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Social Representations of Sexual Assistance Services for People with Physical Disabilities in the Context of Portugal

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ABSTRACT

Objectives: The purpose of this study is to understand social representations of the Portuguese population regarding sexual assistance services for people with physical disabilities.

Methods: A questionnaire collected sociodemographic information and attitudes concerning sexual assistance from 167 Portuguese participants over 18 years of age.

Results: Results suggest most participants agree with legal recognition of sexual assistance services, expressing their agreement that it should require training, be remunerated, be aided by the availability of a list of professionals who provide these services, and attribution of public funds to make access possible to anyone. Contact with sex workers and perception of people with physical disabilities' interest in sexual assistance are associated with higher acceptance of these services.

Conclusions: These findings showed positive social representations toward sexual assistance, emphasizing a need for further debate between people with disabilities, sex workers, academia and policymakers regarding training for providers of sexual assistance, creation of a list of sexual assistants, public funding to make these services accessible, and legal recognition of sexual services, to ensure the rights of people with disabilities and sex workers.

Implications: The findings underscore the importance of advancing public discourse on key issues related to sexual assistance, including the development of specialized training programs for sexual assistance, the establishment of a list of qualified sexual assistants, the provision of public funding to enhance service accessibility, and the legal recognition of sexual assistance. These measures are essential to safeguarding the rights of both people with disabilities and sex workers.

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Introduction

Sexual assistance is a support for people with disabilities to express their sexuality (EPSEAS., 2025). The literature on the theme is still scarce and describes a wide range of services under the umbrella of sexual assistance (Benoit et al., 2023; Crehan, 2023; Gammino et al., 2016; García-Santesmases & Ferreira, 2016; Morales et al., 2020; Reale, 2021; Veronika et al., 2021). These services can be categorized into two primary models: the autoerotic model and the erotic model (García-Santesmases & Ferreira, 2016). In the autoerotic model, sexual assistance is a service that enables the person to masturbate when they cannot do it by

themselves and to experience a sexual life with their sexual partners through support in tasks such as undressing, contraception, sexual positions, and hygiene (Reale, 2021). Hence, sexual assistance allows the person to express their sexuality by accessing their own body and their partner's (Granero-Molina et al., 2025; Veronika et al., 2021), but not the sexual assistant's (Centeno, 2016). In the erotic model, sexual assistance covers several practices involving the sexual assistant, such as penetration, oral sex, massage, masturbation, discussions about sexuality, and the use of sex toys (Geymonat, 2019; Limoncin et al., 2014). Thus, in this model, there are no restrictions on

bodily interactions between people with disabilities and sexual assistants (García-Santesmases & Ferreira, 2016). In addition to these models, studies that inquired professionals of sexology (Sánchez & Rodríguez, 2020) and nurses (Granero-Molina et al., 2025) reveal a perception of sexual assistance closely tied to a medical perspective, sometimes requiring a medical prescription (Rakić, 2020). This type of service, known as sexual surrogacy, is a sexual therapy intervention that aims to rehabilitate emotional (e.g., anxiety) and/or sexual issues (e.g., sexual dysfunctions) (IPSA., 2020) of people with or without disabilities (Freckelton, 2013; Reale, 2021). In this process, the client consults a therapist (psychologist, psychiatrist, or sex therapist), who assesses the person and creates a therapeutic plan. Subsequently, a sex surrogate implements the discussed procedures under the therapist's supervision (Aloni et al., 2007).

The understanding and conditions in which sexual assistance occurs vary from country to country (Gammino et al., 2016). Some researchers defend sexual assistance as non-transactional sex volunteerism mediated by nonprofit organizations (Di Nucci, 2011); other people highlight the importance of payment for the recognition of the labor and definition of limits between the assistant and the person with a disability to avoid emotional involvement (Geymonat & Macioti, 2016). As a result of remuneration and the possibility of sexual activities with sex assistants (Limoncin et al., 2014; Morales et al., 2020; Rakić, 2020), stigma and moral concerns have accompanied the debate about sexual assistance, interfering in the social views about the access to sex services by people with disabilities (Benoit et al., 2023; García-Santesmases et al., 2025; Lambelet, 2017; Langanke, 2023), due to unclear boundaries between sexual assistance and prostitution (Girard et al., 2019; Granero-Molina et al., 2025; Mannino et al., 2017; Veronika et al., 2021).

Prostitution, the provision of paid sexual activities within sex work (Rakić, 2020), is pointed out as not entirely accessible for most people with disabilities (Jones, 2013). Some people with disabilities resort to prostitution but encounter barriers in accessing the workplace where the service is provided or professionals who do not meet their specific needs and desires (Gammino et al., 2016; Jones, 2013); in terms of time or body contact

desired (Limoncin et al., 2014). In a study developed by Pinho et al. (2020b), some sex workers also reported feeling embarrassed when interacting with non-normative bodies and diverse individuals' practice requests. Thus, training and knowledge have been perceived as an interesting solution to learning more about these clients' specificities.

Untrained professionals have been associated with a higher resort to sexual intercourse, oral sex, and masturbation as well as the possible manifestation of atypical interests, such as *devotees* (people who feel sexual attraction specifically for people with disabilities), which can put clients with disabilities in vulnerable situations (Gammino et al., 2016) of violence, stigmatization, abuse of power or frustration in the face of emotional involvement (Geymonat, 2019; Lambelet, 2017; Limoncin et al., 2014). In contrast, professionals with training tend to distance themselves from prostitution, adopting diverse practices not limited to explicit sex. Training is important to ensure better practices of sexual assistance (Esteve-Ríos et al., 2022; Pinho et al., 2020b) and reduce stigma around the various forms of the service (Crehan, 2023; Girard et al., 2019); Granero-Molina et al., 2025; By deepening awareness about the sexuality of people with disabilities, training allows notions of dealing with specificities such as spams (Langanke, 2023) or transfers/positioning people with physical disabilities (Morales et al., 2020). It also helps set boundaries that reduce the risk of abuse or affective involvement (Gammino et al., 2016; Geymonat & Macioti, 2016; Limoncin et al., 2014) and amplify awareness about physical barriers in the environment that hinder access to sexual services (Wotton, 2016).

