

ISAWP

Inclusive sexuality: A World of Possibilities

Training of Trainers

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1. What does disability mean?

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1 - INTRODUCTION

1.1 Concept of Disability: Historical Evolution

Throughout history, the perception of disability has varied according to the cultural, religious, and social context of each era. The concept of disability has evolved over time, influenced by social, cultural, political, and scientific factors.

In the nineteenth century, during the Industrial Revolution, disability was perceived as an individual deficiency that needed to be "cured" or "rehabilitated," in line with the medical model.

From the twentieth century onwards, there was a significant shift from the medical model to one with a more social focus, recognizing that disability is not only located in the individual's body, but also in the social, physical, and attitudinal barriers that hinder their participation.

Later, in the second half of the twentieth century, particularly in the United States during the 1960s and 1970s, the civil rights movement emerged, promoting the struggle for the rights of people with disabilities. Inspired by other social movements—such as the civil rights struggle, the feminist movement, and LGBT activism—this movement contributed to a broader social context in which equal opportunities, autonomy, and full participation in society were demanded, moving away from the medical and welfare model.

In the 21st century, we are transitioning toward a more biopsychosocial and rights-based approach. A key milestone is the Convention on the Rights of Persons with Disabilities (UN, 2006), which recognizes people with disabilities as subjects of rights, rather than objects of assistance, and promotes full and effective participation in society on equal terms.

1.2 MODELS FOR DEFINING DISABILITY

As previously explained, the concept of disability has evolved over time and has been understood differently depending on the social context. Initially viewed in a restrictive way, it is now approached more inclusively thanks to advancements in health, education, and human rights.

The most significant models for understanding and defining disability have been the following:

1. DISPENSING MODEL



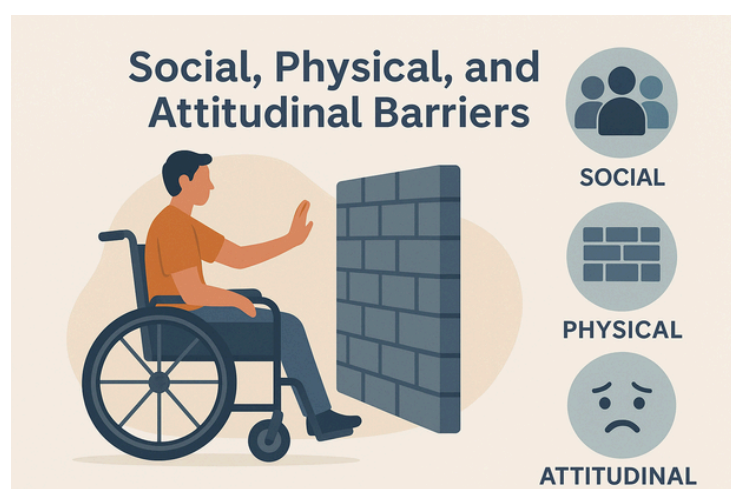
This model, predominant in Antiquity and throughout parts of the Middle Ages, attributed disability to religious or supernatural causes. People with disabilities were often seen as burdens on society, believed to have little or no ability to contribute to the community. As a result, marginalization, abandonment, and even elimination were socially justified. In this context, there were no concepts of rights, inclusion, or rehabilitation for people with disabilities.

2. MEDICAL MODEL



This was dominant from the nineteenth to the mid-twentieth century, viewed disability primarily through the lens of "illness" or the "absence of health." Disability was considered an individual problem, caused by diseases or defects, with the main objective being treatment, correction, or cure. The focus was placed on the person's impairments rather than on the societal and physical barriers that limited full participation in society.

3. SOCIAL MODEL



Emerging in the mid-twentieth century, the Social Model represents a significant paradigm shift in the understanding and definition of disability. It asserts that disability does not reside within the individual, but rather in the social, physical, and attitudinal barriers that hinder full participation. This model promotes an inclusive approach, emphasizing the removal of these barriers to enable people with disabilities to fully integrate and participate in society.

4. HUMAN RIGHTS MODEL



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The Human Rights Model builds upon the Social Model by adopting a more political and legal framework focused on equality and inclusion. It recognizes people with disabilities as holders of rights and emphasizes their full participation in society on equal terms with others. Fundamental rights, regardless of individual abilities, must be respected and protected. A key milestone in advancing this perspective was the adoption of the **Convention on the Rights of Persons with Disabilities (UN, 2006)**, which promotes dignity, autonomy, and active participation, and guarantees the right to live independently, as well as to access education, healthcare, and employment without discrimination.

