



**VULNERABILITY AND SEXUALITY OF PEOPLE WITH DISABILITIES: A STUDY WITH TEACHERS<sup>1</sup>**

***VULNERABILIDADE E SEXUALIDADE DE PESSOAS COM DEFICIÊNCIA: UM ESTUDO COM PROFESSORES(AS)***

***VULNERABILIDAD E SEXUALIDAD DE LAS PERSONAS CON DISCAPACIDAD: UN ESTUDIO CON DOCENTES***



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**ABSTRACT:** Sexuality is a topic filled with taboos that can create various forms of vulnerability, particularly concerning people with disabilities (PwD). Sexual education (SE) is one way to prevent these risks. This descriptive research aimed to investigate the opinions of 48 teachers regarding sexuality and the vulnerability of PwD. Participants responded to a questionnaire about (a) the Vulnerability of PwD to sexually transmitted infections, unwanted pregnancies, and sexual violence and (b) The relationship between gender and the vulnerability of PwD. The data indicate that teachers believe students with intellectual disabilities and autism spectrum disorder are more vulnerable than others and do not perceive significant differences between men and women in this context. It is concluded that teachers should develop and implement inclusive SE proposals that cater to everyone in the school, aiming to reduce various vulnerabilities.

**KEYWORDS:** Vulnerability. Disabilities. Sexual Education.

**RESUMO:** A sexualidade é um tema repleto de tabus que pode gerar diversas formas de vulnerabilidade, especialmente em relação a pessoas com deficiência (PcD). A educação sexual (ES) é uma das maneiras de prevenir esses riscos. Esta pesquisa descritiva teve como objetivo investigar a opinião de 48 professores sobre sexualidade e vulnerabilidade de PcD. Os participantes responderam a um questionário sobre: (a) Vulnerabilidade de PcD ao contágio de infecções sexualmente transmissíveis, gravidezes indesejadas e violências sexuais; e (b) Relação entre gênero e a vulnerabilidade de PcD. Os dados mostram que os professores acreditam que os alunos com deficiência intelectual e transtorno do espectro autista são mais vulneráveis do que os demais e não percebem diferenças significativas entre homens e mulheres nesse contexto. Conclui-se que os professores devem elaborar e aplicar propostas de ES inclusiva que atendam a todos na escola, visando diminuir diversas vulnerabilidades.

**PALAVRAS-CHAVE:** Vulnerabilidade. Deficiências. Educação Sexual.

**RESUMEN:** La sexualidad es un tema lleno de tabúes que pueden generar diferentes formas de vulnerabilidad, especialmente cuando se trata de personas con discapacidad (PcD) y la educación sexual (ES) es una de las formas de prevenir estos riesgos. Esta investigación descriptiva tuvo como objetivo investigar la opinión de 48 docentes sobre la sexualidad y vulnerabilidad de las personas con discapacidad que respondieron a un cuestionario sobre: (a) Vulnerabilidad de las personas con discapacidad al contagio de infecciones de transmisión sexual, embarazos no deseados y violencia sexual y (b) Relación entre género y la vulnerabilidad de las personas con discapacidad. Los datos muestran que los docentes creen que los estudiantes con discapacidad intelectual y trastorno del espectro autista serían más vulnerables que otros y no perciben diferencias si son hombres o mujeres. Se concluye que los docentes deben desarrollar y aplicar propuestas inclusivas de ES que sirvan a todos en la escuela para reducir diversas vulnerabilidades.

**PALABRAS CLAVE:** Vulnerabilidad. Discapacidades. Educación Sexual.

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## Introduction

Sexuality is a broad phenomenon present in the lives of all individuals and is considered a fundamental factor for the healthy development of every human being (Brasil, 1997; Bastos; Deslandes, 2005). It encompasses values, affections, emotions, experiences, affective and interpersonal relationships, and beliefs, among other aspects, transcending the restrictive idea that sexuality is merely synonymous with sex (UNESCO, 2019).

