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Research Article

Sexuality of Persons with Disabilities: A Personalist Model of Responsible Support

Seksualność osób z niepełnosprawnościami: personalistyczny model odpowiedzialnego wsparcia

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Abstract
The article addresses the problem of how persons with disabilities can be responsibly supported in their psychosexual and relational development without reducing them either to their disabilities or to their sexual needs. The aim is to formulate a personalist model of responsible support grounded in the dignity of the person and informed by contemporary research on sexuality education, autonomy, consent, supported decision-making, intimate relationships and safeguarding. The article uses a conceptual and critical analysis of theological, philosophical, pedagogical and international disability-sexuality literature. The analysis shows that responsible support requires an integrated approach: recognition of personal dignity and sexuality; education appropriate to the person's developmental and communicative abilities; respect for autonomy and participation in decisions; support for the formation of mature relationships; and protection against coercion, exploitation and sexual violence. The personalist perspective makes it possible to hold together two requirements that should not be separated: respect for the person's agency and the duty to provide protection where vulnerability is present. The article concludes with pedagogical implications for parents, teachers, educators, pedagogues and therapists.

Keywords
persons with disabilities; sexuality; personalism; responsible support; sexuality education; autonomy; consent; supported decision-making; intellectual disabilities

Abstrakt
Artykuł podejmuje problematykę odpowiedzialnego wspierania osób z niepełnosprawnościami w ich rozwoju psychoseksualnym i relacyjnym, w sposób, który nie sprowadza tych osób ani do samej niepełnosprawności, ani wyłącznie do potrzeb seksualnych. Celem pracy jest sformułowanie personalistycznego modelu odpowiedzialnego wsparcia, zakorzenionego w godności osoby i uwzględniającego współczesne badania z zakresu edukacji seksualnej, autonomii, wyrażania zgody, wspieranego podejmowania decyzji, bliskich relacji oraz ochrony osób narażonych na krzywdę. W tekście zastosowano analizę koncepcyjną i krytyczną literatury teologicznej, filozoficznej, pedagogicznej oraz międzynarodowych opracowań dotyczących zagadnień niepełnosprawności i seksualności. Analiza wskazuje, że odpowiedzialne wsparcie wymaga zintegrowanego podejścia, obejmującego: uznanie godności osobistej i seksualności; edukację dostosowaną do możliwości rozwojowych i komunikacyjnych danej osoby; poszanowanie jej autonomii oraz udziału w podejmowaniu decyzji; wspieranie w budowaniu dojrzałych relacji; a także ochronę przed przymusem, wyzyskiem i przemocą seksualną. Perspektywa personalistyczna pozwala połączyć dwa wymogi, których nie należy rozdzielać: szacunek dla podmiotowości osoby oraz obowiązek zapewnienia jej ochrony w sytuacjach, w których jest ona narażona na krzywdę. Artykuł kończy się przedstawieniem implikacji pedagogicznych dla rodziców, nauczycieli, wychowawców, pedagogów i terapeutów.

Słowa kluczowe
osoby z niepełnosprawnościami; seksualność; personalizm; odpowiedzialne wsparcie; edukacja seksualna; autonomia; zgoda; wspierane podejmowanie decyzji; niepełnosprawności intelektualne

Introduction

Sexuality is an integral dimension of human existence and therefore cannot be excluded from reflection on the lives of persons with disabilities. The recognition of sexuality as a dimension of the lives and rights of persons with disabilities has also been present in disability scholarship (Shakespeare 2000). The theological and moral perspective adopted in this article begins with the conviction that disability does not diminish human dignity or the personal vocation to love. At the same time, contemporary disability research shows that persons with disabilities may encounter barriers to information, relationships, sexual expression and participation in decisions concerning their own lives. Thus, the problem is not only whether persons with disabilities are sexual beings, but also how families and professionals should provide support so that sexuality may be integrated with dignity, responsibility, relationality and personal development.

