Ain't Talkin' 'Bout Love:

Intellectual Disability and Broad Sexual Exclusion

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A Thesis Submitted in Partial Fulfilment of the Requirements for the Degree of

Doctor of Philosophy in Philosophy

University of Warwick, Department of Philosophy
March 2023

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Acknowledgements

I struggled to finish this dissertation. Finding myself in a foreign country during a pandemic, newly diagnosed with ADHD, with my home country's borders closed and my closest friends and family 10,000 miles away was hard. To put it lightly. So, when I say that I could not have done this without the support of my friends in the UK, I really mean it. I would have quit without you all. Special thanks to Ida Lübben and Will Gildea for your friendship and for housing me when things got tough, to Amina Choudhury for always understanding me so well, to Giulia Luvisotto and Ahileas Rokni for the not-so-friendly competition, to Johan Heemskerk for looking out for me, to Katie Berlin and Rob Kropholler for guarding my possessions, and to my Philosophy and EPQ colleagues for being much-needed distractions. And a very special thank you to my husband Chris Noonan; you helped me find joy and meaning in this project again – I am so very grateful to you for that and to have you in my life.

I also thank my witches back home, Antonia Smyth, Aurora Killey, and Emma Atherton. Thank you for housing me when I could make it back to Australia and for making me feel connected even when I'm half a world away. Thanks, too, to Erin Beilharz for your endless support; I don't know what I'd ever do without you.

My sincerest thanks to Matthew Clayton, Fabienne Peter, and Kimberley Brownlee. Thank you all for being so generous with your time and your feedback, and for knowing when to be patient and when to push me. Your support and insights have been invaluable. Thank you as well to Daniel Halliday for your ongoing support throughout my academic career.

To my parents, Les and Leonie Evans. You've given me so much to be grateful for – your love and belief in me above all else. Thank you for making me feel like I can change the world for the better.

To my sister, Laura. I owe my sense of purpose to you.

Declaration

All material contained in this thesis is my own work.

The work in this thesis has not been submitted for a degree at any other University.

Sections Two and Three of Chapter Five draw on background research from my Master of Arts Dissertation (B. Evans, 2018) and my published article 'Educational Justice and Disability: The Limits of Integration' (B. Evans, 2021).

Abstract

This dissertation addresses questions of sexual inclusion and epistemic justice, focusing on the claims and interests of intellectually disabled people. Specifically, it asks whether intellectually disabled people have a right to meaning in their sexual lives and whether the right to sexual inclusion is distinct from the right to sex. The project argues that some intellectually disabled people, through no fault of their own, are *broadly sexually excluded*. Broad sexual exclusion involves more than just non-access to sex; it denies individuals access to (solo and interpersonal) sexually meaningful experiences and excludes them from the sexual life of their society.

But what do we really owe to each other as sexual beings? How ought society recognise and provide sexual access, knowledge, and opportunities to intellectually disabled individuals? Grappling with these complex questions, this dissertation draws on *script theory* and the theory of *hermeneutical injustice* to diagnose problems in the appropriate social recognition of the sexual agency of intellectually disabled people. Specifically, this dissertation offers a new understanding of *'sexual scripts'* as diagnostic tools for recognising and resolving certain forms of sexual injustice.

It is argued that sexual scripts shape expectations around identity group members' sexual lives. These scripts can be such that some individuals are not recognised as properly belonging within sexual scenes. Instead, their sexuality and sexual expression are understood as passive or deviant. In response, their sexual lives may become highly regulated and vital sexual epistemic resources may be withheld or corrupted. In addition to perpetuating broad sexual exclusion, this can amount to a sexual hermeneutical or a sex-educational injustice.

The revision of desexualising sexual scripts is an integral part of thinking through reforms to education and social policy. So too, revising desexualising scripts can better enable intellectually disabled people to understand their sexual experiences and to pursue meaningful intimate relationships. While individuals can independently challenge and replace unjust scripts, revising scripts can best be achieved through structural changes that promote empathy and social inclusion. Three promising paths for securing broad sexual inclusion are offered, namely sexual and educational integration and 'liberationist relationships and sexuality education'.

Abbreviations

DRM: Disability rights movement
ID: Intellectual disability
RSE: Relationships and sexuality[1] education

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[1] Educational policy and literature have shifted away from the traditional biological/reproductive focus of '*sex education*' and towards '*sexuality education*'. The adoption of the term 'sexuality education' throughout this dissertation intends to capture a more holistic understanding of the subject's purpose, content, and pedagogy (Fitzpatrick, 2021).

Introduction

> *The disability rights movement has never addressed sexuality as a key political issue, though many of us find sexuality to be the area of our greatest oppression. We may well be more concerned with being loved and finding sexual fulfilment than getting on a bus.*
>
> (Waxman & Finger, 1991, p. 1)

> *All other aspects of who they were was swallowed [by their identity as 'disabled'] - their sexuality, their religious identity, and their racial or ethnic identity.*
>
> (Stefan, 2003, p. 1363)

Ain't Talkin' Bout Love

"I don't think I've got one," MC responded to the interviewer (MM). MM had just explained what a clitoris was to the women in her sex education study, running across two learning disability services in South-East England. The 17 women in the program were equally distributed between the ages of 19 to 55. "I need to find out if I've got one", EY added. "I haven't got one of those," TY shrugged. MC was similarly unaware that women might experience sex as anything but painful. "I don't think it hurts men, but it is supposed to hurt a woman. I don't know if that's right or not." MM asked TC next. "Is sex supposed to hurt or not?" "Yes", TC responds, "it's meant to hurt." "Is it meant to hurt men as well?" "Just women" "Why is it meant to hurt women?" "I don't know why" (McCarthy, 1999, pp. 136 & 143).

While this exchange took place more than 20 years ago, it remains today both unusual and completely ordinary. It is ordinary in the sense that intellectually disabled people are still rarely able to answer basic questions regarding sexual health, pleasure, risks, relationships, their bodies, or the legal and emotional aspects of sex (Isler et al., 2009; Jahoda & Pownall, 2014; Whittle & Butler, 2018). It is ordinary because disabled people still commonly hold harmful or very harmful beliefs about sex and relationships – being harmful to themselves and others (Brantlinger, 2001; Hassouneh-Phillips & McNeff, 2003). It was and it remains unusual that a discussion about sexual pleasure was had with intellectually disabled people. It was and still is unusual that sex, let alone pleasurable sex, was discussed at all.

When conversations about sex and disability occur, it is more often with shock or disapproval than mutual recognition of a shared status as sexual beings. For many, sex and disability seem more incongruous than they do intersectional: the confused, surprised, audacious questions “Can you have sex?”, “How do you have sex?”, “What exactly do you…do?” are frequently asked of people with physical disabilities concerning sex. Many still would not even think to ask such a question to those with intellectual disabilities: of course, they don’t have sex! Disabled people, especially those with intellectual disabilities, are often assumed to be incapable of or uninterested in sex (Esmail et al., 2010). Thus, any discussions of sex and sexuality that do consider the topic of disability are often laden with “protectionism, paternalism, and judgment” (Winges-Yanez, 2014, p. 114). Yet we are so obviously wrong about disabled people’s sexualities. Or perhaps merely wilfully ignorant.

This dissertation will argue that many intellectually disabled people, through no fault of their own, are unjustly excluded from sexual life. For many, this exclusion does not simply mean that they lack access to sex. Critically, for many intellectually disabled people, their exclusion from sexual life can also mean that they lack privacy, control, and agency over their sexual and romantic life. Further, intellectually disabled people are rarely given the support needed to understand their sexual lives or rights (Brolan et al., 2012), nor the opportunity (Eastgate, 2008), education, advice, or resources to explore their sexuality and sexual expression (Adams, 2015).

Historically, the sexual exclusion of disabled people was deeply entrenched through formal barriers to sexual inclusion. The institutionalisation and sterilisation of disabled people saw that their sexual lives (and lives more generally) were highly controlled, regulated, and suppressed. Today, formal barriers are typically less extreme, but they are still pervasive and limit sexual freedom. For example, disabled individuals may be legally prohibited from engaging in interpersonal sexual acts if they cannot pass capacity to consent tests. This is not a legal standard other identity groups are asked to pass. Individual support plans may also lack provisions that would support intimate relationships (limited opportunities for privacy or establishing and maintaining relationships, failure to provide accessible sexual health support and advice), or they may explicitly prevent sexual activities (open door policies or banning guests in supported accommodation). Despite progress, the sexual exclusion of many intellectually disabled people remains broad and pervasive.

So, what ought to be done? Some might think the answer straight-forward; if there are formal barriers to sexual life faced by disabled people, then let us remove these barriers! Let us simply give due weight to the capacity of disabled people to set their own ends when it comes to sexual life. But things aren't straight-forward. While there exists a myriad of formal barriers to sexual life, these are not the only barriers faced by disabled people. Rather, the underlying, *informal* barriers can often limit the effective sexual freedom of individuals in ways that would persist even if formal barriers to sexual life were dismantled.[2] These informal barriers are attitudinal in nature; they are the underlying ableism, paternalism, and ignorance that prevent disabled individuals from being seen, understood, and respected as sexual beings. If we are to meaningfully dismantle the formal barriers that wrongfully limit sexual inclusion, then we must contend with these underlying effective barriers.

When it comes to sexual life, it matters whether individuals want to or believe we should include disabled people in sexual life. Of course, it matters whether individuals are formally able to be in a sexual relationship with group members. But being formally *able* to be in a relationship with an identity group member is neither necessary nor sufficient for then *wanting* to be in a relationship them. So too, that group members are *allowed* to engage in sexual acts is neither necessary nor sufficient for others truly believing that group

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[2] Removing formal barriers to sex is not sufficient, nor is it always necessary or desirable. Formal barriers are not always the enemy. Rather, sometimes certain formal barriers offer protective measures that support individuals in reducing sexual harm and vulnerability. Thus, we may in fact want to keep certain formal barriers in place.

members *ought* to engage in these acts, nor that group members will be provided opportunities to participate in sexual life. Effective freedom requires attitudinal changes and recognition that disabled people are sexual beings capable of leading sexual lives.[3] A central goal of this dissertation is attending to these far more complex barriers to sexual inclusion.

As disability advocate Mik Scarlet argues, "the way society thinks about disability [...] for disabled people, it means they grow up in an atmosphere that makes them believe that they just aren't sexy or potential sexual partners, and for the non-disabled community, it plays a part in continuing the prejudice around disability [...] we should be fighting for a world where disabled people are seen and see themselves as viable sexual partners" (cited in Liberman, 2017, p. 5). Note again, it is not just a lack of sex that is of concern. It is the capacity to recognise oneself as a sexual being, and to be recognised as a sexual being by others. Here, the sexual inclusion that intellectually disabled people are calling for is much richer than access to sex. Rather, as Family Planning Queensland found, the sexual inclusion often desired by intellectually disabled people is one where they are "recognised as people first", worthy of intimacy and connection, and that "they need support to develop and maintain relationships" (Office of the Public Advocate Queensland, 2015). Regardless of disability, this is the sexual inclusion that many of us want; to be seen and respected as sexual equals.

So why are intellectually disabled people so often sexually excluded? Why do we sometimes overlook the sexual status of entire groups? Why do we overinflate the vulnerability of some and forget the interdependencies of

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[3] Note that part of the reason that sexual exclusion is wrongful here is because, in the case of disability at least, it can arise from a fundamental disrespect for persons. This disrespect can be grounded in a failure to recognise disabled people as adults, capable of setting their own ends. It can involve a failure to recognise that disabled people are equals; they are people with their own important needs, desires, interests. Within the context of sexual life, this can involve a failure to recognise that disabled people are individuals capable of giving and receiving love, intimacy, and pleasure. Part of treating others as equals requires a level of recognition of and respect for the socio-sexual nature and interests of individuals. This does not mean that sexual life should be forced upon anyone or that sexual intercourse is a central life goal for most people. Rather, an interest in sexual life is distinct from and broader than an interest in having sexual intercourse. Sexual life includes access to the socio-sexual and sexual-epistemic resources needed to lead a sexually health life, to set one's own sexual ends, and to understand, communicate, and realise one's own and others' sexual ends and interests. This necessarily includes respect for individual ends related to asexuality, celibacy, sexual boundaries, non-consent, and so on. I pick out sexual life because, inclusion in sexual life is an end that many (if not all) people have, and disabled people are often systematically excluded from realising this end.

others? In Chapter Two, working from recent philosophical analyses of scripts (see, e.g., Dougherty, ms 2021), I suggest that individuals may fail to recognise (or may recognise only as inappropriate) the sexual status of those whom '*sexual scripts'* paint as sexually vulnerable or sexually dangerous. *Scripts* can be understood as culturally shared and socially normative blueprints or templates for interpersonal interactions. Those who fall outside these blueprints for 'proper' or 'appropriate' interpersonal interactions find their sexuality obscured from external recognition. So too, their *sexual subjectivity*[4] may be repressed or weakened, and their access to *sexual hermeneutical resources*[5] will be reduced.

In Chapters Three and Four I argue that unjust sexual scripts drive our failure to recognise others as sexual beings. Failed sexual status recognition often results in a lack of sex for the denied. This can make lives go worse, but individuals can survive without sex. The harm of unjust sexual scripts runs deeper than non-access to sex. Rather, the failure to recognise another as a sexual being is *to fail to recognise them as an equal*. In very practical terms, I will argue that this failure regularly results in a series of mutually reinforcing injustices.

Specifically, in Chapter Three, I argue that unjust sexual scripts result in inadequate or problematically withheld relationships and sexuality education (RSE) for and about the denied (a *sex-educational injustice*). I also argue that unjust sexual scripts can see critical sexual hermeneutical resources[6] problematically withheld or corrupted (a *sexual epistemic injustice*). In Chapter Four, I argue that unjust scripts and sexual epistemic injustice can result in the exclusion of individuals from meaningful sexual experiences and

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[4] Sexual subjectivity is "a person's sense of [themselves] as a sexual being" (Plante, 2007, p. 32). "This involves more than our arousal patterns and our conduct or sexual choices. It also includes complex constellations of beliefs, perceptions, and emotions that inform our intrapsychic sexual scripts and affect our capacity for sexual agency" (Alcoff, 2018, p. 111).

[5] I define *sexual hermeneutical resources* as the meaning- and sense-making resources that individuals draw upon to interpret, understand, and act in what they or society understands to be sexual or intimate ways. See Chapter Three for detail.

[6] Drawing on Miranda Fricker's (2007) concept of *hermeneutical injustice*, I define a *sexual hermeneutical injustice* as an injustice that sees individuals wronged in their ability to comprehend or communicate their sexual experiences intelligibly. As a result, their capacity to act on, influence, generate, protest, or contribute to *sexual hermeneutical resources* is wrongfully diminished. See Chapter Three for detail.

from the sexual life of their society, limiting their access to a range of important sexual goods (a *broad sexual exclusion*). The set of sexual injustices under examination in this thesis give rise to, are reinforced by, and partially constitute broad sexual exclusion. Thus, the injustices are mutually reinforcing; they each deprive individuals of the opportunities, resources, and experiences needed to challenge and overcome their broad sexual exclusion. Once established, exclusion can be all that is needed to maintain the grip of injustice on group members' sexual lives.

Notably, what I term a 'broad sexual exclusion' recognises that access to the physical act of sex itself only provides a fraction of the sexual goods that make individual lives go well. What we owe to each other as sexual beings is not sex; it is meaningful recognition and inclusion in sexual life. The interrelated injustices detailed across Chapters Two, Three, and Four limit sexual autonomy, subjectivity, and well-being. They can also undermine capacities for establishing respectful intimate relations between equals and can leave individuals deeply vulnerable to harm, exploitation, abuse, and violence.

In Chapter Five I argue that sexual script theory does not just help us understand why these injustices arise and how they become self-sustaining. Importantly, it can also help us understand what justice might demand that we do in response. To challenge and replace unjust sexual scripts, I argue that we ought to adopt a structural approach that supports the development of empathy and general social inclusion. This can be done through *sexual access*, *educational integration*, and *liberationist Relationships and Sexuality Education* (RSE). Importantly, there are multiple justice-based imperatives and significant empirical research that independently support these approaches. While these approaches are not without risk, if pursued cautiously and in combination, they provide a means to directly challenge unjust scripts and ensure that they do not get a grip on individuals in the first place. This provides a path towards establishing a more sexually just and inclusive society.

However, before pursuing this line of argument, I need to establish precisely to whom I refer when I claim that many intellectually disabled people, through no fault of their own, are unjustly excluded from sexual life. *Intellectual disability* picks out a vast and highly heterogeneous group. As such, my claim needs to be precise if it is going to be accurate and helpful in discussions of sexual justice. After all, not all intellectually disabled people are sexually excluded and, of those that *are* sexually excluded, not all will be unjustly excluded. I need to establish with whom justice ought to be concerned to better understand the nature, origin, and potential resolutions for injustice. Chapter One, thus, provides this necessary foundational argumentative step – asking and answering the question "what is *intellectual disability*?"

Terminology

Two notes before I begin: Firstly, the use of *person-first* (e.g., people with disabilities) or *identity-first* (e.g., disabled people) phraseology remains contentious in disability literature. The language we use to describe disability is often influenced by political persuasion, group affiliation, and well-meaning intentions — to be inclusive, to humanise, not to offend, and so forth. Person-first language exemplifies these intentions. By placing the person first and the disability second, person-first language intends to emphasise the "common humanity" among people with and without disabilities (Shakespeare, 2014, p. 19).

According to proponents of person-first language, phrases like "blind people", "an autistic person", or "disabled people" emphasise disability over personhood. Consequently, people with disabilities are dehumanised and defined by their disabilities (Wasserman, 2001). Person-first language is typically associated with "politically correct" language, signalling a shift away from the derogatory terms that have historically been used to describe disability (L. Davis, 2002; Shakespeare, 2014; Titchkosky, 2001; Wasserman, 2001).

While widely adopted as politically correct outside of the disability rights movement (DRM), person-first language is openly criticised by many disability groups and scholars. As Elizabeth Barnes correctly points out, identity-first language mirrors our usage of other terms used to pick out minority social groups "—for example, we say 'gay people' not 'people with gayness'" (2016, p. 6). The claim that identity-first language implies that the person is defined by their disability is no more accurate "than saying that someone is a gay person means that sexuality defines who they are" (2016, p. 6).

For many, in its well-meaning attempt to avoid defining people by their disability, person-first language can instead pathologise disability. The person-first language implies that "disabilities are individual deficits" (Shakespeare, 2014, p. 19; see also Linton, 1998; Titchkosky, 2001). At the same time some may elect to use person-first language to signal that a person is disabled because something *socially* has gone awry, i.e., a person doesn't simply have an impairment or a difference but has *been disabled* by her society in some way.[7]

However, it is not clear that person-first language successfully meets its social and political goals. Suppose we try using person-first language for other identity groups. In that case, it is perhaps easy to see why some take issue with its usage in the case of disability: "a person with gayness" or "people with blackness"[8] can leave the identity sounding negative — like a disease that can or ought to be exorcised. This is not to mention the more harmful person-first phrase, "person *suffering* from a disability", a phrase almost universally rejected by the DRM.

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[7] There are points in Chapter One where I internationally use person-first language for this reason. Within context, the language better captures the political or conceptual understandings of the term '*disability*' discussed in the Chapter.

[8] It is worth noting that common social and political terminology often utilise person-first language to emphasise the complexity of identity rather than the ability to separate a negative and socially imposed identifier from personhood. For example, 'person/people of colour' emphasises the complexity and solidarity of Black and minority ethnic groups. So too, recent shifts in terminology such as 'people with penises' or 'people with vulvas' intends to refer more accurately and inclusively to individuals by emphasising the distinction between sex and gender. 'Person with a disability' can and is often used with similar socio-political intention. This political function, however, leaves the term strongly tied to social conceptions of disability (see Chapter One). As a result, in the case of disability, the terminology is less helpful in philosophical analysis as it directs discussion and understanding along certain lines.

The attempt to communicate that a disabled person is more than their disability can instead imply that it is somehow possible to separate the experience of being disabled from an individual's identity and lived experience. This leads us (and the DRM) back to identity-first language. Separating identity from lived experience is not possible for many disabled people. Rather, for many individuals I discuss throughout this dissertation, disability is an inseparable part of their identity.[9] For others, identity-first language better captures their experience of disability — disability being a source of culture, pride, and empowerment (Barnes, 2016; Shakespeare, 2014; Wasserman, 2001).

I find these arguments for identity-first language persuasive. Saying this, language is constantly changing; what is widely considered inoffensive today may be seen as offensive tomorrow. While meaning changes, I do not find the arguments for identity-first language persuasive *simply* because the DRM typically considers it less offensive. The language also rings true for my personal experience and for many of the experiences of disability that I examine in this dissertation. Of course, disability is incredibly heterogeneous, so this may not be true for all disabled experiences.

Given my cultural background and the culture in which I now write, I will avoid *identity-only* language ("the disabled"). Again, testing this phraseology, "the disabled" against other identities results in terms that were used to intentionally other and dehumanise — "the Jews", "the Blacks", and "the gays". Some groups accept, embrace, and have reclaimed these approaches to language (e.g., "ADHDers" and "autists"). Given the heterogeneity of the physical and mental states labelled as disabilities, identity-only language is more common within individual labels than across broad categories. Since intellectual disabilities belong to the latter group, I will avoid identity-only terminology.

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[9] Iris Marion Young argues that "a subject's particular sense of history, sense of identity, affinity, and separateness, even the person's mode of reasoning, evaluating, and expressing feeling are *constituted* at least partly by her or his group affinities" (2014, p. 95).

Like so much of what we read in academic writing, my approach should not be considered an exemplar for interacting with real people.

Secondly, while it is likely obvious already, I will note that this dissertation discusses sex and often sex involving people without the legal capacity to consent to sexual activity. There are risks in so doing. Namely, by examining illegal sexual activity, I could be interpreted as encouraging or supporting deeply immoral and criminal actions. No section of this dissertation ought to be taken as encouraging or supporting sex with or between anyone unwilling or unable to consent to sexual activities. I do, however, wish to acknowledge that many of those left unable to consent to sex are not in this state by necessity. Instead, we have failed to provide them with the skills, knowledge, and support needed to realise such a capacity. Again, this is not true for all sexually excluded individuals, but it will be true for many.

Finally, I would point out that sexual ethics' near-exclusive focus on consent obscures the capacities and sexuality of those unable to consent. Acknowledging the sexuality of those unable to consent to sex does not entail or promote engaging in sexual activities with these individuals. Instead, it simply asks us to consider what else we might owe to each other as sexual beings. It asks us to separate the question of consent from the question of sexual inclusion.

Chapter One: What is Intellectual Disability?

If there is no agreement about how to identify those that are disadvantaged by the experience of disability, comparison cannot be made, and inequality can neither be identified, measured, nor remedied.

(Leonardi et al., 2006, p. 1220)

Disabled people have always existed, whether the word disability is used or not. To me, disability is not a monolith, nor is it a clear-cut binary of disabled and non-disabled. Disability is mutable and ever evolving.

(A. Wong, 2020, p. xxii)

Introduction

In any discussion of justice, it is important to establish with what or whom justice ought to be concerned. To this end, I adopt the view that justice ought to be concerned that some disabled people are, through no fault of their own, excluded from sexual life. But before I can establish the origin, nature, and extent of this exclusion and whether it ought to be understood as an injustice, I need to establish more precisely the group picked out by the term 'disabled people.'

After all, establishing to whom I refer when I talk about disabled people might tell us something about the demands of sexual justice. For example, there will be justice implications if *disability* is understood as a state that undermines the capacity to consent to any sexual activity. Here, if the capacity to consent is essential for full sexual inclusion, and disabled people lack such capacity, then the sexual exclusion of disabled people might be thought just. Equally, there will be sexual justice implications if disabilities do not undermine these capacities. So too, if we think these capacities ought not to be the determining factor in sexual inclusion or exclusion.

Thus, knowing what '*disability*' is and what effects it might have on sexually relevant capacities can help us understand something of what sexual justice might demand. Of course, a conception of *disability* cannot tell us everything – it must be supported by a theory of just sexual inclusion. But that is a substantial task best saved for the remainder of this dissertation. Instead, I begin by answering the question – "what is *disability*?"

So, "what is *disability*?" Well, unfortunately, the question does not have a simple answer. As Alice Wong emphasises in the opening quote, *disability* is complex, evolving, and highly heterogeneous (2020, p. xxii). This creates a significant challenge for understanding what *disability* is. This Chapter, however, will argue that we do not need a perfect definition; all we need is a conception that is plausible, respectful, and helpful within discussions of sexual justice. To this end, I argue that '*disability'* as an umbrella concept[10] is not functional within discussions of sexual justice. The effects of *disability* are too broad and distinct to direct a focused analysis. Instead, we ought to narrow our focus. As such, I narrow my focus to *intellectual disability,* for reasons I explain in Section One.

In Section Two, building on Linda Barclay's (2016, 2018) arguments, I provide a set of paradigm cases and success criteria for establishing an *adequate* and *functional* conception of *intellectual disability*. In Section Three I then consider how dominant models of *disability* (*social*, *medical*, and *interactionist)* fair against these criteria and paradigm cases. I argue that a *spectrum-based interactionist account* of intellectual disability is sufficient for my purposes, being plausible, respectful, and sufficiently guiding within discussions of sexual justice.

1. What is Disability?

The question "what is *disability*?" has been asked many times over the last 30 years of disability scholarship and yet no consensus has been reached. Instead, debate fluctuates between two extremes; on one side disability is understood

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[10] An umbrella concept that includes physical, cognitive, communicative, developmental, intellectual, and other forms of disability.

along essentialist biomedical lines (the medical model[11]) and on the other disability is socially constructed – individuals are disabled by society's failure to accommodate certain kinds of bodies and minds (the social model[12]). Today, these models of disability are best understood as offering "important parameters for understanding competing interpretations of disability" (Smith, 2008, p. 15). Moderate versions of both models exist and are regularly adopted deliberately or inadvertently in scholarly and daily usage. However, in their purest or most extreme forms, they may be most accurately understood as archetypes of dominant social and political discourses on disability (Shakespeare, 2006b). The answer to what *disability* in fact *is* likely falls somewhere between these extremes[13]; where precisely, remains up for debate.

But why is finding an agreed-upon answer to the question important? Our intuitions roughly tell us who is picked out by the term; isn't that enough to be getting on with? Leonardi et al. (2006) argue that we need something precise because the word has a socio-political function. In common usage, *disability* can function[14] along socio-political lines to pick out a potentially disadvantaged group. Agreeing on who this group is allows us to assess the source of potential disadvantage and to propose targeted resolutions. In other words, with a definition of *disability* in hand, claims for disability justice can be made and actioned. Leonardi et al., however, are mistaken to think we need a consensus on some perfect and precise definition of *disability*. Finding the 'perfect' answer to this question is not nearly as important as finding an adequate and functional concept.

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[11] The medical model understands disabilities along biological lines; someone is disabled if they have an acute impairment that negatively impacts their functioning (see Section 3.1).

[12] Very briefly, the social model holds that disability is socially caused. Individuals may have certain relevant impairments or differences, but they are disabled *by society* (see Section 3.2).

[13] For example, in moderate versions of the models or by a 'centrist' model. For example, the interactionist models offer a conception of disability that draws on elements of medical and social understandings of disability. They provide biopsychosocial conceptions of disability, suggesting that disability arises from some interaction and conflict between the physical or mental state of an individual, their social context, and the frustration of their personal goals (see Section 3.3).

[14] This does not imply that common usage functions well. Disability is not a clean proxy for disadvantage. Disadvantage is likely not the first adjective anyone would use to describe Beethoven, Frida Kahlo, Stephen Hawking, Albert Einstein, Cher, Daniel Radcliff, Stevie Wonder, or Franklin D. Roosevelt. While common usage is not sufficiently nuanced to adjudicate justice debates, it remains an important starting point for understanding roughly what disability is thought to be and, subsequently, how disabled people might be treated or what experiences might be common amongst the group picked out by the term.

As Leonardi et al. themselves recognise – we need an explanation that helps us identify, measure, and remedy unjust inequalities (2006). Thus, all we need is a plausible conception of *disability* that serves a purpose within a given context — if it can do this well, then that is enough to be getting on with. To this end, as Barclay has argued, it would be a mistake to dwell too long on seeking precision or adjudicating debates between fields (2016, 2018). After all, as Wong points out, *disability* is not a monolith. Rather, it is a cluster concept. Whom the term picks out will vary (*and should vary*) based on context and purpose. If we combine all these possible contexts and purposes, perhaps we might have the full answer to the question 'what is *disability*?', but such a broad, evolving, and unwieldy answer does not serve my purposes. So, it is not an answer that I will explore or adopt.

Instead, I need an adequate and functional conception of *disability*, which can be used to examine and advance sexual justice. This means my definition cannot stray so far from ordinary usage that I have simply changed the topic of conversation.[15] My conception must also be clear and easily deployed within discussions of sexual justice. My conception does not need to include every individual that might be considered disabled in some way. This is because not every disabled person is sexually excluded. Equally, I do not need it to capture all individuals who are sexually disadvantaged, because not every sexually disadvantaged person is disabled.[16] Instead, my concept need only include those who are disabled in a way that results in sexual disadvantage along some meaningful line.

Given that my concern is one of justice, I take it that it is also important that my conception of *disability* is not itself unjust or actively harmful. That is, even if a conception of *disability* offers a plausible or functional approach to understanding and advancing sexual justice for disabled people, it ought not to do so in a way that reinforces the very problems it seeks to resolve. For example, current *'right to sex'* debates in political philosophy have been

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[15] Some anchoring to common usage also allows for better analysis of the disabling features of the label itself; that is, we can understand how and why certain groups come to be labelled with a disability and what social and psychological impacts this label might then have on sexual life.
[16] At least not per the term's common usage.

accused of using *disability* as a proxy for sexual disadvantage in a way that harms disabled people and undermines the pursuit of sexual justice (see e.g., Appel, 2010; di Nucci, 2011, 2017, 2020; Thomsen, 2015).[17] It is for this reason that I take it that any successful answer to the question "what is *disability*?" ought to be at least minimally bound to a principle of dignity and respect. By this I simply mean that any functional conception of *disability* for the purposes of sexual justice, ought not to worsen or reinforce injustice.

With these goals in mind, I will turn first to examine the common usage and evolving function of the term *disability*. So doing will help ensure that my conception of *disability* is sufficiently tied to common usage. From here I will narrow my focus to intellectual disabilities before expanding upon the success criteria that I have briefly outlined in the two paragraphs above.

1.1. The Evolution of the Term

The term 'disability', as we know it today, is relatively recent. The term's repurposing began in the last century: becoming a referent for a particular group of people rather than, as per previous usage, a general 'inability' or a restriction to one's rights or freedoms (Foucault, 1980). This repurposing was rooted in eighteenth and nineteenth-century developments in clinical-medical and scientific discourses. Medicine saw the body and mind become things to be examined, manipulated, studied, cured, and transformed. Science sought to classify, categorise, and understand what is (or is not) the 'norm' (Canguilhem, 1966). In the 1830s, Adolphe Quetelet hypothesised that one could take the sum of all characteristics in any given group of people and find their average (L. Davis, 2018). This average could serve as a statistical norm and a norm towards which we should all aspire. And thus, disability became understood as a departure from the norm: from the average, normal, and desirable mind/body. Importantly, this was a negative, medicalised departure.

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[17] Briefly, the authors suggest that disabled people ought to be granted special access to sex (i.e., funded/charitable access to the services of sex workers or sex robots). Their solutions to sexual exclusion may offer genuine benefits to disabled people along certain lines. However, the solutions are grounded on negative stereotypes and assumptions about disability. As a result, their proposed resolutions to sexual injustice not only fail to resolve the underlying causes of injustice, but they also risk reinforcing the broader problem by legitimising negative stereotypes. See Chapter Four and Alida Liberman (2017) for a detailed critique of the debate.

Disability became something that must be understood and solved — or eradicated.

Disability as departure-from-the-average, however, does little to tell us what *disability* is. When understood as departure-from-group-average, what counts as a disability will vary greatly depending on how wide we set that average. After all, endless individuals will be disabled if *any* departure from the norm is enough to 'count' as a disability. Even once we have supposedly determined which departures-from-the-average matter, we still have a broad and incredibly diverse array of conditions and characteristics that might qualify; ADHD, arthritis, deafness, cerebral palsy, autism, foetal alcohol syndrome, severe depression, diabetes, asthma, atypical tallness or shortness, and MS are all formally classified as disabilities (First, 2013; World Health Organisation, 2022). But what allows us to say which departures from the norm matter? What unifies this incredibly heterogeneous group's bodily and mental states or experiences?

There are some common experiences amongst disabled people: a lack of access; reduced employment participation; poverty; lack of personal care resources; discrimination and stigma; loneliness and social exclusion; sexual exclusion and vulnerability; and sometimes a sense of meaning and pride in identity. However, these shared experiences cannot be said to unify and uniquely pick out *disability*. After all, many other groups share similar experiences.[18] Additionally, while the experiences are common amongst disabled people, they are not universal. Thus, while the experiences are shared, to say that a disabled person is someone who experiences some or all these things will be both under and over extensive. At best, these experiences might give some insight into the types of justice claims that arise in response to *disability*.

Take for example, physical and intellectual disabilities. There are many overlapping sexual, epistemic, and educational justice concerns for physically

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[18] For example, trans people, the elderly, and those experiencing poverty or homelessness will have felt many, if not all, these same experiences because of their group membership.

and intellectually disabled people. Despite this overlap, there are many, if not more, ways in which physical and intellectual disabilities have very little in common concerning sex, education, and justice. A conception of *disability* that attempts to understand what *disability* is by unifying every experience common to disabled people cannot function well in justice debates. *Disability* is too unwieldly to offer a clean concept that can explain the common and diverse experiences across all forms and severities of disability. Instead, we must narrow our focus. Thus, rather than seek a general concept of *disability*, I will narrow my focus to intellectual disabilities.

1.2. Why Intellectual Disability?

Discussions about *disability* have often privileged the experiences of physically disabled people. Be they discussions about what *disability* is, how disabled people ought to be treated, or what accommodations ought to be made, *physical disability* has often consumed our attention. This focus on the physical makes sense to some extent — physical disabilities typically have minimal impact on one's capacity for self-advocacy. As such, we have significantly more testimony — which is perceived to be less suspect — on what it is to be physically disabled. Similarly, *physical disability* more easily allows for research and discussion that is directly informed by lived experience. This is a good thing, especially given the disability rights movement's (DRM) call for "nothing about us without us." Physical disability research can be done in a way that is straightforwardly aligned with the DRM's values and mission.

In many ways, *physical disability* is also a more stable, identifiable, and straightforward concept. There is typically something observable or measurable about physical disability that 'allows' others to point and say: "look! This is the difference that *is* the disability." Of course, *physical disability* is not entirely straightforward — physical disability, like any form of disability, is fiercely debated. We have been wrong about what is and is not a physical disability, and not all physical disabilities are visible, so *physical disability* is not always as readily identifiable as some might think. At the same time, compared to the disabilities that affect our brains, we have a much firmer grip on what *physical disability* might be.

Intellectual disability, of course, still refers to a vast group, but I narrow my focus to intellectual disability for many reasons. As mentioned, my purpose is sexual justice, and I take it that the most pressing concerns in this regard are those related to intellectual disabilities. For example, while physically disabled people face serious and challenging barriers to sexual inclusion, their sexual rights and experiential claims are not doubted to the same extent. They are also not seen to offer the same challenge to firmly held beliefs about sex and consent. Importantly, responding to their claims would require different and less (seemingly) radical social and structural changes than those of intellectually disabled people. This makes the case both more philosophically interesting and more socially pressing.

Additionally, as stated, disability studies and rights movements have a long history of privileging the voices and experiences of physically disabled people. This has directed our understanding of what *disability* is and what we ought to do to expand society to include, accommodate, and centre disabled people. The privileging of certain voices in the DRM is a genuine concern for those who are disabled but not physically disabled. We must diversify our research and listen to the concerns and experiences of differently disabled people, even if this presents more complex research questions and methods.

All of this means that simply adopting a conception of *disability*, which may explain well what *physical disability* is, may not successfully pick out the group of people I wish to discuss nor easily explain why this group may be (rightly or wrongly) subject to sexual exclusion. So, how should we understand *intellectual disability*? Who ought to be picked out by the term? Successfully answering these questions will require that I meet the success criteria briefly outlined in the opening of Section One. So doing, however, requires a firmer understanding of the criteria themselves. The following section provides this clarity.

2. Success Criteria

My account of *intellectual disability* is motivated by Linda Barclay's (2018) criteria that a conception of *disability* must be both plausible and practically helpful in discussing issues of justice. More precisely, at least for my purposes, *intellectual disability* must function plausibly and well within sexual justice debates. That is, the concept should allow us to make reasonable claims about the nature and extent of certain sexual injustices and to determine how these injustices might be resolved. In sum, to borrow from Barclay, a successful account of intellectual disability:

1. Delivers correct verdicts for paradigm cases.
2. Is helpful for "debating and promoting justice" (Barclay, 2018, p. 13).

This second criterion will require that the account not be so needlessly complicated that it cannot practically direct discussion. It also must be sufficiently attached to regular usage so that I remain 'on topic.' The first criterion requires that a successful conception be unifying or explanatory in a way that meaningfully picks out the right group. This, in turn, entails that a successful account of *intellectual disability* must be neither over-inclusive nor under-inclusive.

Given that my concern is one of justice, following Barclay (2018), a functional model of disability must also be bound by a principle of dignity and respect. To do otherwise, when it comes time to consider justice's demands, we may be drawn to secure justice in actively harmful ways. For example, a medical model of disability[19] could naturally lead to a particular approach to justice that is *primarily* (although not exclusively) concerned with curing or alleviating biological impairments. This approach, however, has seen the model accused of grounding justice-based claims on a "disrespectful and disparaging" view of *disability*. That is, the model is seen to imply that to have an impairment is to

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[19] See Section 3.1.

be made *necessarily* worse off than others or than one otherwise would have been[20] (Barclay, 2011, 2018).

Harms can arise when we base justice's claims on disparaging beliefs about *disability*. This is because negative attitudes and stereotypes may be legitimised or left unchallenged by such an approach.[21] This in turn risks reinforcing injustice and its associated harms. Thus, relieving injustice in a way that legitimises harmful attitudes can support injustice along other lines. While these risks will not *necessarily* follow from disrespectful accounts, a successful account would ideally avoid this pitfall. This is best done by adopting a conception of *disability* that is free (but can make sense) of stigmatising background beliefs.

Similarly, given that my concern is one of sexual justice, my conception of intellectual disability should be able to *sit alongside* a plausible account of sexual justice. That is, my conception must be able to *address* justice concerns but must recognise that what justice *requires* is a further question – it is not a question to be settled at the level of definition. This minimally requires a distinction between the concept of *disability* and the issue of injustice. Thus, the account itself cannot conflict with, presuppose, or otherwise smuggle in a particular theory of justice.

A helpful conception of *intellectual disability* should be able to separate *disability* from the issue of injustice. This provides a means of assessing the various causes of associations between *disability* and sexual disadvantage/injustice. It also allows for an assessment of whether and to what extend anything can or ought to be done to resolve the associated disadvantages/injustices. Finally, it recognises that *disability* does not

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[20] As opposed to saying, for example, that an individual is disadvantaged because of how society fails to accommodate or respect their impairment.

[21] This is one of the potential missteps that can be found in right to sex debates that grabble with disability and sexual exclusion (again, see Chapter Four for detailed critique of Appel, 2010; di Nucci, 2011, 2017, 2020; Thomsen, 2015). Briefly, philosophers have suggested that relevantly disabled people, *because of their impairments*, suffer from non-access to sex. The authors, however, implicitly draw on medical understandings of disability and use disability as a proxy for sexual exclusion (see also Liberman 2017). As a result, their suggested solutions (e.g., funded access to sex workers' services or sex robots) fail to challenge barriers to sexual inclusion and risk worsening beliefs that the sexuality of disabled people is inherently different to (and ought to be kept separate from) the sexuality of non-disabled people. This reinforces sexual exclusion and perpetuates its associated harms.

necessitate sexual disadvantages, thus it allows for more nuanced, targeted, and respectful analysis.

Again, as mentioned in Section One, my conception of *intellectual disability* does not need to include every individual that might be considered disabled in some way, nor does it need to capture all individuals that are sexually excluded or disadvantaged. It is worth stating again, that this is because not every disabled person is sexually excluded and not every sexually excluded person is disabled. As such, my concept of *intellectual disability* only needs to successfully capture individuals that are disabled in a way that results in sexual disadvantage along some meaningful line. It ought to capture paradigm cases, but it need not extend to every possible case of intellectual disability.

To summarise all established criteria, a successful account of *intellectual disability*:

1. Meaningfully delivers correct verdicts for paradigm cases of intellectual disability.
    a. Is neither over-inclusive nor under-inclusive.
2. Is helpful for "debating and promoting justice" (Barclay, 2018, p. 13).
    a. Is specifically useful in debating and promoting sexual justice for intellectually disabled people.
        i. Does not presuppose a particular approach to justice.
        ii. Can separate the concept of *intellectual disability* from issues of justice.
    b. Is not so needlessly complicated that it cannot practically direct discussion.
    c. Is sufficiently attached to regular usage so that it remains 'on topic.'
3. Is bound by a principle of dignity and respect.
    a. Is free of disparaging and disrespectful background beliefs.
    b. Does not make worse the justice related concerns it hopes to resolve.

Importantly too, the model *does not* need to:

1. Explain all instances, or possible instances, of disability across all contexts.
2. Be plausible or functional in every discussion of injustice or disadvantage felt by intellectually disabled people.[22]

With these criteria in mind, I turn first to what might be considered 'the topic of conversation' regarding the term '*disability'*. This can most helpfully be done through a set of paradigm cases. These cases can then provide test cases for dominant conceptions of *disability*. I do not intend to capture the full spectrum and complexity of *intellectual disability* in the following cases, rather I briefly provide a set of cases that highlight experiences that may be relevant to sexual justice debates.

2.1 Paradigm Cases

2.1.1. Jane[23]

Jane is a 35-year-old woman living in a supported care home. She is non-verbal, profoundly autistic, and intellectually disabled. She requires constant support and supervision. She can shower and dress herself, cook some meals, make herself a coffee, and complete other daily tasks, although she often requires prompting to complete such tasks successfully. She never attended mainstream school, instead she attended a local special education provider. She now attends a day centre where she enjoys painting, attends local excursions, and is supported in learning skills and behaviours that can increase her independence. She has learned many skills requiring basic logic, problem-solving, and memory.

Jane has strong preferences and can become highly agitated or aggressive if these are violated. She communicates her preferences, needs, and desires non-verbally through some key Makaton signs, body language, gestures, and vocalisations or by physically directing others (for example, pulling them

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[22] This would be extending a model beyond its established parameters. A model of course might be able to offer useful judgements beyond its set purpose, but it is not a weakness of a model that it may only be useful within a certain domain.

[23] While Jane is based on a real person, the relationship detailed in this case study is fictionalised.

towards a task she requires help to complete). Jane has no concern or awareness of the law or social norms and can lack awareness of others and her surroundings. She is unable to legally consent to sexual activity and has never received any explicit instruction in relationships and sexuality education (RSE).

While pleasure-seeking directs many of her actions (for example, around food, textures, music, dance, and movement) until recently, Jane has displayed limited interest in intimate relationships. Jane, however, is popular. Her assertiveness and musical preferences have established her as the unofficial leader of her group home's common room. Young men in her group home and throughout her schooling have also often been interested in her romantically. Some of these men inspired agitation and avoidance by Jane. She has allowed other men to sit with her or kiss her on the cheek, although even in these cases, she has not actively sought out their company.

Recently, Jane's caseworkers have reported that Jane and a new female resident (Saki) have an increasingly intimate relationship. The two actively seek out each other's company and share brief kisses in the shared kitchen and living areas. Early in their relationship, Saki tried to hold Jane's hand or hug her but has since stopped as Jane's non-verbal communication made it clear to Saki that Jane did not enjoy these activities.

Saki is also intellectually disabled, with limited verbal communication. Like Jane, she would be unable to legally consent to sexual activity. Due to Jane and Saki's limited communicative capacities, the group home staff cannot know whether the two women have engaged in any sexual activity. They are rarely unsupervised, but they have been discovered alone several times. Close monitoring has now begun to ensure the two women are not alone and unsupervised. They have been allowed to spend time together in the home's common areas.

2.1.2. Alan[24]

Alan is a forty-one-year-old moderately intellectually disabled man who can communicate and manage many daily tasks without support. Until recently, Alan had shared a home with another intellectually disabled man (Kieron) in accommodation provided by their local authority in England. The two had support workers visit daily, but they largely spent their time in the accommodation unsupervised.

Alan has difficulty grasping some concepts; for example, he has difficulty understanding and communicating ideas related to sexual risk (e.g., legal risks, health, and pregnancy). He has also been accused of engaging in lewd public conduct. Alan has been in several sexual relationships with both men and women, the most significant being his relationship with Kieron. After their relationship was discovered, their local authority applied to the UK Court of Protection seeking a declaration that Alan lacked the capacity to consent to sexual relations and an order restricting contact between Alan and Kieron.

Alan was found legally unable to consent to sexual activity. Alan was moved into private accommodation, and his relationship with Kieron was ended. Alan is now under close supervision to prevent any further sexual activity other than private masturbation, which he is allowed to perform in the bathroom or his bedroom. Despite protests from the Local Authority, Alan is now receiving court-mandated sex education in the hope that he will be able to gain a sufficient understanding of the mechanics and risks of sexual activity so that he may pass capacity to consent tests. Alan has said that he would like to be able to see Kieron again, although his Local Authority report that he is perfectly happy in his new home.

2.1.3. Sarah[25]

Sarah is a 20-year-old mildly intellectually disabled woman currently completing a 'Year 14' in a mainstream secondary school in North Dakota.[26]

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[24] Alan's case is drawn from D Borough Council V AB [2011] EWHC 101 (UK Court of Protection, 2011).

[25] Elements of this case study are based on real events. All identifying features have been changed.

[26] While students in North Dakota will typically graduate at 18 years of age after completing Year 12, Sarah has split her studies over multiple years.

While Sarah has needed to complete her education at a different pace from her peers, she is on track to graduate at the end of the school year. Sarah can communicate clearly and grasp some complex concepts. While she currently lives at home, she will likely be able to live independently and secure ongoing employment. She may require some support for more complex tasks, such as managing her long-term finances.

