

Normalizing “Taboos” Through Science: Sexuality in Behavior Analysis

*Shane T. Spiker, PhD, BCBA, IBA
(He/Him/His)*



thank
you

Abstract

Sex and sexuality is a relatively untouched discussion in behavior analytic literature. While there are some articles that discuss treatment of sexual behavior, there are not many that cover the scope and breadth that sexuality topics cover. However, there is an emerging body of literature that shows promise in the development of sexuality research within behavior analysis. In this talk, Dr. Shane T. Spiker discusses the current research and some case examples of behavior analysis within the topic of sexuality.

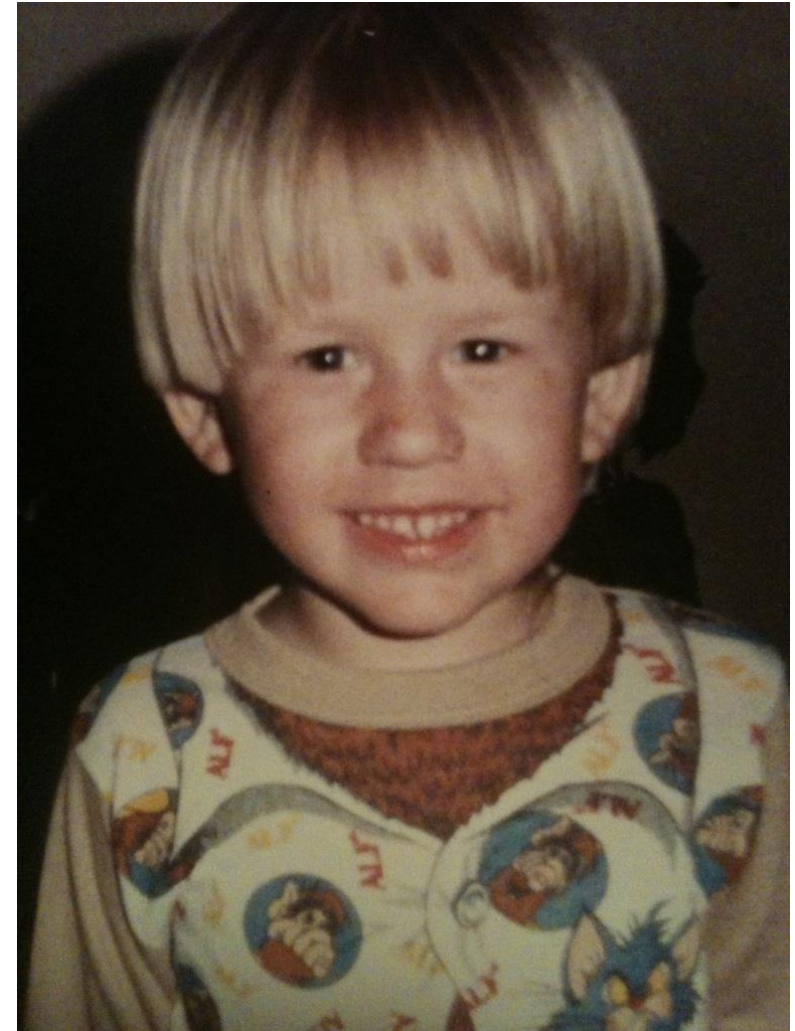
TL;DR?

SEX

But like...only kind of.

A Little About Me

- Former adolescent, currently raising adolescents
- Behavior analyst, clinical psychologist, instructional designer
 - In the field for ~13 years
- Specialize working in crisis management and sexuality in home and community settings, training and supervision
- Experience working in forensics, OBM, etc.
- Play music, love reading, drinks too much coffee



A close-up shot of Michael Scott, played by Steve Carell, in his office. He has a pained or awkward expression on his face, with his teeth bared in a grimace. He is wearing a dark blue suit, a light blue shirt, and a patterned tie. The background is slightly out of focus, showing office shelves with framed certificates and a coat hanging on a rack.

