

1 **TRANSCRIPT- Let's Talk Disability and Sex Connection Day Event**

2 **Talk Theme 1:** Early Intimate Relationships

3 **Speaker:** Dr. Loree Erickson

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5 Hi, I'm Dr. Loree Erickson, and I'm really happy to be here with you all virtually today,  
6 um, my pronouns are she and her. I'm currently, just to describe myself a bit, I have vivid  
7 pink hair, pretty long hair. I'm wearing cat eyeglasses, that are purple and orange and  
8 some sparkles in the corner and a snakeskin halter dress. I am a wheelchair user, white,  
9 queer-fem. I do lots of work around the conjunctions of disability and sexuality as a  
10 professor, and as a researcher and scholar, and I make queercrip porn. And I also do a  
11 lot of research around collective care, and transformative justice work. I think that is a  
12 good introduction to me.

13 And so this talk that I'm sharing with you today is kind of some, a combination of pieces  
14 from my research around my dissertation, and also some new parts. So, without further  
15 ado, I will start.

16 *I had been looking for a scene partner for months and was beginning to lose*  
17 *hope that I would find the right person: someone willing to make porn, with*  
18 *rad politics, who queered masculinity in a way that complemented my*  
19 *queered femmeness. Someone who I thought was a babe and who I thought*  
20 *was a babe. David suggested Sam and, when I saw his profile, I immediately*  
21 *recognized him as "the cute person" I had been checking out at various*  
22 *activist and academic events. I emailed him and a few weeks later we were at*  
23 *the Delta Chelsea in Toronto making want, my first queercrip porn video. For*  
24 *much of my life I felt excluded from the world of dating, sex, and romantic*  
25 *love. For days after shooting, I could taste the "otherwise" on my lips. I could*  
26 *feel the possibility on my skin from Sam's touch. My heart was beating with*  
27 *an expansive reciprocal desire.*

28

29 I grew up in the country, a place called Lucketts, in Virginia. My dad's house had a lot of  
30 windows that overlooked pigs, chickens, and a vegetable garden. There was a sliding  
31 glass door that opened to the wooden ramp I used to get in and out of the house. There  
32 were these mockingbirds with a particular habit that stayed with me. The birds would  
33 perch on the railing of the ramp and launch themselves directly into the glass door.  
34 Upon flying into the door, they would fall to the ground. Then, after maybe 30 seconds,  
35 though sometimes it was longer, they would return to the railing and do it all over  
36 again.

37 I did not fully realize how heavily I identified with those birds until much later; they  
38 stayed with me, showing up in moments of heartbreak and devastation. I felt their  
39 wanting and determination. I felt their pain and their sense of rejection at continually  
40 crashing into a cold glass wall of impossibility. By the time I was seven years old, I was  
41 convinced that no one would ever want to be with me because I was disabled. I have no  
42 way of explaining exactly where that message, which felt like an indisputable truth, came  
43 from because it was everywhere. It was there when I watched the Jerry Lewis Labour Day  
44 telethon and got terrified that I was going to die at the age of 10. It was there when,  
45 after I pierced my nose, my dad said, "why would you do that? You're already deformed  
46 enough as it is." It was there when at 13 my doctor told me to never have sex because if  
47 I got pregnant it would kill me (not true). It was there in my mom's voice when she  
48 consistently responded to me being rejected romantically by telling me, "it's better just  
49 to be good friends". I even heard it in the silence when no one ever asked if I was dating  
50 anyone.

51  
52 This lifelong struggle doesn't mean I've had a life full of tragedy and woe, just as the  
53 birds were not always flying into the glass. At the same time that I was subjected to  
54 these harmful messages, I was also learning important lessons from my body about  
55 vulnerability, ways of living and knowing, the complexity of agency and  
56 interdependence, and the importance of structural realities, connection, communication,  
57 needs, care, and relationship. I used these lessons to build close friendships. I had older  
58 brothers who were equally skilled in care and classic big brother teasing that didn't skirt  
59 around my disability: they would regularly tip my chair back, rest it on its handlebars,  
60 and pretend to walk away. When I was little, my dad carried me around so I got see the  
61 world from 6'3", and my mom taught me the importance of questioning doctors and  
62 other authority figures. I went camping, played Glinda the Good Witch in a school play,  
63 and spent time at the beach. I loved school, animals (especially cats), watching movies,  
64 going to concerts, and spending time outside in the sun. I still do.

65  
66 However, the voices of undesirability were never far away. I was surrounded by pity,  
67 pathology, and the threat of erasure; nonetheless, I had a lot of longing for dates, for a  
68 way out of Lucketts and the possibility of living otherwise. I used my school smarts as a  
69 way out: attending University granted me access to care, housing, and Gender Studies  
70 classes that, when combined with my organizing work in social justice communities,  
71 provided me new critical and practical frameworks with which to understand and explain  
72 my lived realities and the socio-political conditions of their emergence. These  
73 experiences also introduced me to the potential for truly transformative action. Once I  
74 found queer community, I witnessed everyone around me (none of my friends identified  
75 as disabled) date, hook up, break up, start families; while I had some really nice kisses  
76 and make-outs along with a few other sexually charged experiences, it seemed as

77 though sex was on the other side of the glass wall. When I finally did have sex, that night  
78 was one of the first times I experienced a marked respite from the voices of  
79 undesirability. The impossible had happened: someone (and not just anyone, but a cute,  
80 genderqueer disabled person with a heart-melting smile and wicked politics) had  
81 wanted me.

82

83 Prior to this moment also an important shift happened: I started questioning and  
84 interrogating the glass door. What was on the other side of the glass that I could see  
85 but never access? I began identifying the barriers that made up the glass wall. Also in  
86 questioning what I wanted and needed, new possibilities came into view: I noticed there  
87 was a really sweet birdbath two feet from the ramp and some lovely trees. I work to  
88 challenge and transform cultures of undesirability because I want more birdbaths: more  
89 spaces that provide nourishment, building my capacity—and that of my communities—  
90 to shout back at the roar of so many indisputable truths. I see this work and the work of  
91 everyone here today as a continuation of activist, artistic, and academic work already  
92 being done to resist the structural practices that construct and constrain marginalized  
93 people as broken and unwanted, as both less than and too much.

94

95 “Cultures of undesirability” a concept I developed to talk about these multitude of lived  
96 experiences and structural practices that undermine and determine the collective worth  
97 and wellbeing of marginalized communities. The concept emerged out of my work on  
98 the conjunction of disability and sexuality and attempts to complicate the normative  
99 limitations of interrogating ideas of sexiness. How we determine who is valued,  
100 understood as desirable and granted the status of personhood is always a complex  
101 interlocking sociopolitical matrix. Cultures of undesirability as an interdependent  
102 concept seeks to bear witness to the historic and current systemic and interpersonal  
103 impacts of the Eugenic construction of “undesirable others” across and through multiple  
104 simultaneous regulatory systems, systems like white supremacy, capitalism,  
105 cisheteropatriarchy and disableism. Thanks to these regulatory systems marginalized  
106 people are subject to an ever-quickening cycle of poverty, violence, isolation,  
107 criminalization, and medicalization, I hope that cultures of undesirability provides an  
108 intersectional frame that enables us to address these violent cycles, the foundations of  
109 the glass walls.

110

111 In my research project, *Unbreaking Our Hearts: Cultures of Un/Desirability and the*  
112 *Transformative Potential of Queercrip Porn*, my queercrip research collaborators shared  
113 stories of regularly navigating multiple systems of power allowing me to identify four  
114 interrelated themes of the lived impacts of cultures of undesirability, those are,  
115 hyper/invisibility, shame, exclusion, and control. Cultures of undesirability do not  
116 manifest as a one-off experience. Romham one of my collaborators states, “they are

117 literally everything." Collaborators shared multiple stories, echoing my own, testifying to  
118 the omnipresence of cultures of undesirability: on the street, public transit, at work, in  
119 doctor's offices, prisons, classrooms, and community spaces or with friends, lovers and  
120 allies, not to mention in our homes and hearts.

121 When I teach about cultures of undesirability, I start off with a slide that has a variety of  
122 charity and pharmaceutical advertisements arranged together forming a cultures of  
123 undesirability or dominant ideologies of disability collage or montage. I ask how many  
124 students have seen images like this? Nearly everyone raises their hand. I proceed to talk  
125 about the ways that cultures of undesirability are internalized through everyday  
126 encounters with messages represented in these advertisements that reinforce disability  
127 as a personal inferiority or tragedy located within the individual deficient body-mind.  
128 These messages are internalized by nondisabled people and disabled people alike.  
129 These countless systemic and interpersonal moments, advertisements, and inaccessible  
130 infrastructures are where disabled people learn about what disability supposedly is. This  
131 is also how nondisabled people learn about disability and who they are in relation to it.  
132 This happens young, it happens continuously through all of our lives. This has  
133 devastating consequences in terms of sexual health, and overall individual and collective  
134 well-being that I have no doubts my peers will be discussing with much more depth  
135 than I can get into right now. Here I want to note Abby Wilkerson's work on how  
136 political agency and sexual agency are fundamentally interconnected. She illuminates  
137 the multitude of ways that the sexuality of marginalized communities is regulated, either  
138 through pathologization and criminalization or sometimes the simultaneous  
139 pathologizing and criminalizing processes. After all, the quickest way to disempower  
140 entire communities of people is to convince them that they are unlovable, undesirable,  
141 and undeserving of equality, not to mention justice and liberation. And then create  
142 social systems and organization that reinforces that undesirability.

