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Sexuality and functional diversity: an analysis from a gender perspective

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Abstract

Disabled people have traditionally been considered, paradoxically, as asexual or possessing an uncontrollable sexuality, and thus their sexual needs have often been neglected. This perception has changed and nowadays is not only assumed that people with functional diversity do not necessarily show a loss of sexual interest, but that satisfaction also has a positive influence on self-perception and self-esteem (Griffiths, 2006). However, the prejudice and stigmatization to which people with disabilities are subjected to often hinder their interaction at events where peers-socializing takes place, and therefore the possibility of finding a sexual partner.

In some countries sexual access is considered and equated to the right to education or food. Also, they assume that there are people who have some difficulties in satisfying this right, such as people with disabilities, so they propose sexual encounters with prostitutes or the facilitation of sexual assistants as an alternative (Mona, 2003, Sanders, 2007). However, this proposal underlies androcentrism as the clear focus is men for whose sexual satisfaction the access to women's bodies is legitimized. Following this logical discourse and highlighting the asymmetry of the patriarchal model of sexuality, prostitution is seen for women with disabilities as a way to earn a living and build social relationships. In both cases, it is the women who are "objectified", legitimizing the use of their body as a place for the satisfaction of men's sexual "needs".

In this paper we question the commonly held view that prostitution has a social function as an option available to people with functional diversity, either as consumers or providers.

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Keywords: functional diversity; sexuality; Spain; gender inequality;prostitution; sexual assistants

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1. Introduction

The attention to people with functional diversity[1], 16.7 % of the Spanish population (INE, 2012), has focused on ensuring their independence and social adjustment through the access to housing or educational inclusion with the aim of facilitating their work and social integration. However, little or no attention has been paid to their sexuality (Bahner, 2012), or rather, to their sexualities. It was in 1972 when sexual rights of disabled were discussed for the first time at the World Congress of Rehabilitation and literature on the subject began to be published. Since then, there has been a polarized approach to the matter that has switched between the denial of their sexuality, considering them as asexual and ignoring this issue, and hyper sexualized, conceived them as instinctive and uncontrollable. The focus has been put on the protection from abuse (Appel, 2010), either committed by caregivers, peers or unknown persons, or among people with impairments, presuming their vulnerability.

In this paper we start from the assumption that people with functional diversity have the same sexual needs as everyone else (Di Nucci, 2011), but not the same opportunities to resolve them adequately. Specifically, the difficulties encounter regarding access to sex are often used to justify the social role of prostitution (Di Nucci, 2011). Courses aimed at prostitutes have been developed to prepare them to deal specifically with people with impairments. In some places like Victoria (Australia), where prostitution is legalized, brothels are specializing in providing services for this group. In others, such as the Netherlands and Denmark, the State has the obligation to support the lifestyles of people with disabilities, and this obligation includes providing access to sex with public funds. In Spain the debate is just beginning, few experiences are known and there are no regulations in this regard; a few months ago a Catalonian non-profit organization created a protocol to put assistants in contact with users[2]. Another alternative under discussion is the coverage of sexual needs by carers, nurses and health workers, as an extension of their care work.

The movements which defend these suggestions tend to use the concept of sexual citizenship (Griffiths, 2006) and see the concept of sex as a right. Besides, in order to sustain their position they rely on studies which highlight the important role that sexuality plays in personal identity and conclude that an unsatisfactory level of sexual expression can lead to poor self-esteem or even to depression. Moreover, some people continue to use the already demystified argument of catharsis (Jeffreys, 2008), claiming the deterrent role that these practices play, for example, in the case of intellectual disability, preventing the assault of other disabled people or the masturbation in the public space.

This article assumes the paradigm of social constructionism which tries to deconstruct the dogma of heteronormativity and redefine people with functional diversity as equal to other sexual partners. Also, we find support using the social model of disability, this model claims that disability is in a large part socially constructed[3] (Jeffreys, 2008). In this sense, we find the distinction between "impairment" - deficit or dysfunction useful, for example the lack of a leg and a "disability" - problems people with impairments have to face due to our social organization, which does not take them into account and excludes this group from the main social activities. This distinction is usually used for physical disability, but may be equally valid in the case of intellectual disability (Race et al., 2005 in Griffiths, 2006).

