11. Intervention training with professionals

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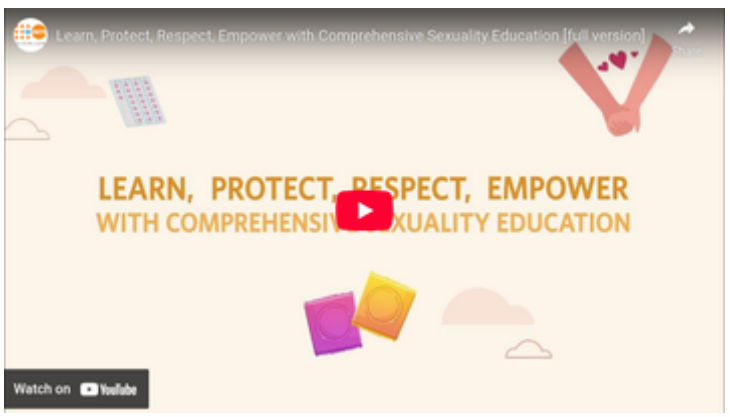
1 - INTRODUCTION

Affective-sexual education is an essential component of the comprehensive development of all individuals, including people with disabilities. However, historically, their sexuality has been made invisible, infantilized, or treated with prejudice, denying them the right to explore, express, and live their sexuality freely and safely.

In this context, the role of professionals becomes especially important–not only as educators but also as sensitive, respectful, and well-trained companions who promote autonomy, self-esteem, and the full exercise of affective and sexual rights. This involves working from an inclusive perspective, with a gender-sensitive approach, and in close collaboration with families, interdisciplinary teams, and the young people and adolescents themselves.

This unit will offer guidelines, strategies, and suggested activities for working with teachers and professionals. The thematic content of the different topics is available in the previous units.

UNIT 1: DISABILITY. BASIC TRAINING ABOUT WHAT MEANS DISABILITY.
UNIT 2: SEXUALITY. TRAINING ON AFFECTIVE SEXUAL EDUCATION.
UNIT 3: KEY CONCEPT 1: RELATIONSHIPS.
UNIT 4: KEY CONCEPT 2: VALUES, RIGHTS, CULTURE AND SEXUALITY.
UNIT 5: KEY CONCEPT 3: HOW TO UNDERSTAND GENDER.
UNIT 6: KEY CONCEPT 4: VIOLENCE AND PERSONAL SAFETY.
UNIT 7: KEY CONCEPT 5: SKILLS FOR HEALTH AND WELL-BEING.
UNIT 8: KEY CONCEPT 6: THE HUMAN BODY AND DEVELOPMENT.
UNIT 9: KEY CONCEPT 7: SEXUALITY AND SEXUAL BEHAVIOR.
UNIT 10: KEY CONCEPT 8: SEXUAL AND REPRODUCTIVE HEALTH.
UNIT 11: INTERVENTION TRAINING WITH FAMILIES.
UNIT 12: INTERVENTION TRAINING WITH PROFFESIONALS.



https://www.youtube.com/watch?v=MfYSpuKq_-8

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2. THE ROLE OF THE PROFESSIONALS IN AFFECTIVE-SEXUAL EDUCATION

Affective-sexual education for young people–in this case, young people with disabilities–is a shared responsibility. It involves professionals, families, institutions (including public administrations and third-sector organizations), society as a whole, and, of course, the individuals themselves (young people with disabilities).

On the professional level, this includes those working in education (teachers, support staff), health care professionals, social sector workers (technical teams, therapists, social workers, psychologists, volunteers), and others in the healthcare field.

Each professional, from their specific field and area of expertise, contributes–whether to a greater or lesser extent –to the comprehensive sexual education of young people, depending on their level of involvement. Therefore, training in this area is essential.

This kind of support is especially important in the case of people with disabilities, who have often been excluded from this type of education due to prejudice, infantilization, or overprotection.

2.1 AFFECTIVE-SEXUAL EDUCATION AS AN INTEGRAL PART OF PROFESSIONAL SUPPORT

Affective-sexual education should not be understood as an isolated or supplementary topic, but rather as a fundamental part of the support that professionals provide throughout each individual's personal development.

Sexuality is present throughout all stages of life, with particular significance during adolescence, when the processes of identity formation, interpersonal relationships, autonomy, and self-image are especially intense.

In this context, it is essential for professionals from various fields to integrate this aspect into their interventions and support work, as it is an inseparable part of the person and their development.

