



LEARNER OBJECTIVES

WEBINAR – Transition Planning for Individuals with ASD: Part 3 of 4: The Central Importance of Sexual Education in ASD

Participants will understand:

1. Why we should teach human sexuality education to individuals with ASD
2. Guidelines for teaching learners with ASD about human sexuality
3. Strategies for teaching human sexuality education



Transition Planning for Individuals with ASD: Part 3 of 4: The Central Importance of Sexual Education in ASD

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Educational Partnership
for Instructing Children

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The following presentation contains language and imagery of a sexual nature and may be considered inappropriate for younger listeners and viewers.



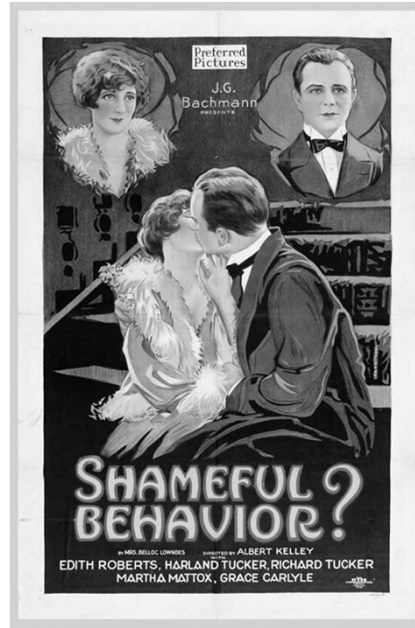
As a general rule of thumb about 60% of sexuality education should be at home, about 37% can be done in the context of the school and, when necessary, about 3% by specialists. But I sort of just made that up

Prudish Promiscuity?

Sex and sexuality, as serious topics for discussion, are ones that many of us would rather avoid than address. In fact, according to the CDC fewer than half of all high schools and only 20% of middle schools offer a comprehensive Sex Ed curriculum. **Further, only 23 states mandate Sex Ed at all and, of those, only 13 require it to be medically accurate. (Orenstein, 2016)**

Orenstein, P. (March 20, 2016). *When did porn become sex ed?* **New York Times Sunday Review**. pp1, 6.

Now add to that the personal and societal constraints that move sexual behavior out of the realm of simple behavior and we have a cohort of skills in which there is high interest but limited knowledge.



But let's not forget there is, historically, more than a touch of misogyny in all this...



Another Love-match *Shipwrecked...*



... on the dangerous reef of half-truths about feminine hygiene. "Lysol" has prevented many such tragedies.

And when it came to individuals with DD

Richards, et al (2006) noted that, historically, individuals with DD been viewed ***as sexually deviant, prone to criminality, asexual, and problematic to society.***

Despite significant progress over the last 5 decades in many areas, the sexuality of individuals with DD is still grossly misunderstood by society. ***And although today the sexuality of individuals with DD is not entirely ignored, nor is sexual behavior universally punished, the perception that people with developmental disabilities as perpetual children, irrespective of their age, still lingers with significant, negative consequences.***

Richards, D., Miodrag, N., & Watson, S. L. (2006). Sexuality and developmental disability: Obstacles to healthy sexuality throughout the lifespan. *Developmental Disabilities Bulletin*, 34(1-2), 137-155.

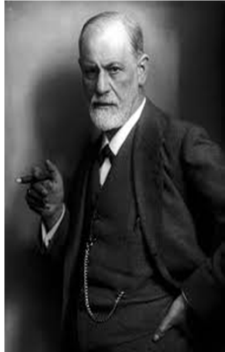
We are Sexual Beings

Typical children are taught many things about their own sexuality from the day they were born. For example, they learn:

- How they are touched by others;
 - The way their bodies feel to them;
 - What their family believes is okay and not okay to do;
 - The words that family members use (and don't use) to refer to parts of the body; and
 - From watching the relationships around them.
- In addition, as they grow they acquire a great deal from outside sources including television, music, friends and their interactions with the world around them.

