Preface: Barbara Waxman was one of the most powerful and trailblazing scholar-activists on the intersection of sexuality, violence and disability. Her works insist on the recognition of the need for sexual pleasure by disabled people\(^1\) and draw attention to hate-motivated violence against disabled people. Waxman wrote at a time when the majority of disability advocacy and scholarship was centered on obtaining basic civil rights – such as access to housing, transportation and employment, codified in the Americans with Disabilities Act (1990). Sexual oppression, shame and hatred persist as problems that few scholars and activists address, let alone devote their lives to dismantling, as did Waxman. As a disabled white, queer, sexologist and lawyer, my theory and praxis owe a significant amount of respect and gratitude to Waxman’s bold and honest examination of these difficult topics.

This piece brings her seminal work on sexuality featured in *The Disability Rag*, “It’s Time to Politicize Our Sexual Oppression” (1991b) into the current epoch by updating her facts and connecting her work to recent advancements in critical disability studies. Through exploring the sexual and reproductive oppression of disabled people, this piece pays particular attention to the persistence of silence and lack of political mobilization around these issues in the disability community. Waxman aptly stated that she believed that the rationale for not politicizing sexual oppression is that many disabled people feel inferior and to blame for their lack of sexual activity. She goes on to assert that “in majority culture this secret is the source of personal embarrassment rather than a source of communal rage against the sexual culture itself” (p. 25).

This piece is a renewed call to action to recognize and dismantle the root of much of the communal sexual oppression of disabled people: ableism, which is a system of social power that

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\(^1\) This piece uses the phrase ‘disabled people’ instead of ‘people with disabilities’ throughout as a way of asserting that disability is often a salient political identity marker. Suggesting that a disabled person is a person first, asserts that somehow 1) disability can be separated from one’s overall identity and 2) that it should be separated from one’s identity. I’m a politically (uppity) and descriptively (legally) disabled person. Language around (disability) identity is hotly contested and ever-changing; I chose this label for the sake of asserting my rationale and in an effort of uniformity in terms.
simultaneously devalues disabled people and exalts supposed able-bodiedness. Interrogating the specific manifestations of structural and internalized ableism makes clear the deeply embedded nature of this system of social power. Ableism – like other systems of social power, such as racism, homophobia, fatphobia, sexism, classism – has negative psychological, physiological, and emotional health outcomes for disabled people (Krieger, 2000). While ableism is a power structure that pervades the world (see Charlton, 1998), it is beyond the scope of this paper to analyze the nuances of ableism in numerous cultures. This piece therefore is primarily situated in the cultural context of the United States of America.

Many of the manifestations of ableism have the most deleterious impact on disabled women and girls, as it is our reproductive capacities that are managed and contained through multiple modes of intervention. This Paper explores the gendered aspects of sexual oppression of disabled people and the confluence of race and impairment specificity, to provide a clearer perspective on the intersectional layers of sexual oppression. The Paper closes with a call to place political emphasis and personal affirmation on sexual and reproductive health in the disability community. Much of this call to action draws from the recognition of sexual and reproductive health as human rights codified by a number of human rights instruments.

According to the working definition from the World Health Organization (2006) sexual health is:

- a state of physical, emotional, mental and social well-being related to sexuality… sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experience, free of coercion, discrimination and violence…the sexual rights of all persons must be respected, protected and fulfilled.

As this definition is a working one, the definition has changed and will continue to change with shifts in social norms, understandings of sexuality and sexual health.

Finally, this Paper also includes reflections from leaders in the disability community and those garnered during a disability and sexuality retreat that I led in Barbara Waxman’s honor in September of 2010.

Understanding Ableism: Ableism has been defined differently by several different scholars. Fiona Kumari Campbell (2009) explained in her seminal book, *Countours of Ableism: The Production of Disability and Abledness*, that ableism must be distinguished from “disablism” to provide theoretical precision in interrogating the systems of power that shape the lives of disabled people. In her line of reasoning, disablism entails “a set of assumptions (conscious or unconscious) and practices that promote the differential or unequal treatment of people because of actual or presumed disabilities” (p. 4), whereas ableism entails “a network of beliefs, processes, and practices, that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and full human. Disability then is cast as a diminished state of being human” (p.5).

Disabled people throughout the world are economically ghettoized through systematic exclusion from education and employment. Disabled people are the world’s poorest of the poor (United Nations, 2006). Of the 650 million disabled people in the world, two thirds of us live in poverty and 100 million disabled people are impaired because of issues stemming from poverty – malnutrition and poor sanitation. This fact illuminates a dynamic with poverty – in which poverty creates disability and disability enables poverty. Statistics concerning employment of disabled people in the United States are rather grim; only 38 percent of working age disabled
people are employed compared to 78 percent of non-disabled people (Stapleton, O’Day, Livermore, & Imparato, 2005).

The welfare system for disabled people – Supplemental Security Income – helps enable the poverty trap for disabled people as we are required to prove that we are “too disabled” to work in order to be eligible for Supplemental Security Income. This proof often is psychologically and physically taxing, with requirements that we perform or prove that we cannot work justifies structural ableism. If we are declared too disabled to work – it makes the process of getting off of Supplemental Security Income and into a job problematic, and in some cases impossible. The label of “too disabled to work” perpetuates a societal perception of inadequacy in disabled people, which is then often internalized as a self-fulfilling prophecy in which many of us get trapped. Additionally, Supplemental Security Income provides enough money to keep disabled people at or below the poverty line and creates barriers to saving money, because having more than $2,000 in a bank account is counted as income against earnings. Supplemental Security Income also creates disincentives to marriage. Imagine the repercussions, including sexual and reproductive ones, stemming from being held hostage by a system that forces countless people to stay in poverty, be financially punished if married, and told that they are not good or able enough to ever work.

In addition, most homes in the United States are not physically or monetarily accessible to disabled people. Disability activists have been working on the issue of visitability – making all homes accessible to disabled people through the employment of universal design (Salvesen, D. Ringaert, L., Shay, E. & Smith, E. 2008). This issue also has repercussions for sexual health as it limits the spaces where disabled people can socialize and be intimate with others. Even more disturbing is the fact that approximately two million disabled people are warehoused in institutions and nursing homes (Russell, 1998). Like the prison population, this portion of the population is not quantified in US Census data (Davis, 2003).

