

The Sexuality and Access Project 2023

Understanding the needs and experiences of attendant service providers and users in accessing sexuality and sexual supports¹.

¹Sexual supports are defined as any act of service which acknowledges that sex or sexuality is a part of the service user's life. This covers a range of supports, such as helping to prepare for a date, asking sexuality related questions, and helping with positioning during intimate acts.



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The Project

Background

2011 Published SAP Findings:

"Everyone wants to talk, but no one knows how to start the conversation."

January 2023 Surveys Live:

20 service providers
22 service users

2021 Realization:

SAP findings remain unchanged.

Fall 2023 Interviews:

6 service users

Our Team

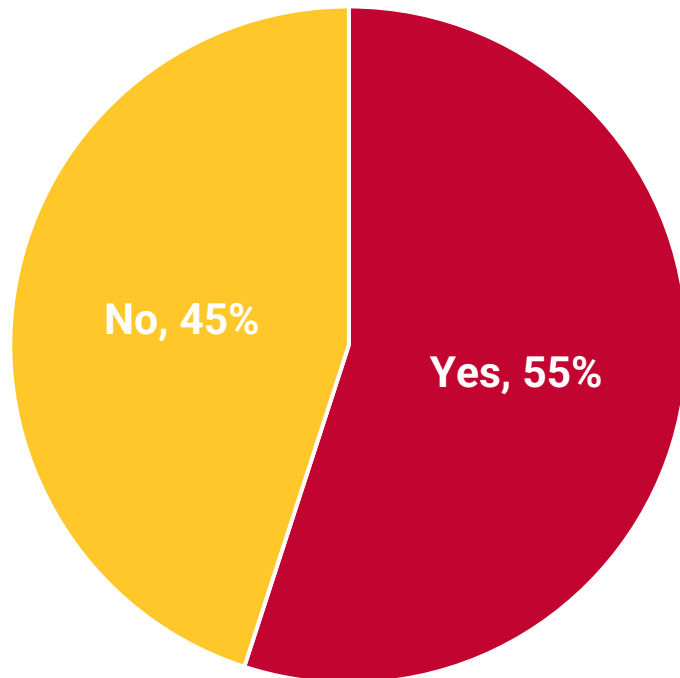
- Melanie Earle, t6talk
- Wallace Upper, t6talk
- Thyra Calvert, Advocate
- TK Pritchard, National Abortion Federation Canada
- Kayla Orr, SHORE Centre
- Vivila (Viv) Yujuan Liu, SHORE Centre
- Lindsey Thomson, CESI
- Dr. Elizabeth Jackson, CESI
- Dr. Adam Davies, University of Guelph
- Moira Forster, University of Guelph
- Ashley Cole, University of Guelph
- Isabella Jakusik, University of Guelph



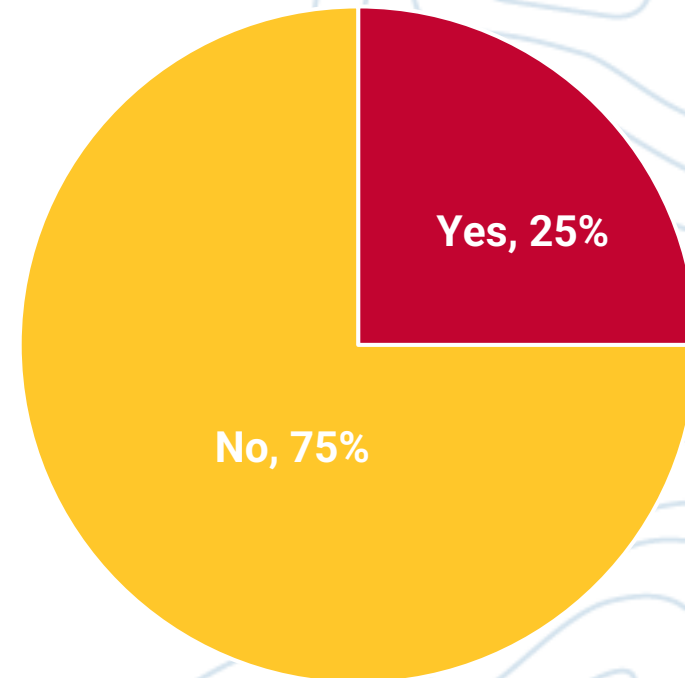
Discussions are often happening informally, if at all.

