

ISAWP: Inclusive Sexuality a
World of Possibilities

Investigation and diagnosis on
affective-sexual education in
Portugal

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Acknowledgement

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INTRODUCTION

This report aims to assess the state of affective-sexual education for people with disabilities in Portugal, analyzing the legislative framework, available resources, and barriers that hinder the effective implementation of inclusive and accessible programs. By focusing on these three key areas—regulations, resources, and barriers—the research provides a comprehensive understanding of the current challenges and opportunities in promoting inclusive education that addresses the sexual and reproductive rights of people with disabilities, particularly with respect to gender equality.

The importance of this study lies in its interdisciplinary approach, combining legal analysis, resource evaluation, and the identification of barriers. This multi-dimensional perspective is critical for understanding the complex factors that impact access to quality affective-sexual education and identifying actionable solutions for improvement. Throughout this study, the role of gender in both the regulatory framework and the accessibility of resources is emphasized, as gender-related perceptions and societal norms can significantly influence the inclusivity and effectiveness of educational materials.

In addition to the documentary research, primary data was gathered through interviews and questionnaires, incorporating participants from various backgrounds and perspectives to provide a comprehensive understanding of the subject. In this study, we explored perspectives on relationships and body care, focusing on affective-sexual education for people with disabilities. The research encompassed three distinct groups:

1. **Young People with Disabilities (14-25 years old):** 35 participants shared their insights, with 51.4% aged between 20-25 and 48.6% aged 14-20.
2. **Professionals in Affective-Sexual Education:** 35 specialists from diverse fields working with people with disabilities contributed their expertise.
3. **Family Members and Caregivers of People with Disabilities:** 35 respondents included 45.7% caregivers and 54.3% family members.

This comprehensive approach provides a multifaceted view of the challenges, needs, and opportunities in promoting healthy relationships and body care education for people with disabilities.

PHASE I: Legislative analysis

The first phase of the research focused on evaluating the regulatory framework governing affective-sexual education for people with disabilities in Portugal. This phase examined existing laws, policies, and institutional frameworks to assess their adequacy in addressing the specific needs of this population.

Through a detailed review of publications, expert interviews, and an exploration of gender perspectives in regulations, the study analyzed how well the current legislative landscape supports the rights of people with disabilities in the context of sexual and reproductive health. Key findings highlighted areas where the legislation needs improvement, particularly in terms of inclusivity, gender sensitivity, and the explicit consideration of the needs of people with disabilities.

PHASE II: Review of existing resources

The second phase of the research aimed to assess the available resources for affective-sexual education in Portugal, with a focus on their accessibility, gender inclusivity, and relevance to people with disabilities. This phase was divided into three key areas: the identification of existing educational programs and materials, an assessment of their accessibility for individuals with different disabilities, and an evaluation of how gender is perceived and represented in these resources. The review of existing materials revealed that while some progress has been made in terms of accessibility and inclusivity, significant gaps remain in providing tailored resources that meet the specific needs of people with disabilities and address the gender-related challenges they face.

PHASE III: Identification of barriers

The third phase identified the barriers that prevent the effective implementation of inclusive and accessible affective-sexual education. These barriers were categorized into cultural, social, economic, technological, and gender-related barriers. Cultural and social obstacles, including stigmatization of disability and misconceptions about the sexuality of people with disabilities, were found to be significant impediments. Economic constraints and a lack of technological infrastructure also hindered access to quality education, particularly in rural areas and for families with limited financial resources. Gender-related barriers were also prevalent, with distinct challenges faced by women and non-binary individuals with disabilities in accessing sexual education that is both inclusive and respectful of their needs and identities.

PHASE IV: Conclusions and recommendations

In the final phase of the study, the key findings were synthesized, and recommendations for improving affective-sexual education for people with disabilities in Portugal were formulated. Legislative reforms, improvements in educational resources, and actions to overcome cultural, social, economic, and technological barriers were proposed. The study emphasizes the need for more inclusive and accessible educational materials that are tailored to the specific needs of people with disabilities and promote gender equality.

Additionally, the importance of addressing the cultural stigmas surrounding disability and sexuality, as well as ensuring that both teachers and policymakers receive proper training on these issues, was highlighted.

The study concludes with a call to action for the implementation of the recommendations at political, educational, and social levels. The goal is to create a more inclusive and equitable educational environment where the sexual and reproductive rights of people with disabilities are fully recognized and supported. Through these efforts, it is hoped that people with disabilities will have greater access to the information and resources they need to make informed decisions about their sexual health and relationships, while also challenging the societal attitudes and barriers that hinder their inclusion and autonomy.

PHASE I: LEGISLATIVE ANALYSIS

Phase I of this study focuses on examining the regulatory framework surrounding affective-sexual education for people with disabilities. The goal is to evaluate the existing laws, regulations, and policies, and assess their effectiveness in addressing the sexual and affective needs of this group. This phase is divided into: reviewing the relevant regulatory framework to understand the legal foundations guiding education and support for individuals with disabilities. Evaluation of the regulatory framework through multiple methods, including: A review of academic and institutional publications to identify research findings and insights on the subject. Interviews with experts in the fields of affective-sexual education and disability to gain practical insights into the implementation of these regulations. An analysis of gender perception within the existing regulations to determine if and how gender considerations are integrated into sexual education policies for people with disabilities. The findings from these analyses will guide recommendations for improving the legislative framework and addressing gaps in current policy.

PHASE I: A) REGULATORY FRAMEWORK

This section focuses on the compilation and analysis of current regulations at the European, national, and local levels concerning the affective-sexual rights of people with disabilities. It examines key legal frameworks, including European strategies like the Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030 and international agreements such as the Convention on the Rights of Persons with Disabilities (CRPD), which advocate for equality, autonomy, and access to health services. At the national level, Portugal's Constitution and laws, such as Law No. 38/2004 on equal opportunities and Law No. 15/2024 prohibiting "sexual conversion" practices, underline non-discrimination and inclusivity. The absence of specific local regulations will also be addressed, highlighting the need for localized measures. This analysis aims to provide a comprehensive understanding of the legal landscape, identifying strengths and gaps in ensuring these fundamental rights.

1. European regulations:

- **Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030:** “Persons with disabilities have the right to have good conditions in the workplace, to live independently, to equal opportunities, to participate fully in the life of their community. All have a right to a life without barriers. And it is our obligation, as a community, to ensure their full participation in society, on an equal basis with others.” (More info: [Link](#))

recognize that persons with disabilities have the right to the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall: (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes. (More info: [Link](#))

- **Charter of Fundamental Rights of the European Union: Article 7.** Respect for private and family life: “Everyone has the right to respect for his or her private and family life, home and communications”.

Article 21. Non-discrimination:

1. Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited.
2. Within the scope of application of the Treaties and without prejudice to any of their specific provisions, any discrimination on grounds of nationality shall be prohibited. (More info: [Link](#))

- **Council of Europe Disability Strategy 2017-2023:** The Council of Europe promotes, protects and monitors the implementation of human rights for all, including persons with disabilities. Persons with disabilities are entitled to have access to and enjoy, on an equal basis with others, the full range of human rights safeguarded by the European Convention on Human Rights, the European Social Charter, the United Nations Convention on the Rights of Persons with Disabilities and other international treaties. (More info: [Link](#))
- **Directive (EU) 2024/1499 of the Council of 7 may 2024,** on the standards relating to equality bodies in the field of equal treatment between individuals irrespective of racial or ethnic origin, equal treatment between individuals in employment and occupation irrespective of religion or beliefs, disability, age, or sexual orientation, and equal treatment between women and men in social security and in access to goods and services and their provision, and amending Directives 2000/43/EC and 2004/113/EC. (More info: [Link](#))
- **Standard Rules on the Equalization of Opportunities for Persons with Disabilities.** Adopted by resolution 48/96 of the United Nations General Assembly, on december 20, 1993. **Rule 9.** Family life and Personal Integrity: States must promote the full participation of persons with disabilities in family life. They must uphold their right to personal integrity and ensure that legislation does not impose discrimination against persons with disabilities regarding sexuality, marriage, and parenthood. (More info: [Link](#))

2. National regulations:

- **Constitution of the Portuguese Republic: Article 13. Principle of Equality:**

1. All citizens have the same social dignity and are equal before the law.
2. No one may be privileged, favored, harmed, deprived of any right, or exempt from any duty on the grounds of ancestry, sex, race, language, territory of origin, religion, political or ideological convictions, education, economic situation, social condition, or sexual orientation. (More info: [Link](#))

- **Law No. 38/2004, of August 18**

Defines the general framework of the legal regime for the prevention, habilitation, rehabilitation, and participation of persons with disabilities.

Article 3. Objectives: The objectives of this law are to implement a comprehensive, integrated, and cross-cutting policy for the prevention, habilitation, rehabilitation, and participation of persons with disabilities, through the following:

- a) Promotion of equal opportunities, ensuring that persons with disabilities have the necessary conditions for full participation in society;
- b) Promotion of lifelong education, training, and work opportunities;
- c) Promotion of access to support services;
- d) Promotion of an inclusive society by eliminating barriers and adopting measures aimed at the full participation of persons with disabilities. (More info: [Link](#))

- **Law No. 46/2006, of august 28.**

Prohibits and punishes discrimination based on disability and the existence of an aggravated health risk.

Article 1. Object:

- 1 - The purpose of this law is to prevent and prohibit direct or indirect discrimination based on disability, in all its forms, and to sanction actions that result in the violation of any fundamental rights, or in the refusal or conditioning of the exercise of any economic, social, cultural, or other rights, by any person, due to any disability.
- 2 - The provisions of this law also apply to the discrimination of people with aggravated health risks. (More info: [Link](#))

- **Decree-Law No. 129/2017, of October 9.**

The Program of the XXI Constitutional Government establishes the promotion of inclusion for people with disabilities as one of the priorities of government action, recognizing it as an imperative for a society that aims to realize its full potential. In the development of policies for the inclusion of people with disabilities, the Government acknowledges that guaranteeing access and the exercise of citizenship rights is fundamental, through their participation in various life contexts, on equal terms with other citizens. (More info: [Link](#))

- **Law No. 38/2018, of August 7.**

Right to self-determination of gender identity and gender expression and protection of each person's sexual characteristics

Article 1. Object: This law establishes the right to self-determination of gender identity and gender expression, as well as the right to protection of each person's sexual characteristics.

Article 2. Prohibition of discrimination:

1 - All individuals are free and equal in dignity and rights, and any form of discrimination, whether direct or indirect, based on the exercise of the right to gender identity, gender expression, and the right to protection of sexual characteristics, is prohibited.

2 - Private entities must comply with this law, and public entities must ensure its enforcement and promote, within their competencies, the necessary conditions for the effective exercise of the right to self-determination of gender identity and gender expression, as well as the right to protection of each person's sexual characteristics. (More info: [Link](#))

- **Law No. 49/2018, of august 14.**

Establishes the legal regime for assisted adults, eliminating the institutions of interdiction and incapacitation, provided for in the Civil Code, approved by Decree-Law No. 47,344, of november 25, 1966. (More info: [Link](#))

- **Law No. 15/2024, of January 29.**

Prohibits so-called "sexual conversion" practices against LGBT+ individuals, criminalizing acts aimed at altering, limiting, or repressing sexual orientation, gender identity, or gender expression, amending Law No. 38/2018, of August 7, and the Penal Code.

Article 177. 9 - The penalty provided in Article 176-C is increased by one-third if the victim is a particularly vulnerable person due to disability, illness, or pregnancy. (More info: [Link](#))

- **Convention on the Rights of Persons with Disabilities in Portugal.**

This submission was prepared by the Disability and Human Rights Observatory (ODDH) in partnership with Disabled People's Organisations, members of its Advisory Board* - representing altogether 182 Disabled People's Organisations - and seeks to provide the civil society response to the List of Issues issued by the Committee on the Rights of Persons with Disabilities to the Portuguese State. In addition, the report presents recommendations for the Committee's consideration. (More info: [Link](#))

- **ENIPD. National Strategy for the Inclusion of People with Disabilities 2021 - 2025:**

The “ENIPD 2021-2025” is aimed at all people with disabilities, understood in their diversity, recognizing that regardless of differences related to sex, gender identity, sexual orientation, ethnicity, religion, creed, place of origin, culture, language, nationality, birthplace, ancestry, age, political, ideological or social orientation, marital status, family situation, economic situation, health status, personal style, and education, all people have the same rights. The measures to be implemented aim to have an impact not only on people with disabilities but also on their families. (More info: [Link](#))

3. Local/Regional

- Specific regulations:

DO NOT EXIST

PHASE I: B) Evaluation of the regulatory framework

The effective implementation of laws and regulations surrounding affective-sexual education for individuals with disabilities is essential to fostering inclusivity and empowerment. This section examines how legislative frameworks translate into practice, assessing their impact on access to comprehensive affective-sexual education. By reviewing existing studies, government reports, and initiatives, alongside insights gathered through interviews with professionals in the field, this analysis identifies gaps, challenges, and opportunities in ensuring equitable education. The interviews provide firsthand perspectives on barriers such as societal stigmas, resource limitations, and inadequate training, while also highlighting promising practices and recommendations. The findings aim to inform strategies that address these challenges, normalize discussions on sexuality, and promote the sexual rights of individuals with disabilities.

