

How Developmental Disabilities Impact the Sexual Health of Young Adults

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This research brief on the sexual health of youth with developmental disabilities is part two of a seven-part series on sexual health disparities of marginalized youth.

Introduction

A review of available literature indicates that the romantic functioning, sexual behavior and sexual health outcomes of young adults with developmental disabilities (DD) have been understudied. However, the limited available research underscores a number of significant sexual health disparities, including unplanned pregnancy, sexually transmitted infection (STI) rates, and prevalence of sexual abuse that negatively impact the quality of life for this population. The presence of these disparities indicates that a better understanding of the relationship between the societal, psychosocial and educational barriers to sexual health of young adults with DD is warranted.

Sexually Transmitted Disease and Unplanned Pregnancy

A variety of factors place young adults with DD at greater risk for acquiring an STI, including a lack of knowledge about sexuality and safe sex strate-



gies, difficulty with abstract thinking and medical terminology, and trouble relating health information to their own life experiences. In a nationally representative sample of middle and high school age youth (7th to 12th graders),† the association of low cognitive ability with increased risks of STI among adolescent boys and girls were found to be substantial. These findings indicated that 8% of adolescent male participants with low cognitive ability had been exposed to an STI, as compared to only 3% of males with average intelligence; for adolescent females who were sexually active, 26% of the cognitively impaired reported having an STI, a sharp contrast to 10% of adolescent females with average cognitive ability.¹ The same study found that nearly 40% of cognitively impaired teenage girls had become pregnant—more than double the 18% rate of teenage girls without a mental disability.

With respect to the incidence of unplanned pregnancy, scant data exists on the frequency of pregnancy among adolescents and young adults with developmental disabilities.² A recent study using data from the National Longitudinal Study of Youth suggests that young women with low cognitive functioning are at increased risk for early sexual activity and early pregnancy.³

Sexual Assault and Abuse

One of the most pronounced sexual health disparities for young adults with DD is their heightened vulnerability to sexual assault and abuse.^{4,5,6,7,8} Studies provide evidence that nearly 80% of women with developmental disabilities have been sexually assaulted at some point in their lives.^{9,10} According to a report by the Center for Policy and Partnerships Institute for Child Health Policy, youth with serious physical and/or developmental disabilities are four times more likely to be sexually abused or exploited than those without

disabilities (Shapland, 2000). Statistics gathered from a group of sexual assault treatment centers and disability advocacy groups showed that more than 80 percent of women with DD had been sexually assaulted in their lifetime.¹² Drawing from the same sample, it was also found that of those women with DD who had been sexually assaulted, nearly 80 percent had been assaulted more than once and 50 percent had been assaulted ten or more times. (The study is limited by the use of convenience sampling, where the 162 participants were selected on the basis of their availability, and the accuracy of reporting by agency and advocacy staff.)

It has been suggested that since many offenders are family members or caregivers (including medical providers), victims with DD are less likely to flee from the attack or report the abuse for fear of reprisal, loss of service, or inability to properly communicate the nature of the assault; this may increase the chances that youth with developmental disabilities may be re-victimized.¹³ Young adults with DD are not often taught to question care providers who perform personal procedures inappropriately. Some young adults report feeling that they have no control over their bodies because of their dependency on having these procedures done routinely.¹⁴ One study found that 44 percent of all offenders against people with disabilities made initial contact with their victims through the network of medical, educational and residential services provided to people with disabilities.¹² Other factors that increase the risks of victimization and revictimization include: the presence of multiple caregivers, care provided outside the family home, shared care facilities, a continuing need for intimate care, and sensory impairment.¹⁵

Stigmatization and Sexual Health Education

Young adults with DD comprise a diverse popula-

† The mean age of adolescents with low cognitive abilities was 16.7 years.



tion that includes persons with chronic cognitive, physical, psychological, sensory or speech impairments. Historically, this population has not been afforded the same sexual rights and freedom as those in the general population, despite the same human need for love, affection, and fulfilling interpersonal relationships. Restrictions on sexual activity have been based on the false and often contradictory belief that persons with DD are either asexual or sexually aggressive, in the case of males; promiscuous, in the case of females; or too “childlike” to maintain healthy intimate relationships of their own.^{16,17,18,19}

Research suggests that this tendency to “desexualize” or downplay the sexuality of young adults with developmental disabilities has increased the health risks of this population by limiting their access to sexual health information, reproductive healthcare and counseling.²⁰ In public education settings, students with DD are often systematically excluded from instruction on topics such as contraception, family planning, sexual dysfunction, and the prevention of STI and AIDS/HIV. Moreover, instruction on healthy sexual relationships and the prevention of sexual abuse and exploitation has been largely absent from the health curriculums

designed for students with DD. There is evidence that persons with DD are at times deliberately misinformed about sexuality in order to discourage exploration of sexual and romantic relationships.²¹

With respect to the attitudes of parents and caregivers, sexual health education has often been circumscribed for fear that discussion of sexuality will increase the likelihood of sexual activity, inappropriate sexual behavior or exposure to sexual abuse.^{7,22,23,24} Parental concern about sexual abuse and exploitation is well founded, yet the decision to prioritize safety over sexual education has left young adults uninformed about the relationship between healthy sexuality and their disability,²⁵ which has paradoxically left them more vulnerable to exploitation.

In summary, young adults with developmental disabilities face myriad challenges when it comes to establishing healthy sexual practices and intimate relationships. At the center of these challenges are the issues of stigmatization, social isolation and limited access to population-specific sexual health information. Though a definitive link has yet to be established in the research, the presence of significant sexual health disparities, including elevated

12 : Sexual Health Disparities Among Disenfranchised Youth

rates of sexual abuse, STI, and unplanned pregnancy, indicates that current health promotion strategies—as influenced by negative social attitudes—do not provide young adults with DD with the resources to make informed decisions regarding their sexual health and safety. Better instruction in sexual abuse prevention, family planning and contraception is therefore vital to the sexual health and social development of this population as they make the transition to adulthood.

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