

Disability and Sexuality: Addressing Professional Bias

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(fae/they)

Agenda

- Introductions
- Group agreements
- What is professional bias in sexual health for people with disabilities?
- What are some ways that this bias can cause harm?
- What are some strategies for addressing professional bias?
- Questions

Introductions

- I'm a social worker with a background in research and sexual health promotion for people with disabilities. I'm also starting a public health PhD at Indiana University.
- I started out doing community organizing for survivors of abuse and gradually moved more into research and education.
- I identify as disabled, queer, white, in my late 30s, currently pregnant with my first child. I currently live in Chicago with my two partners.
- Please introduce yourselves if you would like. Share what you feel comfortable sharing.

Group Agreements

- Feel free to turn off your camera and do what you need to be engaged
- Speak your truth responsibly and listen to understand
- Be willing to do things differently - experience discomfort, but let us know if you have any unmet access needs
- Facilitator does not have all the answers, collectively we can find answers (this may cause some discomfort)
- Expect and accept non-closure
- Confidentiality, share lessons but not stories
- Respect - treat others as they wish to be treated
- Make room for quieter voices
- Practice curiosity, we are here to learn from each other
- Acknowledge power dynamics in the space

**What is
professional bias in
sexual health for
people with
disabilities?**

What is professional bias?

- The way that we do things matters
- The way that we do things can be influenced by our values and beliefs around disability and sexuality
 - For example, one belief might be that sexual activity for people with disabilities is risky or likely to lead to harm
- If I believed this, then I might think that the most important reason for providing sexuality education was to prevent someone from engaging in things like public masturbation or activities that might result in legal trouble.

Discussion/reflection

- Take a moment to reflect on what you feel is most important in sexuality education for people with disabilities.
- What values are influencing those priorities?
- Feel free to share if you feel comfortable doing so.

Book chapter

Hunter M., Kaufman C., Akhtenberg A. (2026) Envisioning Better Futures in Sexuality Education for Disabled People: A Critical Analysis Through the Lens of Disability Justice and the Neurodiversity Paradigm. In A. Martino, B. Coston, and A. Schormans (Eds), Disabilities, Pleasures, and Sexualities: Transforming Perceptions, Cultivating Desires. Emerald Publishing, Ltd.

What is the purpose of sexuality education?

- In an upcoming book chapter, I analyzed 18 articles about the development or implementation of sex ed for people with a range of disabilities.
- What did the authors describe as the reason for offering sex ed?
- What sort of content did they describe?

Rationale for sexuality education

- In general the authors named either external factors like stigma around sexuality or internal factors like personal disability-related deficits as the reason for why sex ed for disabled people was important.
- Sex ed for Autistic people tended to place more emphasis on personal deficits (generally attributed to being Autistic) than sex ed made for other disability communities

Content of sexuality education

- 12 of the 18 articles covered risk reduction
 - STIs, abuse, unwanted pregnancy, public masturbation etc.
- 9 covered relationships and how to develop a relationship
- 8 covered puberty, anatomy, and hygiene
- 7 had content about LGBTQ+ experiences
- 4 addressed topics related to ableism and self-perception

Were disabled people involved?

- None of the articles disclosed the disability status of the authors
- Only 2 of the articles described people with disabilities contributing to deciding what should be taught and how it should be taught

Discussion

- What effect do you think the relative lack of involvement of people with disabilities might have had on these studies?
- Such as the rationale for teaching sex ed?
- Or the content of what should be in sex ed?
- Do you think rationale or content would look different if more disabled people were had been involved?

**What are some
ways that this bias
can cause harm?**

Bias and ableist assumptions

- Ableist biases can influence ideas about what is most important in sexuality education for people with disabilities
- Consider how many articles (12) addressed risk reduction while only 4 had content on self-perception as a person with a disability and ableism
- Only 7 of the 18 articles included LGBTQ+ experiences
- No articles identified pleasure as a priority

Autism and bias

- Articles about sexuality education for Autistic people overwhelming framed the need for sexuality education as a result of “core deficits” described in the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Articles on other disability populations referred more to the lack of education caused by social stigma as the need for sexuality education
- What could be the cause of the difference in perceptions about sexuality education for Autistic people?

Social perceptions of Autistic sexuality

- [Autism Industrial Complex](#), disability service industries making a profit off of “fixing” Autistic people
- Societal fascination with Autistic relationships and sexuality (for example, Love on the Spectrum)
- As an Autistic person I have found that others often react with prurient curiosity or incredulity when they discover that I have relationships
 - For instance they will often assume that my partners are my children, or that I am their child

Roots of biases

- Biases such as these are often rooted in the idea that sexuality for people with disabilities is inherently problematic or dangerous as well as the idea that people with disabilities cannot be LGBTQ+
- While it is true that people with disabilities experience high rates of abuse, focusing on abuse prevention rather than comprehensive sexuality education does little to address the systemic factors that contribute to abuse

Consequences of biases

- When professional biases go unexamined it becomes more difficult to interrupt ableist harm
- Students with disabilities may start to believe these things about themselves
- They may not have adequate information to lead empowered and fulfilling lives

Discussion

- Besides the emphasis on risk reduction, the pathologization of Autistic sexuality in particular, and lack of LGBTQ+ inclusion, what are some other examples of professional biases in sexual health that you have observed?
- What sort of harm do you think these biases might cause to people with disabilities?

**What are some
strategies for
addressing these
biases?**

Strategies for addressing biases

- Consider consulting the National Sex Ed Standards when determining content for sexuality education for people with disabilities
- Make sure that people with disabilities with diverse backgrounds are leading the conversations when deciding what is most important to cover
- Consider use of theoretical frameworks such as crip theory, disability justice, and the neurodiversity paradigm for self-evaluation

National Sex Ed Standards

- While it does not cover disability-specific topics, the [National Sex Education Standards](#) provide helpful guidance on sexuality education content that is important for all populations
- Sexuality education for people with disabilities is [often inconsistent in what topics are covered](#) and not all programs meet the National Sex Ed Standards
- A publication by SIECUS [Comprehensive Sex Education for Youth with Disabilities](#) provides valuable guidance around disability-specific topics

Role of the disability community

- People with disabilities of diverse backgrounds need to be in leadership roles in determining how sexuality education is developed and implemented.
- It is important to seek out disabled people who are also sexuality educators and researchers as well as general members of the disability community. Avoiding tokenization is essential.
- This helps to ensure that sexuality education is grounded in what disabilities communities feel is most important, as opposed to the priorities of others.

Using theory to evaluate your work

- Crip theory-encourages us to challenges binary notions of who should be the teacher/ holder of information and who is the student as well as how being nondisabled is believed to be the norm
- Neurodiversity paradigm-emphasizes that no neurotype is better than another
- Disability justice-centers the experiences of LGBTQ+ disabled people of the global majority, critiques the systems that devalue disabled people such as the emphasis on productivity

Discussion

- Which of these strategies do you think would be the most helpful for your work?
- What other strategies can you identify that might help with addressing professional bias in sexuality education?

Questions?