Slide 1

Slide 2

Slide 3

Slide 4

31 Guidelines

1. Principles
2. Supporting People in Exercising their Rights
3. Supporting Informed Consent
4. Holistic Perspective
5. Using the Bio-psychosocial Model
6. Knowing the Person
7. Involving Family Members and Close Ones
8. Supporting Caregivers and Families
9. Training and Clinical Supervision
10. Seeking Cross-sector Partnerships

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31 Guidelines

11. Holistic Assessment Perspectives
12. Assessing the Environment Where the Person is Living
13. Primary Care Assessment
14. Functional Assessment
15. Considering Trauma as Part of a Person's History, Life Events and Stressors
16. Mental Disorders/Mental Health Assessment
17. Psychological Assessments
18. Speech and Communication Assessments
19. Occupational Therapy Assessments
20. Additional Assessments

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31 Guidelines

21. Behavioural Support Plan Reference Guide for Adult Developmental Services
22. Psychological Therapies
23. Alternative Therapies and Activities
24. Behaviour Support Plans are Intended to Improve an Individual's Quality of Life
25. Level of Service Intensity
26. Treatment Efficacy
27. Supporting People Showing Severe Challenging Behaviours
28. **Supporting People Showing Sexually Inappropriate Behaviour**
29. Collaboration with First Responders
29. Collaboration with Hospitals
31. Organizational Policies

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Guideline 28

Supporting People Showing Sexually Inappropriate Behaviour

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Learning Outcomes

Participants will be able to:

1. Familiarize themselves with the *Consensus Guidelines: Care, Support and Treatment of People with a Developmental Disability and Challenging Behaviours*
2. Identify if their own bias/or negative feelings will be a barrier to supporting a person with inappropriate sexual behaviour
3. Understand that people with disabilities have the right to healthy sexual relationships and that education on issues of consent must be provided.
4. Recognize that sexually inappropriate behaviour may be due to a wide variety of biological, psychological and social factors. Proactive strategies will be shared.
5. Identify when a situation requires higher level involvement and how to engage clinical support and treatment when necessary.

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Self-awareness and supporting the sexuality of persons with intellectual and developmental disabilities

Natasha Plourde and Virginie Cobigo

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Slide 10

What is your personal identity?

- Are there certain topics in sexuality that are to be avoided or not? Why?
- What are your beliefs?
- What are your attitudes?
- What are your values?

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Case 1

- In a six-person residence, a man (Mohamed) and a woman (Nancy) engage in intimate relations in Mohamed's room.
- Nancy is non-verbal; Mohamed can communicate verbally.
- Given Nancy's regular uncontrollable epileptic episodes, she has 24-hour supervision. They are also unsure if she consents to sexual relations with Mohamed, but she seems to willingly go to his room.
- Depending on who is working, the couple are either left alone in Mohamed's room or Nancy is prevented from going in.
- One day, there is a conflict between the working staff in regards to how to deal with this scenario, and ultimately the decision is made to prohibit the behaviour.

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Case 2

- A support worker, Sofia, was assisting a service user, Jenny, to decide what movie she was going to see on Friday.
- Jenny loves watching lesbian films.
- During their conversations, Sofia shook her head every time Jenny would talk about her new movie choice.

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What is or should be your professional identity?

- How do your values/beliefs/attitudes translate into the workplace?
- How do they change the support offered?

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What is your organization's identity?

- What are the policies around sexuality?
- What is the organization's mandate?
- What are the values of the organization?
- Are there certain topics in sexuality that are to be avoided or not? Why?

