

Chapter Five (in *The Sexual Politics of Disability: Untold Desires*, Tom Shakespeare, Kath Gillespie-Sells & Dominic Davies (1996) Cassell, pp 121-152)

Five

Bad Sex

Introduction

In the last chapter, we covered positive aspects of sex and relationships. In this chapter, we will discuss some more difficult issues, ranging from areas where there is a debate over gender and power, to the whole issue of abuse. By discussing matters of contested sexual politics, such as pornography and prostitution, in the same chapter as matters of clear-cut sexual violence and abuse, we do not mean to conflate the two sets of issues. The relationships involved are distinct and different. However, the value of considering these matters together is that the power dynamics involved can be looked at as a whole. In many ways, we are dealing with a sexual continuum, in which people are objectified and disempowered to a varying degree. In order to highlight the particular and distinctive problems of abuse, we will divide the chapter into a first section which will consider various contested areas, and a second section which will focus on sexual abuse.

Contested Areas

In the previous chapter, we discussed the ways in which impairment impinged negatively on relationships, and made the point that disabled people often had bad experiences. However, it would be wrong to give the impression that disabled people were inevitably the victims of paternalism, infidelity, or sexual exploitation. Disabled people, just as non-disabled people, are capable of deception and less-than-perfect behaviour, especially men (Anon., 1990). Zebedee said:

'I have been married, had children and I am now divorced, but as I say I still have two girlfriends, two sexually active girlfriends at the moment, though neither of them knows, one of them doesn't know that the other is

a sexual partner if you see what I mean, so one is an open sexual partner, who goes with me to meetings and gatherings and that sort of thing, and when I go to places she goes to look after me at hotels and it is taken for granted that we are together. The other one is an undercover.'

Disabled people may be less powerful in general than non-disabled people, but some disabled people may be more powerful than others, and could be in a position to exploit others, including other disabled people. Charles told us:

'I lost my virginity aged seventeen, when I had sex with a girl who was about two years older than me, who was also disabled. In fact multiply impaired-like myself. I feel quite ashamed of the way I gained my first sexual encounter as ... I will call the girl Sharon ... Sharon was always having problems in class with work ... so I offered to help her, during breaktimes and after lunch in available free time ... I feel quite guilty, but I said to her ... only if you let me cuddle you then ... I would put my hand up her skirt, feel her vagina, or try to ... kiss her.'

In this first half of the chapter, the issues we will highlight are mainly about some disabled people acting in ways which potentially infringe the rights of others; in the second half of the chapter, we will discuss the ways in which disabled people experience clear-cut infringements of their sexual and personal rights.

Pornography

There is a highly contested debate about the politics of pornography within the feminist movement, polarized between those who see pornography as incitement to violence, or equivalent to violence, and those who criticize the sexism of pornography while defending freedom of speech and opposing censorship. Some disabled men use pornography, in the absence of other sexual outlets. There is some awareness within the disability community of the issue: for example, this disabled man was quoted in the problem page of *Disability Now*: 'I have never held a woman in my arms. The only sex I am going to get is from blue videos or sex magazines' (June 1992). Pornography is a good example of an area where defending the rights of disabled people to

sexual expression can conflict with the rights of other groups, such as women.

Considered as an access issue, the problem becomes more acute. Should disabled people have the same choices to purchase and consume pornography as other people in society? A radical civil rights position might argue that people with mobility impairment should be assisted to purchase pornography (as clearly happens in some cases), and people with visual impairment should have access to pornography in different formats, such as braille and tape. This anecdote from Neil illustrates the problem:

'I mean, there was a social worker, and she said to me "What would you say if one of my clients who is visually impaired came to me and asked could they use the reading machine to access pornography?", and I said "Well, I personally wouldn't choose to do that, but what right at the end of the day do I have to say to someone that they can't do that? I might want to enter into discussion and debate, argument, whatever [...]" but she said "What do you then say to a blind person who has been born blind and has absolutely no concept of what a woman's body looks like?" and I said "Well surely there must be better ways of describing what a woman's body looks like than having to access pornography?" [. ...] It would be like me sitting here listening to a programme about heroin, and saying "Oh that's interesting, maybe I better go and try that".

'It is a very, very, thorny one, but from a personal point of view, because I don't agree with pornography, then I wouldn't be happy if someone came into the Coalition saying they wanted to access our machine, but what would I do if they turned round and said "What about rights?" How do you answer that? It's about me imposing my viewpoint on him.'

As well as the issue about disabled people as consumers of pornography, there are issues about disabled people appearing in pornography. Below we discuss fetishism, and it is sometimes the case that disabled people are featured for voyeuristic reasons in sexual contexts. However, there was recently media coverage of a disabled woman who had been featured in the 'Readers' wives' section of a pornographic magazine

which appears less straightforwardly problematic. Kate O'Leary was quoted as saying (Udall, 1994):

I had been very vain and extremely extrovert before the accident. Men found this very appealing. I never went out specifically to get a man but I always wanted the flattery that male attention brought. Suddenly I was covered with scars and walking with crutches. I thought I had lost the ability to be attractive. I hated myself.

Her partner took nude photographs of her which won second prize in a competition, and she later posed for *Fiesta*. She talked about the 'enlightened' editor and photographer, and the benefits of posing: 'I am now a lot more confident about the way I look. I am no longer so embarrassed about having to use crutches and I have become almost proud of my scars' (Udall, 1994).

Again, it could be argued that it is progressive to extend the range of bodies featured in pornography. Alternatively, it might be suggested that this individual was exploited either to legitimate pornography or to titillate fetishistic voyeurs.

There are parallels to the arguments about women whose photographs appear nude in national newspapers: are they exercising their independent choice and economic rights, or are they contributing to the oppression of women as a whole? In the context of disability politics, the arguments become entwined with issues of civil rights, access, and the need to challenge stereotypical notions of normality and beauty. It is certainly the case that it is vital for the disability movement to break the silence and start debating these issues.

Fetishism

'I had some woman who asked me a while ago, what was sex like with a disabled person, I said it's just like sex with a non-disabled person, only ten times better. That was my way of answering them, I thought piss off. Because there's this kind of freak element, it's like, I wonder what it's

like doing it with a black person or whatever, it's that kind of thing. You're like a freak show, you're a novelty.' [Eddie]

Many disabled people find partners and lovers through contact advertisements in magazines such as *Disability Now*. A danger of such advertisements, and for a range of other contexts designed to enable disabled people to make sexual contact, is that some non-disabled people are seeking disabled partners for reasons which can only be described as exploitative.

Disability Now (May 1994) published a letter from someone who had experienced fetishists, also known as 'devotees' or 'hobbyists':

As an amputee, I have had the doubtful pleasure of knowing two such men. I was newly divorced after a long marriage with the only man I had ever slept with. So I was not only very vulnerable but very naive too and I ended up sleeping with him. I really thought he was interested in me, but the morning after, he was moody and seemed to regret the intimacy -once I even caught a look of distaste on his face.

