ISSN 1982-5587

Research Articles

Social markers of difference and the development of sexuality in people with visual impairments

Marcadores sociais de diferença e o desenvolvimento da sexualidade de pessoas com deficiência visual

Helen Cristiane da Silva Theodoro[1,*], Hadriel Geovani da Silva Theodoro[2], Carolina Severino Lopes da Costa[3]

[1] Universidade Federal de São Carlos (UFSCar), Departamento de Psicologia, Programa de Pós-graduação em Educação Especial (PPGEEs), São Carlos, SP, Brasil
[2] Escola Superior de Propaganda e Marketing (ESPM), Programa de Pós-graduação em Comunicação e Práticas de Consumo, (PPGCOM), Grupo de Pesquisa Deslocar, São Paulo, SP, Brasil
[3] Universidade Federal de São Carlos (UFSCar), Departamento de Psicologia, Programa de Pós-graduação em Educação Especial (PPGEEs), São Carlos, SP, Brasil

HOW TO CITE: THEODORO, H. C. S.; THEODORO, H. G. S.; COSTA, C. S. L. Social markers of difference and the development of sexuality in people with visual impairments. **Revista Ibero-Americana de Estudos em Educação**, Araraquara, v. 21, e19823, 2026. e-ISSN: 1982-5587. DOI: https://doi.org/10.21723/riaee.v21i00.1982302

Abstract

The sexuality of people with visual impairments remains largely invisible and is rarely addressed in a didactic manner within family and/or school environments, compromising the development of their social and sexual identities. Taking this into account, the main objective of this article is to analyze how social markers of difference influence the development of sexuality in young adults with visual impairments. To this end, we conduct a theoretical reflection on the interrelationship between sexuality and disability, highlighting the importance of sexual education, and analyze the experiences of three young adults with congenital blindness. The methodology includes conducting interviews and content analysis. Overall, we found that the lack of quality sexual education that considers the specific needs of people with visual impairments negatively impacts all phases of their development.

Keywords: special education; person with blindness; sexuality education; intersectionality.

Resumo

A sexualidade de pessoas com deficiência visual continua amplamente invisibilizada e raramente é abordada de maneira didática no ambiente familiar e/ou escolar, comprometendo o desenvolvimento de suas identidades sociais e sexuais. Levando isso em conta, o principal objetivo deste artigo é analisar como os marcadores sociais de diferença influenciam o desenvolvimento da sexualidade de jovens adultas/os com deficiência visual. Para isso, realizamos uma reflexão teórica sobre a inter-relação entre sexualidade e deficiência, destacando a importância da educação sexual, além de analisar as experiências de três jovens adultas/os com cegueira congênita. A metodologia inclui a realização de entrevistas e a análise de conteúdo. De modo geral, constatamos que a falta de uma educação sexual de qualidade, que considere as necessidades específicas de pessoas com deficiência visual, impacta negativamente todas as fases do desenvolvimento.

Palavras-chave: educação especial; pessoa com cegueira; educação sexual; interseccionalidade.

INTRODUCTION

Although there is currently a broadening of debates on sexuality, the topic is still considered taboo in many aspects, especially regarding the sexuality of people with disabilities, demanding a multidisciplinary theoretical approach. In the field of education, this issue continues to be neglected, which is also related to the fact that the sexuality of people with disabilities is generally not addressed didactically in the family and/or school environment (Maia, 2019). Due to moral, cultural, or religious factors, many families avoid discussing the subject; in

***Corresponding author:**
helenstheodoro@gmail.com

Submitted: November 15, 2024
Reviewed: January 12, 2026
Approved: January 12, 2026

Financial support: Coordination for the Improvement of Higher Education Personnel (CAPES).

Conflicts of interest: Nothing to declare.

Ethics committee approval: CAEE: 39863720.8.0000.5504 – March 04, 2021.

Data availability: The research data is available in the body of the article. Study conducted out in collaboration with the Association for the Support and Integration of the Visually Impaired (PARA-D.V.), Araraquara, SP, Brazil.

schools, the content is usually restricted to biology and /or there is a lack of materials and pedagogical resources adapted to the needs of people with disabilities, especially in the case of people with visual impairments, who have demands with a high degree of accessibility (Zerbinati; Bruns, 2017).

Taking this into account, it is essential to understand that human development is a constantly evolving process, from which sexuality cannot be dissociated. One of the main factors impacting human development is the family context, since the family is responsible for protection, basic care, and integration of the person into the environment in which they are inserted (Theodoro; Costa; Theodoro, 2023). The guidance or lack thereof from parents and guardians on issues related to sexuality during childhood and adolescence (which is closely linked to Educational Social Skills), for example, directly influences the experience of sexuality of visually impaired people in adulthood (Davidoff, 2001). For visually impaired people, this is paramount because the more opportunities they have to experience the world, manipulate objects, and live through a variety of situations, the better their chances of developing holistically for life in society.

To discuss the sexuality of visually impaired individuals, it is crucial to consider some fundamental concepts about the disability itself. Visual impairment is commonly understood as the partial or total loss of vision (Smith; Tyler, 2010). This definition is based on assessments of visual acuity (the ability to distinguish shapes, lines, symbols, or letters of progressively smaller sizes) and visual field (the extent of stimuli that a person can perceive from a fixed point) (Silveira, 2009). Blindness refers to the total loss of vision up to the absence of light perception; while low vision represents an alteration in the functional capacity of vision, resulting from various factors (isolated or combined), such as significant low visual acuity, significant reduction of the visual field, and cortical and/or contrast sensitivity alterations that interfere with or limit visual performance (Silveira, 2009). Furthermore, visual loss can be mild, moderate, or severe and is influenced by environmental factors and by congenital or acquired conditions (Silveira, 2009).

