Sexual Health Development & Knowledge: Applications of ABA for Autism

Landa Mark, MA, BCBA
Positive Connections

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* Board Certified Behavior Analyst
* Completed Sexual Health Educator Certification Coursework through Options for Sexual Health
* Completing practicum hours for Certified Sexual Health Educator status

Learning Objectives

* Identify typical sexual health development in the domains of physical changes, behaviours observed, and knowledge acquired to aid in assessing need for intervention
* Identify ABA technologies that have been used to teach sexual health knowledge in the literature and address inappropriate sexual behaviour
* Identify ABA technologies that may be effective in teaching sexual health knowledge/skills and addressing inappropriate sexual behaviour

A Note About Language

* I will try to use inclusive language throughout the presentation
  * Avoid using terms such as “boy” and “girl” and “male” and female”
  * promoting use of terms such as “person with a penis” or “someone with vulva”
  * ensures everyone, regardless of physical sex, gender identity, or gender expression feels included in the conversation
  * holds space to acknowledge that individuals with developmental disabilities will also identify at various points along a gender identity spectrum

What is Sexuality/Sexual Health

* It is not just the physical act(s) of sex
* It includes biology, but also includes sexual knowledge, attitudes, values, and behaviours
* It includes identity, orientation, gender roles
* It is shaped by culture, history, education, and experience
* Includes the assumption that all persons are sexual in a broad sense and have a sexual expression

SIECUS – Position Statement

Sexuality Information and Education Council of the United States

Position Statement on Sexuality of Persons with Disabilities

* Individuals with physical, cognitive, or emotional disabilities have a right to education about sexuality, sexual health care, and opportunities for socializing and sexual expression.

* Healthcare workers and other caregivers must receive comprehensive sexuality education, as well as training in understanding and supporting sexual development, behaviour, and related healthcare for individuals with disabilities.

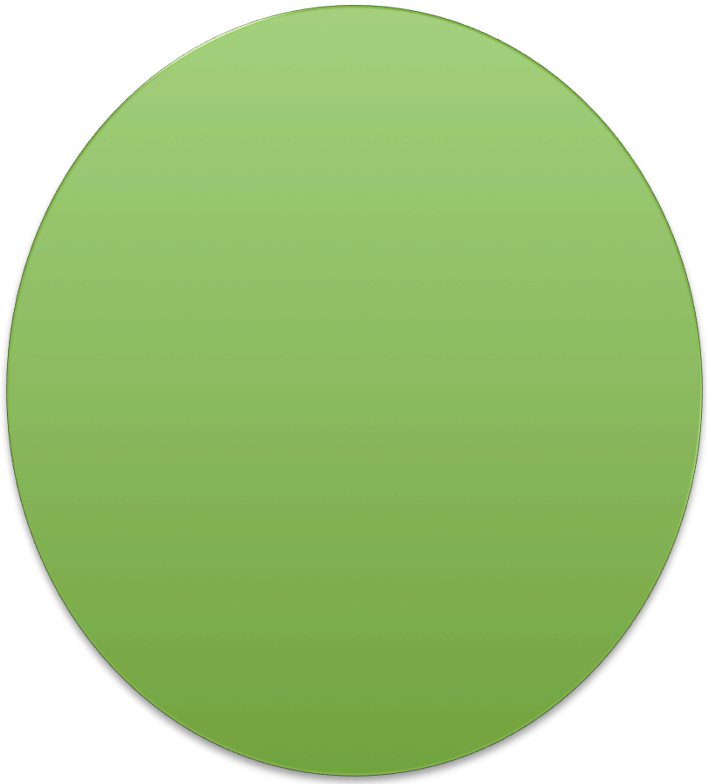
* Services and benefits should be provided to all persons without discrimination because of disability.

Historical and Continuing Perspectives

Sexuality and Persons with ASD/ID/DD

Asexual → Hypersexual

- no sexuality
- no interest in sexuality
- should be kept protected and child-like



- uncontrollable sexual expression
- others need to be protected
- need to be protected from themselves
- deviant sexual behaviour

Historical and Continuing Perspectives

How have these historical perspectives impacted practice?

* Persons with ASD were/are excluded from planned sexual health education
* focused exclusively on abuse/abduction prevention
* focused exclusively on personal hygiene
* reactive
* shame or fear-based or -informed
* if offered at all it is significantly delayed
* assumed heterosexuality

Sexual Development

* In order to help support sexual health education and healthy sexual development in the people we work with it is **necessary** to have an understanding of *typical* sexual development
* We will review typical physical, emotional, learning, and behavioural aspects of sexual development
* The following information is taken from:
  * *Human Sexuality* by Rathus et. al (with reference to reports from The Society of Obstetricians and Gynecologists of Canada)
  * *Sexuality and Relationship Education* by Hartman (with reference to Friedrich et al., 1998; Kellogg 2009; Realmuto & Ruble, 1999)
  * *teachingsexualhealth.ca; islandsexualhealth.org*

Sexual Development: Ages 0-2

* Exploring Own Body
  * touching genitals
* Reflexive/Spontaneous sexual responses
  * erections
  * vaginal lubrication
* Enjoys and initiates physical touch from caregivers
  * hugging, kissing
  * learning to find pleasure in non-sexual touching
* Becomes interested in other people's bodies (especially family)

