

FASD & SEXUAL DEVELOPMENT

Accommodations and Approaches to support children and youth

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What is “normal” sexual development?

- Sexual play that is more typical or expected in children will more often have the following traits:
- The sexual play is between children who have an ongoing mutually enjoyable play and/or school friendship.
- The sexual play is between children of similar size, age, and social and emotional development.
- It is lighthearted and spontaneous. The children may be giggling and having fun when you discover them.
- When adults set limits (for example, children keep their clothes on at day care), children are able to follow the rules.

- **PRESCHOOL AGE (0 to 5 years)**
- **Common:**
- Will have questions and express knowledge relating to:
 - differences in gender, private body parts,
 - hygiene and toileting,
 - pregnancy and birth.Will explore genitals and can experience pleasure.
Showing and looking at private body parts.

- **SCHOOL-AGE (6-8 years)**
- **Common:**
- Will need knowledge and have questions about
 - physical development, relationships, sexual behavior
 - menstruation and pregnancy,
 - personal values.Experiment with same-age and same gender children, often during games or role-playing.
Self stimulation in private is expected to continue.

What is “normal” sexual development?

- **SCHOOL-AGE (9-12 years)**

- **Common:**

- Will need knowledge and have questions about
 - Sexual materials and information,
 - Relationships and sexual behavior,
 - Using sexual words and discussing sexual acts and personal values, particularly with peers.
- Increased experimentation with sexual behaviors and romantic relationships. Self stimulation in private is expected to continue.
- Hormonal changes and external influences, such as peers, media and Internet, will increase sexual awareness, feelings and interest at the onset of puberty.

- **ADOLESCENCE (13 to 16)**

- **Common:**

- Will need information and have questions about
 - Decision making
 - Social relationships and sexual customs
 - Personal values and consequences of sexual behavior.
- Self stimulation in private is expected to continue.
- Girls will begin menstruation; boys will begin to produce sperm.
- Sexual experimentation between adolescents of the same age and gender is common.
- Voyeuristic behaviors are common in this age group.
- First sexual intercourse will occur for approximately one third of teens.

Inappropriate Sexual Behavior in FASD

Behaviors we may see

- Sexual advances
- Sexual touching
- Promiscuity
- Exposure
- Compulsions
- Voyeurism
- Masturbation in public
- Compulsive sexual behavior
- Obscene phone calls

Streissguth et al, 2004

What the stats are saying

- Mean age of onset of inappropriate sexual behavior (ISB) was 9.6
(Streissguth, et al. 2004)
- 39% of the children demonstrated inappropriate sexual behaviour (ISB)
(Rasmussen et al. 2007)
- 50% of individuals with FASD had repeated problems with inappropriate sexual behavior (ISB)
(Kellerman, 2002)
- 77% of individuals with FASD had experienced physical and/or sexual abuse
(Clark et al 2004)

Why does it look different with an FASD Diagnosis?

- Socially inappropriate behavior, as if inebriated
- Inability to figure out solutions spontaneously, overreact when under stress
- Inability to control sexual impulses, especially in social situations
- Inability to apply consequences from past actions
- Difficulty with abstract concepts
- Difficulty processing information
- Storing and/or retrieving information
- Needs frequent cues
- Requires an external brain
- Needs to talk to self out loud, needs feedback
- Fine motor skills more affected than gross motor
- Moody roller-coaster emotions, exaggerated
- Apparent lack of remorse (misperceived)
- Inability to weigh pros and cons when making decisions
- Adaptive/Social impairments – immaturity, lack of boundaries, naiveté
- Fewer social relationships which means less exposure to norms

Individuals with FASD

- They are children that grow up with normal hormone surges and can even be “hypersexual”
- Their social development may not match their biological age and they lack inhibition
- Damage to their brain interferes with: Judgement and Impulse control as well as various other cognitive processes
- In addition, many children do not receive adequate sexual health education
- These cause the person to be at high risk of becoming a victim , becoming a perpetrator, or both
- Kids with FASD do not choose to be “bad” they simply cannot learn from their mistakes or recall events from a previous experience
- They also do not have the ability to lie, but will fill in gaps (confabulate) where they cannot recall information which makes people think they are being untruthful. They may also admit to doing things they have not done due to being placed under stress or having memory gaps

Social Skills and how they impact behavior: <https://www.youtube.com/watch?v=HOekiyPk2pM>

Educating your Child (Private Places)

Public and Private Touching:

As you become more aware of your body as a sexual being it is only natural that you will find that touching yourself on your private parts (penis, breasts or pubic area) feels good.