Due to such impairments, especially those resulting from congenital blindness, notions of self-care of the body, the discovery of anatomical differences, forms of gender expression, desires, and the establishment of affective relationships are some of the dimensions of sexuality that can be affected by a lack of vision (Theodoro, 2022). If the resulting specificities are not taken into account, visual impairment can hinder the development and experience of sexuality. It is also worth noting that visual impairment (as well as other comorbidities) tends to be frequently associated with impaired development of sexuality (Bruns, 2017). This association can be conditioned by factors such as overprotection, infantilization, prejudices, and stigmas that support the idea that people with visual impairments are incapable of developing and experiencing their sexuality (Maia, 2019). Furthermore, the lack of communication and appropriate educational resources can prevent information about sexuality from being adequately made available to these people, which violates their right to full development (Pinel, 1999).

On the other hand, it is necessary to consider that a structural resistance to accepting differences persists, just as it does for people with visual impairments. Individuals who do not fit into or conform to cisheteronormative, ableist, whiteness, and class standards, for example, become particularly vulnerable to multiple forms of exclusion and marginalization. Concerning people with visual impairments, they may (or may not) explicitly bear the marks of their disability on their bodies as a social marker of difference, since visual impairment is not always immediately identifiable. However, when they begin to voice demands related to specific needs arising from the absence of sight in a world structured around an image-based culture, they frequently face processes of silencing, delegitimization, and exclusion, which tend to intensify as they are articulated with other social markers of difference (such as social class, race, ethnicity, religion, and age), deepening the mechanisms of marginalization and the reproduction of ableist practices and discourses directed at these people.

Given this context, the main objective of this article is to analyze how social markers of difference influence the development of sexuality in young adults with visual impairments. Considering the dimension of social markers of difference means articulating an epistemological dimension that helps us analyze how certain socially constructed differences (such as gender, race, class,

nationality, sexuality, religion, age, etc.) operate as criteria for hierarchization, exclusion, and the production of inequalities (Piscitelli, 2008). To this end, we carried out a) a theoretical reflection on the interrelation between sexuality and disability, as well as the importance of sex education; and b) an analysis of the experiences of three young adults with congenital blindness related to the development of sexuality.

METHOD

In this article, we analyze the cases of Ana, Carlos, and Luiz[1], interviewed for Theodoro's (2022) master's research (first author), which aimed to investigate the development of sexuality in young adults with visual impairments[2]. We used a semi-structured interview guide that addressed topics such as sexuality, identity, and sex education, based on the literature in the field and on Parenting Educational Social Skills (Del Prette; Del Prette, 2008).

Initially, we contacted an institution for young adults with visual impairments in the interior of São Paulo and obtained authorization for the research. After approval by the Ethics and Research Committee of the Federal University of São Carlos (CAEE: 39863720.8.0000.5504), we conducted a 1-hour and 30-minute pilot internet interview on May 11, 2021. Luiz, the participant who answered the pilot interview, suggested a chronological order for the questions, leading to adjustments to the script, which initially contained 30 questions – later reduced to 28.

Subsequently, we resumed contact with the institution and the responsible parties, who assisted in communicating with potential participants. Due to the COVID-19 pandemic, the interviews were conducted online and included participants from various states in Brazil. The interviews, conducted via Google Meet, lasted 35-90 minutes and were completed over 30 days, from June to July 2021. In total, 12 visually impaired individuals were interviewed (including the pilot interview).

The interviews with Luiz and Carlos were not included in the final analysis of the master's thesis because they did not meet Theodoro's (2022) selection criteria. In Luiz's case, his interview served as a basis for verifying and adjusting the initial interview script. In Carlos's case, he addressed complex issues such as prostitution and homosexuality, which were not part of the central aspect of the research, which focused on family relationships and sex education. Ana, in turn, brought to her account several nuances full of meaning and experiences that could be better analyzed in a future study. Beyond the focus of the research, Ana addressed themes related to sexual orientation, drug addiction, gender expression, and the search for greater freedom and autonomy as a lesbian woman with a visual impairment. Below, you can find basic information about the profiles of Ana, Carlos, and Luiz:

> Ana: 24 years old, single, born in Santos (SP), residing in Florianópolis (SC), with a completed higher education and working as a journalist.
>
> Carlos: 30 years old, single, born in São José dos Campos (SP), residing in the same city, with a completed higher education and working as an administrative assistant.
>
> Luiz: 33 years old, single, born in Sorocaba (SP), residing in the same city, with a completed higher education and working as a public servant.

To analyze the interviews, we used content analysis, a methodology applicable to both qualitative and quantitative research, as it considers words, expressions, and ideas collected during the communication process. As a theoretical and methodological framework for the study, content analysis is particularly relevant because it allows us to identify the semantic fields present in a discourse (Marconi; Lakatos, 2017). This is fundamental to understanding the life stories of the participants and how they give meaning to the reality around them, especially regarding their experience of sexuality.

[1] The names have been changed to preserve the anonymity of the participant(s).
[2] Young adults were defined as individuals between the ages of 20 and 40 who tend to establish their own lifestyles, identities, sexuality, professions, and/or families independently (Papalia; Olds; Feldman, 2006).

