UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

Exploring Comprehensive Sexuality and Relationship Education for College Students with Intellectual and Developmental Disability in Inclusive Postsecondary Education Programs

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirement for the

Degree of

DOCTOR OF PHILOSOPHY

By Peighton Elizabeth Pratt
Norman, Oklahoma
2025

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Exploring Comprehensive Sexuality and Relationship Education for College Students with Intellectual and Developmental Disability in Inclusive Postsecondary Education Programs

A DISSERTATION APPROVED FOR THE

DEPARTMENT OF EDUCATION PSYCHOLOGY

BY THE COMMITTEE CONSISTING OF

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Dedication

To my husband and best friend, Lucas.

Acknowledgements

Lucas—my husband. Thank you for always reminding me to eat, drink water, and take care of myself. Even without walls or floors, being with you is always home. Thank you for believing in me and encouraging me to chase my dreams. Sharing butts, sharing brains, sharing last names.

Beth—my mom. Thank you for being my biggest cheerleader in every season of life. Your unwavering support, constant encouragement, and fierce belief in me have carried me through more than you know. Whether I was chasing small victories or big dreams, you were always in the front row, cheering the loudest. I am who I am because of your love and support.

John—my dad. Thank you for teaching me the value of hard work and showing me what it means to chase your dreams with purpose and persistence. Your determination to succeed in all you do inspires me. You taught me that success isn't about shortcuts, it's about showing up, doing the work, and believing in the process, not just the outcome. I carry those lessons with me.

JP—my little brother. You were my first student. Helping you with school shaped me into the teacher I've become. Thank you for being patient with me as I learned and grew. Learning alongside you taught me more than any textbook ever could. Being your advocate taught me how to advocate for my students, and just as importantly, how to step back and let them use their own voice. Being your sister brings me so much joy, I'm endlessly proud to call you my brother.

CJ and Cynthia—my little sisters. Getting to become your big sister is one of the most unexpected, but greatest gifts of my life. I am inspired by your resilience, strength, and joy for life. I hope that as I achieve my dreams, you will be reminded that women are capable of anything. Never stop chasing the future you desire. You both have so much to offer this world, and I will always be in your corner, cheering you on with all my heart.

Dr. Malarie Deardorff—You took an eager undergraduate student who was convinced she would always teach early academics and rocked her world. You opened my eyes to the wonderful world of transition. You were the first person I ever confided in about wanting to pursue graduate school and eventually a Ph.D., and your belief in me helped turn that dream into a reality. Your mentorship transformed the trajectory of my career and ignited a passion I didn't know I had. I wouldn't be the educator, advocate, or friend I am today without you. I will always be grateful for the foundation you helped me build.

Dr. Mary Barczak—Thank you for taking in an uncertain doctoral student and walking beside me with patience, clarity, and care. You believed in me even when I questioned myself, which was a lot, and you made space for me to grow into my voice. Your support, through every challenge, momentous milestone, and the messy middles, has been a steady force. I am forever grateful for your wisdom, encouragement, and unwavering presence.

I am fortunate to have had many pivotal mentors whose support and guidance have been invaluable. **Chelsea Bowlan—**Your guidance grounded me in my first year in the classroom. Thank you for believing in me early on. **Dr. Tracy Sinclair**—What began as a student-teacher relationship has evolved into a valued professional connection. I've loved working on projects

with you. Thank you for your continued support and genuine care. **Dr. Jenny Sperling—**You helped feed my passion for sexuality and relationship education, supporting me in every aspect, from teaching it, to studying it, to advocating for its importance. I'm so grateful for your mentorship and belief in this work. **Dr. Corey Peltier—**Since I was an undergrad, your presence in my educational journey has meant so much. I am incredibly grateful for your consistent and steady support, especially your willingness to step in as Chair.

Z**arrow Institute—**my friends and closest allies, I love you all. **Isela—**Four years ago, I walked into Cate 4 with no friends, unconfident, and unsure. I wouldn't have made it through that first year without you. Thank you for always giving the best hugs, especially on the worst days. Te amo mucho! **Christy—**My Walmart. You taught me that trauma dumping isn't a thing with someone who wants to listen and actually cares, and you, my friend, were relentless in your care for me. Thank you for everything. **Tasa—**My girl, you are such a joy. Thank you for your attentiveness and loving heart. **Ryan—**You are a force of nature. I feel so privileged to have gotten to know who you are at your core. It has been a thrill to work with you across two degrees. **Emily**—From day one, I knew we were going to be close friends. You helped me recognize my worth as a scholar and as an individual. Thank you for loving me and always being willing to get a treat with me. **Angela—**Best suitcase award goes to you, but you owe me a trip to Fat Tuesday. I have felt privileged to watch you grow SPARK and advocate for autistic students; you are such a difference maker. **Gale, Natasha, & Savannah—**While our time together was short, I am so grateful for the spirit you brought to the office during my last year. Cherish the time you have, it will be over faster than you know. **Megan—**You know all, fix all, and somehow do it with grace. Thank you for listening to every frustration and keeping things steady when everything felt chaotic. **Rylee—**Your friendship means the world. This dissertation wouldn't exist without your boldness in joining me to start teaching sexuality and relationship education for Sooner Works. Thank you for being my partner in it all. **Dr. Anna Barritt—**Thank you for encouraging me to be fully myself and reminding me that authenticity is a strength in every setting. **Dr. Kendra Williams-Diehm—**Your dedication to improving outcomes for individuals with disabilities has shaped so much of my professional path. Your brilliance in grant writing has funded me through two degrees and opened doors I couldn't have imagined. I'm grateful for your example and support. **Dr. Melissa Wicker & Dr. Mindy Lingo—**Although you are no longer at the ZI, you shaped my time there. Melissa, thank you for challenging me to always think critically, especially about intersectionality, and for proofreading this dissertation with care and generosity. Mindy, thank you for sparking my passion for IPSE and helping me figure out what path I wanted to pursue after graduation; your early guidance lit the way.

My students. The Noble Bears—Thank you for teaching me just as much as I taught you. Your curiosity, resilience, and joy reminded me why I chose this path. **OU SPED majors—**Thank you for challenging me to be a better teacher and leader. It has been an honor to be a part of your journey; you will shape the future of our field for the better. **Sooner Works—**You are the heart of this dissertation. Thank you for allowing me to learn, advocate, and grow with you.

My family and friends. There are too many to mention individually, but your love, prayers, and support has helped me achieve a life far greater than my wildest dreams. I am truly blessed to have so many people in my corner. Thank you.

Table of Contents

DEDICATION ..... **IV**

ACKNOWLEDGEMENTS ..... **V**

LIST OF TABLES ..... **X**

ABSTRACT ..... **XI**

CHAPTER 1. INTRODUCTION **1**

RATIONALE 1

Inclusive Postsecondary Education Programs *1*

Academics 3

Career Development and Employment 4

Independent Living 4

Social and Community Engagement 5

Personal Development and Self-Determination 5

The Missing Piece: Sexuality and Relationship Education *6*

What is Comprehensive Sexuality and Relationship Education? 8

The Need for CSRE Standards and Frameworks in IPSE Programs 10

CHAPTER 2. SURVEY **13**

COMPREHENSIVE SEXUALITY AND RELATIONSHIP EDUCATION IN INCLUSIVE POSTSECONDARY EDUCATION FOR COLLEGE STUDENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITY: A NATIONAL SURVEY OF IMPLEMENTATION AND PERCEIVED IMPORTANCE 14

Method *18*

Participants 18

Program and Institution of Higher Education Demographics and Characteristics 19

Instrument 24

Procedures 28

Data Analysis 28

Results *30*

Research Question 1 30

Research Question 2 33

Research Question 3 36

Discussion *51*

Delivery of Comprehensive Sexuality and Relationship Education in Inclusive Postsecondary Education Programs 51

Importance of Topics and Implementation of Domains 54

Difference Between Importance and Implementation of Topics 56

Implications for Practice 59

Implications for Future Research 61

Limitations 63
Conclusion *65*
CHAPTER 3. INTERVIEWS 66
AFFIRMING RIGHTS, NAVIGATING BARRIERS: A QUALITATIVE INQUIRY INTO COMPREHENSIVE SEXUALITY AND RELATIONSHIP EDUCATION IN INCLUSIVE POSTSECONDARY EDUCATION FOR STUDENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITY 67
Method *70*
Recruitment 72
Participants 72
Researcher Reflexivity 73
Data Collection 74
Data Analysis 75
Findings *76*
Foundational Program Values and Philosophies 77
Collaboration, Curriculum, and Instructional Supports 83
Persistent Barriers to Implementation 90
Ongoing and Future Research 99
Discussion *101*
Aligning with Core IPSE Values 102
Integrating and Spiraling Content Across Programming 103
From Hesitancy to Engagement 104
Building Capacity through Partnership and Collaboration 105
National Guidelines 107
Persistent Barriers to CSRE Implementation 108
Future Research 110
Implications for Practice 111
Limitations 112
Conclusion *112*
CHAPTER 4. PRACTITIONER PAPER 114
IMPLEMENTING COMPREHENSIVE SEXUALITY EDUCATION FOR STUDENTS WITH DISABILITIES: PRACTICAL STRATEGIES FOR PRACTITIONERS 115
Comprehensive Sexuality Education for Students with Disabilities 117
National Sex Education Standards 118
Process for Identifying and Organizing NSES Learning Goals and External Resources 120
Consent and Healthy Relationships 124
Anatomy and Physiology 132
Puberty and Adolescent Sexual Development 138
Gender Identity and Expression 141
Sexual Orientation and Identity 144

Sexual Health 148
Interpersonal Violence 152
Recommendations for Educators *155*
Conclusion *159*
CHAPTER 5. DISCUSSION 160
DEVELOPMENT OF DISSERTATION 161
RESEARCH AIMS 164
Aim 1: Curriculum Design and Evaluation *164*
Aim 2: Professional Development Models *164*
Aim 3: Longitudinal Impact of CSRE *165*
Aim 4: Policy Influence on CSRE Implementation *165*
CAREER GOALS 165
FUTURE RESEARCH 167
CONCLUSION 169
REFERENCES 170
APPENDIX A. SURVEY FEEDBACK FORM 193
APPENDIX B: SURVEY 195
APPENDIX C: INTERVIEW PROTOCOL WITH SAMPLE QUESTIONS 222

List of Tables

Table 1. Respondent Demographics and Characteristics 20
Table 2. IPSE Program Demographics and Characteristics 21
Table 3. Institution of Higher Education Demographics and Characteristics 23
Table 4. NSES Domain Definitions 29
Table 5. Frequency and Context of CSRE 32
Table 6. Curriculum and Resources 34
Table 7. Importance Ratings of 29 Essential Topics 37
Table 8. Implementation of NSES 40
Table 9. Differences in Importance Ratings of Essential Topics Between Programs that Did and Did Not Teach Each of the NSES 41
Table 10. Organization of the NSES 121
Table 11. Organization of the NHES 123
Table 12. Resources and Activities Aligned with NSES by Strand and Age Band 125
Table 13. Hormone Scenario Activity 135

Abstract

This dissertation explores the delivery of comprehensive sexuality and relationship education (CSRE) in inclusive postsecondary education (IPSE) programs for college students with intellectual or developmental disability (IDD). Guided by a rights-based, "dignity of risk" framework, this dissertation consists of a brief introduction, three stand-alone manuscripts, and a research statement. Chapter One outlines the core domains of IPSE programs, highlighting how CSRE would extend the established domains, setting up the research questions addressed in subsequent chapters. Chapter Two reports the results of a national survey of IPSE programs, mapping domain coverage, instructional formats, and rated importance of CSRE-related topics. Chapter Three presents four in-depth interviews conducted with CSRE providers in IPSE contexts, illuminating the persistent obstacles they face alongside the strategies they use for effective instruction. Chapter Four translates insights obtained from the survey and interviews into a practitioner paper that aligns the National Sex Education Standards with existing resources. Finally, Chapter Five reflects on the development of this dissertation and outlines my future research agenda, which is aligned with my career goals. Together, the five chapters provide an evidence-informed roadmap for embedding rights-based CSRE throughout IPSE settings to enhance self-determination and postsecondary outcomes for individuals with IDD.

Chapter 1. Introduction

This dissertation explores the critical need for integrating comprehensive sexuality and relationship education (CSRE) into inclusive postsecondary education programs (IPSE) for students with intellectual and developmental disability (IDD). This research specifically focuses on the implementation of CSRE within IPSE settings. Comprising three stand-alone manuscripts supported by an introduction and conclusion, this dissertation examines how IPSE programs address, or fail to address, essential areas of CSRE within student development. Specifically, I will: present the findings of a survey distributed to all IPSE programs registered with Think College; synthesize four interviews exploring the experiences of CSRE providers in IPSE settings to address the barriers to implementing CSRE; and provide guidelines with resources for practitioners on how to teach specific skills and topics within comprehensive sexuality education connected to the National Sex Education Standards to early learners, pre-teens, teens, and young adults.

Rationale

Inclusive Postsecondary Education Programs

Inclusive postsecondary education (IPSE) programs are college initiatives that support students with intellectual and developmental disability (IDD) in accessing higher education alongside their peers without disabilities (Grigal et al., 2012). IPSE programs emerged as higher education has become a recognized pathway to greater independence, employment, and community inclusion for individuals with IDD (Hart et al., 2006). A major catalyst for IPSE program growth was the Higher Education Opportunity Act of 2008, which enabled students with IDD to access federal financial aid for approved programs. This legislation defined Comprehensive Transition Programs (CTPs) and funded model demonstration Transition and

Postsecondary Programs for Students with Intellectual Disabilities (TPSIDs) to expand inclusive college options (Grigal et al., 2024a, 2024b; Higher Education Opportunity Act of 2008, 2008).

As a result, the number of IPSE programs has rapidly expanded, with 348 programs identified by Think College as serving students with IDD across the United States as of October 2024 (Think College, n.d.b). Typically, these programs offer non-degree certificates and provide supports and experiences that maximize students' inclusion into typical campus life (Grigal et al, 2012). The overarching purpose of IPSE is to provide individuals with IDD the opportunity to continue their education, develop career readiness and workplace success skills, learn strategies for living independently, engage socially in the campus community, and build self-determination (Grigal et al., 2024a, 2024b). Importantly, IPSE programs emphasize "dignity of risk," recognizing that individuals with IDD should have the same opportunities as their peers to make choices, take risks, and learn from their life experiences. By supporting these opportunities, programs honor autonomy and personal growth, promoting student empowerment and authentic inclusion (Bumble et al., 2021; Perske, 1972).

While IPSE programs encompass a wide variety of implementation models (e.g., fully inclusive individual supports, separate cohort models, hybrid approaches), they share a common commitment to inclusive experiences, where students with IDD participate in classes, activities, and campus life with their peers without disabilities (Grigal et al., 2012; Hart et al., 2006). Research has demonstrated that participation in an IPSE program yields positive outcomes; for example, graduates of IPSE programs have significantly higher rates of employment and earnings than their peers with IDD who did not attend college (Grigal et al., 2024a, 2024b; Migliore et al., 2009).

IPSE programs typically offer support and learning opportunities across five key domains: (a) academics, (b) career development and employment, (c) independent living, (d) social and community engagement, and (e) personal development and self-determination (Grigal et al., 2012; Plotner & Marshall, 2015). While skill development related to career, academics, and independent living is emphasized (Grigal et al., 2024a, 2024b), building interpersonal relationships and acquiring social skills are also linked to desired outcomes (Jones & Goble, 2012). These overlapping domains reflect the comprehensive needs of students with IDD as they transition to adult life. As IPSE programs continue to develop, model program standards for accreditation have been established, calling for a formal program of study that includes academics, work-based learning, and additional experiences that support social development, self-determination, and independent living skills (May, 2023; National Coordinating Center Accreditation Workgroup and Inclusive Higher Education Accreditation Council, 2024).

Academics

Access to college courses and postsecondary learning is a core tenet of IPSE programs. Students in IPSE programs enroll in university courses to pursue career-related knowledge and individual interests. The academic component includes inclusive lecture courses, labs, and specialized seminars for students with IDD offered by the IPSE program on topics like college success skills (Becht et al., 2020a, 2020b; Grigal et al., 2012). The academic domain supports students with IDD in knowledge acquisition and provides opportunities to engage intellectually with peers without disabilities while earning a certificate. Participation in authentic, inclusive academic courses promotes growth in reading, writing, problem-solving, and general knowledge (Becht et al., 2020a, 2020b; Grigal et al., 2024a, 2024b). Academic inclusion is also mandated by federal CTP requirements, which emphasize that students must be socially and academically

integrated on campus to the maximum extent possible (Higher Education Opportunity Act of 2008, 2008). The academic component of IPSE programs helps students with IDD learn how to learn in a postsecondary environment while broadening their educational attainment.

Career Development and Employment

IPSE programs place a strong emphasis on career development, vocational training, and employment participation. Students with IDD engage in work-based learning through internships, job shadowing, and on-campus work assignments as part of their IPSE program enrollment. Coursework on career planning, job search skills, and workplace etiquette is also embedded as students develop resumes, practice interviewing, and explore various fields through internships or volunteering. Career development is a core area as students with IDD prepare for meaningful employment and financial self-sufficiency. IPSE programs provide students with IDD opportunities to hone their job skills, gain work experience, and make connections with employers and employment services (Grigal et al., 2023; Roberts & Dukes, 2024; Zhang et al., 2023).

Independent Living

Many IPSE programs offer or require classes and individualized training in areas such as personal finance and budgeting, time management, cooking and nutrition, personal hygiene and health, navigating transportation, and technology use (Burke et al., 2024; Zhang et al., 2023). Additionally, IPSE programs often have residential components where students may live in dormitories or campus apartments, providing an immersive experience for practicing independent living skills like doing the laundry, cleaning, grocery shopping, and self-care routines. For programs without a residential option, commuter students still have opportunities to practice independent living skills through campus life, such as managing their schedule,

navigating campus, or using public transportation. IPSE programs often provide individuals with IDD their first opportunities to exercise autonomy over their daily routines. By IPSE program completion, students have ample opportunities to gain confidence and competence in managing their lives as independently as possible.

Social and Community Engagement

IPSE programs provide students with IDD opportunities to participate in campus clubs, organizations, events, and other aspects of a typical collegiate social life. Students often join recreational activities, attend sporting events, and interact with a wide circle of peers. Many IPSE programs utilize peer supports (i.e., other college students without IDD) to help students with IDD integrate into the campus community. Aiming to foster genuine friendships and a sense of belonging on campus, social inclusion yields benefits such as improved communication skills, self-confidence, and interpersonal relationships (Roberts & Dukes, 2024; Zhang et al., 2023). Opportunities for social and community engagement help students with IDD integrate into campus life as typical college students.

Personal Development and Self-Determination

Underpinning the other four domains is a focus on personal growth, self-advocacy, and self-determination. Self-determination is linked to better adult outcomes (Powers et al., 2012; Shogren et al., 2013; Wehmeyer & Palmer, 2003). IPSE programs explicitly teach skills related to self-determination through opportunities for students with IDD to learn to set their own goals, make choices about their daily lives, understand their strengths and limitations, and advocate for themselves. IPSE environments provide ample opportunities for students to practice decision-making (e.g., deciding which courses to take, planning how to spend their free time, determining when to disclose their disability to others). Gains in self-confidence and autonomy are common

for graduates of IPSE programs as they have learned soft skills such as emotional regulation and stress management (Burke et al., 2024; Zhang et al., 2023). The emphasis on autonomy is closely aligned with the principle of "dignity of risk," which affirms the right to make decisions and take personal ownership (Bumble et al., 2021; Perske, 1972). IPSE programs promote opportunities for personal growth through trial and error while supporting students with IDD as they navigate the other domains with increased confidence and independence. In IPSE programs, students with IDD are provided opportunities to be in charge of their college experience and future goals rather than being passive recipients of services.

The Missing Piece: Sexuality and Relationship Education

While IPSE programs have made great strides in academics, career training, and independent living, a critical area that has historically received less attention for individuals with IDD is sexuality and relationship education (SRE). Formal instruction and support related to students' romantic or intimate relationships have often been overlooked or minimal in these programs. As a result, students with IDD graduating from IPSE programs may secure a certificate and a job, yet they likely lack preparation for managing adult relationships, intimacy, or sexual health. This lack of focus on SRE represents a significant gap that could undermine the broader mission of IPSE programs.

Systemic reasons contribute to this gap as disability services and education programs have viewed SRE primarily through a lens of risk and protection. For decades, individuals with IDD have been stereotyped as either asexual or incapable of controlling their sexual impulses, leading to the denial or control of opportunities for relationships and intimacy (Esmail et al., 2010; Pownall et al., 2012). In K-12 special education settings, comprehensive sex education is rarely provided, and this trend has continued within IPSE programs, where staff often felt

unequipped or uneasy addressing these topics (Stinnett et al., 2021; Stinnett & Plotner, 2023; Thorpe & Oakes, 2019).

Students with IDD deserve the same opportunity to explore this aspect of the college experience; furthermore, access to SRE is a basic human right. Research shows that people with IDD are at a significantly higher risk of sexual abuse and exploitation (Black & Kammes, 2019; Dukes & McGuire, 2009). Teaching students with IDD about their rights in relationships, identifying healthy versus unhealthy behaviors, and practicing consent and asserting boundaries has been proven to reduce victimization (Schaafsma et al., 2015; Swango-Wilson, 2011). SRE aligns directly with the broader goals of IPSE programs to prepare students with IDD for full adult lives in the community. By failing to implement SRE, IPSE programs risk falling short in preparing students for the full range of adult experiences. In fact, the Arc's position statement on sexuality notes that the long-held assumption of asexuality and a denial of rights "has negatively affected people with intellectual disability in gender identity, friendships, self-esteem, body image and awareness, emotional growth, and social behavior" (The Arc, 2021). A more modern approach to teaching about relationships and intimacy focuses on rights, dignity, and person-centered support. The joint position of the American Association on Intellectual and Developmental Disabilities (AAIDD) and The Arc states, "Every person has the right to exercise choices regarding sexual expression and social relationships. The presence of an intellectual or developmental disability, regardless of severity, does not, in itself, justify loss of rights related to sexuality" (The Arc, 2021). This affirming stance highlights that people with IDD have the same rights to sexual expression and relationships as any other adult.

What is Comprehensive Sexuality and Relationship Education?

Comprehensive sexuality education (CSE) is commonly defined as "a lifelong process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy" (SIECUS, 2004). While various terms are used to describe what is often colloquially referred to as "sex ed" (e.g., sexual health education, reproductive health education, relationships and sex education, abstinence education, family planning education), "comprehensive sexuality education" has become a widely accepted term for communicating the full scope, values, and intentions of this topic. CSE programs in K-12 schools cover a broad range of topics, including anatomy and reproductive health, puberty and human development, contraception and STI prevention, healthy relationships and communication, consent and boundaries, and sexual orientation and gender identity. The term "comprehensive" means that the curriculum should be inclusive of all students, encompassing all genders and sexual orientations, culturally sensitive, and emphasize the diversity of student experiences. It also means that education is medically accurate and based on evidence, not fear or shame.

By adding "relationship" to this term, creating "comprehensive sexuality and relationship education" (CSRE), the importance of learning how to form and navigate relationships (e.g., friendships, family relationships, romantic relationships, intimate relationships) is underscored as equally vital to the more physiological topics. CSRE is a rights-based, medically accurate approach to teaching about identity, relationships, sexual and reproductive health, and interpersonal skills encompassing a range of topics including anatomy, boundaries, consent, communication, decision-making, dating, healthy relationship dynamics, and sexual orientation and gender identity. In the context of IPSE programs, CSRE emphasizes both sexuality

education (i.e., CSE) and relationship skills development to provide students with IDD access to knowledge and skills to make informed choices about their bodies, relationships, and personal identities. CSRE inherently affirms "dignity of risk," self-determination, and personal autonomy.

CSRE is more than a supplement to existing IPSE frameworks; it is an extension of the established domains. Academically, CSRE content fosters engagement and supports growth in literacy, critical thinking, and communication skills as students with IDD engage with material through activities like group discussions, scenarios, and assignments. In terms of employment, CSRE prepares students to recognize professional boundaries and respond to potential harassment as they enter workplaces and community spaces. Within the independent living domain, CSRE supports knowledge and skill-building related to managing online safety, personal hygiene, privacy, and health. Through social and community engagement, CSRE helps students form friendships, resolve conflict, and understand social dynamics, enhancing their sense of belonging. Finally, as a cornerstone of personal development and self-determination, CSRE emphasizes rights, choice-making, and identity development as students practice real-world decision-making and gain confidence in acting on their values and personal boundaries.

Although IPSE programs for students with IDD focus programmatic experiences on outcomes that include the quality of life of this population (Grigal et al., 2012), CSRE is inconsistently addressed. While a majority of IPSE programs provide proactive support in building romantic relationship knowledge, support related to sexual activity knowledge is often provided reactively (Stinnett et al., 2021). Additionally, most IPSE program staff members have received inadequate professional development related to building students' romantic relationships and sexual activity knowledge (Stinnett & Plotner, 2023). Despite growing interest and implementation, there is little consensus on what constitutes a CSRE framework for

individuals with IDD in IPSE settings. Without such a framework, CSRE remains a missing piece in IPSE implementation, regardless of its connection to the existing domains.

The Need for CSRE Standards and Frameworks in IPSE Programs

Despite the clear importance of CSRE for students with IDD in IPSE programs, there is a lack of formal standards or guidelines at the postsecondary level. Unlike with K-12 education, where national guidance exists, there is currently no standardized curriculum or requirements for CSRE in IPSE settings. There is also no accrediting body that mandates CSRE as a component of IPSE, so practices vary widely. In fact, recent research with IPSE program staff has revealed that most programs implement education reactively and lack policies and training related to students' health questions (Stinnett et al., 2021; Stinnett & Plotner, 2023; Thorpe & Oakes, 2019). With growing awareness of the importance of CSRE, a framework can be built by drawing on existing standards and best practices from K-12 education and disability services.

The National Sex Education Standards (NSES), first released in 2012 and then updated in 2020, provide a clear, grade-banded set of learning outcomes for K-12 students (Future of Sex Education Initiative, 2012, 2020). Developed by a coalition of experts, the NSES standardizes what students should know by certain ages, highlighting not only traditional topics (e.g., anatomy, puberty, HIV prevention) but also emphasizing consent, healthy relationships, 2SLGBTQIA+ inclusivity, and media literacy in sexuality. These standards include the following domains: a) Consent and Healthy Relationships, (b) Anatomy and Physiology, (c) Puberty and Adolescent Sexual Development, (d) Gender Identity and Expression, (e) Sexual Orientation and Identity, (f) Sexual Health, and (g) Interpersonal Violence (Future of Sex Education Initiative, 2020). The NSES can be adapted as a guide for IPSE programs to build on and ensure that students can actually demonstrate the skills embedded within these standards. The NSES also

integrates practice opportunities with communication and decision-making, which can be adapted for students with IDD in IPSE programs.

In addition, the Centers for Disease Control and Prevention's ([CDC], 2022) 22 Essential Topics identify priority areas associated with sexual health: (a) *how HIV and other STDs are transmitted*, (b) *health consequences of HIV, other STDs, and pregnancy*, (c) *benefits of being sexually abstinent*, (d) *how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy*, (e) *influences of family, peers, media, technology, and other factors on sexual risk behaviors*, (f) *communication and negotiation skills*, (g) *goal-setting and decision-making skills*, (h*) influencing and supporting others to avoid or reduce sexual risk behaviors*, (i) *efficacy of condoms*, (j) *importance of using condoms consistently and correctly*, (k) *how to obtain condoms*, (l) *how to correctly use a condom*, (m) *methods of contraception other than condoms*, (n) *importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy*, (o) *how to create and sustain healthy and respectful relationships*, (p) *importance of limiting the number of sexual partners*, (q) *preventive care that is necessary to maintain reproductive and sexual health*, (r) *how to communicate sexual consent between partners*, (s) *recognizing and responding to sexual victimization and violence*, (t) *diversity of sexual orientations and gender identities*, (u) *how gender roles and stereotypes affect goals, decision-making, and relationships*, and (v) *the relationship between alcohol and other drug use and sexual risk behaviors* (CDC, 2022). In the absence of a formal framework for IPSE settings, the NSES and CDC's 22 Essential Topics offer clear, research-based standards or topics that can serve as the foundation for evaluation and alignment tools to assess what CSRE content is currently being taught, where gaps exist, and how CSRE aligns with the broader goals of IPSE programs.

This dissertation aims to address the gap in research and practice related to CSRE for students with IDD in IPSE settings. First, Chapter Two explores the implementation of CSRE and the importance of topics included in IPSE settings, drawing upon the CDC's 22 Essential Topics and the NSES. Specifically, the survey investigates (a) how programs support students in building knowledge related to sexuality and healthy relationships, (b) what topics programs identify as important related to sexuality and healthy relationships, and (c) what domains programs report including in their CSRE instruction. Next, Chapter Three presents findings from interviews with IPSE staff, investigating the challenges and successes of delivering CSRE in IPSE programs. Analysis explores (a) how participants described their experiences implementing CSRE, (b) the barriers and facilitators identified during delivery of CSRE, and (c) professional development, training opportunities, or other support needed for successful implementation of CSRE. Chapter Four presents a practitioner guide on resources and strategies for teaching the domains related to the NSES across various developmental stages. Finally, Chapter Five presents a comprehensive discussion of how each of these pieces fits into the existing literature and how my future research will continue to explore the larger questions of how to best implement CSRE for individuals with IDD in IPSE programs.

Chapter 2. Survey

In this chapter, I present the findings from a national survey on the instructional practices used by inclusive postsecondary education programs for college students with intellectual and developmental disability. This paper includes an introduction, a detailed description of the methods, a description of the results, and a discussion of the findings.

Abstract

Postsecondary education options have expanded significantly for students with intellectual and developmental disability (IDD), providing opportunities for academic, social, and personal growth. However, the provision of comprehensive sexuality and relationship education (CSRE) within these settings remains inconsistent and understudied. This national survey of inclusive postsecondary education (IPSE) programs investigates who provides instruction, what content and curricula are utilized, and how instruction aligns with the National Sex Education Standards. Findings reveal significant variability in delivery methods and a prevalent reliance on curricula not specifically designed for IPSE contexts. Furthermore, the study identifies notable discrepancies between the perceived importance of key sexuality and healthy relationship topics and the implementation of specific instructional domains. These discrepancies underscore the need for tailored, evidence-based curricula that center on the rights, identities, and lived experiences of college students with IDD. The findings highlight crucial implications for practice, research, and policy aimed at expanding and improving CSRE within IPSE environments.

Comprehensive Sexuality and Relationship Education in Inclusive Postsecondary Education for College Students with Intellectual and Developmental Disability: A National Survey of Implementation and Perceived Importance

Over the past two decades, opportunities for students with intellectual and developmental disability (IDD) to access inclusive postsecondary education (IPSE) programs have expanded significantly across the United States. Think College, a national technical assistance, research, and evaluation center, reports that over 300 programs now support students with IDD to meaningfully participate in academic, social, and career development experiences on college campuses (Think College, n.d.b). These programs are designed to promote growth across four key domains: academic learning, competitive integrated employment, independent living, and social development (Grigal et al., 2019; Think College, n.d.a). As students transition into IPSE settings, they navigate the same milestones as their peers, including growing friendships, exploring their identity, and navigating romantic or intimate relationships. However, they often face barriers to fully accessing education and support in these areas due to stigma, ableism, and limited instruction (Travers et al., 2014). Inclusive college environments through IPSE programs represent a critical setting for building self-determination, personal identity, and meaningful social connections for students with IDD.

Students with IDD in IPSE settings require holistic support, not only academically, but also as individuals navigating autonomy, identity, and relationships. The concept of "dignity of risk" asserts that all individuals have the right to make choices, even those involving potential mistakes or discomfort, as they are essential parts of adulthood and personal growth (Perske, 1972; Rooney-Kron et al., 2022). In IPSE programs, students with IDD are increasingly navigating social relationships, identity development, and autonomy; as Bumble et al. (2021)

emphasize in their *Messy Inclusion* framework, fostering inclusion in higher education means recognizing students' rights to experience not only success, but also challenge, complexity, and risk. This holistic approach should include domains like friendships, dating, and sexuality. Without access to comprehensive, inclusive, and developmentally appropriate sexuality and healthy relationship education, students with IDD in IPSE programs are left to navigate adult experiences without the knowledge or tools to make informed choices. This lack of preparation does not eliminate risk; instead, it amplifies it. The absence of structured instruction leads to uninformed risk, making students more vulnerable to coercion, abuse, or misunderstanding of their rights and boundaries (Rooney-Kron et al., 2022; Smith-Hill et al., 2024). Ensuring "dignity of risk" in IPSE requires equipping students with the education they need to navigate adult relationships safely and confidently.

