



The Sex Doula Programme



Steven J. Firth ¹ and Ivars Neiders ²

¹Department of Social and Moral Philosophy, University of Helsinki, Finland, Helsinki, Finland

²Institute of Clinical and Preventive Medicine, University of Latvia, Riga, Latvia

Abstract

The Welfare-Funded Sex Doula Programme is a proposed sexual needs service that advances the sexual citizenship of disabled people by providing specially trained ‘sex doulas’ to meet the various, often complex, sexual needs of disabled people. Conceived as providing disabled individuals with practical sexual support services, the role of the sex doula includes advocacy, counselling, therapy, and practical relief from sexual tension. The programme constitutes a robust, comprehensive, and theoretically cohesive welfare service that seeks to provision access to sexual citizenship for disabled people.

Grounded in Aristotelian concepts of flourishing, the programme identifies sexual citizenship as a fundamental basic need and seeks to ensure that disabled people have the opportunity to achieve the same level of sexuality as able-bodied people. Work advancing the programme includes both philosophical and theoretical arguments showing how the programme is justified under several moral

frameworks, and claims made therein have resulted in velitation in the literature regarding the potential of such a programme to violate individuals’ negative rights.

Keywords

Sexual citizenship · Disability · Sexual rights of disabled people · Healthcare rights · Sex Doula Programme

Introduction

Drawing less attention than other aspects of disability, the sexual lives of people living with disabilities (PLWD) has remained under-represented in both literature and politics (cf. Shakespeare et al., 1996; Kaufman et al., 2003; Silverberg & Odette, 2003; McRuer & Mollow, 2012; Kulick & Rydström, 2015, Wotton, 2020; Shakespeare, 2022; Benoit et al., 2023). The perception of PLWD as sexless (De Boer, 2015; Olson, 2017), together with oppressive institutional and societal norms (UPIAS & The Disability Alliance, 1976; Shakespeare, 2000; Kulick & Rydström, 2015; Benoit et al., 2023), has resulted in many PLWD being “excluded from meaningful sexual experience and so are living a less rich and flourishing life than others” (Danaher, 2020, p. 472).

Services supporting the sexual needs of disabled people are, globally, limited: private services, such as sex therapists and sex surrogates

(cf. Wotton, 2020), are often inaccessible to PLWD due to widespread poverty (Appel, 2010; Jones, 2013) and limited day-to-day decision-making autonomy (Shakespeare, 2023); volunteer or charitable services, such as those within the European Platform Sexual Assistance, are underfunded and incapable of keeping up with service demand (Firth, 2019); and government-directed agencies are rare, appearing in only a few countries such as Germany, Holland, Spain, and Denmark (Benoit et al., 2023)—of these, the Danish Social Services Act, *Guidelines on sexuality—regardless of disability*, was likely the first to take a legal position on disabled people’s sexual rights (Socialministeriet 2001; cf. Kulick & Rydström, 2015).

In 2019, Whither a Welfare-Funded Sex Doula Programme proposed a holistic sexual needs programme that would cater directly to the diverse sexual needs of PLWD. The sex doula programme (hereafter ‘the programme’) was outlined in response to suggestions that the public purse is not obligated to cover the sexual needs costs of PLWD and that such needs should, instead, be serviced by charitable non-profit organisations (Di Nucci, 2011). In his paper, Steven J. Firth criticised the notion that PLWD should depend upon charitable solutions because, amongst other things, it “devalues the sexual needs of disabled people” (Firth, 2019, p. 363). Firth’s resolution was to advance a robust philosophical argument supporting the claim that PLWD “should be afforded the right to access welfare-funded sex services” and, importantly, that such a right “behoves society to provide such services” (Firth, 2019, p. 363).

The conception of positive sexual rights announced in the 2019 article was clarified and further defended in 2020 (Firth & Neiders, 2020a, b); and a second article, *Anent the Theoretical Justification of a Sex Doula Programme*, followed in 2023, demonstrating the programme’s theoretical consistency with the moral frameworks of liberal utilitarianism and the capabilities approach (Firth & Neiders, 2023a). Recognising the importance of foregrounding disabled sexuality (cf. Shakespeare, 2000; Shakespeare, 2023), and despite continued efforts to re-centre discussion on

the sexual needs of PLWD and the *practical* application of the programme (Firth & Neiders, 2023a, b, c), debate in the literature surrounding the programme has reduced to a philosophical one over the nature of positive sexual rights (Di Nucci, 2020, Danaher, 2020; Di Nucci, 2023; Halwani, 2023).