On a legal level, sexual assistance does not yet have a specific framework (Reale, 2021) and tends to fall under the same regulations applied to sex work (García, 2023). In this sense, in countries that recognize sex work, sexual assistance tends to be recognized as well (e.g. The Netherlands, Germany, and Switzerland); in countries without a specific legal framework, sexual assistance depends on the existing discussion about the service (e.g. Denmark, Belgium, Austria, Italy, Spain, and Portugal); in countries with abolitionist systems, both organizations and clients can be criminalized (e.g. France and Sweden) (Pinho et al., 2020a).

The lack of a legal framework and the dependence on requesting family support for sexual expression might hinder the resort to sexual services for some people with disabilities (Gammino et al., 2016; Morales et al., 2016). Despite the gendered idea of “need” that sexualizes men with disability and associates them with a preference for the service (García-Santesmases et al., 2025; Girard et al., 2019), women with physical disabilities also report the benefits of using sexual assistance services to live an intimate moment (Esteve-Ríos et al., 2022; Langanke, 2023). Basically, people with disabilities consider sexual assistance a useful service and reclaim it as a sexual right to overcome obstacles and express sexuality with autonomy and self-determination (García-Santesmases et al., 2025; Gutiérrez-Bermejo & Jenaro, 2022; Pereira et al., 2018). Positioning sexual assistance as a right has the benefit of implicating the Government in providing conditions to ensure a dignified sexual life. Thus, public funding is pointed out as an essential condition for equal access to sexual assistance by every person with disability (Gammino et al., 2016; De Asís Roig, 2019; Saorín et al., 2022; Veronika et al., 2021), but some authors warn for the risks concerning attempts to control the service by public authorities and the difficulties of protecting sexual assistants’ identities (Geymonat & Maciotti, 2016). Also, there are doubts related to a possible limitation of the service, with some arguing that it should be just for some types of disabilities, especially when a dependency is perceived as a suffering condition (Lambelet, 2017), while others defend that sexual assistance should be for everyone who decides to use the service (Pinho et al., 2020a).

For the time being, policies and practices have failed to address the sexual rights of people with disabilities (Benoit et al., 2023; Crehan, 2023; García-Santesmases et al., 2025). Due to the variability that has been characterizing sexual assistance debates (Gammino et al., 2016), it is important to consider the context in which the service is developed (Gutiérrez-Bermejo & Jenaro, 2022). One example is the study conducted in France to understand the population’s opinions about the theme, in which results showed a higher acceptability of sexual assistance when financial compensation does not exist. In this

study (Girard et al., 2019), sexual assistance is considered acceptable in most circumstances. Another example is the study developed in the Czech Republic, where public discourse about sexual assistance is negative.

In Portugal, the interest in the creation of the sexual assistance figure by people with disabilities was reported (Pereira et al., 2018); however, such a service is not currently available within the existing legal or social frameworks. Decree-Law No. 129/2017, of 9 October, introduced an Independent Living Support Program, which provided personal assistants to support people with disabilities in their daily activities and promote greater autonomy (DR., 2017). Despite this advancement, the program does not include any provisions or guidelines addressing the sexual sphere. Thus, Portugal lacks formal associations dedicated to the promotion of sexual assistance, and public discourse on the subject remains limited (Pinho et al., 2020a). Therefore, it is important to understand the attitudes of Portuguese society about the service. The present study aims to explore the social representations toward sexual assistance services for people with disabilities in Portugal.

Methods

Participants and procedure

To understand the shared representations regarding sexual assistance services for people with physical disabilities, we designed a survey based on a self-administered questionnaire to be answered by people over the age of 18 and of Portuguese nationality (inclusion criteria). The utilized questionnaire consisted of two parts. The first collected sociodemographic information on the participants, while the second comprised several researcher-created items to measure participants’ attitudes regarding sexual assistance, based on evidence from the literature and information collected through interviews with the population of interest (i.e., people with disabilities and sex workers). The questionnaire was disseminated by social platforms (snowball sampling), and participants answered the online survey on LimeSurvey after reading the full description of the study and signing the informed consent online.

The items of the questionnaire focus on sexual assistance for people with physical disabilities to avoid consent concerns that might be raised when thinking about sexual services for people with intellectual disabilities (Gammino et al., 2016) or specificities of other types of disabilities. The research was submitted to the Ethics Committee of the Faculty of Psychology and Education Sciences of the University of Porto and approved under the reference number 2024-04-06. Participation was completely voluntary; no incentives or prizes/money were given, and participants were allowed to withdraw at any time, including the data they provided.

After excluding the data of participants who only completed the sociodemographic questionnaire and did not answer a single item in the questionnaires ($n=75$) as well as participants who reported being under 18 years old ($n=5$) and/or not having Portuguese nationality ($n=7$), we were left with the responses of 167 participants between 20 and 77 years of age ($M=40.58$, $SD=13.052$), about three quarters ($n=126$, $p=75.4\%$) of which reported being between 20 and 48 years old. Table 1 details the sociodemographic characteristics of participants, namely the assigned gender at birth, gender identity, sexual orientation, civil status, habitation area, educational qualification, profession, whether participants consider themselves to be religious, and how much importance they attribute to religious values.