With the rapid growth of IPSE programs, there is a limited understanding of what comprehensive sexuality and relationship education (CSRE) currently looks like across these settings. Students with IDD enter college with many of the same developmental needs and goals as their peers, including the desire for connection, forming relationships, exploring their identities, and building autonomy through lived experiences in adulthood (McCann et al., 2019; Travers et al., 2014). Yet, research indicates that while some programs incorporate elements of CSRE, many either avoid the topic entirely or respond to it only reactively, often framing sexuality through a lens of safety, risk prevention, or even staff discomfort rather than through affirming or rights-based approaches (Stinnett et al., 2021; Stoffers et al., 2022). Inconsistent delivery is common and frequently shaped by institutional policy or individual staff attitudes, rather than student voice or developmental appropriateness (Paulauskaitė et al., 2022). Gaps in

research and practice underscore a critical need to understand the current state of CSRE in IPSE settings.

Individuals with IDD have the same rights and desires for sexual expression, romantic relationships, and personal intimacy as their peers without disabilities (Chrastina & Večeřová, 2018; McCann et al., 2019). However, access to CSRE has historically been restricted for this population or been framed through a lens of protection and risk avoidance, often focused on limiting behavior rather than supporting knowledge acquisition and autonomy (Dukes & McGuire, 2009; Schaafsma et al., 2015). This lack of education can lead to misconceptions about sexual health, an increased risk of exploitation or coercion (Estruch-García et al., 2024), and the widespread dissemination of misinformation and internalized stigma. Much of the existing research on CSRE for individuals with IDD focuses on the K-12 school system. Studies have found that CSRE in these settings is limited, inconsistent, and overly protective (Stoffers et al., 2022; Travers et al., 2014). In many schools, CSRE for students with IDD is either absent, reduced to a focus on abstinence, or focused on the importance of safety. As a result, many individuals with IDD leave secondary settings with little formal instruction in areas related to sexuality and healthy relationships, creating knowledge gaps that persist into adulthood.

IPSE settings were developed to support growth in independence, autonomy, and social development, making them ideal for reinforcing real-world applications of relationship and sexual health concepts (Stinnett et al., 2021). However, very little research has explored how sexuality is addressed in IPSE settings. In one of the few studies to investigate this topic in this setting, Stinnett et al. (2021) found that many programs either avoid the topic altogether or approach it from a reactive, risk-based perspective. While some programs embed limited instruction into life skills courses or person-centered planning, few offer structured CSRE. Their

findings underscore the lack of intentionality in preparing students with IDD to navigate dating, identity, and sexual health during college.

This emerging gap in research and practice highlights an urgent need for an updated examination of CSRE in IPSE settings. Since most of the curricula created for this population were not developed with inclusive higher education settings or adult learners with IDD in mind, it is critical to examine the resources IPSE programs use to address teaching CSRE topics. Furthermore, little is known about who teaches it, how often it is taught, and what content is prioritized. Thus, the purpose of this study was to examine how IPSE programs for college students with IDD provide CSRE. Specifically, the study investigated: the instructional practices used by IPSE programs (including the curriculum, resources, and materials implemented); the individuals responsible for delivering instruction; and the contexts in which CSRE was offered (e.g., settings, timing, and delivery methods). Additionally, the study explored the extent to which IPSE programs aligned their instructional content with expert-identified topics by comparing the perceived importance of various CSRE topics to those actually implemented in practice. Three overarching research questions guided the study:

1. How do IPSE programs for students with IDD deliver CSRE? Specifically, what curriculum, materials, and resources are used; who provides the instruction; and in what settings and timeframes is the education offered?
2. How do IPSE program staff rate the importance of specific sexuality and relationship education topics, and which domains do they report including in their program's instruction?
3. How does the reported inclusion of certain domains compare to the perceived importance of sexuality and relationship education topics rated by program staff?

Method

This study used a survey research design to investigate how IPSE programs support students' acquisition of knowledge related to sexuality and healthy relationships. The research questions were designed to explore the instructional practices used by IPSE staff, specifically regarding the resources they used and the topics they included. The study aimed to document current instructional practices, including what was taught, how it was taught, by whom, and in what context. It also explored the alignment between staff perceptions of topic importance and the actual content included in programming.

The survey instrument was designed to gather comprehensive information from IPSE staff members across the United States about their program's implementation of CSRE. Specifically, the survey addressed (a) who provides CSRE, (b) what curricula, materials, and resources are used, (c) when and where CSRE is delivered, and (d) which topics are taught compared to those rated as important.

Participants

The targeted population for this study was program staff members who coordinate education and supports from each of the 348 (as of fall, 2024) IPSE programs for students with IDD. I used the college search tool from Think College (n.d.b), the national technical assistance, research, and evaluation center for higher education options for students with intellectual disability, as a database for gathering program information. Each program listed on the Think College search tool has an information page, direct links to the program's website, and provides a contact person with an accompanying email address.

I sent an email invitation through Qualtrics, using the program contact information from Think College (i.e., the email address from the program's contact information). The email

provided instructions for completing the survey and participating in the research study. I sent three additional follow-up emails to prompt non-responding participants. As an incentive, the first 100 participants to complete the survey could receive a $15 gift card.

In total, 74 program representatives responded out of the 348 programs contacted. After removing responses with more than 30% of the data missing or any missing data from the sixth and seventh sections of the survey, 58 survey responses were used for analysis. Of these, 49 programs reported providing services or instruction related to CSRE, but only 31 programs require IPSE students to participate in the sexuality and/or health curriculum. Only 20 of the respondents personally taught or provided the CSRE to students enrolled in their program. Table 1 includes summary statistics regarding individual demographics for the respondents.

Program and Institution of Higher Education Demographics and Characteristics

Table 2 presents summary statistics of program demographics and other characteristics of the IPSE programs surveyed. These include the program's size and length, residential options, number of students served, and disability labels of student participants. The majority of programs included students with IDD and Autism Spectrum Disorder (77.6%). In contrast, four programs (6.9%) exclusively served students with IDD, and nine programs (15.5%) included students with other primary disability labels. Table 3 provides summary statistics on the demographics and characteristics of the Institution of Higher Education (IHE) where the IPSE programs operate, including setting, type, student population, and geographical region. The represented institutions include technical, trade, and vocational programs, 2-year community or junior colleges, and 4-year colleges and universities, notably including 17 minority-serving institutions. All geographical regions of the United States are represented, along with both private and public institutions.

Table 1. *Respondent Demographics and Characteristics*

Demographic Category	*n**	%
Role in the IPSE Program		
Director	29	50
Associate Director	4	6.9
Staff Member	5	8.6
Program Coordinator	14	24.1
Graduate Assistant	1	1.7
Other (e.g., Program Manager, Instructor, Faculty Liaison)	5	8.6
Years Employed in Current Role		
< 1 year	6	10.3
1-5 years	31	53.4
6-9 years	13	22.4
10 < years	8	13.8
Highest Degree Received		
Bachelor's	7	12.1
Master's	33	56.9
Professional (i.e., Ed.S.)	2	3.4
Doctorate	16	27.6
Years of Experience Working with People with Disabilities		
1-5 years	7	12.1
6-9 years	14	24.1
10 < years	37	63.8

*n = 58.

Table 2. *IPSE Program Demographics and Characteristics*

Demographic Category	*n**	%
Length of Program's Existence		
< 1 year	2	3.4
1-5 years	17	29.3
6-9 years	11	19.0
10 < years	28	48.3
Primary Length of Program		
4 years	19	32.8
3 years	12	20.7
2 years	21	36.2
1 year	1	1.7
Other (e.g., 2- or 4-year options, indefinite)	5	8.6
Residential Options Offered		
Inclusive On Campus	29	50
Specialized On Campus	8	13.8
Inclusive Off Campus	21	36.2
Specialized Off Campus	6	10.3
Approximate Number of Students Served Per Year		
1-10 students	13	22.4
11-20 students	23	39.7
21-30 students	9	15.5
31-40 students	8	13.8
41-50 students	1	1.7
51-60 students	2	3.4
61 < students	2	3.4

Table 2. *Continued*

Demographic Category	*n**	%
Number of Paid Staff Supporting the Program		
1 staff member	2	3.4
2-5 staff members	35	60.3
6-10 staff members	15	25.9
10 < staff members	6	10.3
Disability Categories Served		
Intellectual/Developmental Disability Only	4	6.9
Intellectual/Developmental Disability and Autism	45	77.6
Intellectual/Developmental Disability, Autism, and Other (i.e., Learning Disability, Other Health Impairment, Mental Health Diagnosis)	9	15.5

Note. For Residential Options Offered, participants could select multiple response options; therefore, percentages may exceed 100%.
**n* = 58.

Table 3. *Institution of Higher Education Demographics and Characteristics*

Demographic Category	*n**	%
Setting of the Institution of Higher Education		
Urban	25	43.1
Suburban	24	41.4
Rural	9	15.5
Status of the Institution of Higher Education		
Public	50	86.2
Private	8	13.8
Type of Institution of Higher Education		
Technical, trade, or vocational school	3	5.2
2-year community college or junior college	9	15.5
4-year college or university	45	77.6
Other (e.g., independent)	1	1.7
Minority Serving Institution Status		
Yes	17	29.3
No	41	70.7
Student Population of the Institution of Higher Education		
< 5,000 students	17	29.3
5,001 to 15,000 students	13	22.4
15,001 < students	28	48.3
Geographical Region and Location of the Institution of Higher Education		
West	7	12.1
Southwest	10	17.2
Midwest	9	15.5
Southeast	17	29.3

Table 3. *Continued*

Demographic Category	*n**	%
Geographical Region and Location of the Institution of Higher Education		
Northeast	15	25.9

**n* = 58.

Instrument

A researcher-developed survey instrument was utilized for this study. The survey was developed by a doctoral candidate with extensive quantitative research training and nearly a decade of experience supporting individuals with IDD. For the past four years, they have served as an instructor within an inclusive IPSE program, including two years teaching a sexuality and healthy relationship education course. The survey's creation was supervised by an assistant professor and an assistant research professor in the special education program. The instrument was informed by existing literature surrounding CSRE for individuals with disabilities and aligned with the National Sex Education Standards (NSES; Future of Sex Education Initiative, 2020), a framework outlining the core content and skills necessary for comprehensive K-12 sex education. Before its distribution, seven experts in the field of Special Education, with substantial experience in IPSE programs, transition and self-determination, and sex education for individuals with disabilities, reviewed the instrument to ensure its effectiveness in addressing the research questions. Feedback concerning item clarity, coverage of CSRE, and recommendations for the inclusion of additional concepts were gathered via Qualtrics using a dedicated survey feedback form (see Appendix A). Additionally, two graduates from IPSE programs were consulted to inform the inclusion of additional CSRE topics, ensuring topics identified as essential by individuals with IDD were captured within the survey instrument.

The 58-item survey consists of seven sections (see Appendix B for the full survey). The first section includes five items collecting respondent demographic information, specifically,

their role within the IPSE program, time employed in that role, highest level of education completed, and years of experience working with people with disabilities. The second section consists of six questions pertaining to the IPSE program characteristics, including the program's length of existence, the number of years an enrolled student could participate in the program (i.e., 4 years, 3 years, 2 years, 1 year, or other), residential options offered as identified by Think College (i.e., inclusive on campus, specialized on campus, inclusive off campus, or specialized off campus), disability categories served (i.e., IDD, autism, and/or other), overall program size by number of students enrolled per cohort, and the number of support staff serving the program. Similarly, the third section contains six items to capture the Institution of Higher Education (IHE) demographics, including geographic location, population setting (i.e., urban, suburban, rural), type of IHE (e.g., community college, trade or technical school, 4-year university), minority-serving institution status, overall IHE student population, and public or private designation. All demographic information is reported above in Tables 1, 2, and 3.

Following the demographics sections, section four consists of seven items focusing on how, where, and when CSRE services or instruction are provided within IPSE programs, and who is responsible for delivering the instruction. Items in this section ascertain whether CSRE is required or determined individually. It also identifies if CSRE is included in student onboarding or orientation, and how instruction is typically delivered (i.e., individually, in small group or cohort formats, program-wide, university-wide). Respondents report on the typical timing of their CSRE instruction (i.e., once per year, multiple times per year, as needed) and where this instruction takes place within the program (i.e., embedded in program-specific course, through campus-wide courses, special events, person-centered planning). Finally, this section includes

the personnel involved in providing CSRE instruction, with options including program staff, university personnel, social workers, graduate students, and peers with or without disabilities.

Section five includes four items designed to explore the curriculum, supplemental materials, and resources (e.g., websites, video series) utilized by programs for CSRE instruction. Respondents identified formal curricula from a provided list of commonly recognized programs (e.g., PEERS, Elevatus, Positive Choices, Circles), with an option to indicate additional curricula used. A separate item focuses on the use of supplemental materials, such as handouts or worksheets, activities (including role-playing), videos or podcasts, and physical models (e.g., line drawings, anatomical models). The final item in this section presents a list of online resources and multimedia content (e.g., Advocates for Youth, AMAZE.org, Sex Talk for Self-Advocates Webinar Series) to determine which, if any, digital tools and platforms were incorporated in the IPSE program's CSRE delivery. All items in this section use a "Yes/No" response format, with open-ended fields available for participants to identify unlisted materials.

In section six, 29 items are used to rate the importance of specific CSRE topics using a 4-point Likert-type scale ranging from "Not at All Important" to "Very Important." This section includes the 22 essential sexual health topics identified by the Centers for Disease Control and Prevention (2022) as components of effective education. These topics encompass: (a) *how HIV and other STDs are transmitted*, (b) *health consequences of HIV, other STDs, and pregnancy*, (c) *benefits of being sexually abstinent* , (d) *how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy*, (e) *influences of family, peers, media, technology, and other factors on sexual risk behaviors*, (f) *communication and negotiation skills,* (g) *goal-setting and decision-making skills*, (h) *influencing and supporting others to avoid or reduce sexual risk behaviors,* (i) *efficacy of condoms*, (j) *importance of using condoms*

consistently and correctly, (k) *how to obtain condoms*, (l) *how to correctly use a condom*, (m) *methods of contraception other than condoms*, (n) *importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy*, (o) *how to create and sustain healthy and respectful relationships,* (p) *importance of limiting the number of sexual partners*, (q) *preventive care that is necessary to maintain reproductive and sexual health*, (r) *how to communicate sexual consent between partners,* (s) *recognizing and responding to sexual victimization and violence*, (t) *diversity of sexual orientations and gender identities*, (u) *how gender roles and stereotypes affect goals, decision-making, and relationships*, and (v) *the relationship between alcohol and other drug use and sexual risk behaviors* (Centers for Disease Control and Prevention, 2022). Additionally, the same 4-point Likert-type scale is used to rate the importance of seven supplementary CSRE topics identified through research literature (Pratt et al., 2025) and the experts consulted during survey development: a) *masturbation, self-pleasure, or pornography*, b) *genital hygiene*, c) *sexual and reproductive rights*, d) *dating etiquette*, e) *online dating, social media, and internet safety*, f) *getting married*, and g) *being pregnant, giving birth, or raising children*.

The seventh and final section of the survey instrument contains one item that requires participants to indicate whether the CSRE used in their program addresses each of the seven NSES domains: Anatomy and Physiology; Puberty and Adolescent Sexual Development; Gender Identity and Expression; Sexual Orientation and Identity; Sexual Health; Consent and Healthy Relationships; and Interpersonal Violence. For each domain, participants respond using a "Yes" or "No" format, reflecting the extent to which the content is incorporated into their program's CSRE practices. This section includes the definition of each NSES domain as provided in Table 4.

Procedures

We obtained approval to conduct this study from the University of Oklahoma's Institutional Review Board (IRB). The survey instrument was uploaded and disseminated through Qualtrics. An email containing a link to the survey was sent to the sample of program staff identified by the Think College search tool (Think College, n.d.b). As an incentive, respondents were offered the chance to be entered into a drawing for a gift card upon completing the survey. To further boost the response rate, we sent three reminder emails at approximately two, four, and six-week intervals following the initial request to participants who had not yet completed the survey.

Data Analysis

Data collected via Qualtrics were converted to SPSS Statistical Software for analysis. Given the exploratory nature of this study, we primarily used descriptive statistics to identify the types and frequency of CSRE provided by IPSE programs to students with IDD. To address the first research question, we analyzed data to determine how, when, and where CSRE instruction was provided, who was responsible for delivering the instruction, and what curricula, resources, and materials were used. We calculated frequencies and percentages for all categorical items within these sections.

To answer the second research question, we calculated descriptive statistics, including frequencies and percentages, to examine perceived importance ratings for each CSRE topic based on responses to a Likert-type scale. Additionally, we calculated frequencies and means to assess implementation of the NSES across programs based on participants' yes/no responses regarding whether they addressed specific standards within their program.

Table 4. *NSES Domain Definitions*

Standard Topic	Definition
Consent and Healthy Relationships	Outlines the functional knowledge and essential skills students need to successfully navigate changing relationships among family, peers, and partners. Special emphasis is given to personal boundaries, bodily autonomy, sexual agency and consent, and the increasing use and impact of technology within relationships.
Anatomy and Physiology	Outlines the functional knowledge students need to understand basic human functioning.
Puberty and Adolescent Sexual Development	Outlines the functional knowledge and essential skills students need to understand pivotal milestones for every person that impact physical, social, and emotional development, and that sexual development is normal and healthy.
Gender Identity and Expression	Outlines the functional knowledge and essentials skills students need to address fundamental aspects of people's understanding of who they are as it relates to gender, gender identity, gender roles, and gender expression as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations, and the importance of advocating for safety and equity.
Sexual Orientation and Identity	Outlines the functional knowledge and essentials skills students need to address fundamental aspects of people's understanding of who they are as it relates to sexual orientation and identity as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations and the importance of advocating for safety and equity.
Sexual Health	Outlines the functional knowledge and essential skills students need to understand STDs and HIV, including how they are prevented and transmitted, their signs and symptoms, and testing and treatment; how pregnancy happens, decision-making to avoid a pregnancy, and pregnancy prevention and options; and the personal and societal factors that influence sexual health decision-making and outcomes.
Interpersonal Violence	Outlines the functional knowledge and essential skills students need to understand interpersonal and sexual violence, including prevention, intervention, resources, and local services; emphasizes the need for a growing awareness, creation, and maintenance of safe school and community environments for all students.

Note. These definitions are copied directly from Future of Sex Education Initiative (2020).

To address the third research question, we used data from the second research question to examine potential gaps between perceived importance and actual instruction. Specifically, we compared importance ratings with reported implementation to identify discrepancies between what program staff viewed as important and what was actually being taught. We conducted independent samples t-tests using SPSS (Version 30) to determine if there were statistically significant differences in the perceived importance of the 29 identified CSRE topics based on whether programs reported including instruction on one of the seven NSES or not. Participants were grouped based on whether their program reported instruction in a given NSES domain, and we compared the mean importance ratings for each of the 29 topics between those who did and did not report implementation. For each comparison, Levene's Test for Equality of Variances assessed the assumption of homogeneity of variance (Levene, 1960). If Levene's test was statistically significant ($p < .05$), we used an independent samples t-test; however, if Levene's test was violated, we used a Welch T-test (Welch, 1947) to determine if there was a significant difference in the means. All t-tests were two-tailed, and we evaluated statistical significance at the .05 alpha level. The research team ensured data met all necessary assumptions prior to data analysis, including the absence of significant data outliers and normal distribution.

Results

Research Question 1

Research question 1 aimed to understand how IPSE programs deliver CSRE to college students with IDD. Specifically, this involved analyzing who provides the instruction, what curricula and materials are used, and the settings and frequency with which CSRE is implemented across programs.

Frequency and Context of Education

Overall, the frequency and context in which IPSE programs provide CSRE to college students with IDD vary significantly. While the majority of programs reported using small group or cohort-based instruction (58.6%) and embedding content within IPSE-provided courses (69.0%), other delivery formats were also prevalent. Notably, 63.8% of programs indicated offering individualized instruction through person-centered planning, and 39.7% incorporated program-specific events.

Regarding frequency, over half of the programs (53.4%) provide CSRE multiple times per year, often in a recurring course format. In contrast, 17.2% offer it only once, and 10.3% provide it annually. Another 17.2% reported delivering CSRE individually as needed. Program staff members are the most common service providers (75.9%), followed by IHE staff and faculty (44.8%), graduate students (22.4%), and outside experts (e.g., medical professionals and other campus-wide partners; 19.0%). Table 5 provides summary statistics on the frequency and context of CSRE implemented in programs.

Curriculum, Resources, and Instructional Practices

The curricula and educational methods used across IPSE programs also showed considerable variation. The four most frequently identified curricula used for CSRE were Elevatus (29.3%), PEERS (Program for the Education and Enrichment of Relational Skills; 24.1%), Positive Choices (19.0%), and Circles: Intimacy & Relationships (17.2%).

The most commonly utilized educational resources were the National Council on Independent Living YouTube Series (29.3%) and the Sexuality and People with Developmental Disabilities Video Series (22.4%), both of which prominently feature individuals with IDD discussing sexuality and healthy relationships topics. While physical models (e.g., detailed dolls,

Table 5. *Frequency and Context of* CSRE

Category	*n**	%
Group Type		
Individual sessions	9	15.5
Small group or cohort	34	58.6
Program-wide	11	19.0
University-wide	3	5.2
Frequency		
Once	10	17.2
Once per year	6	10.3
Multiple times per year (e.g., weekly in a course)	23	39.7
Individually when needed	10	17.2
Other	9	15.5
Location		
Course provided by the IPSE	40	69.0
Course provided by the IHE	12	20.7
Program-specific events	23	39.7
Individually (i.e., through person-centered planning)	37	63.8
Service Provider		
Program staff member	44	75.9
Graduate student	13	22.4
IHE staff	26	44.8
Social worker	12	20.7
Peers without disabilities	14	24.1
Peers with disabilities	4	6.9

Table 5. *Continued*

Category	*n**	%
Service Provider		
Other (i.e., experts in the field)	11	19.0

Note: One response was missing for Group Type. For Location and Service Provider, participants could select multiple response options; therefore, percentages may exceed 100%.
**n = 58.*

majority of programs reported using handouts or worksheets (79.3%), games or activities (e.g., role-playing, 74.1%), and videos or podcasts (74.1%) to support CSRE instruction. Table 6 provides summary statistics on the curriculum, educational resources, and supplemental materials employed by programs in teaching CSRE.

Research Question 2

Research question two aimed to identify how IPSE program staff rated the importance of various CSRE topics. Additionally, it summarized the frequency with which programs reported including content aligned with each of the seven NSES domains in their CSRE instruction or support.

Importance of Topics

A majority of respondents rated several topics as "Very Important", indicating their high perceived relevance across programs. These included *how to create and sustain healthy and respectful relationships* (91.4%), *how to communicate sexual consent between partners* (89.7%), *online dating, social media, and internet safety* (84.5%), and *communication and negotiation skills* (81.0%).

Additional topics received strong support, with most participants rating them as either "Important" or "Very Important." These topics include *goal-setting and decision-making skills* (98.2%), *recognizing and responding to sexual victimization and violence* (98.3%), *how to*

Table 6. *Curriculum and Resources*

Category	*n*	%
Curriculum		
PEERS (Program for the Education and Enrichment of Relational Skills)	14	24.1
Elevatus	17	29.3
Positive Choices	11	19.0
Circles: Intimacy & Relationships	10	17.2
Healthy Relationships & Autism	1	1.7
Living Your Life	1	1.7
Relationships Decoded	2	3.4
Safer Dating for Youth on the Autism Spectrum	1	1.7
Tackling Teenage Training	1	1.7
K-12 Sexuality Education Curriculum: Rights, Respect, Responsibility	5	8.6
Sex Ed for Self-Advocates	1	1.7
Friendships and Dating Program	1	1.7
SAFE (Safety Awareness for Empowerment)	1	1.7
Educational Resources		
Genderbread Person or Gender Unicorn	12	20.7
Advocates for Youth	10	17.2
Sex, etc. from Rutgers University	3	5.2
AMAZE.org	12	20.7
National Council on Independent Living YouTube Series	17	29.3
Your Sexual Health Toolkit	10	17.2
Sexuality and People with Developmental Disabilities Video Series	13	22.4
Sex Talk for Self-Advocates Webinar Series	4	6.9

Table 6. *Continued*

Category	*n*	%
Supplemental Materials		
Handouts or worksheets	46	79.3
Games or activities (e.g., role-playing)	43	74.1
Videos or podcasts	43	74.1
Physical models (e.g., detailed dolls, line drawings, diagrams)	26	44.8

Note. Participants could select more than one option in each category (Curriculum, Educational Resources, and Supplemental Materials); therefore, percentages may exceed 100%.

access valid and reliable sexual health information, products, and services (96.6%), *how HIV and STDs are transmitted* (94.8%), *health consequences of HIV, other STDs, and pregnancy* (94.8%), *how to correctly use a condom* (94.8%), *genital hygiene* (94.8%), and *sexual and reproductive rights* (89.7%).

Conversely, a few topics exhibited a wider range of responses, reflecting variation in perceived importance. First, the topic of *benefits of being sexually abstinent* was rated "Very Important" by 14 respondents (21.4%) but "Not at All Important" by 8 (13.8%). Similarly, *getting married* was considered "Very Important" by only nine programs (15.5%), while 22 (37.9%) rated it as either "Not at All Important" or "Slightly Important." The topic of *masturbation, self-pleasure, or pornography* also showed mixed responses, with 18 programs (31.0%) rating it as "Very Important" and 11 programs (19.0%) selecting the lower importance options of "Not at All Important" or "Slightly Important."

Of note, the two topics with the highest mean importance were *how to create and sustain healthy and respectful relationships* (M = 3.91) and *how to communicate sexual consent between partners* (M = 3.90). The two topics with the lowest mean importance were the *benefits of being*

sexually abstinent (M = 2.66) and *getting married* (M = 2.69). Table 7 provides the frequencies and percentages for each Likert-type scale response with each topic, as well as overall means.

Implementation of Topics

The rates of implementation of the NSES domains varied. The most frequently reported domain was Consent and Healthy Relationships, addressed by 47 programs (81.0%), suggesting a widespread prioritization of personal boundaries, bodily autonomy, sexual agency, and consent. Additionally, the Interpersonal Violence domain was addressed by a majority of programs (72.4%), which includes prevention as well as understanding resources and local services.

While more than half of the programs reported addressing the remaining domains (Anatomy and Physiology, Puberty and Adolescent Sexual Development, Gender Identity and Expression, Sexual Orientation and Identity, and Sexual Health), implementation was not consistent across all standards. There was a notable emphasis on topics related to relationships and safety, but an underrepresentation of the identity- and health-related domains. Table 8 provides summary statistics for the implementation rates of each of the NSES domains.

Research Question 3

Research question three examined the alignment between topics IPSE program staff rate as important and the NSES domains they reported as included in their instruction. This comparison aimed to identify discrepancies between perceived importance and actual implementation in CSRE delivery.

Comparison of the Importance of Topics to Actual Implementation

Independent-samples t-tests and Welch T-tests revealed significant differences across several topics. Table 9 provides specific quantitative results comparing the importance ratings

Table 7. *Importance Ratings of 29 Essential Topics*

Topic	Not at All Important		Slightly Important		Important		Very Important		Mean	Standard Deviation
	*n**	%	*n**	%	*n**	%	*n**	%		
How HIV and other STDs are transmitted	1	1.7	2	3.4	26	44.8	29	50.0	3.43	0.652
Health consequences of HIV, other STDs and pregnancy	1	1.7	2	3.4	18	31.0	37	63.8	3.57	0.652
Benefits of being sexually abstinent	8	13.8	18	31.0	18	31.0	14	24.1	2.66	1.001
How to access valid and reliable information, products and services related to HIV, other STDs and pregnancy	0	0.0	2	3.4	19	32.8	37	63.8	3.60	0.560
Influences of family, peers, media, technology, and other factors on sexual risk behaviors	0	0.0	5	8.6	23	39.7	30	51.7	3.43	0.652
Communication and negotiation skills	0	0.0	1	1.7	10	17.2	47	81.0	3.79	0.450
Goal-setting and decision-making skills	0	0.0	1	1.7	14	24.1	43	74.1	3.72	0.488
Influencing and supporting others to avoid or reduce sexual risk behaviors	0	0.0	5	8.6	25	43.1	28	48.3	3.40	0.647
Efficacy of condoms	1	1.7	4	6.9	23	39.7	30	51.7	3.41	0.702
Importance of using condoms consistently and correctly	1	1.7	4	6.9	18	31.0	35	60.3	3.50	0.707

Table 7. *Continued*

Topic	Not at All Important		Slightly Important		Important		Very Important		Mean	Standard Deviation
	*n**	%	*n**	%	*n**	%	*n**	%		
How to obtain condoms	1	1.7	2	3.4	25	43.1	30	51.7	3.45	0.654
How to correctly use a condom	1	1.7	2	3.4	25	43.1	30	51.7	3.52	0.655
Methods of contraception other than condoms	1	1.7	2	3.4	22	37.9	33	56.9	3.50	0.656
Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy	1	1.7	4	6.9	19	32.8	34	58.6	3.48	0.707
How to create and sustain healthy and respectful relationships	0	0.0	0	0.0	5	8.6	53	91.4	3.91	0.283
Importance of limiting the number of sexual partners	4	6.9	15	25.9	16	27.6	23	39.7	3.00	0.973
Preventive care that is necessary to maintain reproductive and sexual health	1	1.7	2	3.4	18	31.0	37	63.8	3.57	0.652
How to communicate sexual consent between partners	0	0.0	0	0.0	6	10.3	52	89.7	3.90	0.307
Recognizing and responding to sexual victimization and violence	0	0.0	1	1.7	11	19.0	46	79.3	3.78	0.460

Table 7. *Continued*

Topic	Not at All Important		Slightly Important		Important		Very Important		Mean	Standard Deviation
	*n**	%	*n**	%	*n**	%	*n**	%		
Diversity of sexual orientations and gender identities	2	3.4	5	8.6	22	37.9	29	50.0	3.34	0.785
How gender roles and stereotypes affect goals, decision-making and relationships	2	3.4	7	12.1	24	41.4	25	43.1	3.24	0.802
The relationship between alcohol and other drug use and sexual risk behaviors	0	0.0	6	10.3	21	36.2	31	53.4	3.43	0.678
Masturbation, self-pleasure, or pornography	3	5.2	8	13.8	29	50.0	18	31.0	3.07	0.814
Genital hygiene	1	1.7	2	3.4	21	36.2	34	58.6	3.52	0.855
Sexual and reproductive rights	1	1.7	5	8.6	16	27.6	36	62.1	3.50	0.731
Dating etiquette	0	0.0	1	1.7	18	31.0	39	67.2	3.66	0.515
Online dating, social media, and internet safety	0	0.0	1	1.7	8	13.8	49	84.5	3.83	0.425
Getting married	5	8.6	17	29.3	27	46.6	9	15.5	2.69	0.842
Being pregnant, giving birth, or raising children	3	5.2	9	15.5	23	39.7	23	39.7	3.14	0.868

Note. **n* = 58. Each participant rated every topic; therefore, the ns within a row sum to 58, and column totals should not be summed.

Table 8. *Implementation of NSES*

Standard	*n**	%
Anatomy and Physiology	35	60.3
Puberty and Adolescent Sexual Development	37	63.8
Gender Identity and Expression	34	58.6
Sexual Orientation and Identity	36	62.1
Sexual Health	37	63.8
Consent and Healthy Relationships	47	81.0
Interpersonal Violence	42	72.4

**n = 58*

for the 29 essential topics between programs that reported teaching each of the seven NSES and those that did not. Nonsignificant findings are not specifically addressed in this narrative due to the large number of tests conducted.

Anatomy and Physiology, Gender Identity and Expression, & Sexual Orientation and Identity. A Welch t-test was conducted to examine differences in perceived importance for the topic of *masturbation, self-pleasure, or pornography* between programs that did and did not include instruction in the Anatomy and Physiology domain. Programs that included this domain rated the topic significantly higher ($M = 3.29$, $SD = 0.622$) than those that did not ($M = 2.74$, $SD = 0.964$), $t(34.032) = 2.410$, $p = .021$. The difference was associated with a medium effect size ($d = 0.71$, 95% CI [0.086, 1.007]).

