

1: History of Sex Surveys: Sexual Behavior in the s Part 3 Conclusion

In , ESPN the Magazine reported that ever since the Sydney Olympics, organizers of the Summer and Winter Games have ordered , condoms for the Olympic Village.

If there are more than two participants in the sex act, it may be referred to as group sex. Autoerotic sexual activity can involve use of dildos , vibrators , anal beads , and other sex toys , though these devices can also be used with a partner. Sexual activity can be classified into the gender and sexual orientation of the participants, as well as by the relationship of the participants. For example, the relationships can be ones of marriage, intimate partners , casual sex partners or anonymous. Sexual activity can be regarded as conventional or as alternative , involving, for example, fetishism , paraphilia , or BDSM activities. The object of desire can often be shoes, boots, lingerie, clothing, leather or rubber items. Some non-conventional autoerotic practices can be dangerous. These include erotic asphyxiation and self-bondage. The potential for injury or even death that exists while engaging in the partnered versions of these fetishes choking and bondage , respectively becomes drastically increased in the autoerotic case due to the isolation and lack of assistance in the event of a problem. Sexual activity can be consensual, which means that both or all participants agree to take part and are of the age that they can consent, or it may take place under force or duress, which is often called sexual assault or rape. In different cultures and countries, various sexual activities may be lawful or illegal in regards to the age, gender, marital status or other factors of the participants, or otherwise contrary to social norms or generally accepted sexual morals. Mating strategies[edit] In evolutionary psychology and behavioral ecology , human mating strategies are a set of behaviors used by individuals to attract, select, and retain mates. Mating strategies overlap with reproductive strategies, which encompass a broader set of behaviors involving the timing of reproduction and the trade-off between quantity and quality of offspring see life history theory. Relative to other animals, human mating strategies are unique in their relationship with cultural variables such as the institution of marriage. The human desire for companionship is one of the strongest human drives. It is an innate feature of human nature, and may be related to the sex drive. The human mating process encompasses the social and cultural processes whereby one person may meet another to assess suitability, the courtship process and the process of forming an interpersonal relationship. Commonalities, however, can be found between humans and nonhuman animals in mating behavior see animal sexual behavior. Stages of physiological arousal during sexual stimulation[edit] This Indian Kama sutra illustration, which shows a woman on top of a man, depicts the male erection, which is one of the physiological responses to sexual arousal for men. The physiological responses during sexual stimulation are fairly similar for both men and women and there are four phases. Men and women experience a " sex flush " on the skin of the upper body and face. During the plateau phase, heart rate and muscle tension increase further. Though generally reported that women do not experience a refractory period and thus can experience an additional orgasm, or multiple orgasms soon after the first, [5] [6] some sources state that both men and women experience a refractory period because women may also experience a period after orgasm in which further sexual stimulation does not produce excitement. From a biochemical perspective, sex causes the release of endorphins and increases levels of white blood cells that actually boost the immune system. Motivations[edit] "Pity sex" redirects here. For the American rock band, see Pity Sex. People engage in sexual activity for any of a multitude of possible reasons. Although the primary evolutionary purpose of sexual activity is reproduction, research on college students suggested that people have sex for four general reasons: Sexual arousal can also be experienced from foreplay and flirting, and from fetish or BDSM activities, [1] [11] or other erotic activities. Most commonly, people engage in sexual activity because of the sexual desire generated by a person to whom they feel sexual attraction ; but they may engage in sexual activity for the physical satisfaction they achieve in the absence of attraction for another, as in the case of casual or social sex. A person may engage in sexual activity for purely monetary considerations, or to obtain some advantage from either the partner or the activity. A man and woman may engage in sexual intercourse with the objective of conception. Some people engage in hate sex, which occurs between two people who strongly dislike or annoy each other. It is related to the idea that

