This presentation contains language of a sexual nature and may be considered offensive to some listeners.

A group of verbal and non-verbal skills that allow social animals to communicate and interact with each other.
Common Social Skills

- Pitch of voice
- Eye contact
- Shaking hands
- Topic selection
- Accepting “no”
- Personal distance
- Privacy
- Building relationships
- Maintaining relationships
- Word choice
- Body language
- Facial expressions
- Intonation
- Personal hygiene
- Table manners
- Sharing
- Cooperation
- Empathy

Social Skills

So what is normal?

Sexuality

In the broadest sense, sexuality encompasses all the feelings, attitudes, and behaviors that contribute to a person’s own sense of womanhood or manhood.
Who taught you about sexuality?

- Peers
- Parents
- "Hollywood"
- Research
  - What about you?

Mitigating Factors

- Parenting Style
  - Permissive
  - Hands off
  - Judgmental
- Disability
- Exposure
  - Adult material
- Abuse

Challenges with Empirical Evidence

- Sample Size
- Convenience Samples
  - Institutional populations
  - Maximum security populations
- Severity and/or Scope of the Disability
  - Often not reported
  - Populations often not differentiated
- Caregiver Reports
- Lack of Research
**Eugenics Movement**

- Starting in the late 1800’s laws were passed banning marriage or sexual intercourse involving women with a developmental disability or epilepsy.
- Between 1907 & 1957, some 60,000 individuals with a developmental disability were sterilized without their consent or, at times, knowledge.

Sobsey,1994

**Both programs were designed to**

- 1) protect learners with a developmental disability from sexual abuse and
- 2) eliminate developmental disabilities by restricting reproduction.

Until the mid-1960s such actions remained relatively commonplace with displays of sexuality by individuals with developmental disabilities punished as inappropriate or deviant.

Sobsey,1994

**Myths about Developmental Disabilities and Sexuality**

- In the community at large, there continue to exist a number of myths regarding sexuality and individuals with developmental disabilities including:
  - Individuals with developmental disabilities have little or no interest in sex.
  - Individuals with developmental disabilities can’t have sex.
  - Individuals with developmental disabilities are hypersexual.
  - Individuals with developmental disabilities are solely heterosexual.

Why is this Important?

- Timmers, DuCharme, and Jacob (1981) found 65% of men and 82% of women with developmental disabilities had experienced sexual intercourse.
- Individuals had lower levels of sexual knowledge and experience in all areas except menstruation and body part identification compared to peers (McCabe & Cummins, 1996; Szollos & McCabe, 1995).
- A primary information source available to neurotypical teens, (i.e., other teens, peers), is generally not available to individuals with developmental disabilities (Volkmar & Wiesner, 2003).
- Griffiths, (1999) notes that most learners with a developmental disability receive sexuality education only after having engaged in sexual behavior that is considered inappropriate, offensive or potentially dangerous.

Who is Educating Children About Sexuality Today?

- Society
- Media
- Strangers
- Peers
- Teachers
- Parents
- Professionals

Providers of Sex Education

<table>
<thead>
<tr>
<th>Provider of Sex Education</th>
<th>Intellectual Disability</th>
<th>Physical Disability</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>16.7%, 10</td>
<td>35%, 21</td>
<td>77%, 77</td>
</tr>
<tr>
<td>Siblings</td>
<td>0%, 0</td>
<td>8.3%, 5</td>
<td>19%, 19</td>
</tr>
<tr>
<td>Friends</td>
<td>5%, 3</td>
<td>26.7%, 16</td>
<td>71%, 71</td>
</tr>
<tr>
<td>Others</td>
<td>43.3%, 26</td>
<td>51.7%, 31</td>
<td>81%, 81</td>
</tr>
</tbody>
</table>

From McCabe’s 1999 Australian study of young adults with 60 individuals with DD, 60 individuals with physical disabilities, and 100 individuals from the general population.
So, what is normal?

Four Types of Language

- The language of science (ex. Cervix)
- Street language (ex. Hooters)
- Childhood language (ex. wee wee)
- Common discourse (ex. making love)

Red Herrings Vs. Red Flags

- Typical behavior in comparison to peers
- Child does not express distress about activity
- Differs from typical pattern in:
  - Frequency
  - Duration
  - Intensity
  - Child expresses distress over activity
  -
What Type of Sexual Behavior Problems are Most Common?

- A nationwide study (Ward et al., 2001) that surveyed 243 community agencies found the most common sexual offenses were:
  - 62.2% inappropriate sexual behavior in public
  - 42.6% sexual behaviors and stimulation that inappropriately involved others
  - 42.6% sexual activity involving minors
  - 34.5% assaultive/nonconsensual sexual activity not involving minors

- Another study found the most common sexual behaviors are those seen among people without developmental disabilities—offenses against children, genital exposure and rape (Murphy, et al., 1983).

- Day (1997) found the most common sexual behavior problems to be indecent exposure, other minor offenses, and sexual assault of young girls.

Additional Behaviors of Concern for Adults with Autism and Other Developmental Disabilities

- Using Internet access for “adult” sites on public or work computers
- Obtaining pornography depicting minors
- Using public bathrooms for sexual expression
- Accepting gifts, payment, “friendship” or other compensation for sexual behavior
- Institutionalized homosexuality
- Behaviorally modified sexuality

Reported Vulnerability Factors of Sex Offenders with Developmental Disabilities

- Sexually naïve
- Preferring the company of younger children
- History of delinquent behavior
- Lacking opportunities to engage in appropriate sexual contact
- Confused self concepts
- Poor peer relations
- Lack of sexual and socio-sexual knowledge
- Greater social skills deficits

Why?