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Summary

- People with a developmental disability want to live their sexuality, engage in sexual relations and express their sexuality; however, they may require support in order to do so
- Staff's role is to support the individual with a developmental disability in all aspects of their daily lives, including sexuality
- Staff directly influence how a person with a developmental disability will view and express their sexuality

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Possible Red Flags

Michele Burns

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Identifying inappropriate behaviours

- **Frequent touching of others'/ own genitals**
- **Inappropriate masturbation/ exposure**
- **Preoccupation with children**
  - Stalking and staring at children, wanting to continuously be in child-occupied environments when not age appropriate
- **Increased preoccupation with sex and sexuality**
  - Continuously talking about sex with other people and/or at inappropriate times

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Identifying inappropriate behaviours

- **Frequently asking questions regarding sex**
  - Questions that are not appropriate for age or cognitive level
- **Interest in watching others in bathroom/ bedroom**
  - Attempting to get into washroom/ bedroom, not respecting privacy/ personal boundaries
- **Fetishes**
  - Diapers, urine, stockings, shoes, feet
- **Inserting or trying to insert foreign objects into genitals or rectum of themselves or others**

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Identifying inappropriate behaviours

- **Inappropriate use of technology**
  - Camera/ recording with cell phone
  - Wireless internet in public places and game choices that include explicit footage of sexualized behaviour
  - Accessing various types of pornography on the Internet
- **Possible alcohol and drug abuse**
- **Isolation/ withdrawal from regular activities**
  - Desire to be alone
  - Secrecy

Resource - Wilson, Robin J. and Burns, Michele. *Intellectual Disability and Problems in Sexual Behaviour Assessment, Treatment, and Promotion of Healthy Sexuality,* NEARI Press, 2011.

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Look for Indicators

- **Bio psycho social Assessment**
- **Functional Behavioural Assessment**

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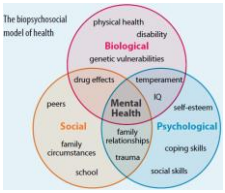
Bio Psycho Social Assessment



https://www.physio-pedia.com/Biopsychosocial_Model

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Bio Psycho Social Assessment

Biological—looking at Biological factors which influence behaviour;
- Physical health
- Disability
- Mental Health Diagnosis

Psychological—looking at Psychological factors which influence behaviour
- Self esteem
- Social skill

Social—looking at Social factors which influence behaviour
- Peers
- Family
- Social Skill Deficit

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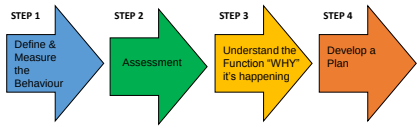
Functional Behavioural Assessment



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Defining/ Measuring the Behaviour

- Specifically **DEFINE** what the behaviour is
  - John grabs his genitals every time his staff come to speak with him when he is sitting on the couch vs John touches his private parts

- **MEASURE** Duration and Frequency of the behaviour
  - How long does the behaviour happen and how often

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Assessment

- Look for potential **Medical reasons** as to why the behaviour may be occurring
  - For example: scratching at genitals may be a result of a Sexually Transmitted Infection (STI) or a Urinary Tract Infection (UTI)
- Look for **Environmental reasons** as to why the behaviour may be occurring
  - For example: Don scratches his genitals while sitting on the living room sofa—Don shares a bedroom and bathroom with 3 other housemates
- Look for **Social reasons** as to why the behaviour is happening
  - For example: each time Don's housemate Fred comes over to talk to him, Don starts scratching his genitals

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Look at ABC's/ potential FUNCTIONS of behaviour

- A=Antecedent—What is happening immediately before the behaviour occurs
- B=Behaviour—The behaviour is what we can see or hear a person do and is measureable
- C=Consequence—What happens immediately after the behaviour occurs

Functions of Behaviour

S—Sensory
E—Escape
A—Attention
T—Tangible

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Develop a Plan—Things to think about

- What is the replacement behaviour that you would like the person to engage in?
- How will you teach the replacement behaviour?
- What strategies will be used by all staff if the person engages in the inappropriate sexualized behaviour?
- How will everyone support the person in learning the appropriate behaviour?
- How will you ensure consistency across all mediators and environments?
- How will all staff reinforce the appropriate behaviour?

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Counterfeit Deviance

Christa Outhwaite-Salmon and Angie Nethercott

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Slide 29

What is Counterfeit Deviance?