PHASE I: B.1) Publication review

1. **A Convenção sobre os Direitos das Pessoas com Deficiência e o Conceito de Capacidade legal**: uma comparação entre os sistemas jurídicos do Brasil e de Portugal (The Convention on the Rights of Persons with Disabilities and the Concept of Legal Capacity: A Comparison between the Legal Systems of Brazil and Portugal). (More info: [Link](#))

2. **SEXUALIDADE NA DIVERSIDADE** Atitudes de Pais e Técnicos face à Afectividade e Sexualidade da Jovem com Deficiência Mental (SEXUALITY IN DIVERSITY. Attitudes of Parents and Professionals towards the Affection and Sexuality of Young People with Intellectual Disabilities). (More info: [Link](#))

3. **Educação Sexual em jovens adultos com perturbação do desenvolvimento intelectual. INVESTIGAÇÃO-AÇÃO** (Sexual Education in Young Adults with Intellectual Development Disorder. ACTION-RESEARCH). (More info: [Link](#))

4. **Sexualidade e Bem-Estar nas Pessoas com Deficiência Intelectual Moderada**: Estudo Transversal (Sexuality and Well-being in People with Moderate Intellectual Disabilities: A Cross-Sectional Study). (More info: [Link](#))

5. **Reports from government bodies and agencies**:

- Fundamental Rights Report 2024: Article 21 of the EU Charter prohibits ‘any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation’. In the EU, discrimination based on ethnic or racial origin has been prohibited since 2000 by the directive on racial equality’. (More info: [Link](#))

6. **Irish Family Planning Association (IFPA)**. Sexuality & Disability. (More info: [Link](#))

7. **United Nations - Human Rights**. Office of the High Commissioner. A/72/133: Sexual and reproductive health and rights of girls and young women with disabilities - Note by the Secretary-General - Report of the Special Rapporteur on the rights of persons with disabilities. (More info: [Link](#))

8. **Equal Futures Network**. What We Heard Report: Sexual and Reproductive Health and Rights of People with Disabilities. (More info: [Link](#))

PHASE I: B.2) Interviews with experts in the Affective-Sexual and Disability Field

• **1st Interview (ANNEX A.1)**

Name of the expert: M.C

Position/Organization: Professional working with people with disabilities in a care, educational, or support capacity, but without formal training in affective-sexual education.

Interview summary: The interview highlights significant challenges and opportunities related to affective-sexual education for people with disabilities. M., while not directly involved in specific programs, acknowledges the importance of this topic in their professional practice. Key issues include gaps in legislation, lack of accessible resources, and inadequate training for professionals. Social stigma, protective attitudes from families, and misconceptions about the sexuality of people with disabilities further hinder progress. She emphasizes the negative impact of social media and pornography, which can perpetuate unrealistic or harmful expectations in the absence of proper guidance.

M. identifies several barriers, such as cultural prejudices, economic constraints, and gender disparities, with women and non-binary individuals with disabilities facing additional challenges. Despite limited access to specialized programs, the interviewee advocates for improvements in training, tailored resources, and legislative measures. She proposes integrating affective-sexual education into schools and care settings, promoting awareness campaigns to reduce stigma, and developing digital tools to support diverse learning needs. Comprehensive training for professionals emerges as the most urgent and impactful step to improve education in this field.

- **2nd Interview (ANNEX A.2)**

Name of the expert: T.S

Position/Organization: Expert in affective-sexual education, gender equality, and disability inclusion.

Interview summary: T.S, an expert in affective-sexual education, gender equality, and disability inclusion, emphasizes the need for tailored programs to meet the unique needs of people with disabilities. Despite his extensive experience delivering workshops on consent, boundaries, and healthy relationships, he identifies significant challenges in this field. Legislative gaps fail to provide clear guidelines for implementing inclusive education, while inaccessible materials, social stigma, inadequate professional training, and protective family attitudes further hinder access. Gender disparities disproportionately affect women, non-binary, and trans individuals with disabilities, exacerbating barriers. Social media and pornography can negatively shape perceptions of intimacy, underscoring the need for accessible, accurate educational resources. T. highlights APF's interactive workshops as a model of good practice, combining accessible materials with holistic approaches. He advocates for comprehensive professional training, legislative reforms mandating adapted programs, and the development of inclusive resources and digital tools. A national initiative involving collaboration among government, schools, and advocacy groups is crucial to overcoming these barriers, normalizing discussions about sexuality, and empowering individuals with disabilities through comprehensive and inclusive affective-sexual education.

- **3rd Interview (ANNEX A.3)**

Name of the expert: J.S

Position/Organization: Support worker/educator for individuals with disabilities.

Interview summary: J.S, a support worker for individuals with disabilities, highlights the critical need for inclusive affective-sexual education tailored to this population. While she frequently addresses questions and situations related to relationships in her role, the lack of formalized training and resources limits her ability to provide comprehensive support.

Legislative gaps and societal stigmas, including the misconception that individuals with disabilities are asexual, exacerbate the barriers to effective education. Additionally, inadequate educational materials, limited professional training, and economic constraints hinder progress. Social media offers opportunities for connection but also poses risks, as exposure to pornography without proper education can create unrealistic expectations about intimacy and relationships. Joana points to Associação para o Planeamento da Família (APF) as a model for accessible sexual education programs but emphasizes the need for more initiatives like this. She calls for legislative reforms to mandate inclusive education, comprehensive professional training, and the development of accessible resources and digital tools. The most urgent priorities are increasing awareness of the sexual rights of people with disabilities, normalizing discussions on sexuality, and establishing a national framework that provides clear guidelines and resources for educators and support workers.

PHASE I: B.3) Questionnaires & Interviews responses

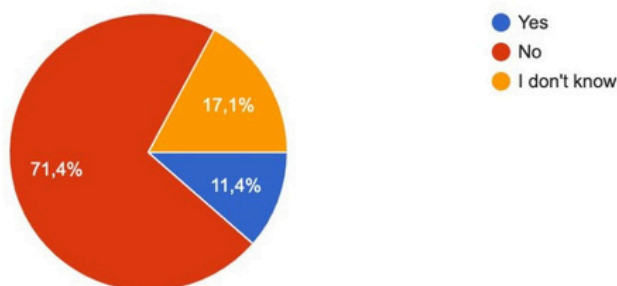
Questionnaires

Summary of the questionnaires applied in Portugal:

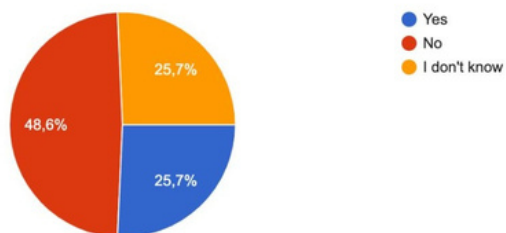
FAMILY MEMEBERS AND CAREGIVERS (ANNEX B.1)

With 45.7% caregivers for a person with disabilities and 54.3% family member of a person with disabilities the answers showed the following:

Do you think there are adequate laws that support affective-sexual education for people with disabilities?



Do you know of any educational programme or resource on affective-sexual education for people with disabilities?

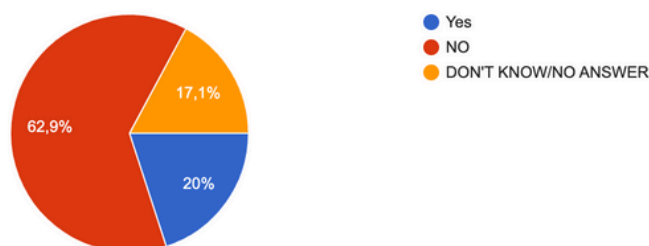


The majority of the family members and caregivers answered that the specific needs of their relative or person under their care care NOT well attended to in terms of affective-sexual education.

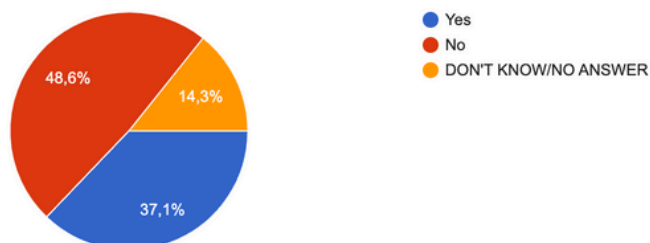
PROFESSIONALS (ANNEX B.2)

The results obtained are the following: 57.1% of the respondents have training or experience in affective-sexual education. More than half of the respondents (62.9%) believe that there are NOT adequate regulations that support affective-sexual education for people with disabilities.

Do you think that there are adequate regulations that support affective-sexual education for people with disabilities?



Do you know of any educational programme or resource on affective-sexual education for people with disabilities?



A minority of respondents (20%, or 7 individuals) believe there are adequate regulations supporting affective-sexual education for people with disabilities. However, 17.1% (6 respondents) disagreed, indicating that such regulations are insufficient. The majority, 62.9% (22 respondents), expressed uncertainty or a lack of knowledge about the existence of specific regulations addressing this issue. While some participants identified frameworks like the UN Convention on the Rights of Persons with Disabilities (CRPD) and general disability rights laws as indirectly supportive, most noted the absence of specific laws addressing affective-sexual education for people with disabilities. References included:

- The Law on Inclusive Education (Decree-Law No. 54/2018) in Portugal.
- The EU Accessibility Act and Spanish Law on Sexual and Reproductive Health, both of which touch on inclusivity but lack consistent implementation in this context.
- National-level strategies like Portugal's Framework Law on Disability and Ministry of Education guidelines on inclusivity.

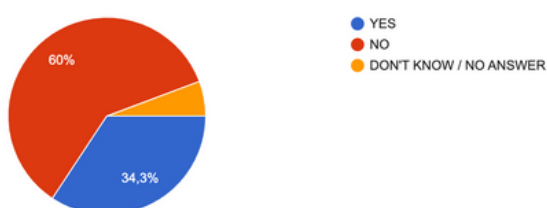
When asked about educational programs or resources, 14.3% (13 respondents) reported being aware of specific initiatives related to affective-sexual education for people with disabilities. In contrast, nearly half (48.6%, or 17 respondents) stated they were unaware of any such programs. Additionally, 37.1% (5 respondents) were uncertain or did not provide an answer. Among those familiar with resources, examples included:

- Handbooks and guides from the National Health Service (SNS).
- Programs by organizations such as APF (Associação para o Planeamento da Família) and CERCI, including Átomo - Affective-Sexual Education by CERCIGUI.
- Workshops and localized initiatives like "Semana da Inclusão" in Braga and ANGES online sessions.
- Materials developed by UNESCO and advocacy NGOs.

YOUNG PEOPLE WITH DISABILITIES (ANNEX B.3)

The questionnaire was conducted among people with ages between 14-25 years old, in order to have a better vision upon their opinion.

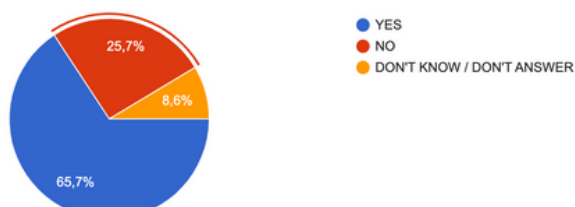
Have you been given information about the functioning and self-care of your body (self-care)?



As can be seen in the graphic above, 60% of the youngster reported that they didn't received information about the functioning and self-care of their body (self-care). We encountered the same statistic when it came to the given information on how to make friends or have a partner.

When asked: "what subjects would you like to learn more about?" The most common answer was that they would like to learn "How to explain to other people how I feel", the second "How to say 'no' when I don't like something (setting limits)" and "How to have a partner".

Would you like to have more classes or talks about the body, sexuality and relationships with other people?