**Why sex,
though?**

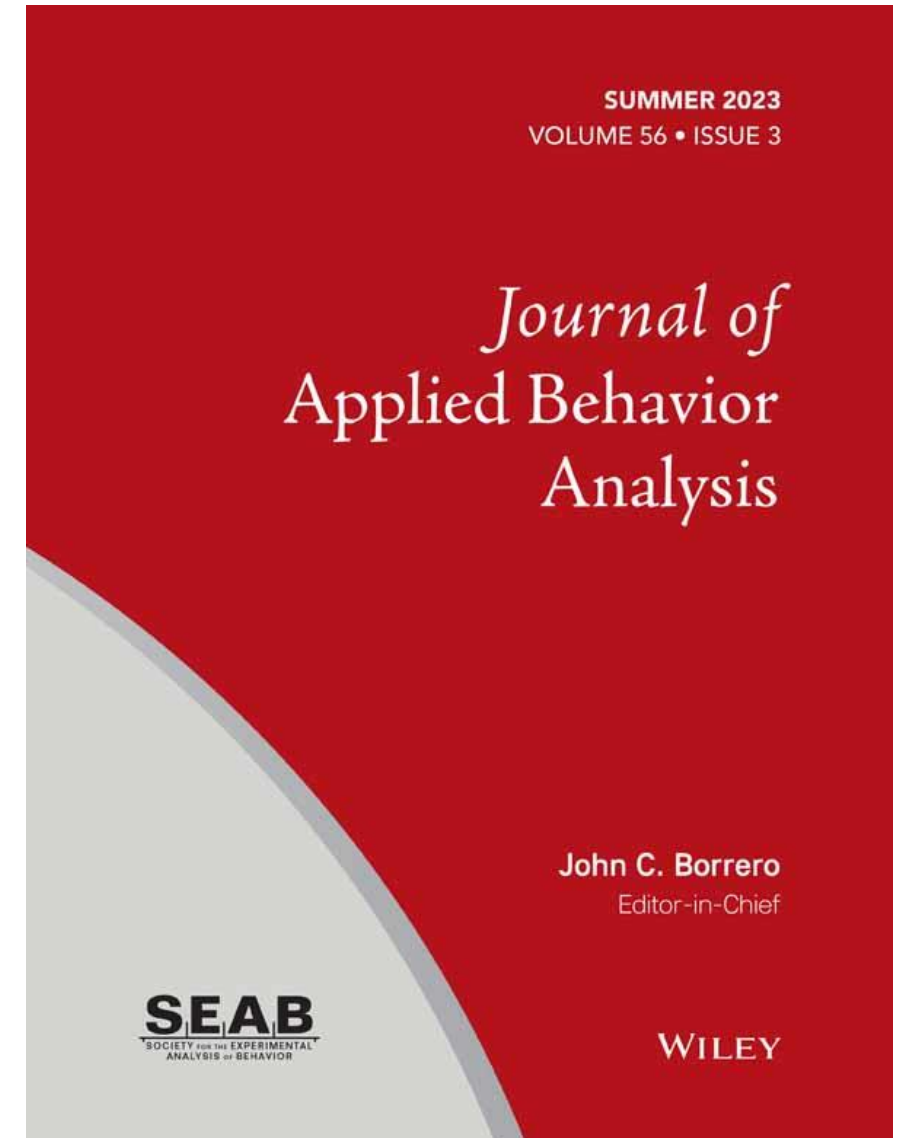
It Happens Whether We Talk or Not

- But WHY don't people want to talk about it?
 - It's uncomfortable
 - Historically, it's been "bad" or "sinful"
 - Many people don't understand it
 - It's supposed to be done in PRIVATE
 - It's not something that people we serve do*
 - We don't know WHAT to do
 - We feel exposed
- But the truth is....

Sexuality in Behavior Analysis: Where Are We At?

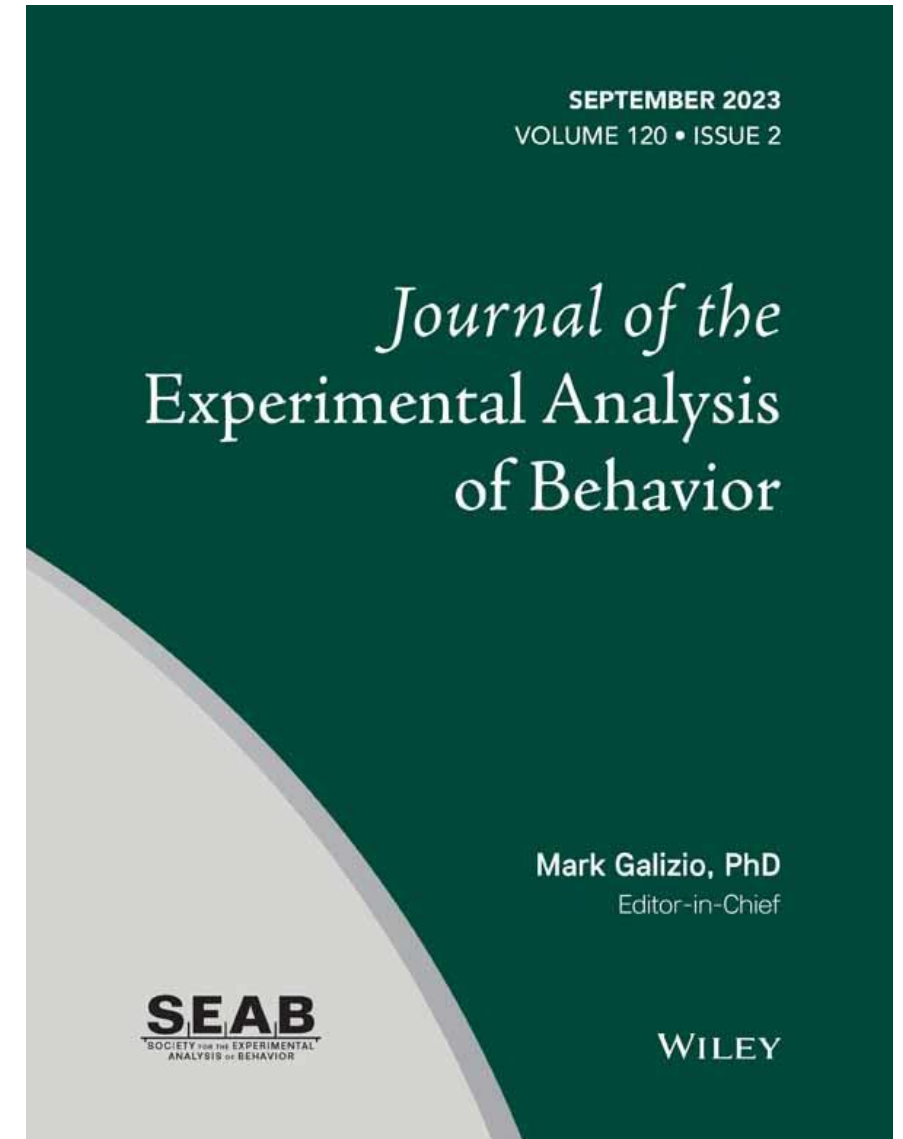
Journal of Applied Behavior Analysis

- n = 342 article results that include the terms “sexual” OR “sexual behavior”
- 52 articles that focus specifically on SEXUAL BEHAVIOR
 - Assessment and treatment of ISB specifically
- Carrigan, Kirby, & Marlowe (1995): Looked at free condom dispenser effect in cocaine abuse treatment clinic
- Kantorowitz (1978): Experimented with preorgasmic reconditioning and postorgasmic deconditioning
 - Note: it didn’t work
- Barlow & Agras (1973): Article titled “Fading to Increase Heterosexual Responsiveness in Homosexuals”
 - Yes. This is a real article.
- Other topics included:
 - Prevention of abuse
 - Recording penile circumference change
 - Satiation treatments for “deviant sexual arousal”
- In the last 5 years? 19 articles on assessment and intervention on inappropriate sexual behavior



