

ASSESSING AND ADDRESSING CONTEXTUALLY INAPPROPRIATE SEXUAL BEHAVIOUR

Autism Community Training - November 2023

Landa Fox, MA, BCBA, CSHE



My Background

- In the field of ABA since 2003
- MA in Special Education from UBC
- Board Certified Behaviour Analyst
- Certified Sexual Health Educator
- Pursuing a Master's degree in Counselling Psychology
- **Develop individualized support plans to address contextually inappropriate sexual behaviour and provide case consultation**



The Plan

- 01 Important background that impacts assessing and addressing contextually inappropriate sexual behaviour
- 02 Defining contextually inappropriate sexual behaviour
- 03 Assessing contextually inappropriate sexual behaviour
- 04 Addressing contextually inappropriate sexual behaviour
- 05 Case vignettes to illustrate the complexity of this area

Important Background

How sexuality and disability, and their intersections, are viewed is extremely impactful on understanding sexual behaviour, including what might be classed as contextually inappropriate sexual behaviour.

WARNING



This presentation will use specific language to refer to bodies, sex, and sexual contact and activities.



There will also be a discussion of sexual abuse and assault.

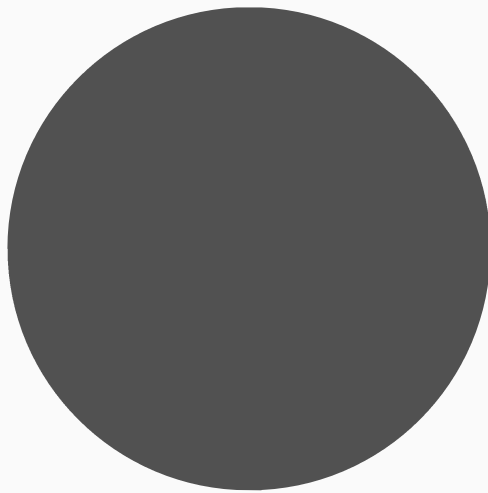
DESEXUALIZED

- no sexuality
- don't have (or should be prevented from having) sexual thoughts/feelings
- assigned asexual or aromantic identities
- no interest in sexuality
- should be kept protected and child-like
- don't need information

HYPERSEXUALIZED

- uncontrollable sexual expression - risk of sex offending/have offended
- others need to be protected
- need to be protected from themselves
- all sexual behaviour is 'deviant'
- can't handle the information
- segregation
- forced/non-consensual sterilization

MIDDLE MAJORITY



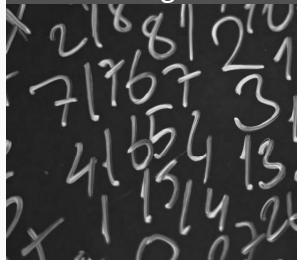
**CONTEXTUALLY
INAPPROPRIATE
SEXUAL
BEHAVIOUR
(CISB)**

CISB

**Few behaviours are inherently
"inappropriate" but there are
some criteria that can make it so
it is.....**

CISB

*Occur Well Beyond
Expected Age
Range*



*Occurring
In Public*



*Dangerous for Self
and Others*



CISB

*Violation of Policy
or Law*



*Interferes with
Accessing
Environments*



*Person Identifies it
as a problem**





Rule out Medical Causes

- Infections (UTI, STI, yeast, bacterial)
- Medications (impact on sensation and libido)
 - anti-depressant/anxiety/psychotic
 - ADHD
- Phimosis
- Dryness of skin/membranes
- Parasitic or fungal infections (pinworm, scabies)



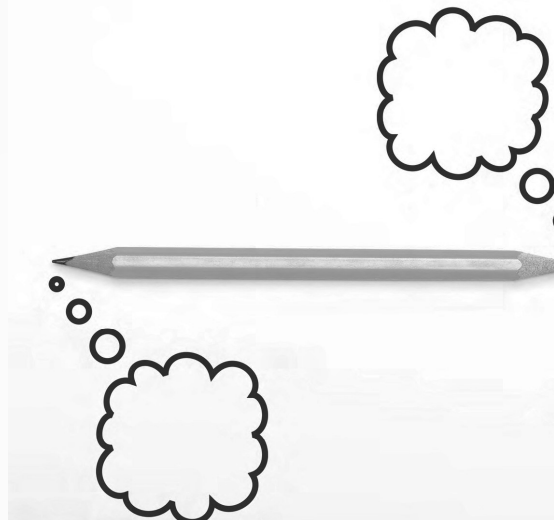
Think about surveillance

- 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'?
- Could this be related to access to privacy?
- **May still need to intervene/teach**



