

Promoting Appropriate Sexual Behaviors for Individuals on the Autism Spectrum: Effective Curricula and Teaching Strategies

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Questions to be Discussed

1. What types of sexual encounters do individuals on the spectrum desire?
2. Why do individuals on the spectrum encounter issues with sexuality development?



3. Are there any sexuality curricula out there specifically designed for ASD?
4. What should sexuality curricula for individuals on the spectrum include?
5. How do I assess an individual's needs when it comes to sexuality education and what should I teach?



6. What teaching strategies can I use to promote appropriate sexual expression and sexual knowledge given my child's level of ASD and cognitive impairment?
7. What if my learner does not seem to have any interest in sexual behavior?
8. What do parent attitudes have to do with anything and why is this so awkward and difficult to address?



9. Are individuals with autism at a higher risk for sexual abuse from others and what can I do to prevent it?
10. How do I encourage and teach appropriate masturbation?
11. What do I do about inappropriate masturbation or other inappropriate sexual behaviors?



13. What are some issues with legal consent that I have to think about?
14. How do I promote appropriate social knowledge and social skills?
15. Your questions...



What types of sexual encounters do individuals on the spectrum desire?

- MYTH 1
 - Individuals on the spectrum do not desire any sexual behavior because they are unsocial
- MYTH 2
 - Individuals on the spectrum (as well as people with other developmental issues) engage in uncontrolled sexual behavior towards others and are overly sexual
- MYTH 3
 - Given their level of disability, individuals with autism and cognitive impairment cannot learn more appropriate sexuality skills
- MYTH 4
 - Even though individuals with autism and cognitive impairment grow older chronologically, they remain “children” when it comes to sexuality development



- Studies have found that 75% of individuals on the spectrum desire and engage in some form of sexual behavior. (actually a typical percentage for the population at large)
- Reported behaviors range from masturbation to intercourse and many steps along the way.
- Range of knowledge, desire and experience is related to level of cognitive abilities and social skills



- Haracopos & Pedersen (1992), when studying the reported sexual behaviors and desires of high functioning adults on the spectrum found that:
 - Masturbation was the most frequently reported expression of sexuality
 - 10% expressed a strong desire to have a romantic relationship
 - 35% expressed a sexual interest in both sexes and 9% expressed interest only in same sex individuals



- Stokes & Kaur (2005) found that many high functioning individuals with autism indicated a desire for social contact and sexual relations.
- Their social disabilities hindered their ability to make and maintain these relationships
- Surveyed individuals displayed poorer social behaviors, had fewer privacy related behaviors and had less knowledge of privacy issues and sex education than typically developing peers.



Sexual Development: Typical Development and ASD

Sexual Development

- **Infancy (birth to 1 year)**

- Discovery of pleasure areas (not limited to genitals)
- Rubbing of genitals for self stimulation
- Initiation of physical closeness with primary caregivers including holding, clinging, cuddling and nursing



Infancy (birth to 1 year)

- Adjustment of self stimulation to conform to the reactions from others
- Responding to others with touching, hugging and kissing.



Sexual Development

- **Early Childhood (2-5 years)**

- Interest in one's body and its function
- Increased curiosity and awareness of the physical differences between boys and girls
- Labeling/naming of body parts, feelings and functions
- Body exhibitionism



Early Childhood (2-5 years)

- Questions about how babies are made
- Jokes about genitalia and bodily functions
- Fascination with obscene words
- Modeling of parental affection behaviors with continued hugging, kissing and touching
- Beginnings of peer exploration



Sexual Development

- **Middle to Late Childhood (6-12 years)**

- Continued self stimulation (but now in private)
- Continued exploration with peers and sexual play (but now secretive from adults)
- Peer discussion involving sexual behaviors



Middle to Late Childhood (6-12 years)

- Interest in children of the opposite sex
- “boyfriends” and “girlfriends” begin to be established
- Increased need and desire for personal privacy
- Onset of puberty and secondary sexual physical characteristics.



