

Review

Enhancing Comprehensive Sexuality Education for Students with Disabilities: Insights from Ontario's Educational Framework

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Abstract: Comprehensive sexuality education (CSE) is an important framework utilized worldwide to provide students and young people with accurate, affirming, and socially conscious sexuality education. However, there is still a lack of CSE curricula in school contexts that is relevant for students with various disabilities. This article takes the Ontario, Canada, context as an example of where and how CSE can improve to be more inclusive for students with disabilities. This article reviews the current context of CSE in Ontario, Canada, including its controversies, while providing recommendations for meeting the needs of students with various disabilities, including psychological, intellectual, and physical disabilities. This article aims to provide practical recommendations, such as pertinent curricular content and pedagogical recommendations for scholars, researchers, and policymakers for improving CSE for students with disabilities in schooling.

Keywords: comprehensive sexuality education; curriculum; disability; education



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1. Introduction

Comprehensive sexuality education (CSE) serves as a foundational pillar in fostering informed, responsible, and inclusive attitudes towards sexuality and relationships [1]. However, the integration of intersectional considerations, particularly concerning students with disabilities, remains an underexplored domain. This article seeks to bridge this gap by elucidating the distinct needs of students with various disabilities within the framework of CSE.

The primary objectives of this research are as follows:

- To understand the current landscape of CSE for students with disabilities in Ontario, Canada.
- To highlight the intersectional challenges faced by students with disabilities while considering factors like race, ethnicity, gender, and other social identities.
- To propose recommendations for a more inclusive and comprehensive CSE curriculum.

The global discourse on CSE has witnessed a significant evolution, with countries and international organizations progressively recognizing its importance. Organizations, such as the United Nations Educational, Scientific, and Cultural Organization, have been instrumental in framing guidelines for diverse educational settings [2]. However, a closer examination of the literature reveals a glaring omission: the specific needs of students with disabilities in school and educational settings.

While disability is acknowledged as a pivotal aspect of identity and well-being [3], its intersection with sexuality education is often overlooked. The Canadian context, in particular, presents a limited exploration of this nexus [4]. The majority of the existing literature on sexuality education for students with disabilities addresses students with intellectual disabilities, with a focus on their social and emotional needs [5]. This limited focus fails to capture the diverse challenges faced by students with varied disabilities and intersecting identities [6–8].

Globally, research on CSE has been conducted in regions such as South Africa [9,10], China [11], and Malaysia [12], among other nations [13,14]. Yet, the emphasis on intersectionality, especially concerning students with disabilities, remains sparse. A recent scoping review identified limited research catering to students with “mild” disabilities, indicating a gap in tailored education for students with disabilities within inclusive settings [15]. Furthermore, the literature scarcely addresses the confluence of 2SLGBTQIA+ identities with disability, leaving a significant portion of the student population underserved. Moreover, many teachers report feeling unprepared to address gender and sexuality in their classroom interactions with students with disabilities [16].

Intersectionality, as conceptualized by Kimberlé Crenshaw, underscores the interconnected nature of social identities [1,7]. In the realm of CSE, this translates to understanding how intersecting identities, from race, gender, and sexual orientation to disability shape an individual’s experiences and needs. The current conversations on CSE, while expansive, often fail to address the intersections of disability with other identities. For instance, a student with a disability who also identifies as part of the 2SLGBTQIA+ community may face compounded challenges that are unaddressed in a curriculum that views these identities in isolation. This article delves into the representation—or lack thereof—of disability in the CSE curriculum [4,5]. We transition to discuss the specific requirements for an enhanced CSE that caters to students with various disabilities and intersecting identities.

Our recommendations aim to foster a more inclusive educational paradigm, highlighting the intricate interplay of gender, sexuality, disability, and other social and cultural identities in educational pedagogies [4]. By understanding and addressing these intersections, we can move towards a more inclusive and affirming school-based sexuality education paradigm for students with disabilities. While our insights predominantly pertain to Ontario, Canada, the implications resonate globally, shedding light on the complexities of teaching and learning in diverse settings.

As the global educational landscape evolves, there is an urgent need to ensure that CSE is inclusive, comprehensive, and intersectional. This article highlights the existing gaps and offers a roadmap for educators, policymakers, and stakeholders to create a more inclusive CSE curriculum that caters to students with disabilities and recognizes the importance of intersecting identities [1].

Identity Choices and the Social Model: Navigating Disability Terminology within Sexuality Education

This article adopts a “person-first” linguistic approach, emphasizing the individual over their disability (e.g., “person with a disability”). Concurrently, we recognize the importance of “identity-first” language, which empowers individuals to embrace disability as an integral facet of their identity [4]. The differences in preferences between person-first and identity-first terminologies has brought about debates within disability scholarship. Historically, proponents of person-first language posited that it foregrounds the individual’s humanity over their disability. However, critical scholars and advocates, particularly from the autistic community, contend that the individual and their disability are inextricably linked, and identity-first language venerates these disabled identities [17,18]. Yet, others [19] advocate for the coexistence of both linguistic frameworks, given the heterogeneity of preferences within the disability community. Such scholarship recommends soliciting individuals’ linguistic preferences, underscoring the primacy of choice in self-identification.

In this article, we interpret disability through the lens of the social model. This perspective posits disability as a sociocultural construct arising from the interplay between individual impairments—functional limitations—and societal barriers and exclusions [20]. To genuinely champion the rights of disabled individuals and dismantle the physical, attitudinal, and environmental impediments they face, it is imperative to challenge prevailing societal norms that dichotomize “normal” from “abnormal” in the realms of physiologies, sexualities, and relationships [21]. Applying the social model to sexuality education offers a framework to examine how students with disabilities might be marginalized through peer exclusion [22] and educators’ lack of preparedness in addressing gender and sexuality nuances [23]. Notably, there is a dearth of Canadian scholarship on equipping future educators to adeptly navigate sexuality education for students with disabilities in their pedagogical endeavors [24]. In this regard, Canada mirrors global trends, reflecting an overarching need to modernize school-based sexuality education curricula in alignment with international CSE benchmarks, while concurrently catering to the diverse needs of students across the disability spectrum [14,25,26].

2. Materials and Methods

This article is a collaborative effort of a diverse research team comprising recent undergraduate alumni, current graduate scholars, and faculty members. Our team represents a spectrum of identities, both disabled and non-disabled, as well as predominately 2SLGBTIA identifying, and is united by a shared commitment to advancing conversations pertaining to disability, gender, and sexuality.

