Clinician's Guide to Disability-Informed Care

For clinical providers performing physical examinations in sexual and reproductive health settings.

The *Clinician's Guide to Disability-Informed Care* is designed to help health care providers deliver compassionate, inclusive, and informed care to individuals with disabilities. An estimated one in four adults in the United States lives with a disability, including intellectual, developmental, and physical disabilities—yet many face persistent challenges to receiving comprehensive sexual and reproductive health care.

All people are sexual beings and deserve access to accurate information, affirming care, and the right to experience pleasure if they choose. However, individuals with disabilities are often excluded from sexual education and may face stigma, provider bias, or a history of trauma—including forced sterilization and reproductive control—that impacts their health care experiences and choices.

Why This Guide?

This guide offers foundational principles to enhance clinical interactions, foster understanding, and empower people with disabilities to make informed decisions about their sexual health. It also presents practical, patient-centered strategies to create safer, more responsive health care environments. By tailoring care to individual preferences and needs, providers can help ensure people with disabilities receive the services they need to make informed decisions and achieve optimal sexual health. Trauma is experienced by everyone differently. Trauma can have lasting adverse effects on an individual's functioning; physical, social, emotional, spiritual wellbeing; and long-term health.

What's in This Guide?

This guide provides a practical framework for integrating disability-informed practices into sexual and reproductive health care before, during and after the visit. It is designed to:

- **Increase** understanding of intellectual, developmental, and physical disabilities and how they may impact health care experiences,
- **Offer** practical strategies for creating accessible, respectful, and empowering clinical environments, and
- **Highlight** the importance of equitable sexual and reproductive health care for people with disabilities.

There are numerous types of disabilities—this guide is not a substitute for medical advice or legal counsel. It does not offer specific diagnoses, treatment protocols, or legal standards.

For more detailed guidance, please refer to **Additional Resources** at the end of this guide.

Key Principles to a Disability-Responsive Care Approach

The Surgeon General's *Call to Action to Improve the Health and Wellness of Persons with Disabilities* recommends that all health care providers:

- **Give** each patient—including people with disabilities—the information needed to live a long and healthy life.
- **Listen** and respond to the patient's health concerns. Give each patient the information needed to prevent or treat a health concern–even if the patient does not ask for it.
- **Communicate** clearly and directly with the patient. If the patient does not understand questions or instructions, repeat what was said, use other words, or find other ways to provide the information.
- **Spend** the time needed to meet the patient's health care needs.

NATIONAL COALITION FOR SEXUAL HEALTH

Key Considerations

Communication

Understanding Patient Communication Abilities and Preferences

It's important for clinicians to assess and understand the patient's:

- Ability to hear, speak, read, and write.
- Ability to understand spoken, written, and sign language.
- Need to access an interpreter or a support person.
- Preferred mode of communication for in-office and between-visit communications.
- Use of alternative and augmentative communication (AAC), including picture-based systems (e.g., picture boards), text-based systems (e.g., text-to-speech programs), and/or other signs or behaviors.
  Learn more about AAC at: American Speech-Language-Hearing Association.
- Comfort with eye contact and touch.

Note: *The Americans with Disabilities Act (ADA) requires that Title II entities (state and local governments) and Title III entities (businesses and nonprofit organizations that serve the public) communicate effectively with people who have communication disabilities.*

Etiquette when Interacting with Interpreters and/or Other Support People

- **Understand the difference between an interpreter and a support person.** A qualified medical interpreter is certified to facilitate accurate communication between the patient and the provider, but does not support the decision-making itself. Find interpreter directories at Registry of Interpreters for the Deaf and American Translators Association. A support person assists the patient by helping with physical needs or decision-making, but might not be an interpreter and does not represent or make decisions on behalf of the patient.
- **Determine the patient's expectations of their support person** to maintain dignity and privacy. Not all support people fill the same role for all patients.
- **Speak directly to the patient,** even when an interpreter or support person is present. This shows respect and acknowledges the patient's autonomy.
- **Position the interpreter or support person** in a way that is comfortable for everyone, allowing clear communication between you and the patient. Be mindful of eye contact with the patient and ensure that the interpreter or support person is positioned to maintain privacy for the patient.
- **Observe non-verbal cues** by paying attention to the patient's body language and signals such as facial expressions. Encourage interpreters and support people to do the same to ensure effective communication. Remember that non-verbal signals or body cues may be different than expected.
- **Clarify when needed by asking the patient directly** for clarification if there is any confusion. You can also consider using a version of the teach-back technique (PDF) with the patient and the interpreter or support person to confirm understanding.