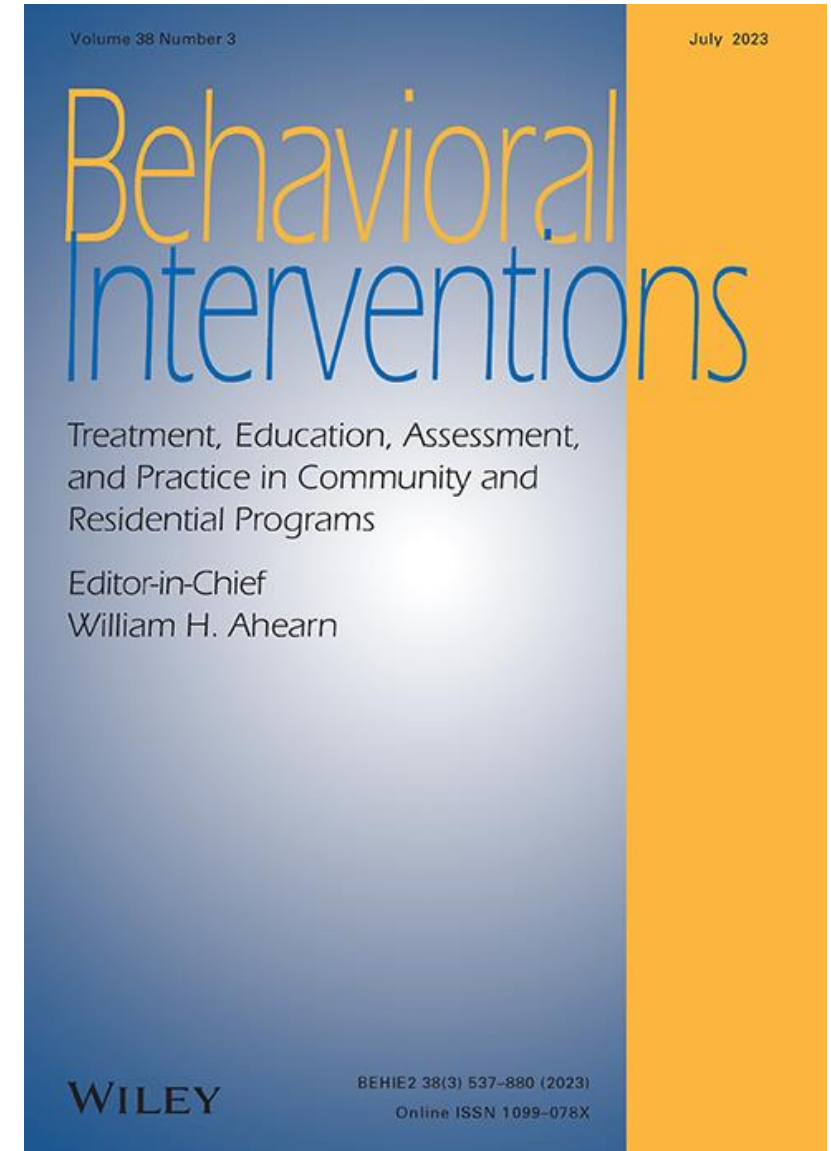
Journal of the Experimental Analysis of Behavior

- $n = 33$
- Mostly focused on other species
 - Japanese quails, rabbits
- Some exploratory research on the nature of reinforcement for sexual behavior



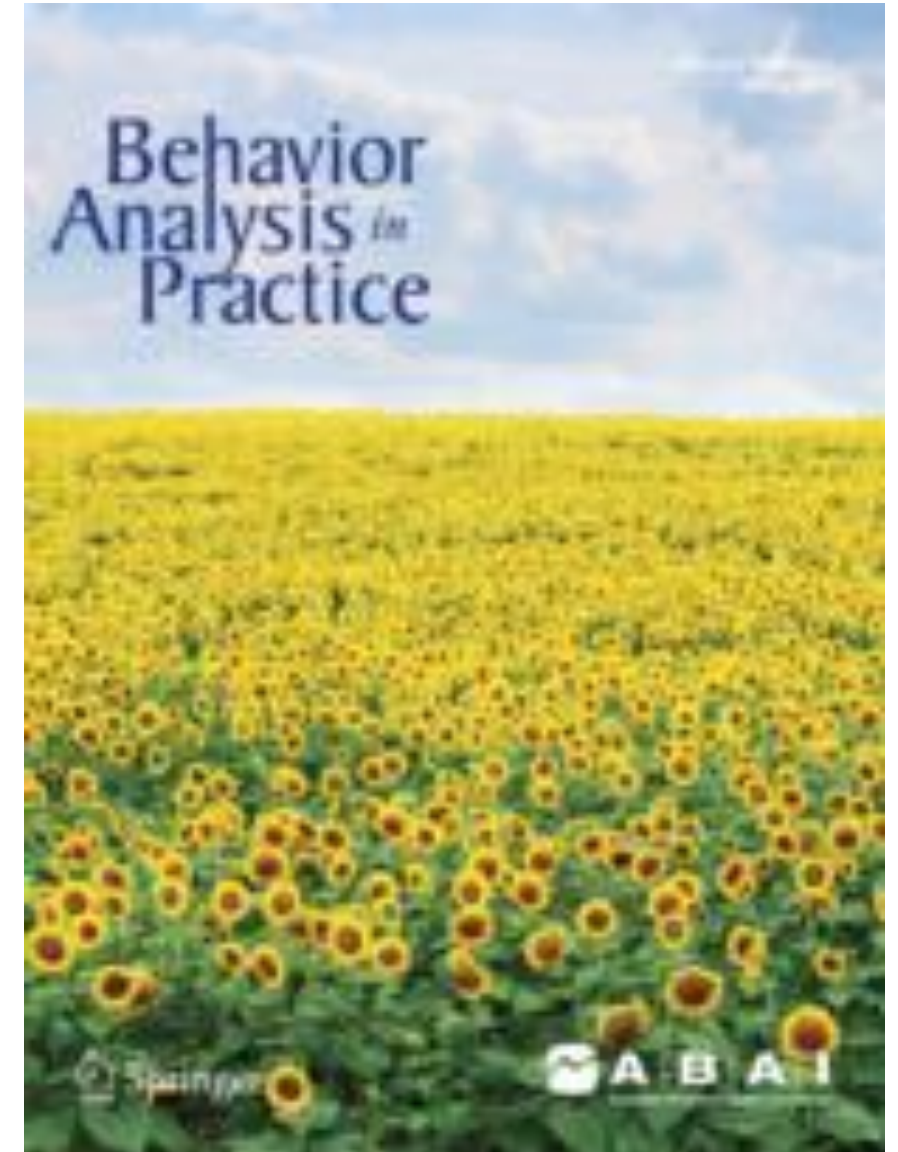
Behavioral Interventions

- $n = 25$
- Similar to JABA in that the majority of articles are about assessment and intervention
- Luiselli et al. (2005): Evaluated ISB among children and adolescents with acquired TBI
 - Note: This focused on incidence more than intervention
- Losada-Paisey & Paisey (1988): Took a forensic look at ISB among learners
- Edgemon et al. (2020): Behavior contracts used across settings! More intervention research!