In this $70 billion per year industry, disabled and ill bodies are commodified and are worth more to the Gross Domestic Product than if we were living in our own homes in the community. Russell (2002) asserted that disabled people yield $30,000 to $82,000 per year to institutions and nursing homes. Despite the landmark opinion in Olmstead v. L.C., 527 U.S. 581, 119 S. Ct. 2176 (1999) -- in which the Supreme Court ruled that it was a violation of the Americans with Disabilities Act (1990) to keep disabled people isolated in institutions when they could reasonably be accommodated in the community – the institutionalization problem persists. More than a decade after this Supreme Court decision, the implementation of Olmstead continues to lag as disabled people have their lives controlled and stolen in institutions.

Ableism looks beyond the structures that negatively impinge on the lives of disabled people – by interrogating “a convergence of networks of association that produce exclusionary categories and ontologies… to produce different questions and sites of study” in order to imagine a different formation of power that is culturally posited as unspeakable (Campbell, 2009, pp. 19-20). Campbell’s intellectually stimulating treatise on ableism is a timely and nuanced analysis of the power dynamics regulating the lives of disabled people, yet I argue that in political praxis a dual-pronged definition of ableism is needed. African American studies works to simultaneously explain the nuanced lived experiences of African Americans while also working to reveal and unravel white privilege – unearned benefits and positive assumptions based solely on a raced identity marker (e.g. Collins, 2005; Dyer, 1997; hooks, 1999; Roediger, 2002). Campbell’s analysis operates in a similar manner.
A dialectic is established between ableism and disablism, making it hard to separate the devaluation of disability from the exaltation of ability. The two are interwoven together; they create and sustain each other. For example, in “The Deaf Trade: Selling the Cochlear Implant,” Campbell (2009) explains the cultural logic of technological intervention in disease and how it created the need for cure (in this case the cochlear implant). Campbell explains the circular rationale for the cochlear implant, in which “technologies of ‘treatability’ engage in a circular logic with the agency of the artifact folding back onto the potential recipient who is then figured as diseased or deficient” (p. 83). In this way, both the problem (deafness) and the solution (a move to ableness by way of the cochlear implant) are interwoven and dependent on each other. This conceptual interdependence requires a word that encapsulates these theoretically disparate aspects of oppression.

I propose a definition that captures the attributes of both ableism and disablism under the umbrella word ableism. This two-pronged approach to definition of ableism has political utility, as it useful to streamline concepts. While there is utility in parsing out the nuances of ideas, power structures, and language in relation to disability – it is also useful to ensure that the core ethos of the disability community is communicated in accessible ways. This move toward accessible language also enables inclusion of intellectually and other developmentally disabled people. Additionally, in mainstream culture, most of the language used to describe disability is not chosen by disabled people. We are continually viewed through a medicalized and pathologized lens that insists that to have a disability is to have a disadvantage, to suffer, or to be afflicted by a ‘disease’ (Haller, Dorries, & Rahn, 2006). The origin and ownership of language regarding disability identities and our lives is part of the fuel that keeps the debate on which words and phrases work best for the diverse disability community. Disability activist and media/communication specialist, Lawrence Carter-Long asserts:

“There are already too many competing concepts, quite literally too many words, used to describe our lives. Even within our community it’s unclear: Are we handicapped or handi-capable? Differently abled or dislabeled? Are meaningful education, employment and housing ‘special needs’ or are we oppressed? Do we negate the needs of the community by emphasizing the individual first? We need to start simplifying our language--reject insider jargon and academic speak--and start using words that already resonate and are familiar to people if we ever want more than a few privileged elite to understand. If you only sing to the choir, no one else enjoys the song. To be truly inclusive we’ve got to get out of our own way. We’ll never reframe disability if no one knows what the hell we’re talking about” (personal communication, 2011).

For the preceding reasons, I argue for the use of the word ableism to mean the exclusion, devaluation and violence against disabled people as well as the exaltation, perpetuation and maintenance of ableness/able-bodiedness and ability privilege.

Ableism, like other social power dynamics, manifests in numerous ways. This Paper analyzes structural and internalized ableism (as they are often central to enabling harm against disabled people) in relation to sexual and reproductive health. While I do not analyze it in depth here, interpersonal ableism is another power dynamic that affects the lives of disabled people. Disabled people experience interpersonal ableism daily as it is expressed in many ways, including microaggressions, affective responses and discourse.

The concept of microaggressions is a burgeoning area of study in the field of marginalization/oppression research. Starting in education journals looking at the daily experiences of racism faced by African American college students, this theory has expanded to
include the study of how other socially subordinate “Others” experience microaggressions (Nadal, 2008). Microaggressions are subtle, commonplace indignities spewed at “Others” – such as people of color, LGBT and queer people\(^2\), disabled people, fat people, and older people. They may come in the form of such comments as “you speak so well” or “wow, I didn’t even know people like you were capable of performing this job.” They can also come in such visual expressions as staring or a gaze that suggests one does not belong or is somehow unequal in a given space (microaggressions.com).

The literature, conversations with my comrades in the disability community and reflections on my own life demonstrate a myriad of microaggressions against disabled people. Some include excessive staring (Garland-Thomson, 2009), intrusive questions from strangers concerning anything from reproductive ability to capacity to drive (Zitzelberger, 2005), and strangers offering prayers to “heal” disabled people (Garland-Thomson, 2001). Underlying these microaggressions are assumptions that disabled people are not fully human, not intellectually competent, and not allowed privacy. The lack of privacy as a microaggression is reflected in disabled people’s experience of having a “public body” – meaning that other people feel they are permitted to ask questions about its functions and abilities without considering the feelings and violation of privacy that a disabled person endures when faced with those questions (Zitzelberger, 2005).

Disabled people experience several emotional responses from individuals, as a result of ableism and other salient marginalized identity markers (e.g, being a person of color or visibly queer). Erving Goffman (1963) explained that common affective or emotional responses to those with “spoiled identities” (marks of non-normative people through disability, personality traits, or racial/ethnic attributes) include fear, discomfort, hatred and sympathy/pity. Ableism has been noted to cause fear, in part because of ignorance concerning whether a particular disability is contagious. Additionally, fear is often projected on disabled people by nondisabled people as seem to be triggered by the representation of disability to process their mortality and the frailty of their bodies. This fear of disability is informed by the legacy of eugenics in the United States until the 1970s (Lombardo, 2010) and in more recent cases, such as Ashley X (Gunther and Diekema, 2006). The eugenics movement either sought to remove disabled people’s reproductive capacity without their consent through sterilization or to eliminate disabled people through euthanasia. These efforts were based on the definition of “defective” and “unfit” status - targeting people of color, disabled people and poor people (Lombardo, 2010; Stern, 2005). The history of defining these activities as “benevolent acts to better society” can be seen as part of the driving force for such responses to disabled people as fear and discomfort.

