



## **SEXUALITY EDUCATION AND AUTISM: RATIONALE, CONTENT, DECISIONS, AND RESPONSIBILITIES**

**Jason Travers, PhD, BCBA-D**  
**Assistant Professor of Special Education**  
**University of Kansas**

---

---

---

---

---

---

---

### **OVERVIEW OF TODAY'S PRESENTATION**

- **Barriers to Sexuality Education**
- **Rationale for Sexuality Education**
- **What to Teach**
  - Comprehensive sexuality education
  - Preventing abuse, contextually inappropriate behavior, promoting self-determination
- **Some intervention strategies**
- **IEP Team Considerations & Decision Guidelines**

---

---

---

---

---

---

---

### **BARRIERS TO SEXUALITY EDUCATION**

- Taboo nature of sexuality in society
- Informal learning; experiences as primary source
- Narrow descriptions of sex education
- **Stereotypes and myths about sexuality and disability**

---

---

---

---

---

---

---

## STEREOTYPES AND MYTHS

- **Stereotypes: Wolfensberger (1969) Concepts of Deviancy**
  - Individual as a:
    - Diseased Organism
    - Subhuman Organism
    - Menace to Society
    - Object of Pity
    - Burden of Charity
    - Holy Innocent
    - Object of Ridicule
- **Myths: People with autism are**
  - Asexual beings OR
  - Incapable of controlling or learning about their sexuality
  - Perpetually immature; eternal children
  - All people with autism are heterosexual

---

---

---

---

---

---

---

---

## RATIONALE FOR SEXUALITY EDUCATION

Five justifications for delivery of comprehensive sexuality education throughout the lifespan

1. Sexual abuse prevention and reporting
2. Facilitating relationships, marriage, parenthood
3. Preventing challenging behavior
4. Promoting health & hygiene
5. Promoting self-determination

---

---

---

---

---

---

---

---

## RATIONALE: SEX ABUSE PREVENTION & REPORTING

People with autism may be at increased risk for abuse

- Unable to provide reports to parents, professionals, or law enforcement (communication deficits)\*
- They are not aware that the abuse is wrong\*\*

Effects of sexual abuse include

- Personal and physical distress
- Failed or limited development of behavioral, communication, and academic skills interventions

Lack of reporting contributes to greater risk

- Offender is never charged, investigated, or convicted
  - Victimization continues

\*Howlin & Clements (1995)  
\*\*Mansell, et al, (1996)

---

---

---

---

---

---

---

---

## **RATIONALE: FACILITATING RELATIONSHIPS, MARRIAGE, & PARENTHOOD**

### **The right to:**

- Have friendships, including acquaintances & close/best friends
- Participate in consensual romantic relationships
- Marry a partner
- Engage in pre-and post-marital consensual sex with partner
- Conceive, deliver, and care for own child(ren) (with necessary supports)
  - Does not mean everyone can give consent, marry, have children (despite intensive supports)
  - Laws protect these people; vary by state.
- Express sexuality (lesbian, gay, bisexual, transgendered, questioning)

**Personal beliefs of teachers should not interfere with sexuality education (this may be difficult if conflicting with personal beliefs)**

---

---

---

---

---

---

---

---

## **RATIONALE: PREVENTING INAPPROPRIATE BEHAVIOR**

### **Failing to address social needs can contribute to challenging behavior**

- Inappropriate touching of other people\*
- Public disrobing\*
- Public masturbation\*
- Aggression (stalking)\*\*
- Criminal sexual behavior (sexual assault)\*\*

### **Sexuality education throughout lifespan may effectively prevent challenging behavior by supporting appropriate behavior**

- Make contextually inappropriate behavior irrelevant/unnecessary

\* Stokes & Kaur (2005)  
\*\* Ray, et al., (2004)

---

---

---

---

---

---

---

---

## **RATIONALE: PROMOTING HEALTH & HYGIENE**

### **Sexuality Education is needed to**

- ensure proper health and hygiene.
- Prevent sexually transmitted disease
- Prevent unwanted pregnancy
- **Poor/Absent sexual health and hygiene will result in**
  - Physical discomfort, pain, fear
  - Illness or disease
  - Debilitation and decreased quality of life
  - Premature death
- **Proper health & hygiene can promote**
  - Increased sense of physical well-being
  - Increased self-esteem, happiness
  - Feelings of comfortable and content
  - Increased longevity and overall better quality of life

---

---

---

---

---

---

---

---

## **RATIONALE: PROMOTING SELF-DETERMINATION**

(Travers, et al. 2014)

- **Self-determination defined**
  - "acting as the primary causal agent in one's life and making choices and decisions regarding one's quality of life free from undue external influence or interference" (Wehmeyer, 1996, p. 22).
- **Self-determination requires a person to have**
  - Capacity (education and development)
  - Opportunity (experience and environment)
  - Perceptions/beliefs (be person and stakeholders)
- **In order to achieve**
  - Autonomy, self-regulation, psychological empowerment, and self-realization

---

---

---

---

---

---

---

---

## **SEXUALITY EDUCATION AND SELF DETERMINATION**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>Self-determination skills</b></li> <li>• Choice-making</li> <li>• Decision-making</li> <li>• Problem solving</li> <li>• Goal setting</li> <li>• Self-monitoring</li> <li>• Self-advocacy</li> <li>• Resiliency</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Example of how skill relates to sexuality</b></li> <li>• Choosing friends</li> <li>• Asking for a date</li> <li>• Relationship skills</li> <li>• Being a parent</li> <li>• Appropriate masturbation</li> <li>• Saying "No"; reporting abuse</li> <li>• Dealing with rejection</li> </ul> |
|---|--|

---

---

---

---

---

---

---

---

## **RATIONALE SUMMARY**

- **Sexuality education for people with autism is necessary for**
  - Preventing or stopping sexual abuse and other crimes
  - Maintaining sexual health and hygiene
  - Preventing socially inappropriate behavior
  - supporting social relationships
  - Achieving greater self-determination
- **Sexuality education plays a fundamental role in all aspects of life**
  - post-secondary education, employment, community participation, recreation and leisure, adaptive daily living, communication, etc.

