

**Schooled Sexualities:
The Nonsexual Becoming of Young Adults with Developmental
Differences**

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Abstract

This thesis investigates the ways in which young adults with developmental disabilities are constituted as being nonsexual through educational environments and are thus denied comprehensive sex education. Specifically, I examine the formal and informal educational practices at a short term specialized education and job training program for people ages 18-21 with developmental differences. This was done by way of participant observation and interviews at the program described above. In analyzing my ethnographic findings, I utilize Foucauldian approach to discourse and disciplinary power, in addition to scholarship on disability and sexuality, sex education, and the social and discursive constructions of childhood. I argue that developmentally disabled adults who are also students are constituted as children by way of their identity as being both disabled and student. Moreover, I surmise that the discourses that suspend developmentally different adults into a perpetual state of childhood also suspend them into non-sexuality. That is, rather than being prescribed with compulsory heterosexuality, developmentally different students are prescribed a compulsory non-sexuality through cultural discourses on sexuality. These discourses seek either to ignore and silence or discipline and manage the sexuality of disabled people. These considerations constitute the barriers that block developmentally disabled people from receiving inclusive, comprehensive sex education.

DECLARATION OF ORIGINAL RESEARCH AND THE WORD COUNT

I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

I further declare that the following word count for this thesis are accurate:

Body of thesis (all chapters excluding notes, references, appendices, etc.): 19,044 words

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Signed Cheylysea L. Federle

To the Ramos family,
in loving memory of Willow Ramos

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Table of Contents

Chapter 1: Introduction	1
1.1 Ethical Procedures	4
1.2 Research Methods	5
Chapter 2: Review of Literature and Theoretical Considerations.....	9
2.1 Disability and Sexuality	10
2.2 Infantilizing Disability	16
2.3 The Role of Educational Environments	20
2.4 Sex Education Debates and Exclusions	21
Chapter 3: Creating Nonsexual Subjects in Everyday Moments	25
3.1 Silencing Verbalizations of Sexuality.....	29
3.2 Disciplining Docile Bodies	34
Chapter 4: Curricular Agendas – Imagining Nonsexual Futures	39
4.1 Models of Independence in the Classroom.....	39
4.2 Teaching Compulsory Non-Sexuality.....	48
Chapter 5: Concluding Thoughts	56
5.1 Limitations and Future Research	59
5.2 Towards Inclusive Sex Education.....	60
Appendices.....	62
Appendix I: Eight-point definition of AOUM sex education under Title V	62
Appendix II: Curriculum	63
Appendix III: Classroom Posters	64
Bibliography	66

CHAPTER 1: INTRODUCTION

This project seeks to unpack the pervasive barriers to developmentally different individuals being recognized as sexual persons who are deserving of comprehensive sex education. Knowing that educational institutions are a primary site of “production and regulation of sexual identities that are within the school and beyond” (Epstein and Johnson 1998) I situate my research within the school. Therefore, I am interested in how educators shape the sexual awareness, sexual becoming, and sexual identities of developmentally different students through their behaviors, language, and curriculum. Through this project I seek to open a discourse on how developmental disability and sexuality are conceived of in educational settings. First, I question what the barriers are to developmentally disabled people receiving acknowledgement as sexual people and in turn a comprehensive sex education. Furthermore, I question the role that educators and educational environments have on shaping the cultural and self-perceptions of disabled sexuality through their formal and informal teaching practices. Finally, I look at the ways in which ideologies are produced and reproduced through discourse to position developmentally different young adults as being nonsexual.

In order to answer these questions, I performed two weeks of fieldwork at the Coastal Transition Academy. The Coastal Transition Academy, located in a building at a small liberal arts college in Northeastern America is a one to two-year program for students age 18-21 with varying developmental disabilities including autism, intellectual disabilities, and some anxiety disorders. The Coastal Transition Academy is one program that exists within a larger non-profit organization. The program is therefore mostly privately funded, however some students can qualify for aid from their public school districts, or from the Office of Rehabilitation Services. The program is divided into two groups of ‘high’ and ‘low’ functioning students. The focus of

this research is on the “higher functioning” students, as these are the students that I was primarily observing during the research period. The three students assigned to “lower functioning” group, participated in different activities and were rarely in the classroom as compared to those in the “higher” group. There was one student who crossed over, while he was considered to be one of the ‘low’ functioning students he would often participate in activities with the other group. The program involved a total of thirteen students, with ten of those students being in the group I closely observed. Furthermore, the program is run by a program supervisor, head teacher, and five facilitators; three of which were the ones that worked with the higher functioning students.

The Coastal Transition Academy was chosen as the research site for this project because the program is meant for young adults transitioning from high school to the ‘world of work’. The program therefore incorporates elements not only of classroom education, which is primarily taught by the head teacher Mrs. Kelley, but also community and social aspects. The community and social aspects of the program are mostly handled by one or multiple facilitators. Of the five facilitators employed at the Coastal Transition Academy, I only spent time observing the three male facilitators assigned to the “higher” functioning group of students. I decided on this group because it was the larger group, comprised of a total of ten students as opposed to the other group, designated as “lower” functioning that was only three students.

It is important to point out the role of the facilitators in the classroom. The facilitators sometimes referred to as ‘job coaches’ hold a diverse role in the program; they are responsible for tasks such as transportation, supervision at jobs and outings in the community, one-on-one work when a student is in need of assistance on a task, moderating assignments, and sometimes formal teaching. From my perspective as a researcher, this dynamic program with its various educators and settings gave me the opportunity to see how the students behaved and expressed

themselves in different environment as well as how educators interacted with students in these various spaces.

The focus of the academy is to help students gain skills to live independent lives (focusing heavily on job success), however each student is prescribed specific goals at the application and admission phase. These goals are primarily set by the teacher at the program and the student's IEP (Individualized Education Plan) team. IEP's are written documents that are developed by public schools for children who have special education needs. According to U.S. federal law, before an IEP can be put into place, a multidisciplinary team must determine that the child has a disability and that they require special education and related services to benefit from general education programs (Baumel, 2016).

As an individual who has experience teaching sex education to adults, and working with a non-profit whose primary function was offering adult sex education I went into this project with the assumption that people with disabilities are not getting sex education. However, I revised my ideas of what sex education looks like, and quickly realized that they are. The education that people with disabilities are given about sexuality, is that it is not for them. This education comes through by way of not including nor engaging disabled people into discourses of sexuality. These gaps or silences then become part of the discourse which creates knowledges, as Foucault states; "Silence itself—the things one declines to say or is forbidden to name is less the absolute limit of discourse than an integral part of the strategies that underlie and permeate discourses" (qtd. in Shildrick, 2007, p. 55).

To be clear, what is at stake within the context of this project is not a right to sexuality per se, rather what I am suggesting is that disabled people deserve to be recognized and valued as sexual subjects. I am arguing that Western society needs to create a space for disabled

individuals to be included in discourses on sexuality, receive sex education, and have their questions answered so that they may make decisions on how to perform their own sexuality and sexual lives.

1.1 Ethical Procedures

By way of the research at hand involving doing work with human subjects, I was required to be in compliance with the ethical policies present at my university. This meant that before leaving for my research I filled out a detailed ethical checklist which required me to reflect on what steps I would take to be sure that all participants involved in the research would be protected. Moreover, I also completed an ethical research training through the Collaborative Institutional Training Initiative (CITI) which certified me to work with human subjects based on American standards.

When it came to implementing research ethics, the first thing that was required after obtaining permission from the program supervisor to do my research was to pass a background check from the state, as this is the requirement in many U.S. states for working with children and communities considered to be vulnerable (i.e. people with disabilities). During my initial introductions with the educators and students I clearly explained why I was there and that I would be spending time in the classroom observing them for my graduate program research. I clearly asked the class if it was okay, first that I be there, and second that I talk about them in my research paper. I asked in person rather than gaining written consent because many of the students had difficulties with reading comprehension. Also, the next time I was in the class, myself as well as the head teacher reminded students of who I was and why I was there. Initially, I thought I would also need to receive parental consent, however I later found out that the students (who are all over the age of 18) are their own legal guardians. Furthermore, it is not

uncommon for students from the university on which the program is located to shadow classes as part of their undergraduate coursework.

In order to protect the privacy of the program and individuals of which I observed and interviewed the names of all places and people have been assigned pseudonyms. The only exception to this rule is Noah Bogdonoff, an experienced sex educator, as he requested his identity to not be kept anonymous. Finally, upon collecting interviews of which I recorded I asked each participant if it was okay to record them, explaining that I would be the only person listening to the interview and that their responses would not be connected to their true identity.

1.2 Research Methods

I engaged in participant observations in the program for a total of ten days, of which I spent time with students and educators in and outside of the classroom. As the program is designed to integrate community and work skills students only spent a limited amount of time in an actual classroom. What I was looking for was the ways in which formal and informal education was happening and what was being taught. I paid special attention to any mentions of sexuality which could include relationships, sex, intimacy, love, and attraction. In addition to participant observations I also conducted four interviews, three of which were done with people at the program and one of which was done with an experienced sex educator. I chose to interview these people because the teacher and facilitators are those who I worked most closely with and also those that worked most closely with the students. Moreover, I interviewed an experienced sex educator, Noah, to gain insights on his experiences teaching sex education to people with developmental disabilities. I did not interview people with developmental disabilities about their sexuality, the information that I gained in that regard was expressed to me in daily conversations during my observations. The reason for not explicitly interviewing the students was that I was

not so much interested in how they experience their own sexuality, but rather how their sexuality is constructed and prescribed through educational systems. One of the major challenges to my research, besides the short time period I was allotted to perform the research, was that it was difficult for me to find individuals who would allow for me to interview or observe them. Many of the people and organizations that I contacted never responded to my inquiries. I attribute this to the discomfort that many people have around discussing sexuality and disability.

My role in the classroom as a participant observer quickly also became that of a facilitator. This was a role that I was put in by both the head teacher and program facilitators. I was often asked to help with certain tasks in the classroom and monitor students when staffing was short. It is my understanding that I was put in this role to establish two things; the classroom hierarchy of educator versus student and also that of able and disabled. Despite this, it was still possible to build a very strong rapport with the students, they shared a lot of personal information with me. A few students showed me personal journals and talked about struggles both at home and school. Being positioned as a facilitator rather than teacher allowed for me to still build this kind of rapport as the facilitators did not have the same authority in the classroom as compared to that of the teacher and program supervisor. The relationship between the students and the facilitators was more casual and friendly because they were not the primary disciplinarians in the program.

After being in the classroom for several days and building rapport with Mrs. Kelley, who was aware of not only my research interests but also that I had previous experience teaching sexuality and relationships, proposed that I could teach a lesson on relationships. She thought the students might appreciate a lesson from someone else, someone closer to their age. I prepared for and taught two lessons on two different occasions during my fieldwork. The first was on healthy

and unhealthy relationships, and the other on sexuality and romantic relationships. Moreover, while Mrs. Kelley approved of the content in both lessons, she was only present for the first lesson. The second lesson was taught with only the students and one facilitator in the room. Both lessons were run as a discussion which allowed students to express their ideas and experiences, these lessons ended up being extremely informative for my research.

