



Autism and Sexual Health: Access, Education, and Intervention

Presented by

Landa Fox, MA, BCBA, Certified Sexual Health Educator

Web Streamed from Vancouver, British Columbia

June 4, 2021

Co-Sponsored by



Event Schedule

All times are in Pacific Time

9:30 – 10:30	Session 1
10:30 – 10:45	Break
10:45 – 11:45	Session 2
11:45 – 12:30	Lunch
12:30 – 1:30	Session 3
1:30 – 1:45	Break
1:45 – 2:45	Session 4

Tips for Improving the Web Stream Experience:

- Be sure your speakers are on, or headphones are plugged in, and the volume is up.
- Note before the presentation and during breaks, the image and audio will be obscured.
- Close open 'tabs' in your browser. This will use your computer's memory and slow the connection.
- Check that your browser is up to date.
- If video is stuttering or jumpy, change the resolution by clicking on the 'gear' icon (bottom right corner of video).
- To go full screen, click on the 'box' icon in the lower right of the image.
- If you are having trouble with Internet Explorer or Safari, try [Google Chrome](#).

Acknowledgements

ACT – Autism Community Training offers our special thanks to Landa Fox for agreeing to present on sexuality as it affects neurodiverse individuals.

As we all struggle to keep our communities healthy, ACT is pleased to be continuing our presentations online while maintaining the safety of attendees, staff, and our presenters. Many thanks to the Sheraton Wall Centre, Encore Events and XE Live for supporting our work.

This free event has been made possible thanks to the generous support of our sponsor POPARD – the Provincial Outreach Program for Autism and Related Disorders, and our individual donors. We are very grateful for this collaboration, which has allowed us to web stream this presentation to families and professionals in British Columbia, across Canada and internationally.

Over the years, those who have attended ACT events know that we depend on community collaboration and support to sustain our work as we are a small not-for-profit. We deeply appreciate the many parents and professionals across British Columbia who volunteer their time, donate funds, and help spread the word - especially during these challenging times.

For registrants who have the ability, we would appreciate a donation of \$50 to ACT so that we may continue providing free or low-cost training opportunities for the entire community.

Support evidence-based resources – [Donate to ACT!](#)

Free Resources from ACT

ACT's Coronavirus (COVID-19): Resources for the Autism Community - ACT has gathered resources specific to those who are neurodiverse, and useful general resources related to COVID-19: www.actcommunity.ca/covid-19-resources

Autism Videos @ ACT (AVA) – Over 65 quality online videos available free – without a log-in, thanks to our sponsors. www.actcommunity.ca/videos


ACT's Autism Information Database (the AID) – Like Google for Autism but better! Keyword search nearly 1,400 curated AID records for evidence-informed, practical information resources useful to families and community professionals. www.actcommunity.ca/aid

ACT's BC Community Resources Database – Search by your postal code for professionals and service providers throughout BC. www.actcommunity.ca/aid-search/community

ACT's Autism Manual for B.C - 13 chapters! www.actcommunity.ca/autism-manual-for-bc -

ACT's Monthly News Round-Up & Event Alerts - Sign-up to keep in touch with developments affecting the special needs community. www.actcommunity.ca/updates


ACT's Facebook - ACT carefully sources interesting, insightful stories to inform our 8,000 plus followers. www.facebook.com/autismcommunitytraining



Autism & Sexual Health: Access, Education, & Intervention

Autism Community Training
June 4, 2021

Landa Fox (she/her),
MA, BCBA, & Certified
Sexual Health Educator



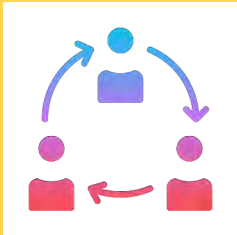
1



About Me

- in the field of ABA since 2003
- MA in Special Education from UBC
- Board Certified Behaviour Analyst
- Certified Sexual Health Educator

2




A video recording of this presentation will be available on the ACT website (with closed captions)

A "handout" version of slides has been provided to registered, live attendees. You do not have permission to share this resource.

There will be slides presented that are not in the handout version or that are slightly different from it.