---

---

---

---

---

---

---

---

## RATIONALE: WRAPPING UP

- Thus, stakeholders must
  - Recognize that a person with autism
    - Is a sexual human being
    - Needs sexuality education in order to achieve satisfactory long-term outcomes
  - Is entitled to knowledge and skills necessary for healthy sexual development
  - May require varied supports in sexuality related areas of education and life

---

---

---

---

---

---

---

# WHAT TO TEACH

WHAT IS HUMAN SEXUALITY?

---

---

---

---

---

---

---

## WHAT IS HUMAN SEXUALITY?

- **Precise definitions are difficult**
  - Generally, sexuality encompasses (NCASH, 1995)
    - Sexual knowledge, beliefs, attitudes, and behavior
      - Thoughts, feelings, behaviors, relationships
    - Roles, identity, personally
    - Anatomy, physiology, biochemistry
- **Sexuality in stages throughout the lifespan (developmental)**
  - Begins in early childhood (body part awareness; gender roles, family, safety, relationships)
    - Not suddenly during adolescence

Children of five to be given sex education  
Lessons in primary schools aim to cut teenage pregnancy

---

---

---

---

---

---

---

## WHAT TO TEACH ABOUT SEXUALITY

### • Goals of Sexuality Education

- Behaviors and Competencies of Sexually Healthy Adults
  - Start with the end in mind
    - What must a person know about sexuality to be sexually healthy adult?
    - What behaviors are consistent with a sexually healthy?
  - Informs planning, resource allocation, prioritizing, and instruction

---

---

---

---

---

---

---

Figure X. Behaviors and competencies of sexually healthy adults.

Sexually Healthy Adults Will (SIECUS 2004):

- Appreciate their body
- Seek information about reproduction when needed
- Recognize human development includes sexual development
- ➔ Respectfully and appropriately interact with others regardless of their gender
- Affirm their sexual orientation and gender identity
- Respect the sexual orientation, gender identity, values of other people
- Appropriately express love and intimacy
- ➔ Develop and maintain personally meaningful relationships
- Avoid and report exploitative relationships
- Obtain information to make family-related decisions as well as to enhance one's sexuality
- Recognize and behave in accordance with personal values
- ➔ Use decision-making skills
- Communicate with acquaintances, friends, family members, and romantic partners
- ➔ Express sexuality in safe and enjoyable ways in accordance with their values
- Experience enjoyable sexual thoughts and feelings but not necessarily act on them
- Distinguish between sexual behaviors that enhance life and sexual behaviors that harm others and/or self
- Express own sexuality while respecting the right of others to do so
- ➔ Have consensual, non-exploitative, honest, safe, and pleasurable sexual relationships
- Use contraception and avoid sexually transmitted diseases
- Obtain prenatal care
- Prevent sexual crimes and abuse
- Identify instances of bias against other individuals, avoid stereotyping and prejudice, and eschew bigotry
- Educate others about sexuality

---

---

---

---

---

---

---

## GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION (SIECUS, 2004)

### • Key Concepts: broad categories about sexuality & family living

- 1. Human Development: interrelationship between physical, emotional, and intellectual growth
- 2. Relationships: play critical role throughout our lives
- 3. Personal Skills: Development and use of personal and interpersonal skills
- 4. Sexual Behavior: part of human experience and is expressed in variety of ways
- 5. Sexual Health: requires specific information and attitudes to avoid unwanted consequences of sexual behavior
- 6. Society & Culture: Social & cultural environments influence learning about and expression of sexuality

---

---

---

---

---

---

---

**Guidelines for Comprehensive Sexuality Education: Key Concepts and Topics**

**Key Concept 1: Human Development**

**Topic 1:** Reproductive and Sexual Anatomy and Physiology

**Topic 2:** Puberty

**Topic 3:** Reproduction

**Topic 4:** Body Image

**Topic 5:** Sexual Orientation

**Topic 6:** Gender Identity

**Key Concept 2: Relationships**

**Topic 1:** Families

**Topic 2:** Friendship

**Topic 3:** Love

**Topic 4:** Romantic Relationships and Dating

**Topic 5:** Marriage and Lifetime Commitments

**Topic 6:** Raising Children

**Key Concept 3: Personal Skills**

**Topic 1:** Values

**Topic 2:** Decision-making

**Topic 3:** Communication

**Topic 4:** Assertiveness

**Topic 5:** Negotiation

**Topic 6:** Looking for Help

**Key Concept 4: Sexual Behavior**

**Topic 1:** Sexuality Throughout Life

**Topic 2:** Masturbation

**Topic 3:** Shared Sexual Behavior

**Topic 4:** Sexual Abstinence

**Topic 5:** Human Sexual Response

**Topic 6:** Sexual Fantasy

**Topic 7:** Sexual Dysfunction

**Key Concept 5: Sexual Health**

**Topic 1:** Reproductive Health

**Topic 2:** Contraception

**Topic 3:** Pregnancy and Prenatal Care

**Topic 4:** Abortion

**Topic 5:** Sexually Transmitted Diseases

**Topic 6:** HIV and AIDS

**Topic 7:** Sexual Abuse, Assault, Violence, and Harassment

**Key Concept 6: Society and Culture**

**Topic 1:** Sexuality and Society

**Topic 2:** Gender Roles

**Topic 3:** Sexuality and the Law

**Topic 4:** Sexuality and Religion

**Topic 5:** Diversity

**Topic 6:** Sexuality and the Media

**Topic 7:** Sexuality and the Arts

**Topic 4: Body Image**

*Subconcept: People's images of their bodies affect their feelings and behaviors.*

**Developmental Messages:**

**Level 1**

- Individual bodies are different sizes, shapes, and colors.
- All bodies are equally special, including those that are disabled.
- Differences make us unique.
- Good health habits, such as eating well and exercising, can improve the way a person feels about his or her body.
- Each person can be proud of his/her body.