"Counterfeit deviance is the term we use to describe behaviour which topographically is deviant, but which upon investigation is a result of some other unidentified factors."

(Hingsburger, Griffiths & Quinsey, 1991, p.51)

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Why is Counterfeit Deviance Important to this Field?

- Hypotheses not meant to be a diagnostic tool, but areas to investigate
- Meant to be used as a guide, not a static list
- Supports a Bio-psycho-social approach
- Aids in assessment and the development of treatment programs by:

"Differentiating between true deviance and 'counterfeit deviance' is a very crucial initial step to take in order to guide appropriate treatment programmes."

(Griffiths, Hingsburger, Hoath & Ioannou, 2013. p.13)

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Counterfeit Deviance: Hypotheses

Please note: Not all of the hypotheses have been tested, nor are some of them supported through research. It is not intended that these hypotheses be applied to all persons with Intellectual Disabilities who engage in sexual offending behaviour. (Griffiths, Hingsburger, Hoath & Ioannou, 2013)

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Hypothesis Category #1: Historical and Environmental

Structure	• Lack of privacy leads to public sexual behaviour
Attitudes	• Staff impose their own attitudes, values and beliefs on people they support
Modelling	• Boundaries, breaches of personal space and privacy • Not respecting the right to say 'no'

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Hypothesis Category #1: Historical and Environmental

Inappropriate Courtship	• Sending pictures of genitals as a means of attracting a partner
Sexual Knowledge	• Client touches woman's thigh because he has learned that only breast and genitals are private parts
Learning History	• History of healthy sexual behaviour being discouraged and/or punished

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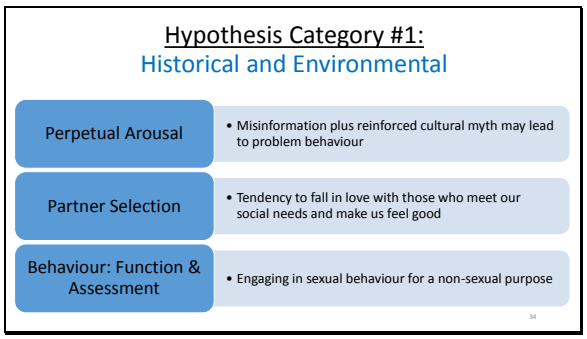

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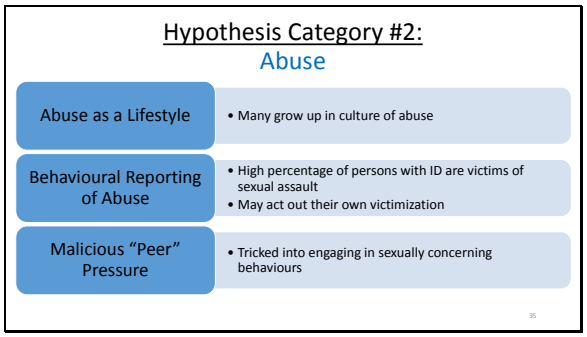

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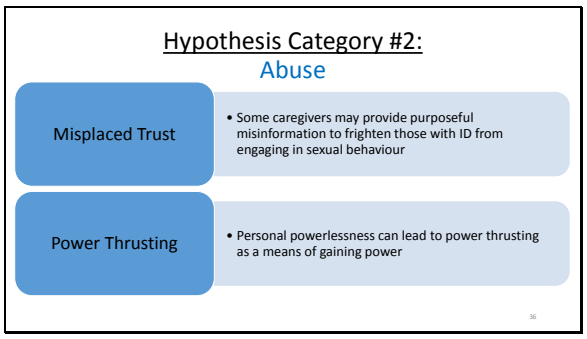

