



Recognizing Inappropriate Sexual Behaviours & The Importance of Teaching Healthy Sexuality

Presented by
Behaviour Management Services of
York and Simcoe

2012



Learning Objectives

- ❑ Increased knowledge of healthy sexual behaviour.
- ❑ Recognize when sexual behaviour become a concern and when to seek support from a professional.
- ❑ Knowledge on the importance of the assessment of sexually concerning behaviours.
- ❑ Increase knowledge in the importance of teaching healthy sexuality to individuals with Intellectual Disabilities.



BMSYS

- ❑ What is Behaviour Management Services of York and Simcoe (BMSYS)?
- ❑ Department of York Central Hospital, Mental Health Program
- ❑ Who do we serve?
 - Adults and children
 - Intellectual Disability: IQ under 70
 - Sexually abusive (or otherwise concerning) behaviours

BMSYS

- ❑ Comprised of clinics in the following areas:
 - Behaviour
 - Sexuality
 - Autism
 - ABA (Applied Behaviour Analysis and ASD)
 - FASD (Fetal Alcohol Spectrum Disorder)
 - Acquired Brain Injury
- ❑ Community-based program is voluntary

Treatment Team

Sexuality Team:

- Coordinator
- 3 Consultants
- 1 Central East Regional Educator
- 1 Behaviour Technician

External Consultants:

- Psychologist
- Adolescent Psychologist
- 2 Psychiatrists
- External Expert

What is Healthy Sexuality?

Definition of Sexuality

- ❑ Sexuality is an integral part of everyone
- ❑ It is a basic need
- ❑ It is an aspect of being human
- ❑ It can not be separated from other aspects of human life
- ❑ It is not synonymous with sexual intercourse

Definition of Sexuality

- ❑ It is an energy that motivates us to find love, feel warmth and intimacy.
- ❑ It is expressed in the way that we feel, move, touch and are touched.
- ❑ It influences our thoughts, feelings, actions and interaction.
- ❑ It influences our mental and physical health.
(Langfeldt & Porter, 1986, p.5)

Natural and Healthy Sexual Behaviour

(Cavanagh-Johnson, 2007)

- ❑ An information gathering process.
- ❑ Explore each other's bodies by looking and touching.
- ❑ Explore gender roles and behaviours.
- ❑ Similar age, size and developmental status.
- ❑ Participate on a voluntary basis.

Natural and Healthy Sexual Behaviour

- Have an ongoing mutually enjoyable play/school friendship.
- Sexual behaviours are limited in type and frequency and occur over the child's life
- Interest in sexuality is balance by curiosity in other aspects of life.

Natural and Healthy Sexual Behaviour

- Sexual behaviours may result in feelings of embarrassment, anger, shame, fear or anxiety.
- If discovered and asked to stop by an adult, it diminishes.
- It should be light hearted and spontaneous.
- Experience pleasurable sensations.

Natural and Healthy Sexual Behaviour

- 40 – 85% of children engage in some sexual behaviours before age 13.
- ***Children with Intellectual Disabilities will experience sexuality at the same rate and age as the typical population***



What Does Normal Sexual Development Look Like....



Sexual Development

(Hackett, 2001)

- ❑ Necessary to be cautious as children develop physically and sexually at different rates.
- ❑ Necessary to place sexual behaviours in their context and to look at the circumstances under which they occurred.
- ❑ The behaviours and corresponding ages are meant as a guideline only.



Sexual Development

- ❑ Children's sexual development can be considered in two main phases and four categories:
 - Phase One:**
 - 1) Aged 0-5 years – Young Pre-adolescent
 - 2) Aged 6-10 years –Older Pre-adolescent
 - Phase Two:**
 - 1) Aged 10-14 years – Young Adolescent
 - 2) Aged 14-18 years – Older Adolescent

Sexual Development

Phase One (Aged 0-5 years –Young Pre-adolescent)

Normal Behaviours:

- ❑ Children begin to explore their own bodies and those of other children from an early age.
- ❑ From approximately two years old children may touch their own sexual parts and stimulate themselves.
- ❑ Between the ages of two and four, children may look at the genitals of other children, as well as touching other children's bodies and their own, often within the context of games, e.g. doctor.

Sexual Development

Phase One (Aged 0-5 years –Young Pre-adolescent)

Normal Behaviours:

- ❑ They do this with children of the same age, size and development.
- ❑ A child who displays worry, fear, shame or anger, at this age about touching behaviour, signals that something is not right.
- ❑ Children ask their caregivers or caregivers about where babies come from.
- ❑ Toward the end of this stage, children may become shy about their bodies.