Sexual Development: Ages 0-2

* Enjoys being nude
* Learning names for body parts – including genitals
* Beginning to understand the differences between anatomical sexes
* Developing ability to trust caregivers
* Developing sense of body autonomy
* Develop understanding of bodily functions (toileting)

Sexual Development: Ages 2-5

* Solo body exploration continues
  * touching genitals for soothing and because it feels "good"
  * touching genitals in public can occur
* Peer body exploration begins
  * *consensual* exploration of same-age (mixed sex) playmates bodies – curiosity focus
  * playing games such as "doctor", "house", "I'll show you mine…"
* Curiosity about "private parts"
  * may attempt to view others (peers and adults) genitals, buttocks, breasts
  * continue to build knowledge of scientific body names

Sexual Development: Ages 2-5

* Reflexive sexual responses continue
  * **reflexive erections** can occur throughout development
* Enjoys being nude
* Use of slang terms for bodily functions
  * joking about bodily functions
* Saying names of genitals and telling jokes about genitals
* Asking questions about where babies come from and how they get here
  * should learn the basics of conception
* Dressing up
  * exploring dressing according to social "norms" for the opposite gender expression

Sexual Development: Ages 2-5

* Learn the basics of privacy as it relates to expressions of sexuality and nudity
* Learn bodily autonomy
* Learn difference between appropriate and inappropriate touching
  * acceptable and unacceptable touch
  * “good touch” “bad touch”
* Begins to identify self as male/female

Sexual Development: Ages 6-9

* Continue curiosity-based body exploration
  * same and opposite sex peers (not indicative of sexual orientation)
  * play may involve touch
* Begin to seek more privacy
* Masturbation begins to occur with more of a focus on pleasure
  * some may achieve orgasm
* Puberty
  * may begin to enter puberty as early as 8
  * learn about changes to expect during puberty

Sexual Development: Ages 6-9

* Use of slang words to describe body parts and sexual behaviours
* Development of crushes (across a variety of people)
* Closer adherence to gender roles according to peer group and societal expectations
* Development of understanding of different sexual orientations
* Gain knowledge about:
  * body autonomy
  * scientific names for body parts
  * basics of reproduction
  * menstruation and nocturnal emissions

Sexual Development: Ages 10-12

* Continue sexual 'play' and exploration
  * same or opposite sex peers
  * will begin to hide from adults
* Masturbation
  * increasingly pleasure focused
  * may achieve orgasm
* Increased interest in same or opposite sex people
  * feelings of attraction or crushes
* Gain knowledge about:
  * STIs
  * Pregnancy

Sexual Development: Ages 10-12

* Puberty
  * knowledge of physical and psychological aspects taught and develop
  * experiencing physical changes of puberty
    * penis growth
    * breast development
    * pubic and underarm hair
    * growth spurts (between ~11 and 13)
    * menstruation
    * nocturnal emissions *
    * sweat

Sexual Development: Ages 13-15

* Access sexually explicit material
  * related to masturbation
  * increased interest in sex in the media
* Continued interest in same or opposite sex people
  * feelings of attraction or crushes may become sexual
  * dating, kissing, and touching begin
  * “partners” established
* Thinking, talking, and dreaming about sex
  * sexual fantasies
  * increased curiosity about sexual expression

Sexual Development: Ages 13-15

* *May* begin partnered sexual activity (but **rare** at this age)
  * have understanding of contraception
  * understands rights and responsibilities in relationships
* May have sexual experiences with someone of the same biological sex that is not necessarily indicative of future identified sexual orientation
* Increased desire for sexual experiences brought on my hormonal changes in puberty

Sexual Development: Ages 13-15

* Puberty Continues
  * height and weight changes
  * skin becomes oily and acne may develop
  * hair growth continues (pubic, underarm, facial)
  * sweating and body odor
  * require more sleep
  * hips or shoulders widen
  * menstruation and ovulation become more regular
  * increase in vaginal discharge
  * voice changes
  * breast growth (male & female); nipple
  * increased frequency of erections and ejaculation

Sexual Development: Ages 16-18

* Puberty continues
  * emotional implications of body changes
* Continued desire for sexual experiences
  * may become sexually active
  * interest in sexual acts and sexual intimacy
* Continued interest in romantic relationships
  * dating
  * concern for emotional well-being of partners
* Masturbation continues
  * safe sexual activity
  * learn about pleasure

Sexual Development: Ages 19-30

* Possible sexual activity with partner(s)
  * contraception and safer sex decision-making
* Masturbation
* Engage in decision-making about partners, marriage, family planning
  * includes beginning and ending relationships
* May choose to be a parent

Sexual Development: Ages 30-45

* Partner(s) selection
* Sexual activity
* Focus on maintaining relationships
* Masturbation
* Parenting
  * sexual health education for own children
* continued decision making about contraception and safer sex practices
* Possibility of ending relationships

Sexual Development: Ages 45-65

* Partner(s) selection
* Sexual Activity
* Masturbation
* Possible parenting/grandparenting
* Continued decision making about contraception and safer sex practices
* Possibility of ending relationships
  * including possible death of partner(s)
* Menopause

Sexual Development: Ages 65+

* Body responds sexually, but more slowly
* Continued need for physical touch and affection
* Sexual Activity
  * non-sexual physical health concerns can impact sexuality and sexual expression
* Masturbation
* Possible grandparenting
* Continued decision making about safer sex practices
* Death of partner(s)