**Level 2**

- A person's appearance is determined by heredity, environment, and health habits.
- The way a body looks is mainly determined by the genes inherited from parents and grandparents.
- Most people do not look like what the media portrays as beautiful.
- Standards of beauty change over time and differ among cultures.
- What makes a body attractive is different for different people.
- People often feel pressure to change their bodies through gaining/losing weight, surgery, or drugs.
- The value of a person is not determined by his/her appearance.

**Topic 4: Body Image**

*Subconcept: People's images of their bodies affect their feelings and behaviors.*

**Developmental Messages:**

**Level 3**

- The size and shape of penises, breasts, and vulvas can vary significantly.
- The size and shape of sexual organs does not affect a person's ability to reproduce or experience sexual pleasure.
- The size and shape of a person's body may affect how others feel about and behave toward that person.
- Some people may develop disordered eating as a result of how they feel about their bodies.
- The media portrays beauty as a narrow and limited idea but beautiful people come in all shapes, sizes, colors, and abilities.
- Although people stop growing once they reach adulthood, bodies change shape and size.

**Level 4**

- Many people of all shapes, sizes, and abilities have a positive image of their bodies.
- A person who accepts and feels good about his or her body may seem more likeable and attractive to others.
- Physical appearance is only one factor that attracts one person to another.
- People are attracted to a variety of physical qualities.
- A person's body image may impact his/her decision-making and behavior.

Table 2: Developing Capacity for Sexual Development and Expression Across the Lifespan

SIECUS Key Concepts	SIECUS Topics	Example Concepts During Elementary School Years	Example Concepts During Adolescence & Young Adulthood	Example Concepts Throughout Adulthood
Human Development	Reproductive & Sexual Anatomy & Physiology; Puberty; Reproduction; body image; sexual orientation; gender	Body parts & functions; Bodily changes; Reproduction; healthy diet; respect	Sperm & maturation; Sexual feelings; Interpersonal attraction; Sexual expression; Contraception; Appearance; Attraction; Gender & biological sex	Fertility; Conception; Adoption; Surrogacy; Menopause; Understanding
Relationships	Families; Friendship; Love; Romantic Relationships & Dating; Marriage & Life Commitments; Raising Children	Concept of "family" & different family types; Types of friendships; choosing friends; Concept of & different types of love; Commitments, marriage, and divorce; Parenting	Independence; Communication & conflict resolution; Positive & negative influences of friends; Love, attraction, & infatuation; Love is not always reciprocated; Dating readiness; Responsibility of parenthood	Ways to support family members; Love changes with time & in long-term relationships
Personal Skills	Values; Decision-Making; Communication; Assertiveness; Negotiation; Looking for help	Concept of values; Making choices; Ways of communicating; Communicating wants and needs; Concept of negotiation; Asking for help	Freedom of choice in determining one's values; Critically considering choices; Good listening skills; Ways to be assertive; Setting sexual limits	Legal implications of some decisions; Consent for sexual relationships; Communicating limits; getting professional help
Sexual Behavior	Sexuality throughout life; Masturbation; Shared sexual behavior; Abstinence; Human sexual	Touching feels good; Talking to parents or trusted adults about sexual issues is okay; Concept of masturbation;	Humans are sexual beings; Sex can be experienced different ways; Sexual feelings & fantasies are normal, but do not always need to be acted upon; Myths	Interest in sexual activity changes with age; Concept of orgasm

Age range	Sample curricula
Ages 5-11	<ul style="list-style-type: none"> <li><i>Promoting Social Success: A Curriculum for Children with Special Needs</i> (Siperstein &amp; Paige, 2004).</li> <li><i>Teaching Children with Down syndrome about Their Bodies, Boundaries and Sexuality: A Guide for Parents and Professionals</i> (Couwenhoven, 2007). <a href="http://www.woodbinehouse.com">www.woodbinehouse.com</a></li> </ul>
Ages 12-18	<ul style="list-style-type: none"> <li><i>Life Horizons I &amp; II</i> (Kempton, 2005). <a href="http://www.stanfield.com">www.stanfield.com</a></li> <li><i>Sex Education for Persons with Severe Developmental Disabilities</i> (Brekke, 1988). <a href="http://www.stanfield.com">www.stanfield.com</a></li> <li><i>Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism</i> (Wrobel, 2003). <a href="http://www.futurehorizons-autism.com">www.futurehorizons-autism.com</a></li> </ul>
Ages 18+	<ul style="list-style-type: none"> <li><i>Circles I: Intimacy and Relationships</i> (Walker-Hirsch, 2007). <a href="http://www.stanfield.com">www.stanfield.com</a></li> <li><i>Relationship Series</i> (Young Adult Institute, 2013). <a href="http://www.yai.org">www.yai.org</a></li> <li><i>Finger Tips: Teaching Women with Disabilities About Masturbation Through Understanding and Video</i> (Hingsburger &amp; Haar, 2000). <a href="http://www.diverse-city.com">www.diverse-city.com</a></li> <li><i>Hand Made Love: A Guide for Teaching About Male Masturbation Through Understanding and Video</i> (Hingsburger, 2000). <a href="http://www.diverse-city.com">www.diverse-city.com</a></li> </ul>

## CURRICULUM EVALUATION TOOL (TRAVERS & WHITBY, 2014)

Travers, J. C., & Whitby, P.J.S. (2014). Sexuality and relationships for individuals with autism spectrum disorders. In M. Tincani & A. Bondy (Eds). *Autism Spectrum Disorders in Adolescents and Adults: Evidence-Based and Promising Interventions*.