Sexual Development

Phase One (Aged 6-10 years –Older Pre-Adolescent)

Normal Behaviours:

- ❑ Children become more aware of sexuality through TV and friends.
- ❑ They may show some embarrassment about sexual matters, but still be interested in them.
- ❑ Masturbation in private and exploration with other children are common at age five and six.

Sexual Development

Phase One (Aged 6-10 years – Older Pre Adolescent)

Normal Behaviours:

- ❑ They become aware that touching feels good.
- ❑ Between the ages of five and eight, children begin to ask how and why questions regarding sex.
- ❑ From age seven to eight, there is a decrease in how often they explore other children's bodies.

Sexual Development

Phase One (Aged 6-10 years – Older Pre Adolescent)

Normal Behaviours:

- ❑ Hormonal changes begin to occur in preparation for puberty.
- ❑ Towards the end of the stage, some children are entering into full puberty.
- ❑ Children from eight or nine years need to have complete information about what body changes to expect.

Sexual Development

Phase Two (Aged 10-14 years Young Adolescent)

Normal Sexual Behaviours:

- ❑ Generally enter full puberty.
- ❑ Average age is ten and three quarter years for girls and eleven and a half for boys.
- ❑ Girls: the changes usually begin between ages 9 and 13 with growth, development of breasts, pubic hair and menstruation.
- ❑ Menstruation begins, on average at 13.

Sexual Development

Phase Two (Aged 10-14 years Young Adolescent)

Normal Sexual Behaviours:

- ❑ Boys - the average age is eleven and a half for puberty for boys to begin. The penis and testicles become larger and they have the ability to ejaculate.
- ❑ At the age of 13 masturbation increases and is accompanied by sexual fantasies.
- ❑ Masturbation is frequent, especially among males.
- ❑ Both males and females can reach orgasm.

Sexual Development

Phase Two (Aged 14-18 years Older Adolescent)

Normal Sexual Behaviours:

- ❑ Adolescents are easily influenced by media and peers at this age.
- ❑ Approximately 50% are sexually experienced or active.
- ❑ Their ability to think clearly and keep control of situations may be underdeveloped.

Sexual Development

Phase Two (Aged 14-18 years Older Adolescent)

Normal Sexual Behaviours:

- ❑ Talk in a sexual way to friends and other people their own age.
- ❑ Use sexual swear words and make sexual jokes.
- ❑ Be interested in erotic material and use this to masturbate.
- ❑ Have boy/girlfriend relationships, which may be stable and long-term or a series of short-term ones.

Sexual Development

Phase Two (Aged 14-18 years Older Adolescent)

Normal Sexual Behaviours:

- ❑ Do sexual things that are consenting.
- ❑ Masturbate a boy/girlfriend and have this done to them.
- ❑ Have consenting sexual intercourse with people around the same age.

Sexual Development

Phase Two (Aged 14-18 years Older Adolescent)

Normal Sexual Behaviours:

- ❑ Adolescents feel worried and concerned about sex.
- ❑ Most common age to have sex for the first time is 17.
- ❑ Attitudes towards teenage sex are strongly affected by their environment and the attitudes of their caregivers.

Sexual Development

Phase Two (Aged 14-18 years Older Adolescent)

The following conditions should be met for teenagers with respect to having sex:

- ❑ Sex should be anticipated, not come as a shock.
- ❑ Sex should be wanted by both people.
- ❑ Sex should be safe and protected.
- ❑ Sex should be enjoyed and viewed as a positive and enjoyable experience by both people.



When Does Sexual Behaviour Become Problematic?



Always Consider

- ❑ A sexual behaviour that may be appropriate in one setting would be completely inappropriate in another.
- ❑ Consider the age and developmental level of each child, as well as ability, power and consent issues between them.



Abnormal and Concerning Sexual Behaviours

- ❑ The children involved in the sexual activity are not usually friends and do not play together.
- ❑ The children involved are at different stages of development or different ages.
- ❑ A child seems to have too much sexual knowledge and seems to behave like an adult would about sex.

Abnormal and Concerning Sexual Behaviours

- ❑ The sexual behaviours are very different to those of other children of the same age.
- ❑ A child is unable to stop him/herself from doing sexual things or carries on despite being told not to by the caregiver.
- ❑ A child directs sexual behaviours towards adults.
- ❑ The child's sexual behaviours lead to complaints by other children.