There are concerns that some of Sarah's behaviours could put her in danger if continued outside the relative safety of a small school community. For example, Sarah is highly affectionate and has been described by her school's disability support staff as having a 'high sex drive' and a strong interest in finding a boyfriend. This, for example, has led to her messaging whole year levels graphic images and sexual requests. Sarah initially had one-on-one RSE classes when she started secondary school, which primarily focused on bodily changes during puberty and the health and emotional risks of sex.

Sarah has difficulty understanding certain social norms and legal rules related to sex and intimacy. Of particular concern is her inability to grasp concepts around sexual consent. Here, the blanket messaging of year levels provides one example. She has also entered a romantic relationship with a 15-year-old student, Asim. While the couple reported having genuine feelings for each other and they treat each other as equals, their relationship is against the law in North Dakota due to the pair's significant age gap. In North Dakota, if you are between the ages of 15-17, a person cannot touch you sexually or perform a sexual act with you or in front of you if they are more than three years older than you. Sarah was 20 years old at the beginning of her relationship with Asim.

The couple has been separated. However, Sarah struggles to understand why she cannot spend time with Asim, citing other relationships between Year 9 and Year 12 students at her school. Sarah's parents refuse to acknowledge the relationship with Asim as anything but a sweet, platonic friendship. The school has offered additional RSE classes for Sarah, but her family has refused the offer.

2.2 Relevant Capacities

The three cases demonstrate a spectrum of intellectual abilities relevant to sex and intimacy. Jane cannot understand complex and many basic concepts, cannot communicate verbally, and needs assistance in most daily tasks. She has alternative communication methods, but others may not always understand them. Similarly, Jane often does not understand the communication attempts of others. She has some capacity to navigate social and intimate relationships (for example, by moving away from or allowing certain forms of social contact). However, her intellectual capacities limit her ability to understand and communicate needs, desires, and consent. She is less able to recognise and navigate risky situations or to disclose to others if something unwanted has occurred. Her capacity to secure and maintain relationships is also highly dependent on the support of her case workers.

On the other hand, Sarah is independently capable of most, if not all, of these things. However, she does require more time and support than her peers when learning complex concepts related to sex and consent. She also does not always act in ways that promote her or others' sexual safety. Alan's capacities fall somewhere between these two women; he has demonstrated abilities to initiate and maintain sexual and intimate relationships. He lacks knowledge and understanding of some social, health, and legal risks related to sex and intimacy. Alan and Sarah both have issues understanding (and, as a result violating) sexual norms and laws.

Any functional definition of intellectual disability, at least as it relates to sexual life, ought to be able to capture individuals across this broad spectrum of intellectual ability. Intellectual disabilities may impact, to some extent, an ability to understand and communicate some or many concepts related to sex and intimacy. As a result, individuals may not follow or be able to follow norms or laws pertaining to sex and intimate relationships. They may also be more vulnerable to harm related to sex and intimate relationships, and they may require more support from others in understanding and navigating sexual and intimate life.

However, in understanding what *intellectual disability* is within the context of sexual justice, we must consider whether such sexual disadvantages are owing to differences in intellectual capacities or whether the norms, concepts, and practices related to sex and intimacy produce disabling barriers for some individuals. From here, we can then begin to consider whether certain forms of sexual exclusion are unfortunate or unjust in the case of intellectual disability. With these paradigm cases and this task in mind, I now turn to examine several prominent conceptions of *disability*.

3. Models of Disability

This section examines three prominent models of *disability*. These are the medical, social, and interactionist models. Again, the medical and social models – at least in their extreme forms – can best be understood as archetypes for understanding disability, while interactionist models fall somewhere between these two extremes. I then propose a spectrum-based interactionist model as the most plausible, helpful, and respectful for advancing sexual justice debates regarding *intellectual disability*.

Briefly, while rarely advocated for in scholarship, the *medical model* reflects the ‘common-sense’ or most typical usage of the term *disability* outside of academia. As such, it is an important model with which to begin. According to the model, to be disabled is to have an impairment that meaningfully deviates from an idealised norm of human functioning (Savulescu & Kahane, 2011; Smith, 2008; Wasserman & Aas, 2022). The *social model* similarly recognises that people are impaired when their physical or mental states deviate from average human functioning (Barclay, 2011; Oliver, 1996; Smith, 2008; Wasserman & Aas, 2022). However, the model emphasises that impairment is not inherently negative or harmful. Rather, people are disabled by the failure of society to accommodate their different bodies or minds.

Interactionist models fall somewhere between the medical and social model. Unlike the social model, they recognise that certain stable physical or mental states can be disabling and can have negative consequences that are not socially determined (Howard & Aas, 2018). Contra the medical model, they recognise that disabling conditions are not stable, rather individuals may be disabled by certain context-dependent factors – namely the interaction between one's impairment, environment or social context, and personal goals.

The explanations of *why* impairments can be a source of reduced life quality mark the key distinction between the three models. However, all understand impairment to be a deviation from normal human functioning that can have an impact on an individual's quality of life.

The three models do not capture every potential way of conceptualising *disability*. However, I narrow my scope to these models for several reasons, the first being purely for the sake of brevity. As argued in the opening of this Chapter, we do not need a perfect definition, nor should we spend too much time adjudicating debates between different fields. We only need a conception of *disability* that is plausible and fit for purpose. Given the prominence of these models within disability scholarship, I take it that engaging with each offers a better chance of finding an adequate model. Of course, research prominence does not imply quality, but it does suggest that there is something about these models that is worth engaging with. More than this, however, these models are easily narrowed to the case of *intellectual disability*. The same cannot be said, for example, of the emerging solidarity model (see e.g., Barnes, 2018; Carter, 2022; Gould, 2022). While solidarity is a new and important model and adapting it to the case of intellectual disability is a worthwhile project, so doing would be beyond the scope of this thesis. As such, I set the solidarity model aside.

It is also worth noting the welfarist model. I recognise that welfarist approaches could potentially meet most if not all my outlined success criteria. For the welfarist, like the interactionist, impairment can lead to a significant reduction in wellbeing owing to context-dependent factors. However, the effects of prejudice on wellbeing are intentionally excluded from the welfarist account (Savulescu & Kahane, 2011). The interactionist account, in contrast, includes attitudinal barriers as potentially disabling factors. While there are other distinctions between the two models, I take the most prominent distinction to be their approaches to the effects of prejudice. As such, for the sake of brevity, I will focus on interactionist accounts. The interactionist account allows for a more flexible and nuanced discussion by allowing for (but not requiring) the potential that individuals with impairments can be disabled by prejudicial attitudes.

3.1. The Medical Model

The archetypal *medical model* adopts a biomedical conception of *disability*. It understands *disability* to be the physical or cognitive impairments that limit individual functioning relative to an idealised norm of human functioning. The limitations faced by people with disabilities[27] primarily originate from their physical or cognitive impairments. As such, the medical model will aim to eradicate or reduce the prevalence and effect of impairments to expand or improve the functioning of people with disabilities so they may live a more 'normal' life. Thus, according to the medical model, a just and compassionate society would direct resources towards medical interventions and research so that impairments may be managed or 'cured' (Fisher & Goodley, 2007).

The medical model at first glance offers a 'common sense' view of *disability* that can easily identify which groups are and which groups are not picked out by the term. Through its biomedical lens it can suggest that physical and cognitive impairments are deviations from standard human functioning. An individual with an impairment is an individual with a disability. This is close to common usage. What, however, should count as a *meaningful* deviation from normal functioning?

While a 'common-sense' view, with slight prodding we can see that drawing a line between what does and does not 'count' as a *disability* is not so easy to

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[27] I switch to person-first language in this section to align with the diagnostically informed phraseology of the medical model. Here, disability is understood best as a medical diagnosis. Thus, it fits best with the language a "person [diagnosed] with a disability."

define along purely biomedical terms. Any reasonable medical model would narrow its scope to *negative* deviations from standard human functioning. However, this could counter-intuitively include things such as eczema, asthma, and food allergies. It might also include things such a greater than average intelligence – research has found that those with 'hyper brain' (high IQ) are significantly more likely to experience adverse mental health compared to the average population (Karpinski et al., 2018). So perhaps high IQ should count. It is hard to say definitively – it is not sufficiently clear where the line should be drawn between normal function and meaningful negative deviations from this norm.

In its favour, the medical models can identify that Jane, Sarah, and Alan all have intellectual disabilities. Here, the models will recognise that the intellectual capacities of each fall well below normal functioning. A medical model might then point to these individuals' intellectual abilities to explain their sexual disadvantages (compared to the general population). It might argue, for example, that *because of their intellectual impairments*, Jane, Sarah, and Alan are less able to understand concepts related to sex. Their intellectual impairments may also put them at greater risk of committing or suffering sexual harm. Thus, their intellectual impairments provide the underlying explanation for why the three might be sexually disadvantaged.

However, a medical model can only explain part of Alan's case: it can tell us that his intellectual capacities might be such that additional support will be needed for him to learn or retain information about the mechanics and risks of sex. The medical model cannot explain how social barriers also contributed to his legal inability to consent to sex — for example, inadequate RSE provision owing to stigma or the existence of legal mechanisms that ask people like Alan to pass tests (which others do not have to pass) to be granted equal sexual freedoms.[28] A more positive medical model can show that Alan and Sarah may be capable of understanding the information they need to pass capacity to

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[28] I would suspect too that potentially ableist and homophobic attitudes of the social landlord who reported Alan to the Court of Protection in the first place may have functioned as an additional social barrier for Alan, but this is purely speculation.

consent tests. Here, a medical view could identify the cognitive capacities of Alan and Sarah and recognise that, with better learning support, they may be able to pass capacity to consent tests.

Despite this potential benefit, many hold that a medical model of disability is at odds with justice for people with intellectual disabilities (and people with disabilities in general). Critics suggest that, if disability is only understood to be a biomedical feature of a person, then it is harder to square claims that society could (and should) be changed in a way that would mitigate the disabling effects of impairment (see e.g., Amundson, 2000; Barclay, 2016, 2018). In claiming that disabilities are, fundamentally, natural biological deficits of an individual, there is little logic or justification for resolving disabled people's disadvantages through social change.

Under the medical model, impairment and disability are synonymous thick concepts. That impairment and disability are bad (for individuals or society) is built into the terms. This is thought to imply a particular approach to justice: where scientific knowledge and fair resource distribution allow, disability justice involves curing impairment. If this is not possible, then that is a case of misfortune (rather than injustice). This is a concern for some as if it is not society that disables individuals, it is thought that we cannot easily establish justice-based calls for social reform.[29] If *disability* is a biomedical fact, then deficits in an environment's cooperative social features, such as inaccessible design or stigmatising attitudes, do not play a central role in 'disabling' individuals. Lack of access and social exclusion are unfortunate secondary harms of disability, but they are not constitutive of *disability* itself. We might want to provide social accommodations (and we might have independent justice-based reasons for so doing), but these do not resolve the bad nor are they necessarily owed by way of justice. We would need a separate account of

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[29] For example, Ron Amundson suggests that someone whose disadvantages are biological or a fact of bad luck "may be an object of pity, and perhaps of charity", but they do not have "a more obvious claim for social remediation" (1992, p. 13). Similarly, Anita Silvers claims that "the medical model assumes disabilities are, fundamentally, deficits of natural assets rather than of social assets." However, social reform only becomes an "appropriate vehicle" for discharging our duties to "equalize people with disabilities" if disability "is due to the disadvantageous arrangement of social assets" (Silvers, 1998, p. 74).

justice to establish social reforms. Thus, while the medical model can separate certain social justice-based claims from its conception of disability, it directs other claims through bio-medical understandings in a way that obscures social factors and resolutions for injustice.

The medical model is not sufficiently functional as a conception of *disability*. By overlooking social and environmental contextual factors, it struggles to objectively identify which groups are picked out by the term *disability*. The model can also do harm by overlooking contextual factors and by reinforcing stigmatising beliefs that *impairments* ought to be objects of pity. It is for these reasons that it is rarely explicitly defended within disability scholarship or any other field. Instead, aspects of the view are often “adopted unreflectively”, particularly when researchers and health care professionals “ignore or underestimate the contribution of social and other environmental factors to the limitations faced by people with disabilities” (Wasserman & Aas, 2022). Thus, while rarely defended, the medical model has an unfortunate grip on discussions of disability justice.

This is not just speculation; medical models are often explicitly or implicitly adopted within debates of sexual justice (see Chapter Four). This can lead and has led to the conclusion that the sexual exclusion of people with disabilities is desirable or inevitable (Rembis, 2010; Shakespeare et al., 1996; Siebers, 2012). As Rembis (2010) argues, medicalised perspectives tend to view people with disabilities as “not only broken or damaged, but also incompetent, impotent, undesirable, or asexual. Their inability to perform gender and sexuality in a way that meets dominant societal expectations is seen as an intrinsic limitation, an ‘unfortunate’ but unavoidable consequence of inhabiting a disabled body” (p. 51). While this statement targets people with physically disabilities, similar views have been directed towards people with intellectual disabilities (see e.g., Barton-Hanson, 2015; Carey, 2010; McConnell & Phelan, 2022).

More compassionate medical models can respect the dignity of people with disabilities, and they can do this best by restricting their model to the medical domain. Within a medical context, the medical model can focus on reducing the disadvantages of biological features of disability. Harms arise when the model over-extends itself, claiming or assuming that all disadvantage is caused by impairment rather than a more limited claim that “impairments *can* cause disadvantage”. This is perhaps a too charitable reading of the medical model or a re-writing of its history and purpose. However, a medical model *could* be appropriately directed towards disability justice if it ‘stays in its lane.’

This lane is not sexual justice. At least not for a purely medical model. The medical model can explain certain features of sexual disadvantages, such as impairments that affect an individual’s capacity to consent to sex or to understand and retain information provided in RSE. The model will then be primarily directed towards remedies and compensations for biomedical limitations and disadvantages. Beyond this, it is not sufficiently guiding.

In sum, the medical model cannot accurately explain or identify society’s role in disabling individuals (unmet success criteria 1 & 2). Justice-based claims to alleviate the social, sexual, or educational disadvantages of disability via social change make less sense within a purely medical framework (success criteria 2 is unmet). This does not prevent the model from proposing such interventions. However, such interventions would be offered as compensation for the *natural deficits* of the individual (success criteria 2 is not met). This is seen by many to be disrespectful and to reinforce the negative attitudes that erect disabling social barriers to inclusion and equality (success criteria 3 is not met).

The medical model might offer some benefits, but it is not sufficiently functional or explanatory concerning sexual justice claims. Purely medicalised views of sexuality and disability have also done significant harm to people with disabilities. As a model, it may function well within certain domains. However, a *purely* biomedical understanding of disability is not well suited to securing sexual justice for people with disabilities. As such, the medical model can be set aside.

3.2. Social Models of Disability

Does this leave me with the much-lauded *social model*? The social model of disability is firmly entrenched within disability scholarship and activism. The Union of the Physically Impaired Against Segregation (UPIAS) was amongst the first to publish a clear definition and argument for the social model of disability (UPIAS, 1976). Their account was based on a fundamental distinction between disability and impairment. According to this model, disability is "the disadvantage or restriction of activity caused by a contemporary social organization, which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities" (Oliver, 1996, p. 22).

Furthermore, "disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society" (Oliver, 1996, p. 22). In all variations of the social model, the disadvantages associated with impairment *are caused by social injustice or can be explained by society and social arrangements*. This includes disadvantages associated with activity limitations (learning, communicating, mobility) or participating fully in society (working, voting, parenting) (Barclay, 2018).

For some versions of the social model, the injustices felt by people with impairments[30] are analogous to the discrimination experienced by women or racial and ethnic minorities. Ableism is thought, like racism and sexism, to better explain the disadvantages felt by people with impairments – *prejudice* rather than differences inherent to these identities limit fair access to opportunities (Hahn, 1997; Oliver, 1990; Silvers, 1998). Other versions focus their attention on an injustice of "an incommodious social environment that fails to respect human variation" (Barclay, 2018, p. 17 see also; Scotch & Schriner, 1997).

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[30] Throughout this section I will adopt the person-first terminology 'people with impairments' or 'people with disabilities' as it better aligns with the social and political arguments of the social model.

Disability scholars and rights activists often promote a social model of disability because (along with believing it to be accurate) it is widely thought to be uniquely placed to justify the social changes and redistributive measures that would reduce or eliminate the disadvantages associated with impairments. If it is society that disables, then people with intellectual disabilities have a justice-based claim that the disabling features of society be rectified. Thus, at the heart of the social model is a justice-based claim: whenever a person with an impairment experiences some sort of [resolvable] disadvantage connected to her impairment, she is thereby [disabled and] treated unjustly (Barclay, 2018).

While the social model can be understood as making justice-based claims against society, it cannot tell us what is owed to people with impairments who hold conflicting claims. How, for example, should society and resources be arranged so that people with vision impairments and wheelchair users are equally able to navigate the social environment safely? As Barclay points out, the curb cuts designed to promote access for wheelchair users can be disabling for people with vision impairments. In reverse, tactile paving that supports access for people with vision impairments can make footpaths more difficult to navigate for wheelchair users.

These conflicting rights claims highlight that, as Barclay argues, simply "identifying some social arrangement as contributing to disadvantage does not entail that [or what] social change is required as a matter of justice" (2018, p. 32). If it is impossible to design a society where all individuals can access and enjoy the shared social environment equally, then it is not reasonable to accuse society of disabling its citizens when it fails to accommodate all individuals equally. Those disadvantaged by social arrangements even in an ideal society might still be wronged, and so an injustice might be present – but the wrong is justified. So, in more nuanced terms we might accuse society of *infringing* an individual's rights, but not *violating* them.

Further while "proponents of the social model assume that there is a clear normative imperative to change society once we recognise the social aspect to disability" (Barclay, 2018, p. 32), not all disadvantages associated with impairments are socially caused. In its hyperfocus on unjust or incommodious social arrangement some people with disabilities have rightly criticised the social model of not giving proper weight to the actual impacts of impairments. Some impairments are a source of significant pain and frustration for people with disabilities (Morris, 1991; Shakespeare, 2006; Wendell, 2001). Even in a perfectly organised society, the disadvantages of such impairments will remain.

The social model cannot easily make sense of the claim that impairments can be a direct source of disadvantage. At best it can offer more favourable social arrangements to mitigate the effects of these impairments. That said, in its fairest terms, the social model should be understood as revisionist rather than explanatory; in the wake of the medical model, it offered a new social approach to understanding and resolving the disadvantages associated with impairments. The approach is intended to challenge ableist intuitions and the influence of the medical model – to help society rethink its understanding of *disability*. As such, it does not successfully explain or identify what it is to be disabled *beyond disability's social features*. But this was never its goal.

However, even if we accept these limitations and narrow our focus to unjust or incommodious social arrangements, the social model is left wanting. As recent critiques of the social model have argued, the social model is not simply focused narrowly on social arrangement; it is myopically focused on material, political, and public social arrangements. Private social arrangements have not traditionally been a concern of the social model. Shildrick (2007), for example, argues that the social model has very "little or nothing to say on the subject of sexuality and has no place for the question of desire in particular" (p. 228). While there is nothing inherent in the theory to preclude it from considering more private, gendered, intimate features of disabled lives (the personal is political, after all[31]), very little has thus far been offered by the social model in

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[31] To borrow the classic feminist refrain.

this regard (see e.g., Grossman et al., 2004; Morris, 2001; Shakespeare et al., 1996).

In many cases, however, the social model is, in fact, able to explain *some* sexual disadvantages faced by people with disabilities. Women with disabilities face significant difficulties and discrimination in sexual health services. Women with certain impairments are more likely than others to have disabling experiences (for example, not receiving basic sexual health services such as breast cancer examinations, STI testing, or pap smears) and they often find their questions regarding sexual pleasure, childbirth, and body image ignored by physicians and personal care attendants (Cobigo et al., 2013; Greenwood & Wilkinson, 2013; Matin et al., 2021; McCarthy, 2009; Stinson et al., 2002; Thompson et al., 2014).

Additionally, sexual health information that is provided to people with impairments is often inaccessible or ill-explained. Thus, the social model can argue that people with impairments are disabled by the provision of inaccessible or ill-explained sexual health information that is rarely tailored to their needs (Eastgate, 2008; Löfgren-Mårtenson, 2004, 2012; McCabe, 1999; Servais, 2006; Stoffelen et al., 2017; Thompson et al., 2014). Sexual health needs do not go unanswered because of cognitive differences. They go unanswered because of ignorance and stigma. It is ableist attitudes that assume people with impairments would not need sexual health information or services. It is a lack of training and support that limits the knowledge, confidence, and skills of health care providers to respond well to their patients with intellectual impairments. In other words, sexual disadvantages can be understood as 'external' to the person; they are socially caused, not 'internal' biological features.

Thus, the social model can, to an extent, explain the treatment of the sexuality of people with impairments as an injustice. After all, "whenever a person with an impairment experiences some sort of [resolvable] disadvantage connected to her impairment, she is thereby treated unjustly" (Barclay, 2018). This is helpful. Many justice-based claims that fall out of the social model seem intuitively appealing. It is unjust that people with impairments face a significant disadvantage when it comes to accessing relationships and sex education (Adams, 2015; Paulauskaite, Rivas, et al., 2022; Sex Education Forum, 2022). It is unjust that systematic barriers restrict their ability to engage in sex and relationships safely (Hamilton, 2002; R. P. Shuttleworth & Mona, 2002; Thompson et al., 2014). It is unjust that people with intellectual impairments face significantly higher than average rates of sexual abuse (Bruder & Kroese, 2005; Hassouneh- Phillips & McNeff, 2003; Nosek et al., 2001). However, there will be some, if not many, instances of sexual disadvantage that cannot be attributed to social factors alone.

Take our paradigm case of Jane. Sexual consent norms and laws are such that Jane will not have the capacity to consent to sexual activity with others. The capacities needed for consent are socially defined, so we could say that the exclusion from sexual activities is socially caused. Jane's caseworker's increased monitoring of her and her partner Saki *could* also be understood as an imposed sexual exclusion that arises from social stigma rather than Jane or Saki's impairments.

Nevertheless, Jane's sexual exclusion is not obviously unjust.[32] From Jane's perspective, it is not even a pure disadvantage. She may benefit from her exclusion along some lines (for example, she may not be interested in sexual contact, Jane may be more protected from sexual harms and risks, and she may carry around less sexual shame). Here, the social model could respond that if Jane is not disadvantaged, she should not be understood as disabled along sexual lines. I take this response to be unsatisfactory for two reasons. First, the social model would fail to capture one of our paradigm cases. Second, while there may be advantages for Jane in her sexual exclusion, there may also be disadvantages. A functional definition of disability ought to be able to

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[32] Justice might even *require* that Jane be sexually excluded from certain sexual activities, given her inability to rationally consent to sex. There is a question here whether rational consent norms regarding sex are ill-fitting and needlessly inhibiting for intellectually disabled people. See Chapters Two and Four for further discussion on this point. I make no argument for either justice claim at this stage; it is simply important to note that *some* cognitive differences *might* necessitate specific sexual exclusions. A definition of disability that defines disability as caused by social injustice cannot easily make sense of beneficial or just exclusions/disadvantage.

recognise these complex features of disability. In defining disability via externally imposed disadvantages, the social model fails to capture the complexities of sex and disability and it presupposes justice-based claims at the level of definition. This makes it less helpful in sexual justice debates.

Under the social model, we might be able to say that Sarah has been disabled sexually by paternalistic attitudes that have limited her access to the information and support she needed to become sexually competent. More controversially, a social model might say that Sarah and Asim have been disadvantaged by laws designed with little thought to potential relationships between those beneath the age of consent and young people with intellectual disabilities. Blanket age of consent laws are designed to protect vulnerable young people from harm and exploitation by those who, owing to their age, are assumed to have power and influence over them. Sarah and Asim do not so clearly fall into this category. The social model can argue that individuals like Sarah are disadvantaged by laws that do not take intellectual capacity into account. Here, however, we can start to see one of the issues in the social model's underlying model of justice: social changes can advantage one person or group while at the same time disadvantaging others. What might be good for Sarah might be very bad for young people generally.

A social model can argue that educational barriers prevented Alan from accessing the information he needed to consent to sex. His inability to consent and subsequent separation from his partner is socially caused. This seems accurate. In the UK Court of Protection's eyes, a lack of sexual knowledge undermines an individual's capacity to consent (2011). Thus, educational barriers directly block individuals' capacity to consent to sex and thereby prevent the development of sexual agency. Legal mechanisms then contingently justify 'protecting' individuals from engaging in sexual acts — acts that they were not given a fair chance to understand. Thus, these barriers help create conditions that make it the case that disabled people are unable or less able to consent to sex. The systemic barriers that exist are self-reinforcing.

Alan's inability to consent to sex may be, in part, socially caused. However, the social model cannot explain the possible contribution of Alan's low IQ or his difficulty in retaining information and grasping complex ideas. Without acknowledging the contributory features of impairments, the social model may deem the ruling in Alan's case an unqualified injustice. This might be right in Alan's case, but it will not be correct in all cases. In some instances, the individual's impairments will be such that they cannot consent to sex — just as Alan's impairments might be such that he cannot understand certain aspects of sex. Alan may know that he enjoys sex and has feelings for Kieron. However, if he cannot understand sexual health risks or if his intellectual capacities are such that he is quickly pressured into unwanted sexual acts, it is not an *obvious* wrong to be prevented from having sex. The social model might rightly identify that Alan was disabled by unjust laws. However, even if this is true, a helpful account of disability should not pre-empt this conclusion by precluding important lines of questioning.

Justice and respect for Alan's dignity might require the protective measures established by the UK Court of Protection. Alternatively, justice and respect for Alan's dignity might require that Alan be allowed to take risks and make mistakes like any other adult. It is here, again, that models of disability make a mistake by smuggling in underdeveloped theories of justice. It is not enough to say that excluding valuable social activities based on impairment is unjust. We need a richer understanding of the requirements of sexual justice that can *sit alongside* a model of disability. This can allow for more nuanced justice assessments.

The social model is not as helpful as it purports to be in furthering disability justice (unmet success criteria 2). A conception of disability must address justice concerns, but what justice requires is a further question, it should not be settled at the level of definition. The social model, however, presupposes and directs certain claims and approaches to justice and blocks other lines of questioning. Additionally, while the DRM broadly supports the social model, it fails to capture the voices of those whose impairments would contribute to their disadvantage even in an ideal society – for example those whose impairments involve chronic pain or psychological distress (unmet success criteria 1). So too, those whose impairments could not be reasonably adjusted for even in an ideal society – for example, because the costs of adjustments would be too great or because of unresolvable competing claims.

Notably, the social model is unable to conclude that dignity, respect, and justice might require that individuals with specific impairments be excluded from certain activities (and that no alternate social design could make this not the case) – such as the potential that justice *might* necessitate a level of sexual exclusion for some people with intellectual disabilities (unmet success criteria 2 & 3). This may indeed be the case, but it should not be determined at the level of definition. This leaves the medical and social models, unable to independently provide an accurate and functional definition of disability.

3.3. The Interactionist Model

Given the limitations of a *purely* social or medical model, I turn to the idea that the "limitations associated with impairment are a *joint product* of biological features, environmental factors, and personal goals" (Wasserman, 2001, p. 225, emphasis my own). This hybrid account amounts to the interactionist model of disability. In alignment with the model, Allen Buchanan et al. (2001) attributes the disadvantages of disability to a "mismatch between a person's abilities and what may be called the dominant cooperative framework of society" (p. 259). It is thought that, by combining and expanding upon the social and medical models, the interactionist account should be able to explain a greater variety of disadvantages associated with impairments while avoiding the objections levelled against the two pure models.

David Wasserman (2001) has argued that the interactions between several biological and social factors give rise to the disadvantages associated with disability. For Wasserman, this means that "we should be very sceptical of any attempt to single out one of these factors as the cause of disability and disadvantage" (Wasserman, 2001, p. 226). For Barclay, too, the best conception of disability is correctly understood as interactionist. According to

Barclay, to have a disability is to have "an impairment associated with some disadvantage, especially loss of functioning either concerning the ability to execute certain tasks or to participate fully in some aspect of social life" (2011, p. 274). Some of this loss of functioning can be attributed to unjust social barriers, but loss of functioning cannot *always* be attributed to unjust social barriers. Sometimes, some loss will be attributed to social barriers, sometimes to unjust social barriers, sometimes to the nature of the impairment itself. In most, although not all cases, the loss is best explained by some combination of these factors.

We ought to be sceptical, Barclay suggestions, of any attempt to identify a single cause of disability and its attendant disadvantages in purely biological or social states. In rejecting purely biological explanations, she argues, "when people claim that a person's impairments are responsible for her disadvantage, they are often presupposing a state of nature baseline in which no one enjoys the advantages of technology or social cooperation" (2011, p. 274). Barclay rightly insists that state-of-nature baselines are value-laden and, given that technology and social cooperation are well developed, they tell us nothing useful about disability in real-life contexts. Equally, she argues, "the claim that social arrangements are always the cause of disability assumes all manner of things about the possible nature of, and entitlement to, a particular social environment" (2011, p. 274).

The interactionist model resolves the concerns of purely social and purely medical models. As a biopsychosocial model, it considers disability to be an interaction between the person's features and the environment in which they live. Some aspects of disability might be almost entirely 'internal' to the person, and others almost wholly 'external', but any such determination will be context dependent.[33] As such, cases like Jane, Alan, or Sarah can be better explained. We can evaluate the possible role of internal factors (such as their IQ and learning disabilities) alongside external factors (ableist attitudes,

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[33] For example, dyslexia, ADHD, and other learning difficulties might be thought to be a predominantly externally caused disadvantage because, prior to the introduction of public schooling, few people could be understood as disadvantaged by these cognitive differences.

paternalism, and systemic educational, legal, and social-care related barriers). This allows for a more nuanced understanding of *disability*. This can, in turn, allow for a more nuanced discussion regarding what might be owed to Jane, Alan, or Sarah by way of justice.

As the interactionist model is a generalist conception of disability, it is essential to square it with the specifics of intellectual disability. This can be done by providing detail for what could be meant by the model's broad claim that to have a disability is to have an impairment associated with some disadvantage. I propose that, for this dissertation, three core ways to understand intellectual disability are:

1. To be intellectually disabled is to have a mental state (or states) that is *represented* as an impairment in the prevailing ideology of one's society and to be excluded from valuable/desired activities based on this representation.
2. To be intellectually disabled is to be in a mental state that impairs one's capacity to participate in valuable/desired activities on the *terms of one's society*.
3. To be intellectually disabled is to be in a mental state that impairs one's capacity to participate in valuable/desired activities.

The association between impairment and disadvantage, thus, arise from interactions between context-specific biological and social factors and the frustration of personal goals. Intellectual disability can then be understood as real or assumed mental states that, owing to causes that are primarily social (1), primarily biological (3), or some combination of the two (2), reduce an individual's functioning relative to normal human functioning, to the frustration of the individual's personal goals.

Again, the three criteria for a working conception of intellectual disability can broadly be understood as placing the interactionist model on a spectrum between medical and social causes of disability: in the first two cases, it is predominantly social structures or attitudes which, in combination with the individual's actual or assumed mental states, lead to an association between those mental states and disadvantage. This may mean that one is prevented from engaging in valuable / desired activities (Category One), or one's way of engaging (or not engaging) in these activities is either interpreted through a lens of impairment or is limited by how the activity itself is designed or understood. This means that one's behaviour in relation to the activity is not understood on equal terms. Rather, the behaviour is understood as a feature of disability (Category Two).

Significantly, Category One allows for the possibility that an individual can have a mental state that is *socially* understood to be an intellectual disability, even if the mental states of the individual do not objectively fall below typical human functioning.[34] This offers a valuable line of enquiry: a person's experience can be disabling even if they do not have an impairment in any contemporary, technical, or medically recognisable sense. In some cases, we may merely be thought of, and so treated as disabled in a disadvantageous way. This could amount to a mislabelling due to stigmatising background beliefs. Given the influence of racism and sexism on the attribution of disability labels, this ought to be understood as a strength of the category.[35] For example, racist or sexist background beliefs may influence the interpretation of certain behaviours in white boys as evidence of intellectual disability in a way that they would not for a girl or BAME children — for example, being very quiet, overly emotional, struggling in science and maths (Kearl, 2021). The individuals may not differ along biomedical terms; thus, they would not be '*disabled'* under an objective medical model.

Label attribution (and non-attribution[36]) can be disabling (Kearl, 2021). Being able to point to these groups is important as, individuals, *because of their label*, may be provided fewer or different opportunities in a way that makes them worse off than they would have been without the label. For others, a label

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[34] This aligns with the term "labelled with an intellectual disability" better than it does "intellectually disabled person", however, for consistency and challenges of identification, I will retain my use of the term "intellectually disabled person."

[35] Category One can, perhaps counter-intuitively, also historically label certain group members as disabled; for example, many societies have thought women incapable of reason, unable to learn to read, and prone to fits and fainting. This might see this conception (and the social model) label women as disabled in these contexts.

[36] Disadvantages resulting from non-attribution of disability labels would be better understood as a Category Two disability.

can ensure that resources and opportunities are directed appropriately, in a way that is beneficial to the individual. Category One can allow for disability justice-based discussions that are cognizant of the effect of the label itself (as can Category Two). In contrast, those who are *not impaired* but are disadvantaged by a disability label would fall outside the purview of the social and medical models.

Category One, adapted from Howard and Aas (2018), is a predominantly social model of disability.[37] By placing it within an interactionist context, I intend to emphasise the jointly disabling features of the individual's mental states, personal goals (valuable/desirable activities), and the dominant social ideology. It is not the social representation or exclusion that disables; it is the interaction between social, biological, and psychological contextual factors.

With Category Two, I intend to emphasise that specific cognitive differences may mean valuable/desirable activities are not necessarily unavailable. Instead, they may not be designed to allow for inclusive participation. Alternatively, how the individual engages or does not engage in the activity may not be recognised as meaningful or intentional.[38] Category Two recognises that impairment does impact functioning, which can lead to a disadvantage. However, such impairments need not exclude an individual from all meaningful and valuable participation in a given activity. Instead, the disadvantage lies in an inability to have one's social contributions recognised as valuable and meaningful in the right way. Here, it is (in part) the limited account of what 'counts' as meaningful and valuable participation, which excludes and disables.

Category Two is complex, so it is worth breaking down into further subcategories. Category Two associated disadvantages can arise from (2.1) unjust or otherwise disabling societal views regarding what does or does not count as a valuable activity, (2.2) beliefs regarding whose participation in an

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[37] Howard and Aas (2018) call their model the '*social exclusion model*'.

[38] For example, an intellectually disabled individual might intentionally and consensually touch someone in a sexual way, but outsiders fail to recognise the intentionality behind the act.

activity correctly ‘counts’ as performing the activity, or (2.3) social arrangements that are designed in such a way that individuals with certain mental states are unable to participate in the activity. In the case of sexual behaviours, the intentional sexual behaviours of individuals labelled as having an intellectual disability might be dismissed. For example, while Jane and Saki sought out each other’s company this behaviour might not be seen as meaningful evidence of an intentional romantic relationship. This could be understood as amounting to a Category 2.2 disability.

In contrast, a Category 2.1 disability might result, for example, from a conflict between one’s biomedically explained inability to engage in penetrative sex and the common belief that only penetrative intercourse fully ‘counts’ as sex. This can produce a range of psychological, epistemic, social, legal, and health related harms (see Chapter Two and Three). A Category 2.3 disability might result, for example, from RSE curricula that do not include accessible information for or about certain group members.

In Category Three, the individual’s mental state is incompatible with full participation in certain activities. This Category does not comment on how or why disadvantage is attached to the exclusion — it may be societal stigma (the inability to participate is stigmatising), the frustration of a personal goal (the individual wants to participate but cannot), or some other factor. In the context of this dissertation, a loss of functioning impairs the individual’s capacity to participate in sexual activities – this may be some or all kinds of sexual activities.

While Category Three focuses on the person’s cognitive features as the primary cause of their exclusion from certain activities, it makes no assumptions about whether the individual themselves experience this as a disadvantage. After all, everyone experiences differences along some dimension, preventing them from engaging in valuable activities. For example, owing to physical differences, only a subset of the population can orgasm from external clitoral stimulation. While many who experience clitoral orgasms would describe it as a good, not being able to experience this because one does not have a glans clitoris may be evidence of prior harm.[39] However, it most commonly will not be harmful or experienced as such.[40] Differences in sexual identity also mean that many people cannot find pleasure in sexual or romantic activities with men, and some simply do not find pleasure in sexual or romantic activities. Neither of these groups will necessarily define the difference itself as a bad. Category Three makes no normative claims about whether the inability to participate in valuable activities is a bad or harm felt by the individual.

The interactionist account of intellectual disability picks out a broad but unified group whose mental states are associated with disadvantage (success criteria 1 met). This association may be primarily an issue of how the mental state is represented (Category One), how an activity is represented (Category Two), or the nature of an impairment (Category Three). The interactionist model itself does not smuggle in specific justice-based claims. Instead, the model provides a means of assessing the various causes of associations between disability and disadvantage. This allows it to sit alongside a theory of justice instead of conflicting with or presupposing one. It also allows for an assessment of whether anything can or ought to be done to resolve the associated disadvantages (success criteria 2 met).

I take the broad interactionist definition of disability (disability is "an impairment associated with some disadvantage" resulting from a "mismatch" between a person's social and biological reality) as simple enough for my purpose. While more complicated, I do not take the three categories to be needlessly complex (success criteria 2.b met). Instead, I hope they can offer a more specific definition of intellectual disability that is sufficient to explain the various barriers faced by intellectually disabled people. By acknowledging the potential influence of social and biomedical barriers, the model can support discussions that are nuanced and bound by a principle of dignity and respect (success criteria 3). That is, discussions can avoid presuppositions and generalisations regarding the underlying cause of sexual disadvantages while

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[39] For example, the glans clitoris may have been removed without the individual's consent.

[40] After all, roughly half the population are born without a clitoris and only some will experience this as a lack. The mere experience of something as a lack, however, is not enough to establish a harm.

at the same time recognising that resolving disadvantage is not always possible and that in some cases, exclusion from socially valuable activities may not always be experienced as a harm.

Conclusion

How we think about and understand disability greatly influences attitudes and social policies; in reverse, attitudes and social policies about disability influence our conceptions of disability.[41] It is essential that a principle of dignity and respect informs our conception of disability. When disability was understood as a deficit or a threat to the human species, policies followed 'protecting' society from disabled people. These negative medicalised views of disability caused serious and devastating harm.

It has been thought that the social model of disability grounds specific justice claims: society owes something to those people that have been excluded from society by way of design. I have argued that this is not necessarily a positive feature of the social model, at least within the context of sexual justice. In contrast to the medical model, the social model does not adequately acknowledge the internal features of the person as contributing to disadvantages associated with disability. In so doing, specific claims will be overlooked (such as those connected to pain and discomfort), and offered resolutions may be harmful, irresponsible, or unjust. Thus, the social model can create or overlook harm by over-attributing disadvantages to societal design.

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[41] For example, Judy Heumann provides the example of the "catch-22" faced by early US disability civil rights campaigns. She reflects that "the inaccessibility of society meant that the disabled were essentially invisible" and, as such, disabled people "were understood as a group that was few in number and not interested in (and so not needing equal access to) education, transport, or employment" (2020, p. 55). Linda Barclay similarly argues that attitudes of and policies regarding disability are self-reinforcing. "Culturally shared schemas about the natural unfitness of disabled people to participate in work, school, families, politics and society" she argues, influence "the availability and distribution of resources" (2011, p. 137). These resource distributions predictably reduce the "educational, career, political and other achievements of disabled people" and further reinforce the cultural schemas of inadequacy (p. 138). The result is that "it looks like a natural fact about the world, about disability, that disabled people are incapable of full participation" (p. 138).

The interactionist model resolves the concerns of purely social and purely medical models. Under an interactionist model, disability is considered an interaction between the person's features and the cooperative social environment in which they live. The model allows for context-dependent determinations such that *disability*, for some individuals in some context, might be thought of as almost entirely 'internal' to the person. For others, it might be almost wholly 'external', while in most cases, it will be a combination of these internal and external features.

Thus, the interactionist model provides a means of assessing the various associations between disability and sexual disadvantage. In context, we can ask; are intellectually disabled people sexually excluded owing primarily to factors related to cognitive impairment, social beliefs/ attitudes, societal design, or some combination of these factors? This allows for a more nuanced understanding of disability and, in turn, a more nuanced understanding of the causes of and resolutions for sexual injustice that may be directed against intellectually disabled people. So, with this conception in hand, I now aim to diagnose the underlying cause of sexual disadvantage for intellectually disabled people. This diagnosis, I will argue, provides us with a mechanism for understanding whether sexual exclusions ought to be considered unjust.

Chapter Two: Let's talk about sex (and disability)

> *There is an extraordinary reluctance to acknowledge that disabled people have any sexuality at all, with the result that their sexual expression is highly regulated, if not invalidated or silenced completely.*
>
> (Shildrick, 2009, p. 11)

> *Disability is a very powerful identity, and one that [...] has the power to de-sex people, so that people are viewed as disabled, not as men or women, straight or gay.*
>
> (Shakespeare, 1996, p. 94)

Introduction

As established in Chapter One, to have a *disability* is to have an "impairment associated with some disadvantage." I proposed that, for an individual to be considered intellectually disabled within the context of sexual justice, this association amounts to at least one of the following:

1. To be intellectually disabled is to have a mental state (or states) that is *represented* as a disability in the prevailing ideology of one's society and to be excluded from valuable/desired activities based on this representation.
2. To be intellectually disabled is to be in a mental state that impairs one's capacity to participate in valuable/desired activities on the *terms of one's society*.
3. To be intellectually disabled is to be in a mental state that impairs one's capacity to participate in valuable/desired activities.

The association between impairment and disadvantage arises from interactions between context-specific biological and social factors and personal goals. Intellectual disability can then be understood as mental states that, owing to causes that are primarily social (1), primarily biological (3), or some combination of the two (2), reduce an individual's functioning relative to typical human function.

Working from recent philosophical analyses of *scripts* (see e.g., Dougherty, ms), over the following three chapters, I will argue that one such area of associated disadvantage is owing to the social construction of *desexualising sexual scripts*. '*Scripts'* can be understood as culturally shared 'blueprints' for interpersonal interactions. I argue that those who fall outside these blueprints for 'proper' or 'appropriate' interpersonal interactions find their sexuality obscured from positive external recognition.[42] So too, their *sexual subjectivity*[43] may be repressed or weakened and their access to *sexual hermeneutical resources*[44] will be reduced. This can result in what I call a *'broad sexual exclusion'*[45].

Intellectually disabled people, I argue, are subject to desexualising sexual scripts. Available sexual scripts do not offer sufficient guidance for positive intimate interactions with or between intellectually disabled people. Instead, scripts might be devoid of content, blocking interactions before they have begun or even been imagined. Meanwhile, scripts that *are* available might direct behaviour such that sex for intellectually disabled people becomes more vulnerable, violent, exploitative, or non-existent. Further, even in cases where sex is not vulnerable, violent, or exploitative, the content of sexual scripts about intellectual disability informs how others will understand the sexual

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[42] Note, that "proper" and "appropriate" scripts do not necessarily entail "positive" desirable scripts. A significant number of negative scripts do exist – consider, for example the scripts for how street harassment descriptively "ought" to go. The script is objectively a negative one, yet there exist defined behaviours that "count" as following the script. Performing these behaviours "properly" – catcalling, making lewd comments, following someone too closely – will see that an individual is appropriately understood as harassing another individual. Thus, I use "proper" and "appropriate" descriptively, not to convey a moral judgement about the script itself. Although, as we will see later in the Chapter, these descriptive norms can give way to second-order normative beliefs for how situations morally ought to go.

[43] Sexual subjectivity is "a person's sense of [themselves] as a sexual being" (Plante, 2007, p. 32). "This involves more than our arousal patterns and our conduct or sexual choices. It also includes complex constellations of beliefs, perceptions, and emotions that inform our intrapsychic sexual scripts and affect our capacity for sexual agency" (Alcoff, 2018, p. 111).

[44] I define *sexual hermeneutical resources* as the cognitive, linguistic, and expressive tools (put simply, the concepts, words, and non-verbal communications) that individuals use to understand and communicate their own and others' sexual or intimate experiences. See Chapter Three for detail.

[45] Broad sexual exclusion involves non-access to the range of goods that arise from meaningful sexual experiences and inclusion in the sexual life of society (See Chapter Four).

activity of disabled people. While the sexual activity may not have been experienced as vulnerable, violent, or exploitative, a disabled person's communication about sex might only be understood within this framework.[46]

Sexual scripts construct (and are comprised of) representations of sex and intellectual disability that can prevent intellectually disabled people from participating as equals in the sexual life of their society. In some cases, a sexual disadvantage may be compounded by a Category Three disability, whereby individuals do not have the capacity to participate in sexual or intimate activities. Cases of total incapacity, however, are rare. Most cases of sexual disadvantage for intellectually disabled people can be understood as owing to Category One or Two disabilities. Here, intellectually disabled people are regularly subject to sexually marginalising[47] beliefs and practices, being either infantilised (and so seen as passive, asexual, vulnerable, and innocent victims) or dehumanised (and so unreasonable, uncontrollable, hyper-sexual, deviant, and dangerous) (Hollomotz, 2011; McCarthy, 1999; Wilson et al., 2013). This association, rather than the intellectual impairment itself, limits one's capacity to participate in sexual life.

In this Chapter, I argue that understanding the sexual scripts associated with intellectual disability can provide a mechanism for evaluating whether the sexual disadvantage and exclusion of intellectually disabled people is unjust. Here, we must consider whether sexual scripts for and about intellectually disabled people are accurate. That is, is their descriptive content reflective of the sexual capacities and interests of intellectually disabled people? We must also consider whether they produce what I term normative pernicious *'passive'* or *'deviant'* sex scripts, whether said scripts encourage or obscure sexual harms, aversions, or injustices and, if so, whether intellectually disabled people have sufficient opportunity, resources, and capacity to challenge, reject, or alter these sexual scripts. Where scripts are inaccurate, pernicious, and obscuring or encouraging of harm, and where there are insufficient

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[46] This can amount to an epistemic injustice (see Chapter Three).

[47] Note, sexual script theory and epistemic injustice literature typically uses the term 'marginalised' while disability scholarship more often uses the term 'excluded'. Throughout this dissertation, I draw on each area of scholarship and, as such, I use the terms marginalised and excluded interchangeably.

opportunities to challenge said scripts, I argue that sexual disadvantage and exclusion ought to be considered unjust.