The analysis is structured around three interrelated axes: 1) Family, 2) School, and 3) Development and daily life. We chose this division because we consider the family and school to be the main institutions influencing the construction of the social and sexual identities[3] of visually impaired people. Furthermore, these are the most important environments for promoting sex education. The third axis focuses on understanding how issues related to sexuality and sex education impact the daily lives of visually impaired people, taking into account the different stages of development.

RESULTS

In the accounts of Ana, Carlos, and Luiz, it was evident that their parents and/or guardians encouraged autonomy and independence from a young age, enabling them to perform daily tasks without assistance. Luiz, for example, reports:

> *At home, since childhood, we were always encouraged to take care of ourselves and to be somewhat independent. My parents always worked outside the home [...]. So, we always had to take care of ourselves and be independent. However, I believe that, from the beginning of adolescence, at 11 or 12 years old, I started to gain more autonomy. (Luiz, 2022).*

Although they received family support until early adulthood, when they began to become completely independent, parents and/or guardians only introduced concepts about clothing, personal care, and hygiene, without addressing specific issues about sexuality. In all cases, communication with parents and/or guardians was limited to everyday matters, without including the development of sexuality. Topics related to the development of sexuality were frequently delegated (directly or indirectly) by parents and/or guardians to third parties, such as other family members, school, or peer groups. When they avoid addressing these topics, especially in the case of visually impaired individuals, parents and/or guardians shirk this responsibility (Theodoro, 2022), which influences the development of sexuality and their social and sexual identities. In this regard, Ana mentions:

> *I think it is very much a matter of being flexible about what to talk about and with whom to talk. With my grandmother, I did not talk much, but with my aunt, I talked about everything: spirituality, movies, sexuality... So, it was more open. With my mother, when I came out, the relationship was difficult for a while. She did not accept it for a while... Then I started talking to her, and she began to accept it better. (Ana, 2022).*

We cannot forget that understanding relationships, touch, levels of intimacy, appropriate places for interactions, self-care, and feelings and emotions is essential for the healthy development of sexuality (Maia; Del Prette; Freitas, 2008).

Regarding guidance during puberty, we found that it focused on body care (self-care), such as the use of deodorant, sanitary pads, and hair removal. As reported by Ana, Carlos, and Luiz, there was no education from parents and/or guardians focused on reproductive organs, libido development, or masturbation, for example.

> *Regarding hygiene, there was always guidance, even as a child, for example, on how to bathe, the need to pull back the foreskin to wash the penis properly, how to lather correctly... That was always something I had to do. However, for example, hair removal, I discovered on my own. That was much later, when I was sixteen or seventeen. (Carlos, 2022).*

Although topics on self-care and personal hygiene are part of the construction and development of sexuality, a more comprehensive and in-depth approach to sexuality is needed, one that

[3] Theodoro (2022) argues that social identity is constituted in a processual way, being continuously produced and re-signified in the multiple interactions established throughout life in different social spaces. This construction is traversed by elements of specific socio-historical contexts, intersecting with the infinite conceptions, values, and discourses that affect disability, family configurations, and school practices. Sexual identity, on the other hand, is configured as an infinite dimension of manifestations of human subjectivity, resulting from the plurality of ways in which sexuality manifests itself, encompassing, for example, gender expressions, affective-sexual orientations, and ways of experiencing affective bonds.

is appropriate to each stage of the developmental process and the specific needs of people with visual impairments (Maia, 2019; Maia; Ribeiro, 2010).

Regarding topics related to social rights, accessibility, civil rights, the job market, and moral and ethical behaviors and conduct, these were frequently addressed by parents and/or guardians. However, sexuality was not discussed within the family context in the case of Ana, Carlos, and Luiz. At no point did they mention that their parents and/or guardians made an effort to teach them, for example, about affective-sexual relationships, sexual orientation, or gender expression. When asked about the influence of their parents on their personal values and the development of their sexuality, Ana states:

> *I think it was very valuable, even though it helped shape my character. So, I think that, in terms of instruction, I took some of those lessons with me into life, like honesty or basic ethical things. However, that had no influence whatsoever on the development of my sexuality. (Ana, 2022).*

This lack of education about sexuality within the family can reinforce the belief that visually impaired people are overprotected, asexual, or incapable of establishing affective-sexual relationships (Maia, 2019; Maia, Ribeiro, 2010). Thus, it is understandable that they seek to resolve their doubts about sexuality with others (Denari, 2011). For Ana, Carlos, and Luiz, this was the available path to learn about romantic relationships, sexual orientation, and social and sexual identities.

Regarding school, Ana, Carlos, and Luiz state that they received some sex education in the school environment. Carlos and Luiz, who attended regular schools, report that the information they received was theoretical and focused solely on biology, without tactile resources or materials adapted to their needs. Ana, on the other hand, attended an institution specializing in serving people with visual impairments and had access to educational materials that complemented the theoretical classes on sexuality, such as models, prostheses, dolls, and contraceptive methods.

> *The organs were made of some handcrafted material; I do not know if they were made of clay. (Ana, 2022).*

> *I studied at a state school. So, there was a sex education curriculum. The teacher showed the class drawings. Although access was more difficult, we already had a certain level of conversation among friends, in small groups... (Carlos, 2022).*

> *What I received was at school, in science class. [...] I remember one class where the teacher brought plastic models of organs, both male and female. However, it was very sporadic. (Luiz, 2022).*

According to Theodoro, Costa, and Theodoro (2023), this type of material is fundamental for teaching sex education and the development of sexuality in visually impaired individuals. Ana's experience demonstrates that specialized schools or institutions are capable of promoting a more comprehensive sex education, taking into account the limitations and abilities of visually impaired individuals and offering specific resources for learning about topics related to human sexuality. In this sense, understanding visual impairment and the educational needs associated with teaching sexuality allows educators (parents, guardians, or teachers) to address the topic more effectively (Theodoro; Costa; Theodoro, 2023).