Abnormal and Concerning Sexual Behaviours

- ❑ The child does or tries to do anything sexual with an animal.
- ❑ The child's sexual behaviours happen in public.
- ❑ The sexual behaviour involves any kind of threat or if anger is used to make another child go along with it.
- ❑ The child inserts objects into the body of another child.
- ❑ The sexual behaviours appear to involve shame, anxiety and guilt.

Abnormal and Concerning Sexual Behaviours

- ❑ A teenager who does sexual things indiscriminately or compulsively.
- ❑ A teenager who sees violence or aggression as an acceptable part of sex.
- ❑ A teenager who indecently exposes himself, rubs himself against other people sexually or makes obscene phone calls.
- ❑ A teenager who cannot seem to stop masturbating, especially if it interferes with daily activities or occurs in public.



Abnormal and Concerning Sexual Behaviours

- ❑ A teenager who tries to expose children's genitals by pulling down their clothing, especially if it continues after they have been warned, or if it involves aggression or force.
- ❑ A teenager who views pornography that shows people hurting each other, violence or children.
- ❑ A teenager who has sexual conversations or sexual contact with younger children.



Abnormal and Concerning Sexual Behaviours

- ❑ A teenager who attempts or succeeds in touching another's genitals or breasts without consent.
- ❑ A teenager who makes sexual threats to someone.
- ❑ A teenager who forces someone to have sex, sexually assaults or rapes someone, regardless of the age of the victim.
- ❑ A teenager who has any sexual contact with animals.



When To Seek Professional Help....

Behaviours Related to Sexuality in Preschool Children

Natural & Healthy	Of Concern	Seek Professional Help
Touches/rubs own genitals when diapers being changed, when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told consistently not to do this.	Touches/rubs self to the exclusion of normal childhood activities. Hurts own genitals by touching or rubbing.
Explores differences between males and females, boys and girls.	Asks continuous questions about genital differences after all questions have been answered.	Plays male or female roles in an angry, sad or aggressive manner. Hates own/other sex.
Touches the "private parts" of familiar adults and children.	Touches the "private parts" of adults not in the family or unknown children, or familiar people after being told "no." Asks to be touched him/herself.	Sneakily touches adults. Makes others allow his/her touching demands that others touch him/her.
Takes advantage of opportunity to look at nude people.	Stares at nude people even after having seen many people nude.	Asks people to take off their clothes. Tries to forcibly undress people.
Asks about genitals, breasts, intercourse, babies.	Keeps asking after parents have answered all questions at an age appropriate level.	Asks unfamiliar people after parent has answered all questions. Sexual knowledge too great for age.

Behaviours Related to Sexuality in Preschool Children

Natural & Healthy	Of Concern	Seek Professional Help
Erections.	Continuous erections.	Painful erections.
Likes to be nude. May show others his/her genitals.	Wants to be nude in public after the parent repeatedly and consistently says "no."	Refuses to put on clothes. Secretly shows "private parts" in public after many scoldings.
Interested in watching people doing bathroom functions.	Interest in watching bathroom functions does not wane after days/weeks.	Refuses to leave people alone in the bathroom. Forces way into bathroom.
Interested in having/birthing a baby.	Boys' interest does not wane after several days/weeks of play about babies.	Displays fear/anger about babies, birthing or intercourse.
Uses "dirty" words for bathroom and sexual functions.	Continues to use "dirty" words at home after parent consistently says "no," and parents do not swear.	Uses "dirty" words in public and at home after many strong scoldings and parents do not swear.

Behaviours Related to Sexuality in Preschool Children

Natural and Healthy	Of Concern	Seek Professional Help
Interested in own feces.	Smears feces on walls or floor more than one time.	Repeatedly plays or smears feces after scolding.
Plays "doctor" inspecting others' bodies, including "private parts."	Frequently plays "doctor" and gets caught, after being consistently told not to play it.	Forces child to take off clothes and play "doctor."
Puts something in own genitals or rectum one time for curiosity or exploration.	Puts something in genitals or rectum of self or other after being told "no."	Any coercion, force, pain in putting something in genitals or rectum of self or other child.
Plays house, acts out roles of Mommy and Daddy.	Humping other children with clothes on after being told not to.	Simulated or real intercourse without clothes, oral genital contact.

