

## Sexuality and Autism Spectrum Disorders 8-Exploitation and Victimization 3: Response to Risk of Victimization

Hello, my name is Joe Falkner, and welcome to the Flexible Mind Therapy Podcast. As the third part of our discussion on Exploitation and Victimization, we will look at efforts to foster prevention of opportunities for exploitation and victimization of Individuals with ASD. We will start with the first aspect of training, which is specifically around training for the Individual with ASD themselves. It is more important that we are aware of the potential benefits of addressing these areas at different times during development, than it is that we see this as a rigid list. By understanding the potential benefit of working on these areas, we can find the time to work on these things in activities that we are currently doing. Many of the areas that we will discuss today can, and already are, worked on throughout development. I will expand on a number of areas, but there are some that I will save for other discussions. We will follow up this training with another that focuses on training for staff who work with, or may potentially work with, Individuals with ASD, as well as families of individuals with ASD.

Ideas for these areas of training were derived from: (Attwood, Henault, & Dubin, The Autism Spectrum, Sexuality and the Law: What every parent and professional needs to know, 2014) (Defining sexual health: report of a technical consultation on sexual health, 2006) (FoSE, 2012) (Force, 2004) (Henault, Healthy Sexuality: Adaptive Skills for Individuals with Asperger's Syndrome, 2016) (Hingsburger, Just Say Know! Understanding and Reducing the Risk of Sexual Victimization of People with Developmental Disabilities, 1995) (Henault, Sexual Education for Adolescents and Young Adults with an Autism Spectrum Disorder, 2013) (Hingsburger & Tough, Healthy Sexuality: Attitudes, Systems, and Policies, 2002)

### A. Prevention: Create an Environment Incompatible with Victimization

#### 1. Training

##### a. Training for the Individual

#### (1) **Understanding Personal Rights**

(a) Basic Human Rights: among the 30 Basic Human Right that the United Nations Declaration on Human Rights acknowledges are the following that are particularly salient for individuals with ASD (Universal Declaration of Human Rights, 1948):

- Right to equality
- Right to freedom from discrimination
- Right to recognition as a person before the law
- Right to marriage and family
- Right to freedom of opinion and information
- Right to participate in government and free elections
- Right to desirable work

- Right to rest and leisure
- Right to education
- According to the World Health Organization (WHO), "Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction" (1975). Sexuality is the essence of being a male or female; it is the lens through which a person views the world! There are biological, medical, social, psychological, spiritual, cultural, and legal aspects to sexuality, and these aspects differ depending on where, when, and how you live; who is raising you; and what is personally important to you (WHO, 1975). (Walker-Hirsch, 2007) The World Health Organization (2002) goes on to say "Sexual rights embrace human rights which are recognized by national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence" to: receive the highest attainable standard of sexual health, to seek and receive information in relation to sexuality, acquire a sexual education, choose a partner, decide to be sexually active, decide to have children, and to pursue a satisfying, safe, and pleasurable sexual life" (Wortel, 2013)

(b) Right and Ability to Noncomply

- The ability to say "NO" is quite powerful. It is closely tied to concepts like autonomy, independence, self-advocacy, and personal safety.
- Recognizing situations when noncompliance, or saying "NO" is not only helpful but essential is a skill many individuals, including those with autism, need to learn.
- As we discussed in the first podcast on Exploitation and Victimization Risks for Individuals with ASD, prior training with individuals with ASD as they are growing up may reinforce an ingrained reliance, dependency, or submission/obedience to authority figures or caregivers.
- Thus, the right, and more importantly the ability, to say "NO" and not comply with the coercive, manipulative and/or abusive sexual behavior from others needs to be taught to Individuals with ASD.

