



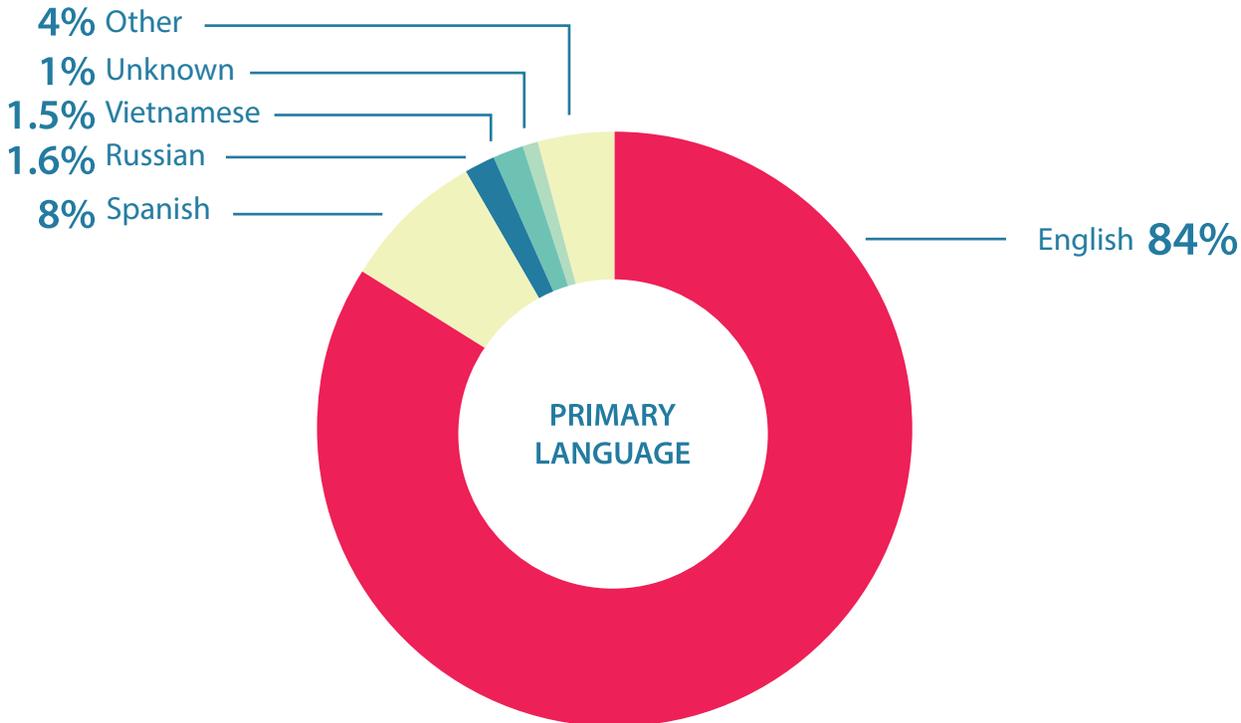
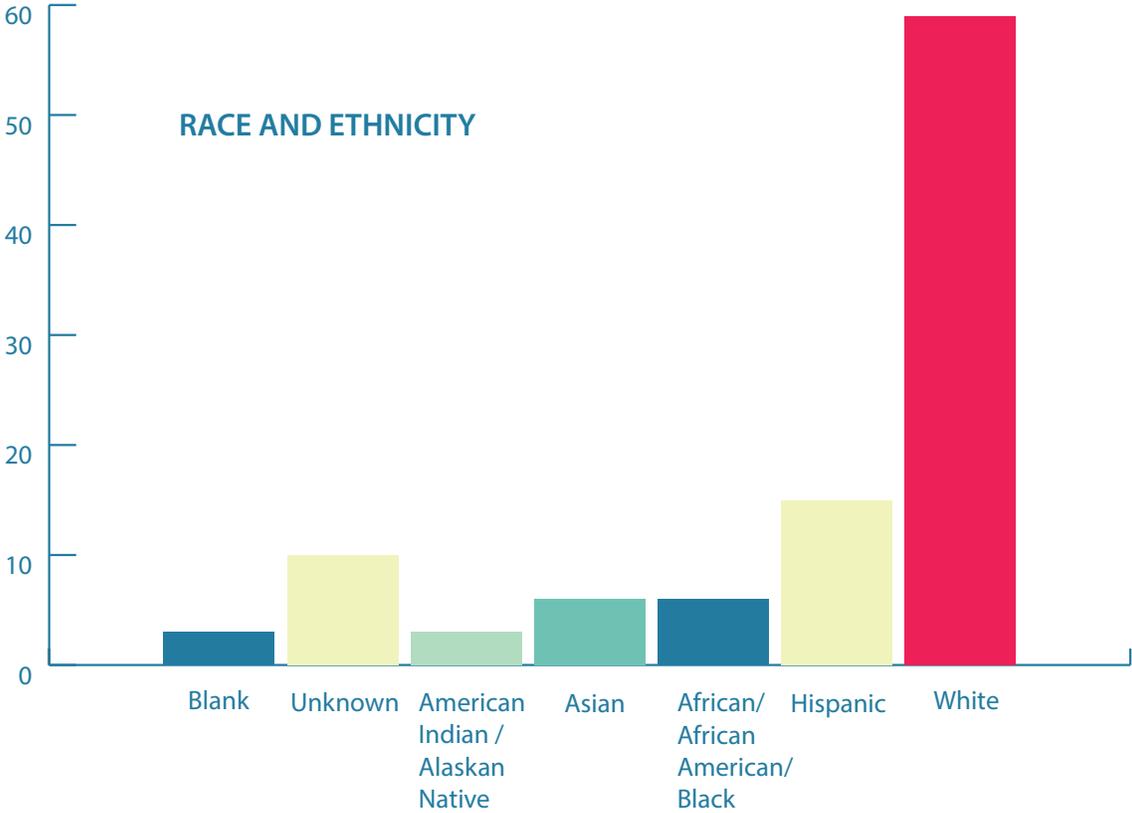
PART 2: INTRODUCTION

