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DOI 10.1007/s11195-016-9435-y

ORIGINAL PAPER

Sexual Assistance in Italy: An Explorative Study on the Opinions of People with Disabilities and Would-Be Assistants

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Abstract Providing assistance services for sexual activity is becoming of increasing importance to the community of people with disabilities and to mental health professionals. Nevertheless, the literature on this topic is sparse. The aim of this study is to explore potential clients' and assistants' views, needs, experiences, opinions, and concerns about sexual assistance (SA) in Italy. Twenty-two semi-structured interviews were conducted with 12 people with a congenital physical disability and 10 would-be assistants. A Grounded Theory approach was used to analyze data. Participants with disabilities considered SA useful. Despite most of them having unfulfilled sexual needs, they would prefer to have their sexual needs met within a romantic relationship. Would-be assistants constructed themselves as people who have a "natural aptitude to being useful". Results suggest that SA services might represent an opportunity for people with disabilities to discover new ways to satisfy their personal needs and to live more autonomously while, at the same time, allowing would-be sexual assistants to fulfill their desire to be helpful. Nevertheless, the use of SA is likely to only be a part of the answer to fulfilling the sexual needs of people with disabilities.

Keywords Assistance · Disability · Italy · Qualitative methods · Sexuality

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Published online: 30 March 2016

Introduction

A sexual assistant is a man or a woman of any sexual orientation who, after professional training, can engage in sexual activity with persons with any type of disability. Legal aspects, selection criteria, professional training, forms of payment, and type of sexual experience permitted differ from country to country. In Switzerland, Austria, Germany, Denmark and the Netherlands, prostitution is legally regulated and the two professions, although very different, are legally equivalent [1]. In the USA a similar role is performed by what is known as Surrogate Partners [2]. In Japan an association (www.whitehands.jp/e.html) offers training for nurses to prevent "sexual dysfunction" and "help to ejaculate" men with physical disabilities. In Spain, France, Argentina, the UK and Italy, where prostitution is not regulated, there is a political and scientific debate on the possibility of legitimizing the provision of sexual services to people with a disability, although this job would differ from prostitution in terms of training and intent.

There is a lack of literature about sexual assistance (SA) for individuals with physical disabilities due to the newness of the topic and to the taboos related to sexuality, payment for sexual services, the sexuality of people with disabilities and the ethical implications of training someone to sexually interact with people with disabilities who have sexual needs. In this introduction we explore the emotional and sexual needs of people with disabilities, in an attempt to understand the psychological impact of the frequent lack of sexual experience, and how SA may represent a solution.

Sexual Pleasure and Relationships in People with Disabilities

Sexuality and sexual pleasure are important aspects of human beings and contribute to the construction of their identities [3]. Sexual practices, as well as communicating affection [4] and validating intimacy in a romantic relationship [5, 6], are a way to enjoy pleasant experiences, experience new feelings, relieve feelings of insecurity, and demonstrate the ability to attract others [5, 7]. Sexual pleasure has an analgesic effect as measured in laboratory studies [8, 9] and may contribute to the perception of social integration and to a reduction in emotional isolation. A satisfying sex life can have a positive influence on health, longevity, pain treatment and the immunity of patients [10, 11]. Sexuality is also a right that has been recognized for people with disabilities since 1960 [12], but it is still necessary to take several steps to address the general and specific sexual needs of those who suffer from severe physical disabilities [13–15].

Despite increased knowledge [13] and different interventions in terms of sex education for people with disabilities [16, 17], the right to be free and autonomous, to have privacy, to express oneself and to experience emotional and sexual pleasure, including that resulting from auto-eroticism [18], continues to be disregarded [16, 17, 19, 20].

This denial of sexual pleasure might be due to one or more of the following: (1) the assumption that people with disabilities are asexual and "eternal children" [20–23], (2) the focus on procreative sex at the expense of the pursuit of pleasure [9], and (3) the assumption that people with disabilities are not physiologically able to experience pleasure, orgasms, and are unable to reproduce [17]. They may also be seen as always in need of protection [17]. In addition, the body with disabilities for many non-disabled people entails meanings such as unattractive, non-sexual and non-gendered [13]. These people forget that "having a severe disability or illness does not mean that people lose their ability to be sexual and experience sexual pleasure" [16:22].