Sexual Behaviour & ASD

* Schottle et al (2017) provided a review of key findings of self-report literature re: sexuality in those with ASD compared to NT
  * older at first intercourse
  * less sexual interest
  * more female-identified individuals with ASD report being lesbian
  * less knowledge about sexuality issues
  * more ASD symptoms associated with lower sexual and relationship satisfaction
  * no reported differences in sexual/intimate behaviours; reports of higher anxiety, lower desire, lower arousal in high symptom individuals
* Stokes (2017) Higher sexual diversity; higher gender-dysphoric symptomology

Sexual Behaviour & ASD

* Schottle et al (2017) provided a review of key findings of self-report literature re: sexuality in those with ASD compared to NT
  * no differences in experiences with masturbation, oral sex, PIV, PIA, use of SEM/online pornography
  * parents underestimate engaging in masturbation and experiencing orgasm
  * higher rate of asexuality
  * no differences in feelings about sex education and need for sex education
  * fewer sexual experiences
  * no differences in public sexualized behaviour
  * no difference in sexual knowledge

Sexual Development: When to Be Concerned

* Behaviours that are typical for a given age group are occurring well beyond that period
* Behaviours are occurring in public when a child of their age would be expected to only engage in them in private
* Behaviours are dangerous (physically, or putting self in danger in their environment) to self or others
* Behaviours are in violation of any policy or law in an environment that the person accesses
* Behaviours are interfering with learning, with community participation, or right to access least restrictive environment

Sexual Development: When to Be Concerned

* Increased risk and incidence of abuse in those with ID/DD
  * Estimates of up to 44% of children with ID/DD
  * Estimates of up to 83% of adults with ID/DD

* Rates of reporting are likely underestimated for the entire population; the same is likely true of the ID/DD population

Sexual Development: When to Be Concerned

* Edelson (2010) outlined some of the challenges with accurately identifying signs of sexual abuse in individuals with ASD
  * verbal reporting ability may be significantly decreased
  * may lack the knowledge, skill, and privacy to appropriately engage in sexual behaviour so when sexual behaviour is displayed it is assumed to be deviant
  * stereotypy, self-injury, and repetitive behaviours could increase (SPECULATIVE!). Risk being disregarded as a symptom of autism
  * children (without disability) who are sexually abused may or may not display sexualized behaviours – they are NOT a reliable indicator of sexual abuse
* There is NO research on the behavioural signs of sexual abuse in children with autism

Teaching Sexual Health Knowledge & Skills

* There is (emerging) consensus that this is **important, necessary** information that individuals need
* Research exists highlighting the **need** for sexual health education in those with ASD (see for example: Sullivan & Caterino (2008); Travers & Tincani (2010)).

BUT

* very little exists around **how** to best provide it
  * see Sullivan & Caterino (2008) for a summary of ASD-specific curricula (none have direct research support)

Teaching Sexual Health

How has ABA been used?

Not Much!

Teaching – How Has ABA Been Used

* Menstrual Hygiene
  * Veazey et al. (2016); 1 participant with ASD (other with Down Syndrome and PDD-NOS)
  * ABA Strategies Used:
    * Task Analysis
    * Chaining (total task and forward chaining)
    * Prompt Hierarchies
    * Reinforcement (social + tangible)

Teaching – How Has ABA Been Used

* Hygiene/Grooming
  * more research focused on ID/DD than ASD specific
  * participants in most studies are outside of puberty
  * for example Garff & Storey (1998)
  * targeting shaving; oral hygiene; face washing/cleaning
  * ABA Strategies Used:
    * Preference assessments
    * Task analysis
    * Modeling
    * Self-management (checklists)
    * Reinforcement

Teaching – How Has ABA Been Used

* Abduction Prevention
  * Gunby, Carr, LeBlanc (2010); Gunby & Rapp (2014); Ledbetter-Cho et al (2016)
  * ABA Strategies used
    * Behavioral Skills Training (including video modeling)
  * generalization to natural settings only probed for 1 of 3 participants (Gunby et al., 2010) or follow up questionnaires showed mixed results for generalization (Gunby & Rapp, 2014)

Inappropriate Sexual Behaviour

* Inappropriate Sexual Behaviour
  * definition from Davis et al. (2016)
  * violates social norms (occurs in public; outside of age norms; violations of personal space or privacy)
  * interferes with other activities (leisure, work) or instruction
  * dangerous to self or others

Addressing Inappropriate Sexual Behaviour

How has ABA been used?

ISB – How Has ABA Been Used

* Topographies of ISB that have been subject to intervention (Davis et al., 2016; Prichard et al., 2016)
  * Disrobing
  * Public masturbation
  * Inappropriate touching of others
  * Public discussion of inappropriate topics
  * Coercive sexual interactions
  * Paraphilia (shoe/foot fetish)

ISB – How Has ABA Been Used

* Davis et al. (2016) provide a review of interventions used to decrease ISB in individuals with DD
  * instructional/curricular revisions (ID; ASD + ID; ASD)
    * behaviours maintained by escape; escape; tangible
  * manipulation of MOs (ID)
    * behaviour maintained by attention
  * NCR (ID + ADHD + ODD + depression)
    * behaviour maintained by attention
    * combined with exclusionary time out; effect of NCR alone - unknown

