



Talking Out Loud – On Sexuality and Disability

PLEASURE
ACCESS



MAGNIFICENT



COMMUNICATION
CONSENT



DESIRE
CARE



CREATIVE

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01. INTRODUCTION

Hello, and welcome to Pyaar Plus at Point of View.
We are so happy to have you here.

Pyaar Plus is a digital toolkit about pyaar and all the pluses – from attraction to abuse – for young women and people of other marginalised genders with disabilities. And for the people around them.

In our last booklet, we shared intimate stories of desires and fantasies, built space for pleasure practices, and talked about our bodies, our reproductive agency and much more.

With this booklet, we dive into questions like: What does sex mean to us? What does sexuality mean to us? We attempt to redefine ableist representations of what sex is supposed to be, or how it is supposed to be. There are intimate stories, helpful guides and much more in this booklet that will help you build comfort and confidence around all things sex and sexuality.

02. HOW TO USE THIS BOOKLET

This booklet has been designed as a
multimedia and accessible resource.

It contains a combination of texts, images and video with afterthoughts that will help you think about the different ideas and conversations.

Our hope is that you’ll use this booklet to explore your sexuality and centre your sensual and sexual self in whichever way feels comfortable for you. If you don’t want to explore sex or sexuality because you don’t connect with it, or it is not part of your life right now, that is absolutely okay.

03.

TALKING OUT LOUD – ON SEXUALITY AND DISABILITY

Sex and sexuality are an important part of human experience. We want you to sit with this sentence and let it sink in.

It has never been easy to talk about sex and sexuality in our society. And for us, people with disabilities, it is doubly difficult because we aren't considered sexual beings. There are many false ideas around sex, sexuality, and disability that we will break down in this booklet, especially those that have affected our self-esteem and confidence and limited our sexual exploration.

The first truth is that sexuality by itself is very vast. According to W.H.O's working definition, it encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. While sexuality can include all these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors. (2006)

Reference:

"Defining Sexual Health." World Health Organization, <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>

Sexuality means different things to different people. For many it might be central to their lives. For some of us it might mean connecting with our sexual orientation, for some it might mean feeling sexy in our skin, or for some it might mean intimacy with a partner. This list is long and endless, which is also what makes sexuality so exciting. You can't fit it in a box nor define its shape and form.



Now let's think about some of the negative beliefs around sex and disability. What kind of biases do you know of? Have you ever been told that you shouldn't be thinking about sex because you live with physical disabilities? Or that being in a sexual relationship might be difficult for you as you live with blindness? Remember that a lot of beliefs around sex and disability have been created because of a lack of understanding of diverse disabilities, or by medical professionals and other non-disabled people who assume they know everything about sex. These beliefs also arise from viewing disability as something that is different that will not find place in the norms of conventional sex.

Your disability or your sexuality doesn't have to fit in the norms of conventional sex created by society.

The truth is that people with disabilities are sexual beings, who can have desire, experience arousal and orgasm, can have sex with themselves and other people if they wish to, and feel immensely satisfied with their sexual lives.

The disabled and queer communities have for a long time shown us that sex is much wider, more liberating than it is made out to be in the heteronormative and ableist representations we see around us.

For you to explore

Now think about the first time you heard about sex. Are there images or words that remind you of how you perceived sex? What words do you think of now, when we say sexual exploration?

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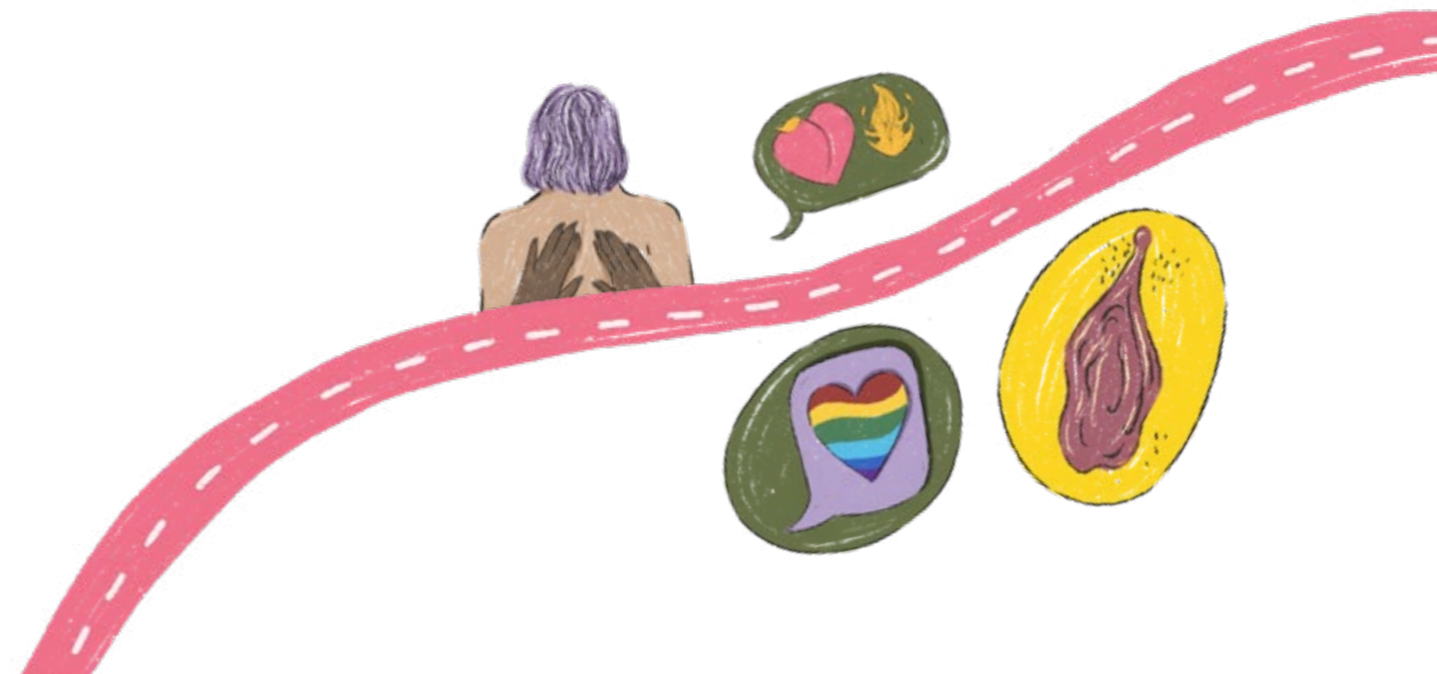
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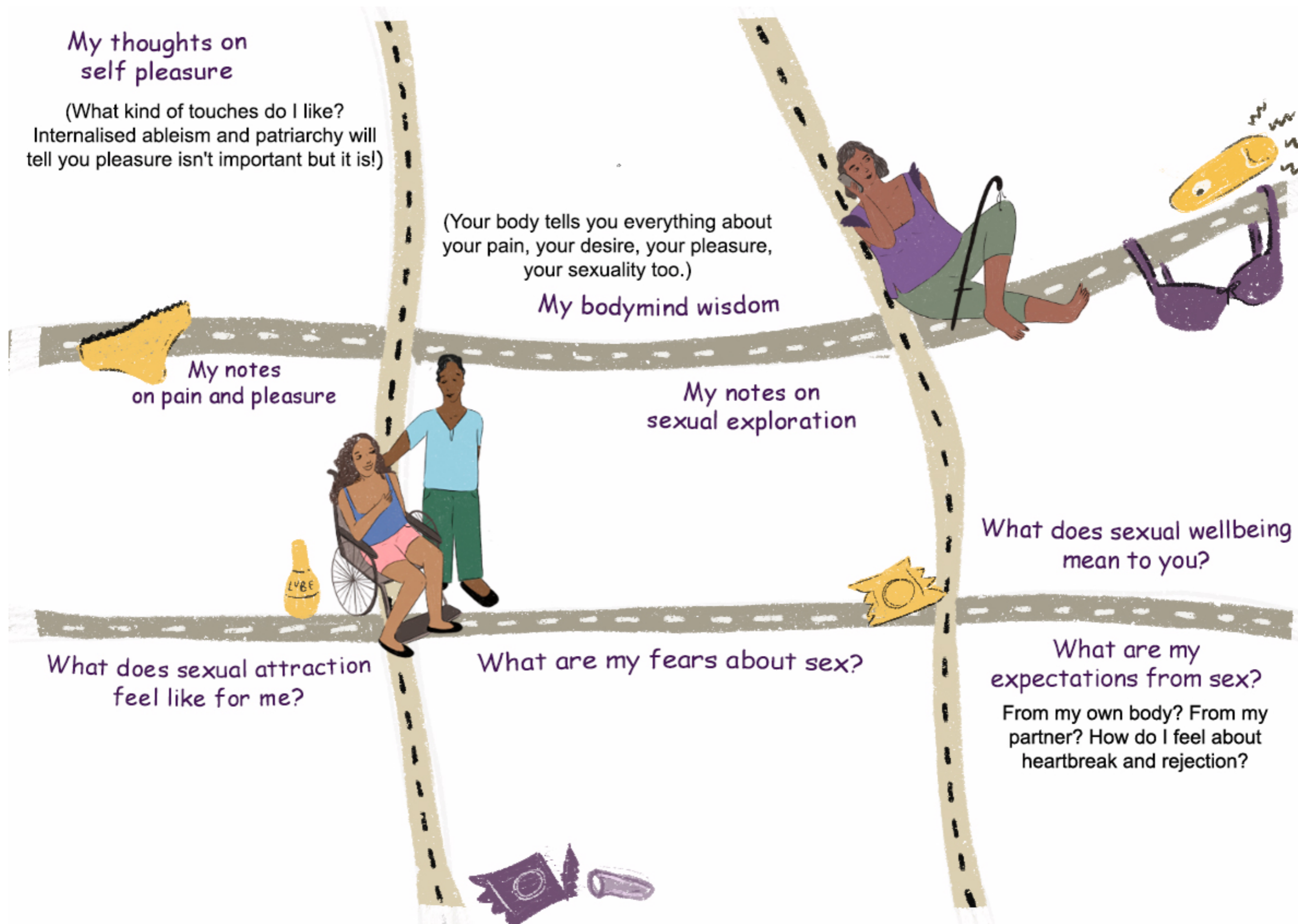
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We want this booklet to help you deshame sex, to build a conversation that makes space for your disabilities and helps you widen your understanding of sex and sexuality. Use this map, which has questions and prompts, to trace your thoughts and learnings as you go along.



