SEPTEMBER 2021

Access, Autonomy, and Dignity: Comprehensive Sexuality Education for People with Disabilities

national partnership for women & families

ASAN
AUTISTIC SELF ADVOCACY NETWORK

ISSUE BRIEF

Introduction

The reproductive health, rights, and justice movement and the disability justice movement have much in common. Both movements strive for bodily autonomy and the right of each person to make their own health care decisions, and share an understanding that these are deeply connected to dignity and equality. However, the reproductive health, rights, and justice movement has not always emphasized the specific needs or challenges of people with disabilities, or sufficiently considered how their histories and experiences add nuance and complexity to the issues of reproductive health and choice.

Health equity, disability justice, and reproductive justice frameworks call on us to understand how these issues intersect in people's lives, how access to reproductive health care is shaped by disability status, and how policy solutions must center the needs of those with the greatest barriers. People with disabilities will not truly have access to reproductive health and rights until we can eradicate ableist notions of if, when, and how people with disabilities can have or not have children, as well as parent them safely, free from coercion, discrimination, and violence.

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The issue briefs in this series explore four important areas of reproductive health, rights, and justice for people with disabilities: the right to parent, access to healthy sexuality and sex education, access to abortion, and access to contraception. This particular brief focuses on access to sex education and barriers for people with disabilities, and includes policy recommendations to ensure that sex ed is truly accessible for all people.

We have a long way to go. Join us in fighting for bodily autonomy and justice for everyone.

Reproductive Justice

Reproductive justice is a term that was coined in the early 1990s by a group of Black women who sought to create a movement that was inclusive of and explicitly centered people with marginalized identities, including people of color, LGBTQ people, and people with disabilities. SisterSong, a leading Reproductive justice organization, defines reproductive justice as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."[1]

Reproductive Justice reframes the conversation from "choice" to "access," because a legal right to abortion is meaningless if people cannot realistically access this care. Unfortunately, millions of people do not actually have access, making choice unattainable.[2] Reproductive justice includes much more than just abortion, which by itself is not enough to ensure that people subject to discrimination and structural oppression have the power and resources necessary to protect their health, safety, economic security, and equity. Reproductive justice understands that these communities also face barriers to accessing contraception, comprehensive sex education, prenatal care, living wages to support their families, supportive workplace policies, intimate partner violence assistance, and much more. The reproductive justice framework recognizes that people do not live single-issue lives.

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This framework also incorporates the concept of "intersectionality," a term coined by legal scholar Kimberlé Crenshaw. Drawing on Black feminist and critical legal theory, intersectionality refers to the multiple social forces and identities through which power and disadvantage are expressed and legitimized. Intersectionality helps explain the realities of people who have multiple identities in which they experience oppression, and how they not only contend with the harms of each of those *separate* identities (for example, being Black and being a person with a disability), but also experience compounded and unique harms at the particular *intersection* of those identities (for example, being a Black person with a disability).[3]

Why Is Access to Sex Ed Important?

Access to sex ed is a matter of dignity, equality, and bodily autonomy.

Every person should have the right to determine what happens – or does not happen – to their own body. It is one of our most basic human rights, one that is foundational to both reproductive and disability rights and justice. Expressing sexuality is connected to human rights principles that protect our basic, inalienable rights such as equality, nondiscrimination, and freedom of opinion and expression.[4]

Access to sex ed helps to make this right a reality by giving people information and tools that help them have greater control over their own sexual experiences.

Deciding whether or how to express our sexuality is fundamentally about asserting autonomy over our own bodies. Access to sex ed helps to make this right a reality by giving people information and tools that help them have greater control over their own sexual experiences. Sex ed access is also intrinsically tied to dignity because it allows us to maintain a level of respect for our own bodies and own decisions about whether or how to explore and express our sexuality. Sex ed also asks us to recognize the dignity of others, to understand and respect other people's choices about their sex and sexuality – and encourages society to respect our decisions as well.