The history of these egregious activities remains in the collective cultural psyche that helps maintain these responses. Though few critical disability studies scholars argue this point (such as Sherry 2010; Waxman, 1991a) – hatred of disabled people is pervasive. In 2009, President Obama signed into law the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act, making disabled people (and gender variant identities, as well as non-heterosexual orientations) a protected class under federal hate crimes legislation (Weiner, 2010). This is a significant change, as the law requires the Federal Bureau of Investigation to fund the monitoring, prevention and recording of such crimes against these newly protected groups of

\(^2\) The phrase “LGBT (lesbian, gay, bisexual and transgender) and queer communities” is used to push beyond mainstream sexual orientation and gendered political discourse. Including ‘queer’ signals the expansion of sexual and gendered identities, recognizes the fluidity in these identities, and signifies the political ethos against assimilation into mainstream culture.
people. Thus, while people continue to disagree whether some people actually hate disabled people, the documented crimes and the federal legislative response defining such crimes in the context of federal hate crimes law indicate that extent to which hatred of disabled people is, in fact, a serious problem.

Finally, the affective responses of sympathy, pity and paternalism are common concerning disabled people. These emotions are often framed as valorous because the person who pities may feel mercy or the need to aid; but pity, sympathy and paternalism reify unequal social relations between disabled and nondisabled people. Pity can never just be a positive emotion in which an individual attempts to commiserate with or help their fellow human being; instead it is an emotion that demarcates boundaries between valued and devalued persons. Pity can operate to set disability apart from the response to many other minority groups, such as queer people and people of color, as it creates a veil of benevolence concealing feelings of discomfort and even hatred. This method of concealing negative responses to disabled people creates a significant barrier for those interested in changing the social status of disability because it is difficult to convince individuals that they are oppressing others when they believe they are engaging in a meritorious act. All of the ableist emotions and expressions discussed thus far occur within interpersonal relational spaces and impact sexual and reproductive health. This Paper focuses on several structural and internalized aspects of ableism to which Waxman drew attention.

**The Impact of Ableism on Sexual and Reproductive Health:** Though she did not use the term ableism, Waxman (1991b) addressed several structural and internalized aspects of ableism in “It’s Time to Politicize our Sexual Oppression.” Most of the issues she discussed continue to be persist today – two decades later. The only significant changes have been the shift in Constitutional law to legalize sodomy in 2003 and the inclusion of disability in federal hate crimes legislation in 2009. Disabled people with interesting identities, such as people of color, women, and/or LGBT or queer, face oppression/discrimination regarding their stigmatized identity traits. This Paper, though not intended to be an exhaustive treatise on all sexual and reproductive health issues facing disabled people, focuses on how ableism affects sexual and reproductive health and calls for action to accomplish Waxman’s goal: “to infuse dominant sexual culture with the richness of our own experience…we must see that our differences in appearance of our degradation also contain the seeds of our sexual liberation” (p. 26).

**Structural Ableism: Institutionalized Forms of Sexual Oppression:** Disabled people continue to be denied access to sexual and reproductive health information, care and rights. Waxman (1991b) outlined eight structural forms of sexual and reproductive oppression including: criminalization of sodomy, Supplemental Security Income and Medicaid/Medicare disincentives to marriage, lack of accessible and culturally competent sexual and reproductive information and care, legal intervention to deny parental rights, removal of sexual freedom in institutions and nursing facilitates, censored accessible pornographic materials, the exclusion of gay men and lesbians from services available to disabled people, and the failure of the state to monitor and intervene in hate crimes and other forms of violence.

Only a few of these forms of oppression have substantively changed since the publication of Waxman’s work, beginning with the **criminalization of sodomy.** Until the 2003 Supreme Court decision in *Lawrence v Texas* (539 U.S. 558), 13 states had laws that criminalized the majority of sexual activities and allowed only for heterosexual coitus or penis-vagina penetrative
(PV) sex, thus criminalizing consensual pleasurable sexual acts. While the majority of people targeted by anti-sodomy laws were LGBT and queer people, Waxman (1991b) also pointed to the problem of criminalizing sodomy for disabled people because many of us -- especially those with mobility impairments, chronic fatigue and/or pain -- cannot engage in PV sex and therefore did not fall into the narrow category of legal sexual activity. Legislating sexual activity works to institutionalize its morality (see Christiansen & Hanson, 1996; Foucault, 1978; Wilkerson, 2002).

When the state makes certain sexual activity illegal, it marks and stigmatizes those who are associated with that activity as criminal. This issue has been central to the LGBT and queer movements because of the negative impacts (such as discrimination in housing, employment, and access to health care) of the conflation of sexual activity (and its criminality) with the entirety of their identities. Although the legal status of sodomy has changed, much of this historical logic of conflation of sexual identity and criminality remains.

Certainly, the demonization and violence against LGBT and queer people speaks to the continued animus toward them but there is more to this nexus to unpack. Waxman’s examination of the criminalization of sodomy points to the need to deconstruct what “real sex” entails. All too often, people concede to the culturally produced narrative that sexual activity should be performed by particular bodies in a certain ways -- heterosexual, nondisabled, white, young, fit bodies moving in normative heterosexual coitus modes. This pervasive understanding of sexual performance is influenced by “pornified sexual expectations” (Paula, 2005) and the “grammar of embodiment” (Garland-Thomson, 1997). Pornified sexual expectations entail the proliferation of pornographic materials and the assumption that it encourages or teaches individuals to believe that sexual activity must be performed in a manner similar to that portrayed in pornography (for example, achieving simultaneous orgasm without verbal negotiation or consent while maintaining “perfect” hair and makeup). The majority of people do not share such experiences and demonstrating how these stereotypes are not “real sex” can help promote adoption of more inclusive principles and practices of achieving sexual pleasure.

Waxman (1991) addressed the issue of Supplemental Security Income disincentives to marriage by telling the story of an inter-able couple forced to keep their marriage a secret so that the disabled partner could maintain his Supplemental Security Income benefits. This issue persists today, as people who receive Supplemental Security Income benefits have the income of their partners held against them as their own assets. Thus if two disabled people were to partner – as some do – both of the Supplemental Security Income amounts for the month would be reduced because of the other party’s income. This does not account for actual life needs – such as food, transportation and some entertainment. These disincentives can be linked to the concept of “real sex” undergirding anti-sodomy law – as both pieces of policy discriminate against people who are assumed to be engaged in non-procreative sex. Supplemental Security Income disincentives could be assumed to prevent procreative sex between heterosexual disabled people, potentially continuing the legacy of eugenics. Additionally, precepts of heterosexism and capitalism can be seen to undergird this policy -- as it maintains the assumption that when people marry, they will be taken care of by their spouse and will no longer “be a drain on the government.”

