9 Sexual liberation of disabled people

Voluntary sex services by Hand Angels

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9.1 Introduction

Sexuality of disabled people has been a taboo topic in social work practice and society. The disability rights movement in the West has made a significant impact on ensuring the sexual rights of the disabled, which social work practice in the Chinese community can no longer neglect. Sex volunteers for the disabled provide an option for disabled people to exercise their sexual rights and promote better life-fulfilment as adults. This article reviews the narratives of service users and the sex volunteers in Taiwan in the hope of understanding the lived experiences, challenges, and impacts of sex volunteering for disabled people. Understanding the experiences of disabled people and sex volunteers provides insights and the ground to explore future social work practice.

9.3 Background information

Sexuality has become a buzzword in the disability rights movement and academia in the western world since the late 1980s. Sexual liberation implies autonomy that allows disabled people to make independent and informed decisions. This exercise of autonomy is the cornerstone of human rights (Appel 2010). Instead of studying the sexuality of disabled people only from a biomedical perspective, disability-sexuality research became more robust as the researchers deepened their understanding of sexual development, sexual lives, challenges, and barriers faced by disabled people as well as the concept of sexuality that recognizes flexibility and authenticity (Campbell 2017). The disability rights movement that emerged in the West did not only fight against sexual stigmatization against people with all forms of disabilities but also fought for sexual and body autonomy by advocating for sex assistance, sex accessibility, inclusive dating environments, as well as branding themselves as sexually advantaged (Campbell 2017).

Activists from the West and Japan legitimized commercial sex services as sexual liberation for disabled people when pushing for domestic policy reform. Kim (2010) criticized that these sex trades were merely a “release” of sexual desires of the disabled and reinforced the dominant culture of relegating disabled people out of the realm of sex. Such practice sees the sexuality of disabled people as “a problem” to be solved instead of acknowledging their sexual

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agency and the subculture of the disability community; they over-simplified the sexual shaming and downplayed the oppression against disabled people manifested in government policies, cultural, environmental, and structural marginalizing practices (Kim 2010). Besides, such services reinforced heteronormative sexuality rather than valuing different sexual expressions and non-dominant sexual experiences of people with disabled bodies. These sex trades thus reinforced sexual stigmatization against disabled people instead of recognizing their sexuality in their own words and did not help with fighting against the de-sexualization and devaluing of their bodies. Also, these sex practices may not apply to the Chinese community due to the historical, cultural, and legislative contexts. Furthermore, these services failed to show how they could have positive impacts on recognizing the sexuality of individuals with disabilities as well as achieving social changes towards equality (Kim 2010).

The sexuality of disabled individuals is still a taboo among people with all forms of disabilities, their family members, helping professionals, and society in general (Shakespeare 2014). According to a systematic review of the sexual expression of disabled people, the lived experiences of sexuality of disabled people are under-researched. Besides, most of the existing studies focused on heterosexuality and were done in western communities (Campbell 2017). Research on disability and sexuality is traditionally dominated by the medical profession where sexuality of the disabled is pathologized and understood as displaced and "fetishized" (Campbell 2017). Based on this understanding of sexuality, disabled people are projected as having damaged and undesirable bodies. Besides, the hierarchy in the research process is clear, where medical professionals have full control of the research, and the lived experiences of disabled people are neglected. Disabled people often feel they are alienated "from the product of research, from the research process, from other research subjects, and from one's self" (Morris 1992). Although more and more studies on disability are emerging to explore different dimensions of disability, researchers still prioritize issues concerning the public sphere such as employment and accessibility, rather than personal and intimate issues (Campbell 2017). Researchers have attributed such prioritization to the taboo around sex in the disability community and the feeling of embarrassment among researchers and helping professions in discussing such issues with disabled people. However, such neglect implies how sexuality is deeply embedded in the oppression as well as in our knowledge and support for disabled people (Campbell 2017).