Think about the two ends of the spectrum

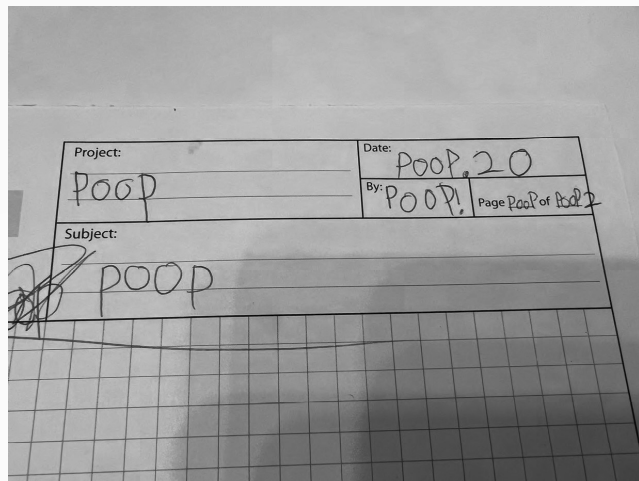
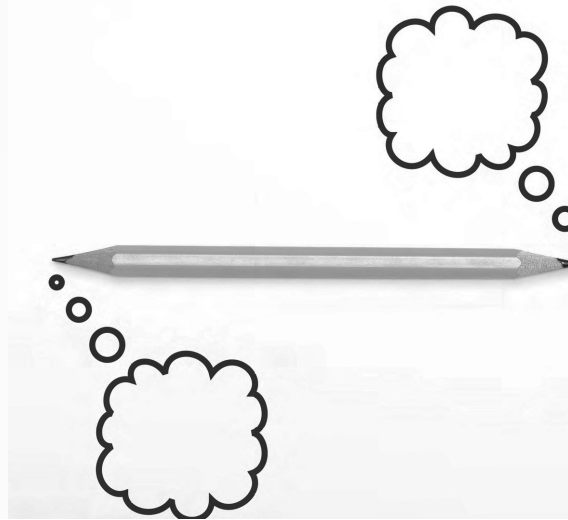
- Are we only concerned because someone has a disability?
- Stokes & Kaur (2005) found that the only difference between autistic adolescents and neurotypical adolescents when it comes to engaging in sexual behaviours was how much their parents were concerned about it



Think about developmental norms

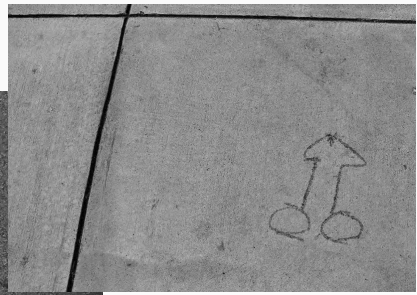
- It is important to know what is expected at various ages
- Expected doesn't mean ignoring it - but it is important to recognize

For example.....



When your kid keeps grabbing his junk and you've asked him 347 times to stop





Georgia O'Keeffe



Pablo Picasso



Judith Berenstein



#moaningchallenge

6.2M views

Sexual Abuse



Sexual Abuse

CSA Rates

- Across all children - 1 in 4 girls; 1 in 13 boys
- ND youth are at elevated risk of various forms of maltreatment - sexual abuse is 3.14 times greater
- those who are more severely impacted by their autism are at higher risk of CSA

Edelson (2023)

Sexual Abuse

Why increased risk?

- communication challenges
- difficulty with/different interpretation of social and emotional cues
- difficulty with/differences in perspective taking
- increased need for support

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Sexual Abuse

Why is it hard to recognize CSA in ASD?

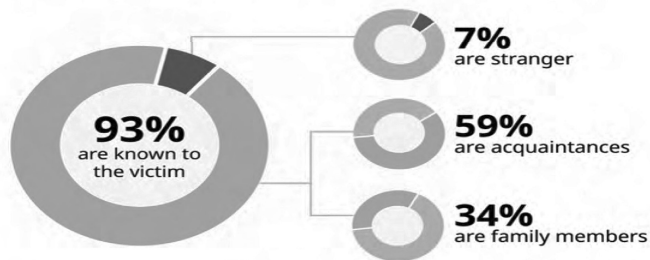
- overlap in signs of CSA and ASD
- misattribution of sexual behaviours that could be signs of CSA or not
- overlap in signs of PTSD/anxiety/depression and ASD

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CISB

Who Commits Sexual Abuse

Among cases of child sexual abuse reported to law enforcement:



RAINN

National Sexual Assault Hotline | 800.656.HOPE | online.rainn.org
Please visit rainn.org/statistics/children-and-teens for full citation.⁴

ASSESSING
CONTEXTUALLY
INAPPROPRIATE
SEXUAL
BEHAVIOUR



Sexual Function



- serves a sexual purpose
- usually related to pleasurable sensations

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



Functional Assessment

- Definition of the behaviour - what it looks like
- Identification of triggers/ antecedents
- Identification of function - why it is happening
- data collection
 - where, when, who, how long etc.



