

**SEX AND DISABILITY: SEXUAL EDUCATION OF STUDENTS WITH INTELLECTUAL DISABILITIES ACCORDING TO THEIR TEACHERS**

***SEXO E DEFICIÊNCIA: EDUCAÇÃO SEXUAL DE DISCENTES COM DEFICIÊNCIA INTELLECTUAL SEGUNDO SUAS PROFESSORAS***

***SEXO Y DISCAPACIDAD: LA EDUCACIÓN SEXUAL DE ALUMNOS CON DISCAPACIDAD INTELLECTUAL SEGÚN SUS PROFESORAS***



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**ABSTRACT:** Working on topics related to sexual education for individuals with intellectual disabilities is necessary; however, many professionals who work with this population may find it challenging. This research aimed to explore the discourses on intellectual disability, sex, and sexuality of teachers working in special education. Semi-structured interviews were conducted with five teachers in the field. This material was qualitatively analyzed using Foucault's genealogy. The results showed that teachers engage in basic guidance activities with their students, avoiding complex topics such as sexual violence. Most teachers are surprised by their students' sexual expressions, subjecting them to an elaborate body surveillance and control system. It was found that sexual education takes place alongside the punishment and vigilance of the body. Teacher training programs are needed to deconstruct prejudices and develop respectful and empowering sexual education projects.

**KEYWORDS:** Special education. Sexuality. Sex education.

**RESUMO:** *O trabalho com temas da educação sexual com pessoas com deficiência intelectual é algo necessário, contudo, muitos profissionais que atendem esse público podem considerar desafiador. O objetivo desta pesquisa foi explorar os discursos sobre deficiência intelectual, sexo e sexualidade de professoras atuantes na educação especial. Para tal, foram realizadas entrevistas semiestruturadas com cinco professoras da área. Este material foi analisado qualitativamente a partir da genealogia de Foucault. Os resultados mostraram que as professoras realizam atividades básicas de orientação com seus alunos, evitando temas complexos como violência sexual. A maioria das professoras se espanta com manifestações sexuais de seus discentes, os submetendo a um elaborado sistema de vigilância e controle do corpo. Constatou-se que a educação sexual se concretiza dualmente, em conjunto com a punição e vigilância do corpo. São necessários programas de formação docente para a desconstrução de preconceitos e a elaboração de projetos de educação sexual respeitosos e emancipatórios.*

**PALAVRAS-CHAVE:** *Educação Especial. Sexualidade. Educação sexual.*

**RESUMEN:** *El trabajo con temas de educación sexual con personas con discapacidad intelectual es algo necesario, sin embargo, muchos profesionales que atienden a esta audiencia pueden encontrarlo desafiante. El objetivo de esta investigación fue explorar los discursos sobre discapacidad intelectual, sexo y sexualidad de las profesoras que trabajan en educación especial. Para ello, se realizaron entrevistas semiestructuradas con cinco docentes del área. Este material fue analizado cualitativamente a partir de la genealogia de Foucault. Los resultados mostraron que los profesores realizan actividades básicas de orientación con sus alumnos, evitando temas complejos como la violencia sexual. La mayoría de las profesoras se sorprenden por las manifestaciones sexuales de sus estudiantes, sometiéndolos a un elaborado sistema de vigilancia y control del cuerpo. Se encontró que la educación sexual se concreta dualmente, junto con el castigo y la vigilancia del cuerpo. Se necesitan programas de formación docente para la desconstrucción de prejuicios y la elaboración de proyectos de educación sexual respetuosos y emancipadores.*

**PALABRAS CLAVE:** *Educación especial. Sexualidad. Educación sexual.*

## Introduction

Sexual education for individuals with intellectual disabilities remains challenging for professionals and institutions serving this population. Discussing topics related to gender, sex, and sexuality with students with typical development can be difficult. These subjects have been part of school curricula for decades; however, in recent years, they have come under attack by individuals using conservative political and ideological agendas. When combined with prejudices directed at the bodies, sex, and sexuality of people with intellectual disabilities, the result is a lack of quality sexual education for this population during their school years.