The research problem can be formulated as follows: what principles should guide responsible pedagogical and educational support for the psychosexual and relational development of persons with disabilities when their dignity, subjectivity, autonomy, vulnerability and capacity for mature relationships are taken seriously? The aim of the article is to develop a personalist model of responsible support and to indicate its pedagogical consequences. The method is a conceptual and critical analysis of selected theological, philosophical, pedagogical and international literature. The selection of contemporary literature was guided

by its relevance to sexuality education, intimate relationships, autonomy, consent, supported decision-making and safeguarding in disability. A substantial part of the available contemporary research in these areas concerns persons with intellectual or cognitive disabilities; accordingly, this literature provides particularly strong support for the pedagogical dimensions of the proposed model in relation to these groups. The original contribution of the article consists in bringing the personalist and theological-moral understanding of sexuality into explicit dialogue with contemporary pedagogical and disability research and in translating this dialogue into a model of responsible support. The personalist understanding of the human person as a unity of bodily, psychological and spiritual dimensions constitutes the philosophical and theological foundation of this article and frames its reflection on sexuality and responsible support.

1. Personal Dignity and Sexuality of the Person with a Disability

A human being is a unity of corporeity, psychic life and spirituality. A person should not be reduced to any one of these dimensions, because such reduction produces an incomplete understanding of human nature and sexuality (Bartoszek 2003; Bartoszek 2009, 68–69). The body is not an external possession of the person but belongs to the person and participates in personal existence (Wojtyla 1979). Consequently, physical disability or bodily injury does not alter the ontological status or dignity of the person. Contemporary language should, however, avoid presenting disability merely as a "deficiency" of the person. The person is not identical with an impairment, and the meaning of disability is also shaped by social, relational and environmental conditions. This formulation expresses the normative anthropology guiding the article rather than a claim that these dimensions can be measured or observed in the same way in all individuals. Its application to educational practice must remain sensitive to individual differences and to the person's own communicative and relational profile.

The personalist tradition represented in Karol Wojtyla's works emphasizes that the person is a subject who acts and participates in relationships. Human dignity does not depend on physical attractiveness, intellectual performance, productivity or independence. John Paul II repeatedly stressed that illness and severe disability did not deprive a human being of personal dignity (John Paul II 2004). This principle is particularly important in discussions of sexuality because social attitudes may implicitly deny sexuality to persons who are dependent on others for everyday care. Dependence on assistance does not mean dependence of personal value.

The psychological dimension of the person includes emotions, attachment, self-understanding and the capacity to form relationships. Intellectual or psychosocial disability may affect communication, understanding or the manner in which a person makes decisions, but it does not abolish personhood. The contemporary pedagogical consequence is that support should begin with the assumption that the person has a voice and should be enabled to communicate preferences, boundaries and needs in forms appropriate to their abilities. Research involving persons with intellectual disabilities indicates that they themselves report sexual desires, needs, attitudes and experiences, while also describing barriers to sexual expression and support (de Wit et al. 2022).

The spiritual dimension of the person concerns transcendence, freedom, conscience, orientation towards truth and values, and openness to God. In the personalist approach, sexuality is therefore not reducible to biological functioning or sexual activity. It concerns the whole person and is connected with the capacity for relationship and love (Wojtyla 1981; Wojtyla 1979). This does not mean that every person has identical possibilities for sexual expression or intimate relationships. Personalist anthropology allows these differences to be acknowledged without turning them into differences in human worth.

Human freedom can be limited by duress and internal conditions affecting understanding, emotional regulation or decision-making (*Catechism of the Catholic Church* 1993, no. 1735). Such limitations should be distinguished from the denial of personhood or legal and moral subjectivity. Therefore, a contemporary approach requires an individual assessment of decision-making abilities rather than a categorical assumption that disability itself removes the possibility of consent. Supported decision-making seeks to provide the person with accessible information, time, communication assistance and trusted support while keeping the person at the centre of the decision (Bigby 2024).

This distinction is crucial in sexuality. The presence of vulnerability creates a duty of protection, but protection should not automatically become prohibition or substitution of another person's will. The task of responsible support is to reduce avoidable risks while preserving as much agency and participation as the person can exercise. The United Nations Convention on the Rights of Persons with Disabilities recognizes equal rights concerning family life and relationships and emphasizes free and full consent in marriage, as well as access to information and reproductive education (United Nations 2006, Article 23). It also links health care with respect for dignity, autonomy and free and informed consent (United Nations 2006, Article 25).

2. Contemporary Research on Psychosexual and Relational Development

Contemporary research on sexuality and disability increasingly addresses sexuality education, intimate relationships, sexual identity, self-determination, consent, access to services and vulnerability to abuse. Earlier research also addressed sexuality in the context of physical disability (Długołęcka 2007). Much of the research directly relevant to the pedagogical questions examined in this article focuses on persons with intellectual disabilities, making this group particularly prominent in the following review.