This is not about devaluing mainstream schools that serve students with visual impairments. However, the lack of specific training and the lack of knowledge about the needs of these individuals compromise sex education. The creation of tactile materials and audio description (of texts and images) can be important tools in this context (Pinel, 1999). Furthermore, the use of prosthetic body parts (such as penis, vagina, uterus, scrotum, anus, breasts, etc.) can also significantly contribute to teaching sexuality-related topics to people with visual impairments (Benedet; Gómez, 2015).

For Ana, Carlos, and Luiz, educators need to address topics such as the body, contraceptive methods, and sexual practices in a natural way, without reproducing or reinforcing prejudices

or stereotypes. In their opinion, this should occur throughout all stages of development, with teaching adjusted to students' ages and needs. Ana highlights the importance of the school being a welcoming and open environment for diversity, where more complex topics, such as sexual orientation and the sexuality of women with disabilities, can be discussed. This understanding aligns with studies such as those by Jablan and Sjeničić (2021), which emphasize the need for sex education programs that promote the full development of the sexuality of visually impaired people, assisting in the development of their social and sexual identities.

Finally, regarding development and daily life, we found that the understanding of sexuality encompasses diverse topics, such as knowledge of one's own body and bodily differences, interpersonal relationships, sexual orientation, gender identities and expressions, sexual practices, affectivity, and pleasure. Given the complexity of the subject, it is natural that this diversity appears in the discourses of the people interviewed. In the analysis, we considered the interrelation of these aspects with the phases of development and daily life. For Ana, Carlos, and Luiz, visual impairment, to varying degrees, affects interpersonal relationships at all stages of development. However, as they grew older, this influence intensified. Sá, Campos, and Silva (2007) explain that, upon being born with a visual impairment or acquiring it in childhood (as in Luiz's case), the person incorporates various elements related to the limitations and abilities resulting from the disability into their social identities. However, over time, they may be recognized only by their disability, which constitutes discrimination.

In all three cases, across the developmental stages, we can observe that Ana, Carlos, and Luiz's experiences reflect the levels of autonomy, independence, and guidance they received. However, their statements indicate that, during childhood, the training for autonomy provided in the family environment was limited, almost exclusively restricted to self-care activities, such as bathing or dressing alone. It is important to remember that the learning acquired in childhood influences all subsequent stages of development (Bolsoni-Silva et al., 2008). Therefore, the absence of a more comprehensive education, including sex education, can compromise the developmental process of people with visual impairments (Sá; Campos; Silva, 2007).

During adolescence, the interviewees began to notice physical changes in their bodies, as well as other, more subjective changes, such as changes in affective and sexual desires. Ana, because her first menstruation occurred when she was only 9 years old, experienced these changes precociously. Her first sexual relationship also occurred during the beginning of adolescence, at age 13, when she had a relationship with a man twice her age. When her family did not approve of the relationship, Ana began to seek information and content about sexuality on her own. Even having received sex education adapted to the needs of visually impaired people, since she studied at a specialized institution, Ana still had doubts related to sexuality. On one occasion, for example, she even thought she might be pregnant and needed to talk to her mother about it.

> *Today, looking back, I realize that the situation could indeed be considered pedophilia. Even so, my family accepted him, and I ended up starting a relationship with this young man, who was more experienced than I was – something I interpreted at the time as gaining experience. On one occasion, we did not use a condom, and I even believed I was pregnant, although he insisted he had not "gotten there" (Ana, 2022).*

This demonstrates that, even with a more inclusive education, visually impaired people can face challenges regarding sexuality. As highlighted by Morgado et al. (2019), sex education for visually impaired people is a continuous and constantly evolving process, especially during childhood and adolescence. This process requires a joint effort from the school and the family, without disregarding the importance and influence of other institutions.

In Carlos's case, the self-discovery of his sexuality during adolescence occurred in solitude, as he did not feel free to discuss these issues with family members. It was through books dealing with topics such as puberty, the body, and sexual orientation that he was able to expand his knowledge. It is important to remember that, in addition to adolescence being a very delicate phase in the developmental process, visually impaired people face specific challenges. For

Carlos, this manifested in the difficulty of understanding his own anatomy (even confusing his first ejaculation with urine) and the delay in understanding his sexual desires for other men.

> *My mother gave me the book "What is Happening to My Body?" The process was quite smooth: since I already had low vision, she ended up reading the book to me. She even tried to broach the subject of masturbation, but I did not feel comfortable. When I ejaculated for the first time, I had no idea what was happening; I even thought it was urine. This whole process felt like a very personal discovery. (Carlos, 2022).*

During this period, Carlos began therapy, which allowed him to talk about his sexual orientation. Feeling uncomfortable discussing the subject with his family and lacking adequate sex education at school, therapy proved fundamental to his process of self-acceptance.