ROLE OF TEACHERS IN THE EDUCATIONAL CONTEXT

The role of teachers in the educational context is especially significant, as they maintain daily contact with young people and adolescents and are therefore in an ideal position to support their personal, emotional, and social development.

From their role, they can identify needs, create spaces for dialogue, promote respect for diversity, and actively contribute to building a positive and healthy view of sexuality.

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2.2 ROLE OF THE PROFESSIONALS EN CONTEXTO EDUCATIVO

- FACILITATOR OF THE AUTONOMOUS AND EMOTIONAL DEVELOPMENT OF YOUNG PEOPLE AND ADOLESCENTS.
- ADAPTATION TO NEEDS, ABILITIES, AND CONTEXTS.
- COORDINATION WITH OTHER PROFESSIONALS.
- TRAINING AND AWARENESS-RAISING.
- DESIGN OF ACTION PLANS WITHIN THE EDUCATIONAL INSTITUTION.

3. CONCEPTUALIZATION OF SEXUALITY AND DISABILITY: AN INCLUSIVE APPROACH

It is important to maintain an inclusive approach in comprehensive sexual education.

Disability should be understood from a social and rights-based perspective, where social, cultural, and attitudinal barriers often limit the full exercise of rights–sometimes even more than individual conditions or abilities.

3.1 DISABILITY AND SEXUALITY: FROM INVISIBILITY TO THE CLAIMING OF RIGHTS

Historically, the sexuality of people with disabilities has been subject to numerous stigmas, prejudices, and taboos. These individuals have often been seen as asexual, perpetually childlike, or incapable of forming affective and sexual relationships.

In recent decades, the claim for sexual and reproductive rights has been promoted by social movements, international organizations, and especially by people with disabilities themselves.

PROFESSIONALS WORKING WITH YOUNG PEOPLE WITH DISABILITIES MUST ADOPT A RIGHTS-BASED PERSPECTIVE:

- PROMOTE COMPREHENSIVE, ADAPTED, AND ACCESSIBLE SEXUAL EDUCATION.
- RECOGNIZE THE LEGAL AND DECISION-MAKING CAPACITY OF PEOPLE WITH DISABILITIES IN SEXUAL AND AFFECTIVE MATTERS.
- CREATE SAFE SPACES.
- BREAK MYTHS THAT ASSOCIATE DISABILITY WITH A LACK OF SEXUALITY.

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3.2 SEXUAL DIVERSITY

It is essential to recognize that, like the rest of the population, people with disabilities are part of sexual and gender diversity.
There are young people with disabilities who identify as lesbian, gay, bisexual, trans, non-binary, among other identities.
However, they are often overlooked and face double or even triple discrimination: because of their sexual orientation or gender identity, their disability, and structural barriers limiting access to information, support networks, and visibility, as well as gender-based discrimination.
The invisibility of this intersection reinforces social isolation and the denial of basic rights.

INCLUSIVE PROFESSIONAL APPROACH

THE PROFESSIONAL APPROACH MUST BE INCLUSIVE, RESPECTFUL OF EACH PERSON'S SELF-IDENTIFICATION, AND FREE OF PREJUDICE.
THIS INVOLVES:

- **Not assuming heterosexuality or cisgender identity as the norm.**
- **Promoting inclusive and accessible language.**
- **Creating safe spaces where individuals can explore and express their identity without fear of rejection.**
- **Recognizing expressions of gender and sexuality from a broad and open perspective.**

3.3 GENDER PERSPECTIV

Incorporating a gender perspective is essential in working with young people with disabilities.
Women wih disabilities face double discrimination due to both their disability and their gender.

Furthermore, as we have discussed in previous topics–specifically in units 6 and 7– women with disabilities are more exposed to sexual violence, have less access to sexual and reproductive health services, and face greater control over their bodies and decisions.

Additionally, regarding sexual education, topics related to the female body, menstruation, female masturbation, and similar issues are sometimes neglected or barely addressed.

SUPPORTING WITH A GENDER PERSPECTIVE INVOLVES:

- Recognizing how power, stereotypes, and social relationships differently affect each person according to their gender, disability, age, sexual orientation, and cultural context.
- Challenging traditional gender roles and norms.
- Promoting personal and collective empowerment, especially for women and LGBTIQ+ people with disabilities.
- Ensuring equal access to information and sexual and reproductive health services.
- Promoting interpersonal relationships based on consent, respect, equity, and non-violence.