In the process of drafting this article, we meticulously engaged with intersectional research and the literature [27], placing emphasis on the multifaceted experiences of students with disabilities, educators, and families within the realm of sexuality education in schools. We delved deep into literature pertaining to the intersections of race, ethnicity, gender, sexuality, geopolitical location, disability, nationality, and class, among other identity markers, to ensure a comprehensive understanding of the subject matter.

The concept of intersectionality, as articulated by the renowned legal scholar and Black feminist Kimberlé Crenshaw, underscores the complexities faced by individuals who navigate multiple marginalities, such as the combined effects of sexism and racism within the antidiscrimination laws and policies, for example [27]. These intricacies often remain overlooked in broader societal discourses on inequality. For instance, the perceptions and terminologies associated with 2SLGBTQIA identities are predominantly rooted in Western paradigms of gender and sexuality [28]. Such Western-centric perspectives can inadvertently eclipse the diverse cultural, social, and geographical nuances associated with these identities.

Similarly, the prevailing narratives surrounding disability in educational and social service sectors often lean on Western colonial terminologies. These narratives may not adequately capture the intricate interplay of Indigeneity and ethno-racial backgrounds, leading to potential oversimplifications and misrepresentations of non-Western and Indigenous understandings of disability [29]. By adopting an intersectional frame, this article aims to bridge these gaps, offering insights that resonate across diverse cultural, social, and geographical contexts and fostering a more inclusive understanding of sexuality education for students with disabilities.

Ontario’s Sexuality Education Landscape: Challenges, Politics, and the Imperative for Inclusivity

Before entering the recommendations for improving CSE for students with disabilities, this article will describe the Ontario, Canada, context for school-based sexuality education. Sexuality education in Ontario, Canada, is governed by provincially curated curricula, specifically the “Health and Physical Education” documents, segmented for Grades 1–8 and 9–12 [30,31]. Following the election of the current Premier of Ontario, Doug Ford, and the provincial Conservative Party, the curriculum for Grades 1–8 witnessed a revision in 2019. This revision, which was influenced by Conservative and populist ideologies,

shifted certain topics, including gender identity, to higher grade levels, marking a departure from the 2015 curriculum update [32,33]. Typically, physical education classes serve as the platform for delivering sexuality education, addressing topics ranging from bodily health and development to emotions, feelings, sexual and gender identities, and consent. However, the instructional approach varies across provinces, with some students reporting minimal instruction, occasionally confined to a singular workshop [34]. In an Ontario context, many students with disabilities are in special education programming, which means that they are separated from their peers; however, many students are in inclusive classroom settings with their peers and receive individualized supports through an Independent Education Plan (IEP) [35]. As Ontario schools move towards emphasizing inclusive classroom settings for both students with disabilities and without disabilities, there are new challenges that are presented to ensure equitable classroom instruction [36].

Recent qualitative studies with Ontario educators highlight a tension between educators' and teachers' aspiration to foster 2SLGBTQIA inclusive spaces for open sexuality education discussions and the prevailing Conservative sociopolitical climate, which has sought to limit school-based sexuality education [33,37]. Further research with early childhood educators reveals that while many aim to cultivate inclusive environments, apprehensions about potential backlash from parents and the community deter them from addressing gender and sexuality openly [38]. Ontario teachers have noted, in particular, fearing pushback from parents and families who are religious with misinformation circulating about the content of the updated curriculum documents [39].

Despite the comprehensive 2015 curriculum revamp and the subsequent 2019 modifications to the Grades 1–8 document, a notable segment of Ontario schools continues to teach abstinence-focused sexuality education, a stance incongruent with the principles of comprehensive sexuality education (CSE) [40]. Amid discussions about revising Ontario's sexuality education curricula, the unique experiences and sexual and gender development of students with disabilities have been largely overshadowed [41]. Although the updated curriculum introduces "prompts" tailored for students with disabilities, it provides limited guidance on addressing their diverse needs—encompassing social, psychological, emotional, physical, and developmental aspects—in the context of gender and sexuality [4].

The topic of sexuality education remains a politically charged and divisive issue across various Canadian provinces [42,43]. Contemporary research, however, indicates a prevailing endorsement of school-based sexuality education by parents across different provinces and territories, with Ontario witnessing the least parental support [44]. Concerned parents often scrutinize curriculum documents or engage in "fact-checking" for clarity. The effectiveness of such endeavors in assuaging parental concerns is debatable [45]. Parents of students with disabilities may confront their own biases or stigmas related to sexuality, potentially hindering open discussions with their children [46]. Nevertheless, a growing group of students with disabilities across Canada are advocating for disability representation in sexuality education, aiming to spotlight the intersection of disability and sexuality within educational frameworks [47]. A unified effort is crucial to make Ontario's sexuality education more inclusive for students with disabilities and to encourage meaningful dialogues with their parents [4].

In the subsequent sections, this article explores the potential of school-based sexuality education—in Ontario and globally—to resonate with students across diverse disability categories. Our discourse encompasses mental/psychological disabilities, physical disabilities, intellectual disabilities, and the intersections of 2SLGBTQIA identities with disability in educational contexts. We conclude by offering comprehensive recommendations to seamlessly integrate students with disabilities into CSE.

3. Results

This section describes specific recommendations for improving CSE and making it relevant and accessible for students with various disabilities. These recommendations are relevant for classroom teachers and educators, policymakers, and researchers and

provide both examples and information for practitioners who are teaching students with disabilities in special education or inclusive classroom settings, while also delving into areas that future research should cover regarding CSE and disability, as well as further areas needing to be covered in CSE curricular documents. While the following sections are distinguished based on psychological/mental disabilities, physical disabilities, and intellectual disabilities, these disabilities often overlap, and there are further disabilities that are important to discuss outside of these three realms.

3.1. Mental Health and Sexuality Education: Historical Perspectives, Contemporary Challenges, and the Need for Holistic Integration in Ontario's Curriculum

The Ontario Health and Physical Education curriculum has recently integrated discussions on mental health and well-being as pivotal components of health education [30,31]. The term “mental health” is a complex construct, with interpretations varying across diverse sociocultural and political contexts [48]. In this article, we acknowledge the fluidity of the term “mental health” and emphasize the distinction and intersectionality in relation to sociocultural and political constructions “mental health” and “mental illness.” For instance, an individual diagnosed with a mental health condition can still experience positive self-worth and well-being [49]. Contemporary curriculum documents in Ontario address topics like mental health literacy, socio-emotional development, and potential suicidal ideation among students [50]. However, these documents lack in-depth guidance for educators on discussing suicidality in an affirming, non-pathologizing manner. They also overlook the intricate relationship between mental well-being, sexuality, and dual diagnoses, such as the coexistence of mental health conditions with Autism [51].

