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From Sex Education to Sexualities Education: Navigating the Intersectionality of Queer Communities in Italy and the Netherlands

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ABSTRACT

This study aimed to explore the experiences, needs, and interests of queer people who are also neurodivergent, or live with a chronic illness or disability (i.e. IMMI: individuals with multi-minority identities) in Italy and the Netherlands. Five focus groups were conducted in Italy with 22 queer IMMI to identify their most relevant topics regarding and experiences with sex education. Building on the discussion topics of the focus groups, a survey in Italian and English was distributed via snowball sampling. The survey was created to explore the experiences related to sex education in the two countries. The final sample of respondents included 138 (97 Italian, 41 Dutch) queer IMMI. Results indicated that sex education received in both formal (e.g. school) and informal (e.g. family) contexts failed to include information that was sensitive and supportive of queer community's experiences. Participants reported the need to explore more topics addressing the specific needs of different identity intersections. Cross-cultural differences related to the experiences of Italian and Dutch participants were found. Overall, current sex education in Italy and the Netherlands is far from meeting the sexual health needs of queer people living with different intersections. Practical implications are discussed.

KEYWORDS

LGBT; transgender; disability; sexual health; sex education

Introduction

Sexual health is a crucial aspect of individual well-being and involves a positive, discrimination-free approach to sexuality, rather than the mere absence of disease or unplanned pregnancies (World Health Organization [WHO], 2006). Sex education can be defined as any combination of learning

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experiences aimed to facilitate voluntary behaviors conducive to sexual health (Lameiras-Fernández et al., 2021), minimize negative sex outcomes (Goldfarb & Lieberman, 2021) and foster healthy sexual behaviors and relationships (Garg & Volerman, 2021; Gowen & Winges-Yanez, 2014). Sex education may occur in formal settings like school and healthcare clinics, or in informal settings like family dwellings and online platforms (Formby & Donovan, 2020; Lameiras-Fernández et al., 2021). Unfortunately, sex education programs have been mostly built according to a cis-heterocentric perspective, which excludes the experiences of gender and sexual minorities (Gowen & Winges-Yanez, 2014) and of people with disability (Campbell et al., 2020). In line with UNESCO guidelines (UNESCO, 2018), there is an urgent need of sex education curricula that are inclusive of minorities' perspectives (Baams et al., 2017; Garg and Volerman, 2021; Goldfarb & Lieberman, 2021; Gowen & Winges-Yanez, 2014). In the present manuscript, the terms "*LGBT+*" and "*queer*" are used interchangeably, referring to the individuals who do not conform to a cis-heterosexual identity.

Previous research has indicated that inaccurate sex education resources leave LGBT+ young adults vulnerable to negative sexual health outcomes, including sexually transmitted infections, unwanted pregnancy, unsanitary/unsafe sex toy use, and shame about their body or sexual desires (Haley et al., 2019; Hobaica et al., 2024). On the other hand, when inclusive sex education is available, it can lead to positive health and well-being outcomes for LGBT+ individuals (Keiser et al., 2019; Proulx et al., 2019). Mustanski et al. (2015) investigated the effects of an innovative online sexual health program tailored for LGBT+ youth (*Queer Sex Ed Intervention*) and documented a positive impact of the intervention on several outcomes, including self-acceptance, sexual health knowledge, and safe sex practices. Consistently, other studies have demonstrated the efficacy of digital health interventions for promoting sexual health in LGBT+ young people (see Gilbey et al., 2020 for a review). In particular, informal settings, such as social media and the internet, have been offering more and more space to minority groups to safely discuss topics relating to their specific needs (Craig et al., 2015; Lameiras-Fernández et al., 2021; Manduley et al., 2018; Mustanski et al., 2015).