Why Focus on the Sexual Health of Young People Experiencing I/DD?

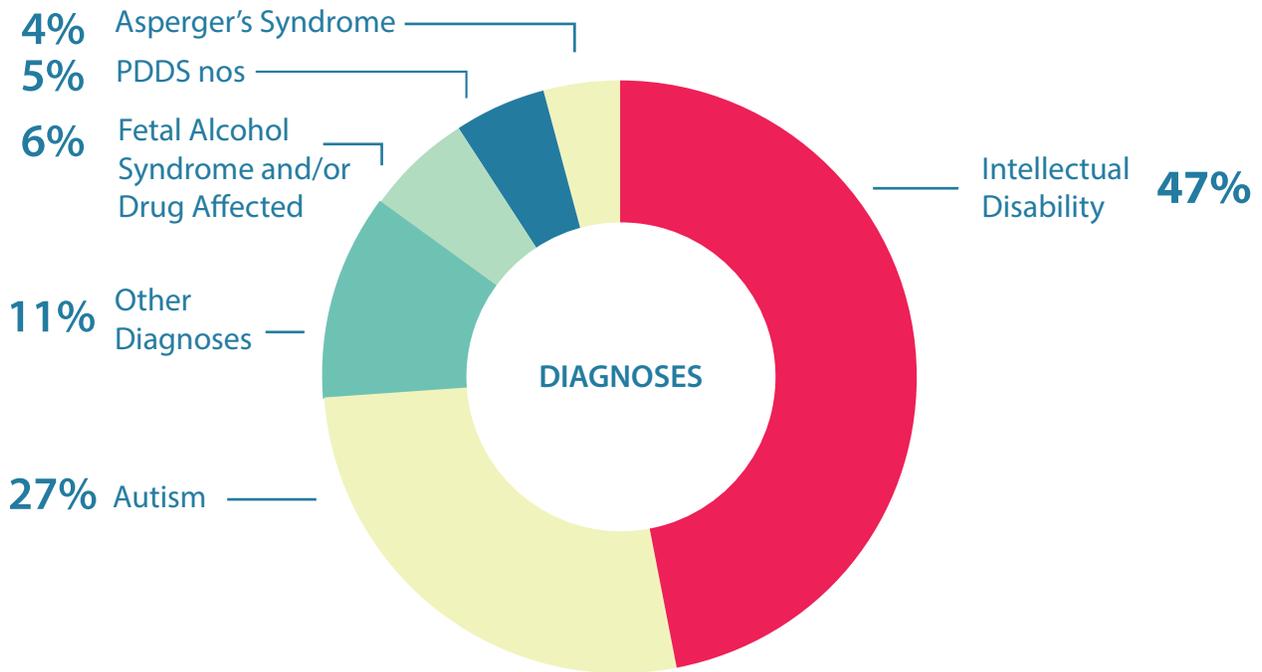
Many young people experience intellectual and/or developmental disabilities (I/DD). The Centers for Disease Control and Prevention (CDC, 2015) says that 1 out of 6 youth between ages 3-17 have an intellectual/developmental disability. In Multnomah County, we learned that young people with I/DD come from a variety of backgrounds: they can experience many types of disabilities, hold many identities at the same time, be a part of various cultures, live in many places and have a range of needs and goals when it comes to relationships and sexual health.