The second man was developing a fetish for amputees. He carried photos of his former amputee girlfriend only showing the empty side of her skirt taken from a back view of her! He also carried a photo of her artificial leg. When I caught him taking a similar photo of me, from behind, that was it for the relationship. I find men are very devious in hiding their fetishes. We disabled women must be careful.

The problem page has also discussed other letters about people attracted to callipers (January 1994). Disabled people very commonly find themselves the focus of sexual interest from people who find their particular impairment titillating. Barbara Waxman writes in an American collection about this as an issue for women: 'We may be victims of fetishists, and how we handle that and the shame and guilt associated with that is an important issue. It's often hidden and not talked about' (Bullard and Knight, 1981: 104). Experiencing the attentions of fetishists may lead disabled people to distrust non-disabled people's motives.

The dividing line between fetishism and acceptable attraction needs to be discussed. The Freudian definition of fetishism involves the projection of sexual drives into objects: when these are high heels or stockings or other garments, then this does not necessarily involve harm to others, although it could be argued that a sexual relationship focused on clothing, rather than inter-personal intimacy, is rather shallow. However, where the fetish is focused on a particular body-form, then the person is being treated as an object, and this implies that the relationship is unequal and potentially oppressive: they become a means to the sexual gratification of others, rather than an equal partner and someone whose own pleasure is valued.

But it is often the case that sexual relationships involve a measure of objectification and fantasy, and this is not necessarily unhealthy. Moreover, most people have 'tastes': they are attracted to people who have blond hair or who are bearded, or who are a particular body shape. Gay contact ads are full of advertisers seeking lovers with moustaches, or men who are circumcised, or other specific features. The dividing line between acceptable preference and unhealthy obsession may not always be clear cut.

As well as sexual preferences, disabled people may also encounter people who are looking for someone to care for, as we have highlighted in the previous chapter. A gay man involved in our current research found that respondents to his personal advertisement in the gay press included men who wished to look after him. Just as with the sexual 'specialisms' discussed above, this seems a case of the non-disabled person objectifying the disabled person: they are of value not in themselves, but only in so far as they make the non-disabled person feel valued or important. Underlying such situations are unequal power relations, although again this could be said of many ordinary relationships too.

Perhaps a parallel could be drawn between these issues, and the popularity of sex tourism, where Western men go to South-East Asia looking for available women and children for sexual gratification, or the practice whereby Western men marry women from Asian or Pacific

countries, perhaps because supposedly 'submissive' and 'vulnerable' women are more satisfactory than more 'liberated' Westerners. Similar inequalities, and similar levels of objectification, may be involved in many cases.

Outsiders Club

The very name of the Outsiders Club could be considered alienating, that is if it is not mistaken for an organization for disabled ramblers. The name, like the club itself, evokes powerful reactions from many politicized disabled people (Rae, 1984). The club was founded in 1979 as a result of perceived need, especially that of disabled men to get laid. One of its founder members and the person strongly associated with the club is Tuppy Owens, a non-disabled woman who is committed to the club and firmly believes there is a need for Outsiders even in the more enlightened 1990s. She explains:

'Although it's easier for physically disabled people to socialize than it was when we began, basically, most "able-bodied" people still shun disabled people sexually, and especially when it comes to marriage. **It is** worse for disabled men than disabled women because men are still expected, in our society, to earn the money and look strong.'

Apart from assumptions reinforcing gender stereotypes, the concept of a club especially for disabled people feeds traditional ideas about segregated provision, even in relation to socializing and sex. The club is run by a management committee of democratically elected members, most of whom are disabled people, yet Tuppy states 'The club was founded by myself and I take overall responsibility'.

The club produces a *Practical Suggestions* guide which could be considered offensive and oppressive. Its content is based entirely on the medical model of disability and suggests that disabled people's problems are due to their impairments and not environmental, economic, or attitudinal factors. Section headings are based on members' problems (e.g., 'I suffer chronic pain') and solutions are offered which may cause offence such as: 'Cut down on pain killers and use anti-depressants instead. You may also be able to fantasise that someone else is causing

your pain and it is leading to something.' In 'I have a stutter, so conversing with people is difficult and I can't interest anyone romantically', the person is told not to blame their life failures on their stammer and that the most successful cure for a stammer is a happy relationship, so persevere! The book also suggests ways of describing yourself to non-disabled people that will apparently be more acceptable to them. Rather than saying 'I stutter' the 'gentle description' would be "'You'll notice I tend to repeat myself like a record needle stuck in a groove -just hit me if that happens". Or if you have a disfigured face you could say "I warn you; I've got a face like the back of a bus".' Although the book states that some 'aware disabled people' are critical of these descriptions, they are excused on the basis that most non-disabled people are ignorant and very put off by the idea of disability. Despite the possible advantages of winning non-disabled people's attention or interest, the descriptions seem an enormous price to pay for acceptance and must surely compound already low self-esteem. Another approach would be to educate the non-disabled world about the oppression of disabled people rather than finding ways, however demeaning, of making ourselves more acceptable.

Although lesbian and gay disabled people are mentioned, this seems an uncomfortable afterthought, rather than an intention to include lesbians and gay men in the Club. There is no mention of the concerns of black disabled people but 'obviously, anyone expressing prejudice against disability and people who were racist, should not be allowed to join'. However that is where the political correctness ends, as 'the physically disabled people felt it was very important, for them, that people with learning difficulties should not be included, as it would be assumed that members were "brainless" as well as physically disabled'. Thus a deliberate policy to exclude people with learning difficulties is practised. This policy says much more about the inadequacies of those who exclude than those who are excluded.

There are more positive parts of 'Practical tips' which address 'over protective parents', lack of privacy in institutional settings, and encouragement to attempt independent living. However, the message throughout is clear: relationship difficulties or sexual problems are due to individual inadequacy and negative attitude toward one's impairment.

According to 'Practical tips' a positive attitude, playing down one's physical problems and perhaps a change of medication, is the answer for disabled people's acceptance. The grinding institutional oppression of disabled people by a society that refuses to take into account their needs, hopes, and aspirations seems to have been overlooked.

Penny Boot has provided us with this account of her experiences 'In the Club':

'Some twelve years ago, a relative of my best friend Jane found a mention of the Outsiders Club in a women's magazine. It was described as an "open" club with no restriction on membership, with disabled people particularly encouraged to join. It sounded like one of those "socializing" clubs -not a dating agency as such, but somewhere you could meet people you might find interesting and attractive enough to form a relationship with. Jane and I were about nineteen, and if I may be so bold, keen to bite fully into the sexual cherry. Our experiences to date had been intermittent -frustratingly short and abusive, one-off incidents that did little more than make us feel humiliated and used. We knew what we wanted: sex, and lots of it. We were young and horny, aware of what we had to offer. But looking back on it, we were easy tender meat offered up on a ready plate for the greedy to devour.

