“It is noted that in spite of an ideological shift in the way in which the sexual behavior of people with developmental disabilities is viewed, the approach to treatment of ISB (Inappropriate Sexual Behavior) between 1977 and 2009 remains relatively unchanged.”

Supports Needed

- “Hard to imagine we can alleviate the need for assistance to facilitate a healthy sexual life when all other basic needs are met through outside supports” (Mona, 2003).
- Where would they meet a partner (access)?
- How would they get their (transportation)?
- Supervised social events (privacy)?

Why is this so hard?

- Thought of as innocent
- Thought of as asexual
- Thought of as victims
- Afraid talking about it will make them think about it
Consequence for Not Addressing - Inappropriate

Inappropriate sexual behaviors may not only limit an individual with I/DD's social involvement, but also could lead to incarceration (Palucka, Raina, Liu & Lunsky, 2012).

Victims

According to Swango-Wilson (2008), because of isolation, lack of socially appropriate relationships, and reinforcement from an abuser, individuals with intellectual disability may maintain an inappropriate sexual encounter.
Victims

- Naïve
- Sometimes can't tell anyone
- Often don't report abuse
- 68% of girls with ASD will be sexually assaulted before age 18 (assault is a broad term). 30% of males, according to Mahoney and Poling (2011).

Internet

- The internet is a link to the outside world and almost becomes a substitute friend. In regards to sexual experiences, the internet will be the adolescents guide, and pornography the tutor,” Dr. Fred Volkmar
Offenders

- Many have the same innate desire to find a mate and have sex, but...
- Lack of social understanding may lead to achieving this the wrong way
- Haven’t been taught to recognize emotions and may feel they are being affectionate
- May associated with individuals much younger in age due to developmental delay
- Stalking
- Harassment
- Inappropriate Sexual Behavior

Safety

What was once cute

Autism does not allow you to

They won’t always be young
Consequence of Not Addressing - Appropriate

Quality of Life

Teaching appropriate names to body parts

For some children, also teaching the slang

Sex Education in School – IEP??
What to Teach

- Public vs Private

A Place and a Who

What are the Rules

- Closed door behaviors vs Open door behaviors
- Wearing clothes - disrobing
- Appropriate behaviors in shared spaces – knowing where
- Privacy of others - boundaries
Recognizing abusive or unsafe relationships

Understanding boundaries – yours and theirs

Teaching “WHO” can
• Be in the bathroom with you
• Can touch you
Can be in your bedroom
You can touch

Sullivan and Caterino (2008) explain that individuals with ASD “are not generally involved in peer groups, they are excluded from the valuable learning opportunities that shape people’s sexual behaviors.”
Parents are given the job, but parents are afraid and often wait until High School (Ballan, 2001).

Teachers expressed that this is beyond their scope of practice (Brantlinger 1992).

Residential Programs – Who’s Telling/Who’s Asking

- Sexual Preference
- Sexual Behaviors
- Needs for successful masturbation or relationships
Before it happens
Discuss with families their concerns.
Parental protections on computers.
Not using the bedroom as Time Out
Not accepting inappropriate behaviors as part of a disability
Quiet Hands.

Really????

“Instead of suppressing masturbation, which can lead to increased frustration, techniques to support appropriate masturbation can be taught, provided that such techniques are legally allowed, ethically appropriate, and intended to improve quality of life”

Ballan and Freyer (2017)
How To Teach

“Use of differential reinforcement procedures and the teaching of appropriate replacement skills or functional alternatives (e.g., through functional communication training) are an important component of intervention for Inappropriate Sexual Behavior” -- McLay, L., Carnett, A., Tyler-Merrick, G & van der Meer, L. (2015).

Ballan and Freyer (2017) discuss several ways that practitioners can provide appropriate interventions:

- **ABA** – Using differential reinforcement for appropriate settings, teaching through use of visuals for both the act of masturbation and the setting where it is appropriate.
- **Social Stories** – Using appropriate Social Story™ format for teaching appropriate behaviors, social interactions and menstrual care.
- **Social Mapping** – For those more advanced developmentally, using practices derived from Cognitive Behavior Therapy.

- Individuals with ASD were less successful in judging sexual situations than their peers.
- Authors color coded scenarios. Green, Yellow, Red, and Black.
- Individual with ASD were less accurate than their peers for scenarios deemed Yellow or Red.
FLASH is a widely used comprehensive sexual health education curriculum developed by Public Health – Seattle & King County and designed to prevent teen pregnancy, STDs, and sexual violence. FLASH is available for elementary, middle, high school and special education classrooms.

Social Stories for Purchase

Language used in the: Protecting Myself from Pregnancy and STD's

If I am having sex, then it is important to use safe sexual practices. Safe sexual practices are ways I can have sex that will help protect me from getting a sexually transmitted disease (also called an STD) or becoming pregnant. Safe sexual practices should be followed by males and females.
Unable to Ask

- Because someone is unable to request help in the area of sexuality should not preclude them from access to help.
- Look for signs of interest
- Ensure inappropriate behaviors are addressed
- Discuss with family the need for teaching alternatives if needed
- Respect family values

What Went Wrong?

- “Gaps in their sexual development and knowledge of appropriate expression may lead to inappropriate sexual behaviors” (Cheng and Udry, 2005).
Ballan and Freyer (2017) Said it best – We Need Research

- “Most sexuality education programs and curricula developed for children and adults with ASD have not been evaluated to determine effectiveness.”
- “Moreover, most research on ASD and sexuality excludes adolescents with ASD, and fails to examine the issues faced by individuals with ASD as they enter adolescence and adulthood.”
- “Finally, research on sexuality and ASD largely focuses on males, with limited exploration of the needs of young women.”

Future Planning

- Where they live?
- Number of people in the room.
- Opinions of the staff
- Rules of the organization
- Guardianship
References

- Big Bang Theory video via youtube.com
- Video: www.autisminlove.com - clip accessed via youtube.com

References


- Mona, L.R. (2003) Sexual Options for People with Disabilities. Women & Therapy, 26:3-4, 211-221, DOI: 10.1300/J015v26n03_03


References


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