the function of sexuality can be facilitated through the use of Sexual Counseling Models.[30] The best-known model is the Permission-Limited Information-Specific Suggestion-Intensive Therapy (PLISSIT) model.[2,3,26,31] In addition to the PLISSIT model, the literature identifies models such as EX-PLISSIT;[32] Bring up, Explain, Tell, Timing, Educate and Record (BETTER);[31,33,34] Activity, Libido, Arousal, Resolution and Medical information (ALARM);[33,34] Partner, Lovemaking, Emotions, Attitudes, Symptoms, Understanding, Reproduction and Energy (PLEASURE);[34] e Check In, Affirm, Clarify, and Answer Tool, which address dimensions of communication and clinical intervention.[35] Even validated models require ethical and sensitive use by trained professionals. The use of some of these models in the Portuguese context requires adaptation and validation. The Check In, Affirm, Clarify, and Answer Tool is a recent, simple and holistic model that can be used to improve the practice of RNS and people's sex education.[35]

The RNS should be trained in the use of these models for integrating sexual health into clinical practice,[3] empowering the person to maximize functionality, namely the function of sexuality.[25] In Portugal, training is available through courses at the Family Planning Association on Sexuality/Sexual and Reproductive Health, Sexual and Reproductive Rights and Sex Education.[36] These models and courses are rarely included in nursing curricula. Access needs to be facilitated, and professionals encouraged, demonstrating that this topic is an integral part of care.

Training should include content that enshrines sexual rights and promotes sex education as a strategy for integrating sexual health into clinical practice, increasing knowledge, facilitating the approach and deconstructing myths.[26,37,38] Individual and community education should be promoted to improve sexual health literacy.[39] Community-based sex education plays a strategic role in dismantling prejudice and affirming the sexual rights.

CONCLUSIONS

The approach to sexuality in Rehabilitation Nursing practice is still restricted by cultural, social, and educational barriers, that sustain taboos and hinder its inclusion in care. Despite possessing the competencies to legitimize their intervention in this domain, RNSs face challenges that demand targeted training and robust communication strategies. The implementation of Sexual Counseling Models and fostering sexual health literacy are key strategies to safeguard sexual rights and improve the quality of life of disabled persons.

More research is needed to assess how sexual health training affects RNS practice and how their interventions influence the sexual experiences of disabled persons. Future research should explore the contextual adaptability of Sexual Counseling Models across diverse clinical and cultural settings, helping build inclusive and evidence-based care.

Promoting sexual health in Rehabilitation Nursing is an expression of respectful, inclusive, and person-centered care.

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