143

144 Later on in my lectures, in the same lecture, I show two other montages of images. The  
145 first one is of various pictures of disability activism in action. So there are images from  
146 the Gallaudet protest that shutdown the University until the demands of the Deaf  
147 students to replace the current hearing president with a Deaf president, there are  
148 pictures from mad pride celebrations in Toronto, pictures of protesters in Central  
149 America agitating for disability benefits that actually allow them to live, and images from  
150 social media of hashtag this is what disability looks like. I ask again, how many of you  
151 seen images like this? Maybe a few students raise their hands, even fewer raise their  
152 hands when later I ask how many of you have seen images of queer disabled people  
153 flaunting their sexy selves? This lack of exposure is not an accident – it's systemic. These  
154 representations of disability challenge the dominant ideologies surrounding disability at  
155 its core. They show disabled people as important, necessary, valued members of diverse  
156 communities. They show disabled people as agitators, innovators and leaders creating

157 the blueprints for ways of organizing our worlds and spaces that are caring,  
158 interdependent, accessible and leave no one behind. They show disabled people and  
159 our bodies as sites of pleasure, joy, and love.  
160 When ways of being and imagining worlds don't fit in our reality or are causing us  
161 significant harm, it is time to tell new and different stories. The very stories that cultures  
162 of undesirability make largely unknowable. We need to use these stories to create new  
163 ways of living and being together. Just as cultures of undesirability create a world that is  
164 violent and difficult, if not impossible, for marginalized people to navigate, radical  
165 access and fostering moments of Mia Mingus' concept of access intimacy are key to  
166 creating worlds that make space for the things written out and written over by cultures  
167 of undesirability; worlds where we don't just get to show up, we get to flaunt and thrive.

168

169 *Tiny, fluffy purple feathers cover the sofa and the floor. The purple dollar*  
170 *store boa, a delicate teacup perfectly matching the boa, Afrofuturist comic*  
171 *books all sit carefully on a small table nearby. A radiant blue cane rests on*  
172 *the couch, joined by a dismantled boom pole. Laughter, ideas, and warmth fill*  
173 *the room. And of course, my cat is sitting right in the middle of everything. My*  
174 *living room has been transformed. I have been transformed. My collaborators*  
175 *and the other people involved have been transformed. And when I say*  
176 *transformed, I do not mean in a way that is finished, measurable, or finite; I*  
177 *mean something subtle yet significant, deeply felt and always moving...*

178

179 The above statement describes a moment following the shooting of one of the  
180 queercrip porn scenes that were part of the above-mentioned research project. During  
181 this project we came together to make collaborative queercrip porn scenes to make  
182 necessary epistemological and political interventions that open opportunities to build,  
183 live and flaunt otherwise, pushing against the harm, erasure, and exclusion of cultures of  
184 undesirability. Together we smashed the glass wall, recorded and shared fluffy purple  
185 feathers of possibilities, knowledges and imaginaries vital to queercrip flourishing. And  
186 you know those feathers, like glitter, they get everywhere and are really hard to get rid  
187 of.

188

189 Thank you.

190 **TRANSCRIPT- Let's Talk Disability and Sex Connection Day Event**

191 **Talk Theme 1:** Early Intimate Relationships

192 **Speaker:** Gabriella Carafa

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193

194 Hello everyone, my name is Gabriella Carafa and I'm going to be chatting with you  
195 today about intimate relationships. The pronouns I use are she and her. I have COVID-  
196 long, very long, brown hair and I'm wearing a black dress with lace cap sleeves. I'm in  
197 my office right now and behind me there is a white wall with a calendar on it. I'm not  
198 sure if you can see the picture but the writing says, "we can do hard things" and I'm just  
199 at my office at work, so happy to be here.

200 In today's talk, I will reflect on my own experiences growing up, particularly how it  
201 relates to early intimate relationships and sprinkle in some wisdom from my work as a  
202 social worker in pediatric rehab.

203 But first, who am I, this is a picture of me holding my sister's dog, Benji, it's a Shih-Poo,  
204 I'm actually a cat person but cats don't stay very long in photos, but anyways.

205 So, I am someone who has a congenital disability, which means from birth, my  
206 educational background is, I have a certificate in rehabilitation services. I am a registered  
207 social worker, I previously worked in pediatric rehab full time and I'm passionate about  
208 supporting youth and their families, in the transition to adult services. I'm currently  
209 working in perinatal social work, and I also have, I'm a therapist and a consultant in  
210 private practice.

211 So I grew up in an Italian family and lived in an Italian prominent neighborhood. I am  
212 the youngest of three. My older sisters are 18 years older than me, and 12 years older  
213 than me. So to say that there was a big age gap is a bit of an understatement.

214 I was lucky in that way because my sisters helped me grow up and mature in a way that I  
215 don't think would have been possible if they weren't around. They also exposed me to a  
216 lot of different people and things.

217 My parents were pretty traditional Italian parents. We weren't really allowed to talk  
218 about sex and sexuality, we did eat very well though. Growing up, you know, my mom  
219 still teases me today and says that even as a little kid I was a little bit boy-crazy as she  
220 says, which I still think it's pretty funny and somewhat true. When we're working with  
221 families, we really need to consider the impact of culture when asking parents to have  
222 these conversations. We need to be able to recognize the role that culture and religion

223 plays in this area, and be able to support parents, but also support the information that  
224 the child and youth might need.

225 And so being, coming from an Italian background, like it wasn't really appropriate to  
226 have these kinds of conversations with me as parents, at that time, and so I really relied  
227 on my sisters to sort of answer my questions and teach me about things that I needed  
228 to know.

229 I was the only child with a disability in my school, that was integrated into the  
230 mainstream classroom. It's really hard to think back and try to remember everything that  
231 I thought, or believed about myself or the world, but I do remember some things. And I  
232 remember always wanting to grow up and get married and have a baby which is also a  
233 cultural influence. In this picture I'm at Wonderland, I think I cut off Fred Flintstone's  
234 head, and I'm holding my favorite doll, her name was Christina. I took her everywhere,  
235 and basically I've always had dolls around me when I was a kid and you know pretend  
236 they were my real life babies and took it very seriously. Because I didn't really know  
237 anybody else with a disability and I didn't really understand anything about my  
238 disability, it really made me confused about who I was as a person. But because I had  
239 older sisters, we always talked about the things that I needed to know. I never realized  
240 that I really had a disability or I guess what that would mean, when I was younger, as I  
241 had gotten older, I never really understood that like people might see me differently  
242 because I had a disability.

243 My older sister, she got married when I was only six years old, I was obviously her flower  
244 girl, did a really great job. One of my favorite Halloween costumes growing up was also  
245 me pretending to be a bride, so this was something I really focused on. And again,  
246 culture comes into that, where you start to, you know, see what your family's doing and  
247 everyone's getting married and having babies and that's what you want, except really  
248 nobody expected that from me.

249 There's some memories that still bother me when I was growing up, particularly, you  
250 know, at school. There was a boy in my class in Grade two that told me that I would  
251 never get married because I was in a wheelchair. In Grade two. This shook me. I  
252 remember crying about it, and I remember going home and crying about it some more.  
253 Was this true, why would say that to me? What did being disabled have to do with  
254 anything? Of course, just because I didn't think that I was different, didn't mean that  
255 other kids didn't notice that I got around a little bit differently, and that I needed more  
256 help than they did. All of this was true, but, again, why would this impact my future  
257 intimate relationships? Why would this make me less lovable?

258 When I think about my parents, I don't necessarily think that they knew what to expect  
259 from me in my future. They were coping with having a child with a disability and all that  
260 comes with it. I don't really know if they expected me to go to school, get a job, have  
261 relationships, have children. I know my dad, he used to say, I really want you to have a  
262 simple life, contribute, try your best, and have the easiest life as possible. My parents  
263 never spoke to me about what kind of future I may have in terms of intimate  
264 relationships. And I think that this sometimes affected how I felt about myself.

265 Moving on to talking a bit about friendships, when I was a baby, my mom tells me this  
266 story of how an occupational therapist came to our house, and told her to put me in  
267 daycare, pretty much immediately, so that I could be around other children and practice  
268 socializing and learning, learning things.

269 So now of course, I was blessed with the gift of gab, and I'm going to blame my name  
270 for that. And I made friends quite easily. Making friends has never really been a  
271 challenge for me. And when I was younger I took that for granted. And I realized when I  
272 entered the Social Work field and started working pediatric rehab, how many young  
273 people with disabilities struggle to make friends and feel understood and accepted.

274 Children and youth may need formalized opportunities to practice social skills, which  
275 can help with regards to building relationships in the future. They may need to attend  
276 programs or need support, facilitating play dates, and opportunities for them. It is  
277 difficult to make friends, or to be as social as one might want to be when you need  
278 sometimes, physical assistance, or assistance to participate due to a developmental  
279 concern. When parents expressed concerns that, you know, their child's social skills, they  
280 really want their child to have more friends, they wanted to work on these social skills, I  
281 really tried to highlight as a social worker how important it is to find opportunities in  
282 their day to day life to work on those skills, in combination with attending whatever  
283 program might be helpful for them.

284 My elementary school was a Catholic elementary school, and we had some exposure to  
285 sexual education, because it was tied into religion, I was able to attend those classes.  
286 There's generally a lack of exposure to sexual education courses for individuals with  
287 disabilities in the school curriculum. This could be because they are tied to gym class,  
288 which a lot of youth with disabilities, like myself, would get exempt from. In addition, the  
289 curriculum does not meet individual developmental needs. So, children and youth with  
290 disabilities may not feel like their needs are represented in the sexual education  
291 curriculum, it may not be taught in a way that they understand, and they may not feel  
292 comfortable asking questions that they have. A lack of exposure to sexual education is a



293 huge barrier in this area. And that's why it is so important that we're having this  
294 conversation today.