Sexual experiences, according to Foucault (2017a), have been subject to policies of control since the emergence of Western capitalist society. Biopolitics, as described by the author, are efforts of management, normalization, and discipline over bodies and life applied to large populations. They are the means for the broad application of powers and knowledge for the "transformation of human life" (FOUCAULT, 2017a, p. 154, our translation), anchored in disciplinary technologies and expertise.

Biopolitics aimed at controlling sex within capitalist society initially became popular with repressive practices, which Foucault referred to as the control-repression of bodies. In this context, sex came to be considered taboo and was directed solely to the privacy of couples for procreation purposes. Over the centuries, control-repression biopolitics coexisted with another group of policies, the control-stimulation biopolitics of bodies. The latter manifests in discourses and practices that, instead of repressing, value bodily and sexual experiences as long as they conform to rigid standards of beauty and functionality. Speeches like "Get naked... but be thin, beautiful, tanned!" (FOUCAULT, 2017d, p. 236, our translation), reflect this group of biopolitics, which promotes a thriving market of products and services related to sex and the body. Regarding the temporal and mutual relationship of these two groups of biopolitics:

The first moment would correspond to the need to establish a "workforce" (therefore, no "unnecessary" expenditure, no wasted energy, all forces concentrated on work) and ensure its reproduction (conjugal life, regulated childbearing). The second moment would correspond to this era of *Spätkapitalismus* when the exploitation of wage labor no longer requires the same violent and physical constraints as in the 19th century and when the politics of the body no longer necessitates the suppression of sex or its limitation to the exclusive role of reproduction. Instead, it involves its multiple channeling within controlled circuits of the economy: a super-repressive desublimation, as it is said (FOUCAULT, 2017a, p. 124, our translation).

At the heart of this political and discursive duality are the educational guidelines regarding sex. Sexual education, for Ribeiro (1990), can be understood as the approach to topics related to gender, sex, and human sexuality in school and family environments. These subjects have been addressed in schools for several centuries, entering daily school and family life with themes related to preventing unwanted pregnancies and sexually transmitted infections (FOUCAULT, 2017a; 2017b; 2017c).

Today, sexual education topics have expanded to include discussions on gender relations, sexual orientation, prevention of sexual violence, prejudice, and discrimination. Sexual education is widely recommended as it is a tool for preventing sexual violence and promoting health and human development (WEREBE, 1998; OMS, 2002).

Among the individuals who can benefit from sexual education are people with disabilities (PWDs). Anyone with physical, mental, intellectual, or sensory impairments that hinder their full participation in society can be understood as a PWD (BRASIL, 2015).

Intellectual disability (ID), according to Viana and Gomes (2017), is a health condition that affects academic functions and bodily structures, causing impairments in an individual's development and participation in society. The diagnosis of intellectual disability is made through standardized IQ (intelligence quotient) tests and a multi-professional assessment of the person's adaptive functioning, encompassing three aspects of their daily life: conceptual, social, and practical domains (APA, 2014).

It is common for individuals diagnosed with intellectual disabilities to be targets of violence and to have their access to various places hindered. For Desjardins (2012), even access to safe and consensual sex is hindered in the lives of PWDs due to their institutionalization in schools, hospitals, and community centers, which restrict their access to information about sex and socialization spaces. Deprivation of contact with peers, access to leisure spaces, and, in extreme cases, forced or poorly informed sterilization of individuals with disabilities are still common in this scenario. Within this context, there is a need for respectful, empowering, and inclusive sexual education efforts aimed at PWDs.

Addressing sexual education with individuals diagnosed with ID can be a challenge. According to Giami (2004), the sexuality of individuals diagnosed with intellectual disabilities is surrounded by myths, prejudices, and misconceptions. It is common for there to be a mistaken interpretation that people with ID are asexual beings and remain in a state of "eternal childhood." There are also common discourses that interpret the sexual expressions of these individuals as exaggerated, premature, or uncontrolled, considering them as hypersexualized

beings. The bodies of individuals with ID are thus perceived as oscillating between deficiency and excess, asexuality and hypersexuality, angelic and bestial:

During the past two hundred years, this literature posits, two rival images have been used to legitimize the containment of the sexuality of these people: the seraphic idiot and the Mephistophelic idiot [...]. The seraphic idiot is a person labeled intellectually disabled who is believed to be an eternal child: pure and asexual, guileless and fragile, and unable to face the dangers of sexuality [...]. In contrast, the Mephistophelic idiot is a wild and diabolical being, halfbeast and half-demon, dominated by instincts, without morals or law, concupiscent and libidinous, whose hyper-sexuality jeopardizes the security of the social order (DESJARDINS, 2012, p. 69, our translation).