In sexuality, one also lives gender, identity, eroticism, sexual orientations, intimacy, and affection, including thoughts, fantasies, beliefs, attitudes, values, practices, desires, etc. Thus, although it encompasses and enables various dimensions of unique and intimate human experience, "they are not always all experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors" (WHO, 2003, p. 5, our translation).

Furthermore, although sexuality is an individual expression, it is a construction influenced by the context in which we live, varying culturally, temporally, and historically. In other words, it is not a "natural" issue as it is experienced by cultural human beings (Bozon, 2004; Foucault, 1988; Mottier, 2008).

In contemporary sciences, the importance of positive experiences concerning sexuality is recognized, but this is still a topic surrounded by taboos and myths, stemming from a history marked by a long process of repression. According to Foucault (1988), this history revealed social prohibitions (and permissions) that have been more prominent since the nineteenth century, with justifications not only religious but also medical, limiting sexual life to the private context of heterosexual couples for procreation purposes.

Conforming to the standards of what is considered "desirable," "normal," and "healthy" sexuality, when aligning with a social norm—for example, being a man or woman, heterosexual, white, thin—is generally demanding for everyone, and this complexity is multiplied when there is a stigma of difference, such as disability (Bortolozzi, 2021).

The defining models of normality are learned through the processes of Sexual Education (SE) that we experience throughout our lives in social settings such as family, media, and social discourses: rules, orders, models, jokes, etc. (Bortolozzi, 2022; Werebe, 1988). This process can be informal, through various discourses and cultural artifacts, and formalized in systematic and intentional proposals for teaching about sexuality. In all cases, the behaviors, feelings, ideas, identities, etc., that are considered "accepted" and "correct" carry a load of morality constructed socially and historically.

In a “formal” mode, pedagogically speaking, as should occur in schools, Sexual Education (SE) must have purposes, objectives, methodology, and planning. It should be conducted to foster critical thinking and promote conditions for a healthy, autonomous, and safe experience of sexuality, considering the human being in a holistic and contextualized manner (UNESCO, 2019). Additionally, SE should be a means of risk reduction, especially for the most vulnerable populations, such as people with disabilities (Bortolozzi, 2021; Heighway; Webster, 2008; Martinello, 2014; Schwier; Hingsburger, 2007; Vilela, 2016).

Vulnerability is a concept that emerged in the 1980s, during the HIV/AIDS epidemic, in the field of health, aiming for “a more comprehensive understanding of the complex processes of health and illness and, therefore, aiding in more effective and comprehensive social responses” (Florêncio; Moreira, 2021, p. 2, our translation), also referred to as health vulnerability (or HV). According to Carmo and Guizardi (2018), the term originates from the Latin “vulnerare” and “bilis,” meaning to injure, wound, and be susceptible to something. In bioethics, the term refers to the “[...] state of being at risk or exposed to potential harm due to a fragility tied to individual existence, fraught with contradictions” (p. 5, our translation). However, it is necessary to broaden the notion of a vulnerable person to include contexts that lead to vulnerable situations.

In this sense, vulnerable individuals or groups would be those susceptible to suffering harm, illness, and/or deterioration and mortality due to one or more conditions of individual and social disadvantage, a definition agreed upon by both the social assistance and health sectors (Carmo; Guizardi, 2018; Florêncio; Moreira, 2021). The authors add that

[...] At the same time, vulnerable human beings can possess or be supported to create the necessary capacities to change their condition. Based on this statement, we agree that vulnerability is not merely a natural condition that precludes contestation. This is because we see that the state of vulnerability associates individual situations and contexts, and, above all, collective ones (Carmo; Guizardi, 2018, p. 6, our translation).

Many factors contribute to vulnerability when we think about sexuality, such as social and economic conditions, gender issues, race/ethnicity, education level, etc. Health vulnerability is specified as the ability or inability, whether individual and/or collective, to reflect on and decide about risk situations directly related to biological, individual, familial, cultural, social, political, and economic factors (Brasil, 2007).