Sensory

Sensory experiences can significantly affect a patient's comfort and ability to engage during a health care visit. It is essential to set clear expectations about what will happen during the visit and offer support options tailored to the patient's needs. Providers should invite patients to share their sensory preferences and proactively adjust the environment whenever possible to foster a safe, respectful, and person-centered experience.

Key Considerations

Lighting

Some people may prefer dim and/or natural lighting over bright fluorescent lights. Other people may prefer bright lights. When possible, let patients know what to expect and do your best to accommodate patient preferences to feel most comfortable.

Sound

Offer to see the patient in a quiet room and warn patients about any expected sounds, when possible. Try to minimize side conversations or potentially distracting noises when offering patient education or guidance to allow the patient to focus.

Touch

Ask the patient before touching them. Some patients may prefer that you avoid using touch to express your concern. Tell patients what to expect when using gel or equipment on the patient.

Texture

Ask about texture preferences in advance. Offer the patient options whenever possible, such as alternative gowns, blankets, or exam materials with different fabrics or surfaces.

Temperature

People may have different sensitivities to hot and cold temperatures. Ensure the room temperature is comfortable. If the environment tends to be cold, offer a blanket. Consider adjusting the temperature of hot or cold instruments, if possible, to account for temperature sensitivity.

Scent

Some people may be sensitive to scents, as certain fragrances or the chemicals used to create them can cause irritation or discomfort. Whenever possible, try to use scent-free products. When possible, avoid air fresheners, scented cleaning supplies, lotions, hand creams, and other fragranced items.

Support with Needles or Potentially Uncomfortable Procedures

Clearly explain the steps of the procedure to the patient in plain language, using visual aids or demonstrations if helpful. Allow the patient to bring comfort items, such as a favorite toy, blanket, or stress ball. Consider using topical anesthetics to numb the area before a needle or other tool like a speculum is inserted. Be patient and empathetic, allowing extra time for the procedure if needed.

Consent, Guardianship and Supported Decision-Making

Medical vs. Sexual Consent

Disability does not inherently affect a person's ability to consent. Assess the patient's ability to consent on an individual basis—it may change over time and circumstances. Get to know the patient to see how they best communicate and how they can provide consent in the most appropriate manner.

Medical Consent

This refers to the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision. The health care provider and the patient inherently do not have equal power. Medical providers are required to provide a certain level of education as part of the consent process. Failing to discuss and secure consent can also have legal implications.

Learn more at: Decision-Making in Health Care of Adults with Intellectual and Developmental Disabilities: Promoting Capabilities (PDF).

Key Considerations

Certain factors can take away a person's capacity to consent, and/or cause their capacity to change. For example, some people may be particularly sensitive to time of day, temperature, nutrition/hydration needs, pain, specific medications, or the way that information is presented or responses are expected. Patients should be offered reasonable accommodations to help support capacity to consent. Assessing capacity may not always be easy, but providers should try to ask open-ended questions AND determine if the patient fully understands their options and the specific consent that is being requested.

Sexual Consent and Relationships

People with disabilities can have consensual and satisfying sexual and romantic relationships with individuals of any ability status. While a person may need support with medical decisions, they may still be fully capable of consenting sexually. Providers should not make assumptions about a patient's sexual activity and/or relationship based on their disability status.

Sexual consent is an agreement between participants to engage in sexual activity. Consent should be clearly, freely, and positively communicated. People communicate in different ways, but if the individual does not express consent with a clear "yes," either verbally, physically, or in writing, then they have not given consent. Also, consent cannot be given by individuals who are underage, intoxicated or incapacitated by drugs or alcohol, or asleep or unconscious.

