

Wednesday, 1:00 – 2:30, E2

## **Human Sexuality and Developmental Disabilities**

**Molly Gabriel**

### **Objective:**

Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities

Discuss the ethical issues related to persons with developmental disabilities

Identify and emphasize attitudes that enhance the opportunities for persons with DD to achieve their optimal potential

Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities

### **Notes:**

## Human Sexuality and Developmental Disabilities

Molly E. Gabriel, PhD



## Sexuality is more than “sex”!

- Sexual attitudes, feelings, and behaviors
- Dimension of personality
- Source of great physical and emotional pleasure

## Consequences of Sexual Ignorance

- Early sexual behavior
  - 60% of 12<sup>th</sup> Graders, 6.2% before age 13, 41% of all high schoolers
- Teen pregnancy
  - 230,000 babies born to teen mothers in 2015
- STIs
  - Most young people do not know the symptoms of STIs or where to go for help
  - 20 million Americans a year contract a STI

## The Purpose of Sexuality Education

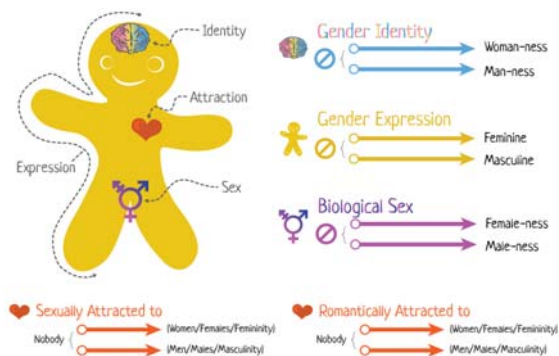
- Learning about reproduction and sexual health
- Feeling comfortable with personal sexuality
- Understanding own and partners’ bodies and emotions
- Increasing tolerance
- DECREASE sexual abuse

## Differences in Terms

- Sex
  - Genetics & Anatomical
- Gender
  - Cisgender, Agender, Transgender
- Sexual orientation
  - Distinct sense of natural preference and consistent attraction to sexual and romantic partners of particular sex in presence of clear alternatives

These factors do not disappear with developmental differences

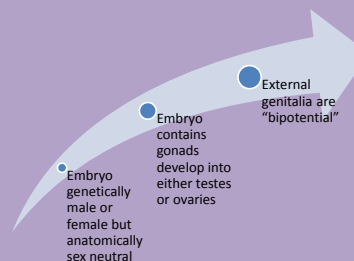
## The Genderbread Person v3.2 by Dr. pronounced "not sexual"



### Biological Influences on Gender Identity

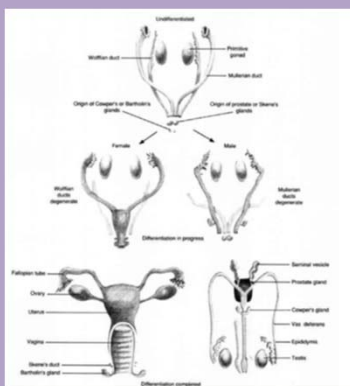
- Chromosomal sex + hormonal sex = anatomical sex
- Contributions of ovum and sperm- each has only half the normal genetic material for a human cell, after conception the zygote contains the full complement of 23 pairs of chromosomes
- Genetic blueprint for females is "XX" and genetic blueprint for males is "XY"

### The Role of Hormones: First Six Weeks



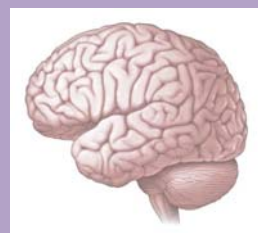
Embryo contains a set of "male" tissue (Wolffian duct system) and a set of "female" tissue (Mullerian duct system)

Nature programs everyone for female development **UNLESS** there is high level of testosterone at seventh week prenatally



### Sexual Differentiation of the Brain

- Small but significant differences
  - Testosterone
- Hypothalamus- differences found in both animal and human studies; gender identity, sexual orientation, and some sexual behaviors