When addressing sexuality in educational environments, the myths of asexuality and hypersexuality join other culturally and historically constructed beliefs and values. Maia *et al.* (2015) observe that even today, human sexuality is conceptually reduced to genital sensations and processes of species reproduction, excluding social and cultural aspects. Human sexuality is also erroneously permeated by ideas of virility, dominance, and control and is invaded by standards of beauty and bodily functionality that validate who can freely express their sexuality and who cannot. We still live in a time when heterosexual, monogamous sex within a Christian marriage is validated while other experiences are discriminated against. These discourses can significantly contribute to the lack of access to sex and sexuality information for PWDs and hinder sexual education efforts with this audience.

With all these social and historical aspects that intersect with the sexuality of individuals with intellectual disabilities, many professionals may struggle to deconstruct these notions and conduct respectful and emancipatory sexual education. Therefore, the general objective of this research was to explore the discourses on intellectual disability, sex, and sexuality among teachers working in special education.

## Method

The conducted research was qualitative in nature, descriptive-exploratory in character, and is part of the doctoral thesis of the first author<sup>3</sup>. As a data collection procedure, semi-structured interviews were conducted with five teachers working in special education.

The interview participants were characterized in Figure 1:

**Figure 1** – Table with the characterization of participating teachers<sup>4</sup>

Name	Age	Position	Years of Experience
Nair	67 years	Teacher	32 years
Bruna	47 years	Teacher	17 years
Eliane	49 years	Teacher	23 years
Lídia	47 years	Teacher	20 years
Bianca	35 years	Pedagogical Coordinator	18 years

Source: Own authorship

The teachers work in a particular education institution under the modality of the Association of Parents and Friends of Exceptional Children (Apae) in the interior of the state of São Paulo. All of them hold bachelor's degrees in Pedagogy, have postgraduate degrees in Special Education, and teach students with various disabilities in their classes, primarily those diagnosed with intellectual disabilities. The interviews were conducted at the teachers' workplace between October and November 2019.

According to Duarte (2004), semi-structured interviews are a data collection tool that starts with a guiding script composed of stimulating topics for discussion. These topics can be presented as questions, inquiries, or open discussion points from which participants freely elaborate. This tool is an exciting way to engage with participants' discourses on various topics, where they express opinions, concepts, and ideas, as well as their historical context and location. The interviews with the teachers were individually administered based on a guiding script developed by the researchers, with questions and discussion topics about their daily school life, professional performance, conceptions of intellectual disability, the sexuality of students in this condition, and sexual education efforts aimed at the public. All interviews were

<sup>3</sup> The first article resulting from the data collection that comprised the doctoral thesis of the first author (MENDES; DENARI, 2022) can be accessed at the following link: <https://periodicos.fclar.unesp.br/iberoamericana/article/view/15336>. Accessed in: Feb. 3 2023.

<sup>4</sup> Fictitious names.

recorded and transcribed, respecting the confidentiality of the participants and other ethical principles in research involving human beings<sup>5</sup>.

The transcribed material was analyzed using Foucault's Genealogy. Genealogy is a qualitative analysis approach discussed by Foucault (2008; 2017d) that seeks to explore the interplay of knowledge and power surrounding a specific phenomenon through discourse analysis, understanding it in all its complexity, historicity, locality, and potency:

While archaeology is the method suited to the analysis of local discursivity, genealogy is the tactic that, based on the local discursivity thus described, activates the knowledge liberated from subjection that emerges from this discursivity (FOUCAULT, 2017d, p. 270, our translation).