Measures

The measure used in this study was a self-administered questionnaire that collected sociodemographic information on the participants as well as attitudes concerning sexual assistance services, the completion of which took about 15 minutes.

Sociodemographic information

Participants were asked a number of questions regarding sociodemographic characteristics, such as age, nationality, assigned gender at birth, gender identity, sexual orientation, civil status, habitation area, whether the participant considers themselves religious, the importance of religious values to the participant (1 = not important, 2 = little

Table 1. Sociodemographic characteristics of participants.

		%
Assigned gender at birth	Female	67.1
	Male	32.3
	Intersex	0.0
	Other	0.6
Gender identity	Female	64.7
	Male	31.7
	Non-binary	2.4
	Other	1.2
Sexual orientation	Heterosexual	77.2
	Gay/Lesbian	9.0
	Bisexual	12.0
	Asexual	0.0
	Pansexual	0.6
	Other	1.2
Civil status	Single	48.5
	Married/Unmarried partner	36.5
	Divorced/Separated	12.0
	Widowed	3.0
Religious	Yes	20.4
	No	51.5
	More or less	28.1
Importance of religious values	Not important	28.7
	Little importance	26.3
	Reasonably important	28.7
	Important	12.0
	Very important	4.2
Habitation area	Urban	82.0
	Rural	18.0
Academic habilitation	0-9 years	2.4
	10-12 years	16.8
	13+ years	80.8
Professional area	Health	37.7
	Social services	18.6
	Social and behavioral sciences	0.0
	Other	43.7

importance, 3 = reasonably important, 4 = important, 5 = very important), academic habilitation, professional area, whether the participant practices sex work, and if so, whether they've had or would consider having a client with physical disability. Participants were also inquired on whether they have a physical disability and, if so, whether they have resorted to or would consider resorting to sexual services. Lastly, respondents also reported the frequency of their contact with sex workers and with people with physical disability (1 = daily, 2 = frequently, 3 = occasionally, 4 = rarely, 5 = never), as well as their willingness to help a family member, friend, coworker or stranger with physical disability seek sexual services.

Attitudes regarding Sexual Assistance

In the second part of the questionnaire, respondents were presented with a scenario to consider, describing someone with a physical disability who wants to experience their sexuality independently and comes across information about

sexual assistance. The description explains what sexual assistance consists of and mentions that it is a recognized activity in some European countries such as the Netherlands. Following the small text, participants were asked to express their degree of agreement toward several statements using a five-point Likert scale where 1 = completely disagree and 5 = completely agree. The items used to measure participants' acceptance of sexual assistance services were the following: "Men with physical disability are interested in resorting to sexual assistance," "Women with physical disability are interested in resorting to sexual assistance," "Sexual assistance should be provided by people with training to support people with physical disability in experiencing their sexuality," "Sexual assistance can contribute to rehabilitation of the sexual sphere of people with physical disability," "Sexual assistance can be an answer to avoid situations in which family members have to masturbate people with physical disability," "Services provided in sexual assistance must only allow access to physically disabled people's own body (e.g. masturbation, if the person isn't able to do it on their own, and help before, during and/or after sexual practice with another person with physical disability)," "Services provided in sexual assistance must include sexual contact between the people with physical disability and the one providing sexual assistance (e.g. penetrative practices), if the people involved so wish," "Sexual assistance should be provided by volunteers (who are not paid)," "Sexual assistance should be legally recognized in Portugal," "The Portuguese state, European funds or other mechanisms should attribute funding to help pay for sexual assistance to make access possible to anyone regardless of their social and/or economic situation," "People with physical disability should have access to a list of professionals who provide sexual assistance services" and "Sexual assistance should be a choice for adults with physical disability who intend to access this service for their right to sexual self-determination". For the purpose of evaluating the relationship between acceptance of sexual assistance services and perception of the interest of people with physical disability in sexual assistance services, the former was measured without the items "Men with physical disability are interested in resorting to sexual assistance" and "Women with physical

disability are interested in resorting to sexual assistance," which were used to measure the perception of the interest of people with physical disability in sexual assistance services. Participants were also asked to indicate their degree of agreement toward the statements "People with physical disability don't wish to experience their sexuality exclusively through romantic relationships," "People with physical disability may wish to experience their sexuality through sexual assistance services," "Sexual assistance should be a separate service from sexual work," "Sexual assistance should be a specialized service within sexual work," "Sexual assistance should be practiced with the supervision of a healthcare professional (psychiatrist, sexologist or psychologist), who meets with the person with physical disability before and after each meeting between them and the sexual assistant to discuss sexuality-related issues," "Sexual assistance should be provided by personal assistants (professionals who support disabled people in daily life activities)," "Sexual assistance should be provided only with a medical prescription" and "Sexual assistance should be restricted to people with high degrees of dependency".

Reliability and validity of the survey

The reliability of the measure used to evaluate the acceptance of sexual assistance services was tested using SPSS. The obtained Cronbach's alpha reliability coefficient for this scale was 0.91, indicating a high reliability.

Analysis of the data

Firstly, the collected data was analyzed using descriptive statistical analysis. One-way ANOVAs, with statistical significance assessed through p -value $< .05$ and effect size assessed through eta square (η^2) according to Cohen (1988) - $\eta^2 < .06$ - small

0.01; $< .14$ - medium; $> .14$ - large, were then performed to study the effect of contact with sex workers and the perception of the interest of people with physical disability in experiencing their sexuality not exclusively through romantic relationships in the acceptance of sexual assistance services. Lastly, Spearman correlation tests, with statistical significance assessed through p -value $<$

.05, were done to analyze the relationship between the willingness to help people with a disability seek sexual services and acceptance of sexual assistance services, as well as the relationship between the latter and the perception of the interest of people with physical disability in sexual assistance services and the relationship between the acceptance of the mentioned services and respondents' age.