In 2016, 1,887 young people in Multnomah County between the ages of 10 and 24 years received I/DD services coordinated by the county or brokerages. This represents approximately 1.4% of the total population of young people in this age group in the county (Portland State University Population Research Center, 2016). The average age among these youth receiving services is 17. More than half of the young people identify as White, 15% as Hispanic, 13% as African/African American/Black, and 6% as Asian. At least 29 different languages are spoken, with English and Spanish being the most common. More young people who receive I/DD services live in East Multnomah County than any other part of the county (Multnomah County Developmental Services, 2015-2016).

Note: Multiple individuals who receive services indicated more than one race/ethnicity category.



The primary disability diagnoses for these young people are:



Research shows that young people with I/DD experience a greater burden of sexually transmitted infections (STIs), pregnancy, and sexual assault (Cheng & Udry, 2005; Gowen & Aue, 2011; Saxe & Flanagan, 2016; Shearer et al., 2002; Wings-Yanez, 2014). Eleventh grade students in Oregon with disabilities also experience poorer sexual and reproductive health and more abuse than students their age without disabilities (Oregon Health Authority [OHA], 2015).

HARMFUL MYTHS ABOUT SEXUALITY AND DISABILITY

There are many powerful myths about sexuality and disability (Gebb & Guthrie, 2015) that can keep the community from providing young people experiencing I/DD with sexual health education, support and services.



MYTH 1: People with disabilities are not sexual and do not experience sexual desire or have sexual relationships.



MYTH 2: People with disabilities are hypersexual and unable to control their sexuality.



MYTH 3: People with disabilities are “childlike” and dependent.



MYTH 4: People with disabilities have only abusive sexual relationships, or they are only involved in sexual relationships as victims or perpetrators of sexual violence.

PEOPLE WITH DISABILITIES ARE SOCIAL AND SEXUAL BEINGS

The people and systems who support individuals with disabilities often deny their sexuality, though data shows they *are* sexual, experience sexual desire and have sexual relationships, like all people. For example, among Oregon youth (OHA, 2015):



Young people with disabilities have a range of sexual orientations:

84.2% of 11th graders experiencing any disability identify as heterosexual, 2.7% identify as gay or lesbian and 13.1% identify as bisexual.



Young people with disabilities are sexually active: 49.5% of 11th

graders who experience disability have had sexual intercourse, compared with 38% of students without disabilities.



Young people with disabilities had sexual contact for the first

time at younger ages: Of students who said they had had sexual intercourse, students with disabilities were more likely to have had sex for the first time at a younger age than their peers without disabilities.



Young people with disabilities are less likely to use condoms and

birth control: Of students who said they had had sexual intercourse, students with disabilities were less likely to have used condoms (57%) than their peers (65%) and less likely to have used a method to prevent pregnancy the last time they had sex. This can put them at higher risk of sexually transmitted infections (STIs) and unintended pregnancy.

Despite the fact that youth with disabilities are sexual beings, they often do not have access to education to help them make choices about their sexuality, health and safety (Murphy & Young, 2005). It is assumed that they are not able to understand or make decisions about their relationships and sexual health or control their behavior. Yet adapted sexuality education can actually improve the ability of people with I/DD to make sexuality-related decisions (Sinclair, Unruh, Lindstrom & Scanlon, 2015).

Youth with disabilities in Oregon are two to three times more likely than their peers without disabilities to experience sexual assault, dating violence and physical violence (OHA CD Summary, 2017), yet people with disabilities can and do have healthy intimate relationships. This is especially true when they get sexual health education that describes and promotes healthy relationships and includes healthy skills practice (Szydowski, 2016). Research has also shown that people with I/DD can learn how to recognize and protect themselves from abuse when taught how to make decisions effectively (Khemka, Hickson & Reynolds, 2005).