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4. ADAPTED AND RESPECTFUL COMMUNICATION AND SUPPORT

DON'T FORGET

PROFESSIONAL ETHICS AND RESPECTFUL SUPPORT

Support and interventions must be guided by a strong professional ethics that ensures respect for the dignity, rights, and autonomy of each person, especially when working with adolescents and young people with disabilities. This requires not only technical knowledge but also a sensitive, empathetic, and non-judgmental attitude.

KEY FOR EDUCATORS: HOW TO SUPPORT AND COMMUNICATE

- **1. Active, Non-Judgmental Listening. Validate Emotions**

Listen attentively without interrupting or interpreting through prejudices. This is essential to understand the person's true needs and emotions. Validate what they express so they feel their emotions are important.

- **2. Clear, Direct, and Adapted Language. DO NOT INFANTILIZE**

Use simple, accessible language free of technical jargon or infantilization.
Adapt your communication to the person's age, cognitive ability, disability, or level of understanding.
Do not assume the person "won't understand."

- **3. Show Respect**

This means recognizing each person as a rights-holder.
Avoid condescension, inappropriate jokes, or superiority attitudes. It is not about speaking "like to a child" or minimizing important topics.

- **4. Create Safe Spaces**

Ensure the environment where affective-sexual topics are addressed is comfortable, confidential, and free from intrusive presences. The person must feel free to express doubts, concerns, or experiences without fear of judgment or exposure.

- **5. Provide Information with Truth, Care, and Empathy**

Offering clear, truthful, and non-alarmist answers is part of the right to comprehensive sexual education.

- **6. Promote Autonomy**

Avoid making decisions for the person or assuming they cannot participate in matters concerning them. Supporting means guiding, empowering, and respecting their decisions—not replacing them.

- **7. Support Gender Identity and Sexual Orientation Processes**

Avoid assumptions or labeling. Respect each person's pace and timing.
Use chosen names and correct pronouns, and offer diverse and real role models.

- **8. Use Adapted Materials**

Employ inclusive dynamics, materials, and strategies to work on sexuality, adapted to the type of disability.

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5. DETECTION, PREVENTION, AND RESPONSE TO SENSITIVE SITUATIONS

Working with young people with disabilities requires special attention to situations of vulnerability, particularly concerning abuse, mistreatment, or unequal affective relationships.
Educational centers are everyday spaces of trust and represent a privileged place to detect, prevent, and act upon these situations.

INDICATORS OF POSSIBLE ABUSE OR MISTREATMENT

Teachers and professionals should be alert to warning signs that may indicate physical, emotional, or sexual abuse. **Some of these indicators include:**

- Sudden changes in behavior (isolation, irritability, fear of certain people).
- Regressions (such as loss of previously acquired skills, loss of bladder or bowel control).
- Repetitive behaviors that were previously rare or nonexistent.
- Unexplained or repetitive physical marks.
- Presence of bodily fluids, bleeding.
- Sexualized language that is unusual or inappropriate for the person's age.
- Refusal to attend classes or specific activities.
- Changes in academic performance without an apparent cause.
- Phrases or drawings that suggest situations of abuse or violence.

It is important to keep in mind that not all indicators necessarily mean abuse, but the presence of several should prompt consultation and specialized observation.

5.1 PREVENTION OF SEXUAL ABUSE FROM AN EMPOWERMENT PERSPECTIVE

PREVENTION IS NOT BASED ON FEAR BUT ON STRENGTHENING AUTONOMY AND CONSENT.

SOME KEY STRATEGIES FOR EDUCATORS INCLUDE:

- Promote comprehensive sexual education that is accessible and adapted to each student's abilities.
- Teach about personal body boundaries, respect for others' bodies, and the right to say "no."
- Work on concepts such as consent, emotions, pleasure, affection, and intimacy from an early age.
- Foster trust in trusted adults and establish safe channels for students to talk about what makes them uncomfortable or worried.

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5.2 UNEQUAL RELATIONSHIPS, COERCION, OR EMOTIONAL VIOLENCE

Young people with disabilities are often exposed to affective relationships marked by dependence, manipulation, or emotional abuse.

It is important that teachers and other professionals can:

- Identify patterns of control, isolation, jealousy, or emotional coercion.
- Listen actively and without judgment.
- Avoid minimizing the situations ("it's normal," "it's just a fight").
- Responsibly refer cases to counseling teams or specialized services.