Broadly speaking, the programme advances and defends a theoretically cohesive welfare service that seeks to provide PLWD with whatever sexual support is needed to achieve ‘sexual citizenship’—understood as “a sexual agent’s access to, and appropriate participation in, a sexual society” (Firth & Neiders, 2023a, p. 2). The comprehensive sexual needs service is facilitated by trained ‘sex doulas’ who respond holistically to the complex and varied sex needs of PLWD otherwise excluded from sexual citizenship. Though the exact nature and extent of a sex doula’s responsibilities have not been fully explicated, the original presentation of the programme highlights that the sexual services needed by many severely disabled people exceed those offered by current specialists such as sex surrogates and sex therapists, and that sex doulas should be trained to fully respond to the diversity of needs experienced by PLWD (Firth, 2019).

Sex Doulas

Doulas currently operate in several models of care and include (but are not limited to) birth doulas, end-of-life (death) doulas, abortion doulas, and specific-care doulas; the term ‘sex doula’ was coined carefully to reflect the extended remit of doulas as “non-medical coaches, facilitators, and assistants who offer skilled social, emotional, and practical support” (Firth, 2019, p. 363). While birth doulas are predominantly female due to the intimate nature of their work with pregnant women, sexual support services are required by all genders of PLWD—accordingly, the programme makes neither constraint nor expectation on the gender of would-be sex doulas (Firth & Neiders, 2023a).

The term ‘doula’ was selected in an effort to empower PLWD and to distance them from the

‘disorder’ and ‘dysfunction’ aspects of the patient role (Dejong, 1979) often associated with therapy and counselling (Firth, 2019; Firth & Neiders, 2023a). In addition, the programme argues that the term builds on the positive associations that other doulas enjoy with their clients and reflects the holistic approach doulas generally employ, such as the focus on exploration and guidance (Firth, 2019; Firth & Neiders, 2023a). In this way, the programme resists medicalisation, establishes disabled sexuality as intrinsically important, frames sexual support as self-directed, and seeks to increase an individual’s sexual autonomy (Firth, 2019; Firth & Neiders, 2023a).

The 2019 article highlights that, where current sexual services exist at all, they are limited, often unaffordable, and generally geographically inaccessible (Firth, 2019; cf. Wotton, 2020; Benoit et al., 2023). In contrast to these existing services, the remit of sex doulas is envisioned as comprehensive, facilitating “advocacy, active listening, assisted decision-making, and resource introduction” (Firth & Neiders, 2023a, p. 127) and extending as far as “sex education, sexual exploration, and the development of a sexual voice” (Firth, 2019, p. 363). In later presentations (Firth & Neiders, 2020a, 2023a), the role of sex doulas more closely resembles the duties of Danish *seksualvejledere* (sex advisers—specially trained social workers) and includes assisting PLWD to develop personalised sexuality plans, helping them to masturbate or to have sex with a partner, and to ensure that they have access to private rooms in which they have space to be intimate (cf. Kulick & Rydström, 2015; Wotton, 2020). Mission-creep of existing doulas is not suggested (Firth, 2019; Firth & Neiders, 2023a).

Theoretical Overview and Operational Remit

The sex doula programme can be categorised as a sex-positive cultural script that holds PLWD to have the same rights to sexual citizenship as able-bodied people (Benoit et al., 2023). The programme’s framing explicitly states that “being able to access ones’ sexual nature is understood

as a formative and integral part of being human” (Firth, 2019, p. 363) and that the systemic social exclusion and disadvantage experienced by PLWD excludes some of them from an important aspect of the human condition (Firth, 2019; Firth & Neiders, 2023a, c). The sex doula programme is thus grounded in, and motivated by, the Aristotelian concept of flourishing (*eu zen*) in which people should not only subsist but ‘live well’ (Firth, 2019; Firth & Neiders, 2023a, b, c; Elder-Woodward, 2014); equitable access to basic needs, it argues, is fundamental to a life of flourishing—and, thusly, access to sexuality constitutes “a baseline for the quality of life a government owes to its citizens” (Firth & Neiders, 2023a, p. 2). In later presentations (Firth & Neiders, 2023a, b), the concept of *eu zen* is bolstered by robust theoretical analyses showing how the programme is justified under both the capabilities approach (Sen, 1999; Nussbaum, 2006a, 2011) and liberal utilitarianism (Häyry, 1994, 2021).

