

Please print and bring these PowerPoint slides and handouts with you to this session.

Thank you so much
Barbara T Doyle, presenter

Social Sexual Safety

for Children and Adults with Autism & Other Developmental Disabilities

Presented by
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2013

Our lives begin to end the day
we become silent
about things that matter.

Dr. Martin Luther King

The Assumption of Competence

Assume that there is always more "internal life" in a human being than what they are able to show us, even when they are babies and little children, even when they have lots of "Ds," even when they cannot speak or perform according to an age expectation.

Plain Language

- Disability does not mean inability
- I am a person
- I learn differently
- I am more like you than different from you
- I need to know and do what is appropriate
- I need to be able to protect myself from harm and from harming others.

Precise Sexual Language

- In order to discuss sexuality, we will need to use REAL words to describe people, body parts, objects, and events.
- We will not talk about "down there" or "doing it." We will not use street slang.
- Get ready to get REAL! (If we don't get real, we cannot help others learn social sexual safety.)

What is Social Sexual Safety?

Barbara's definition:

- Protect yourself from sexual abuse by others: identify, resist, and report
- Prevent others from viewing you as a perpetrator of sexual abuse
- Use practices that protect you from illness and injury related to sexual practices and that lead to physical and mental health.

The Sexual Goal

Adults with ASD being fully functional and safe in adult sexual practices, understanding and addressing all consequences for themselves and their partners

- If they want to; with safe partners of their own choosing
- Without harming self or others
- Obeying laws and societal rules regarding human sexuality

The Rule:

There Is No Middle Ground

- All sexual behavior that is not SAFE is automatically **DANGEROUS**
- **DANGEROUS** behavior leads to police action, the courts, jail, hospitalization, restricted lives, loss of job and income, loss of family and friends, loss of mental and physical health, and sometimes death.

What Happens to People Who Are Not Socially Sexually Safe?

- They become sexual victims of others
- They become perpetrators of inappropriate or dangerous sexual practices on self or on others
- They get penalized for what they did not know or fully understand as if they did
- They go to jail or get locked up in a forensic or mental health facility

What Happens to People Who Are Not Socially Sexually Safe?

- They do not have the ability to safely enjoy and benefit from the sexual aspect of human nature.
- Would you want that to happen to you because someone did not address this in your life?
- Probably not so lets get busy!

Prevalence of Sexual Abuse

- Research indicates more than 90% of people with developmental disabilities will experience some form of sexual abuse at some time in their lives.
- 49% of those victims will experience 10 or more abusive incidents.

Valenti-Heim, D.; Schwartz, L. [The Sexual Abuse Interview for Those with Developmental Disabilities](#).

The prevalence of sexual abuse among persons with autism is not known

A recent journal article states: "Individuals with autism spectrum disorders (ASD) may be disproportionately at risk of experiencing sexual abuse and victimization. Moreover, limited research suggests some individuals with ASD may be more likely to engage in sexual offending behavior."

Melina Seveler, Matthew E. Roth, Jennifer M. Gillis in *Sexuality and Disability* V31, Issue 2, pp 189-200, cover date 2013-06-01

Remember:

Many people with developmental disabilities CAN and DO learn how to resist and report sexual abuse.

Many people with developmental disabilities CAN and DO use only appropriate sexual behavior.

Lets Make Progress through Partnership!

If we always do what we have always done,
We will always get what we have always gotten!

The time to change these outcomes is now.
Lets spend our time deciding HOW.

Parents, Families, and Trusted Adults

- Trust your instincts. Listen with your eyes, your ears and your heart.
- If something bothers you, there is probably something wrong.
- It might not be abuse, but do follow up.
- Act soon, don't wait.
- Teach real skills!

A Quiet Moment to Think

- How did you learn about sexuality?
- How did you find out about what is appropriate and inappropriate?
- How did you learn about sexual abuse and how to protect yourself?
- What do you wish had been done differently in your own life?

What Do Children with ASD Learn?

- Don't touch **that!** (mine, yours)
- Allowed to touch where they shouldn't
- Limited privacy boundaries in self-care, toileting, dressing and bathing
- Limited boundaries in parental privacy
- Anyone can do anything to me.
- I must obey, everyone, all the time. (or I'm in trouble!)
- What else?

How Do People with ASD Learn?

- Let's review some Learning Strengths of people with ASD:

Visual, spatial, concrete, logical, mathematical, rote, routine, memorized, physical, clear cause and effect, rule-based, sequential, with motivation... what else?