Touching yourself this way in ANY public area is NOT OK. It is important to understand that people have different concepts of what is public and private. Below are things you and your parents or another trusted adult can do together to help you learn what is meant by public and private.

House Rules:

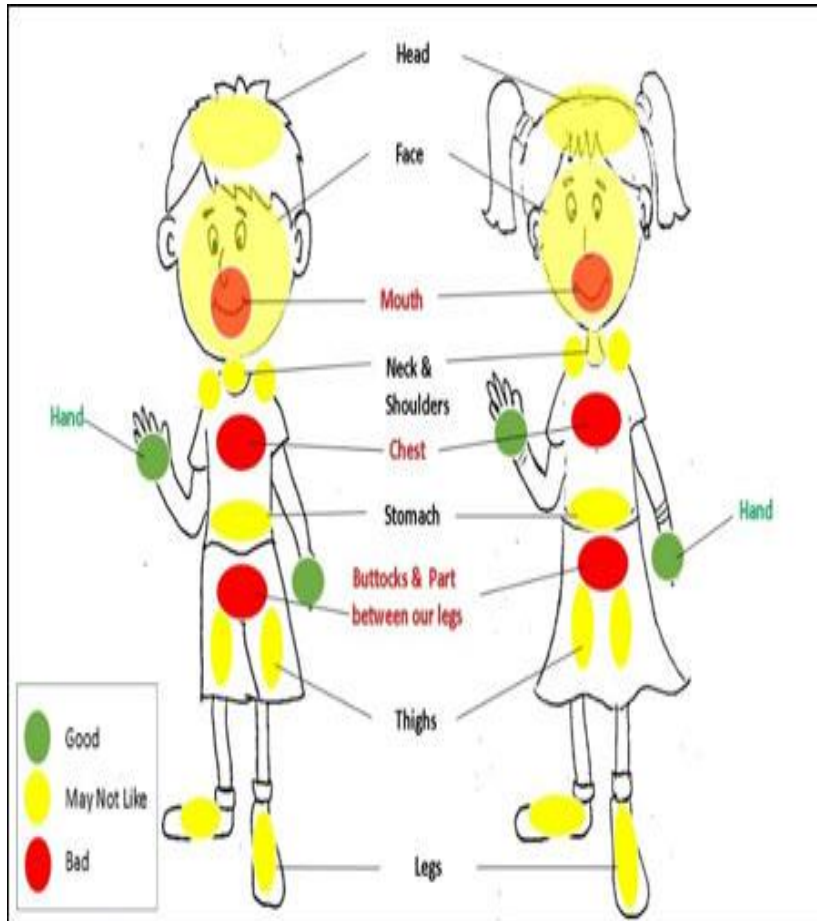
Discuss the house rules regarding dress:

1. Where is it Ok to be without clothes on? _____
2. Where is it Ok to be with just underwear on? _____
3. Where can I get dressed and undressed? _____
4. What are the rules about me touching my body? _____
5. What are the rules about me touching my private parts? _____
6. Where in the house can I touch my private parts? _____
7. Discuss the house rules regarding private areas:
8. Are there private areas in our house where I can touch myself? _____
9. What are the private areas in our house? _____
10. What are the areas in our neighborhood? _____
11. What are the private places in our community? _____
12. Are there private places in my school? _____
13. What are the private places in my school? _____

Public Places

1. Discuss where public places are in our house, neighborhood, community, and school:
2. What are the public places in our house? _____
3. What are the public places in our neighborhood? _____
4. What are the public places in our community? _____
5. What are the public places in school? _____
6. Discuss public and private regarding everyday activities:
7. What are our house rules about other people's privacy? For instance knocking on the door, using other peoples' things without asking. _____
8. Where is Ok to urinate, look at a newspaper/magazine, take a bath, get dressed, or hug a friend? (Discuss answers for each of the following locations).
9. A. At home? _____
10. B. In the neighborhood? _____
11. C. In the community? _____
12. D. In school? _____
13. Discuss who are trusted individuals to talk to about personal feelings, issues and needs.

