



Positive and Protective Sexuality and Autism Spectrum Disorder

Facilitator Kit

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Information for the facilitator

This workshop has been written to be delivered to foster and kinship carers working within the Child Protection System. Your audience may also include staff from the following services: Child Safety services; Foster / Residential / Alternative care services; other staff that work with carers or with children and young people in care. Facilitators will need to draw on the content knowledge of the target group to provide relevant examples and anecdotes throughout the training. It is recommended that you are familiar with at least the following readings:

- Brennan, H., & Graham, J. (2012). *Is this normal? Understanding your child's sexual behaviour*. Fortitude Valley: Family Planning Queensland.
- Family Planning Queensland (2006). I have the right to be safe – booklet
<http://www.true.org.au/resources/resources-overview/i-have-the-right-to-be-safe-brochure>
- Fava, N.M & Bay-Cheng, L.Y. (2012). Trauma-informed sexuality education: recognising the rights and resilience of youth, *Sex Education: Sexuality, Society and Learning*, DOI:10.1080/14681811.2012.745808
- Information about Autism Spectrum Disorder www.austismqld.com.au
- Raising Children Network - Information about Children with ASD
http://raisingchildren.net.au/children_with_autism/children_with_autism_spectrum_disorder.html
- Puberty for Parents. FPQ 2007 http://www.fpq.com.au/pdf/Fs_Puberty_for_Parents.pdf
- Sanderson, J. (2004). Child –focused sexual abuse prevention programs. *Research and Issues Paper Series*. No. 5 June 2004. Crime and Misconduct Commission Queensland
- Schladale, J.(2013). A Trauma Informed Approach for Adolescent Sexuality. Freeport, ME: Resources for Resolving Violence Inc.
- Secondary Students and Sexual Health: 2013 - Results of the 5th National Survey of Australian Secondary Students and Sexual Health. La Trobe University, Anne Mitchell, Kent Patrick, Wendy Heywood, Pamela Blackman and Marian Pitts. April 2014
http://www.redaware.org.au/wp-content/uploads/2014/10/31631-ARCSHS_NSASSH_FINAL-A-3.pdf
- Settings and Solutions: Supporting access to sexuality and relationships information for children in care. FPQ, Holly Brennan 2008
<http://www.fpq.com.au/pdf/SettingsAndSolutions.pdf>
- Other resources for parents and carers are available to download from True Relationships and Reproductive Health at <http://www.true.org.au/Resources/All-Resources?retain=true&RefineModule=891&StartTax=26>

Preparation checklist - Have you?

- read through the Facilitator Guide and PowerPoint slides
- read through the Facilitator Notes to get more information regarding activities and discussion
- read relevant readings/research
- chosen relevant activity resources from the approved activity library

Symbols used in the guide to help facilitators tailor the presentation to the audience

When you see the following symbol:



Provide examples, anecdotes, statistics, scenarios here to make the content relevant to your audience.



This activity asks participants to be active and involved. Reinforce the working agreement to maintain a safe environment for people to participate. Participants have the right to pass if they feel uncomfortable.



This activity asks participants to do a written activity in their participant workbook

Support for participants

This course addresses issues of sexual abuse. The information and/or discussion may be challenging for participants and may trigger traumatic memories and experiences for some people. Particular groups may be more likely to experience emotional responses, especially if the children and young people the staff work with have experienced abuse and neglect. As the facilitator, it is important to be prepared to respond to the needs of participants.

- take the time to raise this issue in Group Working Agreement
- acknowledge emotional responses and the gravity of sexual abuse
- dispel myths which may contribute to misinformation / misinterpretation
- know and have available the names and referral details of relevant support / counselling services in the area
- be prepared to talk with people during breaks
- encourage participants to seek support if required and to employ self-care strategies