3



Scope of Practice Scope of Competency and Consultation

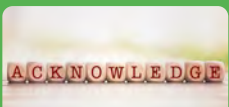
Teaching skills and knowledge in the area of sexual health is in the scope of practice for a number of different professions.

However, this might not be in a given professional's scope of competency.

This is why it may be important, depending on the skill or behaviour of concern, to seek consultation.

Attending this presentation does **not** qualify one as competent in this area. This presentation is a introductory overview.

4



Amy Gravino
A.S.C.O.T. Consulting

Bridget Liang

Iris Gray

Oswin Latimer
Oswin Latimer Consulting

5

Topics for Today

- 1 Discussion of sexuality, autism, their intersections, and the impact on autistic people
- 2 Review typical sexual health development (behaviour and knowledge) for a range of ages
- 3 My **TOP 5** and how to teach them
- 4 Review of Inappropriate Sexual Behaviour (ISB): Defining, Assessing, and Addressing
- 5 Special Topic: Pornography
- 6 Special Topic: Intersections of identity diversity (LGBTQIA+) and neurodiversity





6



What is Sexual Health/ Sexuality?

7

Sexual Health/Sexuality

-  NOT synonymous with physical acts of sex
-  Knowledge, attitudes, values, behaviours, and biology
-  Identity, orientation, gender roles, societal expectations
-  Shaped by culture, history, education, experience, religion

8

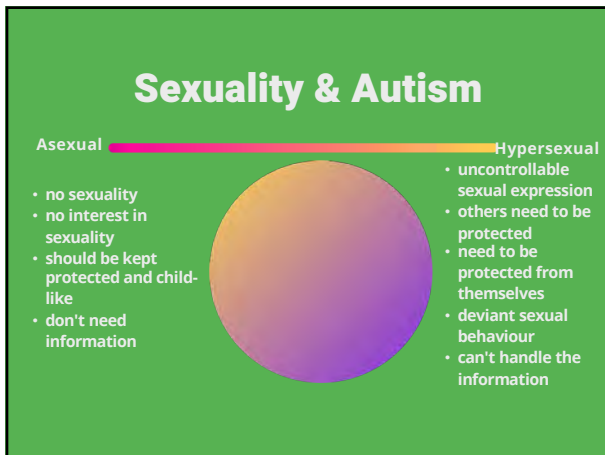


teachingsexualhealth.ca

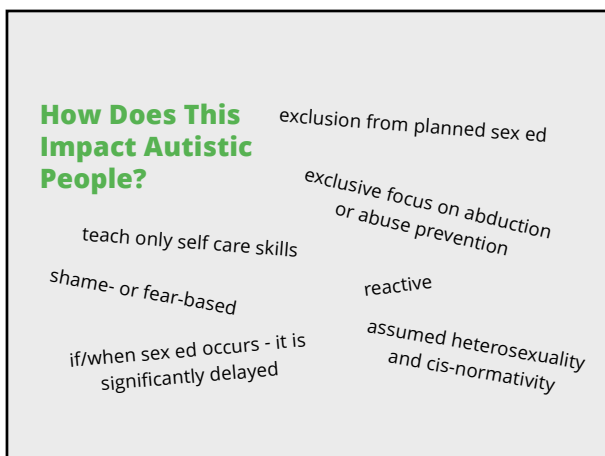
9



10



11



12

SIECUS	UNITED NATIONS
Individuals with physical, cognitive, or emotional disabilities have a right to education about sexuality, sexual health care, and opportunities for socializing and sexual expression.	CONVENTION ON RIGHTS OF PERSONS WITH DISABILITIES
	Rights surrounding marriage and family life; right to sexual and reproductive health; and freedom from exploitation and violence
	All can relate to sexual health.

13

Now What?

14

To teach or support sexual health education effectively, we need to have an understanding of typical sexual health development.