Historically, during its formative stages in the early twentieth century, mental health was closely linked with sexuality education, albeit through a pathologized and medicalized perspective [50]. Subsequent curriculum revisions in Canada and the U.S. pivoted towards topics like sexually transmitted infections and sexuality, primarily from an abstinence standpoint. Still, further discussion is needed within sexuality education on the nexus between mental well-being and human sexuality [51–53]. The sexuality of individuals with a mental illness such as schizophrenia can be impacted by hospitalizations and a lack of privacy in home life and medical care, as well as societal prejudice that individuals who experience psychosis should not have an active sexuality [54]. Still, the prevailing literature around mental illness and sexuality education primarily focuses on in-patient mental health service users, emphasizing the impact of psychiatric medications on sexual functioning [55–57].

For students diagnosed with mental health conditions or those with mental disabilities, there is a noticeable gap in the literature exploring the interplay between their sexual health needs and mental well-being. However, some scholars advocate for the BETTER model in contexts involving individuals with mental health variations, emphasizing its potential in facilitating discussions on sexuality and its intricate relationship with mental health [58]. This approach, which encourages open dialogues on sexuality, its significance, resource provision, tailored conversations, education on safe sexual practices, and documentation, can be invaluable for educators, especially when engaging with students with mental health variations [58]. Educators must be acutely aware of the complexities involved in delivering sexuality education to students with diverse mental health backgrounds, including those with potentially traumatic experiences related to sexuality [59].

Recent Canadian research underscores the importance of addressing mental health as an integral aspect of sexuality and health education, advocating for a comprehensive approach to well-being [59,60]. A prominent challenge for individuals with mental health conditions is the potential ostracization in interpersonal, romantic, and sexual relationships upon disclosing their mental health challenges [61]. Discussions should also encompass the interplay between mental distress and sexual decision making, emotional regulation during intimate moments, condom usage, and libido fluctuations [61]. Moreover, symptoms of psychosis can profoundly influence body perception, impacting an individual's

self-concept and relationship with their body [62]. Educators must prioritize these specific intersections when discussing topics of mental health, well-being, and self-image in sexuality education sessions.

In the broader context of sexuality education research, it is widely acknowledged that mental health is intricately connected with one's sexuality, and emotional and mental well-being are intertwined with sexuality [63]. Positive self-esteem and self-concept are crucial discussions within sexuality education, allowing students to reflect on their strengths, interests, passions, and values [60]. Teachers often grapple with mental health literacy, encompassing knowledge and understanding of mental health, wellness, and psychological disabilities, and how to assist students in expressing their feelings and discussing various emotions and emotional states [64–66]. It is imperative that these conversations are integrated with open discussions on sex; sexuality; and emotional, romantic, and sexual emotions and feelings.

There is an important need for nuanced and supportive conversations about mental health as it pertains to the intersections of race, gender, sexual orientation, and disability, with self-harm and suicidality often being described as a result of systemic oppression and navigating societal stigmatization and devaluation [67]. As such, while educators address mental health in health and sexuality education classes, it is important to discuss social determinants of health and the structural and systemic inequalities that exacerbate feelings of loneliness and isolation in marginalized communities and individuals [68,69]. Moreover, instead of associating ideal mental health with heterosexuality, able-bodiedness, or cisnormativity, educators can seek to create affirmative classrooms that do not strive to normalize students or perpetuate stigma upon marginalized communities [68]. Therefore, sexuality education can be a place of identity development [5] whereby positive representations of marginalized communities, such as 2SLGBTQIA and disability communities, as well as their intersections, can be celebrated [68]. By acknowledging the stress and trauma that marginalized communities often experience [69], mental health can be approached through a frame that seeks to address systemic oppression and discuss mental health challenges as a natural reaction to societal exclusion [70] while offering resources for students to engage with on their own or with their families.

3.2. Physical Disabilities in Sexuality Education: Addressing Stigma, Barriers, and the Need for Inclusive Pedagogies in Ontario

Within the realm of physical disability, this article encompasses students with auditory, visual, mobility, and/or health conditions, which may manifest as permanent or episodic [71]. The Ontario curriculum's approach to sexuality education for students with physical disabilities remains notably deficient, perpetuating assumptions of asexuality and societal prejudices surrounding the sexual rights and needs of individuals with physical disabilities [4,24]. Such omissions hinder students' understanding of informed consent, discussions on healthy relationships, sexual safety, pleasure, and importantly, conversations surrounding bodily autonomy [71].

A nuanced pedagogical approach tailored to the needs of students with physical disabilities is imperative within a CSE framework. Curricula that robustly challenge misconceptions of inherent asexuality or incapacity for intimate relationships align with studies that highlight minimal differences in sexual behavior between adolescents with and without physical disabilities [72,73]. While students with physical disabilities exhibit comparable rates of sexual activity and contraception use, they may encounter distinct pubertal or hormonal challenges, yet such intricacies are glaringly absent from the curriculum [74–76]. This oversight is particularly concerning when discussing hormonal contraceptive use due to potential contraindications with other medications or specific medical needs. Emphasizing the significance of seeking medical guidance during these discussions is crucial.

The literature indicates similar statistics regarding sexual orientation for students with and without physical disabilities [73]. Therefore, it is essential to address sexuality in a manner that positively represents and understands 2SLGBTQIA identities and sexualities, especially in the context of individuals with physical disabilities. Discussions surrounding the sexual development of students with physical disabilities, albeit limited, indicate the pervasive influence of societal stigmatization and medical trauma [74]. This highlights the urgency for CSE to adopt a trauma-informed pedagogical approach. Such approaches are vital for students with physical disabilities, facilitating discussions around safety, boundaries, and the potential for touch without consent under medical interventions [75]. Distinguishing between medical intervention and sexual intimacy, while emphasizing consent and bodily autonomy, is paramount. For teachers and educators, engaging in open conversations with students with physical disabilities about how to have open conversations with family members about sexuality can alleviate anxiety and stress about discussing sexuality with parental figures [46]. It is necessary for future researchers and policymakers to also acknowledge the social barriers and stigma that students with physical disabilities experience in schools and their interests in learning both sex and sexuality and everyday socialization and developing friendships and self-esteem [46].