opposition between two people can heighten sexual tension, attraction and interest. Joan Roughgarden, in her book *Diversity, Gender, and Sexuality in Nature and People*, postulates that this applies equally to humans as it does to other social species. She explores the purpose of sexual activity and demonstrates that there are many functions facilitated by such activity including pair bonding, group bonding, dispute resolution and reproduction. The self-determination theory can be applied to a sexual relationship when the participants have positive feelings associated with the relationship. These participants do not feel guilty or coerced into the partnership. The purpose of this model is to connect self-determination and sexual motivation. This model also links the positive outcomes, satisfying the need for autonomy, competence, and relatedness gained from sexual motivations. When this need was satisfied, they felt better about themselves. This was correlated with greater closeness to their partner and higher overall satisfaction in their relationship. It was concluded that females had more motivation than males to engage in sexual activity for self-determined reasons. You may improve this article, discuss the issue on the talk page, or create a new article, as appropriate. June See also: Sexually active life expectancy The frequency of sexual activity might range from zero sexual abstinence to 15 or 20 times a week. According to the Kinsey Institute, the average frequency of sexual intercourse in the US for individuals who have partners is times per year age 18–29, 86 times per year age 30–39, and 69 times per year age 40–. Adolescent sexuality The age at which adolescents tend to become sexually active varies considerably between different cultures and from time to time. See Prevalence of virginity. The first sexual act of a child or adolescent is sometimes referred to as the sexualization of the child, and may be considered as a milestone or a change of status, as the loss of virginity or innocence. Youth are legally free to have intercourse after they reach the age of consent. This figure rises with each grade. Males are more sexually active than females at each of the grade levels surveyed. Sexual activity of young adolescents differs in ethnicity as well. A higher percent of African American and Hispanic adolescents are sexually active than White adolescents. Female adolescents tended to engage in more sexual activity due to positive mood. In female teenagers, engaging in sexual activity was directly positively correlated with being older, greater sexual activity in the previous week or prior day, and more positive mood the previous day or the same day as the sexual activity occurred. According to a research study, sexual experiences help teenagers understand pleasure and satisfaction. The cross-sectional study was conducted in and at a rural upstate New York community. Teenagers who had their first sexual experience at age 16 revealed a higher well-being than those who were sexually inexperienced or who were first sexually active at a later age of There are four main types of risks that may arise from sexual activity: Sexually transmitted infections[edit] Main article: People may not be able to detect that their sexual partner has one or more STIs, for example if they are asymptomatic show no symptoms. Both partners may opt be tested for STIs before engaging in sex. Crab lice typically are found attached to hair in the pubic area but sometimes are found on coarse hair elsewhere on the body for example, eyebrows, eyelashes, beard, mustache, chest, armpits, etc. Pubic lice infestations pthiriasis are spread through direct contact with someone who is infested with the louse. Sexuality in older age Typically, older men and women maintaining interest in sexual interest and activity could be therapeutic; it is a way of expressing their love and care for one another. Factors such as biological and psychological factors, diseases, mental conditions, boredom with the relationship, and widowhood have been found to contribute with the common decrease in sexual interest and activity in old age. National sex surveys given in Finland in the s revealed aging men had a higher incidence of sexual intercourse compared to aging women and that women were more likely to report a lack of sexual desire compared to men. Regression analysis, factors considered important to female sexual activity included: Both genders in the study agreed they needed good health, good sexual functioning, positive sexual self-esteem, and a sexually skilful partner to maintain sexual desire.

2: Human sexual activity - Wikipedia

Many young people engage in sexual risk behaviors and experiences that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 1 40% had ever had sexual intercourse. 10% had four or more sexual partners. 7% had been physically forced to have sexual.

By the end of this section, you will be able to: From an evolutionary perspective, the reason is obviousâ€”perpetuation of the species. Sexual behavior in humans, however, involves much more than reproduction. This section provides an overview of research that has been conducted on human sexual behavior and motivation. This section will close with a discussion of issues related to gender and sexual orientation. Surprisingly, medial preoptic lesions do not change how hard a male rat is willing to work to gain access to a sexually receptive female figure below. This suggests that the ability to engage in sexual behavior and the motivation to do so may be mediated by neural systems distinct from one another. A male rat that cannot engage in sexual behavior still seeks receptive females, suggesting that the ability to engage in sexual behavior and the motivation to do so are mediated by different systems in the brain. Jason Snyder Animal research suggests that limbic system structures such as the amygdala and nucleus accumbens are especially important for sexual motivation. Damage to these areas results in a decreased motivation to engage in sexual behavior, while leaving the ability to do so intact figure below Everett, The medial preoptic area, an area of the hypothalamus, is involved in the ability to engage in sexual behavior, but it does not affect sexual motivation. In contrast, the amygdala and nucleus accumbens are involved in motivation for sexual behavior, but they do not affect the ability to engage in it. Although human sexual behavior is much more complex than that seen in rats, some parallels between animals and humans can be drawn from this research. The worldwide popularity of drugs used to treat erectile dysfunction Conrad, speaks to the fact that sexual motivation and the ability to engage in sexual behavior can also be dissociated in humans. Moreover, disorders that involve abnormal hypothalamic function are often associated with hypogonadism reduced function of the gonads and reduced sexual function e. For example, many animals show no sign of sexual motivation in the absence of the appropriate combination of sex hormones from their gonads. Physicians were considered authorities on all issues related to sex, despite the fact that they had little to no training in these issues, and it is likely that most of what people knew about sex had been learned either through their own experiences or by talking with their peers. Convinced that people would benefit from a more open dialogue on issues related to human sexuality, Dr. The Kinsey Institute has continued as a research site of important psychological studies for decades. At the time, the Kinsey reports were quite sensational. Never before had the American public seen its private sexual behavior become the focus of scientific scrutiny on such a large scale. The books, which were filled with statistics and scientific lingo, sold remarkably well to the general public, and people began to engage in open conversations about human sexuality. As you might imagine, not everyone was happy that this information was being published. In fact, these books were banned in some countries. Ultimately, the controversy resulted in Kinsey losing funding that he had secured from the Rockefeller Foundation to continue his research efforts Bancroft, Kinsey described a remarkably diverse range of sexual behaviors and experiences reported by the volunteers participating in his research. Behaviors that had once been considered exceedingly rare or problematic were demonstrated to be much more common and innocuous than previously imagined Bancroft, ; Bullough, Unlike Kinsey, who used personal interviews and surveys to collect data, Masters and Johnson observed people having intercourse in a variety of positions, and they observed people masturbating, manually or with the aid of a device. While this was occurring, researchers recorded measurements of physiological variables, such as blood pressure and respiration rate, as well as measurements of sexual arousal, such as vaginal lubrication and penile tumescence swelling associated with an erection. In total, Masters and Johnson observed nearly 10, sexual acts as a part of their research Hock, Both men and women experience increases in muscle tone during this time. Orgasms marked in women by rhythmic contractions of the pelvis and uterus along with increased muscle tension. In men, pelvic contractions are accompanied by a buildup of seminal fluid near the urethra that is ultimately forced out by contractions of genital muscles, i. While many women