Facilitator Guide

Time	Activity	Resources
	<p>REGISTRATION</p> <ul style="list-style-type: none"> Check off attendance list as people arrive. Distribute nametags. 	Attendance list Name tags / pens
10 min	 <p>INTRODUCTION</p> <ul style="list-style-type: none"> Introduce yourself to the group and acknowledge the traditional custodians of the land. Discuss housekeeping details – toilets, smoking areas, emergency exits, break time, start and finish times. Show SLIDE 2 – Course outline and discuss facilitators' role, including debriefing, referring people if needing support, taking responsibility for your own learning. Remind participants that discussion will take place during the workshop regarding sexuality, sexual development and sexual abuse. These topics may be confronting for some participants. It is important to acknowledge this and remind participants that they may need to use self-management skills throughout the day. The facilitator can make themselves available during the break or provide referrals for support if required. Talk about the Participant workbook that each participant will receive. This will be used throughout the day and will assist participants in making notes or documenting key points. Brainstorm a group working agreement. Write this on poster paper and display for participants to see during the workshop. Remind participants that they are participating in their role as foster/kinship carers to renew or learn new skills for working confidently with the children and young people in their care. They are not here to disclose personal information. Write up other rules as they arise. Refer to <i>Facilitator notes: Group working agreement</i> for further information. Ask participants to introduce themselves to the group and explain what they hope to get out of the workshop that will be relevant to their role as a carer. Ask for a general indication of how long people have been involved in the child protection sector, ie, 0-5 years, 5-10 years, 10 or over. Reflect back to the group that between everyone in the room there is a lot of experience in supporting children in care, and that most often it is the interaction that participants can have with each other that is the most valuable part of a workshop like this one. 	<p>SLIDE 2 – Course outline</p> <p>Facilitator notes - Group working agreement</p> <p>Poster paper Blu tac Pens</p>
5 min	 <p>SEXUALITY</p> <p><i>Before we start talking about Autism Spectrum Disorder (ASD) and strategies for communicating about sexuality, it is valuable to think about what sexuality means to us and what it might mean to others. It is essential to establish what sexuality is and what is 'normal' sexual behaviour and development, to accurately identify and proactively respond to sexual behaviours that may be concerning or offending.</i></p> <p>Activity: Sexuality brainstorm Purpose: To establish definitions of sexuality.</p> <ul style="list-style-type: none"> In pairs (or whole group) ask participants to discuss, What is Sexuality? 	Whiteboard / Poster paper and

	<ul style="list-style-type: none"> ▪ Bring discussion back to whole group and write responses on the whiteboard. ▪ Process physical, social, emotion, spiritual aspects and link responses to definitions used in the following slides. This is an important task to clearly process with participants, remembering to highlight the holistic nature of sexuality. Clarify with participants that sexuality is far more than just a physical activity. ▪ Show SLIDES 3-6 – What is Sexuality?, “Sexuality is, What is sexuality? and Sexuality components ▪ HANDOUT – Participant workbooks ▪ Workbook activity 1 – What is sexuality? ▪ This workshop for foster/kinship carers focuses on sexual behaviour not on violence, swearing, spitting etc. However, some of the same principles can apply to other behaviours. This workshop will be talking about and using only examples of sexual behaviour. 	<p>pens</p> <p>SLIDES 3-6 – What is Sexuality?, “Sexuality is, What is sexuality? and Sexuality components</p> <p>Participant workbooks</p>
<p>5 min</p> 	<p>VALUES AND ATTITUDES</p> <p><i>It is important to also recognise that our values and attitudes influence our behaviour. Therefore it is vital to be aware of our own personal values and attitudes in order to develop clear professional boundaries and a positive approach to supporting healthy sexuality.</i></p> <ul style="list-style-type: none"> ▪ Show SLIDE 7 – How do you manage your personal values and beliefs in your professional role? <p>Process this slide, simply by asking participants to examine their personal values, beliefs and attitudes.</p> <p>Workbook activity 2–Values and attitudes</p> <ul style="list-style-type: none"> ▪ Show SLIDE 8 – Guidelines for values discussions <p>It is essential to be aware of your own values, attitudes and beliefs about sexuality in order to manage responses to sexual behaviours in positive and supportive ways. As foster/kinship carers, it is important to support children and young people to develop their own beliefs, decision making skills, tolerance and respect for diversity.</p>	<p>SLIDE 7 – How do you manage your personal values and beliefs in your professional role?</p> <p>Participant workbook</p> <p>SLIDE 8 – Guidelines for values discussions</p>
<p>5 mins</p>	<p>AUTISM SPECTRUM DISORDER</p> <p>The purpose here is to provide participants with some brief information on Autism Spectrum Disorder prior to discussing strategies for communicating about sexuality.</p> <p><i>Children may have been diagnosed with different types of ASD such as autism, Asperger’s syndrome, pervasive developmental disorder – not otherwise specified (PDD – NOS). However, in May 2013 the diagnostic criteria was updated in the DSM – 5 and children who have been diagnosed after May 2013 will received a diagnosis of Autism Spectrum Disorder (ASD) rather than autism, Asperger’s syndrome or PDD-NOS.</i></p> <ul style="list-style-type: none"> ▪ Show SLIDES 9-10 – Autism Spectrum Disorder. 	<p>SLIDES 9-10 – Autism Spectrum Disorder</p>