295 My experiences with working with individuals with disabilities start from before I became  
296 a social worker. My first job I worked as a mentor at Holland Bloorview and as a youth  
297 facilitator at Holland Bloorview, and then began working as a social worker, once I  
298 obtain my Master's degree.

299 When I was working at Holland Bloorview, I worked with children who had cerebral  
300 palsy, teenagers transitioning to adult services, individuals who had spina bifida, spinal  
301 cord injuries, cleft lip and palate, and genetic conditions. Some of my work was directly  
302 with the child and youth themselves, but a lot of times it was with parents and  
303 caregivers.

304 I have experienced co-facilitating several workshops on supporting parents and  
305 caregivers and learning about how to have conversations about early intimate  
306 relationships with their son or daughter. As awkward as these conversations can be, they  
307 need to start at home. And I want to say this is especially true if you have a child and  
308 youth with a disability, as they may not get the same exposure to other kinds of  
309 information, social interaction, and we need to ensure their safety as well. It is so  
310 important for children and youth to learn about their body, especially because so many  
311 children and youth with disabilities need a lot of assistance around their personal care.  
312 Learning about your body and body parts, that's a huge aspect of sex and sexuality. It is  
313 important that children and youth are able to direct their own care over time as much as  
314 they can developmentally. This can be as simple as picking out what the child wants to  
315 do next in their routine, what they want to wear, learning how to direct their transfer or  
316 which body part to wash first. Allowing choice, and asking for consent, even as parents  
317 and caregivers is such an important piece and models the things that we need children  
318 and youth to learn.

319 A lot of parents I worked with want to be the only person their child talks to about  
320 everything. And I think that's regardless of whether the child and youth has a disability. I  
321 have always said, and I work with parents even today in a different capacity, your child  
322 may not feel comfortable speaking to you about everything going on in their life and  
323 communicating some of these concerns or questions. For example, I didn't really feel  
324 comfortable talking to my parents, I preferred talking to my sisters. It is important that  
325 children and youth are exposed to role models and adults that they can speak to if they  
326 have questions or concerns, or if they're in trouble and don't know what to do.

327 Letting parents know it doesn't always have to be them, but that it's important to have a  
328 child have somebody to talk to, somebody the parents or caregivers trust. That might be  
329 a member of the healthcare team or another relative or a family friend. It is never too  
330 early or too late to start having these kinds of conversations. We want to make sure that  
331 the conversations and the information that's being relayed is developmentally  
332 appropriate, and that you can build on this information over time. This is not one of  
333 those like, we had the conversation, the conversation is done, pat yourself on the back,  
334 but more like, let's start these conversations early and build on them as the child and  
335 youth gets older and starts to experience their own things and wants to talk about that.

336 This is me as an 18 year old, I think I've just done high school at this point. Being a  
337 teenager, it was tough. I recently actually this past weekend, coincidentally, came across  
338 something I wrote when I was 14 years old, so going into high school. And it talked  
339 about my high school dreams and goals and the things that I wished would happen. It  
340 talked about my desire to be popular, whatever that means, and to have relationships  
341 and dating. But it also highlighted that I didn't even really know what was possible for  
342 myself. And I again, I had no one to look up to and I didn't have anyone that had a  
343 disability that I could talk to. It wasn't until I entered high school, we had a teacher who  
344 uses a wheelchair after a spinal cord injury. I remember seeing her in the hallway and I  
345 thought to myself, oh, I should talk to that person. I didn't realize that she was a teacher  
346 right away. Anyways, since I never took any art classes, she was never my formal teacher.  
347 And, you know, but I was still able to talk to her about what was going on in my life. And  
348 you know what was going on with me and how school was going. And I told her that I  
349 was really worried that I would never find someone to date because I had a disability,  
350 and I remember what she said to me, because it sticks with me even today. She  
351 reminded me that someone's value does not lie in having a relationship and that I  
352 shouldn't base any value on that. She reminded me that I should be more concerned  
353 about having a healthy relationship than just simply having one for the sake of it. This  
354 highlighted for me how important it is to have positive mentors, and that she didn't  
355 reassure me that I would find the perfect partner, she reassured me that I was valuable  
356 regardless.

357 Privacy is important for any teenager, usually teens demand it. But when you're a teen  
358 with a disability, parents and caregivers, need to make room for privacy. It sometimes  
359 can be an effort to allow your youth to have some alone time. And I think it's, it's  
360 definitely something that needs to be incorporated in that youth's day to day.

361 People always said that children don't really listen to what you say, they listen to what  
362 you do. And that's why it's so important to model, healthy relationships and for our

363 children and youth. This doesn't necessarily have to be an intimate relationship, but  
364 could look like, how you manage conflicts with friends or having discussions about  
365 individuals on TV or in movies, and their dynamic. It can be about how you apologize for  
366 your mistakes, how you resolve conflicts. Children and youth with disabilities also need  
367 to practice and work through these things. Life skills programs for youth can be really  
368 helpful for them to practice this in a safe, social setting, and practice the skills that they  
369 need, without having parents or caregivers around.

370 I wanted to spend some time talking about the importance of exposing children and  
371 youth to positive examples of relationships that include an individual with a disability.  
372 Besides the teacher who had a spinal cord injury like I said, I didn't really have any  
373 exposure growing up, and I swore that I would never date anybody who had a disability.

374 There have been many stories recently around couples where one person has a  
375 disability, and the other person appears not to. There's been Instagram accounts made,  
376 YouTube channels, and you know, I think it's really helpful that we have more and more  
377 exposure of individuals with disabilities in relationships. I want to highlight though that  
378 these tend to be seen as the success story. A person with a disability dating somebody  
379 without a disability, or I should say without a visible disability, because we don't know if  
380 those individuals have invisible disabilities that are not being shared. I think that when  
381 we're seeing this as a success story it takes away from the fact that they're not in a  
382 relationship with someone because they do or do not have a disability, but rather they  
383 should be in a relationship because of who that person is. And I think it's more  
384 important to teach children and youth with disabilities that the success story isn't dating  
385 someone who doesn't have a disability, but rather knowing yourself well, and finding a  
386 partner that loves and respects you, if that's something that you want.

387 But how do we do this? I used to be a social worker in the immersive life skills program  
388 called the Independent program. One of my favorite activities I facilitated was around  
389 learning about preferences in a relationship. This activity evolved over many years of the  
390 program, it didn't start with me, and it extended beyond intimate relationships, and was  
391 applicable to friendships as well. On the screen you can see a star, a checkmark, and a  
392 trash can. So a star would be a bonus, checkmark must have, and trash can is trash. It  
393 was an activity where youth pulled out a characteristic or behavior and they got to  
394 decide whether this was a must have, a bonus, or it was not healthy and belongs in the  
395 trash. For a lot of these youth, this is the first time they were ever able and offered to  
396 reflect on what kinds of characteristics matter to them. And when we do this activity as a  
397 group, the youth are able to see that people have different preferences and what might  
398 be a must have for somebody else, is a bonus for someone else. Some of the examples

399 might be, they would pull up like willing to listen, supports your choices, someone who  
400 can make you laugh. And then some were unhealthy ones, takes your money, always  
401 wants to know where you are. These are really good conversation starters but why some  
402 of these characteristics are healthy relationship characteristics and why some are not.  
403 There's also might be something, there was one about has a car, well that might be  
404 really important to someone, and for another person that's just a bonus that would be  
405 good or not good, it didn't really matter. This is just one example of how to talk to a  
406 group of youth about healthy relationships, it's not the only way.

407 A lot of people get caught up in focusing on the sexuality piece, that we really need to  
408 spend a lot more time talking about healthy relationships, which comes from again  
409 helping that youth to know themselves, and being able to have different kinds of  
410 relationships and experiences, to learn what they like, and what they don't like.

411 Some takeaways, start early, recognizing everyone here has a role to play in these  
412 conversations, and know, we learned that trusted adults and mentorship are important,  
413 so get children and youth connected to a mentor as soon as you possibly can. Disability  
414 representation matters, start to expose children and youth to disability in the media,  
415 there's now lots of accounts that people can follow where they can see different kinds of  
416 disabilities and different kinds of ways that people are living their lives, and this stuff is  
417 really important in terms of allowing children and youth to see possibilities for their  
418 future. And you don't always have to be the expert, there's tons of community agencies  
419 that can support, Holland Bloorview being one of them, and other professionals as  
420 needed. And of course the disability community has a wealth of experience in this topic.  
421 And so if you're looking to reach out, there's always options to try to figure out who can  
422 support you in having these conversations.

423 Because we can't really get far without talking about, you know, social media, I wanted  
424 to highlight some accounts that you guys can follow, like, retweet, where they all have  
425 something to do with disability, and they share different stories and like research and  
426 opportunities to get involved. So I just thought that I would share these pieces as well,  
427 and this quote, "disability doesn't make you exceptional, but questioning what you think  
428 you know about it does." (Stella Young). It really goes to highlight how much work we  
429 all have to do, and always being willing to be curious, question your own biases, and be  
430 willing to learn, and continuously learn different things about this population, and keep  
431 an open mind.

