SEXUALITY
AND THE DDMI POPULATION

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Objectives

- Learner will state the definition of sexuality, sexual orientation, gender and gender preference.
- Learner will understand current and historical attitudes regarding sexuality and the DDMI population.
- Learner will consider how sexuality of their DDMI clients impacts their lives.
- Learner will recognize the importance of human sexuality education for their DDMI clients.
Sexuality in Intellectually/Developmentally Delayed

- Oooooo! Sexuality? They don't have sex!
- Desexualize ~ Asexual human beings
- They are too immature to have sex, their bodies don't work the same.
- Infantilize
- We should prevent them from having contact with each other!
Myths

- Not unusual to hear about the adult with developmental disabilities who greets strangers with a big hug or extended handshake often startling or scaring the other person.
- If sexuality education had been widely available to this adult when young, this type of inappropriate public display may not have happened.
- Consequences of such behavior ~ perpetuating myths about persons with developmental disabilities as being unable to conform to social rules and forgiveness of them because of their disabilities.
- Both outcomes serve to disable the person even more.
How Do We LEARN About Sex?

Sexual behavior is **SOCIALLY learned** within the contexts of

- **OUR FAMILY**
- **COMMUNITY**
- **AND FRIENDS**

Television has a strong influence in developing sexuality concepts.

- **Images of sexuality are common in TV programming and mirror (or maybe shape) societal values regarding body image, relationships, and sexuality in general.**
We Need to Examine Our OWN Sexual Attitudes and Opinions

◦ How was sex talked about (or not spoken of) in your family?

◦ What influenced your attitudes and the attitudes of your family?

◦ How have you felt about your DD clients’ sexual behavioral and/or needs?
Sexuality for DD Adult Population

“Physiological and sexual development of the developmentally delayed person proceeds at the same pace as in the rest of the society” (Zucker-Weiss, 1004, p. 193).

“Society is often ‘retarded’ in accepting the physical and emotional needs, as well as the autonomy and worth of disabled people” (Blackburn, 2003, p. 359).

Needs of adults with DD are similar to those without disabilities but they may be different.

Same universal concerns

Adults with DD have significantly less knowledge about sexuality

Fewer experiences of sexual interactions

More likely to experience negative consequences of sex, unwanted pregnancy and sexually transmitted disease.

Adults with DD felt more negatively about their prospects regarding sexuality

Feel less likely to marry, have children and experience a wide range of sexual activity.
Sexuality for DD Adult Population

- **Needs not met** on consistent basis
- Opportunities for training and education are **frequently limited**.
- **Lapses in developmental process** persist into adulthood
- **Lack of opportunities for spontaneous schoolyard or incidental learning**.
- **Misinterpretation** of role, facts, and boundaries.
- Sexuality trainings often in form of **correction rather than primary education**
Human Rights

- Affording someone the expression of his/her sexuality is to adhere to an almost global standard for human rights.
Sexuality includes

1. Sexuality is **much more than body parts and sex** (though it includes these things, too).

2. Our **gender identity** (the **core sense** that we are **female or male**).

3. Our **gender role** (the idea of **how we should behave** because we are a **female or male**).

4. Our **sexual orientation** (**heterosexual, homosexual, or bisexual**).

5. Includes how we **feel about our bodies**.
   - We call that “body image,” and poor body image **can have a profound effect on our ability to have healthy relationships**. A person with poor body image may not think they deserve a good partner, and so they may be willing to settle for someone who will not respect them or who may even abuse them.
Sexuality includes

- 6. Our sexual experiences, thoughts, ideas, and fantasies.

- 7. Includes the way in which the media, family, friends, religion, age, life goals, and our self-esteem shape our sexual selves.

- 8. Includes how we experience intimacy, touch, love, compassion, joy, and sorrow.

- 9. “Sexuality is expressed in the way we speak, smile, stand, sit, dress, dance, laugh, and cry.”

Sexuality Resource Center for Parents http://www.srcp.org/for_all_parents/definition.html
Human Sexuality Education

Why educate?

- Prevent abuse and exploitation
- Reasonable **safeguards** for individual’s health and safety
Sexuality Education for Adults with Developmental Disabilities

- Caspar & Gliddens (2001)

“A sexuality education program with a newly developed curriculum was provided to 12 adults with developmental disabilities to examine whether their sexual awareness and knowledge could be increased, and their attitudes regarding sexuality could be changed. Using pretest/postest design, they demonstrated that knowledge increased and attitudes changed for the adults with DD”
Sexuality Education Pearls

- Sexuality education for adults with DD requires individualization to the person’s disability when it comes to delivery, information presented, and format.

- The specific disability should dictate the content of sexuality education for an individual.

- Earlier the better- Team approach best

- Adults with DD who are receiving sexuality education should have an opportunity to give input into its content and feedback.
Sexuality Education

- Topics for education change **as needs demand** but generally include:
  - **Facts and data, feelings and values, and making responsible decisions.**
- **Coed and can be tailored to different types of disability**
- Allows for **practice of many socio-sexual skills**
- Some students with DD and/or physical disabilities **may prefer to have sexuality education presented to them on an individual basis** due to the **unique nature of their disability**
- Individuals with **cognitive disabilities** would may need **adaptations to accommodate their learning differences** (i.e. concrete versus abstract presentation) and specific sexuality issues.
- Sexual information should be stated **concretely, unambiguously, and repeatedly**
Sexuality Education

- Not be limited to basic sex facts but should explore the human side ~ intimacy and love

- How they view love and intimacy depends somewhat on their gender, women define these concepts differently than men.

- Coed settings, provide a greater understanding of the opposite sex will result.

- Teaching appropriate behavior is an underlying foundation to any sexuality curriculum.

- Students must learn appropriate expressions of physical affection and should know the differences in private and public behavior.
Benefits

- Takes time to develop and education should be ongoing.
- Sexuality education can benefit persons with developmental disabilities in many ways.
- Increased social skills, improved assertiveness, greater independence, an ability to be responsible, reduced risk of sexual abuse and sexually transmitted diseases, and reduced unwanted pregnancies.
- Without sexuality education, children and adults are at a significantly greater risk of sexual abuse, unwanted pregnancies, sexually transmitted diseases, and poor relationships.
References


- Sexuality Resource Center for Parents
  http://www.srcp.org/for_all_parents/definition.html