In analyzing my research findings, I compared my experiences in the classroom through observation to the self-reports I received in interviews from the educators. This became an important part of my analysis because I often noticed discrepancies in what I heard and saw compared to what the educators reported. The analysis of the discrepancies between what I witness and what the educators reported was done through a Foucauldian approach to discourse analysis. In utilizing this approach, I follow the work of Youdell (2006) who examined how educators constitute the sexual subjectivity of their students through discourse and the technologies of disciplinary power. Therefore, I closely analyze the language, behaviors and classroom agendas both in everyday moments and curriculum in order to uncover the ways in which discourse and discipline operate to position the students at the Coastal Transition Academy as nonsexual and childlike. I use the term nonsexual to mean that disable adults are assumed to not have sexual desire or behaviors. Nonsexual may sometimes be considered synonymous with asexual, however asexuality is a term often used to self-identify as being uninterested in sexual activity. The sexuality that I am discussing in this paper is not that which is self-identified but rather ascribed to a group of people.

In this paper, I argue that the non-sexuality and sexual innocence that is commonly attributed to children in the West (Baker, 1998; Alldred & David, 2007; Shildrick, 2007, 2009) is also assigned onto individuals with developmental disabilities. I contend that this is occurring by

way of positioning disabled people as being unable to reach autonomous adulthood, which is the only state of personhood of which sexual activity is deemed appropriate (Alldred & David, 2007). Instead, developmentally different individuals are perpetual positioned as becoming adults, but never quite reaching that point. In making this argument, I utilize scholarship on the construction and projection of childhood non-sexuality to theorize how and why developmentally different adults are socially and institutionally positioned as being childlike and nonsexual. This argument is situated in the school, a space where culture is always being produced and reproduced (Epstein & Johnson, 1998). Schools, are one of the biggest producers and controllers of the discourses that position students as nonsexual through attitudes that educators teach through informal learning coupled with the curricula that is formally taught which often excludes an inclusive, comprehensive model of sex education.

In the following chapter, I will explore the existing literature on the topics of; disability and sexuality, the ways in which disability is infantilized, the role of educational environments in shaping sexualities and infantilizing students, and finally the debates on sex education in schools. Chapter 2 will also expand further on the theoretical background that informs my research. Chapter 3 will then explore the ways that informal education in everyday moment's silences and disciplines student sexualities. Chapter 4 takes a closer look at more formal modes of education including the curriculum and classroom environment. Finally, Chapter 5 offers concluding thoughts on this project. First by making suggests for further research and outlining limitations and then by explaining why sex education is important for people with disabilities, proposing thoughts on an inclusive sex education model for developmentally different students.

CHAPTER 2: REVIEW OF LITERATURE AND THEORETICAL CONSIDERATIONS

In my research, the work of Deborah Youdell (2006) has been very generative for my thinking on the discursive construction of the sexual subjectivity of disabled students. In her own research in Australian schools she sought to “construct compelling representations of moments inside school in order to untangle the discursive frames that guide meaning and render subjects within it” (p.6). In her research project, Youdell utilizes and applies Foucauldian and Butlerian theories to frame how discourses create student subjects. These theories are useful in my own analysis and understanding of how the developmentally disabled student is rendered as a nonsexual subject through school. Similarly to Youdell, I looked for an analyzed formative discursive moments in the educational environment and in interviews in which ideologies and subjects were arranged and produced.

It is also important to note that Margrit Shildrick (2007, 2009) and Tom Shakespeare (2000) has been very informative in my understanding and analysis of disabled sexuality as they complicate the means by which people with disabilities are denied recognition as sexual subjects. However, the work of these scholars focuses mostly on physical disabilities, and thus I consult and broaden their work in how it may apply to individuals with developmental disabilities. Moreover, the theories of Michel Foucault (1977) have also strongly informed my analysis. Specifically, I utilize his understanding that discipline operates as a specific technology of power, different from that of judicial power. In *Discipline and Punish: The Birth of the Prison*, Foucault (1977) shows how the subject is regulated by mechanisms of disciplinary power as they are “individualized, categorized, classified, hierarchized, normalized, surveilled and provoked to self-surveillance” (Youdell, 2006, p. 15).

The mechanisms of surveillance, normalization, and examination work within institutions to create and control docile bodies. Docile bodies are those of which “that may be subjected, used, transformed, and improved” (Foucault, 1997, p. 136). Schools are designed to create and use these bodies, by forming them through multiple modes of education which are almost always disciplinary in nature. Schools are also a place where the teacher is assumed to always be watching, and thus there is a heightened sense of surveillance. The ways in which disciplinary power is used to create docile bodies in schools has been the subject of ample research (Goodson & Dowbiggin, 1990; Besley, 2002; Kalmbach Phillips and Nava, 2011). However, less research has been done in the way of examining how students with disabilities are subjected as docile bodies in the classroom through the lens of sexuality.

2.1 Disability and Sexuality

Students with developmental differences present a special case of docile bodies because of the way that their bodies are positioned as always needing to be improved upon because they do not fit the norm of ‘able’. Disabled bodies have historically be disciplined through a logic of “cure or kill”. “The logic of “cure or kill,” accompanied by today’s faith in technology, posits that if the disabled body cannot be normalized, it must be eliminated” (Garland-Thomson, 2001, p. 355). In considering this logic not only in terms of the ‘disabled body’ but also ‘disabled sex’, coupled with the Western anxiety about any sexuality that does not fit the ‘healthy adult’ heterosexual model, then we can see how the disabled sex is deemed as something that cannot be normalized and therefore must be eliminated. The elimination of disabled sexuality comes through by the prescription of non-sexuality in discourse and the power of discipline to subject disabled bodies as such.

One of problems in much of the literature and often discourses on disability generally, is that there is a tendency to clump a myriad of different disabilities together without explanation of which disabilities are included or left out of a given discourse or piece of scholarship (Shildrick, 2007, p. 54). While people with disabilities can often be subjected to similar social treatment, experiences can be variable depending on the nature or severity of the disorder. Therefore, I would like to make clear that for the purposes of this paper, when I say “disability” or “disabled” I am referring to neurodevelopmental or developmental disorders which are “characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning” (American Psychiatric Association, 2013). Developmental disorders can include autism spectrum disorders (ASD), intellectual development disorders, learning disorders, and communication disorders. However, neurodevelopmental disorders are not limited to these categories, and are often found to co-occur. While the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* refers to these impairments as being “disorders”, they are also often categorized as being disabilities.

Defining disability can be difficult because disabilities are represented and experienced differently by individuals. Therefore, it is also important to note that the definition I present here is not meant to be prescriptive but rather clarifying for understanding my use of the terminology and the community with which I worked during my research. I will also use the phrase “developmentally different” this wording is carefully chosen to signify the cultural construction of developmental disability where disability implies deficit. As Baker (1998) points out;

Deficit owes less to nature, though more to culturally specific practices. These practices privilege concepts of intelligence, orderliness, rationality, self-control, speed of recall,

willingness to submit to authority, a love of reading, writing and coloring, a willingness to sit still, and formal English proficiency (p. 138).

Therefore, developmental disability is often diagnosed a result of not being in compliance with the norms socially assigned to an individual, whereas it may be better understood as only a differentiation, not deficit.

Disabled people, then, are positioned as being abnormal, or pathological. By way of this they are denied sexual subjectivity. Thus, if we consider how the able majority is culturally taught to comply with what Adrienne Rich (1980) names ‘compulsory heterosexuality’, as an ideal (see Epstein, O’Flynn & Telford, 2001; Kehily 2002) it is possible to image, similarly, that disabled individuals are imbued with a compulsory non-sexuality. My research shows that when disabled people do not conform to this cultural ideal, when sexual expression does present itself, it is met with silence (i.e ignored) or control (i.e. disciplined). The sexuality, or even the potential for sexuality of disabled people then, is left out of discourses on sexuality almost entirely, as Margrit Shildrick points out “what gets left behind—those aspects of sexuality that remain uncontainable within civic society and the cultural imaginary alike are, as a consequence, all the more devalued and denied” (Shildrick, 2007, p. 63). By leaving disability out of the repertoire of imagined sexualities, and by not engaging in conversations or educational moments with disabled people about sexuality their own sexual subjectivity is repeatedly devalued and denied.

Not only is disability left out of mainstream discourses on sexuality, but sexuality is simultaneously being left out of many disability rights activist agendas (Shakespeare, 2000). This is likely due to the way in which sexuality is not prioritized as a need:

The conceptual split between what is classed as a need and what is classed as a desire plays into a distinction between those claims or requirements that, in a society self-consciously committed to equity, should be addressed and those that may be reasonably set aside. The convention in Western societies is that publicly funded benefits of whatever sort—be it education, healthcare, or welfare payments— should be directed primarily toward the meeting of needs, with mere wishes or desires confined largely to the realm of private provision. (Shildrick, 2007, p. 59)

What Shildrick points out is that wishes, dreams, wants, and desires - those things of which have the potential to bring us pleasure, that are vital aspect of human flourishing are not prioritized as such. Because sexuality falls into the realm of private wanting, it is easier to ignore in terms of what are considered human needs for survival.

The way in which people with disabilities are excluded from discourses on sexuality and sex education is extremely problematic. Leonore Tiefer describes the possible effects of this phenomenon best with her use of the metaphor of playing gin rummy;

Imagine how you would feel if playing gin rummy, and playing it well, was considered a major component of happiness and a major sign of maturity, but no one told you how to play, you never saw anybody else play, and everything you ever read implied that normal and healthy people just somehow ‘know’ how to play and really enjoy playing the first time they try! (qtd. in Shakespeare, 2000, p. 161)

This quotation speaks to some of the core issues of this project, mainly that sexuality (i.e. gin rummy) is positioned as being not only a major sign of maturity, but also a primary key to happiness in the West, that people with disabilities are forbidden access to by way of excluding them from sex education and discourse. While positioning sexuality in this way is precarious in

and of itself because it assumes that everyone is having, and enjoying having sex, it is especially harmful messaging for people are socially excluded from this component of life. This exclusion eludes that people with disabilities, do not deserve to be included in this mode of human pleasure and flourishing.

The non-sexuality prescribed to disabled people is one of the major barriers to formal and informal sexuality education, relying on the assumption that developmentally disabled people do not need sex education because they will not be engaging in sexual relationships. Therefore, the prescribed sexuality of disabled people acts as a barrier not only to sex education but also to their sexuality generally. It is difficult to separate these two things from one another because sex education is typically a reflection or informant of the type of sexuality that educators expect young people to be having or have in the future (see Epstein, O'Flynn & Telford, 2001 and Kehily, 2002).

One of the central debates in the field of disability and sexuality questions what barriers exist that prevent individuals with developmental disabilities from being perceived of as having sexuality. It is generally agreed upon, that the lack of education is a major barrier. However, there are some differing opinions on how and what should be taught. The problem that arises in these debates is that many authors and researchers have only discussed one of these barriers, ignoring many others or pointing to a few barriers but failing to analyze the complicated ways in which these barriers operate and interact with one another. In much of the relevant literature (see Hannah & Stagg, 2016; Servais, 2006; Tullis & Zangrillo, 2013) on sex education for people with disabilities, there appears to be a general agreement that societal barriers are one of the major reasons that disabled people do not receive sex education. However, a critical discussion on how these barriers specifically operate to restrict sex education for disabled communities, and

how these barriers might be broken down is lacking. Thus, an exploration of these barriers is necessary if the goal is to be able to include individuals with developmental disabilities in discourses of sexuality, and sex education.