4. BIOPSYCHOSOCIAL MODEL



It is based on definitions from the World Health Organization (WHO) and the International Classification of Functioning (ICF). It adopts a holistic and comprehensive approach that integrates biological, psychological, and social aspects. It does not deny the medical model but contextualizes it.

5. DIVERSITY MODEL



In Spain, Agustina Palacios and Javier Romañach propose a model in which they place the theoretical axis on the dignity of people – a dignity that is inherent in all human beings and not linked to capacity. This model is based on a vision focused on human rights and bioethics, promoting dignity and respect for all forms of human functionality.

1.3 CURRENT DEFINITION OF DISABILITY:

The Convention on the Rights of Persons with Disabilities (UN, 2006) defines disability as:

"An evolving concept that results from the interaction between people with disabilities and the barriers due to attitude and environment that prevent their full and effective participation in society, on an equal basis with others."

➤ Other Definitions

WHO (International Classification of Performance - ICF):

- Disability is a term that encompasses impairments, limitations in activity, and restrictions in participation.
- It is understood as an interaction between a person's health conditions and contextual factors.

1.4 LEGAL FRAMEWORK AND REGULATIONS IN FORCE

➤ AT EUROPEAN LEVEL

Convention on the Rights of Persons with Disabilities (CRPD) (UN, 2006)

It establishes the fundamental rights of persons with disabilities and promotes their full inclusion in society, on an equal basis with others. It establishes a comprehensive framework to ensure full inclusion and respect for the human rights of persons with disabilities.

Countries that have ratified the convention are obliged to adopt measures that ensure the elimination of social, economic and physical barriers for persons with disabilities. It recognizes the following as Fundamental Rights of Persons with Disabilities:

- Right to equality and non-discrimination
- Right to life, liberty and security
- Right to life, liberty and security
- Access to inclusive education
- Access to work and employment
- Participation in political and public life
- Access to health
- Right to accessibility
- Protection from abuse and violence
- Right to private and family life

Each signatory country is responsible for adapting its laws and policies to align with the Convention. This includes areas such as:

- Education
- Health
- Work
- Accessibility
- Justice
- Political participation
- Independent living
- Knowing these rights is essential for defending and demanding them.
- Promoting legal empowerment and supporting advocacy is vital for advancing inclusion.

Strategy for the Rights of Persons with Disabilities 2021-2030

This European Union strategy emphasises equal conditions in the workplace, independent living, equal opportunities and full participation in community life.

Council Directive (EU) 2024/1499 of 7 May 2024.

Rules concerning equality bodies in the field of equal treatment between persons, irrespective of racial or ethnic origin, equal treatment of persons in employment and occupation without discrimination on the grounds of religion or belief, disability, age or sexual orientation, and equal treatment of women and men in social security, in access to and provision of goods and services, and amending Directives 2000/43/EC and 2004/113/EC.

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REGULATIONS IN EUROPEAN COUNTRIES

In many countries, national laws are aligned with the principles of the UN convention and promote inclusive education as a right of all people, regardless of their abilities.

EXAMPLES:

➤ SPAIN

- Royal Legislative Decree 1/2013, of 29 November, approving the Revised Text of the General Law on the Rights of Persons with Disabilities and their Social Inclusion
 - Organic Law 2/2010 on Sexual and Reproductive Health and Organic Law 2/2020, which eradicates the forced sterilization of people with disabilities.
 - Regulations in the Autonomous Communities.
- Example Andalucia: Law 4/2017, of 25 September, on the Rights and Care of People with Disabilities in Andalucia

➤ Türkiye

- Law No. 5378 on persons with disabilities establishes measures for social inclusion and accessibility.

➤ PORTUGAL

- Portugal's Law 38/2004 defines the principles of prevention, habilitation, rehabilitation and participation of persons with disabilities.
- The National Strategy for the Inclusion of Persons with Disabilities (ENIPD 2021-2025) sets out measures to address the rights of persons with disabilities, including access to education.