PHASE I: B.4) Gender perception in sex education programs

This section aims to evaluate how existing regulations incorporate the gender perspective within the context of affective-sexual education for people with disabilities. Gender is a key factor that influences the experiences and needs of individuals with disabilities, yet many regulations still lack a comprehensive approach to addressing gender-specific challenges. Through the analysis of legal frameworks, reports, and expert insights, we explore whether gender is adequately recognized and integrated into the policies that shape sexual and reproductive education and rights for people with disabilities. Key tasks include determining if gender is mentioned as a relevant category in regulations, assessing the presence of inclusive and gender-specific language, and identifying regulations that promote gender equality or address gender-related disparities. This evaluation highlights areas where further gender-sensitive measures could strengthen policies and improve outcomes for all individuals, regardless of gender.

Evaluation of regulations in terms of gender equality:

The regulations reviewed emphasize non-discrimination based on gender, highlighting its relevance in the context of affective-sexual education for people with disabilities. While Article 21 of the EU Charter explicitly prohibits discrimination based on sex, the reports indicate that gender-specific challenges are often insufficiently addressed, particularly for women and non-binary individuals with disabilities. This underscores a need for more proactive and inclusive gender-sensitive measures in educational and legislative frameworks.

- Presence of inclusive and gender-specific language in regulations:

- Regulations such as Article 21 of the EU Charter use inclusive language by listing sex and sexual orientation among prohibited grounds of discrimination, but they do not consistently address the specific needs of different gender groups.
- Reports like the IFPA's Sexuality & Disability and the UN Special Rapporteur's report highlight gender disparities but call for further incorporation of gender-specific strategies in existing policies.

Examples of regulations that promote gender equality and/or take into account the gender perspective:

- **Program/Policy 1:** United Nations - Human Rights, A/72/133: Sexual and reproductive health and rights of girls and young women with disabilities emphasizes the vulnerabilities and unique challenges faced by women with disabilities, advocating for targeted strategies to address these issues.

- **Program/Policy 2:** Irish Family Planning Association (IFPA): Sexuality & Disability includes a gender-sensitive approach, promoting education and resources that address gender-specific challenges in sexual and reproductive health.
- **Program/Regulations 3:** Equal Futures Network: What We Heard Report incorporates an intersectional perspective, highlighting the compounded challenges faced by women and non-binary individuals with disabilities in accessing sexual and reproductive health rights.
- **Program/Regulations 4:** Spanish Law on Sexual and Reproductive Health (Ley de Salud Sexual y Reproductiva). This law incorporates measures to ensure access to sexual and reproductive health services for all women, including those with disabilities. It promotes awareness and addresses the unique vulnerabilities of disabled women, ensuring their inclusion in public health campaigns and programs.
- **Program/Regulations 5:** National Disability Strategy, Portugal. Portugal's national disability strategy integrates a gender perspective by emphasizing the equal rights of women and men with disabilities to access social, educational, and health services. The strategy includes measures to reduce the stigma surrounding the sexuality of people with disabilities, with specific attention to disabled women's sexual and reproductive rights.

Conclusions of the legislative framework

Main findings:

- **Finding 1:** Legislation exists but lacks comprehensive inclusion of gender and disability perspectives. While there are various international and national laws promoting equality, many of them do not fully incorporate the intersectionality of gender and disability, leaving gaps in addressing the unique needs of women, non-binary, and trans individuals with disabilities in the area of affective-sexual education. Although there are some positive examples of inclusive programs (e.g., APF's interactive workshops and EDF's advocacy), these are not widespread or standardized across all regions and services.
- **Finding 2:** A lack of specialized resources and professional training persists. Many regulations and reports highlight the need for accessible resources and professional training for educators, caregivers, and health professionals to adequately teach affective-sexual education to people with disabilities. Gaps in formal education and awareness programs for professionals hinder the effectiveness of existing legal frameworks, leaving individuals with disabilities without the necessary guidance or understanding of their sexual and reproductive rights.
- **Finding 3:** Widespread social stigma and misconceptions around the sexuality of people with disabilities. Despite advancements in disability rights and inclusion, societal attitudes continue to portray people with disabilities as asexual or incapable of engaging in healthy sexual relationships. This stigma is reinforced by both families and professionals, who often adopt protective or paternalistic attitudes towards individuals with disabilities, further limiting their access to education on sexual health and relationships.

- Critical gaps identified:

- **Void 1:** Insufficient specific legislation mandating affective-sexual education for people with disabilities. Although general policies on disability and equality exist, very few regulations explicitly require the inclusion of affective-sexual education tailored for people with disabilities. The absence of such explicit mandates results in a lack of standardized programs, leaving many individuals without the necessary knowledge to navigate relationships, consent, and sexuality.

- **Void 2:** Inaccessibility of resources and programs. Many existing resources and programs are not accessible or inclusive enough for individuals with various types of disabilities. This includes issues such as a lack of accessible language (e.g., sign language, easy-read materials), formats (e.g., digital tools or materials for people with intellectual disabilities), and culturally appropriate content. The current landscape often fails to address the diverse needs of disabled individuals, particularly women and non-binary people with disabilities who face additional gender-based discrimination and barriers in accessing sexuality education.
- **Void 3:** Lack of clear intersectional frameworks addressing the compounded challenges faced by women, non-binary, and trans individuals with disabilities. Current regulations and programs often fail to address the unique needs of gender-diverse disabled people, particularly in relation to their sexual and reproductive health. Gender disparities, such as the higher rates of sexual violence, reproductive health issues, and marginalization of disabled women, non-binary, and trans people, are frequently overlooked in disability-specific education and policies. There is a critical need for more targeted and intersectional approaches that consider both gender and disability in educational frameworks.

The analysis of the regulatory framework regarding affective-sexual education for people with disabilities reveals both progress and significant gaps. While existing legislation aims to promote equality, it often fails to comprehensively integrate gender and disability perspectives, particularly for women, non-binary, and trans individuals. Key findings include the absence of specific legislation mandating affective-sexual education, limited access to specialized resources, and a pervasive social stigma surrounding the sexuality of people with disabilities. Furthermore, critical gaps persist in the accessibility of educational programs and the lack of intersectional frameworks that address the compounded challenges faced by disabled individuals across gender identities. These findings highlight the urgent need for targeted, inclusive, and intersectional policies that ensure all individuals with disabilities, regardless of gender, have access to comprehensive and accessible sexual education.

PHASE II: Review of existing resources

Phase II focuses on evaluating the current programs and materials available for affective-sexual education for people with disabilities. This phase is divided into three key areas: identifying existing programs and educational materials, assessing their accessibility for individuals with various disabilities, and examining how gender is addressed within these resources. The goal of this phase is to understand the strengths and limitations of existing resources, with particular emphasis on their inclusivity, accessibility, and gender sensitivity. The findings from this review will provide valuable insights for improving the quality and reach of future educational initiatives.

PHASE II: A) Identification of existing programs

Programs and resources

Program 1: European Disability Forum: We are an independent non-governmental organisation (NGO) that brings together representative organisations of persons with disabilities from across Europe. We are run by persons with disabilities and their families. We are a strong united voice of persons with disabilities in Europe. (more info: [Link](#))

Program 2: European Network on Independent Living: ENIL is a user-led network of disabled people, with members throughout Europe. Our mission is to advocate for Independent Living values, principles and practices: provision of personal assistance and other community supports and services, a barrier-free environment and adequate technical aids, together making full citizenship of disabled people possible. (more info: [Link](#))

Program 3: Cartilha de Orientação sobre Sexualidade e Deficiência Intelectual (Guide on Sexuality and Intellectual Disability): “In our society, sexuality remains a major taboo. Myths and prejudices inhibit guidance that should be provided in a natural and healthy way. The Mara Gabrilli Institute believes this is a topic that deserves attention. For this reason, we have developed this guide, which aims to provide guidance on the sexuality of children, youth, and adults with intellectual disabilities”.(more info: [Link](#))

Program 4: Câmara Municipal de Braga (Braga City Council. Inclusion Desk): Offers specialized services related to disability/incapacity, providing information on: Social support services, Employment and employer support, Social benefits, Assistive products/technical aids, Inclusion resource centers, Professional training, Accessibility, Transportation, Education, Early intervention. Target Audience: People with disabilities, their families, and the general public seeking information on these topics. (more info: [Link](#))

Program 5: Project: Erasmus+ sex in life: Improving sexual education for people with intellectual disability. (more info: [Link](#))

Program 6: Semana da inclusão (Program: Inclusion Week). (more info: [Link](#))

Program 7: Associação para o Planeamento da Família (Family Planning Association): “Sexual and Reproductive Rights are a component of universal Human Rights, related to sexuality, sexual health, and reproductive health, stemming from rights of freedom, equality, privacy, autonomy, integrity, and dignity for all human beings. In order to ensure that all people develop a healthy sexuality, sexual and reproductive rights must be recognized, respected, promoted, and defended by all of society”. (more info: [Link](#))

Program 8: CERCI Braga. Promote social inclusion and improve the quality of life of people with intellectual and multiple disabilities, as well as their families, based on a community model. (more info: [Link](#))

Program 9: Educação Afectivo-Sexual (Átomo – Affective-Sexual Education): Internal and external training/awareness actions aimed at people with disabilities, significant others, and active individuals.(more info: [Link](#))

Program 10: Course: Afectividade e Sexualidade na Deficiência Mental (Affectivity and Sexuality in Intellectual disability).(more info: [Link](#))

Program 11: Online Session: Sexualidade da Pessoa com Deficiência (Sexuality of People with Disabilities). (more info: [Link](#))

PHASE II: B) Accessibility assessment

In this section, we will assess the accessibility of resources currently implemented in Portugal, focusing on materials adapted for people with different types of disabilities, the necessary adjustments to standard materials, and the use of accessible technologies.

Resources adapted for the different types of disability Functional diversity: Description of specific materials adapted:

- **Accessible written materials:** Many organizations have developed resources using easy-to-read language and pictograms for individuals with intellectual disabilities, such as the *Cartilha de Orientação sobre Sexualidade e Deficiência Intelectual* (Guide on Sexuality and Intellectual Disability), created by the Mara Gabrilli Institute. These materials aim to address sexuality in a clear, straightforward manner, overcoming societal taboos and providing guidance for individuals with intellectual disabilities.
- **Multimedia resources:** Video content, such as those available in the Erasmus+ project "Sex in Life", often incorporates subtitles, sign language, and voice-over narration to make content accessible for people with hearing or visual impairments.
- **In-person and online training:** Several organizations, including CERIAG and CERCÍ Braga, offer specialized training programs on affective-sexual education for individuals with disabilities. These training sessions use interactive, inclusive techniques, incorporating visual, auditory, and hands-on learning methods.

Evaluation of the necessary adjustments in standard materials:

- **Standard resources and adjustments:** While there is a range of existing resources, many materials still require further adaptation to make them universally accessible.

Adjustments are necessary in the following areas:

- **Language:** Standard written materials should be simplified to accommodate individuals with intellectual disabilities, using plain language, visual aids, and step-by-step explanations.
- **Format:** Texts should be converted into multiple formats, including audio, braille, and sign language, to ensure inclusivity for individuals with sensory disabilities. Additionally, interactive digital formats (e.g., accessible websites) should be optimized for screen readers and voice commands to ensure usability for people with visual impairments.

Cultural sensitivity: Resources must consider the diverse cultural backgrounds of individuals with disabilities, ensuring content is culturally appropriate and inclusive of various gender identities and sexual orientations, particularly for women, non-binary, and trans individuals with disabilities.

Evaluation of the use of accessible technologies:

Presence of adaptive technological tools (software, accessible platforms, etc.):

Several adaptive technologies and accessible platforms are in use in Portugal, such as those promoted by the European Disability Forum (EDF) and the European Network on Independent Living (ENIL). These organizations advocate for the use of assistive technology and barrier-free environments. The integration of screen readers, voice recognition software, and interactive digital tools ensures that educational content can be accessed by people with a wide range of disabilities.

- **Accessible online platforms:** Platforms that support affective-sexual education, like those used in the Semana da Inclusão (Inclusion Week) and various educational projects by Associação para o Planeamento da Família (APF), are designed to be accessible for individuals with physical, sensory, and cognitive impairments. They provide easy-to-read materials, audio options, and visually supported resources to engage participants.
- **Technical aids and support:** Local initiatives such as Câmara Municipal de Braga offer specialized technical aids and resources, including assistive devices and software tools. These tools help people with disabilities access education, support services, and public health campaigns, ensuring that they can participate fully in educational activities.

PHASE II: C) Gender perception in sex education

-Gender access gaps

This section will evaluate the extent to which there are differences in access to affective-sexual education resources based on gender, particularly how various programs cater to the specific needs of women, men, and non-binary individuals. The analysis will focus on how educational content addresses gender identity, sexual orientations, and traditional gender roles.

-Analysis criteria:

Gender representation in educational materials:

- Assessment of whether resources mention both genders equally:

We will review whether educational programs and materials include diverse content that addresses gender identity, sexual orientation, and gender roles. It is crucial to assess if these programs equally consider the needs of all gender identities and whether they break stereotypes about the sexual rights and identities of individuals with disabilities.