Good Touch/Bad Touch



- Have your child point to all the places where they are allowed to touch people or they are allowed to be touched
- Keep in mind this may need to be repeated on a daily basis due to an inability to recall past information
- Show your child about personal space distance
- Have conversations around who can touch them e.g. family, close friend, doctor etc.
- Encourage your child to ask before touching/hugging (it teaches about consent at a young age)
- Also keep in mind that a child diagnosed with FASD has a hard time putting information into practice when placed in a stressful situation due to cortisol releases in the brain

Image from: <http://parenting-guide.com>

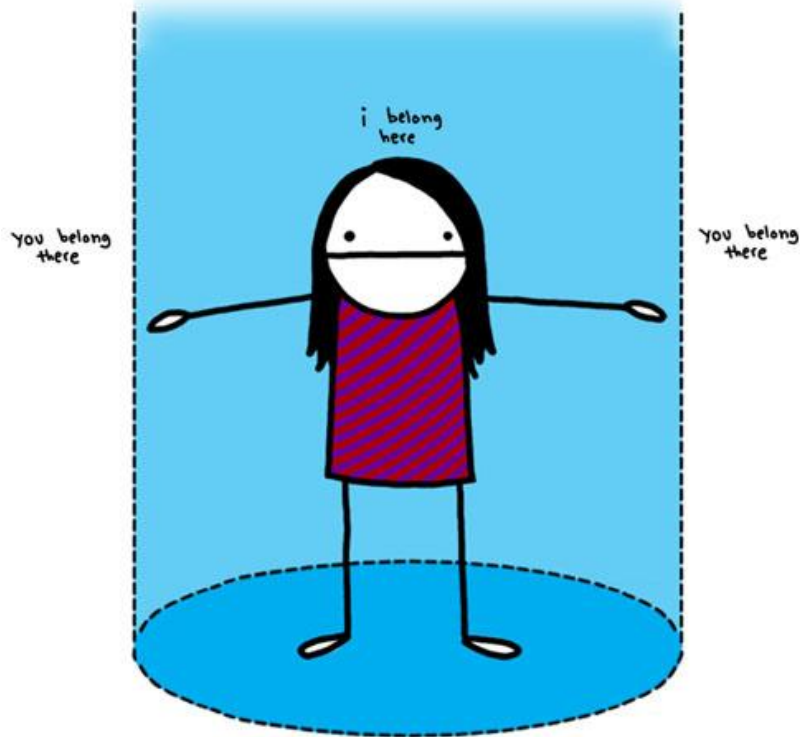
Emotions people may have when you touch them (the power of visuals)

- Label each feeling:



Teaching about personal space

MY PERSONAL AREA

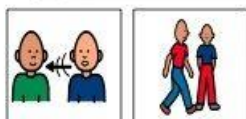
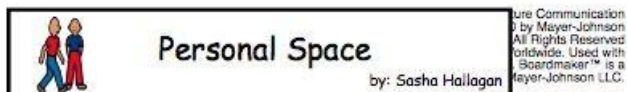


Don't stand in it!!

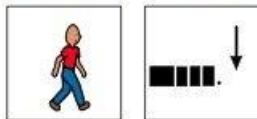
- For most kids with FASD they need simple and concrete examples to follow in daily living activities
- A commonly used term is the “Personal Space Bubble” Educate your child that they always need to be an arms length away from people (other than when someone in your family has asked for a hug). This applies when standing in line at the store, in the school, on the playground etc.
- When your child gets too close to another person, all those working with them need to use the same term and request your child to be “out of others personal space bubbles”
- If there are issues with a younger child in a coatroom or change room, consider using a taped circle (visual cue) on the floor and request that the child gets ready in their circle. Alternatively you can have the child get ready in a different area or stagger their time away from others students
- Remember supervision is key as a child with FASD requires an external brain at all times

Image Source:
http://2.bp.blogspot.com/_DGVjypavDiw/TT4ahH7SBBI/AAAAAAAAABc/rSBZ1sXTOQY/s1600/personal-space.jpg

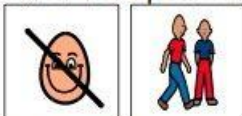
Using Social Stories



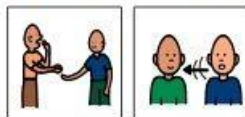
When I talk to other people, sometimes I stand too close.



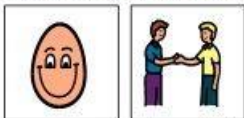
I need to remember to step back and leave some space.