a. Making Sex and Sexuality Your Own



KARISHMA SWARUP, a sexuality educator talks to us about sex and sexuality. (You will see her name appear several times across the booklet as she talks to us about different aspects of sex and sexuality.)

One of the big ways in which people enact their sexuality is through sex. Our culture often explicitly defines

sex as penis-in-vagina intercourse (which typically involves inserting a penis into a vagina) as if everything that comes before/after is foreplay or optional. If you've heard this version before, it's possible you may have felt intimidated, left out, or unsure of how to navigate this world of sex.

Remember:

(a) Not every person wants to have or will enjoy penis-in-vagina intercourse.

(b) It leaves out people with disabilities who may not have the mobility one requires for penis-in-vagina intercourse, who may not find pleasure in it, who may not experience feeling in their genitals (among so many more reasons).

(c) It reinforces sex as something that *only* happens between able-bodied heterosexual people for the sake of intercourse.

Again, this definition is not true.

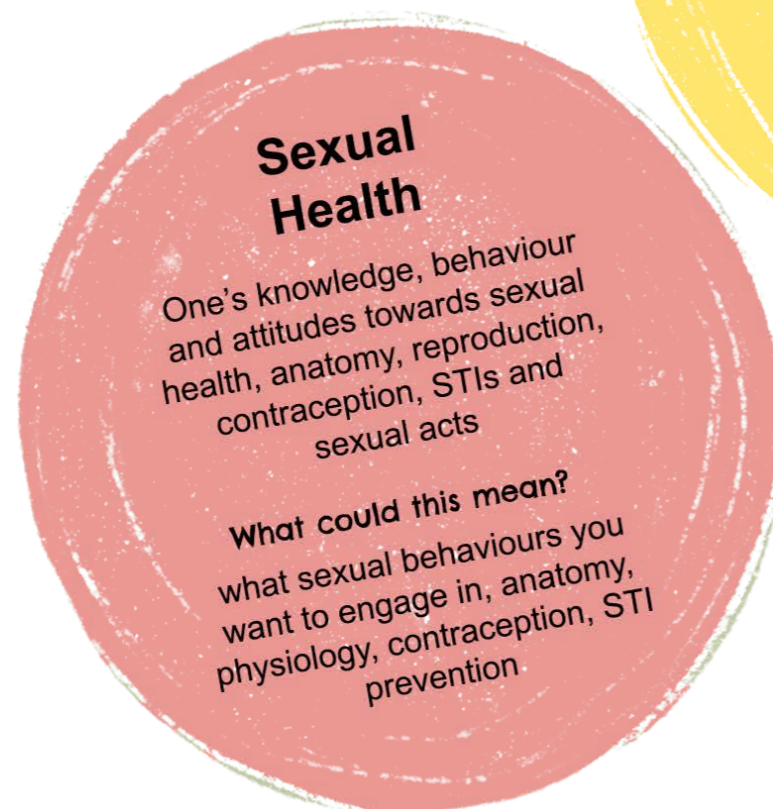
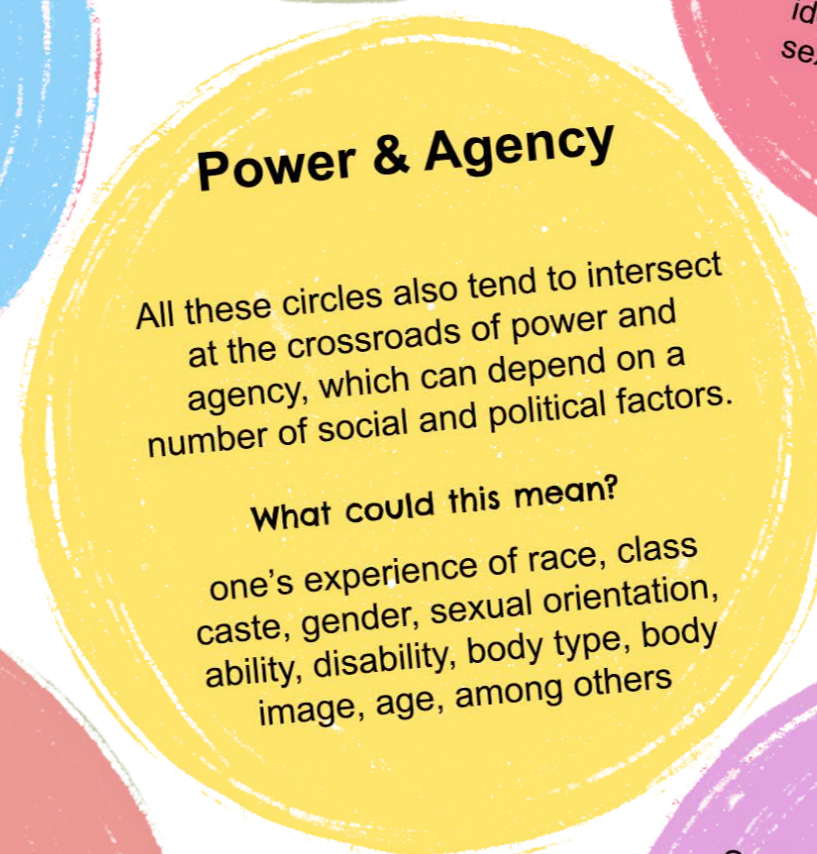
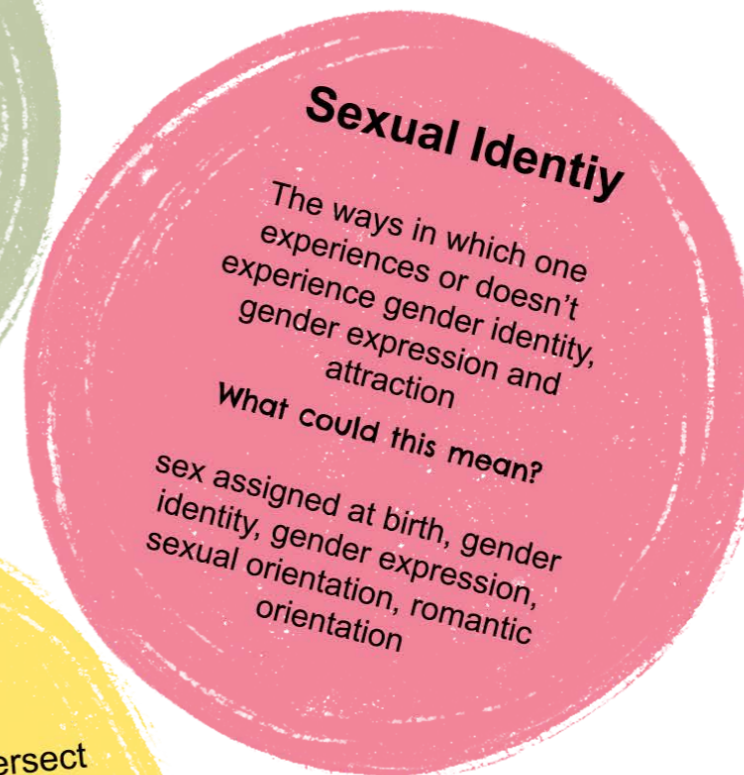
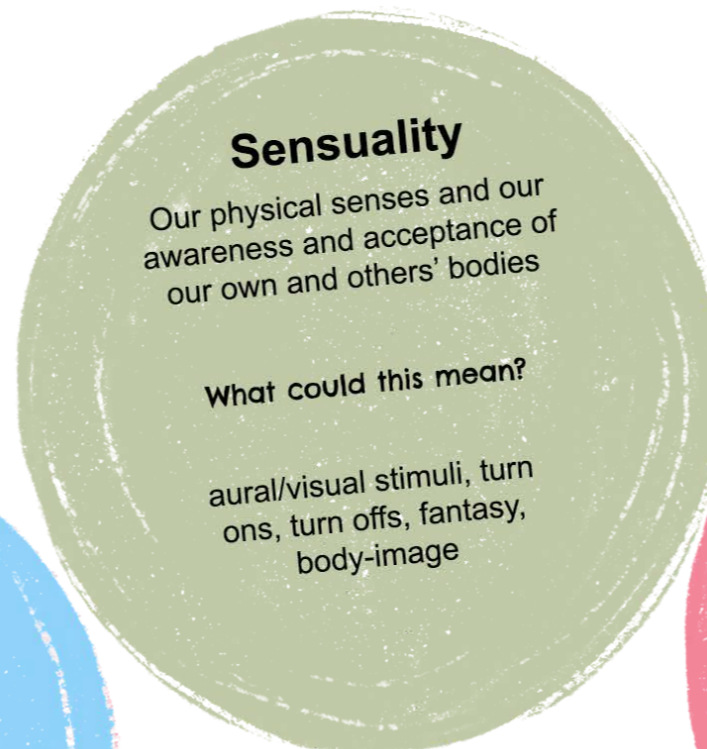
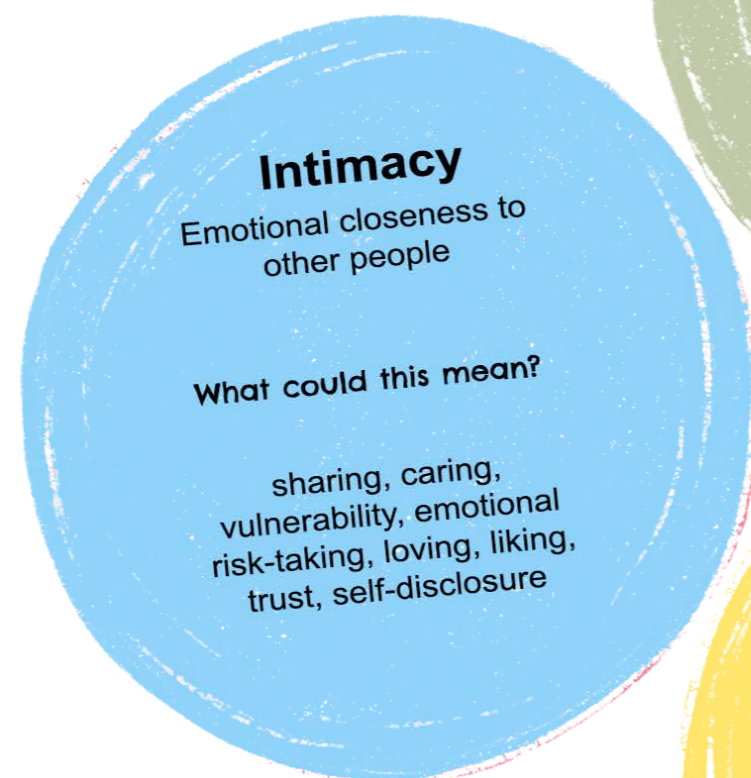


