Disability sexual health services in the Netherlands

Presented to the SH&DA meeting on 12th October 2009

The purpose of this report is to share a little of my learning about organisations in the Netherlands that support the sexual health of disabled people including the provision of surrogate sexual partners. My interest in surrogacy began some years ago whilst collaborating with disability groups and disabled people to develop a research agenda around disability and sexual expression (Couldrick 2001). Amongst the many issues raised was a request from a few of the individual respondents to investigate the provision of surrogate sexual partners. They said the ability to practice and rehearse what is, and is not, possible and to build up confidence in a safe, non-threatening environment would be helpful. The services provided in the Netherlands were alluded to but I knew little about them.

This year I emailed various organisations and also had the opportunity to travel to Maastricht to meet staff at De Schildpad. This report is based on both this correspondence and visit. The sections of the report include: some introductory notes about the Netherlands; a description of services provided by De Schilpad; some thoughts on different models of surrogacy; other services identified but not explored in depth including contact details. A word of warning, this report is based on my understanding of services in February 2009. Inaccuracies, although unintended, are possible.

The Netherlands

The majority of complex physical rehabilitation takes place in rehabilitation centres. There are 23 including:

Sophia Rehabilitation the Hague
De Hoogstraat Utrecht
De Trappenberg Huizen

Less complex rehabilitation would occur in the rehabilitation departments of general district hospitals.

In the Netherlands, as in the rest of the world, a drive in the 1970s for the rights of disabled people to have sex, slowly disappeared. There has been increasing interest again, beginning about 15 years ago.

Netherlands has better sex education and a normalisation of issues like safe sex. Attitudes to sex work (prostitution) are different. Sex work has been legalised since 2000 although, in essence, it was informally accepted as not criminal since the 1960s. Since 1995 there has been a seal of quality (like a Kite mark) for the commercial sex trade. That said there are still some criminal elements associated with sex work and recent ‘management’ of this has led to closure of over half the red light district of Amsterdam. A realistic cost for a sex worker was suggested as €125 per hour.

For severely disabled men and women it is possible to get government funding for sex 10-15 times per year; for example, if somebody’s impairment prevents them being able
to masturbate independently. The cost is refunded either from national health insurance or from personal care budgets on submission of receipts.

**De Schildpad**

This is a voluntary, not-for-profit, organisation founded by a disabled person in 1995. It opened in 1997. Its full title is Stichting Handicap & Seksualiteit. It is funded through grants from health care insurance, local government and service fees. It operates across the Netherlands and part of Belgium.

There is a small staff team of: an administrator, a financial support officer and six specialist care workers (referred to in this report as workers) who can act as surrogate sexual partners; four women and two men. De Schildpad also has access to sexologists, working within rehabilitation centres, who provide their time on a voluntary basis. There has been some discussion about employing a physiotherapist in the future to assist the team.

The service supports heterosexual, gay, lesbian and bi-sexual disabled people. The workers were not, and do not, consider themselves as sex workers. Rather they were described as social workers whose role is to provide intimacy on a therapeutic basis or emotional befriending. Sex is considered only when, for whatever reason, the disabled person is unable to develop his or her own personal relationships.

The workers were recruited to the role and given training in disability. This included information on management of personal care (activities of daily living) for people with different conditions; medical conditions, and interpersonal skills. The aim is for the worker to help disabled people develop their social skills and confidence in building and maintaining desired intimate relationships. Involvement in a direct sexual relationship may be included within their work, where appropriate, but it is not the primary role. There was concern that the worker should not encourage dependency but help the disabled person build their skills and confidence: to grow beyond needing De Schildpad.

De Schilpad is open on Mondays and Fridays. Clients call or email to ask questions or explain about their problems. The staff then works with them to find a solution. Sometimes the client is referred to a professional, for example a sexologist. In some cases a worker, a woman or a man, is sent to help them with practical issues or to have sex with them.