The genealogical analysis conducted in this research occurred through the following stages:

- Initially, the transcribed material of the interviews, i.e., the found discourses, was read. This initial reading allowed for recognizing discourses resembling, complementing, or diverging among the participants' speeches;

- Subsequently, the material was divided into units of meaning. These units were constructed by grouping similar or complementary discourses. The constructed units of importance were: "Sexual Education: Territories and Boundaries," "The Surprise of a Sexualized ID," and "Vigilant Control over the Body";

- The constructed units were then qualitatively analyzed. The participants' discourses were described and discussed in light of the literature on special education, disability, sexuality, and sex, identifying the social relationships that shaped the lessons and the implications of the means of production, knowledge, and power relations in discursive formation.

## Results and Discussion

The interviews conducted with teachers working in special education brought forth various discourses regarding the themes of sexuality and disability. Sex and the sexual expressions of their students diagnosed with intellectual disabilities are part of the daily school routine in the classes of the interviewed teachers; however, these topics emerged cautiously. The first unit of meaning that emerged from the interviews corresponds to "Sexual Education:

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<sup>5</sup> This research was approved by the Research Ethics Committee for Human Subjects at the Federal University of São Carlos (UFSCAR) under evaluation number 3.538.718 (CAAE: 14668719.4.0000.5504).



Territories and Boundaries." When asked about their professional work and activities related to the sexual education of their students, the teachers initially provided accounts of activities they carry out in the classroom focused on autonomy, self-care, and hygiene:

*[...] my classroom is entirely independent in this regard. So, the hygiene part, the self-care part, I emphasize more, reinforce [...]. What I try to work on a lot is respect [...], when they are in the bathroom, knowing what respect is in the bathroom, for example, for boys or girls, or wherever they are because they have much difficulty understanding what is play and what is malice (ELIANE, our translation).*

*[...] this is a daily thing. Because, as we work with adolescents, and being here at Apae, they have more difficulty with personal hygiene autonomy [...], and when necessary, the support is provided here, and the work is done to help them gain independence in their daily routine, such as bathing and toothbrushing. Because it's often necessary (BRUNA, our translation).*

Themes such as hygiene, respect, privacy, autonomy, and consent are also part of sexual education. These themes revolve around experiences related to sex, sexuality and preventing sexual violence, and their classroom discussion is essential and necessary. According to Meyer (2017), addressing these topics throughout the entire educational journey, from early childhood education to high school, is necessary for promoting quality psychosocial development.

However, it is common to observe a reluctance among educators to go beyond these fundamental topics in sexual education and delve into more complex subjects, such as establishing relationships, sexual health, and preventing violence (RIBEIRO, 1990; MENDES; DENARI, 2019). Was this reluctance present in the teachers' discourse?

Teacher Bruna and the school's pedagogical coordinator, Bianca, discussed their approach to discussions about sex, sexuality, and other sexual education topics:

*We usually respond to what is asked when we perceive the student's interest and need to know about that subject, you know? What is often asked? About pregnancy because it happens a lot in their families. Since they have siblings, and sometimes they are not even married, and pregnancy happened unplanned, they talk about it, and we seize the opportunity to talk about the need for prevention, contraceptives, and condoms that when a child is not wanted, it's very complicated when a person is younger and lacks experience [...]. About having a relationship, but... having a relationship with someone, and that sex is always involved (BRUNA, our translation).*

*The most common questions, the most common ones, are about masturbation, about them watching pornography, having it on their phones, and then the teacher finds out. Sometimes, one starts, you know, making those flirtatious comments, jokes, between the girls and the boys. Then they start fighting. So, these situations of wanting to touch, touching not always in intimate areas,*



*but, you know, hugging too much, hugging very tightly, the teacher thinks it's not normal, so they bring it to us, and I talk to them about it.  
[...] Right now, I was resolving a case of two teenagers from the school who say they're in a relationship, but they say we're in a relationship without kissing, but they were fighting because there was an argument, he went to help her, and she wanted... she slapped him. (BIANCA, our translation).*