Sexual Development

- **Early to Late Adolescence (12-18)**

- Strong motivation to obtain access to desired sexual gratification
- Increased knowledge of sexual intercourse and alternate forms of sexual expression



Early to Late Adolescence (12-18)

- Casual sexual encounters (practice and experience)
- Peer pressure/peer coaching/peer discussion
- Development of long term intimate relationships



Sexual Development and ASD

- In ASD, physical maturity and development are linked to chronological, not mental age.
- Therefore secondary sex characteristics, behaviors and desires often emerge in early adolescence as scheduled



- Difficulties with appropriate sexual development and expression are related more to deficits in social skills and social awareness than in deficits or issues with sexuality per se.
- Because deficits in social skills are observed across all levels of the ASD spectrum, issues related to sexuality expression are observed across the entire spectrum.



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Sexual Development in ASD

- Discovery of pleasure areas (not limited to genitals)
- Rubbing of genitals for self stimulation
- Interest in one's body and its function
- Increased awareness of the physical differences between boys and girls



Sexual Development in ASD

- Labeling/naming of body parts, feelings and functions
- Body exhibitionism
- Continued self stimulation



Sexual Development in ASD

- Onset of puberty and secondary sexual physical characteristics
- Strong motivation to obtain access to desired sexual gratification
- Increased knowledge of sexual intercourse and alternate forms of sexual expression (only if they have been exposed and have cognitive capacity)



Why do individuals on the spectrum seem to know less about sexual behaviors even if they do not have cognitive deficits?

Lack of Knowledge

- Exposure to sexual talk, visual information and practice with peers is lacking.
- Remember that by middle childhood sexual topics get discussed in the absence of adult presence
- Deficits in social skills which limit typical peer interaction
- Segregated environments (with relation to disability and gender)



Lack of Knowledge

- Lack of unstructured, private time in the home.
- Lack of exposure to “age-inappropriate” pictures, television and movies
- Sexual education not specifically addressing the mechanics of sex and forms of sexual behavior



Are there any sexuality curricula out there specifically designed for ASD?

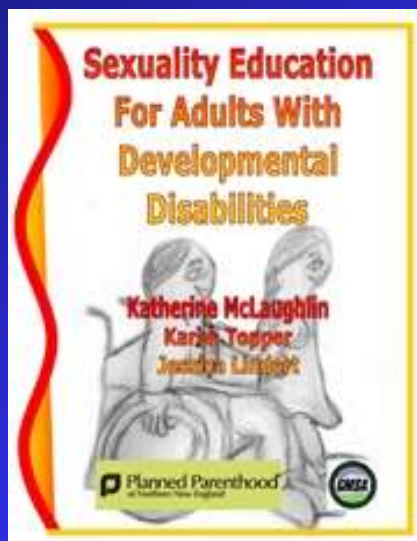
- Many sexual education curricula for typically developing individuals have been modified for individuals with cognitive impairments.
- Typically the content of the curricula is explained in more detail and language is simplified.
- Focus is placed on knowing one's body and protection against abuse



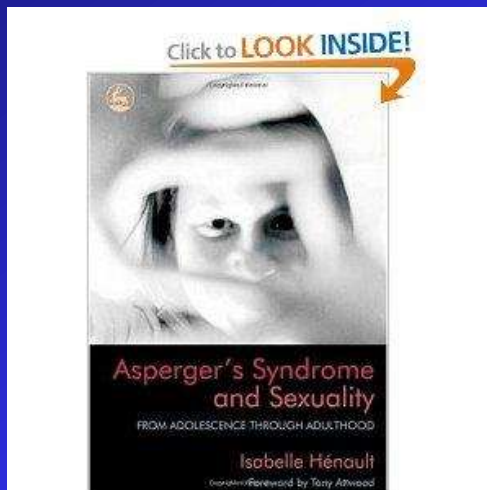
- Given the different challenges in ASD, these curricula are often not appropriate for this population.
- Not enough focus on social skills training
- Based on didactic teaching through lessons and worksheets (often in groups) with some addition of visual aides
- No focus on direct teaching methods using applied behavior analysis



