Autism and Sexuality

What we don’t know CAN hurt us!

The Case for Healthy Sexuality Education—and how to get started!

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Welcome!😊

- Jared Stewart: ScenicView Academy, UVU Passages, UAI, UNWP, UDDC…
- Almost 20 years of working with autism…
- Over 40 years of BEING a person with autism 😊
- Today’s Objectives:
  1. **WHY**— why is the issue so important, why is it such a challenge
  2. **WHAT**— what challenges to expect, what tools *might* be used
The BIG Takeaway:

Regardless of age, ability, or disability, What is the best way to incorporate Healthy Sexuality Education into my programming?
Why Do We Have to Know this Stuff?

• VIDEO 1: *Will Begin Shortly*
This is an uncomfortable topic...

And yet:

• Sexual behaviors are extremely significant! (R.I.P. Dougie Gibson, January 4th 1971)
• People are born sexual
• Being an adult means adult decisions
• Making poor decisions about sexuality can cause lifelong difficulties and pain
• Making good decisions about sexuality can bring tremendous fulfilment and peace
• Critical piece of “Transition”
Top 7 Transition Areas

According to Autism Speaks:

1. Employment/Education
2. Community Participation/Integration
3. Transportation
4. Money Management/Financial Literacy
5. Friendships/Social Skills
6. Sexuality/Self Esteem/Personal Identity
7. Fun!

Most Overlooked Transition Piece:

• **HEALTHY SEXUALITY!**

• **SCANDAL:** most receive sexuality education only *after* having engaged in sexual behavior that is considered inappropriate, offensive, criminal, or potentially dangerous! (Griffiths, 1999)

• **WHAT WE DON’T KNOW CAN HURT US!**
Myths about Autism & Sexuality:

- People with ASD have little or no interest in sexuality (hypo/sexual/asexual)
- People with ASD are overly fixated on sexuality and can’t control it (hypersexual)
- People with ASD are solely heterosexual
- Sex Ed will just “give them ideas”
- People with ASD can’t understand sexuality issues
Myths about Autism & Sexuality:

- If people with ASD are not given info about sexuality, they won’t become sexual
- Children with sexual behavior problems will grow up to be sex offenders
- People with ASD can’t/shouldn’t date
- People with ASD will never have successful romantic relationships or marriages anyway...
The Truth:

• People with ASD are PEOPLE!!!!!

• All people are sexual beings!

• They have the same hormones and urges.

• They are exposed to the same media.

• They face the same decisions.

• Sexuality and relationship interest varies widely across the autism spectrum.
Autism in Love...

• VIDEO 2: *Will Begin Shortly*
The Truth:

LOTS more research needed...

Recent survey of ASD adults age 18-28 (IQ 70+):

• 43% had been on a date
• 36% had “fallen in love” at least once
• 16% reported having had a “satisfying sexual relationship”
• 17% reported having been married
• 50% thought it was “likely” or “very likely” that they would be married someday
• Dr. Erik Carter: “There is NO separate set of dreams!”

(Holmes, 2015)
The Truth:

- Teens and adults with ASD exhibit similar sexual interest levels to NT’s, and overall 20-40% of them report being sexually active.
- Females tend to be less active than males, to have less sexual desire than males, and to be less content with the quality of their sex lives. *(If they are active, they tend to be promiscuous)*
- Average age of first sexual encounter is older.
- **5-10 TIMES** more likely to be LGBT+
- High-verbal individuals report higher rates of asexuality, bisexuality, and homosexuality, particularly among women with ASD.