'We joined the Outsiders Club, and before we drew breath our eagerness, our sexy-punk image and our apparent lack of inhibition took us right up there with the high-fliers: Tuppy Owens took us quickly and very personally under her wing. Problem number one: Tuppy - sincere and genuine in all her intentions, I am sure - completely failed to see how naive we really were, more in need of her guidance than too much encouragement towards unconsidered sexual adventuring. Suddenly we're doing the Outsiders magazine (I think Jane did number one and I did number two), going to the main London activities. ..and picking through the membership booklet hopefully for ready and willing men. Problem number two: the men themselves.

'Overall I would say that disabled men were not the main problem. It was non-disabled men, with weird behavioural problems (quite frankly, perverts) who expected you to have fully penetrative "ordinary" sex with

them -at first meeting. I felt it was Tuppy's own freewheeling sexual personality that unwittingly misled the male members into this idea it was a club for "swingers". And so the problems became apparent. ... I had so many men ringing up once my own name went in the membership book, it was incredible. Ninety per cent were little more than sexual harassers: "Can I spunk over your surgery scars, that's my thing?" This kind of request would be made on the first call! Often these men had the idea that disabled women needed "servicing", and they were right there to offer it. Sometimes, amongst the sleazy pigs, you would find someone quite genuine, who wanted to give his "services" with a sincere belief it would help you somehow, and give you confidence.

'What made matters worse was that I felt (and still do feel) that there was a tiny element of truth in this belief. As a disabled woman, I was caught up in the vicious circle that until I was accepted openly as a sexual being I had no confidence in myself and my identity: however, these kinds of encounters merely exacerbated my feelings of low self-worth because I knew I was actually being exploited. Of course, what I truly wanted was a fully rounded respectful sexual relationship, but I was too ingenuous to fully realize this, and, to begin with, the more casual sexual encounters I had within the Outsiders, ironically the more confident I became. I can see something of a dilemma in this now, and have to say, in all honesty, that it was the fact that I did get a chance to have sexual encounters I chose to involve myself in, that encouraged my positive sexual identity to grow. Perhaps this can be said to be one of the few constructive aspects of a group like the Outsiders.

'Strange to say, it was an encounter with a disabled man that shook the beginnings of deeper sense into me. I was having a good time, was starting to realize the strength of my sexual identity, when this man revealed he was married: he didn't want us to end, but he had no intention of telling his wife. It took quite some time for this choice information to creep out of him. I was much too immature for such complication and knew I had to get out quickly. Somewhat bruised from this incident, I became more wary and cynical. The perverts were still around, despite the efforts of Tuppy to encourage more respectful behaviour towards women. I had endless discussions with calliper, splint, crutch, and scar fetishists. As long as it was phone contact only, I

became perversely fascinated. Some men, I eventually realized, would be masturbating while talking to me -even if the conversation wasn't remotely sexual. As can be imagined, it became an increasingly dispiriting organization to be involved with, and did nothing to improve my sinking opinion of men. I started to feel that I would never be valued as a whole person. I was just a "thing" to be abused ("serviced"), and that was all I should expect -and be grateful for -as a disabled woman.

'The last straw came when I went to one of the Outsiders "adult" parties. The evening started off well, with lots of interesting attention and a generally enjoyable time. But then I was literally cornered by a middle-aged, sixtyish, overbearing man who would not be dissuaded to leave me alone. I left the party around 3 a.m. with my friend Jane, escaping into a bleak December night via a taxi Tuppy had called for us. I was rather drunk and very vulnerable: tottering out pushing my wheelchair, this man sexually assaulted me when I found I was trapped between going back into the quiet entrance doorway or down a narrow alley with him. I blanked the experience as it occurred -pretended it wasn't me this revolting thing was happening to. In fact, it is only with hindsight that I realize it is classifiable as a sexual assault: maybe my own naiveté in this instance meant it was a less damaging experience than it could have been. The awful truth I can see now, is that given the opportunity I believe this man would have raped me.

I simply distanced myself from the Outsiders after this, and it wasn't long before I met, in a totally "natural" situation, the man who is now my partner. The idea of the Outsiders was - still is - laudable. But I believe Tuppy's background led to many confusions. I believe her "open" membership policy was literal, hence the attraction for those men with the more extreme and, I maintain with conviction, anti-social, non-respectful fetishes. The stance taken was truly "non-moral". This was a very positive thing when it came to sexual orientation: I'm afraid I was a terrible fag-hag in the Outsiders -all the deeply attractive, considerate men I lusted after were nearly always gay!

'Tuppy I know had worked in the soft porn industry, she did the *Sex Maniacs Diary* (which in those days even included paedophile contact clubs) and had a whole background in the "swingers" scene. I think she

honestly believed that if a disabled person released their sexual energies -with any convenient individual to hand -they would be an immediately happy, confident person. When you consider how vulnerable we may feel as disabled people, oppressed by negative imagery everywhere~ our body-image and self-worth often made very fragile by the medical profession (in which we are abused as "specimens"), it is no surprise to me that many people were shocked and hurt to encounter the extremes within the Outsiders Club. Freewheeling, casual polysexuality may appeal to a number of disabled people, as it will to any defined group, but it will not be of interest to all disabled people. This, I feel, was the intrinsic problem of the Outsiders Club: it tried to be too much for too many different types of people.'

It has been said elsewhere that the disability movement has done little to address the sexual needs and rights of disabled people, and, until this happens, disabled people looking for relationships and sex may well find 'special' disabled people's dating agencies and the Outsiders the only apparent solution. As disabled people we need to demand our sexual rights. Sexual identity and sexual expression should be on the agenda when discussing our total inclusion as equal members of society. We must be explicit about our rights to relationships, parenting, and sexual freedom and demonstrate how anti-discrimination legislation will enable us to obtain these rights.

Surrogacy

The issue of sexual surrogacy, that is, paid sex workers who are prepared to have sex with disabled people, is highly controversial. Unlike unpaid lovers or partners, surrogates are supposed to require 'special' training to have sex with disabled people. Sexual surrogacy suggests that disabled people cannot have sex that is not medicalized and 'institutionalized' and provided as a service like home care or physiotherapy. Tuppy Owens is keen to see a sexual surrogacy service established in Britain and is bringing 'prostitutes, sex workers and professionals together' to facilitate it happening.

Stichting Alternatieve Relatiebemiddeling (SAR) is the surrogate therapy service in the Netherlands, featured in the BBC TV programme

Sex and Independence. ...What a Revelation? (12 January 1993). One of the surrogates has been quoted in *Disability Now* (May 1993: 28):

We give our services to men and women -hetero and homosexual. ...They [men] have an outlet for their sexual feelings and this gives them more pleasure in life and less stress. The wish to have a real love relationship stays, but for many disabled people this may be too difficult. So we provide a substitute. After their first experience, if this is a success, they mostly feel less 'disabled' and more man! If an orgasm is not possible, we give them affection, hug and caress them, and give them the pleasure that they can get from our body, like seeing it and feeling it naked. The men who never had a sexual experience are mostly frustrated by this and the frustration cannot be talked away -it only grows bigger and bigger over the years.

Currently, surrogacy is not usually available in Britain, with the exception of one medical practitioner who advocates and provides it.