> *Understanding my sexual desire was quite a difficult process, especially when I started to realize that girls did not attract me. From then on, the crux of the matter arose: life ceased to be a fully welcoming space. It was a very challenging period, although I was in therapy, which provided me with a safe space to talk about these issues. This process of recognizing myself as gay, of discovering my desire, including in terms of being passive or active, of getting to know other male bodies besides my own, and of experiencing things that I consider less complex for heterosexual people, constituted a more turbulent phase of my journey. This period extended over many years. (Carlos, 2022).*

However, it is important to recognize that not all visually impaired people have access to psychotherapy and, as already mentioned, the lack of family dialogue and the absence of sex education can cause serious harm to the development and construction of the social and sexual identities of visually impaired people (Maia, 2019).

Luiz, in turn, had experiences similar to Carlos's. He also did not feel comfortable talking about homosexuality with his family and did not receive sexuality education at school. For him, one consequence was isolation, which also compromised his social relationships. By isolating himself, Luiz was unable to experience his sexuality during adolescence, growing up full of questions about his sexual orientation and desires. When they do not feel understood or cannot grasp the information around them, visually impaired people may have difficulty fully experiencing their sexuality (Cozac; Pereira; Castro, 2016). Luiz's case illustrates this situation well: the difficulty in accessing visual information and understanding his own sexuality led to a process of isolation that, in turn, compromised self-knowledge and self-acceptance.

For Ana, adulthood has brought more opportunities to express her desires and experience sexual practices with greater freedom. Although she has accepted her homosexuality, she reports that her emotional feelings are extremely intense, to the point of causing psychological and physical illness. Especially when these feelings are intertwined with prejudice, discrimination, and violence, they can lead to self-destructive behaviors, which, in Ana's case, occurred in her relationship with drugs.

> *Currently, my sexuality is well-defined and resolved for me. The only challenge I identify is the tendency to become intensely emotionally involved. This feeling we experience when we like someone, when we nurture feelings for another person, is associated with the release of hormones linked to well-being, such as serotonin. When that person is no longer present, a kind of withdrawal arises. I even compared this experience to cocaine withdrawal, a parallel between the lack of the substance and the lack of the person. (Ana, 2022).*

According to Carlos, prejudices related to his disability and/or homosexuality affect his affective-sexual relationships. He observes that homoaffective dynamics tend to be more direct in relation to sexual practices, which creates certain challenges. As an example, he mentions the aesthetic standards and sexual roles established within the gay community (active, versatile, or passive). This leads us to problematize the fact that the exclusion of bodies considered "abnormal" is even more pronounced in the case of people with disabilities, since the difference manifests itself directly in the bodily dimension, also impacting subjectivity and the construction of social and sexual identities. The preference for certain bodies, therefore, is not just a matter of personal taste but reflects much broader hierarchical power structures.

As Miskolci (2005) points out, hegemonic discourses and practices always establish codes of normality that define the parameters of inclusion and exclusion.

Luiz, in turn, believes that his disability is an obstacle to interacting with other people, who often assume that he is incapable of engaging in affective-sexual relationships or express a morbid curiosity about his sexuality. These prejudices affect his social and sexual identities, leading him to have more casual encounters than lasting relationships.

> *I believe that there is, indeed, a lot of prejudice. I have been confronted with questions like: "If you are blind, how do you know you like men?" Or even comments like: "Because you are blind, sex must be more interesting or better because of touch!" However, it is not like that... I have even been questioned in the street about how I manage to have sex. (Luiz, 2022).*

While it is understandable that not everyone knows about disabilities, especially in specific aspects such as the sexuality of visually impaired people, this lack of knowledge should not be used as an excuse for reproducing prejudices or forms of discrimination. In this context, it is important to highlight that the development of sexuality results from all interactions and learning throughout life (Louro, 2000). The difficulty in establishing open communication about sexuality in the family and school environment, the lack of information about the sexuality of visually impaired people and homosexuality, as well as the prejudices and stigmas associated with disability, are factors that directly and profoundly influenced how Luiz experiences his sexuality in adulthood.

In summary, by analyzing the three cases, we found that visual impairment directly impacts the experience of sexuality in daily life. As França (2013) points out, social attitudes towards people with visual impairments influence how they express themselves, which can affect the development of sexuality and social and sexual identities. In the experiences of Ana, Carlos, and Luiz, we observed that discriminatory discourses and practices regarding visual impairment have negative effects at all stages of development. Furthermore, these impacts are intersectionally related to other social markers of difference, such as sexual orientation and/or gender identities and expressions.

DISCUSSION

The ideological and discursive system that establishes cisgenderism and heterosexuality as the norm (also known as cisheteronormativity) converts the body into the identity foundation of our existence. In this system, the body is categorized according to a binary division between woman and man, feminine and masculine. Thus, the body's anatomy becomes the visual code through which such boundaries are defined. Although there are bodies that demonstrate how this binary division is cultural and not exclusively biological (such as intersex people[4]), the binary difference continues to be the basis of profound processes of a dichotomous categorization of bodies. Therefore, it is crucial to understand the body as a text in constant dispute and (de)construction (Louro, 2008; Torras, 2007).

Body topography reveals a diversity of discourses that traverse various areas, such as medicine, biology, philosophy, psychology, religion, and art. Therefore, concepts about the body are intrinsically linked to representational strategies associated with knowledge-power and power-knowledge. The body-text encompasses both language and the shared sociocultural code that enables (or does not enable) communication and interpretation. Thus, the body cannot be considered merely as materiality, detached from culture. According to Torras (2007), we do not possess a body or are a body; in fact, we become a body through social relations and the negotiations of meaning that these relations entail.