To explain how the social discourse of sexuality influences the way we learn, behave sexually and interact with others, the theory of sexual scripts is useful (Bahner, 2012) as it gives the body a central symbolic role. Gender plays a role as an organizer of bodily experiences, so having a man's or woman's body involves "the enrolment to

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[1]Functional diversity is a concept used for the first time by Spanish researchers (Palacios y Romañach, 2006). Their aim was to propose an alternative word to disability and handicap and changed the focus from the individual to society, assuming that people with impairments have different characteristics –as all human being does-but due to the environmental conditions and the concept of "normal" created by society, people with impairments has to do the same tasks and functions but in a different way, sometimes needing the help of a third person.

[2]http://www.lavanguardia.com/vida/20140126/54399485668/asistencia-sexual-sexo-discapacidad-sexualidad-diversidad-funcional.html

[3]There are two ways of thinking about disability that currently coexist. On the one hand, the traditional medical model focuses its interest in the individual and its deficit (theory of personal tragedy) and therefore solution is posed on rehabilitation. On the other hand, the social model of disability focuses their interest in the disabling environment (theory of the social oppression of disability), i.e. in the non-accessible environment, and as a result the solution is posed on a universal design that takes account of all citizens and the creation of social policies that conceive the disabled person as a full-rights-individual with autonomy capacity.

codes and unequal sexual access, based on a double sexual standard moral which enable erotic-affective relationships with different meanings for both women and men" [4](Cruz, 2004, p.156). In a same way, a disabled body is regarded as abnormal and therefore seen as unattractive and not sexual. In this sense, women with functional diversity experience a double discrimination, the one associated with her gender and the one derivative of the disability itself (Jeffreys, 2008; Foley, 2013).

2. Sexuality on people with functional diversity

Although we cannot assume that everybody with functional diversity experiences difficulties in establishing sexual relationships, a number of issues are recognized as particularly affecting this group (Davies, 2000; Shuttleworth, 2000; Sanders, 2007):

1. Socio-sexual isolation: people with intellectual functional diversity have traditionally been deprived of the learning contexts where sexual identities are formed. They often live with family or in residences where they tend to suppress any sexual initiative. In general, even in the case of physical functional diversity, architectural constraints, access difficulties and often economic restrictions make them have less opportunities to socialize, and therefore, to meet people and develop social skills.
2. Family overprotection: families send negative messages about the possibilities of them having a partner or even a sexual life, often due a lack of information, because is a taboo topic or because of the fear that their daughters or sons will suffer rejection, unwanted pregnancies or STDs. Sometimes people with functional diversity live in residential care homes that do not provide them with adequate times and spaces for intimacy in which to explore their sexuality.
3. Lack of positive role models: disability models are scarce in everyday life and almost absent in the media. The existing model of sexual pleasure in today's society sends a stereotyped message, represented by a person who fits in with beauty standards, is heterosexual, white and able-bodied.
4. Lack of sex education: the taboo that sexuality still represents, and to a greater degree, the combination of disability and sexuality, makes this issue often overlooked. Thus, people with cognitive functional diversity are often unaware of their rights, they have not been taught to explore their sexuality and the only contact with their body has been by caregivers and family and only with functional purposes, often limited to hygiene. In the case of physical impairments, there is often a lack of education aimed at their specific needs, such as information on positions where they can receive and give pleasure, ways to manage pain and spasms, etc.
5. Internalization of normative models: refers to the internalization of the social ideals of the body, which are attractive and desirable, social expectations about normative sexual performance and gender roles. Femininity appears associated with passivity and the satisfaction of male desires; on the contrary masculinity is linked to sexual interest and focused on the penis and erection. Thus, people with and without disabilities learn from childhood that the expression of sexual interest is crucial to being a man, to the point of feeling pressured to look interested when they are not really. According to Zilbergeld (1992, Tepper 1999) there are a number of myths which survive nowadays; some of them are based on the idea that men are always interested and ready for sex; must take the initiative; a real man performs well in sex and has no sexual problems; sex is nothing more than penetration; good sex takes place spontaneously, without planning and ends with an orgasm. In this context, a medical dysfunction (Tepper, 1999) inevitably impacts on the male identity and can be equated to a loss of masculinity or a feeling of being “desexualized”, and as a consequence could contribute to low self-esteem and a negative self-image.
6. Consent: an issue that is concretely concerned in the case of intellectual disability, and is impossible to address here due to the limited space, is consent. The current legal context makes people with functional diversity subject to

[4] Authors translation from the original: *“la inscripción a códigos y acceso sexual desigual, basados en una doble moral sexual, que posibilitarán relaciones erótico-afectivas con diferente significado para unas y otros”*(Cruz, 2004, p.156)

certain ideological control in the sense that it is their parents who have the final say in all matters related to their lives and, specifically, on how their sexual needs will be resolved or not (Foley, 2013).