A systematic review of relationship and sexuality education programmes found that programmes for persons with intellectual disabilities address such areas as relationships, anatomy and biology, contraception, sexual behaviour, consent and capacity. The review also stressed the need for person-centred and evidence-based approaches and for involvement of families and professionals in programme development (Brown et al. 2020). A later systematic review of outcomes of relationships and sex education similarly identified the importance of evaluating whether education improves knowledge, decision-making and relational outcomes (Paulauskaite et al. 2022). The pedagogical significance is clear: education should not be limited to warning against inappropriate behaviour. It should provide knowledge and practical skills for communication, boundaries, friendship, intimacy, consent, self-protection and help-seeking.

Research also shows that attitudes of caregivers and support staff strongly influence opportunities for sexual expression. A systematic review found both supportive and restrictive attitudes among relatives and professionals. Restrictive attitudes were often associated with an emphasis on sexual risks, whereas respondents also recognized the need for education and support (de Wit et al. 2022). Similar findings emerged from research with staff supporting adults with intellectual disabilities in relationships and sexuality: staff members occupy an important position between protection and enabling but often experience uncertainty about how to support intimate life (Charitou et al. 2021).

This tension should be understood not as a choice between “freedom” and “protection,” but as an ethical and pedagogical task of balancing autonomy, responsibility and safeguarding. A person may need protection precisely because their dignity matters; however, protection is more consistent with personalism when it strengthens the person’s capacity to understand situations, communicate choices and recognize unsafe behaviour rather than simply excluding them from relationships.

An umbrella review published in 2024 confirmed that relationship and sex education for people with intellectual disabilities is an expanding field, while also pointing to the need for better evidence concerning

programme design and outcomes (Pérez-Curiel et al. 2024). A related systematic review has also examined the right to sexuality, reproductive health and family life of people with intellectual disabilities (Pérez-Curiel et al. 2023). In turn, research focused on the perspectives of women with intellectual disabilities additionally shows the importance of taking seriously their own experiences of relationships, sexuality, abuse, contraception and external intervention (Beltran-Arreche et al. 2024). This is especially relevant to a personalist approach: the person who receives support should not be treated only as the object of educational or protective action but as a subject whose experience contributes to determining what responsible support means.

The issue of sexual violence requires particular attention. A meta-analysis found that persons with disabilities face a higher risk of sexual victimization than the general population, with elevated risk identified across several disability groups (Mailhot Amborski et al. 2022). Safeguarding must therefore form an integral part of sexuality education and support. It should include recognition of manipulation and coercion, knowledge of bodily boundaries, accessible reporting mechanisms and the ability to seek assistance. Protection from abuse is not an argument against sexuality; it is a condition for its responsible and dignified experience.

3. A Personalist Model of Responsible Support

On the basis of personalist anthropology and the contemporary research discussed above, responsible support (cf. Bartoszek 2007) can be formulated as a conceptual model consisting of seven mutually connected principles: (1) dignity, (2) subjectivity, (3) relational development, (4) responsible education, (5) supported autonomy and decision-making, (6) safeguarding, and (7) orientation towards mature relationships. While the personalist foundations of the model concern persons with disabilities broadly, its principles are intended as a general anthropological and ethical framework rather than a uniform set of practical recommendations. Their implementation should be adapted to the type and degree of disability, individual abilities, developmental situation, communication needs and specific circumstances of each person.

3.1. Dignity as the First Principle

The first principle is the unconditional dignity of the person. Support should never be based on the assumption that disability makes the person less human, less capable of love or unworthy of privacy. Nor should sexual behaviour become the measure of personal maturity. The person remains a person whether

sexually active or not, whether capable of marriage or not, and whether communicating verbally or through non-verbal forms.

The principle of dignity also protects against two opposite reductions: treating the person as sexually incapable because of disability, or treating the person primarily as a sexual being whose desires must be satisfied. Personalism places sexuality within the wider unity of the person and thus connects it with responsibility, relationship, truth, respect and love.