The Truth:

Individuals with ASD may have sexual feelings that are out-of-sync with their level of social emotional development and awareness

- As kids grow older, their social and sexual skill sets are likely to become more disparate with their chronological age and appearance

- Other people, however, will base expectations on their chronological age and appearance, NOT their emotional or developmental age

• Teens and adults with ASD have a MASSIVE knowledge gap compared with their NT peers when it comes to sexuality education

• Individuals with ASD obtain less of their sexual knowledge from social sources (i.e. peers and teachers), and have less perceived and actual knowledge

• Often paraphilic behavior represents “counterfeit deviance”, as it only stems from a lack of knowledge, experience, and/or specific social competencies

• While high verbal adults may know the language of sexuality, this does not seem to equate to qualitative or quantitative knowledge or behavior

The Truth:

Teens and adults with ASD have **exceptional needs** and face **exceptional challenges** when it comes to Sexuality Education!
Goals of Comprehensive Sexuality Education:

1. Provide Accurate Information
2. Develop Personal Values
3. Cultivate Social Competence
4. Discover Identity
5. Practice Proactive Safety

(First 3 courtesy of Dr. Peter Gerhardt, 2009)
TRAGEdy:

Individuals with ASD are roughly twice as likely as their NT/TD peers to:

- Engage in inappropriate courting behaviors (e.g. harassment)
- Focus their romantic attentions on inappropriate persons such as celebrities, strangers, co-workers, and exes and pursue their target for longer lengths of time (i.e. stalking)
- Become addicted to pornography
- Become involved with viewing child pornography
- Engage in inappropriate public sexual behaviors (masturbation, disrobing, exhibitionism, voyeurism, etc)
- Become victims of sexual abuse themselves!

(Attwood 2007; Goldman, 1994; Mansell, Sobsey & Moskal, 1998; Psychology Today 8/6/13; Stokes, Newton, & Kaur, 2007; Beddows & Brookes, 2015)
ASD and Sexual Abuse

- **1.7x more likely to be abused!** (American Academy of Pediatrics study, 1996)
- **2-3x more likely** to experience sexual contact victimization, sexual coercion, and rape! (Brown-Lavoie, et al, 2014)
- Watch for grooming, pressuring from companions
- Is there a history of sexual abuse?
- KNOW WHAT TO LOOK FOR (and teach)!
- Poor boundaries, lack of education/experience, difficulty with nonverbals, and desperation for social attention can all make ASD teens and young adults prime targets. *Education is key!*
ASD and Sexual Abuse

SCANDAL:

**Over 50%** of those who abuse individuals with developmental disabilities have contact with their victims through some type of disability services with which they are involved!!

(Attwood 2007; Goldman, 1994; Mansell, Sobsey & Moskal, 1998; Psychology Today 8/6/13; Stokes, Newton, & Kaur, 2007)
ASD Sexuality Challenges

1. Language and communication problems
2. Social deficits
3. Social-Environment deficits
4. Differentiation between public and private behavior and reality vs. fantasy
5. Maintaining and generalizing learned skills (particularly those associated with sexual safety)
6. Balancing individual safety w/ individual rights
7. Issues related to law enforcement (ISB’s)

(Volkmar & Wiesner, 2003)
Other Sexuality Challenges

Studies show that teens and adults with ASD also face complications arising from:

- Negative Body Image (and sometimes eating disorders)
- Difficulties with social and emotional interpretation
- Lack of romantic experience/opportunities
- Comorbid disorders (especially anxiety and depression)
- Autistic Fixation (perseverative behaviors)

(Henault & Attwood 2006)
Reasons for these Challenges

Several *possible* theories (more study is needed!)

- Nonverbal disabilities and “Face-Blindness” issues mean difficulty identifying dangerous or deceptive individuals, or recognizing their own vulnerability
- Difficulty communicating abuse
- “Easy Prey” (easily accessed, manipulated, intimidated)
- Symptoms of abuse often attributed to autism
- Sexual abuse in family history (*sexually abused women are up to 3x more likely to have children on the autism spectrum!*)
- Developmental delay may align adults with kids
- Weak “Theory of Mind” makes right/wrong difficult
- Lack of socialization/integration often means ASD individuals get more of their sexual information from pornography
- Social isolation/loneliness can become desperation

(Edelson 2010; Roberts et al. 2013; Robison 2013)
Reasons for these Challenges

Being “Normal”

“Many of my clients have told me that having sex with someone is the only time they feel normal. They have a job that they know a "normal" person would not have. They cannot drive. They are not free to go where they want, when they want. They always have to tell someone where they are and who they are with. They feel like they are treated like a child. Yet when they are sexual with someone, they are just like everyone else—a grown-up. I have received this same message from people with identified IQ's from 30 to 130, verbal and nonverbal.”