Taking this into account, it is evident that the body dimension is inseparable from sexuality. However, it is crucial to emphasize that sexuality goes far beyond the anatomy of bodies or sexual practices. The development of sexuality begins in childhood for all people, regardless

[4] Genitalia becomes a central point in the division between woman and man, feminine and masculine, suggesting a supposed naturalness in the differences. When this anatomy is ambiguous or undefined, as in the case of intersex children, it is frequently subjected to surgeries and medical treatments to "correct" what is considered an "incomplete nature" and restore conformity with normative standards (Machado, 2005).

of individual differences. Although sexuality has personal characteristics, it is also shaped by cultural, social, and political factors (Maia, 2011). In the case of people with disabilities, although the difference manifests itself in the body dimension, it is not intrinsically innate; it only exists based on a parameter of comparison. Therefore, we need to consider the implications of establishing differences in the classification, hierarchization, valuation, and social, cultural, and historical recognition of the body. These implications impact both the developmental process and the forms and possibilities of experiencing sexuality.

According to Maia and Ribeiro (2010), disability not only affects the individual development process but also has significant impacts on the family environment, which can directly influence the development of the sexuality of people with disabilities. Given that disability is often stigmatized and marginalized by society, parents and/or guardians may adopt behaviors that lead to overprotection and/or isolation. These behaviors can compromise the full development of the sexuality and social and sexual identities of their children with disabilities.

In the case of visually impaired individuals, the absence of vision leads to a mistaken perception that they are totally dependent or incapable of performing both simple activities (such as dressing or cooking) and more complex ones (such as traveling or having children), in addition to difficulties in perceiving information in the environment or in social interactions (Bruns, 2008; Maia, 2019). Therefore, the development of sexuality in visually impaired individuals is constantly subject to the influences of sociocultural norms. Thus, the difference based on disability needs to be understood as a social marker that excludes and affects the developmental process, including sexuality.

Concerning the sexuality of visually impaired people, prejudice can be even more profound (Bruns, 2017; Maia, 2019). The development of sexuality in these individuals follows a dual path. On the one hand, macro-social issues, including political aspects and social norms related to visual impairment, directly affect this process. On the other hand, visual impairment itself influences how these individuals develop and experience sexuality. Thus, the development of sexuality in visually impaired people must be understood in association with the processes of subjectivation and identity construction.

It is also important to highlight that, in the lived experience of visually impaired people, issues of the body and sexuality are influenced by intersectionality with various forms of difference. The concept of intersectionality is fundamental to understanding the consequences of the intertwining of multiple oppressions, serving as a crucial theoretical-epistemological resource for understanding the formation and effects of the production of differences (Hirata, 2014). In the case of visually impaired people, intersectionality permeates daily life, since disability is always linked to other social markers of difference (such as class, race, ethnicity, religion, gender, sexual orientation, age, etc.).

Therefore, sex education plays a crucial role in the lives of people with disabilities, especially those with visual impairments, being fundamental to addressing the lack of access to visual information. Prejudice related to disability can lead a person to be recognized only by their condition (Silva, 2006), compromising the full expression of their sexuality. Therefore, sex education is important both for overall development and for ensuring the full exercise of citizenship for people with visual impairments.

Quality sex education is essential for positive sexual development in visually impaired individuals. This need is even more urgent due to the lack of visual resources, requiring both family and school to provide comprehensive and specific information about sexuality. Autonomy and independence alone are not enough; without adequate sex education, deficits in interpersonal, affective, and sexual relationships can occur, as well as affecting the development of social and sexual identities – social identities are shaped by the socio-historical context in which we are born and raised, while sexual identities derive from the diverse expressions of human sexuality, including desires, the body, gender, sexual orientation, and affections (Theodoro, 2022).

When discussing sex education and educational policies in Brazil, Barbosa, Viçosa, and Folmer (2019) found that there is no legislation making this topic mandatory in schools, resulting in a process of prohibition and/or silencing, which ultimately affects the very right to information. The lack of regulations making sex education mandatory can trigger a chain

reaction, because without this obligation, institutions and teachers may refuse to teach the subject. This harms the education of students, with even more negative consequences for visually impaired students.

Given this, it is necessary to reconsider the school as a central space for human development. Beyond the themes already present in the current curriculum, it is necessary to incorporate other aspects of psychosocial development, including pedagogical resources and strategies that guarantee sex education for all. In this sense, it is important to understand that touch is one of the main means of learning for people with visual impairments. Manipulating and experiencing different shapes and textures in the environment and on the human body is crucial for forming mental images and concepts about sexuality, such as distinguishing anatomical differences (Bruns, 2017; Maia, 2019). Pinel (1999) notes that a lack of access to tactile resources and materials can lead people with visual impairments to develop a distorted understanding of reality. Thus, topics such as the size and shape of the genitals, menstruation, erection, and masturbation can be misunderstood, compromising the development of sexuality.

Finally, it is crucial to remember that sex education is not limited to the physiological and biological aspects of human nature; it also involves the construction of identities, influenced by various sociocultural variables. We must consider that, as we construct our identities, we are constantly observing the varied forms and subjectivities present in our environment. Therefore, it is essential to provide visually impaired people with sex education that addresses both concrete topics (such as anatomical differences) and abstract ones (such as the concepts of beauty, eroticism, attraction, affection, flirting, gender, sexual orientation, etc.) (Bruns, 2008; Maia, 2019; Morgado et al., 2019).