2. TYPOLOGY OF DISABILITY AND CHARACTERISTICS

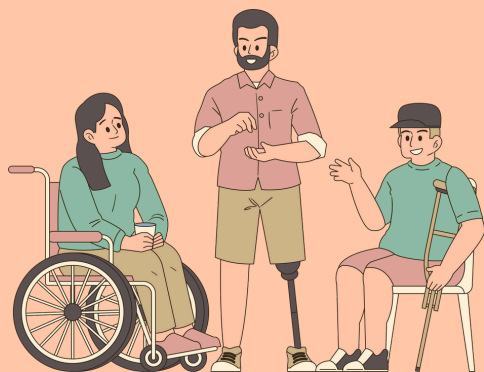
The WHO (World Health Organization) classifies the types of disability according to the body area that is affected; But it should be noted that this classification is not conditioned only by health but also by social and environmental factors.

Below you can find the different types of disabilities;



PHYSICAL DISABILITY

Decrease or absence of motor or physical functions. They include spinal cord injuries, amputations, neuromuscular diseases such as muscular dystrophy, and cerebral palsy (COCEMFE's definition)



Features and highlights:

- Difficulties in movement, ambulation, or handling objects
 - It can affect other areas such as speech or swallowing.
- In musculoskeletal disabilities: it affects muscles, bones or joints, such as osteoarthritis or severe fractures, with a notable impact on daily life.

SENSORY DISABILITY:

It is the limitation or loss of one or more of the body's sensory abilities, the best known are those that include sight and hearing, although they can affect other senses such as smell and taste.

Visual Impairment: Total or partial decrease in vision. It is measured through various parameters, such as near and far reading ability, visual field or visual acuity. (ONCE)

-Hearing impairment. hearing loss, ranging from difficulty hearing sounds to complete deafness. It affects the ability to communicate verbally.



Features and highlights:

VISUAL IMPAIRMENT



- It involves very severe limitations for the person to carry out their movements, daily life activities, or access to information autonomously.
- restrictions on the access and participation of the person in their different living environments: education, work, leisure, etc.,
 - Use of Braille.

HEARING IMPAIRMENT:



- Use of Sign Language as a language of communication.
- Need for a Professional Sign Language Interpreter, who interprets and translates information from sign language into oral and written language and vice versa in order to ensure communication between deaf people who are users of this language and their social environment.

DEVELOPMENTAL DISABILITY:

It refers to disabilities that originate during the developmental period, generally before the age of 22, and affect a person's physical, cognitive, communicative, behavioral, and/or social functioning.



Features and highlights:

These disabilities can be genetic, prenatal, perinatal, or acquired in early childhood. They are usually permanent, although with appropriate supports, many people achieve a full and independent life. The following conditions are considered within this classification:

- Intellectual disability
- Autism spectrum disorder (ASD)
- Cerebral palsy
- Down syndrome
- Language and communication disorders
- Some others genetic and metabolic diseases

Other types of disabilities...

PSYCHOSOCIAL DISABILITY:

Resulting from severe mental health conditions.

Examples;
schizophrenia, bipolar disorder,
severe depression, PTSD.

MULTIPLE DISABILITIES:

Combination of two or more disabilities in one individual.

Examples;
Intellectual disability + hearing loss;
cerebral palsy + vision impairment.

ACQUIRED COMMUNICATION DISABILITY

Severe communication issues not caused by sensory, intellectual, or physical disabilities.

Examples; Aphasia after a stroke,
dysarthria after brain injury.

ORGANIC DISABILITY

Dysfunction of vital internal organs affecting daily life.

Examples;
Heart failure, chronic kidney disease.

3. WOMEN AND DISABILITY

It is important to note that there is a double discrimination that is often ignored: the double discrimination faced by women with disabilities, derived from both their gender condition and their disability. The feminist perspective has been fundamental in making this reality visible and putting the multiple inequalities that affect this group at the center of the debate.

Double discrimination occurs when two factors that generate discrimination interact. In the case at hand, women with disabilities are in a position of higher social vulnerability, facing a number of barriers to access rights, opportunities, and representation.

Key to understanding this reality is the concept of intersectionality, proposed by Kimberlé Crenshaw, which analyzes how different forms of oppression intersect and reinforce each other. From this perspective of double discrimination, some of the main problems are raised:

- **Invisibility:** women with disabilities tend to be less present in feminist and disability movements. Their specific needs are not adequately addressed.
- **Violence:** increased risk of gender-based violence, sexual abuse, and maltreatment (at home, institutions, or care settings); in addition to having difficulties in reporting or accessing protection.
- **Limited access to rights:** fewer opportunities to access education, work, sexual and reproductive health, participation, etc.
- **Forced sterilization and denial of maternity:** many women with disabilities have been subjected to sterilizations without consent or denied the right to have children.