There are several studies which bring to light that people with developmental disabilities are not receiving effective sex education. Hannah and Stagg (2016) found that participants with autism spectrum disorder scored lower as compared to those without autism on a sexual awareness questionnaire, the study also found that autistic participants did not believe they needed more sex education. This study therefore suggests that while these particular students had received sex education, perhaps the education was not sufficient in meeting the needs of students with autism so that they may achieve a fuller sexual awareness (p. 3682). Further literature (Tullis & Zangrillo, 2013) showed that proactive sex education for young adults with autism is rarely happening, rather educational moments were only occurring in reaction to an event where sexual behaviors are performed in a way that does not comply with normative social perceptions (e.g. public masturbation) (867). The researchers suggest that proactive education is necessary but there has been very little empirical research done to support best practices for teaching sex education to adults with autism (Tullis & Zangrillo, 2013).

Finally, Laurent Servais (2006) performed a review of “scientific studies that have assessed the expectancies and support needs of persons with intellectual disabilities in terms of sexual health” (48) and also suggested that more empirical research needs to be done to establish best practices in education and sexual health services. Additionally, the author asserts that “an individualized, person-centered, multidisciplinary approach that incorporates caregivers and medical staff, educators and the individual should be used to provide comprehensive sexual health care to persons with ID” (Servais, 2006, p. 55). All in all, the existing research shows first

that people with developmental disabilities are losing out on effective sex education, and there is still much more to be done in the field in order to establish appropriate, inclusive sex education curricula.

2.2 Infantilizing Disability

There is a very limited body of research that explicitly uncovers the ways in which disabled people are infantilized by nondisabled people, especially so for people who are not physically disabled. One study done by Liesener and Mills showed that when asked to give directions to a nondisabled adult, a disabled adult (individual in a wheelchair), and a child, nondisabled participants used more words and similar voice inflections when talking to the disabled adults and children as compared to talking to the nondisabled adult (Liesener & Mills, 1999). Another study done by researchers Robey, Beckley, & Kirschner tested the implicit attitudes on infantilizing disability. This study found that “participants were more likely to associate disability-related words with words connoting childhood or childlike features than they were to associate non-disability-related words with words connoting childhood or child-like features” (2006, p. 447). For example, participants were more likely to associate words such as; disabled, palsy, handicapped, or impaired with words like infant, child, kid, or young (2006, p. 445). Significantly, the study also suggested that people who hold implicit associations of disability and childhood were more likely to express infantilizing attitudes via self-report (Robey, Beckley, and Kirschner, 2006, p. 452). While the findings of both these studies show that nondisabled people do have a tendency to infantilize disabled people what they lack is a critical analysis of why this is occurring, and how it operates in other contexts. Furthermore, both studies were conducted based on physical disability, while sometimes developmental

disabilities were co-presenting there is next to no research on exclusively developmental disabilities.

There has been substantially less research done of the infantilization of adults with developmentally disabilities as compared to those with physical impairments. I hypothesize that this is due to the idea that people with developmental disabilities are reared and educated based on what their conjectured “mental age” is. A severe example of this is presented in the case of Ashley, the “Pillow Angel” where Ashley’s parents decided, with the help of doctors, to have their disabled daughter undergo a treatment that would completely stop her growth and sexual development. They rationalized their decision to the media by claiming that because Ashley would always have the motor and cognitive skills of a three-month-old, the treatment would improve her quality of life (Hall, 2011, p. 1). In this case, Ashley was literally blocked from becoming a woman so that her body would be more akin to that of her mental capabilities. While there are other cases in which people with severe disabilities have been subjected to surgeries and other kinds of treatments (including sterilization) ethical and legal concerns will sometimes defer caregivers from making these decisions for the people for which they care for.

The alternative to medical procedures are social, discursive procedures in which people who are developmentally different are blocked from certain knowledges based on the assumption that their ‘mental age’ is less than that of their bodily age. There is a lot of social speculation about what one should know and how one should act at a given age, but these ideas are based on how we are reared at home and in schools. For adults who are developmentally different, it is not only the inflections people use when they talk to them, or the implicit attitudes that people have that are infantilizing. What and how they are reared and taught in schools also has a tendency to

be infantilizing. Denying access to sexuality and sex education because someone is developmentally different, I will argue, is an infantilizing behavior.

The identity that is embodied in the disabled child, is very specific and complex as authors Goodley and Runswick-Cole, explain;

Disabled children's lives are both enabled and limited by their construction as simultaneously both 'different from' and 'the same as' other children. Those living at the intersections of dis/ability and childhood are often viewed as being like any other child (they are children first) whilst also inhabiting spaces of difference: where their diverse educational needs, as expressed through categorisations associated with disability and impairment, are also illuminated.

(Goodley and Runswick-Cole, 2015, p. 242)

The authors note that disabled children exist at the intersection of disability and childhood but that they are viewed in school as 'children first' before disabled. This approach to disability studies is named 'DisHumanism' by the authors, which is an approach that aims to explore how disabled people are positioned as both 'different from' and 'same as' able people and how this positioning is simultaneously limiting and enabling to the individual who is disabled (Goodley and Runswick-Cole, 2015, p. 242).

Goodley and Runswick-Cole do not apply this concept to the construction of the disabled adult in schools. This identity, is different from, and arguably more complex than the position of the disabled child. However, considering the DisHuman or 'different from' and 'same as' approach to disability is a useful framework for contextualizing how the young adults that I observed are positioned as being not adult before disabled, but disabled before adult. Positioned

in this way, they are therefore always different before same and in this way restricted before enabled.

The difference that disability conjures, positions the students at the Coastal Transition Academy as being childlike. Thus, they are simultaneously taught how to be adults while being treated like children. This treatment mirrors the ways in which adolescents are approached in American culture, however what differentiates this is that neuro-typical adolescents may be considered ‘teens’ or young adults on their way to adulthood. Meanwhile, disabled adolescents are positioned as closer to that of a child rather than an adult; where autonomous adulthood is not a foreseeable future even when they are considered adults under the law.

Research on the barriers that limit the recognition of the sexuality of developmentally different young adults lead to an understanding that disabled people are often kept outside of discourses on sexuality because these discourses are classified as being adult or mature conversations. Disabled adults are then, kept out of these discourses, by way of being perpetually suspended in a state of childhood and innocence. Through this denial of adulthood and maturity developmentally disabled people are also refused access to education on sexuality. The infantilization of disabled people is therefore, one of the major impediments to their acceptance as autonomous subjects who are deserving of recognition as sexual people and inclusion in sexuality education.

In seeking to understand why people with developmental disabilities are prescribed as being nonsexual, I reflected on the way that children are prescribed a similar kind of innocence. This innocence, or non-sexuality that is ascribed to children is based in the adult cultural anxiety that innocence may be desirable and thus taken advantage of. As several scholars have pointed out, this anxiety is about the fear of adult desires for innocence and the fear that a child might

possibly be sexually knowing and seductive (Taylor, 2010). By keeping disabled people suspended in a constant state of childhood, their sexual innocence can be more easily maintained. Moreover, it is the nondisabled caretakers of disabled people that are the most responsible for holding up this standard by the ways that they rear and educate the disabled people with which they care for.

2.3 The Role of Educational Environments

Baker points out, the ways that childhood and schools are severely interconnected (1998, p. 119). Therefore, it is hard to separate the role of student from that of child, by way of this, the students at the Coastal Transition Academy are infantilized not only by their developmental differences, but also by being ‘student’. This was made clear in the research by the consistent assertion of the students being referred to as “the kids” as if it were synonymous with student.

Educational institutions are a place of both learning and socialization among many other things. Notably, schools are a microcosm of society where we can see clearly the (re)production of identities and their stereotypes and oppressions. Moreover, these identities intersect with one another and inform the ways that groups or certain individuals are treated by their teachers and peers. Educational institutions play a major role in shaping our understanding of the social world and how we fit (or do not fit) within it. Moreover, schools represent a unique space in which sexuality is extremely regulated and often simultaneously ignored (Epstein & Johnson, 1998). For disabled adults, regulations are often deemed unnecessary because their sexuality is blatantly ignored, or assumed to not exist. As a result, not only teachers, but American society at large deems disabled sexuality as being an untouchable subject. Many people, including those that work with disabled communities do not know what to make of discourses on disability and

sexuality because the subject has been ignored for so long (Shakespeare, 2000, p. 160). And unfortunately, while schools have the potential to combat this, they are often reproducing it.

There has been a lot of research done on how schools are coercive environments that shape our understanding and experiences of sexuality both in the world and within ourselves (see Epstein, O’Flynn & Telford, 2001; Epstein & Johnson, 1998; Kehily, 2002). Within this large body of literature many different identities including class, race, and gender have been brought up to show how this has an effect on the ways in which educators teach and pupils learn. However, disability is often left out of this literature; to my knowledge there has been very little research done on how educational environments affect the sexual becoming and awareness of developmentally disabled people. The literature that does exist on the sexual awareness of people with disabilities does not critically assess the role of educational environments as a whole but rather critiques the lack of effective sex education (see Hannah & Stagg 2016; Tullis & Zangrillo, 2013; Servais 2006). Moreover, some research (Baker, 1998) has been done on the way disabled children are treated in public school settings. However, not much has been done in either direction to examine how educational environments affect the sexual becoming of disabled people by way of compulsory non-sexuality.

2.4 Sex Education Debates and Exclusions

According to the definition posted by *futureofsexed.org*:

Comprehensive sexuality education curriculum should include a variety of topics including anatomy, physiology, families, personal safety, healthy relationships, pregnancy and birth, sexually transmitted diseases including HIV, contraceptives, sexual orientation, pregnancy options, media literacy and more. It should be medically accurate.

Qualified, trained teachers should provide sexuality education. (“Definition of Comprehensive Sex Ed.”)

Throughout this paper, when advocating for sex education, this is the approach I find needs to be provided to people with disabilities. However, in the United States the only sex education programs that are federally funded are abstinence only approaches, in fact federal funding for abstinence only sex education programs increased by 55% in 2016 (SIECUS.org). Under the Title V abstinence-only-until-marriage act (AOUM), schools may only use federal funding for teaching abstinence only education models, which requires that they not discuss any forms of contraception, except to note its failure rates (see appendix I for full outline) (SIECUS.org). Moreover, in 2007, a congressionally mandated study “found that federally funded Title V abstinence-only- until-marriage programs had no beneficial impact on young people’s sexual behavior” (SIECUS.org). Despite the fact that AOUM education has not met its intended goals of decreasing sex amongst young people, the program has continued and has received increased funding. According to The Sexuality and Information Council of the United States, in the state that I performed research in, sexuality as well as HIV/STD education is mandated by the state, but an abstinence approach is ‘stressed’ over a comprehensive approach.

Educators are not excluded from the socially created discourses that prescribes sexualities to certain identities. Therefore, education is needed not only for pupils, but also for educators (May & Kundert, 1996). In order for sexuality education to happen in an inclusive, and positive way there needs to be a deeper shift to alter the expectation that teachers should not be honest about sexuality in answering the questions of their disabled students. Conversely, teachers should be encouraged to engage in conversations about sexuality and given the tools to do so. However, because disabled sexuality is not prioritized, even by disabilities rights activists (Shakespeare,

2000), there is a small body of curriculum and resources available for educators. Moreover, several researchers have suggested that there has been very little empirical work done to evaluate the results of sex education curriculum in developmentally disabled communities (Tullis & Zangrillo, 2013). Because the curriculum has undergone very limited testing, it is difficult to know if any of the curriculum available is “working” nor have I seen any research which outlines methods of testing and definitions of successful sex education. The lack of research on this topic can be related to the ways that sexuality is not prioritized by disability rights activists.

