Breaking the silence: mobilizing autonomy.

Experiences, Learnings and Voices of Inclusive CSE

WestWind Foundation

Oriéntame Para Decidir

PUNTO D

Talking about sexuality, reproduction, pleasure, love and diversity in disability continues to be a challenge for many people with disabilities (PwDs), their caregivers, families and professionals. However, silence, overprotection and fear can become enormous barriers to the exercise of these rights for people with disabilities.

Through the **Inclusive Comprehensive Sexuality Education (CSE)** project for children, adolescents and youth (CAY) with disabilities in Bogotá D.C. (hereinafter EIS Inclusive), caregivers, professionals, PwDs and the community participated in training spaces and community activities in the **locality of Suba,** contributing to the transformation of historical taboos.

This initiative aimed at children, adolescents and youth people with disabilities, their networks of caregivers and support professionals, had a general objective: **to strengthen the exercise of Sexual and Reproductive Rights (SRHR) in children, adolescents and young people with disabilities in the locality of Suba.**

Caring with rights is putting dignity at the center!

1.

THE STARTING POINT: AN ECOSYSTEM FOR DIGNITY

Dialogue about sexuality in the context of disability has historically been a terrain dominated by taboo, fear and exclusion. To contribute to the transformation of this reality, the **Orientame Foundation implemented the EIS Inclusive project.**

One of the persistent barriers in the exercise of SRHR are taboos, myths, infantilization and naturalized violence towards PwDs. These ideas define what a PwDs "should do, not do and even feel". Because they are so deeply rooted in Colombian culture, modifying them requires thinking innovative strategies beyond sporadic meetings and class-room like sessions.

The complexity and sensitivity of the thematic axes addressed (which ranged from the urgency of naming the body to prevent abuse, to the demystification of love and pleasure in disability, through the appropriation of regulatory frameworks such as Resolution 1904 of 2017) **required a long-term training process which the project built for PwDs and their caregivers.**

CHARLAS LIBRES DE TABÚ

To get caregivers and professionals to truly question their daily practices, it was essential to combine didactics and playfulness through tools that made it possible to **disarm moral fears and reservations in the spaces of training and dialogue of knowledge;** the power of **film forums** as an empathetic mirror in community spaces, and the **service fair** which facilitated the socialization of SRHR of PwDs to the community in general initiative. Moreover, to strengthen the **SexyDiversos pedagogical suitcase** of the Foundation that works on CSE from an inclusive approach.

Only this continuous and diversified pedagogical mechanism made it possible to transform

FEAR INTO CONSCIOUS ACTION, ENSURING THA EACH IDEA APPROPRIATED BECAME A LIVING ARGUMENT TO DEFEND BODILY SOVEREIGNTY IN THE TERRITORY.