432 Thank you so much.

433 **TRANSCRIPT- Let's Talk Disability and Sex Connection Day Event**

434 **Talk Theme 2:** Meaningful sexual lives and sexual rights

435 **Speaker:** Dr. Shaniff Esmail

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436

437 Hello Everyone, I'm Shaniff Esmail. I am an occupational therapist, I'm also a Professor at  
438 the University of Alberta, Department of Occupational Therapy. My research focus is in  
439 the area of sexuality and disability, and I also teach the human sexuality course to the  
440 general University population, but also I teach the sexuality and disability course to the  
441 occupational therapy students, I teach to the physical therapy students, I've also assisted  
442 with the medical students programs. So in terms of myself, just for the people with  
443 lower vision, well I wear glasses, I'm wearing a blue shirt, and I have lots of hair, I'm just  
444 kidding, I'm quite clean shaven on top. So, anyway, that's me, and my pronouns are  
445 he/him, and all of that.

446 So today we are going to talk about sex, and disability, specifically looking at research  
447 and how to look at healthy sexual expression. So, I'm going to talk about some  
448 definitions, I'm going to talk about asexuality and stigmatization and how that can  
449 impact how we look at things. I'm going to talk about research around sex and  
450 disability. We're going to talk about healthy sexual expression and also how to promote  
451 healthy sexual expression. So let's get started, of course, we're not going to have a Q  
452 and A session right now but we will have one later and also this afternoon there is a  
453 panel so we can have some chance to have some further discussion. What I'm hoping to  
454 do is give you some food for thought for all of this.

455 To begin with, let's talk about sexuality, now I teach courses in sexuality and all these  
456 young students come in and they want to learn about doing "it".

457 And I've been teaching "it" for 30 years and I still don't know what "it" is. Well in reality  
458 when you talk about sexuality it's more than physical expression, so, if you look at my  
459 chart here, physical expression is just a small component of sexuality, you have to look  
460 at body image, self image, gender roles, socialization, personality, communication.

461 All of that comes together in terms of our experiences, what we learn, but bottom line is,  
462 you have to look at the individual. What is important to the individual, what is there  
463 values and belief systems and then we can work outside from that, and basically look at  
464 sexuality. So it's more than just doing "it".

465 Now, the World Health Organization has done a really good job of looking at sexual  
466 health. They look at it, as a state of physical, emotional, mental and social well being in  
467 relationship to sexuality. They don't just look at it as harm reduction or all the negative  
468 aspects. They're also looking at it as a positive thing that can enhance people's life,  
469 quality of life and well being.

470 The other thing is a lot of people use terms kind of differently, handicap, impairment,  
471 disability, so what's the right terms?

472 So when you talk about impairment that's something wrong with the system, so if I was  
473 riding my bike today to work and I got hit by a car and I suffered a spinal cord injury,  
474 that would be my impairment, the spinal cord injury would be my impairment. The  
475 disability would be the functional limitations caused by the impairment so, for example,  
476 if I'm not able to walk, that would be my disability, I'm not able to have an erection, that  
477 would be my disability. Handicap can be either social or physical barriers that prevent  
478 me from doing things so, for example, if I'm not able to enter a building because of my  
479 spinal cord injury, then the building, if it doesn't have a wheelchair accessibility, then the  
480 building is handicapping me. Or if my parents decide oh, because I have a spinal cord  
481 injury and I have a disability, I shouldn't be getting sex education or the school decides I  
482 shouldn't be getting sex education that would be an attitudinal barrier that's preventing  
483 me from accessing information and education, so that would be a handicap. Okay, I just  
484 wanted to clarify those things.

485 Now I love using this (cartoon picture) I use this a lot when I do presentations, it says,  
486 "nice to see her go out with a guy I don't have to worry about, after all he is in a  
487 wheelchair." So when you're looking at this, you look at mom and dad looking, he's  
488 smoking (dad), which is an old picture you can tell, they're looking at their daughter  
489 going out with a young guy, and they're saying oh she's safe, he's not going to take  
490 advantage of her. But if you look at his face he's going to get some tonight. And just  
491 because you have a disability, does not change who you are, you know, if you want to  
492 have sex and you want to whatever, then that's who you are.

493 It makes me think about a story I tell my students, but I have a friend who suffered a  
494 spinal cord injury when he was 16, this was 30 years ago, and he was in a rehab unit and  
495 in those days, people grew up in rehab units. Anyway, this was in Edmonton, and he  
496 basically was allowed to have weekend passes when his rehab was moving along and he  
497 was from a small town in Alberta so his girlfriend actually lived in Edmonton. So what  
498 would happen on weekends is his girlfriend, with her parents, would come up, bring him  
499 home, and he would spend the weekend with his girlfriend.

500 The thing is, they set up a bed in their daughter's room in the basement and they would  
501 literally carry him down so he spends the night there and then comes up in the morning,  
502 etc.

503 Now tell me how many parents today, let alone 30 years ago would have allowed their  
504 16 year old daughter to spend the night with her boyfriend? But they looked at him as  
505 being safe, asexual. They're not, he's not going to do anything. Well let's just say my  
506 friend, before his injury, he did not have sex, but after his injury in those nights that he  
507 spent with his girlfriend he learned a lot about his body. And let's just say he never used  
508 that bed, they'd mess it up in the morning so that parents would think that he used it  
509 but really he didn't.

510 So I say we live in an attitudinal umbrella of reproductive bias regarding sexuality. So  
511 what do I mean by that? Basically, when it comes to our society, who has a green light to  
512 have sex? It's young married heterosexual couples. Children well they're not supposed  
513 to have sex, older adults well that's just not right according to attitudes, and then  
514 people with disabilities well they're not supposed to be sexual and people who are gay  
515 or lesbian well there's a discomfort to that so they're not. So when you look at research,  
516 looking at programming, and all that, it tends to be for young married heterosexual  
517 couples and we need to change that.

518 So, let's talk about asexuality and stigmatization. Generally, what they're finding is social  
519 cultural barriers may be more disabling than the pyramid itself. So attitudes around  
520 disability and a stigmatization of people with disabilities, can be more harmful than the  
521 disability itself. So sexuality of expression of love and pleasure is not recognized for  
522 individuals, people with disabilities and also it's suggested that people with disabilities  
523 actually internalize these notions of asexuality, because people don't treat them as  
524 sexual, they don't see themselves as sexual and basically avoid the whole issue.

525 So let's look at from a historical perspective, generally, what you find is research was  
526 focused from a medical perspective. They were trying to reduce the problem and  
527 basically they focused on fixing the problem in terms of physical function, doing "it".

528 The medical model also focused on harm reduction, how do you prevent and control  
529 sexuality? So you're trying to stop all the harm aspects of sex, not the positive aspects.  
530 And also there tends to be a social resistance from a historical perspective towards  
531 people with disabilities developing relationships and even having sex. So all of these  
532 really prevented a holistic approach of looking at sex and sexuality.

533 So the social model, which was developed by the Union of Physically Impaired Against  
534 Segregation way back in 1976. Basically, they said that disability was a result of social  
535 structures which function to exclude certain people from accessing employment and  
536 social resources and positive identities, etc. And they're saying that we should be  
537 focusing on public's response to individuals with disabilities. So we want to remove  
538 environmental and social barriers, so what I had mentioned earlier, how we can look at  
539 how there's handicap, so what we're trying to do is remove the handicap, so we are  
540 trying to remove physical barriers and societal barriers.

541 Now, by doing this, if we remove these, think about if you got rid of all the  
542 environmental barriers and if people's attitudes of that change and there weren't any  
543 biases against people with disabilities, would there really be any handicaps? There  
544 wouldn't, there would only be disability, but people would be able to function in society  
545 and be able to live productive healthy sexual lives.

546 All right, let's look at myself. I don't know how long ago, I was applying for a research  
547 grant and I wanted to look at sex education guidelines for individuals with disabilities.  
548 So then I said, okay let's look at that. So the first thing I did, is I go into the literature and  
549 I start digging through and reading, doing a lot of reading, and what was interesting is  
550 first off there was not a lot of research on sex education guidelines, I mean there was,  
551 but it was very limited and I started to see a pattern. When it came to physical  
552 disabilities what I found was there was lots of literature and research on function and  
553 response, because of the disability you're not able to do this, this, and this, this will be  
554 prevented, your sexual functioning will be low, so it focused on anatomy, physiology,  
555 and all those kind of things and then there's some research on fixing the problem. How  
556 do you deal with sexual dysfunction, try to fix it, but there was very little on promoting  
557 healthy sexual expression.

558 Then, on the other side, I noticed there's not many programs, but then I looked and  
559 there's lots and lots of programs for individuals with cognitive or intellectual disabilities,  
560 and I said well that's great and I started looking at the programs more deeply and I said  
561 wait a minute. All of these programs focused on things like harm reduction and there's  
562 lots and lots of programs on dealing with inappropriate sexual behaviors, again very  
563 little promoting healthy sexual expression. So I said, well what's going on here.

564 Okay, think about it, someone with a physical disability, they internalize the notion of  
565 asexuality, they don't bring it up, they kind of see themselves as very limited having a  
566 sexual life. So bottom line is they don't talk about it, they don't bring it up, so no news is  
567 good news, so really it's not a problem to society or anybody so really it's avoided.



568 Then you have people with intellectual and cognitive disabilities, they may mature  
569 normally or typically in terms of hormones, drive, etc, but cognitively they may not be  
570 able to fully understand their behaviors and be able to control things, etc. So they might  
571 act out or do things that society would deem as quote unquote inappropriate or deviant  
572 behaviors. So then, what do you do it's a problem, so, then they try to fix the problem,  
573 how do you fix the problem, by controlling the behavior, so they develop programs, not  
574 for a healthy expression, but more around prevention of inappropriate sexual behaviors  
575 or harm reduction. Because also individual with intellectual or cognitive impairment are  
576 at greater risk for unplanned pregnancies, STI's, being victims of abuse or assault or  
577 perpetrators. So again it's harm reduction, nothing about healthy expression.