If someone agrees to an activity under pressure of intimidation or threat, that isn't considered consent because it was not given freely. As part of sexual history-taking, providers can ask patients if they have ever been pressured or forced to do something sexually that they didn't want to do? If they reply yes, providers could explore if the patient is comfortable giving/getting consent.

Guardianship

Guardianship is a legal process where a court appoints an individual to make decisions for another person who is unable to make decisions independently due to a disability. The scope of guardianship is dependent on the needs of the individual and can cover personal and/or financial decisions. Not all individuals with disabilities require guardianship. It is considered as a last resort and used only when less restrictive alternatives are insufficient.

Note about support people: *Support people can fill many different roles. For some, support people may assist with decisions, while for others they may be there for mobility assistance. Be mindful and ask the patient if they want their support person in the room when doing an exam or discussing their personal health information.*

Supported Decision-Making (SDM)

SDM allows individuals with disabilities to make their own decisions with the support from a team of people they trust. Individuals can choose supporters (for example, family, friends, support professionals) who help them understand options, make decisions, and communicate their choices. SDM promotes autonomy, self-determination, and independence. The recognition and implementation of SDM varies by state. Please be aware of local laws and resources to support SDM. Learn more: U.S. Supported Decision-Making Laws.

Key Considerations

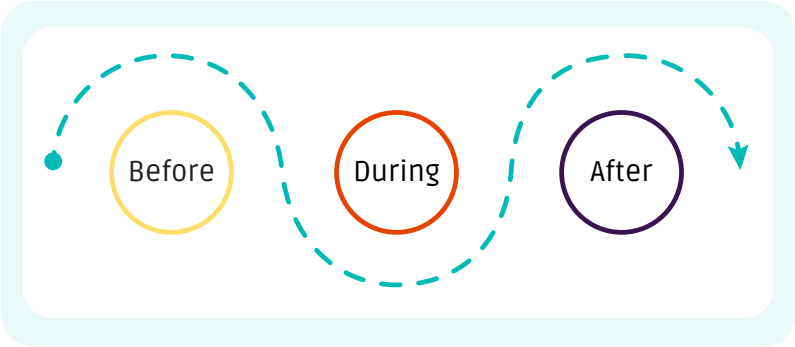
Service Animals

It's important to understand the distinction between service animals and emotional support animals. Service animals are individually trained to perform specific tasks for a person with a disability and are protected under the ADA. Emotional support animals, while often important for a person's well-being, are not considered service animals under the ADA and do not have the same access rights in clinical environments.

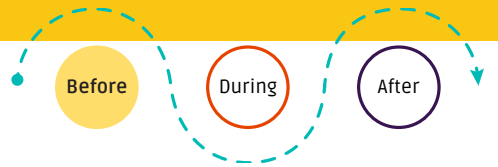
- **Legally protected:** Under the ADA, service animals must be allowed to accompany their handlers in all areas where patients are permitted, except sterile environments like operating rooms.
- **Do not pet or interact without permission:** Always ask the patient before interacting with their service animal. These animals are working and should not be distracted.
- **No separate areas:** Do not create separate areas for patients with service animals. They should be integrated into the same spaces as other patients.
- **Permissible questions you can ask patients:** (1) Is the animal required because of a disability? (2) What work or task has the animal been trained to perform? With regard to service animals, do not ask about the specific nature of a patient's disability, request medical documentation, or ask the animal to demonstrate its tasks. Service animals are also not required to wear any particular identification as service animals.
- **No substitution:** Staff cannot replace the service animal with other forms of assistance to circumvent the presence of a service animal.

Disability-Informed Care Roadmap

The roadmap outlined on the following pages can help clinicians implement a disability-informed approach before, during, and after a physical exam.



Before the Appointment



Actions

- **Use hand-outs and/or videos to support your patient orientation and education efforts.**

  Make sure that these resources are accessible to your patient. (Find more information on accessibility below.)

- **Encourage patients to bring objects to reduce or increase sensory stimuli.**

  Patients or support people can bring their own objects, or you can have some objects available for patients to use in your office (e.g., headphones to block noise, sunglasses or hats to block light, sensory toys such as stress balls, gum, spinning tops, or soft fabric).