LGBT+ communities occupy a marginalized position in the society and are stigmatized, to different extents, in several European countries.[1] However, many people pertain to more than one minority group owing to characteristics related to their sexual identity, race/ethnicity, sexual orientation, but also disability, chronic illness, or mental health, resulting in a multi-minority identity (Kempapidis et al. 2024). A multi minority identity is associated with multiple forms of stigmatization and is vulnerable to the cumulative and detrimental impact of minority stressors (Hunter et al., 2020; Meyer & Frost, 2013). To re-center the experiences, interests, and needs of marginalized communities, an intersectional framework can be adopted. Crenshaw's (1991)

theory of intersectionality, which arises from the experiences of Black women, suggests focusing on how different axes of privilege, power, and discrimination interplay in the experiences of oppressed groups, and how social inequities are simultaneously generated, maintained, and challenged (Schulz & Mullings, 2006; Weber, 2006). This framework is particularly relevant for health disparities research in which one or more social groups are disproportionately affected by health challenges (Cole, 2009; Schulz & Mullings, 2006), to acknowledge the underlying group dynamics of power, privilege, and resilience. In the context of this study, the acronym "IMMI" is adopted to refer to individuals with multi-minority identities, and more specifically to our target group of the marginalized minority of queer people who are also neurodivergent, or live with a chronic illness or disability. Queer IMMI would benefit from tailored sex education information, owing to their unique sexual health needs, distinct ways of learning, and possibilities to implement the learned content (Murphy et al., 2016; Paulauskaite et al., 2022). However, to date, no data on sex education programs has been collected on queer IMMI.

Another specificity is linked to cross-cultural differences that can be observed regarding sex education provided in different countries, which may vary according to different political and cultural systems. In the context of the present work, differences between Italy and the Netherlands are specifically addressed. As for the formal settings, Italy does not have mandatory sex education programs, while the Netherlands does. In Italy, Lo Moro et al. (2023) found that LGBT+ issues were discussed in only 42% of the sex education programs, and that disability was overall the least discussed topic, appearing in just 17% of programs. In the Netherlands, Baams et al. (2017) found that 36.1% of the sex education programs did not cover the topic of sexual orientation, and that 27.1% of them did not address gender related issues. Studies reporting the quality of sex education received in informal settings—such as online platforms—in Italy and the Netherlands are substantially lacking. Such studies would be highly informative, given that 96.01% of people aged 16–29 in Italy use the internet daily, with an even higher rate of 99.71% in the Netherlands (Eurostat, 2024).

Aims of the study

This study focuses on queer IMMI belonging to historically marginalized communities facing social and health disparities. In particular, it aims to explore sex education experiences of queer individuals who are also neurodivergent or live with a chronic illness or disability in Italy and the Netherlands. Focus group interviews were conducted in Italy with members of the target community to gather their experiences and key discussion topics, which informed the creation of an online survey. This survey, consisting of both open- and closed-ended questions, was then distributed in both Italy and the

Netherlands. We considered sex education from both formal settings (e.g., school) and informal (e.g., family unit) settings. Given the limited focus on queer-competent sex education programs, we expected that participants would report having received minimal and unsatisfactory sex education that addressed LGBT+ issues and needs. We therefore explored the topics that participants wished they had learned about, considering different identity intersections. By grounding this work in the lived experiences of participants, this community-based research emphasized a collaborative, participatory, and intersectional approach (Abrams et al., 2020; Minkler & Wallerstein, 2003).

Methods

Researchers' positionality

The researchers involved in this project include LGBT + individuals and a cisgender heterosexual woman. The research team also includes some neurodivergent people and some people who live with chronic illness and disability. The researchers involved in this project are White and live in different geographical areas including Italy, the Netherlands, and the traditional unceded territory of the Algonquin Anishinaabe peoples (Ottawa, Ontario, Canada). Many of the authors are actively involved in the LGBT+ community. The authors used their professional and/or embodied backgrounds to design the study and address the research question.