	<p>No two children and young people with ASD are the same and they have a wide range of abilities. However, all children and young people with ASD will have difficulties in two main areas – social communication and interests and behaviour.</p> <p>Children and young people with ASD may experience:</p> <ul style="list-style-type: none"> ▪ challenges in communicating and interacting with others ▪ thinking in a flexible way ▪ processing information from their senses and ▪ adapting their behaviours to what can seem incredibly confusing and frustrating situations <p>It is estimated that 1 in 100 Australians have ASD and is 4 times more common in boys than girls.</p> <p> Workbook activity 3 – Autism Spectrum Disorder</p> <p>Facilitator may wish to inform participants of the following websites for more detailed information on ASD.</p> <ul style="list-style-type: none"> • www.raisingchildren.net.au • www.austismqld.com.au • www.autismspectrum.org.au 	
<p>20 mins</p> <p></p>	<p>SOCIAL LEARNING</p> <p><i>Social learning is one way we gain information about how to behave through observation and experience.</i></p> <ul style="list-style-type: none"> ▪ Show SLIDE 11 – How do children and young people learn about sexuality and relationships? <p>Ask participants how, when and where we learn about sexuality. Remind participants that this activity is not about personal disclosures, rather just ideas regarding the journey of people learning about themselves as sexual beings</p> <ul style="list-style-type: none"> ▪ Read Mr Wriggleworm extract by Dave Hinsburger. Dave Hinsburger is a prominent author in the area of sexuality and disability. This extract reflects on his own sexuality education through social learning and how subtle messages influence development and ideas. Ask participants to reflect on their own sexuality education (both positive and negative aspects) and consider how this could be enhanced for the children in their care. ▪ As a large group, discuss what messages about sexuality might a child, or young person, pick up from their own experience of the world? Use the topics on the slide to guide the discussion, ie, child, family, peers, school and society. Discussion could include interaction between genders; male female roles, shame, identity, sense of belonging, educational opportunities, systems abuse, impact of poverty, sexuality being a taboo topic, community/family structure. ▪ From a very young age, we all constantly pick up messages and learn about how people are different, in which ways people are the same, how we relate to each other and about boundaries, rules and beliefs about sexuality. Sexuality is taught by each member of a family, through peers, the media, by teachers and doctors. 	<p>SLIDE 11 – How do children and young people learn about sexuality and relationships?</p> <p>Facilitator Notes: Mr Wriggleworm extract by Dave Hinsburger</p>