An independent-samples t-test was conducted to determine differences in the perceived importance for the topic *influencing and supporting others to avoid or reduce sexual risk behaviors* based on the inclusion of the Gender Identity and Expression domain. Programs that did not include this domain rated the topic significantly higher ($M = 3.67$, $SD = 0.565$) than those

Table 9. *Differences in Importance Ratings of Essential Topics Between Programs that Did and Did Not Teach Each of the NSES*

	t	*df*	*p*	Mean difference	*SE* difference	95% confidence interval Lower	Upper	Cohen's *d*
Anatomy and Physiology								
*Masturbation, self-pleasure, or pornography**	2.410	34.032	.021	.547	.227	.086	1.007	.710
Gender Identity and Expression								
Influencing and supporting others to avoid or reduce sexual risk behaviors	-2.830	56	.006	-.461	.163	-.787	-.135	.753
Importance of limiting the number of sexual partners	-2.585	56	.012	-.640	.247	-1.135	-.144	.689
Sexual Orientation and Identity								
*Importance of using condoms consistently and correctly**	2.071	28.010	.048	.439	.212	.005	.874	.648

Table 9. *Continued*

	t	*df*	*p*	Mean difference	*SE* difference	95% confidence interval Lower	Upper	Cohen's *d*
Consent and Healthy Relationships								
*Health consequences of HIV, other STDs, and pregnancy**	-3.101	37.179	.004	-.420	1.35	-.694	-.146	.660
*How to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy**	-3.027	30.224	.005	-.377	.125	-.632	-.123	.698
*Influences of family, peers, media, technology, and other factors on sexual risk behaviors**	-2.129	21.009	.045	-.366	.172	-.723	-.009	.577
*Communication and negotiation skills**	-3.590	46.000	<.001	-.255	.071	-.398	-.112	.588
*Influencing and supporting others to avoid or reduce sexual risk behaviors**	-4.817	34.634	<.001	-.632	.131	-.899	-.366	1.047

Table 9. *Continued*

	t	*df*	*p*	Mean difference	*SE* difference	95% confidence interval Lower	Upper	Cohen's *d*
Consent and Healthy Relationships								
*How to create and sustain healthy and respectful relationships**	-2.340	46.000	.024	-.106	.045	-.198	-.015	.389
*How to communicate sexual consent between partners**	-2.595	46.000	.013	-.128	.049	-.227	-.029	.426
*Recognizing and responding to sexual victimization and violence**	-3.808	46.000	<.001	-.277	.073	-.423	-.130	.620
*Diversity of sexual orientations and gender identities**	-3.433	31.702	.002	-.584	.170	-.931	-.237	.780
How gender roles and stereotypes affect goals, decision-making, and relationships	-2.807	56	.007	-.712	.254	-1.220	-.204	.937

Table 9. *Continued*

	t	*df*	*p*	Mean difference	*SE* difference	95% confidence interval Lower	Upper	Cohen's *d*
Consent and Healthy Relationships								
*The relationship between alcohol and other drug use and sexual risk behaviors**	-2.097	22.131	.048	-.366	.174	-.727	-.004	.553
*Sexual and reproductive rights**	-3.492	42.406	.001	-.505	.145	-.797	-.213	.718
Interpersonal Violence								
*Communication and negotiation skills**	-2.016	51.465	.049	-.199	.099	-.398	-.001	.450
Influencing and supporting others to avoid or reduce sexual risk behaviors	-2.182	56	.033	-.402	.184	-.771	-.033	.638
How gender roles and stereotypes affect goals, decision-making, and relationships	-2.336	56	.023	-.530	.227	-.984	-.075	.687

Table 9. *Continued*

	t	*df*	*p*	Mean difference	*SE* difference	95% confidence interval Lower	Upper	Cohen's *d*
Interpersonal Violence								
*Sexual and reproductive rights**	-2.719	51.227	.009	-.432	.159	-.750	-.113	.604
*Getting married**	-2.049	38.096	.047	-.429	.209	-.852	-.005	.520

*Note. *indicates equal variances not assumed*

that did (M = 3.21, SD = 0.641), t(56.000) = -2.830, p = .006. This difference was associated with a medium effect size (d = .753, 95% CI [-0.787, -0.135]). Similarly, for the topic *importance of limiting the number of sexual partners*, an independent-samples t-test revealed that programs that did not include the domain of Gender Identity and Expression rated the topic significantly higher (M = 3.38, SD = 0.970) than those that did (M = 2.74, SD = 0.898), t(56.000) = -2.585, p = .012. This difference was associated with a medium effect size (d = .689, 95% CI [-1.135, -0.144]).

A Welch t-test was conducted for the topic *importance of using condoms consistently and correctly* based on the inclusion of the Sexual Orientation and Identity domain. Programs that included this domain rated the topic significantly higher (M = 3.67, SD = 0.478) than those that did not (M = 3.23, SD = 0.922), t(28.010) = 2.071, p = .048. The difference was associated with a medium effect size (d = .648, 95% CI [0.005, 0.874]).

Consent and Healthy Relationships. Programs that did not include instruction on the Consent and Healthy Relationships standard consistently rated several topics as more important than those that did. A Welch t-test was run to determine if there were differences in the perceived importance for the topic *health consequences of HIV, other STDs, and pregnancy* between programs that included the Consent and Healthy Relationships domain and those that did not. Programs that did not include this domain rated the topic significantly higher (M = 3.91, SD = 0.302) than those that did (M = 3.49, SD = 0.688), t(37.179) = -3.101, p = .004. The difference was associated with a medium effect size (d = .660, 95% CI [-0.694, -0.146]).

Another Welch t-test was run to determine if there were differences in the perceived importance for the topic *how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy.* Programs that did not include this domain rated the

topic significantly higher (M = 3.91, SD = 0.302) than those that did (M = 3.53, SD = 0.584), t(30.224) = -3.027, p = .005. The difference was associated with a medium effect size (d = .698, 95% CI [-0.632, -0.123]).

A Welch t-test was run to examine differences in the perceived importance for the topic *influence of family, peers, media, technology, and other factors on sexual risk behaviors*. Programs that did not include this domain rated the topic significantly higher (M = 3.73, SD = 0.467) than those that did (M = 3.36, SD = 0.673), t(21.009) = -2.129, p = .045. The difference was associated with a medium effect size (d = .577, 95% CI [-0.723, -0.009]).

A Welch t-test was run to determine if there were differences in the perceived importance for the topic *communication and negotiation skills.* Programs that did not include this domain rated the topic significantly higher (M = 4.00, SD = 0.000) than those that did (M = 3.74, SD = 0.488), t(46.000) = -3.590, p < .001. This difference was associated with a medium effect size (d = .588, 95% CI [-0.398, -0.112]).

A Welch t-test was run to determine if there were differences in the perceived importance for the topic *influencing and supporting others to avoid or reduce sexual risk behaviors* between programs that included the Consent and Healthy Relationships domain and those that did not. Programs that did not include this domain rated the topic significantly higher (M = 3.91, SD = 0.302) than those that did (M = 3.28, SD = 0.649), t(34.634) = -4.817, p < .001. The difference was associated with a large effect size (d =1.047, 95% CI [-0.899, -0.366]).

A Welch t-test was run to determine if there were differences in the perceived importance for the topic *how to create and sustain healthy and respectful relationships.* Programs that did not include this domain rated the topic significantly higher (M = 4.00, SD = 0.000) than those

that did (M = 3.89, SD = 0.312), t(46.000) = -2.340, p = .024. The difference was associated with a small effect size (d = .389, 95% CI [-0.198, -0.015]).

A Welch t-test was run to determine if there were differences in the perceived importance for the topic *how to communicate sexual consent between partners.* Programs that did not include this domain rated this topic significantly higher (M = 4.00, SD = 0.000) than those that did (M = 3.87, SD = 0.337), t(46.000) = -2.595, p = .013. The difference was associated with a small effect size (d = .426, 95% CI [-0.227, -0.029]).

A Welch t-test was run to determine if there were differences in the perceived importance for the topic *recognizing and responding to sexual victimization and violence*. Programs that did not include this domain rated the topic significantly higher (M = 4.00, SD = 0.000) than those that did (M = 3.72, SD = 0.498), t(46.000) = -3.808. The difference was associated with a medium effect size (d = .620, 95% CI [-0.423, -0.130]).

A Welch t-test was run to determine if there were differences in the perceived importance for the topic *diversity of sexual orientations and gender identities* between programs that did and did not include the Consent and Healthy Relationships domain. Programs that did not include this domain rated the topic significantly higher (M = 3.82, SD = 0.405) than those that did (M = 3.23, SD = 0.813), t(31.702) = -3.433, p = .002. The difference was associated with a medium effect size (d = .780, 95% CI [-0.931, -0.237]).

An independent-samples t-test was run to determine if there were differences in the perceived importance for the topic *how gender roles and stereotypes affect goals, decision-making, and relationships.* Programs that did not include this domain rated the topic significantly higher (M = 3.82, SD = 0.405) than those that did (M = 3.11, SD = 0.814), t(56) = -2.807, p

= .007. The difference was associated with a large effect size (*d* = .937, 95% CI [-1.220, -0.204]).

A Welch t-test was run to determine if there were differences in the perceived importance for the topic *the relationship between alcohol and other drug use and sexual risk behaviors.* Programs that did not include this domain rated the topic significantly higher (*M* = 3.73, *SD* = 0.467) than those that did (*M* = 3.36, *SD* = 0.705), *t*(22.131) = -2.097, *p* = .048. The difference was associated with a medium effect size (*d* = .533, 95% CI [-0.727, -0.004]).

Finally, a Welch t-test was run to determine if there were differences in the perceived importance for the topic *sexual and reproductive rights*. Programs that did not include this domain rated the topic significantly higher (*M* = 3.91, *SD* = 0.302) than those that did (*M* = 3.40, *SD* = 0.771), *t*(38.939) = -3.492, *p* = .001. The difference was associated with a medium effect size (*d* = .718, 95% CI [-0.803, -0.217]).

Interpersonal Violence. Programs that did not include instruction on Interpersonal Violence also rated several topics significantly higher than programs that did. A Welch t-test was run to determine if there were differences in the perceived importance for the topic *communication and negotiation skills* between programs that did and did not include instruction on Interpersonal Violence. Programs that did not include this domain rated the topic significantly higher (*M* = 3.94, *SD* = 0.250) than those that did (*M* = 3.74, *SD* = 0.497), *t*(51.465) = -2.016, *p* = .049. The difference was associated with a small effect size (*d* = .450, 95% CI [-0.398, -0.001]).

An independent-samples t-test was run to determine if there were differences in the perceived importance for the topic *influencing and supporting others to avoid or reduce sexual risk behaviors.* Programs that did not include this domain rated the topic significantly higher (*M*

= 3.69, *SD* = 0.602) than those that did (*M* = 3.29, *SD* = 0.636), *t*(56) = -2.182, *p* = .033. The difference was associated with a medium effect size (*d* = .638, 95% CI [-0.771, -0.033]).

An independent-samples t-test was run to determine if there were differences in the perceived importance for the topic *how gender roles and stereotypes affect goals, decision-making, and relationships.* Programs that did not include this domain rated the topic significantly higher (*M* = 3.63, *SD* = 0.500) than those that did (*M* = 3.10, *SD* = 0.850), *t*(56) = -2.336, *p* = .023. The difference was associated with a medium effect size (*d* = .687, 95% CI [-0.984, -0.075]).

A Welch t-test was run to determine if there were differences in the perceived importance for the topic *sexual and reproductive rights.* Programs that did not include this domain rated the topic significantly higher (*M* = 3.81, *SD* = 0.403) than those that did (*M* = 3.38, *SD* = 0.795), *t*(51.227) = -2.719, *p* = .009. The difference was associated with a medium effect size (*d* = .604, 95% CI [-0.750, -0.113]).

Finally, a Welch t-test was run to determine if there were differences in the perceived importance for the topic *getting married*. Programs that did not include this domain rated the topic significantly higher (*M* = 3.00, *SD* = 0.632) than those that did (*M* = 2.57, *SD* = 0.887), *t*(38.096) = -2.049, *p* = .047. The difference was associated with a small effect size (*d* = .520, 95% CI [-0.852, -0.005]).

Effect Size of Differences in Perceived Importance. There were no statistically significant differences found in the perceived importance ratings of the 29 essential topics between programs that reported including instruction on the standards of Sexual Health and Puberty and Adolescent Sexual Development and those that did not. Across the other five NSES domains, 21 topics exhibited statistically significant differences in perceived importance between

programs that included and those that did not include each respective standard. Of these, two topics demonstrated large effect sizes, 15 showed medium effect sizes, and four reflected small effect sizes, based on Cohen's (1998) benchmarks for interpreting effect sizes: small (0.20), medium (0.40), and large (0.80). Within the domain of Consent and Healthy Relationships, the topics of *influencing and supporting others to avoid or reduce sexual risk behaviors* (d = 1.047) and *how gender roles and stereotypes affect goals, decision-making, and relationships* (d = .937) demonstrated large effect sizes, suggesting substantial differences in perceived importance between programs based on whether the standard was taught.

Discussion

This study explored how IPSE programs implement CSRE and how their efforts align with the NSES. We achieved this by collecting program responses on what they teach, their perceived importance of various CSRE topics, and the materials they use. The findings are crucial as they provide a foundational outline of how IPSE programs currently deliver CSRE to students with IDD.

Delivery of Comprehensive Sexuality and Relationship Education in Inclusive Postsecondary Education Programs

Our study found IPSE programs continue to vary widely in both the content and frequency of CSRE delivery. These findings align with those reported by Stinnett et al. (2021), highlighting persistent inconsistencies across IPSE programs. Most programs reported offering CSRE in a course or workshop format; however, some programs only provide it once or as needed for individual students. Individualized instruction through person-centered planning was also common, which is unsurprising given that Grigal et al. (2012) identified person-centered

planning as an integral, foundational approach for aligning students' goals with individualized supports in most IPSE programs.

In the majority of cases, program staff served as the primary instructors, with occasional support from IHE staff and faculty, graduate students, or community experts. Notably, few programs involved peers with or without disabilities in supporting instruction. However, other CSRE programs, such as the Tackling Teenage Training Program (Dekker et al., 2014), PEERS (Laugeson et al., 2015), or SALUDIVERSEX (Gil-Llario et al, 2024), are specifically designed to include peer involvement.

The most commonly reported curricula from this study (i.e., Elevatus, PEERS, Positive Choices, and Circles: Intimacy and Relationships) were not originally created specifically for students with IDD in IPSE settings. The lack of CSRE programs for individuals with IDD in IPSE settings, as noted by Pratt et al. (2025), reflects current trends in the literature. For instance, Elevatus is a structured curriculum emphasizing healthy relationships and sexuality education, rights, communication, consent, and safety, but it was initially designed for use with individuals with IDD in adult service settings (e.g., community settings and group homes) or high school settings (Elevatus Training, n.d.a). PEERS focuses on social skills and friendship development, with additional sessions on dating etiquette, and was developed for adolescents and young adults with ASD in clinical, therapeutic, or educational settings (e.g., middle or high schools, outpatient clinics, and some college support programs; Laugeson & Frankel, 2010). Positive Choices, featuring lessons on consent, boundaries, and healthy relationships, was developed for high school or transition program students with IDD (Oak Hill Center for Relationship and Sexuality Education, n.d.). Similarly, Circles: Intimacy & Relationships, which uses color-coded relationship circles to teach about personal space, boundaries, and appropriate interactions, was

developed for children through adults with cognitive disabilities and is commonly used in special education classrooms, day programs, and adult services (James Stanfield Company, n.d.).

Common resources included two video series featuring people with disabilities sharing their experiences on sexual health topics (e.g., masturbation, gender identity and sexual orientation, condoms). To support learning, programs also actively utilized handouts or worksheets, activities like role-playing or games, and videos or podcasts. However, physical models, such as dolls or diagrams, were used less frequently.

Our findings confirm there is no single, standardized method for CSRE delivery across IPSE programs. This extends the findings from Stinnett et al. (2021) regarding the variation in proactive versus reactive delivery of CSRE. Instruction varies not only in frequency and format but also in who provides it, suggesting a clear need for more structured guidance. Furthermore, most of the curricula and resources being used were not specifically designed for IPSE students with IDD. This raises concerns about their accessibility, relevance, and effectiveness, underscoring the critical need for materials specifically created for this population within a college context. This is significant because many existing curricula were not designed with the cognitive, communication, and learning needs of adults with IDD in mind, and they often feature abstract concepts and complex vocabulary without appropriate supports (Schaafsma et al., 2015). Consequently, students may struggle to see themselves reflected in the content, which can limit engagement and reinforce the misconception that CSRE is not for them (Swango-Wilson, 2011). Without inclusive, accessible materials, even well-intentioned instruction can unintentionally exclude students from participating in learning (McDaniels & Fleming, 2016).

Importance of Topics and Implementation of Domains

Most staff agreed that certain topics are highly important for students with IDD in IPSE programs. Specifically, topics related to relationships, consent, communication, and safety (i.e., *how to create and maintain healthy relationships*, *how to communicate sexual consent, online dating, social media, and internet safety*, and *communication and negotiation skills*) were consistently rated in the highest category using the Likert-type scale. These findings mirror existing literature, which emphasizes the importance of these foundational topics in supporting autonomy and safety for individuals with IDD (Schaafsma et al., 2015).

Other areas rated as "Important" or "Very Important" included topics that addressed goal-setting and decision-making, recognizing and responding to sexual violence, how to use a condom correctly, accessing trustworthy sexual health resources, and understanding HIV, STIs, and pregnancy. This aligns with the findings of McDaniels and Fleming (2016), who stress the need for practical, rights-based knowledge that supports informed decision-making for people with IDD.

However, some topics garnered mixed responses, reflecting diverse perspectives among respondents. For example, ratings for the topics of *masturbation, self-pleasure, or pornography*, *getting married*, and *benefits of being sexually abstinent* were widespread, with some programs rating it highly and others much lower. These mixed ratings suggest that certain topics may be viewed through different lenses; for instance, masturbation might be seen as something to discourage by some, while others view it as a natural, affirming aspect of bodily autonomy by others. This range of responses extends earlier findings by Dukes and McGuire (2009), who noted that topics like masturbation often elicit polarized views.

Interestingly, while many professionals in this study did not rate *getting married* as a high-priority topic, two recent IPSE graduates who served as expert reviewers for this study emphasized its importance and the need to include it in this study. This highlights the invaluable contribution of including perspectives from individuals with IDD in shaping CSRE, a practice strongly supported in the literature as essential to ensuring curricula reflect the lived experiences of people with disabilities (Grigal et al. 2019; McDaniels & Fleming 2016).

When examining the actual instruction provided in programs, not all seven NSES domains are included equally. The most frequently taught domain was Consent and Healthy Relationships, indicating a strong emphasis on communication, boundaries, and respectful interactions. The Interpersonal Violence domain was also commonly included, likely due to its connection to safety and the history of an emphasis on safety in CSRE for individuals with disabilities (Schaafsma et al., 2015). This demonstrates that while many programs cover relationships and safety topics, fewer consistently address health and identity topics, leaving gaps in the comprehensiveness of their CSRE. This is particularly concerning given that individuals with disabilities are significantly more likely to identify as 2SLGBTQIA+ than their peers without disabilities; recent data indicate that 36% of LGBTQ+ adults and nearly one-third of LGBTQ+ youth report having a disability, compared to just 24% of non-LGBTQ+ adults (Human Rights Campaign, 2024; The Trevor Project, 2023).

The programs surveyed strongly valued teaching communication, consent, and relationship skills but showed inconsistency and potential hesitancy when addressing more complex or sensitive topics, such as gender identity or sexual orientation, masturbation, and marriage. Even though many topics are rated as important, not all of them are actually taught, especially within the domains of identity and sexual health. This disconnect could reflect

uncertainty about how to approach these topics or a lack of appropriate and accessible materials. These findings are consistent with McDaniels and Fleming (2016), who noted that CSRE for individuals with IDD is often limited by educators' discomfort, lack of training, and insufficient access to curricula, particularly concerning identity and pleasure-related content. These barriers contribute to the implementation gap, where personal or systemic constraints prevent educators from implementing education on topics they themselves deem valuable.

Difference Between Importance and Implementation of Topics

The results of this survey reveal that programs do not consistently teach the CSRE topics they deem important. In a counterintuitive finding, programs that did not teach a particular NSES domain often rated its associated topics as more important than those that did. This seemingly backward trend suggests that while staff acknowledge the importance of certain topics, they may lack the necessary tools, training, or confidence to effectively deliver instruction (Eisenberg et al., 2013; UNESCO, 2023).

Specifically, the topic of *masturbation, self-pleasure, or pornography* was perceived as more important by programs that included content on the Anatomy and Physiology domain, suggesting a greater comfort with addressing topics related to bodily functions. Conversely, for the Gender Identity and Expression domain, programs that did not teach this content actually rated topics like *influencing others to avoid sexual risk* and *limiting the number of sexual partners* as more important. This discrepancy may reflect a program's prioritization of safety while simultaneously avoiding identity-related content due to discomfort or insufficient training. In contrast, programs that taught the Sexual Orientation and Identity domain were more likely to rate the topic of *the importance of using condoms consistently and correctly* as highly important, possibly indicating a broader and more inclusive approach to sexual health.

Surprisingly, many programs that did not teach the Consent and Healthy Relationships domain still rated its related topics highly. These included *how to communicate sexual consent between partners*, *how to create and sustain healthy and respectful relationships*, *recognizing and responding to sexual victimization and violence*, and *communication and negotiation skills*. The topics of *influencing and supporting others to avoid or reduce sexual risk* and *how gender roles and stereotypes affect goals, decision-making, and relationships* showed the largest disparities between programs that did and did not teach this domain. This signifies that some programs strongly believe these topics are essential, yet are not integrating them into their teaching. Other topics also rated significantly more important by programs not teaching the Consent and Healthy Relationships domain included *diversity of sexual orientations and gender identities, sexual and reproductive rights, influences of family, peers, media, technology, and other factors on sexual risk behaviors, the relationship between alcohol and other drug use and sexual risk behaviors, how to access to valid and reliable health information, products, and services related to HIV, STDs, and pregnancy,* and *health consequences of HIV, other STDs, and pregnancy*. All these are essential for informed decision-making and fostering safe, respectful relationships.

Similarly, programs that did not teach the Interpersonal Violence domain still rated several related topics as highly important such as *communication and negotiation skills*, *influencing and supporting others to avoid or reduce sexual risk behaviors*, *how gender roles and stereotypes affect goals, decision-making, and relationships*, *sexual and reproductive rights*, and *getting married*. This demonstrates a recurring pattern where values do not always translate into action, particularly in areas directly tied to student safety, communication, and autonomy. This implies that even when staff members value the core ideas embedded in the Interpersonal

Violence domain, specific topics (e.g., recognizing abusive dynamics, promoting respect, and advocating for one's rights) may not be addressed in practice. Several factors may contribute to this discrepancy, aligning with findings by Eisenberg et al. (2013), who noted that many educators perceive these topics as important but feel underprepared to teach them effectively. Similarly, UNESCO (2023) emphasized that without appropriate training and resources, sensitive subjects like gender identity, sexual rights, and interpersonal violence are frequently omitted. Additionally, persistent societal misconceptions that individuals with IDD are asexual or childlike may lead educators to feel uncertain or hesitant about the appropriateness of certain content (McDaniels & Fleming, 2016).

These findings underscore the urgent need for training, support, and updated, accessible curricula. This need is particularly critical given that individuals with IDD face a disproportionate risk of sexual assault—up to seven times the rate of people without disabilities—with as many as 90% experiencing abuse at some point in their lives (The Arc, n.d.; Disability Rights Texas, 2023). While ample curricula exist specifically targeting the Interpersonal Violence domain (e.g. FLASH, SAFE, Circles), many educators are unaware of them or unsure how to adapt them for their students (Gil-Llario et al., 2020).

The observed pattern of programs not teaching a NSES domain rating accompanying topics as more important than those that teach the NSES domain suggests a notable gap. Programs frequently believe these topics are essential but struggle to integrate them into instruction. Whether due to lack of confidence, discomfort in discussing sensitive topics, or the absence of tailored materials and resources, this discrepancy highlights an urgent need for better support and clearer guidance for IPSE programs in implementing CSRE. The most substantial gaps typically occur in sexual health and identity-related topics, demonstrating a need for more

support in navigating these areas confidently, accurately, and appropriately. This disconnect between perceived importance and actual implementation is not unique to this study; prior research has shown that educators frequently value CSRE but struggle to deliver it due to barriers such as limited training, discomfort, or fear of community backlash (Eisenberg et al., 2013; UNESCO, 2023). Therefore, a critical examination of available resources, training, and culturally responsive materials, especially those on sensitive topics like identity, pleasure, and rights, is imperative.

Implications for Practice

One of the clearest takeaways from this research is that many IPSE programs rely on sexuality education curricula not designed for this specific setting or population. The most frequently used curricula were not consistently designed with adults with IDD in mind, nor were they built for the IPSE environment. This presents both a significant challenge and a clear opportunity. We recommend the development of a sexuality and healthy relationship education curriculum explicitly tailored to support the needs of students with IDD in IPSE settings. Such a curriculum should be grounded in the NSES (Future of Sex Education Initiative, 2020) and adapted using Universal Design for Learning Principles (UDL; CAST, 2018). It should also be culturally responsive and inclusive of diverse identities and experiences (Gay, 2010), utilizing accessible language, visual supports, modeling, and repeated practice (Hume et al., 2021; Pratt et al., 2025). Importantly, it should explicitly address key topics often under-taught, such as masturbation and self-pleasure, sexual and reproductive rights, online safety in the context of dating and social media, and the diversity of sexual orientation and gender identity. This kind of curriculum could help programs move beyond general “safety” messaging toward a more holistic, “dignity of risk” based model of CSRE.

One of the most actionable implications for practice is the urgent need for structured and ongoing professional development for IPSE staff delivering CSRE. Although many staff members value CSRE topics, this study found that critical areas, particularly those related to identity, pleasure, rights, and consent, are often under-taught. This may stem from feelings of discomfort, lack of training, or uncertainty about how to approach these topics. As Stinnett et al. (2021) emphasize, IPSE staff vary widely in their comfort levels and approaches to supporting students in this area. While some IPSE programs have adopted proactive, formalized supports, others still take a more reactive or avoidant approach, potentially due to role ambiguity or institutional resistance around CSRE. The current study further highlights how inconsistency in training and expectations leads to inequitable access to CSRE instruction. To close this gap, professional development must include not only content knowledge but also how to utilize practice-based strategies such as modeling and role-play (Hume et al., 2021; Pratt et al., 2025). Training should also be culturally responsive, grounded in UDL, and affirming of students' autonomy and diverse identities (Kirsch & Luo, 2023; Ralabate & Nelson, 2017; Regional Educational Laboratory Program, 2023). Without targeted training, even staff who report valuing these topics may continue to under-deliver on content taught.

In addition to staff-level training, there is a pressing need for clear, structured guidelines from national leaders such as Think College. Currently, no formal framework outlines best practices for CSRE in IPSE settings, resulting in significant variability across programs. As Think College continues to lead national conversations around the accreditation of IPSE programs, the integration of inclusive CSRE should be considered a core element of quality programs. Establishing shared expectations could help formalize CSRE as a right, not a privilege, for students with IDD and ensure it is implemented with fidelity across settings.

Grounding this effort in a critical disability studies framework underscores the importance of challenging normative assumptions about sexuality, independence, protection, and "dignity of risk" (Bumble et al, 2021; McRuer, 2006; Perske, 1972). Rather than continuing to treat CSRE as optional or only necessary in reactive situations, a rights-based model guided by principles like "dignity of risk" and self-determination affirms that individuals with IDD are entitled to the same opportunities as their peers without disabilities (Dukes & McGuire, 2009; McDaniels & Fleming, 2016). A national framework would support implementation and emphasize that inclusive and affirming CSRE is integral to IPSE.

Implications for Future Research

Currently, there is very little published research on how CSRE is implemented in IPSE programs. Many curricula being used have not been formally evaluated, and there are few outcome studies that measure whether students are actually gaining the knowledge, skills, and confidence that CSRE aims to support. Because our findings demonstrate that many programs use curricula not designed for individuals with IDD in IPSE settings, future research should prioritize the development of an evidence-based CSRE curriculum specifically for IPSE programs serving students with IDD. Once developed, this curriculum should be evaluated using measurable short- and long-term student outcomes, including knowledge, self-advocacy, relationship skills, and sexual safety. Evaluating such programs through these outcome measures aligns with best practices in CSRE, which emphasize the importance of assessing not only knowledge acquisition but also the development of attitudes, skills, and behaviors that contribute to healthy sexual development and engagement in positive relationships (Advocates for Youth, 2020; Future of Sex Education Initiative, 2020).

While program staff rated many CSRE topics as important, numerous topics, especially those related to self-pleasure, sexual and reproductive rights, sexual orientation, gender identity, and online safety, were taught inconsistently. Future research should examine not only why these topics are under-implemented but also how they are taught when they are included in CSRE instruction. Continued research is needed to understand whether content is framed from a rights-based, affirming perspective or through a risk-avoidant lens. For example, based on this study, when considering the topic of *masturbation, self-pleasure, or pornography*, it is unknown if, when it is taught, it is presented as something to correct or to discourage, or as a healthy aspect of bodily autonomy. Further research is needed to uncover the underlying beliefs, institutional barriers, and cultural norms that shape how CSRE content is delivered, framed, and prioritized. Additional research should examine how topics related to identity and pleasure are either supported or silenced within different IPSE programs. Stinnett et al. (2021) emphasized the importance of a continuum of support to foster relationship and intimacy skills, noting that curricular inconsistencies often reflect broader systemic discomfort with certain aspects of sexual development. Extending on this, Stinnett and Plotner (2023) found that staff perspectives on intimacy education are often shaped by institutional values and risk-related concerns, which can lead to the exclusion of affirming content related to identity or even pleasure. This research is critical to ensure that instructional practices align with the right to inclusive CSRE and do not unintentionally or intentionally reinforce stigmas and exclusion.

While this study relied solely on professionals' perspectives, future research should center the voices of students with IDD and explore what they want to learn about sex and intimacy and how they perceive the relevance of CSRE in their IPSE settings. Student-led participatory research could provide critical insights that are currently missing from the literature

(Bigby et al., 2013; Frankena et al., 2015; Walmsley & Johnson, 2003). College students with IDD are the primary stakeholders; however, their voices remain largely absent from the development and evaluation of CSRE content. Future research should prioritize engaging students directly in order to understand their needs, goals, and personal experiences with CSRE in IPSE settings. Again, participatory methods, such as co-design sessions, photovoice, or advisory boards, offer accessible ways for students with IDD to inform decisions about what topics matter most to them, how they prefer to learn this content, and how concepts like bodily autonomy, identity, and consent relate to their daily lives. Centering student voice supports the principles of self-determination and the "dignity of risk," which are foundational to inclusive education and align with broader disability rights frameworks that call for "nothing about us without us" (Charlton, 1998; Frankena et al., 2019; National Council on Disability, 2004; Walmsley & Johnson, 2003). With this in mind, future studies should also examine how the integration of student voices affects curriculum quality and student outcomes.

Limitations

While this study provides important insights on the delivery of CSRE in IPSE, it is important to consider several limitations when interpreting the results of this study. Firstly, the study did not include perspectives of students with IDD in IPSE settings, who are the primary stakeholders in CSRE implementation. By focusing solely on the perspectives of program staff, the findings may not fully capture the needs, desires, or experiences of students regarding CSRE. Secondly, there are currently no nationally recognized best practices, guidelines, or professional standards for delivering CSRE in IPSE settings. This lack of structural guidance likely contributes to the variability across programs, making it difficult to assess implementation quality in a standardized way. Furthermore, the available national standards (NSES) used to

assess implementation in this study were not specifically developed for IPSE settings. As a result, their application may not fully reflect the unique context, priorities, and methods used in IPSE programs, which could limit the precision and relevance of the findings.

Third, the survey was distributed anonymously, which prevented direct follow-up with respondents and made member checking impossible. Consequently, there was no way to clarify responses or ensure their accurate interpretation. Similarly, a fourth limitation was the relatively low response rate (26% overall with an 84% completion rate). This could suggest a self-selection bias, where programs actively teaching or prioritizing CSRE were more likely to respond than those that do not implement or value CSRE. While this response rate is consistent with typical return rates for email-based or online surveys of professionals in education settings (often 20% to 30%; Baruch & Holotom, 2008) and is considered acceptable in studies involving voluntary program-level participation, it could still skew the findings towards more favorable CSRE implementation and topic importance. Additionally, outreach was constrained by the accuracy of contact information available through the Think College search tool (Think College, n.d.b). While 348 programs were initially contacted, 30 emails bounced back, and 15 emails were duplicates, which reduced direct access and potentially limited participation.

Finally, while quantitative data helped identify broad trends, the study lacked qualitative data that could explain why certain NSES domains were taught or why the essential topics were rated as important or not. Incorporating qualitative data to follow-up with respondents would have offered richer insight into the cultural, institutional, or personal factors influencing IPSE program decisions. There were also measurement limitations inherent in the survey instrument itself. Some Likert-type items may not have fully captured the respondents' views, as limited response categories might have oversimplified complex topics. Moreover, the use of matrix

question design may have inadvertently led participants to skip items rather than explicitly selecting “No,” especially when scanning multiple similar rows in questions with various response options. Without item-level clarification or required responses for each row, some data might reflect non-response rather than intentional exclusion.

Conclusion

While access to IPSE programs for students with IDD has expanded, CSRE has not kept pace with this growth. Individuals with IDD possess the same rights, needs, and desires for healthy relationships, autonomy, and intimacy as those without disabilities. However, historical exclusion, stigma, and inconsistent access to CSRE have left countless individuals underprepared to navigate adult relationships safely and confidently. Major gaps persist in understanding how CSRE is delivered in IPSE contexts. Evidence from this study suggests that curricula used in many IPSE programs were not designed for adult learners in inclusive college environments, raising concerns to the relevance of content and delivery practices. These gaps negatively affect the quality of instruction and undermine students’ “dignity of risk” to make informed choices and explore their autonomy within a supportive IPSE setting. This study directly addresses these gaps by examining how IPSE programs implement CSRE, focusing on the content taught, the instructors delivering instruction, and how this aligns with the importance of relevant topics. Ultimately, continuing to address these disparities is a matter of equity and empowerment, ensuring that students with IDD are fully supported in leading informed and autonomous adult lives.

