

Positive and Protective Sexuality and Autism Spectrum Disorder

Department of Communities, Child Safety and Disability
Services – Foster and Kinship Carer Training

Course Outline



Introduction
Sexuality and Autism Spectrum Disorder
Social learning
Values and attitudes
Rationale and impacts for sexuality education
Sexual abuse and trauma informed practice
Puberty and ASD

break

Types of relationships and touch
Supporting and addressing sexuality issues
Answering questions
Conclusion

What is sexuality?



“Sexuality is

an integral part of life and it influences personality. It may be denied, repressed or used effectively but it is part of our selves. Sexuality is a process commencing at birth and ending only with death. Sexuality is culturally defined and thus influenced by family, peers, religion, economics, school, media, law and science.”

The Clarity Collective (1990)

What is sexuality?



“Sex is what we do,
Sexuality is who we are”

Anna Freud
Reference unavailable

Sexuality Components



Spiritual

- Religion
- Feelings
- Values
- Beliefs

Social

- Personal background
- Friendships
- Marriage/partnerships
- Culture
- Legal aspects


Physical

- Reproduction
- Birth control
- Pregnancy
- Sexual response
- Growth and development

Emotional

- Learned behaviour
- Attitudes
- Education
- Expression
- Feelings
- Body image

How do you manage your personal values and beliefs in your professional role?

A large, purple-outlined thought bubble with a scalloped edge. Inside the bubble is the text 'What are my personal values and beliefs about sexuality?'. Below the main bubble are three smaller, purple-outlined circles of increasing size, connected by a thin line, suggesting a trail of thought.

What are my personal values and beliefs about sexuality?



Guidelines for values discussions

- Be accepting and non-judgmental
- Encourage diversity
- Respect the individual's right to pass
- Respect the individual's response without commenting or probing unnecessarily
- Encourage individuals to respond honestly
- Model effective listening
- Avoid questions which may excessively threaten or limit choices
- Raise questions of broader social issues as well as personal concerns



Autism Spectrum Disorder

- Autism Spectrum Disorder (ASD) is a lifelong condition where people have difficulties in 2 main areas: social communication and interests and behaviour.
- No two children and young people with ASD are the same and they have a wide range of abilities.
- Some children and young people with ASD may also have intellectual disability, where as others will have average, or above average intelligence.
- Children and young people with ASD may experience:
 - challenges in communicating and interacting with others
 - thinking flexibly
 - sensory sensitivities
 - adapting behaviours to what can seem incredibly confusing and frustrating situations
- It is estimated that 1 in 100 Australians has ASD