In many settings, disabled people lack physically, communicatively and culturally accessible sexual and reproductive health information and care. Disabled people experience a myriad of physical forms of inaccessibility -- from architecture to exam tables -- as well as a numerous negative values and thoughts expressed because many medical professionals lack cultural competence concerning disability issues (Nosek & Simmons, 2007). This is particularly
apparent for intellectually and developmentally disabled people – as medical professionals often do not know how to break the information they are trying to share with their patient into accessible component parts for people to understand. Medical professionals all too often assume that disabled people are only our disabilities and that we therefore should only see doctors associated with our disability (e.g., neurologist, orthopedist, psychiatrist) instead of treating the whole person. The view of a disabled person as only their disability has negative impacts on sexual and reproductive health by medical professionals not taking a sexual history, not asking about the need for contraception and often denying any information concerning sexuality (Wilkerson, 2002). Medical professionals must learn how to talk about sexuality as their inadequate ability to communicate about sexual health impinges on their ability to serve all of their patients, not only disabled people.

Medical professionals also must be taught a new form of cultural competency because the one that is being used now simply does not reach enough people, nor does it achieve the end of social justice. Traditionally, cultural competency hinges on knowledge and tolerance toward, racial and ethnic minorities and, increasingly, people with diverse sexual orientations and genders. This framework does not promote a disability inclusive understanding of culture nor does it take into account the psychosocial mechanics of power and privilege noted in systems of oppression, such as racism and ableism. Additionally, traditional understandings of cultural competency are built on the assumption of a monolithic understanding of identity markers (i.e. all women have the same issues) and does not take into account the multiple social positions a person can inhabit.

The framework I propose challenges these problems with the traditional mode of multicultural competence. Disability can be seen as the catalyst to develop an intersectional and inclusive understanding of culture. Disabled people are members of every aspect of society -- every race, ethnicity, gender and sexual orientation, political and religious affiliation. Therefore, by including disability in the discussion of cultural competency, clinicians and researchers will be better equipped with how to deploy an intersectional understanding of identity. Beyond an understanding of intersectional identities, this mode of cultural competency explores how the institutions of power related to identity markers – such as ableism, racism, homophobia, transphobia, sexism, and classism – operate together, often lead to internalized oppression (or learned self-hatred) and legitimate various forms of cultural violence. In exposing the interlocking nature of oppression, practical tools can be provided to medical professionals to work with communities and individuals to recognize and break apart interlocking systems of power and divest unearned privilege.

Another crucial issue in the lives of disabled people is the experience of legal intervention to deny parental rights. Denial of parental rights occurs perhaps most fervently with intellectually and developmentally disabled people – linking to and continuing the legacy of eugenics. The most recent example of a disabled person losing parental rights occurred in March 2011 in California, in which a quadriplegic mother, Abbie Dorn, lost visitation of her triplets (Goddard, 2011). She was denied visitation rights based on her physical functioning (paralysis of her entire body, aside from the capacity to wink) which onset during the birthing process of her triplets. Far from an anomaly, this is only one of many news stories in which disability is determined to be a condition that precludes adequate parenting skills. All too often, Protective Services are called in to intervene and remove the children based on the disability status of the parent (Waxman, 1991). Disability status is also often used against disabled parents in custody battles by positing that disabled people are “unfit” to parent because of their disability (see
Brownstein, 2009; Fisher, 2007). The legal aspect of the denial of parental rights is socially enforced in the daily comments disabled people endure, as their ability and moral right to parent is called into question (Finger, 1992), as well as media representation concerning these cases which call into question the “best interest of the child” being impaired by having a disability.

The removal of sexual freedom in institutions and nursing facilities continues to be a problem. The population of institutions and nursing facilities is as inflated as the prison industrial complex. Although more lawsuits and settlements have occurred addressing Olmstead implementation, disabled people continue to be warehoused and profited from. Even after settlements, employees of these institutions who advocate for their jobs often halt the process, especially in rural communities that are dependent on these institutions for jobs. Countless human rights violations occur just from having every aspect of one’s life monitored and controlled – from the time to eat to the time to sleep. Further, in most of these settings, sexual activity is denied (Finger, 1992).

While there are written employee policies in place codifying that it is prohibited to engage in sexual activity with residents (or perhaps more precisely termed, inmates or commodities), accounts of rapes and other forms of sexual violence are committed by supposed “care” givers (Sherry, 2010). The term care is placed in quotes to draw attention to the fact that, in many cases, service providers for disabled people are often not rendering “care” – instead they deliver violence. Aside from sexual violence exacted on disabled people in these settings, consensual sexual activity is prohibited. In the few examples of sites permitting sexual activity among residents/inmates, only heterosexual marital sex is allowed (Finger, 1992). This denies sexual expression to LGBT and queer disabled people, as well as the many disabled people who have spent their lives locked away without the opportunity to marry prior to institutionalization. In 2007, I visited one of the nation’s largest institutions (with more than 1200 beds) Laguna Honda in San Francisco. I continue to be haunted by the reflections of light on the faded linoleum, the smell of urine and the sights of young disabled people locked away. As a sexologist, my heart continues to ache from the memory of countless beds lined up next to each other – with only a few feet of private space for each person to call their own. The facility had no rooms for privacy and the beds were positioned in way that prevented people from masturbating with a veil of privacy.

Waxman (1991b) points to the potential of censored accessible pornographic materials, highlighting a case in which federal funding to make Braille copies of Playboy available through the National Library Service in the Library of Congress was revoked. In 1986, a federal district court overturned this decision making Playboy available in Braille to visually impaired people. Waxman’s example points to how tenuous our access to pornography and erotica can be – and how government intrusion may limit disabled persons’ right to access items that all others in the United States can obtain. Waxman’s account of this court case did not address the phallocentric (penis focused) nature of this decision and issue. Materials are accessible through the National Library Service based on demonstrated user interest (Wortham, 2008). This means the market sales of a given body of literature or magazine drive Congressional funding of accessible materials. Thus, if your sexuality is deemed non-statistically normative, as is the case for LGBT and queer disabled people, then there is limited to no funding available to access sexual representation. The potential denial of accessible pornography and erotica begs the question of whether accessing sexual representation, and even engaging in sexual activity, could be a protected right under the Americans with Disabilities Act (1990).
Market driven exclusion from accessible pornographic materials is a small part of the broader problem of the **exclusion of gay men and lesbians from services available to disabled people.** A broader issue is exclusion from mainstream LGBT and queer communities due to lack of social (desire) and physical (architectural) access for disabled people. It is often assumed that LGBT and queer culture hinges on “body beautiful” standards – from which disabled people are often excluded. Additionally, many LGBT and queer social spaces are inaccessible. Thus, many disabled LGBT and queer people experience problems in finding and keeping partners. The lack of cultural competency around disability by medical professionals and other service providers is compounded by their lack of knowledge about LGBT and queer issues, leaving LGBT and queer disabled people with more health disparities that could be prevented through better care (O’Toole, 1996).