Chapter 3. Interviews

In this chapter, I present the findings of four semi-structured interviews with program staff and faculty who support inclusive postsecondary education programs for college students with intellectual and developmental disability. This paper includes an introduction, a detailed description of the methods, the findings from the transcriptions, and a discussion, including implications for practice and future research.

Abstract

Inclusive postsecondary education (IPSE) programs are designed to support students with intellectual and developmental disability (IDD) in developing academic, employment, independent living, and social skills. However, comprehensive sexuality and relationship education (CSRE), a vital aspect of adult development and self-determination, is inconsistently addressed across these programs. This qualitative study explored the delivery of CSRE within IPSE settings by examining the experiences of staff and faculty responsible for implementing this instruction. Semi-structured interviews were conducted with staff from IPSE programs across the United States. Thematic analysis revealed that while staff overwhelmingly value CSRE, implementation is often reactive and fragmented. Key barriers identified include limited staff training, institutional and political resistance, and a lack of formal curricula specifically designed for adult learners with IDD in IPSE contexts. Despite these challenges, participants described innovative practices, such as collaborating with on-campus and off-campus partners. These findings underscore the importance of recognizing CSRE as a core component of IPSE programs, essential for students with IDD as they pursue autonomy, self-identity, and adult relationships.

Affirming Rights, Navigating Barriers: A Qualitative Inquiry into Comprehensive Sexuality and Relationship Education in Inclusive Postsecondary Education for Students with Intellectual and Developmental Disability

Inclusive postsecondary education (IPSE) programs offer students with intellectual and developmental disability (IDD) the opportunity to participate meaningfully in higher education settings alongside their same-age peers without disabilities. These programs have seen substantial growth over the past two decades, with over 300 programs nationwide supporting students in academic coursework, employment preparation, independent living, and involvement in campus life (Grigal et al., 2023; Think College, n.d.b). Grounded in principles of inclusion, person-centered-planning, and community participation, IPSE programs aim to equip students with IDD with the knowledge and skills necessary for success in their adult lives (Grigal et al., 2011; Papay & Bambara, 2011).

Many IPSE programs structure their services around the domains of academics, career development for competitive integrated employment, independent living, and social development, as these domains are central to student success (Grigal et al., 2019; Papay & Bambara, 2011). However, while employment, academics, and independent living are formally addressed through IPSE program structures, evidence-based curricula, and individualized supports, other crucial domains related to personal identity, relationships, and sexuality are often overlooked or inconsistently addressed (Stinnett et al., 2021; Thorpe & Oakes, 2019). This gap is significant, especially since students with IDD in IPSE settings are navigating the same developmental milestones as their peers without disabilities, including building friendships, forming romantic and intimate relationships, and exploring personal identity during young adulthood (Jones et al., 2015). Importantly, this includes opportunities to engage with the

"dignity of risk," which affirms the right of individuals with disabilities to engage in experiences involving choice, uncertainty, and the possibility of failure as part of personal growth and self-determination (Bumble et al., 2021; Perske, 1972; Wehmeyer & Shogren, 2016).

Comprehensive sexuality and relationship education (CSRE) is an essential domain of adult learning critical to quality of life. It encompasses a broad range of topics, including but not limited to consent, boundaries, communication, intimacy, and dynamics of healthy relationships (Frawley, 2023; Schaafsma et al., 2015). For students with IDD, access to CSRE is particularly vital given their long history of exclusion from this type of education due to stigma, misinformation, or overprotectiveness (American Association on Intellectual and Developmental Disabilities [AAIDD], n.d.; Esmail et al., 2010; McDaniels & Fleming, 2016). Traditional K-12 special education curricula often focus narrowly on risk reduction, safety, or abstinence. Consequently, many students with IDD enter IPSE settings with a limited or incorrect view of relationships, identity, and sexual health (Kammes et al., 2020; McDaniels & Fleming, 2016; Travers et al., 2014). Without appropriate instruction and ongoing support, they may be unprepared to navigate adult relationships, increasing their risk of exploitation and isolation (Black & Kammes, 2019; Dukes & McGuire, 2009).

IPSE programs provide an ideal context for delivering CSRE to students with IDD, as higher education is a natural setting for exploring relationships, autonomy, and identity. However, most CSRE curricula were not developed with IPSE programs, adult learners, or individuals with IDD in mind. There is currently no clear framework or set of guidelines for what CSRE should entail in an IPSE context. Beyond this, little is known about how programs are approaching this work, including what content is prioritized, who is responsible for delivery,

and how instructional practices for people with IDD are utilized for CSRE (Stinnett et al., 2021; Stinnett & Plotner, 2023).

Recent literature highlights growing interest in understanding CSRE's role in IPSE but also reveals substantial variability in implementation across programs. Stinnett et al. (2021) used the Continuum of Support for Intimacy Knowledge in College survey to examine how IPSE programs supported students with IDD in navigating relationships and sexual health. Their findings showed that while programs acknowledged CSRE's importance, support varied widely, often relying on informal strategies and reactive, case-by-case responses. Building on that work, Stinnett and Plotner (2023) found similar inconsistencies across programs, identifying structural and interpersonal barriers to the delivery of CSRE. Their findings illuminated how staff discomfort, lack of training, and institutional resistance impact CSRE implementation, indicating that it remains an underdeveloped component of IPSE programming.

Despite growing recognition of the importance of CSRE for individuals with IDD (AAIDD, n.d.; Frawley, 2023; Kammes et al., 2020; McDaniels & Fleming, 2016), existing research in IPSE settings remains limited in scope and depth. Most studies have relied on surveys or descriptive case studies (e.g., Stinnett et al., 2021; Stinnett & Plotner, 2023; Thorpe & Oakes, 2019), offering valuable insights but leaving key questions unanswered about how CSRE is conceptualized, implemented, and supported in practice. Specifically, there is a lack of qualitative evidence capturing how IPSE staff perceive CSRE, the instructional practices they use, and how these practices align with or fail to align with their beliefs about individuals with IDD needing and deserving this type of education. CSRE in IPSE remains inconsistently defined and unevenly applied, with many staff reporting limited access to training and professional

development, structured curricula, or institutional support (Stinnett et al., 2021; Stinnett & Plotner, 2023; Thorpe & Oakes, 2019).

This study addresses these gaps by examining staff perspectives on CSRE within IPSE programs through a qualitative lens, offering critical insight into current practices and persistent barriers. This information could inform the development of more intentional, rights-based frameworks responsive to the needs of students with IDD in IPSE programs.

The purpose of this qualitative study is to explore how CSRE is implemented in IPSE programs for students with IDD. Specifically, the study examines program practices, instructional strategies, and staff perceptions to better understand what is being delivered, by whom, and under what conditions. This study investigates how program staff value specific domains of CSRE and whether there is alignment between what they believe is important and what is included in CSRE instruction. Three research questions guided this study:

1. How do program coordinators, instructors, and staff describe their experiences implementing CSRE for students with IDD in IPSE programs?
2. What barriers and facilitators do staff identify in the delivery of CSRE within IPSE programs, including institutional, curricular, and societal influences?
3. What professional development and training opportunities have staff received related to CSRE, and what additional support do they perceive as necessary to improve implementation and outcomes for students with IDD?

Method

This qualitative analysis is guided by an integrated theoretical framework drawing on Critical Disability Studies (CDS), constructionism, and principles of critical inquiry theory. Rooted in constructionism, this research assumes that meaning is co-constructed through social

interaction and contextual interpretation (Crotty, 1998). This perspective allows for a multiplicity of realities, emphasizing how participants make sense of their roles, responsibilities, and challenges within CSRE in IPSE settings. In tandem, critical inquiry theory provides a lens through which to interrogate systems of power, institutional practices, and the broader societal structures that contribute to the marginalization of students with IDD (Creswell & Poth, 2017; Kincheloe & McLaren, 2005).

Specifically, CDS challenges deficit-based or medicalized views of disability, instead framing disability as a political and cultural identity (Goodley, 2013; Kafer, 2013). This lens highlights ableism's role in educational systems and emphasizes the importance of "dignity of risk," self-determination, and equitable access to CSRE (Erevelles, 2011). These intersecting frameworks not only informed the development of codes and themes in this study, but they also shaped the interpretation of how staff understand, resist, or reinforce social norms and institutional constraints in their delivery of CSRE. Together, they provide a critical and participatory lens that honors educators' lived experiences while also revealing the systemic forces influencing educational equity for students with IDD.

Semi-structured interviews were selected as the primary method of data collection due to their ability to allow for depth, nuance, and flexibility in participant responses. Interviews are particularly well-suited to constructivist paradigms because they emphasize co-constructed meaning through dialogic interaction (Kvale & Brinkmann, 2009). This approach aligns with the study's emphasis on elevating marginalized voices and critically examining the systems that shape practice. Open-ended questions, combined with responsive follow-up prompts, gave participants the opportunity to reflect on their roles, challenges, and institutional contexts with minimal constraint (Rubin & Rubin, 2012). This method also supports the exploration of both

explicit experiences and the underlying assumptions or structures shaping those experiences (Seidman, 2019).

Recruitment

A purposive sampling strategy was used to recruit participants who had direct experience implementing CSRE in IPSE settings. Inclusion criteria for this study were faculty and staff associated with one of the 348 (as of fall 2024) IPSE programs for students with IDD who taught or supported a unit or course on CSRE. Recruitment was conducted using the Think College Program Professionals Group on Facebook, which has 668 members (as of spring 2025) and serves as a forum for college programs for students with IDD to problem-solve and share information, including current research. A Facebook post was made to recruit participants to share their experiences implementing CSRE. Following initial contact by potential participants, a check was conducted to ensure they supported an IPSE program registered in the college search tool database from Think College (Think College, n.d.b). Upon completion of the interview, participants received a $35 gift card for their time.

Participants

Semi-structured interviews were conducted with four professionals serving as faculty or staff members supporting CSRE in an IPSE program. Dr. Danni holds a Ph.D. in Special Education and is an Associate Professor collaborating with an IPSE program in the Southeast. The residential program includes a two-year basic track and a further two-year advanced program. It offers a sex education course twice a week during the first semester of the students' freshman year. Dr. Danni has also conducted training with program staff and provides ongoing training for incoming parents.

Dr. Hannah has a Ph.D. in Special Education and serves as an Associate Director of Research affiliated with an IPSE program in the Southeast. This residential program is a four-year program that offers a course sequence on healthy relationships, beginning with a course twice a week in the first semester of students' freshmen year. Dr. Hannah helped develop the course and sequence and taught it for two years before transitioning to her current role. The course is now taught by the program coordinator, with Dr. Hannah continuing to provide ongoing support.

Rachel is a Ph.D. student in Special Education and serves as the Academic Coordinator of an IPSE program in the Midwest. The residential program offers two- and four-year options and provides a six-week unit on sexual health and healthy relationships during the second semester of students' freshmen year. The program partners with a program on campus related to sexual health and reproductive education to co-teach the course.

Angel is a Ph.D. candidate in Special Education and serves as the Associate Director of an IPSE program in the West. The four-year residential program offers an eight-week program on sex and healthy relationships during the first semester of students' freshmen year, which is repeated during the second semester of students' junior year. The program collaborates with an off-campus organization for sexual assault victim's advocacy and the local educational branch of Planned Parenthood to deliver the course.

Researcher Reflexivity

It is necessary to recognize one's own influence during data collection and analysis to ensure biases are accounted for and to protect participants from potential exploitation (Holland, 1999). As a White female researcher with an acquired disability and professional experience implementing CSRE in an IPSE program, I brought personal and professional perspectives to the

research. Although I have not collaborated with the specific programs included in this study, my role as a fellow CSRE provider required me to remain reflexive about how my own experiences might influence data interpretation. To account for potential biases, I engaged in memoing and reflexive journaling throughout the research process. I also used member checking to enhance the trustworthiness of the findings by sharing interview transcripts with participants and inviting them to review and request changes (Trainor & Graue, 2014).

Data Collection

I conducted semi-structured interviews with four faculty or staff members during the spring of 2025 via Zoom. Each interview was audio-recorded with the participants' verbal consent and then hand-transcribed. Interviews typically lasted between 45 minutes and just over an hour.

The interviews followed a standard interview protocol (see Appendix C), focusing on seven key areas while allowing flexibility to probe emergent topics. The first two sections of the protocol gathered background information (i.e., demographic information) and explored participants' experiences teaching CSRE. The next two sections aimed to capture barriers and facilitators or support for effective implementation of CSRE. Section five included questions reflecting on participants' experiences with professional development and targeted training related to CSRE. The final two sections addressed program-specific improvements and future delivery of CSRE. This flexible approach allowed for small individualizations in each interview to support the natural flow of conversation. meaning the order or phrasing of questions was occasionally adapted. This flexibility enabled me to probe for clarification, personal examples, and other relevant anecdotes.

This study received approval from the University of Oklahoma's Institutional Review Board (IRB). All participants provided verbal informed consent prior to participation. They were reminded of their right to withdraw at any time, and all data were de-identified before analysis to protect confidentiality.

Data Analysis

Data was analyzed using thematic analysis, following the six-phase approach outlined by Braun and Clarke (2006): (1) familiarization with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. Thematic analysis was chosen for its flexibility in identifying both semantic and latent themes and its support for theoretically informed, iterative interpretations of meaning. This method aligns with the study's constructionist orientation by prioritizing participants' perspectives and emphasizing how themes are co-constructed through social context and discourse. The critical inquiry lens further guided the analysis, drawing attention to patterns of power, equity, and resistance embedded in participants' narratives.

Interviews were transcribed verbatim and uploaded into NVivo 14, a qualitative data analysis software for coding. First, I read transcripts in full to establish familiarity with the data. Initial codes were then generated inductively using NVivo 14 software, with codes reflecting recurring patterns across interviews. Initial line-by-line coding was used to note repeated concepts and points of emphasis across transcripts. In the second cycle of coding, I grouped related codes into preliminary categories and used memos to refine emerging themes. Descriptive codes were then grouped into preliminary coding chunks informed by the study's research questions and theoretical framework. These chunks included themes such as interagency collaboration, existing curriculum and resources, and anti-ableist ideology across participants'

accounts. Through an iterative and reflexive process, I reviewed and refined codes, developed analytical memos, and identified overarching patterns. I closely examined codes related to professional development, inclusive teaching methods, and facilitators for implementation. Additionally, attention was given to how power dynamics, institutional structures, political climate, and ableist assumptions manifested across participants' accounts.

To strengthen the trustworthiness of the findings, I conducted member checking by sharing transcriptions and participant descriptions to validate accuracy (Trainor & Graue, 2014). All participants reviewed their individual transcript and participant description and confirmed that the information accurately reflected their contributions, offering clarifying information for participant descriptions but requesting no substantive changes. Researcher reflexivity was maintained throughout the analysis through the use of analytic journaling and memos, acknowledging how my own identity and experiences might shape interpretation (Holland, 1999). Finally, I conducted cross-case comparative analysis to identify similarities and differences across programs, institutional contexts, and staff roles, supporting a more nuanced understanding of how CSRE is shaped by localized structures and broader systemic conditions (Miles et al., 2014). The key themes and subthemes identified via this process are presented in the following section.

Findings

Analysis of the interview transcripts revealed overarching themes reflecting the experiences of IPSE staff and service providers in conceptualizing and implementing CSRE for students with IDD. These themes illuminate the application of programmatic values, the external systemic challenges experienced by programs, and aspirations for future growth. Participants articulated a set of foundational values that guided their commitment to providing CSRE and

described the role of collaboration, existing curriculum, and instructional supports amidst persistent barriers to implementation. They also emphasized the need for ongoing and future research, calling for clearer standards, student-informed curricula, and field-wide collaboration to advance CSRE in IPSE settings.

The main themes identified are (1) Foundational Program Values and Philosophies, (2) Collaboration, Curriculum, and Instructional Supports, (3) Persistent Barriers to Implementation, and (4) On-Going and Future Research. Each theme has numerous categories, which are explained and evidenced below.

Foundational Program Values and Philosophies

Participants described several foundational values in IPSE settings that support the implementation of CSRE. These core beliefs, such as typicality, "dignity of risk," and self-determination, shaped not only what content was taught but also how it was framed and prioritized within each program. While outlining their individual philosophies, participants emphasized the ethical obligation to provide medically accurate CSRE as part of the inclusive college experience. Across all interviews, the idea of CSRE being provided through a rights-focused or "dignity of risk" framework was mentioned 52 times.

Typicality and the Ethics of Inclusion

Three participants emphasized the ethical obligation to provide CSRE to students with IDD as part of delivering a "typical" college experience. For many programs, typicality serves as both a guiding philosophy and a practical rationale for embedding CSRE into their instruction.

Dr. Hannah described this foundational value clearly: "One of the pillars of our program is typicality, so we really ascribe to providing our students as typical of a college experience as possible." She extended this programmatic approach to developing the course and associated

course sequence related to healthy relationships, explaining, "In the vein of typicality, [we] incorporate just typical university support and offices as much as possible." She framed CSRE as a moral imperative, stating, "I'm just a person that's saying it's ethical and moral to provide this education to our students as well as everybody…just like we would any other typically matriculating student." Dr. Hannah emphasized that CSRE should also reflect the broader intellectual goals of participating in an IPSE program. "It's all about critical thinking in higher ed, like that's the whole point," she explained, connecting her IPSE courses to a disability studies class she teaches to traditionally enrolled students: "The whole point of being in college is to think critically and to better understand experiences, other's experiences in society, not just your own." She pushed back on the internalized fear and societal views that often influence how these topics are treated, rejecting the paternalism often emphasized with individuals with IDD and the ableist assumptions perpetuated by society:

> On a very more basic, human level, I think ethically all adults deserve [this]…but ethically, I believe all adults should have access to medical accurate and comprehensive sexuality education; like we're all human, we all have sexual urges and hormones, and all the things and body parts, so it's not ethical, in my opinion, to withhold that information just because somebody makes a judgement on whether you're able to understand or able to follow through with, with having a sexual relationship or not, it's not our judgement to make.

When asked what advice she would offer to other programs, Dr. Hannah responded: "Don't be afraid to be comprehensive, you know, like take the, take the aim of typicality when you're developing this and don't be scared. I mean this is, these are adults." She concluded, "I don't

think ethically it's our place to filter out or water down. I think it's actually unethical for us to do that and, and can make our students more unsafe."

Rachel echoes this position, stating, "Let's remove the stigma that students like these aren't gonna have the skills to, you know, engage in sexual relations because that's just not a fact, right? Our students are going to engage in these relationships." For Dr. Danni, ethics meant access to information: "I have a philosophy of more, more information is better, giving people information is important." For her, this included emphasizing the importance of program staff training to provide the information students need to make informed decisions.

Continued Shift from Reactive to Proactive Teaching

Three participants highlighted a shift in their program from reactive, incident-driven responses to a more proactive, intentional approach to CSRE. Angel recalled the early days of her program, when they were constantly "putting out fires" because their students did not understand boundaries or healthy relationships, especially in an on-campus setting. This changed when they decided to be more proactive after realizing that their students were "adults, they're going to get up to stuff, and I want them to be able to get up to stuff safely."

However, Dr. Danni noted that while her program is now proactive, the shift was motivated by a negative incident, not from a positive student-centered viewpoint or student-based desires. This remains evident in the program's limited and narrowly-focused approach to CSRE, which, as she described, is "all safety related, risk related, yeah, it's very limited in that way."

Across interviews, the theme of "not sugarcoating" information emerged. Angel explained:

> We can't sugarcoat things because they, like, they deserve to know the truth, and they deserve to know the facts. And so, when we, I feel like, like as a society, we sugarcoat sex because it's an uncomfortable topic…but our students deserve to know that it is called a penis. They deserve to know that it is called a vulva, and, and so like we need to be honest with them.

Dr. Danni echoed this, indicating that "they're adults…you cannot make special rules for one subset of students on campus that don't apply to the rest of the students on campus." She went on to note, "I try not to sugarcoat things, I do to the best of my ability."

Participants emphasized that being proactive meant equipping students with knowledge and language. As Dr. Hannah put it, "You're normalizing it so much so, like people aren't, our students aren't as, it's, it's not an off-limits topics…but just normalizing, giving students language to talk about things, like with accurate medical terms and language."

Empowerment through Comprehensive Content

A strong thread throughout the interviews was the belief that students deserved to be taught not just the risks, but the full reality of sex and relationships, which includes pleasure, identity, and agency. Through comprehensive instruction, students are empowered. Rachel shared how her unit encourages students to reflect on their own preferences and desires. She described how she works to translate what sex and relationships look like in real life:

> To help the students kind of explore what are your, you know, your preferences when you, you know, go into a relationship. Do you even want to approach this in a relationship? You know, like, really empowering the students to know that they have decision-making power.

She described the evolution of content in this area from an abstinence-based model to a more nuanced approach that includes safety as well as pleasure and advocacy. Rachel reflected, "You also have the right to enjoy this, should you choose. You also have the right to make decisions about this." She shared about a powerful classroom moment: "We were going over…being asexual, what that meant. And like the light bulbs going off in the classroom. Like, oh my god, I have the, like this makes sense, I just haven't had the terminology for it." While she would like to incorporate more advocacy, she noted that her program's current structure of a single six-week unit does not allow for it.

Similarly, Angel emphasized that their curriculum avoids blanket rules, especially regarding topics like online safety and masturbation. Instead, they present a range of perspectives: "Some people enjoy touching themselves sexually, and some people do not enjoy touching themselves sexually, and it's OK, whatever you do or do not like," and provide explanations on how to do those things safely if they choose to. Angel recounted one student who shared, "I never knew I could tell people no," which she said affirmed the value of her curriculum. A phrase she indicated using throughout lessons is "my body, my choice," adding that "you deserve to know what consent is, like you, you deserve to know when someone is not, when someone is violating your boundaries, for example. You deserve these things too, cause you're a person." The goal, Angel emphasized, is "empowering my students…with their sexual and dating health." Her advice to other programs was to start "at least covering the basics of sex education, and then consent and boundaries, so that their students are empowered to make decisions for themselves." Angel also noted how her program supports students in making choices or decisions:

> If you make these decisions, what are the possible consequences? How can we mitigate those consequences? You know, what are ways, again, to keep yourself safe if you're choosing to engage in sexual activities? And it's always framed as this is your choice, whether or not you want to do it.

Together, these insights reflect the shared commitment to education that provides students with the tools to feel empowered to make choices and decisions related to relationships and intimacy.

"Dignity of Risk" and Self-Determination

Two participants repeatedly emphasized the importance of applying foundational IPSE program values, like "dignity of risk" and self-determination, to CSRE with the same integrity as in other domains. Dr. Hannah made this connection explicitly: "Every human deserves this, I think dignity of risk is a, a term that, you know, deserves to be said." Acknowledging the discomfort that can come with teaching this topic, she reflected:

> It's scary, but we are doing our kids a disservice if we do not allow them to have a full range of emotions and experiences in life…quality of life is directly tied to having the full range of experiences, and that means taking risks, period.

Rachel similarly tied her philosophy of instruction to self-determination:

> I really lead from the lens of self-determination, and I think that's really important for programs. Right? And this content doesn't change that, right? You can be all about dignity of risk, but when it comes to sexual health, you need to keep that energy up, right? A lot of these programs' staff, it's like, oh yes, risk is so important when students are making decisions about what they're going to eat for lunch, but they can't have sex… It's like, wait a minute, like, we don't just drop off this major guiding philosophy of our work because we're talking about a sensitive topic now.

For both Rachel and Dr. Hannah, "dignity of risk" means holding firm to the same student-centered values of their program as a whole, even with more complex or sensitive topics.

Collaboration, Curriculum, and Instructional Supports

Participants described a range of instructional strategies and off-campus supports to enhance their delivery of CSRE in IPSE programs. This theme captures how collaboration, curriculum design, and inclusive pedagogy support student access, engagement, understanding, and application. Program staff frequently partnered with campus and community experts, adapted existing curricular resources, and utilized existing evidence-based instructional strategies to promote learning through access and engagement. Partnering with experts for interdisciplinary teaching was mentioned across the four interviews 38 times.

Value of Partnering with Campus and Community Experts

Across programs, participants emphasized the importance of collaborating with experts to enhance the quality and accessibility of the CSRE they offered. Rather than trying to take on all instructional responsibilities in-house, staff frequently relied on other professionals with specialized training in sexual health, advocacy, and campus policies.

Dr. Hannah captured this sentiment clearly: "Cause like I'm not a sex expert…so I want to pull in the experts as much as possible and not, you know have to reinvent the wheel and learn it myself to be able to teach it." Similarly, Rachel shared, "I'm not a content expert, right? I really love to partner with somebody." For her, the partnership model for this unit was the "best-case scenario where I don't have to come in with this content knowledge because we already have specialists there. I am just more so there to ensure everything's in clear language, redirect, rephrase, and create like our modified materials." Angel echoed this approach, stating, "They are

the professionals in this, this is their lives, this is what they do. And so, they are much better equipped to teach the lessons than I am."

Participants provided several examples of their formal partnerships with on-campus and off-campus organizations, which supported content delivery, expanded lesson content, and improved inclusivity. Angel's program maintains partnerships with both an off-campus organization focused on sexual assault victim's advocacy and a community-based organization, which is an educational arm of Planned Parenthood. Angel explained, "They already had the curriculums developed and we, and so we were basically like, hey, these are the lessons that we think our students need based off of what you offer." She highlighted the organizations' inclusivity, specifically their gender-affirming language: "they are so queer and LGBTQ friendly…they use a variety of pronouns…and they will talk about intersex and transgender [identities]." She also integrates the Title IX office and student conduct staff by giving them a heads-up before instruction begins: "They're so grateful that we're one having these conversations about boundaries and consent and that we are giving them the heads up, that we're having the conversations now."

Rachel collaborates with a sexual health student organization affiliated with her university's medical school to co-teach the unit her program offers: "The models that we're using in class are rented from the university, all of the like materials, the condoms, the lubes that we use for demonstration day is all provided by the university…I mean it's free of charge." Her program also utilizes the Title IX office to introduce concepts like consent and campus-level protocols. Dr. Hannah's program similarly involves the student health center, which she described as engaging and effective:

> They come in, and they bring a big old dildo and a condom, and they put that thing on there…and do like demonstrations, talks, and they make it fun, you know, like they do a Kahoot about sexual health or reproductive health.

For her, being proactive is beneficial for the program as well as for other on-campus entities: "From a Title IX perspective, if you're proactive, then you're saving your students from like a world of hurt when it comes to probably not malicious, or mal-intent."

Partnerships with other experts in the field of sexual health, advocacy, and on-campus policies relieved staff from having to serve as content experts, while creating access to resources, space for campus engagement activities, and more dynamic instruction on sensitive topics. Rachel noted the benefit of encouraging her students to connect with broader university offerings, such as a campus-wide "Sex Week." She reflected on students attending a "Kink 101" workshop hosted by another group on campus: "The students came back to class, and they were like we learned so much, but we don't know what any of this means. OK, let's talk about it, what do you want to know?"

Dr. Hannah highlighted how these collaborative relationships promote continuity and credibility within her course: "[It's] logistically helpful because you don't have to take on the load of understanding all the medical accuracies of sexuality, and then you can pull in the people that already know that stuff and already are doing that." She offered sage advice to other programs beginning this work:

> Make friends with your campus partners and community partners…there's people in every community, nonprofits, or state agencies…doing this work of going into, to places and doing comprehensive sex ed or, presentations to teens and young adults. So, use those folks to help shore up your curriculum.

Limitations and Concerns with Outside Partners. Despite the overall value of collaboration, two participants raised concerns about the preparedness of potential external partners to effectively teach students with IDD in an IPSE setting. Dr. Danni shared a critical experience in which a campus crisis center was unequipped to respond to a student from the program she works with: “The lack of understanding of what intellectual disability is on the large scale of campus, has come home to roost, several times.” She expressed skepticism about bringing in university departments, such as personnel from the public health department of the nursing program: “I don't know that the students would be honest with their questions necessarily. I also don't, just because you have expertise in an area, does not mean that you know how to teach people with intellectual disability.” Dr. Danni emphasized the need for expertise that is both content-specific and pedagogically appropriate for students with IDD in an IPSE setting: “If they could learn from anyone with any curriculum, they would not have an intellectual disability...bringing in someone… I have no idea what that person's training is, I have no idea if they actually will instruct the students effectively.”

Angel, while generally positive about her partners, did acknowledge that their background is rooted in K-12 education: “Most of what they do is teaching in high school, or middle, like mostly it’s high schools. But the curriculum still really matters for our students because, again, they’ve never had any of this before.” While the content was still relevant, this reflects a broader concern about the need for tailored instruction that accounts for the specific needs of individuals with IDD in IPSE settings.

Leveraging Existing Curriculum and Resources

In creating their courses and units, all participants drew from a wide range of curricula, tools, and materials to meet the needs of their students. Rather than relying on a single source,

many described customizing and supplementing existing materials; specific curricula or resources were mentioned 32 times across all four interviews. Dr. Hannah built her course using the 3Rs Curriculum (Advocates for Youth, n.d.b), praising it for being free, well-organized, and already built for differentiation and for featuring plain and accessible language. She also utilized media by supplementing her lessons on gender identity with the first episode in the TLC series *I am Jazz* (TLC, 2018).

Rachel is also "huge on resources" and uses Urban Dictionary and online searches to help students decode slang and unfamiliar topics. She noted, "We're all interdependent on different people," and she encourages her students to become comfortable with looking things up and asking questions about their interests. Angel's program uses curriculum provided by one of her partners, the educational branch of Planned Parenthood, which she describes as clear and direct without being overly complicated.

Dr. Danni reflected, "[We're] just doing our best with the curriculum…supplementing it because no curriculum is perfect." Her program uses both Elevatus (Elevatus Training, n.d.a) and Positive Choices (Oak Hill Center for Relationship and Sexuality Education, n.d.). One activity she described from Elevatus involved a "choose your own adventure" story where students direct what happens; for example, when two people go on a first date. Dr. Danni also pulls in outside resources, noting, "The Canadian Disability Council will have some modules…OAR, Organization on Autism Research, has some modules, which are great…Elevatus has some [free resources]" (Elevatus Training, n.d.b; Organization for Autism Research, 2019). She emphasized accessibility and variety, incorporating videos from the National Council on Independent Living (2019), and using demonstration tools like condoms, birth control, and menstrual products.

Inclusive and Differentiated Teaching Approaches

Participants described using a wide range of instructional methods and strategies to make their course or unit accessible, inclusive, and engaging. Across interviews, staff emphasized the importance of visual supports, hands-on experiences, role-playing, repetition, and anonymous questioning, techniques that are closely aligned with Universal Design for Learning (CAST, 2018) and other inclusive education practices.

Dr. Danni emphasized the importance of using visuals to support multisensory learning and reinforce abstract concepts. One activity she described involved using a laser pointer to trace reproductive anatomy on projected images. To reinforce understanding, she layers the instruction using multiple modes:

> We talk about the path of the egg and the sperm where I, they have a laser pointer…we project the uterus and the penis…and then we trace the path of the egg and the sperm using the laser…they've drawn it…then they do the laser, and then we write it out. So, like multiple means of instruction on the same topic.

She also uses flashcards and anatomical models, including the Jim Jackson model set (Health Edco, n.d.) to reinforce vocabulary and understanding of anatomy. During lessons on reproductive health and medical care, she demonstrates the use of items such as a speculum, lube, pads, tampons, and menstrual cups, allowing her students to "look at them, they touch them, they see what they're about".

Rachel also highlighted the importance of hands-on activities to help support her students in making abstract concepts more concrete: "We have some physical models that we bring into the class so students can kind of physically see." She described how the unit culminates in a "condom demonstration day," where students select from a range of barrier methods (e.g.,

internal condoms, external condoms, dental dams) and practice demonstrations on anatomical models. She reflected on her access to a variety of models:

> Models have been huge for us, you know, cause, we have different, you know, skin colors on the models. Yeah, the models have been very helpful for us cause they can literally get in there, touch, move things around. It's just like we would see in an OBGYN office.

Rachel also uses graphic organizers, guided notes, and fill-in-the-blank or labeling worksheets to help students process and retain information.

Role-playing emerged as a central strategy across programs. Rachel described using role-play to reinforce lessons about consent and relationships while using inclusive language, and Dr. Danni described using role-play activities to practice using different pronouns. Both indicated that more could be done to expand this practice and make it more related to real-life applications. Similarly, Angel and Dr. Hannah also noted the value of role-playing in reinforcing skills through active participation. To further reinforce knowledge acquisition and skill application, Angel has her students repeat the unit in their junior year, as "repeating it is really good because [the students] forget a lot of the things, you know, our students with IDD need that repetition in order for something to really stick."