- **Provide orientation to the patient before the visit.**

  Consider using telehealth for this step, and make sure that you are positive and realistic when explaining the process of the visit. Let the patient know if there will be any physical actions, lab tests, or paperwork required during the visit. Discuss whether the patient will need to remove any clothing during the appointment.

- **Find out what the patient expects from this visit.**

  If possible, find out about previous experiences with health care providers to set expectations and reassure the patients properly.

Sample Scripts

"If you have something that makes you feel more comfortable in different environments—like headphones, a fidget, or a weighted item—you're welcome to bring and use it during the visit."

"Some people like dimmer lights, soft music, or something to hold during their visit, whether you are in the waiting area or in the exam room. We have a few options here, or you can use something that works for you. Just let me know."

"Before your exam I'll walk you through what to expect. This might be new or different, and that's okay—we'll go step by step."

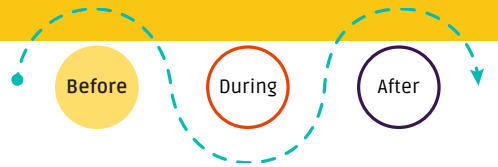
"To help you feel more comfortable, I can give you a virtual tour of our clinic. This way, you'll know what to expect and where everything is located. I'm happy to answer any questions you have."

"Have you had visits like this before? If so, how did those go for you?"

"You might have read or heard different things—what are you expecting or wondering about today?"

"Is there anything that feels unclear or that you'd like more information about? I want to make sure you feel supported."

Before the Appointment



Actions

- **Ask how you can best support the patient.**

  Ask the patient if they have any communication, sensory, or physical support needs (e.g., email or text message rather than phone call, lower/brighter lights or lower/cooler temperatures, support with positioning). Include asking patients about their support preferences for specific exams or blood draws, so that you can help provide the structure (e.g., advance warning, extra time, extra patient education, comfort items, distraction techniques) to help both the patient and the staff prepare for the visit.

- **Explain terms and procedures.**

  Many people with disabilities have not had access to inclusive or accessible sexual health education. Providers should explain terms and procedures clearly, using respectful, plain language. Normalize explanations by saying things like, "I explain this to everyone," and check for understanding using teach-back techniques without judgment. This helps ensure informed consent and builds trust throughout the visit.

Sample Scripts

"We can often adjust how we do the exam based on what works best for you—whether that's the pace, the position, or having a support person with you. I'll check in with you before and during the exam, and you can always tell me if something doesn't feel right."

"Some supports we offer are [e.g., dim lighting, quiet rooms, warm or cool temperatures]—do any of these seem helpful to you? Or is there something that's worked well for you in the past?"

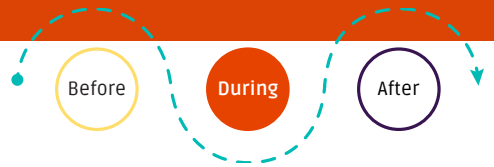
"We can try different options and adjust as we go. If something doesn't feel right, please let me know and we can explore options during the visit and/or in the future."

"If at any point you would like to pause, we can use a signal—like raising your hand or saying 'stop.' What signals do you think would be best for you, so that I can help support your needs?"

Orientation should ideally be provided before the day of the appointment and can include:

- **Discussion** of the importance of various physical exams (e.g., pelvic, testicular, anal, breast) as well as all screenings (e.g., sexually transmitted infections (STIs)) for good health.
- **Illustration** of exams and procedures using pictures, models, and/or videos.
- **Description** of clinic procedures (e.g., intake, lab tests).
- **Tour** of the clinic and the equipment.
- **Opportunity** for the patient to role-play the exam using dolls or models (if possible). This allows the patient to fully express fears and worries about the exam.
- **Expectations** for the kinds of assistance that office staff can provide as well as what staff cannot provide, so that the patient can make arrangements for support as needed.

During the Appointment



Actions

- **Identify yourself when entering the room.**

  Ask about communication preferences and do your best to support a patient's choice. Every person has different access considerations and needs, but some people with disabilities may be more likely to be immunocompromised or be concerned about the potential impact of getting sick. When possible, wear a face mask when speaking to a patient or conducting an exam. It can help some people feel safer and more comfortable in the health care setting.