CONCLUSION

In this article, we aim to demonstrate that sexuality is part of human development and that visual impairment directly influences it. Sexuality goes beyond physiology, involving social, cultural, and psychological aspects. Therefore, sex education, when it encompasses more than anatomy or the reproductive system and fosters an inclusive and comprehensive learning environment, becomes a crucial factor in understanding the complexity of human sexuality. For people with visual impairments, this education is even more important due to limited access to visual information, which necessitates adapted content.

This study analyzed how visual impairment presents developmental challenges, affecting the social and sexual identities of these individuals. These challenges are exacerbated by a lack of adequate sex education at home and/or at school, resulting in negative consequences at all stages of development. The lack of communication with parents and/or guardians about sexuality was the main barrier identified, hindering the development of social and sexual identities and leading to isolation, especially for LGBTQIAP+ individuals.

In the school setting, special education in specialized institutions presents positive aspects, such as the adaptation of materials and tactile resources, indicating the need for regular schools to also adopt these practices to promote an environment receptive to diversity. Visual impairment requires a reorganization of sex education to offer effective solutions.

People with visual impairments face prejudice and discrimination, which interferes with their development, including in relation to sexuality. Despite advances in special education, much remains to be done to include these individuals in school effectively. Disseminating information about disabilities and sexuality can be an effective strategy to combat stereotypes and stigmas. Furthermore, ongoing training for parents and educators is fundamental to overcoming barriers such as overprotective family behavior, lack of assertive communication, and lack of accessibility in sex education. These factors lead to erroneous perceptions of dependence, incapacity, and asexuality in people with visual impairments. Therefore, teaching and guidance on sexuality are of paramount importance for the formation of self-image and self-esteem, influencing inclusion or exclusion processes and the constitution of social and sexual identities, affecting social interactions and affective-sexual relationships.

ACKNOWLEDGEMENTS

We thank the Graduate Program in Special Education (PPGEES), the research participants, and the PARA-D.V. Institution, without whom this research would not have been possible.

REFERENCES

BARBOSA, L. U.; VIÇOSA, C. S. C. L.; FOLMER, V. A educação sexual nos documentos das políticas de educação e suas ressignificações. **Revista Eletrônica Acervo Saúde**, São Paulo, v. 11, n. 10, p. 1-10, 2019. http://doi.org/10.25248/reas.e772.2019.

BENEDET, L.; GÓMEZ, A. La educación sexual en Uruguay: enfoques en disputa en la genealogía de la política pública. **Revista Temas de Educación**, La Serena, v. 21, n. 1, p. 11-30, 2015.

BOLSONI-SILVA, A. T. et al. Avaliação de um programa de intervenção de habilidades sociais educativas parentais: um estudo-piloto. **Psicologia (Conselho Federal de Psicologia)**, Brasília, v. 28, n. 1, p. 18-33, 2008. http://doi.org/10.1590/S1414-98932008000100003.

BRUNS, M. A. T. **Sexualidade de cegos**. Campinas: Editora Átomo, 2008. Available from: http://www.deficienciavisual.pt/txt-sexualidade_de_cegos-MAT_Bruns.htm#Necessidades_do_deficiente_visual. Access in: 30 ago 2020.

BRUNS, M. A. T. Deficiência visual e educação sexual: a trajetória dos preconceitos – ontem e hoje. **Benjamin Constant**, Rio de Janeiro, n. 17, p. 1-11, 2017.

COZAC, M. C.; PEREIRA, A. R.; CASTRO, S. Concepção de sexualidade entre pessoas com deficiência visual. **Cadernos de Educação, Saúde e Fisioterapia**, São Paulo, v. 3, n. 6, p. 13-19, 2016. http://doi.org/10.18310/2358-8306.v3n6.p13.

DAVIDOFF, L. L. **Introdução à Psicologia**. São Paulo: Pearson Makron Books, 2001.

DEL PRETTE, Z. A. P.; DEL PRETTE, A. Um sistema de categorias de habilidades sociais educativas. **Cadernos de Psicologia e Educação Paideia**, Ribeirão Preto, v. 18, n. 41, p. 517-530, 2008. http://doi.org/10.1590/S0103-863X2008000300008.

DENARI, F. E. Adolescência, afetividade, sexualidade e deficiência intelectual: o direito ao ser/estar. **Revista Ibero-Americana de Estudos em Educação**, Araraquara, v. 5, n. 1, p. 44-52, 2011.

FRANÇA, D. N. O. **Sexualidade da pessoa com cegueira**: uma questão de inclusão social. 2013. 172 f. Tese (Doutorado em Ciências da Saúde) – Faculdade de Medicina da Bahia, Universidade Federal da Bahia, Salvador, 2013. Available from: https://possaude.ufba.br/sites/possaude.ufba.br/files/tese_geral_dalva.pdf. Access in: 22 jul. 2024.

HIRATA, H. Gênero, classe e raça. Interseccionalidade e consubstancialidade das relações sociais. **Tempo Social: Revista de Sociologia da USP**, São Paulo, v. 26, n. 1, p. 61-73, 2014.

JABLAN, B.; SJENIČIĆ, M. Sexuality and sexual health of the population with disabilities, with special reference to people with visual impairments. **Stanovnistvo**, Belgrade, v. 59, n. 2, p. 65-82, 2021. http://doi.org/10.2298/STNV200819001J.

LOURO, G. L. (org.). **O corpo educado**: pedagogias da sexualidade. Belo Horizonte: Autêntica, 2000.