### Variations in Development: Intersexed Individuals

- 1.7 in 100 live births
- Incidence: Not XX, XY, Klinefelter, or Turner- 1 in a 1,666
- 1 in 426 people are born with an unusual sex chromosome combination (70 known types)
- Others become intersex because of hormonal anomalies

### Chromosome Variations

- **Klinefelter Syndrome:** XXY or XXXY-1 in 500 to 1,000; tall, long arms, poor muscular development, enlarged breasts and hips, small penis, shrunken testes and low sexual desire; increased likelihood for confusion over gender identity and learning difficulties
- **Turner Syndrome:** X0- 1 in 2,710, ovaries never develop properly which leads to the absence of ovarian hormones, they do not menstruate or develop adult breasts and are usually infertile. Higher frequency of heart defects, diabetes, low thyroid hormone, webbed neck.

### Hormonal Variations

#### OLD TERM: Hermaphroditism (DON'T use)

**Intersex:** both male and female reproductive systems due to differentiation failure of primitive gonads

- Incidence: 1 in 65,000 births; usually genetic females
- Appearance: often have one ovary/fallopian tube on one side, one vas deferens/teste on the other, usually with a uterus in between, ambiguous external genitalia
- Parenting- 2/3 are raised as boys but at puberty develop breasts and begin to menstruate

### “Pseudohermaphroditism”

**“Pseudohermaphroditism” Now included in intersex:** either testes or ovaries (matching the genetic sex) but with either ambiguous genitalia or genitalia of the other sex

- Early problems with gender identity but most have a cisgendered/heterosexual orientation as adults
- Hormonal and surgical treatments partially correct the appearance of genitals (controversial)
- Adrenogenital syndrome- 1 in 20,000; an XX embryo's adrenal glands secrete too much masculinizing hormone leads to masculine genitalia

### More Variations of Intersex

- Androgen insensitivity syndrome (AGS)
  - 1 in 13,000; XY testes secrete testosterone but embryonic tissues fail to respond, female internal structures do not develop because the Mullerian duct inhibiting substance is correctly “read” by the embryo; external genitalia appear very feminine, testes do not descend

### Attempts to Reassign Sex

- David Reimer Story
  - Born a normal male; circumcision accident
  - Sex reassignment “success” backfires
- Penile Agenesis- testicles but no penis
- Conclusion-Nature sets a predisposition for gender identity; we cannot make assumptions about gender identity based upon the appearance of the genitalia

### Gender and Sex as Social Constructs

Cultural commitment to being either male or female

No third sex accepted

Gender differences in temperament and behavior expected beyond anatomical differences

Awareness of intersexed individuals highlights that sex is not dichotomous

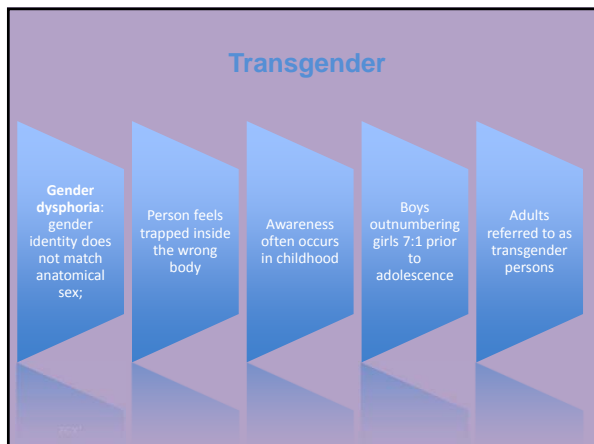
### Psychological Theories of Gender Identity Development

**Freud's psychodynamic theory** – founded on Victorian ideas of morality and sex roles

**Social learning theory** – boys reinforced for acting in masculine manner girls for acting in feminine manner

**Social modeling theory** -Gender roles learned by observing and imitating same sex parents

**Cognitive developmental theory** – a need to understand causes children to want to learn about gender



### Transgender

- 0.3% of the US adult population
- Differs from cross-dressing (Old Term/DON'T use: Transvestite)
- Hypothalamus differences- MTF have a hypothalamus more similar to a female's than to a male's
- Sex reassignment surgery- follows a long period of psychotherapy and living as the other sex
- Current view: not biology, not environment, most likely a combo