Other learning issues are discussed in your handout, "Understanding Autism Spectrum Disorders"

Some Learning Issues in ASD

Many people with ASD tell us it is very difficult for them to:

- Understand what they cannot see
- Understand what is inferred or implied
- Understand by interpreting the nuances of facial expression or tone of voice
- Generalize learning from one situation to another...what else?

Therefore:

- The learning strengths of people with ASD need to be used to teach human sexuality and social sexual safety
- Stop being so vague!
- Stop expecting people to infer, intuit, and generalize
- Create and teach rules at the same time we teach the exceptions to the rules

What Do Socially Sexually Safe People Know?

- Lets make a list of each fact that a person needs to know to be sexually safe in society.
- I will give you some instructions on how we will do this.
- When we are finished, I will write down what we learn and later post it on a website for you to see and share.

What Do Socially Sexually Safe People Do?

- Lets make a list of all the actions (behaviors) that people who are socially sexually safe actually DO to be safe.
- I will give you instructions on how we will do this.
- When we are finished, I will write down what we learn and later post it on a website for you to see and share.

Sexuality education should be proactive

Griffiths, (1999) notes that most learners with a developmental disability receive sexual education only after having engaged in sexual behavior that is considered inappropriate, offensive or potentially dangerous. This may be considered somewhat akin to closing the barn door after the horse has run.

Prevention Strategies

NOT a potential victim
or perpetrator if I know:

- Feelings: identify and express feelings
- Boundaries: spaces, places, and permission
- Safe person: adult, who can help, does not gossip, who your parents or care-givers know
- Private body parts: three external parts for boys and girls. Then individualize.
- Private vs. public: location, activities, body parts and conversation

What Are Some Needed Skills?

- Skills needed to be generally safe in society. *Take a look at your handout, "Safety in Society, 20 Questions"*
- Skills needed to be socially sexually safe
Take a look at your handout *"Social Sexual Safety Behavior Checklist"*

Teach people with ASD to choose trusted adults. I have chosen you _____

To be one of my safe people because you are:

- Someone who can help
- Someone who listens
- Someone who won't gossip
- Someone who will like me anyway
- _____

I have chosen you _____

- WE CAN Stop Abuse together!
- No one has the right to hurt me in anyway.
- I will say NO
- I will tell my safe person
- I will keep telling until someone listens!

Prevention Strategies

- NOT a potential victim
 - Saying NO: permission to say NO in all environments in the person's life and with all people. (Peas and penis)
 - Tickling?
 - Relationships: not all relationships are the same, Circle of Friends, charts, rules, Who is a stranger?
 - Internet: risks and vigilance, "Junior FBI"
 - Touch options: optional ways to show affections

The Enemy: Over-Compliance!

- Over compliance---People are not born compliant
- People are TAUGHT compliance
- Over compliance is the #1 risk factor for sexual abuse of people with developmental disabilities
- WE can do something about that.

Teach: I Have A Choice!

- Start early and provide opportunities for children to make choices in small ways
- Progressively add more choices
- This has to be part of someone's learning and living environment before it is really learned and used everywhere with everyone
- Permission to say NO is critical.

Play "Situations and Solutions"

- Play like a board game with a spinner and play money
- At the end, trade in your money for "prizes" (simple, inexpensive, from your available list)
- Take a card with a "situation" on it.
- Give one good solution and one outrageous one.
- Everyone wins.
- Role play and discuss, regardless of "perceived abilities"

Play "No I Won't!"

- Same game format.
- Select a card. Card is read to the group.
- Then role play indicating compliance or loudly stating or indicating, "NO, I Won't!"
- Can also play, "DON'T" and "STOP THAT"

Role Play

Don't role play sexual inappropriateness

- Use videos to show the correct responses
- Role play with people to practice **no** and walking away
- Role play with anatomically correct dolls (Put anatomically correct dolls on your search line.)
- Match role play to the interests and skills of the person, such as art and music
- Can watch a role play and comment on it

Prevention Resources

- WE CAN Stop Abuse Curriculum
 - Blue Tower Training Center 866-258-8266
- The ARC Personal Space Curriculum
 - The ARC of Maryland
- An Easy Guide to Loving Carefully
 - 3300 Darby Road C-404 Haverford, Pa 19041

Prevention Resources

- WE CAN Stop Abuse Peer Training Manual
 - Blue Tower Training Center
 - www.maconresources.org
- NO HOW! video
 - Blue Tower Training Center/Diverse City Press

"I did then what I knew then.
When I knew better, I did
better."