People with disabilities are a very heterogeneous population and their sexual life may be differently affected by their disability. Many people live a satisfying sexual life and disability is not necessarily felt as a problem; consenting relationships are common, especially in the case of medium learning disabilities or of physical disabilities [20]. Moreover, recently, the opportunities for interaction and contact with sexual aims are more numerous thanks to new media and dating agencies. However, there are still people who complain of an unsatisfying sexual life and who have never had a complete sexual experience [24–26]. People with motor disabilities often do not even have complete control over their bodies, and masturbation would be difficult if not impossible. People with intellectual disabilities sometimes have difficulty verbally expressing the need to live out and satisfy their sexual needs, and often have not received a comprehensive sexual education [17].

The inability to experience pleasure and relieve sexual tension can significantly impair the quality of life [17]. Inaccessibility and inferior economic conditions hinder sexual access and sexual opportunities [13, 14, 27]. Other factors include: a lack of sexual education and intimacy, institutionalization or continuous parental supervision [17, 24, 25, 28], lack of positive role models, physical limitations, decreased sensation, sexual problems, negative aptitudes, aggression, frustration, resignation [29], and the low self-esteem generated by the shame of one's own body [27].

Some people with physical disabilities are forced to ask their personal assistants [13] or even their families to help them fulfill their sexual needs. However, in most cases, people with disabilities would rather repress their needs. Some of them resort to prostitution to avoid falling into loneliness and depression [29] and in order to satisfy their sexual needs [Cianci 2003 in 29], but prostitutes are not always sensitive and competent enough to meet the specific needs of the clients with disabilities. In addition, this choice may involve health and, in some states, also legal risks [30].

Sexual Assistance for People with Disabilities

SA combines verbal learning with the learning of more practical aspects of sexual education. In the Netherlands, Denmark, Japan, Germany, Austria, Switzerland, some associations train people to sexually accompany persons with disabilities in exploring their own bodies and the erotic pleasure that can be derived from it [1].

Sandowski [31] proposed direct professional help to meet the sexual needs of people with disabilities, to assist them to feel more sexually attractive, and experience a higher quality of life. This approach would allow people to choose their sexual lifestyle, experience confidence in their own capabilities, express and realize sexual needs and desires, and develop their self esteem [27]. Encouraging sex education and promoting self-esteem with regard to the individual's own body and own feelings [1], as well as helping them to develop the skills and confidence required to form consensual relationships in the future [27], would make SA a rehabilitation intervention as well as a response to a specific need.

A sexual assistant has some commonalities with the figure of a surrogate partner, whom Masters and Johnson [2] have proposed as a member of the therapeutic team (patient-therapist-surrogate partner) to increase the client's knowledge, skills, and comfort. Surrogate partners have also been used in Israel in the rehabilitation of people with disabilities as a result of spinal cord injuries [32].

Dupras [29] criticized the technicality and partial outcome of direct sexual aid, such as prostitution, assistance and volunteering. Another criticism is that a sexual assistant can be seen as a way to temporarily satisfy a need, providing direct help and support, instead of proposing a solution that might facilitate the person to relate sexually with others [1, 29].

For this reason, Nuss [1] suggested that sexual assistants should accompany persons with disabilities by giving them something more than technical assistance. The author also believes that it is difficult to avoid the creation of false hopes and endangering people with disabilities and their assistants.

In France, Spain, Britain, Argentina, and Italy, where prostitution is not regulated, many political movements have been born and there are popular debates about the possibility of organizing SA. A solution proposed by some authors [29, 33] is to develop a collaboration with volunteers who would provide this service for free.

A risk is that volunteers might be motivated to work for free only if they have a paraphilia for people with disabilities [34]. Aguilera [35] noted that pornography on disability is very soft and less explicit than classic pornography, instead expressing an interest in providing care and nurturance. On the contrary, Limoncin et al. [36] are concerned about the possible sadist implications that "devotees" may have towards people with disabilities. In their study of 120 European sexual assistants, sexual fantasies or overt sexual attraction to people with disabilities was reported. Thirty-five percent of the untrained and 3.7 % of the trained assistants offered sexual comments that might suggest sadistic traits, such as the attraction to the obedience and the impotence of people with disabilities, the desire to subjugate people with disabilities, the possibility of satisfying the assistants' sexual fantasies, and the attraction to the sexual inexperience that many people affected by disabilities have. This attraction might give rise, in some circumstances, to abuse, with people with disabilities being more at risk of sexual abuse than others [37].