The lack of educators prepared to, and comfortable with teaching sexuality to young people with disabilities presents a pervasive barrier to people with disabilities receiving sex education and being accepted as sexual people. Teachers, of course, are not outside of the societal discourse on disabled non-sexuality. Epstein, O’Flynn, and Telford (2001) point out that primary school teachers are often nervous when they have to teach aspects of sexuality in their classes, and thus it does not get done very well. This anxiety around teaching sex education comes from teachers having little to no training on how to teach it and fear of negative reactions from parents or other colleagues (136). It has also been noted that “sex educators have been subjected to barrages of abuse for answering children's questions as honestly as they can” (Epstein, O’Flynn & Telford, 2001, p. 136). This particular example of teacher’s anxiety on teaching sex education is about primary school teachers, which is not the age group that I am interested in here. However, as I have pointed out discourses on the innocence and non-sexuality of children very often sound similar to discourses on the prescribed non-sexuality of disabled people, at all ages. Therefore, educators in both categories of education are likely to face similar anxieties and conflicts about teaching sex education.

In the United States, sex education in schools is a highly debated topic. Sex is admonished as ‘not it public’ and ‘not in front of the children’ (Alldred & David, 2007, p. 2). The debate, therefore rests within two major intersecting dichotomies; public/private and adult/child where those who oppose sex education believe that sexual knowledge should be reserved for private adult sectors only. What further complicates the tensions around sex education in schools is that schools are public spaces yet also carry the “public duty to education children on this ‘private’ matter” (Alldred & David, 2007, p. 2). Schools are therefore a space where an exception to the belief that sex education should be reserved for private adult spaces may be breached. However, the strongly constructed Western belief that children are nonsexual seriously impedes the possibility for young people to receive comprehensive sex education (Alldred & David, 2007, p. 3).

CHAPTER 3: CREATING NONSEXUAL SUBJECTS IN EVERYDAY MOMENTS

Following much of the research and scholarship on education and sexual subjectivity, I utilize a Foucauldian approach to discourse and power in combination with Shildrick's extensive work on disability and sexuality. This chapter will analyze the everyday moments that I witnessed during my observations and interviews. Specifically, I pay close attention to the discrepancies I noticed between what I heard and observed in comparison to the self-reports of the educators in my interviews. These inconsistencies say a lot about how certain languages and behaviors are ignored in the classroom, while others are controlled. The combination of silence and control is what supports and reproduces the discourses that arrange developmentally different individuals into docile subjects in the classroom.

I will argue that young adults with developmental disabilities present a special case of how disciplinary power works in everyday moments at school to control the sexual becoming of the students at the Coastal Transition Academy. I argue that the mechanisms of disciplinary power operate not only to create docile bodies, but do this through infantilizing developmentally different students. I categorize these everyday moments as being those of informal learning. Informal learning took place mostly outside of the physical classroom, it occurred during breaks, lunch, and at various activities. By way of the uniqueness of this educational program, students spend most of their time outside of the classroom and therefore a large portion of their learning is happening informally while still being moderated by the educators. In observing informal learning, I analyze not only what the students are learning, but also how educators interpret what the students know, in combination with attitudes about what is known or learned by the students. For this chapter, it is important to introduce two students from the class; Marie and Joey. The two are a couple who have been together for over a year, and during the course of my

observations, I became particularly close to them. They were undoubtedly two of the more outgoing students in class, and opened up to me on several subjects. Their relationship, and the ways in which it was controlled has become a major part of my research and analysis and is a primary focus in this chapter.

My observations revealed that Marie and Joey's relationship is highly monitored and regulated in their physical behaviors because of a compulsion of nondisabled teachers and adults alike to monitor and control sexuality (Esptein & Johnson, 1998). Touching and bodily behaviors are coded as being sexually charged unlike the verbal expressions, thus they are given more attention and often disciplined. The verbalization of sexuality that I heard and witnessed teachers and facilitators ignore was based in the future, or fantasy, however physical behaviors are occurring presently and thus could not be ignored. The illusion of the innocent and nonsexual "child" is broken down by the appearance of sexual behaviors. In an attempt to reinstate that innocence, these behaviors are disciplined. If we situate, as Shildrick does, "the specific intercorporeality of the sexual relation" within "the putative threat of anomalous embodiment" (2009, p. 82) then it can be argued that because these physical behaviors mirror the intercorporeality of the sexual relation that they cannot be ignored like verbal expressions. These behaviors are coded as risky, dangerous, and the source of anxiety for the able-bodied on looker because "the sexual relation itself and the operation of desire, as that which extends beyond the self to the other is always a locus of anxiety" (Shildrick, 2009, p. 84). While this anxiety is positioned by Shildrick as being within the self, when we make contact with others, this anxiety can be projected to control not only the sexuality of the self but also to attempt to control the sexuality of others.

The gatekeeping of these student's sexuality is done by constantly returning them to childhood innocence, because there they cannot reach sexual subjectivity. The ignorance of verbal expressions and policing of sexual behaviors thus denies these students access to sexual subjectivity. They are denied this because the sexuality of people with disabilities is put into the category of abnormal sexuality, as it is perceived to be misaligned with the cultural ideal of adult heterosexuality.

Adult-child relations in American culture play a major role in the construction of children as innocent, being pre- or asexual (Epstein & Johnson, 1998). Schools, are a place where this relation is played out daily by "pursuing strategies of resistance or control, both teachers and pupils draw on cultural repertoires which they live elsewhere but which acquire new meaning in the context of the school" (Espstein & Johnson, 1998, p. 109). Epstein and Johnson (1998) touch on how adult-child dichotomy is exacerbated in schools which aides to the construction of childhood as vulnerable and innocent. Baker, adds to this discussion by pointing out how intertwined childhood and schooling are, claiming that today they are "mutually reinforcing classificatory schemes and social practices" (Baker, 1998, p. 118). Thus it is difficult to disconnect the role of the student from that of a child, educational institutions are infantilizing in this way.

The infantilization of disabled students then is twofold, as they are infantilized first by their identity of being developmentally disabled and second by way of being a student. Baker (1998) claims that today childhood is accepted as being a stable category, while childhood may be accepted as such, children themselves are not stable as they are still developing, growing and maturing into the 'ideal' autonomous adult body (i.e. the body that can be sexual). Being labeled developmentally disabled then marks a student as having a different trajectory of development,

where some things may develop differently, earlier, later, or not at all. This mark of disability, however, may also be interpreted as unable to develop (i.e. unable to become an adult). Bearing this in mind, the students at the Coastal Transition Academy are reared as if they are children on their way to becoming adolescents, rather than adolescents on their way to adulthood.

Understanding that adulthood is not a foreseeable future for them helps to understand why sex education is not prioritized either. The sex education that is taught to children is about future sexual relations, it is all about planning for a sexual future (Alldred & David, p. 9). A sexual future is socially unimaginable for people with disabilities because sex is reserved for adults, and disabled people are rarely ever positioned as being ‘fully developed’ and thus adult.

The ways in which we become educated on sexuality comes from many different sources. However, schools are a space in which there is an almost constant flow of formal and informal education taking place. As Epstein, O’Flynn & Telford (2001) point out “indeed, sex education takes place not only in the official school curriculum but also within pupil cultures through processes of social learning. These, however, take place in a context in which compulsory heterosexuality is pervasive, with pupils and teachers alike imbued with heterosexually imagined futures” (Epstein, O’Flynn & Telford, 2001, p. 135). For developmentally different classrooms and educational programs such as the Coastal Transition Academy, the pupils are not so much “imbued with heterosexually imagined futures” but rather futures imagined without sexuality. The assumption, then, is not that they should be performing in compliance with heterosexual scripts, but rather that they should not desire nor engage in sexuality at all.

The passage to sexual becoming, sexual self-awareness, and sexual expression is narrowly defined by an “impressive system of legal, cultural, and moral constraints that construct categories of licit and illicit that are supposed to operate to contain or eliminate perceived risk”

(Shildrick, 2009, p. 84). This system by way of creating categories of licit and illicit defines how individuals can engage in sexual discourses and behaviors. The first constraint to engaging in sexuality, then, is having the right body (and mind) to do so, which is a mature, developed adult body, as Shildrick explains, sexuality outside these bodies is the crux of anxiety for the West.

The western discomfort with many manifestations of erotic desire - that denies or prohibits infant or childhood sexuality, or expresses disgust and attempts to efface older people's desire, for instance - is most clearly invoked by forms of differential embodiment that cannot be subsumed unproblematically under the rubric of the normative body. (Shildrick, 2012, p. 81)

Therefore, mandating non-sexuality to people with disabilities helps to minimize Western cultural anxiety around erotic desire. Denying sexuality to disabled individuals allows that the social world does not have to deal with their sexuality at all, for fear of what it might be. The trouble then is, that disabled sexual subjectivity is denied in multiple ways both in the form of sexual behaviors and erotic desire. Because disabled people are perceived as childlike, it is important to Western cultural norms that their innocence as such be preserved. This preservation project is taken on both socially and institutionally and is the major barrier to the recognition of disabled sexuality, and in turn sex education.

3.1 Silencing Verbalizations of Sexuality

In one interview with a facilitator, George, when asked about how much he thought his students knew about sexuality he stated:

I would say a very surface level percentage. I don't think it's something that they think about often. But I think it is something that they kind of understand because of their access to social media, the internet, maybe overhearing it in high school. I think they are

aware of what it is, but I don't think it's something they too often think about, or at least express verbally.

This statement, marks a clear example of the speculation that people with developmental disabilities do not have sexual consciousness, but are merely passive recipients of everything without agency to think. While the facilitator believes that the students have had exposure to sexuality from “social media, the internet, maybe overhearing it in high school” he bundles that with the assumption that they are not internalizing and thinking about that information. According to this interview, the adult students in the class are only “aware” of sexuality, however it is not something they “think about often.”

The language George uses here sheds light on the apparent difference between what it means to be aware versus what it means to think. In using this language, George draws a link between being differently minded and nonsexual and how this is in contrast with being able to think (e.g. able minded) and being sexual. The assumption then is, that disabled individuals have access to information about sex, but they cannot internalize or think about it. The gap that is created by the facilitator between thinking and knowing is generated by the productive function of power. Foucault (1977) notes “power produces; it produces reality; it produces domains of object and rituals of truth. The individual and the knowledge that may be gained of him belong to this production” (p. 194). The gap assigns not what knowledge can be gained, but rather what can be understood and thought about. Here, the discourse of disabled and nonsexual converge to produce the students as unable to think about sex. By the facilitator speculating that the adult students know about, but do not think about sex, he makes the assumption that he knows what they think about. He believes he knows this by way of an unconscious understanding that disabled people are nonsexual. This understanding exists because the facilitator is not removed

from the way that developmentally different people are constituted as non-sexual in popular discourse. Moreover, prescribing what things can or cannot be thought about is disciplinary through a normalizing judgement that projects the students as nonsexual subjects. By way of being discipline and subjected in this way, the students are rendered docile bodies.

What this statement from George also points to, is the way that discourses are upheld and reproduced through discipline. In this case, by speculating that sexuality is not being thought about, the institution can continue to normalize them as nonsexual. By assuming this, educators can rationalize that they do not need to engage with them on topics of sexuality. The elimination of sexuality from the regime of knowledges deemed acceptable for disabled people to engage with in turn shrinks the already narrow space for disabled people to engage in discourses on sexuality. These limitations are what produce and reproduce statements and ideologies like George's; that if they are not expressing that they think about sex verbally, they are not thinking about.