15

Sexual Health Development - Ages 0-2

- Touching genitals
- Reflexive/spontaneous sexual responses
- Enjoys and initiates physical touch from caregivers
- Enjoys being nude
- Learning names for body parts - including genitals



16

Sexual Health Development - Ages 0-2



- Beginning to understand the differences between anatomical sexes
- Developing ability to trust caregivers
- Developing sense of body autonomy
- Develop understanding of bodily functions (toileting)

17

Sexual Health Development - Ages 2-5

- Genital touching continues
- Consensual peer body exploration begins
- Curiosity about "private parts"
- Continue to build knowledge of body part names



18

Sexual Health Development - Ages 2-5



- Reflexive sexual responses continue
- Enjoys being nude
- Saying names or slang names of genitals/bodily functions
- Telling jokes about genitals/bodily functions
- Asking questions about where babies come from and how they get here

19

Sexual Health Development - Ages 2-5

- Exploring gender expression norms through dress up
- Learn the basics of privacy as it relates to expressions of sexuality and nudity
- Learn bodily autonomy
- Learn difference between safe and unsafe touch
- Gender identity forming *



20

Sexual Health Development - Ages 6-9

- Curiosity-based body exploration
- Begin to seek more privacy
- Masturbation - soothing focus
- Learn about puberty
- Puberty can begin



21

Sexual Health Development - Ages 6-9



- Slang words to describe body parts and sexual behaviours
- Development of crushes
- Adherence to gender roles according to peer group and societal expectations

22

Sexual Health Development - Ages 6-9

- Development of understanding of different sexual orientations
- Learn basics of reproduction
- Learn about menstruation and nocturnal emissions



23

Sexual Health Development - Ages 10-12

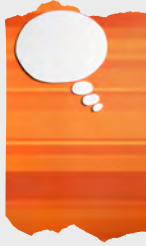
- Continue sexual 'play' and exploration; begin to hide from adults
- Masturbation - more pleasure focus
- Increased interest in same or opposite sex people



24

Sexual Health Development - Ages 13-15

- (Purposeful) Access to sexually explicit material
- Continued interest in same or opposite sex people
- Thinking, talking, and dreaming about sex
- May begin partnered sexual activity (but rare at this age)
- Increased desire for sexual experiences brought on by hormonal changes in puberty



25

Sexual Health Development - Ages 13-15

- Puberty Continues
 - height and weight changes
 - oily skin; acne
 - hair growth continues (pubic, underarm, facial)
 - sweating and body odour
 - require more sleep
 - hips or shoulders widen
 - menstruation and ovulation become more regular
 - increase in vaginal discharge
 - voice changes
 - breast growth (male & female);
 - increased frequency of erections and ejaculation



26

Sexual Health Development - Ages 16-18

- Puberty continues
 - shift to emotional focus
- Continued desire for or engaging in sexual experiences
 - safer sex decision-making
- Masturbation continues



27

Sexual Health Development - Ages 16-18



- Continued interest in romantic relationships
- Developing skills for the end of relationships - e.g., handling rejection

28

Sexual Health Development - Ages 19-30



- More probable sexual activity with partner(s)
- Contraception and safer sex decision-making
- Masturbation
- Engage in decision-making about partners, marriage, family planning, and ending relationships

29

Sexual Health Development - Ages 30-45

- Partner(s) Selection
- Sexual Activity
- Focus on maintaining relationships
- Masturbation
- Parenting
 - sexual health education for own children
- Continued decision-making about contraception and safer sex
- Continued skill development in ending relationships



30

Sexual Health Development - Ages 45-65



- Partner(s) Selection
- Sexual Activity
- Focus on maintaining relationships
- Masturbation
- Changes in sexual responses
- Parenting and/or Grand-parenting
- Continued decision-making about contraception and safer sex
- Ending relationships
 - including death of partners and other loved ones
- Menopause/Andropause

31

Sexual Health Development - Ages 65+

- Body responds sexually, but more slowly
- Continued need for touch and affection
- Sexual activity
 - non-sexual health concerns can impact sexuality and sexual expression
- Masturbation
- Possible Grand-parenting
- Safer sex decision making
- Death of partners and other loved ones



32



Where Do I Start?