5.3 THE ROLE OF PROFESSIONALS IN SITUATIONS OF VULNERABILITY OR ABUSE

WHAT TO DO IF AN ABUSE SITUATION IS DETECTED ?

- **LISTEN WITHOUT JUDGMENT AND WITHOUT INTERROGATING.** BELIEVE WHAT THEY TELL YOU.

- **DO NOT QUESTION OR PRESSURE THE YOUNG PERSON;** LISTEN ATTENTIVELY AND WITH EMPATHY.

YOU CAN SAY: "THANK YOU FOR TRUSTING ME AND TELLING ME THIS, SO I CAN HELP YOU."

- **DO NOT MAKE VALUE JUDGMENTS OR BLAME THE VICTIM.**

TELL THEM THEY ARE NOT RESPONSIBLE FOR WHAT HAPPENED, FOR EXAMPLE: "YOU DIDN'T DO ANYTHING WRONG; IT'S NOT YOUR FAULT."

- **STAY CALM AND SHOW AFFECTION.**

- **PROTECT THE VICTIM.**

PREVENT THE AGGRESSOR FROM APPROACHING THEM.

- **REFER TO SPECIALIZED PROFESSIONALS** (PSYCHOLOGISTS, SOCIAL WORKERS, ETC.).
- **PROVIDE EMOTIONAL SUPPORT** TO THE VICTIM WITHOUT REPLACING THE ROLE OF SPECIALISTS.

- **ACTIVATE THE CURRENT PROTECTION PROTOCOL** ACCORDING TO THE COUNTRY AND TERRITORY.

SOMETIMES THE FORMAL COMPLAINT IS MADE LATER, WHEN THE PERSON IS READY, BUT IN THE MEANTIME, THEY CAN RECEIVE HELP.

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5.4 ACTION PROTOCOLS AND INTERINSTITUTIONAL COORDINATION

Each educational institution must have clear action protocols in place for situations involving abuse, mistreatment, or violence.

IT IS REQUIRED:

- Know the regulations and protocols according to the country and territory.
- Have emergency and reporting phone numbers available.
- Create protocols within the entity or institution if none exist.
- Coordinate with other professionals.
- Maintain updated contact networks with protection agencies, health services, social service centers, and technical teams.
- Ensure institutional follow-up of the case, with record-keeping and continuous support.

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6. COLABORACIÓN CON FAMILIAS

El acompañamiento a jóvenes con discapacidad en temas de sexualidad, afectividad y desarrollo personal implica colaboración entre docentes, familias, profesionales de apoyo y los propios jovenes es fundamental para construir intervenciones coherentes, respetuosas y eficaces.

TO CONSIDER

RESPECT FOR THE DIVERSITY OF FAMILY CONTEXTS

Families of young people with disabilities come from diverse backgrounds. Some may have an open and participative attitude towards sexual education, while others may feel fear, resistance, or lack of information.
It is important to create spaces for active listening, without judgment or imposition, understanding the fears and values that each family holds. This involves:

- Not assuming that all families have the same tools or perspectives.
- Validating their concerns and supporting them with clear, accessible, and rights-based information.
- Avoiding confrontation or imposition, and encouraging progressive and empathetic dialogue.

BUILDING SUPPORT NETWORKS WITH EDUCATIONAL CONSISTENCY

To ensure that the messages conveyed are consistent, it is essential to establish partnerships among the various adults supporting the young person: family, school, health professionals, social services, etc.

This allows for:

- Avoiding contradictions that cause confusion or anxiety.
- Reinforcing learning about autonomy, consent, and respect.
- Detecting and addressing potential vulnerability situations in a comprehensive way.

ACTIVE PARTICIPATION OF THE ADOLESCENT AS THE PROTAGONIST OF THEIR OWN PROCESS

One of the main challenges when working with young people with disabilities is overcoming the tendency to decide for them. A truly inclusive approach places the adolescent at the center of the process.

This involves:

- Encouraging their participation in decisions that affect their body, identity, and sexuality.
- Consulting them, listening to them, and validating their opinions and emotions.
- Recognizing their capacity to build affective relationships, express desires, and exercise rights.

IMPORTANT

PARTICIPATION IS NOT JUST A PEDAGOGICAL PRINCIPLE, IT IS A RIGHT.