ISB – How Has ABA Been Used

* Davis et al. (2016) review of ISB interventions
  * DRA (ID; ASD + ID; DD; MR)
    * behaviours maintained by escape; tangible; attention; attention
    * combination with extinction may be necessary, but difficult
  * DRO (ID; DS)
    * no research looking at DRO only interventions
    * functions not assessed; social and tangible/edible reinforcers used
    * combinations of DRO and restitution/negative practice
    * Prichard et al. (2016, not included in review) – ASD
      * Function of ISB not directly assessed
      * DRO combined with CBT; choice of reinforcement; counseling (specific to ISB); contingency contracting
      * ISB decrease to zero levels only after addition of contingency contracting

ISB – How Has ABA Been Used

* Davis et al. (2016) review of ISB interventions
  * Extinction (ASD; DD; ASD + ID)
    * behaviours maintained by automatic; attention + automatic; tangible)
    * combinations with DRA and antecedent access to reinforcement required in two cases; response interruption + time out needed in one case
  * Punishment (DS; ID; ID + ADHD + ODD + depression; ID; DS; ASD + ID; ASD)
    * behaviours maintained by ?; ?; attention; ?; attention; tangible; automatic
    * restraint use as part of extinction increased behaviour in 2 cases
    * combination of redirection and time-out required in ASD study

ISB – How Has ABA Been Used

* Interventions for ASD
  * only 4 studies have been published that use ABA strategies to address ISB in individuals with ASD
* Topographies of behaviour for ASD
  * disrobing (2)
  * public masturbation (1)
  * sexual touching, gestures, comments, threats (1)
* Functions of behaviour for ASD
  * escape (1)
  * tangible (1)
  * automatic (1)
  * not assessed (1)

ISB – How Has ABA Been Used

* Only one of the studies reviewed found an automatic function to ISB
* Determine function regardless of topography
* BUT the topography remains a socially inappropriate (and in some cases illegal)
  * interventions should remain least restrictive (Ethical Compliance Code Sec 4.09) and allow for the possibility to engage in socially appropriate sexual expression

WARNING

Teaching Sexual Health

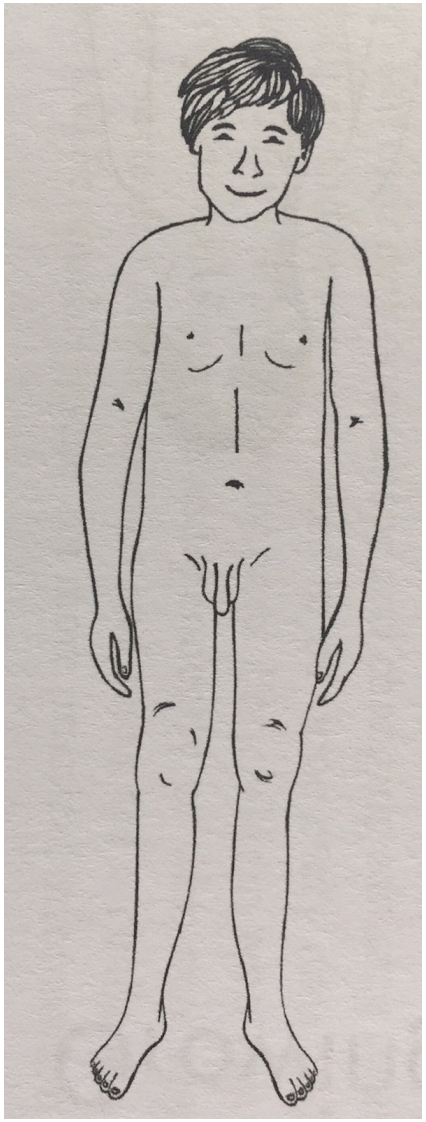
How could ABA be used?

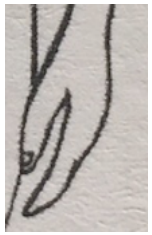
Teaching – How ABA Can Help

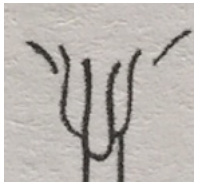
* We have a technology of teaching – USE IT
  * FCT
  * reinforcement
  * prompting & systematic prompt fading
  * differential reinforcement
  * token economies
* Teaching sexual health knowledge *can* be just like teaching other skills – BUT *we* are generally more uncomfortable talking about it
* Accessing or developing appropriate resources is also challenging