can quickly repeat the sexual response cycle, men must pass through a longer refractory period as part of resolution. In men, the duration of the refractory period can vary dramatically from individual to individual with some refractory periods as short as several minutes and others as long as a day. As men age, their refractory periods tend to span longer periods of time. This graph illustrates the different phases of the sexual response cycle as described by Masters and Johnson. In addition to the insights that their research provided with regards to the sexual response cycle and the multi-orgasmic potential of women, Masters and Johnson also collected important information about reproductive anatomy. Furthermore, they determined that the vagina is a very elastic structure that can conform to penises of various sizes Hock, While the majority of people identify as heterosexual, there is a sizable population of people within the United States who identify as either homosexual or bisexual. Till Krech Issues of sexual orientation have long fascinated scientists interested in determining what causes one individual to be heterosexual while another is homosexual. For many years, people believed that these differences arose because of different socialization and familial experiences. Genetic and biological mechanisms have also been proposed, and the balance of research evidence suggests that sexual orientation has an underlying biological component. In aggregate, the data suggest that to a significant extent, sexual orientations are something with which we are born. Misunderstandings about Sexual Orientation Regardless of how sexual orientation is determined, research has made clear that sexual orientation is not a choice, but rather it is a relatively stable characteristic of a person that cannot be changed. Claims of successful gay conversion therapy have received wide criticism from the research community due to significant concerns with research design, recruitment of experimental participants, and interpretation of data. As such, there is no credible scientific evidence to suggest that individuals can change their sexual orientation Jenkins, In this letter, Spitzer wrote, I was considering writing something that would acknowledge that I now judge the major critiques of the study as largely correct. I believe I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. In reality, these are two related, but different, issues. Generally, our gender identities correspond to our chromosomal and phenotypic sex, but this is not always the case. When individuals do not feel comfortable identifying with the gender associated with their biological sex, then they experience gender dysphoria. This dysphoria must persist for at least six months and result in significant distress or dysfunction to meet DSM-5 diagnostic criteria. In order for children to be assigned this diagnostic category, they must verbalize their desire to become the other gender. Many people who are classified as gender dysphoric seek to live their lives in ways that are consistent with their own gender identity. This involves dressing in opposite-sex clothing and assuming an opposite-sex identity. While these may sound like drastic changes, gender dysphoric individuals take these steps because their bodies seem to them to be a mistake of nature, and they seek to correct this mistake. Chaz Bono, a transgender male, is a well-known person who transitioned from female to male. Even the ways in which we define sexual orientation and gender vary from one culture to the next. While in the United States exclusive heterosexuality is viewed as the norm, there are societies that have different attitudes regarding homosexual behavior. In fact, in some instances, periods of exclusively homosexual behavior are socially prescribed as a part of normal development and maturation. There is a two-gendered culture in the United States. We tend to classify an individual as either male or female. However, in some cultures there are additional gender variants resulting in more than two gender categories. For example, in Thailand, you can be male, female, or kathoey. Within a few months, the twins were experiencing urinary problems; doctors recommended the problems could be alleviated by having the boys circumcised. Distraught, Janet and Ronald looked to expert advice on what to do with their baby boy. By happenstance, the couple became aware of Dr. Money had spent a considerable amount of time researching transgendered individuals and individuals born with ambiguous genitalia. As a result of this work, he developed a theory of psychosexual neutrality. Money believed that the way in which we are socialized in early life is ultimately much more important than our biology in determining our gender identity Money, Money encouraged Janet and Ronald to bring the twins to Johns Hopkins University, and he convinced them that they should raise Bruce as a girl. Money shared with the scientific community the great success of this natural experiment that seemed to fully support his theory of psychosexual neutrality Money, Money was less than forthcoming with information that seemed to argue against the success of the case. In