Autism Spectrum Disorders in Adolescents and Adults  
Evidence-Based and Promising Interventions

edited by Matt Tincani and Andy Bondy





## ALIGNING SEX ED CURRICULUM WITH STANDARDS

- **National Standards to Inform State Education Standards**
  - National Health Education Standards (CDC)
  - National Sexuality Education Standards
- **Identifying State Education Standards for Sexuality Education**
  - Health education standards (fitness, diet, reproduction)
  - Physical education standards (body, fitness, cooperation)
  - Social studies standards (citizenship, social responsibility, culture, families)
  - Science education standards (biology, physiology)
- **You may have to be creative in identifying standards to align/support sexuality education.**

---

---

---

---

---

---

---

---

## HEALTH EDUCATION STANDARDS (TEXAS)

Source: The provisions of this §115.7 adopted to be effective September 1, 1998, 22 TexReg 7748; Chapter 115, Texas Essential Knowledge and Skills for Health Education  
Subchapter B, Middle School

Emergency Authority: The provisions of this Subchapter B issued under the Texas Education Code, §28.002, unless otherwise noted.

§115.21. Implementation of Texas Essential Knowledge and Skills for Health Education, Middle School.

The provisions of this subchapter shall supersede §§15.29(a) and §15.45 of this title relating to Health Education beginning September 1, 1998.

Source: The provisions of this §115.21 adopted to be effective September 1, 1998, 22 TexReg 7748.

§115.21. Health Education, Grade 6.

(a) Description.

- (1) In health education, students acquire the health information and skills necessary to become healthy adults and learn about behaviors in which they should and should not participate. To achieve that goal, students will understand the following: students should first work problems in the area of health from their parents, personal behaviors can increase or reduce health risks throughout the lifespan, health is influenced by a variety of factors, students can integrate and utilize health information and products and personal responsibility, skills, or needs.
- (2) In middle school, students learn of behaviors or health about behaviors in school students learn or reflect their health in investigate health in the field.

(b) Knowledge and skills.

- (1) Personal management skills. The student identifies healthy, safe or common sense considerations and applies the self, family, friends, and others. The student is expected to:
- (A) demonstrate ways of considering applying to others and how considerations for others.
  - (B) assess healthy ways of responding to dangerous behaviors such as substance.
  - (C) practice methods for self-esteem.
  - (D) describe healthy ways to express affection and love.
  - (E) identify ways to manage stress and grief.
  - (F) define stress and its effects on individual health and relationships, and.
  - (G) identify resources and their impact on the health of the individual and family.
- (2) Personal management skills. The student acquires information and applies critical thinking, decision-making, goal setting and problem-solving skills for making health promoting decisions. The student is expected to:
- (A) use the range of personal and educational skills to perform writing and goal setting.
  - (B) demonstrate the use of critical skills to make decisions.
  - (C) explain the impact of personal decision making.

---

---

---

---

---

---

---

---

## PHYSICAL EDUCATION STANDARDS (ARIZONA)

GRADE SPAN K – 2

Strand 5: Exhibits responsible personal and social behavior that respects self and others in physical activity settings.

This standard reflects development towards self initiated behaviors that promote personal and group success in all physical activities. These behaviors include but are not limited to safe practices, adherence to rules and procedures, etiquette, cooperation and teamwork, ethical behavior, and positive social interaction. It also includes respect toward teachers, other students, and the environment. Key to the standard is developing respect and appreciation for individual similarities and differences among participants in physical activity. Similarities and differences include, but are not limited to, characteristics of culture, ethnicity, skill level, disabilities, physical characteristics (e.g., strength, size, shape), gender, age, race, and socioeconomic status.

Concept 2: Social Behavior

Performance Objectives	Examples
PO 1. Works in a diverse group setting without interfering with others	
PO 2. Accepts all classmates without regard to personal differences	
PO 3. Demonstrate the elements of socially acceptable conflict resolution during class activity	
PO 4. Shows compassion for others by helping them	
PO 5. Takes turns willingly with others	

---

---

---

---

---

---

---

---

## SOCIAL STUDIES STANDARDS (NEVADA)

**Nevada Social Studies Standards**  
Content Standard **HI.0 - People, Cultures, and Civilizations** - Students understand the development, characteristics, and interaction of people, cultures, societies, regions, and ideas.