	<ul style="list-style-type: none"> Show SLIDE 12 – Ecological model of behaviour This model shows how the relationships and social interactions closer to the individual have a greater impact, but also reminds us that there are other influences occurring across the broader social and cultural context. It can help reinforce that if we are to support children and adolescents, especially those with sexual behaviours of concern, we need to be working across a number of levels to give clear and consistent messages. For example, if a school is providing behaviour support to a child, it is important for staff to work with the child, his/her family/carers, other students, the wider school community and relevant community services. <p>Deconstruct the model by asking the group to comment on the influences of each layer – think about the issues for children and young people in care. Refer to <i>Facilitator Notes: Social Learning</i> for further information in processing this with the group</p> <p>Activity: Social Learning and ASD Purpose: Identify factors for young people with ASD that impact on the social learning about their sexuality.</p> <ul style="list-style-type: none"> In pairs, ask participants to complete Workbook activity 4 – Social learning and Autism Spectrum Disorder. Ask participants to think about the young people on the Autism Spectrum who they know and state the way the presence of this disorder might impact on the person’s experience of social learning about their sexuality. Facilitator should move around groups assisting as required. Discuss briefly as group. Emphasise both the similarities and differences experienced by young people with ASD in their sexual development compared with mainstream young people. Show SLIDE 13 – Relationships and sexuality education through social learning and discuss how each dot point may impact on sexuality for a person with ASD. Use the facilitator notes to process this slide. 	<p>SLIDE 12 – Ecological model of behavior</p> <p>Facilitator Notes: Social learning</p> <p>SLIDE 13 – Relationships and sexuality education through social learning</p>
<p>10 min</p> 	<p>RATIONALE FOR SEXUALITY EDUCATION</p> <p><i>All people are sexual beings from the day they are born. Sexuality education is for everyone. This is inclusive of young people who may have harmed others with their sexual behaviour as well as young people who have been harmed.</i></p> <p><i>Sexuality education involves developing knowledge and understanding about sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Sexuality education supports people to develop skills to communicate effectively and make responsible decisions.</i></p> <p><i>People with ASD may have complex and diverse needs in the area of sexuality education. The following slide further explains the need for sexuality education.</i></p> <ul style="list-style-type: none"> Show SLIDE 14 – Relationships, sexuality and disability Discuss each point with examples related to young people with ASD. The following points are general examples with reference to young people with ASD. Participants may be able to share other examples with references to young people who they support. 	<p>SLIDE 14 – Relationships, sexuality and disability</p>

<p>5 mins</p> 	<p>TRAUMA INFORMED PRACTICE</p> <p><i>Trauma experienced in childhood and in early adulthood is increasingly being recognised as one of the primary social determinants of health and wellbeing. This is because violence and abuse experienced by young people can have severe, pervasive and lifelong effects on their health, 'identity, relationships, expectations of self and others, ability to regulate emotions and view of the world'</i></p> <p>Elliott et al. 2005; as cited in NSW Kids and Families (2014, pg. 97)</p> <p>Show SLIDE 20 – Trauma Many children and young people in care will have experienced trauma as a result of abuse and neglect prior to coming into care. It is important that carers have an understanding of how this trauma may impact on their leaning about relationships and sexuality.</p> <p>Show SLIDE 21 – Principles of Trauma Informed Practice – these principles utilise a strengths based approach when working with children and young people with trauma backgrounds.</p> <p>Show SLIDE 22 – So what does this mean for relationships and sexuality? Children and young people with trauma backgrounds still have the potential to resilient and develop a healthy sexuality and self concept. It is also important that assumptions are not made about sexual behaviour always being as a result of having experienced abuse. Refer to the following recommended readings for further information,</p> <p>Schladale, J.(2013). <i>A Trauma Informed Approach for Adolescent Sexuality</i>. Freeport, ME: Resources for Resolving Violence Inc.</p> <p>Fava, N.M & Bay-Cheng, L.Y. (2012). Trauma-informed sexuality education: recognising the rights and resilience of youth, <i>Sex Education: Sexuality, Society and Learning</i>, DOI:10.1080/14681811.2012.745808</p>	<p>SLIDE 20 – Trauma</p> <p>SLIDE 21 – Principles of Trauma Informed Practice</p> <p>SLIDE 22 – So what does this mean for relationships and sexuality?</p>
<p>20 mins</p>	<p>PUBERTY</p> <p><i>Children and young people with ASD experience the same process of sexual development as everyone else. Physical sexual development occurs at puberty regardless of social and emotional maturity. For those with ASD, a gap may occur between physical development and social development. Specifically the socialisation process required in order for a person’s sexuality to be fulfilled within relationships may be lacking or impaired.</i></p> <ul style="list-style-type: none"> ▪ Most girls will commence puberty around the age of 10 or 11 and most boys will start around the age of 12 or 13. Changes are physical, social and emotional. There is a great difference in the age range for the start of puberty and all young people will experience puberty differently. ▪ An understanding of puberty changes ensures that children can accept with confidence the physical, emotional and social changes that occur as they grow and develop. If young people do not understand the changes that they are experiencing during puberty, they may experience feelings of embarrassment, shame, confusion or anxiety. ▪ Some children may start to experience puberty changes as early as nine years of age. Introducing puberty concepts in early to mid primary school years ensures that children are well prepared for their own and their peers’ growth and can anticipate and accept these changes as normal and healthy aspects of growing 	

