

CHAPTER 11: SEXUAL AND GENDER PROBLEMS RESEARCH QUESTIONS

SEXUAL DYSFUNCTIONS

- Sexual dysfunction is more prevalent in women than in men, but is this at least in part because men are more embarrassed by sexual dysfunction than men, and so report disorders less frequently?
- Is performance anxiety a cause or an effect of specific sexual dysfunctions?
- Are interpersonal problems a cause or an effect of specific sexual dysfunctions?
- Is depression an outcome or a cause of sexual dysfunction, or both?
- SSRIs often help to alleviate sexual dysfunction – is this because SSRIs alleviate depression, which may be a cause of sexual dysfunction?
- Does anxiety contribute to sexual dysfunction by preventing allocation of attention to stimuli likely to provide sexual stimulation and pleasure?

PARAPHILIC DISORDERS

- Why are paraphilic disorders overwhelmingly diagnosed mainly in men?
- Is hypersexuality a causal factor in the development of paraphilic disorders?
- Are classical conditioning processes involved in the acquisition of paraphilic disorders during early adolescence?
- Childhood abuse and neglect in sexual offenders is almost twice the level found in the general population. What role does childhood abuse and neglect play in the development of paraphilic disorders that lead to sexual offending?
- Sexual offenders hold distorted beliefs that are consistent with their offending. Do these beliefs play a causal role in their offending or are they faked in order to diffuse responsibility after the offence?
- Do female sex offenders exhibit cognitive distortions to the same extent as male sex offenders?
- What role do abnormalities in brain neurotransmitters – such as serotonin – play in paraphilic disorders?

GENDER DYSPHORIA

- Do dysfunctional relationships with parents play any significant role in the development of gender dysphoria?
- Studies suggest that gender dysphoria is highly heritable. If so, how is it genetically transmitted and through what aspect of gender dysphoria is it manifested?