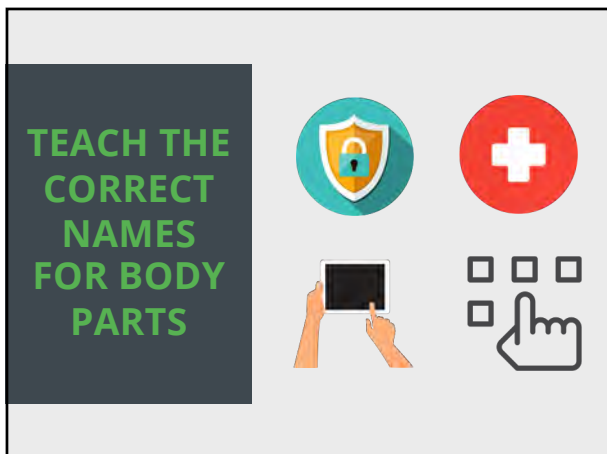
33



34



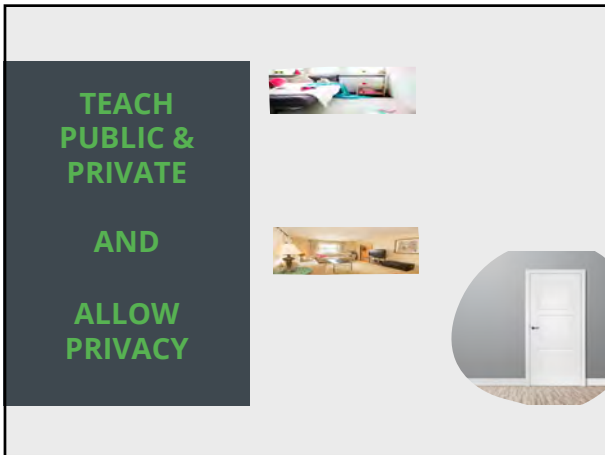
35



36



37



38



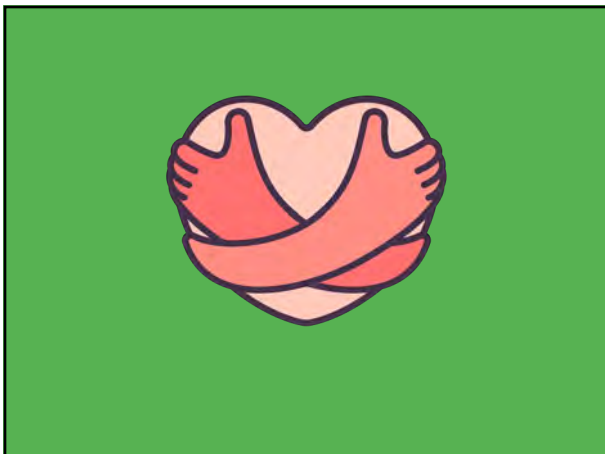
39



40



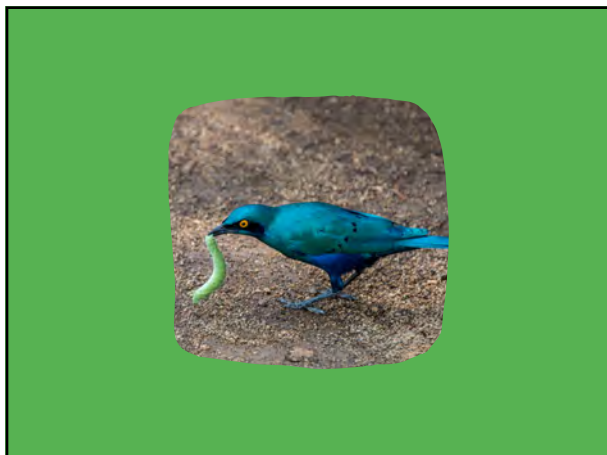
41



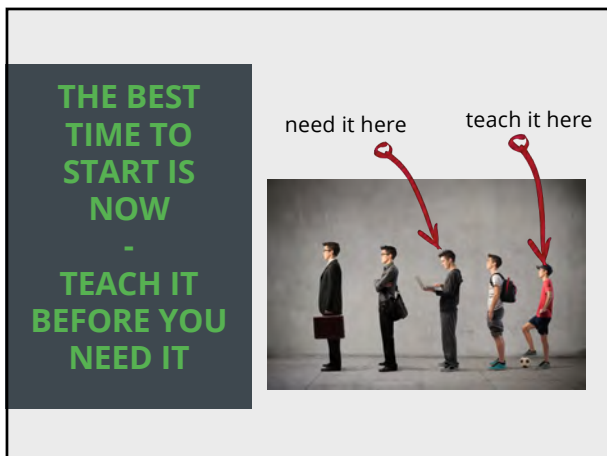
42



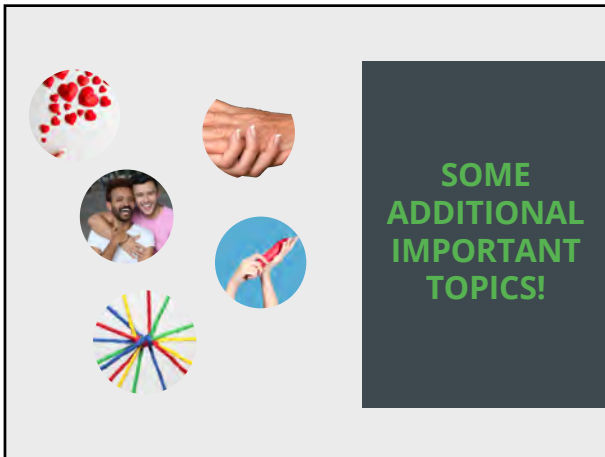
43



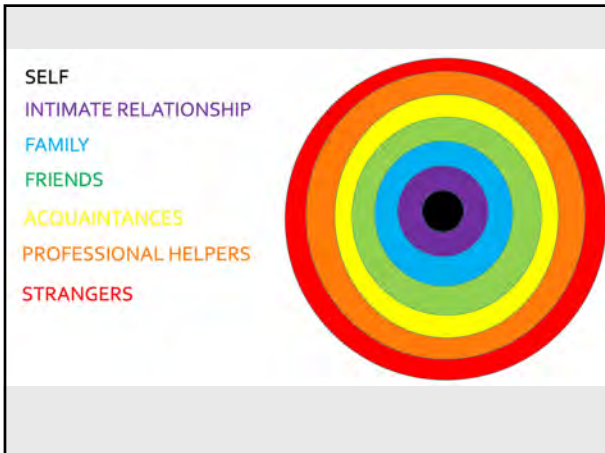
44



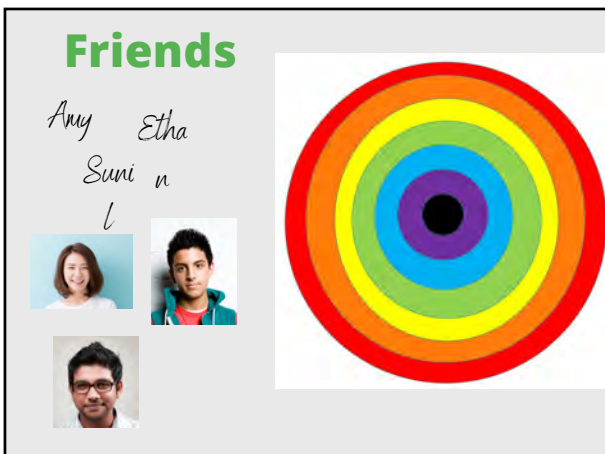
45



46



47



48

Friend
S
 Hug
 Give phone number to
 Ask about their date

 kiss with an open mouth

Professiona
I
Helpers
 Give phone number to

49

Friend


Professiona
I
Helpers

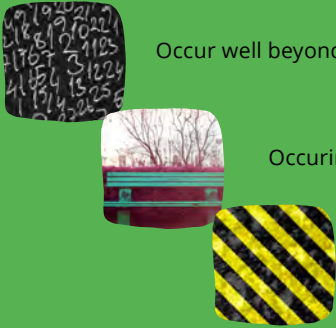



50

**Inappropriate
Sexual
Behaviour**



51



Occur well beyond expected age range

Occuring in public

Dangerous for self or others

52




Violation of policy or law

Interfering with learning, community placement, accessing environments

53

Rule Out Medical Causes



- Infections
 - UTI
 - STI
 - yeast or bacterial
- Mediations
 - impact on sensation
 - impact on ability to orgasm
- Phimosis
- Dryness of skin/membranes