Teaching – How ABA Can Help

* Teaching Names of Body Parts
  * Discrete Trials
    * Match to Sample

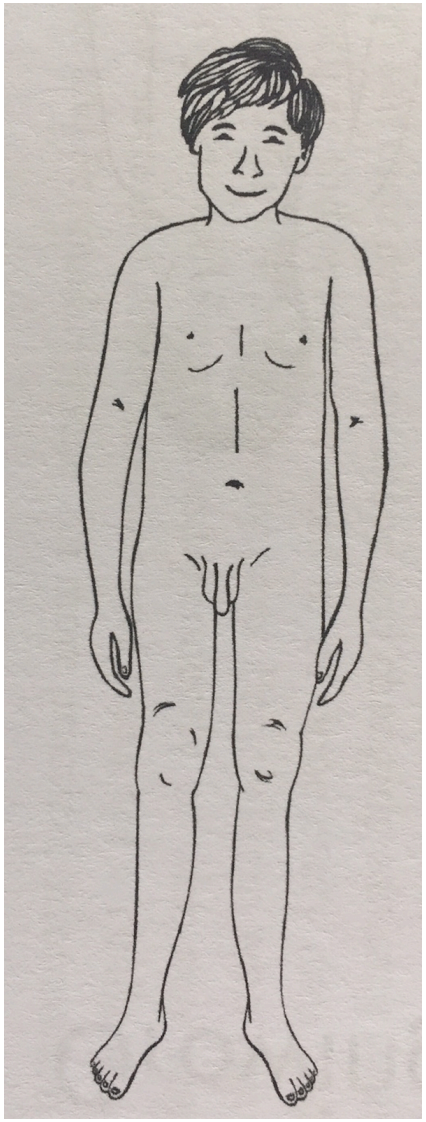






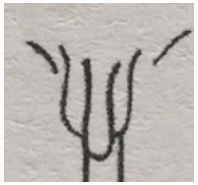
Teaching – How ABA Can Help

* Teaching Names of Body Parts
  * Discrete Trials
    * Match to Sample
    * Matching → Receptive Transfer Procedure



“Match penis”

“Where is the penis”



Teaching – How ABA Can Help

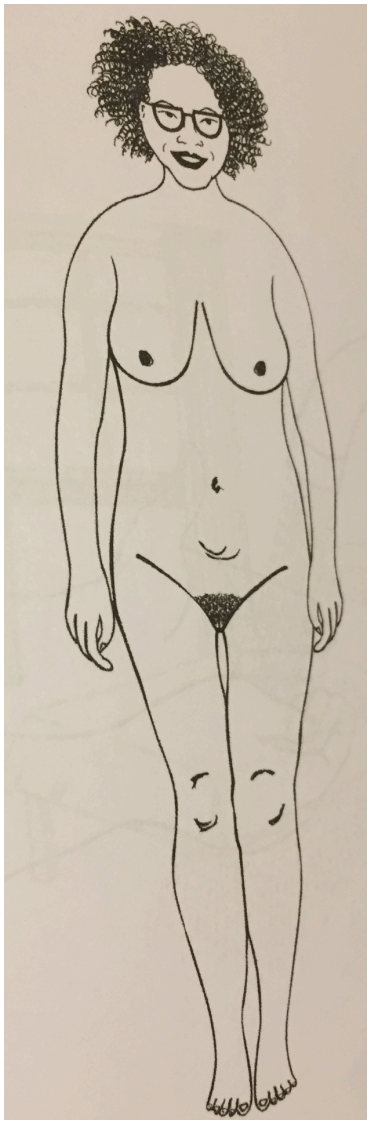
* Teaching Names of Body Parts
  * Discrete Trials
    * Match to Sample
    * Matching → Receptive Transfer Procedure
  * Natural Environment Teaching
    * encouraging caregivers to name body parts during bathing routines
    * teaching through song

head and shoulders
arm and hands
neck and chest
tummy and hip
bums and genitals
knees and toes
eyes, ears, mouth, and nose

Teaching – How ABA Can Help

* Teaching Names of Body Parts
* Slang terms for body parts may need to be taught
  * Discrete Trials
    * Receptive ID

Teaching – How ABA Can Help



Tits

Boobs

Crotch

Snatch

Teaching – How ABA Can Help

* Teaching public and private discriminations
  * Behavioural Skills Training
    * sorting; receptive ID; tacting
    * role play/comprehension checks
    * practice
    * feedback