Three main interconnected axes constitute vulnerability: (a) individual – the quantity and quality of education and/or information available to individuals on a particular subject, and



the ability to translate this knowledge into daily practices (from theory to praxis); (b) social – access to information and the ability to use it at social, cultural, and political levels, which includes access to media, education, material resources, etc.; and (c) institutional – social resources that provide (or do not provide) necessary information and materials (among other elements) at local, regional, or national levels (Ayres; França Júnior; Calazans; Saletti Filho, 2009; Paula *et al.*, 2010; Bortolozzi, 2021).

Conditions of social disadvantage can interfere with individuals' sexuality, as little or no access to information and poor SE can negatively impact sexual experiences, increase vulnerability conditions, and hinder the development of preventive attitudes against infections, diseases, and unwanted pregnancies (Bortolozzi; 2021; Paula *et al.*, 2010). Additionally, Vilela (2016) notes that families often struggle to deal with the sexuality of their children with disabilities and rarely discuss or provide guidance on the subject, increasing the vulnerability of people with disabilities (PwD).

According to Cavalcante and Minayo (2009), there is a higher incidence of violence in groups exposed to social vulnerability. This violence ranges from silencing the desires of PwD to psychological, physical, and sexual abuse.

Approximately 10.3% of rape victims had some form of disability, with 31.1% of these cases involving individuals with mental disabilities and 29.6% involving individuals with mental disorders. Additionally, 12.2% of all gang rape cases involved victims with some form of disability (Brasil, 2018, p. 66, our translation).

Therefore, we can consider that PwD is more susceptible to situations of violence, as they constitute a stigmatized and vulnerable group that, although currently supported by activist groups fighting for their rights, still lacks policies that understand their sexualities and encompass their needs for protection and guidance in inclusive SE proposals.

People with disabilities (PwD) are more vulnerable to violence due to situations of greater dependence and power imbalances in relation to family members, professionals, and caregivers. These vulnerabilities are exacerbated by difficulties in social interaction, attitudinal and communication barriers, and challenges in recognizing and reporting violence (Bortolozzi, 2021; Cerqueira; Bueno, 2023; Heighway; Webster, 2008).

Currently, national records, such as the “Atlas of Violence,” are concerned with depicting the phenomenon of violence in Brazil, primarily using data from the Mortality Information System (SIM) and the Notifiable Diseases Information System (Sinan) of the Ministry of Health (Cerqueira; Bueno, 2023). According to the 2023 Atlas of Violence, various

forms of violence (physical, psychological, sexual, property-related, labor-related, and neglect) occurred among PwD, and these violence were often intrafamilial.

Table 1 shows the most recent data on reported and recorded cases of violence against PwD, but it is essential to remember that many cases go unreported and unnotified. Data showing a higher prevalence of female victims and that the perpetrator was often known to the victim (predominantly male) of sexual violence were already discussed by the WHO in its 2003 report (WHO, 2003).

**Table 1** – Number of reported cases of violence per 10,000 PwD in Brazil in 2021

Disability or Disorder	Female	Male
Intellectual Disability <sup>4</sup>	45	16,2
Physical Disability	14,3	6,3
Hearing Impairment	5,3	2,3
Visual Impairment	2,3	1,2

Source: Atlas of Violence (Cerqueira; Bueno, 2023).

Penso *et al.* (2019) state that the number of sexual violence cases is higher when the victim is female. Soares *et al.* (2016) analyzed 700 medical records of sexual violence cases reported by the Sexual Violence Victim Care Service (SAMVVIS) in Teresina (Piauí), selecting records of female victims. In the analyzed group, the average age of the victims was 11 years, and the aggressors were male, with a prevalence of ages between 22 to 39 years (48.4%), followed by the 40 to 59 years age group (30.8%). 27.3% of the aggressors were the victim's father and/or stepfather, followed by the neighbor (23.4%), indicating that the aggressors were often close to the victim. The family environment represented the location with the highest incidence of abuse (46.7%), followed by the aggressor's residence (24.8%).