(Geri Newton, 2008; https://www.autism.com/understanding_social Sexual#sthash. ZLyLPCya.dpuf)
Reasons for these Challenges

The Biggie = SEXUAL ABANDONMENT! (IMHO)

- To withdraw one's support or help from, especially in spite of duty, allegiance, or responsibility; desert (www.thefreedictionary.com)
- “Sexual Abandonment” refers to the tendency of caregivers, parents, teachers, etc to completely neglect the sexual education of individuals with disabilities
- No information is often even worse than wrong information!
- Ignorance breeds fear, guilt, shame, and deviant behaviors
- Sexuality cannot be healthily repressed or ignored—it must be directed to appropriate expression

(Henault 2006)
What to Teach/Know

1. Proper (and slang) names of body parts
2. Function of body parts
3. Puberty, menstruation, and development
4. Personal hygiene and self-care
5. Pregnancy, birth control, and disease
6. Personal values and responsibility
7. Public versus private behavior
8. Emotions and impulses
9. Attraction and personal sexual identity
10. Social skills and relationship building
11. Dating skills and relationship repair
12. Personal advocacy/peer refusal skills
13. Personal boundaries/personal space
14. Good touch vs. bad touch (“secrets”)
15. Avoidance of danger/abuse prevention
16. Harassment and legal issues
17. Masturbation and challenging behaviors
18. Internet and phone safety
19. Pornography and addictions
20. Healthy sexual relationships
Don’t forget to teach “Hidden Curriculum” Skills... like Flirting
Don’t forget to teach “Hidden Curriculum” Skills... like Flirting

• VIDEO 3: Will Begin Shortly
Considerations:

Match Sexuality Instruction to each Individual’s:

1. **Developmental Level**  
   *(Physical, not just Cognitive or Emotional)*

2. **Learning Style**  
   *(How do they learn and remember best?)*

3. **Values**  
   *(and/or their culture’s values)*

4. **Goals/Vision**  
   *(what do they want in terms of relationships?)*

5. **Realities**  
   *(what is their current and probable future situation? **Don’t Underestimate**!)*
KNOW YOUR VALUES—and LIVE THEM! 😊

What way of being/believing is most important to you?

What do you expect of your best self?

What kind of characteristics do you want in a friend?

In a spouse/sexual partner?

Determine now what your values are and what your limits will be in relationships

Seek relationships with people who have similar values (watch BEHAVIOR, not just words)

Respect the differing values of others (remember: your agency stops with you!)

Be aware of the culture’s values
**Edu Examples: The Basics**

**What Your Body Is Doing (or will be...; or has done...)**
- Anatomy/Names
- Body changes/Puberty
- Menstruation, menstrual cycle, menstrual hygiene
- Erections (and what to do...)
- Nocturnal Emissions/Orgasm/Masturbation

**Why Your Body Is Doing All This (and who to talk to about it)**
- Sexual Attraction/Arousal/Intercourse
- Process of fertilization/Pregnancy/Birth
- Avenues of information for further questions

- **Make this as Concrete and Clinical as possible**
- **Keep it calm, Keep it “real”**
- **EF Supports— NOT Shame!**
- **Visuals, Social Stories, etc!**
- **Just like you teach everything! 😊**
Edu Examples: Friendship Hierarchy

- Intimate Friend
- Friend
- Comrade (Classmate/Community Helper/Co-worker)
- Acquaintance
- Acknowledgement
Edu Examples: “Friend”
(the fourth level—a real friend)

How do you know that someone is your friend?

• Both people must want to be friends!
• Both people must share interests
• Both people must initiate contact
• Must share time together outside of structured settings (class, work, church, club, etc)
• More time together = stronger friendship
• Age, gender, and location matter
• Professional relationship ≠ Friends
Edu Examples: “Friend”
(the fourth level—a real friend)

How do you know that someone is NOT your friend?

• Friends DO NOT abuse, hurt, or exploit you
• Friends may argue, but they do not say mean and hurtful things; and do not embarrass each other
• Friends do not use you for your money/possessions
• Friends do not ask you to break the law, or do anything that makes you violate your values
Edu Examples: “Boyfriend” and “Girlfriend” (the Romantically Intimate Friend)

How do you know that someone is your girlfriend or boyfriend?