- Differences in access or perception of content according to gender:

There is a significant gap in how different genders access and perceive sexual education resources. While some programs focus on the sexual and reproductive rights of women with disabilities, others fail to address the compounded challenges faced by non-binary individuals or trans people with disabilities, who often face both gender and disability-based discrimination. This section will explore how these gaps affect the equitable distribution of educational resources.

- Is gender mainstreaming included in the programmes?:

Yes, several programs include gender mainstreaming by emphasizing the importance of addressing gender-specific needs and the rights of individuals with disabilities in sexual and reproductive health education. Programs such as the United Nations Human Rights report (A/72/133) and the Irish Family Planning Association (IFPA) integrate gender-sensitive approaches that promote the health and rights of women with disabilities.

Evaluation of the inclusion of inclusive and neutral language in materials:

- Programmes that promote gender equality:

Program 1: United Nations - Human Rights, A/72/133

This program addresses the vulnerabilities and unique challenges faced by women with disabilities, emphasizing the need for gender-sensitive strategies to ensure their sexual and reproductive rights are met.

Program 2: Irish Family Planning Association (IFPA): Sexuality & Disability. The IFPA incorporates a gender-sensitive approach, promoting educational resources that specifically address the sexual health and reproductive rights of women and people with disabilities, emphasizing non-discrimination based on gender.

Program 3: Equal Futures Network: What We Heard Report incorporates an intersectional perspective, highlighting the compounded challenges faced by women and non-binary individuals with disabilities in accessing sexual and reproductive health rights.

Program 4: National Disability Strategy, Portugal. Portugal's national disability strategy integrates a gender perspective by emphasizing the equal rights of women and men with disabilities to access social, educational, and health services. The strategy includes measures to reduce the stigma surrounding the sexuality of people with disabilities, with specific attention to disabled women's sexual and reproductive rights.

- **Evaluation of the inclusion of diversity of sexual orientations in the aforementioned content:**

Program 1: Equal Futures Network: What We Heard Report

The report incorporates an intersectional perspective, highlighting the compounded challenges faced by not only women but also non-binary individuals with disabilities in accessing sexual and reproductive health services.

Program 2: Spanish Law on Sexual and Reproductive Health (Ley de Salud Sexual y Reproductiva)

This law includes provisions for all women, including disabled women, and while it does not explicitly address sexual orientations beyond heterosexuality, it provides a foundation for promoting the reproductive rights of disabled women.

Key findings:

- **Finding 1:** While many programs address the sexual and reproductive rights of women with disabilities, there is insufficient attention to the needs of non-binary and trans individuals with disabilities. Gender-neutral language and recognition of diverse sexual orientations are often lacking in educational content.
- **Finding 2:** There are notable gaps in resources for men with disabilities, particularly in the areas of sexual education, where most programs focus more on women's health and reproductive rights, neglecting the specific needs of men with disabilities in this context.
- **Finding 3:** Although there is significant focus on legal frameworks and awareness campaigns for women's sexual and reproductive rights, programs need to be more proactive in addressing societal stigma and misconceptions about the sexuality of people with disabilities, particularly for non-binary and trans people.

Critical gaps identified:

- **Void 1:** Insufficient coverage of gender-diverse identities (non-binary, trans) in sexual education programs for people with disabilities. Programs largely focus on the rights of women and men, leaving a significant gap in addressing the needs of non-binary and gender-nonconforming individuals with disabilities.
- **Void 2:** Lack of comprehensive and intersectional frameworks that consider both gender identity and disability in sexual education. Current policies and programs fail to adequately address the compounded challenges faced by individuals who are both gender-diverse and disabled, especially regarding access to sexual health services and education.

Final conclusion of the section:

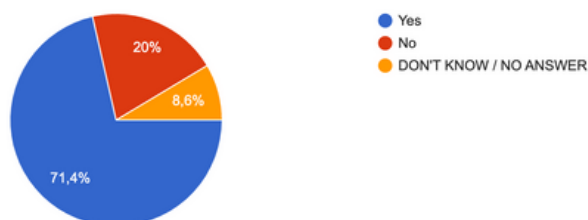
The analysis reveals that while several programs, such as those by the United Nations and Irish Family Planning Association, promote gender equality in the context of sexual education for people with disabilities, there is a need for greater inclusivity. Gender-neutral language, representation of non-binary individuals, and a broader spectrum of sexual orientations must be incorporated into future materials. Additionally, the gender-specific challenges faced by non-binary, trans, and disabled men remain underrepresented in these programs, highlighting the need for more targeted and intersectional approaches. To ensure comprehensive and equitable sexual education, future initiatives must work towards addressing these critical gaps, promoting greater inclusivity, and ensuring that all gender identities and sexual orientations are equally represented.

PHASE II: D) Questionnaires & interviews responses

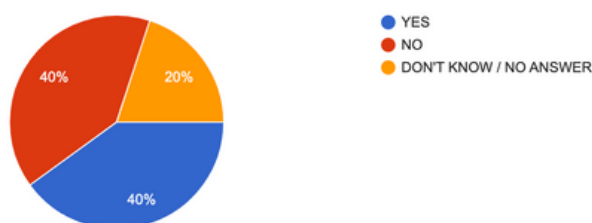
YOUNG PEOPLE

A majority of respondents (71.4%) expressed a desire to learn more about taking care of their bodies. Similarly, 65.7% stated they would like more classes or talks about body care, sexuality, and relationships. Despite this interest, only 40% reported having a trusted person to discuss these topics with, while the remaining 60% were either unsure or did not have anyone they could confide in.

Would you like to learn more about how to take care of your body?

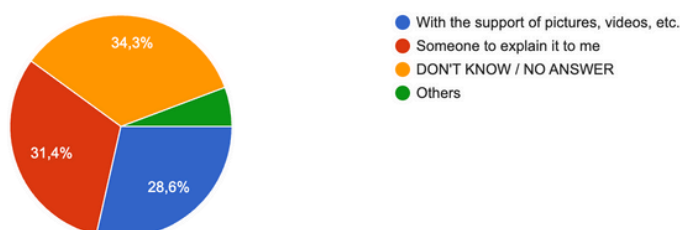


Do you have someone you trust to talk to about your body, emotions, sexuality, etc.?



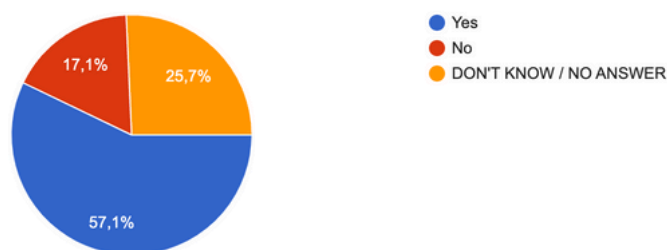
Respondents showed varied preferences for how they would like to receive information. Around 34.3% favored visual aids like pictures and videos, while 31.4% preferred having someone explain it to them directly. However, a significant proportion (28.6%) did not specify a preference, and a small percentage mentioned alternative methods.

How would you prefer the information to be explained to you?



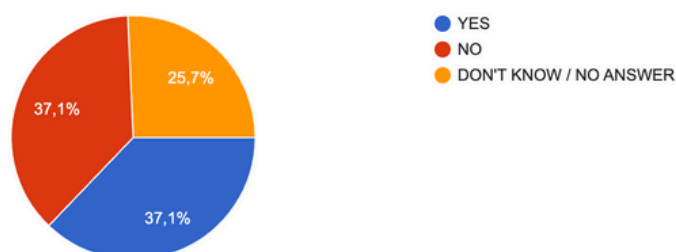
A quarter (25.7%) of respondents acknowledged seeing content about the body, sexuality, and relationships on platforms like Instagram, TikTok, or YouTube, but 57.1% were uncertain or did not respond, indicating limited engagement or awareness in this area.

Have you seen content about the body, sexuality and relationships, on the internet or social networks (instagram, tiktok, youtube, etc.)?

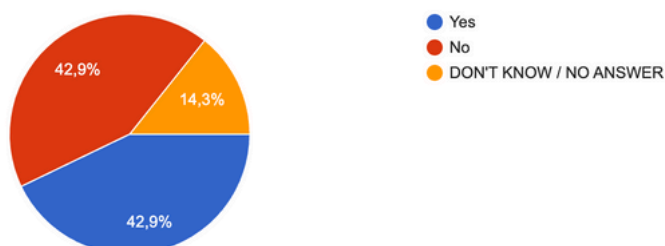


When discussing body awareness, emotions, sexuality, and relationships, only 14.3% of respondents felt comfortable addressing these topics with family or friends. Conversely, 42.9% expressed discomfort, and an equal percentage were uncertain or chose not to respond. Additionally, while 25.7% reported having access to educational materials like books or videos, 37.1% indicated a lack of access, leaving many without reliable resources.

Do you have access to educational materials such as books or videos about the body, sexuality and social relationships?



Do you feel comfortable talking about these issues (body awareness, emotions, sexuality, social relationships, etc.) with your friends and family?



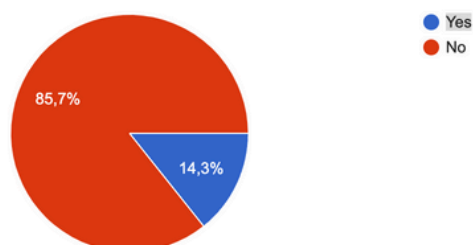
PROFESSIONALS

Professionals identified several essential topics for affective-sexual education tailored to individuals with disabilities. These include:

- **Understanding Boundaries and Consent:** Emphasizing personal boundaries, consent, private versus public spaces, and fostering self-advocacy skills.
- **Safe Sexual Practices and Reproductive Health:** Educating about contraception, sexually transmitted infections (STIs), hygiene, and healthcare access.
- **Emotional Well-being:** Addressing self-esteem, body image, trauma, emotional intelligence, and societal pressures on sexual identity.
- **Inclusivity:** Advocating for disability-inclusive education, addressing diversity in sexual orientations, and creating adaptive resources.
- **Digital Safety and Peer Influence:** Teaching online safety, recognizing abusive behaviors, and navigating relationships in the digital age.

Professionals also emphasized the importance of family involvement in discussing boundaries and sexuality and the need for comprehensive, culturally sensitive, and intersectional approaches to education.

Do you consider that the educational resources available on affective-sexual education are accessible and suitable for people with disabilities?

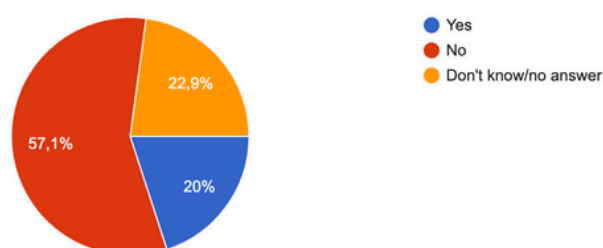


When discussing body awareness, emotions, sexuality, and relationships, only 14.3% of respondents felt comfortable addressing these topics with family or friends. Conversely, 42.9% expressed discomfort, and an equal percentage were uncertain or chose not to respond. Additionally, while 25.7% reported having access to educational materials like books or videos, 37.1% indicated a lack of access, leaving many without reliable resources.

Professionals widely agreed that the internet and social media platforms are highly accessible for content related to sexuality and pornography. However, concerns about unregulated, harmful, and misleading information were prevalent. Individuals with disabilities are particularly vulnerable to risks such as exploitation and misinformation due to inadequate digital literacy or the lack of inclusive and accessible online resources.

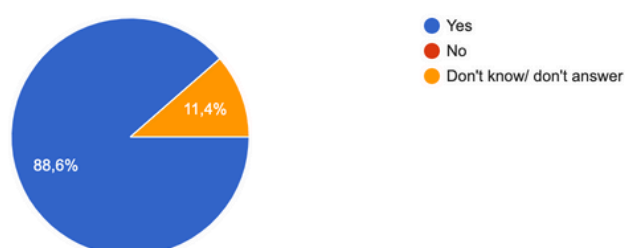
The majority (85.7%) of respondents believed that current educational resources for affective-sexual education are not accessible or suitable for individuals with disabilities. Additionally, only 20% of resources were considered adapted for different genders, with many respondents highlighting gaps in inclusivity and accessibility.

Are the educational resources you are aware of adapted for different genders?