According to the facilitator, an additional reason for believing that the students do not think about sexuality, is because sexuality is not "expressed verbally". The connection between thinking and verbal expression presents another interesting link, because it assumes that we always verbalize what we are thinking about, however not all thoughts are expressed or spoken. This is especially true when it comes to sexuality, the topic is deemed as one that is private and should certainly not be spoken of in school or other professional settings. Furthermore, sexuality or desire is not always expressed verbally, this may be notably true for a community that is sometimes challenged with verbal expression. However, this was not so much the case for the students that I observed. The current group of students at the academy are all very verbally

communicative. In fact, there was not a single day of observations when I did not hear at least one student make a comment about something related to sexuality.

Most of the adult students in this program at one time or another expressed sentiments about marriage, having a crush, dating, having children, and sex. These comments were often brought up during social and free time throughout the day where facilitators and sometimes the teacher was also present. Some of these conversations even involved facilitators directly; the couple in the class Joey and Marie would often ask George if he would be the best man at their wedding, or be the uncle to the child they planned to have one day. While in this scenario the couple is not directly talking about sex, this exchange exudes aspects of sexuality. As I started to build rapport with the students they came to me, almost as if they were confessing, to express their thoughts on sexuality.

On the afternoon after I presented a lesson on healthy and unhealthy relationships, as I walked with the class to lunch at the university cafeteria, Joey and Marie walked nearby me telling me that they believed that romantic relationships can also be sexual ones. They continued to tell me that they both have romantic and sexual dreams about one another. This opened up a conversation about sex (i.e. intercourse), where Marie mostly stayed quiet, making a few comments or gestures of agreement but Joey gave me a full rundown of everything he knew about sex. He told me, that he learned a lot from his brother and father and proudly boasted that he got an 'A' in his high school health class. Moreover, he explained that he understood the importance of consent, and there could be legal repercussions for not asking for consent. Additionally, he informed me that his brother and father told him that he should wait for the right girl and that he should be careful not to get her pregnant before he was ready.

It was clear that Joey was very confident in his knowledge about sex, based on Marie's contributions of agreements I got the sense that the couple had talked about these things before but Marie seemed less comfortable openly discussing the topic. Moreover, while Joey seemed well versed in consent and pregnancy he seemed a little less knowledgeable on STI/STD's. I could surmise that this was either not covered in whatever health/ sex education that he received, or that this was not covered by his brother and father. Also, in my own experience as a sex educator for adults, this seems to be the area where most people lack understanding, or feel that they need more information on.

Considering the disparity between what the facilitator expressed in his interview versus what I witnessed during my observations drew me to question why or how these verbal expressions go ignored or unnoticed. Based on my observations, it would seem that these articulations are going unnoticed because they are not being coded as expressions of sexuality. Often when Marie and Joey discuss their future marriage and children it is as if the facilitators become engaged in playing a game with them, they do not ever question their plans but rather agree and smile. Marie and Joey's dreams of a future together are understood by teachers and facilitators as being just playful fantasies, because they are children who will only ever grow into adolescents, and marriage and reproduction is reserved for adulthood.

If facilitators are already assuming that the students are not thinking about sex, then they are likely to consider comments on babies and marriage as being about something else. This is comparable to the way in which non-disabled adults in America are not concerned when their children "play house" or create boyfriend/girlfriend relationships in elementary school. Adults do not question these behaviors because they are temporary performances. By assuming that

children do not understand, or think about sex then these behaviors must not be influenced by sexuality.

By not engaging with these verbal expressions, educators are missing valuable opportunities to listen to students and in turn to teach them about reproduction and romantic/sexual relationships. These educational moments are not happening because that would require taking this language seriously and imagining that this couple, or others might have sex and even children. This turns back to the widely recognized, but false assumption about sex education discourses in the United States that if you teach young people about sex they will start having sex sooner. Thus, the ideology goes that sex education “corrupts 'innocent minds' and makes sexual activity more likely” (Alldred & David, 2007, p. 9).

3.2 Disciplining Docile Bodies

Conversely to the ways in which language about sexuality often went unnoticed, sexual behaviors were recognized. For Marie and Joey, whose relationship was often minimized to a childish flirtation, their physical behaviors with one another were carefully monitored, and even I was asked by a facilitator to “keep an eye on the love-birds”. When I responded to this request with a somewhat confused expression, the facilitator clarified that this meant to keep an eye on their hands while we were traveling to the park by van. It was never explicitly explained what the limits of this touching are, however my observations allude that it was any physical contact that could not be minimized to only a romantic gesture (e.g. holding hands). During our trip to the park, Marie and Joey were sitting towards the back, and after only a few moments, a facilitator announced “hey! Take it easy back there you two”; this was a response to Marie rubbing Joey’s leg. From what I could see, the level of physical touch was not any more intense or intimate than

other moments in which Marie would sit on Joey's lap, or they will be holding hands and hugging.

That the behavior of 'rubbing' would be disciplined, but not hand-holding, or hugging shows first how certain behaviors are coded as being either sexual or romantic, and second that romantic gestures are not disciplined like sexual ones. Romance then, is acceptable, but sex, or behaviors that mimic those which may provide sexual pleasure are not. Shildrick illuminates this point by arguing that part of the problem for disabled people being accepted as sexual people "lies not in acknowledging the existence of loving and caring relationships involving people with disabilities, but in an apparent acceptance of the widespread disbelief or denial that sexual

The educators at the Coastal Transition Academy make choices about when to remain silent and when to discipline, however they are always watching; surveillance is one of the primary operations of power in the classroom. According to Foucault, surveillance is a mode of power that effectively replaces punishment (Foucault, 1980, p. 38), it is a mode of power that becomes absorbed by individuals so that the regime of power is exercised within, rather than from exclusively above (Foucault, 1980, p. 39). This occurs through the discreet nature of surveillance, by way of being discreet it is not always recognizable, therefore we are always wondering if someone is watching us (Foucault 1977, p. 177). Furthermore, Shildrick points out, in referring to the discipline of sexuality that "to have a disability may be to invite more extensive surveillance, but it is a difference in degree, not in kind" (2007, p. 62). Coming from a Foucauldian perspective herself, Shildrick highlights that no one, regardless of embodiment or ability "escapes the web of regulatory power that is directed toward all aspects of bodily identity, comportment, and behavior" (2007, p. 62).

Surveillance operates both within and onto bodies, Foucault explains, it is;

Organized as a multiple, automatic, and anonymous power; for although surveillance rests on individuals, its functioning is that of a network of relation from top to bottom, but also to a certain extent from bottom to top and laterally; this network ‘holds’ the whole together and transverses it in its entirety with effects of power that derive from one another: supervisors, perpetually supervised. (1977, p. 177)

One of the primary modes of knowledge and learning that occurs in educational institutions is done through surveillance as a form of disciplinary power. By way of being weary that someone may always be watching.

Another example of when I actively witnessed surveillance and discipline among the class was during a physical activity the class was participating in. As we stood and watched from the sidelines of the gym studio, Mrs. Kelley pointed out, after noticing that Marie kept having to adjust her shirt, pulling it up towards her chin to cover her cleavage, that she had been talked to about this before. She continued to tell me that this was an ongoing ‘problem’ that has been addressed with Marie several times. The problem that Mrs. Kelley saw was that of a female sexualized body, which Alldred and David point out, are read as leaky or risky and thus “inconvenient to a rational, bureaucratic system of schooling” (Alldred & David, 2007). By way of a techniques that Foucault (1997) calls the ‘normalizing judgement’ in combination with an ‘observing hierarchy’ Marie is rendered a subject of examination. This examination positions Marie as a subject to be qualified, classified, and punished (Foucault, 1977, p. 184). Through this mode of discipline, we can see the docility of Marie’s body, as a body that is put under surveillance, a body “that may be subjected, used, transformed, and improved” (Foucault, 1977, p. 136).

Marie's body, based on the size of her breasts, is regarded as sexualized and thus becomes an object of scrutiny where teachers can tell her how to improve, that is, how to not be sexual, how to cover her breasts so that she may not be desired. The anxiety over her being desired is aligned then with the anxiety of children as being sexually desirable, so they should be protected by disciplining their bodies into being innocent and not sexual. For female children who have not gone through puberty this project is easier to control without the appearance of breasts, a sign of sexual development. Marie then appears as a sexually developed child, a disturbing image to Western culture, because being sexually developed does not only mean that one may be sexual, or sexually attractive but also that the developed female body has the potential to become pregnant. This cultural anxiety is further perpetuated by a quote from a doctor and member of a hospital ethics board, who worked on Ashley's (the "Pillow Angel") case, stating: "the estrogen treatment is not what is grotesque here. Rather, it is the prospect of having a full-grown and fertile woman endowed with the mind of a baby" ("Ashley Treatment" 2007, p. 12). This assumes that our bodies and minds must always 'match', and because the mind is often more difficult to change or discipline, the focus must be on bodies. Teachers, then try to control Marie's body, making it more childlike by way of telling her to conceal her breasts.

While I did not witness Mrs. Kelley actually discipline Marie for her shirt, the disciplinary moments that I did see at the Coastal Transition Academy often occurred without explanation. These moments are assumed to not warrant an explanation because they call upon 'regimes of truth', a function of discourse that "captures the cumulative power of discursive formations in the realm of the social" (Kehily, 2002, p. 37). For example, Marie and Joey were never provided a reason for why they could not touch each other or what might be considered "appropriate" kinds of touching and why. They did not need to be provided with this explanation

because the assumption is that as developmentally disabled students, they should not touch each other in a sexual manner because they should not be sexual. This is reflective of what is considered the ‘truth’ in normative discourses on disability and sexuality, and the truth is assumed to be something that cannot be questioned.

In the instance of both the ignored verbal expressions, the disciplined physical behaviors and the surveilled and examined body there was an opportunity for teachers and facilitators to start a conversation or educate about sexuality, yet this never occurred. These moments, of which go unnoticed, undisciplined and unspoken of are just as important to reference as those that are called out, and regulated. Silences are an important part of discourses, sexuality is not talked about in these moments because by talking about it the illusion that these students are not sexual would be broken down. Not speaking of the sexuality of disabled students actively constructs disabled people as nonsexual, “such silence is, in effect, management by non-recognition” (Shildrick, 2007, p. 55). The silence of educators, as well as the exclamations of discipline and surveillance therefore operate as modes of controlling sexuality so that the students may only be recognized as being nonsexual.

CHAPTER 4: CURRICULAR AGENDAS – IMAGINING NONSEXUAL FUTURES

4.1 Models of Independence in the Classroom

Following from the previous chapter, this chapter seeks to unpack how the infantilization of the students at the Coastal Transition Academy is played out in formal education, which is the composition of the program and curriculum. I reflect upon and critique the ways that certain topics are prioritized over others, paying special attention to the gaps and silences in educational agendas and what discourses are in turn perpetuated by these gaps. The ways in which curricular agendas are set forth are telling about not only what schools and educators find important for young people to learn, but these agendas also reflect larger cultural scripts. The curriculum and classroom composition, therefore adds to the discourse on what knowledges and skills should be learned by developmentally different individuals. As will be explained in this chapter, I saw this done through the prioritization of certain topics, the ignorance of others, and modes of visibility in the classroom. I explicitly point out that sex and relationship education is severely underrepresented in the classroom, and by way of underrepresenting these topics, developmentally different students are further denied rites of adulthood.