At a minimum, students will maintain previous content and attain the following:

	Grade K Benchmarks	Grade 1 Benchmarks	Grade 2 Benchmarks	Grade 3 Benchmarks	Grade 4 Benchmarks	Grade 5 Benchmarks
<b>HI.0 People, Cultures, and Civilizations</b> <b>United States &amp; Nevada</b>	<b>HI.K.1</b> Discuss the importance of working together to complete tasks.	<b>HI.1.1</b> Describe local life long ago, including jobs, school, communication, transportation, and recreation.	<b>HI.2.1</b> Compare the local community with others around the nation.	<b>HI.3.1</b> Learn about individuals in the community and discuss their contributions.	<b>HI.4.1</b> Describe the lifestyles of Nevada's <b>Desert Archaic people</b> .	<b>HI.5.1</b> Identify and describe Native North American life and cultural regions prior to European contact.
	<b>HI.K.2</b> Listen to stories of family members, local residents, and prominent figures to highlight the human experience.	<b>HI.1.2</b> Listen to stories that reflect the beliefs, customs, ceremonies, and traditions of the varied <b>cultures</b> in the neighborhood.	<b>HI.2.2</b> Use artifacts to understand how people lived their daily lives.	<b>HI.3.2</b> Using artifacts and primary sources, and investigate how individuals and families contributed to the founding and development of the local community.	<b>HI.4.2</b> Define hunter-gatherer.	<b>HI.5.2</b> Identify and describe the attributes of Native American nations in the local region and North America.
		<b>HI.1.3</b> Listen to histories of important local landmarks that create a sense of <b>community</b> among citizens.	<b>HI.2.3</b> Tell why important events, people, and/or customs are marked by holidays.		<b>HI.4.3</b> Describe the lifestyles of Nevada's Native American <b>cultures</b> .	<b>HI.5.3</b> Discuss the interactions of early explorers with native cultures.
			<b>HI.2.4</b> Recognize similarities and differences of earlier generations in areas such as work, dress, manners, stories, games, and festivals.	<b>HI.4.4</b> Discuss the interactions of pioneers with the <b>Great Basin Indians</b> .		<b>HI.5.4</b> Identify the contributions of Native Americans, Europeans, and Africans to North American beliefs and traditions.
						<b>HI.5.5</b> Describe the social, political, and

## SCIENCE STANDARDS FOR BIOLOGY (UTAH)

<b>Science Benchmark:</b> Structure relates to function. Organs and organ systems function together to provide homeostasis in organisms. The functioning of organs depends upon multiple organ systems.	
<b>Standard 3:</b> Students will understand the relationship between structure and function of organs and organ systems.	
<b>Lesson Plans</b> <a href="#">Links</a>	<b>Standard 4:</b> Students will understand that genetic information coded in DNA is passed from parents to offspring by sexual and asexual reproduction. The basic structure of DNA is the same in all living things. Changes in DNA may alter genetic expression.
<b>Objective 1:</b> Describe the structure and function.	<b>Objective 1:</b> Compare sexual and asexual reproduction.
<b>Links</b> <ul style="list-style-type: none"> <li>a. Diagram and label the structural details, valves and chambers, elongation, hairs, skin - layers.</li> <li>b. Describe the function of various.</li> <li>c. Relate the structure of organs.</li> <li>d. Compare the structure and function.</li> <li>e. Research and report on factors.</li> </ul>	<b>Links</b> <ul style="list-style-type: none"> <li>a. Explain the significance of meiosis and fertilization in genetic variation.</li> <li>b. Compare the advantages/disadvantages of sexual and asexual reproduction to survival of species.</li> <li>c. Formulate, defend, and support a perspective of a beneficial issue related to intentional or unintentional chromosomal mutations.</li> </ul>
	<b>Objective 2:</b> Predict and interpret patterns of inheritance in sexually reproducing organisms.
	<b>Links</b> <ul style="list-style-type: none"> <li>a. Explain Mendel's laws of segregation and independent assortment and their role in genetic inheritance.</li> <li>b. Demonstrate possible results of recombination in sexually reproducing organisms using one or two pairs of contrasting traits in the following crosses: dominance/recessive, incomplete dominance, codominance, and sex-linked traits.</li> <li>c. Relate Mendelian principles to modern-day practice of plant and animal breeding.</li> <li>d. Analyze bioethical issues and consider the role of science in determining public policy.</li> </ul>

### Sex education in Ontario

Ontario's updated Health and Physical Education Curriculum includes sexual education ("sex ed"). Get accurate information about the topics and concepts students learn in school - by grade level.

**On this page**

- 1. The curriculum at a glance
- 2. Topics to grade
- 3. Sexual health education by grade
- 4. Skills change
- 5. Teaching the curriculum

**The curriculum at a glance**

The Health and Physical Education curriculum has four main sections for each grade:

- **Learning Skills:** understanding themselves, communicating and connecting positively with others and learning to think critically and solve problems
- **Active Living:** active participation, physical fitness and safety
- **Personal and Social Competence:** skills for making healthy and safe choices
- **Healthy Living:** learning about health, making healthy choices and understanding the connections in everyday life

Students also learn about mental health across the curriculum.

**Grade 4**

Students will learn:

- the physical changes that happen during puberty, and the emotional and social impact these changes can have on a developing child
- how personal hygiene needs may change during puberty (e.g., the increased importance of regular bathing)

Topic	Key Concepts
Healthy Living	<ul style="list-style-type: none"> <li>Food origins, nutritional value and environmental impact</li> <li>One health, food choices</li> <li>Local and cultural foods, eating choices</li> </ul>
Personal safety and injury prevention	<ul style="list-style-type: none"> <li>Safety guidelines outside of class</li> <li>Road and sexual violence</li> </ul>
Substance use, addictions and related behaviours	<ul style="list-style-type: none"> <li>Impact of use of legal/illegal substances</li> <li>Decision making - substance use/behaviour</li> </ul>
Human development and sexual health ("sex ed")	<ul style="list-style-type: none"> <li>Healthy relationships</li> <li>Physical and emotional development</li> <li>Voluntary choice, respect</li> </ul>

  

Topic	Key Concepts
Healthy Living	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Food choices, healthy eating goals</li> <li>Food choices in various settings</li> </ul>
Personal safety and injury prevention	<ul style="list-style-type: none"> <li>Talk use of technology</li> <li>Abusing and abuse</li> <li>Decision making - assessing risk</li> </ul>