It is possible to perceive that, as with the non-disabled population, the occurrence and registration of violence, in general, are higher among women, reflecting a concerning scenario of our patriarchal society in which violence is related to gender issues and other intersecting factors (Gesser; Block; Mello, 2020).

Literature indicates it is difficult for children and adolescents to understand violence on their own, especially when it occurs within the family (where coercion and threats are often used to prevent the abuse from being discovered) (Viodres Inoue; Ristum, 2008). This reinforces the fact that the absence of information and an omission in Sexual Education (SE)

<sup>4</sup> Currently, Intellectual Disability in the DSM 5-TR is called "Intellectual Developmental Disorder," but in this article, we will maintain "Intellectual Disability" (ID) as it is still the best-known term and because it was the term used at the time of data collection.

hinder prevention and increase vulnerability (making it difficult to identify and even report cases), especially in the case of PwD (Bortolozzi, 2021; De Carvalho, 2020).

The family serves as a primary instance of informal SE and should be a focal point for combating this recurring violence. On the other hand, school is a fundamental setting for the prevention and identification of sexual violence, as students spend a significant portion of their daily lives there, interacting with peers, teachers, and the school staff. Viodres Inoue and Ristum (2008) analyzed cases of sexual violence attended by the Sexual Violence Victim Care Service (Viver, Salvador/BA) that were identified or revealed in the school context between 2001 and 2004.

Out of 2522 cases analyzed, only 22 (0.91%) were reported when the victims were of school age, indicating that these spaces had little contribution as protective factors and/or for identifying cases of violence. However, when reported by the school, it was predominantly the teachers who identified the abuses. It is also worth noting that childhood and adolescence are the periods with the most contact with public services (health and education), and these services can and should also act as protection services for this population.

[...] identification was based on very clear evidence, leading to the assumption that more subtle signs go unnoticed by school professionals. [...] factors responsible for the low rates of sexual violence identification by the school: educators' lack of knowledge of the ECA (Child and Adolescent Statute) and the penalties applicable to professionals who fail to report suspected or actual violence; ignorance of the consequences of sexual violence on child and adolescent development; and the need for highly indicative factors of sexual violence, such as self-reporting and the presence of physical signs. [...]. On the other hand, the structure of teacher training courses, in general, does not equip them to identify and intervene in cases of sexual violence (Viodres Inoue; Ristum, 2008, p. 20, our translation).

It is crucial not only for children, adolescents, and young people to have information to identify and report situations of violence (sexual or otherwise), which is provided by quality Sexual Education (SE), but also for educators and school teams to know how to identify and take legal action in these cases, so that schools fulfill their social role of protecting youth and receive training and capacity-building to work in this area (Brino; Williams, 2008; De Carvalho, 2020).

Considering the preparation of educators to deal with SE in schools, Bortolozzi and Vilaça (2020) investigated teachers' attitudes towards projective situations involving students with special education needs in situations of self-erotism, inappropriate touching, kissing, dating, sexual abuse, questions about sex, and exhibitionism. Faced with the supposed scenes,

the most frequent attitudes reported by teachers were: "engaging in a welcoming dialogue with the student," "seeking help," and "correcting behaviors". Teachers attempted to address complex situations but did not know how to reflect on why they occurred or how to prevent them, and they did not report a SE proposal in schools that was inclusive for students with Intellectual Disabilities (ID), Autism Spectrum Disorder (ASD), deafness, or blindness. The authors advocate for SE in schools and ongoing training for teachers.

Teachers have shown difficulties in assuming SE processes for PwD in schools, as they deal with their own personal problems related to the topic and lack training in the area (Aderemi, 2014; Reus *et al.*, 2015).