A welfare-funded sexual needs service is indicated, Firth and Neiders argue, precisely *because* some persons do not have the capacity or support necessary to access their sexual citizenship (Firth, 2019; Firth & Neiders, 2023a). According to the philosophical argumentation underpinning the programme, it is not sufficient that PLWD must depend upon charitable responses to meet their sexual needs because such a situation reinforces the idea that disabled people are sexless and somehow unworthy of the welfare state (Firth, 2019). Instead, Firth argues that the state is behoved to recognise the needs of its “disabled citizens and understands that their well-being is more than a matter of providing wheelchairs and chirping-cross-walks” (Firth, 2019, p. 363). This obligation constitutes a positive healthcare right to the funding of *services* which assist PLWD to obtain the same level of sexual citizenship that able-bodied people enjoy (Firth, 2019; Firth & Neiders, 2020a, b, 2023a). Ultimately, the programme seeks to engender greater access to those “social environments which facilitate the sexual expression, opportunities, and relationship building” necessary for sexual citizenship (Firth & Neiders, 2023a, p. 126).

To ensure that the distinction between the funding of services and the provision of professionals (whose negative rights may be violated) is made clear, Firth and Neiders introduce the concept of *in civitatem* rights (Firth & Neiders, 2023a). Unlike *in personem* rights (rights against the person), which place an obligation on an individual to perform some action, *in civitatem* rights (rights against the state) only behove the state to ensure that some service is made available—in *civitatem* rights exist, for example, in those countries that have abortion clinics and ensure that people have access to services without violating the negative rights of a specific surgeon. In relation to the sex doula programme, then, *in civitatem* rights only place a duty on the state to fund the programme such that it is readily accessible to those who need it (Firth & Neiders, 2020b, 2023a).

The sex doula programme operates as an inclusion-based approach to equity in sexual citizenship and identifies the welfare state as chiefly responsible for ensuring its disabled citizens are able to flourish. The programme recognises that PLWD constitute a “varied and diverse group of people” (Firth, 2019), and though many disabled people experience full sexual lives, many also do not (Shakespeare et al., 1996; Sanders, 2007; Kulick & Rydström, 2015; De Boer, 2015; Firth, 2019; Wotton, 2020). Eligibility to the programme has not been fully addressed other than to state that beneficiaries must demonstrate “a properly formed need” and that “the primary (but not the only) limiting factor should be whether or not an individual has the mental or physical capacity for masturbation, or is otherwise (perhaps by social expectations and pressures) divorced from their sexual citizenship” (Firth, 2019, p. 362).

John Danaher argues that sexual experience “can be (and ought to be) treated as a distributive good, i.e., as something that people should be able to experience as part of a well lived life” and thusly might extend to any individual who does not have equitable access to sexual citizenship and is therefore unjustly excluded from it (Danaher, 2020); the sex doula programme, however, restricts its purview to only those PLWD who

are excluded from sexual citizenship without such a programme (Firth, 2019, Firth & Neiders, 2020a; Firth & Neiders, 2023a). Determining the scope of such a service is philosophically challenging and would likely need to be well delineated were the programme operationalised.

Recognising the barriers to geographical access of current sexual needs services, sex doulas are envisioned as being widely distributed: in the 2019 article, doulas would operate in midsized towns and out of smaller cottage hospitals or doctors’ surgeries (Firth, 2019); in the 2023 paper, sex doulas are anticipated as being connected with care homes and centres for inclusive living (CILs) (Firth & Neiders, 2023a). Befitting their status as ‘non-medical coaches’, sex doulas in later presentations are distanced from medical clinics and operate independently (Firth & Neiders, 2023a). In such an interpretation, sex doulas are pro-active, connecting with clients through care homes and CILs to provide individual and personal sexual support for disabled people on a regular basis. Citing Firth’s sex doula programme, Celia Benoit et al. noted in a recent survey of sexual assistance for PLWD that, “while the evidence base remains partial”, the incorporation of sexual services into health service delivery models “comes closest to meeting the call of human rights groups ... and disability rights groups to realise the convergence of health, disability, sexuality, and access to sexual services” (Benoit et al., 2023).

Key Criticisms and Rebuttals

Criticisms of the sex doula programme can be separated into three categories—rights-based criticisms, sex-negative criticisms, and broader philosophical concerns—and are examined in greater detail below.