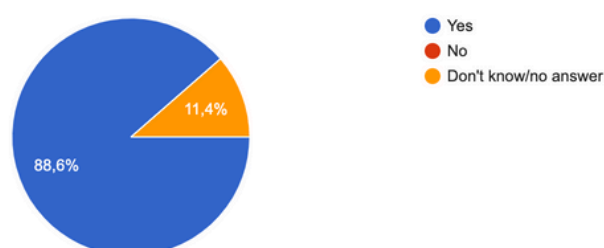


Cultural perceptions, stigma, and lack of awareness were cited as significant barriers to providing effective and inclusive affective-sexual education for individuals with disabilities. These barriers often hinder access to appropriate resources and support systems.

Have you observed cultural or social barriers that prevent access to appropriate affective-sexual education?



Do you think that economic barriers affect access to affective-sexual education for persons with disabilities?



FAMILY AND CAREGIVERS

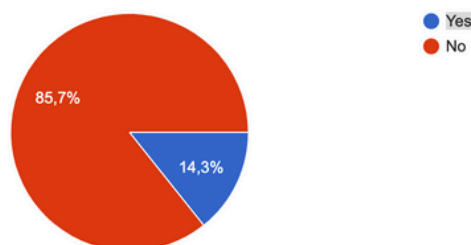
The majority of the family members and caregivers answered that the specific needs of their relative or person under their care are NOT well attended to in terms of affective-sexual education.

The questionnaire responses highlighted significant cultural and social barriers that prevent access to appropriate affective-sexual education for people with disabilities. A pervasive societal tendency to desexualize individuals with disabilities perpetuates the misconception that they lack sexual needs or the capacity for intimate relationships. This often leads families, caregivers, and educators to avoid addressing affective-sexual education, deeming it unnecessary or inappropriate.

Overprotective attitudes among family members, stemming from fears of exposing individuals to harm or inappropriate behaviors, further limit discussions about relationships, consent, and sexuality. Schools also frequently exclude students with disabilities from affective-sexual education programs, exacerbating their lack of understanding.

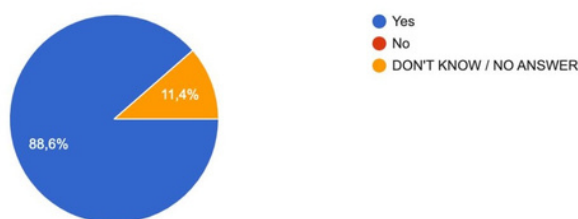
In many cultures, discussions surrounding sexuality, particularly in the context of disabilities, remain taboo. This reluctance creates significant barriers to open and honest conversations, leaving individuals without essential guidance. Generational differences further contribute to the issue, as older family members often view such education as unnecessary.

Do you consider that the educational resources available on affective-sexual education are accessible and suitable for people with disabilities?

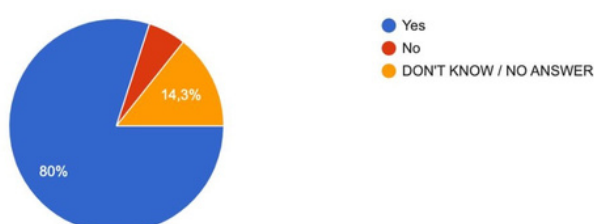


Responses from families revealed mixed perceptions regarding whether their members with disabilities had accessed content related to sexuality or pornography online. While 28.6% believed such access had occurred, 31.4% did not, and 40% were unsure or did not answer. When it came to internet and social media control measures, 54.3% reported having no specific controls or were unsure about them. Among the 20% of families implementing measures, common strategies included using parental controls and content filters to block unsafe websites, supervising internet usage, setting time limits to ensure balanced routines, and fostering open discussions about online safety and appropriate content. Some families combined technological solutions with education, while others relied solely on dialogue to guide responsible usage. These findings highlight a need for greater support and resources to help families navigate internet safety and promote informed online behaviors for individuals with disabilities.

Do you think that economic barriers affect access to affective-sexual education for people with disabilities?



Have you observed cultural or social barriers that prevent access to appropriate affective-sexual education?



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PHASE III: Identification of barriers

In this phase, the barriers hindering the effective implementation of inclusive and accessible affective-sexual education for people with disabilities in Portugal will be identified. These barriers may be legal (analyzed in Phase I), social, cultural, economic, technological, or related to the training of educational personnel. The goal is to pinpoint the key obstacles that limit access to quality affective-sexual education, with particular attention to gender- and disability-specific barriers. By understanding these challenges, we can work towards creating an environment that promotes inclusive, comprehensive, and equitable sexual education for people with disabilities.

PHASE II: A) Cultural and social barriers

This section will explore the barriers related to social perception and prejudices that hinder affective-sexual education, with a focus on people with disabilities.

1. Stigmatization of the sexuality of people with disabilities:

- Social stigmas and myths surrounding the sexuality of people with disabilities are among the most significant barriers to affective-sexual education. These stigmas often portray people with disabilities as asexual or incapable of having healthy sexual lives, which perpetuates harmful attitudes that limit access to education and resources. This misconception can result in the marginalization of their sexual rights and needs.
- Examples of cases where these stigmas prevent the correct implementation of educational programs:
- In some educational settings, disability is viewed as a hindrance to sexuality, leading to silence or lack of conversation about sexual education for people with disabilities.
- Parents and caregivers may feel uncomfortable discussing sexual health, further isolating individuals with disabilities from critical sexual education.

2. Gender-related biases:

- Traditional gender roles contribute to the perception of sexuality and can limit the ways affective-sexual education is received by people with disabilities. In many cases, social expectations about what constitutes "appropriate" behavior for men and women can exclude disabled individuals from access to comprehensive sexual education. For example, women with disabilities often face double discrimination: being disabled and being women, which results in their sexual rights being less acknowledged.

- Evaluation of how cultural expectations about male and female sexuality limit equitable access to educational programs.
- For women with disabilities, sexual education often does not address their specific needs, and gender roles often reinforce their exclusion from discussions on sexuality and reproductive health.
- In the context of non-binary or gender-diverse individuals with disabilities, societal ignorance around both gender identity and disability makes it even harder for these individuals to access appropriate sexual education.

3. **Lack of awareness and training in the educational community:**

- A significant barrier to the successful implementation of affective-sexual education is the lack of awareness and training among educational personnel. Teachers, caregivers, and educators often lack the necessary skills and knowledge to address the unique challenges faced by students with disabilities in the area of sexuality. This lack of training leads to discomfort in discussing sexual topics or neglecting the needs of students with disabilities.

Sources and examples of cultural barriers:

- **Cultural Barrier 1:** A common societal perception that disability negates the need for sexual education, leading to insufficient curriculum development for students with disabilities.
- **Cultural Barrier 2:** Family and community reluctance to openly discuss sexuality with people with disabilities, leading to isolation and a lack of necessary education on sexual and reproductive health.

PHASE II: B) Economic and Technological Barriers

This section will detail the economic and technological barriers that prevent the creation, distribution and accessibility of affective-sexual education resources.

1. Economic constraints for families and institutions:

The lack of financial resources significantly affects the availability and quality of affective-sexual education programs for people with disabilities. Educational institutions may not have the budget to create or implement specialized programs, and families may struggle to afford additional resources or services for their children or family members with disabilities. This economic divide limits the reach and quality of sexual education resources.

2. Lack of access to adaptive technologies:

Adaptive technologies, such as specialized software, assistive devices, and accessible online platforms, are crucial for ensuring that people with disabilities can access educational content. However, the lack of access to such technologies often limits participation in affective-sexual education programs, particularly for those with severe disabilities. The scarcity of accessible tools prevents many individuals from receiving the education they need.

3. Digital divide and lack of infrastructure:

In some areas, particularly in rural or economically disadvantaged regions, the digital divide further compounds the issue. People with disabilities in these areas may have limited access to the internet or technological devices, which prevents them from accessing online sexual education resources and information. The lack of infrastructure for adaptive technologies also exacerbates the inequality in accessing sexual education.

Examples of economic and technological barriers:

- **Economic Barrier 1:** Many families of people with disabilities face financial strain, making it difficult to access specialized educational materials or programs that address sexuality and reproductive health.
- **Economic Barrier 2:** Schools and institutions may not have the necessary funding to train staff or develop accessible sexual education content, limiting their ability to provide inclusive and comprehensive sex education.
- **Economic Barrier 3:** Financial constraints in rural schools make it difficult to implement online or technology-based education platforms for people with disabilities, leaving these populations behind.
- **Technology Barrier 1:** A lack of accessible educational materials, such as Braille or screen reader-compatible resources, prevents individuals with visual impairments from accessing sexual education programs.
- **Technology Barrier 2:** The absence of online platforms with sign language interpretation or subtitles limits access to programs for people with hearing impairments.
- **Technology Barrier 3:** Lack of infrastructure for high-speed internet or adaptive devices in certain regions limits the reach of digital sexual education resources.

PHASE II: C) Barriers related to gender perception

This section will focus on how gender barriers influence equity in access to affective-sexual education.

1. Gender access differences:

People with disabilities of different genders face unique barriers when it comes to accessing affective-sexual education. These barriers are often compounded by societal perceptions of disability and gender, leading to gender-specific obstacles. For women with disabilities, the intersection of ableism and sexism often results in their sexual rights being overlooked or minimized. For non-binary individuals, societal ignorance around both gender identity and disability exacerbates the difficulties they face in accessing inclusive sexual education programs.

Women with disabilities often face compounded discrimination, as they are subject to both gender-based and disability-based prejudice. This can result in sexual education that is either lacking or dismissive of their needs, leading to an absence of empowerment and knowledge about their sexual rights.

Non-binary individuals with disabilities face the dual challenge of navigating both gender diversity and disability. Many educational programs do not include content on gender diversity, and when they do, it is often framed in a way that overlooks the unique experiences of non-binary people, particularly those with disabilities.

Examples of gender-related barriers:

- **Gender Barrier 1:** For women with disabilities, the lack of acknowledgment of their sexuality within educational and societal contexts often leads to the exclusion of their needs from sexual education programs. This results in women with disabilities being left out of important conversations regarding sexual rights, sexual health, and reproductive health.
- **Gender Barrier 2:** Non-binary individuals with disabilities are often not represented or acknowledged in sexual education programs. Educational materials frequently exclude non-binary people or use language that reinforces the binary understanding of gender, making it difficult for non-binary individuals to find relevant information or feel included.

- **Key barriers:** Identification of major barriers in legal, cultural, economic, and gender categories.
 - **Barrier 1:** Cultural and social stigma surrounding the sexuality of people with disabilities, which leads to misconceptions and a lack of comprehensive education on sexual and reproductive rights.
 - **Barrier 2:** Economic and technological barriers, including the lack of financial resources for families and institutions, and insufficient access to adaptive technologies for people with disabilities.
 - **Barrier 3:** Gender-related barriers, particularly for women and non-binary individuals with disabilities, which arise due to compounded discrimination, exclusion, and the absence of gender-inclusive education materials.

Critical gaps:

- **Identified gaps:** Points where greater attention is needed to overcome these barriers.
 - **Void 1:** A significant gap in culturally sensitive, inclusive, and gender-responsive sexual education programs that adequately address the needs of people with disabilities, particularly women and non-binary individuals.
 - **Void 2:** Limited access to adaptive technologies that would ensure inclusive education, especially for people with disabilities living in rural or underserved areas.

Recommendations:

- **Regulatory improvements:**
 - Strengthen national and local policies to ensure that sexual education programs are inclusive, gender-sensitive, and cater to the specific needs of people with disabilities. This includes ensuring that disability rights are upheld in all sexual and reproductive health frameworks.

- **Changes in social and cultural attitudes:**
 - Launch awareness campaigns to challenge the stigmatization of disability and sexuality, emphasizing that all people, regardless of disability, have sexual rights and needs. Engage the educational community, families, and communities in discussions that break down stereotypes around the sexuality of people with disabilities.
- **Allocation of technological and financial resources:**
 - Increase funding for adaptive technologies and accessible educational resources, ensuring that people with disabilities have equal access to sexual education materials. This includes providing subsidies for families and institutions to access these resources, particularly in rural or economically disadvantaged areas.
 - Provide specialized training for educators and caregivers to enhance their understanding of the intersection of disability, gender, and sexuality, fostering a more inclusive environment for sexual education.

PHASE IV: PREPARATION OF THE REPORT AND CONCLUSION

General conclusions

1. Introduction to the conclusions

The objective of this diagnostic study was to analyze the accessibility and inclusivity of affective-sexual education for people with disabilities in Portugal, with a focus on identifying barriers and assessing how gender influences access to such education. The study aimed to understand the challenges faced by people with disabilities, particularly women and non-binary individuals, in accessing comprehensive and inclusive sexual education. The research process was structured into three key phases: legislative analysis, resource review, and identification of barriers, each contributing to a holistic understanding of the current landscape.

