Sexual Health
for Individuals with ASD
and other Complex Disabilities

START: Statewide Autism Resources and Training

http://www.gvsu.edu/autismcenter/
The Problem

Increase in Referrals
Aberrant Sexual Behaviors
Sexual Crimes
Gathering Information

• Terri Couwenhoven, AASECT Sex Educator (tcouwen@execpc.com). Sexuality Issues in Students with I/DD: Boundaries and Behavior. Presented December 16, 2015 Kent ISD.

• Isabelle Henault, Author & Sex Therapists, University of Quebec – 2 Trainings in Collaboration with Oakland University.

• Selected research articles and books

• Current laws related to sexual health education for ALL students
The Michigan Model for Health

The curriculum can be taught by:

- **Elementary**: Any teacher who attends the regional training
- **Secondary**: Health teachers (who also must attend a regional training)
The Michigan Model for Health

http://www.michigan.gov/mde/0,4615,7-140-74638_72831_72836-362901--,00.html

• Ongoing technical support provided by an ISD Regional School Health Coordinator

• Education on communicable diseases is REQUIRED at least yearly for students in Michigan (including HIV/AIDS) and can be taught by ANY teacher who attends the regional training.

• Local Districts decide what is taught BEYOND MDE requirements.

http://www.michigan.gov/mde/0,4615,7-140-74638_74639_29233_29803---,00.html
Many Students with ASD Excluded

Exchanged for SpEd Classes / Resource
Not Included in Self-Contained Curriculum
Sex Education is a Local BOARD Decision in Michigan

- Purpose is to protect and promote health and to provide skills needed for caring, safe, and responsible relationships.

- Sound programs address human development, healthy relationships, possible consequences of sexual risk behaviors, influence of alcohol and other drugs on decisions, and sexuality within society and culture.

- Instruction should emphasize that students have the power to control personal behavior and should base their actions on reasoning, a sense of responsibility, and respect for self and others.

- Education programs should address the needs of all students--those who abstain from sexual activity, those who have engaged in sexual activity but are currently abstaining, and those who may currently be engaging in sexual behaviors.

- Programs should be developmentally, linguistically, culturally, and age-appropriate and of sufficient duration for students to acquire the knowledge and skills needed to adopt healthy behaviors.

WHO CAN TEACH SEX EDUCATION
http://www.michigan.gov/mde/0,4615,7-140-74638_74639_29233_29803-204501--,00.html

• Health Teachers

• Biology or life science teachers to teach those aspects of reproductive health that are detailed in the K-12 Science Standards. (Local education agencies may define these classes as sexuality education classes for the purpose of review by the Sex Education Advisory Board, as detailed in Section 380.1507 of the Revised School Code.)

• Special education teachers who teach sexuality education in self-contained settings are qualified upon successful completion of the MDE required training in sexuality education that is relevant to the developmental needs of their students.

If the district even offers education in Sexual Health, many with ASD excluded.
The Need for Specialization in Sexual Health Education for Students with ASD

Life Animated
The Need for Specialized Sexual Health Education for Students with ASD

• Theory of Mind Challenges  (Frank Sinatra Syndrome “My Way”)
  • Consent – she didn’t SAY “no”
  • Reactions and Corrections of Peers (Where / When)
  • Peers know the social code
Thinking, Saying & Feeling Bubbles
The Need for Specialized Sexual Health Education for Students with ASD

• **Theory of Mind Challenges**  (Frank Sinatra Syndrome “My Way”)
  - Consent – she didn’t SAY “no”
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• **Concrete Thinking**
  - Sexual Assault = Intercourse

• **Misperceptions**
  - Private vs Public Place
  - Private – Alone?
Make an × in the places where it’s not appropriate to masturbate.
Private Body Parts
The Need for Specialized Sexual Health Education for Students with ASD

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  - Private vs Public Place
  - Private – Alone?