3.2. Subjectivity and Voice

The second principle is recognizing the person as a subject. The person should participate in decisions concerning education, privacy, relationships, health care and sexuality to the greatest extent possible. This requires accessible communication and an educational environment in which questions about sexuality can be asked without shame.

Subjectivity also means listening to the person's own account of relationships and experiences. A parent, teacher, pedagogue or therapist should not automatically interpret a person's behaviour without seeking to understand its meaning. Communication may require pictures, simplified language, repetition, assistive communication, role-play or other individualized methods.

3.3. Relational Development

The personalist understanding of the person as "with others" and "for others" provides a strong basis for relational pedagogy (Wojtyla 1981, 43; Wojtyla 1979). A mature experience of sexuality cannot be separated from the capacity to establish respectful interpersonal relationships. Some persons with disabilities may encounter barriers to friendship and intimacy arising from social isolation, institutional routines, excessive supervision or low expectations. The nature and extent of such barriers vary considerably according to individual circumstances and the social environment.

Therefore, responsible support should create opportunities for ordinary forms of social participation: friendship, shared activities, communication with peers, development of emotional vocabulary, learning to recognize reciprocal affection and learning to distinguish friendship, affection, intimacy and sexual behaviour. The aim is not to produce relationships but to remove unnecessary barriers to their development.

3.4. Responsible Education

Sexual education should be adapted to age, developmental level, communication abilities and individual needs. It should include not only biological information but also body awareness, privacy, personal boundaries, emotions, relationships, consent, contraception where appropriate, prevention of sexually transmitted infections, online safety and protection against exploitation. Evidence from systematic reviews supports person-centred approaches that involve people with intellectual disabilities, their families and professionals in the development and delivery of education (Brown et al. 2020; Pérez-Curiel et al. 2024).

From a personalist perspective, education should also communicate that the body is part of the person and deserves respect. The goal is neither suppression of sexuality nor indiscriminate encouragement of sexual activity. It is formation of the person's capacity to understand sexuality in relation to dignity, responsibility, reciprocity and love.

3.5. Supported Autonomy and Consent

Autonomy should not be identified with complete independence. A person may require considerable assistance in everyday life and still participate meaningfully in decisions. Contemporary supported decision-making approaches emphasize that support should enhance the person's own decision-making rather than replace it (Bigby 2024). In the area of sexuality, guidelines specifically developed for families and professionals likewise emphasize support for decision-making concerning sexuality and relationships (SMARTS 2023).

Consent must be understood as informed, voluntary and specific to the situation. Disability alone does not establish inability to consent. At the same time, the existence of a relationship or a previously expressed preference does not eliminate the need to consider consent in a particular situation. Where communication or understanding is limited, professionals should use accessible methods to establish the person's preferences and understanding and should distinguish genuine support from pressure or substituted decision-making. Research on sexual consent among people with cognitive disabilities has identified functional, person-centred, integrated and contextual approaches to assessing and enhancing consent abilities (Esmail and Concannon 2022). The assessment of consent is, for that reason, decision-specific and should not be inferred solely from a diagnostic label. It should take account of the person's understanding of the particular situation, accessible

communication, available support and freedom from pressure. Neither presumed competence nor presumed incapacity is justified by disability alone.

3.6. Safeguarding without Paternalism

Protection from abuse is an indispensable component of responsible support. Some persons with disabilities may face an increased risk of sexual exploitation in circumstances involving dependence on caregivers, social isolation, communication barriers or unequal power relations. Such risks should be assessed individually and in relation to the person's specific circumstances, rather than inferred from disability alone. The evidence on elevated risk of sexual victimization confirms the need for prevention and safeguarding (Mailhot Amborski et al. 2022).

However, safeguarding should not be confused with controlling the person's sexuality. A purely protectionist approach may unintentionally deprive persons with disabilities of privacy, information and opportunities for relationships. Hence, responsible safeguarding combines risk awareness with education, accessible complaint procedures, professional boundaries, attention to power asymmetries and individualized support.

3.7. Mature Relationships as the Horizon of Support

The final principle concerns the direction of support. In the personalist perspective, love is a fundamental human vocation (Wojtyla 1981). This does not mean that every person must marry or enter a sexual relationship. Rather, it means that every person has a need for meaningful relationships, belonging, recognition and the possibility of giving and receiving love.