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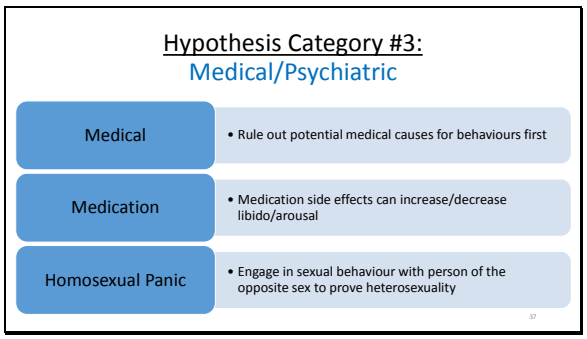

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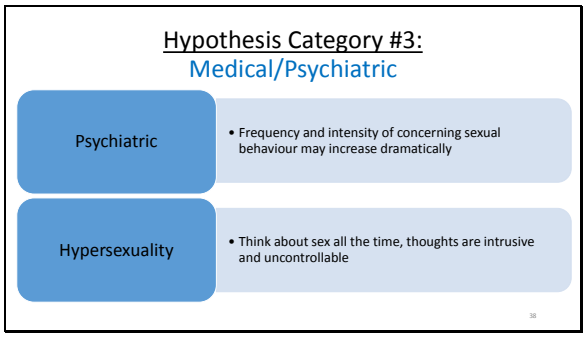

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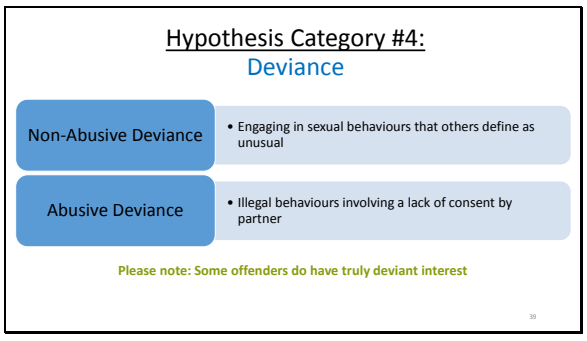

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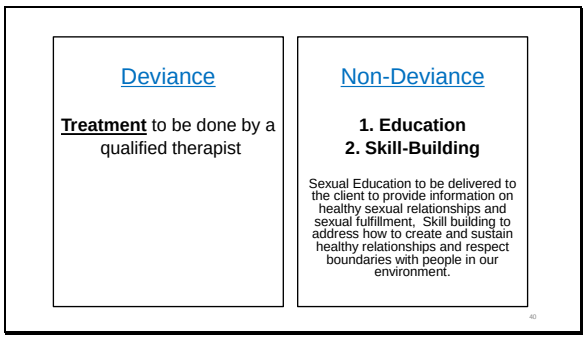

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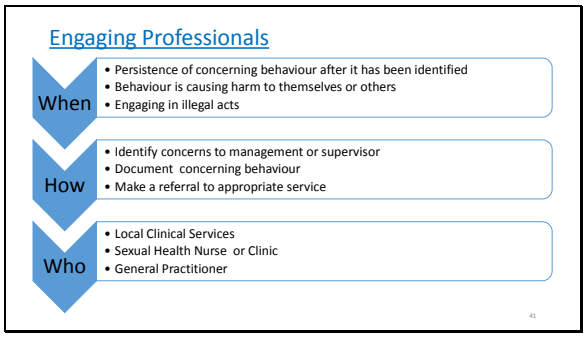

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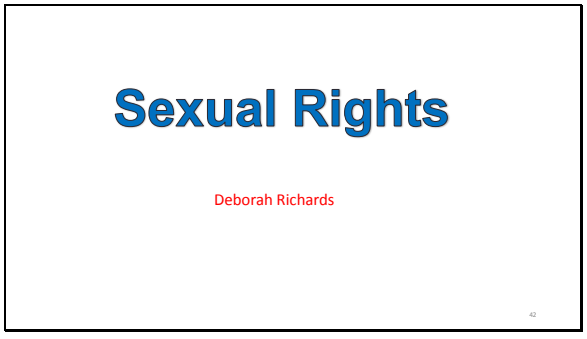

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Sexual Rights

- **World Health Organization, 1975, has 2 components**
  - The capacity to decide on reproductive rights
  - Freedom from fear, shame and psychological factors that may inhibit sexual expression
- **Convention on the Rights of People with Disabilities (United Nations, 2006)**
  - Canada ratified the convention in 2010 thereby being obligated to promote and protect the rights of persons with disabilities
  - Promotes rights, dignity, and opportunity
  - Commitment to equality and non-discrimination
  - This includes "sexual rights"

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What has happened to date?