Results

Table 2 shows participant responses regarding whether they practice sex work and, if so, whether they have had or would consider having clients with physical disability. Table 3 shows participant results about whether they have a physical disability and if so, whether they have resorted to sexual services or would consider doing so. Table 4 shows how frequently participants' contact with sex workers and people with physical disability is, and Table 5 shows responders' willingness to help a person with physical disability seek sexual services if said person is their family member, friend, coworker, or a stranger.

Participants were asked whether they agreed with the statement "People with physical disability don't wish to experience their sexuality exclusively through romantic relationships" ($M = 3.20$, $SD = 1.323$, $CI\ 95\% [3.00, 3.40]$). Most respondents agreed with this statement ($n = 56$, $p = 33.5\%$), while 21.0% ($n = 35$) neither agreed nor disagreed, 16.8% ($n = 28$) completely disagreed, 16.2% ($n = 27$) completely agreed and 12.6% ($n = 21$) disagreed. Table 6 shows participants' perceptions with regard to people with physical disability's interest in resorting to sexual assistance services, namely whether they may wish to experience their sexuality through the aforementioned services ($M = 3.81$, $SD = 1.323$, $CI\ 95\% [3.67, 3.95]$), whether men with physical disability are interested in resorting to this service ($M = 3.64$, $SD = 0.801$, $CI\ 95\% [3.52, 3.76]$) and whether women with physical disability are interested in resorting to this service ($M = 3.56$, $SD = 0.811$, $CI\ 95\% [3.44, 3.69]$).

Tables VII and VIII show participant responses regarding the conditions under which sexual assistance services should be provided. The

Table 2. Participant responses regarding whether they practice sex work and have had or would consider having clients with physical disability.

		%	Valid %
Practices sex work	Yes	2.4	2.4
	No	97.6	97.6
	Valid total	100.0	100.0
Has had client with physical disability	Yes	1.8	75.0
	No	.6	25.0
	Valid total	2.4	100.0
If not, would consider having client with physical disability	Yes	.6	100.0
	Valid total	.6	100.0

Table 3. Participant responses regarding whether they have a physical disability and have resorted to or would consider resorting to sexual services.

		%	Valid %
Has a physical disability	Yes	10.8	10.8
	No	89.2	89.2
	Valid total	100.0	100.0
If physically disabled, has resorted to sexual services	Yes	2.4	22.2
	No	8.4	77.8
	Valid total	10.8	100.0
If not, would consider resorting to sexual services	Yes	2.4	28.6
	No	4.2	50.0
	I don't know	1.8	21.4
	Valid total	8.4	100.0

Table 4. Frequency of participants contact with sex workers and people with physical disability.

		%
Contact with sex workers	Daily	1.2
	Frequently	4.2
	Occasionally	17.4
	Rarely	18.0
	Never	59.3
Contact with people with physical disability	Daily	13.8
	Frequently	21.0
	Occasionally	25.1
	Rarely	31.7
	Never	8.4

Table 5. Willingness to help people with physical disability seek sexual services.

		%
Willingness to help family member with physical disability seek sexual services	Yes	55.1
	No	9.6
	I don't know	35.3
Willingness to help friend with physical disability seek sexual services	Yes	62.9
	No	9.6
	I don't know	27.5
Willingness to help coworker with physical disability seek sexual services	Yes	52.7
	No	16.2
	I don't know	31.1
Willingness to help stranger with physical disability seek sexual services	Yes	35.9
	No	28.7
	I don't know	35.3

former refers to who should provide these services and under what conditions, namely whether sexual assistance should be separate from sexual work, a specialized service within sexual work,

Table 6. Participant responses regarding people with physical disability's interest in resorting to sexual assistance services.

		Valid %
People with physical disability may wish to experience their sexuality through sexual assistance services	Completely disagree	6.6
	Disagree	0.6
	Neither agree nor disagree	13.2
	Agree	64.7
	Completely agree	15.0
Men with physical disability are interested in resorting to sexual assistance services	Completely disagree	2.4
	Disagree	2.4
	Neither agree nor disagree	34.7
	Agree	49.7
	Completely agree	10.8
Women with physical disability are interested in resorting to sexual assistance services	Completely disagree	3.6
	Disagree	2.4
	Neither agree nor disagree	35.3
	Agree	51.5
	Completely agree	7.2

provided by people with training to support people with physical disability in experiencing their sexuality, by personal assistants (professionals who support disabled people in daily life activities), and whether it should be provided by volunteers (who are not paid), as well as whether it should be practiced with the supervision of a healthcare professional (psychiatrist, sexologist or psychologist), who meets with the person with physical disability before and after each meeting between them and the sexual assistant to discuss sexuality-related issues. Table 8, on the other hand, refers to who should have access to sexual assistance services, more specifically whether they should be provided only to people with a medical prescription, restricted to people with high degrees of dependency, whether people with physical disability should have access to a list of professionals who provide sexual assistance services and whether the Portuguese state, European funds or other mechanisms should attribute funding to help pay for sexual assistance to make access possible to everyone regardless of their social and/or economic situation.