1. Scripts

Before discussing the concept of sexual scripts, and the scripts about intellectual disability, it might be helpful to set the scene for script theory more generally. Scripts were initially characterised within psychology as perceptual tools that allowed individuals to structure and navigate interpersonal interactions. Cognitive psychologists Shank & Abelson (1944) describe a script as: "a structure that describes appropriate sequences of events in a particular context [...] a predetermined, stereotyped sequence of actions that defines a well-known situation" (cited in Popovich et al., 1995, p. 317). 'Well-known' situations are such that interactions are directed by these socially predetermined or stereotyped behavioural expectations. For example, in the UK (and many other anglophone countries), the greeting "hi, how are you?" is assumed to trigger the response "fine, thanks, how are you?" Launching into a discussion of your current troubles with your partner or your reoccurring gout would be an unexpected deviation from the 'well-known' situation of the casual greeting script. According to social script theory, interactions like the 'casual greeting' pervade societies. According to Hesni (n.d.), this is typically considered a good thing. After all, "scripts allow people to function and interact in a predictable way without exerting an undue amount of cognitive strain" (n.d., p. 104).[48]

Following Appiah (2005), Oshana (2005), Bicchieri (2005), Stoljar (2014), Dougherty (ms), and Hesni (n.d.), there are two interactive levels of social scripts. Like Hesni (n.d.), I will call these two levels *structural* and *interpersonal scripts*. Structural scripts "encompass the norms, stereotypes,

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[48] Reduced cognitive strain, of course, is only a benefit where all parties are aware of the script's existence. Someone new to the UK, unaware of the expected response, may suffer and cause strain through her repeated violation of the casual greeting script. After repeated violations, she may learn the expected response, or she may be 'cut out' of the script. That is, people may stop asking "how are you" when greeting her.

and expectations that pervade a dominant ideology” (p. 1). These incorporate narratives, collective identities, social norms, stereotypes, and behavioural expectations for what it means to be a member of a particular group. Structural scripts inform overarching behavioural expectations for how interactions with or between members of certain groups will go. Stoljar (2014) provides the example of motherhood scripts, which prescribe certain gendered norms of motherhood to women. Within a given situation, motherhood scripts will establish certain behavioural expectations and values for encounters with women. We might expect a woman to be caring, nurturing, and self-sacrificing; we might expect her not to have a career so that she might prioritise childrearing. These structuring expectations will then direct interpersonal interactions – establishing which interpersonal scripts will be more expected, relevant, or valued.

Interpersonal scripts “most closely resemble a screenplay: they are tied to patterns of dialogue and model the ways in which one individual responds to another over the course of a given conversation” (Hesni, n.d., p. 1). Interpersonal scripts direct our behaviour in social interactions by identifying common or valued ways for said interaction to go. The much-used example of a waiter and patron at a restaurant helps clarify the function of interpersonal scripts. In our restaurant encounter, there are expected ways for the interaction to go. The two greet each other, the waiter directs the patron to a table, offers a menu, takes a drink order, and so on. The two share a common knowledge of how the encounter will go – that is, they share an interpersonal script for restaurant dining.

The social script an individual adheres to will be primarily governed by how they have interpreted a given situation, its actors, and the actors’ behaviour within the scene. In recognising a situation to be of a particular type (e.g., a funeral, a football match, a job interview) involving certain kinds of people (e.g., young, poor, queer, attractive, feminine, and so on), individuals will at the same time recognise that various actions are more acceptable (or even praiseworthy). In contrast, others are not (Bicchieri, 2005). Over time, through experiences and socialisation, we learn which behaviours are accepted, expected, appropriate, or prohibited within set situations.

Scripts can be broadly understood as culturally shared 'blueprints' for interpersonal interactions. They arise out of sequences of norms which, when taken together, direct expectations for how a particular type of situation will or ought to go. According to Bicchieri's (2005) account, norm compliance is conditional on these shared behavioural expectations. Descriptive or 'empirical expectations' set first-order beliefs that certain behavioural expectations will be met – the norm tells us which behaviours to expect in given situations. Normative expectations may then arise as second-order beliefs regarding which behaviours ought to occur, and which will be valued or met with approval or disapproval within the given context. These expectations result in or produce behaviours that reinforce both the behaviour and the expectation. In this way, norms can be understood as clusters of self-fulfilling expectations (Schelling, 1960 cited in Bicchieri, 2005).

Conformity to and approval of norms stem from a variety of motivations. Like legal norms, social norms are public and shared. However, while formal sanctions support legal rules, social norms may not be enforced at all (Bicchieri, 2005). While they may not come with formal sanctions, this does not mean that social norms are not enforced in other ways. Instead, social norms are typically enforced via more informal sanctions. Deviation from or violation of a norm may elicit responses that "range from gossip to open censure, ostracism, or dishonour for the transgressor" (p. 12). Social norms may become part of our value systems (gaining normative content), and, as such, we may feel a strong obligation to comply. Violation of valued norms may result in guilt or remorse, just as a "breach of a moral rule elicits painfully negative feelings in the offender" (p.12).

Given that scripts are comprised of sequences of norms, like individual norms, we may follow specific scripts on autopilot, viewing the sequence as the 'correct' way for a situation to go. Scripts can also become part of our system of values. That is, both structural and interpersonal scripts can have normative, as well as descriptive, content. Think, for example, of scripts surrounding cishet[49] first dates. Structurally, many expectations exist for how men and women will or should behave qua heterosexual men and women. These expectations constitute expected, valued, and guiding interpersonal scripts.

The individuals on the date may intuitively use scripts to guide their behaviour and to evaluate the behaviour of the other. Perhaps correcting and altering their behaviour in response to the other — the woman begins to flirt, so the man reciprocates. The man yawns while the woman talks about her job, so she cuts her story short. She may then evaluate the date in a more negative light — he was not interested in her, and he was not a good listener. Both might interpret the quality of the date itself based on how much it deviated from a 'first date' script. In so doing, the pair have internalised a certain valuing of the script, transforming it from a simple 'first date' script to a '*good* first date' script.

Each may expect the other to follow the expectations for 'good first date' behaviour throughout the date. They may then evaluate the quality of the date itself, their behaviour, and the other person's behaviour in response to the level of script compliance. Again, we see here that the 'first date' script becomes a normative 'good first date' script for the couple. Each may realise that they have deviated from the 'good first date' script. In response, they may feel guilt, embarrassment, or remorse. These expectations similarly imbue sequences of behaviour with social meaning (what it means to date) and create a sense of accountability for adhering to certain principles (for dating, this may be principles of intimacy, respect, openness, or pleasure, for example).

Violating a 'good first date' script may result in failing to end the script 'successfully.' This might occur at any point — one person may leave the date early, not receive a desired kiss goodbye, or fail to secure a second date. Script violation might result in gossip, open censure, ostracism, or dishonour. This

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[49] 'Cishet' is short for cis-gendered heterosexual. The term typically picks out dominant cis-gendered heterosexual behaviours, practices, and expectations around sex, relationships, and dating.

violation may be at the interpersonal level (the man spends the date talking about himself rather than asking questions of his date), or it may be structural (the woman perhaps violates expectations for how many past partners a ‘good woman’ or a ‘good potential partner’ ought to have slept with).

Since scripts are sequences of norms, and we are not bound to comply with norms, scripts will be even more liable to deviations. While there are more moments within scripts for individuals to violate expectations, there is also often significant flexibility in scripts. A wealth of ‘acceptable’ directions for a ‘good first date’ script exist. So too, we can recognise that lectures, job interviews, funerals, or football matches all have a certain flexibility within their scripts. A student might present the lecture instead of the professor, and a football match might involve players running inside giant Zorb balls instead of freely across the pitch. One script can transition cleanly, violently, or awkwardly into another — the ‘first date’ script might transition into a sex-act script or a harassment script, a football match script might transition into a script for celebration or riot, or it may suddenly and unexpectedly end (perhaps owing to some emergency or protest).

Having established what scripts are, how they can get a grip on people, and how they direct our behaviour, I turn now to examine sex scripts as a subset of social scripts.

2. Sexual Scripts and Oppression

Sexual script theory is well established within the philosophical analysis of gender and sexuality. The theory has been employed to understand rape and sexual violence (e.g., Alcoff, 2018; Marcus, 2002) and non-coercive, non-violent, consensual sex (e.g., Atherton, 2021; Kukla, 2018). Dougherty (ms) also reminds us that, long before philosophy took interest, social scientists used social scripts to explain a variety of sexual behaviours and misconduct, including (amongst others) consensual sex (McCormick, 1987), dating (Rose

& Frieze, 1993), sexual harassment (Popovich et al., 1995), and rape (S. E. Byers & O'Sullivan, 1996).

In the simplest of terms, sex scripts are social scripts that allow individuals to structure and navigate sexual life. Sex scripts define "what counts as sex, how to recognize sexual situations, and what to do in [...] sexual encounters" (Kim et al., 2007, p. 146). This includes 'blueprints' for sexual behaviour concerning sexual activity, relationships[50], health, education, and so on. Behaviour may (and often does) fall outside of these blueprints. Such behaviour, however, will not "count" in the same way — Emma Marija Atherton (2021) here provides the example of sexual encounters composed entirely of "foreplay" not being seen to count as "sex". Foreplay is understood along heteronormative lines as a sexual activity *prior* to penetrative sexual intercourse. There is a built-in assumption that foreplay builds to penetrative penile-vaginal (PIV) sex. It would sound strange or misleading within this script to say that I have "had sex" with someone if the activity I refer to is purely oral or manual stimulation.[51]

The notion of *'sex scripts'* that I am using is perhaps better understood as a *'sexuality script'* — that is, a structural script containing the narratives, collective identities, social norms, stereotypes, and behavioural expectations for what it means, *sexually speaking*, to be a member of a particular group. This can include what it means to be a member of a sexual identity group – to be a bisexual man, a straight woman, to be polyamorous, or to have a particular paraphilia, kink, or fetish. It can also include what is sexually expected of certain group members, owing to non-sexual features of their identity — for example, the sexual expectations of Asian men, senior citizens, or college students. I will refer to the former as '*sexuality-specific sexuality scripts'* and

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[50] The first date and good first date scripts from Section One can be understood as sexual scripts; they provide blueprints for navigating sexual life.

[51] This is also an example of the capacity of sex scripts (that is, interpersonal scripts) to discount the sexualities of certain groups, producing or informing pernicious sexuality-specific sexuality scripts. For example, these sex scripts inform beliefs that those who don't engage in PIV penetrative sex aren't 'really' having sex. They can also be seen to explain the shameless questioning of how lesbian sex "works".

the latter as '*identity-specific sexuality scripts'*. Both forms of sexuality scripts are structural.

Henceforth, when I use the term *'sex scripts'*, I refer to *interpersonal* scripts for sexually relevant interactions. This includes not only how individuals engage in sex and sexual activities, but also how sex is discussed, valued, imagined, taught, pursued, and so on. The term *'sexual script'* shall refer to both sex and sexuality scripts. I draw attention to sexuality scripts to analyse how structural scripts shape expectations around certain identity group members' sexual lives.

Identity-specific sexuality scripts may intersect with a singular or multiple features of an individual's identity, blurring lines between racial scripts, age scripts, or gender scripts.[52] It is well established in philosophy that structural scripts can shape identity and expectations around identity. For example, Stoljar (2014) argues that people's autonomy can be limited by internalising harmful ideologies and stereotypes regarding their own identity groups. Autonomy will be limited regardless of whether one consciously endorses these ideologies or not.

Appiah (2005) similarly recognises the role shared social resources play in constructing identity. Identity-shaping structural scripts can function as narratives that people use "in shaping their projects and in telling their life stories" (p. 22). Specifically, these are the narratives provided by "collective identities — the identities of "kinds of person" including gay people, Black people, and Americans, as well as butlers, hairdressers, and professors" (Appiah, 2005, p. 65). Thus, Dougherty (ms) argues that structural scripts help explain why people behave in ways that are either directly oppressive or reinforce oppression. Individuals and their behaviour are shaped by structural forces. These scripts may not be in their own or others' best interests, but script rejection can be costly or beyond the imagination of individuals.

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[52] The intersecting nature of scripts is well established (Rumelhart et al., 1986). Individual scripts and schemata do not exist in isolation. Rather, scripts are linked to each other to varying degrees and the activation of one script will influence in the activation of other interconnected scripts. The chronic activation of multiple scripts will increase the strength of their associative links.

It is not controversial to claim then, that structural scripts can be oppressive by constraining people's behaviour and expectations in response to group membership. Take, for example, still common racially charged identity-specific sexuality scripts regarding Black women, which portray them as more sexually promiscuous than white women (Srinivasan, 2021, pp. 103–104). These scripts often begin from an early age, 'adultifiying' young Black girls (Epstein et al., 2017). These structural scripts, in turn, produce norms and content for interpersonal scripts. There are certain interpersonal behaviours that 'make sense' under the overarching structural script and others that will be made less or unintelligible – that is, structuring scripts guide which interpersonal scripts are recognised, understood, internalised, valued, and performed.

Identity-specific sexuality scripts can help make sense of the reduced intelligibility of Black women and girls' communications of non-consent to sexual activity. Compared to other women, Black women and girls are more often assumed to want sex, even if they say otherwise (Alley et al., 2019; Allison & Risman, 2014; Tuerkheimer, 2017). This creates unjust expectations for how sexual interactions are 'meant' to go – actors expect that encounters will or should end with sexual activity that is desired by both parties. Those who have internalised these identity-specific sexuality scripts may then be dismissive of or less receptive to the communications of non-consent by Black women and girls. Here, identity-prejudicial structural scripts influence the probability and intelligibility of certain interpersonal sex scripts being acted out.

Again, scripts provide guides for how to behave in and understand 'well-known' situations. A Black woman or girl's communication of non-consent is a deviation from how the interaction is expected to go. As a result, their communication attempts might fail; they are ignored or misunderstood in a way that allows the 'well known' script to 'get back on track.' This provides a means of understanding the higher rates of sexual assault against Black girls and women and the decreased likelihood that their reports will be believed —

whether those assaulting Black women and girls have themselves internalised such scripts or merely taken advantage of the script's existence.[53]

Social expectations concerning the sexual identities and behaviours of certain identity groups influence how we think of sex and behave along sexually relevant lines[54] in response to said group members. This claim is well recognised regarding gender (Alcoff, 2018; Atherton, 2021; Dougherty, ms; Kukla, 2018; Marcus, 2002). However, how we think sexually about and behave towards others is also shaped by other features of their (and our) identities. The sex and sexuality norms and expectations regarding Black women influence not only what sex is like for Black women and the people they have sex with, but they also affect what makes sense and what is imagined in interpersonal sexually relevant interactions (Allison & Risman, 2014; Dougherty, ms; Tuerkheimer, 2017). Structural sexuality scripts contain sex, sexuality, racial, and gender norms for and about Black women, producing interpersonal norms and expectations for how sex for or with Black women is thought about and performed.

Here, we can see that social expectations for sexual behaviour are rarely purely descriptive. Instead, at both structural and interpersonal levels, sexual expectations generally contain second-order beliefs regarding what sexual life ought to be like for group members (Atherton, 2021; Dougherty, ms). Identity-specific normative sexuality scripts produce and reinforce moralised responses to the (expected) sexual behaviour of identity group members. Women's sexual behaviour, for example, is often highly subject to moralisation – women who have 'too much' sex, who openly enjoy sex 'too much,' who have sex 'too early' in a relationship, or who generally do not conform to sexual expectations for women are shamed and stigmatised. They are commonly

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[53] Note that while scripts are guiding, they do not *compel* or justify behaviour. While scripts might constrain agency, they remain mediated through individual agents. As such, we retain a level of choice in performing even deeply internalised dominant scripts.

[54] This includes not only how sex itself may be understood or performed, but also how we think about, understand, and interact with individuals within sexual life and situations more generally. For example, how we flirt with, provide sexual and romantic education and advice to, or how we treat sexual health needs will also be guided by sex scripts.

ostracised, called 'bad girls' or sluts; they may find themselves treated with less respect, or in some contexts, they may be physically harmed or even killed.

So too, sexuality-specific sexuality scripts can be highly normative. Here, entire sexualities may be constructed as wrong or deviant. The historical treatment of gay men in Western societies provides an obvious example (Herek, 2010; Herek & McLemore, 2013). It is not simply that sexual activity between men was itself moralised. Instead, those who engaged or wanted to engage in homosexual activity often found multiple or all features of their identity painted as deviant. A gay man did not simply engage in sexually deviant activities; he was himself deviant.

Sexuality scripts constrain agency, hindering people in their efforts to achieve their goals by making those goals socially costly, difficult, or incompatible with other objectives like social coordination (see e.g., Atherton, 2021; Dougherty, ms; Hesni, n.d.; Stoljar, 2014). Script internalisation highlights how the script shapes and informs sexual agency and sexual subjectivity (the sense one has of oneself as a sexual being). Culturally dominant sexuality scripts are internalised to shape and constrain sexual agency, informing our emotions, desire, and imagination. That culture gets 'taken up' in this way means that oppressive or pernicious social arrangements do not need to be enforced through social punishment or sanction to persist.

Structural sexuality scripts, be they identity or sexuality specific, are well positioned to produce and reinforce sexual exclusion, marginalisation, and oppression. Sexuality scripts set the boundaries of expectations regarding what sexual and intimate behaviours we expect and accept from certain groups. This can cause serious harm, such as when Black women and girls' communication of non-consent to sexual activity is not recognised because it does not fit with scripts of Black female promiscuity. This case highlights how sexuality scripts can do serious harm in directing individual choices and imagination regarding their own and others' sexuality and identity. In the following section, I will argue that marginalising and oppressive normative sexuality scripts can result in pernicious *'passive* or *'deviant'* interpersonal sex scripts. This produces and reinforces sexual exclusion, reducing opportunities for intimacy, increasing risks of sexual harm, and limiting access to important sexual and intimate resources.

3. Passive and Deviant Sex Scripts

As we saw in the case of Black women and girls, structural scripts concerning the sexuality of identity group members produce interpersonal sex scripts – these set the boundaries of expectations regarding how sex ought to look, feel, or sound and how it ought to be discussed. However, for some identity groups, structural sexuality scripts can be such that interpersonal sex scripts are near devoid of (positive) content: we struggle to say what sex ought to look, feel, or sound like and how it ought to be discussed because said group members *ought not to be having sex*. Discussions of sex involving group members then make little sense or make sense only as discussions of sexual violence, assault, and violation. Structural sexuality scripts may be such that members of certain identity groups are positioned as non-sexual (passive, innocent, vulnerable, victims) or sexually deviant in some way (hypersexual, perverted, or threatening). When this occurs, interpersonal scripts may be lacking, may direct harmful interpersonal interactions, or may direct harmful interpretations of described interactions.

Sex scripts constrain sexual imagination and behaviour. In James Baldwin's *Giovanni's Room* (1956), age, race, gender, and culture intersect with sexuality to produce scripts for sexual encounters. That is, intersecting identity-specific sexuality scripts produce sex scripts. The sex scripts tell us what to expect, what to do, and how to understand sexual encounters. For David, the central figure of the novel, sex is shaped by beliefs about age, gender, and culture. He thinks of sex between men as dirty, criminal, something to be hidden — and so his sex with men *is* dirty, occurring in a filthy room with the soon-to-be criminal Giovanni, the room's windows covered by boot polish to hide from the outside world. Sex with women, in contrast, is a duty and necessity of American masculinity — sex with Hella and Sue is safe, providing the possibility of escape from Giovanni and Paris, but the act is robotic and detached. For David, loving Giovanni is only possible as a fleeting thing — he believes he must inevitably return to the safety of his society's dominant script: he must marry an American woman of childbearing age. To be old and to love Giovanni is unimaginable for him. To be old and gay is even more despicable than to be gay.

The sexuality scripts David internalises, performs, and attempts to flee from inform his sex scripts – the interpersonal sexual encounters he has in Giovanni's Room are for him defined (consciously or otherwise) as either deviant or appropriate. Structural scripts have shaped the interpersonal scripts that he can recognise as available. In the case of homosexual encounters, sex scripts were available but *deviant*, shaping the sexual encounter for both David and Giovanni.

'Deviant sex scripts' arise from hypersexualising sexuality scripts. Deviant sex scripts presume that sexual interactions with the hypersexualised would be dangerous, threatening, immoral, dirty, or in some other way not valued by society. Deviant scripts I contrast with *'passive sex scripts'*, which are the result of desexualising sexuality scripts. Passive[55] sex scripts lack active or positive guiding content: there is no 'proper' way for sexual interactions to go because an actor (or multiple actors) ought not to be in the scene. This can in turn generate *'victimhood sex scripts.'* Here the passive sex script is such that the actor/s in the scene cannot be understood as willing or active *sexual agent/s*. Instead, they can only be understood as being *acted upon*. This hyper-

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[55] I use the overarching term 'passive' to convey the possibility that one could be *understood* as a non-agent or inactive agent in a scene but not a victim. This can be harmful for the 'passive' actor. For example, passivity is valued and expected of cis white women, but this does not necessarily result in an understanding or recognition of sexual encounters with women as necessarily entailing victimhood. This lack of entailment can be beneficial, for example, one can be recognised as capable of consenting to sexual activities. However, it can also obscure claims of mistreatment and harm – for example, if a woman is 'meant' to be sexually passive (and if rape scripts are such that a victim is understood as someone that actively resists a sexual assault) then a woman's passivity in an assault may render less or unintelligible her claims that she was raped. Victimhood sex scripts should be understood as a subset of passive sex scripts. I originally used the term 'empty sex scripts' to capture both in a way that emphasises that the scripts lack *active* content for certain actors. But the 'empty' terminology may confuse the point that there *is* guiding, normative, and interpretive content contained in passive/victimhood scripts.

passive sex script ensures that the only available interpretation of interpersonal sexual interaction is one of victimhood.

Take Tom Robinson and Mayella Ewell in *To Kill a Mockingbird* (Lee, 1960). Structural sexuality scripts are such that certain sexual encounters between Ewell and Robinson cannot or are less likely to be understood. Sexual desire and agency *from* Ewell *to* Robinson violates societal expectations. As a result, the interpersonal script will lack sufficient content to direct the *valued* way for sexual interactions to go between Ewell and Robinson, because *there is no valued way for the exchange to go*.[56] Thus, for others to make sense of the situation, there exist only pernicious passive and deviant sexuality scripts on which to draw.

Deviant and passive sex scripts inform how we imagine and understand certain sexual encounters. Robinson's sexuality is considered dangerous and threatening, while Ewell's is considered passive and demure — thus, the sexual interaction between a Black man and a white woman only made sense as a deviant act of Black male sexual violence against the passive victim Ewell.[57] The jurors in Robinson's trial lacked (or rejected) the conceptual resources needed to make sense of and accept the dual violation of pernicious identity-specific sexuality scripts (Black man as the victim, white girl as the sexual aggressor). Structural sexuality scripts were such that there were no other interpersonal scripts the jurors would willingly draw on — Tom Robinson could only have been imagined and interacted with as the aggressor, Mayella only as the passive victim.

Here, both actors' behaviour is too far beyond the realm of 'well-known situations' to offer a positive guiding script for how the encounter should go or how it ought to be interpreted. This lack of positive guiding script tells us only

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[56] Again, 'proper' here implies only what is *expected*, not what is morally correct. Although norms are often internalised in such a way that they become imbued with value judgements.

[57] Note that the identity-specific sexuality script of female sexual passivity within the context of the novel can be understood as desexualising – women are still understood as sexual, but they are made sexual *objects* rather than sexual *agents*. As such, there is no available positive sex script for how a women would or should behave as the active or aggressive sexual agent. To continue the script metaphor; Ewell cannot be understood as the protagonist or a leading lady in a sexual scene.

that sex would be wrong and should not occur. This occurs with minimal controversy in the case of children. Children are positioned as non-sexual and sexually off-limits; sex scripts for or about children are passive and therefore devoid of positive guiding content. The passive script is essentially 'empty'; there is no appropriate way for the interaction to go.[58] While we might not be concerned that there are no positive guiding sex scripts for or about children, in the following Section, I will argue that it is not always so clear-cut that passive scripts are good (or minimally neutral).[59]

In the following Section, I argue that intellectually disabled people are regularly subject to inaccurate identity-prejudicial sexuality scripts. Compared to other minority groups, however, the capacity of such individuals to shape, contest, or resignify sexual scripts is often reduced. Additionally, such scripts commonly result in sexual exclusion and harm beyond the systemic sexual aversions they generate. I argue that this is an issue of both unequal capacity distribution and relevant capacity impairments, and these factors amount to a wrongful form of sexual marginalisation/exclusion.

To connect briefly with future arguments, Chapter Three will expand on the epistemic and educational harms that result from unjust sexual scripts. In Chapter Four I will argue that intellectually disabled people are subject to broad sexual exclusion – an exclusion that arises from and reinforces unjust sexual scripts and sexual epistemic injustice. Chapter Four will also detail the goods that are made less or inaccessible by broad sexual exclusion – namely, the goods offered by meaningful sexual experiences and inclusion in the sexual life of one's society. I will argue that, while some intellectually disabled individuals may lack the relevant capacity to shape, contest, or resignify sexual

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[58] Note, the script for a child in a sexual encounter here is a victimhood script. The script for or about adults desiring or engaging in sex with children is deviant.

[59] Of course, even in the case of children, it is not necessarily always non-controversially good that sex scripts do not provide guiding content for navigating sexual life. Here, children themselves may (and often do) lack access to and understanding of sex scripts. On the surface this sounds reasonable. However, sex scripts are not only guiding for sexual acts themselves. Sex scripts also guide how sexual relevant activity is understood and discussed. This can help us distinguish sexual from nonsexual activities and can guide how and to what extent important sexual knowledge and information is shared. As an example, if an individual is subject to a desexualising or hypersexualising identity prejudicial sexuality script, then passive or deviant sex scripts may be such that there is no helpful guide for how and to what extent relationships and sexuality education ought to be provided. See Chapter Three for a more detailed argument.

scripts, their right to the goods of broad sexual inclusion remains. In Chapter Five I will argue that broad sexual inclusion is best pursued through social and structural mechanisms that can support the collective revision of unjust sexual scripts. This present Chapter provides an understanding of the nature and content of sexual scripts concerning intellectual disability. This sets us up to be able to understand and resolve a key driver of sexual injustice and broad sexual exclusion.

4. Disability as Deviance or Passivity

Identity-specific sexuality scripts contain guiding social norms and expectations for sexual interactions with individuals of specific identity groups. These identity-specific sexuality scripts produce sex scripts that set the boundaries of expectations regarding how we act, think, feel, and communicate about sex with or between members of identity groups.

Understanding the identity-specific sexuality scripts to which a group is subjected can help us recognise possible sexual harms or wrongs that might arise for sexually excluded groups. Scripts then can give us a mechanism for evaluating whether sexual exclusion is wrongful. For example, we may ask:

1. Are the scripts accurate?
2. Do they produce pernicious passive or deviant sex scripts?
3. Do these scripts encourage or obscure sexual harms, aversions, or injustices? And,
4. Do identity group members have sufficient opportunity, resources, and capacity to challenge, reject, or alter these sexual scripts?

I now examine the identity-specific sexuality scripts for and about intellectually disabled people, and I will assess whether these scripts are wrongful and ought to be challenged and overcome. I will argue that dominant sexuality scripts about intellectual disability portray intellectually disabled people as child-like and therefore either sexually innocent or out of control (the former producing passive sex scripts and the latter deviant). These scripts are both inaccurate and create and obscure sexual harm and injustices. Intellectually disabled people have limited opportunities and support in challenging and reshaping these scripts. As such, dominant pernicious sexual scripts for and about intellectually disabled people can and should be understood as wrongful.

4.1. Infantilised Sexual Scripts

Why is disability so desexualising? One standard theory is that disability is regularly associated with dependency and vulnerability — traits strongly associated with childhood. As a result, disabled people are routinely infantilised and rarely seen as full adults (Siebers, 2012). Infantilisation can negatively affect the perceptions of disabled people's sexualities, rendering them and their sexuality vulnerable, in need of protection from sexual acts, information, and desires (their own and others) (Kulick & Rydström, 2015; Liddiard, 2017). According to Jackson and Scott, "childhood is frequently equated with a state of innocence, which is, in turn, conflated with sexual ignorance" (2010, p. 101). Subsequently, sex and sexuality for intellectually disabled people are seen as problematic, dangerous, and inappropriate, threatening their own and others' physical and psychological safety and well-being. These stereotypes deny disabled people's sexual agency and negatively impact their self-esteem, physical and mental health, and employment prospects (Emens, 2009; Haller, 2010; Shakespeare, 2000; Waxman-Fiduccia, 1999).

There are, of course, stereotypes of sexually dangerous, obsessed, or out-of-control disabled people: if disabled people have sexuality, it is one that, by its very nature, is immoral, deformed, and corrupt (Winges-Yanez, 2014). This sexuality script is perhaps more commonly associated with sex and sexual activity that takes place between two (or more) intellectually disabled people. Here, we see the other side of the coin of infantilisation. It does not always bring with it ideas of angelic innocence. Rather, infantilisation can be a form of dehumanisation accompanied by darker ideas of the pre-moral animal, driven by urges that are not fully understood or controlled. Sex for the dehumanised is just as (if not more) inappropriate. Sex is base; it is dangerous, without intellectual, emotional, or moral understanding. When the sexuality of people with intellectual disabilities is recognised, it is often only discussed within this model of base sexuality.

Those intellectually disabled people who perform sexual acts "do not understand what they are doing" and must be protected from their desires lest they hurt themselves or others. Here, the individual is imagined as driven by urges he (it is usually he) does not understand. Interpersonal scripts then remain devoid of positive content — the intellectually disabled man is seen as incapable of the positive and fulfilling features of sex and sexuality. Rather, he is painted as a hapless perpetrator of sexual violence — his sexuality remains a problem that needs to be controlled. Thus, just as the stereotypes of intellectually disabled people are desexualising, so are representations of 'hypersexual' disabled people. These stereotypes similarly "serve as a justification for denying the sexuality of disabled people – to prevent them from imposing their sexuality on others and potentially tainting the human race" (Emens, 2009, p. 1325). Elizabeth Emens argues that "even when the depictions or assumptions vary" regarding disability and sexuality, "the norm of desexualization remains fairly robust" (p. 1325).

4.2. Sexual Scripts *about* Intellectually Disabled People

How individuals conceive of disability informs how they conceive of disability and sex. For disabled people, their sexuality continues to be seen as a problem by non-disabled others. Sex is not imagined as offering the opportunity for a rich and fulfilling life that it offers non-disabled people. Shildrick (2009), in the opening quote of this Chapter, stated that disabled people find that their "sexual expression is highly regulated, if not invalidated or silenced completely" (p. 11). Sexuality, sex, and gender may interact with multiple features of individuals' identities to produce intersectional identity-specific sexuality scripts. When one of these identities is a known, labelled, or apparent intellectual disability, in Stefan's (2003) words, "all other aspects of who they were - their sexuality, their religious identity, and their racial or ethnic identity" are "swallowed up" by their (actual or perceived) disabled identity (p.

1363). Similarly, Shakespeare (1996) argues that “disability is a very powerful identity, and one that [...] has the power to de-sex people, so that people are viewed as disabled, not as men or women, straight or gay” (p. 94).

I take it that, what is going on here, is that structural sexuality scripts regarding intellectual disability are such that sex and sexuality do not make sense. Disability is a sexual trump card — obscuring other potentially sexualised features of one’s identity. Other identity features compound the de-sexing rather than counter it – an individual’s otherwise sexualised features are obscured or made deviant by their (actual or perceived) disabled status. The result of this de-sexing is highly normative passive or deviant sex scripts about intellectual disability. Those that violate such scripts, for example, by having sex with or by supporting the sex lives of intellectually disabled people, are regularly shamed, ostracised, or treated as deviants themselves.

Deviant scripts extend to those that might be sexually interested in intellectually disabled people. Ableist fetishism is seen by many as mocking physically disabled people by casting non-disabled partners as heroes or saints – capable of a level of charity that is beyond an ordinary person (see e.g., Sauder, 2016). This fetishism can extend to those in relationships with intellectually disabled people (think of the saintly status given to partners who remain with a partner with an acquired brain injury or dementia) (Victor & Guidry-Grimes, 2019). However, where sex is thought to continue between such partners, this ‘saint’ status (often along with their access to the relationship) is quickly stripped away.[60]

Sex with an intellectually disabled person, for non-disabled people, is inappropriate – outside guiding scripts — thus, interpersonal sexual scripts are often devoid of positive guiding content. There is no appropriate way for sexual interpersonal interactions to go. Intellectually disabled people, even those capable of consenting to interpersonal sexual activity, are thus

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[60] For example, non-disabled partners are often blocked from seeing their intellectually disabled partner in hospital or support homes where staff or family members have witnessed and then reported sexual activity (Victor & Guidry-Grimes, 2019).

systematically sexually excluded.[61] Of course, sex may (and does) still occur — but if such activities are communicated to those outside the interaction, they will not have positive sex scripts to draw on to understand the encounter. Instead, dominant scripts that portray intellectually disabled people as sexually passive and vulnerable may be drawn on — resulting in an automatic interpretation of the sexual communication as a disclosure of sexual assault or exploitation. Here, deviant and victimhood scripts are activated in a way not unlike the script effects we saw in *To Kill a Mockingbird*.

One need not have (or be interested in having) sex with an intellectually disabled person to be marked as sexually deviant. Support or approval of the sexual activity of intellectually disabled people by non-intellectually disabled people is also viewed with suspicion. Those in positions to support the sexuality of intellectually disabled people (families, support workers, educators) may be shamed, criticised, or punished (socially, legally, or economically) if they were to help or support sexual expression. Alexander et al. (2017) argues that "a level of vulnerability is involved in putting oneself forward to do this work […] Practitioners who are proactive in this area may be concerned that people may question their preoccupation in pushing for these issues to be addressed. There is the possible criticism that pleasure is not the remit of clinicians or support workers; that pleasure is simply not a priority" (p. 115). As a result, support is less likely to be offered.

Non-intellectually disabled people may internalise passive, victimhood, or deviant sex scripts about intellectually disabled people. This can create additional barriers to sexual inclusion whereby those in positions of power and responsibility over intellectually disabled people block opportunities for sexual access and expression. Michael Gill (2015) here provides two personal examples:

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[61] In some countries (e.g., Australia, Denmark, and the Netherlands) intellectually disabled people can legally access the services of sexual surrogacy and sex workers (Liddiard, 2014). While the existence of these opportunities might indicate some evidence of policy-level acknowledgement of the sexuality of intellectually disabled people, the opportunities themselves do not challenge dominant desexualising scripts and, in some cases, they can even reinforce these scripts (see Chapter Four).

> I remember when the phone call came into our office. Home site staff had called to tell the workshop about some observed sexual behaviours between two of our employees. These particular employees had recently been viewed holding hands and kissing in their private room at their house. Home site staff interpreted these activities as an indication of a lesbian relationship. Home site staff and the family of one of the women judged the relationship inappropriate. As a result, these women were moved to separate rooms and told the behaviours were unacceptable. As a result of this information, the workshop staff decided to separate these women in future work settings, often placing them at opposite ends of the workshop. We (the staff) were also actively seeking out any displays of affection, intimacy, or even friendship between these two women that could be interpreted as sexual or leading to sexual actions. (p. viii)

And similarly,

> I took a position as a job coach providing individual employment support to a young man working in the community, Frank. Frank and I were about the same age. Usually, Frank was accompanied to work by a personal assistant who assisted him in using the restroom either before or after work. On this particular day, the personal assistant did not accompany Frank, so I volunteered to assist Frank in transferring to the toilet. After transferring Frank, I left to let Frank use the restroom in private. I waited outside the restroom for almost fifteen minutes before getting worried that something had happened to Frank. Without knocking, I entered the restroom and found Frank masturbating. Immediately, I told Frank that this was inappropriate and instructed him to stop. After he did, I helped transfer him back to his wheelchair. Despite the fact that he was masturbating in a private, single-stall restroom, I thought that he should not be masturbating. (p. xiv)

Gill acknowledges that in both cases, the sexual expression of intellectually disabled people was policed “based on assumptions about not only when and where one can be sexual, but also who can be sexual” (p. xv). The sexuality of

Frank and the two women was placed under the authority of their support workers, who could directly remove access to their intimate partner and any private time and space for intimacy. Frank and the women may have continued these sexual behaviours, but if they did, it could only have been in moments hidden from their support workers.

Gill and his fellow staff members, with minimal reflection, automatically followed scripts of sex as wrong or inappropriate for intellectually disabled people (steps I would note that look remarkably like mandatory reporting procedures for the suspected sexual abuse of children). The staff did not ask the individuals if they wanted the behaviour to continue. Instead, they reported the activity to those with authority over the disabled person, blocked potential avenues for future sexual activity, and restricted the couple and Frank's already limited privacy.

4.3. Sexual Scripts *for* Intellectually Disabled People

For intellectually disabled people, identity-specific sexuality scripts contain norms, stereotypes, and expectations of non-sexuality, victimhood, passivity, and innocence, or of hypersexual deviance. In both cases, be it infantilisation or hyper-sexualisation, disabled people are desexualised – their sexuality, if it is recognised at all, becomes understood only as a problem (Emens, 2009). In turn, interpersonal sex scripts are devoid of active or positive sexual content. They fail to guide how sex and sexuality-based interactions 'ought to go' because such interactions, according to structural scripts, ought not to happen. If sex does happen, the available scripts are ones of vulnerability, exploitation, abuse, and violence. Thus, sex becomes vulnerable, exploitative, abusive, and violent.

We saw in Section 4.2 how desexualising scripts can shape the behaviours and understanding of non-disabled people towards disabled people. But these scripts can also shape the behaviours and understandings of disabled people themselves. For the disabled person, interpersonal scripts of passivity and victimhood may be internalised. This may result in decreased sexual assertiveness or increased shame, confusion, repression, and guilt in solo or interpersonal sexual activity. They may struggle to initiate and maintain relationships, not having positive scripts to draw on to direct and maintain intimate connections.

There are endless examples of intellectually disabled people internalising deviant or passive scripts. Many believe they should not be having sex or hide their sexual behaviour to avoid ‘getting into trouble.’ Fitzgerald et al. (2013) capture both beliefs, finding that “many [intellectually disabled] women said they were not ‘allowed’ to have sex with their boyfriends and feared the consequences of getting ‘caught’” (p. 8). Mary, a disability support worker, detailed an extreme version of this internalisation of sex as deviant or wrongful: "...an older man um... He had sex with a woman that he works with. After he had done that, he dialled the emergency services [...] and said that they had to come quick because he’d just done something he shouldn’t have. And he was just in complete turmoil..." (cited in Hamilton, 2002, p. 7). Sex for this older man was thought so wrongful that he ought to call the police on himself. Sex for him was not only wrong in his mind, but it was also criminal.[62]

Such extremes of internalisation are a distinctive feature of sexual script-related harms concerning intellectually disabled people. This occurs for several reasons. The nature of intellectual disability itself may impact an individual’s independent capacity to critically reflect on, challenge, or reject sexual scripts that are harmful to them. I say ‘independent capacity’ as many may be able to engage with this process with support. Accessing support, however, may be difficult due to the common social isolation and dependence of intellectually disabled people. Further, the support needed to recognise and challenge scripts may not be offered owing to the common belief that pernicious sexual scripts are protective, beneficial, or accurate (this is an issue I will explore further in Chapter Three). Additionally, as we saw in Section 4.2,

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[62] The case Mary refers to was discussed within the broader context of the man defying his mother, to whom he had attempted to come out as gay. His mother had told him that he was not gay, and in response he slept with a woman to ‘prove how not-gay he was.’ Part of the man’s turmoil can be attributed to the denial of his sexuality by his mother, and his own acting against his own sexual desires. I take the extreme that the man went to (calling the police), however, as a clear internalisation of sex as wrongful.

the normative features of sexual scripts make it the case that it can be socially costly to support the sexual lives of intellectually disabled people.

While for many other identity groups, there is a growing recognition that pernicious sexual scripts ought to be challenged, sexual scripts regarding intellectually disabled people are treated with greater caution. Here, in many jurisdictions, intellectually disabled people find themselves as one of the few groups without identity-based sexual rights protections and their sexual expression is actively discouraged if not criminalised.[63] Intellectually disabled people may, thus, have an increased need for support in challenging marginalising and pernicious sexual scripts yet will face more formidable barriers (both social and legal) in accessing such support.

Thus, intellectually disabled people are subject to identity-prejudicial sexuality scripts, which consist of desexualising norms, stereotypes, and expectations. As a result, interpersonal scripts lack positive guiding sexual content — there is no proper way for sex or intimacy to go. Sex and intimacy that do occur may then be misunderstood. Intellectually disabled people may internalise expectations of sexual vulnerability or deviance, and, in so doing, they are made vulnerable or deviant. This casts a shadow on their sex and sexuality — sex becomes something that happens only in the dark.

4.4. Evaluating Sexual Scripts for and about Intellectually Disabled People

Understanding the identity-specific sexuality scripts directed towards intellectually disabled people can help us evaluate whether their sexual exclusion is unjust. By establishing what scripts are in play, namely infantilising sexuality scripts, we can ask a series of questions. First, are these scripts accurate? Second, do these sexuality scripts produce pernicious passive or deviant sex scripts? Third, do these scripts encourage or obscure sexual

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[63] For example, while the United States Supreme Court recognises Bill of Rights-based fundamental “zones of privacy” protections for intimate relations, these rights do not extend to the sexual activities of disabled people, nor is the Court likely to do so. Similarly, in Australia, Queensland law treats disabled individuals differently from other people. While rarely enforced, it effectively makes sexual relationships illegal until proven otherwise (the inverse is true for non-disabled people) (Alexander & Taylor Gomez, 2017).

harms, aversions, or injustices? Moreover, finally, do intellectually disabled people have sufficient opportunity, resources, and capacity to challenge, reject, or alter these scripts?

The answer to this second question has been laid out throughout this Chapter. Identity-specific sexuality scripts produce normative pernicious passive and deviant sex scripts for and about intellectually disabled people. Infantilising identity-specific scripts contain expectations of non-sexuality, innocence, victimhood, and vulnerability or hypersexual deviance. These structural scripts produce interpersonal sex scripts devoid of active or positive sexual content. The sexuality of disabled people is constructed as threatening, inappropriate, and vulnerable; sexuality is something that they ought not to have. Subsequently, sex and sexuality for intellectually disabled people are seen as problematic, dangerous, and inappropriate, threatening their (and others') physical and psychological safety and well-being.

These scripts encourage and obscure sexual harms, aversions, and injustices. Owing to infantilisation and stereotypes of sexual danger, intellectually disabled people are routinely deprived of the conceptual and practical resources they need to make sense of sexual experiences (Sinclair et al., 2015). Similarly, those without intellectual disabilities are rarely provided with non-harmful resources to understand the sexual lives and needs of those with intellectual disabilities. This limits individuals' capacity to understand and communicate sexual harms and injustices. For example, failing to recognise individuals as sexual beings can limit their access to accurate sexual health information, and reports of sexual assault might be less forthcoming or more likely to be misunderstood. This can enable sexual harm to continue unchecked.

I take this to be a prime case of exclusion from sexual life. Such sexual exclusion occurs where members of non-dominant identity groups are significantly limited in or prevented from participating in shaping, contesting, or resignifying identity-prejudicial sexuality scripts that direct their intimate interactions with (or between) group members. This brings us to our fourth question; do intellectually disabled people have sufficient opportunity to challenge sexual scripts? The deprivation of conceptual and practical resources for and about intellectually disabled people significantly limits their capacity to shape, contest, or resignify the identity-prejudicial sexuality scripts that direct their intimate lives. This exclusion is self-reinforcing. Sexuality scripts limit access to the conceptual and practical resources needed for leading a fulfilling sexual life. This in turn reinforces prejudicial sexuality scripts that assume intellectually disabled people should not be having sex (a point I will expand on in Chapter Three).

It must also be acknowledged that shaping, contesting, and resignifying sexual scripts will require a certain level of cognitive capacity. So too, internalising and acting upon scripts requires some (although fewer) cognitive capacities. This level may not always be reached by intellectually disabled people, especially without external support systems to aid in their understanding. This may not always be a terrible thing. An inability or reduced ability to recognise and internalise sexual scripts may be beneficial where scripts are pernicious. However, reduced cognitive capacities can result in the internalisation and adoption of dominant scripts one might see as applying to them. This can be problematic where such dominant scripts contain harmful norms and stereotypes. Take, for example, the intellectually disabled women interviewed by Michelle McCarthy (1999). As detailed in the Introduction of this dissertation, all women interviewed were under the impression that sex was meant to hurt women[64] and that sex was only pleasurable for men. These women also believed that they needed to have sex to maintain any intimate relationship and that intimacy was something they ought to want.[65] The responses of these women can be attributed to, amongst other things, a non-critical engagement with and internalisation of harmful sex scripts. They can also, perhaps, be attributed to insufficient support in rejecting said scripts.

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[64] Here the dominant script is not simply “sex is meant to hurt.” Rather, this is part of the wealth of mistaken sexual beliefs regarding male and female pleasure in cishet sex that construct various expectations for how sex ought to look, sound, and feel like for women. For example, the belief that a woman’s first time ought to hurt, that men enjoy sex more than women, or that it is ‘slutty’ for a woman to actively communicating her sexual needs and desires. See e.g., Atherton (2021).

[65] And by extension, that a bad intimate relationship was better than no relationship at all.

This is not to say that those without intellectual disabilities find it easy to recognise, challenge, or reject pernicious sexual scripts. Script recognition, rejection, and revision is difficult for anyone. This is so often why individuals regularly act on scripts that appear objectively harmful to their ends – Atherton (2021) provides the example of cishet women regularly engaging in sexual activity that does not bring them pleasure or is objectively unpleasant or painful. She argues that cishet sexual scripts produce manifold barriers to pleasure equality for women (for example, allowing men to take the lead sexually, not speaking during sex). Challenging such scripts comes with risks and costs for women, yet women may not recognise that they are following scripts that *can* be challenged. Intellectually disabled people, then, face a difficulty that is known to other identity groups. The case, however, presents additional barriers in the enhanced need for support and the social and legal barriers that often block access to this support.

Note, that one thing that follows from sexual script theory is that some sexual marginalisation, exclusion, and associated harms can be remedied; the task might be difficult, but individuals *can* revise their sexual scripts. For some intellectually disabled people, however, this task may not be achievable without support in recognising and engaging critically with scripts. For those with Category Three intellectual disabilities, this may not be an achievable task. Thus, sex and sexuality scripts for and about intellectually disabled people can be reinforced by both an unequal capacity distribution and relevant capacity impairments. However, while some intellectually disabled individuals may lack the relevant capacity to shape, contest or resignify sexual scripts, their right to sexual inclusion remains. Ensuring fair sexual inclusion will require enhanced support in navigating sexual scripts and may require that others do the work of contesting and reshaping harmful scripts.