• Must know someone well
• Must be dating (not just “hanging out”)
• Both people must have romantic feelings!
• Age and location matter
• Dating ≠ Going Steady ≠ Engaged!

http://socialsignalsed.com/downloadable-products/
Edu Examples: Dating and Healthy Relationships

• Avoid “Celebrity Syndrome!”
• Take things slowly and respectfully
• Share *positive* experiences
• Model and expect Reciprocity
• Trust comes before Touch!
• Don’t smother, but Don’t ignore
  – No one likes needy people
  – No one likes controlling people
  – No one likes to feel unimportant
• Watch for “Red Flags” (and check your assumptions)
7 Characteristics of H.E.A.L.T.H.Y. Relationships

- Honesty
- Equality and Fairness
- Adequate/Appropriate Time
- Loving Support
- Your Total Trust
- Hard-Core Communication Skills
- Two-Sided Respect

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• Sexual Identity is NOT your whole identity.

Adapted from Marilyn Loden and Judy Rosener; Workforce America! Managing Employee Diversity as A Vital Resource, Homewood, IL: Business One Irwin (1991)
Edu Examples: Identity

- Sexual Identity is NOT your whole identity.
- On the most basic level, Sexual Identity is the intersection of your Biology, Arousal/Feelings, Values, and Situation.
  - Biology and Genetics
  - Arousal and Feelings
  - Situation and Experience
  - Values

Become aware of:
- Sexual Orientation
- Gender Identity
- Expression
- Transgenderism
- Where to get guidance

Remember:
Autism is a Developmental DELAY—there is NO RUSH to figure out every aspect of your sexual identity right now.
**Edu Examples: Contraception and STD’s**

Pregnancy is a possibility

Having children **CHANGES EVERYTHING**

Consider contraception (even if you’re not “planning to”)

- Condoms (every time)
- Birth-control pills (daily)
- IUD’s (implants) (every few years)
- Surgery (Permanent) = BIG decision...
- “Natural” methods = bad idea

Remember: **Contraception CANNOT STOP DISEASE!**

Adoption/Abortion...
Preventing Sexually Transmitted Disease

1. Chastity and Monogamy are nearly 100% effective
2. Use latex condoms every time you have sex (and if you use a lubricant, make sure it's water-based)
3. Avoid sharing towels or underclothing
4. Wash before and after intercourse
5. Get all 3 vaccinations for hepatitis B (and HPV)
6. Get tested for STD’s regularly
7. Avoid drugs or alcohol
8. Avoid high-risk sex

www.stanfordshprc.wordpress.com
www.cdc.gov
Edu Examples: Public/Private

- Know what’s appropriate for what kind of situation
  - Behavior
  - Body Parts
  - Places
  - Possessions
- Roommates will appreciate it! 😊
- Have a trusted person for questions
- Remember: INTERNET IS PUBLIC
Edu Examples: Internet Safety

Don’t believe everything you read on the internet

Abraham Lincoln
Edu Examples: Internet Safety

Things to consider when using social media/apps:

• You only know what they want you to know
• PREDATORS will tell you EXACTLY what you want to hear
• Don’t give out your address or personal info
• NEVER send sexually explicit texts or photos
• Meet somewhere in public, at a reasonable hour
• Bring a friend/parent/other adult
• Drive yourself (or transport yourself there)

★ DON’T LOOK FOR SEX PARTNERS ONLINE!
What is harassment?