Considering that people with disabilities (PwD) are sexual individuals and are more vulnerable regarding their sexual health due to their stigmatized condition, prevailing prejudices, and lack of Sexual Education (SE), and also considering that teachers are important agents of SE in inclusive schools, this descriptive study aimed to investigate teachers' opinions on the sexuality and vulnerability of people with disabilities.

## Method

### Participants

A total of 48 teachers from public elementary and high schools participated in the study. Of these teachers, 31 identified themselves as "*female*" and 17 as "*male*," with the majority falling between the ages of "*41 and 50 years*" (n=21), followed by "*31 and 40 years*" (n=10), "*51 and 60 years*" (n=9), "*30 years or younger*" (n=6), and only two cases of "*61 years or older*" (See Table 1).

**Table 1** - Characterization of Teachers (n=48)

PARTICIPANTS VARIABLES		No
<i>Gender</i>	Females	31
	Males	17
	<b>Total</b>	48
<i>Age</i>	30 years or younger	6
	31-40 years	10
	41-50 years	21
	51-60 years	9
	61 years or older	2
	<b>Total</b>	48

Source: Developed by the authors according to the data collected in the research.



## Instrument

In this descriptive study, the chosen data collection instrument was a questionnaire, with the aim of enabling and facilitating a larger sample (N) for subsequent analysis and discussion (Hill; Hill, 2016). This questionnaire was adapted from the one used in the research by Maia and Vilaça (2017). It included requests for personal and professional data and closed and semi-open questions organized into thematic axes.

## Data Collection and Analysis Procedures

The questionnaire was administered to teachers from 4 public schools in a medium-sized city in the interior of the state of São Paulo in 2019. After initial contact with the coordinator of each school, the institution was visited in person to invite the attending teachers, who were gathered in a room, to receive explanations about the research and its objectives. Those who agreed to participate were given the printed instrument for individual completion in a room reserved by the school. Additionally, as volunteers, they also read and signed the Informed Consent Form to participate in the research.

The questionnaires were collected after they were completed, which lasted an average of 25 minutes. The questionnaire data were tabulated and organized into Excel tables for simple descriptive statistics (Shaughnessy; Zechmeister; Zechmeister, 2012).

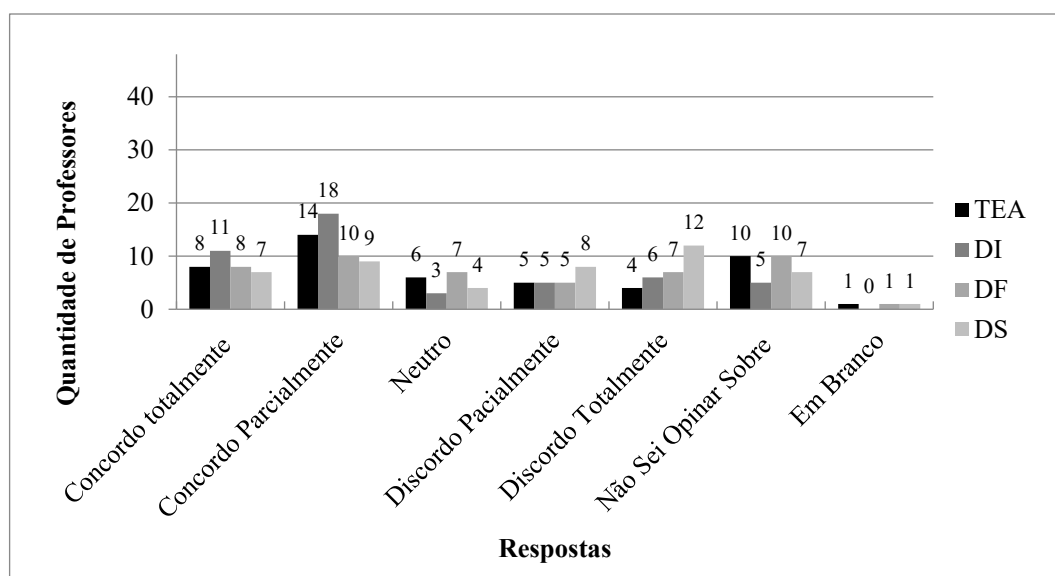
All ethical procedures were respected. The research project was submitted to an Ethics Committee of a public university and obtained a favorable opinion number 2,997,987. In this article, we present partial data from the study, focusing on the vulnerability, sexuality, and disability axis, although other data in the questionnaire were not addressed in this text. The results will be presented based on the description of two thematic categories.