### Transgender

- MTF- 1/11,900 to 1/45,000
  - 27% are attracted to men
  - 35% are attracted to women
  - 38% are attracted to both
- FTM- 1/30,400 to 1/200,000
  - 10% are attracted to men
  - 55% are attracted to women
  - 35% are attracted to both

### Gender Role Socialization: Developmental Trajectory in the Typical Population

- Children detect some social gender role expectations as early as 14 months
- Children organize their world according to gender starting at age 2 or 3
- By age 4, children know stereotypes about clothing, toys, games, work and occupations

### Sexual Orientation

- Distinct sense of natural preference and consistent attraction to sexual and romantic partners of particular sex in presence of clear alternatives

**Rating | Description**

- 0 | Exclusively heterosexual
- 1 | Predominantly heterosexual, only incidentally homosexual
- 2 | Predominantly heterosexual, but more than incidentally homosexual
- 3 | Equally heterosexual and homosexual
- 4 | Predominantly homosexual, but more than incidentally heterosexual
- 5 | Predominantly homosexual, only incidentally heterosexual
- 6 | Exclusively homosexual
- X | No socio-sexual contacts or reactions

### Defining Sexual Orientation: Another Look

**Sexual orientation:** distinct preferences consistently made after adolescence in presence of clear alternatives

**3 distinct components:**

- Affective
- Behavioral
- Self-identity

Female sexuality is often more complex than male; female orientation seen as more “fluid”

### Prevalence of Homosexuality, Bisexuality, Asexuality

- Gay/lesbian/bisexual community prevalence statistics: combined figure of about 10%
- Other statistics: 2-4% of men, 1-2% of women are homosexual/bisexual; however, as many as 6.2% of men and 17.4% of women have had same-sex experiences; totaling about 3.5% of the US population
- .5-1% of US population identifies as asexual
- Prevalence pockets: much higher in gay friendly large urban areas

### The Origins of Sexual Orientation

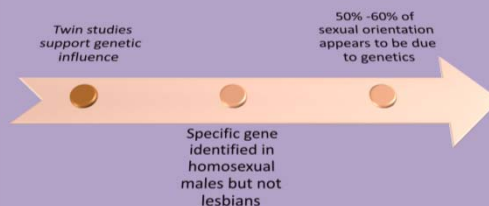
#### Neither heterosexuality nor homosexuality nor bisexuality has single cause

- Heterosexuality is the “norm” because vast majority of people are heterosexual
- Other orientations are a normal part of human diversity
- Biological, psychological, and socio-cultural influences interact to produce a person’s adult sexual orientation

### Differing Developmental Pathways

- Childhood gender nonconformity, especially early in life, is greater for boys than girls
- Developmental pathway to homosexuality and bisexuality is more diverse for women; more likely to move back and forth, more likely to have “late onset” same-sex relations

### Biological Explanations: Genetic Factors



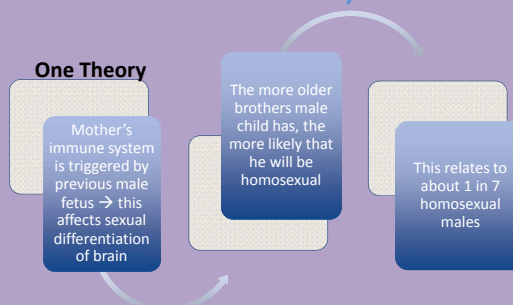
### Biological Explanations: Anatomical Factors