Behavior Analysis in Practice

- $n = 19$
- Articles varied, with some assessment and intervention articles
- Reed (2013): Interesting discussion on the state of behavior analysis in sexuality and addictions
- DeFelice & Diller (2019): An article on feminism and behavior analysis



The Analysis of Verbal Behavior

- N = 3, which honestly surprised me that there were any
- Spradlin (1988) comments on VB in relation to sexual behavior
- Parsons (1989) only references it in the conclusion section
- Quick note: Can we get someone to update how this is abbreviated? This is what shows up when you search AVB



Anal Verbal Behav. 1998; 15: 139–141. doi: 10.1007/BF03392937

PMCID: PMC2748626

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Journal of Positive Behavior Interventions

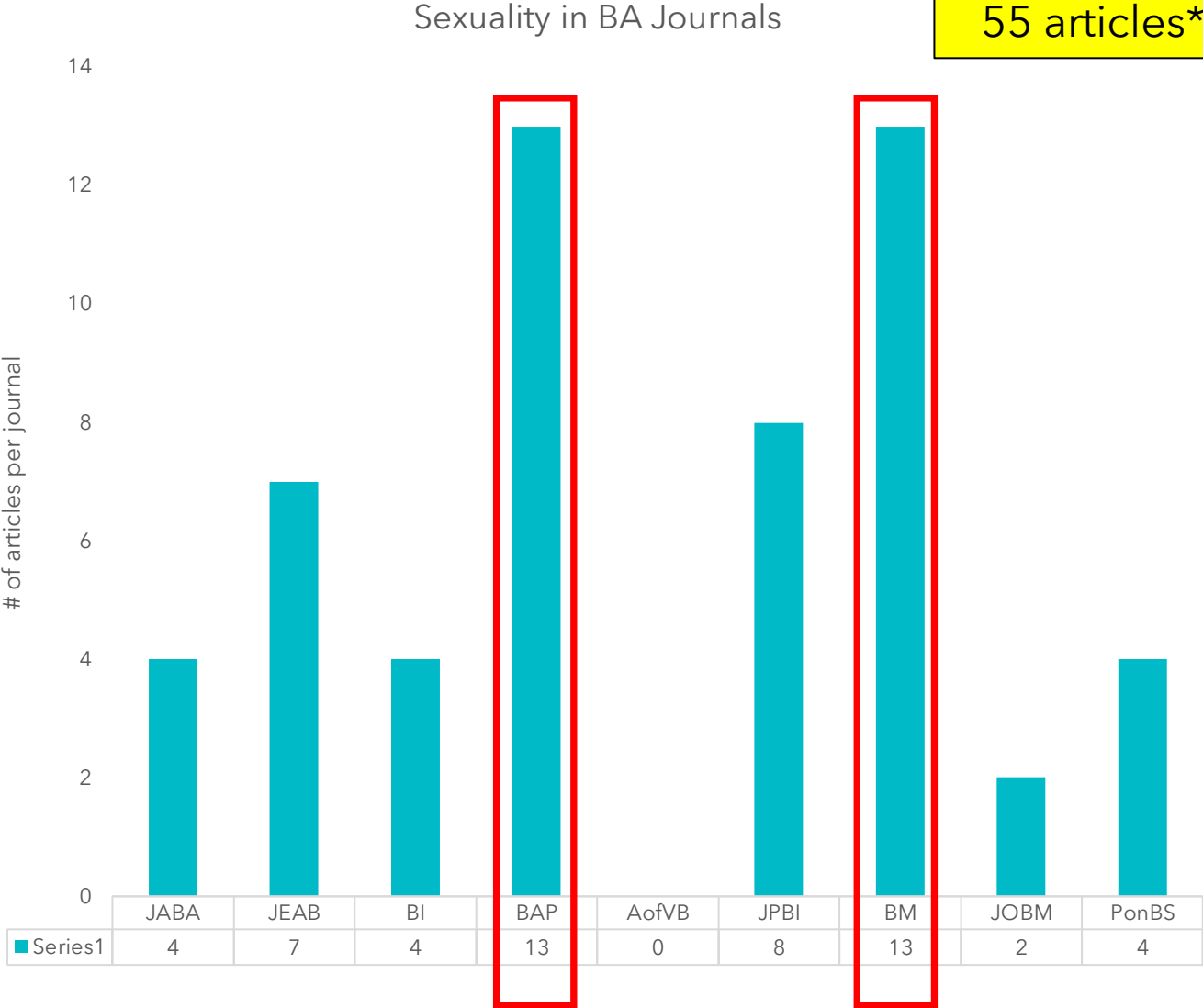
- $n = 3$
- Lumley & Scotti (2001) provides some great advocacy advice regarding sexuality and learners with ID/DD
- Again, some intervention and assessment data on ISB, but not much



But What About Sexuality in Behavior Analysis?

In total:
55 articles*


Journal	# of Sexuality Related Articles	Notes
<i>Journal of Applied Behavior Analysis</i>	4	
<i>Journal of the Experimental Analysis of Behavior</i>	7	Nature of reinforcement, but not about sexuality specifically
<i>Behavioral Interventions</i>	4	
<i>Behavior Analysis in Practice</i>	13	Mostly theoretical or intersectional
<i>The Analysis of Verbal Behavior</i>	0	
<i>Journal of Positive Behavioral Interventions</i>	8	
<i>Behavior Modification</i>	13	
<i>Journal of Organizational Behavior Management</i>	2	
<i>Perspectives on Behavior Science</i>	4	