Study Aims

In Italy the role and profession of sexual assistant is not recognized by the current legislation as the Italian Legal Code has abrogated any legal form of regulation of prostitution and SA. As such, any sexual intercourse in exchange for payment is considered as a form of prostitution. A committee (www.lovegiver.it) created in 2013 is currently working to promote SA in Italy. In April 2014, this committee submitted a proposal to legally distinguish prostitution from SA for the very first time in Europe.

The topic of how to effectively and practically provide for the sexual needs of people with disabilities is an innovative issue in the literature. It is a topic that is often met with perplexity and open criticism. There are few published studies that have specifically explored the experiences of those people with disabilities who have chosen SA, the desires behind their choice, nor the benefits and iatrogenic effects resulting from it [38–40]. Only one study [36] has examined the role of international sexual assistants, and no study has explored the motivations of Italian people aspiring to be sexual assistants, nor of those who already offer sexual services to people with disabilities in Italy.

Our study is the first to involve would-be assistants and people with disabilities in order to ascertain their views, needs, experiences, opinions, and concerns about SA. The aim of the study was to explore participants' perceptions of sexuality, particularly in terms of people with congenital physical disabilities, and their expectations about what SA might be in Italy.

Methods

Participants

The participants in this study were 12 Italian individuals (seven men and five women) affected by congenital physical disorders that had appeared since early childhood (Peripheral Neuropathy in one man, Becker Muscular Dystrophy in two men, Osteogenesis Imperfecta in one man, Spastic Tetraplegia in one man, Duchenne Muscular Dystrophy in one man, Spinal Muscular Atrophy in one man and two women, different type of Myopathy in three women) and 10 would-be sexual assistants (eight men and two women).

The individuals with disabilities were residents in the same area of Northern Italy. Their ages ranged from 25 to 61 years, with a mean age of 47.2 years for the women and 39.9 years for the men. Gender differences in the number of participants and in terms of age reflect the differences in the population who suffer from most myotonic disorders, especially dystrophy [41]. All respondents had lost the ability to move independently and had used a wheelchair for between 6 and 50 years. Their motor skills with regard to trunk and upper limbs were very heterogeneous, but in most cases the use of the hands was very limited, if not impossible in three cases, because of the advanced stage of the disease (Spinal muscular atrophy, Osteogenesis Imperfecta, Spastic Tetraplegia).

We chose to include in the sample people with physical disabilities rather than severe intellectual disabilities in order to ensure that participants had sufficient capacity to participate in the interviews. Moreover, we wanted to focus on the experiences and opinions of people who mainly have physical limitations in order to have sexual intercourse. Finally, we limited the field to congenital physical disability because acquired disabilities may imply previous experiences of sexual activity, thus introducing too much variability within the sample.

The average age of would-be assistants was 45.2 years (range 28–56 years). The men were aged between 28 and 56 (mean age of 45.29) and the women were aged between 32 and 52 (mean age of 44). The would-be assistants were residents in different parts of Italy, and all had shown an interest in participating in the courses that have been proposed to train sexual assistants.

Participants were recruited through associations that deal with disability, centers of rehabilitation for neuromuscular diseases, websites, or discussion forums on the issue of disability, sexuality and SA, and through the Committee for the Promotion of SA.

The final number of participants was not predetermined. Our sampling ended once we were of the opinion that theoretical saturation had been reached, that is the point at which gathering more data yielded no further theoretical insights in terms of the emerging theory [42].

Data Collection

We used semi-structured interviews to obtain rich descriptive information about the phenomenon, and to allow participants to choose how and what to tell us. A curious and facilitative, rather than a challenging and interrogative stance, was adopted. The interview with the participants with disabilities began with a broad question about their knowledge of SA, and went on to explore their opinions of it, their sexual experience, their caregivers' attitudes toward the assisted person's sexuality, and the participants' possibility of gaining

access to a sexual assistant. The interviews with the would-be sexual assistants focused on their opinions with regard to people with disabilities, SA and their professional history.