(c) Rights and Responsibilities Around Consent

- Consent for sexual interaction can be a highly abstract and complex concept.
- Corinna (2016) gives the following advice around consent:
  - *"Consent is about reaching and being in agreement about which things we want to do or explore with others sexually and how we want to do or explore those things. It's also about*

*what we don't want to do and how we don't want to do something. Those things may be physical activities such as kissing, manual sex, or intercourse or may be things such as sending or sharing sexual texts, using (or not using) safer sex methods or contraception, or whether we're okay with the words someone wants to use for our body parts.*

- *It's about our limits and boundaries—our no's or not-that-way's—as well as our wants and desires—our yesses and our I-can-haz-more-of-that-oh-pretty-pleases. It's about everyone involved in any given sexual interaction or potential sexual interaction—about everyone, not just one person.*
  - *Consent isn't something we negotiate or give only once; it's something we're doing throughout sexual activity. If someone consents to one thing, that doesn't mean they're consenting to anything else, just to that one thing, at that one time, in that one way or context. Consent is always something we or others can revoke. Everyone always has the absolute right to change their mind, at any time, including after they've already said yes.*
  - *Also, consent is only meaningful (including from a legal standpoint) when we and others can truly give it freely. We can't consent sometimes, such as when we are asleep, intoxicated, in severe physical or emotional distress, feel we may be harmed if we don't (duress), or don't even understand what someone else is asking us to do with them in the first place.*
  - *Active consenting is a shared responsibility of everyone engaging in or who wants to engage in any kind of sexual interaction. And consent is only meaningful if it isn't coerced. Coercion is when someone says yes or otherwise gives consent to go along with something not because they want to but because they are talked or otherwise pushed into it or they have been made to feel that they don't have a right to say no. Coercion is not consent.”*
- It is important that, as we consider what topics to teach and/or learn related to sexual health, that we make sure that individuals with ASD have opportunities to learn this nuanced subject, and ask, and have answered, any questions they may have about it.
- (d) Rights and Responsibilities Around Touching and Being Touched
- Touch is our earliest developing sense. In fact, it actually begins when we are still in the womb. And, since as humans we are born

both developmentally and physiologically immature, touch is the sense that we use to explore our environment early in our lives. (Benjamin, Werner, & Chellos, 2009) (Montagu, 1986)

- Touch is the way that mom uses early on to communicate safety, the way that we are soothed and cared for as we grow up by parents and caregivers, and one key way that we express intimacy with significant others in our lives.
- This becomes even more difficult to understand as we get older. Think of the waiter or waitress that touches us as they take our order, or the co-worker at the office who touches your back as he talks with you. These are just two examples of the many types of touch that occur throughout our days as adults. (Werner James, 2015)
- The rules around when we can and cannot touch, who can touch us and when, who we can touch and when, etc... are all very complex and change over the course of our lifetimes. Because of this, touching rules may be difficult to understand for everyone.
- Learning this complex, and hidden curriculum, can be an important part of our developing sexuality. It is very closely tied to the concept of consent, and may change based on a number of contextual features that have to be monitored.
- This may be even more complex for individuals with ASD who may be hyper-sensitive, hypo-sensitive, or both, to touch, depending on the type of touch.
- Books like: Autism and Appropriate Touch, and An Exceptional Children's Guide to Touch can be very helpful as we are learning, and teaching these skills. The Circles Program from the Stansfield company also does an excellent job at helping to identify the touch that may be appropriate based on our relationships with others.

(2) The next major area for training is: **Healthy Self-Concept and Self-Confidence**

(a) Develop an Appreciation of Self and Others

- This is a key skill, and is closely related to perspective-taking, intimacy and consent.
- Appreciation of self and others helps us to remember that our behaviors affect both ourselves and others in our environment. As we get older, this further reminds us that our intimate relationships with our significant others are meant not only to meet our needs, but also to meet those needs of our partners
  - A common concern that is brought up by some partners of Individuals with ASD can be that they seem only concerned about their needs, and may seem to neglect the needs of their

partners. This can occur both when each of the partners has ASD, as well as when one partner is NT (neurotypical) and the other partner has ASD.