## INTERVENTION STRATEGIES

- Few intervention research studies focus on sexuality
- Rely on:
  - SIECUS Guidelines
  - curricula (when available)
  - evidence-based interventions for learners with autism
    - NPDCASD
  - Professional judgment

## EVIDENCE-BASED INTERVENTIONS

- National Professional Development Center on ASD
  - Exhaustive search of the autism literature from 1990-2011

**Table 2. Inclusion Criteria for Studies**

Population/Participants	Individuals with ASD between birth and 22 years of age
Interventions	Behavioral, developmental, or educational in nature and could be implemented in typical educational intervention settings (school, home, community)
Comparison	Interventions compared to no intervention or alternate intervention conditions
Outcomes	Behavioral, developmental, or academic outcomes
Study Design	Experimental group design, quasi-experimental group design, or single-case design

**Figure 1. Screening progression and number of articles**



## EVIDENCE-BASED PRACTICES

\*Indicates practices with newly developed content (2015-2016). Select the practice to access these modules and downloadable resources.

<b>Antecedent-based Intervention (ABI)*</b>	Naturalistic Intervention (NI)	<b>Self-management (SM)*</b>
Cognitive Behavioral Intervention (CBI)**	Parent-implemented Intervention (PII)	<b>Social Narratives (SN)*</b>
Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA/I/O)	<b>Peer-mediated Instruction and Intervention (PMII)*</b>	<b>Social Skills Training (SST)*</b>
<b>Discrete Trial Teaching (DTT)*</b>	<b>Picture Exchange Communication System (PECS)*</b>	Previously Social Skills Groups
<b>Exercise (ECE)*</b>	Pivotal Response Training (PRT)	Structured Play Group (SPG)**
Extinction (EXT)	<b>Prompting (PP)*</b>	<b>Task Analysis (TA)*</b>
<b>Functional Behavior Assessment (FBA)*</b>	<b>Reinforcement (R+)*</b>	Technology-aided Instruction and Intervention (TAII)**
Functional Communication Training (FCT)	Response Interruption/Redirection (RIR)	Previously Computer Aided Instruction and Speech Generating Devices
<b>Modeling (MD)**</b>	Scripting (SC)**	<b>Time Delay (TD)*</b>
		Video Modeling (VM)
		<b>Visual Support (VS)*</b>

## SOCIAL NARRATIVES

- More effective for individuals who understand language
- Can be combined with visual supports to enhance comprehension.
- Several variations of social narratives exist
  - Examine the NPDC practice guide to adhere to proper procedures
  - Align procedures and content with skill to be taught
  - Delivery intervention and evaluate effects
- Examples:

---

---

---

---

---

---

---

---

## SOCIAL NARRATIVES

I am getting older and I am growing up.

Part of growing older is having my body change. I get taller and I weigh more.

Another change is that hair is growing on my body in new places.

There is hair growing on my face,



under my arms,



and on my private parts.



Every adult has hair in these places. It might feel weird to have hair growing, but I should let the hair grow under my arms.

---

---

---

---

---

---

---

---

### My Story About Menstruation

Once, I was a baby.

Then, I was a little girl.

Now, I am a big girl and later, I will be a woman.

Women have a menstrual cycle that comes once a month. Blood comes from your vagina. This is so a grown up woman will be able to have a baby, if she wants.

The blood flow lasts about 5 days.

You need to wear a **sanitary pad** inside your panties so that blood does not get on your clothing.



Reagan Johnson-Brown/Reagan pad

When you go to the toilet, wrap the used pad in toilet paper and put it in the trash. Put a new pad in your underpants.



When you have your period, or menstruate, it is important that you wash between your legs every day. Wash to feel fresh and clean.

Sometimes, when you have your period, you can feel a pain in your tummy. This pain is called cramps. If the cramps hurt, you can ask your Mom for Tylenol or Midol.



Sometimes, just resting or putting a heating pad on your tummy helps you feel better.



Having your period means you are growing up.

Reagan Johnson-Brown/Reagan pad

---

---

---

---

---

---

---

---

## SOCIAL NARRATIVES

Who Can I Kiss? I can kiss my Mom. I can kiss my Dad.

It's okay to touch. I will not kiss my teacher. I will not kiss my friend.

No kissing at school. When I kiss people at school, they get mad at me. I need to respect personal space. I need to show I can be a good friend.

Some touch is okay at school. I can high five. Or I can wave and say hi. I can tap someone on the shoulder.

I can shake hands. I will follow the classroom rule at school. I will do my best to follow the rules. I feel proud when I do my best.

Key: Following at School!

---

---

---

---

---

---

---

---

## SOCIAL NARRATIVES

### Touching Myself

A story about male masturbation

- It is okay for you to touch your own body.
- It is okay to touch your own hands, legs, arms, head, face, back and feet when people are watching.
- It is not okay to touch your private areas when people are watching.
- Your private areas are your bottom, your penis and your testicles.
- It is okay to touch your private areas when you are alone in your bedroom or in your bathroom with the door shut.
- No one should see you touching your private areas.
- Only you can touch your private areas. Sometimes, it will feel good to touch yourself.

Wrobel, M. (2003). Taking care of myself: A hygiene, puberty, and personal curriculum for young people with autism. Arlington, TX: Future Horizons.