Oral	→	The mouth – sucking, swallowing etc.	EGO develops
Anal	→	The anus – withholding or expelling faeces	
Phallic	→	The penis or clitoris - masturbation	SUPEREGO develops
Latent	→	Little or no sexual motivation present	
Genital	→	The penis or vagina – sexual intercourse	

And, yes, we can just ignore this nonsense



Typical Sexual Development	
Preschool children (less than 4 years)	<ul style="list-style-type: none"> Exploring and touching private parts, in public and in private Rubbing private parts (with hand or against objects) Showing private parts to others Trying to touch mother's or other women's breasts Removing clothes and wanting to be naked Attempting to see other people when they are naked, undressing, or in bathroom Talking to other children about bodily functions such as "poop" and "pee"
Young Children (approximately 4-6 years)	<ul style="list-style-type: none"> Purposefully touching private parts (masturbation) in public and private Attempting to see other people when they are naked or undressing Mimicking dating behavior (such as kissing, or holding hands) Talking about private parts and using "naughty" words, in absence of meaning Exploring private parts with children their own age (such as "playing doctor", "I'll show you mine if you show me yours," etc.)
School-Aged Children (approximately 7-12 years)	<ul style="list-style-type: none"> Purposefully touching private parts in private Playing games with children that involve sexual behavior ("playing family") Attempting to see other people naked or undressing Looking at pictures of naked or partially naked people Viewing/listening to sexual content in media Wanting more privacy, e.g., not wanting to undress in front of other people; reluctant to talk to adults about sexual issues Beginnings of sexual attraction to/interest in peers

Source: National Child Traumatic Stress Network (2009). Sexual development and behavior in children. Downloaded from: http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf

And What Information Typical Children Need

Preschool Children (less than 4 years)

- ❑ The difference between “okay” touch and “not okay” touches
- ❑ Your body belongs to you
- ❑ Everyone has the right to say “no” to being touched, even by grownups
- ❑ No one has the right to touch your genitals
- ❑ You can say “no” when grownups ask you to do things such as touching genitals
- ❑ Who to tell if people do “not okay” things to you, or ask you to do “not okay” things to them

And What Information Typical Children Need

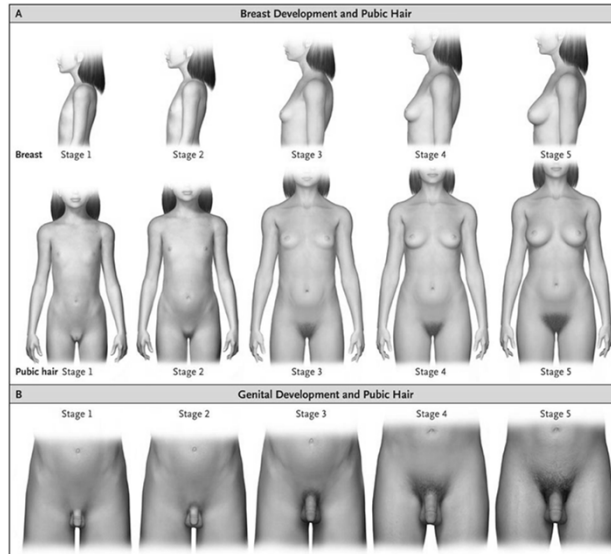
Young Children Safety Information (4-6 years)

- ❑ Sexual abuse = someone touches your body/genitals or asks you to touch theirs
- ❑ It is sexual abuse even if it is by someone you know
- ❑ Sexual abuse is NEVER the child’s fault
- ❑ If a stranger tries to get you to go with him or her, run and tell a parent, teacher, neighbor, police officer, or other trusted adult

School-Aged Children (7-12 years)

- ❑ Sexual abuse may or may not involve touch
- ❑ How to maintain safety and personal boundaries
- ❑ Technology risks including chatting or meeting people online
- ❑ How to recognize and avoid risky social situations
- ❑ Dating rules