It is suggested that surrogacy is not the same as prostitution, because it has a therapeutic element. Like other forms of sex therapy, it enables people who have no sexual experience, or who have sexual problems, to gain confidence and experience which could later enable them to initiate and maintain more straightforward sexual relationships. It is therefore a means to an end, rather than an end in itself. Unlike a prostitute, the surrogate is paid not to give sexual gratification -i.e. an orgasm -but to aid a person to express and develop their sexuality.

Whilst it could be argued that this is the only way that some disabled people will ever experience sex, there are also criticisms of the idea. Surrogacy places disabled people's sexuality in the medical arena alongside nursing or physiotherapy, where sex workers require 'special' training to engage in sexual activity with a disabled person. It reinforces the medical model of disability and ignores institutional oppression and societal barriers, which are the root causes of imposed celibacy.

Sexual surrogacy can always be validated while disabled people are viewed as lesser beings. For those in relationships with non-disabled people there is an assumption that problems are inevitable. As Kit puts it:

‘It is accepted that she [her lover] is going to be unhappy in this relationship because as a disabled person I am deficient in some way.’

Like non-disabled people there are disabled people who experience sexual dysfunction. There are some disabled people for whom sex is different because of impairment, and some disabled people require assistance with sex. However, dependence on sexual surrogacy may be counterproductive and assumes the disabled person is not able to find their own solution. It may serve to reinforce feelings of inadequacy and difference and suggest that this is the only sexual experience available to disabled people.

Stuart has strong feelings about surrogacy:

‘I mean, look at things like surrogacy, surrogate therapy which happens in Holland and other countries where there are people who are paid to have sex with people, they are not prostitutes but their role is to be sexual partners with people who cannot get them. If we just sit and look at sex and sexuality without looking at terms of love and relationship formation, it's a very, very, negative thing. Surely the principal, the most important thing in a relationship is the quality of that relationship and the sexual part is a very, very, small aspect of any good relationship. [...]

‘The idea that they can be fulfilling is crap, because anybody knows that generally when you are in a relationship that you build, you evolve your sexual compatibility with each other, that's when you really begin to enjoy sex. I think the surrogacy idea in Holland is just crap because the real issue is allowing disabled people to get into society, to grow up with non-disabled people and be educated, the real issue is about equality. Because, we will always be different but if your difference is accepted by society in general, then it's not an obstacle.’

Stuart has muscular dystrophy and is one of the stereotypical disabled people that surrogacy would be aimed at.

Surrogacy, like clubs and dating agencies for disabled people, may be something of an answer in the short term. However, ultimately society needs to change, to be more inclusive of its disabled members, ensuring status and equal participation. Sexual surrogacy results in debates about morals, legislation, 'special skills' of sex workers, and so on. It also places disabled people's sexuality in a category alongside their housing, employment or transport needs, and negates our emotional, psychological and sexual needs as if we were somehow alien and inherently different from non-disabled people. Our sexual rights should be removed from this medical model or service provision arena and considered alongside the more profound concerns of reproductive rights, abortion, parenting and eugenics.

Prostitution

Discussion in the previous section shows that surrogacy and prostitution can be easily conflated, and it is a matter of opinion as to the distinction. Those who oppose surrogacy often do so because they also oppose prostitution: feminists have argued that prostitution involves exploitation of women and oppressive power relations, although, just as with pornography, there are also arguments that it is a legitimate commercial activity and that women actually can be more powerful in the encounter.

As with pornography, disabled men often resort to prostitution, in the absence of other sexual outlets: the problem page of *Disability Now* has had correspondents who write about visiting prostitutes: 'I masturbate regularly and have books galore with female figures. When I have been to a city, I have always sought the services of a prostitute, but of course there is no love involved. I am, therefore, still lonely' (June 1992). In our research, there were few references to prostitution. A lesbian woman talked about the changes she would like to happen:

'To set up a special prostitution service for disability people, I agree for a call for decriminalization of prostitution.'

One gay man had experienced paid sex in Australia, and had found it a positive and self-affirming encounter. It is possible to argue that the main problem with prostitution is that it is usually also about illegality, and sexual violence, and abuse. More equal and progressive environments could be imagined, and in this particular case have been created, where paid sex is a viable option. Without the emotional involvement, however, it would always seem an inferior experience to non-commercial sexual relations, although there are many people who are happily involved in sex which is just as lacking in emotion and intimacy, especially gay men.

The reality of contemporary prostitution, however, is summed up in Stuart's comments:

'I think [...] disabled men who use prostitutes ignore the reason why in the past women were forced into prostitution, they ignore the social reasons which force women to do that, and I think anybody who puts themselves in that situation by ignoring that fact is being irresponsible, and to be honest they are encouraging it, they are encouraging social conditions that allow that to happen. But at the same time a lot of disabled men say "Well, if we don't use a prostitute, if we don't use dating services we won't have a sexual life", now that might be true but that is not a reason for reinforcing another person's oppression.'

Sexual abuse

In recent years, the extent of physical and sexual abuse experienced by disabled people has become clear. This ranges from harassment all the way through to sexual violence and rape. Disabled people experience the same violations as non-disabled people: for example, deaf people are sexually harassed by nuisance callers who send obscene or malicious messages by minicom (textphones). The problem is significant enough for British Telecom to set up a special minicom line as part of their Malicious Calls Bureau (Disability Now, February 1995:6). However, disabled people are often more vulnerable because they are disempowered.

In our research for this book, we decided not to prompt respondents to talk about abuse, or probe into this area of their lives. This was not because we did not feel abuse is a critical and important issue, but because we did not have the resources to research appropriately around this topic. We were aware of other research work pursuing these themes, and we felt unprepared, because of a lack of time and a lack of expertise to investigate abuse. Despite this, our respondents themselves put their experience of abuse on the agenda and, largely unprompted, disclosed their experiences. We were shocked and appalled by the frequency of abuse in the lives of disabled people we talked to. The experience of the SHE project researchers is that 48 percent of women had experienced sexual abuse: we found similar levels of abuse reported, by both men and women. Below we will reproduce a selection of comments made to us in this research, which we will not comment on specifically. In the general discussion that follows, we draw on the existing literature on sexual abuse of disabled women and men, adults and children.