LOURO, G. L. Gênero e sexualidade: pedagogias contemporâneas. **Pro-Posições**, Campinas, v. 19, n. 2, p. 17-23, 2008. http://doi.org/10.1590/S0103-73072008000200003.

MACHADO, P. S. O sexo dos anjos: um olhar sobre a anatomia e a produção do sexo (como se fosse) natural. **Cadernos Pagu**, Campinas, v. 24, n. 24, p. 249-281, 2005. http://doi.org/10.1590/S0104-83332005000100012.

MAIA, J. M. D.; DEL PRETTE, A.; FREITAS, L. C. Habilidades sociais de pessoas com deficiência visual. **Revista Brasileira de Terapias Cognitivas**, Rio de Janeiro, v. 4, n. 1, p. 1-13, 2008.

MAIA, A. C. B. Educação sexual e sexualidade no discurso de uma pessoa com deficiência visual. **Revista Ibero-Americana de Estudos em Educação**, Araraquara, v. 6, n. 3, p. 90-101, 2011.

MAIA, A. C. B. **Sexualidade e deficiências**. São Paulo: Ed. Unesp Digital, 2019.

MAIA, A. C. B.; RIBEIRO, P. R. M. Desfazendo mitos para minimizar o preconceito sobre a sexualidade de pessoas com deficiências. **Revista Brasileira de Educação Especial**, Marília, v. 16, n. 2, p. 159-176, 2010. http://doi.org/10.1590/S1413-65382010000200002.

MARCONI, M. A.; LAKATOS, E. M. **Metodologia científica**. São Paulo: Atlas, 2017.

MISKOLCI, R. Do desvio às diferenças. **Teoria & Pesquisa**, São Carlos, v. 1, n. 47, p. 9-41, 2005.

MORGADO, F. F. R. et al. Implicações da cegueira congênita na imagem corporal: uma revisão integrativa. **Psicologia: Teoria e Pesquisa**, Brasília, v. 35, p. e35415, 2019. http://doi.org/10.1590/0102.3772e35415.

PAPALIA, D. E.; OLDS, S. W.; FELDMAN, R. D. **Desenvolvimento humano**. Tradução Daniel Bueno. 8. ed. Porto Alegre: Artmed, 2006. 888 p.

PINEL, A. C. Educação Sexual para pessoas portadoras de deficiências físicas e mentais. *In*: RIBEIRO, M. (org.). **O prazer e o pensar**: orientação sexual para educadores e profissionais de saúde. São Paulo: Cores, 1999. p. 211-226.

PISCITELLI, A. Interseccionalidades, categorias de articulação e experiências de migrantes brasileiras. **Sociedade e Cultura**, Goiânia, v. 11, n. 2, p. 263-274, 2008. http://doi.org/10.5216/sec.v11i2.5247.

SÁ, E. D.; CAMPOS, I. M.; SILVA, M. B. C. **Atendimento educacional especializado** – deficiência visual. Brasília: Ministério da Educação e Cultura, 2007. Available from: http://portal.mec.gov.br/seesp/arquivos/pdf/aee_dv.pdf. Access in: 22 jul. 2024.

SILVA, L. M. O estranhamento causado pela deficiência: preconceito e experiência. **Revista Brasileira de Educação**, Rio de Janeiro, v. 11, n. 33, p. 424-561, 2006. http://doi.org/10.1590/S1413-24782006000300004.

SILVEIRA, T. S. **Deficiência visual**: fundamentos e metodologias. Indaial: Grupo UNIASSELVI, 2009. Available from: https://www.uniasselvi.com.br/extranet/layout/request/trilha/materiais/livro/livro.php?codigo=30545. Access in: 22 jul. 2024.

SMITH, D. D.; TYLER, N. C. **Introduction to Special Education**: making a difference. New Jersey Columbus/Ohio: Merril, 2010.

THEODORO, H. C. S. **Sexualidade de jovens-adultas/os com deficiência visual**. 2022. 145 f. Dissertação (Mestrado em Educação Especial) – Universidade Federal de São Carlos, São Carlos, 2022. Available from: https://repositorio.ufscar.br/items/81d9c6e2-f5f3-4213-96b9-f468487da636. Access in: 17 set. 2024.

THEODORO, H. C. S.; COSTA, C. S. L.; THEODORO, H. G. S. **Sexualidade e deficiência visual:** vivências de adultos com cegueira congênita. São Carlos: SP, De Castro/EDESP, 2023. Available from: https://www.edesp.ufscar.br/arquivos/livros/e-book-sexualidade-e-deficiencia-visual-_acessivel-com-descricao.pdf/view. Access in: 10 set. 2024.

TORRAS, M. El delito del cuerpo. *In*: TORRAS, M. (Org.). **Cuerpo e identidade I.** Barcelona: Edicions UAB, 2007. p. 11-35

ZERBINATI, J. P.; BRUNS, M. A. T. Sexualidade e Educação: revisão sistemática da literatura cientifica nacional. **Revista Travessias**, Cascavel, v. 11, n. 1, p. 76-92, 2017. Available from. https://saber.unioeste.br/index.php/travessias/article/view/16602/11276. Access in: 22 jul. 2024.

Authors contribution

HCST: Conceptualization, Methodology, Data curation, Investigation, Formal analysis, Funding acquisition, Writing – original draft, Visualization. HGST: Project administration, Validation, Visualization, Writing – review & editing. CSLC: Supervision.

Editor: Prof. Dr. José Luís Bizelli
Deputy Executive Editor: Prof. Dr. Flavia Maria Uehara