## Teachers' Opinions on PwD Being More Vulnerable to Sexually Transmitted Infections (STIs), Unintended Pregnancies, and Sexual Violence

Teachers perceive the vulnerability that people with disabilities (PwD) experience in sexuality, agreeing "fully" or "partially" with their risk conditions. Regarding the belief that PwD is more vulnerable to sexual violence, as well as to the transmission of Sexually Transmitted Infections (STIs) and the occurrence of unplanned pregnancies, the responses that showed the highest agreement ("*fully*") with this statement were related to Autism Spectrum

Disorder (ASD) (n=8), intellectual disability (ID) (n=11), physical disability (PD) (n=8), and sensory disabilities (SD) (n=7), and "partially agree" to ASD (n=14), ID (n=18), PD (n=10), and SD (n=9). It is possible to note that the highest number of agreements appeared in relation to Intellectual Disability.

**Figure 1 - Teachers' Opinion on the Vulnerability of PwD Regarding Sexual Violence, Contracting STIs, and Unplanned Pregnancy<sup>5</sup>**



Source: Compiled by the authors according to the data collected in the research.

In this question, a large portion of the participants agreed (totally or partially) that vulnerability to sexual violence, STIs, and unplanned pregnancy occurs in people with ASD (n=22) and ID (n=29), meaning that the most impaired cognitive and social condition seems more associated with the notion of greater vulnerability. Additionally, for these teachers, there is a certain equivalence regarding the ID and ASD conditions.

The majority of disagreement was in SD (total and partial, n=20), as if sensory disabilities were not important variables for vulnerability. However, factors such as lack of access to healthcare services, misinformation, communication problems, interactions, and social skills, combined with an intersectional perspective, especially in the Brazilian scenario, where people with sensory disabilities are largely elderly, women, black, with low education, and low income, enhance the risks of infections and other hazards (Navega, 2024).

Bortolozzi (2021) emphasizes the importance of conducting sexual education with people with SD so that they understand their bodies (anatomy), can name their genital organs,

<sup>5</sup> Translation of the text from left to right: I completely agree; I partially agree; Neutral; Partially disagree; I completely disagree; I don't know what to say about it; In blank.

and consequently develop their sexuality with accurate information. Wild, Kelly, Blackburn, and Ryan (2014) add that students with visual impairments may have difficulty understanding some information regarding sexuality, and may exhibit behaviors considered inappropriate, thus requiring sexual education with concrete and adapted resources.

Similarly, students with hearing impairments need language interpreters and effective communication to learn not only academic content but also information on sexual education: body naming and functioning, contraceptive methods, sexual and reproductive health, HIV/STI prevention, gender issues, relationships, consent, sex, pleasure, etc. Studies (Tobin-West; Akani, 2014; Trejo, 2005) show that deaf students are more vulnerable concerning sexual health, experience difficulties in understanding information, and require sexual education.

Physical disability was not as significant as a vulnerability condition compared to others for the group of teachers in this research (n=18 agree and n=12 disagree). However, Bortolozzi (2021) and Cavalcante and Minayo (2009) emphasize that it is also an equally vulnerable audience in need of Sexual Education (SE). According to the Violence Atlas in Brazil (Cerqueira and Bueno, 2023), physical disability, after intellectual disability, was the second-largest group affected by violence, both for women and men.