People don't like it when I stand too close.



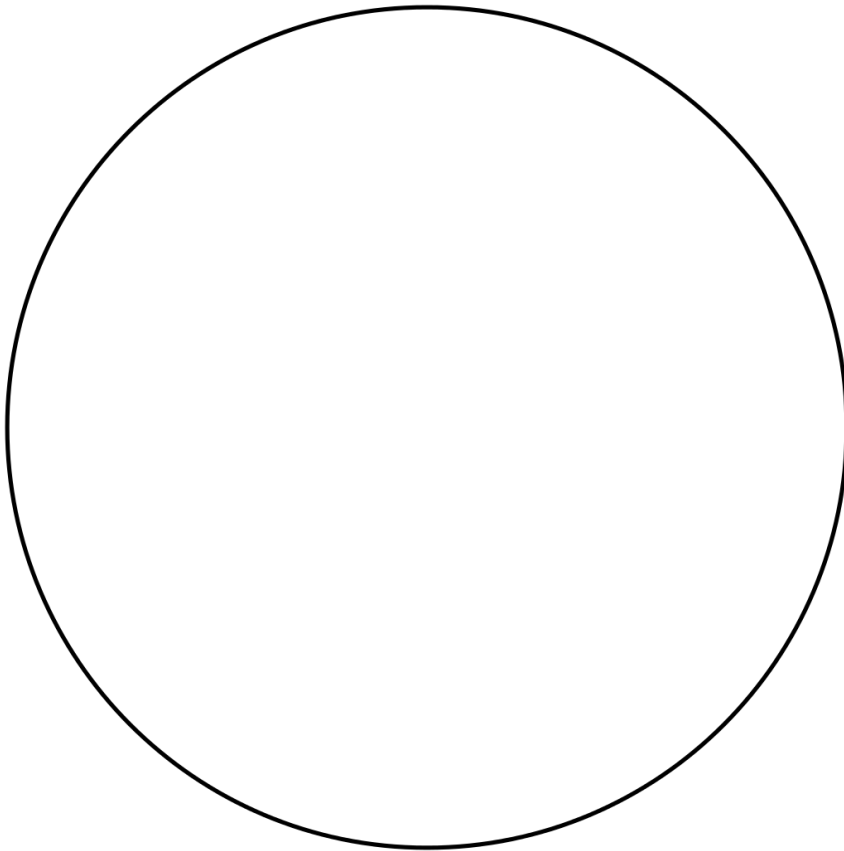
It's not polite to stand too close. It's polite to respect other's personal space. I leave an arm's length between people when we talk.



I like being respectful. People like talking to me when I respect their personal space.

- Social stories are individualized short stories that depict a social situation that your child may encounter. These social stories are used to teach communal skills through the use of precise and sequential information about everyday events that your child may find difficult or confusing, thus preventing further anxiety on the part of your child.
- A child with an FASD diagnosis often learns better when information is presented visually, and social stories are a good tool to assist a child with understanding a concept.

Safety Circles



- Help your child identify who is in their safety circle and who they can share private feelings and information with e.g. Family, coach, teacher, babysitter
- Also help them identify who is outside of their safety circle and they should not share private feelings with e.g. Strangers on the street, someone they just met, someone much younger than them
- Statistics have shown that children with FASD are at greater risk of sexual victimization due to vulnerability. We want to start the conversation around personal safety as early as possible in simple terms
- Always keep in mind that while your child may be chronologically 12, several brain domain impairments can actually place them at half their age developmentally

What is the responsibility of the “external Brain”

- As parents and service providers it is crucial that we act as external brain at all times for a child with FASD, and as such supervision is key at all times
- Monitor all social media interactions especially internet searches, e.g. You Tube etc. Any child is naturally curious and will have a thirst for knowledge
- Self stimulation feels good and is also natural, it is key to educate a child early and allow them the space and ability to talk openly with you. Also keep in mind that self stimulation e.g. Masturbation can meet sensory needs
- Your child is vulnerable and is eager to please others...so if a peer group tells your child to do something e.g. go touch a girls breast – they are likely to follow through without understanding the consequences of their actions. And let’s face it, kids can sometimes be cruel and may continue to target your child just to get a laugh
- Remember that touch feels good, and when a child feels isolated/lonely and is trying to get their needs met they do not have the social skills to follow the appropriate channels as they enter the dating world

What is the responsibility of the “external Brain” continued.....