The apparent adversity to teaching adults with developmental differences about sexuality is based, I will argue, in the infantilization of disabled people. The infantilization of disabled people occurs when able-bodied people make misguided assumptions about individuals with disabilities as being a population categorized by what they cannot do, or need help doing. As was noted in Chapter 3 assumptions about people with developmental disabilities are not only made about what they cannot do, but also what they do not understand. For this reason, developmentally different adults are often sheltered, or restricted in their access to social spaces

because they are considered as being not ‘age’ appropriate or safe. Thus, individuals with developmental disabilities are socially located as being children, this is to say that while disabled people can be positioned as adult citizens under the law, they are often not culturally accepted as being adults and are thus restricted in their access to attain certain ‘adult’ discourses that we take as given rites of passage in American society.

If childhood is constructed as a time of development, dependence, and vulnerability then adulthood can be understood, as being reached when one is developed, independent, and secure. Adulthood is the ideal of humanity, whereas children are modeled as ‘human becomings’ (Alldred & David, 2007, p. 9). It is schools that hold the responsibility in aiding this ‘human becoming’, schools are therefore always preparing us for different aspects of what our futures as adults should look like. Schools therefore set their curricula to match the path to becoming an adult, however the path that is set for developmentally different people does not follow this same order. Sex education is taught to neuro-typical children and young adults to prepare them for sexual futures, while those who are outside that norm are left out on the basis that this is not a part of their future. The curriculum and pedagogy at the Coastal Transition Academy reflects both the social and educational expectations of futures that can be imagined for developmentally different students.

According to the brief curriculum that was shared with me by the head teacher, Mrs. Kelley, the four major topic groups that are covered during the academic year at the Coastal Transition Academy are math-life skills, social skills, life skills, and career/vocational skills. Within each of these overarching topic groups there are ten or more subtopics that are said to be covered including banking, calculating earnings, conversation skills, conflict resolution, self-advocacy, dating and relationships, grooming, cooking, cleaning, applying to jobs, and getting

along with co-workers (see appendix II for full list of topics). These topics are those that Mrs. Kelley is mostly responsible for teaching in the classroom and the facilitators are then responsible for enforcing the practice of these lessons where they are applicable. Moreover, according to my observations and interviews with the program staff the agenda for the year is organized around three main aspects; education, employment, and community involvement. It was not clear to me how much attention each component was to be given according to the program guidelines. However, it was very evident from my interviews that the staff do not all agree on how the program is balanced among the three components.

I was surprised by the simplicity of what Mrs. Kelley shared with me as the ‘curriculum’ for the program as it is just a list of topics. However, this list in combination with the pedagogical modes and styles that I witnessed illustrate how the program is run and what is prioritized. First, the teaching in the classroom utilizes a very interactive teaching style, which is to say that there is a lot of back and forth between the teacher talking and the student's responding. Moreover, there are also several breaks during each lesson, usually these happen when a certain activity is completed or one concept is covered. Breaks were usually taken outside if the weather was permitting and the students would socialize amongst each other and with facilitators. Sometimes we would all just stand around outside the building, other times the facilitators would guide a walk around campus, or pass a football around. The constant movement of students doing different activities is reflective of the program a large. Not only do students move from the classroom to breaks, they are also shuffled around to their various jobs, job trainings, and volunteer positions, which, for example include: volunteering at the library, working in the stockroom of a clothing store, volunteering at a nursing home, bagging groceries, and hosting at a restaurant.

Although Mrs. Kelley utilized breaks and recognized the importance of jobs, training, and community involvement, she expressed her frustration with the notion that the educational piece was not being prioritized enough.

“I guess I have conflict sometimes in terms of what kids really should be getting educationally. I think sometimes once they have gotten to this stage the emphasis is less on education and more on jobs. Which is great in all respects, but sometimes they need the educational piece before they actually go out and get these jobs. So I think that's a little bit hard, in terms of that philosophy. I think it's got to be a little bit more of a balanced approach”.

The conflict Mrs. Kelley has is not with any person in particular, but rather with the way the program is set up that designates a priority on work experience rather than on educational aspects. While she has some control on how the curriculum is taught, the topics that need to be covered are assigned to her by the directors of the program. As I mentioned in the introduction, the program is part of a larger non-profit organization that offers services for disabled people. Therefore Mrs. Kelley's role is as a special education teacher but not someone who designates the full agenda.

As someone who has taught in public schools for many years, it is not surprising that Mrs. Kelley finds the program to be lacking an educational backbone. In the same interview she also mentioned that now she barely gets the whole class together even one day a week to teach her curriculum because the students are always in and out; coming and going from their jobs. She also admits that this creates a problem because “there's so many topics that I need to cover and I don't have time now to really do what I need to do”. Which is to say she does not have the time to carefully cover all the topics listed on the curriculum.

It appeared that coupling, partnerships, and marriage were not prioritized as part of the curriculum for people with disabilities. Thus, all aspects of sexuality, which is to include relationships and intimacy, are ostracized from this educational space for young adults with developmental disabilities. This was made clear not only by the curriculum, but also the physical classroom which was plastered with posters (see appendix III figures 1-5) of people with disabilities who work in skilled jobs. Rosemarie Garland-Thomson (2002) argues the representation of disability in photography, not only “configure public perception of disability, but all images of disabled people either inadvertently or deliberately summon these visual rhetorics and their accompanying cultural narratives” (p. 58). Of the visual rhetorics that Garland-Thomson describes, the posters in the classroom align with realistic mode which ‘regularizes’ and ‘normalizes’ the disabled figure by minimizing the mark of disability (2002, p. 69).

The posters from the classroom position the disabled figure in the center of several titles which summarize a few characteristics about who they are and what they do, thus obfuscating disability with ability. The poster campaign is part of The Campaign for Disability Employment and this particular set of posters are centered on the phrases “What Can You Do?” and “At work, it’s what people *can do* that matters”. The posters are a reflection of the classroom, in which obtaining a job is a central goal. While the posters seemingly regularize disability by showing that disabled people have various jobs and roles, there is another narrative at play. That is, the people in the posters are always pictured alone. And although *figure 1* has the word “wife” on it, there is no visibility of this. While the message that these posters give off is generally a positive one depicting disabled people doing a diverse range of jobs independently, they also perpetuate the idea that the ideal future for a disabled person is that of a obtaining a job. Thus, futures are

largely imagined as futures of aloneness outside of their families. These scripts mirror those that are presented in elementary classrooms, where conversations are around “what do you want to be when you grow up?” but this community is already grown up. However, part of an imagined “grown up” future for many young people is one in which they will have roommates, friends, partners, and possibly a family of their own.

The emphasis put on obtaining jobs both in the posters and the curriculum at the Coastal Transition Academy is a reflection of the agenda of the Disability Rights Movement. Which further exemplifies, as I mentioned earlier, the ways in which schools and culture are acutely interconnected; each reflecting and reproducing the other. In considering the history of the Disability Rights Movement in America (ADL.org) the movement has mostly taken to public, civil rights specifically that of education for children and work for adults. This is not surprising, as private affairs, such as that of sexuality are often difficult to engage with, especially since this aspect has been excluded for disabled people for so long, the prioritization of the movement rests on “ending poverty and social exclusion” rather than “campaigning for a good fuck” (Shakespeare, 2000, p. 160).

While I recognize independence, ending poverty, and social inclusion are important issues that perhaps needed to take priority in the movement, it should not be at the cost of complete ignorance of the importance of having relationships. This approach has been critiqued by disability studies scholars such as Shildrick (2007, 2009) and Shakespeare (2000) who argue that sexuality is not being prioritized because it is deemed a private issue, that is not a true need but rather more akin to a want or desire. Therefore, for disabled people, only those issues that are culturally deemed as needs are being forcefully acknowledged. To situate this argument back within the Coastal Transition Academy, many of the students in the program have a diagnosis of

autism spectrum disorder (ASD) which is most often characterized by challenges with social skills and verbal and nonverbal communication¹ (autismspeaks.org). By way of this diagnosis it may then be more difficult for some students to build and maintain relationships, which is why this part of the curriculum is deserving of just as much attention as independence. Furthermore, having relationships with others is an important part of human flourishing as something that has the potential to bring happiness and pleasure to our lives. Moreover, the independence that I am describing, that of which is perpetuated by the curriculum does not conceive a fully autonomous subject by way of limitations on what is expected of the students. Which is to reiterate that they may always teeter on the outside of adulthood.

Questions about what students wanted in the future were sometimes addressed, but it was rare that students were asked about what they wanted in that time, or given any agency to make those decisions without being asked. This has to do with how the program is set up, the goals and curriculum are pre-set by the program directors and head teacher. Thus, the program is, from the beginning structured, as most learning environments are, by the teacher alluding “this is how I want it to be, it’s for the benefit of all of us” (Kehily, 2002, p. 63). Rather than asking students what they think is in their best interest, or what they want to work on.

In my interview with Mrs. Kelley we talked a lot about how certain standards of success are expected to be maintained by students in the program. She explained that goals are set from the time the students enter the program and if those goals are met by the time they leave, and if they are efficacious in a paying job then a student can be considered successful. When asked if the students were included in the conversation on what they thought or wanted their goals to be Mrs. Kelley responded “no, they are not. I really set the goals based on the things they had

¹ I recognize that this challenge is only considered as such based on cultural assumptions of how people should communicate and behave socially.

difficulty with throughout their high school career or in some cases it has been a difficult area for them ever since they were young.” In my understanding, the difficulties that Mrs. Kelley is made aware of is information that comes from the student's IEP (independent Education Plan) records from their previous school environments. Also, meetings with parents were frequent, so they also had a role in explaining what students struggle with at home. When discussing these goals with the students, Mrs. Kelley explains to them; “you’re here for a number of different reasons and these are the things that you need to work on specifically”.

The sense is that these individuals cannot or should not be responsible for deciding what is best for themselves, assimilates the adult students in the program to children in that they are not attributed agency and responsibility over their decision making. Instead, this agency is absorbed by teachers and caretakers as they assume as non-disabled adults that they know what is best for young people. This exemplifies one of the prominent ways in which hierarchical, coercive environments are produced in the learning space. Teachers, in collaboration with parents prescribe goals arranged around what is best for students in order for them to be “successful” and live a “good life”. But, how can we prescribe what a good life is to someone else if the good aspects of a given life, or, what is important and valued differs from one individual to the next. For the students in this program, obtaining and maintaining a paying job is seen as one of the biggest contenders in having a good life. This is by design of the program, as one of the major aspects is job preparation. This does not divert much from societal expectations that most individuals should have a paying job, and that you are lucky if that job can also be fulfilling for you. But, it cannot be ignored that there are limitations on what kinds of jobs are appropriate for people with disabilities. These are imposed societally, and reproduced by this program and teachers because they scope of possibilities are limited. The positions that the

students are encouraged to apply for in the program include things like bagging groceries and hosting or busing at restaurants. And while students typically expressed satisfaction with their jobs, many of them dreamed about having other jobs in the future. One of the most popular of the desired dream jobs was being an FBI agent.