From the perspective of social work, Kim (2010) described the de-sexualizing practices in institutional settings where sexual desires and behaviours of disabled people are disciplined. These institutions pre-emptively exclude all sorts of recognition of the gender identity and sexual agency of disabled people. This deliberated exclusion of sexual elements is taken as the most straightforward solution and was employed as a service protocol (Kim 2010). Also, sexuality is usually absent in the discussion in pursuance of equal rights for disabled people, which often included the right to education, right to health, and other civil rights. Sexuality is framed as a problem that requires interventions, and there is no room for disabled people to make meaning of their own sexual experiences. Such discourse is also gendered in the sense that it does not only deny the sexual capacity and needs of men with disabilities but also portrays women with disabilities as vulnerable subjects prone to sexual exploitation (Kim 2010). De-sexualization thus poses significant barriers for disabled people to explore their sexuality and for their family members, helping professionals, and researchers to fully understand and respect their sexuality.

In the Taiwan community, the sexuality of disabled people came to public attention when Hand Angels, a non-governmental organization aiming to advocate for the sexual rights of disabled people, started to provide free voluntary sex services for disabled people regardless of their body conditions and sexual orientation. In Taiwan, sexual transaction is illegal except in "red-light districts." As for Hand Angels, their volunteer service is legal as it does not involve any form of transaction. All volunteers and members of Hand Angels have clear guidelines to avoid any forms of transaction. Legal advice is pursued when necessary. Hand Angels often receive criticism for providing unethical service and is branded as a different form of prostitution from different disciplines like education, rehabilitation, and religion as well as the general public. Although voluntary sex services are not widely available and are socially controversial, Hand Angels constantly conducts projects and organizes events, such as sex-positive parties,[1] photo exhibitions, and workshops on gender identity and body positivity, to break the taboo around the sexuality of disabled people and assist them to explore their sexuality. However, the sexuality of disabled people, as well as the impact of voluntary sex services, has not been studied. For this reason, this article aims to review the experience of service users with disabilities and how their experience affects their sexuality.

9.3 Methodology

To gain a better understanding of the lived experience of service users, the testimonies of service users have been selected. These testimonies are from service users to report and evaluate the whole process of service from 1) application process; 2) pre-interviews with disabled liaison volunteers; 3) preparation for service; 4) provision of service; 5) post-service reflections. No written guidelines or references are provided to service users on how to write a review. It is not compulsory for service users to review all five phases of service. Service users have full freedom to write as much as they wish on computers or via smartphones.

With service users' consent, Hand Angels posted the original version of the testimonies on its website for public view. There were 23 posts written by disabled people up to November 2018. Of these, 22 posts were selected for analysis (there were 21 service users, and one wrote two posts as he received service twice, see Table 9.1). Only one out of 23 posts was excluded, as the narrator was declined service since he was aged 16.

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[1] Sex-positive parties refers to social events that reinforce positive attitude and expressions towards sex and body in diversity.

Table 9.1 Basic profile of service users

	Name (pseudonym)	*Type of Disability*	*Sex*	*Sexual Orientation*	*Post Date (yyyy-mm-dd)*
C1	Tea	Physically Disabled	Male	Heterosexual	2018-11-15
C2	Explorer	Visually Impaired	Male	Heterosexual	2018-08-10
C3	BlackJack	Visually Impaired	Male	Undisclosed	2018-03-21
C4	Blackie	Physically Disabled	Male	Homosexual	2018-02-06
C5	Hillbilly	Physically Disabled	Male	Heterosexual	2017-09-27
C6	Old K	Physically Disabled	Male	Heterosexual	2017-09-07
C7	SKY	Physically Disabled	Male	Heterosexual	2017-08-13
C8	Jieming	Visually Impaired	Male	Heterosexual	2017-06-21
C9	Xiǎo zhé	Physically and Mentally Disabled	Male	Heterosexual	2017-06-21
C10	Ahle	Physically Disabled	Male	Heterosexual	2017-04-06
C11	Beauty	Physically Disabled	Female	Heterosexual	2016-10-10
C12	Ahyong	Physically Disabled	Male	Heterosexual	2016-03-09
C13	Xiaoshuai	Physically Disabled	Male	Homosexual	2016-08-10
C14	Xiaogao	Physically Disabled	Male	Homosexual	2016-01-06
C15	Xiaolong	Physically Disabled	Male	Homosexual	2016-04-29
C16	Xiaotian	Physically Disabled	Male	Homosexual	2016-03-16
C17	Xianxian	Visually Impaired	Male	Heterosexual	2016-02-15
C18	Youth Bird	Physically Disabled	Male	Heterosexual	2015-07-21
C19	Little Prince	Physically Disabled	Male	Heterosexual	2015-02-21
C20	ND	Physically Disabled	Male	Homosexual	2014-11-04
C21	Steven	Physically Disabled	Male	Homosexual	2014-03-29
C22	Steven	Physically Disabled	Male	Homosexual	2014-03-29