Regardless, individuals with intellectual disabilities and ASD are indeed a highly vulnerable population to situations of violence (Cridland *et al.*, 2014; Schwier; Hingsburger, 2007) especially if they do not receive SE that ensures them a repertoire of self-protection social skills (Bortolozzi, 2021). It is quite interesting that the participants acknowledge this vulnerability, although they do not clarify why they think so. Anyone can be a victim of sexual violence, but there are some groups or individuals who are more vulnerable, including children, young adults, and people with disabilities (both men and women) (WHO, 2003).

Another important factor to consider in addressing this issue is the "infection in the person with a disability" versus "disability due to infection," as PwD can be infected with the virus, but there are also cases where people with the virus acquire some disability as a "sequela" of medication use and/or disease progression (e.g., physical and/or sensory limitations) (Paula *et al.*, 2010).

Data, research, and actions in the field of HIV/AIDS prevention among PwD are scarce both nationally and internationally, and "the consequence of this lack of information, combined with the conditions of greater vulnerability and risk of this population, is the increase in the number of cases of STDs<sup>6</sup> and HIV/AIDS" (Gil, 2018, n.p.). These data corroborate what has

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<sup>6</sup> Old way of referring to STI.

been discussed previously, as despite sexuality and all that it entails often being ignored and disregarded when a normative gaze is cast upon the experience of People with Disabilities (PwD), this does not prevent them from becoming vulnerable to a wide range of violence and sexual health issues, including the transmission of Sexually Transmitted Infections (STIs). It cannot be ignored that these risk scenarios could be minimized through initiatives that provide greater and better access to information about their bodies, sexual rights, and healthy and safe sexual practices (Gil, 2018; De Carvalho, 2020).

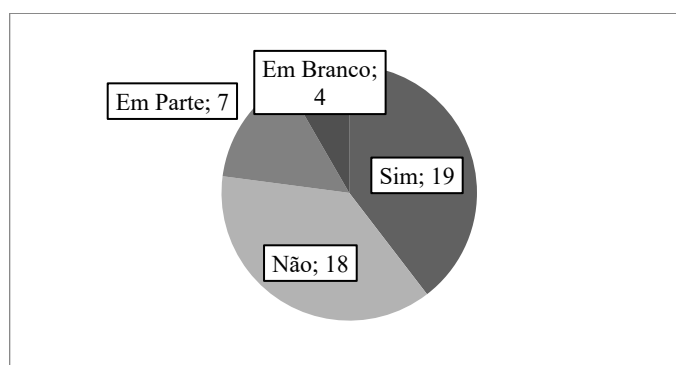
The fundamental importance of sexual education with children and youth for prevention in terms of sexual and reproductive health, sexual rights, and affective and sexual relationships without violence is emphasized, noting that school is a privileged place for this education to occur pedagogically (UNESCO, 2019). Bortolozzi (2021) further emphasizes that this sexual education must also be inclusive, addressing the needs and specificities of people with disabilities.

Cavalcante and Minayo (2009) highlight the need to name and consider various other groups vulnerable to violence that consequently fall outside of statistics, such as children with disabilities living on the streets, ethnic minorities, refugees, etc., and that discussions with professionals should involve a deeper reflection on the social and historical productions of violence, various vulnerabilities, and human rights.

### **Teachers' Opinion on Gender and PwD Vulnerability**

The issue of gender, here limited to the perception of "being male" and "being female" in beliefs about the sexuality of People with Disabilities (PwD), was also investigated. Teachers were asked whether they considered the vulnerability and sexual experiences of PwD to be the same, regardless of whether they were girls/women or boys/men, or whether they were influenced by gender. The data reveal that the group of teachers presented a divided opinion, with 19 responding "**yes**" and 18 responding "**no**". Only seven teachers marked "partly", while four left the question blank. There were no explanations or justifications for the answers, which made analysis difficult (See Figure 2).