Attitudinal barriers persist in sexuality education, particularly concerning misconceptions about asexuality and the perceived ineptitude of these students, implicitly suggesting the redundancy of discussing sexual well-being for youth with physical disabilities [30,31]. Such gaps curtail opportunities for representation and positive self-regard and hinder sexual agency among youth [46]. Beyond attitudinal barriers, physical challenges, such as student absenteeism due to health reasons [76] and the inaccessibility of physical education classes for some students [34,77], also pose significant obstacles. Addressing barriers for students with sensory needs, like those who are d/Deaf, hard of hearing, or blind/low vision, through augmentative communication devices can enhance their participation in CSE. Beyond assistive technology, specialized training, including collaboration with d/Deaf advocates and information on sexual consent and communication for d/Deaf communities, can further dismantle barriers for these students.

3.3. Intellectual Disabilities and Sexuality Education in Ontario: Bridging Gaps, Challenging Stigmas, and Crafting Inclusive Pedagogies

Intellectual disabilities (IDs), within the context of sexuality education in Ontario, Canada, encompass a spectrum of disorders marked by impairments within cognitive capacities and adaptive behaviors [77,78]. These impairments can impact a student's ability to understand, assimilate, and apply knowledge related to sexuality education. In the Ontario educational landscape, students with IDs often necessitate tailored pedagogical strategies to ensure that they receive comprehensive, relevant, and effective sexuality education [5]. This underscores the need for precise, inclusive definitions and methodologies tailored to their unique educational needs, aiming to equip students with Autism with the knowledge and skills for informed, safe, and positive sexual interactions [5].

Sexuality education is pivotal for holistic development, and its importance is accentuated for students with IDs [78]. While Ontario has made commendable progress in refining its curriculum for inclusivity [30,31], a thorough examination of the literature indicates persistent challenges faced by students with ID, such as a lack of individualized instruction, the need for social stories and situational examples to develop social-emotional skills, and explicit conversations about their own and others' sexual consent [5]. The broader discourse on sexual health education for youth with Autism and other disabilities highlights issues of stigma, de-sexualization, and a lack of individualized instruction, thereby obstructing their sexual health and well-being [78,79].

Research in Ontario underscores the universal significance of sexuality education [41]. Yet, a glaring gap persists in addressing the nuanced needs of students with ID [78]. These students often struggle with understanding concepts like bodily autonomy, consent, and relationship complexities [5]. The intersections of disability, sexuality, and gender further intensify their experiences, leading to feelings of marginalization in romantic and sexual contexts [80]. While the Ontario curriculum encompasses these themes, the pedagogical approaches may not always resonate with the learning needs of students with ID [5], resulting in exclusionary practices due to a lack of educator training and readiness [5].

The challenge lies not in the absence of sexuality education but in its adaptability and inclusivity for students with ID [5,78]. The current curriculum and methodologies in Ontario often overlook the voices and experiences of students with disabilities [4,5], indicating the inadequacy of a one-size-fits-all pedagogical approach. Recognizing that students with ID deserve tailored curriculum planning is paramount. It is essential to develop a curriculum attuned to their cognitive skills, ensuring that concepts are accessible and comprehensible. Educators must receive specialized training to effectively teach students with ID, understanding the intricacies of intellectual disabilities and employing resonant teaching strategies. Collaborations between educators, caregivers, and field experts can foster a holistic educational experience, addressing challenges faced by youth with Autism and other disabilities, such as societal stigma and fetishization. Establishing feedback mechanisms involving students with ID and their caregivers can further refine the sexuality education program, ensuring continuous adaptability and improvement.

Future research should prioritize understanding the needs and challenges of students with ID in Ontario, such as conversations about romantic and sexual scripts [79]. Collaborative endeavors between educators, caregivers, and field experts can lay the foundation for a more inclusive curriculum [81]. Such forms of collaboration can involve the discussions of social stories and situational examples that parents can discuss with their children at home and bring to school for further questioning and engagement. Such situational examples can engage with conversations of romantic relationships, dating, personal boundaries, and consent, for example [5]. Investigating the efficacy of diverse teaching strategies, curating disability-affirming resources, and evaluating caregiver involvement can offer invaluable insights [77]. Through such comprehensive research efforts, we can aspire to bridge existing gaps, ensuring that students with ID and the broader community, including youth with Autism, receive the comprehensive sexuality education that they rightfully deserve [71,78].

3.4. 2SLGBTQIA and Disability: Navigating the Dual Realms of Ableism and Queerphobia in Healthcare and Society

The confluence of 2SLGBTQIA+ identities with disability unveils a complex tapestry of challenges stemming from both ableism and queerphobia [82]. Individually, these groups have navigated systemic discrimination both historically and currently. However, their intersections can magnify adversities, particularly in healthcare systems that are ill-equipped to address their nuanced needs [83,84]. Societal stigmas, especially those tethered to discrimination directed towards disability, can exacerbate feelings of marginalization and undesirability, especially in the realms of romantic and sexual relationships [71].

Contemporary academic discourses delve into the multifaceted experiences of these intersecting groups. The challenges they face are not monolithic but are shaped by the nature of the disability, the sociopolitical milieu, and the cultural contexts in which they exist [83,84]. For instance, a person with a mobility disability identifying as queer might face different societal challenges than someone with a cognitive disability identifying as transgender. Such intricacies underscore the importance of a nuanced understanding and approach to support these communities [82–84].

Despite the myriad of challenges, there is remarkable resilience evident within these communities. Numerous organizations and advocacy groups champion the rights and well-being of individuals at this intersection, striving for inclusivity, representation, and equity [85]. Their efforts highlight the imperative to educate healthcare providers about

the unique sexual health needs of individuals with disabilities, especially those who also identify within the 2SLGBTQIA+ spectrum [71]. By fostering a more informed and empathetic healthcare landscape, we can pave the way for tailored health programs that truly resonate with the needs of these individuals.

3.5. Further Recommendations

This article elucidates pivotal considerations that are essential for crafting an affirming sexuality education curriculum tailored to students with diverse disabilities. This encompasses the imperative of arming educators with the requisite skills and acumen to grasp and address mental health literacy and to proffer nuanced pedagogical strategies for students with intellectual disabilities [4,5,51]. A pressing call to action is the dismantling of entrenched attitudinal barriers that perpetuate assumptions of asexuality, incompetence, and the perceived irrelevance of sexuality education for students with disabilities [77]. It is also necessary to ensure that students with disabilities who might identify as asexual have space to share their identity and ask questions about asexuality [86]. Practical strategies, such as the integration of communication devices or sensory tools, can significantly enhance the inclusivity of the educational landscape.