578 So what are some basic assumptions about persons with disabilities. So this is kind of  
579 the foundation that we should be using. All persons regardless of disability are sexual  
580 persons, the person with the disability has a right to all information about sexuality that  
581 he or she, that they can understand, including the right to a full range of expression and,  
582 finally, the person with a disability, has a right to develop relationships with others and  
583 to express affection and sexuality in the same way that's acceptable to others.

584 So what is healthy expression? Now if we were doing this live I would love to have a  
585 discussion on healthy expression, but maybe during the panel we can talk about this or  
586 during the Q and A. But think about what elements you think should be included in  
587 healthy sexual expression. I got a nice little table which you can look at on your own.  
588 Hopefully these slides will be made available to everybody, but it can give you what  
589 healthy expression is as well as healthy sexuality compared to abuse and addictive  
590 sexuality.

591 Then, in terms of defining it, what is healthy expression, it's involving, well is recognizing  
592 and celebrating that everyone is sexual. Emotional and social communication and  
593 connection, it's not just physical and, finally, the CERTS model by Wendy Maltz and she  
594 basically said it should include consent, equality, respect, trust and safety. Now, the issue  
595 of consent also becomes quite problematic for individuals with cognitive disabilities,  
596 because in Canada anything between two consenting adults is legal, however, if a  
597 person's capacity consent is limited, are they, it really limits what they can do and what  
598 they're allowed to do. So I'm doing a lot of work in the area of consent right now, and  
599 just published or sent a paper for publication, but we don't have time to do that today,  
600 but hopefully during the panel, it can come up.

601 So let's talk about the importance of promoting healthy sexuality.

602 Now family members, service providers, often view sexuality as a source of risk, "oh no,  
603 things might go wrong" etcetera and they do not acknowledge that sexuality is a  
604 healthy and normal part of adult development. So caregivers are often found to be  
605 against providing sex education and blah blah blah, because if you do that, it opens a  
606 can of worms and it might create desire and all these other problems, so better not to  
607 deal with it. But actually what they found is sex education can actually have positive, it  
608 results in positive changes in sexual expression and identity. It actually promotes  
609 appropriate expression of needs and decreases inappropriate behaviors and improves  
610 social behaviors. And generally we find that there's no adverse effects such as  
611 promiscuous behavior, pregnancies, etc, etc.

612 Now, if you don't promote healthy sexual expression what happens? Unhealthy or  
613 abusive forms of sexuality may prevail. Also, it may cause worsening of mental disorders  
614 such as anxiety, depression, other disorders, and other forms of acting out might  
615 happen physical, as well as emotional acting out. And finally, it may put a person at  
616 higher risk for sexual abuse, exploitation, HIV, STIs etc.

617 So, we're all sexual and how do you facilitate healthy expression? Well, first off, you  
618 should approach it from a strength based rather than a deficit based approach. And a  
619 lot of times when working with people with disabilities, we focus on what is the  
620 disability, no, we should focus on what is the strengths. We should tailor specifically,  
621 these programs should be tailored specifically to each individual. The other thing is  
622 acceptance and honesty, don't sugarcoat. So what I'm talking about here is a lot of  
623 times, when service providers are talking about sex, "oh don't worry things will get  
624 better" and all that kind of stuff, no, you want to be upfront and honest. Yes, you have a  
625 disability and yes it's going to cause some difficulties in terms of relationships and  
626 sexuality and how people treat you, but this is what you can do. What they find is that  
627 actually helps with coming to terms and moving forward. And the other thing is  
628 repeating, sexuality is more than just physical expression, you need to look at coping  
629 with urges, loneliness, also looking at other parts of life in terms of clubs, exercise,  
630 healthy occupations, activities and bottom line is modeling healthy sexual expression.

631 So, in summary, sexuality is a human right that is important to all individuals, regardless  
632 of age, gender, orientation, or developmental level. To broadly address development of  
633 healthy sexuality for individuals with disability, the issue needs to be normalized, not  
634 ignored or avoided, which means involving parents, staff, researchers, and professionals.  
635 And research must focus on the positive aspects, not just function and harm reduction.

636 So, I look forward to the discussion we're going to have this afternoon, as well as during  
637 the Q and A.

638 And I love this cartoon too, "Sure you came first, you always come first, that's why I  
639 never come at all". So basically it's a chicken talking to an egg so it's chicken and egg,  
640 which one comes first.

641 Anyway, thank you very much, I look forward to our discussion, later on.

642 Thank you.

643 **TRANSCRIPT- Let's Talk Disability and Sex Connection Day Event**

644 **Talk Theme 2:** Meaningful sexual lives and sexual rights

645 **Speaker:** Rainbow Hunt

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646

647 Hello everyone, my name is Rainbow, I use the pronouns of she and her.

648 I basically I identify myself as a transgender woman, labeled with an intellectual  
649 disability, and I'm also the project Executive Director of Rainbow Pride Scarborough,  
650 which is basically a project that I started back up, along with my team members, back in  
651 2011, which is basically a nonprofit project that works and serves the QTBIPOC  
652 community, youth who identify themselves as queer, trans, black, indigenous, people of  
653 colour. And so we started this project up back in 2011 because of the needs of having  
654 and creating a space in the Scarborough community. Just like east of Toronto, because  
655 of the lack of support and services that the youth basically wanted to see more of like a  
656 pride celebration and more of like diverse community getting together to create, work  
657 together and activities and brainstorm ideas.

658 The importance of the effect came together with lived experience with their disabilities  
659 and their sexuality, really put a tear to my eye when I basically fell in love with all the  
660 data that we collected from each youth who wanted to basically see more services in  
661 Toronto, because of the lack of support and the lack of ways of getting downtown  
662 Toronto where there is more services, more than Scarborough.

663 So my team and I got together in 2011 and we sat down and we talked about, what can  
664 we do, what should we try to do to reach out to people in the Scarborough community  
665 and to reach out, which is a big thing, we're reaching out to people that are isolated,  
666 when they can't come to us we can go to them.

667 So my team and I decided then to brainstorm for a couple months on different ideas of  
668 like okay, we need, obviously we need staff with lived experience ourselves. We also  
669 need allyships in this project because we work with allies, that's a very big piece. And  
670 also, creating that staff team of support, love, and care and accessibility is a huge issue  
671 that we use with the work that we do. So we got together and decided to host  
672 barbecues in the park, that's close to Thompson park in Scarborough, and that was a big  
673 success.

674 At the time we didn't have funding, because of the lack of support that we had  
675 ourselves, it was like a trustee and like holding our funding and the work that we've

676 basically been doing. So, we've been, I'm personally me, I've been forking money out of  
677 my own pocket, I'm on ODSP (Ontario Disability Support Program).

678 So forking money out of my own pocket, and I didn't care if I struggled myself. I just  
679 wanted to see the youth in the community to be able to access the services and  
680 supports and mental health services. So we did our first barbecue, and that was a big  
681 success we were able to create flyers. I'm very artistic, I created the flyers and shared it  
682 with different agencies that I was connected to. And then they, some of the agencies  
683 had their youth that live in Scarborough so we were able to reach out to 30 plus people  
684 with like only like a barbecue for like, 200 bucks of the budget.

685 And that was a big, huge success and it just, it just made me feel like, oh wow we did  
686 our job, we did our work. After that we then started hosting more barbecues more  
687 things, more of that.

688 And then I finally reached out to SKETCH Working Arts which is an art space downtown  
689 Toronto, nonprofit, art space down by Argyll, and they basically were so supportive and  
690 decided to be our trustee from 2015 up until now. And so they've been holding our  
691 funding, the whole entire time.

692 So after that we started reaching out to our partnerships and different collaborations  
693 and we get that growing and growing and it's just a huge success of our project that  
694 just started from very little money up until now, it's like, I'm like, the grant master of  
695 writing grants, I was learning my own, my own skills, and people with disabilities,  
696 actually, like, obviously you can write grants, there's no, you know, slap on the wrist you  
697 can't do this because you're, you know, you're not smart, it's not true. A lot of people  
698 with disabilities can do stuff that they put their mind to, with the support that they need.  
699 It's a huge, if I can do it they could do it. Um, and so we created our team and our team  
700 is just an amazing team with little experience, proper training around a lot of stuff that  
701 we trained ourselves to. And we just support the youth and hear what they have to say.  
702 Their voices are very valid and their concerns are very valid. So that's basically our  
703 process that we basically work with Rainbow pride in Scarborough, in Scarborough.

704 We basically, yeah we did our first, the stuff that we serve and the stuff that we came up  
705 with for the youth, they came to me and wanted to do more activities around,  
706 expressing themselves through sexuality and the arts, and I thought it was very, very,  
707 very interesting because I did it myself as a drag queen performer.

708 When I first came out as a, as transgender back in 2009, before I even started the  
709 project. And I use the art as a way of like expressing my sexuality. And also, like in a, in a

710 positive way of talking about sex and like feeling good about myself inside and out, like  
711 very sexy. Because a lot of people, sorry youth that we work with, that are basically face  
712 a lot of de-sexualization because they're either disabled or they are labeled as not  
713 sexual active in wheelchairs or, or with like a mobility device, and it's basically like a yeah  
714 this de-sexualization, de-sexualizing them, if I say this right.