**Figure 2** - Teachers' Opinion on the Conceptions of "Vulnerability and Sexuality" Differing for PwD Men and/or Women



Source: Developed by the authors according to the data collected in the research.

Gender, as a social condition and part of personal identity, will certainly contribute to establishing other relationships in the experience of one's sexuality. Thinking about gender as a category implies believing that there would be a direct social influence on "being male" or "female", in addition to the condition of disability, whatever it may be. Authors argue that an intersectional view is necessary, taking into account aspects that influence and are directly linked to the social position that this population occupies, such as race, class, and, in this case, gender (Gesser; Block; Mello, 2020; Magnabosco; Souza, 2019; De Mello; Nuernberg, 2013).

De Mello and Nuernberg (2013) believe that women with disabilities experience more situations of exclusion than men with disabilities and women without disabilities, thus being at a "double disadvantage" (especially considering the patriarchal society in which we live, which is reflected in aspects such as social participation, income, sexual and reproductive rights, among others). Furthermore, they emphasize that vulnerability is even more evident when there are other related factors, such as: social class, race/ethnicity, religion, sexual orientation, generation, etc.

The data obtained suggest that the participants do not identify a relationship between gender and disability. For example, they do not associate gender with beliefs about hypersexuality or asexuality, relationships/marriages, reproduction, and vulnerabilities to violence and infections. This demonstrates a limited view regarding intersectionalities.

Studies draw attention to women with disabilities as individuals living in more disadvantageous conditions regarding sexuality, even assuming an already disadvantageous burden simply because of "being a woman" related, for example, to motherhood and marriage



(Gesser, 2020) and violence. According to Paula *et al.* (2010)<sup>7</sup>, "It is estimated that women with disabilities are three times more likely to suffer sexual abuse than women without disabilities. The non-inclusion of people with disabilities in sexual health programs exacerbates this vulnerability" (p. 59). Nonetheless, considering the gender variable in the relationship between sexuality and disability is an important issue that should be addressed in further studies (Bortolozzi, 2021; Dantas; Silva; Carvalho, 2014; Parkes; Hall; Wilson, 2009).

The literature highlights the issue of gender as an essential variable in studies on disability. However, the teachers did not perceive vulnerability, the focus of this study, as an issue that would vary based on being male or female. It is worth noting that gender expression can include various other issues, such as identity, sexual orientation, and gender expression. The data obtained from the questionnaires were limited, making any assumptions about these findings impossible. Future studies with more detailed data collection could further explore and problematize this issue.

### Final considerations

The data obtained is limited and cannot be generalized, but it indicates that educational agents, such as teachers, still have much to reveal about their knowledge and perceptions regarding the sexuality of their students, especially in the context of inclusive schooling. Why do teachers believe that individuals with cognitive and behavioral problems are more vulnerable regarding sexual health and violence compared to other conditions such as motor or sensory limitations, and how could they address this in intervention proposals?

The literature highlights that there are still prejudices about the sexuality of people with disabilities (PwD) and emphasizes the need for schools to take on the task of sexual education (SE). Although teachers are beginning to recognize that PwD in inclusive schools should also participate in the same SE processes as other students, the question arises: are they prepared for this? If they acknowledge that the disabled population is a more vulnerable group, how will they deal with the task of reducing this inequality of access to prevention, health, and protection against various forms of violence? To what extent can inclusive SE consider the specificities of each diverse condition (of different disabilities) to reduce these vulnerabilities?

Teachers perceive the vulnerability of PwD regarding sexuality, although it seems that such perception is more associated with the condition of disability itself than with other

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<sup>7</sup> Data from the World Bank and Yale University report on HIV/AIDS and Disability.

stigmatizing conditions. However, other intersectional issues exacerbate these vulnerabilities, such as gender, class, and race, which should be included in educational proposals.

We conclude with more questions than answers because thinking about these issues alongside teachers is important for developing and implementing inclusive SE proposals in schools. Furthermore, considering the issue of gender and vulnerability should be something that all educators should be part of.

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