34 Barakona, Brunson, Heth, Kunze, Suchomel

---

---

---

---

---

---

---

---

## TASK ANALYSIS

- Breaks down complex target skills or behaviors into smaller steps.
  - Team members systematically teach the individual steps.
  - A forward chaining or backward chaining procedure often is used
    - Forward chaining: teach first step to independence, then second, and so on
      - prompt or complete subsequent steps for learner
    - Backward chaining: teach last step to independence, then second to last, and so on
      - Prompt or complete previous steps for learner

---

---

---

---

---

---

---

---

**TASK ANALYSIS**

Sexuality and Relationships

1. Go get new pad from \_\_\_\_\_.
2. Put pad in your pocket or purse.
3. Go to the bathroom.
4. Go into bathroom stall.
5. Shut door.
6. Pull down pants.
7. If pad is red or brown, take pad off underwear.
8. Roll pad and wrap with toilet paper.
9. Put pad in trash can.
10. Take new pad out of your pocket or purse.
11. Take wrapper off new pad.
12. Unfold pad.
13. Pull paper strip off back of pad.
14. Place sticky side of pad on underwear.
15. Throw pad wrapper in trash can.
16. Pull up pants.
17. Leave bathroom stall.
18. Wash hands.

FIGURE 9.5. Sample task analysis for changing a sanitary pad

---

---

---

---

---

---

---

---

**TASK ANALYSIS**

Task Analysis for Masturbation

1. Go to bedroom
2. Lock door
3. Get adult toy, towel, etc.
4. Take off clothes
5. Lay on bed
6. Use toy to masturbate
7. Clean up any semen (or discharge) with towel
8. Put clothes on
9. Put toy away
10. Put towel in laundry basket
11. Unlock door

---

---

---

---

---

---

---

---

**TASK ANALYSIS**

Shower Routine

get undressed	turn on water
get in shower	wet hair wet face
put shampoo in hand	shampoo hair
rinse hair	put cream rinse in hand
work through hair	rinse hair
wash face	rinse face
wash body	rinse
dry off dry face dry hair	get dressed

---

---

---

---

---

---

---

---

## VISUAL SUPPORTS

- Concrete cues that provide information about an activity, routine, or expectation and/or support skill demonstration
  - used to provide assistance across activities and settings
  - Include but not limited to:
    - Photographs
    - Icons
    - Drawings
    - Written words
    - Objects
    - Environmental arrangement
    - Schedules
    - Graphic organizers
    - scripts

---

---

---

---

---

---

---

---

## VISUAL SUPPORTS




---

---

---

---

---

---

---

---

## VISUAL SUPPORTS

Figure 2: Visual Strategy for Teaching the Concept of a Girlfriend




---

---

---

---

---

---

---

---



## VISUAL SUPPORTS




---

---

---

---

---

---

---

## RESPONSE INTERRUPTION & REDIRECTION

- **May be especially useful as part of an intervention and support plan to address inappropriate masturbation**
  - Deliver a prompt, comment, or other distractors when an interfering behavior is occurring
    - The interruption should divert the learner's attention away from the interfering behavior
  - Evidence shows utility for self-stimulatory behavior
    - Masturbation is one type of SSB, but may take on other functions
      - Touching penis reliably causes teacher to give lots of attention
      - Touching penis reliably causes peers to run away from me (escape attention)
      - Touching penis reliably causes people to give me cool things
  - Caution against inadvertently reinforcing inappropriate behavior
    - Use functional behavior assessment across contexts to clarify masturbation is SSB, attention seeking, escape motivated, or etc.

---

---

---

---

---

---

---

## DEALING WITH INAPPROPRIATE MASTURBATION

- **First: Establish appropriate masturbation**
  - Masturbation is a normal part of the human experience
    - Happens during infancy
      - Pleasing, anxiety reducing, safe, NORMAL
    - Avoid shaming, condemnation
    - Most learn to masturbate, but may not climax
      - This can cause problem behavior
  - Masturbation may be the only sexual behavior an individual with autism may experience in their lifetime
- **Team members will need to work together to support appropriate masturbation to climax at home**
  - In the bedroom, not bathroom.

---

---

---

---

---

---

---

## DEALING WITH INAPPROPRIATE MASTURBATION

- **Teach where and when masturbation is okay and not okay**
  - Use visual supports and schedule private time for masturbation
    - Person learns that private time is best for achieving a pleasurable experience
    - Other locations are unsatisfying, ineffective
  - Provide assistive technology
    - Vibrating wands/massagers, lubrication, sex toys for 18+ (or when legally allowed)
    - Provide safe options for pornography, if legal, appropriate, and acceptable to parents and/or individual (consult legal advice)
- **Use RIR as discussed previously**
  - With caution to avoid inadvertently reinforcing inappropriate behavior
    - Consult a behavior analyst (BCBA)

---

---

---

---

---

---

---

---

## IEP TEAM CONSIDERATIONS & DECISION GUIDELINES (Travers & Tincani, 2010)

- **IEP teams must discuss and decide what should be taught**
  - Curriculum, interventions methods & strategies, behavior supports
- **Provide advanced notice that the topic will be discussed at the IEP meeting**
  - Notice about specific areas to be discussed may help team members prepare for the discussion and may alleviate awkward feelings
- **Include the person with ASD in the IEP meeting**
  - Support participation, self-advocacy, self-determination
- **Deciding who will teach the skills**
  - Providing opportunities for self-determination
    - Parental involvement
    - Student involvement (person-centered approach or via thorough assessment)
    - Consideration of cultural beliefs of family and student
    - Consideration of personal biases and values

---

---

---

---

---

---

---

---

## IEP TEAM CONSIDERATIONS

- **Roles of IEP Team members**
- **Decide what needs to be taught**
- **Decides who will teach**
- **Resolve disagreements and achieve collaboration about what and who will teach**