In reality, sex means different things to different people. Penis-in-vagina sex is only one type of sex! There are many situations where people can have sexual interactions with other people or by themselves that don't involve penis in vagina intercourse at all. How about trying a steamy make-out session? Hand jobs (aka using hands to stimulate genitals)? Phone sex? Sexting? Oral? Anal? Solo-pleasure? Play with aids like toys and vibrators? Getting creative with erogenous zones? People can have sex (and even reach orgasm, if they want to) without ever having any type of intercourse and without even any type of genital stimulation. For instance, if someone does not experience physical sensation in their genital area, they may choose other erogenous zones in their body where they enjoy experiencing touch. Sometimes the main event is a sexy body massage or french kisses.



Now Create Your Own Circles of Sexuality

One of my favourite definitions of sexuality involves the 'circles of sexuality', which explain how sexuality is made up of many different components. Each of these can hold a different amount of value in a person's life.



Reference:

Advocates For Youth: <https://www.advocatesforyouth.org/wpcontent/uploads/storage/advfy/documents/circles.pdf>

Let's do a quick exercise to define your own "circles of sexuality". You can list out what each component means to you. You could also draw the circles in different sizes to show the difference in the rankings you chose to give each category. Everyone's circles can look quite different!

Intimacy

What does this mean to you?

How important is this for you?
(Rate from 1-10)

Sexual Identity

What does this mean to you?

How important is this for you?
(Rate from 1-10)

Sensuality

What does this mean to you?

How important is this for you?
(Rate from 1-10)

Power & Agency

What does this mean to you?

How important is this for you ?
(Rate from 1-10)

Sexual Health

What does this mean to you?

How important is this for you?
(Rate from 1-10)

Sexual Acts / Behaviours

What does this mean to you?

How important is this for you?
(Rate from 1-10)

Reference:

Scarleteen, Heather Corinna, Sexuality: WTF is it anyway?: https://www.scarleteen.com/article/bodies/sexuality_wtf_is_it_anyway

Reference:

Interagency Gender Working Group, Circles of Sexuality: <https://www.igwg.org/wp-content/uploads/2017/05/HandoutCirclesSexualityDefs.pdf>

b. Having Sex with Yourself



Having sex with yourself simply means pleasuring yourself in a way that works for your body and mind. This is also known as masturbation. Masturbation is about discovering what kind of touches and sensations give you pleasure without guilt, shame, or pressure.

We've talked about the gentle ways in which you can begin self-pleasure practices in our last booklet. [To access them, click here.](#)

Remember that sex with yourself is not some goal you need to reach. It's about what feels good, pleasurable and comfortable to you. Masturbation doesn't need to include getting naked, or using a sex toy, or rubbing your genitals, or experiencing an orgasm to be valid. Anyone can masturbate or have sex with themselves if they want to, they just need to be open to creative exploration, and have the energy and privacy while doing so.

Sex with yourself does require some time, energy, and effort and if this is something you don't have space, physical energy, or desire for right now, don't worry. Feeling mentally and physically good is important to getting aroused and if you are having a particularly rough day, you might not be in the mood.

You have the power to decide what is comfortable for you. A lot of our asexual identifying peers teach us that sex is not essential to feeling whole or fulfilled. You are magnificent and whole irrespective of what you choose to explore or experience.

Watch this fantastic video [Who Says Disabled People Can't Masturbate?](#) by **AGENTS OF ISHQ**, featuring **SWETA MANTRII**, a disabled comedian, writer, and activist. **In part one, Sweta talks about the importance of masturbation and building a private space** and in **part two, she provide tips and suggestions for people with different disabilities on the ways in which they can have sex with themselves.**



“I believed that masturbation was the best thing for me, as sex wouldn’t be possible because of my disability. Later I learned that this was what the ableist society wanted me to believe. I could choose both and enjoy both in ways that suit me.”

- Sasha, 22, living with Spina Bifida



c. Notes on Queer Desire and Disability — From Us to You



ANAHITA SARABHAI is a queer disabled performing artist, activist, poet, and educator.