'I have had sexual harassment from two different men which took the form of unwanted touching in sexual parts and trying to force me against my will to have sexual intercourse. They tried to threaten me if I didn't surrender but I managed to overcome their efforts successfully.'
[Veronica]

'I was sexually abused by a man when I was a teenager. This experience confused me as much as frightened me.' [Anon., gay man]

'I had a boss in British Telecom who made me strip to my panties whenever he called me into his office. This was very humiliating and partially caused my illness and retirement from work.' [Elizabeth]

'I met this guy who was drunk and he wanted to take me home with him. He was about forty and he said he wanted to spank me. I said why? I just didn't understand, didn't know that was an aspect of sexuality, and he said well you've not done it before so let's just kiss. I said all right then, and he took me to one of the basement rooms. It was a music room and so all that was in there was a piano. So we lay under the piano and were kissing and that. He was so drunk that in the end he just passed out and fell asleep. So I was lying there and suddenly this door opened, some

new people came in, three guys came into the room and raped me. ...I think I didn't realize it was rape. I thought that was sex and I thought the pain of what they did was sex. This has affected me since, because since then I can never have sex that way, I get this sense of overwhelming panic and I can't breathe. So even now that part of my sexuality has been destroyed and I don't want to have sex that way.' [Jeremy]

'When I think about myself as a sexual being and having a disability there are two strands to it, one is about having a disability and the other strand is about previous experience of sexual abuse as a child and the two seem to go together and create what I think are enormous difficulties in my relationship. Because the disability side is very much about what I can and can't do in bed, if you like, but so is the abuse because one of the things sometimes is that when we are becoming intimate, or for instance just kissing, I'll maybe just not be able to breathe or I'll start having flashbacks which is extremely distressing for both of us, so I think it's something that has thrown a real "whammy" into the works. Because there's my disability overlaid on it as well as these past abuse experiences that come up and I dissociate.' [Ruth]

'But the way that they treated me was a very cruel world, it was a very small cruel world, I'm not talking about general society, I'm talking about within this enclosed society, it was a very small enclosed society, the deaf world, the teachers, the staff, they treated the deaf children badly, lots of things were taboo, with the teachers, they kept us away from things, the frustration, sexuality, it went on, we needed to know but we weren't told. ..I was about nine, that's how it started, the influence of sex, and it was really a crisis time, there was cruelty, it wasn't clear to say that it was my choice that I would be a gay, it wasn't developing either, it was sort of influenced on to me. ...Looking back now I really didn't have a choice what I really want to do, I had nothing to aim for, it destroyed me, that was it, I had that sexual play, yes that happened to me and other people, so it wasn't really what I wanted or developed in myself, my own sexuality, it was just presented to me, sexuality, so that's how it was, it was influenced on to me, that destroyed me then, so completely destroyed me, all my sexuality, I felt as though I'm nothing, there I was with no love, no sexuality, and all these pressures on me.' [Phillipe]

'I was sexually abused when aged six. It often happened, if I tried to resist I was hit very hard. Even these days I still have nightmares.'
[Mark]

'As a child I was sexually abused by my grandfather and a "friend" of the family. Later, as a married and cohabiting woman I was emotionally and sexually abused and raped by my "boyfriend" and "husband". I am not a lesbian because I have been abused. I have always known I was a lesbian, but circumstances - being disabled, living in a small community, being dependent - meant that my sexuality came out and was supported only after I was part of a community that supported me.' [Pauline]

'I was emotionally and sexually abused by one of my lesbian partners (and emotionally abused by another of them). I was mildly sexually harassed by a man once.' [Zorah]

TS: Why do you think that people with learning difficulties experience sexual abuse more than others?

Paul: Because they can't fight back

Andy: Because they're vulnerable.

'From the age fourteen to sixteen, I was sexually abused in boarding school by male members of staff, both care staff and the school doctor. This abuse was horrific, it involved satanic abuse and affected me for life, I am still not over it.' [Gay man with learning difficulty]

While to many people it may seem unthinkable that disabled people should face abuse, it is quite clear that both children and adults face a disproportionate level of physical and sexual abuse. Studies have found a variety of risk factors involved. Typical suggestions are of a double likelihood of having survived abuse. Deaf people and people with learning difficulties are particularly subject to such exploitation. Helen Westcott's research for NSPCC reviews much of the available literature and reinforces these findings (Westcott, 1993).

Abuse of children is very likely to come from known people. A significant minority of boys experience abuse, and abuse has been

shown to come from both men and women. Child sexual abuse should be seen in the wider context, both of other forms of abuse but also of abuse persisting into or originating in adulthood. For disabled people, abuse may be normalized. For example, David Thompson has researched changing behaviour of men with learning difficulties and discovered abusive relations prevailing in this specific adult context (Thompson, 1994).

There is a debate to be had about levels of disclosure, and about availability of research into this area; however, it is clear that higher levels of abuse are evidenced. Here we will look at some of the factors involved. Merry Cross, a disabled activist in this area, has written (1994: 163):

'Do you really expect us to believe that anyone could want to have sex with a smelly shitty child like you?' If a (defence) lawyer can speak this way to a disabled child in the witness box at their abuse trial, where can we turn to block out the din?

'This is probably part of some rare syndrome.' If a doctor can write this on the case notes of a disabled girl on whose body he has just noted anal and vaginal tearing and bruising, where can we go to heal our wounds?

We are not suggesting that disability causes abuse. Disabled people are the same as other people. We do not have special needs, we have the same needs. Disabled children do not experience special abuse, they experience the same abuse. Because of the social context, and the social opportunity, they may experience quantitatively more abuse. As Cross (1994: 165) writes:

There are the ones who are chosen because they cannot speak of the horror. There are the ones who are chosen because they cannot run away, and there is nowhere to run. There are the ones who are chosen because their very lives depend on not fighting back. There are the ones who are chosen because there is no one for them to tell. There are the ones who are chosen because no one has even taught them the words. There are the

ones who are chosen because society chooses to believe that, after all, they don't really have any sexuality, so it can't hurt them.

In the rest of this section, we highlight some of the issues which make disabled people more vulnerable to abuse: these we will typify as communication, institutionalization, dependency, insecurity, invasion, assumption and justification.

First, there is the vulnerability that comes from being unable to communicate what is happening, or what has happened. This means that intervention and prevention may be forestalled, and it also means that abusers will be more likely to choose such a person to abuse. By communication, we are not referring just to communication impairments but also to the fact that disabled people may be less likely to be believed. Assumptions, which we will explore later, may cause denial and disbelief on the part of carers and guardians. A blind woman in Westcott's study (1993: 18) said:

I don't think it occurred to people that it would happen to a disabled child, and I think that was very marked in that my sister's abuse was investigated but it just didn't occur to anybody to ask me, and I was powerless to say I mean I was in the room sometimes when they'd be talking and I just couldn't say anything for fear of getting slapped or whatever after.

Another woman said: 'She chose me ...probably because I had no one else, probably she knew I wouldn't tell anybody' (Westcott, 1993: 19). But of course, these issues of communication and belief are exacerbated in certain situations. These are instances where special barriers to communication exist, and where staff or carers are unable to respond to signals of distress. Disabled people may not share communication systems with adults or non-disabled workers, which may preclude effective disclosure, or disabled people may lack the vocabulary to describe their experiences. Thus all statistics suggest that two groups of disabled people are particularly likely to experience abuse, namely people with learning difficulties and deaf people. Those who have no speech are among the most vulnerable targets of abuse. A further point

relates to the possibility of disclosure. A range of vocal behaviours is taken as indicative of prior experience of abuse. These may include behaviours -such as inappropriate sexual display masturbation - which, in the case of people with learning difficulties for example, are explained by carers or staff as normal and typical, and are not problematized as symptomatic of abuse.

