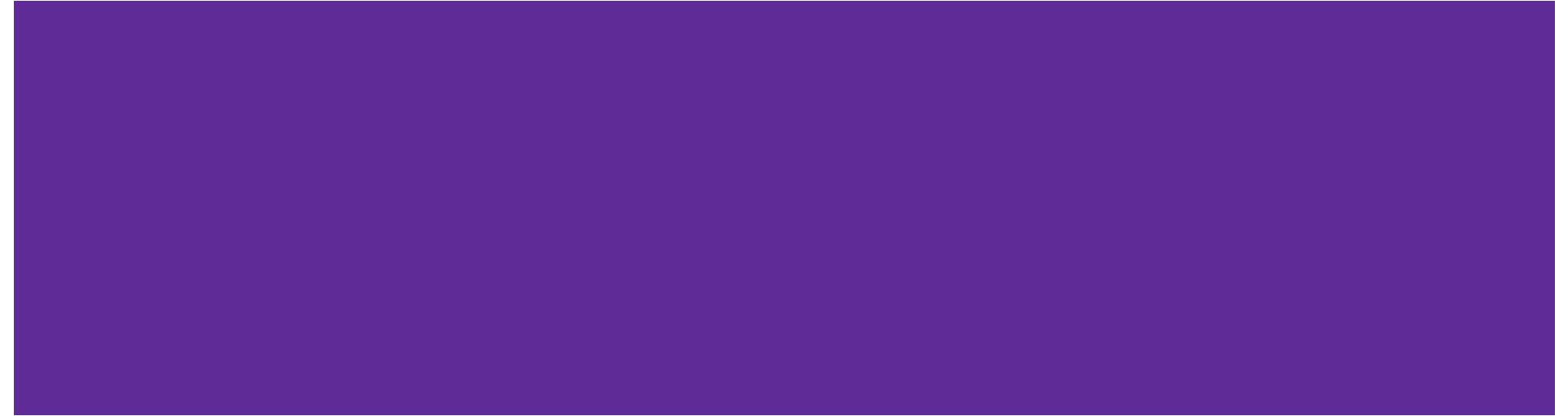


# Value of Fact-Based, Sexuality Education for Young Adults (with Disabilities)

By Spenser Norris and Kayla Rodriguez



# Spenser Norris

Spenser Norris is an educator and clinical rehabilitation counselor who works in inclusive postsecondary education, providing access and educational and career opportunities to students with intellectual disabilities on Georgia State University's campus. Spenser is also an executive functioning and social-emotional growth coach specializing in DBT skills building.

# Kayla Rodriguez

Kayla Rodriguez is Puerto Rican, she was diagnosed with Aspergers when she was a child, but she prefers to identify as Autistic. She has spoken on several panels and she won the Golden Goal Goldie Award for Young Community Advocate and the Bobby Dodd Institute Empowers Luminaries Award. Her first ever work experience was a paid internship at GCDD (Georgia Council on Developmental Disabilities) and she is currently figuring out her next step. She was VP and Chief Ambassador of Autistic Self-Advocacy Atlanta. Now she is on the Board of Directors for the Autistic Women and Non-Binary Network.

# Overview of Presentation

Sexuality and sexual health education taught within public schools in the state of Georgia focuses on abstinence-only education and may include information on avoiding STIs and unplanned pregnancy.

How many of these classrooms and lessons include students with (intellectual and/or developmental) disabilities? **According to the Bureau of Justice Statistics, National Crime Victimization Survey, Special Tabulation, and the National Public Radio series, Abused and Betrayed, people with I/DD are 7 times more likely to experience sexual abuse than someone without I/DD.**

This shocking figure can be addressed with proactive, comprehensive, age-appropriate sex education. It is our responsibility and duty as educators to advocate for comprehensive sexual health education by promoting opportunities for engagement with facts and conversation regarding sexuality, healthy sexual choices, and other necessary information. By doing so, we reduce sexual violence, empower students, and grow toward the future.

## Welcome and Open Discussion

Please reflect on your experience in sex education classes or other learning opportunities:

Where did you learn about your body and body parts? How were they discussed?

Where did you learn about puberty, sex, and reproduction?

Where did you learn about consent?

If those experiences were in school, was the class inclusive?