3. Proposed solutions for accessing to sex

The medical model of disability has a male body as a reference and a heterosexual sexuality centered on intercourse (Jeffreys, 2008). So when the issue arises of how to manage the sexual desire of people with functional diversity, it is actually a question of how to respond to the heterosexual male "needs".

The literature that has discussed commercial sex and sexual facilitation is focused on heterosexual men, and leaves out women and other sexualities from the sexual citizenship debate (Sanders, 2007). This highlights the stereotypes grounded on the assumption that men have a bigger sexual desire than women and that the latter seek sex only in the context of a relationship.

In the following sections we will present and reflect on the three alternatives that are proposed when discussing how to provide people with disabilities access to sex, namely: going to prostitution, using sexual surrogacy and sexual facilitation.

3.1. Prostitution

People with functional diversity engage with casual sex or sex in the context of a relationship, have different sexual orientations, they also cohabit, marry, have offspring, etc. (Sanders, 2007). However, they are one of the groups of clients as well who seek prostitutes. This can be on its own initiative, often alleging sexual inexperience (Shakespeare, 1999) or taken by a family member. These facts are sometimes used as a means to make prostitution respectable and suggest that it serves a noble purpose.

However, even though prostitution is tolerated and is socially normalized, is a patriarchal institution that demonstrates the lack of equality between men and women. It is gendered (Delgado and Gutiérrez, 2012); most of the people who provide it are women, while consumers, pimps and traffickers are men. It also reinforces what Pateman (1988) calls the male sex-right to dominate and have access to women's bodies, which become products that can be used and exploited. Also, legitimate essentialist visions point to biological differences between the sexes, so that men would have a bigger sexual urge than women. In this context, men with intellectual disabilities absorb the prevailing notion which states that women exist for their pleasure (Jones, 2012) and indirectly (Jeffreys, 2008), women with intellectual disabilities become more vulnerable to abuse, harassment and lack of respect.

In the same way, the majority of women in prostitution today are immigrants and for many of them prostitution constitutes their only alternative to make a living and state that they would stop the activity if they had another source of income (McCarthy, 1999). Another number of women are victims of trafficking and are kept in prostitution against their will (Jones, 2012). And finally, there are those who say they are in prostitution voluntarily. However, due to the position of inferiority in which find themselves and the discrimination women have traditionally suffered; we will only know if they have voluntarily chosen this life when women have the same access, economic power and recognition in the labor market as men.

Nevertheless, for some people, because of the differences in social status and physical ability of the participants, prostitution targeted at people with functional diversity follows a different dynamic to that which they define as general prostitution (Sanders, 2007). People who defend this assumption perceive that gender relations are more equal when a person is disabled because of the marginalization to which the individual with functional diversity is subjected and also because it is understood that the prostitute, as a professional, has power over a client who is perceived as vulnerable, without experience and physically weaker. However, this argument is questionable, inasmuch as prostitution for people with or without disabilities, perpetuates gender divisions and inequality, turning women into sexual servants in male service and ignores their own sexuality. Also, its existence remains the heteronormative construction of sexuality and perpetuates the discrimination and prejudice against the disabled, treating them as different, as "other" and limiting them to a sexuality and relationships subject to payment. To sum up, it avoids the social culture to take on the challenge of erecting integrated environments.

Moreover, when we talk about prostitution and functional diversity, it is necessary to address an issue that has been barely studied: women with intellectual disabilities offering sexual services, a great number of them as victims of trafficking. The few investigations on this topic shed light on the different reasons that may lead these women to sell sex (McCarthy, 2000; Kuosmanen and Starke, 2011). Firstly, the desire to have a partner (Jeffreys, 2008) can make them conceive of sex as a way to create relationships and gain affirmation and can sometimes lead to the acceptance of abuse and violence as the price to maintain a relationship (McCarthy, 1999). Secondly, the desire to develop and identify themselves as women can lead to relations with men, especially without disabilities, and to internalize misconceptions; for instance, that women are responsible for satisfying the desires and sexual needs of men. Thirdly, it has been noted that sometimes the main reason for the exchange of sex for money is the scarce economic resources available to people with functional diversity (Kuosmanen and Starke, 2011). Lastly, this exchange can be perceived as an easy way to obtain a desire commodity, not necessarily of great value.

Furthermore, we also find men who fetishize women who have some type of physical disability and seek them out in prostitution, pornography, etc.(Jeffreys, 2008). These women sometimes have self-esteem and self-image problems that make them "easy targets", as they can be easily emotionally manipulated for inclusion in the prostitution industry, sometimes compounded by the lack of other opportunities to make a living.