People with disabilities understand all too well how society, the medical establishment, other systems, and even other individuals feel ownership over their bodies. People with disabilities are frequently told how to live, whether they can or should have children, whether they can or should have sex, and what interventions they "need" for their bodies or minds, among other intrusions. As just one example, Karin Willison, a blogger who lives with cerebral palsy, detailed having to negotiate with her mother about cutting her hair because keeping it short would be "easier for [her] and other people to take care of."[5] She also described an experience with a former caregiver who expressed repulsion that Karin menstruated, saying "Most people like you do something about it."[6] These anecdotes convey an all-too-common experience for people with disabilities: other people making decisions small and large about their bodies based not on what is best for that individual but instead on what is easy, convenient, or comfortable for others. These beliefs are also shared by the courts, which have failed repeatedly to acknowledge the bodily autonomy of people with disabilities. For example, Supreme Court Justice Brett Kavanaugh –

Defining Sexuality Education

"Sex education" – or "sex ed" – describes classes or educational programs that aim to give people the necessary information and skills to make healthy decisions about sex and sexuality. These classes generally occur in a school setting during junior high, high school, or both (or in some cases, even earlier in school), but may also take place in community settings or online. Learning about sex and sexuality is crucial for people to make the best decisions for themselves, so it is imperative that sex ed programs are comprehensive and culturally competent.

Comprehensive sex ed teaches young people that sexuality is a natural, normal, and healthy part of life. It provides values-based education where young people have the opportunity to explore and define their individual values as well as the values of their families and communities. It includes a wide range of sexuality-related topics, including human development, relationships, interpersonal skills, sexual expression, sexual health, and society and culture.[7] Comprehensive and culturally competent sex ed must also include information about reproductive rights and justice, consent, LGBTQ identities, and must be medically accurate and culturally inclusive.[8] This education is critical for all people, including people with disabilities, to express their sexuality on their own terms.

Comprehensive sex ed must include information on healthy sex and sexuality for people with disabilities. Sex ed should discuss intellectual and physical accommodations for people with disabilities, affirm that people with disabilities are sexual beings – since people with disabilities are so often seen or portrayed as desexualized or hypersexualized – and affirm that people with disabilities can also be at risk for sexually transmitted infections (STIs) and unintended pregnancy. In general, comprehensive sex ed must include dispelling myths about sex and disability, including those around consent, sexuality, and the ways in which people with disabilities can experience sex, while avoiding any fetishizing or patronizing discussions. The particular concerns of people with different types of disabilities, as well as Black, Indigenous, and other people of color (BIPOC) and LGBTQ people with disabilities, should be included in creating these curricula.

when he was a D.C. Circuit Court judge – wrote in an opinion about the right to self-determination of people with disabilities that "accepting the wishes of patients who lack (and have always lacked) the mental capacity to make medical decisions does not make logical sense."[9]

Bodily autonomy is particularly vital for BIPOC communities, who have faced racism, discrimination, violence, and trauma throughout history and into the present. One of the most salient perpetrators has been — and continues to be — the medical establishment, through reproductive coercion, forced sterilization, unethical experimentation, and ongoing discrimination and bias. For example, the practices of gynecology and obstetrics in the United States were built on abusive and inhumane experimentation on enslaved Black women, including developing cesarean and other surgical procedures on women without anesthesia.[10] And the first oral contraception pill — heralded as a tool for the liberation of middle-class white women — was tested on women in Puerto Rico, often without their knowledge or consent.[11] BIPOC women and people with disabilities have also disproportionately been subject to forced sterilization laws* – and remain so to this day.[12]

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The ability to learn about sex and sexuality in comprehensive, nonjudgmental ways helps us to participate fully in society. Everyone deserves to learn about consent, to challenge and break down stigmas around sex and sexuality, and to get information and resources that increase the likelihood of having healthy sexual experiences. Not having this knowledge undermines our efforts to participate fully in our own lives and communities and defeats our self-determination. People with disabilities need and deserve access to comprehensive, culturally competent sex ed to exercise full autonomy over their own bodies and lives on their own terms.

Access to sex ed is critical for people's mental and physical health.