- **Keep assistive supports accessible to the patient.**

  Do not move any assistive supports without asking for consent. Confirm that the patient can choose if, how and where assistive support is moved. If keeping assistive supports within reach is not possible, keep them in an area that is accessible to the patient.

- **Have accessible resources available to support patients as needed.**

  Ask about access needs and inclusion preferences (e.g., would Braille or large text be helpful, does the patient prefer virtual resources).

- **Respect individuality, experience, and age.**

  Make sure terminology relating to anatomy, procedures, and medical conditions is explained and clear to the patient. Assume that patients can understand you and avoid talking down to them. As mentioned in the last section, many people with disabilities do not receive accessible and inclusive sex education. Make sure the patient knows which body parts are on the inside and which are on the outside. Also, explain what the provider will examine or look at and which body parts will be touched. Let the patient know what to expect in terms of gloves, gowns, equipment, communication and any comfort items to ensure as much informed consent and comfort as possible.

Sample Scripts

"You might already know some of this, but I'll go over the terms we'll be using today just to make sure we're on the same page."

"Even if this isn't your first visit, I like to explain things clearly—just in case anything is new or was explained differently before."

"Let me know if any terms I use aren't familiar—I'm happy to explain anything, and I want this to feel clear and respectful."

"During the exam, I may need to look at or gently touch certain parts of your body—some are on the outside, and some are internal. I'll explain each step before we do anything."

"I'll be using gloves, and there may be a gown or some equipment involved. If anything feels uncomfortable or unfamiliar, let me know—we can pause or adjust."

During the Appointment

Actions

- **Repeatedly assure the patient they are in control.**

  Explain and remind the patient of their choices, and let them know patients can pause or stop the exam at any time. Be sure that the patient knows that the exam is done WITH them, rather than TO them. If a patient declines a procedure or test, it's also important honor the patient's choice while confirming they understand the possible consequences (e.g., not detecting cancer early or an STI that can be easily treated with a medication). When applicable, offer options for how a test or procedure can be done differently or more comfortably with the patient. If possible, you can offer the patient the option to reschedule their visit.

- **Recognize that some questions may be difficult for a patient to answer and may not fit neatly with a patient's experience.**

  Remind patients that it is okay if they do not know the answers to questions or are not exact in their answers.

Sample Scripts

"You're in control. I'll check in before each step, and you can pause or stop at anytime."

"I'm going to insert a speculum, and it may feel cold when it touches your skin at first. Would you like me to warm it up for you?"

"It's okay if you don't want to do this exam or procedure today. You have the right to say no or to wait. If we don't do this exam/procedure now, [explain what might happen (e.g., we might miss something, it might not make a difference right now)]. If you want to come back another day, that's okay, and I recommend that you come back in [time frame] or sooner, if you notice [symptoms].

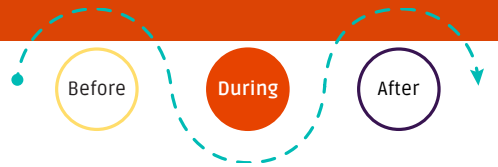
"Just a reminder—if you ever want to pause or stop, we can use the signal we talked about earlier. Do you want to stick with that one, or change it?"

"We know it can be hard or stressful to speak up in health care. You deserve to be heard, and I want to make space for that."

"Some of the questions I'll ask are meant to help me understand your experience—but I know some might be hard to answer, and that's okay."

"Your experience might not fit neatly into the questions we ask, and that's totally okay. You can answer in whatever way feels right to you."

During the Appointment



Actions

- **Use a teach-back technique to assess understanding.**

  Patients may feel overwhelmed and not realize that they have questions or need further clarification.

- **Be aware of the increased risk of abuse against people with disabilities.**

  Ask appropriate questions about relationship history dynamics, including whether the person feels safe and supported. Take any concerns seriously. Remember that abuse can be subtle, and show up differently against people with disabilities. People with disabilities may be hesitant to speak up due to dependency on others.

Sample Scripts

"I want to make sure I explained that clearly. Can you tell me in your own words what you understood, just so I know I did a good job explaining?"

"You can explain it back in whatever way works for you—talking, showing, writing, or signaling. There's no one right way."