	<p><i>personal care.</i></p> <p>Rules about touch <i>It is important for young people to understand that their body belongs to them and they can decide who can touch them. This refers to any type of touch including touch in a sexual relationship.</i></p> <p>Show SLIDE 31 – Rules about touch</p> <ul style="list-style-type: none"> ▪ Ask participants what laws need to be explained when it comes to being sexual or sexual relationships. Discuss how those laws can be explained using plain English. <ol style="list-style-type: none"> 1. 16+ – the law says people must be 16 years to make this choice 2. Consent: only ok of both people want to 3. Not in the same families: applies to first cousins and the exception is mum and dad/adult relationship within the family 4. Privacy: sexual behaviour is private and must take place in a private place (where no one else can see) such as in the bedroom with the curtains and door closed. ▪ Workbook activity 8 – Talking about relationships and touch ▪ Show SLIDE 32 – Rules about sexy touch and discuss 	<p>SLIDE 31 – Rules about touch</p> <p>SLIDE 32 – Rules about sexy touch</p>
<p>25 mins</p>  	<p>SUPPORTING AND ADDRESSING SEXUALITY</p> <p><i>Children and young people with ASD who are in care may have complex and diverse needs in the area of sexuality education. Carers and support workers have a significant role to play in fostering the independence of the children and young people with ASD who they support.</i></p> <ul style="list-style-type: none"> ▪ Show SLIDE 33 – 3 What Questions ▪ It is useful to have a framework to help us work out the elements of a situation and then how to respond. The <i>3 Whats</i> framework helps us to think about the situation and match strategies to meet the needs of the child or young person. We will use <i>3 Whats</i> framework as we look at the following scenarios. ▪ Remember – it is always important to evaluate the effectiveness of our strategies and modify our responses if we have not been able to meet the needs of the child or young person. <p>Activity: Hannah, Harry and Ahmed Purpose: To develop participants’ problem solving skills</p> <ul style="list-style-type: none"> ▪ Show SLIDES 34-36 – Scenario 1, 2 and 3 ▪ Workbook activity 9 – Supporting and addressing sexuality issues ▪ Ask participants to form groups of 3-4 people. Participants to discuss and complete the following questions in the workbook, based on their choice of 2-3 scenarios. <ol style="list-style-type: none"> 1. What are the issues in the scenario? 2. What strengths or abilities does the young person in the scenario have? 	<p>SLIDE 33 –3 <i>What Questions</i></p> <p>Participant workbook</p> <p>SLIDES 34-36 – Scenario 1,2 and 3</p> <p>Participant workbook</p>