addition, Brenda was becoming increasingly reluctant to continue her visits with Dr. Money to the point that she threatened suicide if her parents made her go back to see him again. While initially shocked, Brenda reported that things made sense to her now, and ultimately, by the time she was an adolescent, Brenda had decided to identify as a male. Thus, she became David Reimer. David was quite comfortable in his masculine role. He made new friends and began to think about his future. Although his castration had left him infertile, he still wanted to be a father. In 1956, David married a single mother and loved his new role as a husband and father. In 1963, David was made aware that Dr. Money was continuing to publicize his case as a success supporting his theory of psychosexual neutrality. While this revelation created a firestorm in the scientific community for Dr. Money, this sad story speaks to the complexities involved in gender identity. While the Reimer case had earlier been paraded as a hallmark of how socialization trumped biology in terms of gender identity, the truth of the story made the scientific and medical communities more cautious in dealing with cases that involve intersex children and how to deal with their unique circumstances. In fact, stories like this one have prompted measures to prevent unnecessary harm and suffering to children who might have issues with gender identity. For example, in 2017, a law took effect in Germany allowing parents of intersex children to classify their children as indeterminate so that children can self-assign the appropriate gender once they have fully developed their own gender identities (Paramaguru, 2017). There is evidence to suggest that our motivation to engage in sexual behavior and our ability to do so are related, but separate, processes. Alfred Kinsey conducted large-scale survey research that demonstrated the incredible diversity of human sexuality. William Masters and Virginia Johnson observed individuals engaging in sexual behavior in developing their concept of the sexual response cycle. While often confused, sexual orientation and gender identity are related, but distinct, concepts.

This short video reviews the three general types of sexual harassment and offers common examples of each.

Part 2 of 3 in a broad biological survey on the nature of human sexual behavior from neuroendocrinology to evolutionary history. This discussion starts with a general review of Part 1 then picks up where he left off on pheromones. Human Sexual Behavior II Releasing Stimuli for sexual behavior Women have greater preference for the smell of males around the time of ovulation their noses become more sensitive at this time; estrogen has receptors on olfactory neurons. Men rate the smells of females as less unpleasant when the woman is ovulating depends on testosterone in their systems. The Wellesley effect synchronizing female menstrual cycles is pheromone based. In rodents, the pheromones of an adult female will delay the onset of puberty of younger females and decrease the onset of induced ovulation unless they are sisters: In rodents and some primates, when males smell the pheromones of dominant males it drives down their testosterone levels. In some species, the same dominant pheromones stimulates sperm production: In rodents, male pheromones stimulates onset of puberty in females and the onset of induced ovulation such as in pigs where Boar-Mate, a variant of pig pheromone derived from truffles, is an ovulation inducer unless the two are siblings: In lots of species female pheromones increases testosterone and sperm production in males. Sapolsky describes the experiments in the paper "Effects of sexual activity on beard growth in man" by Anonymous in Nature , pp. Homosexual men prefer pheromones from men with higher testosterone levels suggesting some interesting biological underpinnings of homosexuality. In human females their voices get a little bit higher during ovulation which is subliminally detected by men no conscious awareness. The most erogenous organ in humans is the brain. Thought as a releaser: Fear suppresses sexual behavior. Chronic stress is extremely suppressive of sexual behavior. Short term stress may stimulate or suppress arousal. For example, there are plenty of historical examples of violent sexual behaviors associated with warfaring. In most species, females only engage in proceptive behavior around the time they are ovulating. In humans one study found heightened arousal, proceptivity, and sexual activity including likelihood of orgasm near day 14 around the time of high estrogen levels and ovulation and day 28 more relaxed about fear of pregnancy??? The study has not been easy to replicate except the part about day Women tend to wear more provocative clothing around the time of ovulation. Geoffrey Miller reported that around the time of ovulation, lap dancers get larger tips. Estrogen increases expression of receptors for progesterone. Estrogen increases the synthesis of oxytocin. In voles and maybe humans , social affiliation of females is enhanced at the time of ovulation. Estrogen increases sensitivity to touch in some parts of the body. Estrogen both affects the brain and the periphery to increase proceptivity around the time of ovulation. In females, androgens male sex hormones play a role in proceptivity, arousal and motivation. The time of year when males mate correlates to the time of year in which testosterone levels are elevated. In humans testosterone levels increase at puberty and start decreasing after age 30 with a correlative profile of sexual behavior. More sexually active men tend to have higher testosterone levels. There is a decrease in testosterone levels and increased vasopressin around the time they become fathers. Testosterone in fact does cause increased male sexual behavior: But the subtraction experiment does not eliminate male sexual behavior in all species! The more sexual experience before castration, the more sexual behavior is retained afterward. So there is part of male sexual behavior driven by social experience and not the hormones. The same testosterone levels similarly affect male aggression. In sum, testosterone is playing a modulatory role. Melatonin is a hormone that tells the body what time of year it is: It drives seasonal mating patterns in some species. There is some evidence for a seasonal pattern to human sexual behavior, but it is small compared to many other species. Early experience is not about how to be sexual those fixed action patterns are effectively built-in , but rather about learning the appropriate social context for proceptive behavior. The same pattern holds for aggression. Rhesus monkeys and others reared unethically perhaps without the social context of any parents or peers grow up with the same sexual fixed action patterns, but without any understanding of the social context appropriate to those behaviors e. Kibbutz literature suggests that if you spend lots of time with someone before you both turn six, chances are that when you grow up they