Participants

Focus groups were conducted only in Italy. Participants were recruited through purposive sampling. In particular, a brief text was shared with activists and organizations related to LGBT+ issues on different social media platforms including Facebook and Instagram. The inclusion criteria for participation were as follows: i) be 18 years of age or older; ii) identify as queer; iii) identify as IMMI; (iv) have a good command of Italian language. Focus groups were conducted in May 2023. People interested in participating completed a pre-screener survey collecting socio-demographic information. Responses from 80 candidates (age range 18–44 years; $M = 27$; $SD = 5$) from different parts of Italy were first collected. The final sample was selected to be as representative as possible, and in function of the individuals' availability to participate in the planned sessions. It included 22 Italian queer IMMI (age range 19–44 years; $M = 27$; $SD = 6$). The survey was available in Italian and English for participants from Italy and the Netherlands, recruited via snowball sampling. The call for participation included the study's aim and inclusion criteria and was posted on social media platforms. The inclusion criteria were as follows: (i) be 18 years of age or older; (ii) identify as queer (iii) identify as

IMMI, and (iv) have a good command of Italian or English language. We collected data from June 2023 to September 2023. In total, 165 participants completed the survey; respondents from countries other than Italy and the Netherlands and those who did not meet the inclusion criteria were excluded. The final sample comprised 138 respondents: 97 were Italian (age range 18–69 years; $M = 32$; $SD = 9$) and 41 were Dutch (age range 18–62 years; $M = 28$; $SD = 9$).

Procedure

This research represents the initial activity of a broader project named *Aske&Tell!*. Ethical approval from the University of Milan-Bicocca (Reference Code: RM-2023-664) was obtained. Individuals who participated in focus groups were compensated with a remuneration of 15 euros. Individuals participated in the online survey on a voluntary basis. Standard procedures for acquiring informed consent were used prior to the participation in research. Participants were informed about their right to withdraw from the study at any time, as outlined in the informative sheet provided alongside the informed consent form prior to participation. The 2-hour semi-structured online focus groups were moderated by two social psychologists, who were not involved in the research design or data analysis. Participants were asked to share their experiences with sex education—or lack thereof—and what they wished they had learned about sex, given the identity intersections they embodied. Each session was recorded. The moderators used the platform Mentimeter to create word clouds and promote discussion around the topics contained therein. Subsequently, the online survey was built according to the topics identified in the preliminary focus group analysis. The survey was first developed in Italian and then translated into English; the translation was reviewed by a native English speaker. For both versions, the survey included an informative sheet with a brief study description, an informed consent form, demographic form, and closed and open-ended questions focusing on the intersections between (i) sexuality and neurodivergence, (ii) sexuality and chronic illness, (iii) sexuality and disability (see SM1).

Analysis

In line with the principles of community-based participatory research, we involved members of the target group in focus group interviews to share their experiences with sex education. Their input provided insights on the challenges they faced in formal and informal educational settings, and highlighted the resources and the topics of greatest importance to them, which guided us in a further investigation (Allen et al., 2019; Minkler & Wallerstein,

2003). Given the aim of this study, an in-depth analysis of the focus group content is not included here.

Answers to the close-ended questions of the survey were analyzed through descriptive statistics. Answers to the open-ended questions were analyzed using a combination of Codebook and Thematic Analysis (Braun & Clarke, 2022; Brooks et al., 2015). A Codebook Analysis enables researchers to identify tentative a priori themes (or begin theme development early on), subsequently create a coding template, and ultimately establish the reliability of these codes through inter-rater agreement (Braun & Clarke, 2021, 2022; Brooks et al., 2015). In line with this approach, themes are typically understood as topic summaries—providing an overview of the content shared by participants, such as information, experiences, doubts, or desires—in response to a specific topic or data collection question, rather than as fully developed central organizing concepts as framed in other thematic analysis approaches (Braun & Clarke, 2006). Since our research question centered the experiences of three target intersections, we used these intersections as *a priori* themes to group our data. We combined the Codebook Analysis approach with the values of reflexive Thematic Analysis, which frames researcher subjectivity as a resource, rather than a bias, valuing it in all phases of the analysis. Two coders, specifically the two first authors, independently read and familiarized themselves with the data. After in-depth discussions, they created a set of codes. With the aid of the codebook, they went back to the data and independently quantified the presence of each code in the participants' statements. Each round of coding was followed by a joint discussion and, when necessary, code revision. The agreement between the two authors (coding reliability) was calculated using Fleiss' kappa. When agreement was low, doubts were discussed and solved by the raters, so the definition of the sub-themes was clarified. After two rounds of coding, the codes were finalized and framed as sub-themes. Final agreements between the coders were averaged for each theme (i.e., sexuality and neurodivergence: Fleiss' $k = 0.85$; sexuality and chronic illness: Fleiss' $k = 0.81$; sexuality and disability: Fleiss' $k = 0.83$). Numeric values of the Fleiss' kappa agreements before and after discussion are reported in SM2. Table 1 summarizes the steps of the analysis.

