

Making Sexual Wellness More Inclusive

Meet the person where they are at.

Defining sex

- Sex is more than just penetration.
- Sex can happen with one person, two people, or more people, all at the same time.
- Sex doesn't have to be in-person, involve touching, or be erotic.
- Don't assume that anyone is exclusively practicing solo sexual play.
- Respect the expansive nature of sexual activity and acknowledge it all falls under the large umbrella of "sex."
- Sex is always consensual, even in the context of CNC (consensual non-consent). If it's not consensual, it isn't sex; it's assault.

Defining relationships

- Recognize, affirm, and validate the different forms of relationships someone may be in. They might not all be sexual, or they might be sexual in different ways. Context is key, so listen for that context, but realize that you don't need to understand their relationships to validate them.
- Some forms of sexual or romantic relationships may be asexual; aromantic; serious, casual, or anonymous; having sex (whatever that may mean) but not dating; monogamous or non-monogamous; long-distance, virtual, and in-real-life; power dynamics within kink; kink without power dynamics; and free, paid, or trade. All these relationships may be healthy or unhealthy, so be open to learning more about these relations within context.

Bodies and language

- Make certain you and the person with whom you are communicating have the same understanding of what words are being used. This includes for body parts, sexual activity, body functions (including symptoms), and identities.
- Check with the person with whom you are communicating if it's okay for you to use the same language that they use to describe an aspect of their lives. For example, some people may self-identify as "crippled," but won't want to be referred to that way; other people may use a word that feels personal to them to describe one of their body parts (such as "girl dick") and they might not feel comfortable with you using the same term.
- If someone uses slang for their body parts, body functions, or sexual activities, don't correct them.

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- If you must use clinical terms, make sure people understand the correlation between the clinical terms and the words they use. As examples, some people say “vagina” to refer to the vulva, while some gender expansive people may forgo these terms for words such as “front hole.”
- Particularly when discussing where symptoms are located or where to apply a medication or toy, you’ll need to be specific. Provide a take-home anatomy diagram on which you can write the terms used by your customer/client/patient. This is particularly important for gender expansive people who may not use clinical terms or cis slang for their body parts.
- Avoid using gendered language such as “female reproductive system” and instead use gender-neutral language such as “internal reproductive system.”
- If someone uses body-negative language, don’t mirror this. Reply using body-neutral language.

Identities and language

- What are the languages most spoken where you are located or in your line of work? Learn to introduce yourself in these languages, including culturally appropriate sign languages. Don’t forget to also learn how to say “I don’t speak [this language]. Do you speak [languages that you do speak]?”
- Avoid language and assumptions that enforce sexual and gender binaries.
- Acknowledge and affirm that everyone has a sexual identity and a gender identity, including people who are asexual and people who are agender. Remember that some people cannot separate their gender identity from their sexual identity and vice versa.
- Avoid assuming someone’s sexuality or gender based upon appearances, presentations, identities, and behaviors.
- If someone says they identify a certain way, believe them. After checking to make sure that you have their consent, reinforce that belief by mirroring the language they use to describe their identities.
- Make every effort to use their correct pronouns and identities in conversation and any notes you may take. If you mess up, practice harm reduction by quickly apologizing (“I’m sorry”), acknowledging the correction (“I meant [word you should have used]”), and then move on. Do not center yourself in the experience by providing elaborate apologies or explanations.
- Some people with disabilities prefer to say they are disabled, and others prefer to say other things, such as that they are a “person with a disability” or that they are “differently-abled.” For some people with disabilities, their disability is not part of their identity at all. Because you

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won't know about each disabled person's language preferences, you can say something more neutral such as, "person who has a disability."

Disability etiquette

- Don't ask what happened to a person to cause them to be disabled.
- Don't ask what their disability is.
- Don't use words such as deformed, disfigured, broken, or bad.
- Don't use the words normal, average, or healthy to contrast a disabled person's body or experience. Disability *is* normal and disabled people are just as likely to be healthy as non-disabled people. Instead, refer to people who aren't disabled or the experience of not being disabled as "non-disabled."
- Don't say, wheelchair-bound, or confined to a wheelchair. Instead, say, "uses a wheelchair" or "wheelchair user."

Tips for assisting disabled customers/clients/patients

- Greet the person with a disability when they enter your space by welcoming them and offering to assist them by accessing anything that may be out of reach or difficult to hold.
- If someone is with an attendant, aide, or interpreter, speak to the disabled person and not to the assistant; in essence, ignore the assistant.
- Don't talk to a person with a disability as though they are a child or unintelligent. Speak to them as you would any other adult.
- Always face people when speaking to them; don't turn your head to the side or speak with your back to someone.
- Never, ever touch someone's wheelchair, cane, walker, or crutches unless the user asks you to do so.
- Don't hover over or follow a person with a disability around your space; only offer assistance when they enter the space and perhaps once again if they have been in the space for a longer than average time.

What are some sexual wellness questions you might ask?

- Don't ask if someone can have sex or how they have sex. Ask if they know what types of sexual pleasure they enjoy and if not, would they like guidance for solo and partnered sexual pleasure.

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- If they would like guidance, you are welcome to ask if someone has any challenges accessing sexual pleasure. Be open to hearing what those challenges are if they are willing to share. Be ready to provide contextually appropriate helpful options.

Help with making your work more accessible

- Use [clear, plain language](#) in all your communication.
- Follow guidelines for: [Social media](#) | [Websites](#) | [Documents](#) | [Presentations](#) | [In-person events](#) | [Virtual events](#) | [Small businesses](#) | [Offices and workspaces](#) | [Medical equipment](#)
- Ask disabled people what their needs are for [sexual wellness products](#) before beginning design.

Caz's "access as sex" analogy: Think of accessibility like sex

- Your first time is going to suck.
- Don't try all the things at once.
- Communicate! Make known your (access) goals.
- Be consistent.
- Build your skills over time.

Accessibility can seem really daunting, but it doesn't need to be!

For help improving accessibility, you can hire accessibility consultants. Some work within ADA guidelines (which are limited). Some focus solely on websites or digital media. Some, like me, can audit the accessibility of your entire business.

When I do an accessibility audit, I check for over 500 points of access, note where improvements can be made, and offer guidance on making those improvements in stages. I make recommendations on highest need, lowest cost, length of time for implementation, and more!

[Sign-up for a free 15-minute consultation with me](#) to learn how I can help you improve your inclusiveness and accessibility!

Remember: inclusion and accessibility need to be considered from the start, not as an add-on.

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