• Unwelcome sexual advances and/or requests for sexual favors
• Other verbal or physical conduct that affects an individuals’ employment and work performance,
• Or creates an intimidating, hostile, or offensive work environment
• Also covers explicit or suggestive items displayed in shared space that interfere with job performance or that create an abusive or hostile work environment (i.e. posters, calendars, computers, etc)
Edu Examples: Harassment and Stalking

What is stalking? [http://youtu.be/GB8XCOu1-dQ](http://youtu.be/GB8XCOu1-dQ)

- **You are being stalked when a person repeatedly watches, follows or harasses you, making you feel afraid or unsafe.** *(You are a stalker if you do this...)*
- A stalker can be someone you know, a past boyfriend/girlfriend, or a stranger
- A stalker may:
  - Use social networking sites and technology to track you or investigate you
  - Show up at your home or place of work unannounced or uninvited
  - Send you unwanted text messages, letters, emails and voicemails
  - Leave you unwanted items, gifts, or flowers
  - Constantly call you and hang up
  - Try to take pictures/video of you
  - Call your employer or professor
  - Wait at places you hang out

- Stalking is illegal, dangerous, and creepy
- **If you think you’re stalking—BACK OFF!**
Edu Examples: **Systems for Preventing Stalking and Harassment**

- Counseling and/or psychopharmacology
- Social skills groups and/or group therapy
- Video modeling and feedback
- Self-management techniques and rule-governed behavior; scripts; visual supports (**Systems!**)
- Reducing the amount of isolating interests and activities (i.e. Internet, video-games, etc)
- Increasing opportunities for social integration

(Post, et al., 2012)
Edu Examples: Abuse/Assault Is...

- When a person tries to kiss you, touch you and/or your genitals without permission
- Being forced to touch the sexual parts of someone else—even through clothing
- Being pressured into sex when you do not want to
- Any sex with a family member or relative (incest)
- Being forced to participate in sexual activities in front of others (including cameras)
- Not always accompanied by physical violence/threats
- **ALWAYS A CRIME!**

(Adapted from Henault, 2006)
Edu Examples: Boundaries

- Each Boundary has its own rules about appropriate personal space, conversation topics, time commitments, obligations, touch, and relationships.
- Most of these rules are unwritten!
- Each also has its own sub-categories.
Keep Good Boundaries!

Violating boundaries can involve:

- “Jumping levels” on the Hierarchy
- Smelling hair/perfume/cologne
- Touching
- Following people home
- Hugging or asking for hugs
- Excessive texting and calling
- Excessive focus on other’s physical appearance

These behaviors can result in losing friends, suffering emotional pain, getting fired, or even going to jail!

5 Signs She’s Interested
(or to let him know you are...)

1. **Initiation**—who starts communicating?
2. **Positive Attention**—is she happy to see you?
3. **Touch**—what kind of physical contact?
4. **Eye Contact**—how frequent?
5. **Positive Comments**—hope for the future?

Look for at least 3 of these! 😊
Edu Examples: Dating and Healthy Relationships

What to do if someone asks you out:
• Ask yourself—Am I excited about it?
• ...Do I want to be in a relationship?
  – What kind/degree?
  – Do I want that with this person?
  – Do I have the time/skills/supports?
• ...Do I know enough about them?
• ...Is this an appropriate 1st Date?
  – Group date and/or public place?
  – Clear plan of what/where/when?
  – Duration seems appropriate?
• If the answers are positive, agree and clarify (take safety steps)
• If the answers are negative, politely say NO THANK YOU.

(Trust Your Instincts! 😊) (Also: 3 Strikes, You’re Out!)
Edu Examples: Dating and Healthy Relationships

How to Politely Decline (BE SINCERE):

- “Thanks for asking; but no thank you.”
- “I really don’t want to be more than friends.”
- “Thanks, but I don’t think we’re a match.”
- “Thanks, but I don’t like you that way.”
- “I’m flattered, but I don’t want to lead you on. Sorry.”
- “I’m not interested in dating anyone right now.”
- “You're really nice, but I'm just not into you in that way.”

(You are NOT obligated to provide a long explanation of why you do not want to date someone! If the person persists, be very clear that this is your decision, that you are moving on, and that they should move on as well.)
Ed Examples: Peer Refusal

REMEMBER:

NO

Means
Ed Examples: Peer Refusal

REMEMBER:

Means
Also...

IT'S OK TO SAY NO
ASD, Dating, and Puberty

- VIDEO 4: Will Begin Shortly
DEALing with Inappropriate Behaviors

1. **Determine Context**
   - ABC’s (antecedent, behavior, consequences)?
   - Sensory/Biological factors? (what was going on with body/senses?)
   - Purpose of behavior? (what were they trying/intending to do?)