Creating space for students to ask questions anonymously was another shared strategy. Rachel detailed building time into class for students to submit anonymous questions via polls or notecards: "The most important thing to ensure that people are including is a space for questioning." Similarly, Angel uses both an online form and notecards to allow students to submit anonymous questions. This strategy helps support students' interests and questions while

also modeling that no topic is off-limits and students should not be afraid or embarrassed to lean into their curiosities.

Across interviews, participants emphasized the need to differentiate instruction without simplifying or filtering content. Dr. Hannah frames all assignments to be "UDL informed," describing them as activity- and project-based rather than reliant on traditional assignments such as tests or quizzes. She stressed to:

> Differentiate as much as needed because we know that that is why our students are in our program is because they need differentiation; they need support, but they don't need to have anything filtered out or water down for them; they just need it presented in a, in a way that is accessible.

Angel similarly emphasized the importance of being clear, direct, and inclusive in delivery. For her, instruction is not solely about content mastery but, more accurately, about giving her students opportunities to apply learning across different contexts. With this in mind, she designs assignments to reinforce concepts and empower students to practice making real-life decisions.

Persistent Barriers to Implementation

While participants across programs expressed a strong commitment to providing CSRE, they also identified several persistent barriers to this goal. These challenges, ranging from time limitations and curriculum gaps to ableist assumptions embedded within political climates and the lack of professional development and centralized guidance, restrict how comprehensive instruction can be.

Time Constraints and Lack of Structural Support

All participants frequently cited time as a major barrier to implementing effective CSRE within their programs. Despite having the knowledge and tools to provide quality instruction,

they often described feeling rushed, having to decide what content to prioritize, and being unable to adequately and effectively revisit or reinforce topics. Dr. Danni explained, "The barriers are not instruction," but rather the time it takes to implement best practices like repetition for skill building:

> We know what is an evidence-based practice for people with disabilities to learn…I know what works, and it's repetition. Do I have the time to do the repetition? No. Do I have time to spiral back to different topics? No.

She described a tension between her intentions and desires for the course with the constraints of time: "I do have role-playing activities but again it takes up so much time…it's been a lot of sit and get, which is like not the best way."

Dr. Hannah similarly noted that even starting instruction early in the student's college experience doesn't guarantee adequate time:

> Even if you start day one freshmen semester, there's usually a couple weeks of orientation and other things. And you don't, like, dive into condom use and consent on day one of your freshmen year intro to healthy relationships course anyway, so you know there's weeks and months sometimes before you can get at the meat of the education you're going to do around sex anyway.

Rachel, who teaches CSRE in a six-week unit, shared a similar concern: "That's probably my only complaint is [if] I had a semester long to do this or even half a semester, a few more weeks, whatever, because I think we, we could get in so much more in depth." Rachel added that this short time frame forces difficult decisions: "Unless you have an entire semester dedicated to this, you're gonna have to pick and choose." Even for programs that do dedicate a full semester to

instruction, time often still falls short of what most educators feel is necessary. Dr. Danni reflected:

> It's only a semester long, and I think we've reached the point where I cannot cram any more information into the class, and in fact, I feel it's not enough, and we are doing the students a disservice by acting like a semester is sufficient.

Gaps in K-12 Sex Education and Reinforced Ableism

Participants expressed frustration that when students with IDD enter their program, they often have no or minimal prior exposure to CSRE. These gaps make it harder to build new knowledge and often reflect broader ableist assumptions in K-12 school settings. Angel observed, "I know my students, for the most part, haven't had [the basics of sex education] in their K through 12 education." Rachel echoed this, noting the wide range of background knowledge of students in her program: "It's really disheartening with this content, how little all of our students know, or just the misconceptions that they know;" she went on to identify this as "the biggest frustration or barrier."

Dr. Hannah connected these gaps to systemic issues in her state's education system: "We don't have a great comprehensive and medically accurate sex ed for anyone in our public schools, much less students with intellectual disability… [we] do a dismal job of educating students with ID on sex in our school systems." She added that this lack of instruction in the school setting often leaves it up to parents to teach their children, which results in highly varied outcomes: "It could be wonderful, and it could be zip, nothing." Dr. Danni underscored that once students arrive on campus, the behavioral expectations often increase without targeted support: "Students with intellectual disabilities are being held to behavioral standards that are higher than the standards they've ever been held to before with no additional skill instruction, no additional

practice opportunities." She added that many students come in with "myths and misconceptions" that programs must first help students unlearn.

Cultural and Political Climate

The broader cultural and political context also shaped what was possible in the implementation of CSRE. For some, political conservatism limited curriculum content, partner support, and donor relationships. Dr. Danni explained that her university's conservative culture, which she referred to as a "ring by spring" campus, impacted everything from curriculum design and course structure to access to external resources and partnerships: "It impacts the fact that we didn't have sex ed when the program was started….it colors everything. It colors donors and how donors fund the program; it colors people's perceptions of the students and me; it colors, yeah, everything." She described how her campus once had a Pride Center and Diversity Center, both of which have since closed.

Rachel, while working in a self-proclaimed more progressive state, noted that discomfort with the topic remained: "This content, it's taboo for a lot of people. It's taboo [for] program staff, it's taboo for families, it's taboo for students." Similarly, Dr. Hannah acknowledged that "our political climate is not doing us any favors," but she noted that higher education is not always bound by the same restrictive policies that apply to K-12 settings. Angel provided a contrasting perspective, describing how her state's political context supported access to resources like the educational branch of Planned Parenthood, which she utilized to co-teach her program's unit related to CSRE. Still, she recalled having to explain its purpose to a student from a conservative religious background who was initially hesitant to participate in the unit.

Lack of Buy-In and Ethical Dilemmas

Participants also highlighted ethical tensions and a lack of buy-in from families and institutional partners, as well as other program staff. These challenges often surfaced around discomfort with content or a lack of shared values. Dr. Hannah recalled a student who didn't want to take her course due to fear instilled by their family. After a one-on-one conversation, the student stayed in the course and later reflected, "I'm so glad I took that sex ed class…it was uncomfortable at times, but it was good information, every freshman needs to know that." Dr. Hannah noted that many students internalize ableist ideas from their family and society:

> It's so apparent that our students have been fed this, like, fear-based information for so long, and, or they just are, they internalized that thought that they aren't going to be in a place to have sex, ever, or to have these types of romantic relationships…It's unfortunate. I mean, but it, I think it's all a symptom of the, the ableism that goes with, with that stuff in our society.

Dr. Danni described a similar challenge, not from a student, but from her colleagues. Although she took the initiative to purchase a work-based curriculum connected to CSRE and offered it to her program, she explained: "They don't wanna touch it...it's this thing, where like, oh, that's Dr. [Danni's] job. And when I've tried to empower that back to them like, that's not really received well or supported." She expressed frustration that CSRE remains siloed within her course rather than integrated across the program: "It needs to be spiraled through the program."

Rachel described the ethical complexity of finding ways to illustrate concepts without crossing comfort or appropriateness boundaries. As with any other topic, if a student asked what something looked like, she indicated she would use visuals and videos, but, she stated:

> I can't ethically show a video of sex in my classroom…I haven't found like an ethical way to do that yet…how can we make sure they're actually understanding what this looks like without showing a video or with explicit photos, but still doing it ethically?

Dr. Danni also described the tension of working with pre-set curricula that excluded controversial topics such as abortion: "The students have questions, they want to know, and, or they might not know what to call it, but they have questions…and pretending our students don't know about it or don't have questions [isn't realistic]."

Limited Access to Training and Professional Development

Across roles, participants described an ongoing lack of professional development opportunities specific to CSRE for students with IDD in IPSE settings. This resulted in a highly variable range of preparedness; while one participant had attended a targeted training, most described relying on previous K-12 experiences, self-directed learning, or peer collaboration.

Angel reflected on her absence of training in the postsecondary space, highlighting that the closest thing to training she received was in a K-12 classroom. She had to collaborate with a health teacher to provide her students the opportunity to participate in the sex education unit provided to students without disabilities. Similarly, Dr. Hannah shared about her experience of providing sex education in the public-school setting, indicating that she was provided a canned curriculum on circles of safety, which was her only experience informing her ability to provide CSRE in an IPSE setting. Others echoed this theme of professional isolation. Rachel, who had previously worked at a different IPSE program, recalled being offered a virtual training opportunity, but she left that role before being able to attend. Similarly, Dr. Hannah candidly stated she had never attended "any pointed professional development just for me," despite having been responsible for teaching the course herself and for staffing the course more recently.

In contrast, Dr. Danni actively pursued formal training opportunities, participating in specialized training through Elevatus, a curriculum designed for teaching sexuality education to high school students and adults with developmental disabilities (Elevatus Training, n.d.a, n.d.b). However, outside of this training, she must work to piecemeal a professional development network. She noted:

> When I go to conferences, I seek out the sex ed stuff…when I go to conferences, I present on sex ed…I attended the national sex ed conference…and I realized that the problem with going to a sex ed conference is I know too much about disability. So, I would go to these like disability presentations and be like, oh, yep, 101. Right, because people at a sex ed conference need disability 101. And, so what I was looking for just wasn't there.

Acknowledging the limitations of her approach, Dr. Danni indicated that at conferences:

> The network[ing] is, again, me just showing up to conferences and talking to people about sex ed, and some people being like, oh, I do that, or oh, we have that and kind of like, you know, developing a network from there, but it's very piecemeal.

In her pursuit of professional development, Dr. Danni has found resources and training that target different behaviors associated with sex education for K-12 settings. This indicates that one benefit of the K-12 setting is having "mechanisms of action" with a team to implement IEPs, conduct FBAs, and develop BIPs "that we do not have in inclusive higher ed…you can advocate for all those things in K-12. They simply do not exist in higher ed, and so like the answers are not for me." To help fill training gaps, Dr. Danni has provided professional development sessions for her own program staff in the past. However, she has concerns about sustainability. She explained that, because of staff turnover and because it has been two years since the training

was conducted, it's unlikely that current staff remember everything covered. She also initiated parent training during the application and interview processes as well as during summer orientation. Applying what she learned from the Elevatus training and its accompanying curriculum, Dr. Danni has tried to help fill training gaps across personnel groups responsible for teaching and supporting students with IDD in the program. Still, Dr. Danny reflects, "Siloing, Lots of siloing. I am siloed," so for her, a main barrier is "being the sole provider," which she identified as being "not safe or healthy for any program."

These accounts reveal a persistent challenge: without access to structured training or professional communities of practice, staff are relying on self-directed learning and personal initiative to gain knowledge and skills necessary to teach students in IPSE programs. This creates inequities in what content is delivered and how confidently educators can approach instruction, with the burden of knowledge-building placed on the educators themselves. The fragmented and often self-directed nature of professional development in this area highlights that even when trainings and professional development opportunities are available, they often are not aligned with the intersection of disability and sexual health.

Need for Centralized Guidance from Think College

Participants identified Think College as a potential hub for guidance but expressed frustration with the lack of centralized resources or dialogue featuring CSRE. While Think College is recognized as providing a valuable community of practice, participants felt that the field still lacked best practices, opportunities to share curricula, and consistent conversations highlighting shared experiences.

Dr. Danni shared her desire for a dedicated space for IPSE programs to collaborate around CSRE: "There's just not a lot from my perspective…not a lot of resources for inclusive

sex ed and disability," and further connected the important role that Think College can play: "There's no clearinghouse, you know, Think College doesn't have a button to push to see if sex ed is available…so yeah, finding my own continuing ed has been an adventure." She later returned to this point when describing the Think College Program Professionals Group on Facebook and the virtual coffee chats it hosts. She specifically highlighted the importance of openly sharing experiences in providing CSRE instruction.

Angel echoed these sentiments. While she appreciated the Think College Program Professionals Group on Facebook, she observed, "I very rarely see it come up, or if I do it's 'What sources do you have?' It's NOT, 'What are *we* doing?'" She expanded on the lack of field-wide conversations related to research and best practices:

> We, this is a problem with inclusive postsecondary education as a whole. We don't really know what our best practices are…and so having some of these like best practice ideas around sexual and reproductive health and relationship health would be really valuable, I think for the field.

Frustrated by the content featured in the coffee chats provided by the Think College Program Professionals Group on Facebook, Angel noted:

> I never feel like they're actually hitting on the things that we need, like as a program that we need. And if that's the case, then that's probably the case for other programs as well, so like talking through what are those best practices?...What topics should we be covering with our students? You know, what curriculums exist out there, that we can maybe modify to be better.

This need for field-wide coordination and the desire for collective learning highlight the need for a stronger, more connected professional community. Participants expressed a yearning for spaces

where program staff could move beyond simply trading resources to ones in which they can engage in honest dialogue about their experiences, successes, and failures. Think College was seen as the entity needed to establish best practice guidelines, vet curricula, and provide more opportunities for meaningful professional dialogue. In the absence of a shared infrastructure, educators feel isolated and are forced to build their own solutions from scratch rather than learning from the shared experiences of other programs. A more intentional and collaborative network could reduce the duplication of mistakes, amplify innovative practices, and build a field-wide understanding of what inclusive, affirming CSRE looks like for students with IDD in IPSE programs.

Ongoing and Future Research

Participants consistently expressed a shared desire for more research specifically focused on CSRE within IPSE settings. Angel reflected on the lack of a unified field-wide approach, noting that the field does not have "these conversations about what are we doing and what are best practices…we have no research, everybody does their own thing." Without clear research, she suggested, program staff are navigating content, structure, and curriculum on their own without evidence-based direction.

Centering Students' Voices and Participatory Research

Dr. Hannah emphasized the importance of designing future research that centers on the voices and perspectives of students with IDD themselves. She reflected on how, if redesigning her course sequence, she would do so with more student input, explaining that ideally, "Students tell me what they want to know, what they don't know, sometimes though, like you, they don't know what they don't know, and so that's hard to get, like fair input even, but that would be super cool." She went on to describe her vision for a multi-site participatory action research

study that could involve students from different programs sharing stories, photographs, and their lived experiences:

> I mean, if I had all the time in the world, I would do some sort of participatory study where students could take like pictures or bring in stories or anecdotes from their experiences on a college campus, like of things, things they wish they had known when they got here, you know, like, ask some upperclassmen to, to participate in that…asking incoming freshmen on the, on the flip side of that, like asking incoming freshmen what they want to know.

Beyond that, she expressed interest in hearing from a wider range of stakeholders, including parents, IPSE staff, and campus partners such as Title IX professionals. Dr. Hannah believed future research involving a wide range of perspectives across IPSE programs would help develop more inclusive and relevant curricula.

Developing Effective Measurement Tools

Dr. Danni acknowledged the challenges of existing evaluation tools specific to CSRE for students with IDD: "We just don't have effective measurement tools…sex ed assessments, skill assessments for people with intellectual disability are terrible. They're ancient." She went on to describe relying on instructor-made tests and noted that, while practical, they are not considered strong research. She recalled trying to assess the Elevatus curriculum with parents but struggled with the lack of standardized measures: "There's no measures. So, it's just me making up measures, which, like, sucks and is low quality research."

Rachel also expressed interest in building a stronger evidence base to inform her practice, emphasizing the value of collecting feedback from students. Still, she noted, "Every student in every group is different." She voiced frustration that much of the current research is not student-

centered or informed directly by the experiences of students with IDD in IPSE settings, highlighting the need for more personalized, feedback-driven analysis.

Active Contributions and Future Directions

While many participants called for additional research, several are actively contributing to the field. Dr. Danni is currently pursuing the publication of a manuscript documenting her program's implementation process as a way to support other IPSE educators. Dr. Hannah described her involvement in a research project focused on enhancing CSRE to prepare students before they even arrive on campus. Rachel indicated her intention to finalize her IRB application to evaluate how her students are responding to different topics addressed in the unit her program provides in order to build a student-driven guide for her future instruction.

Dr. Danni emphasized that continued research should be coupled with building university-wide knowledge of and competency to work with students with IDD: "[Their] job is not to serve five students at the university, [their] job is to serve all students at the university and the university now includes people with intellectual disability, and this is part of [their] job."

Discussion

This study offers a detailed account of how IPSE programs are approaching CSRE for students with IDD. Throughout their interviews, participants described how foundational program values, such as typicality, "dignity of risk," and self-determination, guided their implementation of CSRE, even in the absence of formal training or centralized guidance. Their reflections point to a broader commitment to equity and inclusion, as well as the challenges of navigating social stigma, institutional silos, and time constraints.

Aligning with Core IPSE Values

This study emphasizes that delivering CSRE in an IPSE context should not be an optional add-on but a core component of inclusive practices in higher education, as it is tightly connected to the fundamental values of typicality, self-determination, and "dignity of risk." Participants consistently stressed that students with IDD deserve access to all aspects of college life, including opportunities for romantic and intimate relationships, just like their peers without disabilities. This aligns with the core tenet of "dignity of risk" (Bumble et al., 2021 Shogren & Wehmeyer, 2015; Stinnett et al., 2021). By viewing this education as supporting a typical college experience and their ethical duty, participants ensure that students with IDD are not shielded from topics and instead are supported to engage with them appropriately (Grigal et al., 2023). Moreover, when CSRE is seen as a vehicle for promoting self-determination, it is essential to equip students to make informed choices about their bodies and relationships with others (Travers et al., 2014; Wehmeyer & Shogren, 2016).

Participants described how informed choice-making in relationships is a critical aspect of adult independence, a point well-supported in the literature (Azzopardi-Lane & Callus, 2015; Eastgate, 2008). True inclusion means trusting students to make their own decisions and learn from them (Black & Kammes, 2019; Bumble et al., 2021). IPSE programs cannot emphasize "dignity of risk" and self-determination while simultaneously denying students access to knowledge about dating and sex. Embracing CSRE reflects principles of inclusion and allows students to take age-appropriate risks and learn from successes and mistakes. As participants pointed out, it is unethical to deprive students with IDD of the freedom to take emotional and social risks akin to those of other college students. Echoing the call for *Messy Inclusion* by Bumble and colleagues (2021), growth and personal development follow risk. This approach of

typicality and inclusion aligns with disability rights positions, which affirm that people with disabilities have inherent rights that must be respected and that historically, these rights and access to CSRE have been denied (AAIDD, n.d.; Shah, 2017; Stinnett et al., 2021). The findings of this study reinforce the importance of aligning CSRE with IPSE program values to promote typical college experiences, student autonomy, and dignified risk-taking. Within this context, CSRE moves beyond merely relaying information to reinforcing the fact that students with IDD in IPSE programs are adults with agency, and their intimate lives are valued and supported, which aligns with broader disability studies perspectives on equality and rights (Gill, 2015; McDaniels & Fleming, 2016).

Integrating and Spiraling Content Across Programming

Another key takeaway from this study is that CSRE needs to be integrated across multiple settings and all years of a student's IPSE experience, rather than an isolated course or unit. Dr. Danni described a deliberate "spiraling" approach, where topics of sexuality and relationships are introduced early and revisited in greater depth across various contexts, as all aspects of campus life implicitly or explicitly involve sexuality or healthy relationships. In courses related to employment, conversations around appropriate behavior with supervisors and coworkers should be emphasized; courses on health and wellness should include sexual health; units on social skills should encompass dating as well as friendships; courses related to independent living should review concepts on public and private spaces and behaviors. By spiraling CSRE content year to year, students reinforce and deepen their understanding as they apply their knowledge and skills to new situations (DiGennaro Reed et al., 2012; Hume et al., 2021). This approach combats the compartmentalization of CSRE, normalizing these topics and reinforcing their natural and important place in adult life rather than treating them as a taboo

subject (Kijak, 2011; Schaafsma et al., 2015). Our findings support best practices of CSRE that are ongoing and integrated into everyday contexts, rather than delivered in brief, isolated interventions (Löfgren-Mårtenson & Ouis, 2018; SIECUS, n.d; Stinnett et al., 2021). Having more time to reinforce knowledge and concepts of sexuality as normal aspects of adult life helps students with IDD learn to manage relationships alongside academics, employment, and other aspects of independence (Azzopardi-Lane & Callus, 2015; Eastgate, 2008). This finding parallels observations in general education that curriculum spiraling enhances learning retention (Bruner, 1977; Harden, 1999) and aligns with calls in disability education literature to treat social-sexual learning as a continuous process rather than a siloed event (Swango-Wilson, 2011; Travers et al., 2014).

From Hesitancy to Engagement

This study also revealed a striking evolution in student engagement with CSRE. Participants described that what began as an uncomfortable and required experience for students transformed into a desired and interest-driven topic. In early sessions of their units or courses, participants described students as hesitant, anxious, quiet, and even resistant to participating in discussions about sexuality. This is not surprising, as many students had little to no prior exposure to in-depth and open conversation about these topics because sex education was ignored or addressed minimally in their K-12 years (Gougeon, 2009; McDaniels & Fleming, 2016). Research shows that youth with disabilities often receive less formal and comprehensive sex education in school settings, leaving them underprepared for adult relationships and experiences in postsecondary settings (Frawley, 2023; Löfgren-Mårtenson & Ouis, 2018; Pownall et al., 2012; Schaafsma et al., 2015).

However, participants described that as they continued including CSRE activities in their units and courses, students grew more at ease, responsive, and even enthusiastic when engaging in group discussions. This shift from CSRE being a required aspect of their IPSE program to a desired topic is evident in how students engage in this topic. The increase in engagement the participants described suggests that when students with IDD are properly supported and provided opportunities to participate in CSRE, they will have increased interest and connection to the topics, which is a finding echoed by other studies where individuals with disabilities reported appreciating the chance to learn about sexuality and relationships (Kammes et al., 2021; Lafferty et al., 2012; Swango-Wilson, 2011). This positive reception underscores the importance of overcoming the barriers of time, the absence of professional training, and the current lack of formal guidance to provide opportunities to students with IDD to embrace and engage in CSRE (Barnard-Brak et al., 2014; Löfgren-Mårtenson & Ouis, 2018). When CSRE is institutionally supported, students with IDD have the opportunity to shift from feelings of discomfort to empowerment as they develop meaningful social and intimate relationships with others.

Building Capacity through Partnership and Collaboration

The findings point toward the broader need for capacity-building at the programmatic and field level to sustain and expand CSRE. At the program level, participants called for campus- and community-wide training on disability-inclusive education. This includes IPSE staff as well as the wider circle of support personnel who interact with IPSE students with IDD (e.g., conduct offices, wellness centers, Title IX departments, residential life staff, advocacy organizations). Prior studies emphasize that invested partners often lack training in inclusive practices and feel underprepared to support students' access to consent and sexual health knowledge and skill-building activities (Barnard-Brak et al., 2014; Black & Kammes, 2021; Frawley, 2023; Löfgren-

Mårtenson & Ouis, 2018; McDaniels & Fleming, 2016; Stinnett & Plotner, 2023; Swango-Wilson, 2011). There is a clear need to equip these external partners with the skills to address topics like consent, boundaries, and responding to disclosures with individuals with disabilities, reducing discomfort and ensuring more consistent support for students with IDD across campus and within the community (Frawley, 2023; Travers et al., 2014). Early efforts are emerging, as Thorpe and Oakes (2019) called for IPSE program staff training after finding gaps in staff preparedness. This study reinforces that recommendation.

Participants also addressed students' families who can be key allies or unintentional barriers in a student's sexual self-determination (Azzopardi-Lane & Callus, 2015; Löfgren-Mårtenson & Ouis, 2018). As Dr. Hannah remarked, "Family members are the longest support system that our students are gonna have in their lives," so it is a disservice to exclude them from the conversation in IPSE settings. Dr. Danni took this a step further and has implemented yearly parent trainings for incoming freshmen. Including families in discussions serves as an opportunity to address misconceptions and equip them to support their students in making safe, informed choices. Family engagement is supported by recent research on parents' perspectives; a national survey of IPSE students' parents found that while parents value their young adult's independence, they often do not feel confident in supporting issues of dating and intimacy and rate learning about intimate relationships as a lower priority than other skills (Smith Hill et al., 2024). This finding mirrors broader research that parents often support autonomy but feel conflicted and even under-informed when it comes to sexuality (Kammes et al., 2020; Kammes et al., 2023; Pownall et al., 2012; Swango-Wilson, 2011). The findings of this study reflect this tension and underscore the opportunity for IPSE programs to fill this gap by bringing families into the conversation so they can continue to reinforce relationship skills and respect their

students' autonomy. Although not currently a common practice, engaging families as informational partners ensures that the knowledge and skills students gain while in IPSE programs are sustained. This collaboration aligns with family-centered approaches in disability services, acknowledging that self-determination involves the understanding and respect of autonomy by a student's circle of support (Shogren & Turnbull, 2014; Wehmeyer & Shogren, 2016).

National Guidelines

Beyond individual programs, there is a clear need for national collaboration and resource-sharing to further promote the advancement of CSRE for students with IDD. While participants reported operating somewhat in isolation, they expressed a strong desire for a centralized repository of resources and strategies and for continued research to develop best practices. This reflects a broader call across the field for coordinated efforts to promote high-quality, accessible, and inclusive CSRE (Black & Kammes, 2021; Frawley, 2023). Participants envisioned a scenario where proven materials and methods could be shared widely, preventing future programs from having to start from scratch. In this regard, the role of Think College is pivotal; participants viewed Think College as a natural "clearinghouse" for CSRE resources and best practices. Prior research has noted Think College's central role in providing national leadership and technical assistance for IPSE programs, and its infrastructure could be extended to encompass CSRE in IPSE programs (Grigal et al., 2011; Grigal et al., 2023; Papay & Griffin, 2013; Sanderson et al., 2022). Participants also recognized the value of collaborating with researchers to establish an evidence base that would further legitimize the implementation of CSRE in IPSE settings and inform future improvements, both of which align with ongoing calls

from research-practice partnerships (Kammes et al., 2021; Sanderson et al., 2022; Travers et al., 2014).

Persistent Barriers to CSRE Implementation

Despite the progress and positive outcomes captured in the experiences of participants in this study, they were also candid about the barriers that complicate the implementation of CSRE.

Time Constraints and Prior Knowledge Gaps

Limited time and bandwidth emerged as a persistent barrier, as IPSE programs already juggle academics, employment training, and independent living skills. Programs found that carving out enough time for CSRE was difficult, especially when it is not mandated or included in IPSE program guidelines (Grigal et al., 2019).

Another significant barrier was the gap in pre-program knowledge. Most students enter their IPSE programs with little to no formal sexuality education, reflecting broader systemic issues where students with IDD frequently lack access to appropriate sexuality education in their K-12 schooling (Barnard-Brak et al., 2014; Dukes & McGuire, 2009; McDaniels & Fleming, 2016). This often stems from exclusion from the curriculum and assumptions that they do not need this knowledge (AAIDD, n.d.; Esmail et al., 2010; Schaafsma et al., 2015; Sinclair et al., 2015). Consequently, participants often had to begin with very basic concepts, adding pressure to deliver CSRE in a short timeframe.

Lack of Centralized Resources and Professional Development

Another major barrier identified was the lack of centralized professional development, guidelines, or research-based curricula and standards tailored for teaching CSRE to students with IDD in IPSE settings. Without such resources, participants reported piecing together materials from generic adult sexuality resources, K-12 special education lessons and curricula, and

supplemental online materials (Grigal et al., 2019; Schaafsma et al., 2015). This patchwork approach led to uncertainty and inconsistency, highlighting the palpable need for formal resources and training. Our findings mirror those of Thorpe and Oakes (2019), who found that most IPSE support staff had never attended any sexual health training and that their programs often lacked clear policies on how staff should address students' questions. Participants in this study echoed this, desiring more guidance on content and on handling sensitive situations, such as students developing inappropriate crushes on peer supports or reports of peer-to-peer boundary crossing. The absence of a centralized, evidence-based curriculum or standards for individuals with IDD, particularly in IPSE programs, has led to variability in quality and content across programs (Dukes & McGuire, 2009; McDaniels & Fleming, 2016). Additionally, without robust professional development opportunities, CSRE providers in IPSE settings may feel uncomfortable and ill-prepared, further limiting the effectiveness of CSRE.

Institutional and Political Resistance

Participants also noted institutional and political resistance as a barrier, which may represent lingering misconceptions that people with disabilities are asexual or perpetual children (Esmail et al., 2010; Pownall et al, 2012). Broader political factors, such as restrictive K-12 policies on CSRE, fear of political scrutiny in conservative regions, and a cultural emphasis on safety and risk-aversion shape how CSRE is framed (SIECUS, n.d.). While none of these factors stopped the outright implementation of CSRE, they did constrain how CSRE was framed and the programs' access to external partners. Such resistance is not unique to the programs included in this study, as only about 40% of programs nationally offered proactive intimacy or sexuality education to their students, likely due in part to barriers of time, resources, and resistance (Stinnett et al., 2021; Stinnett & Plotner, 2023). Our participants stressed the need to address

these barriers head-on by embedding CSRE topics into existing required coursework, actively educating other stakeholders about the importance of CSRE, and sharing curricula and strategies among programs to alleviate the resource gap.

Future Research

Despite the growing recognition of the importance of CSRE within IPSE programs, this study underscores how limited the current evidence base remains. Additional research is needed to advance the field's understanding of how to best deliver CSRE in IPSE programs.

Establishing Standards and Evaluating Effectiveness

This study offers insight into current practices, but the field still lacks clarity about what CSRE looks like in the context of IPSE settings. To move forward, future research should focus on establishing clear standards that define comprehensive instruction in these settings. Presently, there are no established standards or even a consensus on what constitutes an effective CSRE model in these settings. While the National Sex Education Standards and existing K-12 curricula provide helpful foundations, they have not been adapted or validated for individuals with IDD in IPSE programs. Researchers should prioritize identifying these core concepts to develop universal program-level guidance applicable across diverse IPSE program institutions.

Similarly, there is a need to evaluate the effectiveness of existing instructional strategies and curricula through rigorous and inclusive methodologies. As many IPSE programs rely on a patchwork of materials and adaptations of K-12 curriculum, what exists should be assessed for accessibility, relevance, and student outcomes within IPSE settings. Future research should pilot curricula and consider how the associated instruction can be scaffolded and spiraled across courses within a program. Further, because existing measurement tools are outdated and often not normed for individuals with IDD or a postsecondary education setting, scholars should

explore the development and validation of tools to assess both student outcomes and instructional effectiveness. Clearly, there is a pressing need for more rigorous, evidence-based instruments that reflect the unique contexts IPSE offers.

Prioritizing Student-Centered Inquiry

There is also a need for more systematic, student-centered research to inform curricula, instructional design, and inclusive teaching practices. Future inquiry must include research developed by and with students with IDD to honor their lived experiences, preferences, and interests. Participatory action or student-informed research designs should include qualitative approaches like focus groups or photo voice, as well as inclusive survey designs, to allow students with IDD to reflect on their own comfort levels, questions they have, and learning experiences offered.

Implications for Practice

IPSE programs must continue to expand their approaches to CSRE to be sustained, integrated components of the student experience. Instruction should be spiraled across multiple semesters, reinforced through subject-matter specific content, and supported with skill-building opportunities. This requires programs moving beyond reactive models by adopting more proactive approaches, which empower students to build self-determination and decision-making knowledge and skills in the context of healthy relationships and sexual health.

This study also reinforces the need for CSRE to be a shared programmatic responsibility and for building collaborative teams across student services, academic staff, community partners, and campus departments to strengthen instruction and further promote inclusivity and typicality. Program design must reflect a commitment to including sexuality and healthy relationships as a core component of success in IPSE settings and preparation for adult life. In addition, programs

should offer resources and opportunities for families to learn alongside their students to align values of "dignity of risk" and independence and to reinforce instruction across support systems.

Limitations

This study was based on qualitative interviews with a small sample of program staff from IPSE programs across the United States. Findings are not generalizable to all IPSE settings or representative of the full diversity of IPSE models of CSRE. The wide variety of program size, structure, geographic context, and institutional affiliation influence how CSRE is approached and implemented.

Additionally, this study only captured the experiences of programs that have implemented CSRE for at least two iterations, limiting insights from newer or emerging programs that may be actively facing different barriers. Another limitation is the absence of student voices in the study. While the participating practitioners offered valuable insights into instructional strategies and programmatic barriers, the experiences and perspectives of the students themselves are needed to fully understand the impact and relevance of CSRE in IPSE settings. Finally, this study did not assess learning outcomes or include a systematic analysis of the curricula, instructional materials, or strategies being used. Further research is needed to explicitly evaluate effectiveness, cultural responsiveness, inclusivity, and accessibility of specific content to support the development of frameworks for implementation and assessment.

Conclusion

This study offers an in-depth look at how IPSE programs implement CSRE to support students with IDD. Through qualitative interviews with IPSE program staff and faculty, our findings illuminate the complex interplay of institutional values, staff beliefs, resource availability, and systemic constraints impacting CSRE implementation. Despite a shared

foundational belief in the importance of CSRE, there is significant variability across programs, underscoring the lack of clear guidance or standards for CSRE in IPSE settings. These findings highlight the critical need for IPSE programs to shift from a reactive approach to proactively and intentionally delivering inclusive CSRE that affirms autonomy, personal identities, and the right to participate in relationships. Moving forward, IPSE programs should invest in collaborative planning and center student voices in the development and delivery of CSRE. As IPSE programs continue to evolve, CSRE must be recognized as a core component of support for students with IDD, preparing them for full independence in adult life.