All the interviews with the participants with disabilities and two with the would-be assistants were conducted face-to-face. The average duration was 47 min, with a minimum of 23 min and a maximum of 90 min.

The other interviews were in a written form due to the need to guarantee anonymity to would-be assistants. The delicacy of the issue and potential legal problems caused most of the participants to prefer to undertake the interview in an online format created specifically for the purpose via Google.

Data Analysis

The analysis of the interviews was guided by the principles of Grounded Theory [43]. We conducted a preliminary analysis following each interview, and used its results as a guide for subsequent interviews, and to verify the saturation criteria. Therefore, data generation and data analysis proceeded simultaneously. We started by reading through the interviews to form a general impression. On the second reading, we identified and categorized central themes. We subsequently revised some of these categories in the light of the other interviews, and included notes and comments (open coding). The following step involved comparing similarities and differences between themes, and relating categories to their subcategories along the line of their properties, in order to develop a shared analytic framework (axial coding). Disagreements between the researchers' individual interpretations were resolved by discussion. The final phase of the analysis consisted of integrating the data from the interviews of the participants with disabilities with those derived from the would-be assistants' interviews as a means of generating a comprehensive theory of SA (selective coding).

In accordance with the quality criteria for qualitative research, it was important that this study achieved credibility [44]. The depth and breadth of the interviews enabled us to claim a comprehensive, authentic understanding of the participants' views. The analysis was tested by maintaining logical consistency and offering a subjective interpretation. To increase the degree of dependability, an auditor reviewed and verified the consistency of this research. Finally, transferability was achieved by grounding, using lengthy quotes from the interviews.

Results

Categories that Emerged from the Analysis of the Interviews with People with Disabilities

Living Well with One's Disability

In order to live well with a disability, persons with neuromuscular disease said that it is important to "accept the disease" and even "go with it," "Having friendship relationships," and to "compare" with the experiences of other people with disabilities. Participants considered even better to "have sexual experiences" and learn also from negative experiences in order to "accept and live with your own body with more freedom." Having a challenging and comfortable family instead of one which is obstructive and overly-

protective, was considered another fundamental aspect to building one's own identity as a person with disability in a serene manner.

Sex and Love

Sexuality was described as a normal and basic part of human life, with the respondents using terms such as "life," "beautiful," and "transgression." Sex was closely related to romantic relationships equally by men and women. According to three women and two men, however, a man's sexuality is a "physiological need" and an "animal impulse," in contrast with women's sexuality, which was considered a less strong need.

Eight of the participants experienced sex in romantic relationships, and only two of the remaining four had never had autoerotic experiences. A 43-year-old man had never masturbated, and a 57-year-old woman told us:

> When I was young I could masturbate by thinking. Yes, because I cannot move any part of my body. I had more strength and therefore the pelvic floor could contract more, and I could achieve orgasm, but now I cannot anymore.

To live one's own sexuality, have a relationship, and an "understanding" partner was considered a "fortune" that allows one to increase one's self-esteem and to become "stronger," "complete" and "accepted". The first sexual experience was seen as "a liberation, that element that was missing and came into place, and from that moment on, everything would be different."

The participants affirmed that having sexual intercourse is more difficult for people with disabilities because of the stereotype of a person with disability as "asexual and sick," and for most of them it is impossible to reciprocate due to the fact that no one will ever be attracted to a person with disability. Some negative experiences confirmed this idea. Sometimes also for parents, especially for those parents of the older participants, it is unimaginable that their children may have sex, and they would rather believe that their children need to be protected because partners can "take advantage" of them. Other parents, especially mothers, talk more easily about sex with their children with disabilities, notice their needs more. As one participant told us: "Sometimes in the morning I wake up and tell my mother that last night Morfea came, and then she knew that she had to change my underwear." Sometimes parents "do it [masturbation] directly" with their children, or take them to a prostitute.

Prostitution

Participants believe that the decision to want to have a sexual experience with an escort arises from a male need to "be like their peers". Five men and two women told us that some of their male friends with disabilities had had sexual intercourse with prostitutes, and sometimes had been "rejected" due to their disability. Prostitution is still not particularly "accessible" for people with disabilities due to the difficulty of gaining access to the prostitute's workplace and the inability to host her at home, or for the lack of preparation to meet the needs of a person with disability.