In the previously mentioned discourses, it is possible to observe more complex topics related to sexual education, such as pregnancy, masturbation, and relationships. For Foucault (2017a; 2017b; 2017c), these topics entered the school routine from the 18th century onwards. In post-industrial revolution schools, issues related to unwanted pregnancies, sexually transmitted infections, the use of hallucinogenic substances, and ideas concerning dating and marriage were discussed. According to the author, this practice corresponded to biopolitics aimed at producing citizens considered ideal for capitalist society: free from sexually transmitted infections, not using hallucinogenic substances, in monogamous, heteronormative relationships, and subject to Christian marriage for procreation and parenthood, a direct manifestation of the biopolitics of body control and repression.

Biomedical topics with a biological focus historically dominated school discussions on sexual education. Over the decades, according to Figueiró (2009), issues related to sexual education diversified to include discussions of gender, privacy, respect, and the prevention of sexual violence, in other words, topics with psychological and social emphasis. Discourses related to these themes were observed:

*[...] I always make it clear to them that we cannot trust strangers. Never. [...] because we have had cases here where, unfortunately, some were raped because they trusted, right? They didn't understand that people from outside cannot be trusted (ELIANE, our translation).*

*[...] they understand well the issue of respect, right? Because, as they listen to the radio, news comes out like, "Oh, so-and-so attacked, I don't know who raped," you know, those things, right? "Oh my God in heaven," I mean, they know this is ugly and cannot happen! In the case of violence against children, you know? We don't delve into it much because, as I told you, we have psychology every week, and it's to her that they will report the most critical situations in their daily lives because if I were to also bring that up every day... (NAIR, our translation).*

Working on the prevention of sexual violence during moments of sexual education is essential. Due to the high incidence of this type of violence, including against people with disabilities (PwD), combating it involves providing humane care to victims, raising awareness about the issue, and teaching protective behaviors in the school environment (UNFPA, 2018a;

2018b). Sexual violence is part of the discussions related to sexual education in the daily lives of teachers; however, the topic does not seem to be adequately addressed. There is a noticeable reluctance on the part of teachers to tackle the subject in its complexity. As mentioned by Professor Nair, this work would be the responsibility of the institution's psychologist.

Even though some sexual education efforts take place in the particular education school environment, there still seems to be some hesitation on the part of the interviewed teachers to address specific sexual topics in the school routine. In the teachers' discourses, both poles of sexual education are perceptible, the biological and the psychological and social aspects. However, the former predominates. The prevention of sexual violence appears to be a methodological boundary that teachers are hesitant to cross, as they remain focused on biological discussions such as hygiene and condom use, as well as guidance on coexistence and respect based on daily occurrences at school and the questions or reports that students bring from their daily lives.

In addition to addressing the various topics that may arise, raising awareness about violence, and promoting autonomy, independence, and empowerment, satisfactory sexual education extends beyond the classroom environment and encompasses discussions with the entire school staff and student's families. The teachers shared some of their experiences with the family nucleus of their students:

*And many times, the family doesn't accept it. So far, I haven't had any problems with families because I addressed these issues in the parents' meeting; I said, 'Look, folks, I usually work on the side, I said. So if they bring up questions, I answer, but I answer truthfully; I don't talk about the stork.' Then they even laughed. I said, 'because the stork doesn't exist; we've known for a long time that the stork doesn't exist (ELIANE, our translation).*

*And families also need to understand what sexual education is, that we are not teaching children, young people, and teenagers to have sex, but we are showing what is normal, what is not, where it is appropriate, and what situations involve abuse, what they should do, what they should allow (BIANCA, our translation).*

For Meyer (2017), the success of sexual education programs depends directly on professional collaboration within the classroom, both from teachers and educators, but also on coordination with other spaces and professionals, such as psychology, nursing, medicine, and other health, education, and support fields. Furthermore, family receptiveness to the work can be significant for its success or failure.

Otoni and Maia (2019) observed a similar phenomenon in which the interpretations of family members regarding sex and gender, which tended to lean towards the asexuality of children diagnosed with Autism Spectrum Disorder, interfere with the sexual education work carried out in schools. Quality sexual education, therefore, needs to use clear and accessible language, adapting to the audience's specific needs, but it also involves working with families to promote reflection and deconstruct prejudices related to sexuality and disability.