At a societal level, sex ed has many noted public health benefits. Comprehensive sex ed programs have been linked to the increased use of contraception, a reduction in the rate of unprotected sex, and

* Learn more about the history of people with disabilities and forced sterilization in the Right to Parent brief that is part of this series at nationalpartnership.org/ReproandDisabilityParenting.

a decline in HIV and other STIs.[13] Access to these types of programs is particularly beneficial for Black and Latinx communities, who have disproportionately high rates of HIV and other STIs[14] due to social factors such as higher rates of poverty, a lack of access to health care, and distrust in the health care system due to a history of racism, discrimination, and violence.[15]

There are also public health benefits to learning about consent. When people have a clear understanding of consent, they can feel more empowered to engage in healthy sexual relationships.[16] Furthermore, evidence shows that comprehensive sex ed programs can actually reduce intimate partner violence, emotional violence, and verbal aggression: Students in schools that implemented high-quality sex ed programs reported 20 percent less psychological abuse, 60 percent less sexual violence, and 60 percent less physical violence with a current dating partner than students in control schools.[17] Particularly in the #MeToo era of heightened awareness about sexual harassment, sexual assault, and consent, high quality, comprehensive sex ed is critically important, not just for people to feel empowered to stop sexual experiences where they do not feel comfortable and share their experiences, but more importantly, to stop the perpetration before it happens.

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Additionally, sex ed has been shown to have positive mental health benefits. Studies have found that comprehensive sex ed that is inclusive of a variety of sexualities and gender identities leads to better mental health and lessens the incidence of adverse mental health for all students, but particularly for LGBTQ students.[18] More broadly, sex ed also has the ability to increase empathy, respect for others, positive self-image, and capability to manage feelings.[19] These skills are vital for a healthy life and relationships with others.

Sexuality is a part of being human, and everyone deserves to understand their bodies and the potential outcomes of any sexual experience. Many people erroneously believe that all people with disabilities are asexual, infertile, or simply incapable of having sex.[20] Youth with disabilities are less likely to learn about sexuality from their parents or health care providers,[21] yet still have sexual experiences similar to their peers without disabilities.[22] And when considering that people with disabilities face structural inequities in the health care system that cause them to experience disparities in

both access to care and health outcomes, access to reproductive and sexual health services – including sex ed – is all the more crucial.[23]

Sex ed can be used as a vehicle for racial justice.

Comprehensive sex ed programs can be an avenue for BIPOC students to address their communities' history with eugenics, medical trauma, and inability to make reproductive health decisions for themselves. These types of programs can proactively address and begin to dismantle the harmful sexualized stereotypes BIPOC communities face by empowering young people with the tools to challenge and change social systems.[24] Greater access to comprehensive sex ed has the potential to create a generation of people who are tolerant and accepting of others' identities, who actively work to dismantle racist systems of oppression, and who understand and respect the word *no*.[25]

Sex ed that centers Black, Indigenous or other people of color with disabilities has the potential to begin to crack systems of oppression.

Dismantling racism and white supremacy are particularly important for BIPOC people with disabilities, who live at the intersection of at least two marginalized identities. As stated by researcher Laura Graham Holmes and SIECUS: Sex Ed for Social Change, an organization that advocates for access to accurate and comprehensive sexuality information and education, "Sex education for youth of color with disabilities has the potential to be liberational. Through the use of a racial justice framework, youth of color with disabilities will be treated not solely as disabled or as a youth of color, but as the intersection of all the parts of their identities."[26] Sex ed that centers Black, Indigenous or other people of color with disabilities has the potential to begin to crack systems of oppression.

Accessing Sex Ed

Access to sex ed is limited for most people in the United States. Thirty states and the District of Columbia require sex ed, yet the requirements often fall far short. Only 18 states require that the program content is medically accurate or evidence-based, and only 20 states and the District of Columbia require information on contraception.[27] On the other hand, 28 states require that abstinence be stressed or taught exclusively, and 19 states require that programs only provide information about sexual activity within marriage[28] – programs which research has shown are ineffective and "problematic from scientific and ethical viewpoints."[29] Furthermore, only nine states

The Legal Right to Sex Ed

The constitutional right to have sex has been established in U.S. Supreme Court cases such as *Lawrence v. Texas,* in which the Court held that intimate sexual conduct is protected under the Due Process Clause of the Fourteenth Amendment.[30] However, the Court has not explicitly granted or protected the right to sex ed for anyone. Legislatively, this right does not fully exist at the federal level either. However, legislation such as the Real Education and Access for Healthy Youth Act has been introduced. This bill would ensure access to comprehensive sex ed for everyone aged 10 through 29, explicitly focusing on those who face the biggest barriers to care and information – including people with disabilities, BIPOC communities, immigrants, and LGBTQ communities.[31]