Then There's Puberty



Onset of Puberty

Over the past 2-3 decades the age of puberty onset has decreased. For girls, breast development, typical of 11-year-olds a generation ago, is now occurring in more seven-year-olds. Research indicates that childhood obesity may be the primary causative factor. However, family stress and chemical exposures in the environment may also play a role, but the data are unclear as to degree of contribution. For boys, the data are murkier, but one study did suggest that they, too, may be starting puberty earlier than before—perhaps by as much as six months to two years. (Maron, 2015)

Puberty and ASD

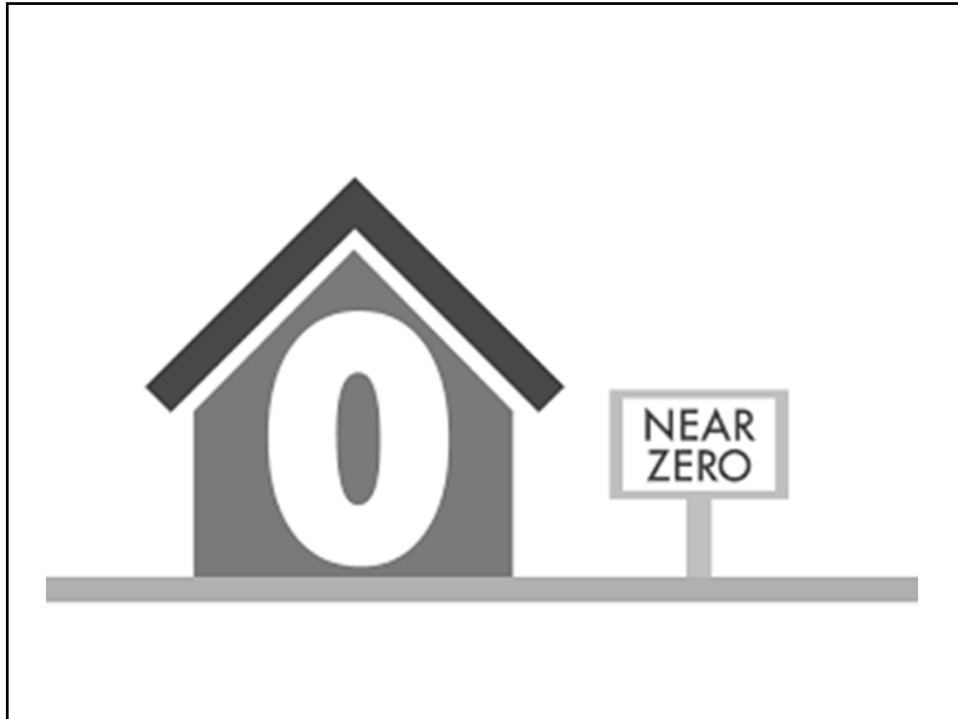
- ❑ There is a tendency for parents and professionals to ignore or misinterpret:
 - ❑ The emotional impact of puberty/adolescence on individuals with ASD.
 - ❑ The function of reflex, or spontaneous, erections at the onset of puberty in males.
 - ❑ That genital stimulation is a universal phenomena that often begins in the womb.
 - ❑ The importance of anticipating puberty, adolescence, and sexual behavior and planning for such. Hence, my adherence to the 5-year rule

ASD, Puberty, and Behavior

- ❑ There is an ongoing discussion regarding the relationship between puberty and the display of challenging behavior. What we lack, however, are actual data. What seems to be true, however, is:
 - ❑ For some individuals the onset of puberty may be associated with an increase in challenging behavior.
 - ❑ This increase, however, may then be reinforced as a result of their newly realized increase in size and strength (i.e., the behavior is now more effective).
 - ❑ We do tend to see behavior challenges associated with menstrual cycles and some research indicates that females with ASD present with more challenges than their peers with other disabilities.
 - ❑ A new class of behavior, sexual stimulation, may develop. But absent a functional assessment of sexual stimulation, it is generally assumed to be maintained by automatic reinforcement which is not always the case.

But enough about that...

So really, how much research is there on
impact of sexuality education and related
interventions in ASD?