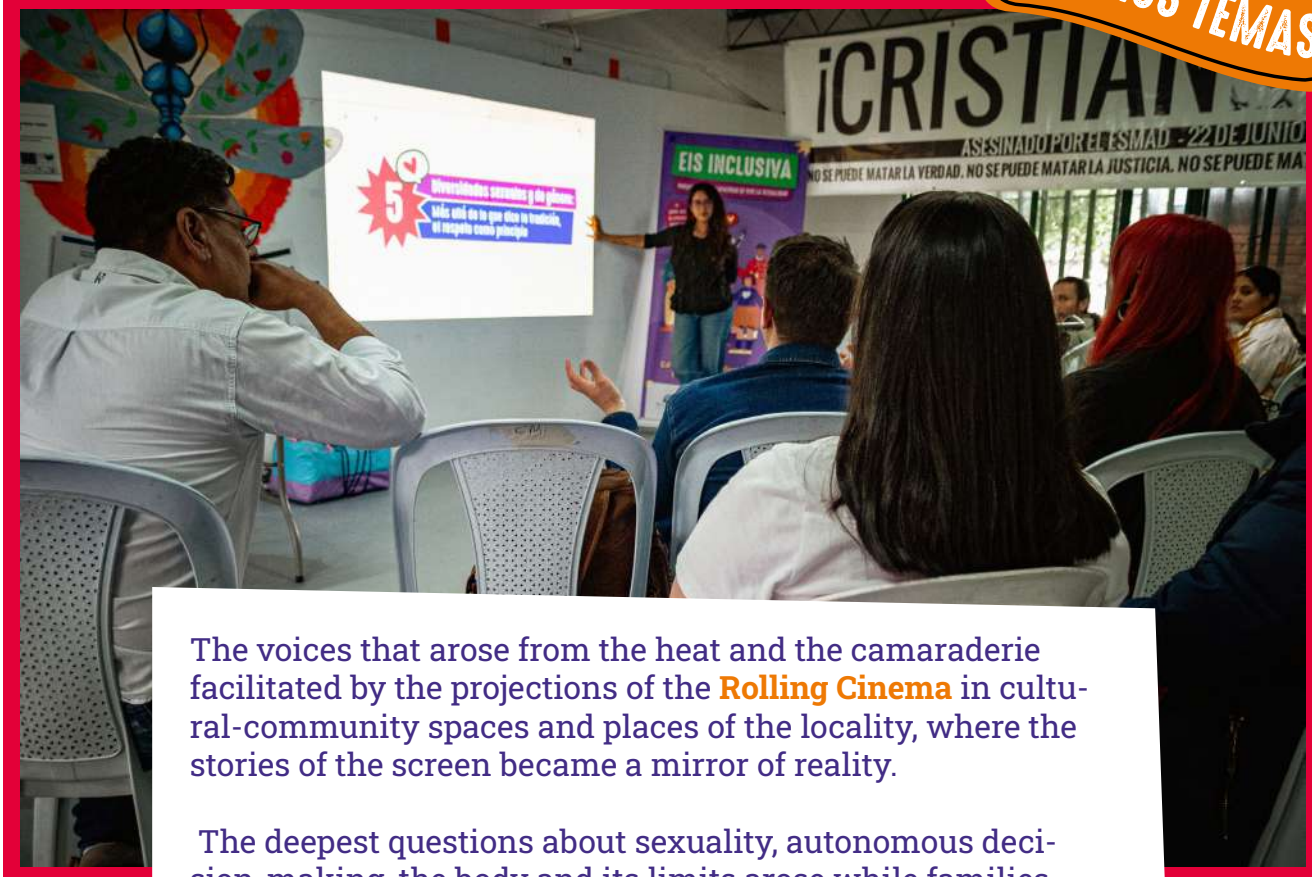
Thus, a real ecosystem of community mobilization was built around the SRHR.

2.

THE ORIGIN OF STORIES: ENCOUNTER, LIFE AND PARTICIPATION

The reflections and learnings presented here were not born out of thin air or on the desk of the professional in charge. They are the direct result of the **community dynamics** that were developed in the day-to-day of the project.

+ UN ESPACIO + MUCHOS TEMAS



The voices that arose from the heat and the camaraderie facilitated by the projections of the **Rolling Cinema** in cultural-community spaces and places of the locality, where the stories of the screen became a mirror of reality.

The deepest questions about sexuality, autonomous decision-making, the body and its limits arose while families, caregivers and professionals interacted in the training spaces. The demands, reflections and recommendations were strongly raised during the fieldwork of the systematization of experience: **the focus group and the qualitative interviews.** It is in these physical and emotional spaces where the community found the security to speak

"A CALZÓN QUITADO"

(speaking entirely openly)

re-think, mobilize and a sense of agency in the face of the exercise of the guarantee of SRHR.

This ecosystem of trust translated into palpable empowerment within the framework of the SRHR. The participants not only internalized information, but also mobilized their sense of agency to transform their daily practices.

Voices were heard that went from **fear to enforceability,** where caregivers began to **name** the parts of the body without euphemisms in the privacy of the home, as Sandro, a caregiver participating in the project, points out:

"(...) THEN IT BECAME CURIOUS TO KNOW WHAT ALL THIS (SEXUALITY) IS LIKE WITH OUR CHILDREN. TO APPROACH EVERYTHING WITH THE RIGHT WORDS."

Similarly, young people began to **establish clear limits and make decisions about their emotional bonds.** Through practices such as open dialogue about consent, the validation of desire, and the use of institutional routes to access contraceptive methods and Sexual and Reproductive Health (SRH) services, these stopped being distant concepts and **became tools for daily use, demonstrating that true comprehensive education materializes when people assume control of their own bodies.**

3.

MOMENTS FOR TRANSFORMATION: FROM TABOO TO SENSE OF AGENCY

Through an exercise of systematization and active listening, the profound impact that the project kickstarted in the participants was accounted for, marking a before, during and after in their way of inhabiting their bodies, the world and exercising their rights:

HOW DO WE GET TO INCLUSIVE CSE?: THE WEIGHT OF OVERPROTECTIVE LOVE.

The starting point of the project participants was marked by imaginaries and barriers in which disability annulled the full exercise of DSDR due to **hyper-infantilization.** The caregivers arrived with deep fears, believing that talking about sexuality was "waking up a monster". From the beginning, some overprotection practices could be identified. **Subtle violence was so naturalized that it was exercised in the name of love and protection, as Luz Bella, one of the participants, recounted:**

> "I LIVED VIOLENCE AND I DIDN'T KNOW IT, I HAD NATURALIZED IT IN MY LIFE... UNTIL YOU KNOW TERMS, YOU REALIZE THAT THIS IS NOT NORMAL."

