Chapter 3
Enhancing Pro-Social Desired Behaviors to Reduce At-Risk Sexual Behaviors in Community Settings

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EXECUTIVE SUMMARY

There is a misconception that people with significant disabilities have little or no interest in sex or sexual relationships. This misconception often leads to the teaching of social sexual education on the back burner for practitioners, educators, and caregivers. This chapter discusses the self-monitoring strategies taught to a teenage girl with a diagnosis of autism spectrum disorder that engaged in inappropriate sexual behavior toward herself and others while in community settings. Mia is a 16-year-old female with a diagnosis of ASD. Mia significantly struggled to respond to the norms that dictate the social conventions regarding appropriate social interactions which led to the emergence of inappropriate sexual behaviors including public masturbation and the inappropriate touching of others. Using person-centered planning and a quality-of-life assessment tool, Mia’s multidisciplinary team was able to identify prosocial, desired behaviors to assist Mia in achieving ultimate outcomes and place her in least-restrictive environments across community settings.

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INTRODUCTION

Every 98 seconds someone in the United States is sexually assaulted, and every 11 minutes that victim is a child under the age of 18 (Rape, Abuse & Incest National Network, 2017). Along with these distressing statistics, is the troubling realization that this form of sexual assault may go unreported or under-reported by individuals who do not have a voice, do not understand the nuances of inappropriate social interaction, and are unable to advocate for their own safety or well-being. It is easy to empathize with the individuals that have been devastated by this form of violence, but is it as easy to empathize with the victimizer? What if that victimizer was an individual with a diagnosis of autism spectrum disorder and did not realize the social implications of their behavior? What if the victimizer was your child? This chapter presents a case study of one young woman with ASD who engaged in at-risk sexual behaviors and struggled to develop positive social relationships. Through the use of self-monitoring strategies and a person-centered plan, she was soon able to overcome these barriers and lead a more enriched life.

LITERATURE REVIEW

There exists very little information or available literature on the topic of sexuality or social sexual education for individuals on the autism spectrum (Bambara & Brantlinger, 2002; Koller, 2000). This lack of information and education puts individuals with autism at risk of being victimized at some point in their lives or becoming a victimizer due to never been taught (at least not comprehensively taught) ways to appropriately navigate social situations in which sex or sexuality may come into play. Sandfort and Rademakers (2000) cite two critical reasons for the lack of sexual education and research for individuals with a diagnosis of ASD. First, is the sensitive nature of the topic, especially when described to individuals of a vulnerable population. The second is connected to methodology. It is often challenging for caregivers to address their child’s sexuality head-on. Sexuality can be particularly difficult for caregivers of children with a diagnosis of ASD due to perceiving sexuality as a burden for their child, or because they identify their child as being asexual without the capacity to make independent decisions regarding sexuality and relationships (Lesseliers & Van Hove, 2002). Sexual behavior is characteristically something that an individual will engage in privately and typically not something that is taught outright or modeled for the learner; making the teaching of appropriate sexual interactions quite challenging.
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