Thus, we have the answer to our fourth question too; intellectually disabled people do not have sufficient opportunity, resources, and capacity to challenge, reject, or alter these scripts. Rather, in many cases, they may be amongst the worst off when contesting sex and sexuality scripts. This comes down to a reduced capacity (in some cases) to recognise and challenge scripts and a lack of sufficient support and resources.

Critically, however, we must ask; are these scripts accurate? Ought they be challenged and replaced? If we ought not to think of intellectually disabled people as sexual beings, or if they are, in fact, sexually innocent or dangerous, then the withholding of sexual resources and opportunities may be unfortunate rather than wrongful. At first blush, the answer is obvious; intellectual disability does not have any essential impact on sexuality. Intellectually disabled people are, of course, sexual beings with desires and interests like any other person.

Going deeper, we might ask, but ought intellectually disabled people be having sex or engaging in sexual activity? Are they the right sort of sexual beings? Here, we might worry that rejecting or altering de-sexualising sexual scripts will encourage sexual activity with individuals that may not be capable of legally consenting to sex. I respond to this concern in four ways. First, this is not true for all intellectually disabled people, yet the sexual scripts are persistent and pervasive. Many are capable of informed rational consent, and many more would be capable if given sufficient relationships and sex education and increased support in navigating sexual interactions.[66] Thus, pervasive identity-specific sexuality scripts, based on negative identity-prejudicial beliefs, reduce the opportunities of those intellectually disabled people who would otherwise be fully capable of consenting to sex.[67]

My second response is that yes, some intellectually disabled people will not be capable of legally consenting to sex or communicating sexual consent under dominant able-minded sexual norms. This does not necessarily mean that such individuals cannot and do not communicate consent by other means. Take the lesbian couple discussed by Gill (2015, see Section 4.1). The couple actively sought each other out, displayed pleasure in each other's company,

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[66] See Chapter Three for further detail and related arguments.

[67] See Chapter Three and Four for further details on opportunities limited by unjust sexual scripts and Chapter Four for further discussion of whether and to what extent intellectual capacities reduce one's rights to sexual inclusion.

and communicated consent behaviourally – this is a communication of consent that we regularly accept between non-intellectually disabled adults.

Consent is necessary for morally permissible sex, but what *kind* of consent should count? It is valuable to distinguish between explicit consent and expressed authorisation. Explicit consent can be understood as a clear and unambiguous agreement to a sexual act that is given by an individual with full understanding of what they are agreeing to. This is the standard of consent that legal systems and laypeople will often require of intellectually disabled people engaging in sexual acts. Expressed authorisation indicates a direct indication of agreement (verbal or nonverbal), which might not necessarily involve the same level of detailed understanding as explicit consent.[68] This form of sexual consent is often accepted as morally transformative for non-intellectually disabled individuals who are above the age of consent. This is a form of consent that should, in certain circumstances, also be taken seriously for intellectually disabled people.

Taking intellectually disabled individuals' expressed authorisation for sex seriously is valuable for a multitude of reasons. To name a few, intellectually disabled individuals, like any other person, deserve the right to make decisions about their own bodies and lives. Respecting their expressed agreement can acknowledge their autonomy and help preserve dignity. Acknowledging expressed agreement can support emotional well-being, healthy sexual activity and relationships, and individual empowerment. Respecting expressed agreement encourages open communication between intellectually disabled people and their support staff and can help protect individuals from potential exploitation and abuse. This is because individual wishes and boundaries are acknowledged and respected and support staff can have a better understanding of their needs and preferences.

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[68] Note that explicit consent places more emphasis on the informed and comprehensive understanding of the agreement being made, being best understood as the standard required to pass capacity to consent tests within the legal system. However, both explicit consent and expressed authorisation can be morally transformative forms of sexual consent. That is, they can render sexual acts as morally permissible.

Recognising expressed authorisation as consent enables the appropriate sexual inclusion of those with different levels of agency and sexual understanding. At the same time, expressed authorisation is a form of consent that ought to be taken seriously for intellectually disabled people within certain moral conditions/ parameters. For example, horizontal power relationships above the age of consent which knowingly and intentionally use behavioural or expressive communications consistently to authorise (and retract authorisation for) sexual acts. Some individuals may be capable of this expressed authorisation but remain unable to pass capacity to consent tests within their state's legal system. That is, they can give expressed authorisation, but they cannot (currently) legally consent to sex. For example, Alan and Kieron and lesbian couple described by Michael Gill gave explicit authorisation but they would not be able to legally consent to sex. Here the individuals understand and agree to a particular interpersonal sexual act, but they do not have the comprehensive understanding of sexual health risks and outcomes needed to give explicit consent.

Again, within my account, expressed authorisation can and ought to be taken seriously, even if it does not automatically amount to the legal standard of consent expected of intellectually disabled people. It is important to note that while expressed authorisation should be taken seriously, there will be instances where additional safeguarding or other considerations are necessary, especially if the individual's capacity to understand the implications of their agreement is in question. Here a similar issue arises for people who are not intellectually disabled – take people who are intoxicated, for example. So, agreement must sometimes – but not necessarily always – be disregarded. These instances will often be specific to individuals within contexts. As such, determining the exact practical parameters of when expressed agreement ought to be disregarded is an immense task that would be inappropriate for a philosophical dissertation. Such context-specific boundaries would better be determined by individual caregivers, sexual health and well-being professionals, legal experts, intellectually disabled people, disability advocates, family members, and consent guardians.

Leaving specific boundaries aside, I adopt more general moral boundaries for expressed authorisation as consent. Here I take it that individuals can be capable of giving non-verbal cues or verbally expressing desire for sexual acts but will *not* be able to authorise interpersonal sexual contact. The expressed authorisation of these individuals will not be morally transformative and will not count as consent to interpersonal sexual activity. For example, those under the age of consent or those with Category 3 disabilities. While boundaries for what counts as permissible sex are usually *somewhat* arbitrary, they intend to provide a line of protection against wrongful sex. Consent norms and laws represent just one aspect of protection against wrongful sexual conduct, though they are not flawless. Nevertheless, it's important to note that perfecting consent norms and laws was not the primary objective of this project.

My third response is to acknowledge that expressed authorisation is necessary for morally permissible sex and not all intellectually disabled people will be capable of consenting to sex. Sex with or between such individuals would be morally impermissible. But justified nonaccess to sex is distinct from justified broad sexual exclusion. There is much more to sexual life than interpersonal sexual acts. While an individual may be permissibly excluded from sex, they will remain a sexual being with sexual needs and interests. As such, there will be aspects of sexual life that they will retain rights to, despite their permissible exclusion from sex itself.

Again, consent is morally required for sex with or between intellectually disabled adults to be morally permissible. At the same time, I acknowledge that consent is but one mechanism for protecting individual's *sexual interests* and that it should not be the only deciding factor in whether *sexual exclusion* is morally permissible. If we understand sexual exclusion as only being about nonaccess to interpersonal sex acts, then one might worry that my claims are incompatible. But sexual exclusion, as I frame it, is about more than nonaccess to sex. Sexual exclusion is about nonaccess to the wealth of critical knowledge, resources, and experiences needed to lead a sexual life of one's choosing.

This project was never an argument for sex with or between individuals incapable of giving or understanding consent. It is (in part) an argument for recognising that even those unable to consent to sex have a right to inclusion in sexual life and to the critical knowledge, supports, and resources that come with this form of inclusion. Inclusion in sexual life *can* generate positive knock-on effects for access to sex (and risks related to sex). However, these are auxiliary and there is significant research (see Chapter 5) that demonstrates that the risks of wrongful sex are reduced by the types of broad sexual inclusion discussed in this dissertation. Given the growing doubt regarding the sufficiency of consent norms to govern and direct ethical sexual activity (see e.g., Gardner, 2018; Kukla, 2018; Palmer, 2016), I take it that we ought to refrain from relying *solely* on the *legal* capacity to consent to sex when determining who ought to be broadly sexually included or excluded.[69]

This leads into my fourth response that sexual scripts do not only govern the likelihood of individuals engaging in sexual activity. Sexual scripts help us navigate sexual life. They help individuals to understand themselves and their sexual experiences and to communicate these experiences to others. They enable access to a wide range of goods beyond the goods of sex itself. We ought to reject and revise pernicious scripts that hinder identity group members' capacities to navigate sexual life. This may increase certain sexual risks, but the harms of pernicious desexualising sexual scripts will typically outweigh these risks.

Thus, we have an answer to our four questions. Sexual scripts for and about intellectually disabled people are inaccurate, producing pernicious passive and deviant sex scripts. They create, encourage, and obscure sexual harms, aversions, and injustices. Moreover, there is insufficient support or opportunity to challenge such scripts. Thus, the sexual exclusion of intellectually disabled people, arising from identity-prejudicial sexuality scripts, ought to be understood as wrongful.

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[69] Rather, as I will argue in Chapter Four, the moral considerations for determining just access to sex and just sexual inclusion should be understood as distinct.

Conclusion

Prejudicial identity-specific sexuality scripts fail to provide guiding norms for how to interact well with members of certain groups within sexual contexts. In some cases, this limitation may fail to recognise group members as sexual beings, or they may only be recognised as passive victims, or sexual deviants. This has a marginalising effect and can result in sexual exclusions. Individuals have access to fewer intimate opportunities and resources. They also have a reduced ability to shape or contest the sexual scripts that guide their sexual behaviour and imagination or to shape and contest the scripts that guide how other agents recognise, imagine, and respond to them sexually.

Sexual scripts about sex and intellectual disability lack positive guiding content. Instead, the available scripts direct behaviour so that sex for intellectually disabled people often becomes more vulnerable, violent, exploitative, or non-existent. Further, even in cases where sex is not vulnerable, violent, or exploitative, the content of sexual scripts about intellectual disability informs how others will understand the sexual activity. While sex may not have been vulnerable, violent, or exploitative, communication about sex and disability will often be understood within this framework.

The idea that disabled people lack or ought to lack sexuality remains related to the broader issue of whom society sees as viable sexual agents — of who we believe is or should be allowed to be sexual beings. The sexuality of disabled people is constructed as threatening, inappropriate, and vulnerable; sexuality is something that they ought not to have. Desexualisation can render disabled people less than full adult members of society, their sexual and social selves dismissed and repressed. Notably, the concomitant harms that often accompany desexualisation, such as lack of access to accurate sexual health information or reduced credibility in reporting sexual assault, can make true the stereotypes of sexual vulnerability and danger.

The sexual exclusion and harm arising from marginalising sexual scripts are not solely directed against intellectually disabled people. Rather, the intersection of identity and sexual scripts regularly results in the sexual exclusion of socially oppressed groups. While social scripts are often defended as valuable shorthand for engaging in social practices, their burdens are disproportionately shared by socially marginalised group members. Establishing a more just sexual culture for intellectually disabled people (and other sexually excluded groups) will minimally require that we better recognise and contest identity-prejudicial sexual scripts and that we shoulder some of the burdens of script contestation for those less or unable to do so for themselves. While some intellectually disabled individuals may lack the relevant capacity to shape, contest or resignify sexual scripts, their right to sexual inclusion remains.

In the following Chapter, I will detail two of the injustices that arise from and reinforce identity-prejudicial sexual scripts. These injustices involve withholding and corrupting sexual epistemic resources owing to identity-prejudicial sexual scripts. I argue that this can amount to a sexual epistemic injustice and, in some cases, a sex-educational injustice.

I will argue that sexual epistemic, sex-educational, and sexual script injustices are mutually reinforcing. Unjust sexual scripts provide false justifications for withholding and corrupting relationships and sexuality education (RSE) and sexual epistemic resources for and about sexually excluded groups. Sexually excluded groups, with less access to accurate RSE and sexual epistemic resources, are left less able to challenge and reshape wrongful sexual scripts. Sexual scripts that portray group members as less sexually able or more sexually dangerous or vulnerable can then be ‘made true’ by limiting said group members’ sexual knowledge and communicative tools. Understanding the demands of sexual epistemic and sex-educational justice can then provide a path to overcoming the unjust sexual exclusion of intellectually disabled people.

Chapter Three: Sexual Knowledge

Corruption and Deprivation

> *To be considered fully human requires acceptance into relationships in which the experiences that form our individuality are recognized as communally valuable.*
>
> (Kliewer, 1998, p. 5)

> *There is a general fear that if we open the door to talking about sexuality, then people with intellectual disability will be abused or become sex offenders.*
>
> (Taylor Gomez, 2012, p. 238)

Introduction

In Chapter Two I argued that individuals may be unjustly excluded from or unable to participate in sexual life due to identity-prejudicial sexual scripts. Intellectually disabled people are regularly subject to unjust sexually marginalising scripts. These scripts can limit or block the inclusion of intellectually disabled people in the sexual life of their society. I argued that these scripts can sexually exclude individuals by blocking sexual interactions before they have begun or by directing sexual interactions in unjust or otherwise harmful ways. In this Chapter, I argue that identity-prejudicial sexuality scripts can also function to (falsely) justify the withholding or corrupting of essential sexual hermeneutical resources and effective relationships and sexuality education (RSE).[70] These are resources, experiences, and opportunities that are critical for ensuring safe inclusion in the sexual life of society.

I define sexual hermeneutical resources as the cognitive, linguistic, and expressive tools that individuals use to understand and communicate their

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[70] Effective RSE goes beyond the physical aspects of human development, “teaching children and young people about the emotional, social, *and* physical aspects of human development, relationships, sexuality, well-being, and sexual health” (Sex Education Forum, 2022, p. 3).

own and others' sexual or intimate experiences. These include pluralistic ways of knowing and communicating – being propositional, tacit, affective, embodied, and practical knowledge and communication. It will also include concepts, words, and non-verbal communications connected, but not limited to, sexual health, sexual acts and intercourse, romantic and intimate relationships, love, pleasure, kinks and fetishes, consent, lust, desire, satisfaction, sexual and romantic orientation, and sexual identity – for example, the concepts of sexual harassment, foreplay, asexuality, or enthusiastic consent.

Note, sexual scripts will *contain* sexual hermeneutical resources – namely sexual concepts, words, and non-verbal cues that allow individuals to make sense of situations and individuals in sexually meaningful ways. Scripts, however, are importantly action guiding. Structural scripts help guide which hermeneutical resources will be drawn on in interpersonal interactions by clustering hermeneutical resources, norms, beliefs, attitudes, and stereotypes together into *overarching* interpretive and normative guidelines for behaviour and understanding. Structural scripts then direct which interpersonal scripts will (or will not) come into play. See Section Two for details.

I will argue that corrupting, withholding, or otherwise failing to provide sexual hermeneutical resources and effective RSE can amount to a sexual epistemic injustice.[71] Sexual epistemic injustice and unjust sexual scripts are mutually reinforcing. Unjust sexual scripts provide false justifications for withholding and corrupting sexual knowledge and hermeneutical resources for and about sexually excluded groups. These same scripts also moralise and misdirect paternalistic justifications for RSE provision for and about intellectually disabled people.

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[71] Drawing on Miranda Fricker's (2007) concept of epistemic injustice, I define a sexual epistemic injustice as an injustice that sees group members wronged in their ability to comprehend or communicate their sexual experiences intelligibly. An epistemic injustice wrongs an agent in their capacity as a 'knower.' It is divided into two categories: testimonial injustice and hermeneutical injustice. See Section One for more detail.

Sexually excluded groups, with less access to accurate sexual knowledge and hermeneutical resources, are left less able to challenge and reshape sexual scripts. Sexual scripts that portray group members as less sexually capable or more sexually dangerous or vulnerable can then be 'made true' by limiting said group members' sexual knowledge and communicative tools. As a result, their capacity to act on, influence, generate, protest, or contribute to sexual knowledge and understanding is wrongfully diminished. Importantly, the corruption and deprivation of cognitive and communicative sexual resources can also allow serious sexual and social harms to continue unchecked. Through these interrelated injustices individuals become broadly sexually excluded (see Chapter Four) and deprived of the very resources they need to challenge this exclusion.

Section One will provide an overview of epistemic injustice and a pluralistic account of knowledge and communication that includes Category One, Two, and Three disabled people as epistemic agents. Section Two will detail pluralistic forms of knowing and communicating as it relates to sexual hermeneutical resources. In Section Three I argue that the withholding or corrupting of sexual hermeneutical resources, owing to unjust identity prejudicial sexual scripts,[72] amounts to unique forms of sexual epistemic injustice – unjust sexual epistemic corruption and unjust sexual epistemic deprivation. While this injustice might be more commonly or acutely felt by sexually excluded group members, one need not be a member of a sexually excluded group to experience unjust sexual epistemic corruption or deprivation.

I do not intend to argue that sexual epistemic injustice is a distinct form of epistemic injustice. Instead, I focus on the sexual cases of epistemic injustice informed by identity-prejudicial sexual scripts. These sexual epistemic injustices will highlight the corrosive wrongs of prejudicial sexual scripts. They also highlight two kinds of hermeneutical injustice that have yet to be

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[72] As argued in Chapter Two, a script can be understood as wrongful if it is inaccurate, pernicious, obscuring of harm, and where individuals do not have sufficient opportunity to challenge and reshape said scripts.

discussed. In the first case, the relevant conceptual resources are available at some social locations. However, they are withheld from the person who needs them to render their experiences intelligible to themselves and/or others (a deprivation-based injustice). In the second kind, conceptual resources are corrupted in a way that renders them harmful for or about hermeneutically marginalised groups (a corruption-based injustice).

In Section Four I briefly extend my argument to the sexual knowledge and resources owed to children and young people. I argue that the failure to provide effective RSE provision can be understood through the three conceptual frameworks presented across Chapter's One to Three – my spectrum-based integrationist model of disability, unjust sexual scripts, and sexual epistemic injustice. In addition to being an educational injustice, I argue that the poor access to and quality of RSE provision for and about intellectually disabled people ought to be understood as a sexual epistemic injustice. Unjust RSE provision is rooted in unjust sexual scripts, and it sexually disadvantages students with certain mental states such that they are disabled along Category One disability lines.

Through this Chapter's offered lens of sexual epistemic injustice, we can begin to see how and why certain intellectually disabled individuals may be sexually excluded; they are routinely deprived of the sexual epistemic resources needed to navigate sexual life successfully. Through my combined frameworks, a justice-based claim for social and sexual reform begins to take shape. Precisely which sexual goods individuals have a claim to, and how we ought to ensure access to these goods, will be the focus of Chapter's Four and Five, respectively.

For now, I will introduce my third conceptual framework.

1. Epistemic Injustice

Epistemic injustice (as the name suggests) is a "distinctively epistemic kind of injustice" (Fricker, 2007, p. 1). The injustice sees an agent wronged in their capacity as a "knower". Miranda Fricker (2007), in *Epistemic Injustice: The Power and Ethics of Knowing*, identifies two kinds of epistemic injustice; testimonial and hermeneutical. Testimonial injustice "occurs when prejudice causes a hearer to give a deflated level of credibility to a speaker's word" (p. 1). This credibility deflation is based on factors irrelevant to the knower's actual credibility, such as gender, social background, ethnicity, race, or sexuality. When testimonial injustices structurally affect what is included in a collective pool of knowledge, the experiences of the epistemically marginalised become (increasingly) underrepresented. This can, in turn, affect their ability to make sense of their experiences[73], as they have fewer conceptual sense-making resources on which to draw.

Fricker describes this latter phenomenon as hermeneutical injustice. More precisely, hermeneutical injustice is the phenomenon that occurs when unfair obstacles constrain or undermine the intelligibility of communicators[74], or, as Fricker puts it, "when a gap in collective interpretive resources puts someone at an unfair disadvantage when it comes to making sense of [or communicating] their social experience" (2007, p. 1). Given my focus on hermeneutical injustice, I will set testimonial injustice aside for now. However, it should be noted that the two are intricately related, with one often giving rise to the other (p. 162).

A hermeneutical injustice occurs when a person has some significant aspect of their social experience obscured due to flaws in the production, nature, or sharing of society's interpretive resources. Fricker's paradigm case is of Carmita Wood. Wood left her employment at a US university in the 1970s due to a series of unpleasant encounters with a senior male colleague. While we would now quickly identify these encounters as sexual harassment, Wood's experience occurred before the term's existence. Without the concept of sexual harassment, Wood could not render her experience intelligible to herself or others. As a result, Wood could not explain to an unemployment agency her

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[73] Or have their experiences understood by others.

[74] Here, it is possible that in-group members themselves understand an experience but owing to an unjust gap in hermeneutical resources, the experience cannot be made intelligible to others. See e.g., E. Davis, 2018; Medina, 2022.

exact reason for leaving her job, so she was denied unemployment benefits. Wood suffered epistemic harm, as she could not make sense of her experience or communicate it successfully to others. The epistemic harm resulted in secondary harm, namely the denial of unemployment benefits.

Society's unequal social relations result in an epistemic community whose shared meanings predominantly reflect the experiences of dominantly situated knowers. This results in a community where dominantly situated knowers — those with material, social, or identity power — have sufficient hermeneutical resources to draw on to make sense of and communicate their experiences to others. On the other hand, marginalised knowers must either use resources that do not adequately reflect their experiences or use those that are ill-understood by others. Alternatively, marginalised knowers are left without the communicative and sense-making tools needed to understand and communicate their experiences, often resulting in a feeling of dissonance. The resultant hermeneutical injustices can be self-reinforcing — those who are rendered unintelligible by the hermeneutical lacuna are, subsequently, less likely to contribute to future meaning-making. And so, the lacuna persists.

José Medina warns that "hermeneutical harms should not be minimised or underestimated, for the interpretative capacities of expressing oneself and being understood are basic human capacities" (2017, p. 41). He argues that our meaning-making and meaning-sharing capacities are "crucial aspects of a dignified human life", and that "hermeneutical injuries can go very deep, indeed to the very core of one's humanity" (p. 41). At their most severe, hermeneutical harms may "run so deep as to annihilate one's self", producing what Medina calls "*hermeneutical death*" (p. 41).

Hermeneutical death[75] is a "phenomenon that radically constrain[s] hermeneutical capacities and agency" in ways that may include "the loss (or

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[75] Medina's term hermeneutical *death* may be somewhat melodramatic. Individuals who suffer hermeneutical death are not necessarily *lost causes* – they can be brought back to life or given new life (to continue the metaphor). An individual can recover from hermeneutical death, given the appropriate support to discover the voice and sense of self that had been destroyed. As such, they were perhaps better described as hermeneutically comatose than *dead*.

radical curtailment) of one’s voice, of one’s interpretative capacities, or one’s status as a participant in meaning-making and meaning-sharing practices.” Hermeneutical death “occurs when subjects are not simply mistreated as intelligible communicators, but prevented from developing and exercising a voice, that is, prevented from participating in meaning-making and meaning-sharing practices” (Medina, 2017, p. 41).

On Fricker’s original account, hermeneutical injustice is not carried out by individual actors; there is no “perpetrator”. In Carmita Woods’s case, no one person prevented her from making sense of her experiences. Instead, the injustice she suffered was due to a gap in collective hermeneutical resources (that is, amongst the other injustices she suffered and the practical harms she experienced). Philosophers building on Fricker’s work detail other forms of hermeneutical injustice that are not purely structural. These are instances where hermeneutical injustice is perpetrated by an individual or individuals that are culpable in some way. For example, Gaile Pohlhaus Jr. argues that ‘*wilful hermeneutical ignorance*’ can render a hearer culpable for misunderstanding or misinterpreting other’s experiences (2012). Wilful hermeneutical injustice occurs when dominantly situated knowers have a responsibility to, but “refuse to acknowledge epistemic tools developed from the experienced world of those situated marginally. Such refusals allow dominantly situated knowers to misunderstand, misinterpret and ignore whole parts of the world” (Pohlhaus, 2012, p. 715).

While classic examples of hermeneutical injustice (like Carmita Wood’s) are addressed by filling a hermeneutical lacuna with a *new* concept, hermeneutical injustice can involve more than just the absence of a concept. I hold that a hermeneutical injustice can also be constituted by depriving knowers of necessary epistemic resources or proliferating corrupted epistemic resources. In such cases, meaning-making and sense-making resources may exist elsewhere, but group members are blocked from accessing these resources or are provided with harmful versions of said resources. In many cases, specific individuals may be culpable for the deprivation or corruption of resources. In these cases, the culpable individual had an epistemic duty to provide certain resources. The duty to provide non-harmful hermeneutical resources arises where the victim exists in a relationship of epistemic dependency with the duty bearer, for example, a parent, guardian, medical professional, or teacher.

When directed toward vital epistemic resources, I will argue that hermeneutical deprivation or corruption can amount to the hermeneutical death of which Medina was concerned. Marginalised individuals are "prevented from developing and exercising a voice" regarding a critical meaning-making and meaning-sharing feature of their identity (Medina, 2017, p. 41). I take these critical epistemic resources to be those that are central to dignity, wellbeing, or autonomy. The deprivation or corruption of meaning-making and meaning-sharing resources regarding one's mental and physical health, or one's gender and sexual identity, for example, are corrosive to dignity, wellbeing, and agency in a way that depriving or corrupting meaning-making and meaning-sharing about interesting rock formations will not be.

In the next section, I provide an account of the nature of sexual hermeneutical resources. The remainder of the chapter will be dedicated to arguing that sexual hermeneutical injustice, taking the form of resource suppression, deprivation, and corruption, is a corrosive injustice that results from (and in) identity-prejudicial sexual scripts.

However, before I provide my account of sexual epistemic injustice, I first need to address the concern that epistemic justice is problematically and conceptually limited. The sexual knowledge rights of intellectually disabled people are central to my thesis. However, it has been argued that this group may not qualify as epistemic agents under the logocentric framework that is smuggled into most epistemic injustice literature (Catala, 2020). Critically, you cannot be wronged in your capacity as a knower if you do not qualify as an epistemic agent. Drawing on Amandine Catala (2020), I take this to be an oversight rather than a necessity of an epistemic justice framework. As such, I will briefly expand on what I take to be the scope of epistemic justice in the following sub-section.

1.1. Broadening Epistemic Justice's Scope

Ironically, the epistemic injustice literature can be accused of further marginalising some of society's most marginalised knowers. According to Catala (2020), logocentrism is embedded in the epistemic injustice literature, which is problematically and conceptually limited. The logocentric hyperfocus results in epistemic injustice being primarily concerned with propositional knowledge and communication. As a result, we are left unable to recognise epistemic injustices directed against those who cannot meet the demands of propositional knowledge. After all, those who do not meet the demands of propositional knowledge would not be epistemic agents under a logocentric framework. As such, these non-agents cannot be subject to undue credibility or intelligibility deficits. According to Catala, logocentric epistemic injustice produces *'meta-epistemic injustice'* by diminishing the credibility and intelligibility complaints of genuine agents who do know; they simply know and communicate their knowledge via other (non-propositional) means (2020).

The logocentric view of epistemic agency is particularly problematic as it disables those with severe or profound intellectual impairments. Under a logocentric view, it cannot be considered epistemically unjust for these individuals to receive diminished levels of credibility or intelligibility: "epistemic (in)justice simply does not apply to them" (Catala, 2020, p. 756). In the framework from Chapter One, this is a Category Two disability that masquerades as a Category Three. Individuals with severe or profound intellectual impairments are thought unable, owing to the impairment itself, to be epistemic agents. But rather, their exclusion is *constructed*, and they are thereby disabled by limitations in how epistemic agency is recognised and understood.

The logocentric view is conceptually limited as it fails to capture the multiple ways of knowing and communicating that exist. These are ways of knowing and communicating that are experienced and expressed by severely and profoundly intellectually disabled people and non-disabled people alike. Critically, these ways of knowing tend to be associated with the marginalised groups of concern to epistemic injustice scholars, such as women and working class, non-white, indigenous, and physically or intellectually disabled people, for example. These ways of knowing and communicating ought to be captured within our epistemic justice frameworks.

So, what ways of knowing have been forgotten or overlooked by the epistemic injustice literature? According to Catala, there are different ways of knowing and expressing knowledge that go “beyond the distinction in traditional epistemology between propositional knowledge (knowing-that) and practical knowledge (knowing-how)” (2020, p. 760). Drawing on Shotwell (2011, 2014, 2017), these are implicit ways of knowing and expressing knowledge, which Catala calls *‘tacit’*, *‘embodied’*, and *‘affective’* knowing. Tacit knowledge is common-sensical, that which ‘goes without saying,’ i.e., “any set of unarticulated and taken-for-granted presuppositions that underlies and structures a given context (e.g., social, cultural, professional, familial)” (Catala, 2020, p. 760). Tacit knowledge could be articulated propositionally but is not, or it would sound strange, awkward, or obvious to do so in conversation. Those new to a country or workplace may often experience tacit knowledge gaps until they understand the environment’s expectations. Tacit knowledge can be understood as constitutive of much of our sexual scripts.

Embodied knowing “stems from the body as socially positioned” (Catala, 2020, p. 760). It might include our experience of a gendered, disabled, or racialised body. This knowing, Catala argues, “is neither primarily nor necessarily understood in a propositional way” (p. 760). It is something that is felt and instinctive but may be beyond articulation. Affective knowing arises from our experienced emotions and affects. For example, a person’s experience of love or depression corresponds to an affective kind of knowing. Depending on a person’s emotional intelligence and vocabulary, these could be identified and articulated propositionally.

Unlike propositional epistemic agency, which is typically expressed verbally, these other implicit forms of knowing correspond with types of epistemic agency that will typically be expressed non-verbally. For example, “practical epistemic agency might be expressed through performance; tacit epistemic agency through certain choices, behaviours, or attitudes; embodied epistemic agency through body language or movement; and affective epistemic agency through facial expressions" (Catala, 2020, p. 763).

These other forms of epistemic agency – tacit, practical, embodied, and affective, can all be subject to undue credibility and intelligibility deficits. Catala provides an example from Goldin and Rouse (2000) of practical testimonial injustices occurring "when auditions for orchestras took place face-to-face rather than behind a screen concealing the gender of the musicians from the jury, with the former audition format resulting in fewer women being selected than the latter" (cited in Catala, 2020, p. 768). While women auditioning displayed the same level of skill (practical knowledge) as men auditioning, prior to blind auditions, they suffered credibility deficits which resulted in their skill and practical agency going un- or less recognised.

Expanding on Fricker's example of sexual harassment, Catala points out that Wood was subject to more than a (propositional) hermeneutical injustice. While lacking the term 'sexual harassment' (the hermeneutical injustice at work), Wood still testified to her discomfort that a behavioural line was transgressed; she expressed tacit, embodied, and affective epistemic agency. Thus, she faced both hermeneutical injustice and tacit, embodied, and affective epistemic injustice. Indeed, Catala argues:

> The problem was not solely that the concept or term of sexual harassment was unavailable, and that women's propositional articulation of their experience therefore came across as mostly unintelligible and uncredible. The problem was at least equally, if not more fundamentally, that women's tacit knowledge that something was wrong, along with the bodily and affective experiences (e.g., being touched or kissed; feeling anxious or angry) and corresponding embodied and affective knowing on which this tacit knowledge was based, was dismissed as well.
>
> (Catala, 2020, p. 769)

Combined with propositional and practical knowledge (know-how), we have a much richer pluralistic understanding of how epistemic agents know and might communicate knowledge. Similarly, we have a richer pluralistic understanding of how knowers might find their knowledge claims (or, more accurately, knowledge expressions) subject to unjustly deflated credibility judgements or might find their knowledge expressions misunderstood due to gaps in pluralistic hermeneutical resources. Thus, throughout this dissertation, when I refer to epistemic injustice (either testimonial or hermeneutical), I adopt a pluralistic account of epistemic knowledge and agency. Hermeneutical resources are not merely conceptual terms and meanings that allow us to understand our own and others' experiences through propositional knowledge claims. Hermeneutical resources extend to practical, tacit, embodied, and affective ways of understanding and communicating. For example, our understanding of others' facial expressions (affective), how these communicative expressions might differ because of culture (tacit) or disability (embodied), and how to offer comfort in response (practical).

1.2. Intellectual Disability and Epistemic Agency

For some, the claim that all intellectually disabled people are epistemic agents (and, therefore, can be subject to epistemic injustice) will be controversial. As argued in Section 1.1, epistemic agency, at least as it is implicitly conceived in the epistemic injustice literature, relies on a propositional conception of knowledge (see e.g., Catala, 2020; Dotson, 2012; Fricker, 2007, 2013, 2017; Mason, 2011; Medina, 2012, 2017; Pohlhaus, 2012). Propositional knowledge (or what Catala (2020) refers to as '*logocentric'* knowledge) typically relies on reason and verbal, written, or signed language. As such, it is sometimes beyond the capacities of those with severe or profound intellectual impairments.

By recognising the pluralist account of epistemic agency (an agency that includes implicit ways of knowing), it becomes clear that people with severe to profound intellectual impairments are epistemic agents. This is the case even when they cannot meet the demands of propositional epistemic agency.

Discounting pluralist epistemic agency and failing to recognise tacit, practical, embodied, or affective objects and expressive modes of knowledge amounts to what Catala calls a '*meta-epistemic injustice.*' This meta-epistemic injustice wrongly deflates the credibility and intelligibility of people with severe to profound intellectual impairments – people capable of knowing and being intelligible, even if they are not capable of verbal communication. By too narrowly carving out the category of epistemic agency, we also disable these individuals – we establish a Category Two disability.

To illustrate, Catala turns to philosopher and disability scholar Eva Kittay, whose daughter Sesha was diagnosed with severe to profound intellectual impairment:

> I am awakening, and her babbling-brook giggles penetrate my semi-conscious state. Hands clapping. Sesha is listening to "*The Sound of Music.*" Peggy, her caregiver of twenty-three years, has just walked in. Sesha can hardly contain her desire to throw her arms around Peggy and give Peggy her distinctive kiss - mouth open, top teeth lightly (and sometimes not so lightly) pressing on your cheek, her breath full of excitement and happiness, her arms around your neck [...] Sesha's kisses are legendary (and if you're not on your toes, somewhat painful).
> (Kittay, 1998, pp. 150–151)

This passage illustrates how people with severe and profound intellectual impairments have and exercise epistemic agency. The "narrative highlights several non-verbal modes of expression of [...] practical, embodied, and affective epistemic agency" (Catala, 2020, p. 767). The robust and caring relationship between Kittay and Sesha allows Kittay "insight into who Sesha is and how she sees the world" (Kittay, 1998, p. 157). This includes recognising Sesha's love of music, communicated by clapping and giggling (p. 150). Sesha communicates her love and affection by hugging and kissing (p. 150–2): "her affection [...] is her most effective means of connecting with others, in the absence of speech and most other capacities required for interpersonal activities" (p. 155).

According to Catala's account of pluralist epistemic agency, Sesha displays multiple forms of knowledge and agency. She displays "practical epistemic agency by knowing how to kiss or hug, a skill she had to learn and was unable to enact until she was twelve" (Kittay, 1998, p. 151). I would add that Sesha has embodied knowledge of giving and receiving hugs and kisses. "Sesha further displays embodied and affective epistemic agency by enthusiastically clapping and giggling, which are non-verbal expressive modes of embodied and affective states of joy, excitement, and pleasure" (Catala, 2020, p. 767). While Sesha may be unable to articulate her practical, affective, or embodied knowledge via propositional statements, she has knowledge and communicates this knowledge to those who know how to listen and take the time to do so.

Sesha can then be subject to the wrongful deflation of her credibility; even if she does not utter a word, she can be the victim of testimonial injustice. Due to their identity-prejudicial beliefs, others may fail to pay due credit to Sesha's practical, affective, embodied, and tacit communications. For example, they may dismiss her affective communication of enjoyment in response to music. This may be dismissing her as a good judge of musical quality. Alternatively, they may dismiss her communication of enjoyment entirely. That is, they may not recognise her clapping or giggling as conveying enjoyment of music, perhaps by dismissing the acts as unrelated or random responses.

There is a difference between misinterpreting Sesha and dismissing her due to prejudicial beliefs. An agent might misinterpret Sesha's clapping and giggling by interpreting the acts as responding to the unusual outfit the agent wore that day. This misinterpretation does not wrong Sesha. On the other hand, dismissing Sesha as a communicator, owing to identity-prejudicial beliefs about the epistemic capacities of intellectually disabled people, does constitute a testimonial injustice. Significantly, it also disables her as a communicator and knower (a Category One and Two disability). This is the case regardless of whether her communication was expressed propositionally or via another expressive mode.

I extrapolate from the above that, as profound and severe intellectual impairments do not prevent individuals from being epistemic agents, then so too, milder intellectual impairments will not prevent one from being an epistemic agent. Thus, intellectually disabled people can be subject to epistemic injustice. So too, those without an intellectual impairment may be subject to epistemic injustice owing to gaps in pluralist epistemic resources or because of prejudicial beliefs that deflate the credibility or intelligibility of pluralist expressions of epistemic agency.

Importantly, this Section allows for the possibility that intellectually disabled people can be subject to *sexual* epistemic injustice. While some intellectually disabled people may not have sexual agency or may not be able to consent to sex, individuals need not qualify as sexual agents to be wronged as *sexual epistemic agents*. One's capacity to consent to sex does not ground one's right to sexual knowledge or hermeneutical resources. Having established this possibility, the remainder of this Chapter will be dedicated to establishing that this possibility is, in fact, a reality for many intellectually disabled people – many *are* routinely wronged as sexual epistemic agents. I begin first by detailing what I mean by sexual hermeneutical resources. I will then argue that, owing to unjust sexual scripts, intellectually disabled people find themselves routinely subject to two forms of sexual hermeneutical injustice that have not been explored in broader epistemic injustice literature — namely, deprivation- and corruption-based injustices.

2. Sexual Hermeneutical Resources

Sexual hermeneutical resources are of vital importance to human dignity, wellbeing, and agency. They are essential to safe and meaningful sexual inclusion. They allow us to understand ourselves and others and to make informed choices about how we want to live our lives. They also allow us to relate to others in meaningful ways, this includes and extends beyond relating to others in sexually meaningful ways. This is because sexual hermeneutical resources allow us to distinguish between sexual and non-sexual communication, helping us recognise which social or sexual scripts will be appropriate or valued within the given context. Sexual epistemic resources shape and allow us to navigate sexual life. Thus, lacking, being deprived of, or holding inaccurate sexual hermeneutical resources can see individuals excluded from sexual and epistemic life, and can put them at risk of serious sexual harm and exploitation.

This dissertation, amongst its other contributions, expands and connects sexual script theory to the epistemic injustice literature. To this end, it is also worth noting from the outset of this Section that I take sexual scripts to be (in part) a kind of sexual hermeneutical resource that individuals will draw on to interpret, understand, and act in sexual and intimate ways. I distinguish sexual scripts in the following way: sexual scripts provide *overarching* and *action guiding* interpretive and evaluative mechanisms for understanding sex and intimacy. Scripts are guiding for interactions involving well-known situations and identity group members.

Within the context of epistemic justice, structural scripts can be thought of as clustering or meta-interpretive resources. In any situation, an individual will have various raw hermeneutical resources on which to draw – for example, the concepts of sexual harassment or flirting. The hermeneutical resources the individual *does* draw on to interpret and understand interactions will be guided by structuring sexuality scripts. Take the common dismissal of Asian men as potential romantic partners to help illuminate the distinction (Bedi, 2015). Research and individual testimony have found that Asian men are one of the least successful groups on dating apps; they are less likely to match with other users, less likely to converse with matches, and less likely to secure a date (Bedi, 2015; Hutson et al., 2018). Sexual scripts provide one way of understanding this phenomenon. Here, potential matches will possess sexual hermeneutical resources related to romance, dating, masculinity, and so on. However, the structural scripts that they draw on may not cluster these interpretive resources together in response to Asian men. The identity-prejudicial sexuality script does not cluster these concepts together; the script is left passive or deviant.

One feature of sexual scripts, then, is their role in priming and directing the selection of interpretive resources that individuals draw on to understand interactions with identity group members. However, as I have explained in Chapter Two, scripts are much more than hermeneutical resources. They provide overarching descriptive and normative mechanisms, containing clusters and sequences of norms, beliefs, attitudes, and stereotypes in a way that guides action, understanding, and the evaluation of situations.

As stated in the introduction of this Chapter, sexual hermeneutical resources are those sense- and meaning-making resources that individuals draw upon to interpret, understand, and make intelligible sexual or intimate experiences. These are not purely propositional conceptual resources, for example, knowing that masochism is a tendency to find sexual gratification in one's own pain or humiliation. Sexual hermeneutical resources include tacit, affective, embodied, and practical conceptual resources. As stated, this includes, but is not limited to, pluralistic knowledge and communication about sexual health, sexual acts and intercourse, romantic and intimate relationships, love, pleasure, kinks and fetishes, consent, lust, desire, satisfaction, sexual and romantic orientation, and sexual identity.[76]

Propositional knowledge (knowing-that) and practical knowledge (knowing-how) are clearly relevant to sexual knowledge and communication. For example, we may know and be able to explain that an orgasm is defined as the repeated rapid pleasurable release of neuromuscular tensions at the height of sexual arousal, usually accompanied by the ejaculation of semen or vaginal contractions. We may know and demonstrate how to reach orgasm through masturbation. We also draw on tacit, affective, and embodied hermeneutical resources when communicating or making sense of non/sexual or

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[76] Section One will expand on this pluralistic account of knowledge and communication, while Section Two will detail pluralistic forms of knowing and communicating relating to sexual hermeneutical resources.

non/intimate experiences. For example, if you have experienced orgasm, you may have affective knowledge of the rush of emotions that can often follow the physical and mental release. You may also have embodied knowledge of the social expectations projected onto different bodies of what orgasm 'ought to' look and feel like, for example that 'successful' sex for people with penises is believed to end (after an appropriate amount of time) in orgasm and ejaculation. This may result in feelings of shame if you do not meet these expectations or an increased feeling of masculinity if expectations are met.

Tacitly, we may sometimes know when we are desired by a person from our own cultural background – even if we cannot put that knowledge into words. Their body language might not be flirtatious in any obvious way, they might not have used a cheesy pick-up line or have said anything at all, and yet we can still sense their attraction to us. The loss of this tacit knowledge can be made obvious if we attempt to date in a foreign country – we not only lack shared scripts and practical knowledge around dating; we also lack access to culturally shared tacit knowledge related to desire and flirtation.

Much of our sexual communication is non-verbal. In fact, most of our sexual communication is non-verbal, and the more sexually repressed one's culture, the truer this might be. A lingering touch, eyes darkened with lust, heavy breath. A flinch, a sharp intake of breath, eyes wide in panic. These are affective communications, able to be understood through tacit, affective, and embodied hermeneutical resources. In most cases, these affective acts are not sufficient to communicate sexual consent.[77] Nevertheless, they communicate important intimate and sexual information if we care or know how to listen. For example, I might listen to or recognise the embodied knowledge of my friends who feel unsafe walking alone at night. In response, I might try to alleviate the potential anxiety my presence might produce in similar situations

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[77] One may have established such communications as cues of consent with their intimate partner/s. This still does not mean the cues *themselves* are sufficient for consent. Instead, the *establishment* of these cues as communicative of consent to certain acts *within* the relationship (be it a fleeting, short or long-term relationship) is also necessary. This establishment of communicative cues, of course, may also be done non-verbally. Like any other expression of sexual consent, even well-established consent cues can be revised and revoked.

– for example, I might cross the street rather than walk directly behind strangers late at night.

Connecting hermeneutical resources and sexual scripts together, we can see that many sexual and intimate acts and meanings are discovered through instinct, experience, and exploration. For example, when we reach for a comforting touch from our mother or discover pleasurable touch by exploring our own body (be that driven by intention, curiosity, or accident). These actions might become imbued with meaning through our internal responses and observations of others' responses. Suppose we reach for comforting touch from our mother and are regularly rebuked. Or suppose we are instantly and lovingly comforted. In either case, we will internalise the response within our conceptual understandings of related acts and relationships (comfort, motherhood, expressing vulnerability, etc.). These acts develop our understanding of what individual concepts and communications mean – creating rich pluralistic hermeneutical resources. Through regular associations between concepts, actions, and outcomes we develop sexual scripts regarding how standard interactions will or are 'meant' to go.

If caught exploring pleasurable touch, the other person's reaction may become part of our internalised meaning of associated acts, as will our observations of others' responses to the acts in general. For example, we might observe that we only see certain forms of touch in public (holding hands, kissing, hugging) or that people react negatively to intimate touch between two men and leer when it is between two women. This observation and exploration can see us begin to develop more complex sexual hermeneutical resources, which in turn may become clustered together into descriptive or normative sexual scripts.

Many sexual hermeneutical resources are developed through observation, exploration, and internalisation. However, more explicit instruction is required to secure the resources necessary for positive and fulfilling intimate relationships, dignity, agency, and self-understanding. For example, explicit guidance and instruction are needed to understand sexual consent and bodily autonomy, what it means to be straight or LGBTQIA+, and how babies or STIs might result from certain sexual acts. This instruction may not necessarily be expressed propositionally (for example, lecturing someone about the risks of STIs or the value of using a condom). It may be learnt experientially. For example, a primary school teacher might introduce a traffic light system so that her students can communicate their comfort with prescribed forms of touch and interaction (green meaning they are okay with hugs from their peers, amber meaning they are sometimes okay but want to be asked first, and red communicating that they do not like to be hugged). Her students are then taught through experience about setting boundaries, respecting others' boundaries, and that people have different comfort levels regarding expressing affection.

Just as sexual and intimate understanding is learnt, it can also be *mislearnt*. Individuals' sexual hermeneutical resources may be made dangerous, corrupt, or repressed because of harmful misinformation they have been provided (for example, teaching someone that drunk women are 'asking for it'). Alternatively, repeated shaming acts may corrupt an individual's concepts and, consequently, their internalised sexual scripts. Don Kulick and Jens Rydström (2015) provide the example of rehabilitation and group home workers in Sweden being taught to deal with male residents' erections that occur during assisted bathing by "flick[ing] the offending penis with a quick painful strike" (p. 80). Another personal assistant was advised, "If you're washing a man and he gets an erection, you press the nerve, and it goes down. You grip it right under the head, under the ridge, and press with two fingers". Within rehabilitation centres and group homes, the manoeuvre is so common that it has its own name; penisdödargreppet, in English, "the penis-killer grip". The approach here may comfort the staff; over time, the reportedly stressful experience of encountering an erection while bathing residents may become less frequent. The relief of the staff comes at the expense of residents' sexual understandings and responses which have been viscerally retrained through repeated painful flicks or "penis-killer grips" (Kulick & Rydström, 2015, p. 80).