They talk to us about the intersections of their queer and disabled identity. They share how acknowledging their disabled identity took some time. They navigated guilt and confusion but the experience helped them learn

valuable lessons about themselves, their bodymind and more. **To access the video, click here.**





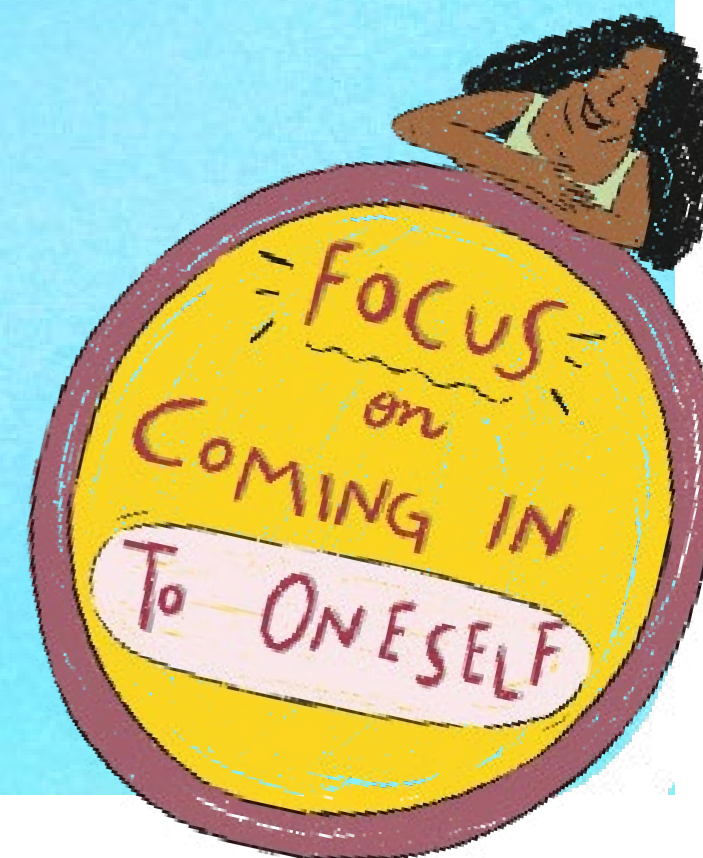
“ I think I had to really take the time to understand what it meant. These changes in my body and how they directly affected the everyday for me. How I interacted with people, what I was able to do, what I felt comfortable doing, and while I was still figuring that out – and I think I’m figuring it out – it was a really hard thing to explain to other people who already had a very clear sense of who they thought I was or who I had been for such a long time in their eyes. ”

“ I was in a long term relationship at the time and it was during this time that she and I broke up. I was so depressed and so unanchored and so confused that I not only was a different person than who she started dating originally but I couldn’t really give back what she needed from me as I barely knew what I needed myself. I think many of us as we go into new relationships after something has shifted... and I think this is something we don’t really get taught, we don’t really know how to deal with it and we have to deal with it ourselves. ”

They also talk about figuring out desire, pleasure, and intimacy by learning about our bodyminds. They talk about tapping into the wisdom of our bodies to be in charge of how we feel and what we want. [To access this video, click here.](#)

[If you wish to access their videos as transcripts to read, please click here](#)

“ Be open about where we’re at, you know, it’s totally okay to not be in the same place as someone else, for expectations to be different. But when you’re communicating what your expectations are, then it automatically I think takes away a lot of the burden of, oh, I have to fulfill something for somebody else, even if I don’t want to do it, even if I’m uncomfortable, etc. So that kind of honest conversation one, can only come if you know yourself and two, if you know both of you are able or multiple people are able to really speak to each other without feeling guilty, especially if you’re feeling uncomfortable. ”



d. Thinking About Sex – Attraction, Expectations, Rejection

Sex is voluntary, which means no one can make you have sex with them and neither can you make someone have sex with you. Remember that sexual consent should always be transparent, explicit, and enthusiastic.

As we've said before, sex can be so many different things depending on what feels good to you. Whether it is mutual massages and masturbation or sexting with your partner, you decide what sex is based on your bodymind and on your energy levels, pain and disability considerations.

Figuring Attraction...

Let's talk about sexual attraction. People with different disabilities may have different ways of figuring attraction, sexual chemistry, and romantic situations.

- If you live with blindness, you might be navigating your experiences of attraction and sexual chemistry in non-visual ways. Perhaps you are attracted to what the person says, or how they say it, or by touch, the feel of their skin or hair, or their laughter. It is a misconception that blind people need to feel your face to be able to visualise you in their mind. In a lot of interviews, blind people have said that they use their instincts, building mental images from other stimuli such as the smell of the person or their tone or voice.
- Communication is one of the central means to building a sexual relationship or exploring sexuality. If you are deaf or experiencing



gradual hearing loss, you might be approaching communication in completely different ways. For some deaf people, communicating with a hearing person might be much harder than we think. It is important that both you and the person you are interested in, remain open and assertive and that this process doesn't need to involve words. Touch, gestures, visual cues help a lot of deaf people build connections. Deaf folks also navigate consent through body language, expressions and signing.

- If you live with a locomotor or physical disability, you might have experienced that people discriminate against some bodies more than others. This is because conventional standards of beauty are narrowly defined. Don't let this affect what you find attractive about yourself. Remember your body is magnificent and needs to be flaunted in all its glory. Anyway, attraction and sexual chemistry is about connection, not just physical appearance.
- If you are neurodivergent, it might help to ask your partner to communicate openly and clearly in case non-verbal cues don't always work. It is always useful to remind the person you're attracted to that everyone processes conversations and gestures differently. Remember that it is both your and your partner's responsibility to ask for or give consent.





Deciding what you want and figuring expectation

Figuring what you want to explore might depend on many factors. Thinking about what kind of intimacy your bodymind is ready for might be the first step. What do you desire to try? What is outside your comfort zone at the moment? Answering some of these important questions for yourself will help you communicate with your consenting partner in an open and honest way. Sharing your body's physiological responses and anticipating what to expect from each other if one or both partners live with disabilities may need certain considerations or planning. Exploring sexual activity is all about trial and error, so be gentle on yourself and your partners.

Remember that no one has the right to pressure you into doing anything you don't want to. For example: 'Everyone else is doing it, why not us?', 'If you loved me enough, you would try,' or 'I will marry you if you have sex with me,' are unfair ways of coercion to be intimate with someone. We know that in the real moment this kind of pressure can feel difficult to deal with. We talk about boundaries, gaslighting in relationships, sexual coercion later in the booklet, which may help you navigate how to say no and learn from the experiences of other women with disabilities.



On being rejected or rejecting someone

Rejection is never easy but remember that everyone experiences rejection at some point in their life. Please know that experiencing rejection is absolutely normal and not a reflection of your appearance or self-worth.

There may be moments where you reject someone, or someone rejects you. If you have felt rejected because of your disability, remember that this doesn't mean you aren't sexually desirable or attractive. Sometimes our disability is centred too much when relationships are being explored.

The other side of rejection is learning that it is completely okay for you to not feel attracted to someone and return their feelings. As disabled folks, we are often told to comply, to accept whatever comes our way but we don't have to settle.

If you find that you are mutually attracted to each other, but they need help to understand your disability, and how it might impact your relationship, having an open and honest conversation might help both of you.

While rejection is disappointing, sometimes hurtful, don't let it stop you from exploring, loving, and learning!

Also read Nidhi Goyal's piece on rejection on Point of View's Sexuality and Disability site, where she shares how she didn't give in to the pressure of romantic persuasion and trusted her intuition when she rejected a close friend's affection towards her.

e. 'Why Shouldn't Sexual Pleasure Be Important to Me?'

I'm Radhika and I live with an acquired disability through an injury. Complex regional pain syndrome gives me chronic pain and inflammation. I can have spontaneous pain; my pain can fluctuate on an everyday basis. I am not the same Radhika I was before my injury. My body has changed. I have changed.



I had to relearn pleasure and how to pleasure myself again. The sensations I had before and the sensations I have now, they are different. I experience pleasure and pain together.



This is my new normal and I'm okay with that. I now know that this is how I feel when I orgasm, or this is how I feel when someone touches me. I started to touch myself, my breasts, my legs and that began the relearning. I had to put in the work with a physiotherapist. My body is hypersensitive, my skin too, during bad flare ups. I had to decode my body again.



Once I took a morning-after pill and it broke my body. I couldn't get out of bed for five days. People who live with neurological conditions like me or have muscular conditions can have many side effects to contraceptive pills.