Maya Angelou

Let's Do Better!

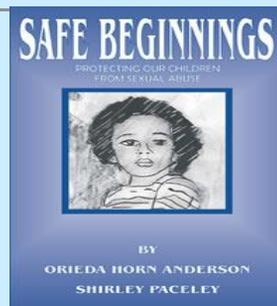
- We will give each group a skill.
- In your group, discuss all of the possible ways you could teach the skill
- Consider people with ASD of different ages and perceived abilities
- At the top of a flip chart page, write the skill. Then list all of your teaching ideas and put on the wall.

Let's Do Better!

- Write a letter to yourself describing what you want to do differently from now on.
- No one else will read it except you.
- Be specific. List action steps that you will need to take.
- Put the letter in an envelop. Address it to yourself. Seal it.
- We will send it to you in one month as a reminder.

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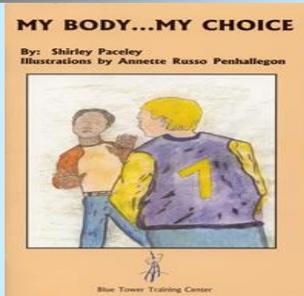
A Hygiene, Puberty and
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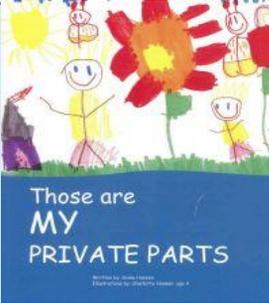


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PRIVATE PARTS

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More information about Sexual Abuse and People with Disabilities Follows

- We did not have time to cover the following materials during our session but I provide it here for your information. It is important. Please read it all and share with others.

Barbara Doyle

Who are the victims of sexual abuse?

- Risk increases with level of disability
- Over compliant
- Dependent
- Learned helplessness
- Lacks critical information
- Impaired physical defenses
- Impaired communication

Who are the Offenders?

- Research suggests that 97% to 99% of abusers are known and trusted by the victim who has the developmental disability.

Balderian, N (1991). "Sexual abuse of people with developmental disabilities". *Sexuality and Disability* 9 (4): 323-335. doi:10.1007/BF01102020.

Who are the offenders?

- Family members
- Other known persons
- Service providers
- Other acquaintances
- Transportation providers
- Peers
- Strangers

Indicators of possible sexual abuse

- Physical Indicators include:
 - Unexplained gagging
 - Unexplained sore throats
 - Unexplained stomach aches
 - Ulcers
 - Frequent urinary tract infections
 - Constipation; rectal prolapse
 - Sudden onset sexual activity

Indicators of possible sexual abuse

- Physical (continued)
 - Rectal digging and/or smearing
 - Pregnancy
 - Sexually-transmitted disease
 - Sudden difficulty in walking or sitting
 - Bruising, swelling, or bleeding in genital or anal area
 - Discharge/blood in underwear

Indicators of possible sexual abuse

- Emotional/Psychological
 - Withdrawal
 - Nightmares, sleep disturbances
 - Elective mutism
 - Changes in eating patterns
 - Physical aggression
 - Self-injurious behavior

Indicators of possible sexual abuse

- Sexual aggression
- Nervous tics, such as pulling hair
- Toilet stuffing
- Onset of antisocial behavior such as lying, elopement, stealing
- Loss in social skills/functioning
- Depression

Indicators of possible sexual abuse

- Anxiety
 - Fear reactions to items, locations, topics, etc.
 - Fearfulness
 - Easily distracted
 - Reenacting the abuse
 - Layered clothing
 - Orifice stuffing

Please Remember:

- If an explanation of why a person is showing any of these indicators sounds too "pat" and simple, it is probably not true
- People with ASD and other disabilities MAKE SENSE. No one does anything for no reason!
- Ask yourself, "Why would anyone show these indicators? What would it mean if s/he did NOT have a disability? What would we do differently?"

Parents, Families, and Trusted Adults

- Trust your instincts. Listen with your eyes, your ears and your heart.
- If something bothers you, there is probably something wrong.
- It might not be abuse, but do follow up until you are sure that it is not.
- Act soon, don't wait.
- Provide extra protection until you are sure.

Thank you for all the changes
you are going to make!

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Let me know if I can be of service!