will not be considered a mate but more like a sibling pseudokin. Early 20th century literature espoused the absence of a father model for making boys gay the idea is the father may provide training for the appropriate context for appropriate proceptive behavior. The other leading model for explaining homosexuality was the neurotic mother explanation. No evidence for either model: Perinatal hormone levels affect sexual behavior in many species. In humans, the jury is still out and more research is needed. The "organizational effect" of a hormone is its impact on development on the organs of the body but also its impact on the brain. The "activational effect" of a hormone is how it activates aspects of behavior such as the sexual behavior apparatus that develops during puberty. In rodents, sex hormones have huge organizational effects that dramatically influence sexual behavior. Some species have been documented to have homo- and hetero-sexual behavior in natural settings. In primates, If and only if there is prenatal masculinization exposure of fetus to testosterone , then testosterone will have an acute activational effect leading to male fixed action patterns. In human females there are two known ways to become masculinized: There is a higher likelihood that prenatal masculinization leads to lesbianism, but there is a strange confound: Sapolsky concludes that there is weak evidence that prenatal masculinization is associated with homosexual behavior as an adult Wikipedia sites two later studies with ambiguous results. In other parts of the body, testosterone is biochemically changed to estrogen to cause male behavior! This estrogen effect only happens in target cells not in blood circulation generally in the brain. Alpha-fetoprotein AFP , the most abundant plasma protein found in the human fetus, during pregnancy it binds to estrogen breaking it down so that circulating estrogen never has an effect on the fetus at least in rodents according to Wikipedia. So the only fetuses with estrogen are males who made it from their testosterone. Where do prenatal feminizing effects come from? Perhaps, the female brain is the default brain and it takes testosterone to masculinize it. Sapolsky argues that there are other hormones that produce the feminizing effects. The effects of gender on our brains are very complex! Testicular-feminizing males are phenotypically female, but genetically male. It is a genetic condition caused by ineffective testosterone receptors. Although testicular-feminized males experience no masculinizing effects directly from testosterone and dihydrotestosterone, they still have testosterone in their brains biochemically changed to estrogen and therefore they have masculinized brains. So do the prenatal hormonal effects matter? Genes determine which gonads you make as a fetus which determines the kind of sex hormones released into the blood stream which determines what genitals you develop and the type of secondary sexual characteristics. Genes play a role in sex determination. Openly gay NIH scientist Dean Hamer reported finding genetic markers that were more likely to be shared between gay siblings. It was reported as "the gay gene": The marker showed no consistency: Moreover, the finding has never been replicated despite substantial effort. Evolutionary History of Human Sexuality "Organisms have sex for the good of the species. But humans and bonobo "pigmy" chimps have non-reproductive sex. On the other side of the Congo, bonobos have virtually no sexual dimorphism, female dominance, and they have astonishing amounts of sex. A pair-bonding species little sexual dimorphism with low aggression that is the most sexually promiscuous species on Earth? They have lots of non-reproductive sex: Joan Roughgarden formerly at Stanford argues that there is far more non-reproductive sex in lots of species than the classical Darwinian notion of sexual selection can account for. In bonobos sex appears to be about promoting group cohesion. Social grooming is important for social cohesion in many primate species baboons will groom after a scare from a predator , decreasing individual tensions, reconciliation, etc. It became the dominant theory early in the 20th century. Sapolsky criticizes it severely: Costs of sexual behavior: So sociobiology suggests that females are more selective about who they will mate with than males because of the differential costs of reproduction. Pair-bonded species like the marmosets provide an interesting exception: When the male caloric expenditure exceeds the female, you start to see cuckoldry females abandoning their children to find a better mate which is common in bird species. So the sociobiological argument that female selection is always more important has an important exception. In many species, the male attempts to control female reproductive behavior is that common in humans? In humans, we find clitorectomy and chastity belts in cultures where males tend to go away for long periods of time such as nomadic pastoralists or during the Crusades. The linear access model of reproduction suggests that male dominance rank is entirely predictive of male reproductive success: Copulatory plugs occur in many