Chapter 4. Practitioner Paper

This chapter contains a practitioner paper based on the findings and recommendations in Chapters Two and Three. It is written for an audience of practitioners and intended to provide a practical guide for implementing inclusive, comprehensive sexuality education aligned with the National Sex Education Standards.

Abstract

Students with disabilities require access to comprehensive sexuality education (CSE) that is inclusive, accessible, and developmentally appropriate. The National Sex Education Standards (NSES) offer a clear framework of essential knowledge and skills; however, educators often need additional guidance and resources to effectively implement these standards. In this paper, I review the structure and content of the NSES domains and provide practical guidance for educators on aligning CSE instruction using Universal Design for Learning (UDL) and trauma-informed practices. Recommendations are offered on adapting instruction, incorporating free and high-quality resources, and ensuring that students with disabilities can access, benefit from, and apply skills and knowledge from high-quality CSE.

Implementing Comprehensive Sexuality Education for Students with Disabilities: Practical Strategies for Practitioners

Comprehensive sexuality education (CSE) is a fundamental component of personal development and well-being, encompassing the knowledge, skills, and values essential for healthy relationships, informed decision-making, and lifelong sexual health (UNESCO, 2018; SIECUS, n.d.). The United Nations Population Fund (UNFPA, 2014) identifies CSE as a rights-based, gender-focused approach to sexuality. Building on that framework, UNESCO (2018) specifies that CSE aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to: realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.

Although global organizations like UNESCO, UNFPA, and the World Health Organization (WHO, 2010) offer slightly different definitions of CSE, key elements, including rights, respect, empowerment, and scientific accuracy, consistently form the foundation of CSE programs (Goldfarb & Lieberman, 2021). Beyond these core elements, broader global trends indicate a significant evolution in CSE. For example, Vanwesenbeeck (2020) emphasizes that CSE has evolved from conventional health-based models toward empowerment-directed, rights-based approaches centered on autonomy, respect for diversity, and social justice. In the United States, organizations such as SIECUS: Sex Ed for Social Change advocate for CSE that is medically accurate, culturally responsive, and grounded in social justice (SIECUS, n.d.).

A growing body of research demonstrates how CSE not only enhances sexual health outcomes but also contributes to broader psychological, social, and emotional development. Banerjee and Rao (2022) argue that CSE plays a critical role in fostering informed, healthy

sexual behaviors and strengthening societal well-being. Similarly, Sell et al. (2023) emphasize that when CSE programs address gender and power dynamics, they more effectively promote equitable relationships and reduce gender-based violence. To achieve the wide-ranging benefits, reviews of existing guidelines and curricula highlight that truly comprehensive programs must address multiple dimensions of sexuality and health. In their synthesis of CSE frameworks, Miedema et al. (2020) identified four core thematic components essential to CSE: (a) rights, participation, and agency; (b) sexual and reproductive health and behavior-related concerns; (c) gender equality and power; and (d) positive sexualities and respectful relationships.

Over the past three decades, CSE has evolved significantly beyond its early focus on safety, including preventing pregnancy and sexually transmitted infections (STIs), to encompass a holistic approach that addresses the cognitive, emotional, physical, and social aspects of sexuality, aiming to empower young people to make informed decisions and develop respectful relationships (UNESCO, 2023; UNFPA, 2023; WHO, 2010). This holistic evolution is supported by extensive research. For instance, Hawkins (2024) notes that research continues to demonstrate the limitations of abstinence-only programs and the need for more comprehensive, inclusive instruction. A systematic literature review by Goldfarb and Lieberman (2021), which analyzed evidence for CSE effectiveness across diverse outcomes dating back to 1990, further highlights this shift. They found that contemporary CSE increasingly incorporates broader domains such as healthy relationships, consent, social-emotional learning, appreciation of sexual and gender diversity, and child sexual abuse prevention. By structuring their review around the US-based National Sex Education Standards (NSES; Future of Sex Education Initiative, 2020), Goldfarb and Lieberman validated that CSE aligned with these domains improves not only sexual health outcomes but also broader academic and social-emotional outcomes. Furthermore, CSE

promotes health and well-being and directly connects to improved academic success (Advocates for Youth, n.d.a).

Comprehensive Sexuality Education for Students with Disabilities

While the scope and intention of CSE have grown, educators and policymakers must further align with the complete vision of CSE to ensure that all students receive affirming, inclusive, and developmentally appropriate education. For students with disabilities, inclusive CSE is vital as they are often disproportionately at risk for sexual violence, social isolation, and misinformation, yet schools frequently exclude them from formal sex education programs (McDaniels & Fleming, 2016; Michielsen & Brockschmidt, 2021; Stein et al., 2017). Historically, the sexual desires, behaviors, and rights of individuals with disabilities have been dismissed, suppressed, or outright ignored within educational contexts (Strnadová et al., 2021). Research has shown that even when standards like the NSES exist, students with disabilities are often left out of aligned implementation, and the intersectional dimensions of their needs are commonly overlooked (Stoffers et al., 2023). Ensuring that CSE practices align with the NSES supports the delivery of developmentally appropriate, trauma-informed, and equity-centered instruction. This instruction, rooted in dignity and rights, promotes safety, autonomy, and belonging through its accessibility and affirming nature (Ailey et al., 2003; Black & Kammes, 2021; Kammes et al., 2020).

To be truly comprehensive, CSE must address the unique experiences of students with disabilities, who navigate overlapping systems of oppression, including ableism, heteronormativity, and gender-based discrimination (Michielsen & Brockschmidt, 2021; Travers et al., 2014). Consequently, CSE approaches must explicitly consider the intersectionality of disability, sexuality, and cultural identity in both content and delivery (Stoffers et al., 2022).

Indeed, intersectionality becomes essential in designing CSE that reflects the realities of youth with disabilities, particularly those who are also 2SLGBTQIA+, BIPOC, or from low-income backgrounds (Kammes et al., 2020). While embedding instruction on consent, bodily autonomy, and healthy relationships protects students and empowers them with the tools to communicate their needs, express and recognize boundaries, and make informed choices about their bodies and identities, many school-based programs fall short. They often focus too narrowly on protection and avoid other critical topics such as contraception, sexual decision-making, and gender roles, thus leaving students without essential real-world application skills (Paulauskaite et al., 2022; Schwartz & Robertson, 2019). Teaching these skills alongside self-advocacy cultivates decision-making capacity, an essential component of self-determination and successful adult transition (Field et al., 1998; Travers et al., 2014; Wehmeyer et al., 2017). Therefore, to be inclusive of students with disabilities, educators and policymakers must reframe CSE not as optional or controversial, but as critical to fostering autonomy, safety, and belonging across the lifespan.

National Sex Education Standards

The National Sex Education Standards (NSES), first released in 2012 and updated in 2020, provide a clear framework for K-12 education that mirrors the expanding vision of CSE (Future of Sex Education Initiative, 2012, 2020). This evolving framework reflects CSE's emphasis on rights, equity, safety, empowerment, and social-emotional health. Notably, the second edition of the NSES introduce a more explicit focus on intersectionality—addressing race, class, ability, socioeconomic status, gender, and sexuality—and incorporates social justice approaches (Future of Sex Education Initiative, 2020). By focusing on supporting students' physical, emotional, and social well-being across the lifespan, the NSES provide a

developmentally appropriate, scaffolded approach. This framework equips all students with the knowledge and skills to navigate relationships, personal identity, and sexual health.

The second edition of the *National Sex Education Standards: Core Content and Skills, K-12* (Future of Sex Education Initiative, 2020) was developed through a partnership between Advocates for Youth, Answer, SIECUS: Sex Ed for Social Change, and the Future of Sex Education Initiative. The goal of the NSES is "to provide clear, consistent, and straightforward guidance on the essential, minimum, core content and skills needed for sex education that is age-appropriate for students in grades K-12 to be effective" (Future of Sex Education Initiative, 2020, p. 7). The developed framework is research-based and professionally informed to outline the core content and skills necessary for comprehensive K-12 sex education, indicating what students are expected to know and do at specific educational stages. The NSES guide schools in designing and implementing planned, sequential, and age-appropriate CSE rooted in evidence-informed and theory-driven practices. By ensuring that students receive medically accurate information at the appropriate developmental level, the NSES support students in learning to navigate their sexual development as a normal, natural, and healthy part of human growth. Beyond foundational content, the standards address highly relevant and emerging topics related to sex, sexuality, and healthy relationships, thereby reinforcing the connection between health and educational outcomes. Furthermore, the NSES are grounded in social justice and equity to ensure that sex education is inclusive of students' diverse backgrounds (i.e., racial, ethnic, socioeconomic, gender, sexual orientation, and ability). The standards provide clear recommendations for educators, emphasizing how emerging research translates into practical classroom instruction that equips students with the knowledge, skills, and awareness necessary to promote inclusivity.

Beyond functional knowledge, the NSES highlight the specific skills necessary for adopting healthy behaviors and attitudes related to sexuality. The standards identify seven topics as the *minimum, essential content and skills*: a) Consent and Healthy Relationships, b) Anatomy and Physiology, c) Puberty and Adolescent Sexual Development, d) Gender Identity and Expression, e) Sexual Orientation and Identity, f) Sexual Health, and g) Interpersonal Violence (see Table 10 for a complete list of definitions). The seven strands of the NSES align with and utilize the eight National Health Education Standards (NHES), incorporating specific indicators (see Table 11 for a complete list of definitions). The NSES are designed to build foundational skills over time, ensuring successful application of standards in later grades. While not exhaustive, these standards specify the content and skills students should demonstrate, serving as progressive learning goals within each topic strand.

Process for Identifying and Organizing NSES Learning Goals and External Resources

Expanding on what is outlined in the NSES, this paper explores examples of resources educators could utilize to support students in gaining the knowledge and skills the NSES identify as developmentally appropriate for their age and grade. The NSES organize learning goals using the grade bands of grades K-2, grades 3-5, grades 6-8, grades 9-10, and grades 11-12. For the purposes of this paper, I consolidated the grade bands into four groups: early learners (grades K-5), pre-teens (grades 6-8), teens (grades 9-10), and young adults (grades 11-12 and beyond). I systematically reviewed the seven standard strands across the grade bands to effectively organize and support the learning goals. Following the structure of the NSES and NHES, I first identified the overarching themes and essential concepts or skills within each strand and age group. This involved a detailed examination of the knowledge and skill progression at each stage, emphasizing how foundational learning in early grades builds toward increasingly complex

Table 10. *Organization of the NSES*

Standard Topic	Abbreviation	Definition
Consent and Healthy Relationships	CHR	Outlines the functional knowledge and essential skills students need to successfully navigate changing relationships among family, peers, and partners. Special emphasis is given to personal boundaries, bodily autonomy, sexual agency and consent, and the increasing use and impact of technology within relationships.
Anatomy and Physiology	AP	Outlines the functional knowledge students need to understand basic human functioning.
Puberty and Adolescent Sexual Development	PD	Outlines the functional knowledge and essential skills students need to understand pivotal milestones for every person that impact physical, social, and emotional development, and that sexual development is normal and healthy.
Gender Identity and Expression	GI	Outlines the functional knowledge and essentials skills students need to address fundamental aspects of people's understanding of who they are as it relates to gender, gender identity, gender roles, and gender expression as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations, and the importance of advocating for safety and equity.
Sexual Orientation and Identity	SO	Outlines the functional knowledge and essentials skills students need to address fundamental aspects of people's understanding of who they are as it relates to sexual orientation and identity as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations and the importance of advocating for safety and equity.
Sexual Health	SH	Outlines the functional knowledge and essential skills students need to understand STDs and HIV, including how they are prevented and transmitted, their signs and symptoms, and testing and treatment; how pregnancy happens, decision-making to avoid a pregnancy, and pregnancy prevention and options; and the personal and societal factors that influence sexual health decision-making and outcomes.

T**able 10.** *Continued*

Standard Topic	Abbreviation	Definition
Interpersonal Violence	IV	Outlines the functional knowledge and essential skills students need to understand interpersonal and sexual violence, including prevention, intervention, resources, and local services; emphasizes the need for a growing awareness, creation, and maintenance of safe school and community environments for all students.

Note. These definitions are copied directly from Future of Sex Education Initiative (2020).

Table 11. *Organization of the NHES*

Standard Topic	Abbreviation	Definition
Core Concept	CC	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
Analyzing Influences	INF	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
Accessing Information	AI	Students will demonstrate the ability to access valid information, products, and services to enhance health.
Interpersonal Communication	IC	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Decision-Making	DM	Students will demonstrate the ability to use decision-making skills to enhance health.
Goal-Setting	GS	Students will demonstrate the ability to use goal-setting skills to enhance health.
Self-Management	SM	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
Advocacy	ADV	Students will demonstrate the ability to advocate for personal, family, and community health.

Note. These definitions are copied directly from Future of Sex Education Initiative (2020).

analysis, decision-making, and advocacy in later years. I referenced the *National Sex Education Standards: Core Content and Skills, K-12* (Second Edition; Future of Sex Education Initiative, 2020) as a comprehensive framework. Specifically, I consulted the full table of NSES standards and learning goals organized by grade level (p. 19-39) and by topic area (p. 40-59). This guided the organization of learning goals represented in this paper, ensuring that instruction across all grade bands remained sequenced, developmentally appropriate, and aligned with NHES and NSES expectations.

For each age span and standard strand, I summarized the key learning goals students should achieve, ensuring developmental appropriateness and alignment with trauma-informed best practices. These learning goals emphasize content acquisition and skill development, including critical thinking, communication, empathy, and advocacy, to prepare students for real-world situations. To support students in gaining this knowledge and achieving these learning goals, I identified free, high-quality resources (e.g., lesson plans and curricula, video series, interactive activities, and toolkits) and outlined activities and strategies that educators could implement to support learning objectives. Table 12 provides a detailed overview of all identified resources and activities described throughout the paper, organized by NSES strand and age band. For each domain, the table lists the curated resources, specifically matched to each strand and age band, and pairs them with direct links. This offers educators immediate access to the free, high-quality, trauma-informed materials identified to support the acquisition of the knowledge and skills outlined in the learning goals.

Consent and Healthy Relationships

The Consent and Healthy Relationships (CHR) standard within the NSES emphasizes the importance of equipping students with the knowledge and skills necessary to build safe and

Table 12. *Resources and Activities Aligned with NSES by Strand and Age Band*

NSES	Age Band	Resource	Direct Link
Consent and Healthy Relationships	Early Learners	*Being a Good Friend* Lesson Plan	https://teachingsexualhealth.ca/app/uploads/sites/4/DA-LP6-Being-a-Good-Friend.pdf
	Pre-Teens	*Consent and Sexual Relationships* Episode from the *Sexuality and People with Developmental Disabilities* Video Series	https://youtu.be/UDn1NNWHptQ?si=ArzT7I9bV5Y2ZY1g
	Teens	*Safer Dating for Youth on the Autism Spectrum* Curriculum	https://researchautism.org/wp-content/uploads/2018/11/Safer-Dating-ASD-Curriculum-Final-Product.pdf
	Young Adults	*Sex Ed for Self-Advocates* Modules	https://researchautism.org/self-advocates/sex-ed-for-self-advocates/
Anatomy and Physiology	Early Learners	Book Series by Robie H. Harris: *It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends* *It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families* *It's Perfectly Normal!: Changing Bodies, Growing Up, Sex, and Sexual Health*	http://robieharris.com/?page_id=1874
	Pre-Teens	*Anatomy of Female Bodies* Video	https://youtu.be/j9QgcCK6FKM
		Anatomy of Male Bodies Video	https://youtu.be/G2ciOhidKpg
	Teens	Hormone Scenario Activity	See description on page 134 and Table 13

Table 12. *Continued*

NSES	Age Band	Resource	Direct Link
Anatomy and Physiology	Young Adults	*Sex Ed for People with I/DD: Masturbation* Video and Discussion Guide	https://youtu.be/csMVOylqLkU?si=YhHv_MaLdF06gfqc https://selfadvocacyinfo.org/wp-content/uploads/2020/03/9-30-19-NCIL-Sex-Ed-Easy-Read-Discussion-Guide-.pdf
Puberty and Adolescent Sexual Development	Early Learners	*Puberty and Finding Out Who You Are* Video	https://youtu.be/4mxhzcskL3A
	Pre-Teens	*Always Changing & Growing Up: Grades 7 & 8 Student Guide*	https://ophea.net/media/791/download?inline
	Teens	Media Example Activity	See description on page 140
Gender Identity and Expression	Early Learners	*Help Kids Learn About Gender [with Scoops & Friends]* Video	https://youtu.be/St6t1WvbysU
		Help Kids Learn About Gender [with Foxy] Video	https://youtu.be/lbhd-23mloc?si=l7AgRJBQ5wsvZlMi
	Pre-Teens	*Gender Roles, Gender Expectations* Lesson Plan	https://www.advocatesforyouth.org/wp-content/uploads/3rscurric/documents/6-Lesson-2-3Rs-GenderRolesGenderExpectations.pdf
	Teens	*Toilets, Bowties, Gender and Me* TEDx Talk	https://youtu.be/NCLoNwVJA-0?si=xPWZMSqZzSQri0bu
	Young Adults	*All About Jazz* Episode from *I am Jazz* Television Series	https://youtu.be/UI2FwswPq3w?si=mJxBSjdmNfpfs4D_

Table 12. *Continued*

NSES	Age Band	Resource	Direct Link
Sexual Orientation and Identity	Early Learners	*The Pengrooms* by Paul Castle	https://youtu.be/j3AsPtu0CJ8?si=Nnim46PW3sbqejfL
	Pre-Teens	*Creating a Safe School: Celebrating All* Lesson Plan	https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:fbd4ddb2-6138-419a-9e51-ddcc7b5486fd
	Teens	*Sexual Orientation Facts and Info: Finding and Assessing Credible Sources Online* Lesson Plan	https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:97d47a8f-ea5f-43ca-864f-03c83870e922
	Young Adults	*Our Stories, Our Journeys: A Sexual Health Game*	https://yoursexualhealthtoolkit.org/play-the-game/
Sexual Health	Early Learners	*What Makes a Baby* by Cory Silverberg Read Aloud	https://youtu.be/TQN_Wuxm45E?si=fVhsjzUx7VJwzLrg
		What Makes a Baby Reader's Guide	https://static1.squarespace.com/static/59e57b9529f187abf9bc69e8/t/5a38a16641920265d1cdeef2/1513660796110/WMAB-Readers-Guide.pdf
	Pre-Teens	*Sex Ed To-Go: Understanding Your Body* Course	https://sexedtogostudents.thinkific.com/courses/reproductive-anatomy-physiology
	Teens	Sex, Etc. Website	https://sexetc.org/
	Young Adults	*Sex Talk for Self-Advocates* Webinar Series	https://www.elevatustraining.com/resources-2/sex-talk-for-self-advocates-series/
Interpersonal Violence	Early Learners	*What is Bullying?* Video Series	https://pacerkidsagainstbullying.org/what-is-bullying/what-is-bullying-videos/

Table 12. *Continued*

NSES	Age Band	Resource	Direct Link
Interpersonal Violence	Pre-Teens	*Warning Signs: Understanding Sexual Abuse and Assault* Lesson Plan	https://www.advocatesforyouth.org/wp-content/uploads/2018/10/8.7_Warning-Signs_Amaze_3Rs2023.pdf
	Teens	*Expect Respect Educational Toolkit*	https://thehub-beta.walthamforest.gov.uk/sites/default/files/2019-08/Expect_Respect_Education_Toolkit%20%282%29.pdf
	Young Adults	LoveIsRespect.org Website	https://www.loveisrespect.org/

respectful relationships, covering consent, communication (in person and online), boundaries, autonomy, and learning to distinguish between healthy and unhealthy relationships. Teaching CHR is essential as it helps students understand that consent is considered, reversible, informed, specific, and participatory (IDC Professionals, 2022) in all types of relationships. This standard also reinforces the importance of respecting boundaries, effective communication, and recognizing abuse, coercion, and manipulation as parts of unhealthy relationships. Ultimately, equipping students with skills to recognize healthy versus unhealthy relationships empowers them to develop healthy relationship skills, advocate for themselves, and navigate complex social interactions throughout their lives.

Consent and Healthy Relationships for Early Learners

Beginning with early learners, teaching CHR focuses on personal boundaries and friendships. As social skills are developing, students need to learn how to communicate their needs and understand the importance of respecting others. Lessons should support students in exploring what makes a good friend and differentiating between healthy and unhealthy interactions. As students practice setting and respecting boundaries, they can learn how consent is an essential part of all relationships. For instance, Alberta Health Services (2024) created the *Being a Good Friend* lesson plan to help early learners develop skills related to friendship, boundaries, and healthy relationship behaviors. Through activities like Friendship Bingo, planned role-playing, and group discussions, students participating in this lesson learn to set and respect boundaries, express their feelings healthily, and recognize unhealthy friendships.

Consent and Healthy Relationships for Pre-Teens

At the pre-teen stage, students are forming more complex friendships and relationships; thus, continuing to teach communication skills, boundary-setting, and differentiating between

healthy and unhealthy relationship dynamics is essential. Students must develop critical thinking skills to navigate relationships and recognize social influences from peers, family, media, and technology. As part of the Empowerment series for self-advocacy, the New York State Office for People with Developmental Disabilities and Elevatus Training developed an educational video series, *Sexuality and People with Developmental Disabilities*. This series includes the episode *Consent and Sexual Relationships* (Office for People with Developmental Disabilities, 2024). This video, featuring adults with developmental disabilities and the creator of Elevatus (Elevatus Training, n.d.a), emphasizes self-advocacy skills, including saying 'no' and the importance of communication skills. It also depicts multiple examples of asking for consent and expressing permission, or the lack of it, in different scenarios.

Consent and Healthy Relationships for Teens

As teens navigate more complex relationship dynamics and practice communication with consent and boundary-setting, they may begin forming romantic and/or sexual relationships. It is essential to equip them with skills to express their needs, navigate relationships, and recognize unhealthy and potentially harmful behaviors. Teens should also explore the legal and emotional aspects of consent, understand the impact of self-esteem on relationship choices, and become familiar with strategies and resources for unhealthy and harmful relationship dynamics. To address these needs, the Organization for Autism Research's (OAR) *Safer Dating for Youth on the Autism Spectrum* curriculum (Bair-Merritt et al., 2019) includes dedicated sessions on healthy relationships and communication. Consisting of six 60-minute sessions, the curriculum features interactive activities such as card sorting, roleplaying, analyzing media portrayals, and creating a personalized dating safety plan. These sessions also include discussions regarding breakups and seeking help when needed. Encouraging learners to set their own boundaries and

recognize red flags, this curriculum prepares teens to navigate relationships, breakups, and online dating by addressing real-life dating and relationship challenges.

Consent and Healthy Relationships for Young Adults

Young adults are developing greater autonomy in their relationships and are likely to encounter more complex social, cultural, and media influences on their relationships, power dynamics, and boundaries. At this stage, students need to develop practical decision-making skills related to maintaining or ending relationships. This includes focusing on critical analysis of media portrayals, societal norms, and other influencing factors. Young adults should be able to identify unhealthy media portrayals of relationships that perpetuate unhealthy power dynamics and unrealistic relationship expectations. Furthermore, navigating social media and digital safety while using technology responsibly in relationships is crucial for students to be able to successfully use decision-making strategies independently. Building on the *Safer Dating for Youth on the Autism Spectrum* curriculum for teens, OAR also developed the *Sex Ed for Self-Advocates* resource, which provides clear and accessible information across nine modules: a) Public Versus Private, b) Puberty and the Body, c) Healthy Relationships, d) All About Consent, e) Dating 101, f) Sexual Orientation and Gender Identity, g) Am I Ready?, h) Sexual Activity, and i) Online Relationships and Safety (Organization for Autism Research, 2019). Through multimedia content, each module includes information on the topic with accompanying videos; after engaging with the content, each module features a self-assessment, allowing participants to test their knowledge and apply new skills. In addition, OAR offers a podcast adaptation of the guide. This resource is a valuable tool for teaching many standards associated with the NSES, with a specific emphasis on navigating consent, boundaries, and healthy relationships.

From early learners to young adults, the CHR domain evolves from dynamics of basic friendship and understanding of personal space to navigating romantic relationships and consent. By building upon the skills and knowledge needed to build healthy relationships, students become equipped to analyze their own relationships and navigate communication in a healthy way. The content within the CHR standard provides students with communication, conflict-resolution, and boundary-setting skills applicable to all relationships and contexts. This prepares them for successful and healthy friendships, familial relationships, professional interactions, and online communication, not just romantic or sexual relationships.

Anatomy and Physiology

The Anatomy & Physiology (AP) domain outlines the functional knowledge students need to understand basic human functioning. This essential component of the NSES normalizes discussion about the human body, thereby reducing stigma. Across all educational levels, teaching this standard helps learners develop an understanding of human body diversity and functions of reproductive systems. This fosters self-awareness and bodily autonomy while reinforcing respect for others.

Anatomy & Physiology for Early Learners

Early learners should be supported in successfully naming body parts using medically accurate terms. Using medically accurate names for all body parts, including genitals, lays a foundation for future understanding of the basic functions of reproductive anatomy. Early learners should be encouraged to acknowledge diversity in traits and anatomy (e.g., no two pairs of hands in the classroom look identical). When teaching the body parts, it is important to avoid teaching the names of genitals in a shameful way. Author Robie H. Harris, in consultation with experts, developed a series of books designed to provide age-appropriate information about

bodies, reproduction, and sexuality. For instance, *It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends* (Harris & Emberley, 2008) introduces basic concepts about bodies, gender differences, and where babies come from, using simple language and friendly illustrations for readers aged four and older. Similarly, *It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families* (Harris & Emberley, 2024), aimed at readers age seven and up, explores topics like reproduction, birth, and families in more detail. Lastly, *It's Perfectly Normal!: Changing Bodies, Growing Up, Sex, and Sexual Health* (Harris & Emberley, 2021) targets readers aged 10 and up, providing more comprehensive information on puberty, sexual health, and relationships while addressing topics like sexual orientation, consent, and internet safety.

Anatomy & Physiology for Pre-Teens

Building upon early learners' knowledge, pre-teens should understand the human reproductive system functions and variations in human bodies. Educators can use anatomy diagrams and 3D models to represent internal and external reproductive anatomy; they can also be used to explain how the reproductive system works, including puberty-related changes. Educators must ensure diverse representation with clear and inclusive visuals and models to depict the real-life diversity of internal and external reproductive anatomy (e.g., differences in labia size on vulvas, circumcised vs intact penises). For example, AMAZE Org offers videos on the external and internal reproductive and sexual organs, available on their website (amaze.org) or their YouTube channel (AMAZE Org). Their video, *Anatomy of Female Bodies* (AMAZE.org, n.d.a), reviews the external and internal anatomy of bodies with a vulva, specifying the difference between the vulva and vagina and explaining the internal process of menstruation. Another video, *Anatomy of Male Bodies* (AMAZE.org, n.d.b), describes the external and internal

anatomy of bodies with a penis, defining terms like semen, scrotum, and testicles, and explaining processes such as the difference between a circumcised and uncircumcised penis. (*Note*: While these videos use the language "Male Bodies" and "Female Bodies," it is more inclusive to use terms like bodies with a penis and bodies with a vulva.)

Anatomy & Physiology for Teens

As teens, learners need to demonstrate their understanding of the human reproductive and sexual response systems, differentiating between internal and external anatomy, and recognizing variations in human bodies. This includes explaining how the reproductive system works by recognizing internal and external anatomy and understanding its functions. Educators can introduce the sexual response system in a scientific, non-sensationalized way, exploring hormones, arousal, and orgasms. Again, educators must emphasize that bodies vary naturally, including the ways sexual response is experienced. Beyond diagrams showing internal and external structures, individuals should be able to match the function to each structure and explain the role of hormones in sexual responses (e.g., how testosterone influences erections). As teens understand their own anatomy and how it functions, educators can embed lessons and activities that teach them how to advocate for their health by asking their doctor about reproductive and sexual health concerns. To reinforce the understanding of how hormones influence sexual responses, educators can introduce a hormone influence map listing the key hormones and a short description as a teaching tool. Then, students could have scenario cards in which they have to match them to the correct hormone and explain their reasoning (see Table 13). This activity helps connect hormones to daily life, making the science associated with sexual responses personal.

Table 13. *Hormone Scenario Activity*

Hormone	Definition	Scenario Cards
Testosterone	A hormone present in all people, responsible for muscle growth, libido (sex drive), energy levels, and body hair development. It plays a role in puberty and reproductive health.	• "Hosea has noticed that their voice is getting deeper during puberty, and they feel like they have more energy during the day." • "River sometimes feels an increase in sexual attraction and desire, especially after exercising or waking up in the morning." • "After starting testosterone therapy as part of their gender transition, Mohamad notices an increase in muscle mass and body hair growth."
Estrogen	A hormone present in all people, supporting puberty, menstrual cycles, vaginal lubrication, bone density, and emotional regulation. It helps maintain reproductive and sexual health.	• "Inez notices that their menstrual cycle affects how they feel about their body—sometimes they feel more confident and other times more emotional." • "Sage is experiencing vaginal dryness and discomfort, making intimacy less enjoyable. They learn that estrogen helps with natural lubrication." • "Ayub is going through puberty and notices that their body is developing curves, and their skin is softer than before."
Oxytocin	Known as the “love hormone”, oxytocin is released during physical touch, cuddling, hugging, orgasm, and childbirth. It promotes trust, bonding, and emotional closeness.	• "After hugging their best friend for a long time, Fatimah feels safe, happy, and more connected to them than before." • "Even though Kai and their partner just argued, after cuddling on the couch for a while, they feel closer and more relaxed." • "Vivian recently gave birth and feels an overwhelming sense of love and attachment whenever they hold their baby.”
Dopamine	Dopamine is a pleasure and motivation hormone that is released during exciting or rewarding experiences like eating, exercise, intimacy, and achieving goals. It drives desire and pleasure.	• "Safwan eats their favorite dessert and immediately feels happier and more satisfied, it reminds them of how they feel after a great workout or a fun date." • "Zion experiences a rush of excitement and energy after a passionate kiss with their partner." • "Junior achieves a goal they’ve been working toward and feels a surge of motivation to keep going."

Table 13. *Continued*

Hormone	Definition	Scenario Cards
Serotonin	Serotonin is a mood-balancing hormone that helps regulate emotions, stress, sleep, and overall well-being. It also impacts mental health and sexual function.	• "Whenever Alex gets outside in the sunlight, they feel a noticeable improvement in their mood and energy levels." • "Ehsan struggles with anxiety, and their doctor tells them that serotonin plays a role in both mood and emotional well-being." • "Nevaeh has had a stressful day, but notices that after a long walk, they feel calmer and more balanced."

Note: Definitions and scenarios were developed to be accessible for students' understanding using ChatGPT (OpenAI, 2024); all content was reviewed and edited for accuracy and appropriateness.

Anatomy & Physiology for Young Adults

Young adults should understand the human sexual response cycle, including the role of hormones and pleasure. By teaching the sexual response cycle in a scientific and inclusive way, young adults are able to understand the biological and psychological process of the four stages (i.e., excitement, plateau, orgasm, and resolution) and the role of testosterone, estrogen, oxytocin, and dopamine in influencing arousal and pleasure. To normalize pleasure as a healthy part of sexual well-being, separate from solely reproduction, educators must discuss cultural and social messages about pleasure (e.g., stigmas of people with disabilities being asexual). Furthermore, other factors such as stress, medications, mental health, and disability can impact sexual response, so educators should encourage young adults to know their bodies and comfort levels. The National Council on Independent Living (2019) created a ten-video series to help people with IDD learn about sex from others with IDD. While educators can use the entire resource to provide accessible and inclusive sexuality education, the fourth video in the series, *Sex Ed for People with I/DD: Masturbation* (National Council on Independent Living, n.d.), presents masturbation as a normal, healthy form of sexual expression. By reinforcing that sexual pleasure and exploration are not solely tied to reproduction, but are part of broader physical and emotional well-being, the video validates self-pleasure as a safe, normal, and acceptable way to explore one's body. To complement the video series, users can download a plain language guide from the Self-Advocacy Resource and Technical Assistance Center's website (National Council on Independent Living & Rooted in Rights, 2019).

Across all developmental levels, effective instruction in AP is grounded in medically accurate, inclusive, and developmentally appropriate education that emphasizes body awareness and lifelong health. By progressively building upon prior knowledge—from early learners

identifying body parts to young adults understanding the role of pleasure in the sexual response cycle—this standard ensures the development of a strong foundation in AP. This foundation, in turn, leads to improved reproductive and sexual health throughout their lives.

Puberty and Adolescent Sexual Development

The domain of Puberty and Adolescent Sexual Development (PD) outlines the functional knowledge and essential skills individuals need to understand the physical, social, and emotional changes that occur during puberty. A key aspect of the NSES aims to normalize discussion surrounding puberty and sexual development, ensuring all students receive accurate and inclusive information. Across all educational levels, teaching this standard supports students in developing a positive understanding of changing bodies, emotional regulation skills, and confidence in navigating relationships.