715 So basically, they feel like they're not really sexual active in a way. So we use art around  
716 that way of escaping that stigma around art. So what we did was we apply for one grant  
717 that allowed 10 participants in the Scarborough community with, who are disabled, who  
718 feel like that they're facing discrimination around de-sexualization and racism and  
719 homophobia, transphobia. And we got together and created a portrait project, where  
720 each member wanted to take their portraits into like a different level of feeling sexy and  
721 you know filling very sexy and power in a wheelchair, to tell people you know what just  
722 because I'm in a wheelchair, I'm sexy and I could still be in a relationship, I can still enjoy  
723 myself, I can still be safe. And that encouraged them then to be more powerful with  
724 their portrait, and each of them got their portraits. They're pretty big sizes, very very  
725 very visible, sorry not visible, what's the term I'm looking for, very shown, as like huge.

726 So that was one of the projects that we did.

727 And then we came up with other ones with like basically the youth wanted to create  
728 their own costumes and their own clothing to perform in on stage in wheelchairs, which  
729 that was a big success so we did a couple of workshops.

730 Our project works on any types of workshops, anybody that wants to learn about  
731 different things about our work. It could be anything. Sex, disability, LGBTQ, anything.  
732 We also deliver one to one support, Big Brother/Big Sister, resume building for people  
733 who need jobs for youth.

734 We work around harm reduction and harm reduction in different ways. Either it's like  
735 testing or HIV or and then other stuff like proper training around that, um, Naloxone or  
736 it could be like safer sex. We talk, a lot of youth talk about sex and the different ways as  
737 like appropriate and consent and consensual and, in a healthier way that's also  
738 appropriately and fun to talk about with more of a sensibility around language that  
739 youth like to use. In a fun, creative way, so then that way, yeah, so like basically talking  
740 about cucumbers, you know, practicing safer sex, you know, and all that, like, all that  
741 kind of stuff like that, that's like more of a fun way because of their disabilities. We don't  
742 use like the high class sex contents. But we talk about, like, workshops or learn about  
743 that.

744 Um, so yeah that's our basically our project has been around for almost 10 years right  
745 now. And what we're going to be doing right now is we are working on a grant right  
746 now that's actually due tomorrow.

747 And it's for Community One Foundation and we are going to be basically designing a  
748 educational documentary for participants to come and talk about their experience and  
749 about being part of being part of the projects, and how this project really benefits them  
750 in their, in their own communities. And then what we're going to do with that  
751 documentary is basically use it as like a workshop, educational workshop, and then do  
752 like a grand event launch, if it has to be virtual, it's virtual for this year, November. And  
753 yeah so that's the project that we basically work with, with Rainbow Pride Scarborough.  
754 Other little projects that we had out of Rainbow Pride Scarborough were called different  
755 titles and different names, just to be like very creative and funky. The youth come up  
756 with the names of everything of the projects, they come up with all the ideas, they come  
757 up with all the activities, they come to me and me and my team and say we want to see  
758 this we want to do this.

759 So when we talk about and evaluate each part of the activities that we do, evaluation is  
760 a big thing, because if it's especially when you're working with people with disabilities.  
761 Evaluation needs to be very accessible for them to understand what they're filling out  
762 either if it's a survey, or if it's like a monkey survey or a piece of paper, or if it's a couple  
763 of questions with emojis that's very understandable for them to understand what they're  
764 answering, which we, we basically do a lot of that around accessibility and disability  
765 activism. Just like talking about that, yeah like about that, which is very important  
766 because a lot of agencies, not a lot like in a bad way, but a lot of I find agencies that I've  
767 been to it wasn't really accessible for myself as a transgender with a disability. It's  
768 different when you work with somebody who is who doesn't have a disability versus  
769 somebody who does have one.

770 And if you have like a mix of those groups in your space of like a group or, or a  
771 program, how can you be accessible for everyone who comes into your space and how  
772 can you basically, oh, you know this person needs more accessibility support, and this  
773 person might not need that much support. So how can you like basically shuffle and you  
774 know make sure that it's safe or comfortable for everyone who's coming into your  
775 space, this is I think it's very important because if you're serving LGBTQ, it can be, there  
776 can be different groups of the LGBTQ community. Either your sexual identity or sexual  
777 orientation or your disability or the different types of mental health, or it could be so  
778 much different things out there, and coming from me with a lived experience, I would  
779 talk to somebody who does not have that lived experience and then they learn so much

780 and then they come to me and say, Oh, do a workshop for us please, I would like you to  
781 do a workshop.

782 So we do like a lot of stuff and it's, it's very humble and very empowering having youth  
783 with lived experience actually do the work and talk about their experience versus  
784 somebody who speaks for them, which is not that much of a good, it's not that much of  
785 a difference. Sorry, it's a different feeling that people get in the audience, like you know  
786 you watch people with lived experience it's like oh wow this person has lived experience  
787 versus like oh someone's talking on behalf of somebody or which is very amazing, it's,  
788 it's much more amazing, it's more powerful for the audience to learn more.

789 Yeah, so I came out myself as bisexual, then gay, then trans, there was a long journey for  
790 myself and learning about myself and my experience, growing, growing up as a, as a  
791 bisexual person, and then coming out as gay and then trans so that was a big step by  
792 step by step process I was figuring out myself and my, my identity and my sexual  
793 orientation, it took a while but I basically looked deep down inside my soul, my heart,  
794 and said you know what, I'm happy being a woman, this is what I want to be, this is what  
795 I want to see myself as. And then when I basically came out in 2009 and had that  
796 amazing relationship with my family and lucky to be very fortunate to how the supports,  
797 sometimes it's not that lucky. So it's, but the person should not be alone.

798 Yeah, and just coming out and then just creating and giving back to my community,  
799 which I think I just really love to do and this is something I really enjoy doing if this is  
800 something I really enjoy doing.

801 And it's it's tough for me to stay at home and being so you know bored, I just want to  
802 do something that really makes a difference in the community especially Scarborough  
803 for youth that I don't want to see them go through what I've been through with,  
804 basically with my life. Bring up as an individual person facing a lot of, you know,  
805 relationship violence and stuff like that, and so I just think, you know what I want to do  
806 something for my community and the youth. They deserve a supporting staff team and  
807 they deserve more programs and services in Scarborough because there's not that really  
808 much out here in Scarborough for pride stuff and for, you know, for, for black history or  
809 for in general, anything. Not, not that I know of, I don't see that much flyers, or anything  
810 around, like the bus stops and everything, so it's like it's very like minimum and not that  
811 much rainbow stuff.

812 So I also reached out to Scarborough Town Center, which is one of the shopping malls  
813 here in Scarborough and spoke to the CEO. And this was like two years ago in the  
814 summer before the pandemic started, so I was very happy.



815 And I spoke to the CEO and I said, "oh hi my name is rainbow, and we work at Rainbow  
816 Pride in Scarborough, and we want to, we wanted to let you know, we wanted to ask if  
817 it's possible if one day, or whatever around pride time, Scarborough Town Center, if you  
818 can promote some more rainbow pride stuff around the mall or make sure your stores  
819 are very accessible for transgender people to access what proper clothes or proper this  
820 or feel good about shopping in the, in the women's section or men's section or gender  
821 neutral washrooms."

822 And so I spoke with them and they came up with a big plan, and now it's like around  
823 Pride time, a lot of stores have like rainbow purses, rainbow clothes, like they actually  
824 display it in the window. And then they have like gender neutral washrooms, and then in  
825 the middle of the mall, they allow, now, a pride decoration of like a performance every  
826 year so.

827 All it takes is just to reach out and talk about your work that you do to basically want to  
828 see something happen in that, you know, in your community, by not being scared to  
829 reach out and requesting an important thing that you know youth or anybody who is  
830 from the community can actually go to a shopping mall and see like a rainbow symbol,  
831 and feel good about themselves inside and out and say wow, this is a safer space and  
832 we don't tolerate you know, any kind of like discrimination or anything. So that's  
833 something that we did two years ago and I'm very happy about that.

834 And so I'm very flattered and very, I'm very like flattered that our team is basically like  
835 doing the best we can and supporting the youth, making sure that they're safe, thinking  
836 that the youth are safe first, before us. That's how you create a team, that's how you  
837 build a community and that's how you build youth engagement and making sure that  
838 you know that their voices are heard and that their voices are valid. And what what's the  
839 most important thing right now in the community is that it needs more supports and  
840 groups like ours to create, to make it like more of like a welcoming and accessible  
841 Scarborough for like around Pride education. I think it's very important.

842 And this is something I'm going to keep on doing and doing because I really love it, and  
843 it makes me happy and it also decreases my own mental health as well. And it's it's a  
844 very awesome tip and awesome medicine, medicine, if I'm saying this right. That  
845 decreases my own mental health because I really love doing stuff like this.

846 Yeah, and this is a basically the great experience that I wanted to share and with the  
847 work that we do up here in Scarborough and my own experience of my journey as well,  
848 of coming out, as transgender with my disability, and I use a lot of the art. Like I was  
849 saying, around my disability to express myself on stage in front of like 300 people, 500

850 people, by creating very crafty and funky funky costumes. If it has to be like disco light  
851 bras, or, or sunglasses with real nails coming out of it, or barbed wire high heels or, I  
852 don't do any meat dresses, I don't do that. But like I don't judge but, um, but like  
853 anything that I find that is funky and crafty and sexy for me to express myself. You get  
854 the audience like wow. Whoa. I think I perform and you know and a lot of my youth now  
855 they love to sing, dance, rap, make their own music, they, they're just really extremely  
856 talented here.

857 It's like whoa like we should create our own like TV show.

858 But yeah, so I think it's really great how we use ourself to express ourselves through sex,  
859 disability, mental health, depression, through arts, which is a great, it's a great thing like  
860 painting or beading or performing or acting or singing or dancing or it could be  
861 anything.