As commonly used in qualitative studies and empirical research, this paper uses thematic content analysis, where themes emerge from the raw data other than being imposed by the researcher. Themes are developed based on tendencies, occurrences, as well as patterns that fit the aim of this study. Patterns that emerged from data can also be used to identify sub-themes in the coding process (Carey 2013).

The transcripts were analyzed and coded using thematic content analysis, as suggested by Saldaña (2016). In the first coding cycle, testimonies were broken down and separated into code segments. In this cycle, *vivo*, process and initial coding were conducted in the second coding cycle. The focus was to compare and re-organize the codes into categories as well as prioritize them so that axial coding and selective coding could be processed. For axial coding, the descriptive codes were clustered into groups of relevant categories. For selective coding, these categories were organized into common themes.

9.4 Results

As mentioned above, testimonies were analyzed according to the five phases of Hand Angels' service provision: 1) application process; 2) pre-interviews with disabled liaison volunteers; 3) preparation for service; 4) provision of service; 5) post-service reflections.

9.4.1 Phase 1 application

Most of the informants expressed their sexual desires and fantasies in this phase. The majority showed their lack of sexual experience in terms of sexual arousal and orgasm. Informants with muscular dystrophy, cerebral palsy, or other mobility challenges often reported painful body experiences such as during stretching exercises in physiotherapy or exhaustion and fatigue during masturbation or using sex toys. For an informant with spinal cord injury, body experience – particularly sexual experience – was a mystery to him:

> I have spinal cord injury, and the lower part of my body is paralyzed. I don't have feelings about my sex organs, and I would not even have erections as normal people do… I feel very unfamiliar with my body, particularly when it comes to sex. I am not clear what I want to pursue sex.
>
> — Little Prince, spinal cord injury

Service users usually started by explaining their motivations to apply for the service. Their obstacles in taking up gender roles, particularly in their adulthood, are closely connected to their perceptions of stigma and discourses in society. They perceived that society is only concerned about their welfare but neglects their basic needs of sexuality.

> I am often warned that "since you can't see, you must study hard. If you date a person and do not see a future, don't be reckless because it is unethical to others."
>
> — Xianxian, visually impaired

They tended to have rigid gender stereotypes, primarily learned from parents and media that men should be heroic and women should be sexually appealing. However, they would describe themselves as incompetent or incomplete men/women due to their disabilities.

> In my reckless teenage years, I aspired to become a heroic explorer. I dreamed of riding a tall, handsome steed to challenge the highest peak of the world. I would become a real man that makes other men feel ashamed and makes all women blush. However, I lost the light and became a man good for nothing and abandoned by dreams. I have no dignity nor freedom. No matter where I go, I need to beg for help… whenever I think about it, I always feel sad, and I just can't be myself.
>
> — Explorer, visually impaired

Both male and female service users expressed their guilt in having sexual desires and applying for the sex service. For physically disabled informants, some said they were treated with no respect for their privacy since they required intensive care from family members.