Given the statement “Services provided in sexual assistance must only allow access to physically disabled people's own body (e.g. masturbation, if the person isn't able to do it on their own, and help before, during and/or after sexual practice with another person with physical disability)” ($M = 3.17$, $SD = 1.021$, CI 95% [3.02, 3.33]), 36.7% ($n = 61$) of 166 participants neither agreed nor disagreed, 34.3% ($n = 57$) agreed, 14.5% ($n = 24$) disagreed, 7.8% ($n = 13$) completely disagreed and 6.6% ($n = 11$) completely agreed. On the other hand, when asked about the statement

“Services provided in sexual assistance must include sexual contact between the people with physical disability and the one providing sexual assistance (e.g. penetrative practices), if the people involved so wish” ($M = 3.39$, $SD = 1.125$, CI 95% [3.22, 3.57]), 43.0% ($n = 71$) of 165 respondents agree, 24.2% ($n = 40$) neither agree nor disagree, 12.7% ($n = 21$) completely agree, 10.9% ($n = 18$) disagree and 9.1% ($n = 15$) completely disagree.

Nearly half ($n = 75$, $p = 44.9\%$) of participants agreed that sexual assistance can contribute to rehabilitation of the sexual sphere of people with physical disability ($M = 3.92$, $SD = 1.072$, CI 95% [3.75, 4.08]), while 31.1% ($n = 52$) completely agreed, 15.0% ($n = 25$) neither agreed nor disagreed, 6.6% ($n = 11$) completely disagreed and 2.4% ($n = 4$) disagreed. As for the statement “Sexual assistance can be an answer to avoid situations in which family members have to masturbate people with physical disability” ($M = 3.65$, $SD = 1.141$, CI 95% [3.47, 3.82]), out of 165 participants 43.0% ($n = 71$) agreed, 23.0% ($n = 38$) neither agreed nor disagreed, 21.8% ($n = 36$) completely agreed, 9.7% ($n = 16$) completely disagreed and 2.4% ($n = 4$) disagreed. Most of the 165 participants who gave an answer regarding the statement “Sexual assistance should be a choice for adults with physical disability who intend to access this service for their right to sexual self-determination” ($M = 3.92$, $SD = 1.200$, CI 95% [3.74, 4.11]) agreed ($n = 71$, $p = 43.0\%$) or completely agreed ($N = 59$, $p = 35.8\%$), whereas 9.7% ($n = 16$) completely disagreed, 8.5% ($n = 14$) neither agreed nor disagreed and 3.0% ($n = 5$) disagreed with the statement. Finally, out of 165

Table 7. Participant responses regarding who should provide sexual assistance services and under what conditions.

		Valid %
Sexual assistance should be a separate service from sexual work	Completely disagree	7.8
	Disagree	11.4
	Neither agree nor disagree	25.7
	Agree	40.7
Sexual assistance should be a specialized service within sexual work	Completely agree	14.4
	Completely disagree	8.4
	Disagree	6.6
	Neither agree nor disagree	26.3
Sexual assistance should be provided by people with training to support people with physical disability in experiencing their sexuality	Agree	40.1
	Completely agree	18.6
	Completely disagree	6.6
	Disagree	1.2
Sexual assistance should be provided by personal assistants	Neither agree nor disagree	15.0
	Agree	47.3
	Completely agree	29.9
	Completely disagree	14.5
Sexual assistance should be provided by volunteers (who are not paid)	Disagree	23.0
	Neither agree nor disagree	34.5
	Agree	25.5
	Completely agree	2.4
Sexual assistance should be practiced with the supervision of a healthcare professional	Completely disagree	25.5
	Disagree	37.6
	Neither agree nor disagree	23.6
	Agree	9.1
	Completely agree	4.2
	Completely disagree	7.3
	Disagree	15.8
	Neither agree nor disagree	34.5
	Agree	32.7
	Completely agree	9.7

Table 8. Participant responses regarding who should have access to sexual assistance services and under what conditions.

		Valid %
Sexual assistance should be provided only with a medical prescription	Completely disagree	23.0
	Disagree	40.0
	Neither agree nor disagree	25.5
	Agree	9.1
Sexual assistance should be restricted to people with high degrees of dependency	Completely agree	2.4
	Completely disagree	19.5
	Disagree	33.5
	Neither agree nor disagree	34.1
People with physical disability should have access to a list of professionals who provide sexual assistance services	Agree	11.6
	Completely agree	1.2
	Completely disagree	10.3
	Disagree	1.8
The portuguese state, european funds or other mechanisms should attribute funding to help pay for sexual assistance	Neither agree nor disagree	15.8
	Agree	54.5
	Completely agree	17.6
	Completely disagree	11.5
	Disagree	8.5
	Neither agree nor disagree	30.3
	Agree	34.5
	Completely agree	15.2

surveys, 42.4% ($n = 70$) agreed, 32.1% ($n = 53$) completely agreed, 15.2% ($n = 25$) neither agreed nor disagreed, 9.7% ($n = 16$) completely disagreed and 0.6% ($n = 1$) disagreed that sexual assistance should be legally recognized in Portugal ($M = 3.87$, $SD = 1.166$, $CI\ 95\% [3.69, 4.05]$), as conveyed in Figure 1.

A Spearman correlation test was done to determine the relationship between participants' age and acceptance of sexual assistance services, and

revealed a positive, weak and significant correlation between these values ($r(164) = .232$, $p = .003$).