Disabled people are more likely to live in segregated situations, and to be institutionalized. Quite clearly, this cannot be taken for granted, but has to be understood in the context of government and local government policy, and the provision which is made for integrating disabled children. Deaf children and children with learning difficulties are particularly likely to be educated in residential setting. Institutionalization has been analysed by a variety of writers, from Goffman onwards, and we are familiar with the consequences of such contexts. For example, depersonalization; lack of autonomy and choice, lack of communication with the outside world. Institutions, whether boarding schools, prisons, or residential homes, are places where bullying and intimidation take place more than they do in the outside world. There is more opportunity for victimization, and, given the regimes of power which normally persist, hierarchies and pecking orders contribute to the vulnerability of the youngest, or the lowest, the most impaired. It is essential to realize that we are talking not just about the abuse of disabled people by staff, carers, ancillary staff, and so forth, we are talking also about the abuse of disabled people by disabled people.

A review of the American literature on the institutional abuse of children suggests this is endemic and suggests (Hardikker, 1994: 258):

for example, care workers may use unacceptable forms of restraint, by overmedicalising, or over-feeding children; programmes may abuse children by providing inadequate supervision, monitoring and quality control; systems may abuse by allowing children to 'drift' into care or by failing to monitor the number of changes in placement they experience; society abuses children in care by failing to formulate coherent philosophies, policies and procedures regarding the purposes of care.

This aspect of disabled people's experience adds to the wider calls for institutionalization to be abandoned, and for resourced and supported independent living to be made a reality for disabled people in Britain. Sally French's research on women who had attended one residential special school reinforces this message (French, 1996).

Disabled people may be more reliant on others for various physical tasks or social activities. Disabled people may be weaker, and less able to defend themselves physically or run away. Disabled people may be medicated or drugged or even unconscious. Disabled people may need to be bathed, clothed, toileted, and may need to take taxis or have personal assistance to travel. These factors may contribute to the vulnerability of disabled people. Disabled people may have a variety of carers, because of institutionalization, fostering, respite care, or other processes, and no stable family context. One study found an average staff turnover of 32.8 per cent in public residential facilities and 54.2 per cent in private facilities in the United States (quoted in Sobsey and Doe, There may be no access to independent income, or income may be as to prevent security. Children with disabilities have been shown to be much more likely to be sexually abused by a surrogate carer than non-disabled children are (Kelly, 1992: 164).

It is important to stress the difference between physical dependency and social dependency. Reliance on others is not necessarily about dependence. Access to services delivered as of right, or the financial independence to employ one's own carers, can ensure high levels of social independence, despite low levels of physical independence. In current contexts, however, lack of social and physical independence may make disabled people more vulnerable, and may reduce the likelihood of them making complaint or disclosing abuse, especially when abuse is coming from a carer or worker. Many disabled survivors of abuse have kept silence because of the fear of repercussions, which are more critical for those who are institutionalized or dependent.

Disabled people are used to having their privacy and their physical space invaded. This happens as a result of institutionalization, happens as a result of infantilization, it happens as a consequence of physical

dependency and inappropriate caring interventions, and happens as a result of medical examination and treatment. Many people have talked about the way they were paraded naked in front of medical students or other doctors; prodded and pushed and humiliated. One woman with polio linked her frequent hospitalizations as a child to her vulnerability to abuse (Westcott, 1993: 17):

The medical experiences I had made me very vulnerable to being abused it just seemed the same as everything else that had been done to me, so I wasn't able to discriminate. ..there's no way you can say no to what a doctor does to you, they just damn well do it when you're a kid. you don't have any choice about it. ... What the doctors did, they lifted up my night-dress, they poked here and they pushed here without asking me, without doing anything, but in front of a load of other people it was absolutely no different. I didn't say no to any doctor, the porter actually was to me doing absolutely nothing different at all that every doctor or nurse had ever done.

This quotation shows that the process of medical examination is deep invasive, and disabled people are not considered to be bothered about this. Talcott Parsons (1951) suggested that the sick role enables doctors to ask personal questions and make intimate examinations without embarrassment or other problems. In fact, evidence reveals the medical encounter as a power relationship with oppressive repercussions. The coldness and formality, the lack of privacy, the objectification of the patient, the lack of communication, and the voyeurism constitute a form of violation, not a legitimate procedure. This state of affairs can undermine a disabled person's feeling of ownership and of the body. One woman with a progressive impairment told us:

'The more disabled I get, the more my body becomes public property. It is no longer under my control. I must accept intimate help and often lack of privacy if my physical needs are to be met.'

Theresia Degener asks 'If a child has never been allowed to say "no" to being touched by doctors, nurses or even parents, how can we expect the

child, or later the woman, to resist a sexual attack?' (Degener, 1992: 154).

Given the lack of autonomy and the perpetually threatened integrity of the body, disabled people are often used to switching off, and disassociating themselves from what is happening to the rest of the body. Painful medical interventions or humiliating treatment leave a legacy of distance and absence from the body. Therapy and surgery may produce negative feelings about one's body. We are not arguing that this makes abuse any easier to deal with. We are arguing that abuse is part of a continuum of oppressive physical and interactional invasion, and that disabled people are socialized into passivity and co-operation. Disabled people are objectified, rather than being seen as people in their own right.

There is an assumption in our society that disabled people, especially those who have high levels of physical dependency or who cannot communicate, are less than human. Social policy has revealed over and over again that institutions and day centres are more like warehouses than welcoming environments. Colin Barnes's book on day care was called *The Cabbage Syndrome* to highlight this experience. There is another assumption, which feeds into the justifications discussed below, which is that disabled people are not harmed by abuse, that it is less damaging, or that it does not matter. This may influence the likelihood of experiencing abuse, and it may influence the response to abuse on the part of professionals. 'Disabled children are patronised and devalued when it is presumed that no one would ever abuse them or it is claimed that, because of their primary and secondary impairments, they do not suffer from the consequences of any abuse which occurs' (Hardikker, 1994: 262). Theresia Degener suggests that: 'Disabled women's reports of childhood abuse and rape are much more likely to be assumed to be the products of their fantasies' (1992: 153). She also draws attention to the fact, discussed above, that disabled people are assumed not to have sexuality, and to be incapable of sustaining a sexual relationship, or else that their sex life is animal-like and brutish.

A range of justifications build on these assumptions. For example there is the idea that any sexual contact is better than nothing, and the disabled

people will not have the opportunity of sexual activity in another context. Abusers have been able to justify their treatment, disabled people on the grounds that they were doing them a favour, and that no one else would want to have normal sexual contact. There is wider explanation for abuse of disabled people, in terms of the fear and hatred that non-disabled society has for disabled people. There is tendency to hate those who are perceived as weak; to oppress those who are threatening; to pick on the underdog. Those without social power or those who are insecure prey on other people whom they perceive inferior to them, and replicate their powerlessness and hurt on these lesser, victims.