2. **Explore Causes**

3. **ALleviate Behavior (using intervention strategies)**
   - Facilitate Communication!
   - Teach social/emotional skills
   - Provide alternative, incompatible behaviors
   - Therapy as necessary (CBT, ABA, Group, etc)
Tarnai’s Top Ten:

1. Provide education related to appropriate socio-sexual skills
2. Avoid being overly tolerant of inappropriate sexual behavior
3. Avoid over-reacting to inappropriate sexual behaviors
4. Eliminate a medical or organic cause or the effects of medication on the behavior
5. Ensure that the interpersonal needs of individuals with disabilities are met
6. Teach people to have a positive attitude about their sexuality
7. Target self-regulation of sexual behavior
8. Incorporate the use of positive support methods, including reinforcement procedures (DRA/DRO) and sex education
9. Avoid the use of interventions that you do not have consent to implement
10. Maintain procedures that ensure ethical treatment practices during therapy

(Tarnai, 2006)
Masturbation and ASD

- Masturbation is NORMAL (independent of values or morality)
- Masturbation is the most common sexual behavior reported by adolescents with ASD (roughly 2/3; 60-70%)
- Public masturbation is the most frequent inappropriate sexual behavior (ISB) reported in individuals with ASD
- Masturbation is often “misinterpreted as a sexual obsession or compulsion when it is, in fact, the result of a sensory phenomenon” (e.g. stimming, physical pain, etc) in many instances. (Henault)
- Masturbation is often resorted to when the individual is understimulated
- Masturbation often becomes a substitute for lack of actual relationships
- Masturbation is sometimes the only sexual outlet an individual may have

Dealing with Masturbation Issues

• **Education!**—what it is, where/how to do it, values issues, etc

• **Clear and Concrete information:** *(see the Social Story in the Handout)*
  
  *Example:* “Masturbation is only OK when you are **alone in your room with your door closed.**”

• **Intervention when necessary:**
  
  1. **NO SHAME, PUNISHMENT, or NEGLECT**
  2. Redirect to appropriate stimulation/activity *(give something to do)*
  3. Encourage/Facilitate new social contacts/activities
  4. Encourage/Facilitate MANUAL activities *(drawing, painting, writing, photography, sports, mathematics, sculpture, etc!)*
  5. Therapy/Addiction groups if necessary for dealing with severe problems, as well as underlying emotional issues *(anxiety, stress, rejection, frustration, etc)*
    
    – Masturbation should decrease in frequency with age
    
    – Masturbation urges do not have to be acted on

(Henault 2006; Hellemans & Deboutte 2002; Hingsburger 1996)
Dealing with Masturbation Issues

- Example— No hands in Pants

From https://www.pinterest.se/theautismhelper/
- More strategies in Handout (links too...)

The Picture Communication Symbols ©1983-2010 by Mayer Johnson LLC. All Rights Reserved Worldwide. Used with permission. Boardmaker is a trademark of Mayer-Johnson LLC.
Dealing with ISB’s in General

1. Act Early! Prepare for the future, then don’t wait to intervene (what will they need 5 years from now…)
2. Get an Individualized Plan in place
3. Work on the Environment as much as the person
4. Reinforce Appropriate Behaviors
5. BE CONSISTENT
6. Aim for Generalizable Skills
7. Watch out for Unintentional Effects
8. Help them create their own Self-regulation Systems!

(Jenny Tuzikow, Psy.D., BCBA-D)
1. **Relabel** the behavior but don’t punish or overreact *(NO SHAME!)*

2. **Reattribute** the thoughts to the undesired habit

3. **Refocus** yourself on:
   1. An activity that requires use of hands
   2. A physically engaging activity
   3. An activity that requires intense focus

4. **Revalue** the thoughts/urges as something that you no longer want to have as a part of yourself

*(adapted from Jeffrey Schwartz, M.D., *Brainlock*, 1996)*
Pornography

- One of the biggest barriers to forming healthy sexual relationships (and to general adult success and happiness!) (But 70% are unintentionally exposed!)
- Worst place to learn about sex and relationships
- Easy! Always just a click away
- Can serve as a temporary fix for loneliness/substitute for connection
- Instantly gratifying, but...
- Needs constant input of new stimuli
- Highly addictive
- Higher Risks of exploitation and ISB’s