While students are not asked to set goals for themselves in their year (or two) at the transitional school, they are encouraged to imagine what they may want for their futures. Questions about dream jobs and where they may want to live one day were discussed. These discussions felt reminiscent of how adults ask children “what do you want to be when you grow up?” because they never actually encourage or helped students to reach those goals, or even modify them to be something attainable to work towards. One female student, Marie, often mentions a life that includes getting married to her boyfriend Joey, and having children, but these are not the kinds of dreams that are discussed in the classroom. Answers that are acceptable in this scenario appear to be related to occupations, or learned skills.

By way of the prescription of non-sexuality to developmentally disabled young adults, visibility of and conversations on disabled couples are extremely rare not only in popular culture and media, but also within the spaces that this community of developmentally different young adults occupy. It was evident that relationships and sexuality were not only ignored through the everyday moments in the classroom, but also significantly underrepresented in the curriculum. While the curriculum claims to cover ‘dating and relationships’ (appendix II), whether or not it was actually taught was not confirmed by the interviews I had with educators. I noticed some types of relationships were covered by the curriculum, those that were most clear were professional and friend relationships. Other social interactions and skills are also said to be

covered by the curriculum, however the curriculum appears more heavily weighted with topics relative to becoming independent rather than on building relationships.

4.2 Teaching Compulsory Non-Sexuality

Conversations discussing relationships and sexuality, are often not openly or regularly discussed in developmentally normative classrooms, or those that are developmentally different. However nondisabled young adults are more likely to have exposure and access to images, and other forms of visibility of people like themselves in romantic or sexual relationships (Hannah and Stagg, 2016, p. 3682). Moreover, they also have the benefit of the socially accepted expectation that individuals in the age group of eighteen to twenty-one will be interested in having (hetero) sexual relationships, often this interest starts even earlier. People with disabilities are not awarded this expectation and my research findings suggest that romantic relationships are often simultaneously minimized and regulated.

Authors Alldred and David point out that the underlying issues with sex education goes beyond just teaching about ‘sex’ but also sexuality, specifically compulsory heterosexuality:

If sex is a troublesome topic in public, sexuality is even more vexed. The term sexuality is used variously to mean desires, identities, psychic and physical activities, or, as a form of popular shorthand, sexual orientation. In our sexually normative culture, heterosexuality is sanctioned, sanctified, normalized and naturalised - meaning that any alternative is obscured by its presentation as if is the only and ‘natural’ form of sexuality.

(Alldred & David, 2007, p. 4)

This excerpt outlines the social phenomenon that is compulsory heterosexuality in Western culture, which is to say that we are expected to be sexually attracted to the ‘opposite’ gender, as this is the ‘natural’ way of things. By way of this, non-sexuality, or lack of sexual desire then is

considered ‘unnatural’ as sexual attraction to the “opposite” gender is the only natural way to experience sexuality. Compulsory heterosexuality is imbued in many facets of our lives, where cultural images of the family and couples are always fashioned as being between a man and a woman (i.e. adults). The pressure to comply with this brand of sexuality is imposed on all members of society, except for children, and arguably disabled people. Instead they are expected to obey the script of, what I would call, based on Adrienne Rich’s (1980) term ‘compulsory heterosexuality’; ‘compulsory non-sexuality’. That is children and people with disabilities should not be sexual, or have sexual desires. What complicates this prescription further for people with developmental disabilities is that they are socially positioned as being children into adulthood, therefore typically developing children may be ascribed more of a ‘pre-sexuality’ based in the assumption that they are innocent and must be protected as such until they reach adulthood (Allred & David, 2007, p. 3). Conversely, developmentally different folks are never supposed to be sexual because they will never cross the dichotomous line from child to adult. They will either always be children, or be suspended somewhere in between child and adult. Thus developmentally disabled people are positioned as children and denied access to sexuality/ sex education because sex education is deemed private, adult knowledge.

The assignment of compulsory non-sexuality to people with developmental disabilities does not completely surpass the larger cultural assumptions of compulsory heterosexuality. However, as I witnessed in my observations, non-sexuality is the ideal for disabled people where heterosexual relationships are not fully accepted, or are positioned as being a kind of phase. I saw this happen with the couple in the class, Marie and Joey, who were in a heterosexual and monogamous relationship with one another and yet it was still ignored or controlled. As I mentioned in my first chapter, Marie and Joey’s relationship was often ignored until the point of

sexual touching in which it was disciplined. Moreover, I found out later in a conversation with a facilitator that Marie's mom strongly disapproved of the relationship and openly chastised Joey at a public event, telling him to stay away from her daughter. This situation seemed distressing for the couple, who have been together for over a year, where Joey expressed his frustration on several occasions, seeking advice on how to get Marie's mom to trust him. However, the two both seemed hopeless that their situation would change.

Based on this story from the facilitator and the way I witnessed educators interact with the couple, it is clear that their relationship was not fully accepted as being a sincere, adult, romantic, (and possibly sexual) relationship. At best, it may be regarded as a phase; one that will taper off once they graduate from the program. This is strikingly similar to the way that compulsory heterosexuality often minimizes the homosexual relationships of young people to being just a phase. I recall from my undergraduate college experience that many of my lesbian friends were called 'LUG's' and acronym for 'lesbian until graduation'. The assumption then is that people will eventually comply with the cultural scripts assigned to them.

When asked "is anything about sexuality ever presented?" teachers and facilitators provided me with very mixed answers. Mrs. Kelley explained to me that usually towards the end of the year there will be a day when the class is separated and the boys go with the boys, and she and another female facilitator will go with the girls and they will "help them with issues related to sexuality". However, it was unclear what these "issues" were, when I asked for clarification on this, Mrs. Kelley said the discussion on sexuality was mostly about puberty because from her experience many of the students that come to them start showing "full blown behaviors you would expect during puberty". Furthermore, the narrative of 'helping with issues' makes an assumption that the students are having issues with their sexuality, or that they need help. But

when talking to John, a facilitator, he stated, “there has not been any sexuality piece ever presented”, another facilitator, George responded “it’s very, very, very rarely presented, maybe, it might come up once or twice in the curriculum pretty briefly”. Therefore, even when the assumption exists that help is needed or that there may be issues, these matters are not being fully addressed.

In hindsight, perhaps a better question to ask might have been; “what is sex/ sexuality education?” because according to the curriculum ‘dating and relationships’ (which could fall in the category of sex education) should be covered but was never mentioned by anyone in the interviews, and there is no mention of sexuality or puberty on the curriculum topics. Based on my observations the inconsistencies presented in these answers are located in misperceptions amongst educators and students of what constitutes sex education.

This is to say that Mrs. Kelley is not lying when she says that sexuality education is happening. Rather, her perception on what constitutes sex education may be different from what the facilitators consider to be sex education. As a result of the time constraints on my research period, it was only possible for me to witness how a few topics are taught in the classroom, for this reason I cannot be sure what or how sex education might be taught at Coastal. However, based on my interviews and the interactions I had with the students, I can surmise that whatever is being taught is not enough to satisfy what the facilitators consider sexuality education, nor the student’s curiosities.

As I mentioned in Chapter 1, I presented two lessons to the class. One on healthy/unhealthy relationships and another that focused more exclusively on romantic and sexual relationships. Both of these lessons were done in the style of an open discussion rather than a lecture, my objective in presenting these lessons was not so much about projecting knowledge as

it was about opening a space for the students to talk about the topics. Furthermore, both lessons started with a short animated informational video that I thought was useful in presenting the topic. During the lesson on healthy and unhealthy relationships I asked students to identify some different kinds of relationships, I received responses such as: romantic, friends, student-teacher, family, and co-workers. Furthermore, students listed attributes they thought contributed to good (i.e. healthy) and bad (i.e. unhealthy) relationships. Overall, the discussion ended up focusing heavily on friendships, and the importance of being honest and building trust. The lesson was short, lasting about thirty minutes, and there were one or two times when Mrs. Kelley chimed in to remind students how some of the topics I was discussing related to other things that they had learned in the past (e.g. telling the truth). While romantic relationships were brought up as one type of relationship, this was not discussed any further.

The first lesson on healthy relationships was intended to also cover romantic relationships and sexuality, however there was not enough time to get into the section on romance and sexuality. Therefore, this section was taught separately but conducted in the same way as the first where I showed a video and opened the floor for thoughts, questions, and comments. The eagerness to discuss the subject was immediately made clear as hands flew into the air as students expressed their experiences, knowledge and opinions about sex and love. I played the role as moderator, trying to make sure that each student had a chance to share their thoughts.

While generally, the class seemed eager to engage in this conversation other students seemed to not have the vocabulary, or did not feel comfortable using certain vocabulary during the lesson. A few times throughout the discussion, a student would raise their hand to answer my question, or ask a question but would trail off saying “umm I don’t know” or “I’m not sure but...” Even when I made attempts to clarify what was trying to be said it seemed that students

would stop, or give up on trying to say or ask something. Furthermore, a female student in the class, Nicole noticeably shuddered and expressed that “this stuff” makes her uncomfortable because her mom told her she cannot “do that kind of stuff” because one of the medications she is on for her epilepsy prevented her from being able to get pregnant. Thus, it would seem that this student was under the impression that she could not engage, or was unable to have sex because she was not able to have children.

Clearly, Nicole has had a conversation with her mom about sex, and the statement above being a result of that. The statement is clearly reflective of medical and eugenic discourses that connect sexual intercourse to reproduction, qualifying who can have sex based on who can reproduce. Shildrick points out that “although overtly eugenic excesses are relatively uncommon in the contemporary West, the psychic discomfort provoked by manifest differences that undermine cultural normativities is still operative. And that discomfort is negotiated by interlocked strategies of both explicit management and silencing” (Shildrick, 2007, p. 56). In my understanding, medications for epilepsy do not cause infertility in women, therefore Nicole’s mother’s claim is directly about the management and silence of her daughter’s sexuality. It is possible that perhaps Nicole is on birth control which would decrease the likelihood that she would get pregnant, or that her mother may have just lied, telling her that other medication makes it impossible for her to get pregnant with the hope that she would then never try. Either way, Nicole’s mother’s claim that she cannot get pregnant is a method of management of reproduction. Moreover, by reporting that Nicole cannot have sex because she cannot have children is a way to silence even the possibility of sexual pleasure. Thus, this statement from Nicole also alludes that her understanding about sex is that it is for reproduction, this understanding is reflective of moralist, heteronormative scripts of sexuality that one might

receive from an abstinence only sex education course where discourses of pleasure are explicitly left out.

Something worth noting as a place where the two lessons were distinctive, was that Mrs. Kelley was not present for the second lesson on romantic relationships and sexuality. Besides the students, there was only one facilitator in the classroom with me as I moderated the discussion. Because Mrs. Kelley is perceived as a more authoritative figure in the program, it is not surprising that her presence would have an effect on the room. This exemplifies the disciplinary power that the teacher has over the student. Foucault writes about mechanism of discipline when discussing ‘hierarchical observation’ in which observations, or ‘gazes’ act as coercive mechanism presupposed by the exercise of discipline (1977, p. 170). The mechanism of observation works by way of ensuring visibility of those who are to be disciplined. When I taught the first lesson, Mrs. Kelley sat at the front of the room where she could see each student, by commenting and engaging she made her presence known to the class.

