



## Disability & Healthy Relationships ECHO Summary

Date: 7/9/2026

Topic: Disability & Sexuality: Addressing Professional Biases

Presenter: Morrigan Hunter

Presentation Summary: Morrigan Hunter presented on addressing professional bias in sexual health for people with disabilities. Morrigan highlighted findings of a literature review done as part of a recently finished textbook chapter she wrote. The discussion revealed biases in sex ed content, particularly for autistic individuals, often framed by what administrators deem as deficits. Strategies for addressing these biases include consulting national sex ed standards, involving disabled individuals in leadership roles, and using theoretical frameworks like crip theory and disability justice. The session also emphasized the importance of comprehensive sex ed, including pleasure and diverse relationships.

### Community Questions & Responses:

1. In what ways could professional bias determine whether sexuality education is a tool of oppression or liberation for people with disabilities?
  - ***At a camp for kids with disabilities, one participant's team found that girls were taught risk prevention and boys were not! In general, boys and girls are not taught the same basic topics, such as consent, relationships, risk prevention, bodily structure and function, pleasure, masturbation, family planning principles.***
  - ***"Purity culture" in our society prevents comprehensive and shameless education about sexuality, making the conversation fear based and that sexuality for folks with a disability is a liability, not a basic human experience.***
  - ***Ableist conception of sexuality and even reproductive systems (menstruation) leads to inadequate education for people with disabilities.***
  - ***[Article](#) shared on this topic.***
2. In what ways is eugenics, or the idea that some people (including people with disabilities) should not have children, present in modern approaches toward sexuality education for people with disabilities?



- ***It's an undercurrent – reflected in the things that we don't teach (i.e. lack of sex ed for people with disabilities, family planning and parenting vs. only pregnancy prevention).***
  - ***Idea that if people with disabilities get pregnant and have families, they will pass along their disabilities (even for people who do not have disabilities that can be passed on).***
  - ***People with autism or disabilities are not in the “group who are allowed to have children”***
  - ***On the flip side of that, parents with disabilities can offer so much for children who have similar disabilities. They can help them navigate this world, help them prevent trauma that maybe past generations have experienced. One participant shared, “Blind should be leading the blind.”***
3. What impact could lack of information about pleasure have on people with disabilities? What messages are conveyed to people with disabilities by not including information about pleasure in sexuality education?
- ***People with disabilities often can feel that their pleasure doesn't matter. If you don't believe that your pleasure matters, it impacts your perspective on negotiating through relationships in general and adds unnecessary shame.***
  - ***Paradox of their pleasure being wrong.***
  - ***American culture is different than other cultures, so people across the globe may have wildly different experiences.***
4. How does the way that we perceive our role as professionals influence the work we do in supporting the sexual health of people with disabilities?
- ***Human services roles tend to struggle with thinking that since we are the professionals, we know what is best. We don't stop and listen. Instead, we implement our perspectives as the foundation, without ensuring that voices of people that we are working with are heard.***
  - ***"I'm the expert" vs "people are the experts of their own experience"***
  - ***Identified barrier: Feeling like we as providers cannot talk about sexual topics due to religious influence or constraints.***
  - ***Feedback from the group:***
    - ***It is important to meet people where they are and recognize that sometimes our role isn't to fix the situation, it's to follow them on their journey of healing***
    - ***Normalizing the topics so survivors can come forward at their own pace***
    - ***Building trust to show that you are there whenever they want to come discuss any of these topics***
    - ***Recognizing our role can look like making sure they have the correct***



**information to make an informed decision**

- **Practicing cultural humility - recognizing that people do not talk about sex in certain cultures**
- **Tips:**
  - **Bring an ally for support**
  - **Trust building before discussing issue at hand**

5. What sex ed topics do you feel are most likely to be left out of sexuality education for people with disabilities? Why do you think those topics get omitted?

- **Pleasure**
- **Want social status of partnership**
- **Kink**
- **Different types of relationships (non-monogamy, asexual with partner)**
- **Arizona is not required to teach sex ed. They utilize an "opt in" system, and these forms typically do not go home to special education classes.**
- **There seems to be a big focus on abuse prevention. However, this education does not include healthy relationships.**
  - **Important to recognize that healthy relationships extends to all types of relationships**
- **These conversations need to start earlier.**
- **Lack of education about consent - ex: if they are feeling uncomfortable, they can say no, even if it is their spouse.**
- **This education also lacks teaching empowerment skills**
  - **Ex: you can say yes or no, or change your mind at any time**

6. Less than half of the articles identified in Morrigan's chapter included information about LGBTQ+ experiences. How do you think the lack of LGBTQ+ inclusion could impact people with disabilities?

- **More likely to engage in risky behavior**
- **Lack of helping people understand that it is okay to be part of LGBTQ+ community**