People living at the intersection of multiple marginalized or oppressed identities (for example, Black, disabled, queer) often experience compounded oppressions. The relatively new framework of disability justice is a useful tool to address intersecting identities in the disability community. A disability and sexuality focused performance collective in the San Francisco bay area, *Sins Invalid: An Unashamed Claim to Beauty in the Face of Invisibility,* centralizes voices of disabled people with intersecting identities in queerness and color. One of the key performers of *Sins Invalid,* Lakshmi Piepznna-Samarasinha, explained disability justice as a:

> Political movement and many interlocking communities where disability is not defined in white terms, or male terms, or straight terms… Disability justice centers sick and disabled people of color, queer and trans[gender] disabled folks of color and everyone who is marginalized in mainstream disability organizing… It means asserting a vision of liberation where destroying ableism is part of social justice. It means the hotness, smarts and value of our sick and disabled bodies. It means we are not left behind, we are beloved, kindred, needed (cited in Milbern, 2011).

This has proven to be a challenging framework for many people to grapple with, as systems of power have replicated themselves in the disability community. Noted disability studies scholar Chris Bell (2010) tried for years to force the disability studies community to acknowledge that many of us are actually engaged in *white* disability studies. He argued this point because so often the disability community is described as a monolithic community, in which nuances concerning race and ethnicity are not addressed. I would add that much of dominant disability studies and activism centers on physical disabilities – abandoning disabled comrades in the mad pride/mental health movements and the neuroatypical movement, as well as other developmental/intellectual disabilities collectives. This exclusion of certain disabled people in the dominant movement speaks to the hierarchy of disability that is a product of ableism.

Waxman (1991a) wrote about **hate crimes** in “Hatred: The unacknowledged dimension in violence” and noted in “It’s time to politicize our sexual oppression” (1991b) that hate crimes and other forms of violence are not monitored and intervened in by the state. In her lengthier piece on hatred (1991a), she explained that social structures enable the physical vulnerability of disabled people to violence and that all too often these violent actions are not seen as crimes. Instead, as she reveals through factual accounts, many of the crimes are seen as issues for therapeutic rather than punitive intervention – and they are classified as abuse rather than violence. This is problematic because “abuse” tends to be viewed as an interpersonal private matter requiring therapy to rehabilitate the perpetrator, whereas “violence” is framed as a public matter requiring intervention through criminalization. Waxman (1991a) boldly called for hate crimes legislation inclusive of disability so that these acts would be recognized as crimes and recorded
in the Federal Bureau of Investigation database; she also argued for federal funding to be allocated to prevent them. Waxman got part of what she asked for in 2009 with the signing into law the *Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act* (HR 1592). With this change in law, there has been an increase in media coverage and more criminalization (though not enough) of hate crimes against disabled people.

This is not a victory for all people, as many argue that hate crimes legislation is regressive not revolutionary. The *Sylvia Rivera Law Project* (a law firm dedicated to fighting for justice for people of color, poor people and gender variant people) asserts that for justice to be enacted, the state cannot be the answer because the government has for too long been driven by values of white supremacy, nontrans/cisgendered (e.g., the sex assigned to a person at birth matches the gender they portray in society) patriarchy, classist, and ableist domination. Thus, relying on the state/government apparatus to intervene in social justice issues cannot be expected to end any problem effecting marginalized people. *Sylvia Rivera Law Project* explained in a press release that they would not support hate crimes legislation because:

Hate crime laws do not distinguish between oppressed groups and groups with social and institutional power… Compared to white men, Black men are disproportionately arrested for race-based hate crimes. The second-largest category of race-based hate crimes tracked by the [Federal Bureau of Investigation] is crimes committed against white people. Every year, the FBI reports a number of so-called “anti-heterosexual” hate crimes—incidents where members of the LGBT community have been prosecuted for supposedly targeting straight people with criminal acts (Sylvia Rivera Law Project, 2009).

The importance of this critique is to show that while hate crimes legislation is posited to protect marginalized people, it is often used against many communities of marginalized people. This is not to detract from the claim that society needs to be more vigilant about protecting all people from hatred, especially those who have historically not been given space to fight against these crimes or have them recognized.

Merging a justice critique with a call for hate crimes legislation makes clear that there is room for more growth in understanding how to stop hatred against disabled and other marginalized people. To really create the revolution that Waxman calls for, policy must not be the only answer. Policy and law offer an excellent route for naming and tracking crimes but they do not necessarily change minds. Policy and law offer top down approaches, but movements must have grassroots community building along with policy and law in place to address substantive social problems, such as hate crimes. Disabled people (and other marginalized people) must be viewed as human beings who are deserving of dignity, integrity, and other inalienable human rights. With this consciousness shift must come a greater analysis of social power and how social power systems (racism, classism, ableism, etc.) harm people and that it is not simply a matter of individuals harming one another. We need all the tools to help end hate crimes against disabled and marginalized people. It does, however, add powerful nuance to thinking about how to enact justice.

**Internalized Ableism: Learning Self-Hatred:** Disabled people go through the acculturation process and many learn to hate their bodies because of their disability status. Waxman (1991b) discussed the internal shame disabled people experience around sexuality and how we often feel it is our own fault if we do not have sexual partners or the opportunities for expression. Campbell (2009) expands on this analysis of internalized ableism by explaining that
the negative ontologies of disability leave disabled people grappling with hating one’s self and learning to blame one’s self for their own oppression. This speaks to the pervasiveness of the medical model of disability – in which disability is framed as a personal tragedy that one must work to conceal or cure. The tremendous social pressure on disabled people to try to look and act normal – or as Rosemarie Garland-Thomson (1997) calls it, conceding to the “grammar of embodiment” – has negative psychological, emotional and physiological health outcomes (Krieger, 2000). A prime example of the negative physiological outcomes of concealing disability is noted in a study of aging people with post-polio syndrome. Several people expressed loss of functionality in the limbs, explaining:

It’s [due to] overuse… The people who tried hardest to be normal, and pushed hardest, have been hit more with post-polio… Some polio survivors call that the ‘Type A’ problem. Overcoming polio, they say, required immense work, if not obsession, to adapt undamaged muscles and nerves to carry the load… [They have] followed a lifetime of saying, ‘Push hard, keep going forward’… but now that’s an impediment to successful aging (Johnson, 2010).