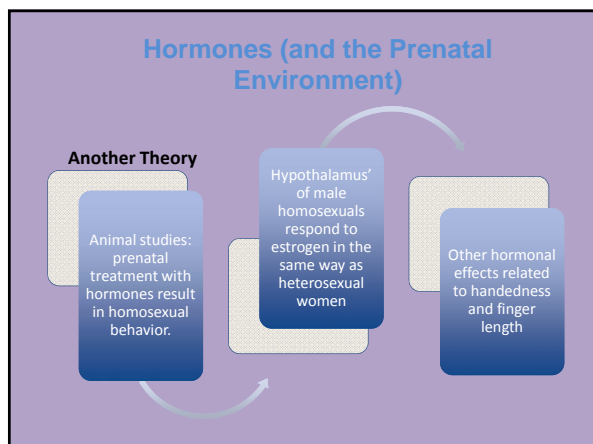
Differences between heterosexual and homosexual men are found in small region of hypothalamus and major bundle of nerves connecting the two halves of the brain

These parts of the homosexual men’s brain are more similar to a heterosexual women’s brain than to heterosexual men’s brains

**So...Are we born with these brain differences or do our brains change as we respond to life experiences?**

### Birth Order (and the Prenatal Environment)





### Conclusions about Origins of Sexual Orientation

- Maternal stress, genetic-hormonal factors, drugs, and immune system functioning may all play a role in the biological component of orientation
- *Both* biological and social influences contribute to development of sexual orientation
- Biological factors predispose individual to particular sexual orientation
- There is stronger evidence for biological contribution in men than in women

### Children in Gay Households

250,000 children in households with same-sex parents

Children of same-sex parents **do not** show:

- gender identity conflicts
- social adjustment
- homosexual orientation

### Can (Should) Sexual Orientation be Changed?

Vast majority of homosexual individuals feel comfortable and do not wish to change

Attempts to “cure” homosexuality are conducted by fundamentalist religious groups; low behavioral change, no orientation change

APA: these “reparative therapies” are HARMFUL

Gender and sexual orientation are not viewed as a “choice” someone makes. Rather, they are viewed as natural variations of the human experience.

### Sexuality Learning is Lifelong

**Children learn about sexuality:**

- family, friends, media, and the rest of general environment
- parent’ s behavior and attitudes
- sex education in schools

**Oftentimes, those with developmental disabilities are excluded from traditional means of sexuality education**

### Does telling an individual about sex lead them to have sex?

Providing COMPREHENSIVE sexual education has been found to be effective for:

- Decreasing teen pregnancy by up to 50% (vs abstinence only education)
- Up to 40% showed a delay in sexual activity
- Up to 60% showed reduced rates of unprotected sex

Abstinence-only programs have not been found effective at reducing sexual activity, delaying sexual activity, decreasing transition of STIs, and some have been found to INCREASE the rates for transmission of oral STIs

### Why should I talk to my child/client/patient/consumer about sex?



### Will a single “birds and bees” talk suffice?

#### Communication should be lifelong

- Even within a general population, waiting until age 10 or 11 is less effective than incorporating the topic of sexuality into everyday conversation
- People with developmental disabilities often benefit from repeated conversation, using multiple modalities

### When should I start talking with someone about sexuality?

- Early on, individuals should be taught the names of their bodies
- Prepare an individual for the changes of puberty, for both sexes, before it begins
- If someone is curious enough to ask, answer!
- Be honest and open
- Repeat, repeat, repeat

### How should I start talking with someone about sexuality?

- Social role-play can be vital for learning relationship skills and avoiding situations where someone may unintentionally become a perpetrator themselves
- Behavior is often setting specific
  - Think about how you behave at a work function vs. the U of M vs. MSU game
  - What if you had difficulties understanding social norms?
    - Some activities are very much a normal human experience, but not in all settings
- Scare tactics are ineffective
- Be approachable

### How detailed should sex discussions be?

- For individuals with developmental disabilities-analogies about the “birds and bees” are not helpful; provide factual information in real terms
- Answers should be simple and age/developmentally appropriate
- Morality should not be substituted for factual information

### What about morals? Aren't they important too?

Parents who generally have good loving interactions with their children are more successful in transmitting values than parents who generally have poor interactions with their children

*This includes sexuality!*