	<p>3. What could you say or do to support the young person?</p> <p>4. What services or support people could help you or the young person with the issue? Ensure you have relevant information about local organisations and services to give to participants if required.</p> <ul style="list-style-type: none"> ▪ Briefly process each scenario as a large group. Facilitator to add suggestions and ideas to assist. ▪ Highlight the need to: <ul style="list-style-type: none"> · consider the least restrictive alternative · provide clear boundaries and guidelines · give clear step by step instructions often in visual form · support and encourage the independent actions and thinking of the person on the Autism Spectrum · provide assistance where possible and appropriate · continue to modify the support as the person's needs change · encourage other support systems to also promote the person's health, safety and independence ▪ See following examples: <p>Hannah:</p> <ul style="list-style-type: none"> · managing periods and pads/communication/independence · independence/communication · periods/puberty/pads/timing/ communication strategies · True/ Autism Qld/ Disability Services/ School Nurse/ Child Safety Officer/ Foster Carer Support <p>Harry:</p> <ul style="list-style-type: none"> · looking for a friendship/ASD – communication and relationship difficulties · interest in architecture and buildings, wants a friendship, communicated interest in friendship · being, making and keeping friends/communication strategies/ social skills · True/ Autism Qld/Asperger'ss' support network/architect hobby groups <p>Ahmed:</p> <ul style="list-style-type: none"> · looking in girl's change room · communication skills/ swimming skills · relationships/appropriate behaviours/social norms · True/ Autism Qld/ Guidance Officer/ Special education Teacher/Swimming Coach <p>Refer to Facilitator notes – Strategies for addressing sexuality positively. It is important to ensure that when we are responding to sexuality issues that we respect the child or young person's right to receive information and balance this with how we respond. Ask participants to comment on any of the strategies that they might already use.</p> 	
<p>10 mins</p> 	<p>ANSWERING QUESTIONS</p> <p><i>It is natural that children and young people will have a variety of questions about puberty and the changes that are occurring in their lives. When answering questions the purpose is to be honest and respectful, but succinct. It is important to give truthful information regarding sexuality. Many young people will ask questions to test the openness and honesty of the person being asked. Remember, modelling open communication may mean that children and young people with ASD may be able to better communicate. By sharing even a small amount of information in a positive</i></p>	

	<p><i>way, you are sending the message that this is a normal event and one that you are happy talking about.</i></p> <ul style="list-style-type: none"> ▪ Show SLIDE 37 – Aim to be askable ▪ Let children know it is always ok to ask. This can be affirmed with a simple statement such as, <i>I'm really pleased you asked that.</i> ▪ Stress the importance of being honest, open and non-judgmental. Avoid comments that put the young person on the defensive. Everything you do or say communicates a message. You cannot NOT communicate. Facial expressions, tone of voice and body language, as well as refusing to answer a question, communicate a clear message about sexuality and open communication to a young person. ▪ It is important not to overwhelm with detail. Find out exactly what it is the young person might want to know before answering, rather than rambling about the whole topic and missing the mark or adding to confusion. ▪ Show SLIDE 38 – Positive responses to questions These statements allow time for someone to think of a response, while also obtaining more detail and giving praise. ▪ Show SLIDE 39 – Strategies for answering questions This slide highlights some of the techniques that can be useful in responding to questions. <p>It is important to acknowledge that people use many different terms to communicate about sexuality. Sometimes it is useful to use similar language to that used by the child or young person, but it is most important to introduce the anatomically correct words. For example if a young person says, <i>What are boobs?</i> we might respond by saying <i>Boobs is another word for breasts. Breasts are...</i></p>	<p>SLIDE 37 – Aim to be askable</p> <p>SLIDE 38 – Positive responses to questions</p> <p>SLIDE 39 – Strategies for answering questions</p>
<p>5 min</p>	<p>CONCLUSION</p> <ul style="list-style-type: none"> ▪ Show SLIDE 40 – Support strategies for children and young people. Facilitator to summarise content of session. ▪ Show SLIDE 41 – Looking after you – it's important! ▪ Working and caring for children and young people who have experienced abuse can be very difficult. It is essential for all carers to have strategies in place to support themselves in times of high stress in order to be still able to help the children and young people that they support. ▪ Allow time at the end for any questions and supply contact details of facilitator or support organisations to the participants should further information be required. ▪ Handout evaluation form and collect completed evaluation forms. ▪ Show SLIDE 42 – Thank you! 	<p>SLIDE 40 – Support strategies for children and young people</p> <p>SLIDE 41 – Looking after you – it's important!</p> <p>Evaluation Forms</p> <p>SLIDE 42 – Thank you!</p>

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Facilitator notes - Group working agreement

The following are examples of points that may be included in participant's Group Rules or Working Agreement.

Confidentiality:

- Omit Names
- Omit other identifying details
- Only give facts which are pertinent to the situation or story
- Respect other participant's confidentiality, eg: if people tell personal stories
- Use professional judgment in sharing information
- Less is better
- Think how you'd feel if the situation were reversed

Look after yourself:

- Find someone to debrief with
- Speak with a counsellor
- Relaxation techniques
- Stress management

Respect each other including:

- Each other's opinions
- Each other's values and beliefs
- Being non-judgemental

Mobile phones:

- Will they be switched on, off or to vibrate?