Sexual Assistance

All the participants, in different forms, with one exception, had good or very good knowledge about SA acquired through various channels, especially from articles on the

Internet promoted by the Committee. Only one man of 43 years of age, suffering from a severe form of spastic quadriplegia, had never heard of SA. He was also the only one unfavorable to the legalization of SA.

All participants commented, however, that in some cases, sexuality for a person with disability can be a problem and SA could be something "right" and "useful," which would serve to respond to "a need as any another." Responding to this need would represent a way to recognize the right of sexuality for persons with disabilities: "With SA you can have what other people can have" and finally can be seen as "normal".

Having SA is, however, not evaluated by all as "the solution to the problem" as this service would respond only to a "physiological need," and, in fact, all participants would prefer to have a romantic relationship and they would not like to enjoy SA services. SA is seen like a "personal choice," an "opportunity" that every person with disability should have, and it must be at the National Health Service's expense, otherwise there would be a strong risk that "only those who have money may refer to a sexual assistant, whereas those who do not have enough money are always relegated to the end of the track!" Participants believe that the legalization of SA in Italy will be difficult and prefer that, in "priority order," money made available by the state for people with disabilities should be invested in other services.

In the participants' opinion, SA might allow a person with disability to "stay better," feel more "free" and "more of a person," "to accept fully the inability in order to have a normal relationship." Receiving SA services "at home" by a "professional" and "prepared" assistant working with other healthcare professionals might also help people with disabilities to "find a partner" in the future.

Respondents differentiated among the typologies of clients according to their disorders and needs. Two of the young male participants would exclude people with upper limb injury from SA, whereas the other participants would include any person with disability, regardless of the severity of the disability. The typical client would be a man with severe disability (especially intellectual disabilities). People with a partner might be interested in lessons about sexual positions that are safe for one's own disability, whereas a single man or woman might prefer to have a direct experience.

Many expressed the fear of "falling in love with the assistant" and believed that this risk might be greater for those who have never had any sexual experience. Two participants believed that people with disabilities grow attached to others compared to people without disabilities and, in the worst case, it could happen that assistants will "take advantage" of the feelings experienced by the client to continue to earn. For some people this is not a problem because it is a common experience and the attachment usually passes. The problem may, however, be resolved through "training" and the possibility of the use of "alternate assistants."

Categories That Emerged from the Analysis of Would-Be Assistants' Interviews

Personal Experience and Knowledge

The majority of the would-be assistants (8/10) possessed prior knowledge of disability, acquired through occupations related to health care, or because in the past they had assisted their relatives or friends. Five of them had had experience of assisted sexuality, in four cases for remuneration, and in one case for free with persons with disabilities. Two women, 32 and 48 years old, provided sexual services for men with disabilities for payment, two

men, 38 and 56 years old, had worked as escorts, and had also had experience with women with disabilities, while a man of 55 years old was a health worker that secretly, and for free, masturbated his female patients when they requested him to.

The Meaning of Sexuality

Sex was considered "natural" by three participants in the form of an "impulse," but, also, as "fun." For two women, 32 and 48 years old, who offer sexual services, sex is "the energy that constitutes the human being." For two would-be male assistants (55 and 56 years old) there are gender differences in the way we construct sexuality: "Women would need more intense things, less superficial." All the participants thought that, due to the "opposition of parents," persons with disabilities have generally "less independence" and "less knowledge and experience of their sexuality" than able-bodied people, and for women with disabilities it is even more difficult.

The Role of Sexual Assistant

In the participants' opinions, a sexual assistant is a person who possesses "empathy," "sensitivity," and a "vocation to help" others. A sexual assistant was considered to be: a person "without taboos about sexuality," "receptive about the problems of disability," who can "understand the needs and desires of those who have never had sex before"; an "open minded" person, "ready for any request and able, if necessary, to decline gracefully and admit one's own limits." Being able to be "emotionally detached" was considered essential for both assistants and customers.

For all these reasons it was considered really important to "select" and "train" only those who have "a natural aptitude" to "be useful," and to reject those who "just want to earn money." In fact, the prevalent meanings attributed to the profession of sexual assistant are: "to help others," "helping to satisfy desires and passions," "to do something for others," "to help to properly address sexual energy through erotic-emotional rehabilitation," "to give and to take, give a little joy that fills my heart too." Working as a sexual assistant can also permit the individuals to work at times and rhythms determined by themselves and to supplement their income.