Table 1. Steps of analysis.

Verbatim transcriptions of focus groups
Identification of core topics useful for the survey
Analysis of closed ended survey questions
Analysis of open ended survey questions via Codebook Thematic Analysis
Identification of tentative *a priori* themes
Two researchers independently read the answers and generated codes
Creation of a joint codebook with themes and sub-themes
Template revision and discussion
Inter-rater agreement calculated with Fleiss' Kappa

Results

Table 2 presents the characteristics of the Italian and Dutch respondents to the online survey.

Tables 3–5 present the sex education experiences of Italian and Dutch respondents: whether they have have received or not received sex education, the hours spent on sex education, the contexts in which it was given, the level of satisfaction, the topics discussed, and the topics Italian and Dutch respondents wished had been addressed instead. Overall, Italian and Dutch participants shared that their experience with sex education was poor and unsatisfactory. Among those who received sex education, the majority of Italian respondents reported receiving less than 2 hours of sex education. The majority of Dutch respondents reported receiving from 2 to 5 hours of sex education. In addition, sex education was mainly given in formal settings (e.g., school) and focused on heteronormative and stereotypical aspects of sexuality. In contrast, participants reported the desire to know more about

Table 2. Characteristics of survey respondents.

Variable	% (IT)	% (NL)
Educational Level		
Middle school	3%	2%
High school diploma	29%	17%
Bachelor's degree	22%	41%
Master's degree	31%	29%
Postgraduate education	14%	7%
Others	1%	2%
Gender Identity		
Transgender	4%	32%
Cisgender	46%	24%
Non-binary	30%	24%
Agender	6%	2%
Queer	6%	15%
Other	6%	2%
Relational orientation		
Monogamous	46%	56%
Polyamorous	21%	29%
Open relationship	13%	7%
Relational anarchy	7%	2%
Other	11%	5%
Sexual Orientation		
Homosexual	23%	27%
Bisexual	31%	24%
Heterosexual	2%	5%
Asexual	3%	10%
Pansexual	29%	10%
Queer	6%	20%
Other	6%	5%
Romantic Orientation		
Homoromantic	22%	27%
Biromantic	24%	27%
Heteroromantic	4%	7%
Aromantic	7%	2%
Panromantic	35%	15%
Other	8%	24%

N = 138 (n = 97 Italian respondents; n = 41 Dutch respondents).

Table 3. Sex education experiences.

Survey questions	% (IT)	% (NL)
Did you receive sex education in the past?[a]	75%	95%
How many hours?		
Less than 2 hours	27%	21%
From 2 to 5 hours	19%	49%
From 5 to 10 hours	14%	15%
More than 10 hours	14%	15%
In which context?		
Family	25%	46%
School	74%	100%
Others	16%	7%
Level of satisfaction		
Completely unsatisfied	45%	39%
Rather unsatisfied	28%	39%
Rather satisfied	5%	22%
Not applicable	22%	0%

IT = Italian respondents, NL = Dutch respondents; N = 138 (n = 97 IT; n = 41 NL).
[a]Reflects the percentage of participants answering "yes" to this question.

Table 4. Topics addressed in sex education.