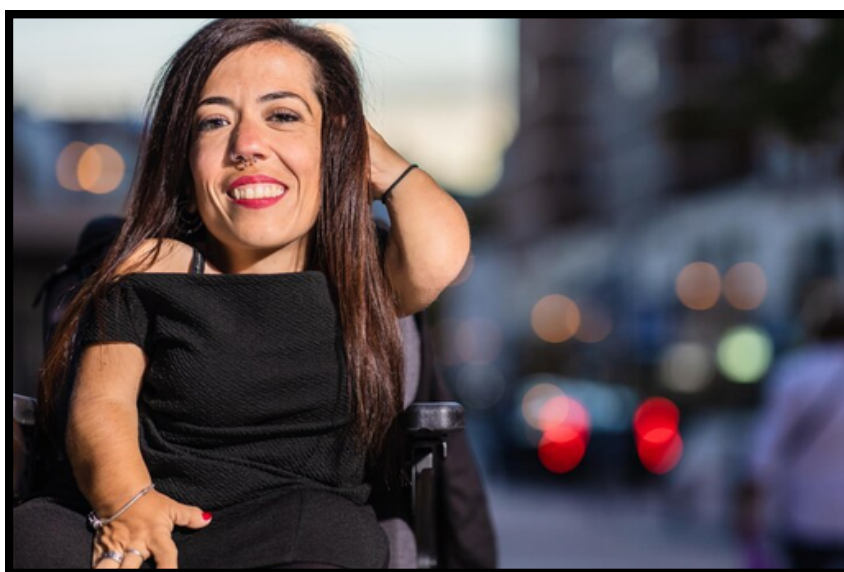


Image that represents woman with disability

4. BARRIERS TO SOCIAL INCLUSION AND PARTICIPATION

As we have seen in the diagnoses collected by each country, people with disabilities face barriers every day in different areas, such as social, cultural, and/or physical barriers, that limit their full integration into society.

Despite advances in inclusion laws and policies, people with disabilities continue to face obstacles that hinder their active participation in many areas of life.

➤ Social barriers

This refers to the prejudices, stigmas, and negative attitudes of society that hinder their full integration and participation in daily life. It is related to the way society perceives and treats people with disabilities. Many people with disabilities are subject to prejudices or stereotypes that see them only for their limitations, not for their abilities. This social stigma can lead to discrimination in the workplace, education, and social and cultural spheres, preventing them from accessing the same opportunities as other people. Some of the main social barriers include:

Lack of awareness and education: The lack of knowledge about disability and the absence of awareness in society can lead to false beliefs, myths, and prejudices that result in the social isolation of people with disabilities.

Low expectation of their abilities: The skills and talents of people with disabilities are often underestimated, leading to overprotection or, on the contrary, exclusion in work and education. Society tends to view people with disabilities as "dependent" or "incapable," which limits their opportunities to prove themselves and contribute fully.

Limited access to resources and support: In many cases, people with disabilities do not have access to the resources or adequate support that allow them to develop on an equal footing. The lack of inclusive policies or opportunities adapted to their needs can generate an additional social barrier.

Overcoming these social barriers requires a profound cultural change, in which diversity is valued, inclusion is fostered, and people with disabilities are recognized as full members of society. It is essential to promote education, awareness, and equity to ensure that persons with disabilities have access to all opportunities and can live free from discrimination. Only in this way can we build a truly just and accessible society for all people.

➤ Cultural barriers

Disability is still surrounded by stigmas and myths. In many societies, it is perceived as a negative or burden, preventing people with disabilities from being fully valued and recognized.

➤ Communication barriers

These are all obstacles that prevent or hinder the understanding, expression, or exchange of information, whether oral, written, visual, or digital. Communication barriers may include language, the use of inaccessible educational resources, lack of interpreters, or lack of visual support.

➤ Curricular barriers

Obstacles in terms of content, teaching methods, or context that hinder or prevent the access and full participation of students with disabilities in the education system. These barriers can limit their learning, development, and inclusion in the classroom. It is necessary to adapt the educational content as well as the environment to the needs of the people.