Internalized ableism makes people push their bodies to conform to “normalcy” as much as possible and, as this study shows, the process causes measurable and preventable harm.

To connect the issue of internalized ableism to sexual and reproductive health I offer a personal narrative of contending with internalized ableism, as well as that expressed during a sexuality and disability retreat I hosted in Waxman’s honor. In the winter of 2010, I hit a bump in a sidewalk in Key West, Florida and fell out of my wheelchair. Because I have osteogenesis imperfecta (or brittle bones), the fall left me fractured. This fracture was the first time in my life that I have gone through a significant injury with an intimate partner by my side. The confluence of dealing with my injured body and being in a relationship triggered more awareness about my internalized ableism than I have addressed in my life. Being in love and exposing myself wholly to another person shifted my awareness of my own internalized ableism because I was forced, with and by my partner, to understand that my body is loved, even when I cannot muster the capacity to see love for my body.

The disconnect between my disability politics and praxis becomes all the more apparent when I am injured from fractures or surgeries. Injuries take away much of the independence I have cultivated through adapting tasks to fit my body and it reallocates many tasks to those around me. During my recent injury, my partner took on nearly all of the cleaning, cooking, laundry, etc. This should have been a welcome break from the drudgery of domestic life but it was not. I found that I hated it. Even though it goes against so much of the political ethos of the disability rights movement to express this, I find that being dependent on other people when I’m fractured makes me question how valuable I am as a person because I cannot “care” for others. Of course, I have pondered the care enough to know I should critique the meanings of it, because we all care in so many ways that are not bound to physical abilities. Yet even with social critique to bolster me, I feel frustrated and saddened by my inability to perform even the most menial tasks.

I often struggle to maintain a disability positive attitude, even in an uninjured state. In an injured state, I feel I appear vulnerable or somehow “unable” and I hate this. I hate showing this side of me; even to the person I want to share all of myself with, including how much disability is a part of me. It is at these moments that I internalize a lot of disdain and sadness around my body -- reminiscent of my adolescence. I begin to hate my body. I want to leave it. At those moments, I feel that I do not need to be a great scholar-activist with a voice that needs to be
heard -- I would settle to just be able to use the bathroom by myself. I find myself frustrated when it takes me longer than it usually does to put my pants on. I burst into tears when I spill things and cannot pick them up. I hate not being able to clean the house the way I want it to be done. I hate not feeling sexual and sexy. I hate struggling to get undressed and by the time I do, I feel so unattractive and unworthy that I cry instead of feeling hungry for sex, touch or even the smallest expressions of love. I have a hard time making eye-contact when I am in such a state of despair and wonder why my partner can bare to look at me. I hate all of these thoughts. It makes me think I hate myself. It makes me question all the disability positive rhetoric I spew at those around me. And it really makes me wonder how my partner can possibly think I am beautiful when I feel so pathetic.

All of these negative thoughts create significant cognitive dissonance in me, as I fancy myself to be an uppity disabled scholar-activist. I would like to believe that I am beyond the negative understandings of disability and that I internalize my belief that disability is both beautiful and natural. Yet when it comes down to dealing with a more disabled body than I am used to, all of my crip body politics fly out of the window. This realization exacerbates the negative feelings I experience concerning my body, as I feel guilty that I am not a good disability scholar-activist because I allow myself to concede to dominant narratives of disability.

Part of my recent injury narrative offered a glimpse into my thoughts during my many injuries. But it is not contending with fractures and surgeries alone that cause me to wonder if I hate my body. I go through those thoughts more frequently than I would like to admit – certainly more frequently than I would ever admit in a classroom or in disability 101 spaces. In those educator moments, I want to present the positives of disability to counter all the messages that are negative around disability in our culture. But I am an educator or speaker for disabled people every second of every day and legitimately some days I want to scream at strangers who engage in microaggressions against me. I want so desperately for people to wake up out of the ableism that conceals or pathologizes the ability to see beauty in disability and disabled people. This is where I live most days: weathering the storm of ableism, trying to survive while also working to project more nuanced understandings of disability. It is a really messy space to be in and I am sure that I do not always navigate it well.

The nuances of contending with internalized ableism and sexual shame were also present in the disability and sexuality retreat I hosted in the Fall of 2010. The 10th Annual Disability Activist and Allies Retreat called “Politcizing Pleasure and Disability: Your Sex, Our Movement” was hosted in honor of Barbara Waxman because her work is foundational to the call for mobilizing around the politics of disabled people, sexual oppression and sexual pleasure. I believed the retreat would provide a unique opportunity for in-depth discussion and strategizing about how to critically engage the disability rights movement with the issues of sexual and reproductive health. All participants received a copy of Waxman’s (1991) “It’s Time to Politicize Our Sexual Oppression” and a letter outlining some of our activities and possible intended outcomes in order to prevent any misunderstandings about what exactly would happen during this retreat. The retreat revealed how deep sexual shame and ableism is in all of us.

The “Politcizing Pleasure and Disability: Your Sex, Our Movement” retreat proved to be a truly challenging and exhausting experience. Sexual and reproductive health were difficult subject matters to address with a motley group of people. I assumed that people would come to a sexuality retreat ready and willing to discuss sexuality because they read the title of the retreat, filled out applications and were given information prior to their arrival. My assumption was wrong. About half of the people who attended the retreat were ready and excited to discuss
sexual oppression and pleasure. The other half seemed rather frustrated with the discussion of sexuality. Several left the group when discussions turned to masturbation as a teaching tool.

Some did not understand the preoccupation that some of us have in the disability movements focused on sexuality. Some even wondered why people were involved in the disability rights movement generally. All of these sentiments are so commonplace in the mainstream culture that I should not have been surprised they were expressed in this space, yet I was. Despite the feeling that I should have known better (given our rather toxic sexual culture in which sex sells but for the sake of morality, cannot be talked about in a way that promotes health), I wanted to have the conversation that Waxman urged us to have. I wanted to explore our own personal experiences of shame around our disabilities, exclusion from popular conceptions of desire, and how the experience of social violence was indeed communal, as Waxman made clear. With this knowledge, I thought we could move forward and try to enact more of the sexual revolution that many disabled people have been excluded from. Ultimately, it was naïve of me to assume all of this. The hostile feelings toward discussing sexuality were not what I expected and they threw me off and left me scribbling in my notebook late at night amid feelings of shock, anxiety and frustration.