Delving deeper, extant research underscores the challenges educators face in supporting the sexual development of students with visual impairments. These challenges span a spectrum from a dearth of inclusive resources, like Braille materials, to the absence of tactile educational sexual models that cater to the unique needs of these students [9]. The literature accentuates the paramount importance of equipping educators with training to counteract biases, ensuring that students with visual impairments receive equitable education akin to their nondisabled counterparts [87].

Furthermore, the intricacies of sexual consent for the d/Deaf and hard-of-hearing community necessitate specialized discussions, especially in the context of sign language [88]. It is imperative to engage in explicit dialogues with d/Deaf and hard-of-hearing students about topics like HIV/AIDS and STIs. These are subjects that their hearing counterparts might inadvertently assimilate through mainstream media and pop culture [89]. Research underscores the need to prepare educators in d/Deaf schools to impart sexuality education in a way that is cognizant of the limitations inherent in mainstream educational settings for d/Deaf and hard-of-hearing students [88–90].

Sexuality education remains a contested domain, with a nebulous consensus on its pedagogical framework and content [91]. The recent revisions to the Ontario Health and Physical Education curriculum signify a progressive shift towards inclusivity. However, the journey towards a comprehensive and affirming sexuality education landscape is far from complete [4,5,41]. The voices of advocates demanding more detailed guidelines for students with disabilities in Ontario schools resonate louder than ever [92,93]. Yet, the curriculum remains static, devoid of updates that address the intersections of disability, gender, and sexuality. Aligning sexuality education with international mandates, such as the United Nations Convention on the Rights of the Child (UN CRC) [94] and the United Nations Conventions on the Rights of Persons with Disabilities (UN CRPD) [95], is not just a recommendation—it is an imperative.

4. Conclusions

Comprehensive sexuality education (CSE) is witnessing an upsurge in global attention and commitment. UNESCO's recent release of a document delineating international guidelines epitomizes this trend, offering insights into CSE across diverse geopolitical landscapes [96]. This international focus underscores the universality of the subject and the collective aspiration for a more inclusive and informed global populace. Our article provides recommendations that can be implemented in various geopolitical contexts to increase the inclusivity of CSE in school-based settings. Globally, it is important to describe disability, sexuality, and human anatomy in culturally sensitive and appropriate ways. For example, research pertaining to sexuality education in South Africa has described how us-

ing the local language, isiZulu, to describe human genitalia can be offensive, whereas using English terms for genitalia are considered to be less vulgar [10]. Also, since CSE is typically constructed through Western values, it is necessary to contextualize CSE programming to the given norms of each situated geopolitical context [97].

In the specific context of Ontario, Canada, while a significant majority of parents advocate for sexuality education in schools [90], the topic remains ensnared in public contention and political discourse [91]. Such debates often overshadow the pressing needs of students with disabilities, sidelining their experiences, interests, and challenges related to gender and sexuality. The intersectionality of disability with other identity markers further complicates their experiences, necessitating a curriculum that is both inclusive and representative [4,5].

The overarching aim is to ensure that students with disabilities see themselves reflected in the curriculum and that their evolving curiosities and concerns related to their gender and sexuality development are addressed with sensitivity and depth. This not only fosters a sense of belonging but also equips them with the knowledge and skills essential for informed decision-making and healthy interpersonal relationships.

This article endeavors to shed light on the nuances of comprehensive sexuality education, emphasizing the importance of inclusivity and representation. While the primary focus is on the Ontario context, the insights and recommendations presented hold relevance on a global scale. We reviewed the Ontario context for CSE, along with its recent controversies; provided recommendations to make CSE more inclusive for students with various disabilities, including psychological, physical, and intellectual disabilities; and have offered further recommendations that are pertinent for students with all disabilities. This research intervenes with the current research and writing on CSE in schooling contexts to advocate for the importance of disability affirming school-based sexuality education by focusing upon the Ontario, Canada, context as an example.

It is our aspiration that this discourse catalyzes positive transformations in sexuality education, both within Ontario and internationally, ensuring that every student, irrespective of their abilities or identities, receives the education they rightfully deserve [41]. It is a necessity that, internationally, sexuality education addresses the needs of individuals with disabilities in school settings through an intersectional fashion [7]. Through this, schools can aim to provide students with disabilities with important information that can allow space for identifying with disability as a central component of personhood and life [1,4].

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References

1. Gibbon, T.C.; Monaco, E.A.H.; Bateman, D.F. (Eds.) *Sexuality Education for Students with Disabilities*; Rowman & Littlefield Publishers: Lanham, MD, USA, 2021.
2. United Nations Educational, Scientific, and Cultural Organization. International Technical Guidance on Sexuality Education: An Evidence-Informed Approach. Available online: <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2018/International-technical-guidance-on-sexuality-education-2018-en.pdf> (accessed on 19 August 2023).
3. Brennand, E.A.; Martino, A.S. Disability is associated with sexually transmitted infection: Severity and female sex are important risk factors. *Can. J. Hum. Sex.* **2022**, *31*, 91–102. [CrossRef]