Over half of service providers have discussed sexuality and sexual supports, yet only a quarter reported these topics were included within their service agreement.

Have you ever talked with a consumer/client about sexuality and sexual support?



Has assistance with sexuality or sexual support been a part of any attendant service agreement you've ever signed?

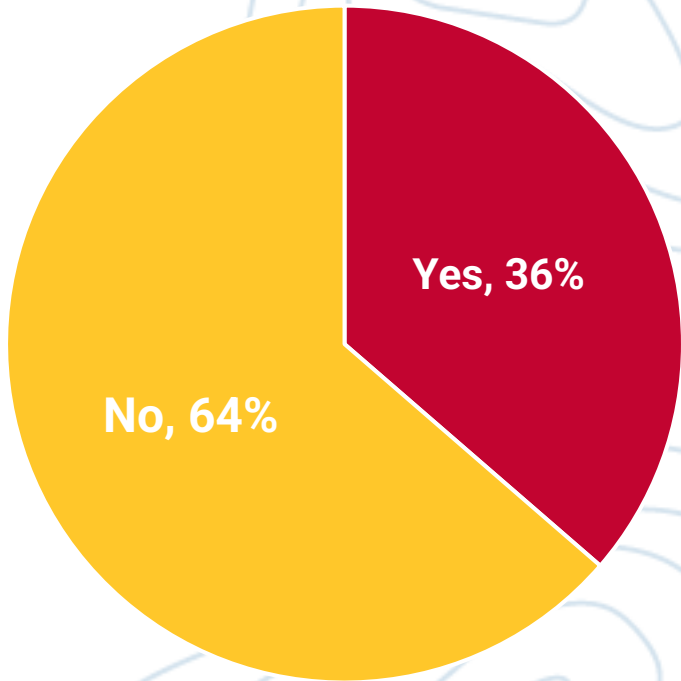
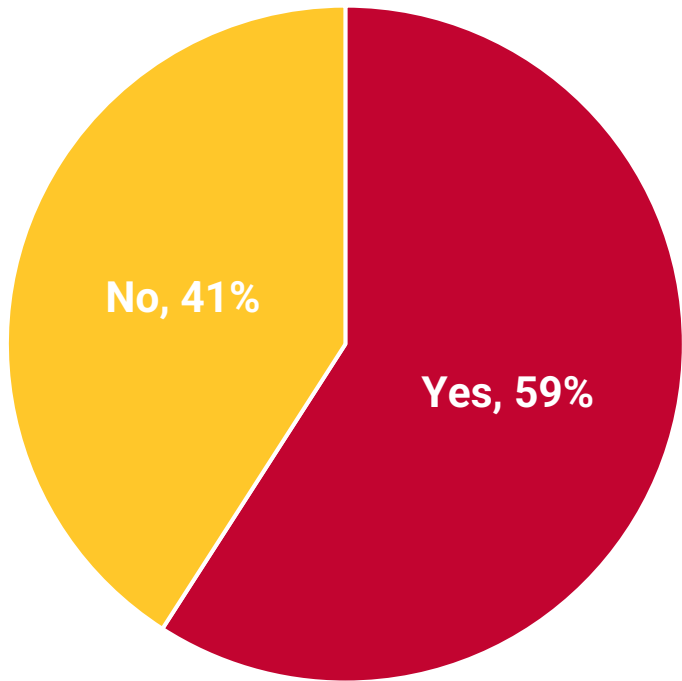


Navigating conversations can have potential for harm.

Over half of service users have experienced conflict or disagreement with an attendant over sexuality or sexual supports, while about a third has felt unsafe, unsure, or in danger negotiating sexual supports.

Have you ever experienced conflict or disagreement in a sexuality or sexual support situation between what you wanted to do and what an attendant thought you should be doing?

Have you ever felt unsafe, unsure, or in danger when trying to negotiate with an attendant for sexual support?