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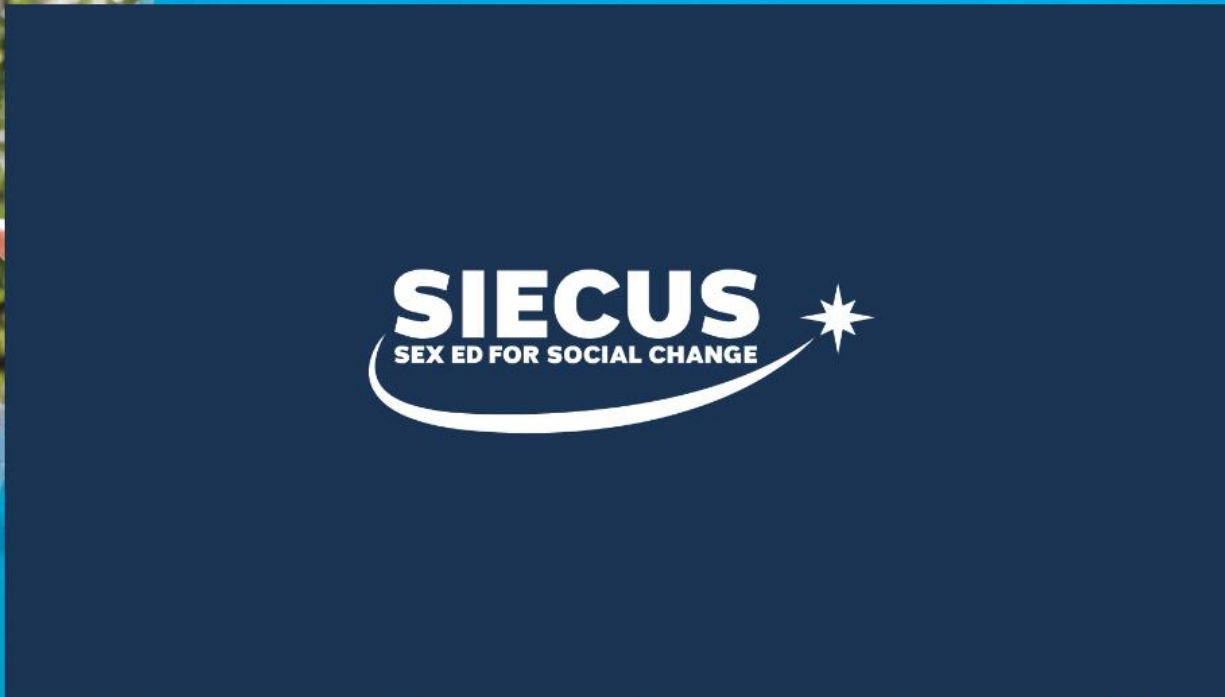
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“Sexuality is at the core of the human experience.” (3:07)



National Sexuality Education Standards (2nd Edition)

Consent and Healthy Relationships (CHR)

Anatomy and Physiology (AP)

Puberty and Adolescent Sexual Development (PD)

Gender Identity and Expression (GI)

Sexual Orientation and Identity (SI)

Sexual Health (SH)

Interpersonal Violence (IV)

Facts about Sexuality

- Learners with disabilities are not asexual
- There has been a 30% increase in STIs between 2015 and 2019
 - With the sharpest increase being syphilis among newborns (i.e., congenital syphilis)
- Aging does not stop your libido
 - Some of the highest rates of STIs exist in nursing homes
- People with TBI (congenital or acquired) have high rates of impulsive sexual behavior
 - So do people with rabies
- Anywhere from 40% - 80% of learners with disabilities experience some form of sexual abuse


Who is Impacted?

- Intellectual and Developmental Disabilities
- Children and Adolescents
- Dementia
- Traumatic Brain Injury
- Neurotypical and Neurodiverse
- LGBTQIA+
- Parents/Caregivers/Stakeholders and other Service Providers
- And so on...

The Scope of Behavior Analysis

- Primarily focuses on observable and measurable phenomenon
- Each domain of sexuality has some phenomena that warrants a behavior analytic look
- That being said, we may not have **sufficient research** to work in said area
 - I.e. The fallacy that behavior analysis is EVERYWHERE

A Review and Treatment Selection Model for Individuals with Developmental Disabilities Who Engage in Inappropriate Sexual Behavior

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Abstract Some individuals with developmental disabilities develop inappropriate sexual behaviors such as public masturbation, disrobing, and touching others in an unwanted sexual manner. Such acts are problematic given the taboo nature of the behaviors and the potential for significant negative consequences, such as restricted community access, injury, and legal ramifications. Therefore, it is necessary to equip caregivers and practitioners with effective treatment options. The purpose of this paper is to review studies that have evaluated behavioral treatments to reduce inappropriate sexual behavior in persons with developmental disabilities. The strengths and weaknesses of each treatment are reviewed, and a model for treatment selection is provided.

Keywords Developmental disability · Disrobing · Inappropriate sexual behavior · Masturbation · Treatment review · Treatment selection model

Jackson (1982) noted that the expression of sexuality has been observed to begin in early childhood. Specifically, young chil-

dren often explore their own bodies and bodily sensations and learn appropriate and inappropriate ways of touching the bodies of same age peers (i.e., personal boundaries, asking for permission to touch, non-aggression). For typically developing children, the preschool and early elementary years provide continued opportunities to learn when and where behaviors like taking clothes off and touching one's genitals are appropriate through observation, peer interactions, and caregiver responses (Davies et al. 2000; Sandnabba et al. 2003). This is the period during which children typically restrict their sexual behaviors (e.g., masturbation) and sexual talk (e.g., genital or reproduction conversations with same age peers or siblings) to private spaces (Johnson 1993; Johnson and Aoki 1993; Sandnabba et al. 2003).

However, children with developmental disabilities (DD) often have decreased social opportunities with peers and generally require explicit instruction to acquire appropriate behavior (Walton and Ingersoll 2013), which can impede children's awareness of social rules governing sexual behavior (Volkmar and Wolf 2013). In addition, there appears to be little by way of educational and behavioral interventions to promote the healthy expression of sexuality by individuals with DD (Sullivan and Caterino 2008). This underutilization of behavioral principles to positively impact developmentally and age-appropriate sexual behaviors is no doubt at least partially due to the discomfort some stakeholders are likely to experience when discussing sexuality. The relative lack of effective interventions combined with an increased need for systematic instruction to acquire new skills contributes to the development of inappropriate sexual behaviors (ISBs) for some individuals with DD.