4. Davies, A.W.J.; Bryan, M.K.; Martin, T.; Shay, B.; Akers, T.; Sound, R.; Balter, A.; O’Leary, S.; Neustifter, R. Dismantling barriers to access: The necessity of crippling sexuality education in Canadian schools. *Can. J. Hum. Sex.* **2023**, *32*, 1–19. [CrossRef]
5. Davies, A.W.J.; Balter, A.; van Rhijn, T.; Spracklin, J.; Maich, K.; Soud, R. Sexuality education for children and youth with Autism Spectrum Disorder in Canada. *Interv. Sch. Clin.* **2022**, *58*, 129–134. [CrossRef]
6. Elia, J.P.; Tokunga, J. Sexuality education: Implications for health, equity, and social justice in the United States. *Health Educ.* **2015**, *115*, 105–120. [CrossRef]
7. Burnes, T.R. Flying faster than the birds and the bees: Toward a sex-positive theory and practice in multicultural education. In *Challenges Associated with Cross-Cultural and At-Risk Student Engagement*; IGI Global Publishing: New York, NY, USA, 2017; pp. 171–189.
8. Peris, C.A. Violence against Students with Disabilities: Prevention Strategies in Canadian Schools. Ph.D. Thesis, McGill University, Montreal, QC, Canada, 2022.
9. Ubisi, L. A literature review of South African schools for the blind and their use of educational sexual models in comprehensive sexuality education. *J. Educ. Univ. KwaZulu-Natal* **2023**, *91*, 37–51. [CrossRef]
10. Hanass-Hancock, J.; Nene, S.; Johns, R.; Chappell, P. The impact of contextual factors on comprehensive sexuality education for learners with intellectual disabilities in South Africa. *Sex. Disabil.* **2018**, *36*, 123–140. [CrossRef]
11. Wu, J.; Zeng, S. Sexuality education for children and youth with disabilities in Mainland China: Systematic review of thirty years. *Child. Youth Serv. Rev.* **2020**, *116*, 105197. [CrossRef]
12. Ang, C.T.; Lee, L.W. Sexuality education curriculum for Malaysian students with learning disabilities. *Sex. Disabil.* **2016**, *34*, 255–267. [CrossRef]
13. Aderemi, T.J. Teachers’ perspectives on sexuality and sexuality education of learners with intellectual disabilities in Nigeria. *Sex. Disabil.* **2014**, *32*, 247–258. [CrossRef]
14. Phasha, T.N.; Runo, M. Sexuality education in schools for learners with intellectual disabilities in Kenya: Empowerment or disempowerment? *Sex. Disabil.* **2017**, *35*, 353–370. [CrossRef]
15. Stoffers, M.; Barnes, T.N.; Xia, Y.; Jackson, J. A scoping review of school-based sexuality education for children with disabilities. *J. Spec. Educ.* **2023**, *57*, 94–105. [CrossRef]
16. Carpenter, B.; Bakaroudis, M.; Hanass-Hancock, J. Validating the teacher sexuality education questionnaire scales to assess educators’ preparedness to deliver CSE to young people with disabilities. *Sex. Disabil.* **2023**, *41*, 677–690. [CrossRef]
17. Botha, M.; Hanlon, J.; Williams, G.L. Does language matter? Identity-first versus person-first language use in autism research: A response to Vivanti. *J. Autism Dev. Disord.* **2021**, *53*, 870–878. [CrossRef]
18. Bury, S.M.; Jellet, R.; Spoor, J.R.; Hedley, D. “It defines who I am” or “It’s something I have”: What language do [autistic] Australian adults [on the autism spectrum] prefer? *J. Autism Dev. Disord.* **2020**, *53*, 677–687. [CrossRef]
19. Vivanti, G. Ask the editor: What is the most appropriate way to talk about individuals with a diagnosis of autism? *J. Autism Dev. Disord.* **2020**, *50*, 6191–6693. [CrossRef]
20. Barnes, C. A working social model? Disability, work, and disability politics in the 21st century. *Crit. Soc. Policy* **2000**, *20*, 441–457. [CrossRef]
21. Rembis, M.A. Beyond the Binary: Rethinking the Social Model of Disabled Sexuality. *Sex. Disabil.* **2010**, *28*, 51–60. [CrossRef]
22. Rowe, B.; Wright, C. Sexual knowledge in adolescents with intellectual disabilities: A timely reflection. *J. Soc. Incl.* **2017**, *8*, 2.
23. Doyle, K.E. Sexuality Education for Students with IDD: Factors Impacting Special Education Teacher Confidence. Ph.D. Thesis, Fordham University, New York, NY, USA, 2021.
24. Jones, C.T.; Murphy, E.; Lovell, S.; Abdel-Halim, N.; Varghese, R.; Odette, F.; Gurza, A. “Crippling Sex Education”: A Panel Discussion for Prospective Educators. *Can. J. Disabil. Stud.* **2022**, *11*, 101–118. [CrossRef]
25. Campbell, M.; Löfgren-Mårtenson, C.; Martino, A.S. Crippling sex education. *Sex. Educ.* **2020**, *20*, 361–365. [CrossRef]
26. Strnadová, I.; Danker, J.; Carter, A. Scoping review on sex education for high school-aged students with intellectual disability and/or on the autism spectrum: Parents’, teachers’ and students’ perspectives, attitudes and experiences. *Sex. Educ.* **2022**, *22*, 361–378. [CrossRef]
27. Crenshaw, K. Mapping the margins. *Stanf. Law Rev.* **1991**, *43*, 1241–1299. [CrossRef]
28. Kjaran, J. *Gay Life Stories*; Springer International Publishing: Cham, Switzerland, 2019.
29. Ineese-Nash, N. Disability as a colonial construct: The missing discourse of culture in conceptualizations of disabled Indigenous children. *Can. J. Disabil. Stud.* **2020**, *9*, 28–51. [CrossRef]
30. Ontario Ministry of Education. The Ontario Curriculum: Health and Physical Education, Grades 1–8. 2019. Available online: <https://www.edu.gov.on.ca/eng/curriculum/elementary/2019-health-physical-education-grades-1to8.pdf> (accessed on 20 August 2023).
31. Ontario Ministry of Education. The Ontario Curriculum: Health and Physical Education, Grades 9–12. 2015. Available online: <https://www.edu.gov.on.ca/eng/curriculum/secondary/health9to12.pdf> (accessed on 20 August 2023).
32. Bialystok, L.; Wright, J.; Berzins, T.; Guy, C.; Osborne, E. The appropriation of sex education by Ontario conservative populism. *Curric. Inq.* **2020**, *50*, 330–351. [CrossRef]
33. Osborne, E. The Impact of the Repeal of the 2015 Health & Physical Education Curriculum on Ontario Teachers. Master’s Thesis, University of Toronto, Toronto, ON, Canada, 2019.