Rights-Based Criticisms

Whether or not rights to sex should exist remains a matter of much discussion in the literature (Appel, 2010; Di Nucci, 2011; Srinivasan, 2018; Firth, 2019; Watson & Flanigan, 2020; Danaher, 2020; Halwani, 2023). John Danaher, for instance,

argues that sexual experiences should be considered as a sort of distributive good, i.e., “as something, that people should be able to experience as a part of well lived life and that ought to be thought of in the light of the principles of distributive justice” (Danaher, 2020, p. 469), while Ezio Di Nucci argues in his ‘sexual rights puzzle’ that if individual A has positive claim rights to sex, then individual B’s negative sex rights are violated—and thus “universal positive sexual rights are incompatible with universal negative sexual rights” (Di Nucci, 2011, p. 159).

Danaher, for his part, does not perceive Di Nucci’s puzzle as a fatal objection to the conception of positive sex rights and points out that “the mere fact that there might be some tension between a positive right to sexual inclusion and some other negative claim right is not a reason to deny the existence of the positive claim right” (Danaher, 2020, p. 485). Firth and Neiders similarly repudiate Di Nucci’s puzzle, stressing the distinction between positive rights and positive *healthcare* rights (Firth & Neiders, 2020a, b, 2023a). Sex, like other healthcare rights they claim, is not a zero-sum activity—a negative right only demands non-interference with another’s preferences, and positive sexual rights for disabled people may not necessarily interfere with another’s preferences (Firth, 2019; Firth & Neiders, 2020a, 2023a); for example, they continue, it is for this reason that the negative rights of surgeons who do not wish to amputate health limbs in bodily integrity identity disorder cases are not impinged (Firth & Neiders, 2023a, b).

Di Nucci’s approach to Firth and Neiders’ repudiation is to point out an important conceptual difference between the descriptive and normative positive sexual rights: “the point of sexual rights is that they are independent of people’s preference and that, therefore, they would and should exist even in a possible world in which nobody was willing to provide sexual services to disabled people” (Di Nucci, 2020). Di Nucci’s philosophical objection is well placed; however, in practice, positive and negative claim rights framing often results in incompatibilities—yet such rights still exist (one such example is when a person’s negative property rights interfere with the positive

rights of local governments that compulsory purchase land to permit the building of a bypass). In an effort to clarify the burden of responsibility and to steer the debate back to the matter of disabled sexuality, Firth and Neiders underline that the sex doula programme places a duty on the welfare state to provide the service—rather than on providing doulas themselves (Firth, 2019; Firth & Neiders, 2020a, b, 2023a). Therefore, the only implication of positive claim rights to sex is that governments must take *some* action (provide funding or services, etc.) to meet the needs of those who are sexually excluded. Understood in this way, rights to sexual inclusion do not imply *person B* has a duty to meet *person A*’s sexual needs.

Danaher maintains that understood as a collection or bundle of claim rights, sex rights could take the form of “a set of negative claim rights to remove unjust barriers to sexual inclusion . . . a set of positive claim rights to provide resources and services to those who are sexually excluded . . . or a set of positive claim rights to the provision of information and education relating to meaningful sexual experience” (Danaher, 2022 p. 56). If Danaher is right, then the sex doula programme can be understood to constitute a single agency embodying all three: its proposed accessibility (in terms of social construction, geography, and funding) reduces barriers to sexual citizenship; its funding via the welfare state exercises the state’s burden to provide resources and services; and the extended remit of sex doulas themselves will incorporate important equity services such as sexual reproductive health education and guidance into sexual experimentation. Danaher’s ‘bundle theory’ can also be demonstrated in Denmark, where *seksualvejledere* perform very similar functions to the proposed sex doulas.

The sex doula programme incorporates a multi-pronged justification of sexual citizenship. These justifications are grounded in the ‘good life’ associated with Aristotelian *eu zen* (Firth, 2019), but also in more contemporary perspectives like the needs-based liberal utilitarianism and the freedom to achieve functioning underpinning the capabilities approach (Firth & Neiders, 2023a). In addition, Firth and Neiders present an equity

argument for sex rights, holding that society's norms surrounding sex suggest that sexual citizenship should be something in which all people can participate (assuming such a preference is held) and that sex rights are needed to protect those instances where all people *cannot* participate (Firth, 2019; Firth & Neiders, 2023a, b, c). Such a position reflects the political work conducted in disability studies, which advocates for rights to ensure equal citizenship (cf. UPIAS & The Disability Alliance, 1976; Oliver, 1990; Shakespeare, 2014). Raja Halwani has argued, however, that there exists no compelling justification for the existence of positive sexual rights (broadly speaking)—despite their seeming to follow from several moral theories (Nussbaum's capabilities approach, for instance, specifically lists “opportunities for sexual satisfaction” in her list of core capabilities) (Nussbaum, 2006a, p. 76). If Halwani's position carries, then the claims of moral theories which seek to develop rights on the basis of basic needs, well-being, or core functioning may be undermined.