3.2. Sexual assistants. Sex subrogated.

The practice of sex subrogated, appears recommended in some disability texts (Jeffreys, 2008) and involves the intervention of a team of three persons consisting of the therapist, the client and the surrogate partner or sexual assistant. This option is often seen as preferable to prostitution because the people who carry it out have more training (Griffiths, 2006) and appear to have more autonomy and independence, decreasing the chance of being abused people or being involuntarily in prostitution.

The differences presented are basically that subrogated sex is understood as a long-term reeducation therapy whose main aim is the reorientation of the problematic functioning capacities related to sexuality. It could include communication exercises, relaxation and different traineeship, for instance learning how to caress and touch in a sexual way, social skills, etc. However, prostitution and sexual assistance focuses on immediate gratification, putting the focus on genital pleasure. Although it is promoted as something different, it maintains the patriarchal foundations that support prostitution, as well as the majority of customers being men. Besides, heterosexual men are hard to find as surrogate partners (Griffiths, 2006).

If it is obvious that this alternative reduces the probability of people with functional diversity experiencing rejection and as a consequence, deterrent feelings of failure and frustration. However, in order to develop an adequate sexual self, individuals should explore sexuality within the context of a real relationship and outside of a controlled environment and this can only take place if people are not treated as different and excluded from society. Furthermore, as it is found by several studies, people with functional diversity are interested not only in the intercourse, but "…they are searching out intimacy, warmth, validation, connection…" (Bahn 2012, p.340). Thus, in this kind of subrogated sex it is likely that an emotional attachment between the user and the assistant will form and that this could have very negative consequences for the patient on an emotional level when the sessions finish.

As Foley points out, (2013) the right to sexual citizenship is different from the right to have sex. In other words, is not the sexual simulation which is a human right, but the sexual pleasure that emerges from consensual relationships between two individuals (Appel, 2010). Besides, if the sexual satisfaction were a right, then people with disabilities would not have any greater right than anybody else and therefore the State should provide this service to everyone interested. This aspect leads us to consider what would the selection criteria be; for instance would it be enough simply to have a history of failed attempts at achieving a sexual partner? Otherwise, how can this situation be justified?

3.3. Sexual facilitation

People who support sexual facilitation include it within the personal care services (Mona, 2003) whose main aim is to support the welfare of people with functional diversity. That is aspects related to their physical appearance, comfort, safety and interaction with community and society. They consider that sexual relief is just as important, for overall health and wellness, as the need to sleep or feed, and therefore the person with functional diversity should be aided by assistants or carers if they are not able to do for themselves. Facilitation can range from the provision of accessible information to organizing a sex surrogate.

This point of view generates a conflict of interest between the alleged right of users to live their lives as they wish, and carers, mostly women and immigrants, who are not in a position where they can refuse the claims of their users due to the fear of losing their work (Mona, 2003, Jeffreys, 2008). A kind of job that is also socially undervalued and often seen as a temporary solution until finding a better position in the labor market (Bahner, 2012). In addition, another conflict could be generated when a worker, for whatever reason, decides to refuse to collaborate on these tasks. For instance, in what way could a worker reject it if people have a right to access to sex and also to a commercial sexual service without experiencing discrimination based on their disability?

4. Conclusions

Disabled people should be equal in every aspect of life and this includes the right to express their sexuality and engage in consensual intercourse. However, supporting this statement does not necessary lead us to admit that sex is a right and therefore the State must facilitate access to commercial sex or sexual assistants. It is needed to show that these campaigns advocating sexual rights for the disabled do not talk about disabilities, they actually promote the rights of men in general, but disabled women are ignored.

The importance attached to sexuality in our society should serve to question its traditional view and the gender construction around it. People with functional diversity are in a unique position to weaken the assumed normative notions that point out, for example, that it is possible to pay and use a woman for sex or that sex is reduced to genitals and the pursuit of an orgasm. In addition, they can challenge the assumption that it is necessary to follow the normative and standards of beauty and success have a chance at gratifying sexual desire.

It is indispensable that people with functional diversity develop their lives in a normalized sexual environment in which they can establish interpersonal relationships, either friendships or relationships, and it is essential that they receive sexual education adapted to their needs.

Involving prostitutes and sexual assistants in meeting the sexual desires may simply increase their discrimination and isolation in society. It also reinforces the stereotypes associated with masculinity and the existing regulatory principle because the basic structure of society remains intact and absent from models of disability. The images portraying sexual beings in society need to include the representation of people with functional diversity.

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