I asked the class two questions during the lesson that became very important for my understanding of the extent of their education on sexuality. First, I asked if they had received any information on sexuality from their previous schools. The students come from different schooling systems and backgrounds but some responded they had health class, or learned about “stuff” in science class. Then, at the end of the discussion, before the students needed to leave for their buses, I closed the discussion by asking if they ever received and information about sexuality or dating from the Coastal Transition Academy. Most students shook their heads no, or said “not really”, and when I followed that by asking if they wished for more information on these topics many students responded yes, some even quite enthusiastically. What this says, is that despite reports that students do not think about sex, or that sex education is being provided -

it is not enough, or it is not being taught in a way so that the students are making connections with the material. They have gotten staggered amounts of education on these topics from their previous (mostly public) high schools, but hope for more.

By not teaching sex education to young adults with developmental disabilities they are excluded from certain regimes of knowledge. Also, by not including developmentally different students in discourse on sexuality and formal sex education they are positioned as nonsexual and childlike. As I have seen from the literature, these things often go hand in hand, that is; sexuality is reserved for adults and those who are not adults are not sexual. Moreover, it was clear in my observations and interviews that sex education was not happening in a positive, understandable, and inclusive way. Students admitted they would like to have more education, like the lesson I presented, and facilitators confessed that in their three years at the program nothing about sexuality has ever been presented. What is at stake by not teaching sex education to developmentally different adults, is discussed further in the concluding chapter that follows.

CHAPTER 5: CONCLUDING THOUGHTS

When I first set out to do this project, my intent was to look into the curricula that was being taught to people with developmental disabilities. I thought that it was by way of the curriculum that disabled people were imbued with non-sexuality, however my focus shifted when I started to recognize how much learning was happening outside of the curriculum. Modes of informal learning therefore ended up taking the front seat in my research. If I had more time to do research and was able to observe an entire academic year then perhaps I would have seen more instances of the ways that formal learning shaped sexuality. I do not doubt that formal learning is also filled with certain modes of enforcing sexuality, as other researchers have shown this. But for the scope of this project I focused on informal learning because that is what stuck out to me the most as a researcher. I also found that educators may be less aware of the ways in which they are teaching in informal ways, which is why drawing more attention to informal learning in schools for students with developmental differences are important. For students with disabilities there is a sense that they may not be picking up on these informal educational cues, however my research clearly says otherwise.

While implicit ideologies are perpetuated in informal, seemingly less direct ways, it does not mean they do not have similar impacts to that of formal learning. Moreover, it is difficult to detach any learning whether implicit or explicit, formal or informal from bigger cultural assumptions. Culture and learning cannot be separated, as they are constantly informing and reproducing one another. This is why sex education cannot be disentangled from compulsory sexuality because both exist within culture and institutions. Therefore, the implications of the implicit learning that happens outside of official curriculum for formal sex education is an understanding that social, informal education on sexuality and relationships is limited for people

with disabilities. Moreover, educators should be aware that students with disabilities need more, and perhaps different modes of education. This is not entirely to suggest that neurotypical students are not also deserving of “better” and more sex education, because American models of sex education are still lacking in many ways and filling in the gaps with informal sources can sometimes lead to the absorption of problematic ideas about sex. As an example, it is not uncommon for young people to search the internet, or watch pornography to learn more about sexuality and this information is of course variable and uncontrolled. However, resources in general are more accessible to non-disabled young adults. Moreover, there are not very many resources generally that depict people with disabilities. Even if an individual decides to watch porn to fill curiosities, they might not see themselves depicted there or be horrified by what they do see because the type of intimacy and bodily touching they see there might seem like something excruciating to them. Bodies feel things differently, and some things that typically developing individuals might find arousing might be painful or uncomfortable to people whose sensory system may react differently.

My main observation and claim based on my research is that developmentally different people are positioned as always being younger than they are with the assumption that their maturity will never develop further. The young adult students that I observed were positioned this way by their teachers this was done by way of management and silencing of certain knowledges and behaviors. The information and behaviors we are granted access to as adult is often decided based on levels of maturity. However, if certain knowledges and freedoms are being denied from developmentally disabled individuals in the first place then how can they reach these levels of maturity to then be allowed further rites of passage. To be clear, this is not to suggest that if people who are developmentally different were taught everything in the same

way as their typically developing peers that their disability or the stigma around it would disappear. However, by making assumptions about their ‘mental age’ they are repeatedly left out of certain discourses and denied access to certain knowledges, spaces, and activities; this is being institutionally reproduced in society and schools. Therefore, young adults who are developmentally different are never given the chance to mature. Even when they try and prove it by exuding other performances of maturity and adulthood, they are still only children. As I have argued, keeping disabled people as children is a strategic move to perpetuate them as innocent so that they will not have sex and therefore not reproduce.

The kind of inescapable childhood that disabled people are prescribed is problematic for many reasons, the focus of this paper being that it puts limitations on their sexuality. By way of limiting sexuality, sex education is also limited. This is one of the major critiques that this paper seeks to make and does so by examining how everyday moments and classroom standards teach by way of what is not being said, these silences construct the compulsory non-sexuality of disabled people. My findings suggest that the root of the barriers to sex education are couched in the discourses that infantilize developmentally disabled people as being individuals who are incapable of developing into autonomous adults. Educators, caretakers, and parents then struggle to consider disabled adolescents as those who have sexual feelings, because Western cultural scripts regard that sexuality is reserved for adults. Therefore, if we can start to recognize disabled adolescents as individuals who either are or will be adults and in turn treat them as such it will be possible to start including them in discourses on sexuality, and thus recognize them as sexual subjects. If this can happen there is a higher chance that developmentally disabled people will be given more access to inclusive and detailed sex education. Schools and educators have a lot of power in aiding this change as they are positioned in a place of formal and informal,

academic and social learning that shapes students and has the potential to reproduce or rupture culture.

5.1 Limitations and Future Research

This paper contributes a more critical analysis of disabled identity to the existing discourses on how student's sexual identities are influenced by educational institutions and the teachers they employ. However, it is important to point out that this project does not seek to define nor fully understand the sexuality of individuals with developmental disabilities. The goal of this project was not to determine what sexuality looks like, but rather look into the social and institutional ways in which it is defined for them by educators and caretakers. The major limitations of this research are that it is a case study analysis of one program of thirteen students in a specialized program where only three educators from the program were interviewed. Even within this program I was only allotted the time to focus on one group of students, that is the 'higher' functioning. More research could therefore be done examining a wider spectrum of developmental differences.

I do not necessarily want to suggest that future research should attempt to look into the sexual lives of developmentally disabled people. Rather, what I think would be more useful is to also look at the ways that developmentally different students receive sex education in non-specialized programs. It may be useful to also gain an understanding of how they are prescribed sexuality through schooling that is not exclusively 'special education'. This is something I would have liked to study, as it would be interesting to see how disabled students are treated and reared in comparison to their typically developing peers. Most of the students in the program I studied graduated from public high schools, however I could only speculate on what their experiences were like there.

5.2 Towards Inclusive Sex Education

The discursive positioning of the sexuality of developmentally disabled students is epitomized by a lack; a lack of recognition, inclusion, and education. While I spend most of my paper critiquing what is missing, that is showing how silences play a major role in the creation of discourse (Foucault, 1977). I would like to conclude by expressing what might fill or oppose these lacks. That is a not only comprehensive, but inclusive approach to sex education.

In an interview with Noah, a sex educator with Partners in Sex Education, who has experience educating individuals both with developmental differences, and neuro-typical people across many ages, he pointed out the particular importance of teaching sex education to people with developmental disabilities. His approach as an educator has the potential to open a space for a conversation about not only what we may choose to do with our bodies (sexual or otherwise), but first what it means to have a body and ownership over that body.

When you have a kid who for their entire life has been physically and... sort of verbally shuffled from place to place and also, denied any real explanation of what's going on, or why, or whether or not they have a say in it. Then it becomes very, very difficult for that person to develop a sense that bodies, that your body, is your own. So, no matter how pro-body autonomy the curriculum that I'm using is, I have to modify it to account for the fact that these kids learning environments and just life situations in general are incredibly coercive and have taught them from day one that they don't have bodily autonomy.

In the excerpt above Noah explained to me, that when teaching in autistic classrooms he has to be very aware of this, and points out that there is a lot more work to be done not only on what we teach disabled people but how we teach them. He explains, in order to teach on certain

subjects, such as consent, these fundamental lessons are necessary. This speaks to how disabled people are perpetually treated like children, without autonomy that is bodily or otherwise. The assumption then is that able adults will always know best. Noah points out that is also problematic because we need to model the relationships that we want children and students to model in their own lives, which is one that is communicative and not coercive.

Although the Coastal Transitional Academy seemingly focused on autonomy or independence, the ways in which it was taught was done in a very specific, narrow way. Independence is positioned as a goal, one that the program would help them to achieve, not something that they already had. Having an understanding that your body is your own is an extremely important message. As Noah explained later in our interview “I’m sure you know the statistics but people with intellectual disabilities are way more likely to experience sexual assault. And I think a lot of it comes down to this; they are told from day one, your body is not your own”. Advocating for an understanding of bodily autonomy through sex education will not necessarily end the sexual abuse of disabled people, however a sense of your body and what you want and do not want done with and to your body will undoubtedly decrease these statistics. Moreover, if we can start teaching developmentally different individuals that their bodies are their own there is hope for an understanding that those who are not disabled will also start to recognize them this way.

If we can recognize the disabled people have control and ownership over their own bodies we can also be able to start looking at them as adults who are capable of making their own decisions about that body. In turn, it will be possible to start to invite disabled people into discourses on sexuality.

APPENDICES

Appendix I: *Eight-point definition of AOUM sex education under Title V*

Section 510 (b) of Title V of the Social Security Act, P.L. 104–193	
For the purposes of this section, the term "abstinence education" means an educational or motivational program which:	
A	has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
B	teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
C	teaches that abstinence from sexual activity is the only certain way to avoid out-of wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
D	teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
E	teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
F	teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
G	teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and
H	teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Image received from:

<http://www.siecus.org/index.cfm?fuseaction=page.viewpage&pageid=1340&nodeid=1>

Appendix II: Curriculum

Math Life Skills	Social Skills	Life Skills	Career/Vocational Skills
Working with currency	How to introduce yourself	Transportation training	What is work
Making a payment (do you have enough money?)	Conversation skills	Using schedules	Why we work
Making change	Self - advocacy	Personal safety	Career exploration
Using percentages (tipping, sales tax)	Self - determination	Budgeting	Job hunting
Calculating earnings	Self - awareness (understanding disabilities)	Decision making	Applying
Understanding paychecks	Being a good listener	Understanding advertisements (jobs, cars, housing)	Filling out paperwork
Understanding taxes	Conflict resolution	Entertainment and leisure	Resume building
Banking	Making friends (friendship building skills)	Current events/ knowing your community	Interviews
Loans and credit	Appropriate social interaction	Appropriate grooming and dressing	Appropriate behaviors at work
	Dating and relationships	Cooking	Problem solving on the job
	<i>A 5 is Against the Law</i>	Cleaning	Following work rules
		Grocery shopping	Getting along with co-workers
		Living in an apartment	
		Healthy living	

Appendix III: Classroom Posters



Figure 1



Figure 2



Figure 3

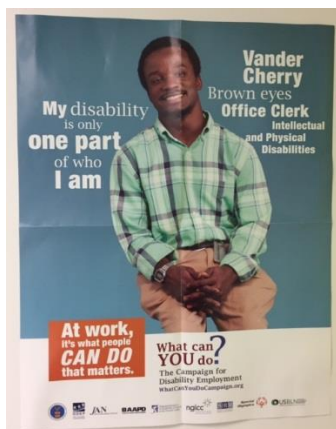


Figure 4



Figure 5

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