---

---

---

---

---

---

---

---

## DECISION MAKING GUIDELINES



### • Identify roles & responsibilities of team members

- Traditionally, parents are the primary providers (Fegan et al., 1993)
- Modeling of relationships, teaching moral values, and are the experts of their children
- Despite the advantages, parents may choose to avoid discussing and teaching sexuality (Aunos & Feldman, 2002).
  - The added "burden" of sexuality
  - The "eternal child"
  - The "asexual person"
  - Sexually incompetent or unable (Lesseliers & Van Hove, 2002).
- School personnel sometimes may be the primary providers

---

---

---

---

---

---

---

---

## IEP TEAM CONSIDERATIONS

**Teachers as primary providers of sexuality education** (Fegan et al., 1993, pp 15-16)

- Understand own beliefs and values and how they impact her teaching
- Feels confident and at ease
- Is open and direct about topics
- Learns and understand current information
- Maintains open communication and relationships with families
- Knows when to request help from an expert
- Repeats, reinforces, and promotes generalization
- Use multisensory tools (videos, pictures, models, charts)

---

---

---

---

---

---

---

---

## IEP TEAM CONSIDERATIONS



**A collaborative effort is ideal for sexuality education for persons with autism** (Travers & Tincani, 2010)

- Working together may produce a sense of comfort
- Better contextual fit of instruction/interventions
- Greater collaboration yields greater relationships
  - Cyclical pattern of relationship
- A combined effort that includes all relevant stakeholders will more likely produce better sexuality education outcomes

---

---

---

---

---

---

---

---

## IEP TEAM CONSIDERATIONS

- **What will be taught?**
  - State law and district policy
  - District curriculum (health, physical education)
  - Individual wants and needs
  - Priorities of parents and other team members
  - Comprehensive curriculum guidelines
  - Curriculum evaluation tool
- **What will improve the learner's quality of life as it relates to relationships, health, safety, behavior, & community participation?**

---

---

---

---

---

---

---

---

## IEP TEAM CONSIDERATIONS

### Dealing with Disagreement

- Sexuality is a sensitive topic
- Disagreements should be expected
- In many cases, parent opinions/decisions supersede the rest of the team's
  - May be illegal to provide sexuality education to a minor without parent approval in some states
- Try to reach consensus by explaining relevance of specific behavioral interventions
  - Build and maintain trust
  - Share info about sex education with parent
- Begin discussing and addressing issues early (elementary years).
  - Over time, parents may become more receptive




---

---

---

---

---

---

---

---

## CONCLUSION

- Children, adolescents, and adults with autism are sexual human beings
- Comprehensive sexuality education aligns with self-determination, is vital for maximizing attainment of desired outcomes, and provides sense of well-being/safety
- Curricula are available, but vary in quality and no research has validated them
  - Apply evidence-based strategies to deliver instruction derived from comprehensive curricula
- Teams must work together, actively plan and deliver sexuality related education, and cooperate for the benefit of the focus person
- We desperately need research in this area, but limited resources are available and logistic barriers discourage advances

---

---

---

---

---

---

---

---

## REFERENCES (Q&A?)

- Aunos, M., & Feldman, M. A. (2002). Attitudes to- wards sexuality, sterilization and parenting rights of persons with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 15, 285–296.
- Bruess, C. E., & Greenberg, J. S. (1994). *Sexuality education theory and practice* (3rd ed.). Dubuque: Brown & Benchmark.
- Fegan, L., Rauch, A., & McCarthy, W. (1993). *Sexuality and people with disability* (2nd ed.). Baltimore: Brookes.
- Howlin, P., & Clements, J. (1995). Is it possible to assess the impact of abuse on children with pervasive developmental disorders? *Journal of Autism and Developmental Disorders*, 25, 337–354.
- Lesseliers, J., & Van Hove, G. (2002). Barriers to the development of intimate relationships and the expression of sexuality among people with developmental disabilities: Their perceptions. *Research and Practice for Persons with Severe Disabilities*, 27, 69–81.
- Mansell, S., Sobsey, D., Wilgosh, L., & Zawallich, A. (1996). The sexual abuse of young people with disabilities: Treatment considerations. *International Journal for the Advancement of Counseling*, 19, 293–302.
- National Commission on Adolescent Sexual Health (NCASH). (1995). Facing facts: Sexual health for America's adolescents. New York: Sexuality Information and Education Council of the United States.
- Ray, F., Marks, C., & Bray-Garretson, H. (2004). Challenges to treating adolescents with Asperger's syndrome who are sexually abusive. *Sexual Addiction & Compulsivity*, 11, 265–285.
- Stokes, M. A., & Kaur, A. (2005). High-functioning autism and sexuality: A parental perspective. *Autism*, 9, 266–289.
- Sexuality Information Education Center of the United States (SIECUS) (2004). Guidelines for Comprehensive Sexuality Education 3<sup>rd</sup> Edition. Retrieved from [www.siecus.org](http://www.siecus.org)
- Travers, J. C., Tincani, M., Whitby, P.S., & Boutot, E. A. (2014). Alignment of Sexuality Education with Self Determination for People with Significant Disabilities: A Review of Research and Future Directions. *Education and Training in Autism and Developmental Disabilities*.
- Travers, J., & Tincani, M. (2010). Sexuality education for individuals with autism spectrum disorders: Critical issues and decision making guidelines. *Education and Training in Autism and Developmental Disabilities*, 45, 284–293.
- Travers, J. C., & Whitby, P.J.S. (2014). Sexuality and relationships for individuals with autism spectrum disorders. In M. Tincani & A. Bondy (Eds). *Autism Spectrum Disorders in Adolescents and Adults: Evidence-Based and Promising Interventions*.
- Wehmeyer, M. L., Kelchner, K., & Richards, S. (1996). Essential characteristics of self-determined behaviors of adults with mental retardation and developmental disabilities. *American Journal on Mental Retardation*, 100, 632-642.