Phase I: This phase focused on evaluating the existing laws and regulations related to disability and sexual rights in Portugal. The analysis involved a review of relevant publications, interviews with experts in the field of affective-sexual education and disability, and an assessment of gender perceptions in these regulations. The goal was to identify legal frameworks that promote inclusive sexual education and highlight areas where gender and disability-specific needs are not sufficiently addressed.

Phase II involved identifying and assessing the current programs and educational materials available for people with disabilities. This evaluation considered the accessibility of these resources and examined how gender is perceived and represented in sexual education materials. A particular focus was placed on whether the resources included gender-sensitive content and whether the materials were adapted to accommodate different types of disabilities.

In the final phase, the study explored the cultural, social, economic, technological, and gender-related barriers hindering the effective implementation of inclusive affective-sexual education for people with disabilities. This phase aimed to pinpoint key obstacles such as societal stigmas, economic constraints, lack of technological accessibility, and gender biases that limit equitable access to education for disabled individuals, with a specific focus on the unique challenges faced by women and non-binary people.

The conclusions drawn from this research provide a synthesis of the most relevant findings regarding the current state of affective-sexual education for people with disabilities in Portugal. These conclusions underscore critical gaps in legislation, resources, and access to education, offering recommendations for addressing these barriers and ensuring that people with disabilities, regardless of gender, can fully access their sexual and reproductive rights.

2. Conclusions of Phase I: Legislative Analysis

The legislative analysis of the current regulatory framework in Portugal revealed a generally supportive structure for addressing disability rights and sexual and reproductive health. Key regulations such as the National Disability Strategy and the Portuguese Constitution outline the rights of people with disabilities, ensuring access to health, education, and social services. However, while these laws provide a broad framework for inclusion, there are notable gaps in terms of specifically addressing the needs of people with disabilities in the field of affective-sexual education. For example, the regulations do not explicitly address the sexual education needs of individuals with intellectual disabilities or the unique challenges faced by women and non-binary individuals with disabilities.

While there is recognition of the right to education and health, the tailored support required for comprehensive affective-sexual education remains underdeveloped.

The legislative analysis demonstrated that gender perspectives in the context of disability and sexual education are not consistently incorporated across all regulations. While some frameworks, such as the Spanish Law on Sexual and Reproductive Health and the European Disability Forum's advocacy work, explicitly mention the importance of gender-sensitive approaches to disability and sexual health, the Portuguese regulations do not adequately address the intersectionality of disability and gender. For instance, the National Disability Strategy provides some mention of gender equality, yet it does not explicitly recognize the compounded challenges faced by disabled women or non-binary individuals in accessing sexual education. In general, there is a lack of explicit provisions that target the specific sexual and reproductive health needs of people with disabilities through a gender lens.

While there are general laws ensuring the rights of people with disabilities, the absence of targeted legislation or guidelines specifically focusing on sexual education for this group limits the development of inclusive and accessible resources. The intersection of gender and disability is often overlooked in legal frameworks. The absence of a clear gender-sensitive approach to sexual education for people with disabilities means that disabled women and non-binary individuals are particularly underserved in terms of their sexual rights and education.

Opportunities for Improvement:

- **Creation of specific legislation for affective-sexual education for people with disabilities:** There is a clear opportunity to develop regulations that explicitly address the sexual education needs of people with disabilities, with a focus on adaptation for different types of disabilities. This would ensure that all people, regardless of their abilities, have access to the sexual education they need to understand their bodies, rights, and relationships.
- **Incorporation of a gender-sensitive approach into disability legislation:** Future regulatory improvements should include a stronger gender perspective, ensuring that the unique challenges faced by disabled women, non-binary individuals, and gender-diverse people are explicitly recognized. This could involve the introduction of gender-sensitive policies in national frameworks and the development of inclusive sexual education materials.
- **Stronger alignment with international standards:** Drawing from international frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which calls for the right of people with disabilities to sexual education and health services, there is an opportunity to align Portuguese regulations more closely with global best practices.

3. Phase II Findings: Review of Existing Resources

The review of existing resources revealed both challenges and progress in the accessibility of affective-sexual education programs for people with disabilities in Portugal. On the positive side, several initiatives have made strides in offering inclusive resources, particularly in relation to intellectual disabilities, as seen in programs by organizations like CERCI Braga and CERIAG, which provide affective-sexual education tailored for individuals with disabilities. However, significant gaps remain in ensuring that these resources are accessible across various disability types. Programs often lack adaptations for individuals with sensory disabilities (e.g., visual or auditory impairments) or more complex intellectual disabilities. Moreover, access to these programs is not always guaranteed for people in rural or economically disadvantaged areas, due to limited outreach and resource availability. Despite these challenges, there have been notable efforts to provide accessible content through specialized technologies and platforms.

For instance, some programs incorporate assistive technologies and inclusive pedagogies, which help ensure that individuals with different types of disabilities can engage with the material. However, these technologies are not always universally accessible, and the availability of adaptive materials and platforms is inconsistent across the country.

The assessment of existing materials highlighted that gender equality is not consistently addressed in current affective-sexual education programs. While some programs, such as those by the Associação para o Planeamento da Família and CERIAG, include a gender-sensitive approach and attempt to address the sexual health and rights of both women and men with disabilities, many materials still do not adequately recognize the unique needs of non-binary individuals or the compounded challenges faced by disabled women. There is a noticeable lack of intersectionality in most resources, and the focus tends to be more on general disability inclusion rather than the specific gender-based challenges that people with disabilities experience in relation to sexuality and sexual education. Additionally, materials often overlook the gendered experiences of people with disabilities, such as the increased vulnerability of disabled women to sexual abuse or the need for greater sexual empowerment. This lack of attention to gendered differences can result in educational gaps, especially for non-binary individuals and women with disabilities.

Recommendations for improving resource offerings:

- Development of gender-sensitive and inclusive materials
- Expansion of accessibility features
- Training and awareness for educators
- Increased outreach and collaboration with disability organizations
- Promotion of accessible technology and platforms

4. Phase III Findings: Identifying Barriers

The analysis of cultural and social barriers revealed several significant obstacles that hinder the effective implementation of affective-sexual education for people with disabilities. One of the main issues is the widespread stigmatization of the sexuality of people with disabilities. In society, there remains a deep-seated myth that people with disabilities are not sexual beings, or that they do not have the right to explore their sexuality in healthy, consensual ways. This stigma is often reinforced by families, caregivers, and even educators, who may shy away from discussing these topics with individuals with disabilities due to discomfort or societal misconceptions. Such stigmatization limits access to comprehensive sexual education and inhibits individuals from seeking out or engaging with these programs. Additionally, gender-related biases continue to shape the perception of sexuality in people with disabilities. Traditional gender roles often influence how sexuality is understood and discussed, especially in relation to people with disabilities.

For example, women with disabilities are often stereotyped as asexual or not deserving of sexual education, while men with disabilities may be denied opportunities to learn about their sexual rights and responsibilities due to assumptions about their dependency or care needs. These cultural biases and prejudices significantly impede equitable access to sexual education programs. Furthermore, the lack of awareness and training among educators on issues of disability and sexuality further exacerbates these cultural barriers. Without proper training, teachers and caregivers may inadvertently perpetuate stereotypes or avoid addressing critical issues regarding sexuality and relationships, thus perpetuating ignorance and inequality.

Economic and technological barriers are also prominent factors that affect the accessibility and quality of affective-sexual education for people with disabilities. One of the most pressing issues is the economic constraints faced by both families and institutions. Many families of individuals with disabilities struggle with limited financial resources, making it difficult for them to access specialized educational materials or programs.

This financial burden is compounded by the fact that not all institutions, particularly those in rural or underserved areas, have the necessary resources to implement inclusive sexual education programs. The lack of funding for such initiatives leads to a scarcity of materials, trained personnel, and specialized infrastructure.

From a technological standpoint, while there has been progress in creating digital platforms and assistive technologies to facilitate accessible sexual education, there is still a digital divide that hampers full accessibility. For people with disabilities in rural areas or economically disadvantaged communities, access to the internet or adaptive technologies may be limited. Furthermore, the available technologies are not always universally accessible. For instance, assistive tools like screen readers, sign language interpreters, or braille materials are not consistently integrated into educational programs, leaving certain individuals without access to these vital resources. The lack of infrastructure in both rural and urban settings makes it difficult for these resources to reach everyone who needs them, further widening the gap in sexual education.

Gender-related barriers also play a significant role in shaping the experience and perception of obstacles to affective-sexual education for people with disabilities. Women with disabilities, in particular, face compounded challenges due to societal views that often regard them as asexual or incapable of engaging in healthy sexual relationships. These views contribute to the lack of sexual education and resources targeted at disabled women, leaving them vulnerable to sexual abuse and exploitation while depriving them of the knowledge and agency they need to navigate their sexuality responsibly.

Additionally, non-binary individuals with disabilities often face specific challenges in accessing affective-sexual education. Most programs do not sufficiently address the experiences and needs of non-binary people, who may not fit into the traditional male-female gender dichotomy. This exclusion often leads to feelings of invisibility and reinforces societal gender norms that marginalize gender-diverse individuals. The lack of inclusive language and representations in sexual education resources further exacerbates these barriers, preventing non-binary individuals from receiving the same quality of education as their male and female counterparts.

5. Integration of findings

The findings from all three phases of the research highlight significant barriers to inclusive and accessible affective-sexual education for people with disabilities in Portugal. The lack of clear regulatory guidelines on affective-sexual education, identified in the legislative analysis, contributes to gaps in educational resources and programs. Existing materials are often inaccessible and lack a gender-sensitive approach, further hindering equity in education.

Cultural stigma and social biases surrounding the sexuality of people with disabilities create additional barriers, while economic and technological limitations prevent equal access to resources, particularly in underserved areas. Gender-based perceptions, especially regarding women and non-binary individuals with disabilities, compound these challenges. The integration of findings across all phases reveals that these barriers are deeply interconnected, emphasizing the need for clear legislation, inclusive educational resources, and increased awareness and training for educators to ensure equal access to sexual education for all.

6. General Recommendations

To improve the regulatory framework, it is essential to create and implement clear, specific legislation that mandates the inclusion of affective-sexual education for people with disabilities. This includes the development of guidelines that ensure the accessibility and gender sensitivity of educational content. Additionally, integrating provisions that address the needs of disabled individuals in sexual and reproductive health policies will help to remove legal gaps.

To enhance accessibility, it is necessary to adapt educational resources to meet the diverse needs of people with disabilities, considering different learning styles and technological requirements. Programs should use inclusive and neutral language, integrate diverse sexual orientations, and challenge traditional gender roles to foster gender equity. Further, training educators on these topics is crucial to improving the effectiveness of these resources and ensuring they are properly implemented. Resources should be easily accessible both physically and digitally, considering individuals with various disabilities, including visual, auditory, and cognitive impairments.

Addressing cultural and social barriers requires increasing public awareness and challenging the stigmas surrounding the sexuality of people with disabilities. Public campaigns and training for families, communities, and educators can help reduce misconceptions and promote inclusivity. On the economic and technological fronts, increased funding for accessible technologies and resources is essential. Programs should be tailored to ensure that rural or economically disadvantaged areas have equal access. Finally, gender-specific barriers, particularly for women and non-binary individuals, must be addressed by ensuring that educational programs reflect their unique challenges and needs.

7. Final Conclusion

To improve affective-sexual education for people with disabilities, a multi-faceted approach is required that integrates legislative reforms, improved resources, and actions to overcome barriers. This includes both removing legal obstacles and addressing the economic, cultural, and technological challenges identified. The process must prioritize inclusivity, accessibility, and gender equity. The implementation of these recommendations will require concerted efforts at the political, educational, and social levels to ensure that all individuals, regardless of disability or gender, have access to quality sexual education. This is an urgent call for a collaborative, cross-sector approach to create a more inclusive and equitable society.

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ANNEX: A.1) INTERVIEW WITH PROFESSIONALS ON AFFECTIVE-SEXUAL EDUCATION FOR PEOPLE WITH DISABILITIES

- **Name of the interviewer:** M.C
- **Position/position of the interviewee:** Professional working with people with disabilities in a care, educational, or support capacity, but without formal training in affective-sexual education.
- **Experience in the field of affective-sexual education:** Limited experience; although I work closely with people with disabilities, I have not had direct involvement in structured programs or projects related to affective-sexual education. My experience mostly stems from observing the needs and challenges in this area as part of my day-to-day professional interactions.
- **Province, municipality:** Braga, Portugal
- **Date:** 5.11.2024

1. Professional context and experience:

- What is your professional experience in relation to affective-sexual education for people with disabilities? Have you led or participated in projects, studies or programs in this field?