A few things we probably do know (Kellaher, D., 2015)

- ❑ At least some of our gap in understand sexuality and sexual behavior in ASD stems from an general lack of understanding about sexuality and sexual behavior.
- ❑ High verbal individuals appear similar to typical peers in terms of sexual interest.
- ❑ While high verbal adults may know the language of sexuality, this does not seem to equate to qualitative or quantitative knowledge or behavior.
- ❑ There appears to be a greater diversity of sexual expression with high verbal individuals with higher reported rates of asexuality, bisexuality, and homosexuality, particularly among women.

A few things we probably do know (Kellaher, D., 2015)

- ❑ Although data are limited there are published reports of paraphilic behavior among HV males but none involving HV females. The gender difference is due, most likely, to multiple confounding variables but it does appear that every permutation of sexual behavior we see in the typical community exists in the HV/ASD community.
- ❑ In ASD, however, some paraphilic behavior represent “counterfeit deviance” (Hingsburger, Griffiths, & Quinsey, 1991) in that it originates from an absence of knowledge, experience, or specific social competencies.

Kellaher, D.C. (2015). Sexual behavior and ASD: An update and discussion. *Current Psychiatry Reports*, 17, Published online March 2015

Hingsburger, D., Griffiths, D., & Quinsey, V. (1991). Detecting counterfeit deviance: differentiating sexual deviance from sexual inappropriateness. *Habilitative Mental Healthcare Newsletter*, 51-54.

Most Recently

McDaniels & Fleming (2016), in their review of 92 articles published on sexual education with individuals with ID concluded that:

- ❑ As a result inadequate sexual education Individuals with ID are placed at a greater risk for sexual abuse, STDs, and misinformation than warranted.
- ❑ Formal, individualized, and specific sexual education for learners with ID is lacking.
- ❑ There is a paucity of published data resulting in little information as to appropriate and empirically validated sexual education content and processes for learners with ID

McDaniels, B, & Fleming, A., (2016). Sexuality Education and Intellectual Disability: Time to Address the Challenge. *Sexuality and Disability*, 34, 215-225.

A Couple of Good Reasons
Why We Should Teach
Human Sexuality Education
To Individuals With Autism
Spectrum Disorders

Number 6
They Have The
Same Hormones
& Urges & Need
To Make The
Same Choices As
Their Peers



Number 5

All sexual behavior is social behavior and, as such, is particularly challenging for individuals with ASD



Number 4

The Internet and other readily accessible media



Just how accessible is pornography?

In a national survey of youth ages 10-17 years, Mitchell, et al (2003) reported **that 25% of youth had unwanted exposure to sexual pictures on the Internet in the past year.** The use of filtering and blocking software was associated with a modest reduction in unwanted exposure, suggesting that it may help but is far from fool proof. The authors urge that social scientific research be undertaken to inform this highly contentious public policy controversy.

Mitchell, K. J.; Finkelhor, D.; and Wolak, J. (2003). The exposure of youth to unwanted sexual material on the internet: A national survey of risk, impact, and prevention. *Youth Society, 34, 330-358.*

For example, a search for “woman in kitchen” in Bing images with the safe filter off finds:



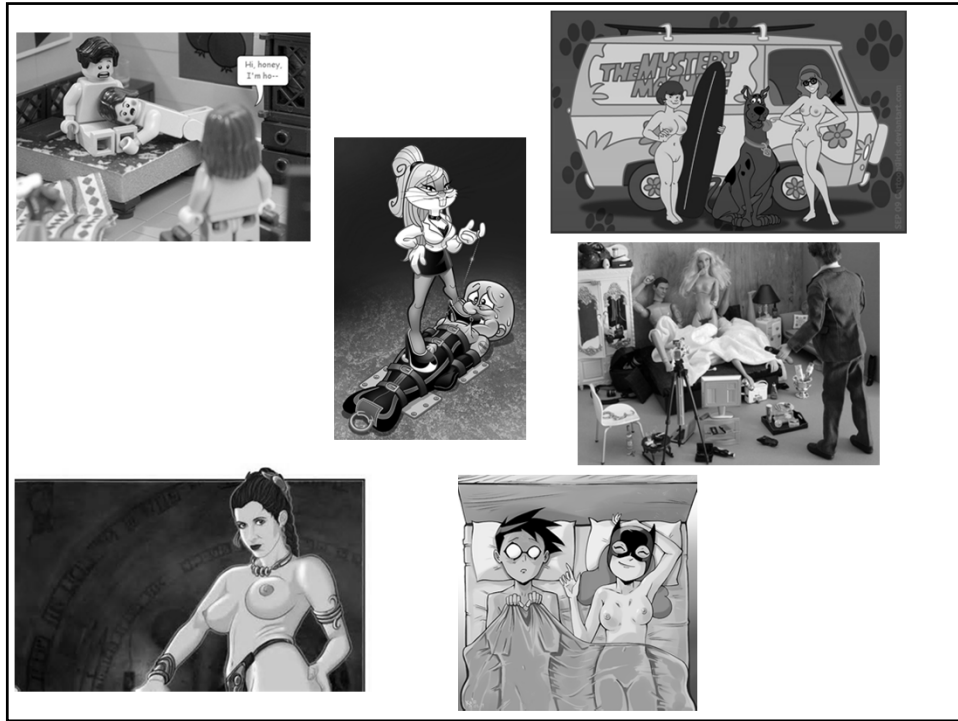
For typical kids...

According to Crabbe and Corlette (2010), porn has become a central mediator of young people's sexual understanding and experience and a "go to" source for information of sex and sexuality in the absence of any formal sex education.

Crabbe, M. & Corlette, D. (2010) Eroticizing inequality: Technology, pornography, and young people. DVRCV Quarterly. 3, 1-6. Accessed on line on 3/36/16 at: <http://www.awe.asn.au/drupal/sites/default/files/Crabbe%20Corlett%20Eroticizing%20Inequality.pdf>

And then there is Rule 34: "If it exists, it exists as internet porn. No Exceptions."





But most problematic, at least in my opinion, is Hentai which is pornographic Anime that is often very misogynistic and violent



From a new **facebook** friend

- *"Hey, I added you since you look familiar, but once I looked at your page I knew I was mistaken.. but hey, you seem like a good guy so i'll just introduce myself :) Im quirky, funny, and never afraid to have a good time.. I recently moved here about six months ago from a small town in Idaho for work and like it so far! Check out my profile.. if you want to I would love to meet sometime for lunch. Any way.. I wanted to attach more photos of me but its giving me some stupid error! If you give me your email addy I can send the pics to you that way. Hope to hear from you soon!"*



A recent (2/2016) facebook friend



Autism Specific Internet Dating

Number 3 – Sexual Abuse

- ❑ Brown-Lavoie, Vieceli, & Weiss (2014) noted that individuals with ASD reported higher levels of sexual victimization than did typical controls.
- ❑ Mandell et al (2005) reported that 18.5% of their sample (156 children) had been physically abused while 16.6% had been sexually abused.
- ❑ Seville, Roth, & Gillis (2013) noted that more systematic research on the prevalence and risk factors of sexual abuse and offending is in great need if we are to adequately address this issue. The bottom line, this is an area where Behavior Analysis may have its greatest impact.

Brown-Lavoie, S.M., Vieceli, M.A., & Weiss, J.A., (2014). Sexual knowledge and victimization in adults with ASD. *Journal of Autism and Developmental Disorders*, 44, 2185-2196

Seville, M., Roth, M.E. & Gillis, J.M. (2013). Sexual abuse and offending in ASD. *Sexuality and Disability*. 31, 189-200.

Mandell, D.S., et al (2005). The prevalence and correlates of abuse among children with autism served in comprehensive community-based mental health settings. *Child Abuse and Neglect*. 29, 1359-1372.

Target skills to reduce abuse

- ❑ Target discrimination between who can/cannot touch the individual and where on his or her body. This includes hugs, kisses, tickles, etc.
- ❑ Target independent toileting, showering, menstrual care, and dressing.
- ❑ Target closing and locking bathroom doors.
- ❑ Target independent public restroom use.
- ❑ Target functional noncompliance via the word “No”.
- ❑ Target the recall of temporally distant events and report where instances of physical contact.