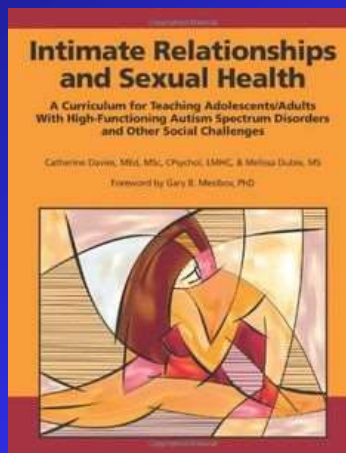
McLaughlin, K., Topper, K., & Lindert, J. (2010). *Sexuality Education for Adults With Developmental Disabilities*, Second Edition. (structured group model)



Hanault, I. (2006). *Asperger's Syndrome and Sexuality: from Adolescence through Adulthood*. (information and lessons for students on the less cognitively impaired end of the spectrum)



Davies, C., Dubie, M. (2012). *Intimate Relationships & Sexual Health: A Curriculum for Teaching Adolescents/Adults with High Functioning Autism Spectrum Disorders and Other Social Challenges*.





How do I assess my child's needs when it comes to sexuality education and what should I teach?

- Teach everything vs. Teach some things
- Remember that there is no link between gaining knowledge in sexuality and engaging in uncontrolled sexual behavior. If anything, sexuality education can reduce problem behavior
- What you teach and how you teach it should be individualized
- Begin by observing what the individual does now



- Be realistic with future possibilities of sexual expression
- Remember that you can always introduce other skills as the individual changes and develops
- Do not stick to any one curriculum task analysis (i.e. you can teach masturbation without teaching independent hygiene etc.)



- In general, you want whatever you teach to be habilitative and socially significant for the individual at the time
- Maximize the opportunities for reinforcement and minimize the opportunities for punishment
- Take a look at yourself and your own biases, expectations and desires



Important Topic Areas of a Comprehensive Sexuality Curriculum

- Public versus private behavior
- Masturbation
- Male hygiene
- Female hygiene
- Male sexual body parts and function
- Female sexual body parts and function



- Male adolescent development
- Female adolescent development
- Identifying different relationships
- Appropriate social space, touch and conversation topics
- Theory of mind/Perspective taking
- Interpersonal sexual behaviors (physical)



- Interpersonal sexual behaviors (social)
- Assessing consent in the individual
- Sexually transmitted diseases
- Reproduction and pregnancy
- Flirting and dating



- Inappropriate or unsafe interpersonal behavior
- Abstinence
- Avoiding being naïve about sexual topics and situations



What teaching strategies can I use to promote appropriate sexual expression and sexual knowledge?

- There is an absence of research specifically addressing teaching strategies and sexuality
- Basically, you should guide your choice of teaching strategies by what has worked in the past to teach other skills
- Teach different skills through different mediums
- Individualize instruction



- Use visual aids frequently

- Use realistic pictures rather than drawings or medical pictures
- Use pictures actually displaying sexual information
- Teach using their own body where appropriate



- Use concrete language

- Use language the individual will hear with regard to body parts and sexual behaviors
- Use repetition
- Describe in detail
- Do not overestimate receptive understanding due to expressive language skills



General Things to Think About

- Foster an open atmosphere of tolerance and acceptance regarding sexual issues and behaviors
- Use task analyses when needed to break down complex skills into smaller steps
- Foster an atmosphere of privacy in the home. Build in privacy to regular routines
- Avoid unnecessary touching
- Allow unstructured private time



- Teach skills early (before the issue actually arises)
- Keep relationships as clear and clean as possible
- Model appropriate social behavior yourself to avoid confusion
- Speak with others (teachers, babysitters) about fostering age-appropriate behavior
- Gain knowledge of what the person is already doing and what they want to do. What teaching is required? What safety measures are required?
- Choose a “safe person”