Facilitator notes - Mr Wriggleworm

“ ... We sat quietly and my mother approached us with great gravity. Whatever it was, it was bad.

She wanted to talk to us, she said. We could not help but notice that her ‘Mother’ vein had popped out and ran down the center of her forehead and across over her right eye. My God, what was wrong? Dad was dead or something. Then she told us we needed to understand where babies come from. Our spines went rigid. Mom was going to talk about THAT. She told us “Men put a seed into a woman and the seed grows into a baby”. That was it. She nearly collapsed with nervous exhaustion. It was over. Her two sons knew.

The curriculum my mother had picked was biology, but what she really taught was fear and anxiety. This must be a horrible thing. This baby–stuff made our mother sweat, tremble and blush. We learned horror while learning very little in the way of fact. I then tried to understand this little bit of information that my mother had passed along. I figured pretty quickly where the seed was going to come out of me. I dreaded this happening. Since babies were big, the seed had to be pretty big, too. That meant at some point an avocado–like seed would come shooting out of my body and it would really hurt because it was coming out of something that wasn’t that big! But I could not figure out how it would get into a woman. Finally I decided there was a plate, a special plate, that men and women get when they get married and the man would put it onto a plate and the woman would eat it. Solid deduction from a wee boy, I think.

The next lesson was physiology. Comfortable on the couch, we were already getting used to this little class. Mother had paced it well, as I had just finished piecing together the act of seed movement from the information she had given two weeks earlier. Now we were to learn about the thing that hung (?) between our legs. (I think nestle is a better, more accurate word for me.) It had a name and my mother stammered as she told us that it was, “Mr. Wriggleworm”. Cruel irony to give it a bigger name than it was! My brother and I were dumbfounded. We knew this wasn’t true. We knew the real name for it was “pee pee”. This time, the curriculum was physiology and we learned this was so dirty that you couldn’t call things by their real names.

Finally, she had us on the couch for the final class. We were slumped back and relaxed. We were now sophisticated men of the world. We knew about Mr. Wriggleworm and the avocado seed – bring on adulthood! Mom was especially nervous today. She said we needed to know that every now and then Mr. Wriggleworm would stand and call. He would want us to touch him. We were not to touch him because it would make us very, very sick. I sat there stunned. Mr. Wriggleworm had already called. I had answered that call. I was going to be very, very sick. Terror struck. Class ended. ...”

Hinsburger, D. (1990) *I Contact: Sexuality and People with Developmental Disabilities*. Pennsylvania: VIDA Publishing. pp 84–86

Facilitator notes - Social Learning – Children in Care

- **Family:** May be neglect/abuse, may not know birth family, witnessed unhealthy relationships, fragmented contact with siblings, parental attitudes to genital area/masturbation, different messages in different care environments, ie, rules changing about what is acceptable behaviour/language.
- **Peers:** Stigma of being a kid in care, may have changed schools, difficulty developing/maintaining friendships, lack of opportunity for spontaneous friendships/outings, more vulnerable to exploitation.
- **School:** May not be stable, educational outcomes lower, the language in schools is not geared for difference, ie, *take this form home and get Mum or Dad to sign it*. Where does this leave a child who has a 'carer'? Impact of language on sense of worth/value. Issues of fitting in when you don't have the right uniform/books etc. What else do young people learn at school?
- **Society:** What messages are there in media/magazines about body image, what it means to be young etc, (Gen Y bagging), our laws about behaviour etc.
- For some children and young people in care this traditional model could be turned on its head and rather than the family having the major influence it could be that due to lack of consistency of care society becomes the main location for social learning.