- We can begin working on appreciation of self and others early on, as early as 3-5 years old as individuals develop some inhibitory control and flexibility skills such as the ability to demonstrate the correct response for a situation while inhibiting a well-rehearsed or well-learned response.
- This early development is built upon during childhood, adolescence, and adulthood, as we develop the mature skills appreciating ourselves and our partners in a mature relationship.
- One part of developing an appreciation for self and others is Privacy Awareness
  - It is important that all individuals develop an understanding of concepts related the difference between Public and Private discussions, behaviors, and activities
  - As we discussed in previous podcasts, expectations around what is appropriate in these areas changes over the lifespan of individuals. Where an infant may be able to touch their genitals in public without any social ramifications, and adolescent or adult who does so may be subject to social ramifications at the minimum and may actually be subject to criminal proceedings.
  - These changes in rules and expectations will need to be explicitly taught to some Individuals with ASD.

#### (b) Self-Worth

- Self-worth is a key skill in our development of appreciation for ourselves and others.
- Our sense of self-worth can be impacted on both environmental factors (such as socioeconomic level, family systems) and more internal factors (such as mental health and perceived competence).
- Individuals with ASD can be at risk for development of low self-worth due to ableism (which we discussed more in-depth during the third podcast), social isolation, perceived incompetence at social interactions, dependence upon caregivers and others, and mental health issues.
- This is a skill that can again start it's work early in the individual's development (possibly as early as the first 3-5 years of life) as we work on developing healthy autonomy, mutual regulation, and interdependence.

#### (c) Taking Responsibility for Own Behaviors

- We all go through periods in our development where it is easier and more difficult to take responsibility for our own behaviors.
- Owning one's behavior, and the consequences that it incurs, is important in loving, mature relationships. An important part of our relationships with others is understanding how our behaviors affect them, and how we can change our behaviors to more positively affect them.
- This is a key skill in learning how to express one's sexuality while respecting the rights of others

(d) Identifying Values and Living by Those Values

- The rules that we learn early in life grow later into the values that we live.
- This transition from more mechanistic rules to more abstract values can be difficult for some Individuals with ASD, as they have difficulty with both the flexibility required in this act, and the more abstract nature of many values.
- We can begin working on this in middle childhood to early adolescence as individuals are ready.

(f) Self-Advocacy

- Self-advocacy is referred to as the ability to articulate one's needs and make informed decisions about the supports necessary to meet those needs (Test et al, 2005).
- Self-advocacy incorporates such skills as assertiveness, awareness of strength and challenges, effective decision making, critical thinking skills, and looking and asking for help.
- Unfortunately, in teaching self-advocacy, we may become focused on the individual's disability rather than on their strengths and challenges.
- As with so many other of these **Healthy Self-Concept and Self-Confidence** skills and abilities, this has its roots in early childhood as children start to learn skills related to trusting that others will help them when needed and knowing when they need help and when they can do things on their own.

(3) The next major area for training is: **Options for Healthy Sexual Identity, Orientation and Expression**

(a) Identity

- *"The term identity comes from the Latin noun "identitas," which means the same. The term, referring to a person's mental image of him or herself thus implies some sameness with others in a particular way. Each individual may have a number of identities, such as an*

*ethnic identity, a religious identity, or a national identity.”*

(Steensma, Kreukels, de Vries, & Cohen-Kettenis, 2013)

- One identity that can have significant impacts on our sexual orientation and expression is our sexual identity. *“Sexual identity is how one thinks of oneself in terms of to whom one is romantically or sexually attracted. Sexual identity may also refer to **sexual orientation identity**, which is when people identify or dis-identify with a sexual orientation or choose not to identify with a sexual orientation. Sexual identity and sexual behavior are closely related to sexual orientation, but they (can be distinguished from one another) with identity referring to an individual's conception of themselves, behavior referring to actual sexual acts performed by the individual, and sexual orientation referring to romantic or sexual attractions toward persons of the opposite sex or gender, the same sex or gender, to both sexes or more than one gender, or to no one.”* (Sexual Identity, 2017)
- Understanding the options for healthy sexual identity, orientation, and expression allows the individual with ASD to learn and apply their sexual desires, and fantasies in safe, fulfilling fashions. It will also help them to identify when they may be pressured to do things that do not fit their identity, and which place them at risk of being exploited.
- Open and honest discussions in this area helps to remove the taboo that can have significant impacts on individual's sense of self, on their identities, and ultimately on their underlying mental health.