(Moxon, 2016; Antall, 2018)
Dealing with Porn Addictions

1. Honesty
2. Hope
3. Trust in God
4. Truth
5. Confession
6. Change of Heart
7. Humility
8. Seeking Forgiveness
9. Restitution and Reconciliation
10. Daily Accountability
11. Personal Revelation
12. Service

http://overcomingpornography.org/
What if they want long-term romantic relationships?

Tell them NOT to Give Up!

• They CAN have the relationships they want!
• They’ll have to build social skills
• They’ll have to create, run, and modify SYSTEMS
• They’ll have to deal with anxiety and rejection
• They’ll have to put in the time and effort
• They’ll have to watch for safety and values

• But so does everyone else! 😊
System: Is Sex Appropriate?

1. What pyramid level is this relationship?

2. How long have I known this person? In what contexts? How old are they? Is this relationship a H.E.A.L.T.H.Y. one?

3. Is a sexual relationship in line with my values? (theirs?)

4. Am I looking for real commitment or a “hookup?”

5. Is the other person interested in having sex? Are they pressuring me? (or am I pressuring them?)

6. What’s their motive? (How do I know for sure?)

7. Do I understand the physical and psychological consequences of sex at this time with this person?

8. Am I prepared to deal with those consequences?
Sexual Issues in Relationships

Even when in an appropriate sexual relationship, ASD can cause issues:

- Communication issues!!!! (emotion/logic)
- Intimacy/Empathy vs. Sex/Physicality
- Rigid Routines and Autistic Fixations
- Sensory Issues (smell, touch, etc)
- Aversion to change
- Social skills...

Henault, 2006
Other Issues in Relationships

• Do you want to get married?
• When? Where? How long should you date?
• Do you want children?
• How many? Who will take primary care of them?  How will you split up responsibilities?
• Where will you live?  How will **MONEY** work?
• ETC!!!  Make sure you have these discussions
Autism in Love... Epilog 😊

- VIDEO 5: Will Begin Shortly
Give them Resources:

1. **AVOID USING INTERNET SEARCHES!!!**
2. Trusted expert (therapist, doctor, etc)
3. Trusted family member (parent, sibling, etc)
4. Trusted clergy member (Bishop, Pastor, etc)
5. Carefully selected books, apps, and websites

Resources for parents, professionals, and caregivers on the **Handout**

Good Luck!

(You’re going to be alright 😊)
Resources: Support Network

- Parents/Guardians
- Faculty/Aides
- Mentors/Allies
- Other Support Staff/Services
- Accessibility Services
- Psychiatrist/Medication
- Coaches/Explicit Skills Instruction
- Counselors/Therapists
- Peers/Roommates

Support Team for Disabled Individuals
In Summary

- **DON’T GIVE UP HOPE!!!**

- The use of a multi-component behavioral intervention can be very effective in the reduction or elimination of ISB, even in individuals with ID.
  - Applied Behavioral Analysis
  - Differential reinforcement procedures
  - Teaching of appropriate replacement skills or functional alternatives (e.g., functional communication training)

- **Specific Sexuality Education** makes a difference!
  - Individuals with Developmental Disabilities that receive sexual education are more likely to engage in more appropriate sexual behaviors than peers who do not!

(Van Bourgondian et al, 1997; Le Blanc et al., 2000; McLay et al., 2015)
The BIG Takeaway:

Regardless of age, ability, or disability,
What is the best way to incorporate Healthy Sexuality Education into my programming?

• It’s OK to feel overwhelmed!
• It’s OK to feel embarrassed, uncomfortable, or silly!
• It’s OK to start small!
• It’s OK to keep it super simple!
• It’s OK to not be perfect!

But...
• It’s NOT OK to do Nothing!

How will your program improve it’s sexuality education for the sake of those you serve?
Thank You For Your Time! 😊

• Any questions, comments, or concerns?
• Please don’t neglect this critical issue!

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