Within the discourse on sexual education and students with intellectual disabilities, another unit of meaning that emerged from the interviews with teachers encompassed ideas and interpretations about sex, sexuality, and working with young people diagnosed with intellectual disabilities. This unit of meaning was named "The Astonishment of a Sexualized Intellectual Disability."

The teachers have diverse interpretations of the sexual expressions of students with intellectual disabilities. Discourses with a particular pathologizing and infantilizing character are noticeable:

*And sometimes, their sexuality is advanced, it's premature. The teacher noticed that, and usually, the family has little dialogue; it's closed. [...] even those who are intellectually, mentally, severely disabled, they will have their moment of sexuality, they don't know how to deal with it, so this may lead to situations of rebellion, crisis, wanting to hit, push, or aggress, those thoughts cross their minds, you know? (NAIR, our translation).*

*[...] For us, they are young, but for them, it's adolescence. Some are more aware, but they are... they are quiet (LIDIA, our translation).*

*It's expected that they are teenagers and that everyone feels desire and pleasure. It's not because they have some intellectual disability that they don't have this desire, this urge. On the contrary, sometimes, it's much more pronounced in them (BRUNA, our translation).*

But some discourses relate the sexual expressions of this audience to those of other young people without a diagnosis of intellectual disability:

*They have an intellectual disability, a gap, perhaps one of our 15-year-old students may have a mental age of 12, but that doesn't mean they will stop having sexual issues. They want to masturbate, they want to date, they have desires, they watch a movie, and they get curious, they want to know what it is (BIANCA, our translation).*

Sex and sexuality in individuals with disabilities, as noted by Desjardins (2022), are subject to dualistic myths that interpret these phenomena as oscillating between deficiency, asexuality, and excess, hypersexuality. Sexual expressions in adolescents and young people

with intellectual disabilities, even though they may be shared for their age group, still astound family members and professionals working with this population, who often interpret them as "precocious" and "acute," as mentioned by the teachers. As individuals with intellectual disabilities do not conform to the asexual and infantilized place that has been directed at them, their sexual expressions often lead to astonishment and perplexity in those in their environment, which runs them toward the discourse of hypersexuality (MENDES, DENARI, 2022).

Discourses of a hypersexual and asexual nature surround the lives of individuals diagnosed with intellectual disabilities, as manifested by their educators. These discourses can be displayed openly but also covertly. Identifying prejudices and misconceptions related to sex can be daunting because these ideas often manifest subtly and covertly behind apparent acceptance and a sense of normalcy. However, it is necessary to deconstruct myths and prejudices about sexuality with professionals working in special education so that they can develop emancipatory sexual education work, emphasizing autonomy, respect, and healthy social development (McRUER, 2018; OLIVEIRA; MUZZETI, 2021).

Among the sexual expressions of students with intellectual disabilities, what seems to cause the greatest astonishment and apprehension among the teachers is masturbation, both when it occurs in the school environment and only in discussions about the topic. Regarding masturbation, the unit of meaning that emerged from these discourses was named "Vigilant Control Over the Body." Several teachers brought up cases they had witnessed related to this topic:

*[...] Other students came to comment that there was a student from the classroom who was in the restroom masturbating. [...] So I called that student and told him that it was okay, that he felt the need, but he couldn't stay in the bathroom for too long just doing that, there was a specific time for it, etc... But I know it's a necessity that wasn't "the end of the world," you know? As long as he closes the door and stays there by himself in his corner, you understand? (BRUNA, our translation).*

*I had a severe case of autism, and he approached me. He didn't know how to deal with the issue of masturbation, with what was coming out of it masturbation. He was desperate. I talked to the psychologist with the principal. In such cases, you call the parents and provide guidance because the father, if there is one, should be the primary figure. Talk to their child, teach them, and take them to the bathroom. I do this myself when I see a situation where the mother doesn't have the cultural potential to come and do this due to her religion. You have to approach it and say, "Look, you need to have your moment to get to know your body, but where do you get to know your body? Is it in the bathroom, while bathing, rubbing yourself, cleaning yourself, if you feel like it, or in your room with a locked door so you don't embarrass anyone or get embarrassed?" I've had several cases of sexuality*