In particular, a child's delayed ability to discern the social norm may contribute to the development of maladaptive

Behavior Analysis and Sexuality

- Behavior analysis CAN and HAS treated sexual behaviors as they have come up
 - Davis et al. (2016) showcases all sorts of treatments
- Where we typically work:
 - Dangerous behavior that places the person at risk
 - Hygiene and activities of daily living
 - Social relationships
 - Skill acquisition related to sexual behavior
 - No natural environment training here!

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MYTH:
BEHAVIOR ANALYSTS
ARE UNIQUELY
EQUIPPED TO WORK
IN SEXUALITY

A Brief History of Sexuality and ABA

- Typically target inappropriate sexual behavior (Davis et al., 2016; Dozier, Iwata, & Wordsell, 2011; Fyffe et al., 2004)
 - Behaviors may include groping, public disrobing, etc.
- Sometimes, it goes too far (Fisher et al., 2000; Rekers & Lovaas, 1974)
 - Punishing “gender specific” or gender-normative behavior
 - Restraints for ISB (with no functional treatment)
- More often, behavior analysis has been helpful to teach safe sexual behavior

MYTH:
PARENTS DON'T
WANT TO DEAL
WITH IT

Ballan (2012)

- Surveyed parents about their perspectives on sexuality
 - 16 mothers and 3 fathers (n = 19)
 - Specific to 20 children
 - 19 identified female, 1 male
- Parents WANTED to communicate about sexuality, but were apprehensive
 - Due to cognitive ability and/or comfort level
 - Concerns about overgeneralizing information
- Married couples mostly agreed it was important, but disagreed on time frames and who bears responsibility (Parents alone? Parents and providers?)

MYTH:
CAREGIVERS ARE
ALWAYS AVAILABLE
TO SUPPORT AND
PROTECT

Caregiver Support

- This is not always the case
 - Ballan (2012) shows some support, but this isn't always the case
- Some things to think about within sexuality:
 - Some topics tend to garner greater support (safety, health)
 - Other topics tend to cause strife for caregivers (orientation, gender identity, abortion)
 - Some caregivers are perpetrators of abuse

An Example of Non-Support

- 54 year old Autistic male, identifies as gay
- Legally competent and is able to manage his own money
- Resides in a group where he has his own room
- Paid supports (i.e., group home staff) are available 24/7
- Prefers to purchase pornography with his own money
 - Specifically prefers magazines
- Group home staff and manager would not allow pornography in the home

MYTH:
PEOPLE WITH
DISABILITIES DON'T
HAVE SEX

A Non-Sexual Population?

- People with disabilities seek relationships (and often)
 - In a 2017 study, researchers found 50% of autistic participants were in relationships
 - Though a 2019 study found that autistic relationships are relatively shorter
 - Roth & Gillis (2014): Online dating was not preferred by some due to safety concerns
 - Mogavero & Hsu (2020): Dating is variable but can be successful
 - Shockingly similar to any other population, right?
 - Pecora et al. (2020): Found a few things...
 - Increased sexual and gender diversity among autistic individuals
 - Increased risk of inappropriate sexual behaviors, sexual offending, and sexual victimization among population

A Why Socialsexual Education is Necessary

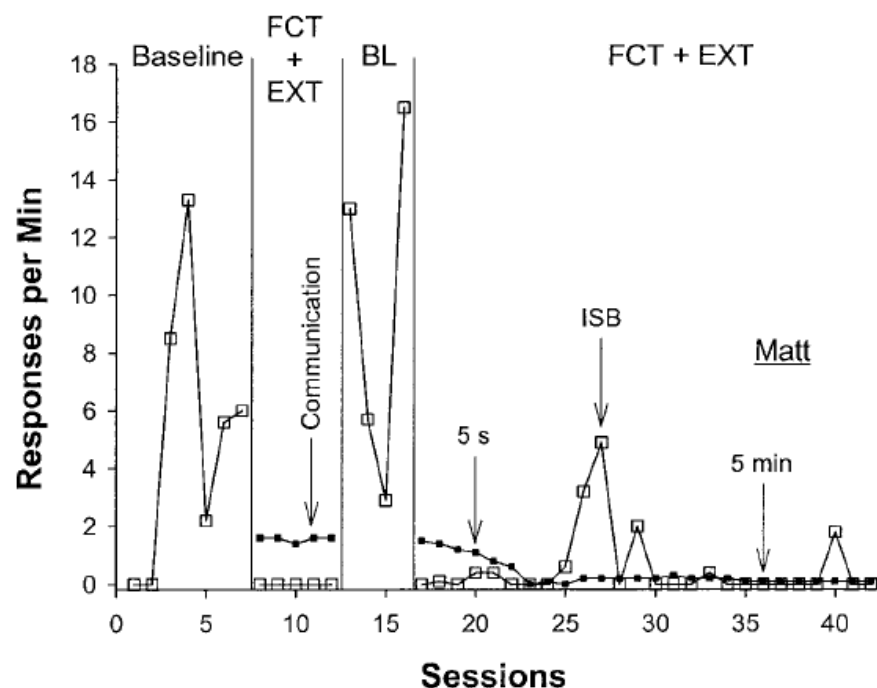
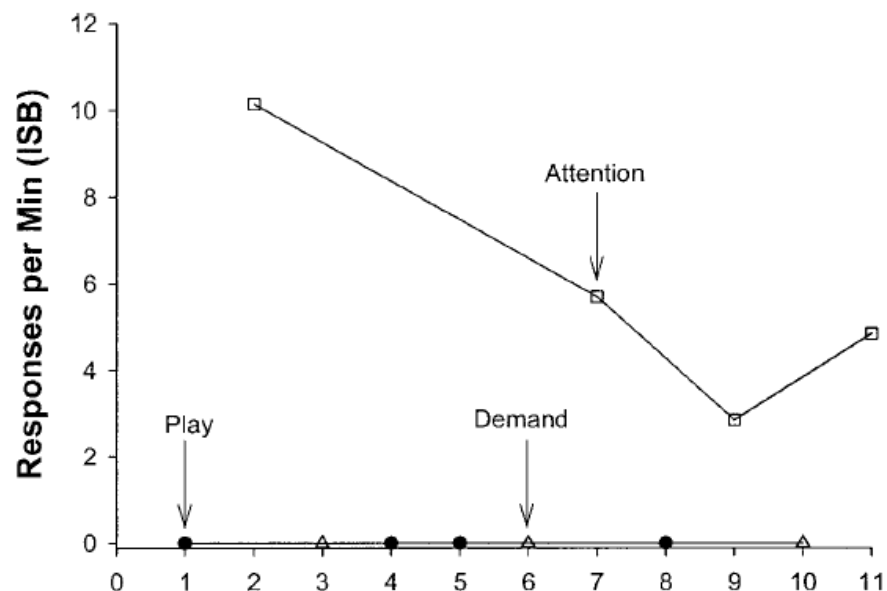
- The need to educate individuals with ASD about sociosexual issues is widely acknowledged (Koller, 2000; Ousley & Mesibov, 1991)
- Sexual issues for individuals with ASD can include inappropriate sexual behaviors (Ruble & Dalrymple, 1993; Stokes & Kaur, 2005)
- Sexual abuse (Ruble & Dalrymple, 1993)
- Unwanted pregnancy (Melberg-Schwier & Hingsbuger, 2000)
- Display of sexual behavior in inappropriate times/places (Koller, 2000)