(American Academy of Pediatrics, 1996; Nehring, 2005; Roth & Morse, 1994; Volkmar & Wiesner, 2004)

Number 2

The Criminal Justice System



- ❑ Individuals with intellectual and other developmental disabilities present unique characteristics that may contribute to the development of behavior considered offensive or criminal (Griffiths & Federoff, 2008).
- ❑ Low levels of sexual knowledge coupled with high levels of interest/motivation and limited understanding of sexual rights and legalities (Pecora, Mesibov, & Stokes, 2016) are associated with higher rates of involvement in the criminal justice system than might otherwise expected (e.g., Loftin & Hartlage, 2015).

Griffiths, D. & Federoff, J.P., (2008). Persons with Intellectual Disabilities Who Sexually Offend. In F.M. Saleh, A.J. Grudzinskas, J.M. Bradford, & D.J. Brodsky (Eds) *Sex Offenders: Identification, Risk Assessment, Treatment, and Legal Issues*, p 352-374. New York: Oxford University Press.

Pecora, L.A., Mesibov, G.B., & Stokes, M.A., (2016). Sexuality in High-Functioning Autism: A Systematic Review and Meta-Analysis. *Journal of Autism and Developmental Disorders*

Number 1

Because They Are People & Like All People
Individuals with Autism Have The Right
To Learn All They Can To Enable Them To
Become Sexually Healthy Persons



Working Definitions...

- ❑ *Sexuality* is an integral part of the personality of everyone: man, woman, and child. It is a basic need and an aspect of being human that cannot be separated from other aspects of human life. Sexuality is not synonymous with sexual intercourse [and it] influences thoughts feelings, actions, and interactions and thereby our mental and physical health” (WHO, 1975)
- ❑ *Sex* can simply mean gender, whether you’re male or female. *Sex* can also mean the physical act of sexual intercourse.
- ❑ *Sexuality education* is a life-long process that encompasses many things: the biological, socio-cultural, psychological and spiritual dimensions of sexuality.

Further complicating things...

- ❑ There are different types of sexual language including:
 - ❑ Formal/polite – *Vagina*
 - ❑ Technical – *Labia, Cervix, Clitoris, Vulva*
 - ❑ Cute – *Va-jay-jay, Muffin, Little man in the boat, Punani, Lady parts, etc.*
 - ❑ Slang – *Snatch, Beaver, Twat, Pussy, etc.*

In addition...

- ❑ Individuals with autism can be concrete thinkers who interpret things literally, so...
 - ❑ Be frank during instruction
 - ❑ Provide clear visual and verbal examples
 - ❑ Avoid euphemisms
- ❑ For example... (Rated R)

Some responses of adults with autism during an assessment* of sexual knowledge



http://www.cambodjay.com/UnderstandingSex/healthsex/img/sex_sofa.jpg

Q: Tell me about this picture.

A: “[T]he people were sitting on the couch ‘being friends’ .”

(Konstantareas & Lunsby, 1997, p. 411)

Guidelines for teaching

- Think ahead and be proactive
- Be concrete
- Serious, calm, supportive
- Break larger areas of information into smaller, more manageable blocks
- Be consistent, be repetitive
- What are the practical implications
- Teach all steps and in the correct order
- Consider using multiple instructional mediums
- Incorporate the social dimension of sexuality when and wherever appropriate

*Source: L. Mitchell, RCSW, The Cody Center

Teaching materials

- Commercial products include:
 - Anatomically-correct dolls
 - Anatomical models of body parts
 - Written materials and pictures
 - Slide shows and videos
- Shop carefully-- most products
- were not created for people with ASD, and they are expensive



Teaching materials

- Creating your own is easy and less costly
- Resources include:
 - Medical and nursing textbooks
 - Patient education materials
 - Sexuality education books at the library
 - Google Image search
 - Planned Parenthood
 - Homemade digital photos & videos (NOT of nudity or private activities)

The 4 Basic Goals of Sex Ed

- Provide accurate Information
- Develop the necessary social competencies
- Develop personal values
- Promote individual safety