Autism Spectrum Disorder



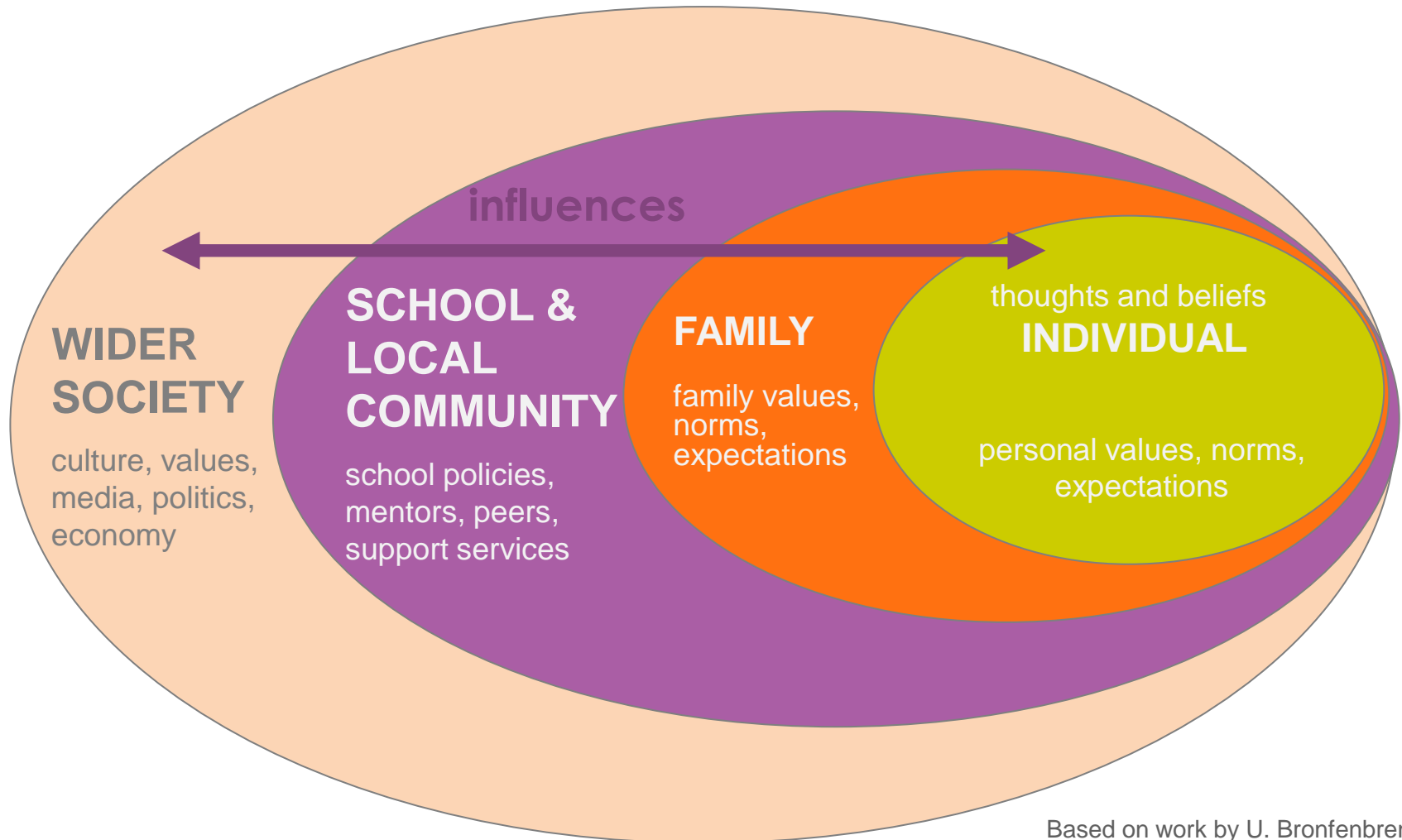
Children and young people with ASD may experience challenges in:

- Organising, sequencing and changing routines
- Not having established routines
- Generalisation and concept development
- Repetitive behaviours (flapping, body rocking or tapping)
- Staying on task/following directions and/or paying attention to anything outside their particular area of interest
- Appropriate social interactions and communication
- Sensory input overload
- Judgement, reasoning and expectations

Adapted from www.autismqld.com.au

How do children and young people learn about sexuality and relationships?

Ecological model of behaviour



Based on work by U. Bronfenbrenner

Relationships and sexuality education through social learning



- body contact the baby receives
- parents' attitudes to the genital area:
 - toilet training
 - masturbation
 - childhood sexual games
- verbal communication
- media
- gender roles
- relationships
- school sex education programs

Relationships, sexuality and disability



People with a disability may have:

- limited ability to acquire knowledge elsewhere
- less opportunity to engage spontaneously with peers
- difficulties in distinguishing fact from fiction
- challenges in reading social situations and matching behaviour
- high risk of experiencing STIs and unintended pregnancies
- increased vulnerability to sexual abuse/assault and exploitation



What is sexual abuse?

