**NEVADA GOVERNOR’S COUNCIL ON DEVELOPMENTAL DISABILITIES**

**Position on Sexuality and Sexual Health**

Historically, people with intellectual/developmental disabilities (I/DD) have been thought to be asexual without needing to have loving and fulfilling relationships with others. Their rights to sexuality, which is essential to human health and well-being, have been denied and this has negatively affected people with I/DD in gender identity, friendships, self-esteem, body image and awareness, emotional growth, and social behavior. People with I/DD historically lack access to appropriate sexuality education which may cause them to engage in inappropriate sexual activity because of manipulation, loneliness, or physical force instead of an expression of their sexuality. Lack of accurate information being provided on sexuality and sexual health is a key factor in higher rates of abuse for people with I/DD.

# **The Nevada Governor’s Council on Developmental Disabilities (NGCDD) believes that every person has the right to exercise choices regarding relationships and sexual expression regardless of the presence of I/DD or severity of their diagnosis and does not justify loss of rights related to sexuality, sexuality education, and sexual health.**

# **The NGCDD supports the position of the World Health Organization on sexual rights of people living with a disability. These include the right to:**

# **be recognized as having a sexual nature just like anyone else.**

# **be protected from sexual harassment, exploitation, and physical, sexual, and emotional abuse (regardless of the diagnosis of the individual abused or the person doing the abusing).**

# **be protected from forced sterilization solely because of their disability.**

# **explore and express their gender and sexuality.**

# **have relationships based on consent, respect, and safety.**

# **choose when, whether or not, to have sexual experiences.**

# **learn lessons from life’s experience, with support and skill development where required.**

# **control decisions which affect their sexual and reproductive health and relationships as much as possible.**

**Policy Recommendations:**

1. School districts, medical personnel, first responders, and other trusted members of I/DD community shall promote sharing of accurate information about sexuality, sexual health, sexual choices including orientation, and other various sexual health related topics to people with I/DD, their family members, service providers, and those outside of the I/DD community in order to promote safe and consensual sexual health, and to provide care that is supported and well informed.
2. Implement trainings that provide education on safe behaviors in relationships including sexual and non-sexual relationships. Include these trainings and information for all students K-12.
3. Implement policies that promote providing information on options, rights, and services available to people with I/DD in order to ensure safe and consensual sexual health.
4. Implement policies that are welcoming and inclusive of all sexualities and relationship styles.
5. Implement policies that promote the empowerment of people living with a disability to participate as fully as they are able in pursuit of their own sexual and reproductive health and in achieving a healthy relationship with both their own sexuality and with other people.
6. Discourage use of guardianships or positions of power to control or manipulate relationships.
7. Discourage abuse of power in situations or relationships that may negatively influence another person’s desires, identity, orientation, or other relationships.
8. Discourage unsupportive or negative behaviors in relationships of romantic and non-romantic nature.
9. Implement policies that promote sharing of information about dating and relationships. This information shall include various types of relationships including sexual and non-sexual in nature.
10. Implement policies and procedures that support marriage, child rearing, and adoption for people with disabilities.
11. Implement policies and procedures that encourage safe relationships including those online and long-distance.
12. Implement policies that addressed victims of sexual assault.
13. Discourage unsafe dating practices and encourage meeting potential partners in safe situations.
14. Discourage negative stigmas and beliefs surrounding the fact that people with disabilities are sexual beings with desires and needs.
15. All individuals, regardless of their disability or diagnosis, shall have the right to make their own informed decisions regarding sterilization and birth control. For patients with impaired decision-making capacity or understanding, a representative may be used. This representative’s decisions must be made in the best interests of the patient, not the interests of others, including carers, other family members, or the community.
16. People with I/DD who are also intersex, transgender, and/or gender diverse should have equitable access to quality sexual and reproductive healthcare, and to health services that are inclusive, free of discrimination and stigmas, and responsive to their individual healthcare needs.
17. People with I/DD should have access to accurate medical information on gender affirmation when requested and access to medical providers who can accurately provide medical advice on gender affirmation.
18. Encourage implementation of policies that protect the right to reproductive healthcare regardless of the person’s diagnosis or abilities, including patients who are non-verbal.
19. Encourage thoughtful and thorough discussions about consent and non-consent and to fully receive consent by all individuals receiving care, including those who are non-verbal.
20. Implement training for staff that interact with patients to understand the impact of re-victimization and implement policies that ensure avoiding re-victimization.

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