Sexual hermeneutical resources may be mislearnt, or they may be withheld partially or altogether. This can result in dangerous gaps in individual's hermeneutical resources. For example, a parent might refuse to tell their teenager about safe sex and opt them out of sexual health classes. As a result, if the teen has sex, they will be at an increased risk of contracting an STI or falling pregnant (depending on their sex, fertility, and sexual orientation). Alternatively, the parent might explain the health risks of penis-in-vagina intercourse but withhold information about the health risks of other sex acts. This again puts the teenager at a largely preventable increased risk of STIs.

Withholding or corrupting sexual epistemic resources is a dangerous and corrosive harm. When we are excluded from sexual meaning- and sense-making practices or misinformed about critical resources, we are made deeply vulnerable. We are less able to understand and communicate our sexual experiences or form healthy intimate relationships. This is a wrong in itself – a harm to our dignity, autonomy, and wellbeing, and it leaves us open to secondary practical wrongs such as sexual harm, repression, and exploitation. A significant portion of our identity and our experiences are also obscured. We are prevented from being able to reason or respond well in sexual and intimate situations. This is because we lack the necessary interpretive resources and scripts to make sense of and act in a way that is within our own and others' interests.

In the following section, I will argue that excluding individuals from sexual meaning- and sense-making, owing to identity-prejudicial beliefs, is a sexual hermeneutical injustice. The deprivation or corruption of sexual meaning-making and meaning-sharing regarding one's sexual identity is a corrosive harm. Individuals are made more vulnerable to harm from others and less able to recognise and communicate sexual harm, exploitation, and issues relating to sexual and reproductive health. They are more at risk of loneliness or entering abusive relationships. So too, they are more at risk of harming others. The resulting harms are not only practical. They are also epistemic and existential; individuals are harmed in their ability to understand themselves and others and to make sense of their lives.

3. Sexual Hermeneutical Injustice

Sex is complicated. It is deeply social – it doesn't just *involve* others, it is shaped and defined by society. And yet, despite the social forces at work, sex is so often described as special and private, as something meant to exist "outside, and apart from routine sociality" (Jackson & Scott, 2010, p. 14). Sex is contradictory – it is thought unique and transformative, allowing us to rise above mundane, ordinary connections to establish something more profound with our partner/s. At the same time, for some, it is seen as a "dangerous force with the power to undermine 'civilisation' and reduce us to barbarism" (Jackson & Scott, 2010, p. 14). Whether sex is special, unique, transformative, deeply bonding, dangerous, or barbarous, it is a cluster of acts imbued with meaning. This is a meaning that often strikes at the core of our identities — whom we have sex with, how we have sex, how often, if we have or desire sex at all, whether our sex and sexuality are dangerous, slutty, sensual, abnormal, kinky, powerful, loving, vanilla, fleeting, or fun. Even so-called 'meaningless sex' communicates something about who we are and our relationships. Even meaningless sex is meaningful.

What happens when individuals lack the meaning- and sense-making resources[78] to understand their sexual experiences? For starters, they are made particularly vulnerable to sexual abuse and exploitation — unable to fully comprehend or communicate successfully the wrong being done to them. The sexual grooming practices of paedophiles are often an example of this case. Groomers might misdescribe the actions they are performing or misdescribe the intention behind them — sexual touch becomes "tickling", "special hugs", and so on. If the child draws on this language to express their discomfort to others, they may be misunderstood: "I don't like when daddy tickles me" can be perfectly innocent. However, if the child has been provided with a corrupted concept where "tickles" is a placeholder for some form of sexual abuse, they

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[78] An individual may lack resources due to their inability to use, internalise, or comprehend said resources. In cases of intellectual disability, I would take this as a Category Three exclusion from specific or all aspects of sexual culture. As such, I set such cases aside for now to focus on individuals who lack sense- and meaning-making resources because of the unjust distribution or production of said resources. The sexual exclusion of Category Three disabled people will be discussed in Chapter Four.

have not only been sexually abused – they endured an epistemic abuse as well.[79] This epistemic abuse is especially troubling as, by reducing the victim's intelligibility, the abuser ensures that their sexual abuse can continue unchecked.

Lacking sexual meaning- and sense-making abilities can also leave individuals more at risk of committing acts of sexual abuse. When individuals are not taught about consent, sexual and relational boundaries, or understanding and controlling their desires, a significant risk arises for others (and themselves). Of course, an individual with poor or limited sexual hermeneutical resources may not be sexually abused or become abusive. Nonetheless, they may suffer from other sexual harms or unwanted outcomes, such as high rates of STIs, untreated STIs, or unwanted pregnancies. Additionally, they might experience reduced access to contraception, STI screening, abortions, and reproductive health checks, or they may face difficulties navigating relationships or feel increased loneliness and isolation. They may also become intensely sexually confused or repressed, not having the tools to understand and navigate their feelings and desires. Our sexual lives can be deeply confusing even to those with many interpretive concepts on which to draw. For those who know little or nothing accurate about sex, sexuality, and relationships or who lack vital concepts that would help them navigate their sexual life, the world is made a profoundly confusing and dangerous place.

I take these dangers to reflect the severe social and epistemic wrongs that arise when an individual is subject to a sexual hermeneutical injustice. A sexual hermeneutical injustice sees an individual wronged in their ability to comprehend or communicate their sexual experiences. Sexual hermeneutical injustice can occur via deprivation, corruption, or marginalisation.

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[79] The concern here is that the child has intentionally been provided with communicative resources that are unintelligible or less intelligible to others. We might also think that, for the child to be able to understand and communicate the experience successfully, they need more than descriptive concepts. They also need thick concepts – they need to understand that certain sexual acts are wrongful. Without this feature, they cannot be thought to fully understand the experience. Sexual epistemic justice might then require that individuals are provided sufficient descriptive and normative resources to understand and communicate whether their sexual experiences are appropriate or permissible.

Deprivation-based hermeneutical injustice occurs when sexually marginalised individuals are not provided with a fair share of conceptual resources to understand and safely engage in sexual life, activity, or intimacy. Here, accurate concepts exist elsewhere but are not provided to or are systematically withheld from hermeneutically marginalised group members. Alternatively, accurate concepts about the marginalised group are systematically suppressed, not provided to, or withheld from those with whom group members wish to communicate, resulting in an intelligibility deficit. In most cases, withdrawing a child[80] from RSE classes will constitute a deprivation-based hermeneutical injustice in both senses. As would failing to include information about birth control and safe sex in RSE classes. The failure of American 'abstinence-only' curriculums to provide young girls with information about rape, sexual assault, bodily autonomy, coercion, or what to do if they are victims of a sexual assault provides another example of a deprivation-based injustice (Kay, 2008).

A corruption-based hermeneutical injustice arises when conceptual resources for sexual activity and intimacy are made harmful and inaccurate for or about sexually marginalised groups. For example, TikTok star Andrew Tate could be accused of sexual epistemically corrupting young boys.[81] Tate teaches his followers that rape victims "bear responsibility" for their attacks and that "if a woman is going out with a man, she belongs to that man" and that "the intimate parts of her body belong to him" (BFFs Pod, 2022; Delgado, 2023). Tate teaches dangerous ideas regarding consent and bodily autonomy to his young male followers. As a result, their sexual conceptual resources regarding consent are corrupted. This is a corruption-based hermeneutical injustice against women; the essential resources that others need to make sense of women's communications have been made dangerous and inaccurate. As a

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[80] Here, I take the position that children are a hermeneutically marginalised group and that identity-prejudicial beliefs will often lead to unjust credibility deficits directed towards children's testimony, and their capacity to contribute to or influence hermeneutical resources is limited. Children may not be fully developed epistemic agents; however, they are epistemic agents under the pluralistic account of epistemic agency adopted by this dissertation. You can substitute 'child' here for a more specific marginalised group (for example, opting intellectually disabled children out of RSE), and the idea of the claim should be clear.

[81] Tate may also corrupt other groups, but I direct the claim to the corruption of young boys because they are amongst his target demographic and are a group that are more epistemically vulnerable to manipulation and harm than adults. As such, they are less responsible or culpable for their beliefs.

result, women's sexual claims regarding consent and bodily autonomy are unjustly made less intelligible.[82]

The corruption can also be understood as a harm to the young boys themselves; they are made less able to understand and relate to others and they are made dangerous and epistemically corrupt. Whether being made epistemically corrupt constitutes an injustice is a topic deserving of its own dissertation, but that is not this dissertation. As such, corruption-based sexual hermeneutical injustice shall refer to the harm done to marginalised group members when they are provided corrupted sexual hermeneutical resources or when others are provided corrupted sexual hermeneutical resources about them.[83]

Marginalisation-based sexual hermeneutical injustices refer to hermeneutical injustices as they have traditionally been understood in the epistemic injustice literature but applied to the context of pluralist sexual epistemic agency. Here, both propositional and non-proposition forms of sexual communication may elicit unjust intelligibility deficits. For example, an individual may communicate tacit, affective, embodied, or practical knowledge through non-linguistic means, such as facial expression, sound (moans, screams, etc.), bodily comportment, placement in space, etc. This communication may be made less intelligible to others owing to gaps in hermeneutical resources that arose because of marginalisation.[84]

John Elder, author of *Look me in the Eyes*, provides an example of sexual epistemic marginalisation. He remarked that autistic people feel deeply but that "because we don't show [...] the expected response, people make the

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[82] If Tate's messages are accepted, corruption is also resistant to protest and counter-claims from women as the boys are taught that the opinions of women are worth less than those of men. This can also be understood as an act of general epistemic corruption; however, I intentionally focus on its harms in relation to sexual epistemic agency.

[83] Again, as young people, the corrupted boys could be thought of as a hermeneutically marginalised group that is thereby subject to a sexual hermeneutical injustice themselves. My general point here, however, is that the same cannot easily be said of other groups who may be provided corrupt resources.

[84] Alternatively, the non-propositional communication might be given a deflated level of credibility owing to identity-prejudicial beliefs. For example, pain cues (wincing or laboured breathing) may be taken more seriously when expressed by a white male than a Black male. This amounts to a non-propositional testimonial injustice.

wrong assumption about our depth of feeling about other people" (Shire, 2013). One reason for the reduced intelligibility of autistic affective communication is owing to the marginalisation of neurodivergent individuals. Marginalisation produces gaps in interpretive resources for affective communication. As a result, interlocutors may draw on interpretive resources more suited to the communication of dominant knowers (in this case, neurotypical knowers). In so doing, the affective communication of autistic knowers is mis- or less understood, as the available resources are ill-suited to the interpretive task at hand.

This marginalising hermeneutical injustice occurs when members of a group, owing to other's identity-prejudicial beliefs or structural biases, are unable (or less able) to influence, protest, generate, or contribute to sexual conceptual resources. Sexual epistemic marginalisation functions as a means of gate-keeping sexual culture, reinforcing and reinforced by hermeneutical deprivation, hermeneutical corruption, and identity-prejudicial sexuality scripts. I take this form of hermeneutical injustice as a paradigm case of hermeneutical marginalisation in the traditional sense; as such, I do not detail it here to add to the literature on hermeneutical injustice. Instead, I mean to point out that hermeneutical injustice can occur in ways that preclude marginalised groups from contributing to sexual meaning- and sense-making practices. I flag sexual epistemic marginalisation as an epistemic form of sexual injustice and set it aside for the remainder of this Chapter. I will return to the causes, harms, and resolutions for sexual marginalisation/exclusion in Chapters Four and Five.

Like other kinds of hermeneutical injustice, sexual hermeneutical injustice is a matter of degree. In some cases, individuals may be deprived of all sexual conceptual resources or specific important resources (for example, concepts and resources about abortion). This may lead to the individual internalising and constructing only harmful sexual scripts, internalising scripts with significant descriptive or normative gaps, or they may lack guiding scripts entirely. Given the sheer volume of sexual information online and the highly sexualised nature of contemporary culture, complete resource deprivation may be rare. However, given how inaccurate and harmful much of this content is, depriving individuals of the epistemic skills and resources to navigate this information can itself amount to a deprivation or corruption of sexual conceptual resources.

Similarly, individuals may be deprived of or provided with corrupted conceptual resources about all groups or only specific groups, for example, by conflating all sex with danger and sin or conflating gay sex with danger and sin. This can result in deviant sexual scripts about sexual acts or sexual agents. Similarly, others with whom the marginalised individual needs or wishes to interact may have been provided corrupted resources. For example, a nurse in a sexual health clinic may possess only harmful cognitive and linguistic tools for understanding the sexual health needs of transwomen.[85] Alternatively, critical sexual information about the marginalised group may have been deprived or corrupted for society more generally; the once near-universal treatment of transgender identity as a pathology, for example.

The deprivation and corruption of critical sexual resources for and about sexually marginalised group members may be to such a level that *sexual hermeneutical death* occurs, again to adapt a term from Medina (2017). This occurs when individuals are deprived of the meaning-making and meaning-sharing resources that are essential to sexual agency, wellbeing, or dignity. For example, withholding, failing to provide, or corrupting certain social and sexual health, gender, and sexual identity will be corrosive to agency, dignity, and wellbeing. Their corruption or deprivation leads to severe physical, material, and psychological harm and can harm the very formation of self.

This can be seen in the familiar deep sexual repression and internalised homophobia that can arise when gay, lesbian, bisexual, queer, and pansexual

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[85] Again, note that it is the transgender community that is the victim of the epistemic injustice in this case. In most cases of this epistemic injustice, the marginalised group about which there is a lack of adequate resources will be harmed. One can, of course, imagine examples where the deprived or corrupted resource also harms the non-marginalised group member – for example, a lack of awareness and stigma regarding HIV depletes valuable opportunities for possible blood transfusions and increases fear and avoidance. This harms HIV-negative and positive people alike.

people are deprived of non-harmful sexual conceptual resources about homosexuality. Lily, who now identifies as a lesbian, suffered years of deep sexual repression resulting from a lack of non-harmful conceptual resources about homosexuality (Jacobson, 2018). The only positive concepts she knew and felt she could act on were the scripts for being an obedient heterosexual wife and mother. As a result, Lily lost any sense of self and felt like she was 'prostituting herself' to perform what society expected of women. Lily stated that she experienced significant loneliness and isolation before leaving her husband. She stated that her once assertive, outgoing self would become subsumed and buried in the identity of her husband and the previous men she had dated. She lost herself in order to secure what she thought she was meant to want – the package of having a home, children, and husband:

> That's what I feel like; I prostituted myself throughout my life, sometimes deliberately, realising that I was doing it but doing it nevertheless because I couldn't face my own realities, and I was too afraid … I wanted to stay in the safe zones of what I knew how to do and what seemed to be working even when I was lying to myself and none of it was working. […] It is a lonely place to be.
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> (Jacobson, 2018, p. 74)

While Lily eventually gained access to and accepted the scripts and conceptual resources she needed for voice and self-formation, such positive outcomes are not always a reality. Studies show that higher levels of internalised homophobia correlate with lower sexual identity formation, lower levels of self-esteem and self-concepts (especially concerning appearance and emotional stability), and higher levels of sexual guilt, repression, depression, anxiety, substance abuse, suicide, and suicidal ideation (Ong et al., 2021; Ventriglio et al., 2021). Thus, when deprived of non-harmful sexual conceptual resources or supplied predominantly with harmful resources, the very formation of self can be compromised.[86] As is sometimes the case with internalised homophobia, sexual hermeneutical death can result. The harm

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[86] These studies also indicate that, as a society, we have good reasons (in the name of preventing homophobia and violence) to ensure that people cultivate healthy sexual identities.

suffered by the victims of sexual hermeneutical death and sexual hermeneutical injustice, more generally, can be a profoundly corrosive harm to the self.

It is helpful, perhaps, to pause for a moment to reflect on how and why my arguments have reached this point. In this dissertation, I have so far offered three conceptual frameworks as essential diagnostic tools for understanding the unjust sexual exclusion of intellectually disabled people. The first was a spectrum-based interactionist framework for understanding intellectual disability. This framework allows us to distinguish between disabled individuals that are sexually disadvantaged owing to causes that are primarily social, primarily biological, or some combination of the two.[87]

The second framework was that of sexual scripts. I argued that identity prejudicial sexuality scripts distort our capacities to recognise and interact well with intellectually disabled people qua sexual beings. These desexualising sexuality scripts can result in deviant or passive sex scripts for and about intellectually disabled people. In this Chapter, I have now offered pluralistic sexual epistemic injustice as a third framework. I argued that sexual epistemic injustice can see critical conceptual and communicative sexual resources unjustly withheld or corrupted in response to certain groups.

Drawing Chapters Two and Three together, I argued that identity-prejudicial sexuality scripts can limit one's access to the critical hermeneutical resources one needs to make sense of one's own and others' sexual experiences. Unjust scripts and inadequate sexual hermeneutical resources can also reduce one's credibility and intelligibility when communicating sexual experiences to others. In reverse, sexual epistemic injustice can produce gaps in or corrupt our sexual scripts. Unjust deviant or passive sexual scripts may be formed when these resource gaps or harmful misinformation concerns certain identity-group members. This leaves the injustices cyclical; sexual epistemic

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[87] It also allows us to set aside individuals with cognitive impairments that are not sexually disadvantaged in any way; such individuals may be understood as disabled under other frameworks, but they are not a group that is picked out by my conceptualisation. This allows discussions of justice to remain focused on the right groups and to avoid unhelpful and disrespectful generalisations.

injustice and unjust sexuality scripts construct and reinforce sexual exclusion, thereby limiting access to the sexual epistemic resources needed to protest, reject, or replace unjust scripts.

Thus, understanding the importance of sexual hermeneutical resources brings us a step closer to understanding how sexual exclusion can establish and maintain such a strong grip on the lives of desexualised identity group members. Without socially-shared access to adequate sexual hermeneutical resources, individuals will have reduced access to valuable sexual goods.[88] This is because, without these resources, individuals will lack the communicative and interpretive tools needed to safely navigate the sexual life of their society, to consent to sexual activities, and to form and maintain meaningful intimate relationships and experiences – all vital sources of sexual goods. Without shared access to adequate sexual hermeneutical resources, individuals become sexually excluded in a way that is robust and pervasive.

The following case study is intended to bring my three frameworks together and demonstrate their function as diagnostic tools for sexual injustice. Through these frameworks, I argue that we can understand why relationships and sexuality education (RSE) for and about intellectually disabled people is so often withheld or of poor quality. We can also recognise that RSE provision that is directed by unjust sexual scripts can constitute and perpetuate sexual epistemic injustice. Finally, unjust sexual scripts and sexual epistemic injustice can be understood as critical social causes of sexual disadvantage for people with intellectual impairments. Through these frameworks, we can begin to see that it is not always (or even often) intellectual impairment itself that causes sexual disadvantage or exclusion. Rather, unjust scripts and epistemic and educational practices can be disabling, creating Category One and Two disabilities. When Category One and Two disabilities are the result of unjust scripts and practices, we have a strong reason to think that sexual justice might demand social change.[89]

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[88] See Chapter Four for a detailed list of sexual goods.

[89] What these demands might be will be the focus of Chapter Four.

4. Sexual Scripts and Sexual Epistemic Injustice: A case study on RSE provision

Identity prejudicial sexuality scripts distort our capacities to recognise and interact well with intellectually disabled people. This creates and reinforces serious sexual harm and injustice. It limits access to the practical and epistemic resources upon which good sexual lives depend. Subsequently, it limits access to the various unique goods that sexual life offers. These include (but are far from limited to) sexual pleasure, procreation, intimacy, connection with others, and a positive sense of self. This claim is not merely theoretical. Rather, intellectually disabled people can be understood as being subject to identity prejudicial scripts that actively and artificially limit their access to the resources needed to live sexual lives of their choosing.

One example of the impact of unjust sexual scripts and sexual epistemic injustice can be found in the quality of and access to RSE for and about intellectually disabled people. The quality of and access to RSE for and about intellectually disabled people is notoriously poor (Kramers-Olen, 2016; Sex Education Forum, 2022). Intellectually disabled young people are routinely excluded from RSE lessons and content and, for those that do receive RSE, disabled people are some of the most likely groups to say that their RSE was "not at all useful" (Sex Education Forum, 2022). Further, families and "care providers can block [intellectually disabled people's] access to sex education and can unwittingly give sexual misinformation" (Taylor Gomez, 2012, p. 238). It is unsurprising then, that intellectually disabled people have less understanding of and access to concepts relating to sexual health, pleasure, sexual risk, positive relationships, the legal and emotional aspects of sex, or their bodies (Isler et al., 2009; Jahoda & Pownall, 2014; Whittle & Butler, 2018). This in turn limits their intelligibility when communicating about sex and sexuality and reduces their own and others' understandings of their sexual experiences.

Given the reduced access to and understanding of these critical sexual epistemic resources, it should also not be surprising that, compared to the general population, intellectually disabled people have been found to have a greater vulnerability to abuse and exploitation (Eastgate, 2008). They are also less likely to use condoms or other safe-sex practices and are more likely to have sexual partners that refuse to practice safe-sex (Dawood et al., 2006). Intellectually disabled people are also less able to make sense of their physiological changes during sexual maturity (Kramers-Olen, 2016), they often have lower self-esteem, body image, and emotional maturity and less robust sexual subjectivity and gender identity (Katz & Lazcano-Ponce, 2008), are more lonely and isolated (Kulick & Rydström, 2015), and are more likely to endorse conservative sexual beliefs or patriarchal gender norms regarding sexual decision-making (Dawood et al., 2006; Servais, 2006). Thus, the harms of non-access to quality RSE for and about intellectually disabled people are regularly and painfully felt by intellectually disabled people.

So why is RSE provision so poor? One could think that it is not provision itself, but an issue of comprehension. Intellectually disabled students may be provided content, but they do not have the capacity to understand or retain this information. This could be understood as an issue relating to Category Three disabilities. Alternatively, we could imagine that the cognitive impairments of this group are not adequately accounted for in RSE content or pedagogy. That is, we might think that intellectually disabled people *could* learn and retain essential RSE content if lessons were better tailored to their learning needs. This can be understood as amounting to a Category Two disability.

For the most part, however, we don't need to imagine what is going wrong in RSE for and about intellectually disabled people. Both suggested explanations above do account for some cases (Bell & Cameron, 2003; McCabe, 1999; Paulauskaite, Rivas, et al., 2022; Swango-Wilson, 2011). However, the greatest determinant of failed RSE stems from the negative attitudes of those responsible for its provision (Frawley & Wilson, 2016; Hanass-Hancock et al., 2018; Paulauskaite, Rivas, et al., 2022; Sex Education Forum, 2022; Strnadová et al., 2022). That is, the negative attitudes of teachers, care workers, and families.

Intellectually disabled people consistently report that negative attitudes were a primary cause of their non-access to relevant, accessible, high-quality RSE (Sex Education Forum, 2022). Critically, many people who teach, care for, or work with intellectually disabled people report beliefs that reflect desexualising or hypersexualised identity prejudicial sexuality scripts. Empirical research has found that intellectually disabled people are perceived by these groups as innocent, asexual, ‘perpetual children’ who require constant protection or as being promiscuous, hyper-sexed, or otherwise unable to control their sexual urges (Eastgate, 2008; Gilmore & Chambers, 2010; Kramers-Olen, 2016; Swango-Wilson, 2008; Young et al., 2012). For example, Gilmore and Chambers (2010) found common beliefs that intellectually disabled men had less control over their sexual behaviours and that intellectually disabled people (particularly women) had fewer or weaker rights to sexual freedom than their non-intellectually disabled peers.

Through my conceptual frameworks, we can see that dominant sexual scripts about intellectual disability fuel negative attitudes, misconceptions, and discomfort in relation to the sexual needs and expression of intellectually disabled people. These sexual scripts are such that intellectually disabled people are positioned as childlike and so either nonsexual or unable to control their urges appropriately. In either case (be it hyper-sexualisation or hypo-sexualisation) full sexual agency is denied. Thus, people come to believe that sex and the sharing of sexual knowledge and resources with intellectually disabled people is either wrongful, inappropriate, or harmful. There is no guiding script for sharing resources well. This produces moralised and paternalistic barriers that limit access to effective RSE for and about intellectually disabled children and young people. Thus, where these scripts are in play, RSE is regularly withheld, corrupted, or watered down.

If it is thought to be morally wrong for intellectually disabled people to have sex, then RSE content may not be thought of as something that *should* be shared with intellectually disabled people – we ought to not encourage immoral behaviour by teaching RSE for and about intellectually disabled people. This can result in the internalisation of the implicit or explicit communication that intellectually disabled people ought to not have sex or sexual lives (Young et al., 2012).[90] Normative identity prejudicial scripts can thereby falsely justify the withholding of critical sexual epistemic resources by moralising the provision of RSE for and about intellectually disabled people. This in turn results in the internalisation of deviant or passive sexual scripts by intellectually disabled people (see e.g., Abbott, 2013; Dawood et al., 2006; Healy et al., 2009). So too, non-disabled others may internalise deviant or passive scripts about intellectually disabled people – that they are not appropriate objects of desire, or their sexual expression ought to be actively discouraged (see e.g., Esmail et al., 2010; Gilmore & Chambers, 2010; Swango-Wilson, 2008).

Sex and sexuality are not always thought of as *wrongful* for intellectually disabled people. In other cases, as the empirical research cited above demonstrates, sex and sexuality are often not imagined to be of concern, interest, or benefit to intellectually disabled people. Alternatively, they are thought of as actively harmful for intellectually disabled people to engage in. This aligns with findings that teachers, carers, and families typically hold positive and supportive attitudes towards disability *generally*, even if they are uncomfortable with or unwilling to share sexual epistemic resources with intellectually disabled people (Kramers-Olen, 2016; Swango-Wilson, 2008). Regardless of whether responsible adults are coming from a place of benevolence or not, their beliefs can result in a harmful reversal of the paternalistic logic that usually justifies RSE provision.

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[90] These findings appear to be dependent upon the type of sexual activity, as well as the age of respondents.

Note, there are two main approaches in the contemporary literature for justifying paternalistic interference in children's lives — a 'welfare-based' approach and an 'agency-based' approach (Giesinger, 2020). In both accounts, children's capacities for self-governance are considered either underdeveloped or absent. For the welfarist, children cannot consistently make choices in line with their present or future welfare, and thus paternalistic interference is necessary and to their benefit (see e.g., Mill, 1998). On the other hand, agency-based approaches[91] hold that education ought to be provided if it would promote the child's future agency and enable their transition into adulthood (Schouten, 2018). It does not matter if the child does not want to attend the classes, children are not full agents and so their choices are not owed this deference (Schouten, 2018).

Educational paternalism can justify the compulsory provision of comprehensive RSE owing to RSE's proven ability to promote sexual well-being and autonomy.[92] RSE is necessary for children's present and/or future wellbeing, or for the development of their future sexual agency. Children may not like RSE classes, but we would be justified in ensuring that they attend these classes because it is in their best interest that they do so. However, while both approaches support compulsory RSE policies in theory*,* its *actual* provision is mediated through responsible adults such as parents, caregivers, policymakers, school boards, teachers, and so on. Critically, when it comes to providing the information that children and young people need, the beliefs of those holding the information can see paternalistic conclusions reversed. That is, some children and young people may not be provided effective RSE because it is thought harmful or unnecessary for their wellbeing or agency. This is often what we see in the case of RSE for and about intellectually disabled people.

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[91] Agency-based approaches are grounded in the idea that persons should be respected in their autonomy, or their authority over their own lives, regardless of whether their choices are in accordance with their welfare (Schouten, 2018). Children, however, do not have sufficient agency for their choices to be owed respect or deference.

[92] Note, this is not owing to a given child's *actual* future welfare or agency outcomes, but rather a prediction of the welfare or agency that would result from the average child undergoing x or y educational intervention. This may be based on evidence of previous graduate outcomes, or it may be a more experimental or theoretical prediction of outcome.

Again, empirical evidence supports the conclusion that compulsory RSE provision for and about intellectually disabled people would be justified by both welfarist and agency-based accounts.[93] We know that RSE for and about intellectually disabled people helps intellectually disabled people develop and secure sexual agency and wellbeing (Dukes & McGuire, 2009; Hamilton, 2002; Paulauskaite, Rivas, et al., 2022; Swango-Wilson, 2011). However, infantilising sexual scripts mean that intellectually disabled people are rarely assumed capable of this present or future sexual well-being or agency (McDonough & Taylor, 2021). Thus, the very same paternalistic justifications for RSE provision (supporting wellbeing or agency) are benevolently but *mistakenly* reversed by infantilising sexual scripts.[94] RSE for and about intellectually disabled people is thought harmful and, thus, *for the sake of well-being* RSE is withheld. Or, because intellectually disabled people are not thought capable of sexual agency, RSE *cannot support the development of sexual agency*. Thus, RSE provision becomes *unnecessary* under agency-based paternalism. This helps explain why, even when RSE policy is such that it demands adequate provision for all children, intellectually disabled children and young people will often still receive poorer RSE provisions than their non-disabled peers (Young, Gore, & McCarthy, 2012).

For intellectually disabled children and young people, RSE is guided by a harmful and excessive protective paternalism that fails to recognise the capacity for present or future sexual agency and wellbeing. In failing to recognise present or future wellbeing or agential capacities, the RSE content justified by these capacities is seen as rightly withheld. Given the high rates of abuse that intellectually disabled people are subjected to, this approach may seem either best practice or an unfortunate necessity. However, rather than providing protection, the approach increases the sexual vulnerability and constitutes a sexual epistemic injustice. The sexual epistemic resources that

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[93] Hybrid welfarist and agency accounts can also support this conclusion.

[94] McDonough & Taylor (2021) argue that the problem with paternalism runs even deeper. “Most philosophical justifications of paternalism” they argue, “presume “able-mindedness” – that is, they presume that learners possess the potential to develop capacities of rationality and autonomy considered normal – and normatively superior – for adults” (p. 196). However, by prioritising “able-minded norms” we obscure “educationally worthwhile communicative, reasoning, and behavioural capacities that diverge from able-minded norms, but which nevertheless express forms of rational and epistemic agency that are educationally beneficial” (p. 196).

individuals need to understand and communicate their sexual experiences are unjustly withheld, corrupted, or watered down.

Unjust sexual scripts and sexual epistemic (and sex-educational) injustice puts intellectually disabled people at greater risk of sexual and interpersonal harm. Significantly, lack of access to sexual epistemic resources reduces individual's sexual agency and access to pleasure and healthy and fulfilling relationships with others and with themselves. This ought to be understood as a Category One disability; owing to societal representations of disability, individuals with certain mental states are excluded from desired and valuable RSE content in a way that is itself disabling. That is, in a way that gives rise to unjust sexual exclusion.

5. Experiencing Sexual Hermeneutical Injustice

Before concluding, it is worth briefly reiterating the critical importance of sexual hermeneutical resources. It is also interesting to note how the experience of sexual hermeneutical injustice can differ from standard cases of hermeneutical injustice.

Inclusion in sexual life is essential to well-being and agency. That is not to say that sex is essential, as the wealth of asexual and celibate people in the world can readily attest. Instead, intimacy and sexuality are core features of our identity. We need to be deeply understood and cared for by others and to reciprocate these connections. These are some of our most fundamental drives. These caring relationships inform who we are and how we understand the world around us. Sexual hermeneutical resources are critical to sexual and social inclusion. They allow us to understand ourselves and others along sexually relevant lines, to communicate our sexual experiences, desires, and intentions, and to perform, recognise, and protest sexual acts.

Without access to adequate sexual hermeneutical resources, individuals are less able to safely navigate the sexual life of their society, they are made less able to consent to sexual activities, and they may have fewer meaningful intimate relationships and experiences. As a result, they have fewer opportunities, resources, and experiences to challenge and replace unjust sexual scripts. The harm of sexual epistemic injustice is then both instrumental and non-instrumental. When we are pre-emptively excluded from sexual meaning- and sense-making practices, we are treated unjustly and are made deeply vulnerable to further harms and injustices. We may be excluded from sexual life and, once excluded, this may be all that is needed to maintain unjust sexual scripts and sexual epistemic injustice.

Corruption and deprivation-based sexual hermeneutical injustice present an interesting case; they are both more and less damaging than paradigm cases of hermeneutical injustice. In some instances, victims of sexual hermeneutical injustices may be unaware that they have been wronged because the concepts necessary for understanding their experience were withheld or misdescribed. Consequently, the victim may not experience the dissonance often associated with other forms of hermeneutical injustice. Nor are they then likely to experience the subsequent epistemic harms that stem from this dissonance, for example, the loss of confidence in their epistemic abilities (Fricker, 2007, p. 162–3). Here, in standard cases of epistemic injustice, we might begin to doubt our own mind if all our communication attempts about an experience are doubted or dismissed. This can leave us feeling isolated and confused. In contrast, if we lack the resources need to understand that we were wronged, we may not experience this dissonance. In this way, sexual hermeneutical injustice can be experienced as less psychologically painful than other forms of hermeneutical injustice.

It should perhaps be obvious why this same feature can, at the same time, make sexual hermeneutical injustice far more dangerous than paradigm cases of hermeneutical injustice. Lacking awareness of the sexual harms committed against you can leave you vulnerable; harms can continue unchecked, and you can be exposed to significant health risks — STIs, pregnancy, or death. Without the experience of dissonance, the harms you experience are rendered less visible (barring substantial investigation). This leaves the wrong harder to detect and combat. In standard cases of epistemic injustice, victims might come together in solidarity, spur consciousness-raising efforts, and form support networks to share conceptual resources such that the wrong can be discussed, shared, and challenged. But this is not possible if the victim does not understand that they have been wronged. It is not possible if victims are not given the language, resources, and opportunities to forge and navigate these positive relationships and solidarity networks. Thus, sexual hermeneutical injustice can be significantly harder to challenge than paradigm cases.

Sexual hermeneutical injustice does not only leave victims vulnerable to harm. It can also prevent them from accessing valuable sexual goods and deny them opportunities for positive sexual experiences. The victims of sexual hermeneutical injustice can be left lonely and isolated, without the conceptual resources to form healthy intimate relationships. So too, they may be left with fewer self-forming experiences. Victims may have fewer positive experiences to draw on to interpret, understand, and direct their actions. This is important because we need positive intimate experiences. Positive sexual experiences provide favourable points of comparison, without these negative sexual experiences can become normalised. This was the case for the women interviewed by McCarthy (1999); painful and unpleasurable sex was considered normal. The women came to believe that sex was meant to be painful for them. It was the only form of sex that they knew.

Sexual hermeneutical injustice can obscure serious harms and it can be a devastating harm in itself. Sexuality and intimate connections run to the core of our identities – without the conceptual tools to understand, communicate and act, our self-development can be repressed. This can result in sexual hermeneutical death – the total loss of one's sexual subjectivity. Regardless of whether victims go on to experience direct sexual, emotional, or physical harm inflicted by others, the repression of sexual identity is a severe and corrosive harm.

Conclusion

Combined with earlier arguments, a fuller diagnostic image of unjust sexual exclusion begins to take shape. In Chapter One I argued that intellectually disabled people are those people with mental states that, owing to causes that are primarily social, primarily biological, or some combination of the two, reduce their functioning relative to typical human function. In Chapter Two I argued that, in the context of sexual life, one key social cause of reduced function is the pervasiveness of unjust identity-prejudicial sexuality scripts about intellectually disabled people. These sexuality scripts desexualise intellectually disabled people; sexual activities are understood as something that are inappropriate or wrong for people with cognitive impairments to engage in. As a result, sex scripts for and about intellectually disabled people are limited to deviant or passive scripts and essential sexual epistemic resources may be withheld, or dangerously watered down or corrupted. Positive guiding sexual scripts and adequate sexual epistemic resources are essential for sexual inclusion, dignity, wellbeing, and agency. Thus, unjust identity-prejudicial sexuality scripts and sexual epistemic injustice disable those people with impairments who would otherwise be capable of participating in sexual life. They create Category One and Two disabilities.

But this leaves us at a negative (and depressing) point; the driving causes of sexual exclusion and harm have been diagnosed, but no 'cure' has been offered. So, what (if anything) ought we to do? To answer this question, I will detail in Chapter Four exactly which sexual goods we ought to ensure just sexual access to and consider some of the approaches to securing sexual inclusion for disabled people that have been offered in the philosophical literature. This Chapter will also consider in greater detail the sexual access and inclusion rights of Category Three disabled individuals. In Chapter Five, I will argue that approaches that support social inclusion and empathy across diverse groups provide the best and most robust 'cure' for the sexual injustices I have examined in this dissertation.

Chapter Four: Broad Sexual Exclusion

> *For people with disabilities, who face both individual issues of functioning and a wider context of barriers and exclusion, sex can be a source of distress and difficulty. But sex rooted in mutual care and respect is also about complete acceptance of another human being, and that is what many people with disabilities are hoping for, and thankfully often finding.*
>
> (Shakespeare, 2022, p. 283)

Introduction

Intellectually disabled people are routinely deprived (or provided corrupted versions) of the sexual epistemic resources they need to navigate sexual life. Individuals need these resources to make sense of and communicate their sexual experiences, to consent to sex, and to lead sexual lives of their choosing. I have argued that intellectually disabled people are deprived of these resources owing to infantilising sexual scripts. This amounts to a sexual script and sexual hermeneutical injustice. This sexual epistemic deprivation and corruption, importantly, gives rise to, reinforces, and is partially constitutive of sexual exclusion.

Again, without guiding scripts and appropriate sexual hermeneutical resources, individuals are less able to navigate sexual life. Critically, their existence within sexual life becomes threatened, obscured, and blocked. Desexualised individuals may not be recognised as sexual beings, and so they may not be included in sexual life by others. Thus, it is not just that sexual hermeneutical resources are withheld or corrupted – sexual opportunities, experiences, and relationships may also be withheld or corrupted. This sexual exclusion[95] can be felt as a deep harm.

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[95] Note: the sexual exclusion with which I am concerned is about nonaccess to the wealth of critical knowledge, resources, and experiences needed to lead a sexual life of one's choosing. Attending to this exclusion can improve safe access to sex itself, but this is secondary to the aims of the project.

I have argued throughout this dissertation that justice ought to be concerned that some intellectually disabled people, through no fault of their own, are sexually excluded. But key questions remain – which sexual goods are these intellectually disabled people excluded from? Does anyone have a right to sexual goods? To sexual inclusion? If so, what could such a right reasonably look like?

Amia Srinivasan acknowledges in *The Right to Sex* (2021) that, while "no one is obliged to desire anyone else… [and] no one has a right to be desired", the question of "who is desired and who isn't is a political question" (p.90). Throughout this thesis, I have argued along a similar line – that the pervasive desexualisation (and hyper-sexualisation) of intellectually disabled people reflects and reinforces "more general patterns of domination and exclusion" (2021, p. 90). The issue, however, is not just about (not) being desired. It is an issue of deep and persistent sexual exclusion.

It is essential to acknowledge that while desire or sexual exclusion may primarily be political questions, they are not so exclusively. Understanding unjust sexual scripts offers a means of identifying the causes and potential solutions for many instances of sexual exclusion.[96] Critically, by identifying how scripts sexually exclude some individuals, we are also better placed to understand why and how some individuals may remain sexually excluded even in a world set free from unjust sexual scripts. In other words, through sexual script theory, we are better placed to identify when or if a sexual exclusion is associated with a Category Three disability.[97] It is this group that is, in many ways, the most disadvantaged when it comes to satisfying their sexual needs and interests. As such, any account of sexual justice ought to attend to the

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[96] For example, through sexual script theory, we can recognise the influence of persistent prejudicial beliefs and attitudes regarding group members. So too, we can identify how particular normative or descriptive sexual beliefs and behaviours may have been constructed in ways that exclude certain groups. As a result, we can determine whether a disabled person's sexual exclusion is associated with a Category One, Two, or Three disability.

[97] As a reminder, in Chapter One, I defined a Category Three Disability as a persistent or intermittent mental state that directly impairs an individual's capacity to participate in valuable/desired activities. It is distinguished from impaired capacities to participate in valuable/desired activities that result from a conflict between one's mental states and the normative scripts regarding who can engage in said activities (a Category One Disability) or the normative scripts regarding what proper participation constitutes (a Category Two Disability).

interests of this group while at the same time protecting individuals subject to Category One and Two related exclusions from shouldering unjust burdens. In sum, if justice requires that we attend to the sexual exclusion of intellectually disabled people, we will need an approach that includes and goes beyond resolving sexual script injustice.

With these goals and questions in mind, this Chapter will enter a debate sparked by Jacob M. Appel (2010). Appel and his interlocutors[98] grapple directly with the idea of sexual rights for disabled people. Appel controversially adopts the position that there is a positive right to sex and sexual pleasure. Many intellectually disabled people are unable to satisfy their interests in having interpersonal sexual experiences. So, on the grounds of justice, he argues that the state ought to fund access to sex workers for these individuals. While many of Appel's interlocutors have contested the assertion that there is a positive right to sex or that such a right may justify an exemption to prostitution's moral prohibition, critics have typically accepted the line that disabled people are excluded in a way that requires radical intervention (e.g., di Nucci, 2011, 2017, 2019, 2020; Thomsen, 2015; Uszkai, 2019).

Despite my agreement with the general motivations behind the debate, I take Appel's paper and its responses to be misguided in their approach to the problem of sexual exclusion.[99] This is for two reasons. The first is owing to the unjust sexual scripts that appear to be smuggled into the foundations of their arguments. These scripts see the debate imply that disabled people are sexually excluded because of their impairment rather than because of unjust scripts and social structures.[100] So doing risks reinforcing unjust sexual scripts and, by extension, strengthening the problem of sexual exclusion. Resolving sexual exclusion requires a more nuanced understanding of disability and

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[98] I focus primarily on the responses of di Nucci, 2011, 2017, 2019; and Thomsen, 2015. See also Uszkai, 2019, and Liberman, 2017, amongst others.

[99] With the notable exception of Alida Liberman, 2017.

[100] Within the context of the debate, disability here appears to be understood in medicalised terms. This means disability is used as a synonym for impairment. Uncritically adopting a medical model of disability can be understood as one of the first missteps of the authors' approaches. I will explore this issue further in Section Three.

sexual exclusion. This takes me to my second concern, which I attempt to settle in Section Two.

Section Two addresses the question ‘is there a right to sexual inclusion?’ I argue that, to answer this question, we must separate the concerns of sexual inclusion from the right to sex. Excessive focus on non-access to sex and sexual pleasure, or what I term ‘narrow sexual exclusion’, distracts from more pressing and fundamental concerns. An excessive focus on narrow sexual exclusion distracts from the more pressing problem of what I call ‘broad sexual exclusion’. Broad sexual exclusion involves non-access to the range of goods that arise from meaningful sexual experiences and inclusion in the sexual life of society. This section details the goods offered by broad sexual inclusion and considers why sexual justice should be concerned with this broader range of goods.

In Section Three, having, at this point, established the problem of broad sexual exclusion and, in the case of disability, its predominant cause, I return to the potential solutions offered by Appel and his interlocutors. I consider whether the solutions could become viable in a world free from unjust sexual scripts. I will argue that, if adopted as a supplementary approach to the pursuit of sexual script justice, they could establish a path towards sexual justice that is maximally inclusive and that does not exacerbate broad sexual exclusion.

Section Three also returns to a concern raised in Chapter Two and by Appel and his interlocutors. Namely, that it might be the case that some intellectually disabled people should not be sexually included. This is owing to their reduced capacity to consent to sex. My response is twofold. First, I argue that, while consent may be necessary for morally permissible sex, supporting the sexual agency and wellbeing of intellectually disabled people requires a revision of the prevailing norms of sexual consent. Second, I argue that consent should be understood as only one of the moral considerations that applies to permissible access to sex. The capacity to consent to sex, however, should not be a deciding factor in whether broad sexual exclusion is morally permissible.[101]

1. The Narrow Problem of Sexual Exclusion

In August 2018, "C", a disabled[102] UK man in his mid-twenties, told his Care Act advocate "AB" that he wanted to be able to have sex. While C wanted to have a girlfriend, he believed he had limited prospects of finding one and, as such, wanted to know whether he could legally have contact with a sex worker. AB raised the matter with C's social worker, and in 2020 C's Local Authority commenced proceedings to address the lawfulness of such contact (*A Local Authority v C & Ors*, 2021).

That C's request needed to be taken to court may seem strange. Sex work is legal in the UK, so theoretically, C could legally employ the services of a sex worker. However, while C had the capacity to engage in sexual relations, he lacked the capacity to make the practical arrangements involved in paying for sex.[103] Herein lay C's problem. According to Section 39 of the Sexual Offences Act 2003, a care worker who "intentionally causes or incites" someone in their care with a "mental disorder" to engage in sexual activity can be jailed for up to ten years. Thus, while it would have been legal for C to employ the services of a sex worker, his carers could not do so on his behalf.

In April 2021, the UK Court of Protection ruled that C's carers would not break the law if they facilitated contact between C and a sex worker. In the ruling, Mr Justice Hayden said the 2003 Act is "structured to protect vulnerable adults from others, not from themselves" or to "repress autonomous sexual expression". Given that sex work is legal in the UK, the judge ruled that the act

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[101] This provides an important nuance so far overlooked in right to sex debates; the moral considerations that apply to sexual inclusion and exclusion are distinct from those that apply to access to sex.
[102] C has an additional X chromosome (Klinefelter syndrome), impacting his development and social communication. C is also autistic.
[103] The judge found that C has the capacity to engage in sexual relations, understands the importance of consent before and during sexual contact, appreciates the link between sex and pregnancy, and recognises the possibility of sexually transmitted disease.

was discriminatory as it effectively prevented C from engaging the services of sex workers. Later that same year, the Court of Appeal ruled that “the words “causes or incites” found in section 39 of the 2003 act carry their ordinary meaning and do not import the qualifications identified by [Hayden J]” (Secretary of State for Justice v A Local Authority & Ors (Rev2), 2021). As a result, C is once again unable to have his sexual needs met via paid sexual services.

The initial ruling inevitably sparked significant controversy (see, e.g., Baksi, 2021). Julie Bindel, a feminist campaigner against sexual violence, was amongst those who publicly slammed the verdict. Bindel dismissed the argument that disabled people had a right to sex, writing that “prostitution is not some kind of social service like meals on wheels” (quoted in Phillips, 2021). Bindel’s position opposes a growing body of philosophical literature that claims that disabled people do have a right to (or an important interest in having) sex.

Most notably, a series of articles sparked by Appel (2010) engage with the possibility that the sexual exclusion of disabled people calls for state intervention on justice-based grounds. Appel claims that “to live in a more just civilization, we must begin to see sexual pleasure as a fundamental right that should be available to all” (p. 154). He contends that people have both positive and negative sex rights and that these encompass more than a right to (mere) sexual stimulation but also to interpersonal “sexual pleasure that stems from relations between consenting individuals.” He argues that upholding these rights for some disabled people will require publicly funded sexual services and that “jurisdictions that prohibit prostitution should carve out narrow exceptions for individuals whose physical or mental disabilities make sexual relationships with non-compensated adults either impossible or highly unlikely” (p. 153).