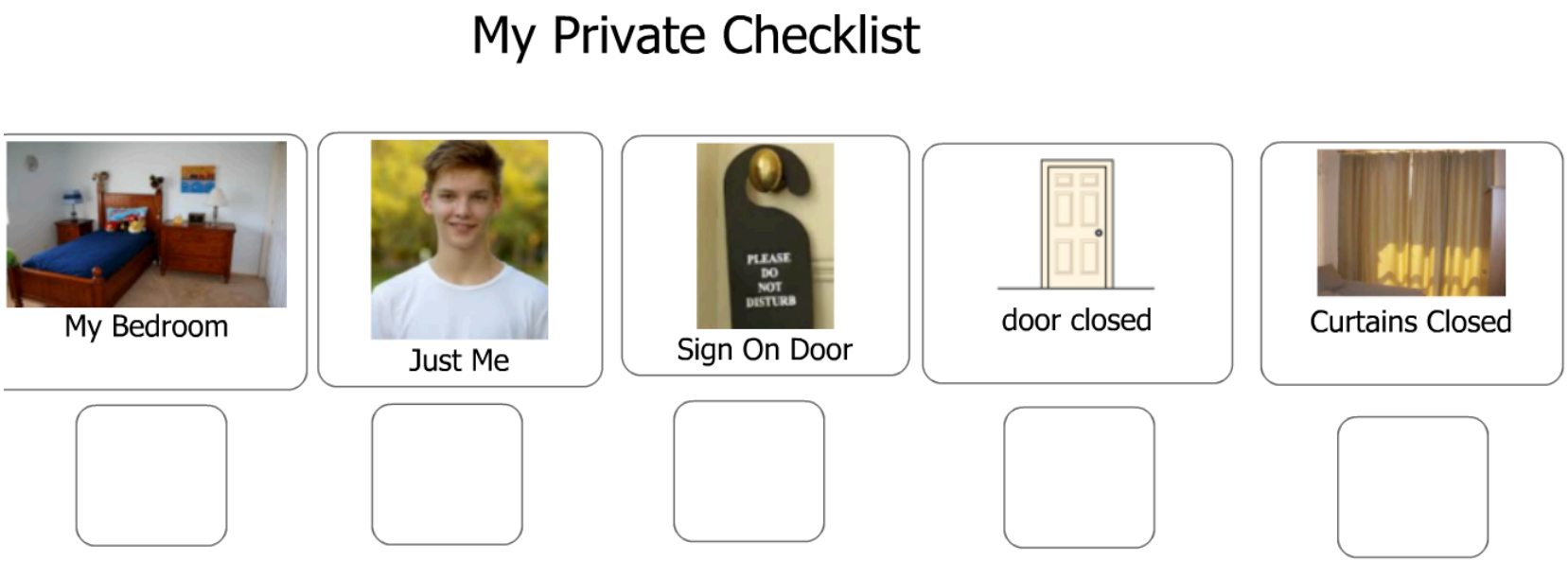
Teaching – How ABA Can Help

PUBLIC

PRIVATE

Teaching – How ABA Can Help

* Teaching public and private discriminations
* Self-Monitoring/Visual Supports



Teaching – How ABA Can Help

* What to do when you get an erection in class
  * social scripts

If someone is with other people or in a public place and they have an erection, it is not ok to touch their penis. Instead, they might try:

- Sitting down until the erection goes away

- Covering up their erection with a bag or backpack

- Making an excuse to leave the room

- Thinking about un-sexy things

If someone has an erection in public they can say **"I need a minute."** They shouldn't say "**I have an erection.**"

Teaching – How ABA Can Help

* Masturbation
  * will I have to teach this with hand over hand prompting?
    * NO
    * and you shouldn't!
    * sends **completely** wrong message about privacy and allowing others to touch genitals

Teaching – How ABA Can Help

* Masturbation
  * Visual Schedule

Be alone

Close Door

Get Tissues

Remove/Pull down pants

Sit or lie down

Set tissues beside me

masturbate

If there is semen – use tissue to wipe it off my body, clothes, or bed

throw tissues in garbage

put on/pull up pants

Teaching – How ABA Can Help

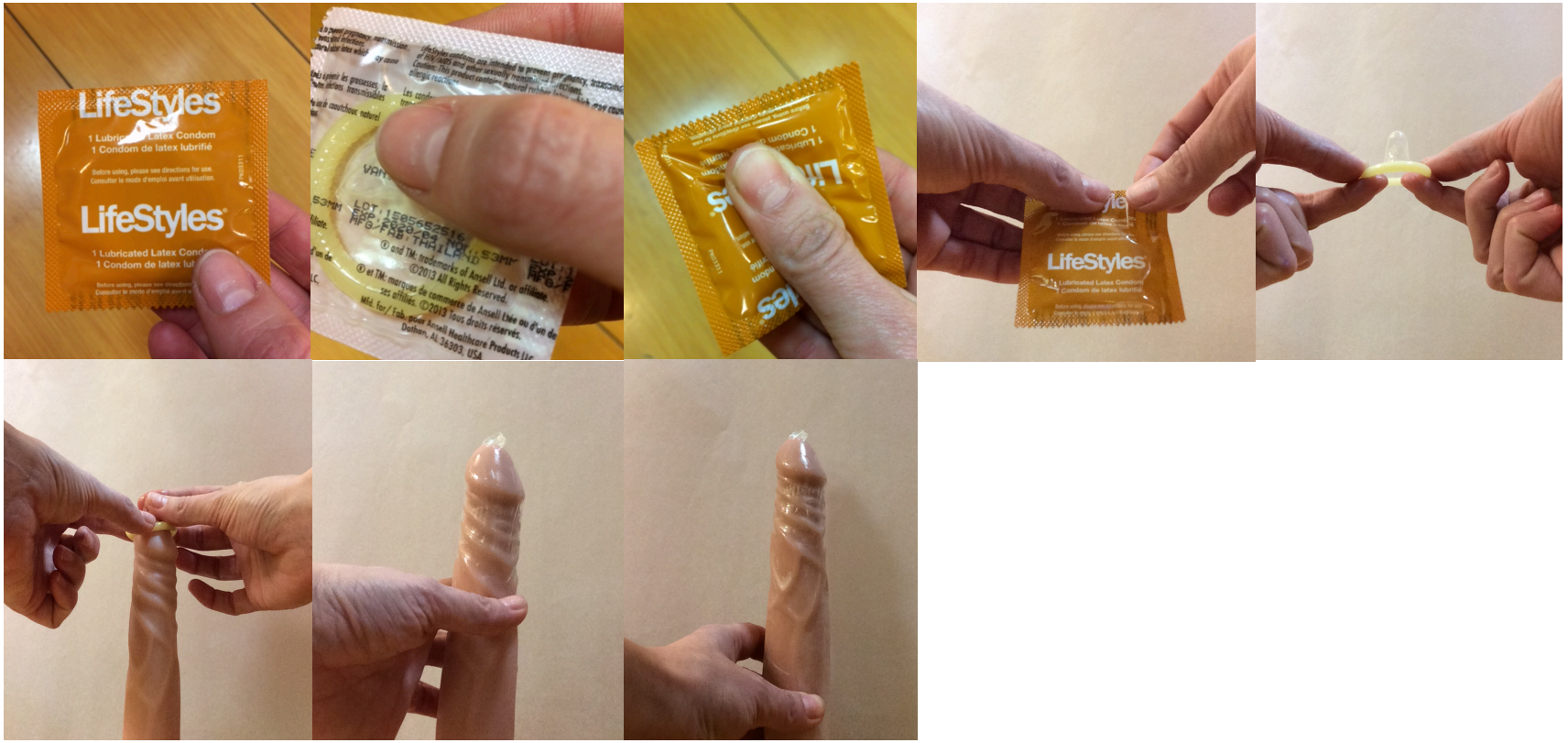
* Masturbation
  * Task Analysis
    * get lubricant; put lubricant on hand; masturbate; if there is semen on sheets/clothes; get tissue; wipe up semen; throw tissue in trash
  * Visual Schedule