#### (b) Self-Sexual Expression

- *“The most common method of sexual self-exploration is through masturbation. Masturbation serves to inform us as to what feels good to us, what pressures, body parts, sex toys (e.g. vibrators), sensations and rhythms are most pleasurable for us. For most people masturbation is a way of achieving orgasm and it is often the case that we become the experts on what works best for us to achieve that goal.”* (Heffernan D. , 2016) For many individuals, masturbation may be their first, and for some their only, source of sexual expression.
- Things we may explore around self-sexual expression, may include:
  - i) Healthy Masturbation
  - ii) How to Enjoy Sexual Feelings without Necessarily Acting on Them
  - iii) Sexual Fantasy
- As we've discussed before, there are a number of messages that come from online, or other sources of media, that can impact on how

individual understands and expresses their sexual feelings and fantasies. There is also, because of the nature of these messages, opportunities for individuals to have their interests, desires, and fantasies exploited by others so that they can be victimized. Learning about sexual fantasies, and how to enjoy them without acting on them, can help to protect the individual from being exploited and/or victimized.

(c) Sexual Orientation Identity and Expression with Others

- As we mentioned before, sexual orientation is *“An inherent or immutable enduring emotional, romantic or sexual attraction to other people.”* (Glossary of Terms, 2017)
- i) Heterosexuality: A person who is emotionally, romantically or sexually attracted to members of the opposite gender.
- ii) Homosexuality: A person who is emotionally, romantically or sexually attracted to members of the same gender. (Glossary of Terms, 2017)
- iii) Bisexuality: A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree. (Glossary of Terms, 2017)
- iv) Asexual: The lack of a sexual attraction or desire for other people. (Glossary of Terms, 2017)

(4)The next major area for training is: **Options for Healthy Gender Identity and Expression**

- (a) Gender Identity: A fundamental identity is one’s gender identity (Steensma, Kreukels, de Vries, & Cohen-Kettenis, 2013). Gender identity refers to *“one’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth.”* (Glossary of Terms, 2017)
- Gender Expression: *“External appearance of one’s gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.”* (Glossary of Terms, 2017)
  - Often, *“gender identity will develop in accordance with physical gender characteristics. A baby with XY sex chromosomes and male genitalia will generally be assigned to the male gender, will show male typical behaviors, and have a male gender identity.”* (Steensma, Kreukels, de Vries, & Cohen-Kettenis, 2013)
  - But, for a number of different reasons, an individual may develop a



gender identity that is not in accordance with their external genitalia. In these cases, they may demonstrate behaviors, and express an identity, that is different than cultural expectations.

- Some examples of different gender identities and expressions include:
    - (b) Androgynous: Identifying and/or presenting as neither distinguishably masculine nor feminine. (Glossary of Terms, 2017)
    - (c) Cisgender: A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth. (Glossary of Terms, 2017)
    - (d) Transgender: An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc. (Glossary of Terms, 2017)
    - (e) Gender Non-Conforming: A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. (Glossary of Terms, 2017)
    - (f) Genderqueer: Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories. (Glossary of Terms, 2017)
    - (g) There is some evidence that individuals with ASD may be at risk for gender-related issues (Janssen, Huang, & Duncan, 2016) (including gender dysphoria, which is "*Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify.*" (Glossary of Terms, 2017)
    - (h) This distress, and the potential mental health issues that accompany it, may place the individual with ASD at more risk of exploitation and victimization. Thus, it is essential that we work to help individuals to develop healthy gender identities.
- (5) The next major area for training is: **Sex Education**
- (a) Human Development
    - i) Puberty and Adolescent Development
    - ii) Social and Emotional Development
    - iii) Physical Development
      - (1) Anatomy and Physiology