Topics	% IT	% NL
Consent	6%	29%
Affective education	2%	1%
Unplanned/unwanted pregnancies	38%	68%
Abortion	23%	44%
Sexual pleasure	13%	20%
Openness and sexual freedom	7%	10%
Communication with partners	7%	20%
Autoeroticism	11%	2%
Penetration	34%	73%
Other sexual practices	5%	22%
Conventional birth control methods	60%	93%
Non-conventional birth control methods	5%	7%
Sexually Transmitted Diseases	53%	88%
Other medical conditions related to the genitals	5%	10%
Gender identity	8%	12%
Sexual orientations	9%	39%
Relationship orientations	4%	5%
Hormonal treatments	5%	7%

IT = Italian respondents, NL = Dutch respondents; N = 138 (n = 97 IT; n = 41 NL).

other sexual practices and non-conventional birth control methods. They also wished they had covered the importance of consent and affective education. Both Italian and Dutch respondents showed a considerable interest in gaining deeper knowledge about various intersections in relation to sexuality.

Through the Codebook Analysis, the raters identified 5 sub-themes relevant to all the intersections (*Communication*, *How the condition influences sexuality and relationships*, *How to be in a relationship with someone with such intersection, General tips*, *Going beyond heterosexual sex)*, along with the sub-themes specific to each intersection/theme. For Theme 1 (*Sexuality and neurodivergence*) the specific sub-themes were: *Sensory overstimulation*, *Dealing with emotions*, *Struggle with focusing*, *Sexual desire*, *Link between neurodivergence and sexual orientations*, *Link between neurodivergence and*

Table 5. Topics that survey respondents would have liked to address.

Topics	% IT	% NL
Consent	94%	78%
Affective education	78%	41%
Unplanned/unwanted pregnancies	37%	51%
Abortion	58%	49%
Sexual pleasure	76%	76%
Openness and sexual freedom	84%	73%
Communication with partners	73%	78%
Autoeroticism	66%	44%
Penetration	39%	34%
Other sexual practices	59%	61%
Conventional birth control methods	43%	56%
Non-conventional birth control methods	67%	54%
Sexually Transmitted Diseases	59%	56%
Other medical conditions related to the genitals	72%	63%
Gender identity	85%	88%
Sexual orientations	85%	80%
Relationship orientations	80%	85%
Hormonal treatments	58%	54%
Aftercare	59%	68%
Sexuality and chronic illness	71%	59%
Sexuality and neurodivergence	68%	61%
Sexuality and disability	70%	51%
Sensory overload during sex and/or intimacy	57%	61%
Difficulty in concentrating during sex and/or intimacy	60%	73%
Wheelchairs and other mobility aids adaptable to various sexual practices	47%	44%

IT = Italian respondents, NL = Dutch respondents; N = 138 (n = 97 IT; n = 41 NL).

gender variance. For Theme 2 (*Sexuality and chronic illness*) the specific sub-themes were: *Dealing with illness (pain, fatigue)*, *Libido and sexual desire*, *Accessibility*. For Theme 3 (*Sexuality and disability*) specific sub-themes were: *Invalidation (stigmatization)*, *Infantilization*, *Visibility/Inclusivity*, *Different bodies/ableism*, *Accessibility*, *Sexual pleasure*. Percentages of the repetition of each sub-theme in Italy and the Netherlands are reported in (Table 6). These results are reprised and integrated into the discussion section, as is standard practice in qualitative research (Flick, 2014).

Discussion

The present study aimed to gather knowledge on the experiences regarding sex education of queer IMMI, who are, in the context of this study, queer individuals who identify as being neurodivergent, or living with a chronic disease or disability in Italy and the Netherlands. Overall, participants shared that they were exclusively presented with a heterocentric and normative type of sex education, which did not consider any potential queer intersection. This evidence is in line with previous research on sexual minority groups, which described sex education as being heteronormative and exclusive of minority identities, making them feel invisible, sexually unprepared, and shameful (Campbell et al., 2020; Haley et al., 2019; Hobaica et al., 2018, 2024; Petrizzo & Moxie, 2024). According to Mitchell et al. (2021), because

Table 6. Template analysis.