The Needs of People with Disabilities

In the would-be assistants' opinion, SA might finally give Italians with disabilities the opportunity to "choose" in terms of their needs. They may desire to be "understood" and no longer feel "ashamed" or considered to be "children." Instead, they can be viewed socially as "most useful members of society". For one 32-year-old woman it was necessary to exclude oral and genital sex from the possible sexual interactions in order to prevent the risk of pregnancy and sexually transmitted infections, but for the others everything is admissible after agreement between the assistant and the client.

The Negative Aspects of SA

Negative aspects of SA were considered to include the current "illegality," "social stigma," "family's or partner's disapproval," and the risk of involvement. The risk that a person with disability may fall in love with the assistant is perceived both by those who had

already had experience, and those who had not: "I tell the person with disability right from beginning that I do not want her to fall in love, because for me it's just a job." In the experience of two of the men, there is the risk of emotional involvement also when working with the able-bodied, but the important thing is "knowing how to say no."

Another concern expressed by two of the participants related to the demands of person with mental disorders. In the case of intellectual disability, the request usually comes from the parents. In one participant's experience, the mother of a girl with Down syndrome contacted him to "give her a present."

None of the participants believed that SA might be legalized in Italy at the present time, and for some it was necessary that prostitution would have to be de-criminalized first.

Discussion

Living with a physical disability can involve some limitations to autonomy. The constant need for the use of a wheelchair and a respirator, the difficulty of moving one's hands properly, being tired from talking, depending on caregivers for eating or bathing, are all compromises that some persons with disabilities have to accept, and gradually recognize as a part of their identity. Having friendships and sexual experiences [5] allows people with disabilities to satisfy a need [29], accept themselves, accept illness [45], feel complete and normal [27, 29], and contribute to an increase in self-esteem [27] by proving that, despite their disability, they may attract others [5].

On the other hand, enduring stereotypes [13, 17, 20–23], an over-protective family [17, 46] and environmental and financial factors [13, 14, 27, 47] can lead to a lack of sexual experience that, for some people with disabilities, becomes a problem and a need [24–26].

Some people with disabilities, including some in our sample, have never masturbated and, in some cases, while caregivers or assistants may perceive their sexual needs [13], they may not know how to satisfy them nor know if they should do so. Contrary to any other basic activity of daily living (e.g. eating, menstrual care, bowel/bladder care) that is provided by personal assistance services, sexual needs are often not addressed at all [47, 48].

Prostitution, even if used in many cases by men with disabilities to be seen as being like their peers [29], is still "inaccessible" for most people with disabilities [30]. Specific, professional and trained help [32] is considered useful by people with disabilities because it could facilitate the possibility of them entering into a close relationship [1, 27] and offer the "love affair" that many people with disabilities dream of. In fact, today, many young people with disabilities have integrated the current, so-called love ideology [49], "which assumes that sexual activity should preferably occur within a love relationship between two people. But couples among people with cognitive disabilities are relatively unusual, which can make it hard to realize love ideology" [51:202].

None of the twelve people with disabilities interviewed would currently ask the help of a sexual assistant, because all of them preferred to enjoy sexuality in a relationship. This result is in line with previous literature [1, 49–51] and points out that SA is not "the solution to the problem" [1, 29]. Nevertheless, eleven of our participants with disabilities had a positive attitude to the legalization of SA in Italy, thinking that SA might be "useful" and a "right" for some people with disabilities, and so it should be left to the "personal choice" of each Italian with disability. Most of them were of the opinion that mainly men

would enjoy such SA, because women usually prefer sexuality in a "different way" (i.e. more linked to love) [6].

Those who want to be an assistant feel led to this task because they have a '"natural aptitude to help" [36] and, in the course of their lives have come in contact with the world of disability, for personal or business reasons. They have perceived the "sexual need" of some people with disabilities and they wish to participate in future courses for sexual assistants, to be "trained" and "prepared" to meet this need.