PwD commented that they felt invisible, carrying the stigma of their medical diagnoses that operate as sentences that 'prohibit' them from desiring and/or deciding about their sexuality.

HOW DO WE LIVE AND WHY DO WE STAY IN INCLUSIVE CSE?: RESPECT AND PLAYFUL-PEDAGOGICAL INNOVATION.

The participants highlighted that the methodological approach that guided the actions of the project was **striking and relatable.** In addition, the development of spaces such as the Rolling Cinema or the training cycle inverted the traditional logic of the training processes, instead of waiting for the population to arrive at the institutions, **education reached their neighborhoods, breaking the physical and social** confinement, from the mandate of an CSE outside the school. In addition to this, they highlighted the down-to-earth attitude of the trainers, based on active listening, mutual respect and empathy, as mentioned by some participants:

This managed to demystify the role of the **"untouchable expert"**, allowing issues such as eroticism, abuse prevention and diversity to be addressed from absolute respect and without morbidity, **creating safe places for everyone.**

"the same professionals who led the process cannot be missing"

(Luz Bella, 2026)

or "continue with the attitude they have to generate more community participation"

(Sandro, 2026).

WHAT CHANGED AND WHAT COMES NEXT FROM THE INCLUSIVE CSE?

FROM OBJECTS OF CARE TO SUBJECTS OF RIGHTS.

The definitive impact of the project was the awakening of **'sexual citizenship',** that is, **that PwDs move towards a free, healthy, safe and pleasurable experience of their sexuality.** Caregivers understood that caring also implies letting go of control and providing tools for consent, ceasing to see PwDs as "eternal children". For their part, **people with disabilities assumed sovereignty over their own bodies.**

The transformation is summed up in the voice of Diego, who proudly recognized the changes in his adult body, or in the posture of other participants who today claim their attractiveness and their right to live as a couple above any ableist stigma. Both processes were accompanied by spaces that provided tools for care, legal, route guidance, among others, for guidance in the exercise of guaranteeing themselves the enjoyment and exercise of their SRHR.

Therefore, we understand the sense of agency in this experience as the practical and collective conquest of sovereignty over one's own life and one's own body. It materialized when PwDs and their care networks broke with the traditional welfare and paternalistic view that historically reduced them to 'objects of protection' or passive assistance, consciously assuming themselves as political subjects with a voice, desires and inalienable capacity for choice. There were intriguing and fruitful discussions, for example, why PwDs have sexualized behaviors and how this should be handled not only at home but in different health, educational and social services, in addition to reinforce the intention of continuing to learn and build dignity.

Far from being an accumulation of information, the spaces allowed the knowledge of their rights and how to exercise them, which meant getting the participants, as Luz Bella beautifully described it,

"pararse en sus propias piernas"

("standing on their own two feet").

a symbolism to make firm decisions about the land, inhabit the public space, question inherited fears and appropriate legal arguments to defend their SRHR in their daily environments. In this way, the sense of agency became the engine that gave meaning to the whole process, as Inés commented "we will always be in constant learning and much more being caregivers of people with disabilities, before no one gave us the opportunity to be in these valuable spaces and this reminds us that they are not always kids" marking the transition from submission and silence to a **living and autonomous sexual citizenship with information for conscious, safe and proper decision-making.**

4.

LESSONS FROM INCLUSIVE CSE: 'NOTHING ABOUT US WITHOUT US'

This project reminds us once again that Comprehensive Sexuality Education is not only a public health issue, but a **tool that improves the integral well-being of individuals, communities and builds scenarios for social mobilization,** therefore it must be diverse and inclusive, because when it considers intersectionality it can become a new form of **social inclusion.**

Today the community that gave life to the project is not passive. From this training ecosystem, the participants built their own and living political agenda from their body, other people and the territory. They have left behind resignation to demand that public policy materialize in dignity, they claim and propose the development of new issues, **such as dignified menstrual management as a non-negotiable right.** They use the regulations as a solid argument of defense before the health system and demand that their autonomy be respected.