*where the key is the family. The family needs to have a structure, especially the father. If there's a man in the family, teach that child when they reach a certain age (NAIR, our translation).*

*[...] I'm going to tell you about a specific case. A student came to me and said, "Look, my brother hit me," I asked, "What's going on?" And he told me that he was masturbating, and his brother found out and hit him. So, from that, I learned... well, I realized that he doesn't have control. He pointed out that he knows what he can and cannot do but still desires it. So, as a teacher, we collaborate with a psychologist on this. [...] In this case, we must work more with the family than with him. Because the family needs to understand that he's not doing anything wrong, at least not in my opinion, as I mentioned, "he's not doing anything wrong." That's why he hid behind the house, because when he goes to take a bath... when I talked to him, and in the bathroom when you go to take a bath? He said that his time in the bathroom is monitored so that he doesn't engage in such behavior, you see? So it's complicated [...] it's a complicated family, adamant. It's the stepmother, even though she's a good person and taking care of them, they don't accept it. In this regard, I've heard that it has happened before when he's feeling this way; his father takes him to a brothel. So that's how they handle it, you understand? (ELIANE, our translation).*

Although there is a noticeable reluctance to discuss the topic, the teachers avoid repressing their students, primarily males and try to guide them toward self-discovery in private moments. The guidance seems aimed at deconstructing crystallized notions of masturbation and the relationship between disability and sex, promoting a healthy relationship with one's body. According to Monteiro (2019), practices like these are valuable for proper sex education. However, alongside these guidelines are apparent judgments regarding the cultural level or lack thereof of families and the responsibility of the male figure in guiding their children. According to the teachers, some families do not have sufficient cultural capabilities to teach their children about sexual desires and masturbation, resorting only to punishment and surveillance systems and control over their children's bodies to prevent this behavior.

The control of masturbation, for Foucault (2017a; 2017b; 2017c), is another ancient form of governance in Western society, dating back to ancient Greece and Rome. With the emergence of capitalism, this control relationship became more repressive, aiming to suppress pleasures deemed superfluous and direct human energy towards work and reproduction, another manifestation of biopolitics aimed at controlling and repressing bodies. Institutions such as families, schools, and hospitals began to organize their operations to monitor the body and suppress this practice. The interviewed teachers observe repression in the family environment. Nevertheless, similar processes of surveillance and control are observable in the school routine:

*[...] I have collected sensory materials to keep them from having idle hands, rubbing them together, or putting them on their bodies... [...] And the issue of a keen eye. Let's say this is my student, and he's constantly with his hand on his legs, but then you put one hand to write, and the other you don't take out from between your legs. So, you have to observe if he's not touching himself masturbating because that distracts him... [...] So the teacher has to keep what the hand posture is like, I do this: 'Let's sit up straight, one hand behind.' Always both hands, you can rest a little, but if he maintains this hand posture between the legs, which happens a lot in the shared space, the teacher is not prepared, he doesn't know (NAIR, our translation).*

School surveillance and control over the body initially involve the occupation of the body and the imposition of postures to prevent certain behaviors of masturbation. In cases where this system appears to be insufficient, medicinal intervention is employed:

*The boys, masturbation, which is the most common. Many have, well, they lack control, and sometimes they even need assistance, such as medication, but since they are already taking a high dosage of drugs, it's not possible. It would be a medication to make them calmer? (ELIANE, our translation).*

In addition to the guidelines teachers report implementing, they also structure their activities to keep students occupied, constructing a complex surveillance system and control over the body and sexuality. This system aims to suppress masturbation behaviors through "distraction" activities and medication or directing them toward places like the restroom. The process observed in the teachers' discourse aligns with what Foucault (2017a; 2017b; 2017c) referred to as the "pedagogization of sex," which is the school's intervention on various fronts of the educational routine to repress sexual experiences considered wrong by the interpretation of teaching professionals and to domesticate the bodies and lives of students to align them with sexual experiences deemed correct. The pedagogization of sex is a direct manifestation of the biopolitical control-repression of sexuality that persists today.