➤ Physical barriers

Lack of accessibility in infrastructures, environments, and spaces for participation.

There is more and more talk of creating accessible environments, but even today, many people with disabilities still face physical barriers that prevent their social participation and the enjoyment of spaces on equal terms. The lack of accessible infrastructure, such as ramps, adequate lifts, or inclusive public transport, limits their mobility and access to public, educational, and work spaces, contributing to isolation.

CONCLUSION

As we can see, there are different types of barriers; each one separately contributes to making the daily life of people with disabilities difficult, but all together they represent a "great barrier" for people with disabilities to develop their life projects.

Only through profound change that addresses all these barriers and involves the modification of our attitudes, structures, and systems, can we create a truly accessible society, in which every person, regardless of ability, has an equal opportunity to participate, develop, and be valued.

5. . OVERCOMING MYTHS AND PREJUDICES

As mentioned above, there are stigmas and prejudices associated with disability, and in fact this is one of the most significant barriers to the full inclusion of people with disabilities in society. These prejudices affect both the way society perceives people with disabilities and the way they see themselves.

Despite legislative and human rights advances, persons with disabilities still face challenges stemming from negative attitudes, erroneous beliefs, and overt or covert discrimination. To overcome these stigmas, it is essential to reflect on the prevailing prejudices and social, cultural and physical barriers that people with disabilities must challenge every day.

Here are some of the most common stigmas:

A) Belief that people with disabilities are not capable of performing everyday or professional tasks

There is a widespread belief that people with disabilities are not able to carry out daily activities or perform jobs in the professional field, which is based on the perception that their physical or intellectual limitations prevent them from functioning in a similar way to people without disabilities. This prejudice limits educational, employment, and social opportunities for people with disabilities, as they are seen only in terms of their limitations.

This stigma reduces the potential of these people, as their ability to learn, adapt and perform in various areas is often overlooked. The lack of knowledge about the adaptations and supports they may need, such as assistive technologies, means that they are excluded from opportunities, both in the professional field and in social participation.

B) Overprotection and lack of confidence in the autonomy of people with disabilities

Often, people with disabilities are treated as if they cannot make meaningful decisions or be autonomous. Overprotection, both in the family and in the workplace, is a clear manifestation of this prejudice. It is assumed that they do not have the capacity to take responsibility or decide for themselves, which leads to their opinions being ignored and their abilities underestimated.

This stigma translates into real barriers in daily life, especially in work and educational settings, where it is assumed that people with disabilities cannot develop professionally. This has consequences for people with disabilities, such as:

A lack of confidence in their autonomy can lead to them being deprived of opportunities that would allow them to grow and demonstrate their ability

- Loss of opportunities: They may be deprived of opportunities for their professional and academic development, limiting their growth and access to new experiences.
- Impact on autonomy and self-esteem: it can generate feelings of inferiority and dependence, negatively affecting both their autonomy and self-esteem.
- Social isolation: Lack of inclusion and opportunities can lead to social isolation of people with disabilities, preventing them from fully participating in community life and establishing barriers to their social relationships.

Conclusion

The social stigma faced by people with disabilities is deeply rooted in prejudices and misunderstandings that contribute to their exclusion and isolation. Overcoming these stigmas requires a cultural and social change in the way we understand and relate to people with disabilities, focusing on their abilities, rights and dignity. Only through education, empowerment and awareness can we build a truly inclusive society, in which people with disabilities are valued for their contributions and not defined by their limitations.

6. INCLUSION AND ACCESSIBILITY

As mentioned in the previous point, there are numerous barriers, myths and widespread prejudices about disability and people with disabilities.

How can we break down these barriers and remove stigmas?

Awareness and sensitization:

It is essential that society becomes aware, understands and values diversity, recognizing the rights, abilities and needs of people with disabilities.

It is necessary to work for the elimination of the myths and prejudices mentioned above.

How to promote social awareness?

In education:

- Include content on disability and diversity from an early age.
- Promote coexistence in inclusive environments.

In the media:

- Avoid stereotyped or condescending representations.
- To make visible real stories of people with disabilities as protagonists.

In the community, for the general society:

- Promote awareness campaigns.- Guarantee accessibility and participation in social, cultural and political activities.

In language:

- Use inclusive and respectful language, avoiding offensive or outdated terms.