Sex-Negative Criticisms

Benoit et al. note that sex-negative scripts seek to limit the sexual rights of PLWD because of “their inherent vulnerability as having disabled sexualities and/or due to their heightened risk of exploiting sexual partners, especially cis women who sell sexual services” (Benoit et al., 2023). Some of these criticisms arise because the authors associate a limitation of function (through some impairment) with a limitation of sexual function (Benoit et al., 2023). Such concerns are generally entrenched in the ethos of medicalisation, indicative of a cultural stereotype and demonstrative of the social barriers and stigmatisation faced by PLWD. They can be easily dismissed as relics of less-informed thinking. Worries regarding the protection of PLWD (as well as others), however, constitute legitimate concerns.

Perhaps the most common of the sex-negative worries is the perception that disabled sex rights would reinforce patriarchal gender relations such as the male right to the use of the female body (Jeffreys, 2008; Manne, 2018; Srinivasan, 2018). In such concerns, PLWD are presumed to be

sexually deviant or predatory cis men who, when afforded sexual rights, would perpetuate “a series of harms against cis girls and cis women” (Benoit et al., 2023). The potential of predatory behaviour should be taken seriously—especially with the emergence of the incel subculture (cf. Costello et al., 2022) and the ‘soft power’ mechanisms of enforcement associated with a patriarchal system (Manne, 2018; Danaher, 2020). The feminist perspective has also been extended in a more refined form by Amia Srinivasan, who argues that “repoliticising desire will encourage a discourse of sexual entitlement” (Srinivasan, 2018; cf. Danaher, 2020). For Srinivasan, sexual experiences are not a distributive good as Danaher believes, but *sui generis* (Srinivasan, 2018). Firth and Neiders accept that such a proposal might seem persuasive but that “such experiences must still be *generis* — that is, of a kind that is debatable” (Firth & Neiders, 2023a, p. 136). They claim that such worries will dissipate when sex rights are correctly construed as *in civitatem* rights “—at least so far as the sex doula program is concerned” (Firth & Neiders, 2023a, p. 136). Danaher similarly recognises the importance of the objection but denies that Srinivasan's position carries any weight, observing that her objection “does not suffice to undermine the idea of treating sexual experience as a distributive good, nor the plausibility of some rights to sexual inclusion” (Danaher, 2020, p. 483). Danaher's response is to “build in significant anti-misogyny safeguards” such as the “commitment to a strong zone of negative sexual autonomy” and the recognition that “misogynistic beliefs and practices are themselves often the cause of sexual exclusion” (Danaher, 2020, pp. 483–484).

‘Misogyny objections’, as Danaher puts them, demonstrate how the sex rights debate is complex and “could serve to reinforce a discriminatory and oppressive regime” (Danaher, 2020, p. 483)—a matter which Firth and Neiders also treat with care. Firth and Neiders clarify that the matter of disabled sexual citizenship is not the same as “advancing sexual inclusion rights for all persons” and that sex rights for PLWD is unlikely to result in “misogynistic norm enforcement” because half of PLWD “are women hoping that

the provision of sexual support services will help them obtain sexual citizenship, too” (Firth & Neiders, p. 136). According to Firth and Neiders, the battle for disabled sexual citizenship is not some sort of patriarchal flex—it’s a matter of inclusion into a civilised society. The battle over sexual rights, they argue, is not one which advances ‘male-claim rights’ so much as it does “just ‘rights’ ” (Firth & Neiders, p. 136).

Broader Philosophical Concerns

Those for whom rationality is a necessary and sufficient condition of personhood (for instance, Lockean and Kantians) could criticise the autonomy which the sex doula programme would extend to severely disabled people. This matter becomes most challenging when the sexual needs of non-communicative people with profound intellectual disabilities (PPID) are considered (cf. Vehmas, 2019), as such individuals do not, in their view, constitute persons and would have no autonomy in matters of sexual citizenship (or anything else). Such a position is difficult to evaluate given the innately unreconcilable differences in perspectives. Firth and Neiders have not defined the eligibility criteria of the programme, and what might constitute personhood for the programme is unclear. Given its inclusive, egalitarian, and self-directed framing, it is reasonable to assume that all legally consenting disabled individuals would have access to the programme and its services.