PT. 3. SEXUAL BEHAVIOR pdf

canine dog species where semen hardens into a plug to block access by other males. In some fly species the penis is barbed so that after sex it detaches he can grow a new one and lodges in the female blocking access to other males. In some fly species there is also sperm competition where sperm use toxic substances to kill each other.

4: EJC Opinion: Aug. 3,

I know PT blog readers are frequently disappointed with the contributions of bloggers So I propose here three theories of sexual behavior based on the data provided by upstate New York.

A physical therapist sent the Ethics and Judicial Committee an ethics inquiry by e-mail dated May 23, Your third question related to physical therapy aides. You referred specifically to a patient being treated for pelvic floor or structural integration in a private room, particularly by a physical therapist of the opposite sex. You asked whether the APTA has any recommendations with respect to such treatment. Furthermore, during the process of examination and evaluation, the physical therapist may elicit significant personal information from patients, including the sharing of private and perhaps intimate aspects of their life. As a result of this process, some patients may develop a degree of affection for the therapist. Principle 1 of the Code states, "A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care. With regard to trustworthiness, the Guide for Professional Conduct says: The Committee would point out, however, that maintenance of the proper therapeutic relationship is important to engendering trust on the part of patients. Physical therapists in any practice setting should conduct themselves in a manner designed to earn the trust of all patients. Any evident failure on the part of a physical therapist to observe the proper boundaries with a patient is likely to have an adverse effect on all other patients aware of the unprofessional behavior. C obligation to refrain from having a sexual relationship. C should be deemed to end. Of course, the restriction obviously applies for as long as the physical therapist continues to treat the patient. Whether the relationship extends beyond the date of the last treatment is a thornier question. C to mean that the restriction terminates upon the last treatment date would have the virtue of giving relatively clear guidance to physical therapists who strive in good faith to comply with the Guide. C restriction ends once the final treatment session has been concluded. C ceases to apply at that moment. Such an interpretation, frankly, seems certain to be at odds with the reality that justifies the restriction. The Committee agrees with the reasoning of the Council on Ethical and Judicial Affairs CEJA of the American Medical Association AMA , which has stated with regard to physicians that having a sexual or romantic relationship with a former patient is unethical "if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship. The Committee does not believe that the passage of time, by itself, can provide assurance against the possibility of exploitation of the former patient. The key factors relate to the patient and the character of the relationship during physical therapy, not the mere chronological distance from the last treatment session. C if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate. Questions such as the following may be useful in assessing the risk of exploitation: Is the age difference between the physical therapist and the former patient substantial? Is the patient considerably poorer or less well educated than the physical therapist? Does the patient have major psychiatric or psychological problems? Has the patient been the victim of abuse, especially sexual abuse? Is the patient particularly lonely or extremely shy? Is the patient suffering from a separation or divorce, death of a loved one, or economic difficulties? The physical therapist s own circumstances also are potentially relevant. As a threshold matter, although continuity of care is generally desirable, the Committee believes that when a physical therapist feels a strong attraction to a patient a determination to transfer the patient may be warranted or even necessary. Of course, the Committee does not believe that a physical therapist should choose lightly to stop treating a patient. E obligation by referring the patient to that other therapist. For example, in a small clinic, if therapist B now assuming care for the patient is absent or unable to treat the patient in question on a particular day, would the patient have to forgo treatment not in the best interest of the patient in order to avoid being seen by therapist A, the one who is attracted to the patient? In a large or multi-site clinic, the option for the patient to be seen by other qualified therapists could more likely support the best interests of the patient, and buffer any clinical interaction with the former therapist. We understand your question to be i whether such a physical therapist may initiate a sexual relationship at a time when the person is a patient at the clinic that employs the non-treating therapist or, ii alternatively, whether such a physical therapist may continue the sexual