- any sexual activity between an adult and a child below the age of consent or
- non-consensual activity between minors including: fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or other object, fondling of breasts, voyeurism, exhibitionism and exposing the child to or involving the child in pornography

Price-Robertson, R., Bromfield, L & Vassallo, S. (2010)



Prevalence of sexual abuse

- between 1 in 3 and 1 in 5 girls are sexually abused
- between 1 in 6 and 1 and 10 boys are sexually abused
- in 90% of cases, the child knows the offender
- almost 90% of all victims experienced unwanted acts before age 13
- 40 – 90% of sexual offences against children are done by other children and young people
- people with disability are 3 to 7 times more likely to experience sexual abuse

Queensland Crime Commission and Queensland Police Service (2000)
Child Safety (2011); O'Brien, W. (2010)



Benefits of self protection education

The benefits of receiving positive, factual, consistent messages and information about self protection include:

- the development of a safety network of trusted adults to talk to
- increased communication skills to talk about bodies
- an understanding of healthy, respectful relationships
- learning to identify and express their own personal boundaries
- knowledge to identify abusive situations
- less likely to experience sexual abuse

Who's job is it anyway?

Children and young people in care have poorer sexual health outcomes than their peers not in care.

... care providers and service providers experienced a great deal of confusion, fear and lack of power with regards to whose responsibility it was for helping young people to access sexual health services.

Farmer et al (2000)

RSE involves teaching children and young people about:



- body parts
- public and private
- puberty
- menstrual management
- relationships
- safe sex
- decision making
- appropriate behaviour
- sexual abuse issues
- sexual health checks
- sexual functioning
- self protection
- assertion skills
- self esteem

Trauma



Trauma experienced in childhood and in early adulthood is increasingly being recognised as one of the primary social determinants of health and wellbeing. This is because violence and abuse experienced by young people can have severe, pervasive and lifelong effects on their health, ‘identity, relationships, expectations of self and others, ability to regulate emotions and view of the world’

Elliott et al. 2005; as cited in NSW Kids and Families (2014, pg. 97)



Principles of Trauma Informed Practice

1. Providing a physically and emotionally safe environment
2. Sharing power with the young people of the service, maximising their choice and control
3. Providing training and education for practitioners about the impacts of trauma and developing safety and crisis plans
4. Providing ongoing supervision and support for practitioners to mitigate the impacts of vicarious trauma
5. Providing a culturally safe and gender-sensitive service
6. Ensuring communication is open and respectful
7. Supporting young people's goals and interests
8. Referring young people to trauma-specific services and interventions

Hopper et al. 2010; Cusack et al. 2008; Fallot and Harris 2006; Hummer et al. 2010 as cited in NSW Kids and Families (2014, Pg. 101)

So what does this mean for relationships and sexuality?