862 So that is the work that we do, and I'm just very happy to be part of this video and  
863 audio of sharing my experience, and the project we do, and the work that we do. And  
864 thank you so much.

865 **TRANSCRIPT- Let's Talk Disability and Sex Connection Day Event**

866 **Talk Theme 3:** Multiple and converging identities

867 **Speaker:** Dr. Alan Santinele Martino

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868

869 Hi everyone, this is Alan Martino, pronouns he and him. I'm a 30 year old man, brown man  
870 with bald head and glasses, wearing a very flowery shirt. Not much behind me just a white  
871 wall with a degree. So, that's my description.

872 Thank you so much for having me as part of the meeting today. I'm very happy to tell you  
873 a little bit about the work that I've been doing and some of the potential consequences  
874 that we have in looking at this intersection.

875 So I'm calling this talk, Sexualities: Yes, in the plural, because this is something that I have  
876 been telling a lot of support workers and agencies and service providers, that we do need  
877 to understand sexuality as more than cisgender, more than heterosexual and  
878 monogamous and so on.

879 So first of all, who am I? So I've been doing this work around disability and sexuality since  
880 my undergraduate studies, when I started doing interviews with service providers around  
881 New York State. And what I found is that there was a lot of fear and hesitation when it  
882 comes to talking about sexuality in general. But most importantly, when it became to  
883 talking about sexualities in the plural, it became something that was seen as being just  
884 too much, or going too far.

885 When I first started doing this work, I was a member of this particular service provider,  
886 and I was participating in the arts-based program of it. And in one of the improvisation  
887 exercises with young man with down syndrome, he said, "Love is natural, we all love." The  
888 scene continued, people just kind of responded to the sentence with "Awe so cute", right,  
889 you could hear the awe sound in the room. But as the young man continued the scene  
890 talking about friendship, and then, love, he then drops the sentence, "S.E.X., that's what I  
891 want." Now, as soon as he said that particular sentence, then the energy and the vibe in  
892 the room completely changed. The rest of the room, including other people with  
893 intellectual disabilities, support workers, and volunteers, were extremely uncomfortable  
894 with that sentence. I remember people staring at each other, giggling with nervous  
895 laughter until one of the directors, the support workers, jump in and says, "Isn't the  
896 weather beautiful today?" And then he cuts the scene, and we move on, right, to another  
897 one.

898 And to me that was very troubling because, you know, it became this elephant in the  
899 room, right, that no one wanted to talk about, that was off limits, a topic that we shouldn't  
900 talk about.

901 And what I would expect is that we would encounter and deal with experiences and  
902 moments like that with more positivity, right, acknowledging people's feelings and desires  
903 for their lives. So that was really one of the big pushes that I got to start doing this work  
904 around disability and sexuality.

905 Now, I think one of the things that I find very fascinating, the work that I do is that, you  
906 know, it's a lot about bringing an intersectional lens to it, so thinking about sexualities in  
907 the plural.

908 We know that there is a growing body of literature and empirical knowledge, looking at  
909 the intimate lives of people with disabilities, but we still see a lot more focus on the  
910 experience of heterosexual and cisgender people with disabilities. So we're paying less  
911 attention to the experience of LGBTQ+ people with disabilities and that's a very significant  
912 gap. This is a group that faces very unique challenges and experiences when it comes to  
913 exploring their sexual identities, exploring their sexual lives, establishing relationships and  
914 being sexual.

915 What I've encountered, even in my field work and working with organizations, is that that  
916 level of infantilization and de-sexualization, especially experienced by people with  
917 intellectual disabilities, sometimes makes it seem as though sexualities in the plural are  
918 just a phase, right, and I've heard that from people already. And this is also being noted  
919 in the literature, where sexualities in the plural are seen as just a phase towards  
920 heterosexuality or a last resort, right, or simply a sign of close friendship with other people.  
921 So for example, I remember seeing Johnny and Michael, you know, walking holding hands,  
922 and even though we all knew they were in a romantic relationship, what people, the way  
923 they categorize or label it was, "oh, they're very close friends." So we are speaking about  
924 it in ways that infantilize, de-sexualize, de-gender, you know all those things, in terms of  
925 the people that we're working with.

926 We also have a lot of work in the literature around how people with disabilities who are  
927 part of the LGBTQ community, are, tend to be undervalued and not have access to queer  
928 communities.

929 So there's a lot of work that should be done around queer spaces and how welcoming,  
930 they could be to people with disabilities as well.

931 So what we see here is that people that experience this particular social occasion, right of  
932 this intersection of disability and sexuality, but without a community in facing particular  
933 challenges and stigma on their own, trying to find information about sexuality on their  
934 own. Considering how a lot of the sex education and information that is available, tends  
935 to take a heteronormative approach. What I see and what is also in the literature is that  
936 there is a lot of social isolation, restriction, and surveillance, and my participants have  
937 talked about how they were often unable to access spaces that allow for relationships to  
938 emerge, to flourish, and to happen. Not only to you know, not even speaking about  
939 hookups for example.

940 So Randy was one of my participants that really spoke about it. He said, "It'd be great if  
941 there were places that if you're gay you could be safe, and more secure in, but that's going  
942 to take time." end quote.

943 This is a participant who identified as queer, and who was telling me how he would love  
944 to be a part of the queer community but never found welcome in those spaces and found  
945 that the loud music, the crowded spaces, that doesn't give the space that would be the  
946 most comfortable for him. So what we see here is that it's consistent experiences of  
947 invisibility, exclusion, lack of supports. Even in group homes or other services that we're  
948 often providing to people with intellectual disabilities, they often take a heteronormative  
949 approach.

950 We also need to understand that this particular experience of homophobia and  
951 transphobia that people are experiencing in the community. So I'll give you some  
952 examples of that.

953 Scott, a trans man tells me the experience that he has. He says, "Because of my trans life  
954 identity and everything like that and I've gotten spit at and called a hermaphrodite." Like  
955 these are forms of violence that unless we put into the conversation, gender and sex and  
956 sexualities, we wouldn't be able to fully understand his experience. And he's not alone,  
957 right. So Virginia also shared her own experiences of a trans woman, she says, "When  
958 people call me by the wrong pronoun, I turn around and say, I'm a female, thank you,  
959 have a nice day. Or sometimes when people have an attitude and they call me 'sir, you  
960 can't stand here in line, please go to the next one.' If I hear the attitude or rudeness, I turn  
961 around and say a comment which would get me into trouble. And the guy is like, 'oh, sir.  
962 this is the males, and this is the females, so please go get checked over here with the  
963 males. I looked at him and I was like, I'm a female, I have tits, I'm over here. And he's like,  
964 'Oh, I'm sorry'. I'm like, yes."

965 So, again, and I talked to quite a few participants who were navigating those intersections,  
966 right of trans-ness and queer-ness and talking about instances of violence that they just  
967 didn't have any supports, even in their organizations, to help them navigate those  
968 experiences. They were getting a lot of supports when it came to their employment, their  
969 education opportunities, but a lot less when it comes to one their intimate lives, but also  
970 in terms of gender and sex identities.

971 Scott also talks about another yet example, he says, "Even in my Wheel-trans, I used to  
972 get the wrong pronouns, even by the other customers in the Wheel-trans. They would  
973 called me 'she', and I'd be like, excuse me, don't let my voice fool you, I go by male  
974 pronouns, thank you very much." end quote. I mean what stands out to me too in these  
975 participants, is that they're able to really articulate and use their agency to push back on  
976 those interactions, but we know and we have so much data now on the violence that trans  
977 folks and, you know, sexual minorities experience so I can only imagine how challenging  
978 it must be for some people to push back on those experiences.

979 The other thing that I think will be great for us to discuss today is the gate-keeping that  
980 happens. So, for example, the gate-keeping that is done by ethics review boards. Ethics  
981 review boards that take a medical and reductionist approach to disability. I've had ethics  
982 review boards for example that reduce participants to their biology and disability labels,  
983 asking me why did I need to ask participants about their racial identity or their religion or  
984 sexual orientation. The assumption here is as though that disability label is the only label  
985 that matters in people's lives. But I think that that's indeed one of the things that we're  
986 missing here, right, is that intersectional lens.

987 The other piece around gate-keeping that I think is very important to consider is, you  
988 know, the idea that people with intellectual disabilities cannot contribute to research or  
989 be knowledge makers or be meaning makers of their own lives. So for example from  
990 different ethics review boards, one of the comments that I received is, why do you need  
991 to speak with people with intellectual disabilities? Just talk to parents and support  
992 workers. Again, I think that there's also some gate-keeping and there are conversations  
993 around vulnerability that we can also talk about today, that shouldn't be silencing people  
994 right, we shouldn't start from the perspective that every person with a disability is white,  
995 cisgender, and heterosexual and we need to make sure that those narratives are making  
996 to being a part of the dialogue here in our studies.

997 Even when I conducted a review of the literature with two colleagues of mine, what we  
998 found is that we don't have a lot of attention yet we don't have a lot of focus on this  
999 intersectionalities. So for example, when we looked at studies that have been addressing

1000 the intersection of disability and intimate lives or intimate sexualities. What we found is  
1001 that some studies include lesbian folks and bisexual and gay, but we still don't know much  
1002 about for example asexual folks, or folks who are questioning or fluid.