Participation of persons with disabilities in society

The participation of persons with disabilities in society is key to achieving true inclusion and ensuring the full exercise of their rights.

First of all, we have to ask ourselves: What does it mean to participate?

Participating means being an active part of society. It is having a voice, making decisions, contributing ideas and having access to the same rights and opportunities as anyone else, in all walks of life.

To participate is to have the real possibility of choosing, contributing and deciding about one's own life and about what happens in society. Participate. It is not only about being present, but also being protagonists.

Phrase to reflect on: "Nothing about us, without us" (Motto of the international movement for the rights of persons with disabilities)

Universal accessibility:

Universal accessibility is the characteristic that environments, processes, goods, products and services, objects and devices must meet, so that all people can use and understand them in the safest, most comfortable and autonomous way possible, as defined by the Royal Disability Board of Spain.

To this universal accessibility is linked the concept of "universal design"; which is defined as the creation and design of products and services to be used by all people without the need for adaptation.

If everything around us is accessible, people with disabilities can fully exercise their rights and live on equal terms.

Inclusive education:

➤Definition: Inclusive education is the process of identifying and responding to the diversity of the needs of all learners through greater participation in learning, cultures and communities, and reducing exclusion within and from education. UNESCO (2009).

➤ **Some benefits of inclusive education:**

Inclusive education brings benefits to students with and without disabilities, because:

- Promotes equal opportunities
- It promotes values such as empathy, respect and tolerance
- Improves school coexistence
- Develops social and emotional skills
- Supports more flexible and creative teaching
- Prepare for a diverse society

Being part of an inclusive school prepares children and young people to live in a plural society, where diversity is a daily reality.

➤ **Adaptations and pedagogical strategies in inclusive education:**

Education involves adaptations and pedagogical strategies, teaching methods, resources and tools that allow the participation of students with disabilities in the regular classroom, as well as any student with a specific need.

Contemplates:

-Curricular adaptations: modification of the contents, times and methods of evaluation to adjust to the needs of the students, which reflect the progress of the students in a fair way.

-Teaching strategies: pedagogical strategies are tools that allow teachers to adapt their teaching to the diversity of the classroom, such as: differentiated teaching, Cooperative learning and Use of ICT (Information and Communication Technologies)

-Modification of the physical environment: adaptation of the classroom and the school environment so that all students can actively participate.

-Personalized support: it is essential to provide additional support to students who need it, to facilitate their learning and participation.

-Promotion of autonomy: provide tools and strategies that allow students with disabilities to develop their independence.

- Use of Adapted Materials and Resources: The use of educational resources that favor the active participation of all students, such as visual and multisensory materials, and assistive technologies.

Job placement:

It is an important aspect to promote the inclusion of people with disabilities, to guarantee their autonomy, dignity and full participation in society.

Some of the strategies and resources that are carried out to promote the labor insertion of people with disabilities are:

- Inclusive and accessible employment programmes.
- Support for training and job adaptation.
- Benefits for companies that hire people with disabilities.
- Assistive technologies: these are key tools for the autonomy, inclusion and participation of people with disabilities in all areas of life; such as adapted software, applications, and devices that facilitate learning and communication. Examples of this are:

-Hearing impairment: hearing aids, sign language interpreting applications, etc.

- Visually impaired Screen readers (JAWS, NVDA), text enlargers, Braille devices, accessible web browsers

- Intellectual or developmental disability: Augmentative and alternative communication (AAC) applications, devices with pictograms, easy reading and adapted materials.

- Speech Disability: Electronic Communicators, Voice Generation Apps

- Motor disability: Manual or motorized wheelchairs, prostheses or exoskeletons, Adapted controllers (joysticks, switches), Voice control software

7. SUMMARY OF KEY IDEAS

Throughout this topic, the essential foundations for understanding disability from an inclusive and human rights perspective have been addressed. A basic classification of the types of disability was presented along with their main characteristics. The specific situation of women with disabilities, who face double discrimination on the basis of gender and disability, was analyzed.

Likewise, the main barriers that hinder the inclusion of people with disabilities were identified: physical, attitudinal, communicational and social. In view of this, the need to overcome myths and prejudices, and to promote a view based on capabilities, not limitations, was highlighted.

Finally, the central role of inclusion and universal accessibility was underlined, not as concessions, but as fundamental rights that favor the development of a more just, equitable and diverse society.

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