Using contact with sexual workers as a predictor of more favorable representations of sexual assistance services, a One-Way ANOVA was used, comparing the responses of participants who have daily, frequent or occasional contact with sex workers against those of participants who rarely have contact and participants who never have contact with this group. The ANOVA

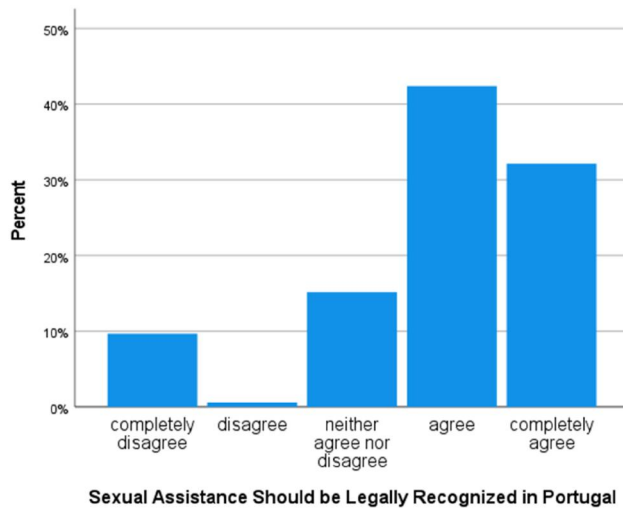


Figure 1. Bar chart showing participant responses regarding whether sexual assistance should be legally recognized in Portugal.

revealed a significant effect of the frequency of contact with sex workers ($F(2,161) = 3.160$, $p = .045$, $\eta^2 = .038$). Post hoc comparisons show that the mean of participants who never have contact with sex workers ($M = 3.45$, $SD = 0.683$, CI 95% [3.31, 3.58]) is significantly smaller than that of participants who have daily, frequent or occasional contact ($M = 3.81$, $SD = 0.827$, CI 95% [3.53, 4.09]), while the mean of the former does not significantly differ from that of participants who rarely have contact with sex workers ($M = 3.46$, $SD = 0.858$, CI 95% [3.14, 3.78]), which in turn does not significantly differ from the means of participants who have daily, frequent or occasional contact with sex workers.

To determine the relationship between the willingness to help people with disability seek sexual services and acceptance of sexual assistance services, shown in Figure 2, a Spearman correlation test was done, revealing a positive, moderate and significant correlation between these values ($r(162) = .497$, $p < .001$). Another Spearman correlation test was done to determine the relationship between this acceptance and perception of physically disabled people's interest in sexual assistance services, illustrated in Figure 3, having also revealed a positive, moderate and significant correlation between these values ($r(162) = .447$, $p < .001$).

A significant effect of beliefs regarding disabled people's wish to experience their sexuality not exclusively through romantic relationships was

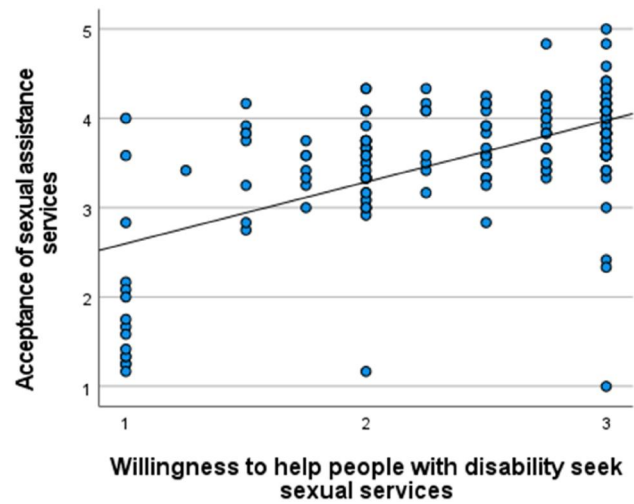


Figure 2. Scatter plot showing the relationship between the willingness to help people with disability seek sexual services and acceptance of sexual assistance services.

also found, through a Oneway ANOVA ($F(4, 159) = 4.674$, $p = .001$, $\eta^2 = .105$). Post hoc comparisons show that the mean of participants who indicated that they neither agreed nor disagreed that people with physical disability don't wish to experience their sexuality exclusively through romantic relationships ($M = 3.07$, $SD = 0.887$, CI 95% [2.76, 3.38]) is significantly smaller than that of participants who agreed ($M = 3.60$, $SD = 0.656$, CI 95% [3.42, 3.77]), disagreed ($M = 3.62$, $SD = 0.473$, CI 95% [3.40, 3.83]), completely disagreed ($M = 3.63$, $SD = 0.869$, CI 95% [3.29, 3.97]) and completely agreed ($M = 3.80$, $SD = 0.659$, CI 95% [3.54, 3.05]), while the means of these groups do not significantly differ from each other.

Discussion

Respondents mainly agree that people with disabilities might want to experience their sexuality in other ways than only through romantic relationships and that some may want to resort to sexual assistance. People with disabilities tend to prefer expressing their sexuality within a romantic relationship (Gammino et al., 2016), but sexual assistance is claimed as a right by people with disabilities who desire to have the possibility to autonomously express their sexuality (García-Santesmases et al., 2025; Gutiérrez-Bermejo & Jenaro, 2022; Pereira et al., 2018). This aligns

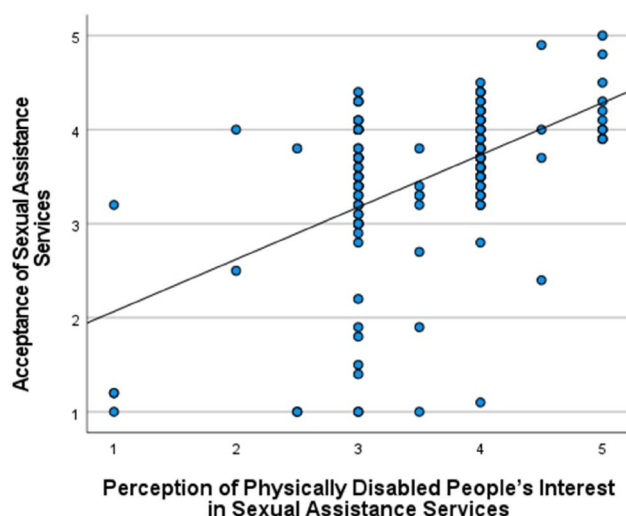


Figure 3. Scatter plot showing the relationship between perception of physically disabled people's interest in sexual assistance services and acceptance of sexual assistance services.

with the main agreement of respondents to the item that refers to sexual assistance as a choice for adults with a physical disability who intend to access this service for their right to sexual self-determination. Also, nearly half of the participants agree that both men and women with disabilities can express interest in sexual assistance services, which coincides with the reports of people with disabilities that state benefits in using the service, regardless of their gender (Esteve-Ríos et al., 2022; Gammino et al., 2016; García-Santesmases et al., 2025; Girard et al., 2019; Langanke, 2023).