For persons with disabilities, support should therefore promote conditions for mature relationships: mutual respect, reciprocity, communication, responsibility and appropriate boundaries. Where marriage or sexual activity is not possible or appropriate in a particular case, the answer should not be social isolation. Friendship, family bonds, community participation, affection and other forms of meaningful relationship remain essential dimensions of human flourishing.

4. Pedagogical Consequences for Parents and Professionals

The model proposed above has practical consequences for the main circles in which persons with disabilities develop and receive support. First, parents should avoid both rejection of sexuality and excessive

protection. Acceptance of the child's or adult's body, respectful touch, appropriate privacy and opportunities to discuss emotions and relationships create an environment in which sexuality can be integrated rather than hidden. The earlier literature already emphasized the importance of family relationships and bodily acceptance (Adamski 1984; Izdebski 2007), while contemporary research reinforces the importance of supportive rather than restrictive attitudes (de Wit et al. 2022). In practice, the model is a framework for reflection and planning, not a validated educational programme or a uniform protocol. Its pedagogical use requires individualized assessment, collaboration with the person concerned and proportionate safeguarding; the principles should be translated into concrete objectives and methods only after these conditions have been considered.

Second, teachers and pedagogues should treat sexuality education as part of holistic education rather than as an isolated intervention following a behavioural problem. Educational planning should identify the person's developmental needs, communication abilities, knowledge gaps, strengths and risks. Learning objectives may include recognizing private and public behaviour, naming body parts, expressing preferences, understanding "yes" and "no," recognizing unsafe situations, developing friendship skills and knowing where to seek help.

Third, educators and therapists should cooperate with parents and other professionals. Inconsistent messages may increase confusion. A person may receive one message at home, another in an educational institution and a third from support staff. A coordinated approach should preserve confidentiality and the person's privacy while ensuring that those responsible for support share the minimum information necessary for safety and educational continuity.

Fourth, professionals should receive training. The systematic reviews cited above indicate that staff may be uncertain about sexuality and may fall back on risk-averse practices. The training should include disability-sensitive sexuality education, communication, consent, supported decision-making, safeguarding and ethical reflection. The professional's role is neither to authorize the person's sexuality nor to prohibit it. It is to create conditions in which the person can understand, communicate, choose and remain safe as far as their individual circumstances permit.

Fifth, the model has implications for institutions. Residential and educational settings should have clear policies concerning privacy, relationships, sexual expression, prevention of abuse and responses to suspected exploitation. Rules should be transparent and proportionate. They should protect people from harm without imposing blanket restrictions simply because residents or students have disabilities.

Conclusion

The sexuality of persons with disabilities should be understood within the unity of the person and not reduced to impairment, sexual behaviour or biological functioning. The personalist tradition provides a strong theological and moral foundation for affirming the dignity of every person, the value of corporeity, the relational character of human existence and the vocation to love (Wojtyla 1981; Wojtyla 1979; John Paul II 2004). Contemporary disability research adds an important pedagogical dimension: persons with disabilities need accessible education, opportunities for relationships, participation in decisions, support for autonomy and effective protection against exploitation and violence.

The proposed personalist model of responsible support brings these perspectives together. Its central claim is that responsible support is neither mere protection nor unrestricted promotion of sexual expression. It is a form of accompaniment that respects dignity and subjectivity, develops relational competence, provides appropriate sexuality education, supports decision-making, safeguards against exploitation and directs the person towards mature and responsible relationships. The model remains conceptual and has not yet been empirically validated as an intervention. Future research should examine its feasibility and outcomes and develop disability- and context-sensitive applications, including for groups less represented in the literature reviewed here.

This approach has direct implications for parents, pedagogues, teachers, educators and therapists. Their task is to replace the two inadequate extremes of denial and overprotection with an individualized form of accompaniment. Such accompaniment recognizes that autonomy can require support, that vulnerability does not cancel dignity, and that safeguarding is most consistent with personalism when it protects without unnecessarily depriving the person of voice, privacy and participation.

A substantial part of the contemporary research informing the pedagogical dimensions of the proposed model concerns persons with intellectual or cognitive disabilities. Further empirical research is therefore needed to examine how its principles can be operationalized and, where necessary, adapted in sexuality education programmes and professional practice for persons with different types of disabilities. The model proposed here should be understood as a conceptual framework for theological-moral and pedagogical reflection and as a basis for subsequent empirical and applied research.

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