All my sexual exploration happened due to casual sex. In those situations I did not fear rejection. Because of that I accidentally ended up on a casual date and realised that I wanted to explore for myself, I had so many questions about myself and my body.

Due to my illness I can have numbness in my hands and legs and this can happen during any moment. I have to be careful during sex, so as not to put pressure on those parts, so yeah it isn't perfect sex, but who has perfect sex?

Once I was with my boyfriend and we were having sex, he was a little drunk and he started to get a little rough with me and my body couldn't deal with it. My leg froze and I was stuck in that position. I couldn't move my leg and I had to push him off. It was very embarrassing for me. I didn't know if I should blame myself or him. I sat in the bathroom for an hour, blaming myself.

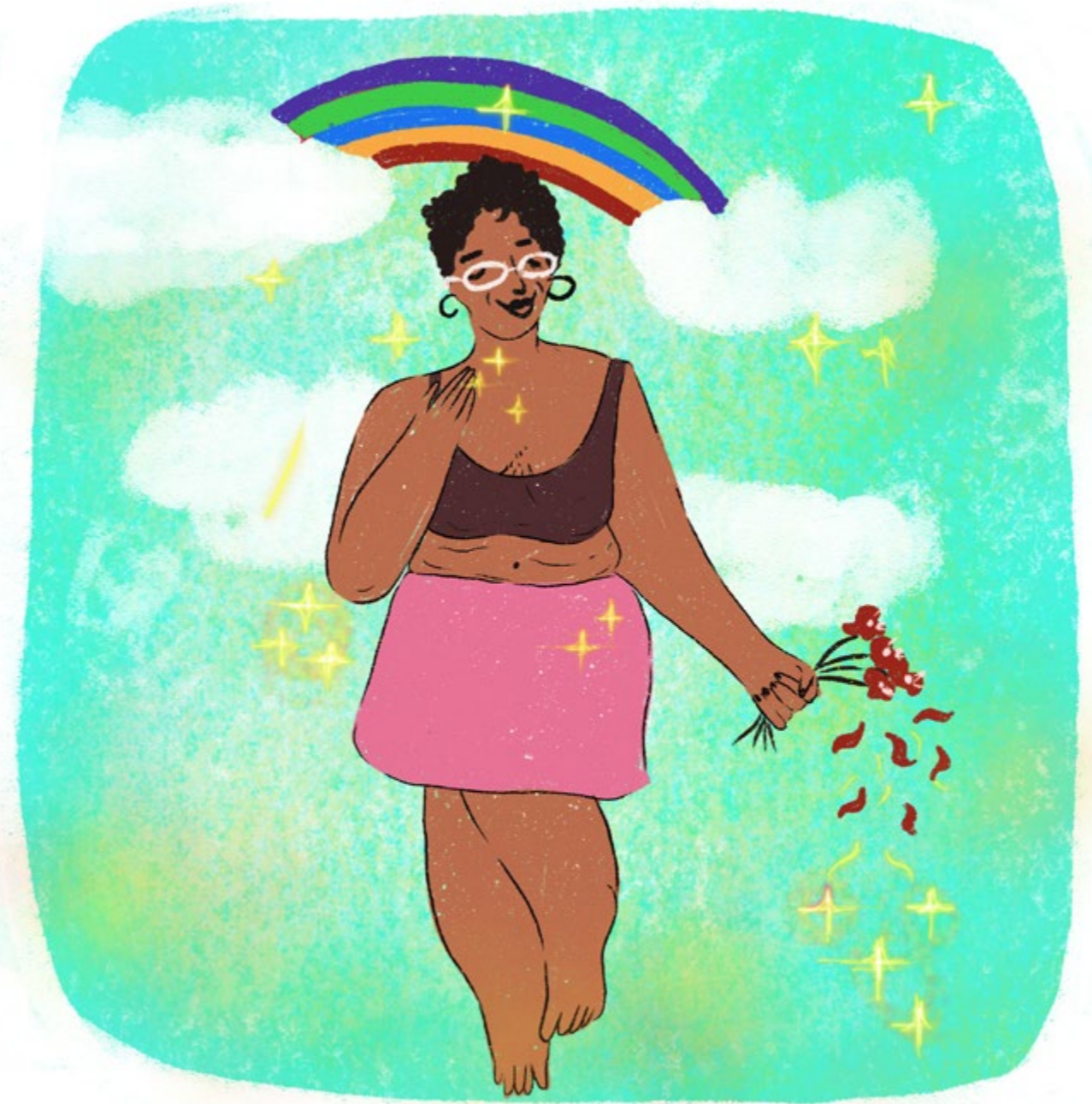


My pain wasn't my fault. I've slowly and gradually started to build boundaries around what works for me and what doesn't and I am able to be assertive. But this experience was traumatizing at first. I lost my confidence and started to fear sex and whether I can even have it.



But I developed this assertiveness over time. I couldn't communicate my needs well at the moment, I was always scared, always feared being rejected. If I was in pain for a day or two, I didn't want to have sex, it used to take a lot of energy out of me and I didn't want to do it just for the sake of fulfilling his desires and I couldn't tell my then partner about that. I used to make excuses and try to get out of the situation. I've understood consent in a deeper way now.

One of my partners said they were scared to hurt me, they thought I was fragile - and this was demeaning for me. I could see their discomfort in engaging with my disability. My friend once told me that since I have this disability, I should settle for someone who understands me, it doesn't matter that the sex is not good. This made me feel inferior. Why wouldn't sexual intimacy be important to me? And I should settle just because that person is nice to me?



For you to explore

Radhika's experiences speak to the complexity of living with a disability and navigating sexual exploration. Her journey, helps us understand that pleasure, creativity, access, accommodations and communication are so important to sexual exploration. Radhika's story tells us that learning about our bodies and our needs takes time, and being assertive in sexual situations can be hard, but is important.

We want you to spend some time thinking about the wisdom of your bodymind, about your negotiation with pain and pleasure. Use the map template to share if it is accessible to you, or simply make notes on a post-it, or a scrap of paper.



My bodymind wisdom
(your body tells you everything about your pain, your desire, your pleasure, your sexuality too)

f. The Universe of Diverse Relationships



Co-caregivers

Here, two people in a relationship take care of children, animals, or their family and may be involved with each other emotionally, sexually, or in both ways.



Polyamory

Here, the partners can mutually agree to also be in a sexual or romantic relationship with others.



Live-in relationship

Here, two partners live together in an intimate or sexual relationship and may not feel the need to get married.



Long distance relationship

Here, two people are involved in a relationship that is emotional, sexual or a mix of both, without being geographically close.



Friends with benefits

Here, two people who are friends have a consensual romantic or sexual relationship as well.



Casual relationships

Here, two people in a relationship do not have any long term plans for the future, however their relationship may be emotional, sexual, or a mix of both.



Queer-platonic relationship

Here, two or more people feel an emotional connection with each other without any romantic or sexual feelings attached to them.

We want this section to serve as an introduction to the world of relationships for your learning and exploration. Remember that relationships do not need to be sexual, but may also have elements of emotional connection, romance, and companionship.

For a lot of us growing up in India, companionship and sexual relationships were encountered only within the framework of marriage. Remember that marriage is just one kind of relationship that many do choose for themselves but that there are so many other arrangements that might work for different people.

g. Having Sex With Another Person - Communication, Considerations, Learning and Exploration

By **KARISHMA SWARUP**, a sexuality educator

On Communication:

Talking about sex is not easy. Asking for what you like or want, can make you feel vulnerable.

There is also a lot of anxiety and pressure around sex. We worry a lot about sex being perfect, we worry about being rejected, we worry about how we will look, we worry about whether our body will be able to perform a sexual activity. Remember that feeling this anxiety is completely okay. It takes us some time to figure out what works for us, what our bodies can do, what positions work, what kind of support our disabilities need. We want to reassure you that you will be able to figure this out. **Of course you will make mistakes and have awkward moments - that is part of discovering sexual pleasure and is true for all individuals, not just someone with a disability!**

Figuring out what really turns you on, what feels good, what feels not-so-good will help you become an expert on your own body. This could be through touching your own body or taking your mind to places you never thought to take it. Perhaps reading erotica with your partner is a turn on, or you love receiving a sexy text in the middle of the day. By understanding what turns you on, you can tune into the power of your brain to take you there.



One way to do this could be to sit with a “yes/no/maybe” list like those available online that enumerate hundreds of sexual acts so that you can mark out which ones you’d be interested in.