Concerning the autoerotic and erotic models, which frame sexual assistance in distinct ways, most participants neither agreed nor disagreed with sexual assistance practices as a support to access their own body through masturbation or in helping before, during and/or after sexual practice with a partner (autoerotic models). However, most respondents agreed with sexual assistance as a service that can include sexual contact between the person with physical disability and the sexual assistant (erotic model), contradicting the literature that describes a preference for the autoerotic model of sexual assistance (Centeno, 2016; García-Santesmases & Ferreira, 2016; Sánchez & Rodríguez, 2020) based on the argument that only ensuring access to people's own body can be considered a right (Centeno, 2016). Possible confusion between the definition of sexual assistance, framed in the

erotic model, and prostitution might also explain the preference for the autoerotic model in the literature (Sánchez & Rodríguez, 2020). Nevertheless, results of the study might indicate that the respondents think of sexual assistance not merely as a right but as a matter of justice as well, because people with physical disabilities face multiple barriers such as a lack of conditions to address specific characteristics as the use of a wheelchair or a respirator (Gammino et al., 2016), over-protective families (Girard et al., 2019), institutionalization in settings lacking privacy, autonomy, intimacy and that monitored sexuality (Jones, 2013), and stereotypes related to desexualization of people with disabilities (García-Santesmases et al., 2025; Granero-Molina et al., 2025; Mannino et al., 2017; Morales et al., 2016; De Asís Roig 2019; Sánchez & Rodríguez, 2020), which interferes with the establishment of relationships with others (Limoncin et al., 2014).

A medical perspective linked to the service can be observed in the responses of participants, who mostly agreed that sexual assistance can contribute to rehabilitating the sexual domain of people with disabilities. Sexual assistance services are frequently discussed based on a medical/rehabilitation perspective (García-Santesmases et al., 2025; Rakić, 2020) due to the tendency to medicalize the sexuality of people with disabilities and the idea of the need for a professional to provide support (Sánchez & Rodríguez, 2020). Regardless, the data does not meet an agreement about the supervision of sexual assistance services by a healthcare professional (psychiatrist, sexologist, or psychologist), as presented in some literature (Morales et al., 2016). Participants neither agree nor disagree that the service should be limited to people with high degrees of dependency (Lambelet, 2017) but mainly disagree with the idea that sexual assistance should be prescribed by a doctor (Rakić, 2020).

Another finding shows that most participants see sexual assistance as a possible solution to avoid masturbation of relatives with disabilities by family members (Gammino et al., 2016). Concerning the practice of sexual assistance by personal assistants most of the respondents neither agree nor disagree, contrary to the literature indicating that people with disabilities tend to

prefer to access services of sexual assistance with professionals who are not their personal assistants (Bahner, 2012).

Relating to the conditions in which sexual assistance could be developed, most of the respondents agree on training for people who provide these services. The existing literature affirms that specialized knowledge tends to contribute to higher acceptance of the service (Girard et al., 2019). Training can improve the response to the needs and desires of people with disabilities and, consequently, to the provision of a quality service (Esteve-Ríos et al., 2022; Gammino et al., 2016; Geymonat & Macioti, 2016; Granero-Molina et al., 2025; Limoncin et al., 2014; Morales et al., 2020; Pinho et al., 2020b; Rakić, 2020; Wotton, 2016), by normalizing the interactions and comfort concerning sexuality of people with disabilities and reducing stigma. Many responses also agree with the idea of people with physical disability having access to a list of professionals who provide sexual assistance services. The internet can be an interesting tool to publicize the service for people with physical disabilities who may face physical and social barriers to accessing it (Crehan, 2023), especially in the current legal framework concerning sexual services in Portugal where there are no specific laws addressing it but activities that might be seen as a way of profit from sex work are considered pimping and, thus, criminalized (Pinho et al., 2020a). Additionally, the participants' answers showed a higher agreement in the legal recognition of sexual assistance services in the Portuguese context. The lack of specific legislation might contribute to the reluctance to use commercial sex services (Morales et al., 2016). Legal recognition would help reclaim conditions for the service (Granero-Molina et al., 2025; Pinho et al., 2020a) and ensure safe practices (Rakić, 2020), specifically by helping reduce sex trafficking when accompanied with worker protection that allows authorities to distinguish between consensual sex work and coercive practices (Weitzer, 2012), reduce sexual violence by providing a safer environment and access to legal support when needed by sex workers, and reduce sexually transmitted infections because it

contributes to destigmatization and, consequently, to improve access to health services as well as preventions tools, such as condom use, that leads to better public health outcomes (Shannon et al., 2015). However, it is essential to reflect on how this recognition would be made because professionals refer to the importance of improving working conditions while maintaining the autonomy of professionals (Geymonat & Macioti, 2016; Saorín et al., 2022). Most respondents disagree with a volunteer service of sexual assistance.