> I did think of getting my personal space at home. Although my family provided me with a room, it is only a private room in the name. My family always interfere with my personal life in the name of caring. Even I am courageous enough to bring someone home, and I couldn't lock my door. I don't know how I could explain why I bring a man to my room. Moreover, I can't tell my parents that I am gay. Facing these challenges, I don't know what enjoyable sex is. The word "sex" to me is an unreachable luxury.
>
> — ND, physically disabled

Many service users shared that they would watch muted pornography to keep it a secret from the family. Some informants expressed that they had a minimal opportunity to interact with others for courtship. They shared their experience in being rejected by ex-partners and sex workers. Also, due to lack of privacy, they often encountered numerous embarrassing scenarios, which made them anxious about sex.

> There was an incident that occurred when I was young. My mother caught me masturbating in my room. Since then, I moved to the toilet (when I masturbated). However, maybe because I did not clean up properly after

> masturbation, the toilet smelled strange, and my sister refused to use the toilet for a long time. Since then, I became extremely fearful of my sexuality. I dare not to have a positive attitude about sex. I even tried to suppress myself and not to let people know the other side of me.
>
> — Jieming, visually impaired

Although informants were aware that their curiosity and desires for sex were forbidden, they considered that media coverage of Hand Angels indicated a change in social culture in recognizing their sexual needs. This cultural change was evident as some informants pointed out they were introduced to Hand Angels by their significant others, signifying a more accepting attitude towards the sexual needs of disabled people. This change has motivated informants to explore opportunities to approach Hand Angels. Some of them shared their concerns before submitting the application, for example, to be exposed to their family members. However, there were cases in which family members and friends showed acceptance and acknowledged informants' needs, giving informants the courage and approval to proceed with their applications. An informant shared his experience in seeking consent from his sister:

> How am I going to tell my sister? If I say it directly, I will definitely be scolded furiously. I typed a long text and was struggling with whether I should send her the message for days. I worried that she would see me being abnormal or watching too much pornography, so I decided to cautiously check her views by asking, "did you watch the news about Hand Angels?" She said, "so you want to try?" After I sent her the long message, she replied, "it's normal, I don't see you as a pervert. It is your instinct given by nature." At last, I was relieved as she promised to keep it confidential about my application.
>
> — Youth Bird, physically disabled

9.4.2 Phase 2 pre-interview

In this phase, disabled volunteers serve as mentors to prepare service users before receiving the service. Volunteers and service users are free to exchange their experiences, share their desires and fantasies, as well as discuss their difficulties and concerns. Informants agreed that talking with disabled volunteers was empowering. Constant communication with disabled volunteers over months not only helped informants understand the purpose and procedure of sex services but also helped them develop an in-depth self-reflection of their attitudes towards sex as well as establish realistic expectations of sexual relationships.

> Over a few months of constant telephone conversations with volunteers from Hand Angels, they gained a better understanding of how my body works. We also had a lot of in-depth discussions on sex and my attitude towards sex, which is taboo in our daily life. After several telephone

> conversations, we came up with a date to meet up for service. Before we met, I was nervous. However, thanks to the conversations we had for months, I was not afraid.
>
> — Little Prince, spinal cord injury

In this phase, disabled volunteers serve as mentors to assist service users in exploring their sexual fantasies and interests. They also provide alternatives and solutions for service users to tackle their challenges, such as moving to the bed, dressing, and other preparation.

> As usual, I arrived at the hotel earlier than our appointment. When I saw the volunteer team, I was so nervous. There were about six to seven volunteers to transfer me to the bed. The liaison volunteer came to my bed for a briefing and interview. They helped me take off my pants and closed the door. I was alone waiting for my sex volunteer.
>
> — Old K, physical disabled

9.4.3 Phase 3 preparation for service

Informants received practical assistance from liaisons and supporting volunteers on the day of the sex services. Service users with mobility challenges shared their experience of being moved to the bed and getting undressed with the help of volunteers. Since some service users depended on caregivers to prepare them to leave home, some asked for escort services from home to hotel or other practical assistance to tackle their challenges:

> Who knows why my domestic helper insisted and refused to put on my shoes for me that morning while I was going out. I was so excited for the day, but all hopes were dashed to pieces. How come something like this would happen? After telling Steven (a disabled volunteer), he helped me turn the tables. Then a group of us marched to the train station from my home.
>
> — Hillbilly, physically disabled