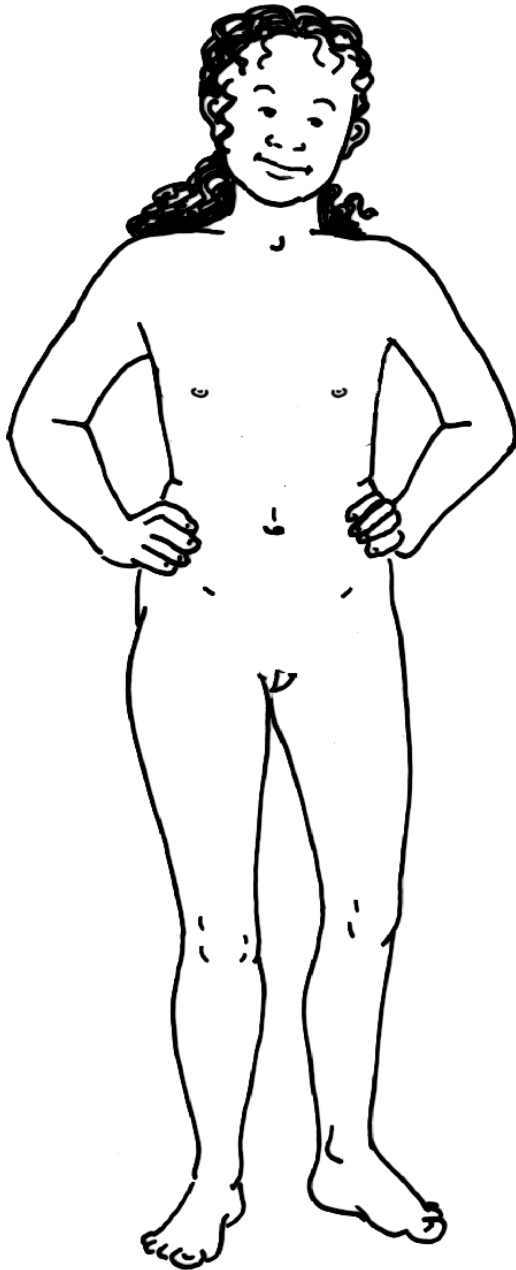


- Consider the potential for resilience in children and young people
- Important to recognise and focus on the individual strengths of children and young people without denying their potential for healthy sexualities and positive self –concepts.
- Children and young people with trauma backgrounds can, and do, still engage in sexual behaviours that are healthy and age appropriate.

Fava, N.M & Bay-Cheng, L.Y (2012)

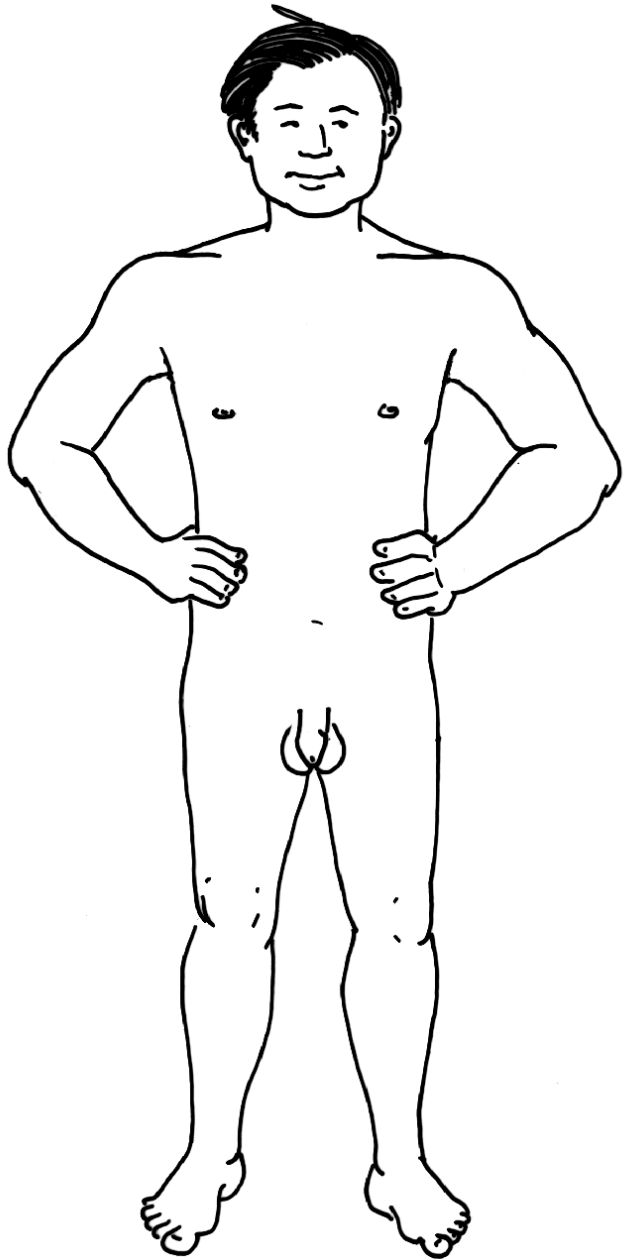
Female puberty changes

Draw the puberty changes on the body.



