



# 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** in **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 behavioral 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 experinece** 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 in to 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.**"

# 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/posttest 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**
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# References

- Caspar & Glidden (2001). Sexuality education for adults with developmental disabilities. *Education and Training in Mental Retardation and Developmental Disabilities*, 36(2), 172-177.
- Sexuality Resource Center for Parents  
[http://www.srcp.org/for\\_all\\_parents/definition.html](http://www.srcp.org/for_all_parents/definition.html)