- (b) Sexual Health
  - i) Pregnancy and Reproduction
  - ii) Sexually Transmitted Diseases and HIV
- (c) Personal Safety
  - i) How to Discriminate Between Life-Enhancing Sexual Behaviors and Those That are Harmful to Self or Others
  - ii) How to Practice Health-Promoting Behaviors
    - (1) Regular Health Check-Ups
    - (2) Female Sexual Health Check Ups (e.g., pap smear, breast self-exam)
    - (3) Male Sexual Health Check Ups (e.g., testicular self-exam)
  - iii) Identifying and Avoiding/Preventing Sexual Abuse, Assault, Violence, or Exploitation
  - iv) What Services are Available and How to Access Services if You have Been Victimized
- (d) Society and Culture
  - i) Assess the impact of family, cultural, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.
  - ii) Critically examine the world around them for biases based on gender, sexual orientation, culture, ethnicity, and race.
- (e) Autism and/or Comorbid Mental Health Related Factors
  - i) Social Cognition
    - (1) Perspective Taking and Empathy
    - (2) Understanding and Expression of Nonverbal Cues
    - (3) Hidden Curriculum
  - ii) Regulation: Individuals with ASD may have a number of different challenges with regulation that may need to be addressed throughout development. They may need to develop skills both to habilitate, compensate for, and/or ameliorate the impact of difficulties in these areas on their development and expression of mature and healthy relationships and sexuality.
    - (1) Sensory components of intimacy may be difficult.
      - Sexual expression, intimacy, and romance are inherently sensory acts (Heffernan, 2016).
      - Sensitivity to certain aromas can affect the tolerance for body odors, cleaning products, cologne, and perfumes that limit the contact with others in public spaces (Attwood T. , Relationship Problems of Adults with Asperger's Syndrome , 2012)
      - *"Due to tactile sensitivity, gestures of reassurance or affection, for example a touch on the forearm or a hug, can be perceived*

*as an overwhelming, restricting and unpleasant sensation. The typical partner may resent the obvious lack of enjoyment in response to affectionate touch and avoidance of tactile experiences during more intimate sensual or sexual moments.”* (Attwood T. , Relationship Problems of Adults with Asperger’s Syndrome , 2012)

- Sex, itself, *“often involves sharing bodily fluids and the very close interaction of bodies against each other. For this reason, it can be a potentially extremely pleasant or unpleasant experience for someone with ASD and sensory issues “* (Heffernan, 2016).
- It is important to explore their particular sensory needs with many Individuals with ASD at different life stages, and find ways for them to address their needs, as well as how they can communicate around this very sensitive area with their partners.

## (2) Emotional Processing and Regulation

a. Here are a couple examples how difficulties with emotional processing and regulation may impact on individuals with ASD’s relationship health and safety:

i. *“Research has also shown that emotional processing can be difficult for some individuals with autism. It can be even more difficult for individuals with autism to understand the emotions of others when the emotions expressed are deceptive (as may be the case when interacting with a possible sexual offender). Dennis, Lockyer, and Lazenby (2000) found that high functioning children with autism were less able to identify facial expressions that depicted deceptive emotions and were less able to understand the reasons why someone would display a deceptive facial expression compared with age- and gender-matched control children. Offenders attempt to gain trust from potential victims and often do so by being deceptive. Therefore, they may display deceptive emotions that may not be recognized by some children with autism.”* (Edelson, 2010)

ii. Alternatively: *“During moments of personal distress, when empathy and words and gestures of affection would be anticipated as a means of emotional repair,*

*the typical partner may be left alone to 'get over it'. This is not a callous act. For the partner with Asperger's syndrome, the most effective emotional repair mechanism is often solitude, and he or she assumes this is the most effective emotional repair mechanism for his or her partner. The partner with Asperger's syndrome may also not know what to do, or may choose to do nothing, because of a fear of doing something that could make the situation worse."* (Attwood T. , Relationship Problems of Adults with Asperger's Syndrome , 2012)