- People with a developmental disability have
  - Experienced sexual rights discrimination due to government systems, policies and attitudes creating sexual barriers and obstacles
  - Ultimately been denied opportunity to form healthy and intimate relationships
  - Been unable to express their sexual identity and choose their own personal sexual experiences, often preventing them from a fulfilling sexual life (Smyth & Bell, 2006)

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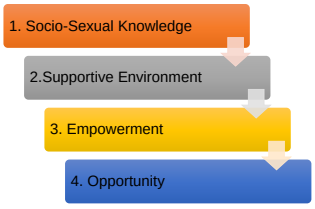
How to ensure sexual rights/ proactive strategies



Richards, et al 2012

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Socio-Sexual Knowledge

- Policies and procedures need to ensure staff are trained and able to endorse healthy sexuality and relationships
  - Staff training needs to be ongoing
  - Staff and care providers need to be good role models
- Individual socio-sexual training
  - Ongoing
  - Informal and formal based on personal need
- **Preventative** educational opportunities prior to individuals displaying inappropriate sexual behaviours
  - Rather than a ***reactive*** approach
- Proactively promote healthy sexuality through informal discussions and promotion of relationships

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Socio-Sexual Education

- Capacity building is an important component that should include:
  - Basic knowledge about sexuality
  - Knowledge of potential risks and consequences of sex
  - Understanding of socially appropriate sexual behaviour
  - Realistic awareness of the concept of choice
  - Ability to identify an abusive situation
  - Ability to be assertive about needs and wants
  - Information that gives the power to discriminate between
    - right and wrong
    - safe and unsafe
    - consensual vs. non-consensual

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Supportive Environment

- A shift in attitudes and beliefs is key to sexual equality
- Finding, cultivating and maintaining a wide array of healthy relationships including romantic ones
- Look beyond restrictive living environments that are not conducive to relationship building
- Evaluation of care provider attitudes to ensure there is no violation of socio-sexual rights
- Promote independent sexual decision making in their environment

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Empowering People

- Empower people/ promote pro-social decision making
  - Individuals who feel worthy about themselves may be more likely to make appropriate sexual decisions
- Promote self-advocacy
- Building self-esteem and confidence in all life areas can increase positive self-worth and autonomy
  - Empowering people to be assertive through positive self-esteem building can decrease one's need to be aggressive or controlling

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Opportunity to Build Relationships

- Individuals need to have real connections with friends that includes intimate relationships
- Decrease loneliness through providing opportunities for social interactions
- Support individuals in appropriate and healthy relationships by guiding and facilitating social gatherings with potential or current relationships
  - Creating opportunities for meaningful and lasting relationships

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Promotion of Sexual Rights

- Advocate for the sexual rights of individuals
- Promote positive decision making
- Be aware of our own personal attitudes and comfort level
- Ask for additional training in regards to inappropriate sexual behaviour, socio-sexual skill building, etc.
- Ensure that individuals are free to participate in healthy, consenting relationships

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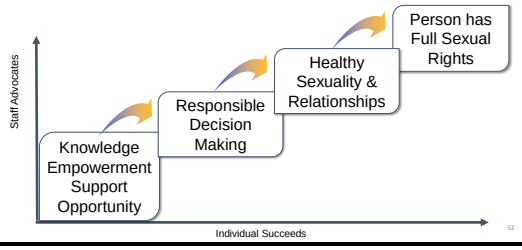
Person with Full Sexual Rights



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References and Resources

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