Puberty and Adolescent Sexual Development for Early Learners

With early learners, puberty should be introduced in a simple and reassuring way. Educators must reinforce that puberty starts at different ages, and each person experiences the changes at their own pace, emphasizing that all bodies are different. Students should also learn that puberty can affect both emotions and physical development, including mood swings and body growth. Consequently, personal hygiene routines become necessary for health and comfort. Further, students should be affirmed that trusted adults, such as parents or other caregivers, doctors, and teachers, are available to discuss questions about their changing bodies. The video *Puberty and Finding Out Who You Are* (AMAZE.org, n.d.c) helps early learners understand the changes experienced during puberty and how they relate to their developing identities.

Puberty and Adolescent Sexual Development for Pre-Teens

As pre-teens, learners should build on their early knowledge to deepen their understanding of physical, emotional, and cognitive changes during adolescence. They must also learn how to fact-check information from their peers, social media, and the internet to identify trusted resources about puberty, development, and sexual health. As students become more comfortable discussing puberty and health topics—a normal and important milestone for personal growth and well-being—their ability to recognize misinformation will help them understand and recognize the emotional shifts, hormonal changes, and social dynamics that occur during puberty. For instance, *Always Changing & Growing Up: Grades 7 & 8 Student Guide* (Ophea, n.d.) addresses the different changes that occur during puberty while providing accurate medical information. The guide offers advice on personal hygiene, healthy relationships, and navigating social media to equip learners with practical skills. It also encourages readers to seek support from trusted adults, as well as provides additional resources for further information. Educators can use this guide to facilitate open discussion about puberty and sexual development.

Puberty and Adolescent Sexual Development for Teens

For teens, puberty, identity, and self-concept become more complex. While early puberty education focuses more on physical and emotional changes, this stage explores the cognitive, social, and emotional transformations that occur to shape how teens view themselves and their relationships with others. As teens are deeply influenced by factors such as their peers, media, family, and culture, they must learn how to critically analyze these influences to navigate social pressures and challenge potentially unrealistic expectations to build self-confidence. Educators must reinforce the idea that there is no single "right way" to experience puberty or adolescence. This can be achieved during an in-class activity focused on breaking the beauty standards by exploring body diversity in media. For this activity, have students watch short clips or review

images from reality TV shows (e.g., *The Bachelor*, *The Voice*, *Survivo*r), emphasizing how the media represents (or fails to represent) diverse body types, including those of plus-size and disabled individuals. In small groups, students can complete a media analysis chart, using different reality TV clips or sets of images, to report on: a) what body types are shown, b) if certain body types are portrayed differently (e.g., as comedic relief, villains), c) how the portrayals depicted may affect viewers, and d) what could be done to include more diverse representations. Through the small group discussion and activity, students begin to identify patterns in media representation and discuss how the exclusion of diverse bodies can negatively impact self-esteem and body image. Encouraging teens to engage in discussions about the changes they are experiencing within broader conversations about body diversity and representation empowers resistance to unrealistic beauty norms, further reinforcing that all bodies are different and valuable.

Puberty and Adolescent Sexual Development for Young Adults

Even though the NSES do not provide specific guidance for young adults, the PD domain remains essential to reinforce the skills and knowledge gained in earlier age groups. At this stage, learners can explore sexual development using their critical thinking skills to apply their knowledge to real-world situations. Building on their understanding of media, family, and culture, students can further learn to advocate for body diversity and inclusivity in media, education, healthcare, and workplaces. This reinforcement helps ensure young adults transition into adulthood with self-awareness and confidence as they continue their personal development.

The PD standard provides a foundation for understanding the physical, emotional, cognitive, and social changes that occur during puberty. Through this domain, learners gain confidence in seeking trusted information and critically evaluating societal influences, fostering a

positive relationship with their changing bodies. As students progress from early learners to young adults, they move from an overarching understanding of their bodies and emotions to a more critical analysis of external pressures experienced in puberty and sexual development. By emphasizing open conversations and media literacy, educators can empower learners to embrace their own identities and respect the diversity of others' experiences.

Gender Identity and Expression

The Gender Identity and Expression (GI) domain explores a person's understanding of themselves and others in relation to gender, gender identity, gender roles, and gender expression. A core aspect of the NSES, this standard helps prepare students to navigate how peers, media, family, society, and culture shape perceived gender norms and expectations, while emphasizing the importance of gender diversity. Since messages surrounding gender expectations begin early, teaching this standard promotes the development of understanding gender as a spectrum and recognizing the impact of gender roles and societal norms.

Gender Identity and Expression for Early Learners

For early learners, educators should introduce GI in a simple, inclusive, and affirming way to help students understand themselves and respect others. At this level, this standard aims to create a foundation for students to explore who they are, how people express their gender, and how to treat those of all genders with dignity and respect. This begins with an understanding that gender, sex assigned at birth, gender identity, and gender expression are different things. By reinforcing that it is acceptable to express gender in diverse ways, students can learn to challenge gender-role stereotypes, understanding they can enjoy activities, clothes, and interests without being limited by gender norms. The AMAZE Jr. videos, *Help Kids Learn About Gender [with Foxy]* (AMAZE Jr., n.d.a) and *Help Kids Learn About Gender [with Scoops & Friends]*

(AMAZE Jr., n.d.b) introduce the concepts of gender roles and stereotypes, illustrating how to express yourself freely, regardless of traditional gender norms. Utilizing these videos to foster an environment that encourages open conversations will enable students to ask questions and seek guidance as they explore the concepts of gender identity and expression.

Gender Identity and Expression for Pre-Teens

For pre-teens, developing a deeper understanding of gender identity, gender roles, and gender expression is crucial as they begin to recognize how peers, family, media, and culture influence attitudes and beliefs about gender. By critically examining gender norms, understanding medically accurate terminology, and practicing inclusive language, students reinforce the importance of respecting the spectrum of genders. For example, the *Gender Roles, Gender Expectations* lesson plan from the Rights, Respect, Responsibility (3Rs) curriculum by Advocates for Youth (2017) aims to identify stereotypical characteristics and prompts reflection on personal feelings regarding what is ascribed to specific genders. This lesson discusses societal expectations and encourages students to reflect on how these expectations influence their individual behavior and self-perception. Such meaningful discussions that empower pre-teens to recognize and challenge limiting gender norms, also foster a more inclusive environment and promote the importance of medically accurate information.

Gender Identity and Expression for Teens

As teens continue to develop their sense of self, they become more aware of how gender identity and expression intersect with societal norms, culture, and media. They should learn how to articulate the difference between sex assigned at birth, gender identity, and gender expression through inclusive conversation. In these discussions, they can practice their media literacy skills to critically examine the representation, expectations, and stereotypes associated with gender

norms. By questioning stereotypes and assumptions about masculinity, femininity, and other identities, students learn to critically evaluate media messages related to gender roles and identity. The TEDx Talk, *Toilets, Bowties, Gender and Me* by Audrey Mason-Hyde, offers a personal perspective on gender identity and societal expectations. In it, a 12-year-old shares their experiences of navigating a world that imposes rigid gender norms (Mason-Hyde, 2018). Educators can use this video to prompt critical analysis of gender norms, self-expression, and societal expectations within a guided discussion because it challenges assumptions made based on appearance, highlights the difficulties of gendered spaces like bathrooms, and questions the importance of gender labels. This real-life example highlighting Audrey's experiences helps students challenge traditional gender norms as they critically think about gender identity and diversity and how societal expectations may impact their own identities and self-expression.

Gender Identity and Expression for Young Adults

Young adults experience greater autonomy and independence as their understanding of gender identity begins to shift from personal exploration to community engagement. As young adults experience how support systems, such as their peers, families, schools, and other communities, may affect them, it is essential that they develop the skills needed to advocate for policies and programs that promote respect. Recognizing exclusion in their schools, workplaces, and communities at large, young adults need to learn the importance of engaging in real-world activism to push for inclusive initiatives. The television series *I am Jazz*, for instance, begins with the episode "All About Jazz," which documents the life of Jazz Jennings, a transgender girl, offering an intimate look into the dynamics she faces while navigating adolescence (TLC, 2018). Educators can incorporate this episode into classroom discussions to provide young adults with a real-life perspective on gender identity and the experiences of transgender individuals. This

television series showcases the crucial role of family acceptance and the impact of the community on the social and medical aspects of transitioning.

The GI domain plays a critical role in the NSES, focusing on how media, society, and culture influence attitudes, beliefs, and expectations surrounding gender, gender identity, gender roles, and gender expressions. It then extends to advocating for policies and programs that promote dignity and respect for people along the entire gender spectrum. This progressive foundation—from developing an awareness of gender as a spectrum to critically examining media, society, and cultural expectations—provides students with opportunities to explore their own identities while fostering inclusivity for all. Ultimately, equipping young adults with the knowledge, skills, and confidence to support gender-diverse individuals, challenge discrimination, and advocate for inclusivity necessitates the teaching of gender identity and expression across all developmental stages.

Sexual Orientation and Identity

The Sexual Orientation & Identity (SO) domain within the NSES focuses on providing the knowledge and skills needed to understand and respect individuals with diverse sexual orientations and identities. This standard emphasizes sexual orientation as a person's emotional, romantic, and/or sexual attraction, while identity refers to how a person defines themselves within this context. Similar to the GI domain, students must explore the influence of peers, media, family, and culture while simultaneously learning how to challenge stigma, discrimination, and bias. Promoting respectful conversations and practicing inclusive language helps students differentiate between fact and misinformation related to sexual orientation and identity.

Sexual Orientation and Identity for Early Learners

For early learners, educators should ensure discussions about sexual orientation are developmentally appropriate and use inclusive and straightforward language. At this stage, the SO standard focuses on normalizing diverse family structures, relationships, and identities. To build a foundational understanding of sexual orientation basics, educators must emphasize that people can love and have relationships with diverse partners (e.g., men with women, women with women). In addition, building on the content for GI, students should learn that while gender is about who we are, sexual attraction is about who we feel attraction toward. Early learners can be introduced to diverse family structures and the concept of sexual orientation through engaging books. For example, *The Pengrooms*, authored and illustrated by Paul Castle (2022), follows two penguins, Pringle and Finn, who deliver wedding cakes to different animal couples, showcasing diverse relationships. Using a read-aloud (Castle, 2023), educators can showcase how love comes in many forms, encouraging respect for different family structures and promoting inclusivity when discussing relationships. Additionally, teachers should utilize inclusive language and help students identify trusted adults to whom they can pose questions about sexual orientation.

Sexual Orientation and Identity for Pre-Teens

At the pre-teen stage, students can expand on their foundational knowledge of sexual orientation and identity and continue to learn about how media, family, and culture play a role in shaping beliefs. While exploring these external influences, this stage offers students an opportunity to be introduced to a broader range of sexual identities. As students continue to learn how to find credible information on this topic, they should be able to define sexual orientation (referring to emotional, romantic, and/or physical attraction) and sexual identity (referring to how one defines oneself within this context). Terms like heterosexual, bisexual, lesbian, gay,

queer, two-spirit, asexual, and pansexual can be explored while students practice accessing credible information to find trustworthy sources. Educators should emphasize respectful communication by using inclusive language. For example, the *Creating a Safe School: Celebrating All* lesson plan from the 3Rs curriculum (Advocates for Youth, 2023a) offers an interactive, discussion-based approach for pre-teens exploring inclusivity and advocacy in their school community. Aligning with the NSES for SO, this lesson encourages learners to analyze their school environment, reflect on its strengths, and identify areas for improvement to develop a school plan for inclusivity.

Sexual Orientation and Identity for Teens

As teens develop a deeper understanding of sexual orientation and identity, they are exposed to social expectations, media portrayals, and cultural beliefs that may influence attitudes and beliefs. Therefore, they must learn to critically analyze these external influences and find credible and reliable information about sexual orientation. By utilizing critical thinking skills, they can navigate their own identities, support others, participate in inclusive discussions, and challenge misinformation about sexual orientation and identity. For example, the *Sexual Orientation Facts and Info: Finding and Assessing Credible Sources Online* (Advocates for Youth, 2023b) lesson plan from the 3Rs curriculum helps high school students utilize their media literacy skills to find and evaluate credible sources of information about sexual orientation. In this lesson, students research and analyze online sources to find fact-based information, differentiating between facts, opinions, and biases in the media. This reflection helps them understand how external influences shape attitudes and expectations related to sexual orientation.

Sexual Orientation and Identity for Young Adults

As young adults experience greater independence, their understanding of sexual orientation and identity expands beyond personal awareness to community advocacy and support systems. Learning how the attitudes and beliefs of peers, family, school, and community support impact the well-being of 2SLGBTQIA+ individuals requires youth to prioritize advocating for inclusivity and challenging discrimination in real-world settings. By understanding the role of support systems, students can better analyze real-world challenges in school, healthcare, and social settings and advocate for inclusivity and institutional change. The online game *Our Stories, Our Journeys: A Sexual Health Game* (Project SHINE, 2024), available from Your Sexual Health Toolkit, serves as an interactive tool featuring real-life scenarios that illustrate how support from peers, families, schools, and communities positively influences the health and well-being of individuals of all identities. Through navigating the interactive stories, the game encourages players to recognize the significance of advocating for policies and programs that promote dignity and respect. Designed for individuals with intellectual and developmental disabilities, the online game—along with the entire toolkit—provides clear explanations and scenarios that distinguish between sexual orientation, sexual behavior, and sexual identity. This comprehensive tool offers accessible, relatable content tailored to the needs of individuals with IDD, with interactive elements that encourage active participation and retention of information related to sexual health and the topics within the SO standard.

The SO domain within NSES ensures students develop a comprehensive understanding of sexual orientation, sexual identity, and sexual behavior, learn to differentiate between them, access credible information, and practice inclusive and respectful communication. From early learners recognizing that families and relationships come in many forms, to teens developing critical thinking skills to differentiate between orientation, identity, and behavior, this standard

progressively develops students' skills. Ultimately, they gain the skills to advocate for inclusive policies, challenge discrimination, and analyze societal influences.

Sexual Health

The domain of Sexual Health (SH) focuses on providing individuals with the information and skills needed to understand and care for their sexual and reproductive health. This encompasses specific education on conception, pregnancy, contraception, and sexually transmitted infections (STIs), as well as factors like personal values, relationships, and social pressures that may influence sexual health decisions. The SH domain emphasizes that sexual health extends beyond merely preventing negative outcomes; it highlights the importance of understanding one's body, rights, and options to make informed decisions.

Sexual Health for Early Learners

At the early learning stage, education surrounding SH provides foundational knowledge about the human body, how living things reproduce, and how to take care of one's body to stay healthy. At this stage, students can develop a basic understanding of reproduction and personal hygiene routines, and learn simple, accurate information about STIs. By learning about the basics of reproduction, students can understand how all living things may have the capacity to reproduce (i.e., humans, animals, plants) and learn basic, factual terms that include how human reproduction involves the joining of egg and sperm. Expanding on this, it is important for students to recognize the diverse ways in which pregnancy occurs and that not all families form the same way. Introducing STIs in a non-stigmatizing way allows early learners to accurately understand how they are and are not spread. Additionally, early conversations around general health and autonomy should introduce students to personal hygiene routines—emphasizing hand washing, bathing, brushing teeth, and wearing clean clothes—to help them care for their bodies.

What Makes a Baby by Cory Silverberg (2013a) introduces the basics of human reproduction, using clear, gender-neutral language. The book's read aloud by the author (Silverberg, 2014), accompanied by the *What Makes a Baby Reader's Guide* (Silverberg, 2013b), can support early learners in understanding how living things may have the capacity to reproduce and that families and births can happen in many different ways. The reader's guide enhances learning with adaptable prompts, vocabulary support, and reflective questions, supporting early learners' exploration of reproduction and family diversity.

Sexual Health for Pre-Teens

Pre-teens experience significant physical, emotional, and social development; thus, expanding their knowledge of sexual health, consent, risk, and access to care is crucial. This expansion helps them make informed decisions while building skills to protect their health and autonomy. Within the SH domain, this includes understanding sexual behaviors (i.e., vaginal, oral, and anal sex) to identify factors that help them to decide whether and when to engage in sexual behavior. They also learn about risk reduction and protection, including barrier methods, their proper use, and other short- or long-term contraceptive methods. In addition, students should be learning about STIs: how they are transmitted, signs and symptoms of infection, and potential health impacts. As they gain this knowledge, they should be able to identify how to access contraception, pregnancy care, and STI testing. Throughout the SH domain, pre-teens should learn how to analyze media to critically evaluate information and navigate systems and their own choices. For example, Planned Parenthood's (n.d.) *Sex Ed To-Go: Understanding Your Body* course provides instruction on internal and external reproductive systems, laying the groundwork for conversations surrounding contraception, STIs, and sexual decision-making.

This free online course promotes reliable health information sources and explains why and how to care for one's body, including the importance of doctor visits and regular hygiene practices.

Sexual Health for Teens

For teens, SH expands to include a more advanced understanding of pregnancy, STI prevention, reproductive rights, and access to care. Teens should build the skills to make independent, informed decisions, to communicate effectively with their partners and healthcare team, and to evaluate how societal factors affect their health outcomes. Education at this stage aims to equip teens with knowledge and tools to manage their health responsibly, understand their individual rights, and advocate for equity and justice in their sexual health. This includes the ability to compare and contrast the pros and cons of contraceptives and STI prevention methods, while identifying factors that impact risk, such as engaging in vaginal, oral, and anal sex. By analyzing state and federal laws concerning confidential services for minors, emergency contraception, safe haven laws, and sterilization policies, teens should be able to identify medically accurate sources of information surrounding SH. Answer, a national organization housed at Rutgers University, publishes the teen-centered resource *Sex, Etc.* (Answer, n.d.). All content is fact-checked and written in plain language, offering a balance between education, storytelling, and decision-making support. With quizzes, polls, FAQs, and articles, this site engages teens in self-assessment and peer-informed learning, helping to create opportunities for students to practice evaluating credibility. The site also includes state-by-state information on minor consent laws, emergency contraception, abortion access, and confidentiality in care. This supports students in building media literacy, evaluating credible sources, and developing communication and decision-making skills central to the SH domain.

Sexual Health for Young Adults

For young adults, SH education shifts to focus more on autonomy, access, and advocacy, as learners are actively making informed choices about STI prevention, pregnancy, and healthcare access while analyzing factors that influence their choices. Education emphasizing the development of critical thinking, communication, and community awareness supports young adults in navigating real-life situations where they must advocate for their sexual health. Their learning also includes assessing the importance of testing, disclosure, and accessing treatment. Furthermore, it involves understanding the skills needed to be an effective parent through access to medically accurate, unbiased information on pregnancy. Young adults must develop a plan to access local resources related to their sexual health. The *Sex Talk for Self-Advocates* webinar series (Elevatus Training, n.d.c) is an inclusive webinar series designed to support individuals with IDD in learning about sexuality and relationships. The series covers a range of essential topics (e.g., bodies, consent, relationships, and sexual health) using plain language, diverse visuals, and a strength-based approach. Specifically, Part 3: *Safe Sex Practices—Sexually Transmitted Infections (STIs)* focuses on understanding common STIs, their modes of transmission, and strategies to reduce risk. This video emphasizes personal responsibilities related to getting tested and communicating with partners, while also addressing factors that influence safer sex decisions.

The SH domain of the NSES outlines the knowledge and skills needed to make informed, safe, and responsible decisions about bodies, relationships, and reproductive and sexual health. Beginning with the basics of reproduction and personal hygiene routines with early learners, the domain then supports pre-teens to define types of sexual behavior, explore methods of protection, and understand how pregnancy occurs and STIs spread. As teens, learners develop a deepened understanding of contraception, conception, and STI prevention to be able to evaluate

risks and communicate with their partners. Additionally, as they explore laws related to consent and care, they become better equipped to develop plans for reducing risk and accessing care. As young adults, students must apply this knowledge to real-world situations where they analyze personal and systemic factors that affect access and decision-making. Navigating parenting readiness, healthcare access, and reproductive and sexual health options requires the integration of medically accurate information.

Interpersonal Violence

The domain of Interpersonal Violence (IV) focuses on equipping students with the knowledge and skills to recognize, prevent, and respond to all forms of interpersonal violence. This includes understanding bullying, harassment, abuse, assault, dating violence, exploitation, and trafficking. It also highlights how consent, boundaries, and healthy relationships contribute to creating safe, supportive, and respectful environments. As students learn how to identify red flags, set boundaries, seek help, and support their peers at home, in school, and in the community, they also explore power imbalance, discrimination, and oppression. The IV domain is essential for promoting personal safety and respect for others and must be approached through a trauma-informed lens.

Interpersonal Violence for Early Learners

For early learners, the IV domain focuses on building safety, empathy, and self-advocacy. Students begin to identify unsafe or uncomfortable situations, understanding what bullying, teasing, harassment, and abuse look like and how to seek help from trusted adults. At this level, educators should emphasize the importance of respecting differences and treating all people with dignity and kindness. Prioritizing emotional safety, choice, and trust through clear, supportive language helps learners understand how to seek help and implement safety strategies. The *What*

is Bullying? video series (PACER's National Bullying Prevention Center, n.d.) provides clear definitions and examples of what bullying looks, sounds, and feels like using a variety of scenarios to depict conflict, teasing, and exclusion, helping students spot red flags. The series emphasizes personal safety strategies such as telling a trusted adult, standing up for others, and using strong body language and voice.

Interpersonal Violence for Pre-Teens

Pre-teens are increasingly aware of social dynamics, relationships, and their own autonomy, making it critical to teach them how to prevent, recognize, and respond to interpersonal and sexual violence. Building upon earlier safety concepts, educators should introduce pre-teens to more specific definitions and real-world examples of harmful behaviors, including sex trafficking, sexual exploitation, and dating violence. At this stage, learners should be able to identify community resources and practice intervention strategies as they develop the skills to recognize harmful behavior, safely intervene or seek help, and become upstanders rather than bystanders. The *Warning Signs: Understanding Sexual Abuse and Assault* lesson (Advocates for Youth, 2023c) explores manipulation, coercion, and grooming in the context of abuse. Students also learn what to do if they or someone they know experiences abuse. Through a discussion-based format, students engaging in this lesson learn definitions, examples, and impacts of multiple forms of interpersonal violence while exploring national resources.

Interpersonal Violence for Teens

As teens, students deepen their understanding of interpersonal and sexual violence, its forms (i.e., physical, emotional, psychological, financial, and digital abuse), and the systemic and

legal frameworks surrounding it. With a focus on recognizing abuse, understanding legal protections, and learning how to access resources, teens should explore how sex trafficking, coercion, and power imbalances function in digital spaces and intimate relationships. The *Expect Respect Educational Toolkit* (Women's Aid Federation of England, n.d.) offers adaptable lessons for Pre-K through 12th grades, with one lesson per grade level. This toolkit includes targeted activities on recognizing different types of abuse, challenging victim-blaming, and identifying support resources. Specifically, the lessons for the teen years introduce how behaviors escalate and shift from supportive to abusive, illustrating early warning signs and progression while centering on legal consequences and protections. These lessons move beyond mere awareness of abuse, equipping learners with the knowledge, language, and critical thinking skills to recognize abuse, understand its legal implications, and practice intervention strategies.

Interpersonal Violence for Young Adults

At the young adult stage, the IV domain expands to emphasize social awareness, critical analysis, and advocacy. Moving beyond personal safety, students should gain skills to recognize how race, gender, disability, class, immigration status, and media shape beliefs and access to protection, justice, and support regarding interpersonal and sexual violence. By analyzing how peers, family, media, and society shape beliefs about consent, victim-blaming, and relationship norms, students can explore how intersecting identities can affect the perception, experience, and response to violence. As young adults experience increased independence and community engagement, this domain empowers them to recognize systems that contribute to violence and provides them tools to advocate for themselves and others. The website *LoveIsRespect.org* (National Domestic Violence Hotline, n.d.) is a comprehensive resource that promotes critical thinking, help-seeking, and advocacy. The *Is This Abuse?* page helps students identify red flags

and analyze behavior in dating relationships. The power and control wheel serves as a visual tool to explore how abuse may manifest across emotional, digital, and financial domains. Additionally, the "Get Involved" section provides guidance on creating awareness campaigns and advocating for school policy change. This empowering tool provides medically accurate, identity-affirming education and confidential support services, helping students recognize abuse, critically analyze factors influencing relationship dynamics, and advocate for safety and healthy relationships.

The IV domain helps students recognize, prevent, and respond to abuse, harassment, coercion, and exploitation. Building in complexity from foundational skills—like identifying trusted adults and unsafe situations—to advanced critical thinking and advocacy work around systems of power and justice, this domain must be addressed through a trauma-informed lens. As learners progress and their understanding of interpersonal violence deepens, they should explore how media, culture, and intersecting identities shape beliefs about violence, while also learning to access credible resources and seek help or support.

Recommendations for Educators

While the NSES do not provide specific guidance or support on *how* each topic area should be taught, they do highlight characteristics of effective CSE. These include but are not limited to being research-based, age-appropriate, and focused on clear health goals and behaviors (Centers for Disease Control and Prevention, 2023; 2024; Kirby et al., 2007; Teaching Tolerance, 2016). Effective curricula reinforce essential skills and address values, beliefs, and social influences while helping students assess risks and protective factors. Teaching methods should be engaging, trauma-informed, and culturally inclusive, integrating technology and real-

world connections. They should also provide adequate time for learning, active participation, and professional development for educators to ensure effective instruction.

Educators teaching CSE can promote meaningful, inclusive learning by grounding their instruction in both factual accuracy and developmental appropriateness at every grade level. Educators must answer students' questions neutrally and without judgment to reduce stigma and misinformation, especially related to the GI, SO, and SH standards. These conversations can be embedded across all content areas as research shows that incorporating CSE principles across multiple subjects (e.g., literature, social studies, art) to reinforce core concepts yields some of the strongest positive outcomes (Goldfarb & Lieberman, 2021). Educators must prioritize the development of students' self-advocacy across all seven domains and reinforce their right to bodily autonomy, both of which are embedded in the NSES.

Implementing a trauma-informed approach is essential for CSE to create a safe and supportive learning environment. This involves recognizing the prevalence and impact of trauma on students' lives and adapting teaching methods to be sensitive to these experiences. Strategies include establishing predictable routines, fostering a sense of safety, and building strong, trust-based relationships with students (Cardea Services, 2016). When teaching all standards, especially the IV domain, educators should be prepared to respond appropriately to disclosure and provide resources for additional support. By removing cisnormative and heteronormative assumptions in language and content, educators can reflect the diversity of students' experiences and identities, fostering safer and more inclusive classroom environments.

Lessons should be interactive, providing space for discussion, reflection, and connection. Incorporating Universal Design for Learning (UDL) principles ensures that CSE is accessible, relevant, and meaningful for all students. UDL emphasizes multiple means of engagement (i.e.,

varied ways for students to connect with content), representation (i.e., content in various formats such as text, visuals or videos, and tactile models), and expression (i.e., demonstrating knowledge using different methods) to meet diverse learning needs by reducing barriers (CAST, 2018). UDL aligns with research showing that the combination of didactic teaching, modeling, visual supports, and role-play is highly effective for learners with disabilities (Hume et al., 2021), and these instructional methods have been identified as commonly used in CSE curricula (Pratt et al., 2025). Instructional strategies, such as social stories and visual aids, can reinforce abstract concepts and help apply skills and knowledge to real-life situations. Educators can also make content more accessible by using differentiation strategies to adapt materials, such as simplifying language (e.g., using slang terms), repeating instruction on abstract topics, or modifying pacing. By embedding the core principles of UDL in CSE, educators can create more equitable and applicable learning experiences, ensuring students can access, understand, and apply their sexual health knowledge and skills.

Professional Learning Standards for Sex Education

Many teachers report feeling underprepared to address CSE topics, especially those related to gender, sexuality, and equity. This underscores the need for clear, research-aligned professional development and instructional reports (Ryan et al., 2013). With educators in mind, the Sex Education Collaborative developed the *Professional Learning Standards for Sex Education* (PLSSE) to guide school administrators and classroom teachers on the contents, skills, and professional dispositions needed to effectively implement CSE (Sex Education Collaborative, 2018b). The PLSSE align closely to the NSES, which outline the minimum core content and skills students should demonstrate at various grade levels. Additionally, the PLSSE were developed to align with the *National Teacher Preparation Standards for Sex Education*

(NTPSSE; Future of Sex Education Initiative, 2014), which the Future of Sex Education Initiative also created to guide higher education institutions in preparing undergraduate students to deliver CSE. Written through a trauma-informed lens, the PLSSE are divided into four domains: a) content for sex education, b) professional disposition, c) best practices, and d) key content areas. These domains support educators in understanding the value of CSE in promoting youth well-being, reflecting on their own values and assumptions, developing strategies to create an inclusive and supportive classroom, and building confidence in content and skills required to effectively teach CSE.

While the NSES outlines what students should learn at each level, the PLSSE focus on what educators need to know and be able to do to effectively teach those standards. Educators can reference the PLSSE as a roadmap for improving their practice, identifying areas for growth, and deepening their confidence in delivering CSE (Sex Education Collaborative, 2018b). By providing clear guidance on essential content knowledge, teaching strategies, and professional dispositions necessary for effective instruction, the *PLSSE Assessment Tool* enables educators to assess their strengths and limitations (Sex Education Collaborative, 2018a). This helps pinpoint where they may need additional support through professional development or technical assistance. Educators can then use the PLSSE to identify professional development opportunities (e.g., conferences, trainings, online courses) to increase knowledge and expand teaching techniques. Further, the PLSSE offer a structured, intentional framework to help teachers stay current with evolving best practices that are grounded in equity, medical accuracy, and cultural responsiveness and support continuous improvement and high-quality implementation of CSE. Together, the NSES and PLSSE provide a powerful pairing: the NSES guides *what* to teach, while the PLSSE support educators in *how* to teach it with professionalism.

Conclusion

It is essential for educators to teach accessible and inclusive CSE to support students with disabilities in learning about their bodies, relationships, and rights. The NSES provide a clear framework for what students should learn at each grade level, but educators often need additional guidance and resources to modify instruction for this population. This practitioner paper offers strategies for aligning CSE content with the NSES, providing examples of how to adapt materials and use free, high-quality resources to support knowledge and skill acquisition. Educators working with students with disabilities should consider how they can use these tools, along with UDL and trauma-informed best practices, to create a more inclusive environment for CSE.

Chapter 5. Discussion

The preceding three chapters of this dissertation examine the current status of comprehensive sexuality and relationship education (CSRE) in inclusive postsecondary education (IPSE) programs for students with intellectual and developmental disability (IDD). Chapter Two features a national survey detailing how IPSE staff implement and prioritize CSRE content, aligning it with the National Sex Education Standards (NSES) and the Centers for Disease Control and Prevention's (CDC) 22 Essential Topics. Chapter Three expands on these findings through qualitative interviews with CSRE providers in IPSE settings, exploring their beliefs, experiences, and perceived barriers related to CSRE delivery. Chapter Four translates findings from Chapters Two and Three into actionable, practitioner-focused guidance, offering key considerations for implementing comprehensive sexuality education (CSE) for early learners, pre-teens, teens, and young adults, and providing a sample instructional framework aligned with the domains of the NSES for CSE.

In this chapter, I reflect on the development of this dissertation and how its design, implementation, and findings have shaped my scholarly trajectory. I then present the aims guiding my future research, emphasizing a focus on curriculum development, training and technical assistance, and policy-informed implementation strategies. Building on these aims, I will describe my short-term and long-term career goals and my intentions to expand this work through continued research. In outlining my future research directions, I aim to extend the contributions of this study and promote self-determination, "dignity of risk," and inclusive practices for individuals with IDD throughout my research endeavors.

Development of Dissertation

My work in my doctoral program, supporting the university's IPSE program, revealed a persistent gap between students' desire for accurate information about sexuality and healthy relationships and their participation in traditional college experiences related to these topics, given the limited and inconsistent instruction they had previously received. Early in my doctoral studies, I sought to understand what CSRE knowledge these students had obtained from their K-12 experience or from their family members. Repeatedly, I encountered misinformation and clear content gaps. In collaboration with the IPSE program's student support coordinator and a faculty mentor, we piloted single-session lessons and individualized education during person-centered planning meetings. These efforts proved insufficient, leading us to advocate for the addition of a dedicated course, "Bodily Autonomy and Healthy Relationships," to the program's structure. Even after initially offering the course once a week to all students in the program, unmet needs persisted, prompting the program to adopt its current model: a semester-long course meeting twice a week during students' first spring semester.