Thus, to Bindel’s displeasure, Appel’s view of sexual justice would go further than merely overturning (or re-overturning) Section 39 of the Sexual Offences Act. Appel advocates for something not entirely unlike meals on wheels for sexual services; C is owed publicly funded sexual services. Bindel's analogy to meals on wheels may be intentionally incendiary. However, for Appel, sexual pleasure is a right, and if individuals cannot meet their sexual needs through other means, then the state ought to help ensure access. Appel compares publicly funding sexual services to "the choice to pay for other purely social and cosmetic services to help unfortunate individuals lead more pleasurable and productive lives – such as breast reconstruction for mastectomy patients and plastic surgery for children born with cleft lips" (2010, p. 153). Just as some states provide access to pills for erectile dysfunction or birth control to support the sexual lives of citizens, intellectually disabled people ought to have access to publicly funded sexual opportunities.

In response, Ezio Di Nucci (2011) agrees with Appel on (what they take to be) the central issue that "there are severely disabled individuals who have sexual interests but, because of their disability, find it much harder than others – often impossible without assistance – to satisfy their sexual interests" (p. 2). Further, he agrees that this "is precisely the framework within which society's intervention is called for" (p.2). Di Nucci, however, argues that Appel's appeal to positive rights fails and proposes that instead of a legal exception to pay for sex, "the sexual interests and needs of the severely disabled be met by charitable non-profit organisations, whose members would voluntarily and freely provide sexual pleasure to the severely disabled" (p. 5). Di Nucci later (2017, 2019, 2020) argues that the deployment of sex robots could service the sexual needs of severely disabled people while avoiding the moral challenges of even charity-based sex markets.

Building on Di Nucci's criticisms, Frej Klem Thomsen (2015) challenges Appel's claims that sex rights justify an exception to the general moral prohibition on paid sexual services. Thomsen, however, diverges from Di Nucci by suggesting that arguments from beneficence and luck egalitarianism can justify limited access to sex markets. Here, only people who are "relevantly disabled" offer a special case. Thomsen defines the *relevantly disabled* as persons with sexual needs, desires to exercise their sexuality and a physical or mental condition that, given their social circumstances, sufficiently limits their possibilities of exercising their sexuality. With this group in mind, he argues from beneficence that prohibiting relevantly disabled individuals from purchasing sexual services might block or significantly limit their chances of fulfilling their sexual needs. His second argument (through luck egalitarianism) is that it is unjust that some people, such as the relevantly disabled, are worse off through no fault of their own. The relevantly disabled then ought to have unique access to paid sexual services. Contra Appel, this special access is not based on a positive right to sex but rather to compensate for the bad luck that has left them unable to satisfy their sexual needs.

As C is not classed as severely disabled, Di Nucci's arguments may not be intended to extend to C. Di Nucci, however, never explicitly defines what he means by "severely disabled", instead lifting the terminology without critique from Appel. Given that Appel's account picks out C, we can suppose that Di Nucci's arguments are meant to apply to individuals like C. However, under Di Nucci's account, C's particular problem may remain; his carers would likely still be prevented from supporting C's access to charity or technologically based sex. This point is an unfortunate feature of the UK legal system rather than an issue with Di Nucci's argument. Di Nucci, we could reasonably imagine, would oppose Section 39 were it to prevent his intended beneficiaries from accessing his suggested solutions. Thomsen's definition of *relevantly disabled* would extend to the case of C. C has a developmental disorder and (given his social circumstances) cannot satisfy his sexual needs through no fault of his own. Thus, under Thomsen's account, he should be given special access to paid sexual services. Within the UK context, we could again speculate that Thomsen would reasonably include an exemption to Section 39 as a component of this special access. C, it seems, could access some immediate benefits were the authors' proposed policies actioned by the UK government.

While the arguments and solutions offered by Appel, Di Nucci, and Thomsen are well-intentioned, they are also misguided. There are many reasons for this, but my primary concern is the desexualising sexual scripts smuggled into the argument's foundations. As argued in Chapter Two, structural scripts concerning the sexuality of identity group members produce interpersonal sex scripts – these set the boundaries of expectations regarding how sex ought to look, feel, or sound and how it ought to be discussed. In the case of intellectual disability, structural scripts position group members as non-sexual (passive, innocent, vulnerable, victims) or sexually deviant in some way (hypersexual, perverted, threatening). When this occurs, interpersonal scripts may be lacking, may direct harmful interpersonal interactions, or may direct harmful interpretations of sexual interactions. These desexualising scripts can make us overlook the complexities of sexual exclusion or lead us to believe that exclusion is an unfortunate inevitability for disabled people.

Sexual scripts will also inform assumptions regarding what would be required to ensure that different groups' sexual needs are met. For those not subject to desexualising sexual scripts, it may be assumed that little to no intervention is needed. In contrast, it may be assumed that significant or special intervention would be needed to secure sexual access for those subject to desexualising sexual scripts. This is an assumption present in the authors' arguments. Without clearing unjust sexual scripts from the foundations of our arguments, we may produce faulty arguments based on inaccurate assumptions and generalisations. As a result, our problems, causes, and solutions will misfire. We need to clear our claims of misapprehensions if we want to get our arguments right.

That said, in their simplest form, the arguments of Appel, Di Nucci, and Thomsen do not appear particularly distinct from my own. Each theorist roughly argues that (Claim 1) sexual experiences offer significant and unique goods and that (Claim 2) there is a right or important interest in securing these goods. They also contend that (Claim 3) disabled people cannot access these goods. From these claims they conclude that (Claim 4) a particular intervention[104] is required to provide disabled people with sexual goods that they would otherwise be unable to access. While the specific formulation of my claims differs from the authors, in this very stripped-back form, I agree wholeheartedly. C's case provides a real example of why we ought to minimally

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[104] Being either publicly funded or limited access to sex markets, the creation of charities to provide sexual opportunities for disabled people, or access to sex robots.

agree that there is a problem for which some intervention is often needed. Nevertheless, there is something off in the specific articulations of each author's claims.

Many might take issue with Claims 1 and 2 as implying there is a right to sex or an important enough interest that state intervention could be required to ensure access to sex. However, while I disagree with the exact formulation of sexual interests adopted by the authors, I accept the general idea that sexual activities and sexual life offer distinct goods that are of great importance to most (although not all) people. As such, under my account, Claims 1 and 2 would be expressed roughly as (Claim 1) meaningful sexual experiences and inclusion in the sexual life of society offer significant and unique goods[105] and (Claim 2) sexual justice ought to be concerned where individuals, through no fault of their own, are excluded from the resources, capacities, and opportunities needed to secure these goods.[106] However, as Srinivasan (2018, 2021) demonstrates, one can be concerned with the sexual exclusion of individuals without accepting that there is a right to sex. That said, wading straight into the right to sex debate would be a distraction from the other fundamental issues of the articles and the concerns of this dissertation. As such, I will set Claims 1 and 2 aside for the moment (to be picked up again in Section Two).

As indicated, my concerns are with the ableist sexual scripts that appear to underlie the authors' constructions of Claim 3. The assumptions smuggled into Claim 3 undermine the authors' solutions (Claim 4). As a result, the solutions fail to challenge the social and political conditions that give rise to sexual exclusion and risk reinforcing these marginalising and oppressive structures. Here, the assumptions made about underlying causes of sexual exclusion mark a key distinction between the authors' views and my own. As a reminder, the general concern articulated by Claim 3 is that disabled people cannot access

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[105] Section Two provides an account of the sexual goods I take to be of concern to justice.
[106] I take my formulation to be significantly broader in scope. My concern is with what I call 'broad sexual exclusion', which is exclusion from meaningful sexual experiences and the sexual life of society. In contrast, the authors are concerned with what I term 'narrow sexual exclusion', being exclusion from opportunities for sexual pleasure that arise from two-party sexual activities.

important sexual goods. Under my view (and in line with empirical evidence) I take it that this is true for many disabled people for a *variety* of reasons, but it is obviously *not true for all disabled people* (Kramers-Olen, 2016; Sinclair et al., 2015; Stinson et al., 2002; Thompson et al., 2014; see also Liberman, 2017).

To be fair, none of the authors explicitly direct their arguments to all disabled people. Nevertheless, the definitions and examples used by the authors are problematically over extensive. This may be owing to ableist sexual scripts or, more charitably, owing to the implicit or explicit adoption of medicalised definitions of disability[107] — definitions which are themselves regularly charged with ableism (as we saw in Chapter One). In either case, the result is the same; the defined problem and cause of sexual exclusion does not successfully extend to the vast group picked out by the authors. Disability is far too heterogeneous to allow for such generalisations, and by generalising, we risk reflecting and reinforcing harmful sexual scripts (and weakening our arguments).

Let us look at the authors' assertions and language related to Claim 3. Di Nucci argues that "there are severely disabled individuals who have sexual interests but, *because of their disability*, find it much harder than others – often impossible without assistance – to satisfy their sexual interests" (p. 2, emphasis my own). Appel regularly refers to intellectually disabled people as or compares disabled people to "unfortunate individuals" (p. 153 & 154). Thomsen's very definition of "relevantly disabled" presumes that disability itself is the primary contributing cause of sexual exclusion.[108] Further, under his luck egalitarian argument, to be relevantly disabled is to be in a situation of unjust bad luck, whereby one cannot have their sexual needs met via means other than paid sexual services (or some similar intervention).

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[107] I will explore this potential in greater detail in Section Four.

[108] Thomsen does mention that social circumstances contribute to exclusion, but not how, why, or to what extent.

I hope that at this stage of the thesis, my problem with these accounts will be somewhat obvious: the accounts are (or appear to be) guided by desexualising scripts that assume that to be disabled *is to be sexually excluded*. To be necessarily and inevitably unable to find sexual satisfaction through ‘typical’ channels like dating apps, casual hook-ups, short- and long-term romantic relationships, or friends with benefits. This is not a fact of disability. Many disabled people can and do lead meaningful and satisfying sexual lives. Appel, Di Nucci, and Thomsen get the cause of sexual exclusion wrong by taking disability to be a proxy for exclusion.[109]

To his credit, Thomsen attempts to narrow the debate’s focus to “relevantly disabled people.” However, because his definition acts as a test case for the moral permissibility of prostitution, it is intentionally vague. As a result, the definition captures a vast category of persons. Further, the examples Thomsen draws on intentionally include disabled people who primarily lack sexual confidence. One such example Thomsen draws from Teela Sanders. Sanders quotes a 59-year-old male with restricted leg movement; “because I’m not very big, I’m only 5 foot 4, I’ve got small hands, small feet and small something else, I’m not your alpha male and so tie that in with my own insecurities, I guess sex has always been difficult” (quoted in Thomsen, 2015, p. 455).

The man, for ease of reference, let us call him “D”, sought out “sexual services because his disability in combination with low self-esteem, which was itself partly a result of his disability, made other sexual relations difficult” (Thomsen, 2015, p. 455). D’s sexual exclusion is real and unfortunate, and access to these services provides a positive experience. “I have quite a low self-image and I thought hey even a bloke like me can do this [commercial sex]. It was a matter of feeling in inverted commas ‘normal’ because remember I’d been celibate for about 16 years”. However, D’s sexual exclusion should not be understood as an inevitability. Instead, D has internalised and been subject to desexualising sexual scripts. Thomsen very nearly recognises this, claiming that “the most obvious cases [of sexual exclusion] concern persons with

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[109] Liberman (2017) similarly charges the debate with ableism, arguing that disability is used as a proxy for sexual exclusion.

conditions that at once limit their range of prospective partners because they are viewed by many as sexually undesirable and make them physically incapable of having sex with many or all potential partners" (2015, p. 455). D is a prime example for Thomsen, and he is intentionally captured by Thomsen's definition of *'relevantly disabled'*.

Defining disability, Thomsen acknowledges, "is notoriously difficult", in part owing to the trouble of understanding the "extent to which the limitations a disabled person faces should properly be seen as the result of a biological condition or as the result of the social setting in which she functions" (2015, p. 455). Thus, Thomsen sidesteps the definition problem and instead attempts to capture all sexually excluded disabled people in his definition of *'relevantly disabled'*. That is, he intentionally includes those excluded owing to the nature of their disability *and* those excluded because, as disabled people, they are desexualised by society. In so doing, he attempts to find a common solution for what he (almost) realises are two different problems.

That Appel, Di Nucci, and Thomsen's definitions could pick out C highlights a weakness in conflating all cases of sexual exclusion faced by disabled people. C's disability limits his capacity to organise contact with a sex worker safely and independently. His disability does not naturally entail sexual exclusion. C wants a girlfriend – he just does not think himself likely to find one, so he sought out the services of a sex worker. C believed that sex workers provided the easiest or only means of meeting his sexual needs. C, like D, ought to be understood as sexually excluded not primarily due to his disability but rather owing to the psycho-social effects of persistent desexualisation. Arguing that individuals like C and D require an exception to the general moral prohibition on prostitution communicates that disability *is* desexualising[110] — it communicates that the sexual agency and desirability of intellectually disabled people is less than that of non-disabled people. It says that these men could not have their sexual needs met via other means, because they are not the sort of sexual beings capable of sexual inclusion along other lines. Such an

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[110] In contrast to my claim that society projects desexualisation onto disabled people.

approach is actively unhelpful in meaningfully challenging unjust sexual exclusion.

This leads me to my second concern regarding the authors' approach. The authors' solutions only attend to the problem of what I will call '*narrow sexual exclusion*.' Narrow sexual exclusion is felt by individuals who, through no fault of their own, cannot satisfy their interest in experiencing interpersonal sexual pleasure. On the face of it, Thomsen, Appel, and perhaps Di Nucci's arguments can be seen as offering opportunities to make C's life go better. This is a good thing. C has sexual needs that he believes can only be satisfied by paying for sex. Nevertheless, he is prevented from accessing these services through no fault of his own. If we accept the authors' claims, C is entitled to paid (or charitable) sexual services. This would meet C's immediate sexual needs and could, in many ways, make C's life better. Setting aside the issues one may have with sex work, this conclusion at least seems immediately beneficial for C. For Appel, Di Nucci, and Thomsen, the problem of C's sexual exclusion would seemingly be resolved. Here, I disagree. Even if we were to extend the authors' solutions to individuals like C, the solutions only attend to the narrow problem of sexual exclusion. They do not take us far enough.

The offered solutions do not attend to what I will call 'broad sexual exclusion', being exclusion from meaningful sexual experiences and the sexual life of one's society. Broad sexual exclusion should be understood as unjust because individuals have weighty interests in having opportunities to acquire the goods of broad sexual inclusion (see Section Two for a detailed account of these goods). Critically, the approach the authors take to constructing and resolving the narrow sexual exclusion problem could instead reinforce the problem of broad sexual exclusion. These approaches, and the language used by the authors, risk reinforcing the belief that disability is the cause of sexual exclusion and that disabled people cannot have their sexual needs met through other means. The approach also risks reinforcing the belief that the sexuality of disabled people is (and should remain) notably distinct from the sexuality and sexual lives of non-disabled people. In other words, the solutions reinforce the same scripts that sexually exclude disabled people. Sexual exclusion cannot be resolved via solutions that assume the central problem is impairment. Such an approach, as Alida Liberman argues, distracts “from any hardships that result essentially and directly from being disabled in an ableist society” (2017, p. 256). The proposed solutions, thus, risk reinforcing broad sexual exclusion.

We can better resolve sexual exclusion by reformulating the problem to target what matters (namely, exclusion from the full range of meaningful sexual goods) and by understanding the underlying cause of this exclusion as one of sexual script injustice. This approach clears a potential path to direct our solutions to the right groups for the right reasons and in the right way.[111] If my approach is correct, then individuals like C and D can have more than their immediate sexual interests met; they can be meaningfully sexually included in the sexual life of their society. To understand what is needed to establish broad sexual inclusion, I return to Claims 1 and 2 and consider which sexual goods, beyond sexual pleasure, should be of concern to justice.

2. Broad Sexual Inclusion

Different views of justice more or less converge on the conclusion that sexual exclusion is a matter of moral and political concern. In some cases, the argument is grounded in the thought that sexual opportunities are necessary for those with sexual desire. For example, Di Nucci (2011, 2017) holds that sex is such an essential element of well-being for many people that its “nonvoluntary absence from someone’s life would be morally relevant” (2017, p. 75). Similarly, John Danaher (2020, 2022) argues that sex is a human good and its absence is something that “usually makes life worse for people”. This constitutes “a prima facie reason for caring about whether people have the capacity and opportunities for leading meaningful sexual lives” (2022, p. 53).

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[111] That is, providing mechanisms for meaningful sexual inclusion for those who, even in a world free from unjust sexual scripts, would remain sexually excluded from sexual life and experiences.

Other views consider sexual opportunity an essential ingredient of a good life. Tracy de Boer (2014, 2015), for example, argues that having access to a sex life is central to what many people see as a flourishing life and, as such, sexual opportunity should be part of the capabilities approach to justice (2014, p. 33-34; see also Jecker, 2021). Adopting a Rawlsian framework, Radu Uszkai (2019) argues that, except for specific individuals, most of us would like access to sexual satisfaction, yet some do not due to brute bad luck (p. 135). Sexual satisfaction, he argues, contributes to acquiring some of the preeminent primary goods with which Rawls was concerned (namely health and self-respect). As such, Uszkai argues that a case can be made for applying the difference principle to unequal access to sexual satisfaction. This might require that states or companies provide compensatory sexual services and sex robots to the sexually worst off (p. 136-7). In sum, many argumentative paths have been taken to reach the same conclusion; there is something important about sexual opportunity, and its nonvoluntary absence from individuals' lives could (in some cases) be understood as an injustice.

Regardless of one's view of justice, any plausible account ought to recognise that there is a deep divide between what *is* happening in the sexual life of society and what morally *ought* to be happening. Thus far, this dissertation has focused on understanding one side of this divide. In so doing, I have provided a diagnosis for underlying causes of sexual injustices felt by many intellectually disabled people. Having established what is happening in the sexual life of society and why we ought to understand this as an injustice, I turn now to the more positive question; what should be happening? To answer this question, I will consider the significant and unique goods that broad sexual inclusion offers. Several of the accounts referenced briefly above (namely, Danaher, de Boer, and Jecker) can be understood as already recognising that broad sexual inclusion is what ought to be of concern to justice. Access to sexual pleasure matters to individuals, as Uszuki and Di Nucci argue, but I contend that focusing exclusively on pleasure or the interpersonal act of sex alone overlooks the full range of goods that any reasonable account of sexual justice should seek to secure.[112]

By claiming that individuals ought to have the opportunity to lead meaningful sexual lives and be included in the sexual life of society, I inevitably enter the right to sex debate. Some theorists debating the right to sex adopt (for varying reasons) a narrow understanding of sexual exclusion as non-access to interpersonal sex (see, e.g., Appel, 2011; Di Nucci, 2011, 2017; or Uszkai, 2019 amongst others. See also Srivansan, 2022 for a negative account of the right to sex). I follow Danaher's broader approach (2020, 2022). Like Danaher, I focus on exclusion from meaningful sexual experience and, expanding on Danaher, exclusion from the sexual life of one's society.[113] Taken together, I term this broad sexual exclusion. By sexual experience, I refer to "any activity that facilitates sexual stimulation and/or release" (Danaher, 2022, p. 52). I intentionally align with Kristina Gupta's (2022) position that "there is no single definition of sex that would apply across time and space" and that "we cannot define a sexual act based on specific behaviours, body parts, or intentions" (p. 14).

Following Danaher (2020, 2022) and Gupta (2022), meaningful sexual experience will be "any form of sexual experience that is perceived and experienced by the individual as meaningful" (Danaher, 2022, p. 52).[114] Societal beliefs and conceptions of sex, interpersonal interactions, individual life experiences, the immediate context, and available opportunities will all inform how individuals define and experience sex. "Individuals within a particular time and place", Gupta argues, "will tend to define sex the same way"; however, "there will still be significant variations between individuals in

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[112] I will leave the question aside as to whether access ought to be sufficient or equal. However, the moral concerns that would arise from a maximally egalitarian distribution of sexual goods make it likely that the answer will fall closer to sufficient rather than equal access.

[113] I do not take this expansion to run contrary to Danaher's vision for what should be meant by the right to sex.

[114] Assuming that individuals are not deluded and that their perceptions of sexual meaning align with some reasonable value system (Danaher, 2022).

any one society (as well as across societies) in regard to their definition(s) of sex" (Gupta, 2022, p. 14).[115]

Thus, to accommodate the wide variety of acts that individuals might find both sexual and meaningful, I take meaningful sexual experience to include any group, partnered and non-partnered sexual activities, within normative limits. Normative constraints will exclude, for example, forms of sexual activity that are non-consensual or (otherwise) abusive (Danaher, 2022, p. 53). So understood, a potential right to meaningful sexual experiences is broader and more nuanced than a right to interpersonal sex.

Broad sexual inclusion is valuable in many ways, some instrumental, some symbolic, and some non-instrumental. Inclusion in the sexual life of society facilitates and is partially constituted by opportunities and capacities for meaningful sexual experiences. As such, sexual inclusion is a foundational good upon which meaningful sexual experiences depend. As sexual beings (regardless of one's sexual identity or how sexually active one may be), we interact with and are impacted by the world along sexually meaningful lines. There are many sexual goods beyond the experience of sexual acts themselves. So too, there are many ways in which we can be harmed sexually beyond harms arising from certain sex acts or exclusion from interpersonal sexual activities.

Inclusion in the sexual life of society involves, for example, experiences, opportunities, and capacities connected to:

a. Being recognised, respected, and understood as an equal sexual being.
b. Understanding and communicating one's sexual needs and experiences to others and understanding the sexual needs and experiences of others.

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[115] Gupta points to Peggy Orenstein's example to illustrate how different values and definitions of sex may result in harmful judgements between groups that do not share a common understanding. Orenstein argues that some college women who believe that coital sex is the most "sex-like" of sex acts will perform oral sex to try to end a date or sexual encounter without engaging in coital sex. This can be misinterpreted in sexual assault cases by some judges and juries with a different understanding of sex, who may conceive of oral sex as even more intimate than coital sex, and therefore believe that if a woman consensually performs oral sex, she must have consented to coital sex as well (Orenstein, 2016).

c. Seeing your sexuality accurately and positively represented in the media or seeing individuals with whom you can identify represented positively as sexual beings.
d. Experiencing empowering educational opportunities regarding sex, sexuality, and sexual well-being; or
e. Being understood and supported by sexual health services.

Again, there are normative limitations to inclusion in sexual life. For example, it would be wrong and harmful to, in the ways listed, include those with paedophilic or zoophilic sexual desires. So too, those with violent and abusive desires fuelled by disrespectful misogynistic, racist, ableist, or similar beliefs. This does not, however, imply that such individuals ought to be wholly excluded from the sexual life of society. Rather, educational opportunities and access to experiences that challenge and overcome disrespectful beliefs and desires should be available to support the sexual safety, dignity, and inclusion of the potential victims of these individuals.

Arguments can also be made that the individual may have a right to opportunities that challenge and overcome the harmful beliefs that contingently justify their exclusion from the sexual life of society. Individuals themselves are made worse off by holding such beliefs or desires. This may simply be owing to their (contingently justified) exclusion from the sexual life of society, or it may be because holding harmful desires can be felt as shameful or otherwise harmful by individuals. Many paedophiles, for example, feel deeply ashamed of their desires and actively try to suppress and overcome them (Giulio, 2020).

In many, if not most, cases, we can also see that the harmful desires or beliefs that contingently justify sexual exclusion are often formed through no fault of the individual. Paedophilic tendencies are often traced back to early childhood abuse and trauma (Giulio, 2020). Racist and misogynistic beliefs may be passed down to children from family members. While, upon reaching adulthood, these individuals have responsibilities to challenge such beliefs, they could be owed compensatory opportunities for so doing. One need not accept these reasons to recognise that the case can be made that some justly excluded individuals may have a right to opportunities that challenge and overcome harmful beliefs and desires for the individual's own sake. That is, they may have a conditional right to inclusion in the sexual life of society.

Broad sexual inclusion gives rise to a range of sexual goods of instrumental and non-instrumental value that accrue to individuals by engaging in meaningful sexual activities or through inclusion in the sexual life of society. Some sexual goods are highly valuable for all individuals. In contrast, other sexual goods will be valuable only to those individuals for whom sexual opportunities and inclusion are of instrumental or non-instrumental value. I will detail these goods in the following section.

3. The Goods of Broad Sexual Inclusion

Sex can be a source of profound personal and interpersonal pleasure, intimacy, and fulfilment. With some notable exceptions, most people "have an all-things-considered desire to have or share positive sexual experiences within their lifetime" (Danaher, 2022, p. 51), and, as such, they put time and energy into securing these experiences regularly. But we also put time and energy into our sexual lives for reasons beyond merely securing sex. We put time, effort, and resources into being seen as desirable, as sexual beings and equals, as potential life partners. We put effort into being seen this way not just by potential sexual partners, but by others more generally. Because we know that sexual life offers much more than sex. It offers connection, status, love, inclusion, self-confidence, identity, meaning, solidarity and pride, fun, friendship, and so much more. Of course, not all that it offers is good and the goods of sexual life are not desired by all individuals. But sexual life offers goods that are of great importance to many and non-access to this broad range of goods can be felt as a deep harm.

So, what are the goods of broad sexual exclusion, and what value do they offer? Broad sexual inclusion will also be concerned with the goods that arise from narrow sexual inclusion, so I will start where the two levels of inclusion overlap. Sexual activities offer uniquely pleasurable experiences.[116] Sexual pleasure may be short-lived and intermittent (Goldman, 2016), but it is also profound "and even life affirming" (Tepper, 2000). It is "cathartic and deeply satisfying" and "arguably deeper than many other types of physical pleasures", such as enjoying a delicious meal or a pleasant walk (De Boer, 2014, p. 16). This is a pleasure that other pleasures cannot easily substitute. We may find satisfaction in a delicious meal or a pleasant walk, but this satisfaction will not be sexual for most people – they will not provide the satisfaction of sexual desires that sexual activity offers. This is not to suggest that sexual pleasure is only of instrumental value to desire satisfaction, but rather that sexual pleasure cannot easily be substituted. As such, we cannot necessarily compensate for non-access to the good of sexual pleasure by improving access to other goods.

At a more granular level, specific sexual activities also offer unique pleasures. For example, there are pleasures arising from interpersonal sexual activities that are distinct from masturbation. Social scientists and sexologists, as Appel (2010) points out, have long recognised that the "pleasure achieved through [interpersonal] sexual contact is both greater than and distinct from that achieved through masturbation" (p. 152).[117] Generally, interpersonal sexual pleasure is a less effective method of reaching orgasm; manual stimulation allows for greater control and, as such, orgasm can be reached more efficiently (Schlossberger, 1992, p. 40). If orgasm were the primary goal of individuals seeking sexual physical stimulation, then, as Eugene Schlossberger argues, they should rationally engage in masturbation. The "fact that most people

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[116] While sexual activities are uniquely pleasurable, that sexual pleasure ought to be understood as a sexual good is not indisputable. Goldman (2016), for example, argues that sexual pleasures are "intermittent and short-lived", and their value depends on and is constituted entirely by "the interpersonal relationships into which they fit." As such, sexual pleasures "will not be at the centre of a rational life plan" (p. 98). However, while sexual pleasure might be brief and intermittent, and while it may not be at the centre of a rational life plan, it can be understood as an ingredient of a good life, as necessary for those who have sexual desire, or as something for which individuals would opt to insure access. As such, it would fall into the range of goods that are of concern to sexual justice.

[117] The original text reads as 'two-party' sexual contact. While sexual research has paid limited attention to interpersonal sexual contact beyond two-party sexual activities (or, for that matter, beyond non-disabled cis-heterosexual two-party sexual contact), research is beginning to identify both the underlying biases in cis-hetero-monogamous sexual research (e.g., Conley et al., 2017) and the comparative sexual pleasure experienced in group sexual activities (e.g., Harviainen & Frank, 2018). As such, I intentionally broaden the quote to align the claim with new developments in sex research.

prefer intercourse to masturbation shows that most people's sexual desires are value-laden" (p. 40). In other words, there must be something valuable about interpersonal sexual activities *beyond* physical bodily pleasure. If there wasn't then it would be irrational for us to choose sex over masturbation.

Before considering what this value might be, I will briefly defend the goods of masturbation.[118] Here, narrow inclusion accounts often overlook masturbation, assuming perhaps that non-access would be a rare phenomenon or that interpersonal sexual activities offer more critical goods and, thus, non-access to these goods is more pressing. However, many individuals find masturbation difficult, and this can make their lives worse through no fault of their own. Masturbation may be difficult because the expense and non-inclusive design of sexual toys and aids make masturbation difficult for those with certain illnesses or impairments. Others may find masturbation difficult because of a lack of privacy. For example, those living in group homes, supported care, or hospitals often lack private spaces in which they can masturbate. Others still may find masturbation difficult owing to unjust sexual scripts that see masturbation as dirty and shameful. Young girls, for example, may be told that masturbation is dirty and sinful or that it is not something "good girls" would do. As a result, they may internalise shame around the act, leading to reduced masturbation or reduced pleasure in the act across their lifespan.

Nonvoluntary non-access to masturbation limits individuals' access to various sexual goods. Masturbation allows for an immersion into the physical aspect of one's own existence. Exploring and experiencing the pleasure of masturbation allows for a physical connection with one's own body that is distinct from other forms of self-knowledge or even other forms of bodily knowledge (for example, experiencing the pleasure of food or the physical control and expression of ballet).

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[118] I take it that, within philosophy, these goods are due some defence. Scanlon (1998) argues that someone who prefers masturbation to interpersonal sex has failed to 'understand the importance and value of sex and sexual pleasure' (p. 175). Further, even those who do not explicitly criticise valuing masturbation typically set it aside quickly without fully considering its value (e.g., Appel 2010).

Masturbation is also instrumental to other goods, such as self-knowledge, self-respect, and sexual identity formation. Through masturbation, we learn what we like (and do not like) sexually speaking. This can, in turn, contribute to increased sexual autonomy and sexual confidence (as well as autonomy and confidence more generally). As a result, masturbation can enhance the goods of sex. For example, through masturbation, I may learn what physical sensations my body is capable of, what I do and do not like, and how my body responds to specific stimulations. This can enhance my self-knowledge and self-confidence in sexual encounters with others, thereby bringing the potential for a more pleasurable and co-determinable interpersonal sexual experience. Broad sexual inclusion, thus, will include opportunities and capacities related to masturbation within the range of goods it seeks to secure.

To return to the goods offered by interpersonal sexual activity, these are not just sexual pleasure; they are also inherently social. While narrow accounts of sexual inclusion may recognise that interpersonal sexual activity is social, the way in which broad sexual inclusion recognises the social aspects of sex marks its first clear departure from narrow sexual inclusion. Here, for example, sex is socially unique in that it offers an intimate and unique way of knowing others – “a way that not everyone has the privilege to experience with that person [or persons]” (De Boer, 2014, p. 17). Through sexual activity, people reach a level of familiarity with others that is rarely found in other activities of the same average length. This intimate aspect of sex can be experienced as a part of the good of sexual union.

Sexual union constitutes the profound intimacy and vulnerability experienced in co-determined interpersonal sexual activities. Sexual union (and interpersonal sexual activity generally) is an inherently vulnerable act, and it exposes something raw about us and comes with significant risks. Being sexually vulnerable for and with others, thus, offers a deep form of openness, care, and trust. “It defines a most significant moment of goodness between two [or more] people, where each achieves a most profound moment of affirmation and satisfaction that is inextricably tied to the endeavour to please the other”

(Thomas, 1999, p. 59). This can be felt in a casual hook-up and is not restricted to passionate sex between long-term partners or lovers.

These goods of interpersonal sexual activity (pleasure, intimacy, vulnerability, and union) are also instrumentally valuable because they partly constitute, build, and express the goods of romantic love (McKeever, 2016, p. 201). Sex and sexual desire can help individuals to love each other (Bertocci, 1949). Sex can express love and affection and cement romantic relationships (McKeever, 2017; Vannoy, 1982). Sexual goods can, thus, help secure broader relationship goods for individuals. These are goods that accrue to individuals due to their being in relationships with other people. Such goods include, for example, companionship, affection, attachment, friendship, empathy, social respect, and trust.[119]

Sexual experiences also have great personal and cultural significance. For some, this may be because sex can offer a way to procreate, and procreation is often an important part of individuals' life plans. However, more generally, sex, sexual agency, and sexuality contribute to identity in a significant way. This, for some, is so much so that sexual experiences affirm inclusion in the "human community" (Siebers, 2012, p. 41), with some people not feeling fully human in its absence (de Boer 2014 & 2015).

It is partly for this reason that sexual activities play a role in self-formation and the development of autonomy and self-respect. It has been argued that self-consciousness, confidence, self-respect, and self-esteem are gained through relationships that involve mutual recognition (e.g., Honneth, 1996). Within the case of sexual relationships, we not only receive mutual recognition, but we also practice and reinforce our autonomy through sexual communication, boundary setting, and making sexual choices (including the decision not to have sex). The awareness (personally and socially) of our own and others'

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[119] An extensive longitudinal study in adult development (Vaillant, 2012) indicates that personal relationships are indispensable to subjective life satisfaction and are positively correlated with other valuable outcomes such as longevity and health.

sexual boundaries and the limits of our desires can similarly reinforce and aid in constructing our autonomy and sense of self.

The value of sex, of course, must, at the same time, not be overstated. Some people choose to be celibate for religious reasons, while others have low sex drives or are asexual. It should go without saying that such people are equally capable of living happy and fulfilling lives. The fact that sexual activity offers important goods does not imply that sexual activity is an essential source of goods for all people. It also does not imply that sex is always a good. Some sexual interactions are non-consensual, violent, abusive, unpleasurable, or unwelcome. In some contexts, for some people, "sex may even be primarily bad or unwelcome" (Danaher, 2022, p. 51). For example, Ann Cahill (2016) has argued that many women experience and engage in unjust sexual interactions that hijack their sexual agency. This results from expectations to conform to prescribed norms and standards that deny their sexual subjectivity (Cahill, 2016, p. 255). Atherton (2021) similarly argues that women's internalisation of prescribed norms and sexual scripts can help explain phenomena like the pleasure gap or unwanted sex that does not rise to the level of rape or sexual assault.

Nevertheless, as Danaher (2022) acknowledges, the fact that sex is bad for some people in specific contexts does not mean that sex in other manifestations and contexts is not a basic human good. He argues that many good things can be corrupted and undermined (p. 51). Indeed, "the fact that some people are systematically denied access to pleasurable and fulfilling forms of sexual activity, and thus must experience an inferior or morally corrupted form, might be grounds for thinking that such people are subject to an unjust form of sexual exclusion" (p. 52). Here, we begin to see the value of inclusion in the sexual life of one's society. This is a purer good that goes beyond the good of sexual experiences. Unlike sex, inclusion does not bring the same risk of sexual bads. Instead, its range of goods can be seen as offering increased protection from sexual bads. Inclusion is a good in itself. It is also a good that is instrumentally valuable in securing important goods for all people, including those who do not wish to engage in sexual activities.

Sexual activities offer important instrumental and non-instrumental goods, but this is not all that is of concern to individuals. The opportunity for sexual experiences itself offers goods of expressive or symbolic value — for example, given certain social norms, having sexual opportunities is constitutive of being a member of the adult community (regardless of whether one does or wants to take up these opportunities). As such, it is not just the physical act of interpersonal sex that people crave; it is to be seen and to see oneself as a sexual being.[120] To be understood as an adult member of society – as someone that could be sexually desired and respected. Thus, one key component of sexual justice is to protect the goods offered not simply by sexual experiences but by sexual inclusion. These include self-knowledge, self-confidence, self-respect, autonomy, solidarity, community, pride, mutual respect and recognition, acceptance, and social and sexual dignity.

Many of the goods of sexual inclusion are of concern to relational egalitarianism as they concern how we relate to each other as equals, for example, mutual respect and recognition, solidarity, and community (Anderson, 1999; Gheaus, 2018; Honneth, 1996; I. M. Young, 1990). Some of these goods will be expressed in anti-discrimination laws, in positive and inclusive media and cultural representation of diverse sexual beings, or in inclusive and empowering relationships and sexuality education and resources. As such, many of these goods can be enjoyed even without direct, personal encounters with others.

Further, many of these goods are valuable to those who are not yet sexually active and those who do not want to engage in sexual activities. Young people benefit from the good of sexual inclusion as young people and as future adults.

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[120] I do not mean to exclude those on the asexual spectrum from this understanding of inclusion in the sexual life of society. Further, I acknowledge that scripts of compulsory adult sexuality influence the desire for sexual recognition, and these scripts can also marginalise asexual people. However, I take it that one can desire inclusion in the sexual life of society while being asexual or while adopting a critical position towards scripts of compulsory adult sexuality. Here, sexual inclusion is grounded in mutual recognition, dignity, and respect. It includes access to sexual resources and respectful representation of individuals with whom one can identify sexually. Greater awareness and understanding of asexuality will be part of securing sexual justice. Challenging dominant sexual scripts that marginalise non-normative sexualities will also be a part of securing broad sexual inclusion.

For example, exposure to positive cultural portrayals of sexual beings one can identify with (consciously or otherwise) contributes to healthy social, sexual, and self-development. In contrast, invisibility and negative portrayal of one's identity group members can result in feelings of shame, loneliness, depression, and confusion. Similarly, positive portrayals of asexuality contribute to healthy social, sexual, and self-development. It can also aid in self-advocacy and connecting with and being understood by others. Being sexually included, thus, is a good regardless of whether one is sexually active or desires to become so.

Broad sexual inclusion offers a more profound and complex range of goods than narrow sexual inclusion. Focusing exclusively on the goods or right to interpersonal sexual activity overlooks these more complex and pressing goods. These are goods upon which access to sexual pleasure, in many ways, depends and, as such, they *ought* to be of concern to those who advocate for narrow sexual inclusion. These are also goods that are very important to individuals, that make their lives better, and their nonvoluntary absence from individuals' lives is a matter of moral and political concern.

Thus, it is broad sexual exclusion that ought to be of primary concern to sexual justice. In reverse, then, justice should aim to secure goods that arise from meaningful sexual experiences and inclusion in the sexual life of one's society. Again, this involves experiences, opportunities, and capacities connected to:

a. Being recognised, respected, and understood as an equal sexual being.
b. Understanding and communicating one's sexual needs and experiences to others and understanding the sexual needs and experiences of others.
c. Seeing your sexuality accurately and positively represented in the media or seeing individuals with whom you can identify represented positively as sexual beings.
d. Experiencing empowering educational opportunities regarding sex, sexuality, and sexual well-being; or
e. Being understood and supported by sexual health services.

The experiences, opportunities, and capacities connected to broad sexual inclusion generate a diverse and complex range of goods that are of symbolic, instrumental, and non-instrumental value. These include relational egalitarian goods, goods related to social, sexual, and self-development, autonomy, and wellbeing, self-advocacy and self-respect, pleasure, and inclusion. Connecting to arguments from Chapter Three, broad sexual inclusion can also encompass sexual epistemic goods; providing access to vital sexual epistemic resources and goods related to understanding and being understood by others along sexually meaningful lines and being included in the sexual epistemic community. The problem of broad sexual exclusion can, thus, be understood as faultless non-access to this broad and complex range of goods.

I will return now, briefly, to the debate sparked by Appel. First, I will consider the solutions' limitations regarding broad sexual exclusion. I will then argue that, by redirecting the arguments towards Category Three disabilities and offering the proposed solutions as a *supplement* to broader structural interventions, the authors could offer something valuable to the pursuit of broad sexual inclusion.

4. Saving Appel's Argument

Let us return to Appel's debate. With an eye to the goods of broad sexual inclusion, we can now see that important sexual goods would remain elusive were we to adopt Appel, Di Nucci, or Thomsen's solutions to sexual exclusion. Solutions for narrow sexual inclusion (that is, merely providing access to the physical act of sex) will not (by themselves) secure broad sexual inclusion.

At the same time, commercial, charitable, and technological solutions provide immediate benefits to individuals like C and D. Yet, both would remain subject to broad sexual exclusions. The authors could each argue that narrow sexual exclusion is the immediate harm that matters to individuals, and their approaches attend to this more pressing need. I do not find this response particularly satisfying, not simply because the solutions risk reinforcing the very problem they are attempting to resolve. I also take it that the immediate harms that matter to individuals go beyond lack of access to interpersonal sexual pleasure.[121]

Access to the broader set of sexual goods that meaningful sexual experience and inclusion in the sexual life of society offers are similarly (if not more) pressing for many individuals. The authors' solutions do not fully secure the range of goods that broad sexual inclusion offers. Instead, the suggested solutions are focused on the goods that arise from the physical act of sex itself. Their concern is primarily related to access to sexual pleasure. Paid sex, robots, and charity can provide this for some individuals. They can also, for some, even provide some goods beyond sexual pleasure. Despite this, for most people, broad sexual exclusion is the more pressing and deeply felt harm. Thus, resolving narrow sexual exclusion does not take us far enough.

The case that sparked Appel's interest in the problem of sexual exclusion also highlights that something important might be missed if sexual exclusion is resolved through sex work, charity, or robots. Here, Appel references Lucy Baxter's international campaign on behalf of her adopted son, Otto, a 21-year-old man with Down's syndrome. Baxter went to great lengths to help Otto lose his virginity, garnering international attention when she told the press "She 'wouldn't object' to his visiting a prostitute" (2010, p. 153). Appel explains that "Rachel Wotton, an internationally renowned prostitute, who specialises in sex for the disabled, met with Otto at his Oxfordshire home in May. Zoo magazine offered to pay the fees for Otto's encounter. Eventually, Otto declined Wotton's services, expressing a desire to wait for 'Miss Right'" (p. 53).

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[121] This may be especially true for disabled women. Women are significantly less likely to pay for sex (or to employ sex workers more generally). Sex robots are rarely designed for women, and those produced proved unpopular. One feature of this unpopularity was that the designed dolls were little more than life-sized heavy male forms with erect penises. As a sexual aid, this essentially amounts to a hefty and challenging-to-manoeuvre dildo. This is not a particularly appealing purchase for those with mobility issues or limited privacy. If sexual pleasure is one's primary goal in using a sexual aid, sex robots offer women limited (if any) comparative benefits over the array of masturbatory aids already available.

To continue with his arguments, Appel sets Otto's preference aside. Otto's preferences were considered irrelevant to the philosophically interesting features of the debate. However, Otto expressed a clear preference for meaningful connection over the physical act of sex itself. There *is* a philosophically interesting question here; does Otto have a right to meaning in his sexual life? This question has directed this Chapter and, in many ways, this dissertation.

For some people, paid sex can be meaningful, involving deep recognition and connection between individuals. While not intellectually disabled, a 48-year-old Scottish man with cerebral palsy clearly articulates the goods disabled individuals can find by using the services of sex workers. "Sex workers", he said, "are underrated by people. They provide a service that extends beyond sex. They are actually very therapeutic. Sometimes I pay just to talk to a sex worker" (quoted in McBain, 2017). He felt, in contrast, less able to discuss sexual matters with GPs or health workers because "it's almost as though they think you are actually asexual, a non-sexual person, just because you're in a wheelchair." Without access to sex workers, he said that he "would feel frustrated [...] it would cause a lot of problems emotionally... [and he would] get depressed." Thus, beyond sexual pleasure, there are genuine social, emotional, and health-related goods provided by sex workers. However, I take it that the necessity of their provision through sex workers is, in most cases, contingent on desexualising sexual scripts and inadequate sexual hermeneutical resources that block access to these goods through other means (as this man found when attempting to discuss sexual health concerns with his GP).

Nevertheless, Otto highlights that access to the act of sex itself is not our only (or even our primary) concern in resolving the harms of sexual exclusion. For many, access to paid sexual services would be just that; access to sex and nothing more. Just as masturbation alone does not provide adequate access to all sexual goods (as Appel himself argues), I take it that, for most people, commercial, charitable, and technological solutions fall short of securing the goods of broad sexual inclusion. Something more is needed.

While more is needed, the debate still has much to offer. My concern has never been that the solutions are *necessarily* harmful. Again, they offer individuals like C and D immediate benefits that could improve their lives. The solutions attend well to the immediate concerns of narrow sexual exclusion. My issue with the arguments and solutions was that, without attending to unjust sexual scripts, the solutions risk reinforcing broad sexual exclusion. Notably, the debate's (seemingly) ableist generalisations and implications reinforce the belief that disabled people are not equal sexual beings. This is actively unhelpful in meaningfully challenging broad sexual exclusion. Again, the *solutions* are not necessarily harmful. Instead, if we can attend to the ableist generalisations and failure to challenge unjust scripts, the solutions might offer some assistance in combating broad sexual exclusion. I will consider the problem of ableism first. The much bigger question of how we can resolve unjust scripts will be the focus of Chapter Five.

In Section One, I argued that the examples and definitions offered by the authors are problematically over extensive. I argued that this fundamental problem might be owing to ableist sexual scripts that are smuggled into the foundations of the debate. Liberman (2017) similarly charged the debate with ableism, also arguing that disability is used in the debate as a proxy for sexual exclusion. For Liberman, there is nothing sufficiently special about the sexual exclusion of disabled people that could not be attended to by focusing the debate on the more general issue of unjust sexual exclusion. It is here that I depart from Liberman.

Some intellectually disabled people are sexually excluded in ways that are distinct from other cases of sexual exclusion – namely, the sexual exclusion of Category Three disabled people. Understanding how to attend to this exclusion is essential for sexual justice. In line with Liberman, however, I agree that conflating all cases of sexual exclusion felt by disabled people (as Appel's debate has done) risks ableism and produces flawed conclusions.

While not particularly relevant to the interests of this Chapter, it is perhaps worth noting that including *all* sexually excluded disabled people, rather than only those that are sexually excluded owing to the nature of their impairment, undermines the force of arguments for exceptions to prostitution's moral prohibition. Here, several examples used throughout the debate are of individuals primarily excluded by what I would call Category One or Two disabilities. That is, individuals like C and D are sexually disadvantaged because of exclusionary scripts regarding sex and disability. The actual or perceived need for access to paid sexual services is not necessary for meeting the sexual needs of these individuals. Instead, it is contingent upon unjust sexual scripts. This does not imply that funded access to sex workers would not satisfy the sexual interests of some intellectually disabled people. Rather, the argument that this approach is *necessary* to satisfy the sexual needs of disabled people is false. As I have said before, disability is far too heterogeneous to allow for such an argument to go through.