Thus the facilitation of this retreat was both baffling and disconcerting. I longed so much to have a room of people who were somewhere near the emotions and political drives that Waxman (1991b) called for decades ago, but instead I found myself in a mixed space where discussing sexuality proved to be very difficult. This speaks to a broader lesson that I am learning (daily) as a sexuality educator: while people say that they are ready for and really want sexuality information, in many cases they do not like what they hear, even if it is solely medical facts. It feels like many people not only do not like the messages involved with learning about sexual health but also end up disdaining the messenger/educator, simply because of the ability of talking freely about issues most of us are socialized to remain silent about. I am becoming more aware of the repercussions of my desire to push people beyond their comfort zone yet still want to rally more people to talk about sexual health in radical ways. The longer sexual and reproductive health remains shackled in silence, the harder it will be for any of us to address the issue.

The retreat was difficult and it provided me with more evidence of why advocacy around sexual and reproductive health for disabled people is so important. The people who were willing to share their thoughts about sexuality revealed a tremendous amount of bodily shame and the perception of undesirability. It was beautiful to share these moments and see that these feelings were communal — as Waxman posited — and come to us from external institutional forces of genderism, ableism, racism and classism. One of the exercises proved to be quite fruitful at opening a space how to recognize and rid ourselves of shame through intentional work. In this exercise, each participant sat clothed in front of a mirror and completed the following sentences silently: 1) I love you for…; 2) If I really loved you, I would… 3) Because I really love you, I will… After the exercise, I encouraged participants to journal about how they felt and process those emotions with the group if they elected to do so. What became clear was that by sitting in front of a mirror and really trying to think about what we loved about our bodies, many of us — some for the first time — realized that there are aspects of ourselves that we love. While we often get bogged down in the ableist thoughts pushed on us through structural ableism and daily expressions of ableism (e.g., microaggressions), we can also take time to see beyond the effects of acculturation and make it is possible to love ourselves.

The retreat proved difficult because it is hard to talk honestly about trying to love
ourselves when so many institutional forces and voices tell us we cannot. It is hard to resist the pervasive belief that we are either asexual or hypersexual monsters, but this is precisely why Waxman’s call is so crucial and still needed. Disabled people need to find ways to talk about our sexual and reproductive health, about our pleasure and our oppression. This is why I call for a *politic of cripsex* in which sexual and reproductive pleasure and oppression are accounted for. To do this, structural and internalized ableism must be dismantled.

**Enacting a Politic of Cripsex: Undoing Structural Ableism:** To undo structural aspects of ableism, disabled people must have access to sexual and reproductive health care that is safe and welcoming to our needs. Intersecting aspects of identity and personhood must be accounted for in order to make spaces truly accessible to all disabled people. Social Security Insurance must be reformed so that disabled people are not kept in poverty nor denied access to marriage. Our right to parent must be embraced. Institutions and nursing homes that steal our lives away from us must be shut down, not just because the Supreme Court decided it was a violation of the law to incarcerate us but because we are people and deserve to be treated as such. All of these issues of discrimination create physical, emotional and psychological harm that is manifested in depression, hypertension, anxiety, and heart disease (Krieger, 2000). These very real forms of violence enacted through structural and even internalized oppressions must be understood in order to unravel them.

All of the issues addressed here speak to the need for policy and advocacy that is driven by the voices and needs of all disabled people and law and policy must work together with community-based movement building in order to truly shift minds to embrace disability in our culture. It may be useful to also think about revolutionary ways of embracing disabled people, particularly concerning sexuality and reproduction. Certainly all disabled people must have access to sexuality education, yet it is not available to those in special education. Knowledge about anatomy, learning when, why and how to say “yes” and say “no” to sexual advances, and understanding desire and pleasure are all human rights that everyone should have. Some of the more controversial approaches might include the use of sex surrogacy and involvement of sex workers. Much of the writing and policy internationally (e.g., Denmark, Australia and the Netherlands) that subsidize these activities focus on satiating male sexual needs by sex surrogates or sex workers; I encourage thinking beyond phallocentric understandings of sexuality. Disabled women and LGBT and queer disabled people need to be included in these policies. The benefits of sexual expression have been quantified and should inform policies that recognize the need for sexual pleasure. Some of the many health benefits of sexual activity, include analgesic effects, hypertension reduction, increased relaxation (Whipple, Koch, Moglia, & Samuels, 2003); many of these positive effects could actually counteract some of the negative impacts of discrimination.

**Enacting a Politic of Cripsex: Undoing Internalized Ableism:** The conversation about undoing or divesting internalized oppression is often a difficult one for communities to address. The politics of many movements of people struggling for freedom, civil rights and justice often entails assimilation into a dominant culture as either the goal or a means to an end for equality’s sake. For disabled people who utilize the social model of disability, we still need to address the lived experiences of our differences in abilities, the pain and chaos they may create, and how to survive the matrix of oppressions even as we publicly push forth a positive politic of disability. Many of my disabled comrades have confessed that we have felt pressure to silence the issues of
pain, fatigue, and even sadness about our differences and the ableism we experience so as to promote the social model of disability. In order to enact the politic of cripsex, we must at least talk to each other about this pain and pleasure in sexuality.

Breaking the silence around the shame concerning disability, sexuality and the nexus thereof is difficult. I have struggled with expressing my bodily limits, experience of pain and feelings of hatred toward my body and I recently told a well-known white, transgender, poet, and disabled comrade, Eli Clare, that I felt like a “bad [politically] disabled person” when I was anxious and unaware of how to disclose to my boss that I experienced disability related fatigue and pain that impacted my ability to work long hours.

It was the first time I had ever explained to a professional colleague what some of the more annoying and painful aspects of my impairment entailed and I was scared. My voice shook, I had a hard time making eye-contact and overwhelmingly felt that I did not disclose perfectly. Again, this is fascinating, because for years I have advocated for disability rights and justice. I have fervently worked for others but struggle to figure out the path to do so for myself. Disclosing disability related needs and issues and how to accommodate them is truly powerful. It reflects a state of awareness of one’s body, as well as a sense of honesty that is required to say what one needs. Clare replied to my statement that what I felt was “neither bad nor good, it was just real and will probably last a lifetime” (personal communication, 2011). His words were just what I needed to hear at that moment when I had so much internal angst about not being the uppity disability advocate I had always assumed myself to be.