Informants expressed how volunteers prepared a relaxing service environment by providing aroma oil, clean towels, playing their favourite songs and pornographies. Some of them had difficulties in purchasing sex toys, outfits, or other items for sex, and their volunteers assisted them to buy. Also, some of them required specific assistance in the preparation process:

> I headed to Room 520 in a hotel. While two female volunteers assisted me in the shower, I asked one of them, “can you touch my vagina? I want to feel where it is.” She put her index finger into my vagina for about one centimetre deep; I felt the finger was huge. It was uncomfortable and

> painful, but I didn't tell her as I just wanted to make sure I know where my vagina was. After the shower, the volunteers helped me to put on sexy lingerie, which was my first time, and it was purchased by the volunteers. It was a red thong and a bra with stripes. It was kimono-styled with colorful flowers on it that looked jubilant.
>
> — Beauty, physically disabled

After laying service users in bed, liaison volunteers usually had a final "chat" with the service users to make sure they were ready. Such discussion helped service users lower their anxiety and feel more assured and prepared before the sex volunteers entered.

9.4.4 Phase 4 provision of service

9.4.4.1 Equal relationship and interaction with sex volunteers

Sexual interactions involved in the service included undressing, cleaning up, caressing, massaging, hugging, kissing, handjobs, or oral sex. Not all service users had the same standard sequence of sexual interactions as they would communicate with sex volunteers and follow their paces. They felt the relationship was open and safe. They emphasized a sense of equal relationship by expressing how they sought consent from each other as well as providing options to negotiate.

> It was my first time having a sex volunteer for sexual liberation. I used the communication board to communicate with the beautiful volunteer. She encouraged me to speak slowly, and she would understand. I asked if I could touch her breasts. She said, yes! "But you need to tell jokes or tell me your stories." So, I immediately agreed and started talking about my stories in the twenty years of my life.
>
> — Sky, physically disabled

9.4.4.2 Feeling accepted by sex volunteers

Service users expressed the importance of small talk at the beginning of the service. One important thing is that service users felt they were accepted despite their disfigured bodies and disabilities.

> The sex volunteer first sat in front of me. We started to chat to get to know each other. Actually, it was extremely awkward for two strangers to do a handjob in 90 minutes. So, we kept chatting and talking for one hour until I dared to face my "little le" (i.e. his penis). Finally, I decided to take my penis out. It was the first time to experience sex in the last two years.
>
> – Ahle, physically disabled

9.4.4.3 Positive sex experience

Service users reported that they had a positive experience in sex by interacting with sex volunteers. A majority of service users stated it was their first experience, while some found it different compared to their previous experience. They described that the experience was beautiful and therapeutic.

> When she wanted to help me masturbate, I stopped her and asked if we could slow down. This is because of my previous experience that a lady left immediately after helping me masturbate. I was scared, and the shadow remained. She asked me not to be afraid and promised me that she would be here with me for one and a half hour.
>
> — Xiaolong, physically disabled

> You gave me a new experience and a new definition of sexuality. Yes, sex is unbelievably good and beautiful… it was you who swallow up all my deep-hidden unhappiness, loneliness and sadness. You did not only satisfy my physical needs; you also emptied all the sadness in my heart.
>
> — ND, physically disabled

Intimate interactions did not only satisfy their sexual needs, but it was a spiritual journey of self-exploration and acceptance.

> Today, I felt I had both spiritual growth and physical satisfaction.
>
> — Ahle, physically disabled

> I, physically and mentally challenged, had a girl willing to lean on my shoulder. She was a sweet and kind girl. Her every movement on me baptized my soul.
>
> — Xiaozhe, physically disabled

> Despite the physical comfort, the emotional warmth nearly made me cry. The needs lying deep in my heart were being accounted for and respected. We were not doing a sex service; it was life counselling.
>
> — Xianxian, visually impaired

9.4.5 Phase 5 post-service reflections

9.4.5.1 A belated coming-of-age ceremony

Although all service users are adults and some are middle-aged, they claimed that such experience was a “real” ritual of entering adulthood. From their point of view, such experience was a symbol of adulthood which they should have had much earlier. Some named such experiences as an essential milestone of life while some regretted such late accomplishment.