Were there people with disabilities included? Intellectual disabilities?

# What does comprehensive sexual health education include?

- Body Parts, Anatomy and Physiology: names, purposes, variations, colloquial terminology, scientific terminology, hygiene, health factors and risks
- Puberty, changes within body, menstruation
- Gender, Sexual Orientation, and Pronouns
- Sex vs. Gender, Differences in Body Shapes, Sizes, etc.
- Types of Sex, Contraception, Pregnancy, Childbirth
- HIV, STDs/STIs
- Healthy Relationships, Boundaries, and Abuse
- Consent and Informed Choice
  - abstinence as a choice, not a “norm”
- Reproduction & Reproductive Rights
  - Science, laws, resources

Did we miss anything?

# Barriers to Access & Education

- Assumption of Naivety or Disinterest by Parents and Professionals
    - “They won’t understand”, “They aren’t interested”
  - School Systems, Family Systems, Local Systems values related to sex and education and sexuality
    - Abstinence only education
    - Opt-out options
    - Non comprehensive or biased education
  - Lack of inclusion in health or sex education classes
  - Lack of accessible materials
    - Engaging and Relatable materials
    - Accessible language
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# Autism Specific Barriers

- Social Isolation - Less access to friends, peer education, and potential relationship partners, learning experiences and development
  - Lack of recognizing another's disinterest or other social cues
  - More prevalence of sex with strangers rather than consistent dating partner
  - Sensory concerns and/or lack of understanding and access to education
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# Georgia and Federal Laws Related to Sexual Health Education

## THE TOPICS COVERED IN SEX EDUCATION IS THE STATE'S CHOICE

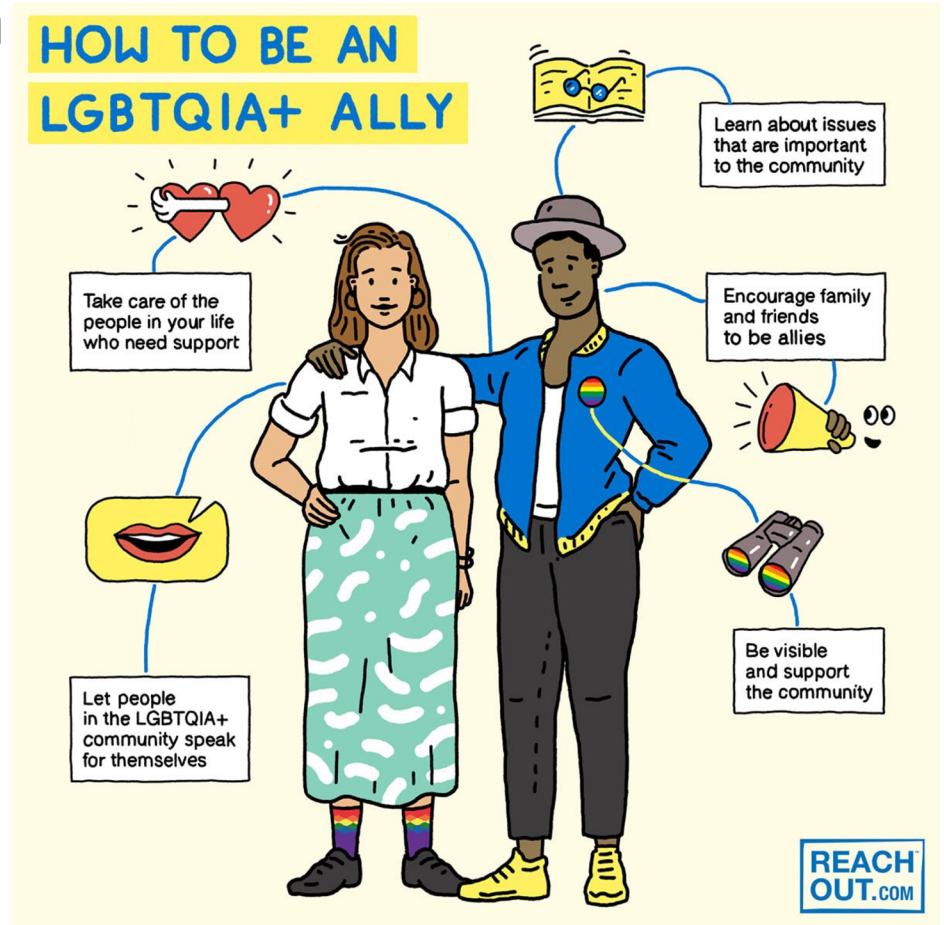
- Georgia: abstinence-only education
- 29 states and the District of Columbia have laws that require sex education and HIV education
- 15 states require instruction to be medically accurate
- 26 states and the District of Columbia require that it be age-appropriate
- 37 states have laws requiring that abstinence is included in sex education
- only 18 states require educators to also share information about birth control.
- Only 9 states currently require discussion of LGBTQ identities and relationships to be inclusive and affirming
- Only half of high schools and a fifth of middle schools cover sexual health topics that the CDC considers essential
- **7 Southern states either prohibit sex educators from discussing (or even answering questions about) LGBTQ identities and relationships, or actually require sex educators to frame LGBTQ identities and relationships negatively.** These laws further stigmatize LGBTQ youth and leave them without the information they need to protect their sexual health, putting them at greater risk for STDs, pregnancy, and unhealthy or abusive relationships.