The workers are considered to be responsible people working to ensure safe sexual practices including checks for sexually transmitted diseases. It was stressed this was not sex work but “praktische dienstverlening”: a practical service. De Schilpad’s administrator suggested clients felt more shame and vulnerability when seeing regular sex workers, whereas they were more comfortable with De Schilpad staff who were seen as safer and more approachable. The service, it was said, was seen more like a health service than some other organisations in the Netherlands like, for example FleksZorg (see below) which was seen as a commercial organisation offering a substitute partner rather than a service helping disabled people develop their interpersonal and sexual skills. Workers have full employment rights and pay tax on their earnings.

The service was said to be well known to health and social care professionals. The disabled person pays the surrogate direct. The fee at the time of my visit was €75 for 1½ hours (plus €7.5 service fee to De Schildpad). The government acknowledges the
service but it does not fund it therefore a lot of staff energy is directed to applying for grants and raising funds.

**Surrogacy**

It seems there are two main client needs within surrogacy to be considered: sexual development and sexual maintenance. The first is about using a surrogate to enable the client to learn to function sexually on their own. This is suitable for those who want to rehearse how they can function sexually; learning about sex within their physical limitations. This includes learning how to: meet potential partners; develop and maintain relationships; sexually satisfy oneself, and achieve satisfactory sexual intimacy with a partner. The compensatory approach, or sexual maintenance, is required where this future independence is not achievable. I exchanged several emails with someone who had published on surrogacy where it is used as an adjunct to sex therapy: Woet Gianotten. He described two models for surrogacy:

**Surrogate partner therapy** – in this model the relationship therapist selects a surrogate for the client and the surrogate sessions are part of the treatment and closely linked by discussions with all three parties. The therapist dictates the work/role of the surrogate in the next session. This is not available in the Netherlands. It is available through the International Professional Surrogate Association established in USA in 1973. It is also available in the UK at the Sexual Healing Centre.

Specialised erotic services for clients with physical and learning disability or mental health issues. Through an intermediary organisation, sex workers are available who can deal with some of the outcomes of disability, for example, stoma, paralysis, spasm, drooling, etc. Usually people continue with the same worker. The client may or may not be referred by a health professional. This is available in the Netherlands and Woet cited the two main organisations as the Stichting Alternative Relatiebemiddeling (SAR) and FleksZorg.

Jim Bender and Woet Gianotten are both sexologists linked to the Rutgers Nisso Groep: Jim at Sophia Rehabilitation and Woet was employed by Utrecht Medical Centre and provided services at Sophia and another rehab centre. Both are involved in training for health care staff: Jim for teams and Woet for the various disciplines.

**Other organisations**

**FleksZorg** – Amstelveen near Amsterdam. The surrogates have the title *sex caretakers*. FleksZorg describes itself as offering mediation in sex care for people with a disability. Their flyer says “When somebody in your environment wants more then just talking about sex FleksZorg offers pampering, cuddling and sex, adjusted on everyone’s personal needs and wishes”. They visit people in their homes or institutions or can help find alternative accommodation if necessary. Payment is made to the organisation (not the surrogate). Sex care may be paid for by national health insurance and individuals can also use personal care budgets if available. FleksZorg seemed to be more like a commercial coalition of sex workers who focus on working with disabled clients.

Website: www.FleksZorg.nl
Identified contact: Marcel Oldenkotte
Email: marcel@FleksZorg.nl
Rutgers Nisso Groep (RNG) – This sounds more like our NHS psychosexual therapy services. It is for everyone not just disabled people and is linked to the Dutch Expert Centre on Sexuality. They have several programmes regarding sexuality, and one of them is focused on sexual functioning in disability and illness. They develop projects (education, training for professionals, manuals, websites, etc) and do research.

Website: www.rutgersnissogroep.nl
Identified contact: Willy van Berlo
Email: w.vanberlo@rng.nl

De Schildpad (also Stichting Handicap & Seksualiteit) – see above

Website: www.deschildpad.nl
Identified contact: George Bastings, Chairman Handicap en Seksualiteit
Email info@deschildpad.nl

Stichting Alternative Relatiebemiddeling (SAR) – Purmerend

Website: www.stichtingsar.nl
No identified contact.

Sociaal Erotische Bemiddeling (SEB) – Rotterdam. Liaises between clients with disabilities and sex workers to enable safe meetings.

No contact details

Further reading