54




Sexual Function

- serves a sexual purpose
- usually related to pleasurable sensations

55

Sexual Topography


- may *look* sexual because of the body parts involved are those we typically associate with sexual expression
- may not be sexual at all
- we (adults) risk ascribing sexual meaning to a behaviour when that is not its function




56

Think about "Surveillance"

- Is the behaviour being seen because the person is being observed more closely than others?
- Are other people engaging in the behaviour but not getting 'caught'?
- May still need to intervene/teach



57




Functional Assessment

- Definition of the behaviour - what it looks like
- Identification of triggers/ antecedents
- Identification of function - why it is happening
- data collection (A-B-C; scatterplot; interview; observation)

58

Intervention Planning

- Usually, there isn't just 1 simple thing a team can do to address ISB
- Usually, it will require a behaviour support plan that has multiple levels of support and plans for support across environments
- Have to consider contextual fit: WHO, WHAT, and HOW



59



Medical Professionals

Family/Caregivers

School Staff

Community Supports

Person Themselves

Sexual Health Educators

Counsellors

Behaviour Analysts/Consultants


Mental Health Teams

Trauma Specialists

SLPs

OTs

60



Function Informs Intervention

- The reason the behaviour is happening needs to inform:
 - prevention strategies
 - alternative behaviours to teach
 - how to respond to the ISB
 - how to respond to appropriate sexual behaviour


61

Possible Setting Events

- Lack of knowledge
- Lack of leisure skills or limited leisure opportunities presented
- Poor understanding of social boundaries and/or social skills
- No appropriate opportunities
- No Privacy
- Medication



62



Possible Setting Event Strategies

- Teach the information the person may be missing
- Teach leisure skills - allow expanded access to preferred leisure activities
- Teach and Model social boundaries
- Collaborate to create opportunities for the behaviour to be engaged in in an appropriate way/place
- Collaborate for appropriate privacy opportunities
- Consultation for medication modifications

63



Possible Antecedents

- Alone with no alternative activities
- Low levels of attention or low quality of attention
- Difficult demands or demands are not presented in an accessible/understandable way
- Preferred items are removed or made inaccessible or very difficult to access

64

Possible Antecedent Strategies

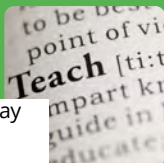


- Change supervision structure; change activity availability and/or expectations during low supervision times
- Determine the types of attention that are most valuable to the person; provide increased attention
- Change difficulty; provide help; change material
- Create non-contingent access to preferred activities; plan access to items that can't be open-access; fade access from environment if necessary

65

Possible Alternative Behaviours to Teach

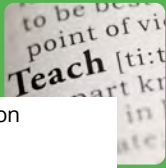
- If there is an appropriate time/place/way to engage in the behaviour *teach that!*
 - Safe, effective, and appropriate masturbation routines
 - What to do when you get an erection in public
 - Where to itch genitals if needed
 - Who is it ok to ask questions about bodies to
 - What to do if you like someone
 - Who is ok to to what with



66

Possible Alternative Behaviours to Teach

- Easy and effective ways to gain attention
 - AAC; physical; vocal
 - might have to pick a "good enough for now" response and shape it over time
- Alternatives to get out of tasks
 - break/change/stop/come back/it's too hard/help
- Alternative ways to get preferred items
 - requesting; signaling when it will be available



67

Responding to the Inappropriate Sexual Behaviour

- A response is normal; a shocked or elevated response is normal
- Minimize the win
 - minimize direct attention to the behaviour - ignore the behaviour - not the person!
 - allow escape but try to return to it
 - try to limit access to the specific item until the behaviour has stopped
- Interrupt
- Interrupt and Redirect



68

Responding to Appropriate Behaviours



- ALWAYS pair a DON'T do with a SHOULD DO
- Have a plan to reinforce alternative behaviours
- Have a plan to reinforce periods of time without the behaviour
- Remember, the behaviour itself might be appropriate in another place, at another time, or with another person - are these being reinforced?