In her book *Come As You Are*, Emily Nagoski talks about how our brains fully control our ability to feel pleasure or orgasm. We all know the part where we need to be “turned on” but it is important to pay attention to all the things that may be “turn offs” to ensure they don’t hinder your sexual experiences. **Make a mental note of things that simply do not work for you. Are there parts of your body you do not want touched? Are there things that you do not want your partner to say or do? Are there external stress factors that may come in the way of your experience of pleasure like worry about how you’re being perceived, the urge to impress your partner or that you may not have privacy if you don’t ‘finish’ in a certain amount of time? Are you worried about parents coming in or someone knocking at your door?**

In addition, planning and communicating about energy on days that you might have low energy, flare-ups or chronic pain and fatigue is essential. It is natural that sexual exploration won’t be your priority. Communicating this clearly with your partner will help you both understand each other better.

Some considerations:

A lot has been written about physical disabilities, mobility issues and low sensations. Start by focusing on feeling sexy, building a conversation around what sex means to you, what kind of touches give you pleasure.

Remember that sex doesn't look the same for each person so adjust your expectations and tell yourself that sex is not like what you see in romantic movies or in porn. Sex needs planning and thought and understanding of different bodies.



If you use a wheelchair, you can improvise in so many ways! Whether for solo or partnered play, one may choose to recline the back of their wheelchair if it's possible, or ask a partner (or caregiver) to help them into bed. There are some aids available for people with limited mobility, such as the IntimateRider. One may also choose to set up cushions, pillows, blankets, towels - anything that may soften the experience - ahead of time, so that discomfort doesn't come in the way of sexy times! Being relaxed and comfortable is an important way to let loose and allow the brain to do its magic. Being on your wheelchair may also allow for exploring penetrative positions and oral sex.

Exploring tools and toys

In addition to making your space comfortable, you may want to consider using vibrators which are sold under the name of "full body massagers" or other sex toys to enhance your experiences.



By introducing toys, you can reduce the amount of effort you or your partner have to put into pleasuring each other, which can be especially important for conserving energy or if certain actions flare up chronic pain. Sex toys can also speed up how much time you spend on sexual activity in case if privacy is a concern. They can introduce new types of stimulation that may not be possible otherwise.

"Full body massagers" and vibrators are easily available on online marketplaces or through some smaller sexual wellness brands. Massagers come in varied shapes and sizes. Pick one which looks the most appealing to you. Ask yourself which parts of your body you want to stimulate. The penis? The vagina? The clitoris? The anus? Or any other parts of the body? Also consider what device would be the easiest for you to operate. Do you need to wrap a towel around the handle to make it easier to hold? Do you prefer something small that can be easily hidden away at home? Can you openly re-charge a toy in your home or do you need a battery-operated one? If you are buying a toy, ensure it is made of non-porous body-safe silicone, glass, or high-quality body-safe metal.

In case you are unable to purchase a sex toy because it is out of reach financially, or if you're unable to order one to your home address, you can consider using certain household objects as aids to help you or your partner feel turned on. Get creative here! Some people use a hand

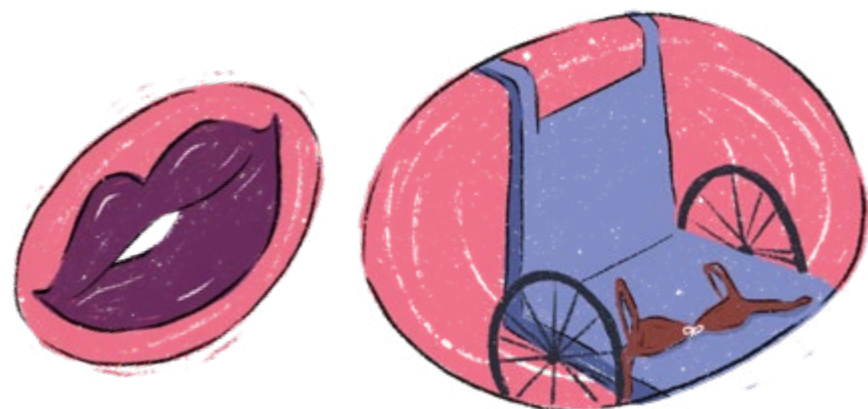


shower or a scalp massager to introduce novel sensations. Whatever you use, ensure you are taking into consideration all safety measures and if there is unwanted/unplanned pain, stop use immediately!

If you live with cerebral palsy or get muscle spasms, being relaxed and avoiding movements that could trigger a spasm could help. Talk to your partner beforehand about the possibility of your body going into spasms, and what they should do in the moment. Some people with CP have found that even if they can't use their hands or fingers or can't thrust their thighs, they can use another part of their body like their tongue. It is all about mutually figuring solutions. For some people, spasticity and stiffness reduces during sex.

If you live with incontinence, emptying your bladder before sex will make sexual activity more comfortable for you. Remember that you can get intimate in the shower too.

If you live with spinal cord injury, and have low sensations, you might have been told that you can't have sex or orgasms. But this might not be true. Many people with spinal cord injury can and do orgasm. They find that the non-genital areas of their body are very erogenous and give them sexual pleasure.



For you to explore

Make a quick list of 3-5 things that you require to have a safe, fun, sexy, relaxed, and pleasurable time.

Scarleteen.com's article (referenced below) calls it "the big sexy 3": "Maybe it is: "My head needs to be supported at all times, I need you to check in before touching me, and you need to be careful with my ventilator tubing." Or: "I'm not comfortable on my knees, I prefer to transfer out of my chair on my own, and please look at me when you're talking so I can read your lips."



Reference:

Scarleteen, Big sexy three: https://www.scarleteen.com/article/disability_sexuality/disabled_sex_yes

h. 'I'm vocal about what I want and I like the lights on'

“My relatives made fun of me for being deaf. They would say, “How will you hear your partner when they say I love you on your wedding night?” Such comments began when I was 14 years old. It affected me a lot.

I've learned a lot over the years. I began exploring my sexuality about 6-7 years ago. I realised that it is important to engage in sex with someone who will respect your boundaries, regardless of whether it is a romantic relationship or a casual hook-up.

A few years ago, I started some medicines for anxiety and bipolar disorder, which made penetrative sex incredibly painful for me. This was around the same time I started a new relationship. I still wanted to have penetrative sex but every time we tried to, it would hurt too much for me to continue. And my partner always stopped when I told him to. In the beginning, this caused a lot of insecurities in both of us, especially since we were in a long-distance relationship and only got to meet a few times a year.

We both kept trying new things whenever we met, because we felt like we needed to make up for lost time. Eventually after a long time, we realised it was going nowhere so we both stopped anything that would hurt me. We continued in other ways – kisses, touches. Everything except penetration.

Once I figured out that the medicines were the cause of the problem, I spoke to a doctor and stopped taking them. While penetrative sex got better after that, the pain didn't completely go away. So we continue to try new things that could feel good for both of us.

I always take the time to sit down and talk things out with my partner. Because I'm deaf, the communication has to happen either before or after sex. I mean, yes, we do talk and laugh during sex, but having a heart-to-heart right then makes it harder for me since my devices keep falling off and I need light to lip-read.

But there's still communication then too, mostly regarding what works or what I want them to do and vice versa. I'm vocal about what I want but my partner isn't. But by now, I know what body language to watch for.

It's important to communicate what you like or don't like in the moment but any major discussions, for example, what you are okay with, what are you not okay with, limits etc, should happen before you have any sexual exploration.

At the end of the day, sexual exploration is meant to be fun. So don't be afraid to laugh as long as you're not laughing at someone. Create an after-sex care routine that works for you – clean up, talk, sleep. Whatever helps you. ”



Learning and exploration:

There are many ways for people to stimulate each other to have a pleasurable experience, and we are listing a few of the common ones here.

This is not a complete list and is intended to help you start out on your journey of exploration!



Kissing

The act of kissing includes using lips for pleasure, by touching each others lips or body parts



Necking

Kissing a partner on the neck



Nipple Play

Some people, regardless of gender, enjoy being stimulated on their nipples using hands, mouth, or toys



Mutual Masturbation

When people engage in self pleasure in the presence of their partners



Sensual Massage

In this act, partners choose to massage their bodies; body oil or lotion can also be added for extra fun



Oral Sex

In this act someone uses their mouth to stimulate parts of another person's body, such as genitals or anus



Phone Sex

Phone sex is when partners use breathy oral foreplay, a video call or simply some steamy sexting in order to pleasure themselves; phone sex isn't just reserved for those in long-distance relationships, or even those who want to practice social distancing



Anal Sex

Anal sex is intercourse that involves anal stimulation



Masturbation / Self Pleasure

Masturbation is touching or stroking parts of your own body for pleasure



Vaginal Sex

Vaginal sex is when a penis, fingers, or sex aids like a dildo goes inside a vagina

More exploration – on positioning

There are so many different positions for exploring comfortable sexual intimacy. This visual list is just a start!



