

# TRI-STATE WEBINAR SERIES

## Sex Education for Individuals with ASD

Presented by:

Kate Loving, M.S., BCBA



# Tri-State Autism Spectrum Disorder Webinar Series



This material was developed under a grant from the Colorado Department of Education. The content does not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.

The content of this material was developed under an agreement from the Federal Department of Education to the Kansas Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Kansas Department of Education or the Federal Government.

The contents of this power point presentation were developed under a grant from the Nebraska Department of Education, IDEA parts B and C from the U.S. Department of Education. However, this content does not necessarily represent the policy of the U.S. Department of Education and you should not assume endorsement by the Federal Government.



# Presenter Information

## **Kate Loving, M.S. BCBA**

- Director of Transition Programs at The Joshua School
- Autism Specialist with The Colorado Department of Education



# Learner Objectives

- Participants will identify instructional targets related to sex education for individuals with ASD
- Participants will identify specific teaching procedures relating to sex education for individuals with ASD
- Participants will identify potential IEP goals relating to sex education for individuals with ASD



# Sex Education as a Human Right

- Sexuality is a normal part of growth and development.
- Expressing sexuality is part of the human experience, yet sexual health education is often withheld from persons with disabilities.
- Many adolescents and adults with disabilities lack the knowledge needed to develop a healthy sexual identity.



# Current Barriers (Shearer, 2019)

Seven leading barriers hindering access to sexual health education for people with disabilities

- The sexuality of individuals with a disability is viewed as deviant vs. natural;
- Lack of teacher education programs;
- Lack of teacher knowledge and confidence in teaching sexual health education resulting in concern, anxiety and fear;
- Parental anxiety and fear;
- The need for school, teacher and parent partnerships;
- The lack of valid and reliable sexual health education for individuals with disabilities;
- The lack of federal funding specifically designed for students with disabilities based on comprehensive sexual health education.



# Topics to Cover (Gerhardt, 2016)

- Public versus private behavior
- Good touch versus bad touch
- Proper names for body parts
- Slang names for body parts
- Personal boundaries
- Masturbation

- Social skills and relationship building
- Avoiding danger and abuse prevention
- Dating skills
- Personal responsibilities and values



# A Behavioral Approach to Teaching (Gerhardt, 2016)

- **Needs to be taught explicitly, early and often**
  - Differential Reinforcement (for touching, expected behavior)
  - Functional Communication Training
  - Self-Management
  - Social Narratives
  - Task Analysis
  - Video Modeling
  - Visual Supports





# Puberty (Gerhardt, 2016)

- Parents and Professionals often ignore or misinterpret:
  - Emotional impact of adolescence on growing individuals with ASD
  - Reflex, or spontaneous, erections as being sexual in nature
  - Genital stimulation as something to punish
  - Sexuality in general & sexual interest of an individual in particular



# Puberty

- Teaching about puberty should begin before a student enters into puberty
  - Same/different
  - Clean/dirty
  - Desensitizing to deodorant
  - Shaving
  - Independent hygiene routines
- 5- year rule: be mindful of fading
  - hugging, tickling, sitting on laps, holding hands



# Puberty and Behavior (Gerhardt, 2016)

- Teaching about puberty should begin prior to a student entering puberty
- For some individuals, the onset of puberty may be associated with an increase in challenging behavior
- Behavior may be reinforced as a result of their newly realized increase in size and strength (i.e., the behavior is now more effective).
- May be a tendency to see behavior challenges associated with menstrual cycles
- A new class of behavior maintained by R+ in the form of sexual stimulation may develop



# Menstruation (Gerhardt, 2016)

- Begin teaching about this before a student enters puberty
- Contrive situations
- May include desensitization procedure for using pads
- Use social stories and detailed visual supports
- Utilize differential reinforcement
- Discrimination training: then labeling
  - Dirty/clean
  - Change/leave on
  - Use/not use
  - Talking about in public or private
  - Who can help you, who can not



# Out of Context Self-Stimulatory Behavior (Gerhardt,2016)

## Redirecting Masturbation

1. Interrupt the behavior as early in the chain as possible
2. Remind the individual as to the parameters of time and place
3. Redirect the person to...
  - a. activities requiring the use of both hands
  - b. activities requiring preferred levels of attention, focus, or physical movement
  - c. the appropriate place for that activity
  - d. vigorous exercise



# Out of Context Self-Stimulatory Behavior Continued

4. Make the alternate activity intrinsically reinforcing
5. Consider scheduling “alone time” in their room if appropriate
6. Avoid redirection to places other than an individual’s bedroom (e.g. bathroom) if at all possible, but may need to shape over time by using a signaling procedure



# Abuse

The U.S. Department of Justice reports a significantly high rate of sexual assault (68-83 percent) for women with developmental disabilities. Reports also indicate that children with disabilities are 3.4 times more likely as children without disabilities to be sexually abused.