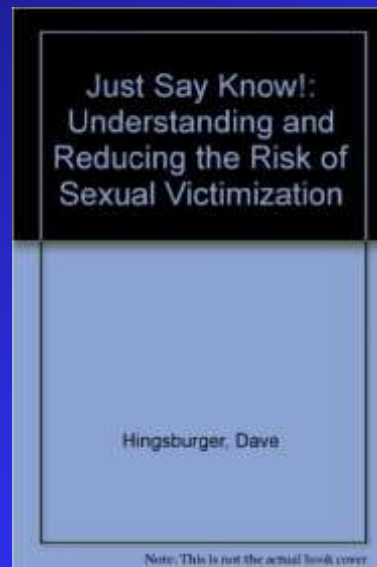
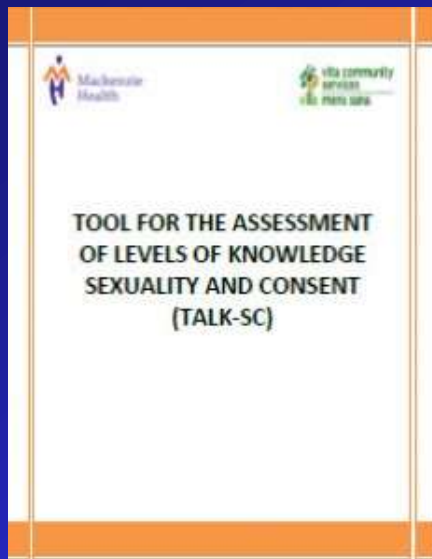
- While teaching make sure you are aware of issues regarding consent, legalities in your state, wishes of the parents, policies of your agencies and how your intervention will look to others.



Issues of Consent

Consent to Sexual Activity

- Despite differences in country/state law, there are common principles that apply:
 - Legal age of consent [Age of Consent Map](#)
 - The goal of a sexuality policy should be to strike a reasonable balance between a person's sexual expression and fulfillment and reasonable protection from harm.
 - Knowledge of the sexual act in consideration [Questionnaire Talbot & Langdon \(2006\)](#)
 - Voluntariness in self and others
 - The understanding that a person's disability might prevent capacity to consent to some sexual acts and activities, but not others.



TALK-SC by Hingsburger et al, 2015.

Categories of Consent to Consider

- Activities not generally regulated by the state
 - Consist of adult sexual acts that do not require traditional, formal or legal consent. This involves displays of affection, friendship, dancing, choice of dress, privacy for hygiene, access to sexual health information, masturbation and access to legal forms of erotic material.



- Activities involving mutual agreement and consent
 - This category includes sexual acts involving another person such as sexual petting, mutual masturbation, some forms of oral sex or other sexual stimulation by another person. The law generally requires the clear, mutual agreement of both parties involved in these acts.



- Activities requiring the highest level of consent
 - This category involves sexual intercourse. Professionals should formally assess the person's understanding of the act, voluntariness and consent before the participants engage in the act. State laws and regulations should be consulted regarding individuals with developmental disabilities and consent.



Problem

- What do you do when you are teaching an individual who is underage?
- No easy answer.
- What are you teaching? Why are you teaching it? How are you teaching it?
- Think of how others would perceive what you are doing (professional? vs. unprofessional?)



Topic Areas and Suggested Teaching Methods

Private vs. Public Space

- Topics that should be taught
 - Discriminating private environments from public environments
 - Discriminating behaviors that are appropriate in different environments



Private vs. Public Space

- Discrimination training with pictures
 - Discrete trial instruction
 - Matching/categorizing
 - Receptive and expressive labeling
 - [Private vs. Public Pictures](#)
- Discrimination training in vivo
 - Discrete trial format moving from location to location
 - Identification with pictures or expressive responding
- Matching behaviors to locations using pictures
 - Discrete trial instruction at desk
 - Discrete trial format moving from location to location
 - Matching/categorizing
 - Expressive responding
 - [Private vs. Public Behavior Pictures](#)



Private vs. Public Space

- Social Stories
 - Individualize to the learner's reading level
 - Use pictures to enhance content
- Didactic Instruction
 - Verbal lessons
 - Requires attention to verbal tasks with good receptive language
 - Guided by a lesson plan
 - Enhanced with visual aides and activities such as worksheets



Male Hygiene

- Topics to be taught
 - Showering
 - Shaving
 - Wiping after bowel movements
 - Cleaning penis
 - Applying deodorant
 - Wearing clean clothing
 - Identifying marks on the body