Sexual History Questions to Ask Patients

Ask the patient the same questions you would ask during any sexual health appointment:

Personal & Family History

- Ask how the patient self-identifies in terms of gender.
- Ask if the patient prefers person-first or identity-first language around disability.
- Remember that people with disabilities can carry multiple identities in terms of their gender identity, sexual orientation, and cultural background.

Experience with Traumas

- Trauma can show up in many forms for people with disabilities. Make sure to be mindful of disability-specific experiences such as forced sterilization and abuse by intimate partners or caregivers, in addition to the full range of traumas that anyone may experience.
- Provide trauma-informed care and support the patient's autonomy and comfort.
- Be aware of the communal traumas within the disability community, including trauma around sexual and reproductive health, abuse and/or violence, and menstrual (mis)management.

Sexual Activity, Relationship Safety, and Plans for Pregnancy

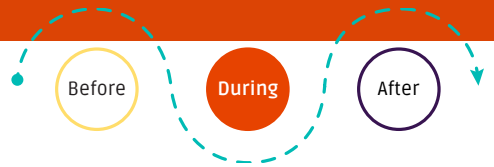
- Ask about safer sex practices and contraception as appropriate.
- Ask standard questions on relationship history and dynamics, including if the person feels safe and supported. Take any concerns seriously. Abuse can be subtle and people with disabilities may be more hesitant to speak up because of dependence on others for basic needs.
- Have accessible resources available to support patients as needed during any point of a relationship and/or pregnancy journey.

Symptoms and Pain

- People may experience different kinds of pain and my have trouble describing or differentiating sensations.
- Give examples of the types of things people may experience, and ask the patient if they also experience them.
- Remind patients that it is okay if they do not know the answers to questions or are not exact in their answers.

Visit NCSH's Sexual Health Questions to Ask All Patients (PDF) for sexual history-taking questions.

During the Appointment



Reminders: When Providing Physical Exams to a Patient with Disabilities

- Offer to maintain communication throughout the visit to let patients know what you'll be doing every step of the way, to check in about their comfort level, and to see if they have any questions.
- Allow patients to try different positions for the exam or procedure.
- Keep the patient's personal assistive devices accessible to the patient as much as possible. Do not touch or move assistive devices without the patient's consent.
- Ensure that support people and support objects or systems are appropriately in place for patient comfort and privacy.
- Offer to lift the back of the exam table, if possible, so that the patient can comfortably see what is happening and self-advocate.
- Consider ways to adjust exam- or procedure-related equipment to help support the patient (e.g., lowering or raising the exam table, adjusting temperature, using different sized equipment).
- Give patients extra time to process things they need to see, hear, or feel before they respond.
- Remember that people may communicate pain or discomfort differently than expected. Establish verbal and non-verbal stop signals.

Bladder and Bowel Considerations

Bladder and bowel needs may arise during physical exams or when collecting urine samples, especially for patients with catheters. Providers should clearly explain what to expect during these parts of the visit and normalize accidents by assuring patients that cleanup is simple and that these situations are a normal part of human health. Be mindful of the patient's comfort and positioning, and offer alternatives or adjustments as needed. Communicating with sensitivity and without judgment helps foster trust and dignity.

After the Appointment

Before | During | After

Actions

- **Provide detailed step-by-step instructions or guidance as needed.**

  Make sure that any resources offered are accessible to the patient. Offer to use written text, diagrams, pictures, or models with patients to best support patient preferences and needs. Show patients what you want them to do to manage follow-up care while they are still in your office.

- **Provide tracking tools.**

  Give patients tools (e.g., worksheets, diaries) to keep track of their symptoms.

- **Do not dismiss discomfort or pain.**

  Unaddressed sensations (e.g., tingling, burning, pain, general discomfort) can seriously impact primary disabilities or underlying health concerns. Work with the patient to assess how the post-visit experience may interact with their disabilities or other health concerns (i.e., helping the patient differentiate between regular discomfort and post-visit discomfort).

- **Provide information on post-visit effects.**

  Let patients know how to manage any post-procedure effects (e.g., autonomic dysreflexia, vasovagal reactions, bleeding, blood clots) and include information on what not to do in the event of complications.