# Abuse Prevention (Gerhardt, 2016)

- Refusing to be touched is a right!
  - How this impacts our approach to “non-compliance”
- Who can/can’t touch individual & where on his/her body
- How and when to say “No”
- How to ask for assistance
- How to recall remote events & convey where individual touched him/her





# VISUAL SUPPORTS AND INTERVENTIONS



# Early Programming for Younger Students




- **Body Parts:**
  - Rec id, labeling
  - Red, yellow, green body parts
  - Good touch/bad touch
- **Stranger/Familiar/Community Members**
  - Interaction level
  - Who to talk to
  - Saying “no”

- **Bathroom expectations**
  - Where to take clothes off
  - Who can help
- **Hygiene**



### Touching Others Scale



	What I can touch	Where I can touch
3	Chest, genitals, face 	Nowhere 
2	Hands, shoulders  	School, home, anywhere  
1	No touching 	Anywhere  

### Self-Touching Scale



	What I can touch	Where I can touch
5	Genitals 	Bedroom or bathroom, with door closed  
4	Bottom, inside nose  	Bedroom or bathroom, with door closed  
3	Bare feet, stomach 	At home 
2	Arms, legs, hair   	Anywhere  
1	No Touching 	Anywhere  



# Public vs. Private

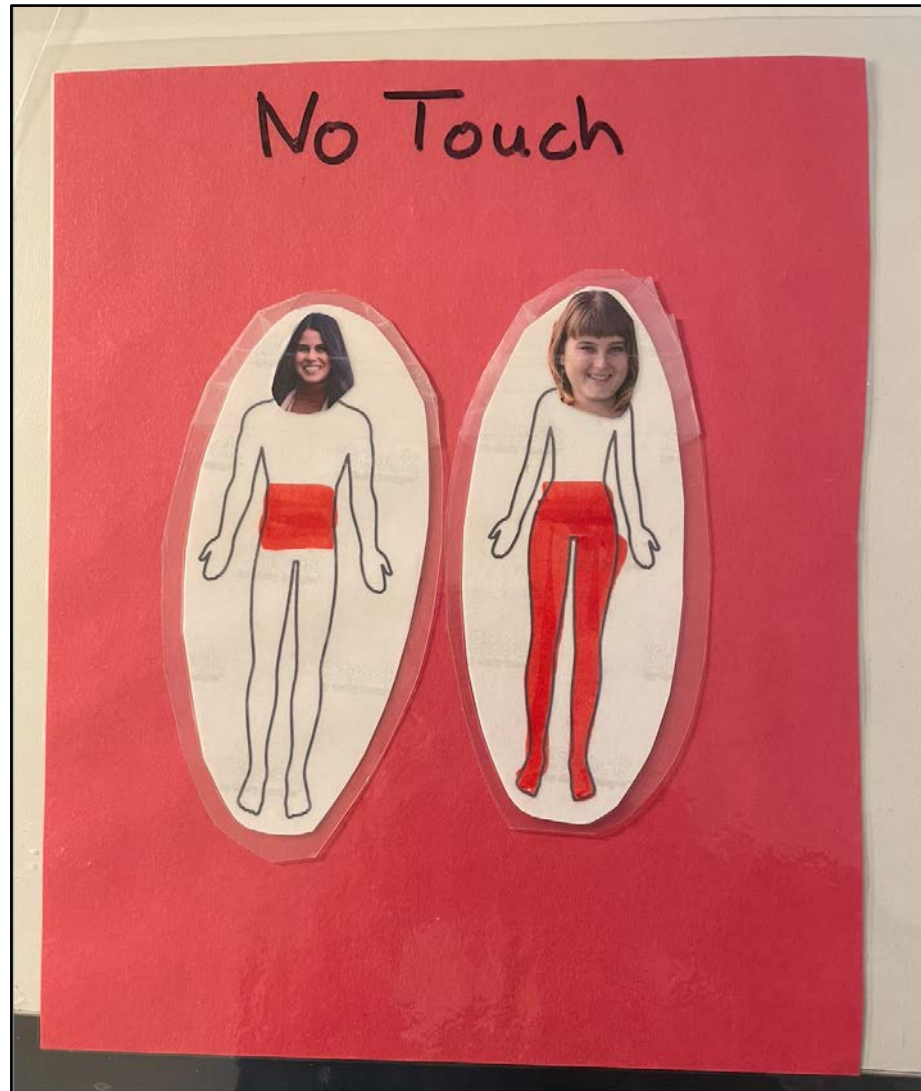
**Private:** When there is just one person.  
When I am by myself.