Sexual abuse of children should be seen in the wider context of multiple forms of abuse against all disabled people. This approach is essential if we are to gather an accurate picture of the experiences of disabled boys and girls, men and women. While specific services are therapeutic interventions may be essential to deal with the individual harm resulting for abuse of disabled children and adults, the key to ending this hidden damage lies in the empowerment of disabled people the recognition of disabled people as a minority group with equal rights and the full integration of disabled people in society (see Westcott and Cross, 1996, for further discussion of abuse).

Conclusion

We make no apologies for discussing the abuse of disabled people at some length, because it has such an influence on disabled people's experience of sex. We do not want to construct disabled people as victims, however. The people we spoke to were survivors, many of whom had found fulfilment and partnership. Others were still coming to terms, and many were lonely and damaged. The problems the disabled people face, as in this case, are so often about society, not about our bodies. Our respondents were clear about the principle which enables sexual experience to be positive and fulfilling:

‘It’s important to be comfortable with what you are doing and not feel pressured into taking part with something you don’t wish to do.’

‘Sex is about equality (not abuse).’

‘It’s ok not to want sex.’

Selma

I lost my sight due to meningitis at the age of four. My whole family was in mourning for several months as a result of this 'tragedy'. It was thought especially tragic because of my being a girl. If I had been a boy, it would not be 'half as bad', as on reaching marriageable age they could find a woman to look after me and I would have been 'all right'. My being a girl meant that I was a burden on the family for the rest of their lives, for no man was going to want me. Especially as I would not be able to fulfil my role of keeping a home and bearing children (how could I -I was blind). Whereas, it was thought that a blind man can still fulfil the role of being a husband and a father so long as he had a wife to look after him. Women are still expected to be the carers in a relationship, and therefore would be happy to marry a disabled man, but not the other way round.

Throughout my childhood in India, talks around my future and what was to become of me were commonplace between family and neighbours. They would say 'What a shameful pity, and she is so pretty too. ..' This was as if it was a total waste my being pretty, as my disability meant that I was no good for any man. I was pretty. My hair was twice as thick and half as long again as any other girl in the village. But all this 'prettiness' had to be hidden. My grandfather was very strict and he would not let a single hair of my head be exposed to the naked eye. I had to cover my head all day and every day with a big scarf.

On reaching puberty, when I became aware of my sexuality and the need to attract boys, I knew, indeed I had been reminded over and over again, that no boy was going to be interested in me. The normal practice in the village was that marriages were arranged, usually the boy's family approached the girl's family for her hand in marriage. This was not going to happen for me. What I did was to daydream about a boy being so madly in love with me that he would overlook my blindness. In fact, my dreams revolved around one particular boy in the village, as I liked his voice and he always spoke to me and asked me how I was every time I came out of hospital. The spells I had in hospital were attempts to make my eyes 'better'. However, my attempts to attract this boy were always thwarted as I had the cheapest and tattiest clothes out of all the girls, and

I was not allowed to follow any fashion or show any hair of my head. The other girls wore the latest fashion designer clothes in silky material and wore their hair in the latest film-star style. Anyway, this did not stop me from daydreaming about Nazir and I believe he really liked me, as he always took the opportunity to speak to me, especially if there were no adults around.

On starting my periods, my grandfather and father debated whether to have me sterilized, but they decided that it would not be a good idea, because perhaps, if they were lucky and I was lucky, they might be able to marry me off to a man who is already married but his wife cannot bear children, and he might have me just to bear children for him whilst still keeping his 'proper' wife for his other uses and pleasures. My feelings were not considered in any of this. I just happened to hear this second-hand from my kind neighbour who always was very good to me. There was very little privacy, and things about me particularly were common knowledge between the neighbours.

While I was daydreaming of my knight in shining armour rescuing me from a life of emotional deprivation, my half-brother, who was several years older than me, was taking advantage of me. He would always call me to his room on some pretext, promise to give me some trinket or toy (as I had no toys at all apart from one doll which he had brought me) and he would get me to stroke his willy. I hated it. It repulsed me so much that I used to feel sick. On one occasion he caught me just as I was going to the loo and tried to penetrate my anus: my grandfather caught us and I got a right beating and he was cautioned.

In England, several years later, after I had finished my degree, my grandfather told me that they were looking for someone to marry me and he said 'We can't promise anything, but we think we may be able to find a boy who is soft in the head because he won't mind having you'. That day I cried so much that my head ached, and I skipped all the meals. I just wanted to die. Usually, the men in the family did not talk to their daughters about anything intimate and the fact that my grandfather spoke to me about my marriage in this way, I felt so degraded and so hurt and embarrassed and ashamed. It was usually done through the older women in the family who would coax and persuade the daughter over such

delicate matters as who she was going to marry. Still, nobody could understand why I was so upset. I felt totally alone and rejected in the world.

When they met the man who I am now married to through my own choice, they called him a 'half-wit' because they thought how else could he have chosen her? In fact, I had to leave home and cut all ties, because I was very frightened about their reaction to my having been with a man that I chose for myself. Now I have no contact with my family, and as far as they are concerned, I am dead or I never existed.

I did not go to a school in India, but after coming to England I was allowed to go to school and college, which thankfully were away from home and meant staying there during term times. My sisters were not allowed to pursue their educational aspirations beyond sixteen because of the danger of their getting tangled with a boy and bringing shame on the family. I was allowed out of the protected womb of the family only because it was thought that I had no sexual desires and that no man was going to want me anyway.

They were wrong. I did have boyfriends. In fact, I had to keep it a guarded secret because of my father finding out and terminating my education. I had several relationships which were all very traumatic because of the sorts of men they were, but I was desperate for love and emotional fulfilment because I had been so emotionally rejected by my family.

My first boyfriend was a Nigerian man who was also blind. He was sex mad, and as I found out later, he had several girlfriends on the go at once. The only reason why he was interested in me was because I was a virgin. As I learnt later from other women who he had been with, he got a special kick out of going with virgins. At that time, I was still very traditional and did not believe in sex before marriage. I told him this, and I thought he would understand as he was a Muslim too. I was raped by him. Even after this, I was so glad to have someone who wanted me that I continued in that relationship, even though I was not happy with how I was treated. He would come and see me, have sex and then go off, making excuses about homework, but I knew that he was going to see

other women. Then I did not know anything about safe sex and contraception. Soon I was pregnant. This was a disaster of all disasters. I thought my life had come to an end. I had just begun to do my A levels, and getting pregnant meant that if my father found out he would either kill me, or shut me up in the cellar for good and starve me to death. Actually, I think now that he would have just disowned me, and not said anything to anyone about what had happened to me.

Luckily, by the grace of God, I had just turned eighteen which meant that I could ask the college not to inform my parents about my predicament. In fact, the college was well used to girls getting pregnant and they always arranged for them to have an abortion. I was very naïve, I knew nothing about what options I had, if any. The college arranged for me to have an abortion. I felt so guilty. Even now I cannot put my feelings into words. I just felt so devastated. How could I destroy a baby? Another life? I was being very evil, and I would never be forgiven by God. Even now, I still think about how old my child would have been if it had been allowed to live, and what he/she would be doing. I feel that as a punishment I am never going to be able to have any children again. Worse still, the stigma of having an abortion stayed with me for the rest of my three years there. The white girls had abortions and nobody knew but their closest friends and it was soon forgotten about. With me, it was the talk of the college and passed on as common knowledge to the new students who joined the college, so that any new friends I made were informed of my wicked past.