Teaching – How ABA Can Help

* Use of a condom
  * Task Analysis → Visual Schedule
  * Find condom; check expiry date; squeeze to check for air; tear with fingers; check condom is rolled upward/looks like a sombrero; hold over tip of penis and pinch air out of tip; roll condom down; roll all the way to the bottom of penis; have safer sex; remove condom while holding base; tie know in condom; throw in trash

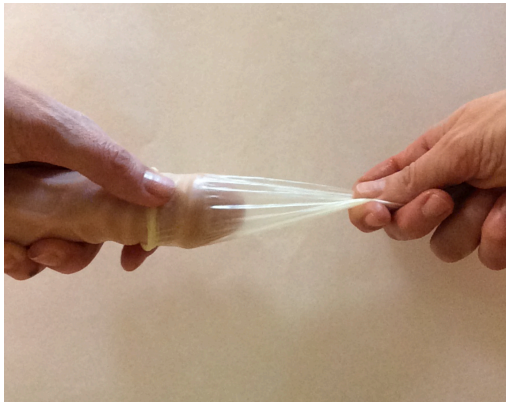
Teaching – How ABA Can Help

* Use of a condom
  * Task Analysis → Visual Schedule



Teaching – How ABA Can Help

* Use of a condom
  * Task Analysis → Visual Schedule



Teaching – How ABA Can Help

* Putting on a condom
  * video model

Addressing Inappropriate Sexual Behaviour

How can ABA be used?

ISB – How Can ABA Help?

* Prevention
  * focus on the teaching we have discussed
  * knowledge is power
  * knowledge is prevention

ISB – How Can ABA Help?

* Obligation to rule out medical causes
  * Ethical Compliance Code – 3.02
  * genital touching
    * UTI
    * Yeast infection
    * STI
  * Injuring self during masturbation
    * medications that affect ability to orgasm
    * phimosis

ISB – How Can ABA Help?

* Functional Behaviour Assessment
* Key outcomes of the FBA (O'Neill et al., 1997)
  * operational definition of behaviours
  * identification of reliable antecedents
  * identification of maintaining consequences
  * develop hypothesis summarizing describing behavioural contingency
  * data collection to support hypothesis

ISB – How Can ABA Help?

* Functional Behaviour Assessment
  * operational definition of behaviours
    * masturbation
      * manipulation or touching with the hand or with an object genitals (vulva or vagina)
        * problematic because masturbation has connotations of function for sexual pleasure or automatic reinforcement
    * genital touching
      * making contact with the genitals for a period of at least 10 seconds
      * DO NOT include instances of touching that last less than 10 seconds
    * operational definitions of precursor behaviours can assist in ethical behaviour assessment

ISB – How Can ABA Help?

* Sexual Function vs. Sexual Topography
* Sexual Function
  * the behaviour is serving a sexual purpose
  * usually related to pleasurable sensations, or automatically reinforced
* Sexual Topography
  * the behaviour may *look* sexual because it involves body parts or actions that *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
  * reflexive erections

ISB – How Can ABA Help?

* Functional Behaviour Assessment
  * identification of reliable antecedents and consequences; observational data
    * A-B-C data collection
    * scatterplot data
    * Functional Assessment Interviews
    * MAS; QABF; FAST
    * Observational data
      * may or may not be appropriate depending on the behaviour
      * FAO
      * FAI

ISB – How Can ABA Help?

* Determining function via functional analysis
  * Ethical Implications - Stein & Dillenburger (2017)
    * evoking sexual behaviour in a minor – unethical
    * evoking sexual behaviour in a non-consenting adult – unethical
    * sexual behaviour is observed and thus violates privacy
    * if necessary
      * FA for precursor behaviours
      * brief FA
      * single-trial FA
      * latency-based FA
      * Treat the same as you might a high risk behaviour that is unethical to trigger/reinforce

ISB – How Can ABA Help?

* Development of Behavior Support Plans – Contextual Fit
  * WHO – particularly around teaching any identified alternative behaviours
  * WHAT – are there cultural/religious or other community values that will impact the plan
  * HOW – are people comfortable responding to the behaviour

ISB – How Can ABA Help?

* Intervention MUST match Function
  * planning for alternative behaviours should be informed by typical sexual development
  * should acknowledge that sexual expression is a fundamental right and plan for this
  * differential reinforcement of alternative/other/ incompatible behaviour can help promote non-sexual behaviours as well as appropriate sexual behaviours
  * teach stimulus control for where behaviours are appropriate

ISB – How Can ABA Help?