Currently, the Individuals with Disabilities Education Act (IDEA) requires that public schools offer a "free, appropriate public education" to students with certain disabilities.[32] For students approaching adulthood, this education must include services to help students transition to independent living as adults.[33] Although sexual autonomy is an essential part of independent living, only about half of the students receiving IDEA services actually obtain any kind of reproductive health education; autistic students have the lowest rate of access to reproductive health education, at just 28 percent.[34]

In addition, Title II of the American with Disabilities Act and Section 504 of the Rehabilitation Act require that state, local, and federal programs and services be made accessible to people with disabilities.[35] These laws, in theory, cover sex ed programs offered through public schools and universities that accept federal funds, including federally subsidized student loans. Consequently, when the government chooses to offer sex ed programs, it must ensure that people with disabilities can access the program and can also gain an equal benefit as people without disabilities. However, in practice, it is rare for state and local governments to offer comprehensive sex ed.[36]

require programs to be culturally appropriate and not biased against any race, sex, or ethnicity.[37] BIPOC students are also unlikely to see themselves in sex ed curricula, as many use materials that only represent white bodies and experiences.[38]

Additionally, only 11 states and the District of Columbia require inclusive content about sexual orientation, while six states explicitly require that sex ed programs include negative information about homosexuality and/or a positive emphasis on heterosexuality.[39] Furthermore, a 2019 survey of LGBTQ students found that nearly one in four LGBTQ students never had any school-based sex ed, and of those who did receive sex ed, fewer than one in 10 students found it inclusive of LGBTQ topics.[40]

Thirty-eight states and the District of Columbia require sex ed curricula to cover prevention of dating and sexual violence. However, only nine states require education about the importance of consent.[41]

At the federal level, there has not been funding allocated for comprehensive sex ed programs, but over the past three decades, more than $2.2 million has been spent on ineffective and stigmatizing abstinence-only programs.[42] Due to the way these funding structures operate, these abstinence-only programs are often targeted at areas with lower incomes; due to the overlap between economic and structural racism,[43] this means that Black students are more likely to receive abstinence-only education than are white students.[44] Federal programs that provide STI and pregnancy prevention to local education agencies (for example, the Centers for Disease Control and Prevention's Division of Adolescent and School Health) and funding opportunities that rely on evidence to decrease teen pregnancy (for example, the Personal Responsibility Education Program and the Teen Pregnancy Prevention Program) have sought to provide comprehensive sex ed, but widespread gaps still exist, as these programs are not available nationwide.[45]

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Access to comprehensive sex ed was further diminished by the Trump administration's attacks on the Title X Family Planning Program. In 2019, the Trump administration issued a gag rule prohibiting Title X funded entities from providing information about abortion. This forced nearly a quarter of Title X providers – about 1,000 health centers – out of

the program, cutting the network's capacity to serve people nearly in half.[46] Some of these centers provided vital sex ed programs in their communities.[47] In April 2021, the Biden administration released proposed updates to the Title X regulations that aim to reverse many of these harms; however, the rule has not yet been finalized, and it is unclear whether or to what extent the Title X network of programs will recover.

People with disabilities are further pushed from inclusion in and access to sex ed programs. Research has found that most sex ed curricula aimed at people with disabilities, and specifically intellectual and developmental disabilities, are not evidence-based.[48] Only three states explicitly include people with disabilities in their sex ed requirements, and only six states and the District of Columbia provide optional resources for an accessible sex ed curriculum for people with disabilities.[49] Furthermore, a report from the National Longitude Transition Study-2 found that barely more than half of students 14 and older served by the special education system had received any form of reproductive health education;[50] for students with certain disabilities, such as autism, that rate is significantly lower.[51] Unmet need for sex ed was especially high for Black and Hispanic students, students coming from families with low incomes, and those who attended schools where more than a quarter of students were eligible for free or reduced-price lunch.[52] While this analysis represents data from two decades ago, there has been no further analysis of the inclusion of people with disabilities in sex ed programs.[53]

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Specific Concerns Around Sex Ed Access for People with Disabilities

In addition to general access concerns, people with disabilities often face additional, particular barriers when accessing sex ed.[†]

Discriminatory attitudes toward sex and sexuality

People with disabilities deserve the right to be recognized as potentially sexual beings, but oftentimes they are not.[§] Little has been

[†] Learn more about barriers to sex ed youth with disabilities face in SIECUS: Sex Ed for Social Change's report Comprehensive Sex Educations for Youth With Disabilities: A Call to Action.