- Deviant behaviour “may arise from living in a system in which appropriate sexual knowledge and relationships are not supported” (Hingsburger et al., 1991).
- “A healthy environment for adults is one in which people are given accurate information regarding sexuality and sexual expression.” (Hingsburger 1995).

Evaluating Sexual Behavior

- Is it a problem?
- If so . . . .
- What kind of problem?

Is it a Problem?

It might be a problem for the child who is doing it… because it puts the child at risk in some way: (health, reproduction, exploitation, stigma, lowers self image)

It might be a problem for others… because it makes them uncomfortable; violates norms, standards, or values; breaks rules or regulations.

OR, it might be a problem because it is abusive and/or illegal…

*These are very different problems!*

...but knowing the kind of problem helps identify reasonable interventions.
Evaluating Sexual Interactions with Others

- Consent vs. Cooperation or Compliance
- Equality: Power, Control, & Authority
- Coercion: Pressure & Force

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Consent vs. Cooperation or Compliance

Elements of Consent:
- Understanding Proposal
- Knowing Standard of Behavior
- Being Aware of Possible Consequences
- Respect for Agreement or Disagreement

Cooperation...
Participating Without Regard for Personal Beliefs or Desires
Compliance...
Allowing Without Resistance in Spite of Personal Beliefs or Desires
Evaluating the Power Differential

- Obvious Inequality of Power
  - Age Difference
  - Size Difference
  - Intellectual Difference
  - Authority (left "In Charge")
  - Babysitting
- Subtle Implications of Power Differential
  - Strength Differential
  - Power of Popularity
  - Self Image Differential
  - Fantasy Roles in Play (i.e., "King," "Doctor," etc.)
  - Arbitrary Labels (i.e., "leader," "boss," etc.)

Evaluating Sexual Interactions with Others

- Consent vs. Cooperation or Compliance
- Equality: Power, Control, & Authority
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Range of Coercive Pressure

<table>
<thead>
<tr>
<th>Normal Behavior</th>
<th>No Coercion</th>
<th>No Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy</td>
<td>Manipulation</td>
<td>Peer Pressure</td>
</tr>
<tr>
<td>Yellow Flags</td>
<td>Coercion</td>
<td>Threats</td>
</tr>
<tr>
<td>Red Flags</td>
<td>Physical Force</td>
<td>Weapon Threat</td>
</tr>
<tr>
<td>No Questions</td>
<td></td>
<td>Restraint</td>
</tr>
</tbody>
</table>
Reactive Interventions

- Limit discriminating stimulus
- Limit stimulating environment
- Reduce unoccupied, unengaged time
- Use blocking, redirection in inappropriate environments
- Use Logical and Natural Consequences
- Redirect to appropriate sexual engagement

Responses to Sexual Behavior

- Label and React:
  - "I See You Doing ..."
  - "Susie Tells Me You Did ..."

- React to the Behavior:
  - "It Makes Me Uncomfortable ..."
  - "I Think It Makes Susie Uncomfortable, Too ..."
Responding to Sexual Behavior

- **Confront:**
  - "I Am Concerned Because I See You Doing ... Which We Talked About Before."
  - "I Told You Then That It Made Me Uncomfortable."

- **Redirect:**
  - "You Can... You Can Not..."

Responding to Sexual Behavior

- **Identify Consequences**
  - "If you... then you will, and if you... then you will"

- **Prohibit**
  - "You can not..."

- **Report**

- **Refer**

**Reactive Approaches**

Without changing triggers, responses, and teaching new skills, reactive strategies offer SHORT TERM solutions at best.
Sexuality Education
Key Concepts of a Comprehensive Sexuality Education Program

- Human Development
  - Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

- Relationships
  - Relationships play a central role throughout our lives.

- Personal Skills
  - Healthy sexuality requires the development and use of specific personal and interpersonal skills.

- Sexual Behavior
  - Sexuality is a central part of being human, and individuals express their sexuality in a variety of ways.

- Sexual Health
  - The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

- Society and Culture
  - Social and cultural environments shape the way individuals learn about and express their sexuality.
Proactive Interventions

- Social Stories
- Social Scripts
- Anatomical Dolls
- “Academic” Lessons
- Role Play
- Video Modeling
- Video Critique
- Intentional sabotage
- CBI trips
- Comic strip conversations
- Mapping
- Simulation games
- Social skills training
- Sexuality education

Intentional Sabotage

- Enlist confederates and/or orchestrates the environment to provide for controlled, safe practice opportunity for a particular skill
- For example:
  - A stranger driving up and requesting a “date”
  - A “close talker”

Check it out:

5 Physically harmful or threatening behavior: These are behaviors that are against the law. For example, hitting, stabbing, or pushing also can be examples of this behavior. You could get fired from a job, suspended from school and maybe even go to jail if you engage in such behavior.

4 Scary behavior: This could include yelling or swearing. You could be fired from a job, suspended from school and maybe even go to jail if you engage in such behavior.

3 Odd behavior: This behavior could make other people uncomfortable. It might include sitting too close to someone or putting your face too close to someone who wasn’t expecting it. It could also include showing up at a party that you weren’t invited to. You might get fired from a job because this behavior makes other people uncomfortable. This is not a good thing.

2 Reasonable behavior: This type of behavior is like going to a party you have been invited to and talking to someone you know. It might be playing a board game with your family, helping your mother with the house work, or eating together at lunch. People are enjoying each other’s company at this level. This is what people get to know each other better.

1 Very informal social behavior: This is like waving to someone or smiling to someone in the hallway at school. If you just say “Hi” and keep on walking, that is also a 1. This is totally O.K., and is the way most people first notice each other.
Curricula Review


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