I haven't participated in specific projects or programs related to affective-sexual education. However, in my daily work, I see the importance of this topic. People with disabilities often have questions about relationships, boundaries, and their rights regarding their own bodies, but there's a significant lack of resources to address these topics in a structured way. fusion, unrealistic expectations, and sometimes unhealthy views about things like intimacy and consent.

2. Regulatory framework and its implementation:

- Do you think there are gaps or contradictions in the legislation that negatively affect the implementation of affective-sexual education programs for people with disabilities?

Yes, I believe there are gaps in the legislation. In my experience, there are few clear guidelines or frameworks on how to implement affective-sexual education specifically for people with disabilities. This creates uncertainty among professionals and limits access to proper education in this area.

3. Challenges and barriers:

-What, in your opinion, are the main barriers that people with disabilities face in accessing comprehensive and adequate affective-sexual education?

The main barriers include lack of accessible resources, social stigma, and professionals not being adequately trained to address these topics. Additionally, many families are hesitant to engage in conversations about sexuality with their disabled family members due to protective attitudes or misconceptions.

- How do you think social media and pornography impact the emotional and social well-being of people with disabilities?

Social media and pornography can create unrealistic or harmful expectations, especially when there is no support or education to help interpret what people with disabilities are exposed to. Without proper guidance, they may misunderstand relationships or develop unhealthy views about intimacy and consent.

- How do social prejudices or stigmas impact the effectiveness of affective-sexual education policies and programs for people with disabilities?

Stigmas around disability and sexuality are very prevalent. People often believe that individuals with disabilities are asexual or incapable of forming intimate relationships. This stigma makes it difficult to implement programs because many assume that affective-sexual education isn't necessary for this population.

- What role do educational, health and social institutions play in overcoming these barriers?

These institutions can play a crucial role in providing training to professionals, raising awareness, and normalizing discussions about affective-sexual education for people with disabilities. However, more collaboration is needed between schools, healthcare providers, and social workers to ensure a consistent and supportive approach.

4. Good practices and proposals for improvement:

- Can you point to any initiative or program that you consider an example of good practices in affective-sexual education for people with disabilities?

Unfortunately, I am not aware of many specific programs in this area within my professional context. However, I have heard about programs in other regions of Portugal that aim to integrate affective-sexual education into disability services, and I believe these could serve as models for Braga.

- How do you think the training of professionals (educators, doctors, lawyers, etc.) on this topic could be improved?

Training should be integrated into the education and ongoing professional development of anyone working with people with disabilities. This includes providing tools to talk about boundaries, relationships, and consent in a way that is accessible to different types of disabilities.

Regulations and legislative perception

1. In your experience, do current laws facilitate or hinder the implementation of affective-sexual education programs in your work environment?

- Please share specific examples or experiences related to your professional practice.

I feel the current laws are somewhat vague when it comes to affective-sexual education for people with disabilities. While general sexual education may be mandated, there is little specific focus on the unique needs of individuals with disabilities.

2. Do you think that there are regulatory gaps that hinder affective-sexual education for people with disabilities in your field?

- If so, what legislative areas should be strengthened?

Yes, there are gaps. For instance, there is no specific mention of how to adapt programs to different cognitive or physical disabilities, or how to train professionals to address these issues.

Availability and accessibility of resources

3. Have you used or had access to specific affective-sex education programs designed for people with disabilities?

- If so, can you explain what it consisted of and how you assess the quality and relevance of these programmes in your professional practice?

No, I haven't had access to specific programs, which is one of the reasons why this area is often overlooked in our practice.

4. In your opinion, are the resources available in affective-sexual education accessible and appropriate for people with different types of disabilities?

What additional accommodations or adjustments do you think would be needed?

In my opinion, the resources that exist are not always accessible. Many are not adapted to different learning needs or communication styles, and this makes it difficult for people with intellectual or developmental disabilities to fully understand them.

5. From your professional perspective, are the technological and digital resources that currently exist adequate to support affective-sexual education in people with disabilities? What additional technological tools do you think would be useful or missing in this field?

There are some resources available, but they are not widespread or well-known. More accessible digital tools that cater to various disabilities, such as visual aids or interactive platforms designed for different cognitive levels, would be incredibly useful.

- How do you think social media and pornography impact the emotional and social well-being of people with disabilities?

From what I've seen, social media and pornography can really impact the emotional and social well-being of people with disabilities, and often not in a positive way. These platforms frequently show very unrealistic or even harmful ideas about relationships and intimacy, and without proper guidance, it's easy for people with disabilities to misunderstand what they're seeing. Many turn to social media and even pornography to learn about these topics, especially when other resources are lacking, but this can lead to confusion, unrealistic expectations, and sometimes unhealthy views about things like intimacy and consent.

Identifying barriers

6. What cultural or social barriers do you think are most common when trying to implement affective-sexual education programs for people with disabilities?

- Examples: prejudices, lack of training, stigmas about the sexuality of people with disabilities.

Cultural prejudices and the belief that people with disabilities shouldn't or don't need sexual education are significant barriers. There's also discomfort among professionals and families in addressing these topics openly.

7. Do you think there are economic barriers that affect the availability and quality of affective-sexual education programs for people with disabilities?

- If so, could you describe any of these barriers from your experience?

Yes, funding is often directed toward more visible areas of disability support, such as physical health or employment training. Affective-sexual education is not prioritized, and this limits the quality and reach of the programs.

8. Have you noticed barriers related to gender perception in the access of people with disabilities to affective-sexual education programs?

- Do you think these barriers are more evident for women, non-binary or trans people with disabilities?

There are clear gender disparities. Women with disabilities often face more stigma, and their sexuality is even more heavily policed or overlooked compared to men. There's also very little specific attention given to non-binary or trans individuals with disabilities.

9. What do you consider to be the most urgent thing to improve affective-sexual education in your work environment? This question is very important

- Exemplify what type of resources, training or institutional changes would be most useful to improve the quality of affective-sexual education according to your criteria.

More training for professionals is the most urgent need. Without the right training, we can't effectively guide or educate individuals with disabilities in this sensitive area.

10. From your perspective, what legislative, social or technological measures do you think should be implemented to improve affective-sexual education for people with disabilities?

- If you had to propose one key improvement, what would it be?

Legislation should mandate that affective-sexual education for people with disabilities is included in both schools and care settings, with clear guidelines on how to adapt materials to different needs. Socially, we need more awareness campaigns to reduce stigma.

Technologically, more accessible tools, like apps and online platforms, tailored for various disabilities, would be a great help.

The most important improvement would be comprehensive training programs for all professionals working with people with disabilities, so they can confidently address affective-sexual education in their practice. This training should include real-life scenarios and strategies for adapting education to different types of disabilities.

ANNEX: A.2) INTERVIEW WITH PROFESSIONALS ON AFFECTIVE-SEXUAL EDUCATION FOR PEOPLE WITH DISABILITIES

- **Name of the interviewer:** T.S
- **Position/position of the interviewee:** Expert in affective-sexual education, gender equality, and disability inclusion.
- **Experience in the field of affective-sexual education:** Several years of experience designing and implementing programs on affective-sexual education, with a focus on individuals with disabilities. This includes collaboration with organizations like APF (Associação para o Planeamento da Família) and other local initiatives in Portugal.
- **Province, municipality:** Braga, Portugal
- **Date:** 5.11.2024

1. Professional context and experience:

- What is your professional experience in relation to affective-sexual education for people with disabilities? Have you led or participated in projects, studies or programs in this field?

I have extensive experience in developing and implementing programs on affective-sexual education tailored for people with disabilities. This includes working with organizations like APF, which focuses on promoting sexual and reproductive health. I've participated in workshops that address topics such as consent, personal boundaries, and healthy relationships, specifically designed for individuals with various disabilities.

2. Regulatory framework and its implementation:

- Do you think there are gaps or contradictions in the legislation that negatively affect the implementation of affective-sexual education programs for people with disabilities?

Yes, I believe there are gaps in the legislation. In my experience, there are few clear guidelines or frameworks on how to implement affective-sexual education specifically for people with disabilities. This creates uncertainty among professionals and limits access to proper education in this area.

3. Challenges and barriers:

- What, in your opinion, are the main barriers that people with disabilities face in accessing comprehensive and adequate affective-sexual education?

The main barriers include:

- Inaccessible educational materials: Many existing resources are not adapted to accommodate the diverse needs of people with disabilities, making it difficult for them to engage fully with the content.
- Social stigma: There is a prevalent belief in society that people with disabilities are asexual or incapable of forming romantic relationships, which can lead to neglecting their educational needs in this area.
- Limited training for educators and professionals: Many teachers and caregivers lack the training necessary to effectively deliver sexual education to individuals with disabilities, which hinders their ability to provide appropriate support.
- Family misconceptions: Families often hold protective views that can restrict access to sexual education, as they may feel uncomfortable discussing these topics.
- How do you think social media and pornography impact the emotional and social well-being of people with disabilities?

Social media can serve as a platform for connection and information, providing individuals with disabilities the opportunity to learn about relationships and sexuality. However, the influence of pornography can be detrimental, as it often presents unrealistic depictions of intimacy and consent. Without proper education, people with disabilities may struggle to discern healthy relationships from harmful stereotypes, impacting their emotional and social well-being.

- How do social prejudices or stigmas impact the effectiveness of affective-sexual education policies and programs for people with disabilities?

Social prejudices significantly undermine the effectiveness of affective-sexual education initiatives. The misconception that people with disabilities do not have sexual needs leads to insufficient attention from policymakers and educators, resulting in programs that fail to address their specific requirements. This stigma can also discourage individuals from seeking information and support regarding their sexual rights.

- What role do educational, health and social institutions play in overcoming these barriers?

These institutions have a critical role in creating an inclusive environment for affective-sexual education. Schools should implement inclusive curricula that cater to the needs of students with disabilities, while healthcare providers should ensure that sexual health services are accessible and tailored to their specific requirements. Social institutions can help raise awareness and advocate for the rights of individuals with disabilities, ensuring that their voices are heard in discussions about sexual education.

4. Good practices and proposals for improvement:

- Can you point to any initiative or program that you consider an example of good practices in affective-sexual education for people with disabilities?

An example of good practice is the APF's educational workshops, which focus on providing affective-sexual education to individuals with disabilities. These workshops include interactive sessions that utilize accessible materials and engage participants in discussions about relationships, consent, and personal safety. APF collaborates with various stakeholders, including schools and support services, to ensure a holistic approach to education.

- How do you think the training of professionals (educators, doctors, lawyers, etc.) on this topic could be improved?

Training for professionals must be comprehensive and targeted. Workshops should include modules on the specific needs of individuals with disabilities, emphasizing how to communicate sensitive topics effectively. Ongoing professional development and access to resources that highlight best practices in affective-sexual education are crucial. Collaborating with organizations like APF can provide valuable insights into effective teaching strategies and content delivery.

Regulations and legislative perception

1. In your experience, do current laws facilitate or hinder the implementation of affective-sexual education programs in your work environment?

- Please share specific examples or experiences related to your professional practice.

Current laws primarily hinder implementation due to the lack of specific provisions that address the needs of people with disabilities. While there are general mandates for sexual education, they do not provide the necessary guidance for how these programs should be adapted or implemented for individuals with various disabilities.

2. Do you think that there are regulatory gaps that hinder affective-sexual education for people with disabilities in your field? - If so, what legislative areas should be strengthened?

Yes, there are significant regulatory gaps. Legislation should be strengthened to include specific guidelines that mandate the adaptation of sexual education for people with disabilities, ensuring that educators are equipped with the tools and resources needed to provide effective instruction.

Availability and accessibility of resources

3. Have you used or had access to specific affective-sex education programs designed for people with disabilities?

- If so, can you explain what it consisted of and how you assess the quality and relevance of these programmes in your professional practice?

Yes, I have accessed various resources and programs developed by APF, which aim to educate individuals with disabilities about their rights and the importance of healthy relationships. These programs utilize multimedia resources, such as videos and interactive workshops, to engage participants and facilitate learning.

4. In your opinion, are the resources available in affective-sexual education accessible and appropriate for people with different types of disabilities?

Many resources currently available are not sufficiently tailored to meet the diverse needs of individuals with different disabilities. There is a pressing need for more materials that are specifically adapted for various cognitive and physical abilities, ensuring that all individuals can benefit from sexual education.

5. From your professional perspective, are the technological and digital resources that currently exist adequate to support affective-sexual education in people with disabilities? What additional technological tools do you think would be useful or missing in this field?

The existing technological resources are limited in their accessibility. While there are some digital platforms that provide sexual education information, they often lack adaptations for people with disabilities. There is a need for more inclusive technology that allows individuals to access information in formats suited to their specific needs.