Behaviours Related to Sexuality in K to 4th Grade Children

Natural and Healthy	Of Concern	Seek Professional Help
Asks about the genitals, breasts, intercourse, babies.	Shows fear or anxiety about sexual topics.	Asks endless questions about sex after curiosity satisfied. Sexual knowledge too great for age.
Interested in watching/peeking at people doing bathroom functions.	Keeps getting caught watching/peeking at others doing bathroom functions.	Refuses to leave people alone in bathroom.
Uses "dirty" words for bathroom functions, genitals and sex.	Uses "dirty" words with adults after parent consistently says "no," disciplines child, and uses healthy language themselves.	Continues use of "dirty" words even after exclusion from school and activities.
Plays "doctor," inspecting others' bodies, including "private parts."	Frequently plays "doctor" and gets caught after being told "no."	Forces child to take clothes off and play doctor.

Behaviours Related to Sexuality in K to 4th Grade Children

Natural and Healthy	Of Concern	Seek Professional Help
Boys and girls are interested in having/birthing a baby.	Boy keeps making believe he is having a baby after month/s.	Child displays fear or anger about babies or intercourse.
Shows others his/her genitals in a private location.	Shows genitals in public after the parent says "no" and disciplines the child.	Shows genitals at school and/or other places to express anger.
Interest in urination and defecation.	Plays with feces. Purposefully urinates outside of toilet bowl.	Repeatedly plays with or smears feces. Purposely urinates on furniture, etc.
Touches/rubs own genitals when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told "no" consistently. Rubs genitals on furniture or other objects.	Touches/rubs self in public/private to the exclusion of normal childhood activities. Rubs genitals on people.

Behaviours Related to Sexuality in K to 4th Grade Children

Natural and Healthy	Of Concern	Seek Professional Help
Plays house, may simulate all roles of Mommy and Daddy.	Repeatedly humping other children with clothes on. Repeatedly imitates sexual behaviour with dolls/stuffed toy.	Humping naked. Intercourse with another child. Forcing sexual contact on a child or adult.
Thinks other gender children are "gross" or have "cooties." Chases them.	Uses "dirty" language after other children really complain.	Uses bad language against other child's family. Hurts other gender children.
Talks about sex with friends. Talks about having a boy/girlfriend.	Sex talk gets child in trouble. Romanticizes all relationships.	Talks about sex and sexual acts habitually. Repeatedly in trouble with regard to sexual talk.
Wants privacy when in bathroom or changing clothes.	Becomes very upset when observed changing clothes.	Aggressive or fearful in demand for privacy.

Behaviours Related to Sexuality in K to 4th Grade Children

Natural and Healthy	Of Concern	Seek Professional Help
Likes to hear and tell "dirty" jokes, makes a few sexual sounds.	Keeps getting caught telling "dirty" jokes or making sexual sounds, e.g. sighs, moans.	Still gets caught telling "dirty" jokes, or even making sexual sounds, even after exclusion from school and fun activities.
Plays games with same-aged children related to sex and sexuality.	Wants to play games with much younger/older children related to sex and sexuality.	Child or children force others to play sexual games that make them uncomfortable.
Draws genitals on human figures for artistic expression or because figure is being portrayed in the nude.	Draws genitals on some nude figures, but not others or on drawings of clothed people. Genitals disproportionate to size of body.	Genitals stand out as most prominent feature of drawing. Drawings of intercourse, group sex, sex with animals, sadism or masochism.
Explores differences between adult males and females, boys and girls.	Confused about male/female differences after all questions have been answered.	Plays male/female roles in sad, angry or aggressive manner. Hates own/other gender.

Behaviours Related to Sexuality in K to 4th Grade Children

Natural and Healthy	Of Concern	Seek Professional Help
Takes advantage of opportunity to look at nude people.	Stares/sneaks to stare at nude people after discipline and having seen many people nude.	Asks others to take off their clothes. Tries to forcibly undress children or adults.
Pretends to be opposite gender.	talks very negatively about own gender.	Hates/fears being own gender. Hates own genitals.
Wants to compare genitals with peer-aged friends.	Wants to compare genitals with much older/younger people.	Demands to see the genitals, breasts or buttocks of others.
Looks at the genitals, buttocks or breasts of others.	Stares at the genitals, breasts or buttocks of others making them uncomfortable.	Continuously sneaks and peeks at genitals, breasts or buttocks of others after being caught many times.