Female physical puberty changes

- growth spurt (height)
- breast budding and growth
- hips broaden
- pubic hair appears
- slight vaginal secretions
- genitals become fleshier and darker
- menstruation/period
- underarm hair
- thicker hair on arms and legs
- slight voice changes
- development of reproductive organs (including uterus & ovaries)
- sweat gland secretion
- acne
- fat deposited around hips and thighs.



Male puberty changes

Draw the puberty changes on the body.



Male physical puberty changes

- growth spurt (height)
- scrotum enlarges
- breast knots
- penis enlarges
- pubic hair appears
- voice changes
- sperm production
- underarm hair
- facial hair
- sweat gland secretion
- acne
- wet dreams
- ejaculations

Puberty emotional and social changes

- Extreme mood swings
- Question identity
- Risk taking behaviour common
- Preoccupation with rapid body changes
- Start to assert independence from parent/carer
- Express need for privacy
- Establish strong bonds with peer group
- Look to peer group for behaviour code
- Test ability to attract boyfriend/girlfriend

Specific ASD Issues



- Seizures
- Depression
- Hypersensitivity or hyposensitivity
- Medication issues
- Family/carer support needs

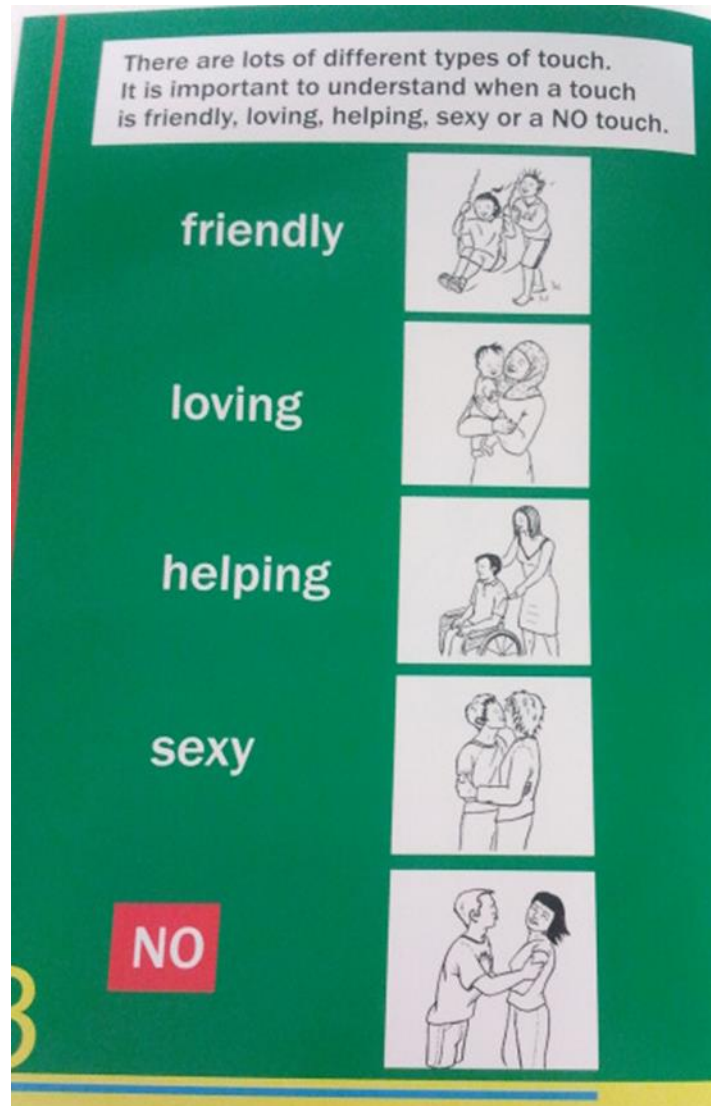


Why talk about relationships and touch?