As mentioned, we could charitably accept that the issue is not underlying ableism that falsely assumes disability as the primary or sole cause of sexual exclusion. Rather, we could accept that the issue is one of definition. Specifically, the issue stems from how the authors appear to define disability. I think that this is perhaps the correct interpretation of what has gone wrong in the authors' arguments. This does not mean that unjust sexual scripts do not corrupt the arguments. However, by recognising the issue as one of definition, we can understand how such scripts can get a grip upon even well-intentioned arguments for sexual inclusion. By adopting a different definition of disability, we can also redirect the authors' concerns to those sexually excluded because of their impairment. Those who, without support, might remain sexually excluded in a world free from unjust sexual scripts. Namely, Category Three intellectually disabled people.

So, how might definitions of disability have led the authors astray?

The authors implicitly or explicitly adopt a medicalised understanding of disability. The authors appear to use disability as a synonym for impairment.

Thus, in medicalised language, the authors' versions of Claim 3, "disabled people cannot access the goods of sexual experience" could be understood roughly as "disabled people are sexually excluded *because of their impairment*." I return to the authors' language to support this concern.

Appel targets his solutions at "individuals whose physical or mental disabilities make sexual relationships with non-compensated adults either impossible or highly unlikely" (2010, p. 153). This definition intentionally captures individuals like Otto. As such, we are left to interpret this definition as capturing anyone who is both disabled and sexually excluded. Further, to prove that a sexual "surrogate seeking patient" is disabled and, thus, owed access to paid sexual services, Appel suggests that licensed physicians could certify that the patient is "both "competent" and "disabled" and to prescribe such services as necessary" (p. 153.).

Appel may not *explicitly* adopt a medicalised definition of disability, but his language and approach strongly indicate a medicalised understanding of the subject. Di Nucci claims that *because of their disability,* disabled individuals find it much harder or impossible to satisfy their sexual interests (2010, p. 2). Di Nucci may be saved from criticism if we accept that, by narrowing his focus to severely disabled people, he also intends to direct his arguments towards Category Three disabled people. However, given that Di Nucci's use of the term is taken directly from Appel, it appears that by "severely disabled", Di Nucci means to pick out the same group that Appel picks out. To his credit, Thomsen acknowledges the influence of social circumstances. However, his language, case studies, and proposed solutions suggest that impairment is understood to be the primary cause of sexual exclusion.

Within the context of sexual justice, medicalised understandings of disability cannot successfully attend to the social and political causes of sexual exclusion. The medical model understands disability to be identical to or *caused by* physical or cognitive impairments. Suppose a disabled individual faces unfortunate social circumstances, and we cannot cure the impairment. In that case, (within the logic of the medical model), we will jump straight to compensation (as the authors have done). The exclusion is an unfortunate result of impairment rather than unjust social structures. Thus, we cure or compensate rather than call for structural change.

If one accepts a medicalised view of disability, the authors' arguments may appear reasonable. I do not take such a view, nor do most disability scholars and activists. Having already argued extensively for why we ought to reject such understandings of disability, I will jump straight to suggesting that we could save the authors' arguments by adopting a more nuanced understanding of disability.

Take my approach from Chapter One. In Chapter One, I defined a Category Three Disability as a persistent or intermittent mental state that directly impairs an individual's capacity to participate in valuable/desired activities. It is distinguished from impaired capacities to participate in valuable/desired activities that result from a conflict between one's mental states and the normative scripts regarding who can engage in said activities (a Category One disability) or the normative scripts regarding what proper participation constitutes (a Category Two disability). If we narrow the target of the authors' arguments to only those with a Category Three disability, we may avoid the ableist challenges levelled against the debate.

But does this work? First, it is important to note that I am in no way arguing that Category One and Two disabled people ought not to have access to paid or charitable sexual services. Such services can provide meaningful experiences for people. However, arguing that there is something *special* about Category One and Two disabled people's sexual exclusion that makes it the case that commercialised sexual services are *necessary* to ensure inclusion misdiagnoses and oversimplifies the problem at hand.

Narrowing the authors' arguments to Category Three disabilities helps avoid the issue of misdiagnosis and oversimplification. Within the given context, Category Three disabilities directly impair an individual's capacity to participate in sexual activities. For example, some cognitive impairments leave individuals unable to consent to sex in ways that align with dominant and legal norms of consent. Arguing that such individuals offer a unique challenge for sexual inclusion and that specific practical supports (as opposed to mere social changes) might be necessary to secure their inclusion appears true. So, the debate is saved from misdiagnosis and oversimplification, but I have generated new and far more complex problems.

In concluding remarks, Di Nucci acknowledges that some disabled people cannot consent to sex and are at risk of abuse. He then argues that, in these cases, "mentally disabled individual[s] *should not be offered* [charity-based sexual services]" (2011, p. 161, emphasis my own). As such, Di Nucci would explicitly reject my narrowing of his argument to Category Three disabilities; Category Three disabled people would be amongst those he cautiously excludes from his proposed solutions.[122] Di Nucci is reasonable to be cautious. To redirect Di Nucci, Appel, and Thomsen's arguments exclusively towards Category Three disabilities is to push them towards moral controversy. Is it right to provide access to sexual services for people who may not have the capacity to consent to sex?

Intellectual disability poses significant challenges to defending the sexual inclusion of disabled people. Intellectual disability can create difficulties for consent in a way that other disabilities do not (in terms of the capacity to give consent and to recognise consent communications by others). If these capacities are needed to be a full sexual rights holder and if intellectual disability impairs these capacities, then a disabled person may not be *wrongfully* sexually excluded. At the same time, whether the capacity to consent should play this determining role in sexual inclusion or exclusion is up for debate.

Policies, practices, and theoretical debate often favour protection over a "dignity of risk." The dignity of risk, widely advocated for by disability scholars,

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[122] In a footnote, Di Nucci suggests that philosophers should not be making the final call on who should be allowed to participate, suggesting instead that decisions should be made by doctors, psychologists, and carers (2015, fn vi).

is the normative premise that, for disabled people, ceteris paribus, it is better to try, experiment and risk failure than to be cloistered from the world (Perske, 1972). Given the high incidence of sexual violence against intellectually disabled people, the tendency towards protectionism is perfectly understandable. However, as Jasmine Harris argues:

> Without opportunities to practice informed decision-making in sex and other matters, people with disabilities are situated in a dangerous catch-22 where they are not afforded sufficient education or experiential opportunities to understand sexual decisions and their consequences but are precluded from engaging in sexual decision-making—on the basis of that lack of knowledge—by legislatures and court constructions of capacity to consent.
>
> (2018, p. 498)

As I have argued in Chapters Two and Three, many individuals lack such capacities because of unjust sexual scripts. The desexualisation of intellectually disabled people establishes unjust educational paternalisms, and this sees vital sexual epistemic resources and decision-making experiences and opportunities withheld from intellectually disabled people. This prevents individuals from developing their capacity to consent and increases their risk of abuse. *Individuals should not be sexually excluded because they have not been given sufficient opportunities and resources to meet the threshold for inclusion; they should be given the opportunities and resources needed to pass this threshold.*

However, this does not fully attend to the concerns of providing access to sexual services for Category Three disabled people. Some individuals might require more resources and support than is practically available to pass consent thresholds, and others may never be able to consent to sex legally. Here, it is worth noting that consent norms do not always protect intellectually disabled people from harm, nor do they always promote their own and others' sexual agency and well-being.

Consent norms and laws have been constructed primarily for and by the able-minded. Indeed, some intellectually disabled people may not be capable of legally consenting to sex under dominant able-minded sexual norms. However, this does not mean they cannot and do not communicate consent by other means. It also does not mean that, in all cases, consent norms are best placed to protect and support the sexual interests of these individuals. In some cases, extending able-minded consent norms would be ill-fitting, obscuring actual indicators of enthusiasm, willingness, and desire communicated by and between intellectually disabled people.

We have seen this repeatedly in the examples provided throughout this dissertation. In Chapter Two, Alan communicated his enthusiasm, willingness, and desire to his lover Kieran. As did the lesbian couple detailed by Michael Gill (2015).[123] My example of Jane in Chapter One demonstrated the ways in which she communicates consent and non-consent. These individuals all demonstrated pluralistic sexual agency and explicitly communicated their consent via embodied, tacit, and affective testimony. To extend my arguments from Chapter Three, the failure to recognise and include these ways of communicating consent could be understood as a pluralist hermeneutical injustice and a meta-epistemic injustice. Important ways of understanding and communicating explicit consent may be denied due to the logocentric, propositional hyperfocus of consent norms and laws.

At the same time, while I take it that an injustice is present in the able-minded framing of consent laws, the risks and practicalities of changing such laws is an immense task.[124] While the moral parameters for permissible sex established on pages 86-90 do some work in supporting safe permissible access to sex, it must be acknowledged that present communication barriers (some erected by sexual epistemic injustice, some by the nature of communicative impairments themselves) mean that we may not yet be able to

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[123] Also discussed in Chapter Two.

[124] Presenting a full account of consent that is free from meta-epistemic injustice and fully attends to the consent capacities of intellectually disabled people is necessary for a full account of sexual justice. Such an account, however, is beyond the scope of this thesis. What I hope to have provided here is some guidance regarding what is required of a just account of sexual consent.

know and understand the consent communications of all intellectually disabled people. Given this, there is good reason to err on the side of caution.

An important part of fully acknowledging that intellectually disabled people are sexual beings with sexual interests and rights requires recognising that not all intellectually disabled people are capable of explicitly or legally consenting to sex[125] and, as such, interpersonal sex acts involving such persons would be impermissible. And yet, *individuals remain sexual beings with sexual needs, interests, and desires even if they are not capable of consent.* While these individuals may be permissibly excluded from interpersonal sex itself, they retain rights to broad sexual inclusion. This is because *broad inclusion in sexual life offers goods beyond sex itself.* Accepting that individuals unable to consent to sex can be permissibly excluded from *interpersonal sex acts* does not entail that these individuals can be permissibly excluded from *sexual life*.

It is common practice within disability scholarship to assume capacity, to adopt the 'best possible assumption' – in context, to adopt the position that Category Three intellectually disabled individuals are or could be capable of living rich and fulfilling sexual lives (although these sexual lives may not include interpersonal sexual contact). However, achieving this may look different and require significantly more support than non- and other intellectually disabled people. While consent remains essential, it should be recognised as but one mechanism for protecting individuals' *sexual interests*. As such, it should not be the deciding factor in whether *sexual exclusion* is morally permissible. Rather, the moral considerations that apply to inclusion and exclusion should be understood as distinct from moral considerations that apply to those who have access to sex. Further, even if consent is necessary for morally permissible sex, we need different norms of sexual consent to the prevailing ones. Sexual consent norms, at least for those consistently less or unable to express consent via propositional claims, ought to be expanded to recognise pluralistic sexual agency and expressions of non/consent – for

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[125] A Category Three disability

example, through embodied, affective, and tacit communications and active participation in co-determined sexual activities.

Other groups are allowed to take sexual risks, to make choices that are bad for them. Cautionary lessons from broader sexual assault research also recognise that the risk-averse approach — one that resolves the uncertainties of consent by favouring protection over agency — may unnecessarily constrain the agency of intellectually disabled people and, long-term, may create greater vulnerability to sexual violence (Harris, 2018, p. 493). A significant body of research supports this, with Miriam Taylor Gomez concluding that "people with intellectual disability experience the same range of sexual needs and desires as other people. With appropriate education and good social support, people with intellectual disability are capable of safe, constructive sexual expression and healthy relationships" (2012, p. 243).

However, as Di Nucci acknowledges, it is not the philosophers' role to determine who should be sexually included or excluded. Often, this is something better done on a case-by-case basis. In the sexual domain, we can (and perhaps should) only make general proposals. That said, while it might seem reasonable to sexually exclude those who are unable to (legally) consent to sex and are at risk of abuse, there are equally good reasons to be cautious in supporting their continued exclusion.

Following disability scholars and activists, I contend that our approach ought to favour a dignity of risk over protectionism; rather than protecting disabled individuals from harm by removing opportunities for sexual inclusion, we ought to support sexual opportunity and autonomy. Wherever possible, it should be individuals themselves that decide whether they will take on sexual risks. Thus, the kinds of opportunities Appel, Di Nucci, and Thomsen advocate for should be available to those with Category Three disabilities. Whether these opportunities get taken up in practice ought to be decided on a case-by-case basis, with intellectually disabled individuals drawing on supported decision-making networks of disability advocates, carers, families, and service providers. Given present hermeneutical resources gaps, relationships reflecting dependent and vertical power dynamics should be treated with greater caution (see e.g., Fischel, 2019).

To return to Appel's debate again, I propose that its focus should be directed towards remedying the sexual exclusion of Category Three disabled people. By adopting a more precise interactionist definition of disability and narrowing the focus to one category of disability, we can resolve the issues of ableist generalisations and oversimplification. The solutions are instead targeted at a group who, even in a world free of unjust sexual scripts, would continue to face significant barriers in meeting their sexual needs. If one does not take issue with the nature of the solutions themselves (as individuals like Bindel surely would), this narrowing of the argument might satisfy those who take issue with the authors' failures to consider the social causes of sexual exclusion. By redirecting the focus, the solutions can be offered as an approach to resolving the narrow sexual exclusion of those primarily excluded owing to the nature of their impairment.

This move, of course, only solves part of the problem. Individuals like C and D presently feel unable to satisfy their sexual needs. By narrowing the target of the debate, we no longer advocate for the offered solutions to be directed towards such individuals. So too, we have only provided opportunities for *narrow* sexual inclusion for Category Three disabled people. This is a valuable step on the path towards sexual justice, but it falls short of securing a maximally inclusive approach to broad sexual inclusion. As I have argued, restricting the authors' arguments does strengthen their claims and conclusions. We also no longer risk reinforcing broad sexual exclusion. Nevertheless, we still need an approach that recognises and resolves the broad sexual exclusion faced by Category One, Two, and Three disabled people. This will be the task of Chapter Five.

Conclusion

Throughout this Chapter, I've argued that the problem of sexual exclusion is commonly described as a problem of access — some people, through no fault of their own, are made worse off by non-access to interpersonal sexual activities. Sexual justice debates often progress from this point of concern: asking whether exclusion from interpersonal sexual activity is unjust and, if so, whether there is a right to sex. As I demonstrated, such an approach fails to capture the full harm of sexual exclusion and, in so doing, it inevitably fails to solve the real problem. After all, the harm of sexual exclusion runs deeper than non-access to sex.

Approaching the sexual inclusion debate too narrowly has also resulted in the lumping together of two distinct questions. Namely, the questions of who ought to be sexually *included* and who ought to be sexually *excluded*. Many people will assume a direct entailment between the answers; we should exclude all those that we shouldn't include and vice versa. But one answer need not imply the other. Rather, we *must* complicate the question.

I showed that we can (and should) complicate these questions by separating them into concerns relating to access to either narrow or broad sexual goods. That is, we can ask *narrowly* whether there is a right to sex or *broadly* whether there is a right to opportunities for meaningful sexual experiences and inclusion in the sexual life of one's society. By establishing a distinction between broad and narrow sexual inclusion, we can now ask; who ought to be broadly sexually included or excluded, and who ought to be narrowly sexually included or excluded?

From here, we can begin to see that applying the same normative criteria to these two distinct question sets would be unjust and inappropriate. The moral considerations that apply to broad sexual inclusion and exclusion are distinct from those that apply to narrow sexual inclusion and exclusion. After all, broad sexual inclusion provides access to a wealth of sexual goods, resources, and opportunities beyond those made available by the physical act of sex. Many of these sexual goods, resources, and opportunities are of significant value to individuals, regardless of whether they want to, should, or will have sex. Many of these goods, resources, and opportunities are also instrumental in securing the goods of sex.[126] While the nature and degree of broad sexual inclusion might sometimes differ between individuals[127], *everyone* should be understood as having a right to broad sexual inclusion. Individuals have this right regardless of whether they are justifiably or contingently excluded from having sex.

That said, the debate generated by Appel is an important one. However, it is for this reason that we must *correctly* identify the problem and its causes. I suggested that the approaches of Appel, Di Nucci, and Thomsen risk making worse the very problem they attempt to resolve. That is, they risk worsening the narrow problem of sexual exclusion. More critically, they risk worsening the problem of broad sexual exclusion. *They risk worsening the more pressing problem.*

Issues in the debate could be thought of as arising because of ableist sexual scripts or the definitions of disability adopted by the authors. I argued that the problem was likely a result of the latter. I attempt to rescue Appel, Di Nucci, and Thomsen's arguments by narrowing their focus to Category Three disabilities. If limited to this target group, the views of Appel and his respondents can offer some assistance to the pursuit of sexual justice (without, at the same time, making the problem worse).

In so doing, the reader will hopefully see that a division of labour is beginning to form between my approach (detailed in the following Chapter) and the approach offered by Appel, Di Nucci, and Thomsen. My approach will attempt to resolve broad sexual exclusions that arise because of unjust sexual scripts and sexual epistemic injustice. There will, however, remain sexual exclusions

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[126] By separating these questions, we also begin to see one of the harms of lumping them together for so long. Those who are broadly sexually included have access to the resources and opportunities to develop sexual knowledge and agency. Sexual knowledge and agency are needed to legally consent to sex. The broadly sexually excluded lack or have reduced access to these vital opportunities and resources. As a result, the excluded may be less or unable to consent to sex. Thus, if we use the same normative criteria for broad sexual exclusion that we typically use for narrow exclusion (i.e., capacity to consent to sex), then broad sexual exclusion will create and reinforce conditions that justify both forms of exclusion.

[127] For example, the nature and degree of broad sexual inclusion will change in accordance with developmental stages. As argued in Chapter Four, some individuals might contingently justify their own broad sexual exclusion in cases where their inclusion would prove a direct threat others' safety and well-being.

even in a world free from unjust scripts. Given this, my approach can be supplemented by redirecting solutions such Appel, Di Nucci, and Thomsen's towards sexual exclusions related to Category Three disabilities. Such a division provides an approach to sexual justice that is both maximally inclusive and does not produce unjust burdens for already sexually marginalised groups. But I am getting somewhat ahead of myself; I still need to provide an account of how broad sexual inclusion ought to be secured. This is the task of the following Chapter.

Chapter Five: Securing Broad Sexual Inclusion

> *The way society thinks about disability […] For disabled people, it means they grow up in an atmosphere that makes them believe that they just aren't sexy or potential sexual partners, and for the non-disabled community, it plays a part in continuing the prejudice around disability […] We should be fighting for a world where disabled people are seen and see themselves as viable sexual partners.*
>
> (Mik Scarlet, cited in Liberman, 2017, p. 5)

Introduction[128]

Throughout this dissertation, I have sought to understand why intellectually disabled people are so often excluded from meaningful sexual experiences and sexual life. I have argued that sexual script theory provides a means of understanding this problem. Unjust sexual scripts for and about intellectually disabled people generate a set of mutually reinforcing sexual injustices — namely, sexual epistemic injustice, sex-educational injustice, and unjust broad sexual exclusion.

More precisely, I argued that desexualising sexual scripts about intellectual disability could lead people to believe that sharing sexual epistemic resources and sex-educational experiences with intellectually disabled people is inappropriate. As a result, critical resources and opportunities may be withheld or corrupted. This sees sexual epistemic and sex-educational injustices reinforce broad sexual exclusion. They see that certain individuals are understood as not properly belonging within the sexual life of society and, as such, they prevent these individuals from accessing the resources and opportunities needed to navigate sexual life. Once established, broad sexual

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[128] Sections Two and Three of this Chapter draw on background research from my Master of Arts dissertation (B. Evans, 2018) and article 'Educational Justice and Disability: The Limits of Integration' (B. Evans, 2021).

exclusion can be enough to maintain unjust sexual scripts and their concomitant injustices.

As a result of broad sexual exclusion, individuals may have access to fewer opportunities to challenge unjust sexual scripts. Additionally, broad sexual exclusion can ‘make true’ the conditions that are thought to justify sexual exclusion. Through broad sexual exclusion, individuals will have fewer opportunities and resources to develop their sexual knowledge and agency. As a result, they may become less able to consent to sex and more vulnerable to (or at risk of perpetrating) sexual harm. Thus, it might *seem* to be in everyone’s best interest that such individuals should be sexually excluded. However, as I argued in Chapter Four, sexual risk and the capacity to consent to sex do not justify broad sexual exclusion. This is true regardless of whether such individuals should be narrowly excluded from interpersonal sexual activities.

Thus, I have provided an answer to one of the guiding questions of this thesis; unjust sexual scripts exclude some individuals, through no fault of their own, from meaningful sexual experience and sexual life. But this would not be a very satisfying place to end this project. And so, I will seek to answer one final question; what does sexual justice demand that we do in response to unjust sexual scripts and their associated injustices?

The obvious answer is that we need to eliminate unjust sexual scripts. But how do we do this? How do we create sexually inclusive environments that are free from unjust scripts? And can we do so in a way that is itself just and inclusive? In the case of intellectual disability, while there are many ways of revising ableist sexual scripts, I take the most promising to involve increased *sexual access*, *educational integration*, and *liberationist Relationships and Sexuality Education* (RSE). These approaches are not without risk. However, if pursued cautiously and in combination, they provide a just and inclusive means to directly challenge unjust scripts and ensure that they do not get a grip on individuals in the first place.

Much of this Chapter will be dedicated to explaining why and how these approaches ought to be pursued. First, however, I will establish a more general claim that, at least in the case of intellectual disability, sexual justice ought to be pursued structurally. Given this dissertation's focus on intellectual disability, it is essential that my approach to sexual justice is cognisant of the relevant capacities and support needs of intellectually disabled people. I argue that structural approaches which promote empathy and understanding across diverse groups can best support sexual script rejection and revision. Critically, by redistributing burdens and limiting the early internalisation of unjust scripts, structural approaches are also best placed to support those less able to independently revise and reject unjust scripts.

1. Individual Responsibility vs Structural Change

As Chapter Four established,[129] broad sexual inclusion provides resources, experiences, opportunities, and capacities connected to:

1. Being recognised, respected, and understood as an equal sexual being.
2. Understanding and communicating our sexual needs and experiences.
3. Understanding the sexual needs and experiences of others.
4. Seeing our sexuality accurately and positively represented in the media or seeing individuals with whom we can identify represented positively as sexual beings.

Additionally, it suggested that securing the goods of broad sexual inclusion requires (and provides) experiences, opportunities, and capacities connected to:

5. Understanding and mitigating (where possible) the differences of power and influence we might possess over other sexual beings or that others might have over us.
6. Experiencing empowering educational opportunities regarding sex, sexuality, and sexual well-being.

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[129] See Chapter Four Section 4.2.

7. Being understood and supported by sexual health services.

However, successfully securing broad sexual inclusion will require that we first overcome sexual script injustice.[130] This, I will argue, is best done via structural measures such as educational and integrationist initiatives. These approaches promote meaningful interaction and empathy between diverse groups, allowing for more robust and lasting social change.

Some might ask, why not adopt an approach of individual responsibility for sexual scripts? Srinivasan suggests something along these lines to revise desires shaped by social injustice and inequality. In *The Right to Sex,* Srinivasan explores the ways that politics and culture shape our concepts and practices related to sex and sexuality (2021). She encourages us to ask ourselves uncomfortable questions – what are the underlying conditions, motives, and origins of what we like and want? Of *whom* we like and desire? Her aim is not to discipline desire. Instead, she asks us to push against the ways in which we have been disciplined, since birth, to regard only certain types of bodies as worthy, beautiful, or "fuckable" (p. 103). This dissertation, at least in part, can support this challenging endeavour.

Srinivasan does not claim that the sexually marginalised, oppressed, and excluded are *owed* sex or entitled to be the object of anyone's desires. Instead, she calls on individuals to reflect on, push against, and expand their desires. So doing, she argues, can help loosen injustice's grip on intimate life. At the same time, Srinivasan recognises that no one person can change any oppressive norm on their own and that we should not punish people for adhering to repressive norms (particularly if they do so to survive). However, she also urges us to understand that by continuing to act out the same oppressive norms again and again, we are a part of the problem.

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[130] These are also the experiences, opportunities, and capacities needed to become responsible and just 'sexual citizens' (Weeks, 1998). Drawing from Weeks, sexual citizens are individuals that carry rights and entitlements as sexual beings and responsibilities to their fellow sexual beings and community members. Individuals are sexual citizens regardless of whether they are or want to be sexually active. We can understand the above list as both a part of the package of rights and entitlements owed to sexual citizens and as crucial enablers for meeting our responsibilities as sexual citizens.

Similar claims can be directed at sexual scripts; sexual exclusion and its associated harms can be mitigated. Sexual script theory recognises that there is a sexual subject through which various possible meanings and forms of expression are mediated, internalised, interpreted, and enacted. In other words, sexual scripts are negotiable; when individuals are cognizant that they have internalised a particular script, they can alter their behaviours and interactions (given the right conditions).

So why not advocate for individual responsibility? Briefly, individual responsibility *is* important. However, contra Srinivasan, as Lori Watson argues, “greater empathy and inclusion will be achieved through a commitment and advocacy for inclusion and social justice in all spheres of life, rather than a call for individuals to reflect on or expand their desires” (2022, p. 1201). Further, there is good reason to advance inclusion over individual responsibility. So doing, as I will explain now, provides a more egalitarian approach to securing sexual justice. Note that while my arguments extend to individuals that are not intellectually disabled, they are particularly relevant to the concerns, interests, and capacities of intellectually disabled people.

Like desire, sexual scripts are somewhat malleable. So, Srinivasan’s approach has promise. However, while many individuals have some power to revise their own and others’ scripts, this power is unevenly dispersed. Some individuals are better placed to reject or transgress sexual scripts than others – those for whom such transgressions are less costly.

The capacity of individuals to reject or revise scripts often tracks social ‘*role-*’[131] and ‘*identity-power*’.[132] As does the capacity of individuals to recognise that

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[131] Role-power refers to the impact an agent’s social role has on their ability to influence the social environment (Fricker, 2007, p. 13). For example, a doctor, celebrity, or judge has significantly higher role-power than a student, waiter, or retail assistant.

[132] Identity-power arises out of the stereotypes attached to the social groups an agent occupies (Fricker, 2007, p. 13). Abled, white, cis-gendered, straight, upper-class, or male persons typically have high identity power. Those with high levels of social power can be well-placed to influence others’ beliefs and behaviours more easily. Equally, those with whom we have entered trusting relationships can (and typically will) influence our beliefs and epistemic practices (for better or worse).

they have internalised a flawed script.[133] For example, the costs straight, cis, white, able-bodied, wealthy men face for violating sexual scripts has traditionally been minimal compared to the script violations and transgressions of other identity group members; these men may be teased or shamed by other men, but they are rarely killed. They also often have greater resources and opportunities available to reflect on the scripts they have internalised and are more likely to be praised for so doing.

At the same time, the inflexibility of scripts often tracks social role-power and identity-power. Sexual and gendered scripts, for example, are more tightly defined for straight men then they are women. For example, women transgressing gendered fashion norms often face lesser costs than their male counterparts. Nevertheless, women in heterosexual sexual encounters can face higher costs and genuine safety risks in transgressing cishet sexual scripts. If we look beyond cishet sexual activities, we can see that queer sexual scripts (already in themselves a rejection of cishet scripts) allow more transgressions than tightly defined cishet scripts. However, individuals may risk their safety within specific social contexts by openly defying cishet scripts.

Of special relevance to this project is that not all individuals will have the same latent capacity to revise scripts, nor will all individuals be equally able to realise their latent capacities. This is often the case (to varying degrees) for intellectually disabled people. Being cognizant of script internalisation requires a level of cognitive capacity, self-awareness, and cultural awareness. Individuals can develop, exercise, and grow their capacities for script negotiation through self- and cultural reflection and exposure to and opportunities to practice alternative scripts. However, some intellectually disabled people may need significant support in developing and realising these

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[133] I do not necessarily take this to be a problem for Srinivasan's account. Rather, I expect that she would support the idea that some individuals have greater ability, and thus greater responsibility, to push against their desires. After all, the more able will typically be members of privileged groups who could be understood as also contributing more to the problem of unjust desires than others. Srinivasan, however, is primarily concerned with the harms that arise from who is and who is not desired. My concern is similarly with the ways individuals are harmed when others internalise and act out unjust sexual scripts about us. But I am also concerned with the ways in which our own sexual subjectivity and agency can be harmed by the sexual scripts that we ourselves have internalised. As such, my approach needs to ensure that it is not just the privileged who are asked to revise their scripts. Everyone needs to be supported in this endeavour.

capacities. Others still, through no fault of their own, may find the process too complex or costly.

The costs and limitations of individualised approaches to script revision are highly relevant to intellectually disabled people. Thus, it is for such individuals that I focus on structural approaches. Specifically, I focus on structural approaches that support individual and collective script revision and protect individuals from internalising unjust scripts in the first place. I turn now to what I take to be the most promising inclusive approaches, namely increased sexual access, educational integration, and liberationist RSE. Independently, these approaches have their flaws. Combined and pursued with caution, they offer a method of securing broad sexual inclusion that is itself inclusive and just.

2. Sexual Access and the Imperative of (Sexual) Integration

Hingsburger (1991) argued that "people with disabilities can develop sexual relationships if they live in healthy [and accessible] environments surrounded by people with appropriate attitudes" (Hingsburger, 1991; see also Wade, 2002). This is the fundamental premise upon which *sexual access* theory is based. To secure this environment, *sexual access* approaches to sexual justice seek to dismantle the practical barriers to broad sexual inclusion that intellectually disabled people often face. Borrowing from Shuttleworth and Mona (2002), sexual access might include policies that support things such as:

1. Access to emotional, psychological, social, and cultural supports for developing a positive relationship with one's own and other's sexuality.
2. Physical access to environments and social contexts in which sexual interactions may occur.

3. Monetary resources for accessing such contexts.[134]
4. Access to personal assistance services.
5. Access to transportation.
6. Communication access.
7. Access to gender and sexual identity resources.

The idea that we ought to adopt policies such as these, or that such policies can support the social and sexual lives of intellectually disabled people might seem simple and obvious. However, *sexual access* – that is recognising and dismantling practical barriers to inclusion – has been well-established as a means of interrogating the oppressive structures that can restrict the sexual lives of many disabled people (Shuttleworth & Mona, 2002; see also Grossman et al., 2004; Shuttleworth, 2005). For example, research involving physically disabled people demonstrates that participation in meaningful activities can be increased by removing environmental barriers (e.g., design or financial barriers in accessing transport or public spaces) (Hammel et al., 2015; Law et al., 2015).

The practical barriers to inclusion faced by intellectually disabled people extend well beyond the environment. They include a lack of support with planning, organising, travel training, financial planning and transactions, communication, and participating in activities (Lante et al., 2014). By dismantling these barriers, sexual access provides the resources, environments, and opportunities for individuals to interact with in-group and out-group members in sustained, meaningful ways.

While sexual access is focused on practical barriers to inclusion, the approach offers considerable potential for script revision and, by extension, for securing broad sexual inclusion. Group invisibility and social segregation — that is,

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[134] This is distinct from Appel's (2010) arguments for monetary resources to access paid sexual services. Shuttleworth and Mona (2002) are instead concerned with broader access to the types of environments and contexts where individuals tend to meet and interact in ways that might be or may become sexual. For example, individuals need access to financial resources to go to bars and nightclubs, to attend social clubs or educational courses. These are common environments and contexts in which individuals might interact sexually or interact socially in a way that might lead to sexual interactions.

closing a group's social networks to 'outsiders'[135] — have repercussions for sexual networks. Positive sexual scripts become limited to those groups with whom one interacts and recognises in terms of equality and mutual regard. By limiting social interactions with out-group members, we further limit the likelihood of sexual and romantic relationships forming across diverse groups.

We also further limit the likelihood of positive sexual scripts forming between in-group and out-group members. This is but one of the many reasons why the solutions offered by Appel (2010), Di Nucci (2011, 2017), and Thomsen (2015) would not by themselves secure broad sexual inclusion; the solutions fail to challenge present levels of social and sexual segregation. If adopted, some intellectually disabled people may have commercial or charitable sexual encounters with non-disabled people (or robots), but not in a way that combats segregation or unjust sexual scripts. Similarly, without increased meaningful exposure to sexually marginalised and oppressed group members, Srinivasan's (2021) suggested approach of individual responsibility can only take us so far.

This section will argue that the moral imperative of integration lends support to sexual access approaches. Through what I refer to as the imperative of sexual integration, sexual access policies can be understood as compulsory by way of justice. While the language of sexual integration may appear extreme, I argue that sexual integration should be bound by certain moral constraints. So doing can mitigate the risks and burdens of integration and ensure that the process and condition of integration is itself just.

2.1 Sexual Integration

Sexual access can support the production of positive sexual scripts for and about intellectually disabled people by increasing visibility and meaningful interactions between previously segregated groups. Through sexual access, we encourage ongoing and meaningful contact between diverse groups. In so doing, individuals can be exposed to the inaccuracies of desexualising (or

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[135] Outsiders are those outside the boundaries of a group's membership. Group membership may be based on any group-defining characteristic (e.g., employment, fandom membership, etc.) but, in relation to segregation, it is often of social and political concern when these boundaries are defined by identity characteristics such as gender, race, class, sexuality, and so on (Anderson, 2010).

hypersexualising) scripts. Sexual access increases understanding, recognition, and respect between diverse groups. Through sustained, meaningful contact, we may dismantle established social and sexual islands and establish new, more inclusive sexual scripts. Thus, sexual access can help remedy broad sexual exclusion.

Sexual access can be understood as sitting cleanly within philosophical arguments for *social integration*. In *The Imperative of Integration* (2010), Elizabeth Anderson defines '*integration*' as involving and furthering "the free interaction of citizens from all walks of life in terms of equality and mutual regard" (p. 95). For Anderson, the segregation of social groups "is a principal cause of group inequality" (2007, p. 596).[136] She argues that state authority and power must be exercised to secure integration. This can be done through policies encouraging ongoing and meaningful contact between diverse groups and penalising exclusion and discrimination.

Anderson's arguments align with empirical evidence; ongoing and meaningful contact between diverse groups can change attitudes and secure more integrated conditions. To date, empirical evidence has largely focused on the success of integration in generating positive attitudes toward out-group members along racial, ethnic, and religious lines (see Pettigrew & Tropp, 2006 for a meta-analysis of intergroup contact studies). However, growing literature on attitudes towards intellectually disabled people demonstrates that meaningful and ongoing positive contact can reduce intergroup prejudice, anxiety, hostility, and avoidance and increases positive attitudes and the likelihood of meaningful relationships forming across groups[137] (see e.g., Ahlborn et al., 2008; MacMillan et al., 2014; McManus et al., 2011; Yazbeck et al., 2004). Research by McManus et al., "consistently demonstrated that

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[136] '*Segregation*' is not inherently unjust. Instead, segregation is deemed unjust where it embodies, results in, or arises from unjust group inequalities or hierarchies. Unjust group relations constitute group-based oppression where the practices or habits of a dominant group impose severe or systematic disadvantage onto subordinate group/s. Such oppressive group relations are typically marked by marginalisation, exploitation, powerlessness, violence, cultural imposition, and stigmatisation.

[137] Quality of contact also resulted in "more support for individuals with intellectual disabilities to be integrated into schools and the workplace, greater comfort living or being in close social proximity to individuals with intellectual disabilities, greater support for the private and civil rights of individuals with intellectual disabilities, and attribution of more positive attributes to individuals with intellectual disabilities" (McManus et al., 2011, p. 587).

greater quality of contact uniquely predicted more positive attitudes toward individuals with intellectual disabilities" (2011, p. 587). Thus, to be successful, integration must ensure ongoing, meaningful *quality* contact between groups.

Successful integration will require a level of freedom, equality, and trust between citizens.[138] Establishing this requires changing attitudes, which can only be achieved through "the type of contact that leads people to do things together" (2007, p. 596). This means that the state cannot achieve integration alone; instead, individuals are tasked with non-optional integrationist duties. While Anderson argues that all citizens ought to "bear their fair share of the costs of integration" (2010, pp. 148–149), what constitutes a fair share of integration's costs remains unanswered within her account. However, what is clear, is that, for Anderson, those who self-segregate or marginalise others act contrary to their moral duty.

Just as there is arguably a moral imperative for integration, we might think there is a moral imperative for '*sexual integration*'. Adopting an integrationist framework would see sexual access-based policies (such as those listed in this section's opening paragraph) become compulsory on the grounds of justice. While these policies might seem benign, the language of an imperative of *'sexual integration'* could appear threatening to some. It may also appear to conflict with Srinivasan's acknowledgement that no one is obliged to desire or have sex with anyone else. After all, Anderson's claim that self-segregation is contrary to one's moral duties may be especially concerning (and illiberal) were we to extend this into the sexual life of society in the wrong way.

If it were to be an imperative of justice, the process and condition of sexual integration should itself be just. So, to waylay concerns, if sexual integration is to be just, it must be bound by the same limiting conditions that I have

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[138] Trust here can be understood as holding others as equals within one's moral community. Under Anderson's account, it is somewhat unclear whether these requirements are causal or constitutive. I have contended elsewhere that "integration requirements should be separated into causal processes and constitutive conditions" (B. Evans, 2021, p. 164). By "constitutive conditions", I mean integration that has been successfully attained instead of being in a state of progress or transition. "Casual processes" are the transitional actions and stages required to achieve integration. Successfully integrated conditions bring benefits to marginalised and non-marginalised groups.

previously contended limit the imperative of integration (B. Evans, 2021). Namely, integration ought not; 1. “Disproportionately burden vulnerable groups”; nor 2. “Perpetuate the harms it proposes to resolve” (p.175).[139] Within the context of sexual integration, integrating processes and conditions ought not to make broad sexual exclusion worse nor perpetuate the unjust scripts that support broad sexual exclusion. Additionally, sexual integration cannot compel individuals to engage in sexual or romantic activities; to do so would violate their negative sex rights.

So, what are the duties and burdens of integration, and on whom should they fall? The state and (some of) its citizens should be considered to have non-optional sexual access duties. Again, this does not require that they have sex with members of marginalised groups. Rather, this would include duties to support the sexual access of previously segregated groups and to mitigate the burdens and risks of integration that vulnerable groups might feel. In practice, this would mean that states must, where possible, provide the necessary funding, mechanisms, and supports needed to support sexual access. Citizens must also bear their fair share of duties to enable or not impede sexual access. What constitutes a fair share should be determined by one’s level of responsibility and influence; those in relationships of responsibility or care (parents, teachers, support workers) and those with high social role-power or identity-power should bear a greater share of integration’s burdens.

Citizens in certain positions of care, responsibility, and influence should shoulder a more significant share of integration’s duties. Such citizens would include, among others, the parents, carers, support workers, teachers, and teaching aids of intellectually disabled people. It would also include relevant staff working in services directly impacted by sexual access policies. For example, hospitality staff should be trained to enable sexual access for intellectually disabled people within restaurants, cafes, pubs, and bars. This might include training to promote positive attitudes and sexual scripts regarding intellectual disability. This might also include safety and sensitivity

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[139] In B. Evans (2021) I additionally propose that integration must not “impede the special moral duties of institutions or groups” (p. 175). The requirement will become relevant in Section Three.

training and the establishment of procedures to enable inclusion[140] and '*dignity of risk*'.[141] Returning to Chapter Three, integrationist duties would also include providing accurate sexual hermeneutical resources for and about intellectually disabled people to one's epistemic dependents. Namely, to one's children, students, or those in one's care. To not do so would constitute a sexual hermeneutical injustice to one's epistemic dependents and to intellectually disabled people generally. Moreover, given the vital importance of these resources in navigating sexual life and securing broad sexual inclusion, the withholding or corruption of these resources should also be understood as a dereliction of one's integrationist moral duties.

Importantly, intellectually disabled people should not be morally compelled to integrate into the sexual life of society or take up sexual access opportunities. Instead, sexual integration's burdens should be understood as supererogatory for sexually excluded group members, especially during the early *transition phase*[142] of integration. This is owing, in part, to the risks faced by these groups. In the following section I will detail what these risks are, and, in Section 2.3, I will offer some preliminary suggestions and justifications for redistributing and mitigating these risks.

2.2 Sexual Integration's Risks

In integration's earliest stages, we must be especially vigilant of integration's dangers. By integrating previously segregated groups, we bring together groups once defined by obscured, hostile, distorted, or antagonistic relations. As a result, integrating processes can be hostile, uncomfortable, and burdensome (although they may not always be this way).[143] This is often

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[140] "Ask for Angela" posters show mechanisms already in place that promote sexual access. The posters, often seen in pub and bar toilets, advise patrons that if their date is not going as planned or they do not feel safe, they can discreetly "Ask for Angela" at the bar. Staff will then assist the patron in getting home safely. Mechanisms such as this (along with training, support, and practice in using these mechanisms) can enable intellectually disabled people to access sexual life more confidently.

[141] A dignity of risk, widely advocated for by disability scholars, is the normative premise that, for disabled people, ceteris paribus, it is better to try, experiment and risk failure than to be cloistered from the world (Perske, 1972).

[142] The *transition phase* refers to the period in which integrationist processes have begun, but they have yet to establish integrated conditions (B. Evans, 2021).

[143] While trust may be promoted through sustained positive contact, experiments have demonstrated that this still comes at the cost of comfort and satisfaction (Wong, 2014). In experiments where college

especially true for the *vanguard*[144] during the earliest transition phase of integration.

Within a sexual context, integration might bring together groups that, owing to unjust sexual scripts, are understood as vulnerable, threatening, desexualised, or hypersexualised. These scripts may (falsely) legitimise and reinforce hostility and discomfort between groups, making the transition phase potentially long and challenging for the vanguard. So too, sexual epistemic injustice might be such that little is known about group members, and so their sexual communications may be misunderstood or subject to undue credibility deficits. This can result in failed communication attempts or misunderstandings that might obscure sexual harms, or that simply increase the divide, discomfort, and tension between groups. This can again lengthen the transition phase of integration.

Take Policy 2 from my listed examples at the start of this section: [the state ought to enable] "physical access to environments and social contexts in which sexual interactions may occur." Over time, through long-term visibility in environments in which sexual interactions might occur, intellectually disabled people may be recognised as sexual beings equally worthy of inclusion in the sexual life of society. However, *before such recognition*, visibility in these spaces may be understood as inappropriate or threatening. As a result, in integration's transition phase, the vanguard may face considerable risks to their safety and well-being. That is, if their integration is not blocked by 'well meaning' others (as we saw in the case of RSE in Chapter Three).

This risk to safety and well-being cannot be taken lightly. The reality of this risk has and continues to be felt by the trans community, for example. The trans community have made considerable advancements towards securing

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students were assigned dorms, white and Black students were assigned roommates of a different race. At the end of their year together, these students reported decreased satisfaction with their residential experiences and were less likely to be good friends or to continue living together the following year. While the short-term strength and satisfaction of relations and connectedness to the community were decreased, positive transferable outcomes also arose. Namely, white students reported more positive racial attitudes, while Black students' grades improved (Wong, 2014).

[144] The vanguard consists of members of previously segregated groups who experience the earliest stages of integrating processes.

their broad sexual (and social) inclusion, in part through increased visibility in and access to environments and sexual contexts in which sexual encounters might take place. Nevertheless, the process has come with serious controversy and risk. Tragically, this continues to include significant risk of life for trans people, many of whom have been killed when they have revealed to potential romantic partners that they are transgender.[145]

The mere fact that sexual access involves risks is not a sufficient argument against sexual access policies. Sexual access does involve risks, particularly for vulnerable groups, but so too does sexual exclusion. We cannot end the conversation at risk. We must weigh risks and the possibilities for risk mitigation when determining the right course of action.[146] Importantly, for the vanguard, given the non-ideal conditions into which they would be integrated, sexual integrations' burdens ought to be understood as supererogatory and not a duty of justice. Furthermore, as suggested, individuals in positions of care, responsibility, and influence ought to be trained and supported to ease the burdens and risks felt by the vanguard.

Training, support, and caution are critical, as the integration process can also, under some circumstances, reinforce unjust sexual scripts. This is because, again, during the transition phase, unjust scripts will still be in play. If the integration process is not pursued with caution, then integration itself may be undermined when unjust scripts (appear) to 'prove' themselves true. This risk places additional burdens on the vanguard to disprove unjust sexual scripts; for example, the desexualised may feel pressure to be hypersexual (and vice versa).

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[145] See, amongst others, "Black Trans Teen Girl Ariyanna Mitchell, 17, Murdered in Virginia", 2022; Egan, 2019; Hendrickson, 2020; "Texas Man Gets 37 Years for Murdering Transgender Woman," 2021; "Virginia Tech Football Player Kills Transgender Tinder Date in Rage After Finding Out", 2021.

[146] Empirical evidence is clear that, at least in the case of disability, exclusion from sexual life *increases* the risk of wrongful sex. The sexual exclusion I discuss in my dissertation is not exclusion from sexual intercourse (although by attending to the exclusions that I do discuss, increased opportunities for sexual intercourse may follow). The exclusion from sexual life that I am concerned with directly relates to exclusion from important sexual knowledge, language, and experiences that are necessary for important (near universal) ends such as understanding and preventing wrongful sexual experiences and leading a sexual life of one's choosing. Whether one is included or excluded from sexual life, there remains a risk of wrongful sex. This is why we need mechanisms to ensure safe supported access and protection. This is why we must provide individuals and groups with the tools, knowledge, and resources needed to minimise the risk of wrongful sex.

Alternatively, vanguard members may feel pressure to comply with other dominant sexual scripts with which they may not necessarily identify (and which may not themselves be just). For example, research has found that cishet sexual scripts intersect with other social inequalities to create and sustain unjust power structures between same-sex partners and fuel violence (Sanger & Lynch, 2017). While same-sex couples may not identify with cishet scripts, the pressure to comply can see individuals mimic even the most pernicious features of dominant scripts. However, those in positions of care, responsibility, and influence could help mitigate some of these costs by 'calling out' behaviours that reflect and reinforce unjust scripts or providing opportunities for intellectually disabled people to practice recognising and rewriting scripts.

Finally, it is essential to recognise that some level of sexual segregation may not be oppressive. Instead, in some cases, sexual segregation may be beneficial in protecting and promoting the sexual interests of intellectually disabled people. Sexual segregation may also breed stronger relationships between in-group members. As Plato observed in Phaedrus, "similarity begets friendship" (Plato, 1925, 240c). Most people find homophily comfortable. In intimate relationships, friendships, communities, and social networks, people tend towards familiarity and similarity (McPherson et al., 2001).