Information

Central Instructional Concepts

- Public versus private behavior
- Good touch versus bad touch
- Proper names of body parts
- “Improper” names of body parts
- Personal boundaries/personal spaces
- Masturbation
- Avoidance of danger/Abuse prevention
- Social skills and relationship building
- Dating skills
- Personal responsibility and values

What to teach and when... some general guidelines.*

- Preschool through Elementary
 - Boys v. girls
 - Public v. private
 - Basic facts inc. body parts
 - Introduction to puberty (your changing body)
 - Introduction to menstrual care
 - Appropriate v. inappropriate touching
 - Bathing, dressing, and privacy

Source: Schwier, K.M., & Hingsburger, D. (2000)

Middle School & Beyond

- Puberty & Menstruation (if not yet addressed)
- Ejaculation and wet dreams (if not yet addressed)
- How to say “no” (if not yet addressed)
- Masturbation (if not yet addressed)
- Public v private behavior
- Public restroom use
- Attraction and sexual feelings
- Relationships and dating
- Personal responsibility and family values
- Sexual preference
- Laws regarding sexuality
- Pregnancy, safe sex, birth control
- Etc.

The same techniques we use to teach other behaviors can be used in this area too

- Activity Schedules
- Shaping
- Chaining
- Prompting
- Video-Modeling
- Discrete Trial Instruction
- Massed Practice
- Functional Assessment

Public/Private Discriminations at Home

- From an early age families need to be clear and consistent with family rules about privacy
 - Restrict nudity in public parts of the house
 - Dress and undress in bedroom or bathroom
 - Close doors and window shades for private activities
 - Teach use of robe
 - Caregivers should model knocking on closed doors before going in

(American Academy of Pediatrics, 1996; NICHCY, 1992; SIECUS, 2001)

Preventing Problems with Masturbation

- Early on designate where it is OK to masturbate
 - Individual's bedroom
 - Avoid teaching use of bathroom
- Teach rules for appropriate time/place
- Teach sometimes it's not an option
- Schedule private time

(Baxley & Zendell, 2005; Koller, 2000; NICHCY, 1992; Volkmar & Wiesner, 2004)

Intervention with Situationally Problematic Masturbation

- Interrupt the behavior as soon as possible but don't punish or overreact
- Remind the individual of the rules for appropriate masturbation (referring to any visual supports necessary)
- Redirect the student to:
 - An activity that requires use of hands
 - A physical activity
 - An activity that requires intense focus
 - To his/her bedroom, if available
- Reinforce student when he/she is engaging in appropriate behavior

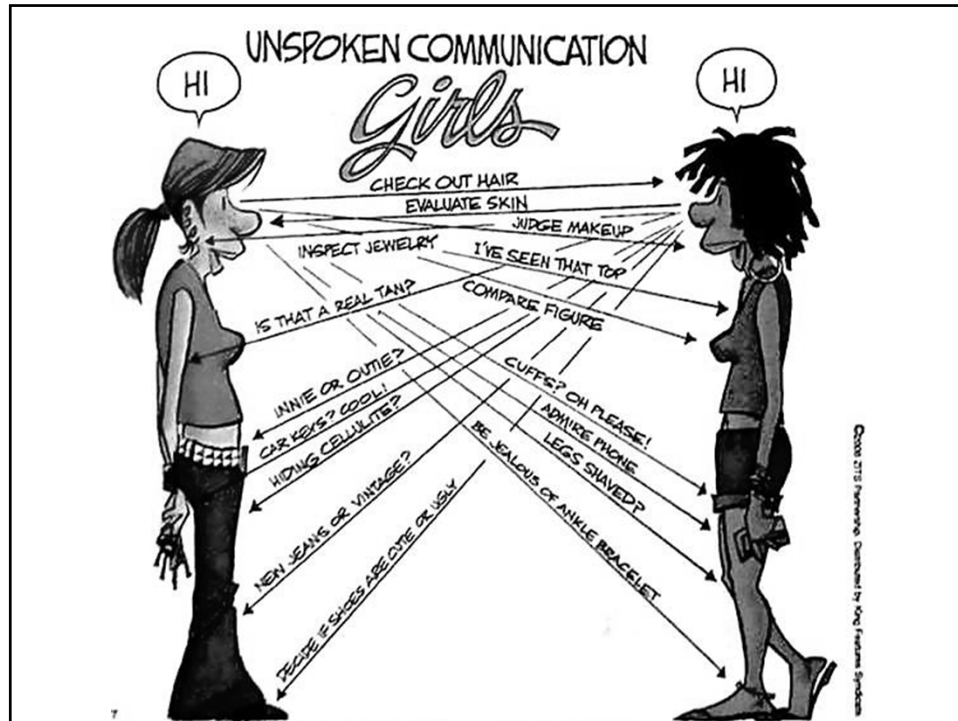
(Baxley & Zendell, 2005; Koller, 2000; NICHCY, 1992; Volkmar & Wiesner, 2004)