Institutional systems of surveillance and control over the body and sexuality within special education, according to Desjardins (2012), are standard. These systems are intrinsic to the very construction and organization of institutions serving people with disabilities and can significantly impede the lives and development of this population. Rigid control mechanisms can hinder the access of people with disabilities to sexuality and their reproductive rights and impede their access to information about sexual violence, sex, and sexual health.

Some of these systems imposed on the lives of people with disabilities can be very intense and may even involve forced, uninformed, or non-consensual medicalization, as Professor Eliane mentioned. Medication use without the person's informed consent can be considered a violation as it directly infringes upon their fundamental rights over their own body



and goes against the historical struggles of disability groups for independence, autonomy, respect, and emancipation. Unfortunately, this practice is still very common in the lives of many individuals diagnosed with disabilities, especially those with intellectual disabilities (SIEBERS, 2012).

The institutional surveillance and control imposed on the body of a person with a disability can be a hindrance to emancipatory sexual education. Bianca, as the pedagogical coordinator of the institution, observes the punitive aspect of some practices by many teachers regarding the sexuality of students:

*[...] They already get angry with them, saying, "Look, you can't do that, this is not the place," but they also don't explain where the right place is. "Oh, he's masturbating in the classroom, I got angry, I told him it's not allowed." But hold on, "We have to teach, it's not allowed here, but where is it allowed?" (BIANCA, our translation).*

To achieve quality sexual education directed towards people with disabilities, it is necessary to implement programs to combat violence and rights violations using reflective and emancipatory approaches. It is essential to value scientific knowledge in initiatives that aim to inform without punishing, promote respect and authority over one's body, and uphold the right to choose. To this end, teacher training programs are still required to prepare educators to provide information about sex respectfully and emancipatively rather than surveilling and punishing it (RIBEIRO, 1990; DENARI, 2011; MEYER, 2017).

### **Final considerations**

While sexual education is necessary for dealing with various audiences and in multiple spaces and institutions, such as schools, it is still common for this practice to be avoided or, when implemented, to occur hesitantly and punitively. In recent years, the growing wave of neoconservative discourses has negatively impacted this scenario that demonizes work on sexual education topics in the school environment.

When it comes to sexual education for individuals diagnosed with intellectual disabilities, the situation becomes even more precarious. There is a convergence of historically entrenched prejudices about disability and sexuality, such as myths regarding the asexuality and hypersexuality of people with disabilities, with current neoconservative discourses. These factors can further hinder access to information about sex, prevention of sexual violence, establishment of safe relationships, and exercise of sexual and reproductive rights.

The myths and prejudices surrounding the sexual expressions of people with intellectual disabilities were evident in the narratives of the teachers who participated in this research. Hypersexualized views of people with intellectual disabilities stood out: astonishment at certain sexual expressions, reluctance to openly discuss them, and the existence of activities designed to monitor and punish the student body.

The sexual education provided by the teachers is focused on the pedagogization of sex, which is manifested through a complex system of control and surveillance of the body and sexual expressions. Historically, this system has been directed toward individuals with disabilities through biopolitics of body control and repression. As observed by other teachers, this system can harm educational work with people with disabilities and quality sexual education. However, it does not exist in isolation. Alongside surveillance and punishment, other informative and emancipatory practices seek to subvert them: non-punitive conversations and guidance on topics related to sex, sexuality, the body, autonomy, independence, and emancipation. Thus, the sexual education practiced by the teachers manifests within dualities: repression and guidance, control and emancipation.

Inclusive education involves teaching traditional school subjects and interventions aimed at autonomy, accessibility, independent living, and establishing consensual and safe social, romantic, and sexual relationships. To achieve these goals, sexual education programs are necessary, focusing on guidance, the appreciation of scientific knowledge, and the dismantling of prejudices and myths related to sexuality and disability. It is hoped that this research can contribute to achieving these goals and promote reflections on disability, sex, and sexual education, as well as inspire new research on these topics.

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