- b. At times, we can "abandon" work on emotional processing and regulation in favor of working on more "complex" skills related to social cognition (such as perspective taking). It is important to remember that these skills can be fundamental to identifying "risky" situations and people, and essential in the relationship development and management with partners.

iii) Mental Health Impacts on Sexuality

- Co-occurring disorders may in and of themselves create difficulties and challenges with development of relationships, sexuality, and/or gender identity
- Anxiety and depression may decrease the likelihood that individuals will engage in relationships with others
- These, as well as other mental health issues, may impact on desire, arousal, and ability to climax when an individual does engage in sexual activity with themselves or others.
- These may increase risk of excessive or inappropriate internet use which can lead to unhealthy understanding and expectations around gender identity, sexuality, and relationships.
- The potential impacts of individual's mental health diagnoses should be discussed with the individual as a part of self-advocacy training.

iv) Medication Impacts on Sexuality

- Medications used by individuals with ASD to ameliorate the symptoms of co-occurring disorders may impact sexual functioning
- *"An epidemiological study of adults with ASD, first diagnosed with*

*ASD in childhood approximately 30 years prior, observed that 71% of the sample were taking at least one prescription medication, and 58.9% were taking one or more psychotropic medications, with anti-psychotics used by over 1/3 of the sample despite an anxiety disorder listed as the most frequent comorbid psychiatric diagnosis” (Buck et al., 2014).*

- Possible side effects from Psychotropic medications includes: difficulty with erectile dysfunction, desire and arousal problems, fatigue, sedation, and difficulty with orgasm. Please see Higgins (2007) for a more thorough discussion of the impacts of psychotropic medications on sexual development and expression.
- It is also important that these are discussed with the individual and that the individual has the ability to discuss the impact with their prescribing physician.

(6) Relationship Training

(a) Personal and Interpersonal Skills

- i) Effective Communication Skills with Family, Peers, and Partners
- ii) Perspective Taking
- iii) Empathy
- iv) Negotiation, Problem-Solving, and Conflict Management
- v) Active Listening Skills
- vi) Personal Boundaries

(b) Families, including: Parenting and Raising Children

(c) Romantic Relationships and Dating

(d) Friendships

(e) Marriage and Lifetime Commitments

(f) Appropriate Expression of Love and Intimacy

(g) Personal Safety

- i) How to Identify and Avoid Exploitative and Manipulative Relationships
- ii) Signs of Emotional Grooming
- iii) Relationship and Dating Violence and How to Avoid
- iv) What Services are Available and How to Access Services if You have Been Victimized

(7) The final area that we will discuss are some **Protective Measures** (West Virginia S.A.F.E. Training and Collaboration Toolkit-Serving Sexual Violence Victims with Disabilities, 2010) that Individuals with ASD and/or their families can take to help to reduce the risk that they are not placed in a position to be exploited or victimized.

- (a) Ensure access to communication methods (phone, Internet, etc.) if help

would be needed

- (b) Minimize financial dependency on one person; include more than one person in financial arrangements
- (c) Receive and understand basic information on sexual violence, personal boundaries, personal safety and community resources.
- (d) Require that a caregiver and/or guardian be screened (including a background check with regular evaluations that include input from the consumer and support persons), undergo training on healthy sexuality and develop stress management skills.
- (e) Reduce isolation through multiple, unscheduled social connections (family, friends, church, neighbors, social networks, etc.) that occur in person or via the phone or Internet.

In the next podcast, I will cover the next area of prevention that enhances creation of an environment that is incompatible with victimization: Training for Families and Staff Working with the Individual with ASD.

An outline for this podcast, along with related bibliography, can be found on the [flexiblemindtherapy.com](http://flexiblemindtherapy.com) website.

Thank you for joining me today.

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