69

Special Topic



1

Pornography



- Many people = many opinions
- It is not a matter of *IF* someone will see pornography - it is a matter of *WHEN*
- There is nothing inherently wrong with pornography - BUT pornography without accompanying sex education can create challenges
- This is a very brief review of some strategies and approaches to addressing pornography access for **youth**

2

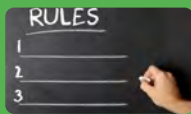
Pornograph y



- Know the law where you live/work
- Most places the law is 18 years old
- It is illegal to sell pornography to or facilitate access to pornography for those under age
- People over the age of 18 have a legal right to access pornography
- No one should be exposed to pornography without consent

3

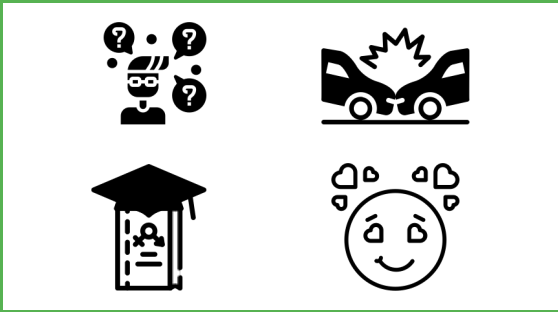
Pornography & Family Rules



- Family rules about pornography may be different from laws about pornography
- A no pornography rule will do *nothing* to stop viewing
- Rules can't be *implied*, they have to be discussed
- Assuming pornography will not be seen or accessed is no longer enough with increasing use of digital technology

4

Why Pornography?



5

Why Pornography?

Curiosity



- Have age-appropriate sex education books and resources available to answer questions
- Answer questions or find help answering questions when your child asks them - or they will go looking

6

Why Pornography?

Accidental

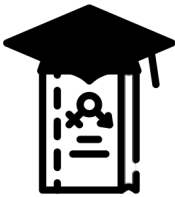


- Set up filters and parental controls to block as much as possible
- Limit device use to public areas of the house - limit hours
- Talk about what to do if your child sees something
 - see something - say something
 - tell them you **will not** be in trouble

7

Why Pornography?

Sex Education



- Pornography is *very* available - so education needs to be *just as* available
- Provide age-appropriate sex education
- Youth consistently say they get 'sex education' from pornography **BUT** they also say they want sex education from their families and schools

8

Why Pornography?

It Can Make Good Feelings Happen



- Talk about and allow time for solo sex routines that don't start with pornography viewing
- May have to explore providing non-pornographic images as an alternative

9

Pornography



- We need to talk *specifically* about pornography
- Important lessons should include:
 - pornography is not a good place to learn about sex and relationships
 - pornography is entertainment and the people in them are professionals and actors
 - pornography is like any other movie in that it is edited, directed, has professional lighting etc.
 - discussion about what is depicted in pornography and what sex is in real life

10

Pornography



- most free, easily accessible pornography does not depict:
 - ongoing consent
 - safer sex practices
 - the true variety of bodies
 - mutual pleasure
 - variety of identities
- much of free, easily accessible pornography does depict:
 - more extreme/advanced sexual activities without context
 - power dynamics and sexual relationships that would be illegal or taboo in real life

11

Pornography Education - Resources



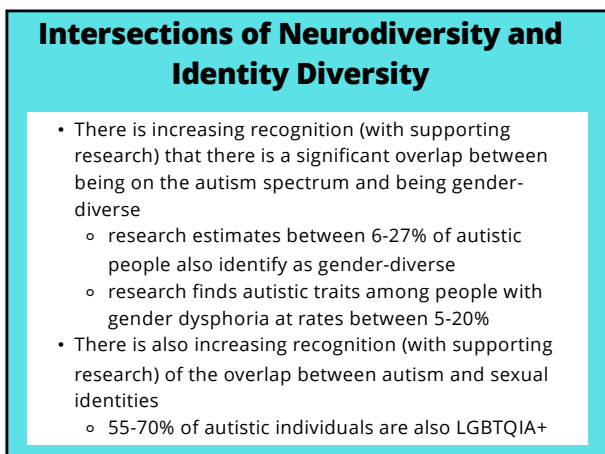
12



13



14



15

Intersections of Neurodiversity and Identity Diversity

If you are a service provider - you are serving these folks



If you are a family member - you might be raising and caring for one of these folks