After that, I had a Pakistani boyfriend who mistakenly thought that I had 'big tits and wanted to show me off to his mates. How this happened was that, when he came to look around the college, I was asked to show him around as the only Asian woman there. So I had to guide him with him holding on to my arm. I was holding my arm as far back as I could, but with the back of his hand he thought he was able to gauge the size of my breasts, which with the arm being at the back felt like long pointed breasts. All this I know because he told me after our relationship had begun.

Again, I was desperate to have someone to love me and fulfil that emotional need in me. I didn't want a sexual relationship, but he would

not accept no for an answer, and again I was raped. This relationship lasted for two years, the rest of my time at that college. Sex with him was awful. I really felt sore and dry and I didn't even find him attractive physically, but he fulfilled my emotional need of being loved. He wanted me to pack in my studies to marry him. He was doing business studies and I was doing A levels, which to him was not acceptable, because as a woman I should be subservient to him, not better educationally. He thought that I should go and live in Pakistan and look after his parents while he stayed in England and studied law. On the day before my A-level exams he asked me to burn all my books, as a way of showing him I loved him. If I did not, he would walk out of my life, never to see me or speak to me again. I was torn between my hopes and dreams of a career and academic achievement, and the wish to find myself a husband so that I could show my family I was not a burden on them. Luckily, I decided to carry on with my A levels, as the prospect of being free from one family to be tied and subservient to another did not seem that great.

My dream then came true. I always wanted to have a sighted Asian boyfriend to prove to my family that a 'normal' man would and does love me. This was in the days before I became politically aware of issues around disability and the disability movement. This sighted boyfriend found me very attractive and he flaunted me to his friends. We had a great sex life too: it was the first time ever that I had enjoyed having sex. He was oversexed. Once, I was staying with a friend in Leicester and he drove all the way from Birmingham in the middle of the night to see me for a couple of hours. He brought his friend with him, another man. And while his friend sat outside in the car waiting for him, he wanted to have sex with me in my friend's living room. I would not let him. I thought it was betraying my friend's trust, and what if she or her husband came in, or his friend? As he couldn't get what he had come for, he started turning his attention to my disability. He had me sitting in his lap and holding me in his arms, looking in my face adoringly, he said 'When are you going to be able to see into my eyes and see the love I have for you?' This was a stab in my heart, romantic as it was. I felt that he missed looking into my eyes, and indeed, I felt I missed out on this important side of love-making. I couldn't help it, I just felt so emotional. Here was a man whom I dreamed of for so long and thought it was beyond my

reach, and now that I had him and he loved me so much, I couldn't give him everything he needed and wished for, to be able to look at me in the eyes and see himself there and the love for him. He said 'What are you crying for, you look awful?'

I never saw him after that. We spoke on the telephone every evening for a couple more weeks, but I had just started at university to do my degree. He was a waiter in an Asian restaurant, and although he never asked me to give up my studies, I think he was thinking about our different status and my disability getting in the way with his family and friends. So one night, during our telephone conversation, he said to me 'You are surrounded by men there who want you, take your pick, you won't want me'. I said 'No, that is not true, I only want you, just trust me, I will not do anything to betray you'. But he kept bringing this up every evening, and gradually his phone calls became shorter and less frequent and when I phoned for him his fellow workers would pretend he wasn't there, but I knew we was but just avoiding me.

So the relationship ended, and once more I was alone, but this time even more so, because I was the only disabled person among five thousand non-disabled students which was very isolating, as well as the pain of having something and losing it. It was even more painful now that I knew it was possible for a sighted man to love me, and in fact they found me very attractive. Strangely enough, he kept phoning me every now and then. Because every time I phoned him I was always told he wasn't there, and yet he kept phoning me periodically during my three years at university. Now I think that he did like me a lot, and he had trouble forgetting me, but he was under pressure from his friends to give me up. After all, 'What will your family think of you going out with a blind woman?' and 'What's wrong with our Bengali women? There are plenty of them who are beautiful and you won't get any trouble from them, they will stay at home and look after you.' These are the hints that I picked up on our occasional conversations on the phone, but I was too naïve in those days to understand their full meaning. In the end, he went to Bangladesh to get married. He even phoned me after he came back from being married.

At university, there was an Asian boy on my course who was very friendly with me and I liked him a lot. He would come to see me about eight in the evening, and often stay until one or two in the morning. We got on like a house on fire. But he did not want me as a lover because of my disability. He would never admit it because he was studying 'race' relations and thought himself to be very liberal, but I am certain that it was my disability that got in the way. How else could you explain the fact that he spent more time with me than any other girls, and we made each other laugh and we talked about everything, and I know he looked at me at times in a very appealing way? I could tell he found me very attractive and I knew that he was struggling with his emotions when I brought up the subject of being lovers. It was then that I started to think that perhaps my family did have a point and that my disability would always be a barrier between me and a man.

After coming to Britain, my first school was a boarding school for the blind. For those of us who lived near enough to go home every weekend, we had a minibus pick us up on Friday evening and bring us back again on Sunday evening. I was sexually abused by the driver of the minibus. He was white and late-middle-aged. All the children were visually impaired. He would have me sitting behind his seat where he could reach his hand to me. He fingered me on every trip all the way there and back and he had me touching his willy too. I remember feeling very uncomfortable and thinking, what if the others find out what is happening, they will tell on me, and I will get into trouble with my father and be withdrawn from the school and then what will happen me? I also worried that someone on the road would see me feeling his willy. I was too naive and starved of love which I didn't get from my family, and I was too powerless to stop it. I remember once he dropped all the other children off first at the school and then tried to find a deserted spot somewhere in the school grounds so that he could love me 'properly' as he put it. I was really terrified at this as I thought someone was bound to see us, and I would get into trouble with my father, and started crying and saying I felt sick. I think he too was a little scared someone finding out, so he said 'We'd better not as I can't find anywhere safe enough'. He died shortly after this from a heart attack and I remember feeling a mixture of guilt and a great sense of relief the same time. I enjoy being a woman, and various men have always told me how attractive I am, but I

also know that my disability, especially with some men, always stops them from getting involved with me. As one disabled man, a vicar who is a colleague in the equal opportunities said recently said to me, 'It is very important to a man to have an attractive woman as his partner and one who isn't disabled in some way, because it is a question of pride for him as men compete with each other for the prettiest woman on their arm. It is damaging to a man's pride to have a woman who isn't perfect.' Women are sexual objects to boost the men's ego as ornaments of his masculine pride, and disabled women are flawed objects and as such must be content to gather dust in some hidden corner of the shelf, where they will do no damage to the pride of the collectors of pretty ornaments, men.