Additionally, sexual segregation may protect individuals from harmful relationships with out-group members. This may be especially true where power structures are such that out-group relationships are likely to reflect vertical power dynamics. Thus, while it is vital to support sexual access, intellectually disabled individuals should not be morally compelled to integrate into the sexual life of their society.

2.3 Mitigating Sexual Integration's Risks

Given the segregation faced by intellectually disabled people,[147] the importance of sexual access-based approaches should be obvious. There are few post-school contexts in which intellectually disabled and non-intellectually disabled people mix in sustained, meaningful ways. Wilson et al. (2017) found that "many people with intellectual disability remain segregated, isolated and lonely" across their lifespan (p. 848). Drawing on research by Gilmore and Cuskelly (2014), they found that intellectually disabled adults have fewer social networks and less genuine friendships than those without intellectual disabilities. Further, those "networks and friendships that do exist are closely linked to family members, peers with similar disabilities, and service providers" (Wilson et al., 2017, p. 848). Intellectually disabled people also often believe that if they were to have an intimate or romantic relationship, it could only be with another intellectually disabled person (Gilmore & Cuskelly, 2014; McVilly et al., 2006). The more severe one's disability, the more segregated, isolated, and lonely one is likely to be (Wilson et al., 2017).

While sexual access brings significant risks and burdens, its integrationist policies are crucial in challenging broad sexual exclusion. Despite this, just sexual integration must be bound by the set of limiting conditions that I have previously argued should restrict integration (B. Evans, 2021). These limits would mean that intellectually disabled people are not compelled to integrate (that is, they are not morally required to make use of sexual access policies).

Following Anderson (2010), the state and its citizens should be understood as having non-optional integrationist duties (p. 148). For Anderson, this means that individuals must bear a "fair share" of integrationist duties (pp. 148-149). Within the context of sexual integration, I contend that, for integration to be just and successful this "fair share" will require that (where possible) the state and its citizens must mitigate the burdens and harms of sexual access felt by

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[147] For example, intellectually disabled people are more likely to face long-term unemployment, have mental health problems, lack a voice in their community, and have fewer support networks (Llewellyn et al., 2013).

vulnerable groups so that broad sexual inclusion can be secured justly. This is especially true for individuals in caring, responsible, and influential positions. The moral distribution of labour in states is such that the state and those in positions of responsibility are specially tasked with securing certain goods for others (B. Evans, 2021; Goldman, 2018). For example, health care professionals bear greater professional moral duties to secure health related goods than other citizens. Those in formal positions of care, responsibility, and influence (qua their positions of care, responsibility, and influence) ought to be similarly understood as holding a greater share of integrationist duties. This compulsory approach to sexual access can cautiously challenge unjust sexual scripts while mitigating some of the threats faced by the vanguard.

At the same time, a rushed approach to sexual integration risks reinforcing the harms it seeks to resolve; it risks making broad sexual exclusion worse and legitimising the unjust scripts that support this exclusion. Nevertheless, sexual access ought to be understood as a right. Despite its genuine risks, there is a normative imperative to, where possible, enable disabled people to decide whether they want to accept these risks.

Even in present non-ideal conditions with all its risks and burdens, many may find sexual access better than remaining cloistered from the world. At the same time, sexual access must be approached in a way that removes the most significant risks. So doing ensures that broad sexual inclusion can be secured long-term and that vulnerable groups are not disproportionately and unjustly burdened. The state must seek a way of minimising integration's burdens for intellectually disabled people and find an approach that meets the limiting conditions for just sexual integration.

The list of sexual access policies from the beginning of this section can promote sexual integration and, in turn, sexual script revision.[148] Thus, through sexual

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[148] As a reminder, the imperative of sexual integration might make compulsory supported access to things such as: emotional, psychological, social, and cultural supports for developing a positive relationship with one's own and others' sexuality; physical environments and social contexts in which sexual interactions may occur; monetary resources for accessing such contexts; personal assistance services; transportation; communication support; and gender and sexual identity resources.

access, we may secure broad sexual inclusion. However, if we follow this path towards broad sexual inclusion, we must clear it of obstacles. In the following two sections, I will argue that successfully securing these integrationist policies (and so, by extension, increasing broad sexual inclusion) is best and most justly supported by educational integration (Section Three) and liberationist RSE (Section Four). These approaches involve ongoing, meaningful, quality contact between intellectually disabled and non-intellectually disabled people. This contact takes place during highly formative periods and, as such, it can help ensure that unjust scripts do not get a grip on individuals from the outset. Importantly, these approaches can be supported by trained staff in a way that alleviates many of integration's burdens.

3. Integrating Schools to Secure Broad Sexual Inclusion

Over the last thirty years, inclusive education has become the accepted ideal within most nations. This acceptance was driven by UNESCO's 1994 *Salamanca statement and framework for action on special needs education* (UNESCO, 1994). The framework takes an inclusive approach to the education of disabled students that "recognises the uniqueness of each child and their fundamental human right to an education" (p. 11). The statement holds that inclusion and participation within general education are "essential to human dignity and to the exercise and enjoyment of human rights". The *Salamanca Statement* strongly advocates that general schools adopt inclusive approaches, as inclusion is seen to be the "most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society, and achieving education for all" while providing quality education in a cost-effective manner (UNESCO, 1994, p. 11).

Inclusive education supports the ends of integration, and, by extension, it can support the ends of sexual access and broad sexual inclusion. Thus, we have another imperative of justice that can support broad sexual inclusion – the imperative of educational integration. However, the Salamanca Statement highlights three crucial points. The first is that generalist schools are uniquely positioned to undermine group inequalities and secure successfully integrated conditions. Moreover secondly, given generalist schools' capacities for integration, they are uniquely positioned to secure broad sexual inclusion. Nevertheless, thirdly, despite generalist schools' significant capacities to secure integration and broad sexual inclusion, we must never forget that all children have a fundamental human right to an education. Thus, if we aim to secure integration and broad sexual inclusion through schools, we must do so in a way that does not prevent children from securing other important educational goods.[149]

Given the transformative potential of schools, we ought to consider how integrationist processes might conflict with the other duties of schools to secure other important educational goods. Where conflicts can be mitigated, there is a moral duty to do so. This duty is grounded in the special moral duties of schools and the imperatives of educational and sexual integration.

This section will consider the capacities and moral duties of schools to secure sexual integration and, thus by extension, broad sexual inclusion. I will examine the strengths, risks, and conflicting duties of schools. I will then argue that, when educational integrationist aims are directed towards the broad sexual inclusion of intellectually disabled people, the complete set of limiting conditions I argue for in *Educational Justice and Disability: The Limits of Integration* (B. Evans, 2021) must apply. These are, again, that integration ought not; 1. "Disproportionately burden vulnerable groups"; 2. "Perpetuate the harms it proposes to resolve"; nor 3. "Impede the special moral duties of institutions or groups" (p.175). These limiting conditions can be met by ensuring that teachers are vetted, trained, and supported such that they can meet their professional moral duties as educators within integrated settings.

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[149] Some of the goods of integration and broad sexual inclusion can be understood as part of the cluster of important goods to which all children have a fundamental right (and that, by extension, schools have a special moral duty to secure). However, given financial and time limitations, not every educational good that children are owed will be fully secured. Rather, we ought to aim for a cohesive cluster of goods that promote the best possible outcomes given practical limitations.

3.1 Why Integrate Schools?

Educational integration offers one of the best means of securing broad sexual inclusion. Most people will enter some form of organised schooling during their youth. As such, there is great capacity for social change in schools. So too, schools are critical spaces because, as Linda Alcoff recognises, "events that occur in [...] formative years may have more long-lasting results if, for example, what occurs encourages a relationship to one's sexuality that is alienating, entrepreneurial, or primarily driven by wariness and anxiety" (Alcoff, 2018, p. 111). The harms to sexual subjectivity that occur in youth can be long-lasting and foundational. In reverse, the goods we can offer in formative years have an unparalleled capacity for long-lasting and fundamental benefits to individual sexual subjectivity and society.

Schools are nearly always sites of (potential) integration. For most students in wealthy countries, schools are the most diverse institutions with which they interact. Even segregated schools are typically more diverse than neighbourhoods. They are certainly more diverse than families. This capacity for diversity means that generalist schools are uniquely positioned to undermine or reinforce group inequalities. Schools can play a significant role "in promoting norms of respectful discourse and undermining prejudice" (Anderson, 2010, p. 20) or in enabling the reproduction of oppressive practices. Importantly, schools play this role during some of our most formative years. As such, they are sites that offer the greatest potential for not only revising unjust sexual scripts but also for ensuring they do not get a grip on individuals in the first place (see e.g., Dixon, 2005; Hewstone et al., 2018; MacMillan et al., 2014; McManus et al., 2011; Pettigrew & Tropp, 2006 on the effects of integration). However, they also offer the most significant risks for creating and sustaining unjust scripts.

Generalist schools offer highly valuable facilitative conditions for securing integration within and beyond the confines of the classroom. Schools are compulsory social institutions, often the primary or only compulsory social institution in any given society. While religious institutions, sporting clubs, neighbourhood associations, and so on may see their constituencies lasting far longer than schools, they are not typically compulsory institutions. As such, they rarely capture the potential diversity that schools are so well placed to capture.

Further, while many social institutions span significantly longer periods than compulsory schooling, most school-aged children attend schools, and most adults have already done so. Notably, a person's school years are during the malleable foundational years of their life. As such, even if school graduates enter homogenous communities, their early exposure to diversity may overcome the cognitive deficits associated with segregation in an enduring way.

Because of schools' abilities to set and reinforce norms, Anderson calls on the state to prevent marginalising "patterns of affiliation from reproducing themselves in institutions of civil society such as public schools" (2010, p. 20). Anderson emphasises the importance of early intervention and using schools to expose students to other students from different groups (2007, p. 596). In so doing, social hierarchies and stereotyping can be dismantled. The sustained and active contact within schools provides a unique environment to promote trust-based integrated relations. Where contact between students is meaningful rather than superficial, the risks of diversity (detailed in Section 2.2) may be minimised.

Diverse schools can also secure goods beyond increased social cohesion and equality. As Brighouse et al. (2016) argue, diversity's aim "is not to promote toleration (although that too is important) but to enable children to learn more about alternative ways of living and new perspectives" (p. 22). There is less value in outsourcing education to schools if they are merely reflective of students' home demographics. Here, the diversity of staff and students sees schools as places that facilitate autonomy. In-school diversity supplements rather than replicates the home, "challenging students experience, understanding and exposure to others" (p. 22). Diversity exposes students to alternate ways of life, allowing them to self-select choices and life paths that are right for them.

The capacity of schools to secure successfully integrated conditions means that, by extension, they also can secure *sexually* integrated conditions – that is, they can help revise scripts and secure sexual access and broad sexual inclusion. As I argued in the previous section, "sexual access involves dismantling the practical barriers to broad sexual inclusion that intellectually disabled people often face." Access to successfully integrated schools can be understood as one of these barriers. After all, our school years are not just formative years for our agency; they also are highly formative years for our sexuality and sexual agency.

For many, their first crush, first date, first kiss, first relationship, first love – all these incredibly meaningful firsts take place during their school years, often with someone they met in or through school. The more segregated one's school, the more likely it is that any or all these firsts (seconds, thirds, or fourths) will be with in-group members. Again, by limiting social interactions with out-group members, we limit the likelihood of sexual and romantic relationships forming across diverse groups.

School years are also foundational to our sexual and romantic identities. Whom we desire and the breadth and flexibility of our sexual imaginations are shaped by these years. Segregated schools limit meaningful exposure to diverse groups. As a result, positive sexual scripts may become limited to those groups with whom one interacted in an ongoing and meaningful way during these formative years. Thus, segregated schools are not only practical barriers to early sexual inclusion but also highly persistent psychological barriers to broad sexual inclusion.

Of course, we may be exposed to diversity and new possibilities post-schooling.[150] As a result, we might explore and internalise new scripts and

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[150] Children and young people are also exposed to sexual scripts and diversity through the media and pornography. I have mentioned elsewhere that seeing individuals with whom one can relate represented positively as sexual being in the media is important in internalising positive sexual scripts. This argument could extend to pornography, i.e., pornography ought to be more diverse and ethical. It could also be taken as an argument against pornography that dehumanises certain groups, i.e.,

revise old ones. However, for many, the early romantic and sexual experiences of their school years stay with them far more than any mathematics or English lesson. Again, these are meaningful, malleable, formative years. Segregation or poor integrationist processes can shape sexual scripts and identities in harmful, unjust, and persistent ways. If the formation and internalisation of unjust scripts can be avoided (via just means), then we ought to facilitate this. Especially given that, while there are possibilities for post-school revision, these possibilities are reduced for groups that remain segregated after graduation (as intellectually disabled people often are).

In sum, school segregation can produce and reinforce unjust scripts. Children and young people may internalise unjust scripts in a way that is formative for their sexual desires, imagination, and identity. This can be understood as an injustice for those excluded from generalist schools and (by extension) positive sexual scripts. In contrast, successfully integrated schools remove practical barriers to sexual access and can inspire positive sexual script formation between diverse groups. Given this, integrated schooling offers significant potential for robustly establishing broad sexual inclusion. Realising this potential, however, involves mitigating certain risks and minimising conflicts between securing integrationist goods and other educational goods. So, what are these risks, and how can they be mitigated?

3.2 Risks and Limits of Educational Integration

Education is distinguished from many other integrationist initiatives as its success is not pursued at the point of access. A school cannot be understood as successfully integrated simply by passing a certain threshold level of diversity within the student population. While (debatably) this may be enough for a neighbourhood to count as integrated, school integration is distinct as it is a highly facilitated process.

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pornography ought not to act out unjust sexual scripts. While media (and potentially pornographic) diversity is important, I take it that ongoing, meaningful, and in-person interactions offer greater potential for social change.

The physical proximity of diverse students, even with curriculum or environmental accommodations, does not ensure that students will interact in meaningful ways nor that they will attain the goods education owes to them. Instead, teachers play a unique role in facilitating the process of securing educational goods for students, with integration being one such good that requires teacher facilitation to secure. This can be beneficial; teachers can help ease the integration process, shoulder some of its burdens, and mitigate others. At the same time, if teachers hold negative attitudes towards disability or inclusion, they can undermine educational and integrationist agendas.

Stigmatising background conditions inform teachers' attitudes towards their students. Teacher estimates of student achievement are the most significant factor contributing to student achievement, amounting to a 1.62 effect size (Hattie, 2008). Unsurprisingly, teachers' attitudes towards inclusion have been found to dramatically affect the social, emotional, and academic success of disabled students in the classroom (S. E. Stainback, 1992; Stainback & Stainback, 1992). Thus, teachers' attitudes are significant factors in the success or failure of integration. This is concerning as quantitative data suggests significant negative attitudes towards disability exist within mainstream classrooms (Trump et al., 1996).

Studies have revealed common negative attitudes towards inclusive education, with many teachers expressing resistant, hostile, or noncommittal attitudes towards teaching students with disabilities within general education classrooms (Trump et al., 1996). While most surveyed teachers supported inclusion policies and recognised inclusion as beneficial for disabled students, support declines with teaching experience and the severity of the disability (see also Cochran, 1998).[151] Qualitative research conducted by Trump et al. (1996) led them to conclude that students "lives are being negatively affected today, as some are being placed in general education classes with untrained teachers

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[151] Common attitudes were influenced by teacher training, support or collaboration opportunities, teaching experience and the nature or severity of disability (D'Alonzo et al., 2010). While many factors contribute towards the positivity or negativity of teacher's attitudes, teacher efficacy and experience are central to shaping attitudes. The nature and number of disabilities within the classroom also contributed significantly.

who are angry at being forced to receive within their class students with disabilities" (p. 342).[152]

Negative teacher responses to disabled students can have a knock-on effect on how students perceive and interact with disabled peers. Where difficulty and difference are highlighted in interactions, peers may be more likely to recognise difference and place it at the centre of their interactions (DeBettencourt, 2016). This may result in failed peer-to-peer interactions and increased stigma towards disabled students. This, in turn, risks undermining the goals of integration (and, by extension, undermining the possibility of securing broad sexual inclusion through educational integration).

Integration's burdens fall disproportionately on disabled students (although some burdens may still fall on non-disabled students). Disabled students constitute a small and highly diverse minority group. As such, integration into general education may result in disabled students being isolated from other disabled students. The limited scope for homophilic relations could have a negative impact on self-respect, especially where disabled students face stigmatisation from their fellow students or teachers. This could lead to isolation within the integrated community, diminishing the student's feelings of self-determination, dignity, or community connectedness. Where this occurs, stigmatised disabled students will lose some of the educational goods they are owed.[153]

Importantly, these relational-educational goods often determine access to other educational goods. When students feel unsafe or disconnected from others within their schools, their academic outcomes are negatively affected. Voluntary separation may become the just and rational choice for families where special education providers better attend to the educational goods owed to students and better foster students' self-respect.

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[152] Teachers' attitudes towards inclusion appear to vary with their perception of the specific disability and their beliefs regarding the demands placed on them by that students' instructional and management needs (Trump et al., 1996). These concerns also centre on the curriculum modifications that may need to be made, their own lack of training and support, and how they will teach this student effectively while teaching many non-disabled students.

[153] For example, the goods of positive and fulfilling school experiences and positive peer relationships.

Non-disabled students, on the other hand, suffer minimal comparative costs to attain the positive outcomes of integration. What costs are felt by non-disabled students are not exclusive to the integration of disabled students, nor do these costs result in failure to attain educational goods.[154] As such, integration's costs fall disproportionately on disabled students.

School integration should be understood as unjust if these burdens cannot be shifted. For integrationist processes to be just, they cannot disproportionately burden disadvantaged groups. Further, the nature of these costs is such that integration risks perpetuating the harms it intends to resolve – it risks reinforcing negative attitudes and stigmas. Thus, poor integrationist processes can fuel unjust sexual scripts and may fail to promote broad sexual inclusion. Poor integrationist processes, thus, fail to meet the first two limiting conditions of just integration: they 1. disproportionately burden vulnerable groups and 2. perpetuate the harms they intend to resolve.

Poor educational integration also fails to meet the third requirement for just integration (integration ought not to impede the special moral duties of institutions or groups). Schools are specially tasked with securing educational goods for students; schools do not have the same level of duty to secure non-educational goods. And yet, as I have argued, poor integrationist processes can result in the loss of important educational goods. Thus, poor integrationist processes resulting from negative teacher attitudes see integration violate all three limiting conditions for just integration.

For integrationist processes to be just and successful, we must attend to the negative attitudes of teachers and the unjust distribution of burdens. So doing will ensure that educational integration is able to meet all three limiting

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[154] Costs such as reduced teacher attention towards non-disabled students may very well be felt. Near-identical costs, however, would also be felt if gifted, highly inquisitive, misbehaved, or demanding students are present in a classroom. Teachers must always divide their time among their students; teacher training and support can minimise associated costs. Further, Hattie (2008) reports minimal academic gains regarding streaming for ability levels, while the social, emotional, and democratic benefits of integration are significant.

conditions. This is essential if school integration is to be pursued. Again, school integration offers significant benefits for achieving broad sexual inclusion, while school segregation can contribute to broad sexual exclusion. Thus, educational integration ought to be pursued if it can be done in a just way.

3.3 Securing Just Educational Integration

Teacher attitudes function as a gatekeeper to integration's success. At the same time, the wants and needs of teachers must be considered when determining whether and how integration ought to be pursued. This is not to say that the segregation of disabled students is justified or that we must forget school integration as a potential path towards broad sexual inclusion. Instead, if teachers desire higher concentrations of non-disabled students in their classrooms, we need to understand this desire so that it may be overcome.

Negative teacher attitudes do not arise purely because of negative structural and interpersonal social scripts surrounding disability. They are also caused by prior experiences of teaching disabled students (D'Alonzo et al., 2010). Disabled students often present academic, emotional, or social needs that differ from their non-disabled peers. Where these needs are not met, behavioural concerns and poor educational outcomes can arise. This will then inform or reinforce negative attitudes.

Thankfully, many of the factors that improve teacher attitudes are simple; teachers need to feel supported and confident in teaching disabled students. This can be achieved through ongoing pre- and in-service training (Sawchuk, 2015; Trump et al., 1996) and collaboration opportunities (Reynolds & Birch, 2016). Additionally, DeBettencourt found that teacher attitudes improved through reflective opportunities to develop teachers' understanding of their own attitudes and the influence these attitudes can have on educational and social outcomes (2016).

In addition to teacher training and support, teaching degree applicants ought to be vetted for negative attitudes. The vetting of attitudes is already well-established in many other fields. For example, police officers in many countries are vetted to determine whether a potential recruit would pose a risk to public safety, national security, or the reputation of the police force. This can involve determining whether the recruit holds discriminatory attitudes towards certain groups. Often, these vetting standards are neither high enough nor sufficient to protect the public from discriminatory attitudes and behaviours by police officers. However, many will intuitively recognise the dire need for this type of vetting process within the police force.

Given teachers' substantial and long-lasting impact on children's and young people's lives, introducing vetting processes into the selection criteria for teacher training should be understood as a critical and non-controversial policy. As schools are increasingly integrated and teachers have a moral duty to facilitate student attainment of education goods (which is undermined by negative attitudes), we ought not to allow into the profession those who are unable to meet the demands justice places on them as a teacher. This may seem like a strong claim, however, the wantonly held negative attitudes by teachers towards their students ought to be considered a dereliction of teachers' professional duty.

To summarise, the moral division of labour within most societies is such that schools are specially tasked with securing the educational goods individuals and society need. Teachers, in turn, are charged with facilitating this process. However, given the prevalence of educational integration, teachers are less able to provide educational goods when they hold negative attitudes towards disabled students. Thus, teachers ought to be seen as having a professional moral duty to overcome their negative attitudes. So too, those training, managing, and supporting teachers have an obligation to select, prepare, and support teachers to meet the demands of educational justice. Thus, teacher training, support, and vetting ought to be seen as requirements of justice.

4. Relationships and Sexuality Education

"Young people, and the young people I teach, definitely make me more optimistic", Srinivasan reflects, "because even though they all seem quite pessimistic about their sex lives, as a rule, they do strike me as being so much more aware of the script that they are being expected to play out" (quoted in Hayward, 2021). Young people should fill us with optimism – research shows that today's young people are the most tolerant and accepting of diversity than any other generation (Janmaat & Keating, 2019). But this obviously in no way means that young people no longer need inclusive and effective relationships and sexuality education (RSE). Rather, it means that today's young people are more demanding of their RSE and more cognisant of poor RSE content and practice (Sex Education Forum, 2022).

Young People are right to demand better of RSE provision. Afterall, effective and ineffective RSE are transformative. Ineffective RSE can strengthen the grip of injustice on our sexual lives. Effective RSE, on the other hand, can support integrationist initiatives and provide students with the foundational learning opportunities and resources needed to access and share the goods of broad sexual inclusion. Effective RSE is a good not only for the students themselves, but for society at large. So, what is effective RSE, why is it so transformative, and how can we ensure that it is provided to everyone?

This section will provide an answer to these important questions while considering the present pitfalls in securing just RSE provision. Overcoming these risks and barriers, I will argue, requires an approach to RSE that is not just effective – it must also be liberationist in nature. That is, it must recognise and seek to further the present and future wellbeing and agency of *all* students. To achieve this, RSE must be taught by individuals who have sufficiently loosened the grip of injustice on their own sexual scripts.

4.1 Effective RSE

There is widespread agreement that all young people are entitled to RSE (Frawley & Wilson, 2016; UNCRPD, 2006). Further, there is a growing consensus that effective RSE takes a broad view of health and sexuality (Frawley & Wilson, 2016; Pound et al., 2017; Sex Education Forum, 2022; UNESCO, 2018; UNCRPD, 2006). Effective RSE does not simply provide medically accurate and complete information about conception, contraception, pregnancy choices, reproductive health, and STIs (although it will, of course, provide these things) (UNESCO, 2018). Rather, in line with UNESCO (2018), effective RSE[155] addresses rights, values, equality, and the effect of harmful norms and inequalities on sexual health, behaviour, and well-being.

Significant research has concluded that effective RSE goes beyond the physical aspects of human development, "teaching children and young people about the emotional, social, *and* physical aspects of human development, relationships, sexuality, well-being, and sexual health" (Sex Education Forum, 2022, p. 3). It also grows young people's knowledge of topics such as consent, identity, online sexual harm, and sexual rights. Additionally, it develops their life skills, especially those related to communication, listening, and ethical decision-making (Pound et al., 2017; UNESCO, 2018). Further, effective RSE is accessible to all children and young people – meaning it must be made available in a way that is inclusive and tailored to the needs of students (Sex Education Forum, 2022).

Evidence of the transformative power of RSE is already well established. While studies to date have largely focussed on the physical health outcomes of RSE, growing attention is being paid to RSE's impact on young people's behaviour and attitudes, including respect for one another and their emotional well-being. Research has demonstrated that RSE is a potential vehicle through which to address the root causes and cultures of sexual violence, exclusion,

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[155] In its International Technical Guidance (2018), UNESCO uses the term '*comprehensive sexuality education*', which it defines as: "a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives" (p. 16)

and other injustices if it is framed through an equity and rights lens[156] (see e.g., Berglas et al., 2014; Goldfarb & Lieberman, 2021; Kantor et al., 2021; Miedema et al., 2020; Sex Education Forum, 2022; Yilmaz & Willis, 2020).

Effective RSE provides opportunities to limit young people's internalisation of unjust sexual scripts, thereby supporting sexual access and integration. Additionally, effective RSE is essential in overcoming broad sexual exclusion. As argued in Chapter Three, withholding or corrupting sex educational content can reduce, repress, or block individuals' sexual agency and subjectivity. So, without effective RSE, individuals may be left unable to legally consent to certain sexual activities, may be made more sexually excluded, and less able to recognise, revise, or reject harmful sexual scripts. Moreover, without effective RSE, individuals are less able to access the sexual goods detailed in Chapter Four.

4.2 Barriers to Effective RSE

Two concerns arise for ensuring effective RSE provision. The first, and perhaps most obvious, is that research regarding effective RSE *generally* doesn't necessarily tell us what constitutes effective RSE for and about intellectually disabled people. The second concern is that knowing what constitutes effective RSE does not in any way guarantee that RSE will be provided effectively. I will respond to each of these concerns in turn.

4.2.1. Specialised Effective RSE

The right to effective RSE extends to all children and young people, including disabled children and young people. At the same time, many also acknowledge that there is a need for specialised RSE for intellectually disabled people (Corona et al., 2016; Gürol et al., 2014). Despite this, the research into what

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[156] Goldfarb and Lieberman's (2021) meta-analysis of RSE programmes found that effective RSE reduces; rape myths, victim-blaming, and acceptance of sexual coercion and harassment, thereby reducing rape culture; feelings of isolation adverse mental health (suicidal thoughts and plans); child sexual abuse[156]; acceptance and normalisation of harmful social and sexual beliefs and behaviours; and school bullying. It also effectively RSE increases; reporting of domestic violence and sexual abuse; knowledge, awareness, and appreciation of gender equity and sexual rights; awareness of discrimination and oppression based on gender and sexual orientation; feelings of safety and empowerment; and the strength and quality of relationships.

constitutes effective specialised RSE for and about intellectually disabled people is sparse. Very sparse. Paulauskaite et al. (2022) lamented that "little is known about how to evaluate [RSE] delivered to students with intellectual disability" and that we do not know what stakeholders perceive to be important outcomes of RSE for these students (p.1). In their recent meta-analysis of specialised RSE provision, Paulauskaite et al. found that research and provision typically focused on physical health outcomes over social or emotional outcomes (2022). Given what we know about effective RSE *generally*, we can see that specialised RSE practice and research are very rarely concerned with the full set of RSE requirements established by UNESCO (2018).

Suggestions for what might constitute effective specialised RSE are forthcoming. On the back of their meta-analysis, Paulauskaite et al. intends to develop a "core outcome set" for intellectually disabled students (2022; 2022). However, as it stands, there is not yet an agreed-upon set of outcomes or approaches for effectively teaching RSE to intellectually disabled people. This information is needed if we are to ensure that RSE is just and effective. Thus, this research is vital to the pursuit of broad sexual inclusion and sexual justice for intellectually disabled people.

While acknowledging present research gaps and limitations, I suggest that core specialised outcomes should be equally concerned with those established by UNESCO – although, some of the outcomes of effective specialised RSE will be distinct in nature or degree. For example, as suggested in Section Two, intellectually disabled people face unique barriers to broad sexual inclusion. These include things such as practical difficulties with communication, organising and participating in social activities, and navigating travel or finances (Lante et al., 2014). Further barriers include limited social acceptance of their sexual expression; difficulties recognising and challenging unjust sexual scripts; lack of sexual role models and public visibility of their sexuality; and the potential need to legally prove their capacity to consent to sex or marriage. Effective specialised RSE should be aimed at developing skills[157] to support intellectually disabled people in navigating these common barriers to inclusion.[158]

Effective specialised RSE must be tailored to the needs and wants of intellectually disabled people. Ensuring just outcomes, however, will require the effective specialised RSE is not only taught *to* intellectually disabled students. To be truly effective, aspects of specialised RSE must be provided to *all* students. For example, all students should learn about the social and sexual challenges intellectually disabled people may face, particularly those related to inclusion, script internalisation, and consent. Effective RSE should also help all students navigate respectful relationships with intellectually disabled people. From what we already know about effective RSE generally, we can see that what constitutes effective RSE *about* intellectually disabled people will, in part, be framed by an equity and rights lens and directed towards challenging the root causes of ableist discrimination and sexual harm.

4.2.2. Teacher Attitudes to Effective RSE

This brings me back to my second concern that, while we might know roughly what effective RSE demands, this does not entail that children and young people are being provided with effective RSE. Rather, as argued in Chapter Three, dominant sexual scripts about intellectual disability fuel negative attitudes, misconceptions, and discomfort, producing barriers that limit access to effective RSE for and about intellectually disabled children and young people. Where these scripts are in play, RSE is regularly withheld or corrupted owing to paternalistic beliefs that such content would be inappropriate or harmful.

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[157] Paulauskaite et al.'s (2022) research findings suggest that RSE programmes should concentrate on skill development rather than simply providing facts. This could be accomplished by incorporating activities that allow intellectually disabled students to practise relevant skills (for example, through classroom role play, or completing ethically sensitive activities at home with support) and embedding these new skills into daily life (for example, always seeking consent before touching others) (p. 612).

[158] The list of what effective specialised RSE should teach is far from complete – and it is intentionally so. This is because understanding and developing core requirements for effective specialised RSE cannot be done without engaging directly with intellectually disabled students (Paulauskaite, Totsika, et al., 2022)

A recent UK survey found that more than one in five 16 & 17-year-olds rated the quality of RSE as "bad" or "very bad" (Sex Education Forum, 2022). The poll also revealed that "basic, mandatory aspects of the curriculum, such as healthy relationships, and how to access sexual health services are frequently missed", with almost a third of young people saying that they were not taught this content. RSE was reported as even worse for marginalised and oppressed groups. For example, neurodiverse and physically disabled young people were found to be routinely excluded from RSE content and classrooms, and students with long-term disabilities were the most likely group[159] to say that their RSE was "not at all useful".

Negative teacher attitudes are consistently reported as a primary cause of poor RSE quality (Sex Education Forum, 2022). For disabled students, many teachers hold conservative attitudes about sex and disability (D. S. Evans et al., 2009). As a result, teachers explicitly or implicitly convey messages that sex and sexuality are inappropriate or offensive for intellectually disabled people (Young et al., 2012).[160] Without adequate RSE to combat these messages, they are frequently internalised by intellectually disabled people (Swango-Wilson, 2011). Frank & Sandman (2019), in a survey of USA teachers, further found that teachers did not believe that sex education programmes were beneficial for disabled students and that it was not their responsibility to provide these students with sex education. Thus, while evidence indicates that RSE promotes present and future sexual agency and well-being, such evidence is not always what drives the choices of RSE providers. Rather, RSE is still commonly seen as harmful or inappropriate for intellectually disabled people, and as such, it is withheld or poorly taught.

Conservative sexual beliefs can also prevent teachers from delivering effective RSE to disabled students, even in states where they are mandated to deliver comprehensive effective RSE (Aderemi, 2014). For example, Chappell et al. (2018) found that South African educators avoided discussions with disabled students about same-sex relationships – despite policies requiring them to

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[159] Equal with LGBTQIA+ youth.

[160] These findings appear to be dependent upon the type of sexual activity, as well as the age of respondents.

cover this information. Additionally, educators have been found to consistently provide fewer details to students when they believe students' capacity to understand sex education is limited (de Reus et al., 2015).

At the same time, teachers often acknowledge the sexual needs and rights of intellectually disabled people (D. S. Evans et al., 2009). And, as Fader Wilkenfeld & Ballan (2011) found, many teachers claim to hold positive attitudes towards RSE programmes for disabled students. However, despite their positive attitudes, few of the surveyed teachers delivered these programmes. Teachers reported common barriers to success being a lack of experience, confidence, training, and support in delivering effective specialised RSE (de Reus et al., 2015).

Here, the demands of what I will call '*liberationist RSE'* begin to appear. That is, effective and specialised RSE which recognises and promotes the present and future sexual well-being and agency of all students. Securing liberationist RSE cannot be achieved by simply designing and mandating effective RSE provision. This is not enough to secure just outcomes – mandates are not enough to transform attitudes, support integration, or establish broad sexual inclusion. As we saw in Chapter Three, harmful attitudes limit the capacities of teachers to recognise the sexual well-being and agential capacities of students subject to desexualising identity-specific sexuality scripts. To overcome this, RSE must be delivered by well-supported teachers who hold the skills and attitudes required to teach RSE effectively. Thus, liberationist RSE is defined as effective and specialised RSE that is taught by willing and competent teachers, with full recognition and support of students' present and future sexual well-being and agency.

4.3 The demands of Liberationist RSE

RSE is more effective when taught by willing and competent teachers. Yet, like the lessons learnt in Section Three, teachers regularly report feeling unprepared and unsupported in delivering RSE (Jenkinson et al., 2021; Pound et al., 2017). Teaching involves complex, difficult-to-master skills. Teaching *effective RSE* does not only involve complex, difficult-to-master skills; it also involves teaching controversial and sensitive ethical content. Content that can see teachers fired, students withdrawn from classes, or even spark public protests.

Teachers will reasonably lack confidence in teaching RSE if they are not given sufficient support from families, communities, and managerial staff. A lack of exposure to and understanding of the specialised needs of sexually marginalised groups will only compound teacher concerns. Here, without sufficient knowledge of identity group wants and needs, teachers are even more likely to draw on unjust sexual scripts and harmful sexual epistemic resources. So too, if teachers have not been given opportunities to reflect on and challenge their own internalised sexual scripts. It is little wonder then, that teachers hold negative attitudes to teaching RSE – especially when it is for or about supporting the sexual agency and wellbeing of groups that they know little about and are not given sufficient support to teach.

All students suffer when RSE for and about intellectually disabled people is taught by teachers who hold negative attitudes and internalised unjust scripts about disability. Students lose access to essential sex educational goods and sexual epistemic resources, and unjust sexual scripts may be reinforced. Thus, the arguments from Section Three can also be applied to RSE provision. As I argued, teachers hold professional moral duties to overcome the stigmatising attitudes that limit their capacity to provide necessary educational goods to students. In the case of RSE, teachers have a special moral duty to provide sex educational goods and, as such, they have a special moral duty to challenge and overcome the unjust sexual scripts and attitudes that limit their capacity to teach RSE effectively.

Thorough and ongoing teacher training and support is vital to developing confident and competent RSE teachers. Empirical evidence supports the capacity of inclusivity training to transform RSE provision; for example, training in anti-racism, unconscious bias, understanding gender and sexuality, personalised learning, and trauma-informed practice have all been found to improve RSE inclusivity and teacher quality (Sex Education Forum, 2022).

Sexual Attitudes Reassessment (SAR) training is already offered by some sex educator and sex therapist training providers. Providing this training to all pre-service and existing RSE teachers could ensure that teachers have the right skills and attitudes to teach effectively. Everybody Deserves Sex Education ("EDSE") described their SAR training as offering attendees an opportunity to "evaluate and examine their beliefs and value systems around sexuality, autonomy, relationship dynamics, and more" (Hodder-Shipp, 2023). The training includes "issues, topics, and conversations designed to challenge, support, and enhance attendees' understanding and perspective of subject matter related to things such as identity, relationships, expression, social and reproductive justice, sexual orientation, bodily autonomy." Attendees additionally build stronger understandings of how sexuality intersects with disability, racial, and reproductive justice.

By providing SAR training to all existing and future teachers, we may be able to overcome the sexual scripts and negative attitudes that presently diminish the quality of RSE provision for and about intellectually disabled people. As argued in Chapter Three, this can allow teachers to better recognise the sexual well-being and agential capacities of their students. This recognition, in turn, supports the provision of RSE that effectively attends to the present and future sexual needs of all students. So doing can thereby enable RSE to realise its transformative potential for supporting sexual integration and broad sexual inclusion.

Conclusion

While progress has been made, many individuals with intellectual disabilities continue to face barriers to social inclusion (van Asselt-Goverts et al., 2015). Declarations of rights related to inclusion are important – rights to inclusive education, sexual epistemic justice, sex education, sexual access, and social integration. However, as Reinders (2002) asserts, meaningfully securing inclusion is much more dependent on the attitudes and support of disabled people's social networks.

More than physical and practical barriers, the walls of exclusion are erected and reinforced by social and psychological barriers. According to self-reports, the most significant barriers to social and sexual inclusion for intellectually disabled people include power inequalities within relationships, experiences of being socially rebuffed or dominated by non-intellectually disabled people, exposure to prejudice, feelings of stigmatisation, and mental health difficulties (Jahoda et al., 2010; van Asselt-Goverts et al., 2015).

In contrast, inclusion is enabled by the creation and development of friendships and meaningful relationships. This is achieved through opportunities that allow relationships to form and flourish. For example, through supported community participation and visibility, social skill development, access to meaningful activities, and supported agency (van Asselt-Goverts et al., 2015). As Reinders (2002) argues: "the real challenge that people with intellectual disabilities pose for us (is) not so much what we can do for them but whether or not we want to be with them. Ultimately, it is not citizenship, but friendship that matters" (p. 5).

Resolving sexual exclusion and oppression then requires more than a 'band-aid solution'. It requires more than listing rights, more than asking individuals to push against unjust desires, and more than granting special access to sex. Broad sexual inclusion requires an approach that challenges and alters the social and political conditions that give rise to and reinforce harmful scripts. It requires an approach that promotes empathy and seeing others as equals; an approach that allows meaningful relationships to flourish; an approach that inspires friendship. I have argued throughout this Chapter that this approach could involve sexual and educational integration and liberationist RSE.

Sexual integration, integrating schools, and liberationist RSE all come with their own barriers to success, with the highest barriers being the negative attitudes of those needed to facilitate integration and education. While these barriers might be high, the rights of intellectually disabled people to broad sexual inclusion, sexual access, sexual epistemic resources, integration, education, and RSE all impose professional moral duties on educators to dismantle these barriers. That is, teachers (and those who train, manage, and support them), have a duty to overcome unjust sexual scripts and negative attitudes. This can be done by vetting teachers and providing quality ongoing pre- and in-service training and support.

Conclusion

Throughout this dissertation, I have sought to understand why it is so often the case that intellectually disabled people are excluded from meaningful sexual experiences and sexual life. To this end, I have been guided by a series of questions. Namely, do intellectually disabled individuals have a right to sexual inclusion? Do they have a right to meaning in their sexual lives? To recognition and respect as sexual beings? To the sexual epistemic and educational resources needed to navigate sexual life? If intellectually disabled people have a right to these things, how can we ensure just access?

I have argued that sexual script theory provides a means of understanding the underlying causes and mechanisms of broad sexual exclusion and its concomitant sexual injustices. I argued that unjust sexual scripts for and about intellectually disabled people generate a set of mutually reinforcing sexual injustices — namely, sexual epistemic injustice, sex-educational injustice, and unjust broad sexual exclusion. More precisely, I argued that desexualising sexual scripts about intellectual disability could lead people to believe that sharing sexual epistemic resources and sex-educational experiences with intellectually disabled people is inappropriate. As a result, essential resources and opportunities may be withheld or corrupted. Intellectually disabled people then become less able to navigate sexual life. This can result in broad sexual exclusion. Critically, desexualising sexual scripts can make it such that non-disabled others will view the broad sexual exclusion of intellectually disabled people as appropriate, morally correct, or an unfortunate necessity. This leaves unjust scripts, sexual epistemic injustice, and broad sexual exclusion mutually reinforcing.

Broad sexual exclusion can 'make true' the conditions that are thought to justify sexual exclusion. Through broad sexual exclusion, individuals will have fewer opportunities and resources to develop their sexual knowledge and agency. As a result, they may become less able to consent to sex and more vulnerable to (or at risk of perpetrating) sexual harm. Thus, it might *seem* to be in everyone's best interest that such individuals should be sexually excluded. However, the reduced ability to consent to sex under able-minded norms (be it the result of a Category One, Two, or Three disability) does not justify broad sexual exclusion. Individuals retain a right to inclusion in the sexual life of their society regardless of their desire or capacity to have sex. This includes a right to the sexual epistemic resources and opportunities needed to navigate sexual life and to recognise and challenge unjust sexual scripts.

It is important to note that, while my account of sexual justice for intellectually disabled people offers essential insights and suggestions, it is not a complete account – the topic is far too complex to be resolved by a single dissertation. Throughout, I have flagged several important areas of research that must be attended to if we are to take the broad sexual exclusion of intellectually disabled people seriously. For example, a full account of sexual consent that recognises and responds to the pluralistic sexual agency of intellectually disabled people is needed. This will require a detailed examination of the social and legal barriers, risks, and possibilities for expanding consent norms to better support the sexual agency of intellectually disabled people. So too, a detailed account of precisely what a just RSE curricular for and about intellectually disabled people would look like and require is desperately needed. This ought to be accompanied by research that considers how to ensure that educational paternalism is just and appropriately responsive to the present and future wellbeing of all students. While incomplete, my account can offer insights for these projects. However, much work remains to be done.

To conclude, it is important to return, for a moment, to the individuals mentioned throughout this dissertation. As I have regularly acknowledged, my arguments are not merely theoretical; they engage directly with the lived experiences of many intellectually disabled individuals. Thus, it is vital that my approach offers a means of understanding and challenging the harms and injustices real people face. So, let us briefly consider how my approach can help explain and resolve sexual exclusions felt by individuals like Jane, Sarah, and Alan. Moreover, for that matter, individuals like Saki, Kieran, the women interviewed by McCarthy (1999), Frank and the couple described by Gill (2015), C, D, and Otto.

Jane, Sarah, Alan, and all the individuals described in this dissertation found themselves sexually excluded and their sexual lives policed by others. For Sarah, given the nature of her relationship with Asim, a level of policing may have been necessary – *not because of Sarah's disability* but because of Asim's age. However, the withholding of RSE and the support Sarah needed to understand, develop, and express sexual agency should be understood as wrongful. Sarah's parents refused to acknowledge her sexuality, which led to essential sexual epistemic resources being withheld. So too, Sarah's school treated her sexuality as a problem. Even before her relationship with Asim, Sarah was described as having a 'high sex drive', and her RSE was limited only to discussions of puberty, safety, and privacy. Importantly, these conversations took place separately from her peers, and her peers did not receive RSE about navigating relationships with individuals like Sarah. Sarah's parents and school could be understood as enacting and perpetuating desexualising and hypersexualising scripts.

Alan, similarly, can be understood as wronged by his support care workers; Alan was treated as a sexually deviant – he was taken to court because he was willingly and actively in a sexual relationship with another man. As a result, his access to sex and intimacy was revoked. Significantly, his case workers argued that the RSE and sexual epistemic resources Alan needed to regain his sexual autonomy should not be provided to him. Instead, it was argued that such information would confuse and distress Alan and might make Alan more difficult for his service providers to manage. Again, we can see the broad sexual exclusion and sexual epistemic injustice that arises from sexual scripts. These scripts can paint intellectually disabled people as sexually deviant or limit their opportunities to develop and express sexual autonomy and well-being. Sexual scripts, thus, can be understood as establishing sexual disadvantages that are disabling.

So too, Jane, Saki, Frank, and the lesbian couple described by Gill (2015) all had their sexual expression regulated and policed because of their care workers' discomfort. Sexual scripts were such that these men and women were not considered appropriate actors within sexual scenes; they ought not to lead sexual lives. Nevertheless, these individuals communicated willingness and desire to engage in sexual activities, even if they could not do so through propositional expressions of consent. For others like C, D, and Otto, significant attempts were made to secure their access to sex. However, attempts to ensure their sexual inclusion did not extend further than access to sex. Rather, for D and Otto, their non-access to sex was assumed to result from their cognitive impairments rather than social factors such as desexualising scripts. The sexual subjectivity and confidence of these men were harmed by their desexualisation.

Notably, in none of the cases I have detailed has the sexual expression of intellectually disabled people been policed, misunderstood, repressed, or overlooked *maliciously*. Instead, desexualising sexual scripts generated paternalistic, protectionist responses. Barriers to sexual inclusion were erected because so doing was thought to be the right or natural thing. However, the naturalisation and moralisation of desexualisation is such that challenging this harmful benevolence is made especially difficult.

Philosophical thinking about what ought to be done to secure just sexual inclusion has often considered the problem to be merely one of non-access to sex — some people, through no fault of their own, are made worse off by non-access to sex. I argued that debates would then often progress from this point of concern: asking whether exclusion from sex is unjust and, if so, whether there is a right to sex. As I demonstrated, such an approach fails to capture the full harm of sexual exclusion, and, in so doing, it inevitably fails to solve the real problem.

Instead, we need to create sexually inclusive environments free from unjust scripts. We need an approach that allows individuals to recognise and support the sexual lives of people like Jane, Saki, Frank, Sarah, Alan, Kieron, C, D, Otto, the women interviewed by McCarthy, and Gill's couple. We need an approach that promotes social inclusion and empathy. So doing can inclusively and robustly challenge and replace dehumanising and desexualising scripts. To this end, while there are many ways of revising unjust sexual scripts, I argued that the most promising approaches involve increased *sexual access*, *educational integration*, and *liberationist Relationships and Sexuality Education* (RSE). These approaches are not without risk. However, if pursued cautiously and in combination, they provide a means to directly challenge unjust scripts and ensure that they do not get a grip on individuals in the first place.

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*Please note slurs/offensive, outdated language has been censored as "R****D". The original language should be obvious enough to any reader that the cited texts can be easily found.*

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