Barriers to Accessing One's Own Sexual Health and Sexuality

Misconceptions that Individuals with Disabilities are Nonsexual

Structural Stigma: societal, cultural, and institutional practices

- Within healthcare setting
- Within care provider setting

Public Stigma: negative attitudes, beliefs, and behaviours

- From partners, sex workers, service providers, and healthcare providers

Self Stigma: internalized stigma

"It's exhausting to constantly have to prove to you that I'm also a sexual person. It's really tiring ... you constantly have to put on this air of 'Oh, no, it's OK. Your ableism is totally fine. Doesn't bother me one bit.'" And then they leave, and you break down, 'cause you're safe to do that. But when they're there, you have to pretend like it's no problem. It's no big deal."



The Exclusion of Disability within Discourse on Sex and Sexuality

Discourse around Sex and Sexuality

- Risk-based rather than pleasure-focused
- Missing intersectional lens: assumed heteronormativity, able-bodiedness, and neurotypical
- May be excluded from participation due to physical and/or attitudinal barriers

Places and Spaces for Education and Discourse

- Physical spaces: schooling, healthcare, queer spaces, kink groups, sex toy shops
- Virtual spaces: pornography, internet, media

“There's, like normal, like high school health class thing, but even that, it was weird ... I don't know this is true, so, but to my recollection, it was almost like, well, you don't need to do this. You don't need to know this so ... you don't have to be in this class.”



Navigating Systemic Barriers is Risky and Has Potential for Harm

Discussing sex and sexuality can be risky

- Can impact level of care from attendant service provider

Seeking sexual supports can be risky

- Accessing Sex Work: legal, financial, and physical barriers
- Seeking out sexual partners can put at risk for potential abuse
- Support from partners may have relational impacts

Agency can mitigate exposed risk

“You know, that’s a dicey subject that a lot of people are seemingly uncomfortable with and then you add on top of that, like having a disability and, and like discussing any sort of assistance I think that’s really a lot going on.”





Facilitators to Accessing One's Own Sexual Health and Sexuality

Using Humour as an Icebreaker When Discussing Disability and Sex

Discussions around disability, sex, and sexuality can be both:

- Awkward and uncomfortable
- Heavy and serious

Humour can be used as a tool to:

- “Break the Ice”
- Normalize topics
- Make conversations more fun

“And once you broach that fear and make it a joke and play with it a little bit, then it becomes less scary. That's not always easy to do. But I think it's so heavy, this discussion of sex and disabilities – so like intense all the time and it needs to be a little bit lighter and [if] anything we need to find avenues to make it fun ... I think when people think about sex and disability, they don't think fun. They think [it's] work.”



Co-constructing What Care Means in the Attendant Provider Relationship

Sexual health support is seen as separate from care

- Misconceptions exist around sexual support

Co-construction of care means:

- Personal agency: setting and respecting boundaries
- Communication
- Principles of ethics, safety, and comfort

Can be fostered through trainings, certifications, and the intake process

“But I think the fear of, again, the abuse, it'd be on both sides, is too scary for them to even broach. So, they don't even bother touching it because it's too - they're just there to provide care. That's it. Nothing else. Goodbye. And so, I get it. I understand where that comes from, but it leaves [the client] at a loss for support when they want to access their own body and own sexuality.”



Representation Matters!: Centering Diverse Voices

Decentering non-disabled folks in discourse around disability

Centering individuals with disabilities has many benefits:

- Accessibility is not an afterthought
- Can see themselves
- Offers a non-clinical perspective
- Create dialogue for everyone

Be thoughtful in approach to not tokenize nor exploit

“Where I live right now, there are a lovely bunch of folks, but there's not one person in that office that has a disability that I know of. They might, but I'm pretty sure they don't. And so, because I don't see myself represented there when I have an issue with my care, I think you have no idea what I need. You have no idea what that feels like. You have no idea what it is to need that. So, the care needs a liaison between the disabled client and the care working team, somebody who can be like, OK, I'm disabled, I understand.”



Next Steps: Sexuality & Access 2.0

Considerations from our research before moving forward:

- Smaller sample size than 2011 study
- Project occurred during COVID
- Unlike the demographic makeup of survey participants, our interview sample was largely homogenous