The nature of consent, and what constitutes sufficient informed consent, is another challenge for the programme—and for disabled sexuality itself. The release of sexual tension has been noted to help PPID maintain a greater composure in their lives and is correlated with periods of greater behavioural stability (Kulick & Rydström, 2015; Vehmas, 2019, p. 15). Yet stating the sexual needs of PPID (or other non-communicative persons) presents multiple challenges—not the least of which is how consent could (or should) be adequately communicated. Citing Simo Vehmas, Firth and Neiders note that ‘legal scholars advocating the UN Convention on the Rights of Persons with Disabilities maintain that ‘all human persons, regardless of their decision-making

capabilities, should enjoy “legal capacity” on an equal basis’, and that, wherever possible, the individual’s preferences should be sought through “systems of support”, such as supported or facilitated decision-making (Firth & Neiders, 2023a, p. 132). Facilitated decision-making is a tool that can be employed by PLWD that permits them to retain their decision-making capacity by electing supporters to help them make choices and should be distanced from facilitated communication, the accuracy of which is controversial (cf. Stock, 2011; Hemsley et al., 2018).

The selling of sex (be it privately or publicly through services such as the sex doula programme) has garnered significant attention in the literature (cf. Nussbaum, 2006b; Flanigan & Watson, 2019). In addition to the obvious and well-trodden ethical objections to sex work, prostitution is problematic for some natural law theories due to its perception of being against the true nature of our human telos; similar objections might be shared by other conservative religious communities (in particular the three peoples of the book: Christians, Jews, and Muslims—though it is important to mention that some liberal denominations may have more tolerant views on prostitution). The nature of this debate is complex and beyond the scope of this chapter. It should be noted, however, that what constitutes sex work is, in and of itself, unclear (Wotton, 2016; Flanigan & Watson, 2019), with fields like sex surrogacy having somewhat ambiguous categorisation (a clearer distinction exists for sex therapists and sex counsellors, cf. Wotton, 2020). Assuming, as indicated recently (Firth & Neiders, 2023a), that the roles of sex doulas would be somewhat in line with *seksualvejledere*, it seems likely that they would be closely related to social workers, carers, and healthcare aides.

Finally, Kantians may question whether the selling of sex (or, perhaps, sexual services) would violate the categorical imperative by using ‘humanity’ as a mere means; this objection may also be laid against doctors, models, sex doulas, and others who use their own bodies and intellect in much the same way as sex workers might. Some Kantians, however, might respond that in the same way that it would be wrong for

people who have innate capacity and skill to ease the suffering of others (such as doctors and nurses) but do not embrace such a talent, people working as sex doulas may be obligated to help others to live more human lives. Firth and Neiders have philosophically justified the service under two moral theories (Firth & Neiders, 2023a, b), and it may be consistent with several others (it is certainly conceptually consistent with virtue ethics in light of its Aristotelean grounding); accordingly, its inconsistency with Kantianism is a necessary consequence of Kantianism's opposing ideological framing. Criticisms of this nature do not critique the programme *per se*, but instead reduce to a debate over the moral theories themselves.

Conclusion

Foregrounding disabled sexuality, the welfare-funded sex doula programme recognises the systemic social exclusion and disadvantage that impacts on the lives of PLWD to exclude them from the sexual citizenship that is experienced by others. The programme highlights the sex lives of disabled people as intrinsically important and constitutes an inclusion-based, equitable response to sexual exclusion.

Broadly understood, the welfare-funded sex doula programme constitutes a comprehensive sexual needs service for PLWD that assists them to increase their sexual autonomy and obtain sexual citizenship. The proposed service is justified within several moral theories (including virtue ethics, liberal utilitarianism, and the capabilities approach) and is facilitated by specially trained 'sex doulas'. The term 'sex doula' was coined to reflect the holistic nature of a doula's approach and to empower PLWD by distancing them from medicalisation. The roles of the doulas have not yet been well defined; however, they are expected to focus on advocacy, assisted decision-making, resource introduction, sex education, sexual exploration, and the development of a sexual voice.

The programme has received attention for its claims over positive sexual rights, which has resulted in an ongoing philosophical debate over

the distinction between so-called *in civitatem* claim rights and *in personem* claim rights, with the former being lodged against the state and the latter against the individual. The development of the programme has engendered further discussion into the ontological status of sexual rights.

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