> I shouted with joy, "Dad, Mom, I made it! (In Taiwanese Hokkien)"
>
> — Explorer, visually impaired

> I didn't even know where the vagina was. I touched a naked man and a penis for the first time. I made an application to fulfil my sexual dream. I was angry with myself. Why was I obsessively yearning with fantasies until I reached 45 years old to get them realized? Compared to ordinary women, I was late for 25 years. Why? I was speechless.
>
> — Beauty, physically disabled

9.4.5.2 Recognition of self

Most service users expressed how they were sexually oppressed during the communication stage with liaison volunteers, but their belief and acceptance about their sexual desires became more assertive after such sex experience. Instead of feeling guilty and shameful, they felt no shame in pursuing pleasant experiences to continue living positively.

> So… I have entirely wallowed in the sex that I have never experienced all my life. The experience was incredible and beautiful. I wonder if that was the kind of caress most people have enjoyed. Such thought triggered a sense of sadness in my heart. Why have I never had such an experience for the past two decades? When most people regard sex as a basic matter like eating and drinking, I could only suppress my impulses and desires in the dark corner? It's so unfair. Why is a disabled person like me not allowed to enjoy sex? We are disabled and humans too. We are not gods. I have dreams, emotions and desires too.
>
> — ND, physically disabled

> I want to say that the sexuality of people with physical disabilities is being neglected. It doesn't mean that those who are severely disabled do not need sex. To me, sex is a way to relax, and we should feel ashamed. I think adequate use of sex can help us relieve pressure and make us shine in daily life.
>
> — Blackie, physically disabled

9.4.5.3 Making changes in life

The majority of service users shared their changes in attitude on sexuality, particularly those who saw their sexual orientation as a taboo in the past. With their experience in sex, they were eager to share and encourage their disabled peers to step up and strive for their own happiness.

> I took a break for a couple of days and collected my thoughts after the experience. I did not have much expectation on love, but suddenly I

> anticipate – I wish, one day, I can speak aloud that I like boys and will find someone that I will declare my love to out loud. Hand in hand, we will spend every day together, may it be days with hardship, joy or sorrow. Even if I cannot find him, I will not be afraid as I still have Hand Angels. I will make good use of my two left chances for the service and use it in the moment of solitude when comfort is most needed.
>
> — ND, physically disabled

> Apart from education and vocational training for people with visual impairments like us, we need genuine experience in intimate relationships. This time, I learned that true sex requires mutual respect and interaction. I was freed from the shackles. In the future, I will be more honest about my needs. I have a better understanding of women's bodies. I will stop thinking of breaking laws to explore sex.
>
> — Xianxian, visually impaired

> Individuals with physical disabilities also desire sex. However, in such a conservative society, the sexuality of disabled people like us are deprived. It doesn't mean we did not want it. We need resources for sex services and hope this service would be recognized, supported and accepted. We all have positive mindsets. We don't have to be ashamed of sex. A bad attitude is as pathetic as no empathy.
>
> — Steven, physically disabled

9.5 Discussion and reflections on social work practice in the future

9.5.1 Needs assessment: reconstructing the sexual identity of disabled people

Based on the result of the analysis, disabled people tend to hide their sexuality to avoid demonstrating socially undesirable behaviours. However, they are clear about their suppressed needs.

Goffman describes social life as a theatre with front and back stages where one transits between stages, putting on and off different characters and symbols (Jacobsen and Kristiansen 2015). On the front stage, people play the role of social actors and make adjustments in their performances according to the social norms and interactions with other actors in a drama. These everyday-life actors, including themselves and their significant others, reciprocally create impressions of each other and construct a sketch of self from others' attitudes and interactions, according to the "looking-glass self" theory (Jacobsen and Kristiansen 2015). People understand their own identity by mirroring how they perceive their significant others see them. We use particular frames and symbols to present ourselves, interact with others, and make meanings of our experience and the world. For example, disabled people have specific frames, verbal and non-verbal symbols to interact with their caregivers and others. These frames and symbols are composed of their specific use of words, behaviours, and the way they present their disabilities in front of the "audience."