**Public:** When there are 2 or more people  
at the same place. When I am with others.

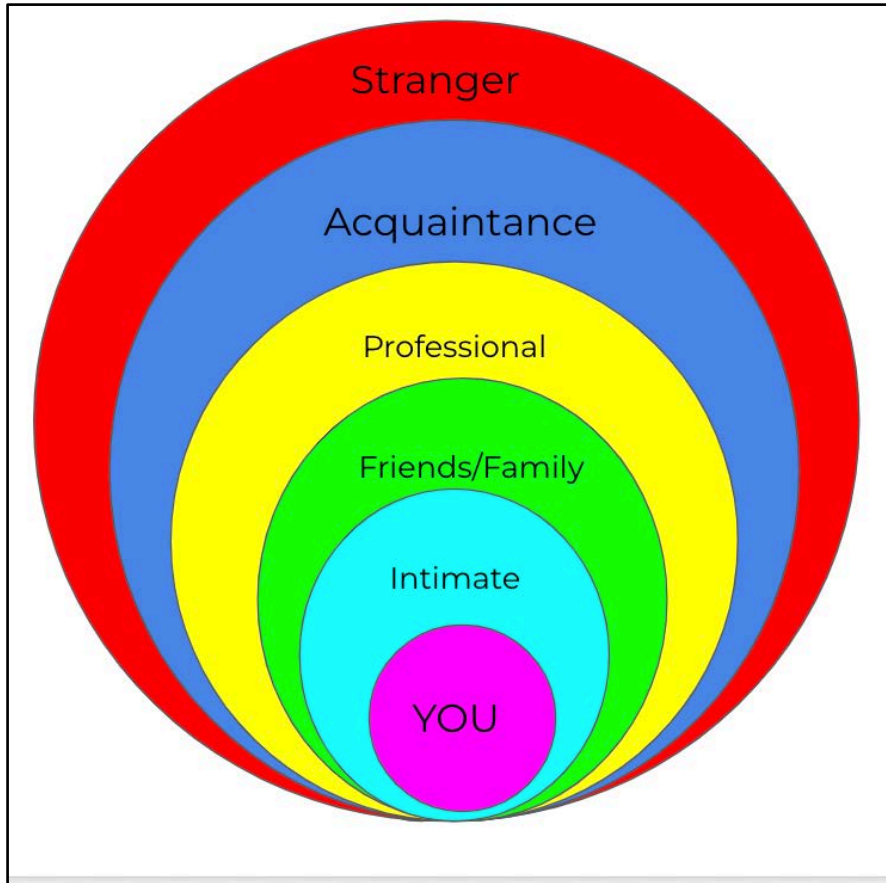


# Teaching to Discriminate





# Relationship Circles



## Acquaintances: Who Are They?

Acquaintances are: People you have met once or twice but are not close with or don't truly know a lot about

People Who Fit in this Category: friends of your siblings, family members you don't see often, neighbors, people online that you don't know in real life

Expected Behavior	Unexpected Behavior



# IEP Goal Examples

- Across 2 people and 1 environment, Student will receptively and expressively identify what relationship circle people in their lives belong to (significant other, family, friend, acquaintance and stranger) in 80% of opportunities across 3 consecutive sessions.
- Across 2 people and 1 environments, Student will expressively identify what behaviors are expected and unexpected with significant others, family members, friends, acquaintances and strangers, in 80% of opportunities across 3 consecutive sessions.



# IEP Goal Examples

- Across 2 people and 2 settings, Student will receptively and expressively identify locations and behaviors as public or private in 80% of opportunities for 3 consecutive sessions.
  - Sublevels:
    - Sorting public and private environments
    - Sorting public and private behaviors
    - Receptive ID of public and private environments and behaviors
    - Labeling public and private environments and behaviors