Regarding the payment for services of sexual assistance, participants agreed that it should not be for free. This payment would contribute to the recognition of the labor of sex assistants as well as the definition of boundaries as a professional relationship (Geymonat & Macioti, 2016). It would also ensure that the service would not depend on charity (García, 2023). Therefore, to allow an equal possibility to resort to the service without being a financial burden (Gammino et al., 2016; De Asís Roig 2019; Saorín et al., 2022), the possibility of applying for public funds was addressed, which participants mainly agreed with. With the payment of services, the debate about the relation between sex work and sexual assistance arises. The results showed a higher agreement in the view of sexual assistance as a separate service from sexual work, as well as a specialized service within sexual work. The boundaries between sex work and sexual assistance are unclear (Granero-Molina et al., 2025) and moral debates tend to emerge (Benoit et al., 2023; García-Santesmases et al., 2025; Lambelet, 2017; Langanke, 2023; Mannino et al., 2017; Veronika et al., 2021) with confusion with prostitution (Morales et al., 2016). Some people defend a differentiation between the two services and point to limitations to sex work in matching the specificities and interests of clients with disabilities. On the one hand, this is based on the association of prostitution with more frequent recourse to penetrative practices, oral sex, and masturbation, as well as a possible manifestation of atypical interests involving the pretense of obedience and sexual fantasies. On the other hand, sexual assistance is more commonly associated with services involving physical touch, such as

massage, as well as conversations about sexuality, contraception, client affirmation, and the use of sexual aids or toys (Limoncin et al., 2014). However, this kind of discourse risks perpetuating the stigma that already exists around sex work, as it creates a narrative of good versus bad sex professionals, depending on whether the person assists people with disabilities or not. Therefore, some sex workers defend sexual assistance as a specialization within this labor market, relying on the service provided to people with disabilities to socially legitimize the fight for adequate labor rights (García-Santesmases & Ferreira, 2016).

To conclude, the results highlight that people who have more contact with sex workers tend to demonstrate social representations denoting higher acceptance of sexual assistance services when compared with people who have less contact with sex workers. Moreover, a higher willingness to help people with disability seek sexual services is associated with higher acceptance of sexual assistance services. While there may not be specific research solely focused on this topic, numerous studies examining diversity issues indicate that contact with diversity increases acceptance of differences (Michaelson, 2008; Pettigrew & Tropp, 2006; Rodrigues et al., 2018). Furthermore, when people perceive that people with physical disabilities present an interest in sexual assistance and when people think people with physical disabilities wish to express sexuality not exclusively through romantic relationships, acceptance toward sexual assistance services is higher. This aligns with evidence that increased knowledge can facilitate the likelihood of acceptance, especially when it challenges existing biases or fills information gaps (Lewandowsky et al., 2017; Pettigrew & Tropp, 2006; Rodrigues et al., 2024). Crehan (2023) states that constructive dialogues centered on the voices of the marginalized and underrepresented populations can be essential to shift the paradigm concerning sexuality of people with disabilities, in general, and sexual assistance, in particular.

This study relied exclusively on self-reported data and employed a snowball sampling strategy for participant recruitment. While this approach

facilitated data collection, it limits the generalizability of the findings. The dissemination of the survey primarily through social media platforms might have restricted participation to individuals without regular digital access. As a result, certain segments of the population—such as older adults, individuals from lower socioeconomic backgrounds, those living in rural areas, or people with limited digital literacy—may have been underrepresented or excluded. Moreover, the sample was characterized by a disproportionately high level of educational attainment, with approximately 80% of respondents reporting 13 or more years of formal education. This educational profile may have impacted the results, as higher education is frequently associated with more progressive or liberal views, particularly regarding sensitive or socially contested issues. Previous research conducted in France (Girard et al., 2019) found that acceptance of sexual assistance for individuals with disabilities tended to be higher among participants with greater educational attainment. Therefore, the current sample may not adequately capture the perspectives of more conservative individuals or those with lower levels of education and health or sexual literacy, whose views on such topics may differ significantly. In addition, the sample collected is not representative of the population, and the present study focuses only on physical disability. Finally, it is important to highlight that sexual assistance is still not widely known in the Portuguese context, which means not all the population knows what the services refer to, despite the relevance to addressing the topic for people with disabilities.

In future studies, it would be important to include a broader sample of participants by adapting and applying the survey to people with different disabilities (e.g., diverse types of physical disabilities, intellectual disabilities, and others). Furthermore, a more in-depth study about the implementation of a legal framework, based on the perspectives of sex work professionals, would be valuable in enhancing access to these services, ensuring fair and safe working conditions for sex workers, and advancing the overall well-being and sexual health of the population.

Implications for practice and public policies

The present study was the first to survey the Portuguese population concerning the services of sexual assistance to people with physical disabilities.

As observed in the literature, policies have failed to address the sexual rights of people with disabilities (Crehan, 2023; García-Santesmases et al., 2025) and sexual assistance continues to need more debate and clarification (Benoit et al., 2023; Morales et al., 2020; Sánchez & Rodríguez, 2020).

In general, data emphasized positive social representations toward sexual assistance. The answers to the survey indicate several measures that need to be further debated between people with disabilities, sex workers, academia, and policymakers to create an adjusted service of sexual assistance in the Portuguese context. Training for people who provide sexual assistance, the creation of a list of sexual assistants, application of public funds for people who desire to access the service, and legal recognition of sexual services are among the aspects to be addressed. Such measures inherently entail responsibilities on the part of the State, which is expected to ensure the structural, legal, and financial conditions necessary for the provision of sexual assistance services (De Asís Roig, 2019), since sexual health is an human right (WAS, 2014). With the aim of ensuring the rights of both people with disabilities and sex workers, alliances need to be made and public policies about sexual assistance in Portugal need to be defined.

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