On the other hand, caregivers and other people attempt to create an image of the disabled by reading and interpreting this information, and thus constructing a "sketch" identity of the disabled based on their impression. However, the interaction between the "actor" and the "audience" does not stop here. Disabled people will take this "sketch identity" into account and adjust their frames and symbols in their next "performance." And the interactions go on.

Referring to the experience of disabled people, they play their social roles – such as sick people who need care at home, students with special needs, and trainees at vocational centres and workplaces – according to their interactions with significant others and social norms. In their perceived reality, they acknowledge that their family members, caregivers, and the society view their sexuality as taboo. They have learned that their social roles are limited to "children" at home, students in schools, and users of services provided by non-governmental organizations. Any sexual expressions or symbols would be judged and "punished" by their significant others. They assume that others would interpret their sexual desires as "perversions." Disabled people imagine others seeing and judging them, and in response to the perceived judgement, they feel stripped of the freedom to express their sexuality freely. However, media coverage of Hand Angels is an important indicator signalling the attitude of the "audience." As they consider that society is more open to their sexuality, they would explore opportunities to negotiate for a new role on the front stage.

Backstage, the self can withdraw from social roles and interactions so that the person has space to plan, rehearse, and evaluate for the next play. The self can take time to reflect and manage the impression it wishes to project before the audience in the hope of achieving individual or social goals (Nunkoosing and Haydon-Laurelut 2012). We constantly interact with reality in the hope of interpreting and (re)defining it (Jackson and Hogg 2010).

For disabled people, they are aware that they are chained in the rigid social scripts at the front stage. Backstage, they have space to explore opportunities to express themselves differently in the next play. For this reason, applying to Hand Angels is an initiative to seek a chance to start a new drama/story in their life. The whole process of sex service has provided opportunities for them to plan with their disabled peers and interact with sex volunteers as a rehearsal for future plays as well as an evaluation of the new play. Based on what they gain from sex service, they formulate a new identity as a social actor which they can play with their significant others in the future.

9.5.2 Theoretical model: understanding relational approach instead of the social model

Under the social model, the sexuality of disabled people is understood as being oppressed by the social system and norms. Due to the lack of accessibility to social spaces for adults, disabled people do not have many opportunities to date or interact with others for courtship.

Although sex is to some extent a taboo in Asian communities, sexuality is the core of self-acceptance as well as acceptance by others as a mature and independent individual in the community. While the majority of people have legitimate and natural urges to pursue a mature identity to be a sexual partner or spouse, disabled people have been excluded not because they are asexual or sexually passive, but because they are not being encouraged, as the sexuality of disabled people is socially constructed as threats and risks. In terms of awareness, unlike most non-disabled peers who have better access to media, fashion, and social events from schools and communities, disabled people mostly adopt their parents' attitudes to build their value system and identity. As a result, they are often disqualified from taking "conventional adult roles" (Addlakha 2007).

Vaidya (2015) points out that disability is often viewed negatively as karma or punishment on their parents and family members in some cultures and historical contexts. The stigma has led to a sense of inferiority and low self-esteem, which is internalized by disabled people, particularly by women with disabilities. Women with disabilities are viewed as biologically defective and inadequate caregivers of their offspring as they would probably be in need of care themselves. They are regarded as incapable mothers and undesirable sexual partners, and this attitude has led to the denial of consensual sexual relationships and equal responsibilities for child-raising for them (Vaidya 2015). As a result, they are often controlled to avoid risks of them being sexually active.