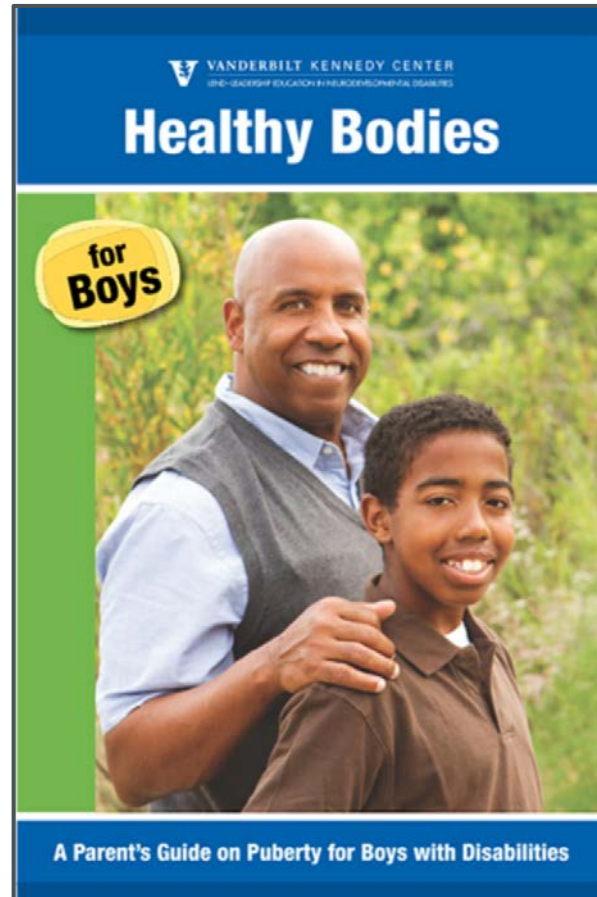
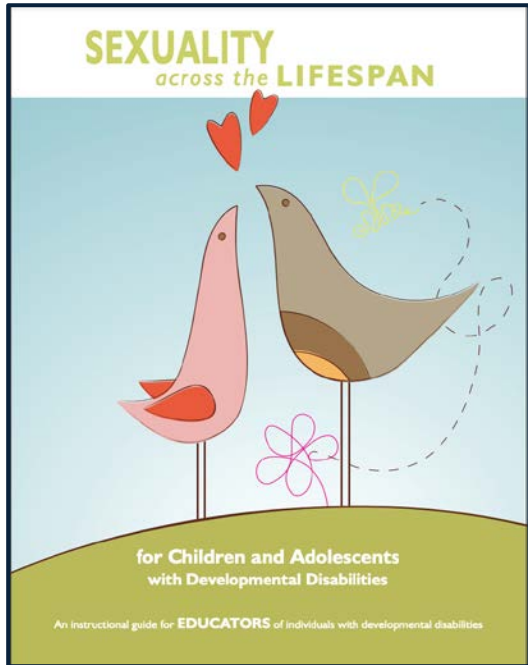