34. Walters, L.; Lavery, E. Sexual health education and different learning experiences reported by youth across Canada. *Can. J. Hum. Sex.* **2022**, *31*, 18–31. [[CrossRef](#)]
35. Ontario Ministry of Education. Equity and Inclusive Education in Ontario Schools: Guidelines for Policy Development and Implementation. 2014. Available online: <https://files.ontario.ca/edu-equity-inclusive-education-guidelines-policy-2014-en-2022-01-13.pdf> (accessed on 20 August 2023).
36. Sider, S.; Maich, K. *Leadership for Inclusive Schools: Cases from Principals for Supporting Students with Special Educational Needs*; Rowman & Littlefield: Lanham, MD, USA, 2022.
37. Owis, Y. Educate, not titillate: LGBTQ+ issues in sex education. *MT Rev.* **2019**, *2*, 1–13.
38. Davies, A.W.; Balter, A.S.; van Rhijn, T. Sexuality education and early childhood educators in Ontario, Canada: A Foucauldian exploration of constraints and possibilities. *Contemp. Issues Early Child.* **2021**. [[CrossRef](#)]
39. Bialystok, L. Ontario teachers' perceptions of the controversial update to sexual health and human development. *Can. J. Educ.* **2019**, *42*, 1–41.
40. Farmer, E.; Fleming, N.; Black, A.; Dumont, T. Where are we in terms of sexual health education? An Ontario perspective. *J. Obstet. Gynaecol. Can.* **2019**, *41*, 835–837. [[CrossRef](#)]
41. Davies, A.W.; Kenneally, N. Crippling the controversies: Ontario rights-based debates in sexuality education. *Sex Educ.* **2020**, *20*, 366–382. [[CrossRef](#)]
42. Morin, G. Sexuality education: (re)producing ethnic boundaries in the school-migrant parents relationship. *Intercult. Educ.* **2023**, *34*, 447–463. [[CrossRef](#)]
43. Grace, A.P. Alberta bounded: Comprehensive sexual health education, parentism, and gaps in provincial legislation and educational policy. *Can. J. Educ./Rev. Can. Éduc.* **2018**, *41*, 472–497.
44. Wood, J.; McKay, A.; Wentland, J.; Byers, S.E. Attitudes towards sexual health education in schools: A national survey of parents in Canada. *Can. J. Hum. Sex.* **2021**, *30*, 39–55. [[CrossRef](#)]
45. Maitland, H. When the facts are not enough: The limitations of fact-checking sex education controversies. *Sex Educ.* **2023**, *23*, 324–333. [[CrossRef](#)]
46. East, L.J.; Orchard, T.R. Somebody else's job: Experiences of sex education among health professionals, parents and adolescents with physical disabilities in Southwestern Ontario. *Sex. Disabil.* **2014**, *32*, 335–350. [[CrossRef](#)]
47. Tidey, L.; Schnellert, L.; Hole, R. "Everyone should get the chance to love": Sexual health education and disability research-based theatre with self-advocates. *Can. J. Hum. Sex.* **2022**, *31*, 198–206. [[CrossRef](#)]
48. LeFrançois, B.A.; Menzies, R.; Reaume, G. *Mad Matters: A Critical Reader in Canadian Mad Studies*; Canadian Scholars' Press: Toronto, ON, Canada, 2013.
49. Canadian Mental Health Association. Positive Mental Health and Well-Being. 2009. Available online: <https://ontario.cmha.ca/documents/positive-mental-health-and-well-being/> (accessed on 20 August 2023).
50. Davies, A.W. Mad Studies & Sexuality Education. The Palgrave Encyclopedia of Sexuality Education. 2023. Available online: https://link.springer.com/referenceworkentry/10.1007/978-3-030-95352-2_66-1 (accessed on 20 August 2023).
51. St. Joseph's Healthcare Hamilton. Sexuality and Mental Illness 2009. Available online: <https://www.stjoes.ca/patients-visitors/patient-education/p-t/PD%206896%20Sexuality%20and%20mental%20illness.pdf> (accessed on 20 August 2023).
52. Lewis, J.; Scott, E. The sexual education needs of those disabled by mental illness. *Psychiatr. Rehabil. J.* **1997**, *21*, 164. [[CrossRef](#)]
53. Higgins, A.; Barker, P.; Begley, C.M. Sexual health education for people with mental health problems: What can we learn from the literature? *J. Psychiatr. Ment. Health Nurs.* **2006**, *13*, 687–697. [[CrossRef](#)]
54. Yang, J.W.; Yu, K.; Wang, X.Q.; Wang, Y.; Zhang, C.C.; Ma, R.; Shou, Y.Q. Sexual needs of people with schizophrenia: A descriptive phenomenological study. *BMC Psychiatry* **2023**, *23*, 147. [[CrossRef](#)]
55. McCann, E. Investigating mental health service user views regarding sexual and relationship issues. *J. Psychiatr. Ment. Health Nurs.* **2010**, *17*, 251–259. [[CrossRef](#)]
56. Higgins, A.; Barker, P.; Begley, C.M. 'Veiling sexualities': A grounded theory of mental health nurses' responses to issues of sexuality. *J. Adv. Nurs.* **2008**, *62*, 307–317. [[CrossRef](#)] [[PubMed](#)]
57. McCann, E. The sexual and relationship needs of people who experience psychosis: Quantitative findings of a UK study. *J. Psychiatr. Ment. Health Nurs.* **2010**, *17*, 295–303. [[CrossRef](#)] [[PubMed](#)]
58. Quinn, C.; Happell, B. Getting BETTER: Breaking the ice and warming to the inclusion of sexuality in mental health nursing care. *Int. J. Ment. Health Nurs.* **2012**, *21*, 154–162. [[CrossRef](#)] [[PubMed](#)]
59. Wright, J. Trauma-informed consent education: Understanding the grey area of consent through the experiences of youth trauma survivors. *Atlantis* **2022**, *43*, 19–31. [[CrossRef](#)]
60. Kutcher, S.; Venn, D.; Szumilas, M. Mental Health: The next Frontier of Health Education. *Educ. Can.* **2009**, *49*, 44–45.
61. Hortal-Mas, R.; Moreno-Poyato, A.R.; Granel-Giménez, N.; Royiralta-Vilella, M.; Watson-Badia, C.; Gómez-Ibáñez, R.; Leyva-Moral, J.M. Sexuality in people living with a serious mental illness: A meta-synthesis of qualitative evidence. *J. Psychiatr. Ment. Health Nurs.* **2022**, *29*, 130–146. [[CrossRef](#)]
62. Kelly, D.L.; Conely, R.R. Sexuality and schizophrenia: A review. *Schizophr. Bull.* **2004**, *30*, 767–779. [[CrossRef](#)]
63. Silvergerg, C.; Kaufman, M.; Odette, F. *The Ultimate Guide to Sex and Disability: For All of Us Who Live with Disabilities, Chronic Pain, and Illness*; Cleis Press: San Francisco, CA, USA, 2016.