1003 Same thing with around sex and gender, right, trans people that are participating in the  
1004 studies about sexuality and disability, only 6.1%. Gender non-conforming only 2%, and  
1005 intersex 1.2%. One could say that, you know, this numbers kind of remind us of the  
1006 number, the proportion, maybe in our society, right, that it might make sense. But I think  
1007 that they're still to me means that we're still not exploring those intersections, the way  
1008 that we should. Right, we rarely see studies about trans disabled people, especially people  
1009 with intellectual disabilities. Or even this intersection of race and ethnicity, and most of  
1010 the articles that we looked at did not mention participants race or ethnicity. And so we  
1011 know very little about how racialized and disabled identities intersect with sexualities. For  
1012 example, in the articles that did mention race, 26 of them, 76% of the, the sample was  
1013 white and Caucasian, with only 38% being black or Latin American. So that is just saying  
1014 that we need more intersectional work.

1015 Even in terms of service provision. We still have very few services and kinds of supports  
1016 that are focused on the needs of queer people with disabilities or trans people with  
1017 disabilities. I've spoken with people who have participated in women's and men's groups  
1018 in ways that perpetuates gender dichotomies or a gender binaries, and even the lessons  
1019 that they were learning this at different groups were very gendered.

1020 It's also commonly assumed still today, that disabled people cannot identify as LGBTQ+,  
1021 right. And that talking about sexualities in the plural is going too far as Stoffelen and  
1022 colleagues have said (Stoffelen et al., 2013, p. 265). Sometimes when I talk to support  
1023 workers they said come on you're already telling us that they're sexual and that we should  
1024 respect that and now we need to think about this in the plural even, that's going too far.  
1025 That's too much. This notion of being too much.

1026 We know the sex education information tends to be heteronormative. We have personal  
1027 key care attendants that may hold heteronormative assumptions, as well as transphobic  
1028 and homophobic understandings as well. We also know how queer identities may be  
1029 ignored by service providers in their everyday practice. So for example, one of my  
1030 participants articulated this by saying, "Growing up in a group home, it was ridiculous, no  
1031 services, until I came out and said I am bisexual. That's when they kicked, kicked up the  
1032 thing. That's when they kick it up. I had to say something for them to give me the services"  
1033 end quote. Again, the heteronormative assumptions in our practice needs to be changed.

1034 Here I'm going to, you know, end our conversation very soon by saying, referring to a  
1035 conversation I had with one of my participants, where he talked about this limited menu  
1036 of options when you go to McDonald's if you think that the only option is a Mac Chicken,  
1037 you're always going to order a Mac Chicken. But if someone tells you that actually the  
1038 menu of options is much broader than that, then you might end up picking for something  
1039 else or trying something else. So, there is a very interesting parallel with sexualities here.  
1040 If a heteronormative approach to sexuality and self-identity is the only kind of option that  
1041 is given to people, of course that's the one that people are going to pick and think that is  
1042 the normal or the only option. So we need to give people a better, more broad, and richer  
1043 menu of options just like non-disabled people have.

1044 Of course, people are trying to make a difference. So, I would point to the work of queer  
1045 disabled activists who are drawing on their own lived experience and trying to make a  
1046 difference, they're using different means like podcasts, online videos, blogs, campaigns,  
1047 to really reach large audiences. They're advancing intimate citizenship and highlighting  
1048 exclusions. And look at the examples here for example, Annie Elainey has done YouTube  
1049 videos talking about her experience of coming out, or in her you know episodes on  
1050 YouTube Jessica Fozard has also talked about her experience of being a disabled lesbian  
1051 woman. So we see that there is work coming out from queer disabled people and I think  
1052 that's the coolest part.

1053 All right, so what I identified here today is a lot of different opportunities for us to talk  
1054 further today. So what I would suggest is that we need future studies that make space for  
1055 the rich array of sexualities and gender identities among the community. We need to take  
1056 an intersectional lens. We need to understand sexual stratification, how do queer disabled  
1057 people navigate, you know, sexual hierarchies in queer spaces. Service providers also need  
1058 to step up beyond heteronormative, cisgender centered practices and policies. Within  
1059 more inclusive sex positive spaces where LGBT people and youth can receive information  
1060 and supports. And lastly, we need to actually talk about pleasure. We shouldn't just you  
1061 know, talk about you know, sexual health and end there, right. So unplanned pregnancies  
1062 and sexual health, we need to talk about pleasure as well.

1063 Alright, I will stop there but I hope that I was able to raise some interesting topics that we  
1064 can talk a little bit more in detail today as a group.

1065 Thank you.



1066 **TRANSCRIPT- Let's Talk Disability and Sex Connection Day Event**

1067 **Talk Theme 3:** Multiple and converging identities

1068 **Speaker:** Mari (Dev) Ramsawakh

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1069

1070 Hi my name is Mari or Dev Ramsawakh, I use they/them pronouns.

1071 I am a brown person with short reddish pink hair, red glasses, wearing red lipstick, with  
1072 two nose piercings and my background has a rainbow flag behind me and some stickers  
1073 of some ghostly things.

1074 So hello, so I go by Dev, I am a disabled gender fluid, Indo-Caribbean neurodivergent and  
1075 queer person. And all of those identities are really important to me and all kind of impact  
1076 each other and that's sort of what I'm here to talk about today. And that is how all of  
1077 these identities can work together to affect how disabled youth are, or disabled people in  
1078 general, are impacted by our different identities, especially when it comes to accessing  
1079 sexual health resources and especially what it means to not be able to access those things.  
1080 I'm going to be drawing on a lot of my own personal experiences, as well as just things  
1081 I've noticed from people within my own personal community.

1082 So, as I mentioned, none of my identities can be separated from each other, my queerness  
1083 can't be separated from my disability, which can't be separated from my race, which can't  
1084 be separated from my neurodivergence or any of those things.

1085 For example being a racialized and disabled queer has really affected my ability to really  
1086 engage with the queer community whether it's because of accessibility reasons, whether  
1087 it's because of racism that I've experienced within the community. There is no way to  
1088 separate my identities and be like oh only this one thing impacts me in this way and  
1089 nothing, none of my other identities do.

1090 And so, in my experience what that has meant for me is that I haven't always been able  
1091 to access sexual education. Especially with regards to things like gender or really anything  
1092 that really reflects my own experiences and what would actually be important for me to  
1093 know.

1094 For example, in high school I wasn't actually able to access the more comprehensive sex-  
1095 ed (education) because it's actually connected to the phys-ed (physical education)  
1096 program in my curriculum or that's how it was when I was in school. And what that meant  
1097 was because I wasn't physically able to do the physical education, I wasn't able to take  
1098 phys-ed as a class in school.

1099 And because of that I wasn't able to access the sexual health courses, or any of the other  
1100 health courses that were connected to the phys-ed program. My guidance counselor  
1101 really didn't have any solutions for me and really just said that's something you should  
1102 look into outside of school. Even if I had gotten sex-ed because of my different identities,  
1103 I don't think the sex-ed that I would have gotten in school, would have been as valuable  
1104 to me anyways. I experience things like incontinence, I'm also, I also don't identify as male  
1105 or female, and I have other different physical needs and so queerness, gender identity,  
1106 and all of that weren't ever addressed in my sexual health education.

1107 And, so, I never really, it took me a long time to really feel comfortable in my skin, in my  
1108 body, and to know what it was like to feel comfortable in my body around other people.  
1109 I didn't feel as though I could be a sexual person because of my disability or I couldn't  
1110 really identify with my disability if I wanted to be considered a sexual person, especially a  
1111 queer person who isn't necessarily able to access party spaces, or the club scene, which is  
1112 a part, a huge part of the mainstream queer culture.

1113 And the reason that all of this is really important to talk about and really important to  
1114 address is because all of these identities also make me very vulnerable to a lot of different  
1115 issues that aren't discussed enough and especially with regards to the disabled  
1116 community as well as the other communities that I'm a part of.

1117 For example, I am actually a domestic violence survivor and I have gone through a lot of  
1118 sexual harm as well and when we're talking about identities it's important to talk about  
1119 how like- these very vulnerable situations, so there isn't a lot of information out there on  
1120 the complex intersections that I live in. There's no stats that I can draw to that will say  
1121 brown, disabled, neurodivergent, queer and trans individuals experience this much  
1122 violence. But, what we do know is that disabled women are 50 to 100% more likely to  
1123 experience intimate partner violence according to DAWN Canada (DisAbled Women's  
1124 Network Canada), compared to women without disabilities. And we also know that trans  
1125 individuals have like roughly I think the statistic that I found from VAWnet (VAWnet.org)  
1126 is that around half of trans individuals have experienced some type of sexual assault or  
1127 intimate partner violence in their lifetime. And for those trans individuals those numbers  
1128 are higher if you're also a trans person of colour. When you're taking all of that into  
1129 account these identities can put you in a very vulnerable position.

1130 For example, disabled women often have, aren't able to report their sexual assaults,  
1131 because the disability is so de-sexualized. It's always assumed that disabled women are  
1132 not having sex, regardless of whether or not that's consensual or not.

1133 So, but we know that, because of the barriers that disabled women face and disabled  
1134 people of all genders face, that they are at more risk because of things like not having  
1135 financial independence, not being able to leave their partners insurance, or not having  
1136 the ability to maintain their home without help from another partner. And those, and  
1137 when you put into account the self-esteem issues that a lot of trans people face, they may  
1138 not know that there are individuals who will treat them with love and care. And that can  
1139 be taken advantage of as well, and when you combine all of these things together, they  
1140 can really, really make people vulnerable to violence.

1141 So, it's really important that we take into account all of the different identities that people  
1142 have in order to address the issues that they have that are extraordinarily important and  
1143 necessary to talk about.

1144 And I think that is about all I have to say on that.

1145 Thank you all for listening and I hope that you took something from this experience and  
1146 were able to learn something from me.

1147 Thank you.