16

Trans and Gender-Diverse Youth and Mental Health



Youth (and beyond) with these identities are at increased risk:

- suicidality
- self-harm
- depressive symptoms

Youth (and beyond) with additional intersectional identities may have additional elevated risk.

17

SUPPORT!



The most important thing to do is support!



SUPPORT

UNDERSTANDING

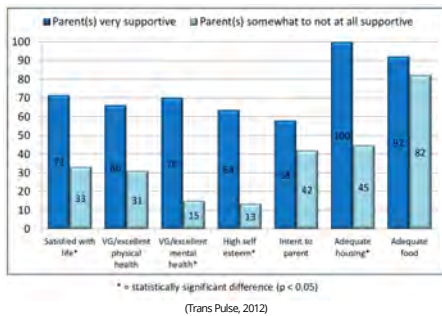


UNDERSTANDING

SUPPORT

18

SUPPORT!



19

ABA's Harmful History



In order to move forward we must recognize the harmful and lasting impact of historical and current practices within the field of ABA on LGBTQIA+ communities.

We must recognize and call out harm caused, not move away from it.



20

ABA's Harmful History



In 1974 Rekers and Lovaas published an article entitled "Behavioral Treatment of Deviant Sex-Role Behaviors in a Male Child" where they used ABA procedures to extinguish the gender-non-conforming behaviours of a 4 year old boy.

21

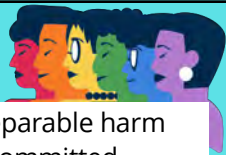
ABA's Harmful History



The procedures used in this study ranged from withholding attention (e.g., parent directed to ignore the child when any "feminine" behaviours or play was occurring), punishment procedures (e.g., time-out, isolation, removal of privileges) and physical abuse (i.e., spanking delivered by a parent).

22

ABA's Harmful History



This resulted in life-long, irreparable harm to the boy in this study. He committed suicide at age 38.

Rekers has a subsequent, extensive history of anti-LGBTQIA work.

The link between "conversion therapy" and the use of principles of ABA is present.

23

Retract Hate



We must also show up for our LGBTQ2S+ colleagues and clients in a very real way. That includes taking a look at our literature and retracting harmful articles. The existence of hateful and harmful research such as that described in Rekers & Lovaas (1974) & Rekers (1977) contributes to the erosion of trust that our field is experiencing. A retraction is a meaningful and necessary step to note that this is not scientific knowledge on which practitioners should rely, or which researchers should replicate or extend. Retraction also admits the journal's own historical complicity in the dissemination of such research which was used to support conversion therapy practices for decades.

- Danisha Gingles (retracthate.com)

24



25

Know Better - Do Better

There are a number of things we can do to help ensure we are not contributing to the erasure of identities and keep those we care for safe.

Thank you to the community of Behaviour Analysts working with the Retract Hate campaign for many of the following ideas.

26

Know Better - Do Better

Are you providing open choices, not limiting choices based on assumed gender.



NO

T



27

Know Better - Do Better

Don't teach pronouns based on what someone looks like.



28

Know Better - Do Better

For service providers: Create an inclusive and equitable work place for employees, clients, and families/carers.



29

Know Better - Do Better

More ideas and self-check infographics can be found at retrecthate.com




30

Know Better - Do Better

For service providers - See this comprehensive self-assessment by Leland & Stockwell (2019) in *BAP*

A Self-Assessment Tool for Cultivating Affirming Practices With Transgender and Gender-Nonconforming (TGNC) Clients, Supervisees, Students, and Colleagues

Worrier Leland! • August Stockwell!



31

Know Better - Do Better

For service providers - Purchase this welcoming, inclusive space poster from a queer-owned shop




32



33