MYTH:
SEXUAL BEHAVIOR IS
ABOUT “GETTING
OFF”

Lawrie & Jillings (2004)

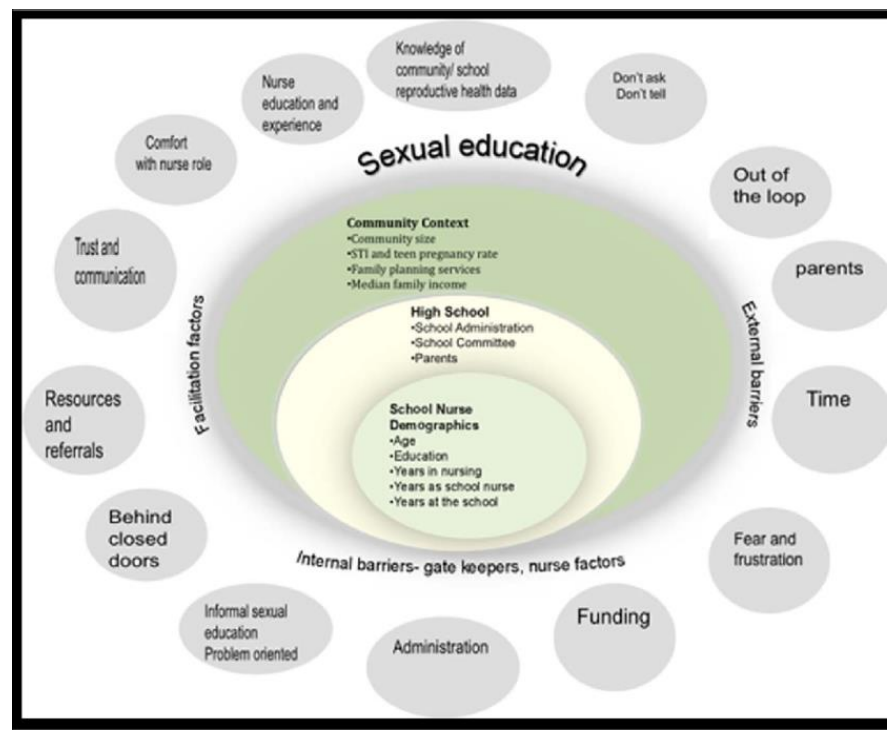
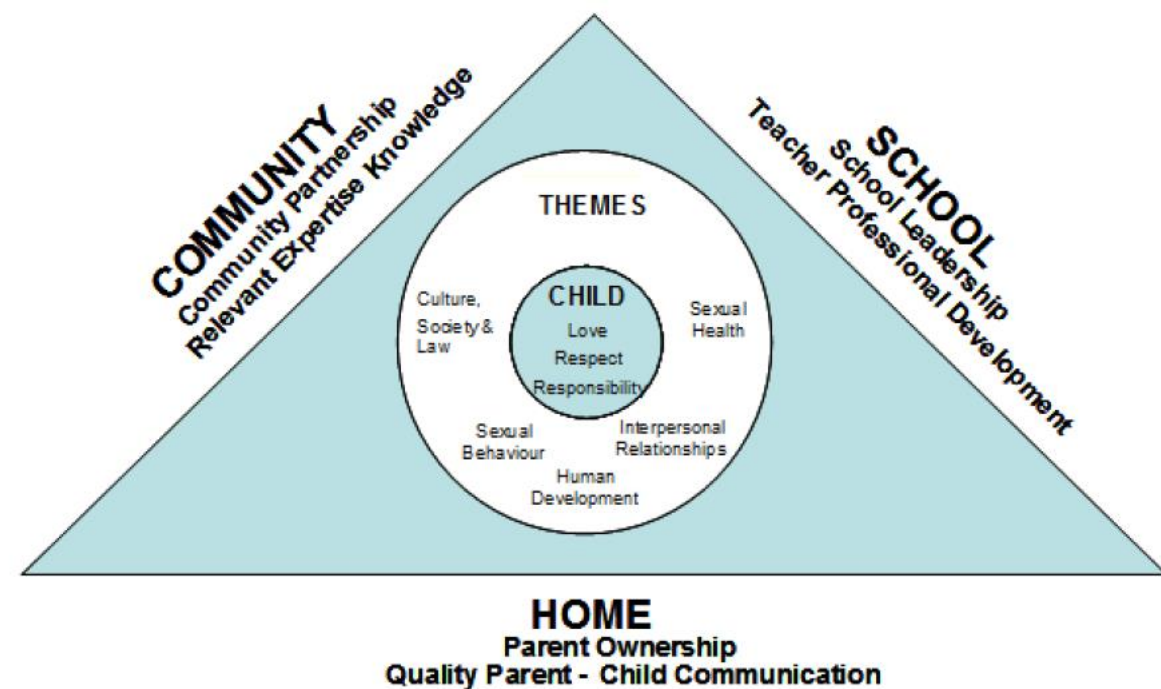
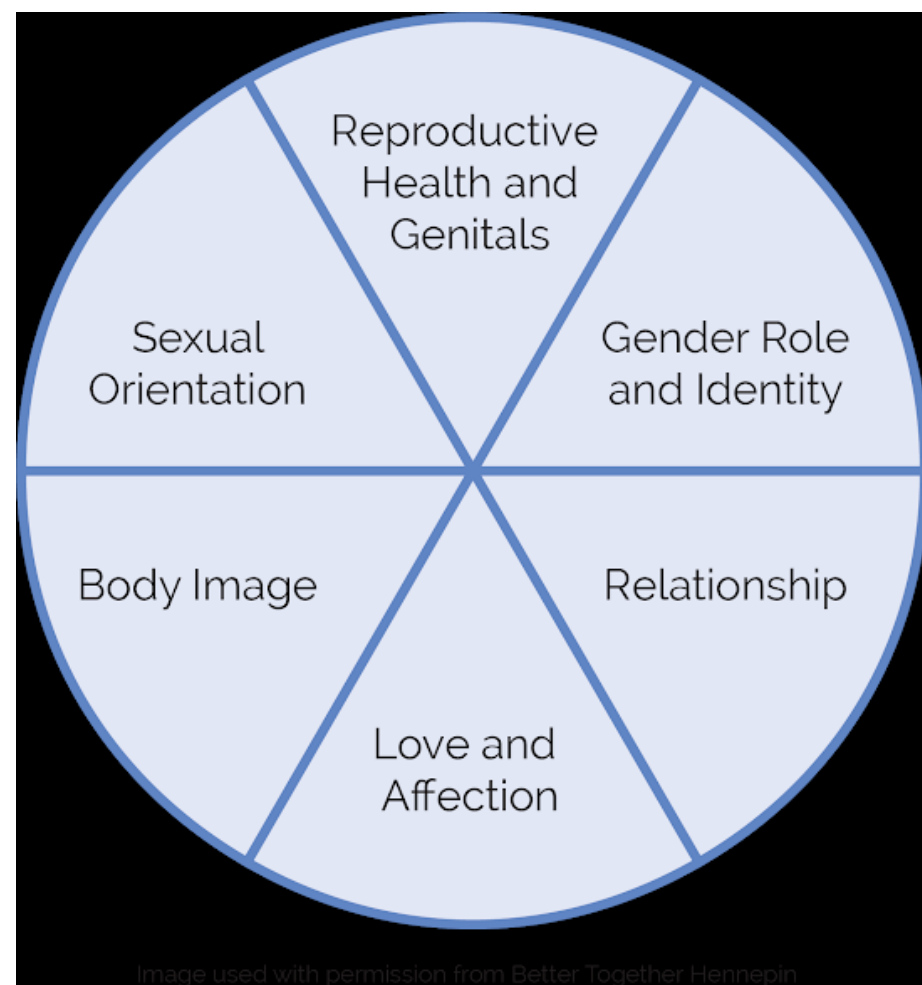
1. Identify the behavior most in need of change
2. Describe all aspects of the behavior
3. Consider to what extent the client can control the behavior
4. Involve client in changing the behavior
5. Find alternatives and rewards that will help change the behavior
6. Maintain a consistent approach
7. Ensure that the message about the behavior is clearly communicated
8. Remember, you are treating the behavior, not the client
9. Be patient