64. Dey, M.; Marti, L.; Korm, A.F. Teachers' Experiences with and Helping Behaviour Towards Students with Mental Health Problems. *Int. Ed. Stud.* **2022**, *15*, 118. [CrossRef]
65. Stewart, M.; Brown, G.S. Sexuality education for individuals with mental health conditions: Challenges and opportunities. *Sex. Disabil.* **2020**, *38*, 273–288.
66. Patterson, S.; Viner, R.M. Addressing the sexual health needs of adolescents with mental health disorders: A clinician's perspective. *Child Adolesc. Ment. Health* **2016**, *21*, 189–192.
67. McDermott, E.; Roen, K. *Queer Youth, Suicide and Self-Harm: Troubled Subjects, Troubling Norms*; Palgrave Macmillan: Basingstoke, UK, 2016.
68. Taylor, Y. *Queering Health: Critical Challenges to Normativity*; Routledge: Abingdon, UK, 2018.
69. Meyer, I.H. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol. Bull.* **2003**, *129*, 674. [CrossRef] [PubMed]
70. King, M.; Semlyen, J.; Tai, S.S.; Killaspy, H.; Osborn, D.; Popelyuk, D.; Nazareth, I. A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry* **2008**, *8*, 70. [CrossRef] [PubMed]
71. SIECCAN. Enhancing Effective Sexual Health Promotion or Autistic and Disabled Youth. Findings from Focus Groups with Disabled Youth (Physical Disabilities). Sex Information and Education Council of Canada (SIECCAN). 2022. Available online: <https://www.sieccan.org/ady-physicallydisabledyouth> (accessed on 14 August 2023).
72. Resnick, M.D.; Cassuto, N.; Blum, R.W.M. Sexual behaviour of adolescents with chronic disease and disability. *J. Adolesc. Health* **1996**, *19*, 124–131.
73. Suris, J.C.; Parera, N. Sex, drugs and chronic illness: Health behaviours among chronically ill youth. *Eur. J. Public Health* **2005**, *15*, 484–488. [CrossRef]
74. Murphy, N. Sexuality in children and adolescents with disabilities. *Dev. Med. Child Neurol.* **2005**, *47*, 640–644. [CrossRef] [PubMed]
75. Turkel, S.; Pao, M. Late consequences of pediatric chronic illness. *Psychiatry Clin. N. Am.* **2007**, *30*, 819–835. [CrossRef]
76. Tanure Alves, M.L.; Van Munster, M.; Alves, I. The 'normal' physical education classes: The ableism facing the inclusion of disabled students. *Disabil. Soc.* **2021**, 2071679. [CrossRef]
77. De Wit, W.; Van Oorsouw, W.M.W.J.; Embregts, P.J.C.M. Sexuality, Education, and Support for People with Intellectual Disabilities: A Systematic Review of the Attitudes of Support Staff and Relatives. *Sex Disabil.* **2022**, *40*, 315–346. [CrossRef]
78. Gougeon, N. Sexuality education for students with intellectual disabilities, a critical pedagogical approach: Outing the ignored curriculum. *Sex Educ.* **2009**, *9*, 277–291. [CrossRef]
79. Paulauskaite, L.; Rivas, C.; Paris, A.; Totsika, V. A systematic review of relationships and sex education outcomes for people with intellectual disability. *J. Intellect. Disabil. Res.* **2022**, *66*, 577–616. [CrossRef] [PubMed]
80. Santinele Martino, A. 'I don't want to get in trouble': A study of how adults with intellectual disabilities convert and navigate intellectual disability sexual fields. *Cult. Health Sex.* **2022**, *24*, 1230–1242. [CrossRef] [PubMed]
81. McCann, E.; Marsh, L.; Brown, M. People with intellectual disabilities, relationship and sex education programmes: A systematic review. *Health Educ. J.* **2019**, *78*, 885–900. [CrossRef]
82. O'Shea, A.; Latham, J.R.; McNair, R.; Despott, N.; Rose, M.; Mountford, R.; Frawley, R. Experiences of LGBTIQ+ People with Disability in Healthcare and Community Services: Towards Embracing Multiple Identities. *Int. J. Environ. Res. Public Health* **2022**, *17*, 8080. [CrossRef] [PubMed]
83. Miller, R. Toward Intersectionality Identity Perspectives on Disability and LGBTQ Identities in Higher Education. *J. Coll. Stud. Dev.* **2018**, *59*, 327–346. [CrossRef]
84. Ng, H.H. Intersectionality and Shared Decision Making in LGBTQ Health. *LGBT Health* **2016**, *5*, 325–326. [CrossRef]
85. Government of Canada. Accessible Canada Act. Available online: <https://laws-lois.justice.gc.ca/eng/acts/a-0.6/page-1.html?wbdisable=true> (accessed on 19 August 2023).
86. Chen, A. *Ace: What Asexuality Reveals about Desire, Society, and the Meaning of Sex*; Beacon Press: Boston, MA, USA, 2020.
87. Ubisi, L. Addressing LGBT+ issues in comprehensive sexuality education for learners with visual impairment: Guidance from disability professionals. *Sex Educ.* **2021**, *21*, 347–361. [CrossRef]
88. Letico, V.; Iliadis, M.; Walters, R. De(a)fining consent: Exploring nuances of offering and receiving sexual consent among Deaf and Hard-of-Hearing people. *Criminol. Crim. Justice* **2022**. [CrossRef]
89. Gannon, C.L. The deaf community and sexuality education. *Sex. Disabil.* **1998**, *16*, 283–293. [CrossRef]
90. Suter, S.; McCracken, W.; Calam, R. Sex and relationships education: Potential and challenges perceived by teachers of the deaf. *Deaf. Educ. Int.* **2009**, *11*, 211–220. [CrossRef]
91. Bialystok, L. Is "Sex Education" an Intelligible Concept? In *Handbook of Philosophy of Education*; Routledge: Abingdon, UK, 2023; pp. 365–376.
92. Lunskey, Y. Speaking of Sex-ed: How about We Develop Some for Students with Developmental Disabilities? 2018. Available online: <https://www.cbc.ca/news/opinion/sex-ed-students-1.4834984> (accessed on 20 August 2023).
93. Collie, M. Young People with Disabilities Aren't Being Taught Sex-ed—And it's Putting Them in Danger. 2019. Available online: <https://globalnews.ca/news/6247887/disabled-youth-sex-education/> (accessed on 20 August 2023).
94. United Nations. Convention on the Rights of the Child. Available online: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child> (accessed on 20 August 2023).

95. United Nations. Convention on the Rights of Persons with Disabilities. Available online: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities> (accessed on 20 August 2023).
96. UNESCO. The Journey towards Comprehensive Sexuality Education—Global Status Report. Available online: <https://www.unfpa.org/publications/journey-towards-comprehensive-sexuality-education-global-status-report> (accessed on 20 August 2023).
97. Browne, E. *Comprehensive Sexuality Education*; GSDRC Helpdesk Research Report 1226; GSDRC, University of Birmingham: Birmingham, UK, 2015.

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