

## Unabridged testimony for HF358

Good afternoon Madam. Chair and committee members. My name is Jillian Nelson and I am the community resource and policy advocate for the autism society. I am a member of the governors council on developmental disabilities, the state rehabilitation council, and the consortium for citizens with disabilities. I am here today to ask for your support for HF358

In my role at AuSM I receive countless calls from parents and adults desperate for a resource to find a class for sexual education, sometimes its because the parents are worried about vulnerability or that their teen has the information to make healthy relationship choices, sometimes its because adults are learning that they didn't get the information on how their bodies work, or what boundaries looks like and they just ended another abusive relationship...

These calls hit far to close to home for comfort... You see, I too am an autistic adult- a person with a disability. And as a special education student- I didn't not receive sexual education in school. I did not learn about consent, or healthy relationships, or my body, or how to keep myself safe and healthy. I have learned those things since....through mistakes that cost me dearly in trauma and dignity... instead of learning them in a classroom.

Sexuality is a natural and healthy part of being human. All humans have the right to their sexuality and to express this in a safe and comfortable way. People with disabilities are not inherently asexual, which is an umbrella term referring to lack of interest in sexual activity. Our community is vastly varied across the sexuality spectrum.

In my community- Autistic children and adults experience disproportionately high rates of victimization, including sexual assault, in comparison to non-autistic peers. A lack of sexuality education has been shown to be one factor related to increased risk of victimization. Autistic individuals are less likely to receive information related to sexuality

education from caregivers, school, and peers. This impedes access to sexuality education and restricts sexual well-being.

Autistic individuals report higher rates of gender variance and non-heterosexuality than non-autistic individuals, and research indicates that autistic individuals who are non-heterosexual and/or gender non-conforming have increased health disparities.

Sexuality education is important regardless of a person's interest in gender expression, romantic relationships, or sexual activity. Sexuality education promotes independence, safety, self-awareness and self-determination for individuals with disabilities . Sexuality education curricula should be adapted to account for the challenges and strengths of individuals with disabilities, incorporate the use of evidence-based practices, and be delivered proactively.

Here in the united states students with disabilities are promised a free and appropriate public education- I would argue that restricting access to comprehensive and appropriate sexual education that would prevent victimization and sexual assault and encourage consent and healthy choices is depriving us of the education appropriate to our long term wellbeing.

Sexual education is not a pep rally to encourage sexual activity- it is in fact a necessary conversation to make healthy, mindful choices. It is a tool to teach us our rights and responsibilities when it comes to our bodies. It is a chance to give students the necessary information to avoid poor choices that lead to victimization and trauma. It is an undeniable step to ending a legacy of sexual trauma, not just for students with disabilities- but for all future generations. I thank you for your time and I urge you to support HF358. I yield my time to the chair.