Male Hygiene

- Task analyses (teaching steps with discrete trial instruction where necessary)
 - [Dressing Task Analysis](#)
- Backwards and forwards chaining with graduated guidance
- Picture schedules
 - [Showering Picture Schedule](#)
- Didactic instruction
- Written schedules
- Social stories
- Video modeling
 - Can easily find on sites such as youtube
- Live modeling



Female Hygiene

- Topics to be taught
 - Showering
 - Shaving (If desired)
 - Menstrual care
 - [Menstrual Care Picture Schedule](#)
 - Wiping after toileting
 - Applying deodorant
 - Wearing clean clothing
 - Identifying marks on the body
 - Applying make up (if desired)



Identification of Body Parts and Functions

- Topics to be taught
- Male
 - Names for private body parts (use common language)
 - Functions of penis
 - Functions of anus
 - Function of testicles (non technical)
- Female
 - Names for private body parts (use common language)
 - Function of breasts
 - Function of urethra
 - Function of vaginal opening (as and when appropriate)
 - Function of clitoris (as and when appropriate)
 - Function of anus



Identification of Body Parts and Functions

- Receptive and expressive labeling programs using pictures of and actual body parts
- Didactic instruction
- Matching body part to function using pictures and/or video
- Activities such as worksheets and puzzles
 - [Body Parts Puzzles](#)



Identifying Different Social Relationships

- Topics to be taught
 - Identifying who is a friend, family member, staff, stranger or romantic partner
 - Identifying behaviors which are appropriate and inappropriate with each type of relationship



Identifying Different Social Relationships

- Discrimination training using pictures of people known to the learner
- Discrimination training in vivo
- Identifying cues to relationships using pictures
 - [Identifying Relationship Pictures](#)
- Didactic instruction
 - [Different Relationships Between People Didactic Lesson](#)
 - [Relationship Pyramid](#)
- Video instruction
- Social stories
 - [Interacting with children social story](#)
- Matching behaviors to relationship using pictures



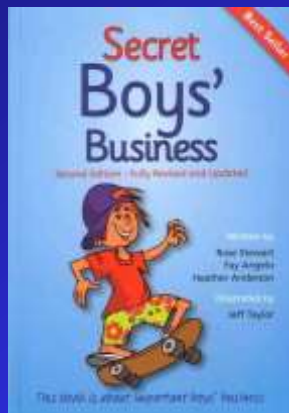
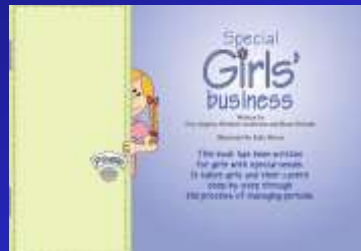
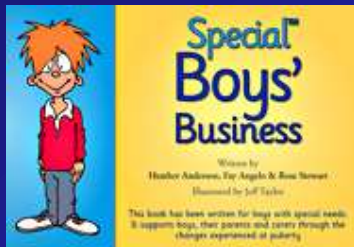
Male and Female Adolescent Development

- Some topics to be taught male
 - Growing larger and taller
 - Growing hair on face, body and genitals
 - Erections of the penis
 - Developing body odor
 - Development of ejaculation and semen
- Some topics to be taught female
 - Development of hair in pubic areas, under arms and legs
 - Growth of breasts
 - Menstruation
 - Vaginal lubrication based on sexual feelings
 - Development of body odor



Male and Female Adolescent Development

- Picture or video aides
- Didactic Instruction (group or individual)
 - [Your Changing Body lesson](#)
- Social Stories
 - “*Secret Girl’s or Boy’s Business*”
 - Make your own
 - [Growing Older Boy Social Story](#)





Advanced Sexual Knowledge (Physical)

- Some topics to be taught
 - Basic knowledge of sexual intercourse
 - Knowledge of alternative forms of sexual play
 - Understanding heterosexuality and homosexuality
 - Understanding the feelings and physical output of orgasm
 - Signs and symptoms of sexually transmitted diseases
 - Sexually transmitted disease protection
 - Understanding pregnancy
 - Pregnancy prevention



Advanced Sexual Knowledge

- Didactic instruction using visual aides
- Didactic instruction using videos
- Task analyses
- Ensure that information is presented with enough detail to be truly understood and practical