Sexuality & neurodivergence			Sexuality & chronic illness			Sexuality & disability		
	%IT	% NL		%IT	% NL		%IT	%NL
Overarching themes								
Communication	30%	11%	9%		7%	12%		0%
How the intersection influences sexuality and relationships	30%	56%	35%		67%	32%		41%
How to be in a relationship with someone with such intersection	9%	4%	12%		0%	7%		6%
General practical tips	14%	15%	28%		53%	17%		29%
Going beyond heterosexual sex	5%	4%	14%		0%	2%		6%
Specific sub-themes								
Sensory overstimulation	23%	15%	Dealing with illness (pain and fatigue)	26%	7%	Invalidation	15%	0%
Dealing with emotions	25%	11%	Libido and sexual desire	16%	7%	Infantilization	10%	0%
Struggle with focusing	7%	11%	Accessibility	7%	13%	Visibility/ Inclusivity	44%	18%
Sexual desire	9%	4%				Different bodies, ableism	10%	6%
Link between neurodivergence and sexual orientations	7%	7%				Accessibility	10%	2%
Link between neurodivergence and gender variance	5%	7%				Sexual pleasure	5%	1%

IT = Italian respondents, NL = Dutch respondents; N = 138 (n = 97 IT; n = 41 NL). The overarching themes apply to all intersections, the sub-themes are intersection-specific. For each sub-theme we calculated the percentage of respondents who mentioned it, over those who did not..

sexual well-being is a vital concept for public health, a more holistic approach that encompasses a broader understanding of sexual well-being across diverse sexual identities is needed.

Overall, the results indicated a very low level of satisfaction with sex education. This occurred also for Dutch respondents, even though, since 2012, all secondary schools in the Netherlands should cover sexual diversity in their curricula (Kamerstuk Staten Generaal, 2012). In line with previous research (Baams et al., 2017; Charley et al., 2023; Coulter et al., 2023), the respondents confirmed that sex education was focused on heteronormative and stereotypical aspects of sexuality, such as unplanned pregnancy, penetration, and conventional birth control methods. Regarding Italy, participants' experiences are in line with reports in the literature indicating that the majority of school programs in Italy focus on the prevention of sexually transmitted infections through single-session activities (Chinelli et al. 2022). In contrast, participants emphasized the need to expand sex education beyond penetrative sex and surpass the conventional view of sexuality by discussing less conventional sexual practices and barrier methods. They also highlighted the importance of verbal communication and consent in the context of queer sexuality, deconstructing the myth of mandatory spontaneity in sex (Haley et al., 2019). These considerations align with a sex-positive perspective, based

on openness and sex positivity, which reflect a cultural shift in how sexuality is approached (Andreoli et al., 2024; Nimbi et al., 2022).

Both Italian and Dutch respondents expressed considerable interest in gaining knowledge regarding sexuality spanning various intersections. On this note, when queer identities intersect into a multiple-minority status (Kempapidis et al., 2024; Leone, 2020; McNair, 2017), the representations in sex education programs are nearly absent, and stigmatization can worsen. Therefore, a mention of multi-minority statuses should be included in sex education training, since this may reduce the risk of victimization and adverse mental health outcomes in queer youth (Proulx et al., 2019). Of note, this could benefit everyone, as sexual identity, health, or other personal factors can evolve over time, affecting how sexuality is experienced. Additionally, anyone may eventually become the partner of an IIMMI.

Sexuality and neurodivergence

Consistent with previous research (Penwell Barnett & Maticka-Tyndale, 2015), respondents noted that sensory overstimulation is an important aspect in relation to sexuality and neurodivergence. In fact, sensory overload can occur when the sensory input during sex or intimate moments becomes overwhelming, causing distress or discomfort. This can be a challenge, in particular, for neurodivergent individuals. Another important topic in relation to this intersection is the capacity to deal with emotions. Respondents wondered "*How to deal with anxiety and thoughts overloading*" (heterosexual, trans woman, 22) and "*How to manage a potential crisis after sex and how to create appropriate aftercare for myself and my partner*" (homosexual, cisgender, 18). In a previous study with sexual minority individuals with Autism (Lewis et al., 2021) participants described that they felt anxious and misunderstood in intimate relationships, which often contributed to difficulty in communicating their sexual needs to partners. Communication was reported as another important topic in relation to this intersection; in fact, communication with neurodivergent people regarding sex may benefit from the adoption of some strategies, such as being aware of any sensory sensitivities, communicating consent clearly, and understanding and respecting boundaries. In this regard, participants pointed to "*Communication between neurodivergent and neurotypical individuals regarding consent, sexual desire and pleasure*" (bisexual, transgender, 30) as a topic to address in sex education. Overall, participants' input reinforced the notion that the way in which neurotypical individuals experience sexuality should not be considered the standard (Penwell Barnett & Maticka-Tyndale, 2015). Rather, differences between neurotypical and neurodivergent experiences should be valued and adopted as a starting point for broadening the mainstream framing of sexuality in sex education training.