[§] This stereotyping or assumption that people with disabilities are not sexual is distinct from people with disabilities who identify as asexual, the latter of which deserves recognition.

done to end the discriminatory attitudes of the prevailing mainstream society toward the sexuality of people with disabilities. There is a long history of treating the sexuality of people with disabilities as "deviant" and something that should be suppressed, rather than a natural human desire. According to Tom Shakespeare, a leading disability rights scholar, people with disabilities are seen only on two ends of a spectrum: either completely asexual or "perverse" and hypersexual.[54] A portrayal of a diverse group of people as only on one or the other end of a spectrum of sexuality minimizes the breadth of their experiences and perpetuates stereotypes. For example, there are some people with disabilities who may enjoy having a lot of sex, some who only have sex occasionally, and some who are asexual. For LGBTQ and BIPOC people with disabilities, these stereotypes can be further compounded by stereotypes and stigma rooted in racist and heterosexist conceptions of sexuality and sexual expression.

People with disabilities also struggle to assert their sexuality due to the prevailing notion that they are unable to consent, which has historically been shared by medical professionals.[55] People with disabilities are often forced to prove to the state that they have the capacity to express or deny consent to sexual activity. There is no national consensus on what these types of "consent assessments" should entail, but they generally touch on a person's knowledge surrounding the physical and emotional consequences of sex, their ability to engage in a rational process of decision-making, and their understanding of choice.[56] This type of knowledge is generally covered in sex ed classes, to which, as previously stated, people with disabilities frequently lack access. Therefore, many people with disabilities are judged incapable of consent based on a lack of knowledge that is itself the result of inadequate or unavailable sex ed.

Guardianship

Guardianship – a legal arrangement that strips a person with disabilities of some or even all of their rights, from deciding where they live to whether they can receive medical care – can be yet another barrier to people with disabilities expressing their sexuality or even accessing sex ed. Under these arrangements, legally appointed guardians are given the power of "substituted decision making," in other words, the ability to make decisions for – instead of with – adults with disabilities.[57] Sometimes, these decisions are informed by harmful

stereotypes and false beliefs and can be contrary to the disabled person's own wishes. In the context of accessing sex ed or expressing their sexuality, this means people with disabilities could be blocked from receiving the education and information about sex and intimacy they desire or from outwardly showing any sexual behavior. Moreover, because guardians typically have access to medical and mental health records, people under guardianship may lack the privacy necessary to discuss sexual health openly and honestly with their physical or mental health providers. This leaves critical information out of the hands of people with disabilities and blocks them from expressing natural human behavior, leaving them vulnerable to shame, stigma, and even coercion from their guardians and caretakers.

People with disabilities also face frequent discrimination from providers who are ignorant of the specific challenges they face.

Religious refusals

While the right to religious liberty is protected from governmental intrusion by law, politicians have been expanding this right to create blatantly discriminatory laws and policies.[58] On their face, these laws allow health care and other service providers to refuse to engage in certain activities if doing so would violate their religious or moral beliefs. In practice, laws and policies that carve out religious exemptions or refusals have been weaponized to enable discrimination against vulnerable communities, from openly discriminating against LGBTQ people in foster care and adoption, to denying access to health care based on the service someone is receiving or their sexual orientation or gender identity.[59]

People with disabilities are among those particularly vulnerable to the harms caused by religious refusal laws. For example, people with disabilities may be residents of group homes, many of which are run by religious organizations that seek to impose their own beliefs about abortion, contraception, and premarital sex on others. Residents of group homes may therefore experience shame, stigma, and barriers to sex and intimacy.