Supported doggy-style #2

The supported doggy-style position is helpful for those with low mobility as they get support from pillows while their partner holds them from behind.



Spooning

Both partners face the same direction while one person thrusts from the back. This is a good position for people who have hip pain or have difficulty with upward thrusting



Supportive Rear Position

One person lies on their stomach on the edge of a bed or sofa while the other can penetrate the person from the back. This position can also be supported by positioning pillows under the belly or the hips. It also doesn't require a lot of effort in thrusting.



69

69 position entails two people with their heads on opposite sides to have sex by using their fingers and faces.



Supported doggy-style #1

A person on a wheelchair can have sex with their partner as their partner is seated on their lap and using the bed for support.



One Partner On Top

This position provides easy access and room for thrusting and experimentation, where one partner is below and one on top.



Side Lying Position

This position can feel intimate because it allows the partners to look at each other while having sex. This is a great position to get into if one uses a catheter and has a leg bag.



Using a Wheelchair

Wheelchairs can be very useful to explore various positions and accommodation with the wheelchair like removing the arm and lateral supports for easier access and more room or exploring different positions.

Some resources on matters of sex and sexuality that you may find useful:

[PleasureABLE - Sexual Device Manual for People With Devices](#)

[Using a Pregnancy Test as a Blind Person By Lucy Edwards](#)

['I'm Chronically Sick, And These Are My Best Tips For A Vibrant Sex Life' by Richa Kaul Padte](#)

[Sexual Positions for Women with Paralysis: Creativity, Adaptability and Sense of Humor](#)

[Three Ways Kink Helps Me Access Fulfilling Sexual Experiences and Relationships As an Autistic Adult by Stevie Lang](#)

Created in collaboration with **KARISHMA SWARUP**, a sexuality educator

i. Sexual Safety, Health and Wellbeing – Contraceptives and More

No matter what types of sex you enjoy, you may want to keep a few safety rules in mind.

1. When fluid from the penis comes in contact with the vulva or vagina, there can be a risk of pregnancy
2. When genitals or genital skin comes in contact, there can be a risk of sexually transmitted infections (STIs). This risk may also exist if there is direct contact between a mouth and genitals/anus
3. Lube (aka lubricant) is your friend!

- Lubricant is a fluid that can help make sex slippery-slidey and smooth. You can buy a simple water-based lube like KY jelly from any pharmacy near you.
- When you're putting a penis, fingers, toys, etc. into a vagina using a water-based lubricant can be a great way to reduce pain and chances of cuts/tears or condom breakage.
- Using lube with an anus is mandatory for the same reasons, especially since it doesn't self-lubricate.
- Avoid flavoured lubes for internal use near the vulva, vagina, or anus, as they can cause yeast infections.
- *Don't use anything with oil in it, like Vaseline, lotion, or baby oil. Oil-based lubes can weaken a condom and make it more likely to break. You can get safe lubricants that are water or silicone based at a pharmacy or online.*

While multiple methods of contraception exist, it is important to know the side-effects and risks associated with each of them. Various contraceptives that change hormones within the body can interfere with disabilities. Contraceptives like progestin IUDs or implants interfere with hormones. Some may notice menstrual irregularities with oral contraceptives like the morning-after pill.

While approaching a gynaecologist, it is important to keep in mind that they are obligated to provide information about contraceptives and sexual safety. Here are some questions you can ask them:

- How to use a contraceptive properly
- How it works in the body
- Its effectiveness
- Possible side-effects
- Its health benefits or problem

Name

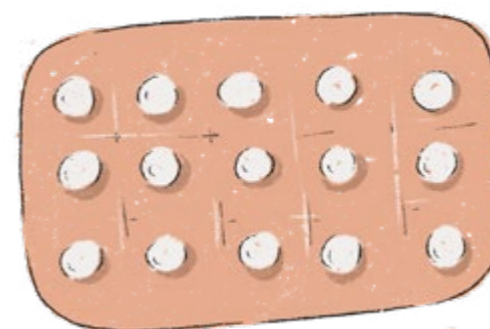
Considerations

External Condom



Can be cheap and easy to buy from any medical shop or an online store. Avoid flavoured condoms for internal use in a vagina or anus. Can be difficult to put on with limited hand mobility or coordination. External condoms come in plastic wrappers which need to be torn to access them. We must also be careful about tearing the plastic wrapper as the condom inside can be damaged if torn carelessly. The condom is made of very thin latex material and feels rubbery and slippery to touch. Self-lubricating condoms have a slimy texture. Once taken out of the plastic covering, the condom needs to be stretched to be put on the penis. The rear end of the condom is double folded and has a firmer texture than the rest of the condom.

The Pill



The birth control pill is consumed daily and contains a combination of two hormones - estrogen and progesterone. Some considerations to keep in mind are

- 1) You are required to take the pill every day at the same time.
- 2) Must be prescribed by a doctor.
- 3) If you experience side effects, speak with your doctor about switching to a different composition/type of the pill as there are many options and varieties.

Emergency contraception



Not recommended for frequent use.

If used more than once in 3 months, it can have harmful side effects, such as a disrupted period cycle, and adverse effects on mental health.

Can be a back-up plan in case another method fails, like a condom tearing for example.

The emergency contraceptive pill comes in a cardboard box within which is a plastic medicine pack. The pack has four tabs on each of the four corners. In the middle is the medicine tab with the long thin cylindrical pill inside. Each medicine pack has only one pill.

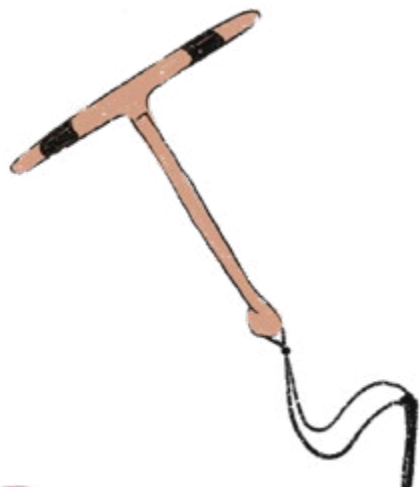
Fertility Awareness



Requires daily tracking of cervical height, cervical fluids, basal body temperature, and menstruation. Checking cervical fluids and tracking changes in their colour may not be possible for people who are visually impaired.

For blind individuals, assistance from caregivers may be required to fully understand what their genital fluids are looking like. Moreover, it is also imperative for medical health professionals to communicate any abnormalities that have been found to the client.

Copper IUD



A doctor must put the copper IUD inside the uterus and remove it as well. The copper IUD is shaped like a T. It has one handle with two other handles protruding from the top of the long handle on either side. It is made of copper and plastic and contains spermicide. The spermicide is used to prevent pregnancy. It can last in the body for upto 12 years.

Go to www.findmymethod.com for further reading on many more contraception options.

If you live with low vision or are blind, you can also use many available mobile applications that help with colour and object identification.

Understanding sexual safety and well-being will make you more confident and keep you safe

An important part of taking charge of one's sexuality is managing your sexual health. Being informed about the risks involved with sexual activity offers a way to take ownership of one's sexual experiences. Three major risks involved with sexual activity are: pregnancy (if you engage in any activity that may bring fluid from a penis in contact with a vagina), transmission of sexually transmitted infections (STIs) and emotional risks like heartbreak. (Sadly, they haven't designed a condom for that yet.)

STDs are sexually transmitted diseases and STIs are sexually transmitted infections. These words are usually used interchangeably. Educators and medical professionals switched to using "STIs" more frequently in recent years because a disease is typically a condition that shows some type of symptoms. However, most STIs can infect a person without showing any symptoms at all! Just like one can carry COVID-19 and be asymptomatic (and potentially spread the virus to other people), **many STIs can also be asymptomatic for years in a person's body.**

For a list of common STDs, their causes, and symptoms, check out this website.

Since most STIs are asymptomatic, the only way to know for sure whether a seemingly healthy person has an STI is to get tested. If accessible to you, proactive testing even before you show symptoms is the recommended course of action. Most people ask me, “Do I need to get tested even if I’m in a monogamous relationship?” Ideally, yes! Even in a monogamous relationship, doctors recommend getting tested at least once a year or every time you change your partner, whichever is more frequent.