relationship or continue the employment in case the sexual relationship began before the person came to the clinic. See the discussion above concerning the practical difficulty of avoiding such entanglements following the referral of a patient to another therapist employed at the same facility as the referring therapist. If a clinic decides to countenance such a situation both the treating and non-treating physical therapists should be at pains to avoid the ethical pitfalls. Relationships Between Patients and Aides Your third ethical question goes to physical therapy aides. In particular, you raise the question whether a physical therapy aide has an ethical obligation to refrain from having a sexual relationship with a person who is a patient at the facility that employs the aide. Your email raises the related question whether a physical therapist has any ethical responsibility to institute or lobby for a policy prohibiting an aide from having a sexual relationship with any person who is a patient at the facility. As a threshold matter the Committee understands its mission to be to interpret the ethical principles and standards applicable to physical therapists and physical therapist assistants. The Committee does not believe that it makes sense for it to speak of the ethical obligations of physical therapy aides, but only to comment on the ethical responsibilities of physical therapists and physical therapist assistants that may relate to the presence and activities of aides in a clinic. The Committee is reluctant to say that a physical therapist has an ethical obligation to institute or lobby for a policy prohibiting an aide from having a sexual relationship with a patient. The Committee recognizes that a physical therapy aide may provide support for patient-related duties under the continuous supervision of the physical therapist. Indeed, some ethical considerations obviously tend to recommend such a policy. As noted above, physical therapists are obliged to act in the best interests of patients and to promote high standards of physical therapy practice. The Committee believes that fostering patient trust is extremely important. C of the Guide. Thus, a policy against socializing between physical therapy aides and patients well might support the goals of Principle 2 trustworthiness and Principle 6 high practice standards of the Code. C restriction to physical therapy aides. On the contrary, as noted above, ethical considerations favor a restrictive approach. In this connection the Committee does not understand you to be asking for an ethical interpretation but rather to be seeking primarily risk-management guidance. Your topic does have some ethical implications, and the Committee presents the comments below for your information. A physical therapist should recognize that touch, in the context of physical therapy examination and intervention, has the potential to be perceived by a patient as erotic or intrusive rather than therapeutic Schunk C, Parver CP, The literature strongly supports the benefits of touch as an integral component of physical therapy intervention. Prudent guidelines can lessen the chance of such offense and thus serve the interest of both patient and physical therapist. Over the years, the APTA has included such guidelines in its publications, and other professional resources also present similar guidelines. See selected references below. Basic risk management guidelines for avoiding allegations of sexual misconduct relating to therapeutic touch include: Follow a practice of telling your patients in advance what hands-on examination and intervention procedures you intend to perform and why you intend to use them. Such communication has an ethical dimension. It also serves a risk management function, because when a patient understands the rationale for touch associated with the specific procedures, misunderstandings regarding the nature of therapeutic touch are much less likely to arise. Provide a same-gender chaperone during patient examination and intervention if requested by the patient or deemed necessary by the therapist Implement "knock-and-enter" policies for staff entering a closed-door area used for patient examination and intervention. Schunk, C, Parver CP. Avoiding allegations of sexual misconduct. October , pp A Guide for Rehabilitation Professionals. Conclusion The Committee hopes that this letter is responsive to your concerns.

This is a reading given by Ross Peterson on Sexual behavior and abortion. Peterson, like Edgar Cayce, was able to go into a deep trance and access "The Source."

Is this behavior increasing in frequency, intensity, and intrusiveness? Does the child engage in aggression or verbal expressions of anger after the behavior? Does the child behave in ways more consistent with adult sexual activity? Is the behavior negatively affecting other children? Do adults feel uncomfortable with the behavior? Does the sexual behavior interfere with social or family relationship? Does the sexual behavior cause physical or emotional pain to the child or others? Are the sexual behaviors directed at younger children or are children forced, coerced, or tricked into engaging in the sexual behaviors? Considering all of these factors can help to determine if what you are seeing in a child is normal or something that is in need of additional attention. All children who engage in sexual behavior problems have been sexually abused. There are a number of additional stressors, family characteristics, and environmental factors that are associated with intrusive and frequent sexual behaviors. Children with family disruption, physical abuse, and experiences of neglect all have been shown to display increased sexual behavior problems. Family sexuality patterns, exposure to sexual material, other non-sexual behavior problems, exposure to family violence, and physical abuse can be important contributors to childhood sexual behavior problems. There is also a correlation between children with other mental health diagnoses and sexual behavior problems. It is important to remember this when engaging with a child with sexual behavior problems. All children who engage in sexual behavior problems will grow up to be sexual perpetrators. It is a very common fear of parents and caregivers of children to worry that because the child is engaging in problematic sexual behaviors that they will grow up to be a sex offender. We are here to reassure you that this is not the case. There is no current research that shows a clear link between sexual behavior problems in childhood and sexually abusive behaviors as an adolescent or adult. Furthermore, most adult sexual offenders do not report a childhood onset for their behavior. With proper supervision and treatment, children with sexual behavior problems can continue to go to school and be around other children. Research also shows that for the majority of children, outpatient treatment is the most ideal treatment scenario for children with sexual behavior problems. The information provided is designed to be a starting point for parent and caregivers who have concerns about behaviors a child they know is displaying. Several myths commonly associated with sexual behavior problems in children have been dispelled. The importance of early treatment and intervention for children with sexual behavior problems has also been highlighted. If you have questions or concerns about the sexual behaviors of a child you know, please call us at or We would be happy to speak to you more about what you are observing and help you to create a plan to keep your child safe. Children with sexual behavior problems: Children with sexual behavior problems. Sexual behavior problems in children:

6: Hypersexuality - Wikipedia

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In most animals sexual motivation is under stricter hormonal control than is the case in humans. The female of most species is not interested in sexual behaviour until cyclic hormonal changes produce estrus. The male, however, is usually sexually ready but is prevented. Types of behaviour Human sexual behaviour may conveniently be classified according to the number and gender of the participants. There is solitary behaviour involving only one individual, and there is sociosexual behaviour involving more than one person. Sociosexual behaviour is generally divided into heterosexual behaviour male with female and homosexual behaviour male with male or female with female. If three or more individuals are involved it is, of course, possible to have heterosexual and homosexual activity simultaneously. In both solitary and sociosexual behaviour there may be activities that are sufficiently unusual to warrant the label deviant behaviour. The term deviant should not be used as a moral judgment but simply as indicating that such activity is not common in a particular society. Since human societies differ in their sexual practices, what is deviant in one society may be normal in another. Solitary behaviour Self-masturbation is self-stimulation with the intention of causing sexual arousal and, generally, orgasm sexual climax. Most masturbation is done in private as an end in itself but is sometimes practiced to facilitate a sociosexual relationship. Masturbation, generally beginning at or before puberty, is very common among males, particularly young males, but becomes less frequent or is abandoned when sociosexual activity is available. Consequently, masturbation is most frequent among the unmarried. Fewer females masturbate; in the United States, roughly one-half to two-thirds have done so, as compared to nine out of ten males. Females also tend to reduce or discontinue masturbation when they develop sociosexual relationships. Neither is there evidence that masturbation is immature behaviour; it is common among adults deprived of sociosexual opportunities. While solitary masturbation does provide pleasure and relief from the tension of sexual excitement, it does not have the same psychological gratification that interaction with another person provides; thus, extremely few people prefer masturbation to sociosexual activity. The psychological significance of masturbation lies in how the individual regards it. For some, it is laden with guilt; for others, it is a release from tension with no emotional content; and for others it is simply another source of pleasure to be enjoyed for its own sake. The majority of males and females have fantasies of some sociosexual activity while they masturbate. The fantasy not infrequently involves idealized sexual partners and activities that the individual has not experienced and even might avoid in real life. Orgasm in sleep evidently occurs only in humans. Its causes are not wholly known. The idea that it results from the pressure of accumulated semen is invalid because not only do nocturnal emissions sometimes occur in males on successive nights, but females experience orgasm in sleep as well. In some cases orgasm in sleep seems a compensatory phenomenon, occurring during times when the individual has been deprived of or abstains from other sexual activity. Most orgasms during sleep are accompanied by erotic dreams. A great majority of males experience orgasm in sleep. This almost always begins and is most frequent in adolescence, tending to disappear later in life. Fewer females have orgasm in sleep, and, unlike males, they usually begin having such experience when fully adult. Orgasm in sleep is generally infrequent, seldom exceeding a dozen times per year for males and three or four times a year for the average female. Most sexual arousal does not lead to sexual activity with another individual. Humans are constantly exposed to sexual stimuli when seeing attractive persons and are subjected to sexual themes in advertising and the mass media. Response to such visual and other stimuli is strongest in adolescence and early adult life and usually gradually declines with advancing age. There is great variation among individuals in the strength of sex drive and responsiveness, so this necessary exercise of restraint is correspondingly difficult or easy. Page 1 of 8.

7: Sexual Behavior " Introductory Psychology

PT. 3. SEXUAL BEHAVIOR pdf

the temporary effect of a hormone that occurs later in life after the sex organs have developed.

8: From PTJ: PTs, PTAs, Students Report High Rates of Inappropriate Sexual Behavior by Patients

The results of some of these efforts were published in two booksâ€” Sexual Behavior in the Human Male and Sexual Behavior in the Human Female â€”which were published in and , respectively (Bullough,).

9: Sexual Behaviors | Adolescent and School Health | CDC

(3) If committed under the circumstances of paragraph (e) of subsection (1) of this section, sexual assault is a class 1 misdemeanor and is an extraordinary risk crime that is subject to the modified sentencing range specified in section (3).

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