In 2015, the Minnesota *Star Tribune* interviewed residents of a group home who reported having to overcome obstacles such as arbitrary curfews, lack of transportation, and segregated housing that cut residents off from mainstream social life and opportunities to date or engage in sexual intimacy. One resident, Bradley Duncan, told the *Star Tribune* that he is only allowed 90 minutes of "closed door time"

at his group home with his partner. To go out on a date, he must notify the group home staff at least 24 hours in advance; many times, however, the home lacked enough staff to drive him, so he was forced to walk the one and a half miles on his own. At the time of publication, Duncan had been working up the courage to ask for permission for an unsupervised overnight stay with his partner, but the fear of rejection had been keeping him from asking. In his own words he says, "I love her, but if I ask for an overnight, I'm worried that I'm going to come off as some creep, as some guy who just thinks with his pants. What are they going to think?"[60]

As Duncan's example illustrates, people with disabilities are often aware of society's views of their sexuality and struggle to express themselves due to a variety of barriers that can intersect and compound one another. This fear of sexual expression intersects with the real power that caregivers and group homes have over people under their supervision, which can result in refusals to allow people with disabilities from engaging in desired sexual activity. In 2014, the Centers for Medicare & Medicaid Services finalized the Home and Community Based Services Settings Rule, which protects the rights of residents of settings such as group homes.[61] Among other provisions, the Settings Rule protects residents' privacy and access to overnight visitors.62 However, these protections may be undermined by regulations enabling religious refusals.[63]

Many people with disabilities are forced into guardianship – a legal arrangement that strips the person of some or even all of their rights.

People with disabilities should feel empowered by those they rely on to make the best decisions for themselves when it comes to learning about sex and expressing their sexuality, not subject discriminatory ideas of what may be "appropriate."

Consent and sexual assault

People with disabilities are three and a half times more likely than people without disabilities to experience sexual assault.[64] This number is even higher for people with intellectual disabilities, who are nearly seven times more likely to experience sexual assault than people without disabilities.[65] For young people in particular, between 40 and 70 percent of girls with disabilities will experience sexual abuse before they turn 18, and up to three in ten boys with disabilities are at risk of sexual abuse during this time.[66] Youth with disabilities are also 50

percent more likely to report coercive sex and nearly twice as likely to report sexual abuse than are youth without disabilities.[67] And fewer than one in six cases of sexual assault against people with intellectual disabilities is committed by a stranger – meaning the persons that people with disabilities count on the most – including family, friends, and caregivers – could be the perpetrators.[68]

Being left out of sex ed curricula only makes people with disabilities more vulnerable to sexual assault and exploitation. Given the sexual assault crisis that people with disabilities face, it is imperative that they have the opportunity to learn about principles such as enthusiastic consent, bodily autonomy, and self-advocacy.[69] However, it is not enough just to increase access to sex ed for people with disabilities, especially since it is perpetrators – and never the victims themselves – who are responsible for assault. Comprehensive sex ed must actively include discussions of consent and address the needs of people with disabilities, and be taught to all people to truly break this cycle of violence and abuse. All people need to learn the entire breadth of the sexual expression of people with disabilities; their right to autonomy, dignity, and respect in sexual encounters; and how to ask for consent when engaging in sexual activity with a person with disabilities.

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Proposals to Protect and Enhance Sex Ed Access for People with Disabilities

Ensure that sex ed is accessible for people with disabilities.

- School systems must proactively facilitate access to sex ed for people with disabilities. People with disabilities should never have to choose between receiving special educational services and receiving sex ed services. Sex ed should, at a minimum, be integrated into each secondary school student's transition plan and special education services should never be scheduled at the same time as sex ed classes or activities. Schools must proactively adapt curricula and materials on sex education to accommodate the needs of students with sensory disabilities, learning disabilities, and intellectual and developmental disabilities. These curricula should include recognition that students with disabilities also may be sexual violence survivors, English language learners, LGBTQ, and/or BIPOC. Post-secondary students with disabilities should have equal access to activities that educate students on sexuality and consent, including sexual harassment and consent trainings required under Title IX.
- Entities in charge of education standards and educator schooling, among others, must ensure that educators haves training to be responsive, knowledgeable about, and attentive to the specific concerns of people with disabilities when it comes to learning about and having sex. Educators, school staff, and those tasked with designing and implementing sex ed programming must have access to training to learn about developmentally and culturally appropriate sex ed for people with disabilities – as well as about how to address and incorporate people with disabilities into their sex ed curricula, regardless of the student population. Furthermore, all educators should understand the present-day concerns about eugenics and the historical context so that they can adequately provide comprehensive sex ed without shaming, stigmatizing, or stereotyping people with disabilities about the range of their sexual identities and behaviors.