Facilitator notes - Social learning and ASD

1. Touch/ May be feeding difficulties, may be tactile defensive, may be very passive baby;
2. Toilet training/ may be prolonged with sense of failure, may be excessive associated with scoring, may lack privacy, may have obsessive toileting traits, may be discussed with others, may never achieve independence with toileting;
3. Masturbation/may not be private, may get into excessive trouble, may be self injurious, may be obsessive;
4. Childhood sexual games/lack of privacy, may not have same age friendships, may be seen as deviant;
5. Communication/maybe unable to ask questions, may be seen by carer as perpetual child, may misinterpret information, may ask inappropriate questions and remarks;
6. Media/ few images that they can relate to, either portrayed sexually as deviant or child, represented as charity cases, very few positive role models to associate with. Some TV shows now have characters that have characteristics of Asperger's Syndrome, eg, The Big Bang often characters are portrayed stereotypically as an intellectual geek in a comedy series.
7. Gender roles/ may have confusion of gender roles or be very stereotypical, may have lack of self worth regarding perception of difference from peers.
8. Puberty/ may find coping with change extremely difficult, not understand changes, hide and prevent changes;
9. Relationships/ may have difficulty and lack of opportunity to understand and develop relationships, may be isolated, higher rate of vulnerability to sexual abuse, inappropriate in touch and talk.
10. There are now some very good resources specifically designed in the area of sexuality education for people on the Autism Spectrum. Go to **www.fpnsw.org/categories/Bookshop/ for more information**

Facilitator notes - Increased Vulnerability

There are many reasons why it is important for people with disabilities to receive education regarding sexuality, including:

Limited ability to acquire knowledge elsewhere

- Limited access to books – low literacy levels, access to books
- Limited access to other media – television, websites, magazines
- May not be able to discuss with friends due to communication difficulties
- May not have ability or communication resources to ask questions

Less opportunity to engage spontaneously with peers

- Peers may also have communication difficulties
- Interactions may not occur spontaneously or without the involvement of a support person
- Interactions may lack appropriate body language and facial expressions or may be accompanied by unusual vocalisations
- Interactions may lack social components – e.g. greetings, humour, politeness

Difficulties in distinguishing fact from fiction

- May take people literally so not understand sarcasm or cynicism
- Not able to analyse information for factual content – e.g. babies come from a cabbage patch

Challenges in reading social situations and matching behaviour

- May not be aware of right/wrong,
- May not know the 'rules' in relation to social and sexual behaviour, touch, boundaries etc
- May have difficulty reading social cues and determining social expectations
- Lack of awareness of the laws
- Difficulties with logic, reasoning and sequencing
- Difficulties anticipating or predicting what will happen after their actions

Not having been acknowledged as a sexual being

- Lack of positive role models with disabilities
- Lack of positive role models with disabilities as sexual beings
- Occurs throughout life in subtle and overt ways

High rates of STIs, unintended pregnancies and sexual related offences

- May occur as a result of lack of information, inability to predict consequences, difficulty distinguishing fact from fiction, and as a consequence of sexual abuse

Much more vulnerable to sexual abuse or exploitation

- Reference for this statement: Carmody (1991) and McCabe and Cummins (1994) in Conway et al (1996)
- May be more vulnerable due to ignorance, over-compliance, unrealistic view that everyone is a friend, limited social support, low self-esteem, limited assertiveness skills (Muccigrossi (1991) in Carmody et al (1996))
- Also due to factors discussed in this document as part of this rationale

Facilitator notes – Strategies for positively addressing sexuality

- Endeavour to discuss private matters in a private place. Seek the child or young person's permission before involving another party.
- Seek permission before entering the child or young person's room, touching them for personal care, or talking about private issues.
- Encourage the child or young person to increase their independence in personal care.
- Look for opportunities to support the child or young person to feel affirmed – receiving praise, acknowledgement of their achievements.
- Ensure the child or young person has the same access to information as anyone else.
- Talk to the child or young person at an age appropriate level.
- Be prepared to initiate discussion about sexuality – keep in mind that negative messages about sexuality may make people feel unable to ask. Remember to use clear communication styles including signing if required.
- Use learning moment situations that allow education to occur naturally.
- Keep your answers and explanations brief, factual and positive, as well as reinforcing boundaries and rules.
- When answering questions, give an affirming message like, *that's a really good question. What made you think of that?*
- Use correct language – avoid using euphemisms or slang, at the same time being careful not to put the person down if this is the only language they know.
- Be aware of your values and how you communicate these.