Most cities in India have labs that offer STI testing through home pick-up. Tests usually involve a blood test and a urine sample. Which set of STI tests is best for you usually depends on whether you’re showing any symptoms and what types of sexual behaviours you tend to engage in the most.

Unfortunately, in India STI testing from private labs can be anywhere from 5,000-10,000 rupees for a panel. Some NGOs like Humsafar Trust offer free HIV testing to members of the LGTBQIA+ community. Government hospitals also offer free testing for some STIs.

If your test results are negative, great! You can share these results with any partner you choose to engage in sexual activity with, and you can also ask them to share their results with you.

If your test results are positive, it’s okay! A lot of STIs are fully curable (sometimes with a simple course of antibiotics) even the few

that are not curable can be treated to the point that you can resume a full healthy sex life as long as you keep your partners informed and take the recommended precautions.

A few different things can help you reduce the risk of STI transmission:

- Getting tested regularly
- Using an external condom for vaginal, oral, and anal sex with a penis
- Using an internal condom for vaginal or anal sex with a penis
- Using a dental dam (a latex sheet; can be made by cutting open a condom till it is a flat sheet) for oral sex with a vulva or anus
- Minimizing sexual contact while someone has cold sores (oral herpes)

Pregnancy Tests:

Urine pregnancy tests are available at the chemist or through an online store. These tests come in a packet that holds a small rectangle strip made of plastic and a dropper. You can use the dropper to take a urine sample and place a few drops in the shallow rectangular sample well. It displays pink or red lines to depict if the individual is pregnant or not pregnant. A single line indicates that it is a negative result, whereas two lines indicate a positive one or pregnant result.

If you have a visual disability, it is advised to pee in a container and use the dropper provided in the packet to collect the sample and drop it inside on the dented section of the stick. To know the result, you can ask someone you are comfortable with, or use the Be My Eyes app.

Be My Eyes is a worldwide app and website blind people can use for help with daily tasks through video call. You can video call a sighted volunteer who will be able to help you understand what your test results are. It is available in over 180 languages and connects you to a volunteer from the same region as you.

Created in collaboration with KARISHMA SWARUP, a sexuality educator.

j. Sexual Safety, Health and Wellbeing – Sexual Coercion, Consent and More

Sexual coercion is when a sexual partner is trying to get you to do something you aren't ready for or willing to do. Recognising sexual coercion and saying no can be hard especially when you are sexually attracted to someone. Sometimes we are hesitant but are unable to say no, too. Remember that no one, not even a close sexual partner, can make you do something you aren't willing to do. **Listen to this conversation between NIDHI GOYAL, a disability rights and gender justice activist, and SRISHTI PANDEY, a disability rights activist, where they talk about ableism, sexual coercion and consent in relationships.**

If you prefer to read the transcript of their conversation click here.



"We're all human, we make mistakes in finding the right definitions for us. We lapse, we make mistakes, we try again, we renegotiate with ourselves. And so consent is a very evolving space. There is no definite definition of consent." - Nidhi Goyal

For you to explore

Nidhi and Srishti share important advice around making mistakes and figuring things out as you go along. You learn about consent and boundaries as you experience situations too.

Use this space to reflect. How did you navigate consent in a sexual relationship? What kind of thoughts did you experience? What would you say to a younger peer with a disability based on your experience?

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## 04. IF YOU'RE A PARENT

Dear parents,

We understand that some of these conversations might be hard and uncomfortable. We know that you may not have had the time to think about sex and sexuality. We want to encourage you to acknowledge that sex and sexuality may be a part of your daughter's life, and you can actively build space for this by unlearning the shame and taboo that exists around sex.

This will help build a healthy, respect based understanding of sex and sexuality that is based on consent, safety and trust. **Listen to this conversation about acceptance and communication between GOPIKA KAPOOR, an Autism consultant, parent professional, writer and parent to a teenager on the Autism spectrum and IFFAT JIVAN, persevering, positive parent to an adult with psychosocial disabilities.**

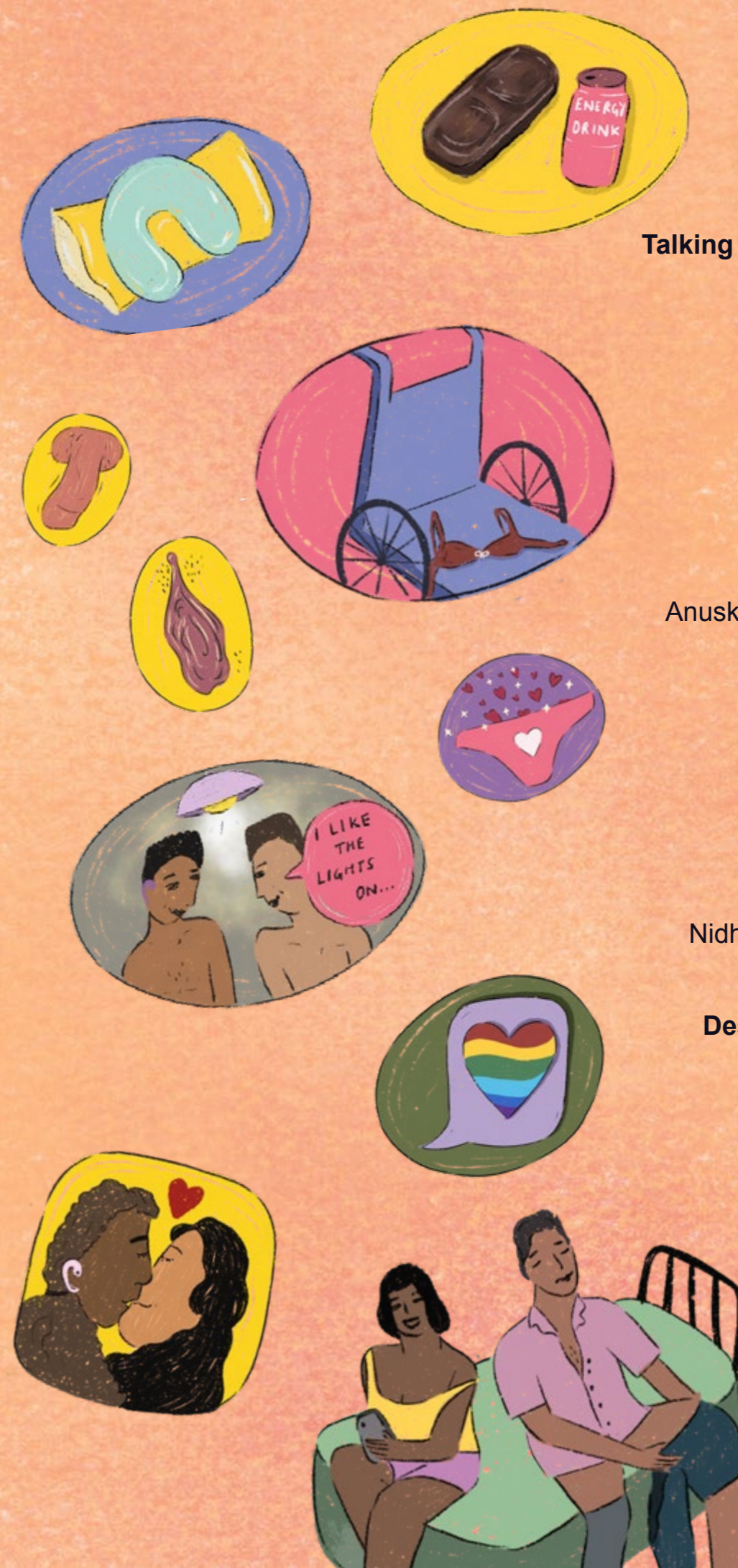
**If you wish to read the transcript of their conversation, click here.**



## 05. IF YOU'RE A COUNSELLOR

Calling all counsellors, this section is for you! As a counsellor working in therapeutic spaces, one has to work to dismantle the dominant single stories about disability, gender and sexuality. **Hear YASHNA VISHWANATHAN, a counsellor and mental health worker, and CANDICE DSOUZA, a disability and queer affirmative therapist, talk to each other about ideas therapists carry about sexuality and how that can affect young people with disabilities.** They also discuss how therapy spaces can hold conversations around sexuality and the different things a therapist/counsellor can do to build a supportive and affirmative space. We it gives you a lot to reflect on!

**[If you wish to read the transcript of their conversation, click here.](#)**



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