People with disabilities, and sexual assistants, are in this sense, closely related in terms of needs and self-identity (Fig. 1). People with disabilities have a strong need that is often unfulfilled and the assistants feel fulfilled in helping. In this way we have arrived at a unique theory of SA, which links the needs of people with disabilities with sexual assistants' aptitudes. Accurate selection and training of sexual assistants [36] might reduce the risk of abuse and the violation of any code of ethics [12, 37], which may avoid questionable conduct such as that engaged by the health worker interviewed who complied with requests by his clients to masturbate them.

One of the risks of SA, which is equally perceived by people with disabilities and by the would-be assistants, is the risk of unrequited love. This risk might increase for those who are most sensitive and who have never had erotic or affective experiences [1]. Sexual assistants might "take advantage of it", but if selection and training are comprehensive, the risk might be reduced, as previous literature has highlighted [36].

The participants in our study did not consider the Italian state ready to enact this change, although they thought it might have offered an opportunity for some people with disabilities to satisfy their needs and for some would-be assistants to fulfill their aspirations. The possibility that SA may be legalized in Italy is considered to be a distant prospect and, in any case, it is linked to the legalization of prostitution [1].

Limitations and Future Perspectives

The main limitation of the study was that the sample was comprised only of persons who had suffered from physical disabilities from early childhood, thus preventing us from knowing the experience of people whose disability began later (e.g. due to spinal cord injury), maybe even after having had some sexual experiences. The experiences of people with disabilities are extremely heterogeneous, especially if learning and sensory disabilities are considered. It would be interesting to extend the research to these areas.

Another limitation of our study is the method of recruitment of would-be sexual assistants on the basis of self-referral; we do not know if they were effectively selected to participate in the courses. Future research might compare the narratives we collected with those derived from people who are already sexual assistants, perhaps in a different country.

As regards the methodology used, one of the main criticisms that is made of the Grounded Theory approach is that, in spite of the desire to induce theories from the data, the way of categorizing and organizing the data would depend on the point of view of the researcher, and by the fact that the analysis is necessarily driven by the questions that arise [52]. We cannot avoid taking into account this consideration, and propose the inter-subjectivity of our point of view as a means of achieving a more comprehensive insight.

Also with regard to the methodology, since part of the interviews with would-be assistants was conducted via the Internet in a written form, a high degree of interaction between the participants and the researcher was not possible. To overcome this limitation, online chat might be used, which would allow interaction while preserving anonymity.

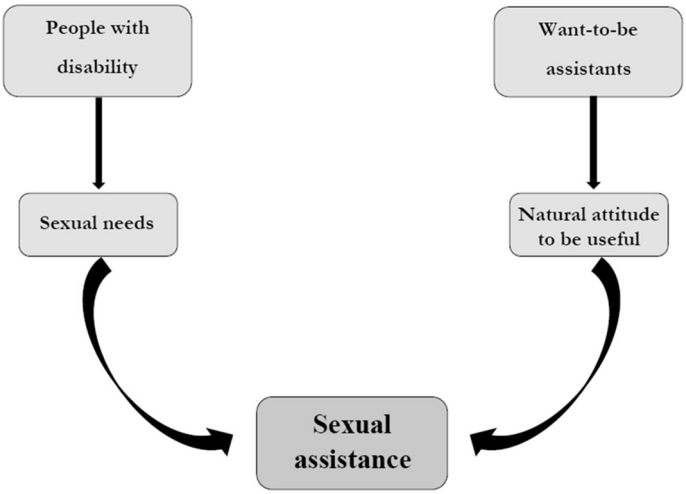

Fig. 1 Emergent theory about sexual assistance

SA is a delicate issue that opens questions on what disability is, what sexuality is, what are the different ways of living it, or if it is ethically right to reward a person when it comes to trading sex with someone who otherwise would have difficulty obtaining it, and what is the limit beyond which SA might become dangerous for the client or the assistant [1]. The matter becomes even more complicated in the case of people with severe intellectual disabilities because the issue of their consent, and of how they may communicate it, is a delicate point [12, 37, 53]. Training people to sexually accompany people with disabilities answers only a part of the vast and diverse needs of people with disabilities [29], given that, as confirmed in this study, most of them construct sexual experiences as closely related to the feeling of love [49, 50].

Acknowledgments No NIH/Wellcome Trust funding or other financial support has been received for this study.

Compliance with Ethical Standards

Conflict of interest Authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the academic research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Written informed consent was obtained from all individual participants included in the study.

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