* Collaboration
  * Certified Sexual Health Educators
  * Counselors
  * Trauma specialists
  * Medical professionals
  * Mental Health professionals/teams

Additional Considerations - Paraphilias

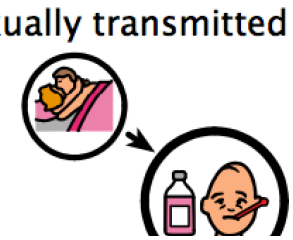
* Paraphilia
  * sexual interest or arousal in response to unusual stimuli (inanimate objects; pain/humiliation; non-consenting adults; children) (Rathus et al., 2016)
* Paraphilic Disorder
  * paraphilia that causes the person distress and/or is harmful to self or other people
* Paraphilias are part of the spectrum of sexuality
  * individuals with ASD exist on the same spectrum of sexuality as everyone else
  * BUT may lack the social understanding of how to express this appropriately
    * Counterfeit Deviance

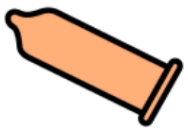
Additional Considerations – Consent and Non-Compliance

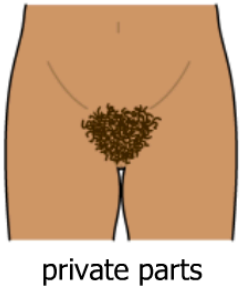
* Individuals with ASD and other disabilities are often taught to be compliant with all instructions and demands
  * vulnerability for abuse/assault increased
* Create and allow opportunities for clients to say “no” and the “no” to be respected

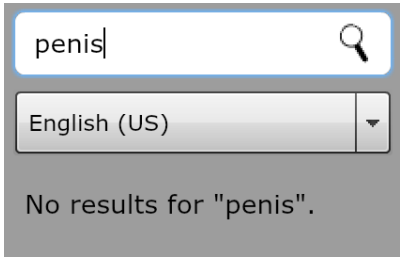
Additional Considerations – Communication

* Communication systems should be made to include pictures containing sexual health icons
* Unity ® , ProLoQuo, Snap + Core First, and Touch Chat AAC apps have sexuality icons available
* Boardmaker:









Additional Resources

* amaze.org
* scarleteen.com
* teachingsexualhealth.ca
* sexualhealthresource.ca
* 1-800-SEX-SENSE

References

* Davis, T.N., Machalicek, W., Scalzo, R., Kobylecky, A., Campbell, V., Pinkelman, S., Chan, J.M., Sigafoos, J. (2016). A review and teatment selection odel for individuals with developmental disabilities who engage in inappropriate sexual behaviour. *Behavior Analysis in Practice, 9*, 389-402.
* Gunby, K.V., Carr, J.E., LeBlanc, L.A. (2010). Teaching abduction-prevention skills to children with autism. *Journal of Applied Behavior Analysis, 43*, 107-112.
* Gunby, K.V., & Rapp, J.T. (2014). The use of behavioral skills training and in situ feedback to protect children with autism from abduction lures. *Journal of Applied Behavior Analysis, 47*, 1-5.
* Hartman, D. (2014). *Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders* (pp. 33). Glasgow: Bell & Bain Ltd.
* Ledbetter-Cho, K., Lang, R., Davenport, K., Moore, M., Lee, A., O'Reilly, M., Watkins, L., & Falcomata, T. (2016). Behavioral skills training to improve the abduction-prevention skills of children with autism. *Behavior Analysis in Practice, 9*(3), 266-270.
* Prichard, D., Graham, N., Penney, N., Owen, G., Peters, S., & Mace, F.C. (2016). Multi-component behavioural intervention reduces harmful sexual behaviour in a 17-year-old male with autism spectrum disorder: a case study. *Journal of Sexual Aggression,*

References

* Rathus, S.A., Nevid, J.S., Fichner-Rathus, L., & McKay, A. (2016). *Human Sexuality in a World Of Diversity* (pp.293). Toronto: Pearson Canada.
* Schottle, D., Briken, P., Tuscher, O., Turner, D. (2017). Sexuality in autism: hypersexual and paraphilic behavior in women and men with high-functioning autism spectrum disorder. *Dialogues in Clinical Neuroscience, 19*(4), 381-393.
* Stein, S., & Dillenburger, K. (2017). Ethics in sexual behavior assessment and support in people with intellectual disabilities. *International Journal on Disability and Human Development, 16*(1), 11-17.
* Stokes, M. (2017). The effect of high-functioning autism on sexual orientation and gender identity. Paper presented at 11th Autism-Europe International Conference, Edinburough, Scotland.
* Sullivan, A., & Caterino, L.C. (2008). Addressing the sexuality and sex education of individuals with autism spectrum disorders. *Education and Treatment of Children, 31*(3), 381-394.
* 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*(2), 284-293.
* Veazey, S.E., Valentino, A.L., Low, A.I., McElroy, A.R., & Leblanc, L.A. (2016). Teaching feminine hygiene skills to young females with autism spectrum disorder and intellectual disability. *Behavior Analysis in Practice, 9*(2), 184-189.

References

* Island Sexual Health – Sexuality Through the Lifespan https://www.islandsexualhealth.org/sexual-identity/lifespan/
* SIECUS- Position Statement on Sexuality of Persons with Disabilities http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&pageId=494
* Teachingsexualhealth.ca – Sexual Development Information by Age https://teachingsexualhealth.ca/parents/information-by-age/