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7. RECOMMENDATIONS FOR EDUCATORS

- Rights Perspective
- Knowledge and care of the body
- Pubertal changes and development
- Privacy and intimacy
- Self-awareness and sexual development
- Autonomy and decision-making
- Consent and respect

IMPORTANT TOPICS

- **Affective and social bonds, and communication**
- **Myths and prejudices**
- **Diversity of bodies, gender, and sexual orientation**
- **Prevention of abuse and violence**
- **Seeking support**
- **Responsible use of technology and social media**

SUGGESTED ACTIVITIES

1- SPACES FOR **ETHICAL REFLECTION ON REAL CASES**

2. ACTIVITIES TO IDENTIFY PERSONAL AND ENVIRONMENTAL **MYTHS AND PREJUDICES.**

3- PRACTICAL WORKSHOPS: HOW TO ADDRESS **SPECIFIC TOPICS IN EVERYDAY LIFE** (PUBERTAL CHANGES, BOUNDARIES, CONSENT, FALLING IN LOVE).

4- ANALYSIS OF **ACCESSIBLE AND ADAPTED MATERIALS.**

5- REVIEW OF EXISTING **ACTION PROTOCOLS** OR JOINT DEVELOPMENT OF NEW ONES.

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6.3 SUGGESTED METHODOLOGY FOR THE SESSION WITH EDUCATORS

1- A SPACE FOR LISTENING AND OPEN DIALOGUE:
PREPARATION OF THE SPACE

2- WELCOME AND INTRODUCTION
Brief participant introductions + ¨Expectation Wall¨
What do I hope to take away today?

3- ACTIVITY TO IDENTIFY MYTHS AND PREJUDICES
Present statements such as:

- ¨ ¨People with disabilities do not understand consent.¨
- ¨Talking about sexuality with young people with disabilities is inappropriate.¨

Each participant chooses a statement and explains their choice. Followed by a group discussion.

4. ETHICAL REFLECTION SPACE ON REAL CASES
The objetive is to develop critical and ethical thinking about complex situations.
Presentation of 2 or 3 real cases involving young people with disabilities and sexuality.
Small group work:

- What ethical dilemmas arise?
- What role should the school/teacher take?
- What rights are at stake?

Group sharing and collective reflection.

5- PRACTICAL WORKSHOPS ON TOPICS:
Some topics can be worked on in each session to provide tools for specific issues: body development, falling in love, masturbation, consent, boundaries, abuse, etc.

For each topic: analysis of a situation, proposal of a pedagogical intervention, review of language, adaptation to different types of disabilities.

6- PROVIDE SPACE FOR SHARING REAL-LIFE SITUATIONS
Specially those that are difficult to address.
The group can offer suggestions and share experiences from similar cases.

7- ANALYSIS OF ACCESSIBLE AND ADAPTED MATERIALS

- Group review of specific materials currently in use.
- Make necessary adaptations.
- Distribution of adapted materials:

Provide brochures, infographics, or guides in various formats (easy-to-read, pictograms, inclusive and clear language) and explain how to use them.

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8. BIBLIOGRAFY

- International Technical Guidelines on Sexuality Education and the WHO's Sex Education Standards for Europe. (2018). UNESCO https://www.who.int/es/health-topics/sexual-health#tab=tab_3Girls Not Brides. (n.d.). Child, early and forced marriages and health.

- Driving Organization: WHO Regional Office for Europe and the Federal Center for Health Education (BZgA).

- Project: Inclusive Sexuality: A World of Possibilities (ISAWP). https://isawp-project.com/

- Santacruz, D. (2017). Simple answers to difficult questions: A comprehensive sexuality education guide for families (E. Tort Bodro & P. García Berrocal, Eds.). Save the Children Spain.

- García Ruiz, M. (2009). Sex education and disability: Sex education workshops for people with disabilities. Teaching materials. Ministry of Health and Health Services of the Principality of Asturias.

- Hernández González, N. (2022). Take care of your sexuality: How to prevent sexual violence. A guide for professionals and families in easy-to-read format. Directorate General for Youth, Government of the Canary Islands.

- Dincat. (2021). Prevention, detection and intervention in situations of abuse and mistreatment of people with intellectual or developmental disabilities (IDD): What should we take into account? A practical guide for professionals.

- Plena inclusión. (2020). Prevention, detection, and intervention in situations of abuse and maltreatment of people with intellectual or developmental disabilities (IDD): What should we take into account? A practical guide for professionals. Plena inclusión.

- The Gender Talk. (2023). LoveAct: Guía digital. https://thegendertalk.eu/es/loveact-educational-guides/

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