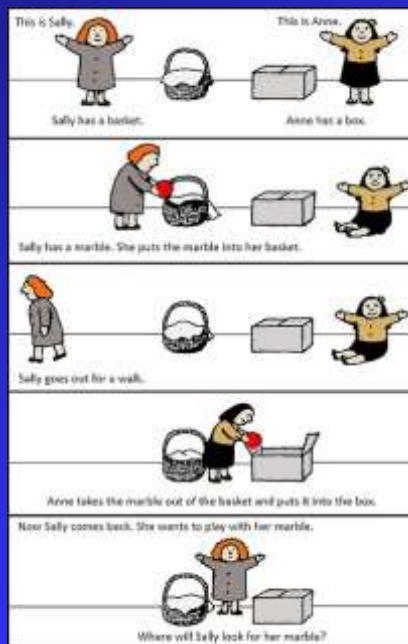


Theory of Mind and Perspective Taking

- The concept that people have different thoughts than you might have and that they might have different perspectives on ideas, topics, opinions and sensations
- Difficult skill to assess and teach



- Sally-Anne false belief tasks



- You go out on a date and it did not seem to go well. Your date seems kind of annoyed and is not really talking to you. At the end of the date you ask her out for the following night and she says that she is busy for the next few weeks. What do you think she is thinking?
 - a) She is hoping she is free soon so you can go out again
 - b) She is upset that she is so busy
 - c) She is thinking that she does not want to go out with you again



- You have been dating this guy for five months. You have not yet done anything sexual besides kissing, but you think you want to. You let him know that you think you should move to the next level sexually and he says that he would rather wait to do anything further. He says that he will let you know when he feels ready but only wants to kiss for now. What do you think he is thinking?
 - a) He is thinking he would rather wait to do anything further
 - b) He is thinking that he wants to have sex
 - c) He is thinking that he no longer wants to go out with you



What do I do about masturbation?

- Masturbation in both sexes is normal, let it happen
- Masturbation is part of typical development and is seen in the majority of typically developing people of all ages, married and unmarried, frequently and intermittently
- Think about your own biases and expectations



What do I do about inappropriate masturbation or other inappropriate sexual behaviors?

- Inappropriate sexual behavior is the number one issue reported when parents seek consultation for sexual issues
- **Studies have found that:**
 - 65% of individuals with autism touch themselves in public
 - 23%-52% masturbate in public
 - 28% remove their clothing in public
 - 90% display sexual behaviors directed towards strangers or other inappropriate individuals such as caregivers.
 - Many higher functioning individuals engage in inappropriate sexual conversations



- Not being informed or taught in appropriate socio-sexual skills is the most frequently hypothesized underlying reason for displaying inappropriate sexual behavior.
- Of those inappropriate behaviors reported, inappropriate masturbation is the most frequent.



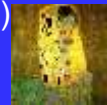
- **Masturbation is considered inappropriate if:**
 - Masturbation is public
 - Masturbation is excessive, making genital areas sore or interferes with other responsibilities
 - The person has an inability to masturbate to climax causing frustration or preoccupation



- **Masturbation is often dealt with in one of three ways:**
 1. Discourage all masturbation (not recommended)
 2. Tolerate all forms of masturbation (not recommended)
 3. Teach appropriate masturbation and redirect inappropriate masturbation (recommended)



- **Teaching discrimination**
 - Appropriate versus inappropriate places to masturbate
 - Bedroom should be the only appropriate place taught
 - Consistency in enforcing rules and boundaries
 - Specific social skills and social rules (social stories, video modeling, visual aids, written contracts etc.)