Build trust and shared commitment to disability justice.

- Sexuality educators must build trust with the disability community. It is not enough, however, just to provide training for educators, as societal attitudes toward the sexuality of people with disabilities have long been full of shame and stigma. This erodes the trust between educators and the disability community, which is even further eroded for BIPOC and LGBTQ people with disabilities. It is the responsibility of those who are providing sex ed curricula and programming to reach out to and build trust with the disability community and to demonstrate their commitment to providing culturally appropriate, equitable education, including comprehensive sex education.

- **The reproductive health, rights, and justice movement must build trust with the disability justice movement.** The reproductive health rights and justice movement must demonstrate that it is committed to being inclusive and intersectional, responsive to critiques from allies in the disability justice movement, and ready to be thoughtful partners in working together to ensure meaningful reproductive autonomy and justice for all people.

Enact laws and policies that support sex ed access, as well as equity and justice, for people with disabilities.

- **State legislators and other decisionmakers must push back against harmful abstinence-only programs and stigmatizing sex ed laws, and instead enact policies that expand access to comprehensive sex ed, including explicitly for people with disabilities.**
- **Federal policymakers must pass legislation and enact policies that will protect and expand access to sex ed, as well as laws and policies that better meet the health care needs of people with disabilities.**
    - Congress must pass the Real Education and Access for Healthy Youth Act (REAHYA), which would provide young people with access to comprehensive sex ed that is evidence-informed, medically accurate, developmentally and age-appropriate, and culturally responsive. REAHYA also focuses on young people who face the greatest barriers to information and accessing care, including people with disabilities.
    - The U.S. Department of Education must implement the National Sexuality Education Standards, which would provide clear and consistent guidance on the essential minimum core content for sex ed that is developmentally and age-appropriate for students in grades K–12.
    - Congress and federal agencies must abolish funding for abstinence-only programs at the federal level, both through the appropriations process and competitive grant programs, and instead direct funding to programs that rely on medically accurate, evidence-based information such as the Teen Pregnancy Prevention Program, the Personal Responsibility Education Program, the CDC's Division of Adolescent and School Health, and the Title X Family Planning Program.
    - Congress and federal agencies must repeal religious refusals laws and regulations that enable religious organizations who run and staff group homes or caregiver services to refuse to facilitate access to reproductive health information and services, including sex ed.

  - Congress and federal agencies must ensure there is more data collection and analysis to disaggregate different communities' needs and barriers to accessing sex ed, including at the intersection of race and disability.

- **Policymakers must support people with disabilities' decision-making.**
  - They must recognize supported decision-making as an alternative to guardianship and other forms of substituted decision-making in the context of all health care, including access to sex ed.
  - States must pass laws protecting the right of all people – including people under guardianship – to access comprehensive information about reproductive health and to enjoy privacy when discussing sexual health with educators, social workers, doctors, and mental health providers.
  - Services that respond to cases of abuse and exploitation, such as Adult Protective Services, must develop the capacity to address sexual abuse without challenging an individual's overall capacity to consent. If a person with a disability has been victimized by a person who has used coercion, abuse of a trusted position, or misrepresentation in order to obtain their cooperation with sexual activity, these abusive behaviors should be addressed as such without the need to resort to claims that the individual broadly lacks capacity to consent.
- **The U.S. Government must ratify the Convention on the Rights of Persons with Disabilities.** The Convention reaffirms that all people with disabilities must have access to all human rights and fundamental freedoms, and identifies areas where protections of the rights of people with disabilities must be reinforced.

Endnotes

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to advancing gender and racial equity in the workplace, improving access to affordable, quality health care that authentically meets the needs of all women and families and reduces inequities in health, and promoting reproductive freedom and justice, access to contraception and abortion care, and elimination of the stigma associated with abortion.

Learn more: NationalPartnership.org

The Autistic Self Advocacy Network is a nonprofit organization run by and for autistic people, created to serve as a national grassroots disability rights organization for the autistic community, advocating for systems change and ensuring that the voices of autistic people are heard in policy debates and the halls of power. ASAN works to advance civil rights, support self-advocacy in all its forms, and improve public perceptions of autism.

Learn more: AutisticAdvocacy.org

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