Sample Scripts

"We'll give you a handout with contact info, what to expect, and space to write down any notes or questions. It also includes links to helpful resources."

"Everyone experiences pain differently. If something doesn't feel right for you, that matters—and we want to hear about it."

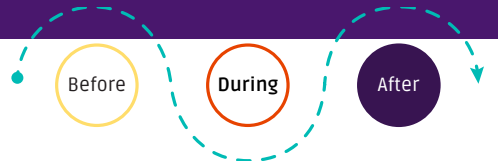
"If you live with ongoing pain, I'd like to understand what's normal for you so we can adjust care to fit your needs."

"Some side effects are expected, but if you notice anything different—or if something feels off—please let us know. We might have options to help."

"People experience things differently after a procedure. I'll walk you through what's common, what to watch for, and when to reach out."

"Try to avoid [e.g., soaking in water, using certain products] for the next few days. That can interfere with healing."

After the Appointment



Actions

- **Help patients get in touch.**

  Let patients know how to reach out if any questions arise as well as what to do in the event of a larger concern or emergency.

- **Schedule follow-ups.**

  Ask office staff to help the patient schedule follow-up visits, referrals, or tests. When appropriate, show the patient how to get to other places in your office or medical center.

Sample Scripts

"If anything feels off or you're unsure, please contact us at [phone, email, web-based portal]. We'd rather you check in than wait it out."

"What's worked well for you in the past when reaching out to a provider? Is there a method you prefer that we can try to accommodate?"

"If something comes up outside of office hours, here's what to do: [brief instructions]. You don't always have to go to the emergency room—there may be other options."

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Additional Resources

- AASPIRE Healthcare Toolkit — *Autism and Health*
  The AASPIRE Healthcare Toolkit is a comprehensive resource designed to improve health care experiences for autistic adults. Focusing on care with a primary doctor, the toolkit offers practical information, worksheets, and the ability to create a personalized health care accommodations report to help to make health care visits smoother—before, during, and after appointments.
- Health Access — *United Spinal Association*
  A comprehensive collection of resources for people with disabilities and health providers. Includes a checklist and a self-audit tool to help medical providers assess the physical accessibility of waiting rooms and exam rooms in hospitals or clinics.
- Improving Access to Care for People with Disabilities — *Centers for Medicare & Medicaid Services (CMS)*
  This CMS Office of Minority Health page includes tools and resources that can help improve services and help patients understand their rights.
- Healthcare Resources — Disability Equity Collaborative
  This page includes a wide variety of resources that support health care equity initiatives, including links to training materials for staff and guides for implementing accessibility initiatives such as effective communication.
- Free Resources to Promote Disability Access in Healthcare (PDF) — *Health Resources and Services Administration (HRSA)*
  This 5-page document lists trainings and informational resources focused on promoting disability access in health care.
- The Pelvic Exam: Multiple Positions for Patient-Centered Care (PDF) — *Reproductive Health Access Project*
  This 2-page sheet shows illustrated positions for providers.
- Four Women Tell Their Stories — *Centers for Disease Control and Prevention (CDC)*
  As part of the Breast Cancer Screening – The Right to Know Campaign, four women with disabilities tell their stories about the importance of regular mammograms. Audio and transcripts are available for each. The page also includes links to campaign materials and breast cancer screening resources.
- Mount Sinai: Sex, Love and Intimacy After SCI (YouTube) — *Mount Sinai Rehab Ward*
  This is an educational series of 17 videos related to health care and spinal cord injury (SCI).
- Sex Ed for People With I/DD (YouTube) — *National Council on Independent Living*
  This 10-video series helps people with intellectual and developmental disabilities (I/DD) learn about sex.
- Sexual Health Toolkit — *Project SHINE*
  Created especially for teens and young adults with I/DD, the toolkit provides information to help them make informed decisions around sexual health.
- Jooux Deaf Sexual Wellness Center
  Sexual wellness services for Deaf, DeafBlind, DeafDisabled, Hard of Hearing and Late-Deafened communities. Jooux provides solutions and education through workshops, training, coaching, and consulting services.
- Registry of Interpreters for the Deaf, Inc.
  The national certifying body of sign language interpreters and a professional organization that fosters the professional growth of interpreting.