# IEP Goal Examples

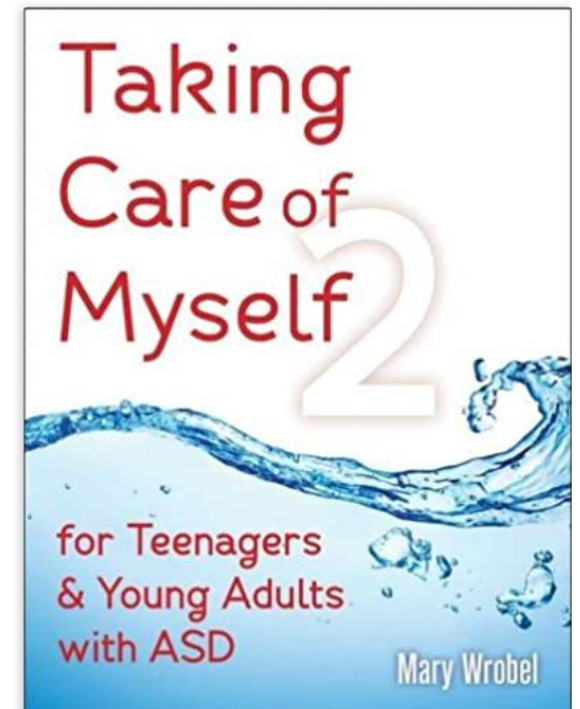
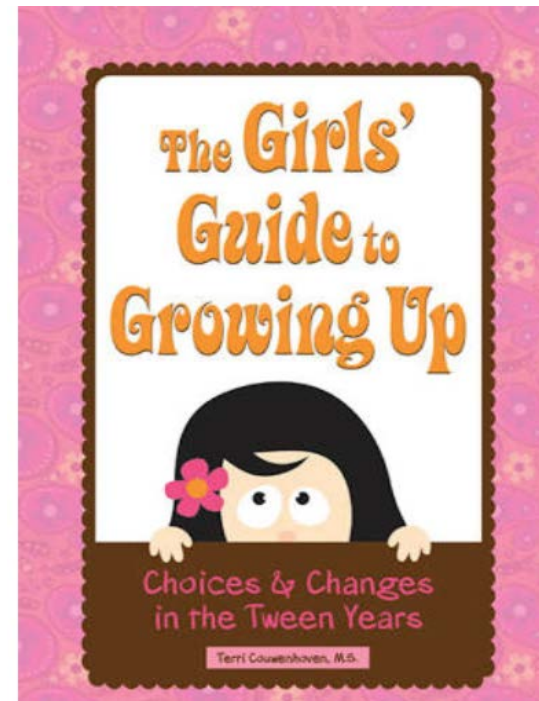
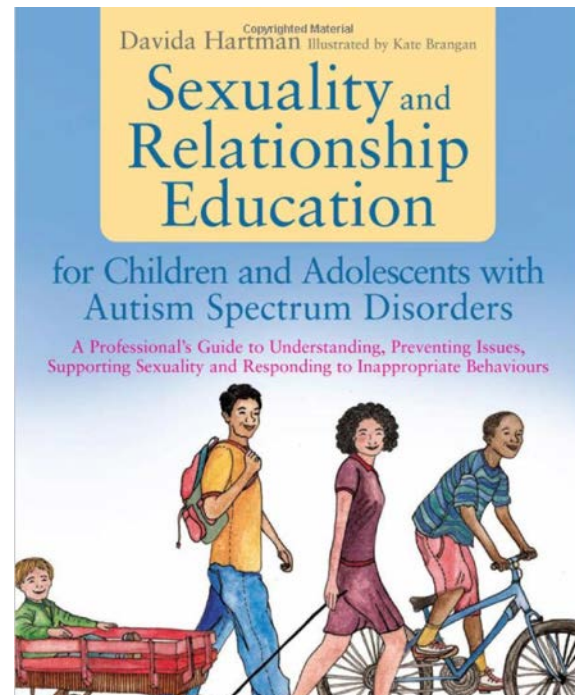
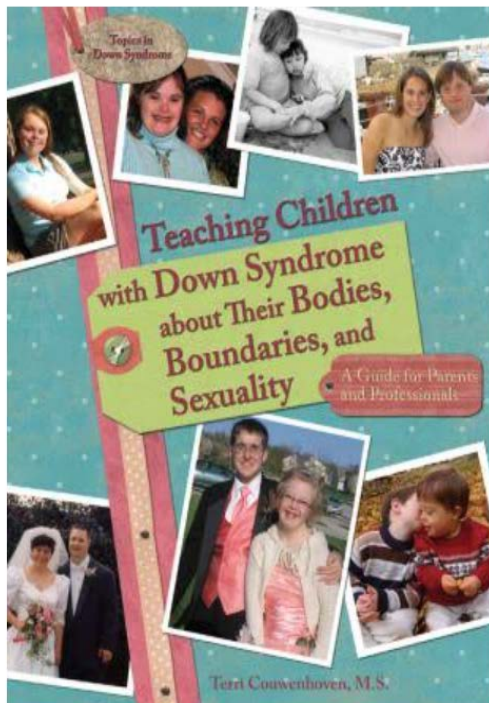
- Across 2 people and 2 settings, Student will receptively and expressively identify areas of others' bodies that belong in the red (no touching), yellow (ask to touch), green (ok to touch) in 100% of opportunities for 3 consecutive sessions.
- Across 2 people and 1 setting, after experiencing tactile stimuli (i.e., cold, warm, etc.), Student will label the sensation and body part (using gestures, sign, low tech AAC or SGD) across 5 different body parts across 2 sensations in 80% of opportunities across 3 consecutive sessions.



# Free Online Resources



# Curriculum



# References

- Baladerian, N. J., Coleman, T. F., & Stream, J. (2013). Abuse of people with disabilities: Victims and their families speak out: A report on the 2012 national survey on abuse and people with disabilities. Retrieved from <http://disability-abuse.com/survey/survey-report.pdf>
- Gerhardt, P (2016, November 17). Sexuality Education and Learners with ASD: Needs, Challenges and Complexities (PowerPoint Presentation) OCALICON Autism Conference, Columbus, OH, United States.
- Shearer, N. (2019, February 4) Sexual health for individuals with disabilities: A call to action. *Nevada Today*.





# THANK YOU!

Kate Loving

kloving@joshuaschool.org