To learn about:

- Types of relationships
- Activities within relationships
- Emotions in relationships
- Types of touch
- Boundaries about touch and with whom
- Establishing and maintaining healthy relationships
- Staying safe in relationships

Types of touch



Rules about touch

There are rules about touch to help us be safe.

It is not OK:

- for anyone to touch your body if you do not want them to.
- for someone to make you touch their body if you do not want to.
- for someone in your family to touch you in a *sexy* way.
- for adults to touch a child in a *sexy* way.
- for people to be *sexy* in front of you.
Being *sexy* is private.

It is also not OK for someone to show you pictures or photos from videos, computers or magazines that show private body parts or people being *sexy* if you do not want them to.

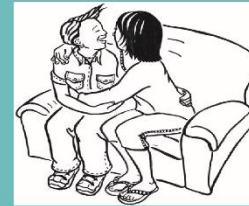
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Rules about sexy touch

To have a happy and safe sexual relationship it is important to follow the rules about being sexy together.

Sexy touch is OK if...

➔ **both people want to and say yes**



➔ **both people are old enough**



➔ **sex and sexy touch is private**



➔ **people are NOT from the same family**



3 *What* Questions



1. What is the behaviour?

2. What is the behaviour communicating?

3. What strategies will help meet the need?

Scenario 1



Hannah is 15 years old and has ASD. She has been trying to manage her own periods and has communicated to her foster carers that she wants to learn how to do it by herself so she can be like her big sister. She is finding it difficult to know when to change her pads and how to position the pads securely in her underwear.

Scenario 2



After swimming class, **Ahmed**, aged 10, is found behind the girls change room, standing on the wheelie bins trying to look through the windows. Ahmed says he is looking for a wasp's nest he saw there last week.

Scenario 3



Harry is 12 and is interested in architecture and buildings. He would like to have a friend to spend time on the weekends with but isn't sure about how to find one who likes the same things he does.

Aim to be askable

- Let children and young people know it is always good to ask
- It is ok for you to be embarrassed or not know the answer
- Be proactive if your child doesn't you ask
- Be positive, brief and factual (you can still reinforce rules and boundaries whilst being positive)
- Provide information at the person's level of understanding using their preferred communication style
- Find out what they are really asking
- Attempt to address all questions no matter how silly or confronting they may appear

Positive responses to questions



- “That’s a very good question and I’m glad you asked”
- “That’s a very good question, what made you think of that?”
- “That’s such a clever question, I’m not sure I know how to answer it. I’ll find out and tell you at (specify time)”
- “That would be a really good thing to talk about during our sexuality and relationships lesson. Should we talk about it then?”
- “I don’t know the answer, let’s find out together”

Strategies for answering questions



The straight answer

This technique gives an honest, straight forward answer.

Q What is a homosexual?

A A homosexual is a person who is attracted to people of the same sex.

Continuum

This technique is useful for value-based questions. “Some people believe . . . , whilst others believe Most people's beliefs fall somewhere in between.

Q Is abortion ok?

A Some people believe that abortion is never ok. Others believe it is the woman's right to choose. Others believe it depends on the circumstances.

Turning the question around

This technique is also useful for value- based questions.

Q What is the best age to have sex?

A That's a good question. What do you think?

I don't know

It is honest and acceptable to admit lack of knowledge, however make a plan, including a time frame, to learn the answer.

Support strategies for children and young people



- Make time to talk
- Make time to listen
- Acknowledge feelings
- Believe in and respect the child
- Teach self protection skills
- Know your referral list



Looking after you – it's important!

- Be aware of your risk factors
- Attend to physical, emotional, spiritual, creative, interpersonal well being
- Seek personal counselling/therapy
- Nurture yourself
- Seek balance between work, rest and play
- Re-establish meaning and connection, with yourself, family, friends, others

Thank you!

For more information

www.true.org.au

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