Disabled people need to practice ways of breaking the silence. Laura Hershey (1962-2010), white, queer, disabled activist, poet, mother, and partner wrote about practical ways to engage in the ongoing process of undoing internalized ableism in “You Get Proud by Practicing” (1991). Much of the poem is captured here:

…You do not need
A better body, a purer spirit, or a Ph.D.
To be proud.
You do not need
A lot of money, a handsome boyfriend, or a nice car.
You do not need
To be able to walk, or see, or hear,
Or use big, complicated words,
Or do any of those things that you just can’t do
To be proud. A caseworker
Cannot make you proud,
Or a doctor.
You only need more practice.
You get proud by practicing.

There are many many ways to get proud.
…You can add your voice
All night to the voices
Of a hundred and fifty others
In a circle
Around a jailhouse

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3 More information and work by Laura Hershey, please visit her website http://www.laurahershey.com/.
Where your brothers and sisters are being held
For blocking buses with no lifts,
Or you can be one of the ones
Inside the jailhouse,
Knowing of the circle outside.
You can speak your love

… And let you hear yourself perhaps
For the very first time.
These are all ways
Of getting proud.
None of them
Are easy, but all of them
Are possible. You can do all of these things,
Or just one of them again and again.
You get proud
By practicing.

Power makes you proud, and power
Comes in many fine forms
Supple and rich as butterfly wings.
It is music
when you practice opening your mouth
And liking what you hear
Because it is the sound of your own
True voice.

… All these practices bring power, and power
Makes you proud.
You get proud
By practicing.

Remember, you weren’t the one
Who made you ashamed,
But you are the one
Who can make you proud.
Just practice,
Practice until you get proud, and once you are proud,
Keep practicing so you won’t forget.
You get proud
By practicing.

Hershey’s words speak not only to disabled people but to all who must practice loving ourselves more while weathering the storms of oppressions.

The emotions, depth and honesty must be infused in the politics that inform and call for change in policy and law. I must note the irony in the inclusion of poetry in this piece as I have
for years been intimidated by poetry. I felt I did not understand the beauty in emotions and therefore never got the point of the art I was consuming. But in November 2010, I had the opportunity to spend time with Laura Hershey, her partner Robin Stephens and their daughter Shannon. When I arrived, Hershey asked me to read one of the new poems she was working on; I was scared to read it because I felt I never would understand. She pushed me to read her work and it was one of the first poems that I felt I really understood -- I cried as I read it. She was right. Despite my anxiety about understanding the depth of emotion in poetry, the emotion in the work moved me past my anxiety -- and I am grateful for that push. She died later that month and I am truly grateful for those few moments to learn from one the disability movement’s leaders. The point of this story is that it took force to break my silence and to read poetry; it was hard breaking that silence but the benefits have been profound. The same is true with working to undo internalized ableism -- it starts with talking and the process continues until all the bricks that have been stacked around us by ableism and other oppressions are shattered.

Nondisabled people must also work to understand and undo their own ableism. Just as those in African American Studies have called for a divestment or ridding of white privilege, so too, do Disability Studies scholars call for breaking apart ability privilege. These processes are not easy and efforts to initiate this type of change are often met with great resistance. When I teach graduate and undergraduate students about ability privilege, I am most often met with hostility because it is assumed that disabled people are bitter if we talk about ability privilege. It is not bitterness but awareness that spurs the need to talk about privilege.

When I was in college and learned about white privilege, I honestly did not like the discussion. I felt silenced and angry because I could not hear past myself; in essence I could not hear anything other than that I, as a white person, was the oppressor. I could not see the truth that I do have unearned privilege because of my race. Doors are opened (although many do not have ramps) because of my whiteness. Acknowledging that truth took time to move beyond that initial premise and practice trying to figure out how I can be an ally to people of color or how I can give up some of the social space that I inhabit so that I am not replicating the dominance of whiteness. As with contending with internalized ableism, contending with internalized racism or white supremacy is an ongoing process. If we as a society begin to understand how these power structures are so deeply entrenched in every aspect of our lives then it is easier to begin practicing the undoing of these systems.

Liberation through Affirming CripSex: To achieve the revolution that Waxman (1991b) called for, we must create a politic of cripsex that uses the political power of the shortened (from cripple) and reclaimed word ‘crip’ to express the political nature of our sexuality. Working through the slow and laborious process of tackling and undoing oppressions internally and externally is central to the politic of cripsex. While recognizing the pain and oppression in sexuality, it is crucial to understand sexuality as a site of pleasure central to personhood. It is important to celebrate the pleasurable potential of our bodies - exactly what disabled people are instructed not to celebrate both internally and structurally.

Eli Clare (2011) said that, to assist in the process of self-celebration, disabled people must have a “body politic that is as complicated as our bodies” (personal communication). Moving beyond the political confines of the social model and articulating our pains and pleasures would advance this complicated and liberatory body politic. Opening up space to talk about impairment-specific issues regarding sexuality, such as bowel and bladder issues for people with spinal cord injuries, as well as to attend to the myriad of complicated issues for intellectually and
developmentally disabled people (such as consent, the “perpetual child syndrome” and the assumption of hypersexuality). In addition, creating more space in disability studies and disability communities to talk about the intersection of racism, homophobia, transphobia, sizeism along with ableism would be tremendously powerful.

   Politicizing sexual pleasure and oppression of disabled people through enacting cripsex is a powerful way to affirm our humanity. Co-founder and former president of Sex Information and Education Council of the United States (SIECUS) Mary Calderone stated that “sexuality means everything that you are, that you were born with, that you experienced, that you thought about, that happened to you, that related to you being a sexual person” (cited in Irvine 2002, p. 31). Her words underscore how oppression and other forms of violence can impact our personhood, but she also speaks to the celebration of our bodies, however they are. Both Calderone’s statement and the definition of sexual health set forth by the World Health Organization make clear that sexuality is for all people, that it is a part of personhood. Contrary to pervasive ableist discourse, personhood and sexuality are not contingent upon ability and it is imperative that the disability movement advocate for disabled people’s sexuality as a human right. The disability rights movement could subvert much of the system of ableism by politicizing our sexual oppression and pleasure. The perceived lack of the personhood of disabled people is a tremendous barrier on the path to disability justice and sexual freedom, through breaking the silence about sexual and reproductive health we can enact in a cripsex revolution together.
References


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