Behaviours Related to Sexuality in K to 4th Grade Children

Natural and Healthy	Of Concern	Seek Professional Help
Interest in touching genitals, breasts or buttocks of other same-age child or have child touch his/hers.	Makes others uncomfortable by request touch their genitals, breasts or buttocks or have them touch his/her genitals, breasts or buttocks.	Coerces unwilling child to touch hi/her genitals, breasts or buttocks or allow touching of theirs. Forced or mutual oral, anal or vaginal sex.
Kisses familiar adults and children. Allows kisses by familiar adults and children.	French kissing. Talks in sexualized manner with others. Fearful of hugs and kisses by adults. Gets very anxious when sees displays of affection. Kisses unfamiliar adult or child.	Talks/acts in a sexualized manner with unknown adults. Physical contact with any adult causes agitation, fear or anxiety to the child or adult.
Looks at nude pictures.	Continuous fascination with nude pictures that gets child in trouble.	Wants to masturbate to nude pictures or display them.

Behaviours Related to Sexuality in K to 4th Grade Children

Natural and Healthy	Of Concern	Seek Professional Help
Erections.	Continuous erections or fear of erection.	Painful erections or hurting self to stop erection.
Puts something in own genitals/rectum for the physical sensation, curiosity or exploration.	Puts something in own genitals/rectum frequently or when it feels uncomfortable. Puts something in the genitals/rectum of other child.	Any coercion or force in putting something in genitals/rectum of other child. Causing harm to own/others genitals/rectum.
Interest in breeding behaviour of animals.	Touching genitals of animals.	Sexual behaviours with animals.

Assessment of Inappropriate Sexual Behaviours

How is sexual behaviour addressed?

□ Behaviour Management Services utilizes a number of Assessment tools to determine the functions of concerning sexual behaviours:

- > Historical Review
- > ABA- Functional Assessments
- > Sexual Knowledge
- > Sexual Attitudes
- > Age Discrimination
- > Boundaries
- > Consent
- > Abuse Prevention

Note: These are essential components, however, more may be added in specific cases.
Example: Phallometric, Actuarial Assessments

What is Applied Behaviour Analysis?

- Application of behavioural principles.
- Enhancement of socially significant behaviours.
- Investigating relationships between behaviour and environmental events.
- Interventions based on individualized comprehensive functional assessments.



Research in ABA

- Application to individuals who have mild, moderate to severe intellectual disabilities.
- There is an abundance of literature demonstrating effectiveness of ABA in reducing challenging behaviours in individuals with ID (Carson et. al. 2008; Horner et. al. 1997; Carr & Durand, 1985)
- Research has shown that the use of functional behavioural assessment to plan interventions was more predictive of successful treatment than type of intervention (NIH, 1991).

Assessment Process



Defining Behaviour

- ❑ How do we develop clear definitions of behaviour?
- ❑ Describe what we **observe** the person doing:
 - What we **see** 
 - What we **hear** 
- ❑ Remember that every **action** performed by a person is a **behaviour**.
- ❑ Behaviours can be **desirable** or **undesirable**

Defining Behaviour *Rational for Clear Definitions*

- ❑ Why is a clear definition of the target behaviour needed before developing a behaviour program?
- ❑ To ensure consistency in:
 - **Communication** with others
 - **Data collection**
 - **Program implementation**



Consider...

- ❑ Jimmy engaged in inappropriate touch
- VS
- ❑ Jimmy touched to buttocks of 3 female classmates and attempted to touch teacher's breasts

Assessment Continued...

Behavioural Assessment

1) Assessment Methods

- ❑ Interviews
- ❑ Checklists
- ❑ Tests
- ❑ Direct observations (when possible)

2) Measuring Behaviour

- ❑ Frequency- how often
- ❑ Intensity- how intense or severe
- ❑ Duration- how long
- ❑ Discrimination- where, when and under what conditions

Analysis of Behaviour

History and Background Information

- ❑ Predisposition to emotional and behavioural problems due to:
 - Limitations in cognitive and communicative abilities
 - Stressful **early life experiences** (if applicable)
- ❑ Past experiences influence interactions:
 - Past **living** situations
 - **Educational** history
 - **Vocational/day program** history
 - **Past behavioural** difficulties and **strategies** used



KG

- ❑ Culture of home environment
- ❑ Culture of residential environment
- ❑ Denial of sexuality

Analysis of Behaviour *Bio-Psycho-Social Model*

- ❑ What are the biological/medical factors that may affect behaviour?
 - > ie: medication
- ❑ What are the psychological vulnerabilities?
 - > ie: communication deficits
- ❑ What are the social factors and context of behaviour?
 - > ie: peer group, fight with supports

The Role of Data Collection *Baseline Data*

- ❑ Measurement of the target behaviour **prior** to the implementation of a behavioural program
- ❑ Provides information used to **determine the need** for a behavioural program
- ❑ Determines the **success** of a behavioural program by **comparing the baseline data with the treatment data**



Analysis of Behaviour: *Context Analysis*



- ❑ Identify conditions where the behaviour is **more likely and least likely** to occur.
- ❑ Scatter Plots provide a daily record of frequency, duration and intensity.
- ❑ ABC analysis the examination of the setting events, antecedents and consequences of the target behaviour.