VALUES

(I am not going to talk about values)

SOCIAL COMPETENCE

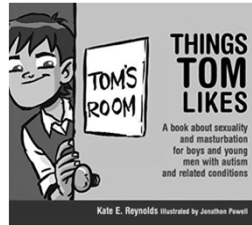
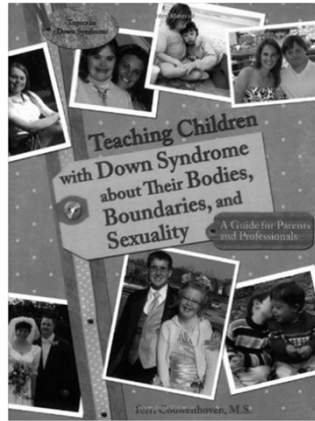




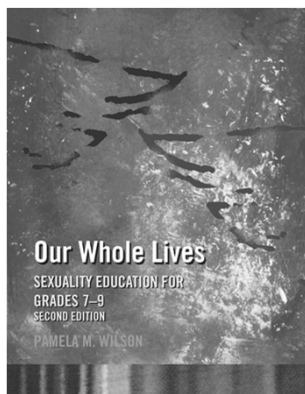
Challenges to Sexuality Education for Learners with ASD.

- The social dimension of sexual behavior
- Differentiation between public and private behavior and reality v. fantasy
- Ensuring the maintenance of learned skills, particularly those associated with sexual safety
- Balancing individual safety with personal respect and individual rights
- Issues related to law enforcement

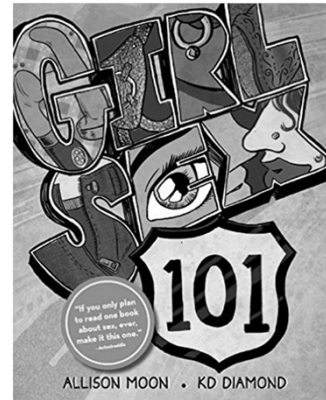
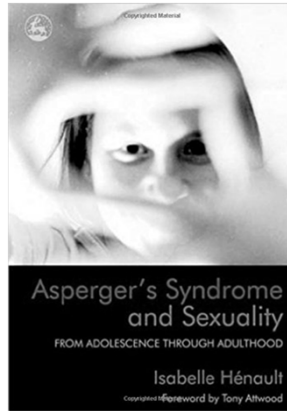
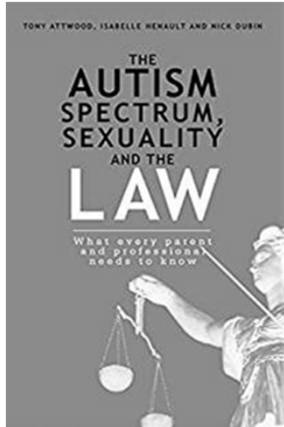
Some Resources



Some Resources




Some Resources



AND LASTLY

Don't dream it. Be it!



A failure is not always a mistake,
it may simply be the best one can
do under the circumstances.
The real mistake is to stop trying.

© 2005 www.thekodote.com

B.F. Skinner
1904 - 1990