Intervention Planning

- Often, there isn't just one simple thing a team can do to address CISB
- Usually, it will require a behaviour support plan that has multiple levels of support
- We have to consider contextual fit: WHO, WHAT, and HOW a support plan will be implemented



Preventing CISB

SETTING EVENTS and SUPPORTS

- Lack of knowledge
 - Teach!
- Lack of leisure skills or limited leisure opportunities presented
 - Teach and Provide!
- Poor understanding of social boundaries and/or social skills
 - MODEL! Teach. Provide.
- No appropriate opportunities
 - Find where/when appropriate
- No Privacy
 - Provide! or work towards providing
- Medication
 - Understand and ask for support

Preventing CISB

ANTECEDENTS and SUPPORTS

- Alone with no alternative activities
 - Provide. Teach.
- Low levels of attention or low quality of attention
 - Provide.
- Difficult demands or demands are not presented in an accessible/understandable way
 - Modify. Build Back Better.
- Preferred items are removed or made inaccessible or very difficult to access
 - Provide. Teach. Fade.
- Something internal (sensation or urge) - or external (something seen/heard etc.)
 - Plan access. Plan self-management/re-direction.

Responding to CISB

- A response is normal
 - a shocked or elevated response is normal
 - especially the first time
 - The key is to respond **AND** plan for the next time
 - Do you need support?
 - Do you need resources?
 - Do you need a team plan?

Responding to CISB

- Interrupt
 - it is normal to want to try to pretend it didn't happen/isn't happening/wasn't seen
 - important to set clear boundaries
- Interrupt & REDIRECT
 - ALWAYS pair a don't do with a SHOULD DO
 - saying "no" doesn't tell the person what they should be doing instead

Responding to CISB Online

Set up filters and adult controls

- Do the devices in your classes have filters?
- Talk with families about these on personal devices.
- Common Sense Media has guides for most devices



Time and Place Limits

- Set device time limits as you are able.
- Set place limits as you are able.
- Talk with others about setting device limits and public place expectations.

No device removal for "unsafe" online behaviour

- **This can lead to more hiding and less open discussion.**
- Device removal as a consequence for other behaviour may be an individual choice.

VIGNETTE 1

Graham is a 4th grade student. Graham's is autistic and has an ADHD diagnosis. Graham has made lots of progress from K through 3 thanks to his support team. He used to spend most of his day out of class and away from peers, but now he is able to spend much more time in class. However, Graham has started to yell out various body part words in class, moan, and make jokes about bodily functions. These shout-outs and jokes get the other kids going and are disruptive to the class.

VIGNETTE 2

Kara is an autistic 18-year-old young woman. Her grandmother (whom she lives with and is her primary caretaker) recently discovered through seeing Kara's phone when it was left open that she has been exchanging explicit text (words and pictures) with people online. Her grandmother immediately took her phone away without planning to return it until she got some help. Kara has finished high school but has been unable to find a job. She has limited friend networks and has hated going to social skills groups. She does have one friend she sees in person occasionally.

VIGNETTE 3

Vin is a 13-year-old male with diagnoses of autism, ODD, and ADHD. He also has a history of trauma, including witnessing domestic violence and experiencing physical and emotional abuse and neglect. Sexual abuse is not suspected. He is in the ministry's care and living in a staffed residential resource. he has no contact with his family of origin at this time. He has started touching other people inappropriately (grabbing buttocks, breasts, and pressing his body against others). These are directed to all staff at the house.

VIGNETTE 4

Navi is a 16-year-old girl. Navi is autistic and has a moderate intellectual disability. She can have private time in her room whenever she wants, as long as it doesn't interrupt family routines. Recently, she has been rubbing and touching her genitals outside of her bedroom more frequently. Her parents became more concerned when they found a hairbrush in her bed while making the bed. When they asked Navi, she indicated she used the brush to rub her vulva or insert in her vagina. Her parents don't know what to do.

QUESTIONS



FIND ME

positiveconnections.ca

[landa#positiveconnections.ca](https://twitter.com/landa#positiveconnections.ca)

calendly.com/landafox

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