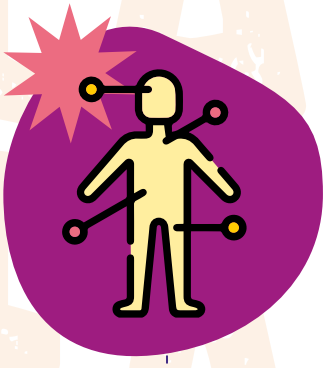
The great legacy of this intervention is summarized in the cry of collective resistance that the participants themselves raise for their future as Fernanda said:

"NO DECISION ABOUT US, WITHOUT US"

recalling the motto of the convention of PwDs. This allowed discussions to be addressed within the framework of the exercise of SRHR, enabling caregivers and professionals to have tools for integration and guidance on the guarantee of their rights and establishing that PwDs can also exercise their SRHR autonomously and in cases accompanied.

5.

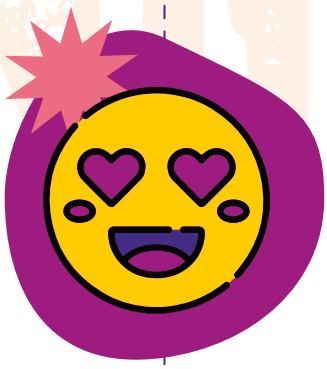
KEY POINTS: THE THEMATIC AND EXPERIENTIAL LEARNINGS OF INCLUSIVE CSE



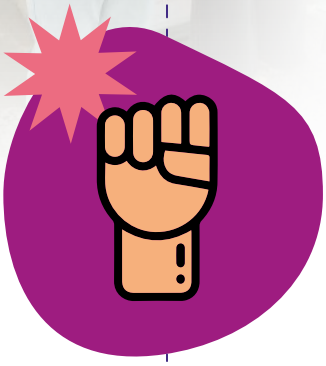
TALKING ABOUT THE BODY, PROTECTS:

Referring to body parts with their real names is not a grotesque incitement; it is a tool for protection, autonomy and prevention of violence.

FALLING IN LOVE WITHOUT ABLEIST BARRIERS:

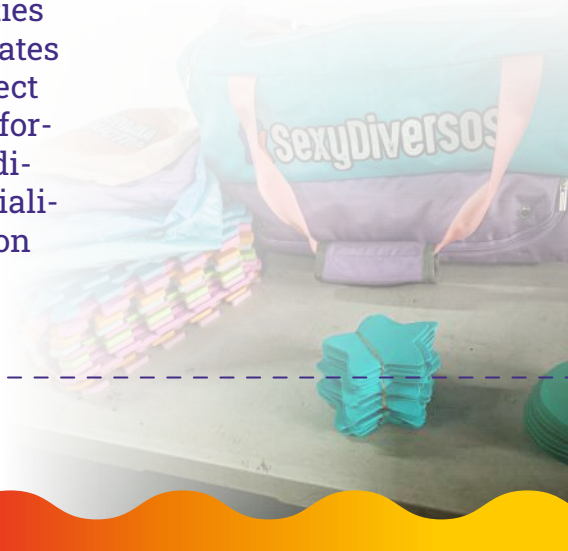


People with disabilities also love and feel attraction. Denying, infantilizing or ridiculing their bonds is a form of violence. Accompanying does not mean controlling but offering tools for decision-making.

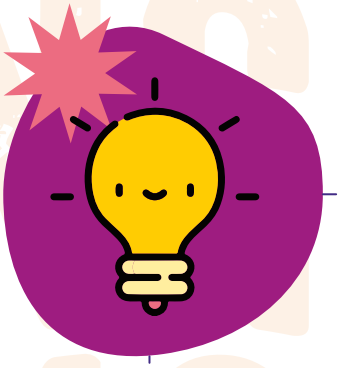


ACCOMPANYING IS NOT DECIDING FOR THE OTHER PERSON:

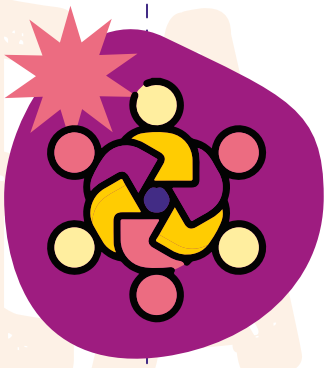
Excluding the person with disabilities from the medical conversation violates their rights. It is imperative to respect their will and provide accessible information that allows generating conditions for transformation and materializing Law 1996 of 2019 and Resolution 1904 of 2017.