Sexuality and chronic illness

Regarding the intersection between sexuality and chronic illness, the capacity for dealing with pain and fatigue is an important topic that participants raised. Kaplan (2013) previously examined the effects of illness on sexuality, emphasizing the impact of symptoms such as pain and fatigue. These factors should be taken into account by sex therapists and educators, as they can have a negative influence on sexual well-being (Kaplan, 2013). Pieri (2020) found that queer women with chronic pain were less inclined to engage in sexual encounters during flare-ups, when even basic tasks are difficult to accomplish, and they expressed concern about the expectations their partners might have regarding sexual performance. One participant also mentioned the impact of medications: "*Dealing with pain and pleasure; possible effects of drugs on individuals' sensory perceptions*" (homosexual, cisgender, 38). On this note, it was reported that providing more information on unconventional sexual practices beyond penetration, as well as aids like lubricants, sex toys, and dilators, can be a valuable resource for managing chronic illness and pain. A recent review identified the need for communication and the mention of sexual positions that may be suitable for chronic illness, as one relevant theme that patients wished was addressed (Igerc & Schrems, 2023). Moreover, informing individuals and inviting them to reflect on the performativity of bodies associated with sexuality can be a step forward in sex education, as highlighted by a participant who mentioned the "*awareness of pain and pain management, fatigue and sexual desire, difficulties with body image and desire*" (bi-pan, cisgender, 41).

Sexuality and disability

Regarding the intersection between sexuality and disability, inclusivity and visibility were reported as two important topics. Participants emphasized the significance of recognizing people with disability as potentially sexual beings: "*The fact that disability does not erase a person's sexual sphere*" (bisexual, cisgender, 28), since people with disability are often desexualized (Campbell et al., 2020). Especially in the Italian context, stigmatization was reported as an important topic; participants advocated for the idea that people should fight the stigma against disability, as exemplified by this participant's statement: "*Fighting the stigma, highlighting the importance of sexuality for people with disabilities*" (demisexual, woman, 31). A qualitative study by Coulter et al. (2023) reported that self-determination of young adults with developmental disabilities (i.e., cerebral palsy, intellectual disability) in relation to sexuality was constrained by negative societal attitudes toward disability (Coulter et al., 2023). Consistently, people with

disabilities continue to encounter obstacles to their sexual rights, as well as an overpowering infantilization from society (Carter et al., 2021; Michielsen & Brockschmidt, 2021; Pebdani & Tashjian, 2022; Sitter, 2015). Indeed, one participant mentioned "*The difficulties that disabled individuals face in feeling validated and considered as potential sexual and relational partners, just like anyone else*" (homosexual, cisgender, 33). Given these considerations, participants expressed the need for sex education to give more realistic and affirming representations of disabled bodies, considering "*Both the medical implications—what a person with a specific disability can actually do—and relational implications*" (pansexual, cisgender, 33). Nevertheless, while there is an increasing amount of research exploring the sexual experiences of heterosexual and cisgender people with disabilities, the experiences of queer people with disabilities remain invisible (Campbell, 2017).

