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.

(NaFeldt & Porter, 1986, p.5)

Natural and Healthy Sexual Behaviour

- 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 balanced 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

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.

- 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 shyer about their bodies.

- 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.

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.

**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.

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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.

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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.

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.

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**

<table>
<thead>
<tr>
<th>Natural &amp; Healthy</th>
<th>Of Concern</th>
<th>Seek Professional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK (U.K.) or UK (United Kingdom) or United Kingdoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likes to be nude. May show others his/her genitals.</td>
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</tr>
<tr>
<td>Dislikes wearing clothes during bathroom functions.</td>
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<tr>
<td>Disturbed in knowing/learning a body.</td>
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<tr>
<td>Body fluid events during bathroom and sexual functions.</td>
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<td></td>
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<tr>
<td>Dressed in body roles of same sex parents. Parents not aware.</td>
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<td>Interested in own feces.</td>
<td>Smears feces on walls or floor more than one time.</td>
<td>Separately plays or smears feces after soiling.</td>
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<td>Plays “doctor” inspecting others’ bodies, including “private parts.”</td>
<td>Frequent role plays “doctor” and gets caught, after being consistently told not to play it.</td>
<td>Forces child to take off clothes and play “doctor.”</td>
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<td>Sits something in own genitals or rectum one time for curiosity or exploration.</td>
<td>Fruit something in genital or rectum of self or other after being told “no.”</td>
<td>Suggests或instructs, forces, or putting something in genital or rectum of self or other’s body.</td>
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<td>Plays, acts out roles of Mommy and Daddy.</td>
<td>Humiliating other children with clothes on after being told not to.</td>
<td>Simulates real intercourse without clothes, oral genital contact.</td>
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<td>Touches/rubs own genitals when diapers being changed, when going to sleep, when tense, excited or afraid.</td>
<td>Continues to touch/rub genitals after all questions have been answered.</td>
<td>Touches/rubs male or female name in an angry, sad or aggressive manner. Marks playmates’ toes.</td>
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<td>Touches the “private parts” of other children or unknown children, or familiar people after being told “no.”</td>
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<td>Asks continuous questions about genital differences after all questions have been answered.</td>
<td>Plays male or female roles in an angry, sad or aggressive manner. Demands that others touch her/him.</td>
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<td>Hates own/other sex.</td>
<td>Asks continuous questions about genital differences after all questions have been answered.</td>
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<td>Fruit something in genital or rectum of self or other after being told “no.”</td>
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# 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 to public after parent says “no,” disciplines child, and uses healthy language themselves. | Shows genitals at school and other places to express anger.
Interested in urination and defecation. | Plays with feces. Purposely urinates outside of toilet bowl. | Repeatedly plays with or smears feces. Purposely urinates on furniture, etc.
Continues to touch/rub own genitals when going to sleep, when tense, excited or afraid. | Continues to touch/rub genitals on furniture or other objects. | 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 humps naked. Intercourse with another child. Forcing sexual contact on a child or adult.
Thinks other gender children are “gross” or have “cooties.” | Notices “dirty” language among 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. | She talks gets child in trouble. Romantically 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. | Aggression or fearful in demand for privacy.
### Behaviours Related to Sexuality in K to 4th Grade Children

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<td>Takes advantage of opportunity to look at nude people.</td>
<td>Stares/carries to stare at nude people after discharge and having seen many nude people.</td>
<td>Asks others to take off their clothes. Tries to forcibly undress children or adults.</td>
</tr>
<tr>
<td>Tends to be opposite gender.</td>
<td>Tells very negatively about their own gender.</td>
<td>Helps/forces being one gender. Helps/forces gender.</td>
</tr>
<tr>
<td>Has to compare genitals with peer-aged friends.</td>
<td>Seeks to compare genitals with much older/younger people.</td>
<td>Demands to see the genitals, breasts or buttocks of others.</td>
</tr>
<tr>
<td>Looks at the genitals, buttocks or breasts of others.</td>
<td>Stare at the genitals, breasts or buttocks of others making them uncomfortable.</td>
<td>Continuously sneaks and peeks at genitals, breasts or buttocks of others after being caught many times.</td>
</tr>
<tr>
<td>Wants to compare genitals with another same age child or have child touch theirs.</td>
<td>Makes others uncomfortable by request touch their genitals, breasts or buttocks or have them touch his/her genitals, breasts or buttocks.</td>
<td>Continues sneaking child to touch to his/her genitals, breasts or buttocks or allow touching of them. Forced or mutual oral, anal or vaginal sex.</td>
</tr>
<tr>
<td>Kisses familiar adults and children. Allows kisses by familiar adults and children.</td>
<td>Seeks kissing, hugging and other touching and touching from one's own and other's body parts.</td>
<td>Approaches in a sexual manner with unknown adults. Physical contact with any adult causes agitation, fear or anxiety to the child or adult.</td>
</tr>
<tr>
<td>Looks at nude pictures.</td>
<td>Continuous fascination with nude pictures that gets child in trouble.</td>
<td>Skirt to masturbate to nude pictures or display them.</td>
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Behaviours Related to Sexuality in K to 4th Grade Children

**Natural and Healthy vs. Of Concern vs. Seek Professional Help**

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<tr>
<td>Erections.</td>
<td>Continuous erections or fear of erection.</td>
<td>Puts something in own genital/rectum frequently or when it feels uncomfortable. Causation harm to oneself or others.</td>
<td>Any coercion or force in putting something in genital/rectum of self or another child.</td>
</tr>
<tr>
<td>Puts something in own genital/rectum for the physical sensation, curiosity or exploration.</td>
<td>Any coercion or force in putting something in genital/rectum of self or another child. Causation harm to oneself or others.</td>
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</tr>
<tr>
<td>Interest in breeding behaviour of animals.</td>
<td>Friction genitals of animals. Sexual behaviours with animals.</td>
<td>Sexual behaviours with animals. Sexual behaviours with animals.</td>
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Assessment of Inappropriate Sexual Behaviours

- 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 (Carslon 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 then type of intervention (NIH, 1991).

Assessment Process

1. Define the behaviour
2. Determine if the behaviour is problematic
3. Collect baseline data
4. Analyze the behaviour
### 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.

### 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
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

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

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.
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 its own, self stimulatory (most sexual behaviours fall into this category)

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

York Behaviour Management Services
Of York and Simcoe
Located at:
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705-728-9143

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References

- The National Autistic Society- Sex education and children and young people with ASD, website.
- Johnston, Susan – (2011). Sexuality and ASD presentation. susan.johnston@peelsib.com
- Hingsburger, Dave – (2). Just Say Know!. Diverse City Press Inc.