Shakespeare (2014) suggests a holistic, relational approach to understanding disability as an interaction between individuals and the structural dimensions instead of only focusing on the impact of social disadvantages. In the individual aspect, the nature and severity of one's disabilities and impairments are crucial to their experience and attitudes. Their attitudes towards their disabilities serve as a lens to interpret their growth and lived experiences. Their personalities and abilities are essential factors as well as their values and beliefs in formulating how they perceive things and act in daily life. Based on the testimonies from Hand Angels' service users, the nature and severity of their disabilities is one factor affecting their understanding and exploration of sexuality. For example, muscular dystrophy and other physical disabilities pose barriers to mobility and challenges in performing self-pleasuring activities, which has impeded their exploration of sexuality. Spinal cord injuries affect the sensation of the lower part of one's body, which consequently affects them when exercising their bodily autonomy, exploring sexuality, and pursuing an intimate relationship – a crucial component of constituting oneself, which goes beyond merely sensory pleasures. Unacceptance of their disabilities will lead to a sense of failure and defeating one's self-identity. Some disabled people consider themselves shy, pessimistic, and passive and this has a close relation to their experience as they grow up. They would place family harmony and the good of others before the realization of their sexual needs. They consider it unethical to pursue their interests without seeking consent from their families. To accommodate expectations from family and friends, disabled people deliberately adjust their "frames" and present themselves as introverts.

The structural dimension analyzes the interactions at the societal level. It should be noted that the analysis should not be confined to social attitudes towards disability in general. Indeed, equal attention, if not more, should be paid to whether the social environment enables or disables disabled people, and how those basic settings are made possible. In this research, informants recalled how society perceived them and their bodies as abnormal, useless, and pitiful. Socio-economic situations and government policies are crucial to the welfare and quality of life for disabled people. The informants acknowledged how society became more inclusive so that they had better opportunities for education and employment. However, they also pointed out a missing gap to realize their autonomy and independence as an adult. The emergence of Hand Angels is to fill this gap. Its media coverage has been influencing the dominant culture and discourse on the sexuality of the disabled. As the informants described, they think that society has become more open to recognizing their sexual needs.

To sum up, disabled people tend to be sexually conservative about their own sexual identities and do not have many options for their sexual expression that are accepted by society.

9.5.3 Future social work practice: advocating for intimate citizenship

Plummer (1995) suggests "intimate citizenship" as an extension of the existing realms of citizenship, different from the concept of sexual citizenship for sexual minorities. Sexual citizenship concerns equal rights for people of sexual minorities such as equal rights for same-sex couples, as well as equal rights in health and medical services (Richardson 2002). Intimate citizenship concerns the right to organize one's personal life. Intimate citizenship entails, for example, the right to pleasure, sexual autonomy, reproductive rights, as well as freedom of sexual expression.

Shakespeare, Gillespie-Sells, and Davies (1996) take the definition of sexuality further and suggest that sexuality is more than sex and intimate relationship with others, it is the sketch of how they see and present themselves for recognition and acceptance from others. For disabled people, they are being isolated at home due to inaccessible physical environments, being marginalized due to poverty and limited opportunities to develop, being excluded from friendship and intimate relationships due to social stigma. Disabled people are also social animals like non-disabled individuals and should be recognized and accepted by others. Liddiard (2017) suggests three ways to gain intimate citizenship for disabled people.

First, disabled people should be able to take control of their bodies, emotions, and relationships with others. For example, they should have the freedom to express their desires and have enough support to execute their wishes.

Second, they should gain access to information resources as well as access to social spaces for adults. Besides enhancing the accessibility of information and physical spaces, disabled people should be empowered to feel free to access and collect sex-related information, for instance, pornography. Kim (2010) suggests assistance for disabled people in accessing sexual experiences such as escorting them to sex-related venues (e.g., hotels, sex toy shops), assisting them in purchasing sex toys and other items. Should their assistants not see sex assistance as a violation of their ethics, they could assist masturbation and other sexual activities (Kim 2010).

Third, people should have the freedom to make decisions about their gender identities, sexual experience, and erotic exploration. They should not feel ashamed about their choices regarding their sexual orientation and preferences. They should have equal rights to explore sexuality as others in society.

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