

Sexual Development and Disability

Becoming a sexually healthy adult is a task of adolescence. Through the process, teens ask themselves, “Am I normal?”, “Am I lovable?”, “Will I ever find a partner?”. Having a disability can affect the answers a teen finds to these questions.

Many developmental tasks require the time and privacy to explore emotions and physical feelings. These are not always available to teens with disabilities.

1. **Cognitive Development**—Abstract thinking skills are important in negotiating relationships, making informed decisions about contraception and STD protection, articulating personal values and seeing things from the other’s point of view. Disabled teen may have had fewer educational opportunities to develop abstract thinking skills. On the other hand, these skills might be more developed as she may have participated in decision making around complex issues. Parents, caregivers and educators can all foster cognitive development in these teens, by offering increasing intellectual challenges, modeling analytical skills and encouraging discussion.
2. **Identity formation**—essential to healthy sexuality and meaningful relationships. If a teen feels that having a disability has become the main way he is identified by others, he may try to break out of the confines of this identity by experimenting with drugs or sexual activity. An identity that includes being a sexually healthy person can be more easily achieved when parents and caregivers confidently expect that the teen is a sexual person who will have intimate relationships.
3. **Risk taking**—an important part of adolescent development. Opportunities for risk taking might be limited or actively curtailed for a teen with a disability. Sexual risk taking may be easier to achieve, and the teen may seize the opportunity. As with all teens, a harm reduction approach can help the disabled teen reduce the negative consequences of becoming sexually active while still meeting their needs. Currently, many systems and institutions use a prohibitive approach instead.
4. **Separation from family** —a teen with a disability may feel (and be) more dependent on family. It may be more challenging to find ways to separate emotionally. Parents often find it difficult to tolerate attempts at separation. Establishing themselves as sexual beings may be one way that teens separate themselves.
5. **Identification with peer group**—Teens with disabilities experience a number of challenges. Some come from able-bodied teens or their families, who have difficulty seeing past the disability. Some are systemic, such as when a teen has not learned the social skills needed to interact with other teens. A teen with a disability may have internalized the negative images of disability and be unwilling to have friends with disabilities.
6. **Self image**—A disabled teen may see able bodied teens as having perfect bodies and think they all feel self confident about the way they look. These teens may also find they

are being judged by appearance. Positive role models can have a significant effect, as can parental attitudes.

7. Physical maturation—may be affected by disability (e.g.: early onset of puberty in girls with spina bifida; late onset if nutritional issues). Adjusting to these physical changes may be a challenge, especially if there are issues around self-care during menstruation, increased problems with getting dressed (need more coordination and fine motor skills for putting on a bra than putting on a shirt with large buttons, for instance). The adolescent may not have gotten adequate education around puberty issues, particularly regarding how their disability fits into what they have learned about sex in general.

8. Gender identification—These teens may think that some parts of being male or female are out of reach. They may have been expected to adhere more rigidly to sex role stereotypes or, conversely, to have been treated as genderless.

9. Development of sexual orientation—An adolescent with a disability may feel that he is enough of a burden to his family, or already different in so many ways that he has a harder time coming to terms with a minority sexual orientation. On the other hand, if a teen feels comfortable about the ways in which he is different, a minority sexual orientation may be easier to accept.

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