- **Koller (2000)**

- Interrupt the behavior
- Remind the person of the appropriate time and place
- Redirect the person to another activity or to an activity that requires the use of both hands



- Redirect the person to an activity that involves intense focus or high amounts of physical movement
- Redirect the person to an appropriate place to have privacy
- Reinforce staying in assigned areas taking breaks as scheduled to decrease the likelihood of excessive trips to masturbate
- Provide visual evidence of scheduled breaks for private time



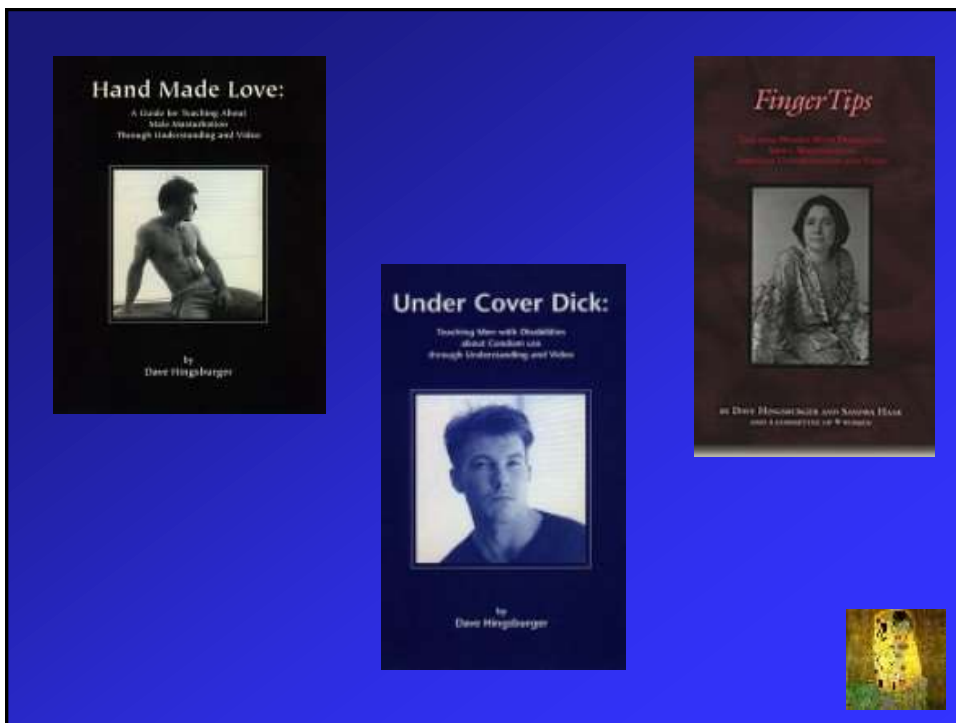
- Teaching the mechanics of masturbation

- Research indicates that individuals on all ends of the spectrum sometimes have difficulty masturbating to climax
- Appropriate masturbation might need to be taught



- Didactic instruction
 - Verbal discussion and lessons using visual aides
- Visual cues/picture task analysis
 - [Male masturbation visual TA](#)
 - [Female Masturbation Visual TA](#)
- Written Schedules/Task Analysis
 - [Male Masturbation Task Analysis](#)
- Video modeling
 - Hand Made Love: A Guide for Teaching about Male Masturbation
 - Finger Tips: A Guide for Teaching about Female Masturbation
 - Diverse City Press, Inc.





- Modeling with a model penis or vagina
- Social stories
 - [Male masturbation social story](#)
- Providing access to sexually stimulating materials
- Open discussion/answer all questions



- When teaching masturbation skills make sure you:
 - Obtain all consents [Consent Form Sample](#)
 - Investigate legal issues in your state
 - Have multiple trainers present or a trainer with an observer
 - Obtain consent/assent from the participant



Advanced Interpersonal Skills

- Flirting and Dating
 - How to start a conversation to show interest
 - Talking on the telephone
 - Going on a first date
 - When dating starts to become exclusive
 - When and how to approach the subject of “moving to the next level” sexually
 - Dealing with rejection or embarrassing situations
- Protection from Abuse
 - Understanding issues of consent in others
 - How to say “no” to sexual advances
 - Moving away and reporting
 - Avoiding potentially unsafe situations or ask a person to attend with you



- Inappropriate and unsafe behavior
 - How to identify and avoid inappropriate behaviors such as stalking, repetitive calling, being too amorous in public, unsafe internet behavior etc.
 - Identifying and avoiding potentially unsafe behavior including behaviors that are harmful, unethical or illegal.
- Abstinence
 - Knowing that it is okay to choose to abstain from sexual behavior for a variety of personal reasons
 - Knowledge of how to turn down sexual advances