Cite: Planned Parenthood, CDC

# LGBTQIA+ Sex Education

- Only 12 states require discussion of sexual orientation in sex education and three of those states require the teaching of inaccurate and negative information.
- 7 states prohibit positive discussion of being gay in schools
- No states currently mandate discussion of gender identity in sex education
- Only 4 percent of middle and high schoolers report having any positive discussion of LGBTQIA+ people or issues in health classes

Cite: AmericanProgress.org



# STD & STI, HIV/AIDS Education

- 39 states and Washington DC mandate sex education and/or HIV education
- 28 states and DC mandate both
- 2 states mandate only sex ed
- 9 states mandate only HIV ed
- Approximately 21% of all new HIV diagnoses are among young people aged 13-24 years old
- Teens and young adults have the highest rate of STIs of any age group



# Risks - Abuse, Victimization

People with IDD are 7x as likely to experience sexual abuse

Disabled women are 40% more likely to face abuse in adulthood

Cite: NPR, TeenVogue

## States Aim To Halt Sexual Abuse Of People With Intellectual Disabilities

June 25, 2018 • An NPR investigation found people with intellectual disabilities have one of the nation's highest rates of sexual assault. Now states, communities and advocates are proposing changes to prevent abuse.



Joseph Shapiro/NPR

## In Their Own Words: People With Intellectual Disabilities Talk About Rape

January 20, 2018 • In the final piece of NPR's series on the sexual assault epidemic against people with intellectual disabilities, we hear from victims themselves about how these experiences shape their lives.



Lizzie Chen for NPR; Claire Harbage and Meg Anderson/NPR

# Interventions, Suggestions, Thoughts?

- Individualized, Ongoing, Developmentally (Age) Appropriate
- Teach Adult Concepts to Adults
- Concrete and Specific Education
- Safe space for processing and discussion
- Learning environment, no shame
- No single responsible entity - parents, teachers, doctors, counselors, everyone!



# Open Discussion

Who does fact-based sexual health education benefit?

What do you think?

How does this relate to your role?

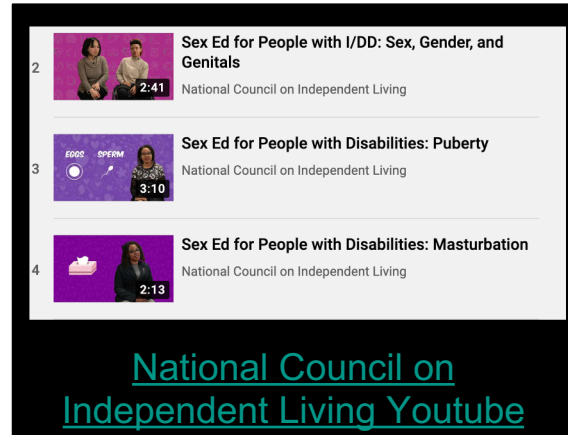
How might you participate in sexual health education?

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# Resource List



## AWN [Before You Go: Know Your Rights & What to Expect](#)



## ASAN [Provider Toolkit](#)