Human Sexuality

- All humans are sexual beings.
- Physiologic, psychosocial, and cultural factors influence a person's sexuality and lead to the range of attitudes and behaviors seen in humans.
- Nurses should strive toward the goal of appreciating and affirming the rich sexual diversity among clients.

Gender Identity Video 1

Click here to view a video on gender identity.
Gender and Transgender

- Gender identity
- Gender roles
- Androgyny
- Intersex
- Transsexuals
- Cross-dressing

Gender Identity Video 2

Click [here](#) to view a video on gender identity.

Adaptive Sexual Responses

- Adaptive sexual responses are activities that are freely chosen, including both self-pleasuring and consensually shared-pleasuring activities.
- Adaptive sexual responses are ethically motivated to exercise behavioral, emotional, economic, and social responsibility.
Maladaptive Sexual Responses

- Maladaptive sexual responses involve activities that use the threat of coercion or injury to self or others.

Paraphilias

- Noncoercive paraphilias are unconventional sexual behaviors engaged in by oneself or with a consenting adult.
- Coercive paraphilias are considered criminal acts and are described in the legal code.

Biologic Theories

- The biologic approach is concerned with the physiologic aspects of gender identity and sexual behavior.
  - Neurologic basis for gender differences
  - Fetal exposure to sex hormones
  - Adult levels of sex hormones as an explanation of gender dysphoria
  - Sexual dysfunctions examined for factors that interfere with the physiologic reflexes during the sexual response cycle.
Intrapersonal Theories

- Intrapersonal theorists view gender dysphoria, paraphilias, and sexual dysfunctions as problems occurring within the individual.
  - Expressions of arrested psychosexual development
  - Sexual guilt
  - Self-punishment
  - Normal variations

Behavioral Theories

- Sexual behavior is learned behavior
  - Gender dysphoria arises from social learning.
  - Paraphilias are learned responses.
  - Sexual dysfunctions are learned responses.

Interpersonal Theories

- Problems in relationships may cause sexual problems
  - Negative patterns of communication
  - Dislike or fear of one’s partner may inhibit sexual expression.
  - Conflict over issues such as money, schedules, or relatives may lead to a loss of sexual interest.
Interpersonal Theories - continued

- Problems in relationships may cause sexual problems
  - An inability to talk about preferences in initiating sex or determining sexual activities
  - Fatigue
  - Lack of time due to family and work obligations are other common causes

Sociocultural Theories

- Sexuality and sexual behavior are based on cultural values and understanding.
- What is considered normal or abnormal depends on each group’s specific viewpoint.
- The same behavior may be seen as positive in one culture and pathologic in another.

YOUR ASSESSMENT APPROACH: Sexual History: The ABCs

- Cognitive Assessment: What was your experience growing up? How did you learn about sex? How did your religion influence your sexual beliefs and behaviors? How important is sex to you? How do you cope when your partner does not want sex? What were your parents like when they were young? Was there a difference in your upbringing?
- Behavioral Assessment: Describe the physical aspects of your sexual responding. Describe the negative aspects of your sexual functioning. What concerns do you have about your sexual functioning?
- Emotional Assessment: How often do you think about sex? How often do you feel sexual desire? How often do you feel pleased or desired during sexual experience?
PLISSIT Model

P  ● Permission giving
LI  ● Limited information
SS  ● Specific suggestions
IT  ● Intensive therapy

Permission Giving

● Clients may feel that they need permission to be sexual beings.
● Giving permission begins when the nurse acknowledges the clients’ spoken and unspoken sexual concerns and conveys the attitude that these are important to health and healing.

Limited Information

● Give clients limited but accurate information.
Specific Suggestions

- At this level, nurses must have specialized knowledge and skill about specific interventions.
- Offer suggestions to help clients adapt sexual activity to promote optimal functioning.

Intensive Therapy

- At this level of intervention, nurses must have specialized preparation and knowledge of sexual and gender identity disorders.
- Sex counseling
- Sex therapy

Diagnosis

- A number of nursing diagnoses are applicable to clients experiencing gender identity disorders and sexual problems.
Outcome Identification and Goals

- Based on the assessment data, outcomes are selected appropriate to the nursing diagnoses.
- When outcomes are established, the nurse and the client mutually identify goals for change.
- Client goals are specific behavioral measures.

Planning

- The plan of care is developed to assist clients in reaching an enriched quality of life.
- The interventions selected are based on the data obtained from the client and the diagnoses, outcomes, and goals.

Implementation

- PLISSIT model
- Reducing violence against the self
- Reducing violence against others
- Promoting comfort with gender identity
- Reducing pain
Implementation - continued

- Education regarding noncoercive sex patterns
- Reinforcing sexual health
- Managing compulsive sexual behavior
- Addressing sexual dysfunctions
- Reducing spiritual distress
- Increasing knowledge

Evaluation

- Evaluate client responses in terms of outcomes the nurse and the client established.
- If any outcomes have not been achieved, explore the reasons further with the client.

Developing Comfort

- Acceptance of the nurse’s own sexual values and expressions
- Concrete and comprehensive knowledge about sexual function and dysfunction
- Skill in communication techniques
- A willingness to explore and separate personal values and attitudes from those of clients
Demonstrating Sensitivity

- Use the nursing process to assess the client’s sexual health and sexual concerns.
- Promote optimal sexual health.
- Play a supportive role.
- Refer the client to an advanced practice nurse or other health care professional with expertise in this area.

Resources

- [http://www.4therapy.com/consumer/life_topics/article/5531/441/Coming-Out](http://www.4therapy.com/consumer/life_topics/article/5531/441/Coming-Out)
  This article on 4therapy.com discusses some of the issues of gays, lesbians, and bisexuals deciding to share their sexual orientation with others.
- [http://www.cosa-recovery.org](http://www.cosa-recovery.org)
  The website of Codependents of Sexual Addicts is a resource for friends and family members whose lives have been affected by another person’s compulsive sexual behavior.

Resources - continued

- [http://www.priory.com/psych/disparat.htm](http://www.priory.com/psych/disparat.htm)
  Priory Medical Journal provides access to web-based medical journals. This article discusses controversial definitions and other issues on gender and sexual orientation.
- [http://www.siecus.org](http://www.siecus.org)
  The Sexuality Information and Education Council of the U.S. advocates for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services.
- [http://www.voices-action.org](http://www.voices-action.org)
  Voices-action.org provides links to resources, support groups, and therapists for adult survivors of sexual and other abuse.