Eager to see whether existing research offered evidence-based guidance for improving our program's offerings, I turned to the literature on CSRE curricula and interventions for individuals with IDD. Conducting a systematic literature review confirmed the findings of informal observation. While I had hoped to find a modest body of work featuring CSRE in postsecondary settings, instead, I found that studies most commonly report instruction occurring in clinics, community centers, or K-12 school settings. Virtually none included students enrolled in IPSE programs. Furthermore, while consent and healthy relationships were commonly included domains, most programs and curricula lacked instruction on Sexual Orientation and Identity and on Gender Identity and Expression—essential domains within the NSES. This void

provided the foundational structure for my dissertation. Chapter Two maps the national landscape of IPSE programs, Chapter Three explores the lived experiences of educators delivering CSRE, and Chapter Four adopts a practitioner-focused approach to translate findings into concrete tools. The literature review confirmed a critical lack of evidence-based curricula and interventions created and evaluated for individuals with IDD in IPSE programs, thereby providing the roadmap for my dissertation's mixed-methods design.

First, to understand the broader landscape of CSRE in IPSE settings, I designed a nationwide survey targeting all registered IPSE programs for Chapter Two. The survey instrument mapped the perceived importance level of the CDC's 22 Essential Topics, catalogued which of the 2020 National Sex Education Standards programs reported covering, and documented the instructional formats, frequency, and context for instruction. Findings exposed wide variability across programs; while most taught consent and basic anatomy, topics such as sexual orientation and gender identity were covered inconsistently, if at all. The survey captured *what* programs teach but not *why* certain topics are omitted or *how* staff navigate challenges. The results set the stage for Chapter Three's qualitative interviews, which aim to uncover contextual factors and underlying barriers related to CSRE implementation.

As I desired more information about the actual experiences of the program staff implementing CSRE instruction, I conducted interviews for Chapter Three to uncover their beliefs, implementation strategies, and barriers. During this exploration of the diverse institutional contexts and the lived experiences of professionals providing CSRE instruction, thematic analysis revealed persistent barriers: (a) time constraints and lack of institutional support, (b) gaps in K-12 education that reinforced ableism, (c) lack of buy in from other IPSE staff, and (d) limited access to training and professional development. Participants also described

their ingenuity in providing CSRE, such as co-teaching with campus health professionals and utilizing best-practices for teaching individuals with IDD. Furthermore, participants expressed a strong philosophical commitment to students' rights to medically accurate information and underscored the urgent need for clear best-practice guidance, including IPSE-wide policies that affirm students' rights, evidence-aligned curricula developed for this population in this setting, and professional-learning frameworks that support staff confidence and fidelity. Still, the identified barriers highlight the need for best-practice guidance to reach not only IPSE programs but also K-12 systems, where early gaps and ableist assumptions about romantic and intimate relationships for students with disabilities first emerge.

Findings from the survey (Chapter Two) and interviews (Chapter Three) provided a clear direction for my practitioner paper (Chapter Four). With the goal of translating the empirical insights gained during this dissertation into practice, I offer a practitioner-oriented framework that aligns the National Sex Education Standards (NSES) for comprehensive sexuality education (CSE) grounded in the principles of Universal Design for Learning and the concept of the "dignity of risk." The paper provides free resources and activities with guidance for tailoring content embedded within the NSES across all educational levels. Serving as a rights-based implementation guide usable in both postsecondary and K-12 settings, Chapter Four demonstrates how core topics can be introduced, reinforced, and deepened.

Together, Chapters Two, Three, and Four have sharpened my scholarly identity as a researcher-practitioner committed to dismantling ableist barriers to CSRE. They position me to continue pursuing an interdisciplinary research agenda that advances equity, self-determination, and the "dignity of risk" for individuals with IDD across K-12 and postsecondary settings.

Research Aims

Moving forward, I will continue to promote postsecondary outcomes for individuals with IDD—specifically regarding further education, competitive integrated employment, social engagement and community participation, independent living, and overall self-determination—by embedding CSRE across the transition continuum. My future research will pursue four interconnected aims.

Aim 1: Curriculum Design and Evaluation

First, I am interested in designing and rigorously evaluating CSRE curricula that are accessible, culturally responsive, and explicitly aligned with best-practice, evidence-based frameworks such as the NSES. As part of this process, I plan to collaborate with self-advocates with IDD from IPSE programs to develop a curriculum with lesson plans and extension activities specifically designed for this population. Then, I would assess how these materials can be applied and deepened across IPSE courses. Experimental studies would help determine which formats, contexts, and instructional materials or methods yield the strongest gains in knowledge and skill acquisition, as well as which students with IDD perceive as most relevant and meaningful.

Aim 2: Professional Development Models

Second, I aim to develop scalable professional development resources and models that equip educators to deliver evidence-based CSRE instruction with fidelity. This work would involve translating evidence-based practices into professional learning packages. By shadowing the educators responsible for implementing CSRE through iterative "learn-apply-reflect" cycles, I would identify which supports provided to educators most effectively sustain high-quality instruction and pinpoint persistent real-world barriers.

Aim 3: Longitudinal Impact of CSRE

Third, I am interested in examining the longitudinal impact of CSRE on student-level outcomes related to IPSE programs and personal attributes such as decision-making, self-advocacy, and self-determination. I would use mixed methods, including photovoice and experience sampling, to follow cohorts through their IPSE programming. This would allow me to trace how CSRE instruction influences social engagement and community participation, independent living, and competitive integrated employment rates.

Aim 4: Policy Influence on CSRE Implementation

Finally, I am interested in investigating how institutional, state, and federal policies facilitate or hinder CSRE implementation for learners with IDD in the K-12 setting and how this negatively impacts postsecondary outcomes. By identifying factors that facilitate adoption of inclusive CSRE policies, I would create infographic briefs and policy toolkits that highlight the positive impact of rights-based instruction on student wellbeing and community inclusion. These resources would equip self-advocates, families, educators, and legislators to champion CSRE at institutional or district, state, and federal levels.

Across all four research aims, I intend to employ self-advocate-partnered methodologies and disseminate findings through open-access curricula, practitioner toolkits, and advocacy briefs. This approach aims to build a roadmap for inclusive CSRE that advances the "dignity of risk," self-determination, and full participation in the community and independence for people with IDD.

Career Goals

My career trajectory is anchored in my commitment to dismantling barriers and advancing postsecondary outcomes for individuals with IDD. As a special education teacher,

despite explicit instruction and structured activities, I observed my students continuing to struggle with accessing academics in inclusive settings, developing social competence, and acquiring necessary daily living skills. I often found myself speculating about their lives beyond K-12: Would they secure competitive-integrated employment, pursue further education, live independently, and engage fully with their communities?

That question intensified when I joined the Zarrow Institute on Transition and Self-Determination and began supporting the university's IPSE program, Sooner Works. Working with these students, I saw firsthand how gaps in their K-12 preparation echoed into their college experience. Students arrived eager for autonomy and meaningful relationships yet lacked consistent instruction in self-determination skills, workplace readiness, independent living strategies, and basic social skills. Today, as the Associate Director of ECLIPSE (Employment Capacity Leveraged Through Inclusive Postsecondary Education) in Idaho, I witness the same disconnect on a larger scale as students' ambitions and the desire for IPSE programs and engagement in competitive integrated employment often outpace existing support systems.

Looking ahead, I aspire to be a national leader at the intersection of IPSE programming, transition services, and disability research. My long-term career goals include: (a) bridging research and practice, (b) building interdisciplinary capacity, and (c) shaping policy and systems change. To bridge research and practice, I plan to co-design, evaluate, and disseminate evidence-aligned curricula for historically overlooked domains like sexuality and healthy relationships. I also plan to translate findings into user-friendly training modules and guidance for policy makers. In building interdisciplinary capacity, I aim to mentor future educators and research scholars, cultivating teams to tackle the complex intersectionality associated with transition by integrating special education, vocational rehabilitation, public health, and disability studies.

Through data-driven advocacy, I plan to shape changes in existing systems by advising institutions, state agencies, and federal bodies on policies that uphold "dignity of risk," self-determination, and the full civil rights of individuals with IDD. In every professional endeavor, I aspire to partner with self-advocates and continually give back to practitioners. My career trajectory is rooted in the conviction that individuals with IDD deserve equitable access to information and supports, authentic opportunities to pursue their goals, and the personal agency to make the decisions that shape their own futures.

Future Research

As I move forward in my career, the four long-term research aims outlined earlier will guide my future research. My initial focus is on generating evidence that demonstrates *how* CSRE can enhance postsecondary outcomes for individuals with IDD.

First, I plan to continue studying how CSRE can be incorporated in IPSE programs, especially how it can be embedded across existing domains (i.e., academics, career development and employment, independent living, social and community engagement, and personal development and self-determination). My research revealed that CSRE is often siloed into a single course or unit, rather than being applied across natural environments, with opportunities for students to apply their knowledge and skills in the real world. Still, there is limited research on the impact of CSRE in IPSE programs on student outcomes related to competitive integrated employment, independent living, or social and community engagement. I plan to conduct studies that address both of these areas. For example, I aim to collaborate with programs willing to embed CSRE lessons into multiple classes and compare student performance outcomes from these integrated programs to those offering only a stand-alone unit or course. In such studies, outcomes would include knowledge and skill acquisition in novel settings as well as follow-up

data on competitive integrated employment, community participation, and independent living status. In parallel, a survey tracking IPSE program graduates would be useful in examining whether exposure to specific topics related to CSRE, as well as other areas commonly included in IPSE programming, predicts stronger post-IPSE outcomes across these areas.

Recognizing that inequities associated with CSRE often begin long before college, I am interested in piloting the use of CSRE instructional practices or specific curricula as transition services in K-12 settings. I would use a quasi-experimental design to track how exposure to CSRE influences the achievement of transition goals captured in a student's Individualized Education Program (IEP), specifically enrollment in an IPSE program. In a study like this, measurements would also include a pre/post knowledge assessment, observational rubrics of self-determination skills (e.g., goal-setting, decision-making, self-advocacy), and social validity ratings from students, family members, and educators.

Across both IPSE and K-12 settings, I am interested in using participatory methods to involve self-advocates in curriculum and policy design and application. Self-advocate co-researchers would co-design survey items, co-facilitate focus groups, and co-present on findings and implications for practitioners. Developing an advisory board comprised of IPSE students and graduates with IDD for my future research would help ensure that instruments are accessible, study questions reflect their lived experiences and priorities, and research goals and findings are communicated through plain language summaries.

Ultimately, within each of these future research avenues, I believe it is essential to develop practitioner-friendly guides and resources to support the effective application of research-backed best practices. Ideally, each project will yield open-access products (e.g., lesson plans, fidelity tools, micro-learning activities, infographic briefs). To achieve this, it is important

to include educators themselves in the research to fully understand the facilitators and barriers related to successful CSRE implementation.

Across my future research endeavors my goal is to promote access to comprehensive education that reinforces the rights and desires of individuals with IDD. Utilizing research, I hope to be a part of a transformation of systems that support equitable access to information, real opportunities to apply skills and knowledge in authentic contexts, and the personal agency to make decisions for individuals with IDD.

Conclusion

As my career continues to progress, I remain dedicated to research and teaching that expand access and opportunities for individuals with IDD. My future work will span the K-12 transition years through IPSE settings, elevating the voices of individuals with IDD in transition planning and CSRE. By prioritizing participatory design, practitioner-friendly tools, and mixed-methods inquiries that link CSRE to outcomes related to employment, independent living, and community participation, I can generate evidence that educators and policymakers can act on. I believe that embedding rights-based CSRE within broader transition services at both the K-12 and postsecondary level is essential to achieving meaningful inclusion and higher quality of life for individuals with IDD. By turning evidence into action, I strive to embed the “dignity of risk” and the right to self-determination into my work, ensuring that every person with IDD has the knowledge, opportunity, and power to engage in rewarding work, achieve independence, and experience authentic belonging.

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Appendix A. Survey Feedback Form

1. Is it clear that the survey seeks to explore how PSE programs support students in building knowledge related to sexuality and healthy relationships?

   ○ Yes

   ○ No: Please explain and/or offer suggestions

2. Is the language accessible to a broad range of respondents, including those with varying educational backgrounds or levels of expertise in sexuality and healthy relationship education?

   ○ Yes

   ○ No: Please explain and/or offer suggestions

3. Do the questions follow a logical progression that builds towards answering the main research questions?

   ○ Yes

   ○ No: Please explain and/or offer suggestions

4. Are the questions and answer choices easy to understand, avoiding jargon or overly technical language that may confuse respondents?

   ○ Yes

   ○ No: Please explain and/or offer suggestions

5. Are any of the questions leading or suggestive, potentially influencing how respondents answer?

   ○ No

   ○ Yes: Please explain and/or offer suggestions

6. Do the questions fully cover the research questions regarding: 1) How PSE programs support students in building knowledge related to sexuality and healthy relationships? 2) What curriculum or resources are used by PSE programs to provide SRE? 3) What topics are included or absent within the planned supports of PSE programs?

   ○ Yes

   ○ No: Please explain and/or offer suggestions

7. Are there any important aspects of SRE or PSE programs that the survey overlooks?

   ○ No

   ○ Yes: Please explain and/or offer suggestions

8. Do the provided response options (e.g., Yes/No, Likert scales) align with the nature of the question, allowing for appropriate expression of answers?

   ○ Yes

   ○ No: Please explain and/or offer suggestions

9. Are the answer choices for the demographics section missing any important categories to be inclusive of different types of programs and respondent roles?

   ○ No

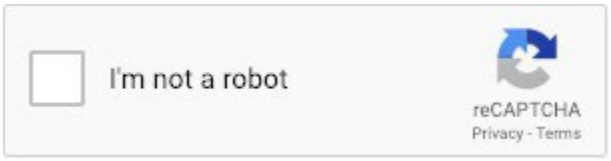
   ○ Yes: Please explain and/or offer suggestions

10. Please provide any additional comments or feedback you may have regarding the quality of the survey and the clarity of the design:

    _____

Appendix B: Survey

Please complete the following captcha to access this survey.



Consent Form Page 1

Online Professional Consent to Participate in Research

You are invited to participate in a research study conducted by Peighton Pratt from the University of Oklahoma. The purpose of this research is to explore the context, curriculum, and services related to sexuality and healthy relationship education (SRE) offered by postsecondary education (PSE) programs for students with intellectual and developmental disabilities (IDD). We aim to understand the support structures in place for students regarding intimacy and healthy relationships within PSE programs.

Why were you selected? You were selected as a potential participant because you are a staff member of a PSE program that supports students with intellectual disabilities. You must be at least 18 years of age to participate in this research.

What is the purpose of this research? This study aims to examine how PSE programs support students in building knowledge related to sexuality and healthy relationships, the curriculum or resources used for this education, and the topics covered by these programs as well as which topics you deem as important.

How many people will participate? Approximately 343 staff members from various PSE programs across the U.S. will participate in this study. This research is being conducted with post-secondary education programs across the nation, and you were selected as a possible participant based on your program's inclusion within Think College's College Search.

What will you be asked to do? If you agree to participate, you will be asked to complete an online survey, which should take approximately 15 minutes. The survey will gather information on the types of support your program provides related to SRE, the curriculum and resources used, and the topics covered within your program's education framework as well as the topics you deem as important.

Are there any risks or benefits? There are no benefits for participating in this research. There are minimal risks associated with participation in this research.

Data collected online or by a device and transmitted electronically: You will be asked to complete an online survey as part of this research. The organization hosting the data collection platform has its own privacy and security policies for keeping your information confidential. There is a risk that the external organization, which is not part of the research team, may gain access to or retain your data or your IP address which could be used to re-identify you. No assurance can be made as to their use of the data you provide for purposes other than this research.

Collection of demographic or geographic location data that could lead to deductive re-identification: You will be asked to provide demographic information that describes you. We



IRB NUMBER: 17839
IRB APPROVAL DATE: 10/23/2024

Consent Form Page 2

may also gather information about your geographic location in this research. Different combinations of personal and geographic information may make it possible for your identity to be guessed by someone who was given, or gained access, to our research records. To minimize the risk of deductive re-identification, we will not combine identifying variables nor analyze and report results for small groups of people with specific demographic characteristics.

Will you receive any compensation? Upon completion, participants will be prompted to complete a secondary survey to win a $15 gift card as a token of appreciation for completing the survey. The first 100 participants will receive the gift card.

Who will see my information? Your responses will be kept confidential, and no identifying information will be included in any publications or reports. Only approved researchers and the OU Institutional Review Board (IRB) will have access to the data. Survey data will be collected anonymously via Qualtrics, with results stored securely.

Do I have to participate? Participation in this study is entirely voluntary. You are free to skip any questions or discontinue participation at any time without any penalties or loss of benefits to which you are otherwise entitled.

Will my identity be anonymous or confidential? Your name will not be retained or linked with your responses.

What will happen to my data in the future? We might share your de-identified data with other researchers or use it in future research without obtaining additional consent from you.

Who do I contact with questions, concerns, or complaints? If you have any questions about this research, please contact Peighton Pratt, peighton.pratt@ou.edu, or the University of Oklahoma Norman Campus IRB at 405-325-8110 or irb@ou.edu.

Please print this document for your records. By providing information to the researcher(s), you are agreeing to participate in this research.

IRB Number: [IRB Number]

Approval Date: [Approval Date]



IRB NUMBER: 17839
IRB APPROVAL DATE: 10/23/2024

Do you consent to participate in this research?

- ○ No
- ○ Yes

Individual Respondents Demographics

1. Which of the following best describes your role in the post-secondary education program?

   ○ Director

   ○ Assistant Director

   ○ Staff Member

   ○ Program Coordinator

   ○ Graduate Assistant

   ○ Other: Please Explain _____

2. How long have you been employed in your current role in the post-secondary education program?

   ○ Less than 1 year

   ○ 1-5 years

   ○ 6-9 years

   ○ 10 years or more

3. What is the highest degree or level of school you have completed? If currently enrolled, select the highest degree received.

   - ○ High school diploma
   - ○ Trade/technical/vocational certification
   - ○ Associate degree
   - ○ Bachelor's degree
   - ○ Master's degree
   - ○ Professional degree (e.g., Ed.S.)
   - ○ Doctorate degree

4. How many years of experience do you have working with people with disabilities?

   - ○ Less than 1 year
   - ○ 1-5 years
   - ○ 6-9 years
   - ○ 10 years or more

5. Do YOU personally teach or provide sexuality and healthy relationship education to students enrolled in your program?

   - ○ Yes
   - ○ No

Post-Secondary Education Program Demographics

6. How long has the program been serving students?

- ○ Less than 1 year
- ○ 1-5 years
- ○ 6-9 years
- ○ 10 years or more

7. What is the primary length of the program?

- ○ 4-years
- ○ 3-years
- ○ 2-years
- ○ 1-year
- ○ Other: Please Explain _____

8. Select if the following residential options are available to your students:

	Yes	No
Inclusive on campus	○	○
Specialized on campus	○	○
Inclusive off campus	○	○
Specialized off campus	○	○

9. Approximately how many students does the program serve in a given year (across cohorts)?

- ○ 1-10
- ○ 11-20
- ○ 21-30
- ○ 31-40
- ○ 41-50
- ○ 51-60
- ○ 61 or more

10. How many staff members support the students (only include part-time individuals IF they are paid to serve as graduate assistants, instructors, or advisors for the program)?

- ○ 1
- ○ 2 to 5
- ○ 6 to 10
- ○ More than 10

11. Select all of the following disability categories served through your program:

- ☐ Intellectual and Developmental Disabilities
- ☐ Autism
- ☐ Other: Please Explain _____

Institution of Higher Education Demographics

12. Which option below best describes the setting of your Institution of Higher Education?

- ○ Urban
- ○ Suburban
- ○ Rural

13. Which of the following best describes your Institution of Higher Education?

- ○ Public
- ○ Private

14. Which of the following best describes the type of Institution of Higher Education where your program is located?

- ○ Technical or vocational/trade school
- ○ 2-year college
- ○ 4-year college
- ○ Other: Please Explain _____

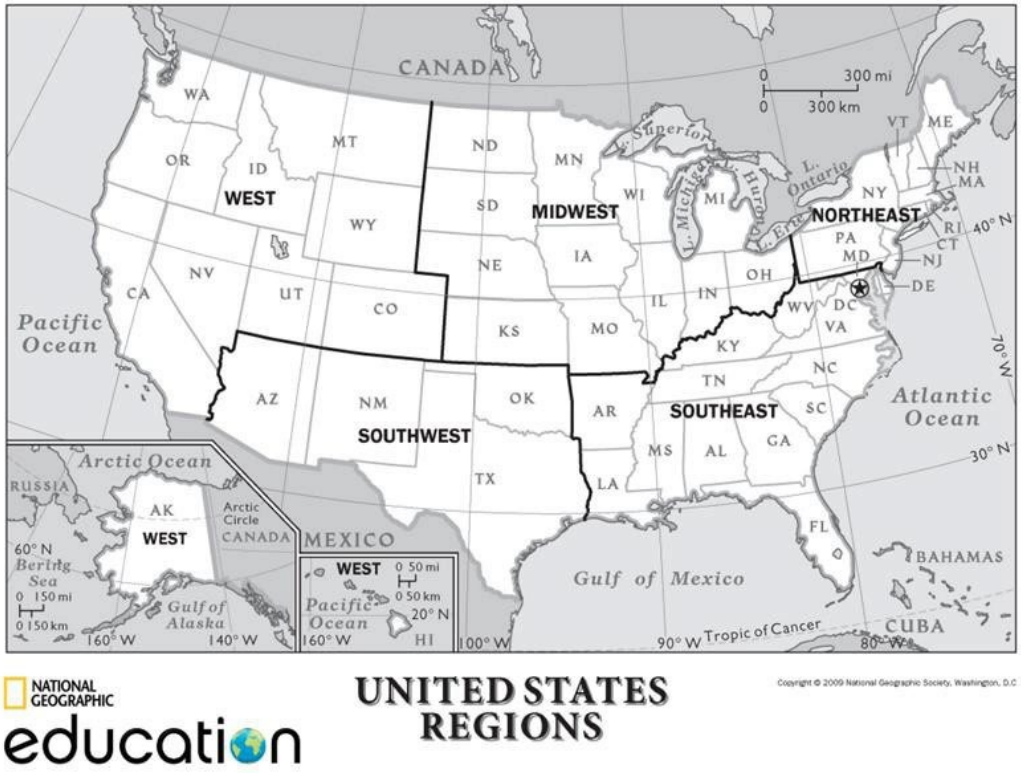
15. Is the Institution of Higher Education considered a minority serving institution (i.e., Hispanic-Serving Institution, Historically Black College or University, Native American-Serving Nontribal Institution, Tribal College or University, Alaska Native and Native Hawaiian-Serving Institution, Asian American and Native American Pacific Islander-Serving Institution)?

- ○ Yes
- ○ No

16. Approximately, how many students attend your Institution of Higher Education?

- ○ 0 to 5,000 students
- ○ 5,001 to 15,000 students
- ○ 15,001 students or larger

17. Using the map, which of the following best describes the geographical region and location of the Institution of Higher Education?



- ○ West
- ○ Southwest
- ○ Midwest
- ○ Southeast
- ○ Northeast

Program Basics Related to Sexuality and/or Healthy Relationship Education

18. Does your post-secondary education program provide services or instruction related to sexuality and/or healthy relationship education for students?

- ○ Yes
- ○ No

19. Does your program REQUIRE students to participate in the sexuality and/or healthy relationship education?

- ○ Yes
- ○ No
- ○ Determined on an individual basis

20. Do you provide sexuality and/or healthy relationship education as part of your program's onboarding or student orientation process?

- ○ Yes
- ○ No
- ○ Determined on an individual basis

21. Which of the following BEST describes how you typically provide sexuality and/or healthy relationship education:

- ○ Individual
- ○ Small group/cohort
- ○ Program-wide
- ○ University-wide

22. Which of the following BEST describes when you typically implement sexuality and/or healthy relationship education:

- ○ Once during program
- ○ Once per year
- ○ Multiple times per year (i.e., multiple sessions provided over time)
- ○ Individually when needed
- ○ Other: Please Explain _____

23. Which of the following BEST describes where sexuality and/or healthy relationship education takes place within your program:

	Yes	No
Within a course provided by the post-secondary education program	○	○
Within a course provided by the Institution of Higher Education to all traditionally enrolled students	○	○
Through program specific events	○	○
Individually (i.e., through person-centered planning)	○	○
Other: Please Explain	○	○

24. Who provides the services or instruction for the sexuality and/or healthy relationship education (select all that apply)?

	Yes	No
Program Director	○	○
Program Staff Member	○	○
Graduate Student	○	○
University Staff	○	○
Social Worker	○	○
Peers without disabilities	○	○
Peers with disabilities	○	○
Other: Please Explain	○	○

Sexuality and/or Healthy Relationship Education Resources

25. Select any of the following that are used as curriculum within your program's implementation of sexuality and/or healthy relationship education:

	Yes	No
PEERS (Program for the Education and Enrichment of Relational Skills)	○	○
Elevatus	○	○
Positive Choices	○	○
Circles: Intimacy & Relationships	○	○
HEARTS (Healthy Relationships on the Autism Spectrum)	○	○
Healthy Relationships & Autism	○	○
Living Safer Sexual Lives: Respectful Relationships	○	○
Living Your Life	○	○
Relationships Decoded	○	○
Safer Dating for Youth on the Autism Spectrum	○	○
Tackling Teenage Training	○	○
K-12 Sexuality Education Curriculum: Rights, Respect, Responsibility	○	○
Sex-Ed for Self-Advocates	○	○

26. Is there any additional curriculum used within your program's implementation of sexuality and/or healthy relationship education:

- ○ Yes: Please Explain _____
- ○ No

27. Select any of the following that are used as supplemental materials within your program's sexuality and/or healthy relationship education:

	Yes	No
Handouts or worksheets	○	○
Games or activities (e.g., role-playing)	○	○
Videos or podcasts	○	○
Physical models (e.g., detailed dolls, line drawings, diagrams)	○	○
Other: Please Explain	○	○

28. Select any of the following websites, resources, or video series that are used within your program's sexuality and/or healthy relationship education:

	Yes	No
Genderbread Person or Gender Unicorn	○	○
Advocates for Youth	○	○
Sex, etc. from Rutgers University	○	○
AMAZE.org	○	○
National Council on Independent Living YouTube Series	○	○
Your Sexual Health Toolkit	○	○
Sexuality and People with Developmental Disabilities Video Series	○	○
Sex Talk for Self-Advocates Webinar Series	○	○
Other: Please Explain	○	○

Importance of Sexuality and/or Healthy Relationship Education Topics

For the following questions, rate your opinion of the importance level of each of the 22 Centers for Disease Control's identified topics, which have been labeled as essential components of effective education.

29. How HIV and other STIs are transmitted:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

30. Health consequences of HIV, other STIs and pregnancy:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

31. Benefits of being sexually abstinent:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

32. How to access valid and reliable information, products, and services related to HIV, other STIs, and pregnancy:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

33. Influences of family, peers, media, technology, and other factors on sexual risk behaviors:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

34. Communication and negotiation skills:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

35. Goal-setting and decision-making skills:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

36. Influencing and supporting others to avoid or reduce sexual risk behaviors:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

37. Efficacy of condoms:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

38. Importance of using condoms consistently and correctly:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

39. How to obtain condoms:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

40. How to correctly use a condom:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

41. Methods of contraception other than condoms:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

42. Importance of using a condom at the same time as another form of contraception to prevent both STIs and pregnancy:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

43. How to create and sustain healthy and respectful relationships:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

44. Importance of limiting the number of sexual partners:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

45. Preventive care that is necessary to maintain reproductive and sexual health:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

46. How to communicate sexual consent between partners:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

47. Recognizing and responding to sexual victimization and violence:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

48. Diversity of sexual orientations and gender identities:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

49. How gender roles and stereotypes affect goals, decision-making, and relationships:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

50. The relationship between alcohol and other drug use and sexual risk behaviors:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

For the following questions, please rate your opinion of the importance of the additional topics found in literature and addressed as relevant sexuality and healthy relationship education topics.

51. Masturbation, self-pleasure, or pornography:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

52. Genital hygiene:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

53. Sexual and reproductive rights:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

54. Dating etiquette:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

55. Online dating, social media, and internet safety:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

56. Getting married:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

57. Being pregnant, giving birth, or raising children:

- ○ Not at all important
- ○ Slightly important
- ○ Important
- ○ Very important

Implementation of Sexuality and/or Healthy Relationship Education Topics

58. Select which of the following National Sexuality Education Standards: Core Content and Skills you address when teaching sexuality and/or healthy relationship education within your program.

	Yes	No
Anatomy and Physiology: Outlines the functional knowledge students need to understand basic human functioning.	○	○
Puberty and Adolescent Sexual Development: Outlines the functional knowledge and essential skills students need to understand pivotal milestones for every person that impact physical, social, and emotional development, and that sexual development is normal and healthy.	○	○
Gender Identity and Expression: Outlines the functional knowledge and essential skills students need to address fundamental aspects of people's understanding of who they are as it relates to gender, gender identity, gender roles, and gender expression as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations, and the importance of advocating for safety and equity.	○	○

	Yes	No
Sexual Orientation and Identity: Outlines the functional knowledge and essential skills students need to address fundamental aspects of people's understanding of who they are as it relates to sexual orientation and identity as well as how peers, media, family, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations and the importance of advocating for safety and equity.	○	○
Sexual Health: Outlines the functional knowledge and essential skills students need to understand STDs and HIV, including how they are prevented and transmitted, their signs and symptoms, and testing and treatment; how pregnancy happens, decision-making to avoid a pregnancy, and pregnancy prevention and options; and the personal and societal factors that influence sexual health decision-making and outcomes.	○	○
Consent and Healthy Relationships: Outlines the functional knowledge and essential skills students need to successfully navigate changing relationships among family, peers, and partners. Special emphasis is given to personal boundaries, bodily autonomy, sexual agency and consent, and the increasing use and impact of technology within relationships.	○	○

Interpersonal Violence: Outlines the functional knowledge and essential skills students need to understand interpersonal and sexual violence, including prevention, intervention, resources, and local services; emphasizes the need for a growing awareness, creation, and maintenance of safe school and community environments for all students.	○	○

Bot Detection Question: What is three plus 1? _____

Thank you for participating in our survey. If you are one of the first 100 participants to complete the survey, you will receive a $15 gift card. If you respond "yes" to the question below, you will be taken to a second survey where you can provide your contact information to receive the award. Your responses to this survey will remain anonymous.

Would you like to enter into the raffle for a gift card?

○ Yes

○ No

Appendix C: Interview Protocol with Sample Questions

Study Title: Exploring Professional Development and Barriers in Sexuality and Relationship Education (SRE) within Postsecondary Education (PSE) Programs for Students with Disabilities

Introduction: Thank you for agreeing to participate in this interview. The purpose of this study is to explore the experiences of program coordinators, instructors, and staff in implementing Sexuality and Relationship Education (SRE) within postsecondary education (PSE) programs, specifically for students with disabilities. The information gathered will help identify barriers, facilitators, and professional development needs to improve future program delivery.

This interview will take approximately 45 to 75 minutes. Your participation is voluntary, and you may decline to answer any question or withdraw from the study at any time. Your responses will be kept confidential and used only for research purposes.

Before we begin, do you have any questions about the study or the interview process?

Section 1: Background Information 1. Can you briefly describe your current role and your involvement in your institution's PSE program? 2. How long have you been involved in PSE programs, and how long specifically in relation to SRE for students with disabilities?

Section 2: Experiences with Sexuality and Relationship Education (SRE) 3. Can you describe your experience in teaching or facilitating SRE for students with disabilities? 4. What specific topics do you typically include in your SRE curriculum? 5. How do you approach teaching these topics to students with disabilities? Are there any specific strategies or adaptations you use? 6. Have you encountered any challenges in teaching SRE to students with disabilities? If so, can you describe these challenges?

Section 3: Barriers to Effective Implementation 7. In your opinion, what are the main barriers to effectively implementing SRE in your institution's PSE program? (Follow-up) Are these

barriers related to institutional support, curriculum design, staff training, or other factors? 8. How do students respond to the SRE curriculum? Have you noticed any particular challenges from their perspectives?

Section 4: Facilitators and Support 9. What factors have helped facilitate the implementation of SRE in your program? Are there specific resources, supports, or institutional practices that have made the process smoother? 10. How does your institution support you in delivering SRE (e.g., through resources, training, or professional development)? - (Follow-up) What additional support would be helpful for you in improving the delivery of SRE?

Section 5: Professional Development and Training 11. Can you describe the professional development or training you've received related to teaching SRE to students with disabilities? 12. How adequate do you feel your training has been in preparing you to deliver SRE effectively? - (Follow-up) What additional training or resources do you feel are needed to enhance your ability to teach SRE?

Section 6: Program Improvement 13. In your opinion, how could SRE programs in PSE settings be improved to better serve students with disabilities? 14. What do you think are the most important areas of support or development needed for staff involved in SRE in PSE programs?

Section 7: Future Perspectives 15. Looking forward, what changes or advancements do you believe are necessary to enhance the delivery and impact of SRE in PSE programs? 16. Is there anything else you would like to add regarding your experience or suggestions for improving SRE for students with disabilities?

Closing: Thank you for sharing your insights and experiences. Your responses will contribute to understanding how to better support staff and improve SRE in PSE programs. If you would like, we can provide you with a summary of the study findings once the research is completed.

Do you have any final questions or comments before we end the interview?