- How do you think social media and pornography impact the emotional and social well-being of people with disabilities?

Because people with disabilities are often left out of mainstream discussions on sexuality and relationships, they may feel like they have to piece together what's 'normal' or expected from what they find online. Unfortunately, without accessible education and supportive conversations, this can lower self-esteem or create misunderstandings about relationships. That's why I think we really need more resources that address these topics directly and in ways that are accessible and meaningful to this community.

Identifying barriers

6. What cultural or social barriers do you think are most common when trying to implement affective-sexual education programs for people with disabilities?

- Examples: prejudices, lack of training, stigmas about the sexuality of people with disabilities.

Cultural and social barriers include pervasive stigmas surrounding the sexuality of individuals with disabilities, misconceptions about their sexual agency, and a general discomfort in discussing sexual topics. These attitudes often lead to a lack of engagement from educators, families, and the broader community in supporting effective sexual education.

7. Do you think there are economic barriers that affect the availability and quality of affective-sexual education programs for people with disabilities?

- If so, could you describe any of these barriers from your experience?

Yes, economic barriers significantly affect the availability and quality of these programs. Funding limitations can restrict the development and dissemination of accessible materials and training for professionals. Additionally, schools and support organizations may prioritize other programs over sexual education due to budget constraints.

8. Have you noticed barriers related to gender perception in the access of people with disabilities to affective-sexual education programs?

- Do you think these barriers are more evident for women, non-binary or trans people with disabilities?

Yes, gender-related barriers are quite pronounced. Women and non-binary individuals with disabilities often face additional challenges due to societal norms that portray them as vulnerable or incapable of managing their sexual health. This can lead to inadequate educational resources and a lack of support for their specific needs.

9. What do you consider to be the most urgent thing to improve affective-sexual education in your work environment? This question is very important

- Exemplify what type of resources, training or institutional changes would be most useful to improve the quality of affective-sexual education according to your criteria.

The most urgent need is the development of comprehensive training programs for educators and caregivers that focus specifically on the sexual education needs of individuals with disabilities. This should include the creation of tailored resources and materials, as well as fostering an environment where discussions about sexuality are normalized and encouraged.

10. From your perspective, what legislative, social or technological measures do you think should be implemented to improve affective-sexual education for people with disabilities?
- If you had to propose one key improvement, what would it be?

Legislative measures should include the establishment of clear guidelines that mandate the inclusion of affective-sexual education in schools for individuals with disabilities. Socially, awareness campaigns are needed to challenge existing prejudices and promote the rights of people with disabilities to receive sexual education. Technologically, there should be investment in the development of accessible digital resources that can be used to facilitate learning for individuals with varying needs.

One key improvement would be to create a national initiative focused on developing inclusive affective-sexual education programs specifically for individuals with disabilities. This initiative should include collaboration among government agencies, educational institutions, and advocacy groups to ensure a comprehensive approach that addresses the unique needs of this population.

ANNEX: A.3) INTERVIEW WITH PROFESSIONALS ON AFFECTIVE-SEXUAL EDUCATION FOR PEOPLE WITH DISABILITIES

- **Name of the interviewer:** J.S
- **Position/position of the interviewee:** Support worker/educator for individuals with disabilities.
- **Experience in the field of affective-sexual education:** Experience in the field of affective-sexual education: While I do not have formal training in affective-sexual education, I have several years of experience working with people with disabilities in educational and support settings. Through this work, I have developed a perception of their needs regarding sexual and affective education.
- **Province, municipality:** Braga, Portugal
- **Date:** 6.11.2024

1. Professional context and experience:

- What is your professional experience in relation to affective-sexual education for people with disabilities? Have you led or participated in projects, studies or programs in this field?

In my role, I interact daily with individuals with disabilities, observing their social interactions and emotional needs. Although I have not led specific projects in affective-sexual education, I often encounter questions and situations related to sexuality and relationships among the individuals I support. This experience has highlighted the significant gap in education around these topics.

2. Regulatory framework and its implementation:

- Do you think there are gaps or contradictions in the legislation that negatively affect the implementation of affective-sexual education programs for people with disabilities?

Yes, there seem to be gaps in the legislation. While there are general guidelines for sexual education in schools, these do not explicitly address the needs of individuals with disabilities. As a result, educational programs often overlook how to adapt their content for this population, leading to missed opportunities for meaningful education.

3. Challenges and barriers:

- What, in your opinion, are the main barriers that people with disabilities face in accessing comprehensive and adequate affective-sexual education?

Several barriers exist, including:

- Lack of accessible resources: Many educational materials are not designed for individuals with disabilities, making it difficult for them to understand key concepts.
 - Societal stigma: There is a prevalent belief that individuals with disabilities do not have sexual needs or desires, which can lead to neglect in their education on these topics.
 - Limited discussions: Families and caregivers often feel uncomfortable discussing sexuality, leaving individuals without necessary guidance.
 - Inadequate training for educators: Many professionals, including myself, have not received specific training on how to approach affective-sexual education, which limits our ability to support individuals effectively.
-
- How do you think social media and pornography impact the emotional and social well-being of people with disabilities?

Social media can provide a sense of community and opportunities for individuals with disabilities to learn about relationships. However, there are also risks; exposure to pornography can create unrealistic expectations and confusion about healthy relationships and consent. Without adequate education, individuals may struggle to navigate these influences, which can negatively impact their emotional and social well-being.

- How do social prejudices or stigmas impact the effectiveness of affective-sexual education policies and programs for people with disabilities?

Prejudices significantly affect the effectiveness of education policies. The belief that individuals with disabilities are asexual or incapable of having relationships means that programs often do not consider their needs. This lack of understanding leads to a gap in education, as they are not provided with the information they need to develop healthy relationships and understand their rights.

- What role do educational, health and social institutions play in overcoming these barriers?

These institutions have a vital role to play. Schools need to implement inclusive sexual education programs that address the needs of students with disabilities. Health institutions should provide accessible sexual health services and information, and social institutions should promote awareness of the sexual rights of individuals with disabilities to foster a more inclusive environment.

4. Good practices and proposals for improvement:

- Can you point to any initiative or program that you consider an example of good practices in affective-sexual education for people with disabilities?

One notable initiative in Portugal is the work done by Associação para o Planeamento da Família (APF), which offers workshops and materials focusing on sexual education for individuals with disabilities. These programs aim to provide accessible information about relationships and consent, although I believe more initiatives like this should be developed.

- How do you think the training of professionals (educators, doctors, lawyers, etc.) on this topic could be improved?

Training should be more widely available and specific to the needs of people with disabilities. Workshops should include practical strategies for discussing affective-sexual topics, as well as resources tailored to the various types of disabilities. Collaborating with organizations that specialize in sexual education for people with disabilities could enhance the training provided.

Regulations and legislative perception

1. In your experience, do current laws facilitate or hinder the implementation of affective-sexual education programs in your work environment?

- Please share specific examples or experiences related to your professional practice.

Current laws do not sufficiently facilitate implementation. The lack of specific guidance on adapting sexual education for people with disabilities means that many educators, including myself, are unsure how to approach these subjects, which hinders our ability to provide effective education.

2. Do you think that there are regulatory gaps that hinder affective-sexual education for people with disabilities in your field?

- If so, what legislative areas should be strengthened?

Yes, there are significant regulatory gaps. The legislation should clearly outline the need for inclusive sexual education and provide resources to support its implementation in educational settings.

Availability and accessibility of resources

3. Have you used or had access to specific affective-sex education programs designed for people with disabilities?

- If so, can you explain what it consisted of and how you assess the quality and relevance of these programmes in your professional practice?

I have encountered some materials from APF aimed at individuals with disabilities, but these resources are often limited and not widely distributed. Access to comprehensive programs that can be integrated into our support work is lacking.

4. In your opinion, are the resources available in affective-sexual education accessible and appropriate for people with different types of disabilities?

Many available resources are not adequately tailored to meet the needs of individuals with diverse disabilities. There is a need for more materials that consider various cognitive levels and learning styles to ensure effective education.

5. From your professional perspective, are the technological and digital resources that currently exist adequate to support affective-sexual education in people with disabilities? What additional technological tools do you think would be useful or missing in this field?

Currently, technological resources are limited in accessibility. While there are some online platforms providing sexual education content, many do not have features that accommodate individuals with disabilities. More inclusive technology should be developed to facilitate learning.

- How do you think social media and pornography impact the emotional and social well-being of people with disabilities?

Pornography can be even more problematic because it often presents a distorted view of intimacy. Without access to affective-sexual education, people with disabilities might misinterpret what they see, leading to misconceptions about intimacy and what's appropriate in relationships. I believe this underlines the need for accessible education and resources that offer a clear, realistic view of relationships and boundaries. Having professionals who can discuss these topics openly and in a supportive environment is crucial to helping them navigate these influences in a healthy way.

Identifying barriers

6. What cultural or social barriers do you think are most common when trying to implement affective-sexual education programs for people with disabilities?

- Examples: prejudices, lack of training, stigmas about the sexuality of people with disabilities.

Common barriers include societal beliefs that people with disabilities should not engage in sexual relationships and discomfort among caregivers and educators when discussing sexual topics. These cultural attitudes create an environment where affective-sexual education is often neglected.

7. Do you think there are economic barriers that affect the availability and quality of affective-sexual education programs for people with disabilities?

- If so, could you describe any of these barriers from your experience?

Yes, economic barriers play a role. Limited funding can restrict the development and distribution of quality educational materials and programs. Many organizations struggle to allocate resources toward sexual education initiatives.

8. Have you noticed barriers related to gender perception in the access of people with disabilities to affective-sexual education programs?

- Do you think these barriers are more evident for women, non-binary or trans people with disabilities?

Yes, there are noticeable barriers. Women and non-binary individuals with disabilities often face additional challenges due to societal expectations and stereotypes about gender and sexuality. This can lead to a lack of tailored education that meets their specific needs.

9. What do you consider to be the most urgent thing to improve affective-sexual education in your work environment? This question is very important

- Exemplify what type of resources, training or institutional changes would be most useful to improve the quality of affective-sexual education according to your criteria.

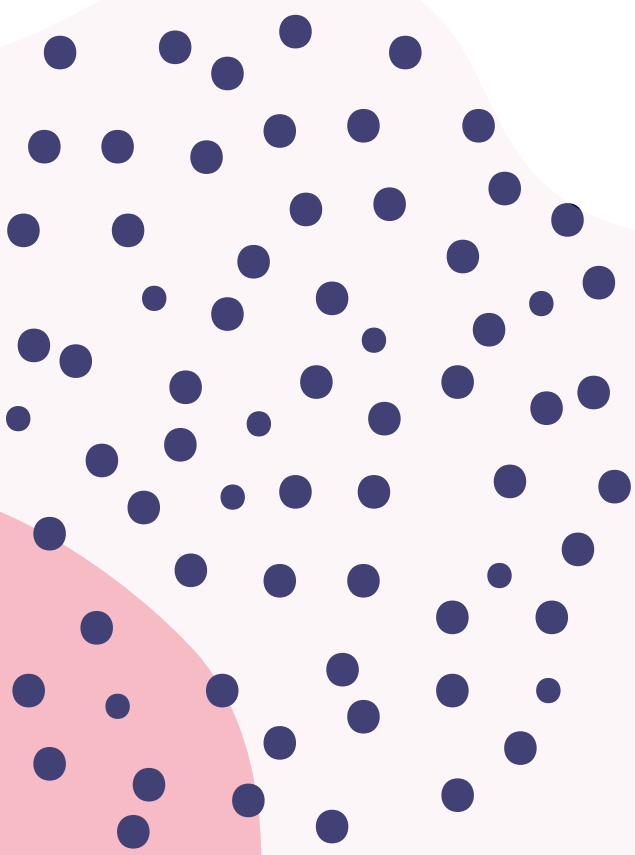
The most urgent need is to increase awareness and acceptance of the sexual rights of people with disabilities among families, educators, and the community. Education and advocacy efforts should focus on normalizing discussions about sexuality to ensure that individuals receive the information and support they need.

10. From your perspective, what legislative, social or technological measures do you think should be implemented to improve affective-sexual education for people with disabilities?
- If you had to propose one key improvement, what would it be?

Legislation should include specific provisions for inclusive sexual education tailored to people with disabilities. Socially, awareness campaigns are necessary to combat stigma and promote understanding of the rights of individuals with disabilities regarding their sexuality. Technologically, investment in accessible digital resources is crucial to facilitate learning. One key improvement would be to establish a national framework for affective-sexual education that specifically addresses the needs of individuals with disabilities. This framework should provide guidelines for educators and support workers, ensuring that comprehensive education is available across all settings.



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