- Avoiding being naïve about sexual topics and situations (including but not limited to)
 - Prostitution
 - Different types of pornography
 - The relationship between alcohol and sex
 - Sexually explicit clothing
 - “Street names” for sexual acts
 - Adult night clubs (gentlemen’s clubs, strippers, adult video stores etc.)
 - Sexual jokes
 - Sexual games
 - Phone and internet sex



Teaching Ideas for the Advanced Interpersonal Topics

- Ensure an identified “safe person”
 - Often a close family friend, relative or professional
 - Parent is sometimes not a beneficial choice
 - Person must be comfortable talking about sensitive topics and giving advice
 - Nonjudgmental
 - Not dismissive or avoidant
 - Not seen as a direct link to parents, however telling information where needed to ensure safety



- Group discussion
 - Often within the scope of an identified and structured therapeutic group
 - Functioning level with regard to language development, cognitive skills, interests and experiences should be relatively equated amongst group members
 - Identify lessons with lesson plans in order to foster and guide discussion
- Didactic lessons
 - Ensure necessary receptive language and attention to verbal discussion
 - [Discussion of Inappropriate Sexual Behaviors](#)



- Role play, feedback and practice
 - [Flirting and Dating Role Play](#)
- Movie nights
 - [Movie Nights](#)
- Social stories



- Video modeling
- Task analyses and written scripts
 - [Asking for a Date Script](#)
 - Enhance with role play, feedback and practice
- Real life practice with guidance through “counseling”
 - Discuss situations openly
 - Nonjudgmental
 - Focus on issues involving anxiety, low self esteem, confidence, assertiveness etc.
 - Ensure relative confidentiality



What if an individual does not seem to have any interest in sexual behavior?

- Teach vs. not Teach?
- If the individual does not show any desire for sexual expression, leave it alone for the time being.
- You should focus on teaching non-sexual behaviors such as body awareness, hygiene, forming relationships, abuse prevention etc.
- Remember that research shows that approximately 25% of individuals on the spectrum do not show sexual interest (typical?)



Are individuals with autism at a high risk for sexual abuse from others and what can I do to prevent it?

- Current research indicates that as many as 16%-25% of individuals on the spectrum have been sexually abused
- Individuals on the spectrum are especially at risk for abuse due to impairments in social skills, communication skills, perspective taking, labeling of emotions, sexual knowledge, assertiveness and exposure to peers.



- Although there is no fail safe method to prevent abuse, the following may limit abusive situations:
 - Gaining of sexual knowledge (what is happening and what is supposed to happen)
 - Teaching privacy and self advocacy
 - Teaching telling others



- Being specific with regard to who and how people are supposed to touch you and say things to you (use visual aids and written rules)
- Supervision in risky situations (parties, in the presence of unfamiliar adults and peers, locker rooms, internet etc.)
- Paying close attention to new or odd behaviors (often, but not always sexual in nature)
- Remember that introducing sexual knowledge does not make abuse more likely...it makes abuse less likely



What do parent attitudes have to do with anything and why is this topic so awkward and difficult for parents?

- Parent views vary from conservative to liberal with regard to sexuality in their children (both typical and ASD)
- Parent attitude guides sexual expression in children
- Parent attitude will affect sexual knowledge and experience



- Why is it so awkward and difficult?
 - Because parents do not discuss sexuality with their children
 - Because parents have their own biases due to upbringing, religion, beliefs and experience
 - Because children typically learn to be sexual on their own without direct parent teaching



- Although parents of typical children might know that their children are interested in sex, they don't have to:
 - Think about their children in a sexual way
 - See their adolescent sons having an erection
 - Teach their children how to masturbate



- Allow “private time” where they know that their child is masturbating in the moment
- Clean up after their boy ejaculates
- Talk to others about their child’s sexual behaviors



- Apologize to others when their child masturbates or exposes themselves in public
- Purchase items or materials for their children that will be used for masturbation or other sexual behaviors
- Deal with emotional issues of loss and grief concerning the future of romantic relationships for their child.



Audience Questions and Discussion