Cross-cultural differences between Italy and Netherlands

In terms of cross-cultural differences, while Dutch respondents were more interested in gaining basic knowledge and practical tips on different topics, Italian participants more frequently addressed specific issues. A Dutch participant, regarding the intersection of chronic illness and sexuality, stated: "*I hardly know anything about it, I'd like to have some basic knowledge about it*" (bisexual, trans man, 18). Differently, an Italian participant specifically focused on the intersection between asexuality and neurodivergence referring to "*The entire asexual spectrum in relation to the neurodivergent spectrum, the sensory aspect of sex in neurodivergent people, alexithymia, sex as stimming, relationships*" (bi-pan, cisgender, 41). This may be due to pragmatism being part of Dutch culture, which has been shown to influence Dutch education and healthcare settings (Campo et al., 2020; Heijsters et al., 2022; Lunenberg et al., 2010). Such cross-cultural differences may also reflect different political and social contexts in the two countries. For instance, Italy has a high level of stigmatization toward individuals with disabilities (Cappotto & Rinaldi, 2016). Therefore, Italian people might feel the need to advocate for a shift in the representation of disability, as exemplified by this Italian participant: "*I think that there is a taboo linked to infantilization that concerns people with disabilities. This taboo creates a substantial lack of knowledge on this topic*" (bisexual, cisgender, 27). Future research, including text analysis, should explore how language reflects the broader sociocultural context, also regarding sexuality.

Strengths and limitations

The most relevant strength of the present study is that it is a community-based research, unique in its nature and pioneering in a field where little literature is

available. Filtered through the lens of intersectionality, this participatory research provided a space to rewrite scripts experienced by non-dominant sexual and gender identities, who are seldom considered. Furthermore, participants' feedback was welcomed at every step of the research; several participants reported that they appreciated being part of this research and gaining further insight into these topics.

However, some limitations of the present study should be acknowledged. First, despite adopting an intersectional perspective, this study did not provide an exhaustive analysis of the individuals' characteristics in terms of race, class, and age. Rather, it focused on multi-minority identities in terms of the interaction of queerness and neurodivergence, chronic illness, and disability. On this note, an additional limitation is that the ethnicity of participants was not assessed, and therefore not considered as an axis of potential power or oppression. In addition, we condensed some levels of the investigated variables, like the different nuances of sexual orientations, for a descriptive purpose. We conducted focus groups in an Italian sample only; had we also led focus groups with Dutch participants, other important topics could have been considered. Moreover, the survey distributed in the Netherlands was in English. Although English proficiency is high in the Netherlands, we cannot rule out the possibility that individuals with a low educational background have been unable to complete the survey. Another limitation is that respondents from countries other than Italy and the Netherlands were not included in this study. Cross-cultural differences considering other countries should be studied. Responses to the online survey were collected anonymously, not allowing participants to provide any direct feedback of the study results, which could help researchers corroborate the interpretation. In addition, the sample included participants of a wide age range, but whether their experiences changed sensibly due to progressive societal changes was not assessed. Furthermore, this sample did not include individuals who may be unable to access a computer due to cognitive, physical, financial, or other constraints. Again, further studies are necessary to validate and possibly extend these results.

Implications

Several implications of the study should be importantly acknowledged. First, professionals involved in sex education should pay more attention to the needs of queer IMMI, spreading knowledge from the community-based interests. To do that, updated programs based on embodied experiences of different queer identities should be included as part of the educational systems (Formby & Donovan, 2020; Snapp et al., 2015) and new spaces beyond schools should be created to enrich the intersectional exchange. Activists might also have a significant role in sharing new perspectives based on intersectional discussions in online and

community settings, as they might communicate with policy makers regarding the real needs of the queer community. Indeed, given the broad range of orientations, identities, sexual practices, emotional, and physical aspects raised by participants, we argue that these results point to the need to shift from *sex* education to *sexualities* education, which underlies a more representative and sex-positive approach. Overall, these results underscore the growing need for sensitivity projects and training designed to equip policymakers, educators, and other professionals in sex education with effective tools. To this end, these findings will inform the creation of a sex education toolkit aimed at helping professionals provide more supportive and affirming approaches for individuals with IMMI.

Note

1. https://www.ilga-europe.org.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author.

Ethics approval

The study was approved by the Institutional Review Board (IRB) at the University of Milan-Bicocca (protocol number: RM-2023-664)

Informed consent

All participants provided informed consent.

Research involving human participants

All procedures were in accordance with the ethical standards of the institutional and national research committees and with the 1964 Declaration of Helsinki.

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