- **Sexual Exploitation / Abuse**
  - Social Media
  - 70% some type of abuse

- **Altered Scripts for Sexual Learning**
Altered Scripts for Sexual Learning

- Negativity / Discomfort
  - Reactions of Staff (“no”)
  - Myths of Oversexed
  - “Love Shack” – 1 (TV); 2 (Cook) 3 (Sex)—perceived 3

- Reliance on Adults for Self-Care Needs
  - Privacy

- Altered Living Environment
  - More closely monitored
  - Dressing / using restroom in front of others

- Isolation & Loneliness
  - Lack of opportunity and consenting partner
    - Mean age for Typical? ASD?
Altered Scripts for Sexual Learning
Internet and Porn

• Look out of Curiosity
  • Body Parts
  • How to have sex

• Misunderstanding of Typical
  • Genital Hair (non existent or shaved)
  • Notion of Consent (no means no?)
  • Genital Size

• Juvenile Porn
  • Misjudge age—views self as less mature
  • Illegal? -- “I didn’t pay for it” so it must be legal

• Predators

SAFE SEARCH FILTERS
Aberrant Sexual Behavior

• Most Common?
  • Different than what people THINK is most common

• Masturbation:
  • Over / Under Stimulation
  • Public vs. private (bedroom, door closed) understanding
  • If excessive, likely not successful (meds / wrong gesture) -- thrusting
  • Normal peak puberty 1-5x per day
  • Medication Effects

• OTHER?
Making the Case for Sexual Health Education

OVER-PROTECTION

AVOID the Topic (FEAR)
LESS Education
Find Inappropriate Information
Make MORE Mistakes

PROTECTION

Issues on the Table
Specialized EDUCATION
Access to APPROPRIATE Materials
Address Mistakes
Fears Related to Sexual Health Education

• Higher Interest in Sex
• Couples / Marriage
• STDs
• Unwanted Pregnancy
• Sexual Exploitation
• Judgement of Others
A RESPONSE
Sexual Health Representatives to the RCN

• Participate in Sexual Health COP:
  • Develop and Inform the START Sexual Health for Students with ASD Module
  • Inform legislation to ensure that first offenders with ASD would be sentenced to education, not punishment;
  • Family focus and resources;
  • Collaboration with clinics providing therapy in sexual health

• Present the Sexual Health for Students with ASD Module 2+ times per year in their region
EDUCATION

• Bodies & Boundaries
• Privacy
• Social Skills
• Relationships
• Personal Limits
• Consent
• Safety & Exploitation Prevention

TREATMENT / THERAPY

• How To of Sexual Behaviors
• Aberrant Sexual Behavior
Specialization for Students with ASD

• Accurate Information / Understandable Level / Simple Explanations / Concrete Examples
• TEACH from the POSITIVE
• Teach to the Conservative Norm
• Developmental Age (HOW); Chronological Age (WHAT)
• Begin with Most IMMEDIATE NEED (social appropriate)
• CONSENT (Green, Yellow, Red)
• “Make Wise Choices”

• 5 Point Scales
  • Legal / Illegal
  • 5 is Against the Law
  • Appropriate Behaviors based on Relationships
5-Point Scales for Social Behavior and Self-Management

Stalking Scale #1

<table>
<thead>
<tr>
<th>Rating</th>
<th>What Might This Look Like?</th>
<th>What Might This Make Someone Else Think?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Calling repetitively every day. Going to someone’s house uninvited. Saying something that feels threatening to the other person.</td>
<td>You are too scary. You might be dangerous and I can't take a chance that you will hurt me. I need to call the police.</td>
</tr>
<tr>
<td>4</td>
<td>Asking someone out on a date when they have said “no” more than three times. Calling someone and talking about sexual or violent topics. Staring at someone for more than 60 seconds.</td>
<td>This person does not understand that I never want to go out with him. I am a little afraid because of the topics he talks about. I might need some help with this problem.</td>
</tr>
<tr>
<td>3</td>
<td>Singing a song to a girl in the cafeteria because you think she is pretty. Sitting down at the same table in the cafeteria but then not saying anything.</td>
<td>This person is hard to understand. He is odd, and that makes him unpredictable. I feel uncomfortable around him.</td>
</tr>
<tr>
<td>2</td>
<td>Calling someone for a date and after three “no” answers not calling her about a date again. Going to someone’s dorm room or apartment when invited.</td>
<td>This is a reasonable and friendly person. I am not afraid of this person because he seems to understand social rules.</td>
</tr>
<tr>
<td>1</td>
<td>Not talking to other people at all. Sitting alone in the cafeteria. Working quietly in the library.</td>
<td>This person is not dangerous, but he’s not very friendly. This person might be shy, but I am not afraid of him.</td>
</tr>
</tbody>
</table>