Function Based Treatment

- ❑ What is the function or motivation for the behaviour?

- ❑ Typically, there are 3 main functions identified:
 - Positive Reinforcement-tangible, attention
 - Negative Reinforcement-escape
 - Sensory-reinforcing on it's own, self stimulatory (most sexual behaviours fall into this category)



Function Based Treatment

- ❑ It is crucial to understand the function of a behaviour as part of the assessment and treatment process.

- ❑ Why is it occurring? What are the maintaining contingencies?

- ❑ Behaviour that looks like it serves one purpose may be related to an entirely different function.



Possible Reasons for Inappropriate Sexual Behaviours

Possible Explanations

- ❑ Counterfeit Deviance
 - Sexual Behaviours that appear to be paraphilic but, after through clinical evaluation, can be explained by a rival hypothesis.
 - The Behaviour may be learned or functional behaviours that relate to the imposed life experiences of the person with a disability or relate to aspects of a syndrome that is not understood.

(Hingsburger, Quinsey, & Griffiths, 1991)

Possible Explanations

- ❑ Individuals with Intellectual Disabilities often have social communication difficulties, which will affect their ability to read social cues.
- ❑ Inappropriate sexual behaviour **may or may not** be sexually motivated.

Possible Explanations

Examples:

- ❑ A boy who brushes against the same woman's breast every time they meet, may be trying to read her mood, may like her reaction or the verbal command that follows.
- ❑ A child who hits another person in a private area may simply be trying to find themselves in space, trying to find where their body stops and starts.

Potential Factors

- ❑ Confusing media messages.
- ❑ Inadequate supervision.
- ❑ Neighbourhoods where sex is a major influence.
- ❑ Homes with a sexualized environment.
- ❑ Homes with few boundaries.
- ❑ Children being used to meet parent's emotional needs.

Potential Factors

- ❑ Parents who act in sexual ways after drinking or taking drugs.
- ❑ Living in places where sex is paired with aggression.
- ❑ Living in environments where sex is used in exchange for drugs or to keep from being hurt.
- ❑ Being physically and/or emotionally abused/neglected.
- ❑ Observing physical violence between parents due to sexual jealousy.

Potential Factors

- ❑ Made to observe genitalia or sexual acts for others' sexual pleasure.
- ❑ Having been observed or photographed naked for sexual stimulation of others.
- ❑ Having been sexually abused by direct physical contact to their bodies or being used to sexually stimulate others' bodies.
- ❑ Physically or hormonally different from other children.



Things To Remember!



Key Points

- What is the most important thing parents/caregivers can teach their children about sex?
That they can talk to you!
- If you do not teach your children about sexuality, they will learn anyways.
So give them appropriate and correct information from a trust worthy and reliable source.



Key Points

- Ensure the individual has all the sex education necessary to properly understand the changes in their body, sexual feelings and relationships.
- Give assistance in learning what is acceptable and not acceptable sexually.
- Protect the individual from abuse and harm from others.
- Offer opportunities to develop self-esteem, as well as positive social and sexual relationships.

(Hackett, 2001)

Key Points

- ❑ Maintain ongoing dialogue with caregivers to provide consistency in approach, and to report progress, as well as any changes that occur.
- ❑ Ensure the privacy of the individual is respected and appropriate boundaries are maintained.

Key Points

- ❑ Persons with Intellectual Disabilities develop sexually at the same age as their peers.
- ❑ Give individuals the correct information and opportunities at the appropriate time so their sexuality becomes a positive part of their life.

(Hackett, 2001)

Questions/Concerns/Comments



Suggested Readings

- Amazing You- Getting Smart About Your Private Parts
-by Dr. Gail Saltz
- Asperger's Syndrome and Sexuality-From Adolescence Through Adulthood
- by Isabelle Henault
- Dangerous Encounters
- by Bill Davis & Wendy Goldband Schunick

Suggested Readings

- Freaks, Geeks and Asperger's Syndrome
-by Luke Jackson
- Taking Care of Myself
- by Mary Wrobel
- Where Did I Come From
- by Peter Mayle

Thank You

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