Sexuality
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One of the advantages of adolescents with Down syndrome being included (in school and other settings) is that they get to see what other kids are doing. One of the disadvantages of being included is that adolescents with Down syndrome get to see what the other kids are doing.

Sexuality is definitely one of the areas of life that this statement is true. It is a big step for many reasons that the sexuality of people with Down syndrome is being realized and appreciated. Prevention of sexual abuse, helping individuals participate more fully in life, and understanding bodily changes are just a few of the reasons learning about sexuality is important for people with Down syndrome.

We regularly meet with families who are working on helping their son or daughter learn about their sexuality. One of the concerns expressed is whether the person with Down syndrome has the cognitive ability to make healthy decisions around the issue of relationships and sexuality. I am the medical director of a residential facility and the state of Illinois has ruled that the residents are not intellectually capable of making the decision to be consensually sexually active so all sexual activity between residents is considered inappropriate and must be reported and investigated. The other extreme is that all people with Down syndrome are completely capable of making good decisions regarding sexuality and need no guidance.

Neither extreme answers the questions that people with Down syndrome and their families are addressing. Families are dealing with these (and other) questions:

- Is the person with Down syndrome able to make a healthy decision about sexuality? Is he or she being coerced or manipulated?
- If the person with DS is able to make a healthy decision, are we emotionally able to support the decision? This can be difficult for some families to answer because they have assumed that they would never have to address sexuality issues for their son or daughter with Down syndrome.
- Once the first two questions have been answered, this additional question must be addressed: How do we assist the individual with DS to emotionally and physically participate in relationships and sexuality and what it takes to avoid unwanted consequences (pregnancy, sexually transmitted infections)?