- Also recognize that your child may react based on the information they see on TV. If they are regularly watching adult rated TV shows or music video's, they are more likely to follow through with their thoughts due to seeing someone else engaging in that behavior e.g. grabbing buttocks, touching themselves etc.
- Present any educational material at a developmentally appropriate level e.g. if your child is 12, present it how you would to a 6-8 year old
- Have your child placed on the Vulnerable Person's Registry via the Waterloo Regional Police : <http://www.vulnerablepersonsregistry.ca/>
- Make any opportunity a teaching opportunity through the use of music, photos, dolls, video's etc. And always keep the conversation going
- Advocate, advocate, advocate when your child engages in socially unacceptable behavior . They are typically not acting out of deviance but rather lack of impulse control

When, Where and Who to seek help

- If your child has sexually offended against another child, consider contacting Family & Children's Services to see if your child is a fit for their SATP program
- Also contact Family & Children's Services if you have concerns that your child has been offended against
- If your child is over the age of 12 and has been charged with a criminal offence, contact Lutherwood Youth Justice programs in order to seek youth court support (for children with mental health issues)
- Consider looking at counselling as an option if you feel there are areas of concern with your child or if you suspect that they may have been offended against. Typically "talk therapy" is not a modality that is beneficial for a child with FASD and play, art or music therapy may be a better option.
- Dialogue with school staff on a regular basis especially around understanding the sexual education curriculum being taught so you can further support your child, also to explore other educational resources your school may have to assist
- Contact Front Door to connect to services if you have concerns that your child may need additional support at 519-749-2932

Supervision & Safety Planning

- Finding a balance between independence and being the external brain
- Develop a safety plan so the youth knows how to get out of a situation if they are feeling uncomfortable e.g. a code word if they call you for a pick up
- Explore birth control options early and have contraceptives available
- Teach your child how to use contraceptives e.g. condoms
- Have repeated conversations about what it means to give consent or ask for consent – repeated role plays
- No conversations is off limits, need to educate and re-educate
- You need to set aside your own bias so every conversation can feel safe
- https://www.youtube.com/watch?v=VQLTIsqz_J0

Relationship Rights

You have rights in every relationship.

- You have the right to be respected.
- You have the right to be treated and spoken to like an adult.
- You have the right to be treated in a caring way.
- You have the right to be treated as a valuable person.

Someone who cares for you doesn't hurt your feelings and doesn't hurt your body. They make you feel good, not bad. These rights are part of a **HEALTHY RELATIONSHIP**

Safety & Emergency Cards

SAFETY INFORMATION

Phone Numbers:

Police: _____

Fire Department: _____

Doctor: _____

Hospital: _____

Local Shelter: _____

Sexual Assault Center: _____

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If I need help, I should call my trusted friend _____

His/Her phone number is _____

Other phone numbers I might need:

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY CARD

Name: _____

Address: _____

Phone Number: _____

Emergency Contacts:

Name _____ Phone: _____

Name _____ Phone: _____

I receive some support from:

Name of Agency: _____

Agency Phone Number: _____

I am on this medication: _____

I am allergic to: _____

Other things you should know about me (health issues, etc.): _____

Resources

- If you need support:
- SATP Program: <https://www.facswaterloo.org/helpingfamilies/sexual-abuse-treatment-services>
- Lutherwood Youth Justice: <https://www.lutherwood.ca/mentalhealth/youth-justice>
- Local Therapists:
https://therapists.psychologytoday.com/rms/prof_results.php?city=Kitchener&state=ON&spec=312

- Resource for parents and educators:
- <http://teachingsexualhealth.ca/>
- <http://neurodevnet.ca/resources/fasd-resources/package>
- <http://vkc.mc.vanderbilt.edu/healthybodies/index.html> (Manual) **great resource

- Social Stories:
- Tips on how to write a Social Story: <http://www.autism.org.uk/about/strategies/social-stories-comic-strips/how-to-write.aspx>
- Social Stories creator app: <https://itunes.apple.com/app/id588180598?mt=8>
- Develop your own social stories:
<http://do2learn.com/picturecards/SocialAndBehavioralSkills/index.htm>
- Templates: <http://connectability.ca/visuals-engine/>

Questions, Comments