PREVENTING ABUSE REQUIRES INFORMATION, NOT FEAR:

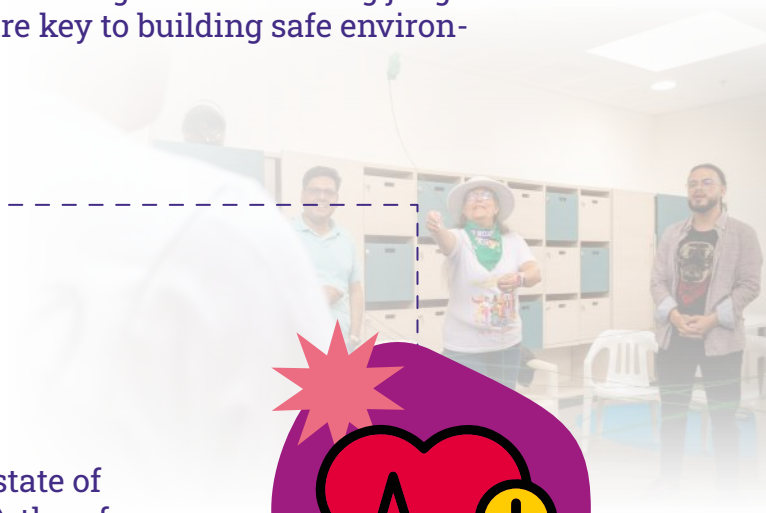


Sexual and gender-based violence prevention is a social issue. It is essential that at home you can talk openly about the subject, strengthening autonomy, avoiding fear and addressing misinformation. Silence educates from fear and misinformation; Talking openly about limits strengthens autonomy and prevents violence.



DIVERSITY CROSSES DISABILITY:

Each person's identity includes multiple identities and dimensions, within which disability, gender identity, gender expression, religious beliefs or ethnicity coexist permanently. Respect, listening and not making judgments or accusations are key to building safe environments and spaces.



PLEASURE IS A RIGHT AND A DIMENSION OF WELL-BEING:

Health in its broad sense implies a complete state of physical, mental and social well-being (WHO), therefore, claiming pleasure, beyond the reproductive or clinical perspective, is a flag of human dignity. Talking about it from a perspective of respect and well-being allows us to address privacy and self-care without resorting to punishment or blame.

TOOLS AS BRIDGES OF FREEDOM:

The training cycle, the **Rolling Cinema, the service fair and even the SexyDiversos** suitcase managed to break down technicalities and decentralize education, demonstrating that if people cannot come to us, **we reach them.** It is worth noting that, during the process, the participants expressed a pressing need, the urgency of having more spaces and concrete didactic tools that would facilitate the approach to CSE, without falling into exclusive technicalities or intimidating discourses.

In response to this need, the SexyDiversos suitcase took center stage, a playful pedagogical tool designed to **promote access to CSE for people with disabilities and their caregivers within the framework of Sexual and Reproductive Rights.** This suitcase functioned as a cultural mediation device that allowed abstract concepts about the body, pleasure, diversity, abuse prevention and reproductive autonomy to be 'grounded' in an everyday, respectful and fully accessible language, in addition to promoting dialogue around their rights, being much more than a support material, opening the doors to bring CSE from an inclusive approach to PwDs and their caregivers.

6. CONCLUSIONS

- Recognizing that historical barriers in the exercise of SRHR and care practices have been fields of overprotection and violation was fundamental to transform care practices, understanding that this was not born of bad intentions, but of a profound lack of knowledge.

- Both caregivers and professionals acted from fear, stigma and lack of access to a CSE based on rights, not having adequate spaces or pedagogical tools, silence and hyper-infantilization had become their only care mechanisms. By opening spaces for information, respect through participatory methodologies, they demonstrated that it **is possible to unlearn these ableist logics and build support networks that truly guarantee human dignity.**

- With the support of the SexyDiversos suitcase, we have built a safe space for PwDs, caregivers and professionals that allows us to continue working to strengthen the exercise of SRHR in PwDs and the opportunity to provide protective and safe spaces with close and adapted information through material adjusted to people's needs. However, this awakening is only the beginning. The impact achieved serves as an unavoidable call to action to continue promoting, expanding and sustaining the spaces of a CSE with an inclusive approach in the territories, therefore, from the foundation we will continue to work together with professionals, caregivers and PwDs for the guarantee of their SRHR.

- The social mobilization generated by the participants requires us to continue accompanying vital agendas that emerged in this process. **From the urgent demand for dignified menstrual management, but also the defense of pleasure, the recognition of diverse identities to the structural prevention of violence.**

- The central lesson learned from the implementation of this project was clear: **caring is not controlling; caring is accompanying, informing, listening and letting go of control in order to respect autonomy. That is why at the Oriéntame Foundation we continue to be committed to a truly inclusive, situated and rights-based CSE.**

To stand for the Sexual and Reproductive Rights

of people with disabilities is a long-term commitment that reminds us that care, in its maximum and most beautiful expression,

is to provide freedom!