### 5-Point Scales for Social Behavior and Self-Management

#### Stalking Scale #2: Rethinking Your Thinking

<table>
<thead>
<tr>
<th>Rating</th>
<th>This is my first thought</th>
<th>This is how I can “rethink” the situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>I must have a date. I deserve a date with a pretty girl. She needs to call me back. I will call her again or go over to her house.</td>
<td>Stop! I cannot push the issue of dates. This is rigid, absolute thinking. If she said “no” three times, she is not going to change her mind. Going to her house will make her think I am stalking. This could be very dangerous for me.</td>
</tr>
<tr>
<td>4</td>
<td>I think about sexual things when I see this person. I want to share my sexual thoughts to see if she feels the same way.</td>
<td>Wait! Sexual thoughts are private thoughts. Although many people have sexual thoughts, they do not talk about them. I need to keep my sexual thoughts silent unless I am talking to someone I have a serious relationship with.</td>
</tr>
<tr>
<td>3</td>
<td>I see the girl I would like to date. I will go over to her table and sit down so that she will notice me. Maybe I will sit next to her in class and pull my chair real close to her chair.</td>
<td>The best way to meet someone new is to either have someone introduce me or wait until the person is naturally nearby and not busy and then introduce myself. Just putting my body next to another person can cause her to think I am strange.</td>
</tr>
<tr>
<td>2</td>
<td>I will go to the party because I was invited. I will sit next to the girl in Statistics class because there is an empty seat.</td>
<td>These thoughts are reasonable, so I can keep them.</td>
</tr>
<tr>
<td>1</td>
<td>I am not sure what to say, so I’d better just be quiet. I don’t really know that girl, so I won’t join her for lunch.</td>
<td>This is probably a good idea. If I am not sure, I can ask for some advice from my support person or a trusted adult.</td>
</tr>
</tbody>
</table>

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Steven Shore
http://www.autismasperger.net/
Specialization for Students with ASD

- Thinking, Saying, Feeling Bubbles – Your Perception / Their Perception
- Concentric Circles
- Use Correct WORDS
- Use Pics and PRACTICE
  - Private vs Public Place
  - Order of Age (ASD may view themselves younger)
- SITUATIONS Considerations
- Relationships “quality time” with Common Activities
- Not “do you watch porn” but “WHEN you watch porn” – Concentric circles families
Staff Learning Modules
Dave Hingsburger @
http://www.openfuturelearning.org/index.html
Nila Benito
Florida Center for Inclusive Communities & DD Council


Terri Couwenhoven, M.S.
https://terricouwenhoven.com/
Secondary level: first and second cycles

Preventing AIDS and other STDs through sexuality education for students with intellectual impairments

Compendium of teaching and learning activities geared to adapted curricula

Québec


Asperger Syndrome and Sexuality
From adolescence through adulthood
Isabelle Hénault
Foreword by Tony Attwood
FLASH Curriculum / Lessons


FLASH lesson plans for Special Education

Puberty: the Wonder Years

Together we can make a difference in how we teach puberty. Girls begin puberty as young as eight or nine years of age, and boys begin puberty between ages 11 and 14. We can teach children about puberty and prevent them from being frightened by unwanted changes in their bodies and emotions. We can also help young people learn to manage their sexuality in healthy ways over the many years between the onset of puberty and the development of mature, consensual relationships. In order to prepare young people to make healthy choices, adults must begin teaching them before they are sexually active.

http://www.pubertycurriculum.com/


http://teachers.teachingsexualhealth.ca/
Autism Speaks Health Tool Kit

http://vkc.mc.vanderbilt.edu/healthybodies/

https://partnerships.ucsf.edu/sites/partnerships.ucsf.edu/files/images/SexualHealthToolkit2010BW.pdf
Resources / Curriculum
Examples / Process for Curriculum Approval
Resources for Families (Health Education Passport)
ACTION

• Within your RCN / ISD – determine which districts have approved sexual health education.

• For those who do, access curriculum and identify contacts on the Sex Education Advisory Board (SEAB) (required) – this group can help with approval for a more explicit curriculum for students with disabilities, if needed.

• For those who do not, present module to assist district leadership in understanding the need and moving forward on approving a curriculum for students with disabilities.