

**Access to Sexual Health —
Through a Disability Rights
Lens**

Anne Johnston Health Station (AJHS)

Health Promoter/SexAbility Coordinator:
Lynda Roy, MSW, RSW

Outline

- Introductions
- Anne Johnston Health Station
- History of SexAbility
- Activity: Sex and Sexuality
- Exploring Sexuality through a Disability Rights Lens
- Why Talk About Sexuality and Disability?
- Scenarios
- How to Support Youth and Young Adults

Wrap Up

Anne Johnston Health Station

- Community Health Centre in general
- Community Health Care Centre (AJHS)
 - Youth
 - People with Physical Disabilities
 - Seniors
- Programs
 - Primary Healthcare
 - Disease Prevention and Management
 - Health Promotion and Education
- Multidisciplinary Teams

SexAbility

- Began in 1998
- partnership with Planned Parenthood of Toronto and the Anne Johnston Health Station.
- Research into the gaps in services about sexuality and disability.
- Funding proposal.
- Establishment of the program.

Evolution of the Program

- Used a peer-peer model
- One to One Peer Counselling. (to increase awareness and education regarding sexual and reproductive health)
- Program developed further into peer-peer workshops & workshops for healthcare providers and students
- School presentations.
- Workshops to professional health care service providers.
- Modification of the training manual.

Myths & Stereotypes

- Asexual
- Passive versus dangerous/scary (sexually innocent versus sexual perpetrator)
- Undesirable
- Victims of sexual abuse
- Bitter/angry
- Supercrips
- Less than
- Incompetent
- Needy/helpless (must be protected from harm)
- Tragic, yet Brave
- Infantilized
- "God's Children"
- Dirty
- Slow
- Or... if sexuality is acknowledged, its heterosexist (but we're changing this!)

Three main models of Disability

- Medical Model – this is the most predominant view of disability.
 - views disability as the individual's problem
 - disability seen as illness and focus is on rehabilitation.
 - Gatekeeper is doctor, health care professional, etc.

Three main models of Disability

- Charity Model – this model views people with disability as needing assistance and deserving of assistance.
 - People with disabilities are seen as broken or sick.
 - All people with disabilities want to be fixed or cured.
 - Relies heavily on charity and benevolence rather than justice and equality.

Three main models of Disability

- Social Model – views society as the problem.
 - focuses on inclusion rather than integration.
 - advocates that people living with disability know what is best for them. People with disabilities are the ones who should decide what they need to be in place in order to participate in the community in the way that they want to.
 - Gatekeeper is the individual living with the disability.

Why talk about sexuality and disability?

- People with disabilities are often assumed to be asexual.
- OR sexuality is often seen as peripheral to people living with disabilities.
- Denial of someone's sexuality can negatively impact identity, self-esteem and overall physical health.
- To encourage the exploration of healthy sexuality.

What do we mean when we talk about Sexual Health?

- Increase awareness about what makes a relationship healthy or unhealthy.
- Increasing Positive Self Esteem.
- Raising awareness that sexuality is not only about sexual intercourse.
- Creating a safe and non-judgmental place to speak about very sensitive issues.
- Raising awareness that sexuality is a human right.

The Challenges

- The notion we are sex positive
- Myths and Stereotypes about Sexuality
- Private Sphere/Public Sphere
- Access - narrowly defined

Wrap-up & Questions

- Future growth of SexAbility.
 - Current projects underway.
- Volunteers and Recruitment.

**Do you have any
questions for us?**



We do belong, we should belong, our personal contribution in all parts of life is immense .

WINTERSON, J. (1993) Why I support Stonewall, Stonewall News, Summer, p . 4 .

Thank You

Contact Information

Lynda Roy
416-486-8666 ext. 248
lyndar@ajhs.ca