Fyffe et al. (2004)



- Conducted FA for ISB occurring with 9-year old with TBI
- Originally treated for aggression and property destruction, but ISB was secondary concern
- Topography: attempts at touching or groping genitals, buttocks, breasts
- Designed treatment based on function (Social Positive Reinforcement)

MYTH:
THERE ARE NO GOOD
CURRICULA TO WORK
WITH



Curricula in Sexuality

- Some examples of curricula that exist:
 - Sexuality Across the Lifespan
 - Taking Care of Myself
 - Our Whole Lives
- Curricula should be treated as a “jumping off point” and adapted to INDIVIDUALIZE to the needs of the learner
 - After all, everyone is just a bit different!
- That being said, we definitely need to continue to IMPROVE our resources through research and development

Intervention Research

MYTH:
EUPHEMISMS ARE
MORE APPROPRIATE
TO TEACH

Using Real Words

- Euphemisms and cute phrases for sexuality can cause confusion (for anybody, honestly).
- Idioms and euphemisms are culturally unique, so they do NOT translate
 - Try to explain phrases like “hanky panky” or “funny business” to someone who speaks English as a second language
- Lucas and Fyke (2014)
 - Specific analysis of Penn State abuse scandal
 - Found that coded phrases and euphemisms were used to hide assaults through higher chains of command

Intervention Research: Antecedent Interventions

Instructional Revision

- Includes:
 - Antecedent manipulations
 - Environmental manipulations
 - Changes to tasks
- ISB maintained by escape?
 - Modify demands and provide auditory prompts (Cihak et al., 2007)
 - Model of task response and contingent assistance (Sprague & Horner, 1992)

Manipulating MOs

- In general, UMOs are difficult to manage
- One consideration: Stalling
 - How can you delay long enough for the appropriate skill to occur?
- For attention?
 - Pre-session access to attention (O'Reilly et al., 2006)

Intervention Research: Antecedent Interventions

Non-Contingent Reinforcement

- To work best, reinforcer should be functionally equivalent
- Serves as an abolishing operation (satiation)
- Hagopian et al. (2002) treated public masturbation using attention delivered as NCR

Intervention Research: Teaching/Differential Reinforcement

DRA

- Cihak et al. (2007)
 - Token economy was implemented to treat inappropriate self-touching maintained by escape
 - FI30s/LH1s: So, super dense schedule
- Fisher et al. (2000)
 - Use of FCT where ISB was sensitive to tangible reinforcement

DRO

- DRO alone might not be sufficient, so think DRO + ...
 - DRO + Restitution (Durana & Curvo, 1980)
- Used to treat sexual assault of minors (Polvinale & Lutzker, 1980)
- The problem? It doesn't teach what to do instead

Intervention Research: What Else?

Extinction

- Function dependent
- Beware of self-stimulatory functions
 - You won't be able to suppress a UMO for long
- Dozier et al. (2011)
 - Sensory extinction used to treat thrusting on floor near feet
 - Use of an athletic protector
 - Treatment package later included time-out and response interruption

Punishment

- Last resort (goes without saying)
 - Restitution
 - Time Out
 - Facial Screening
 - Physical Blocking
 - Restraint
- Facial Screening: used terrycloth bib over face for 30s and verbally reprimanded
 - The 80's were a different time
- Careful: Some restraints might be reinforcing

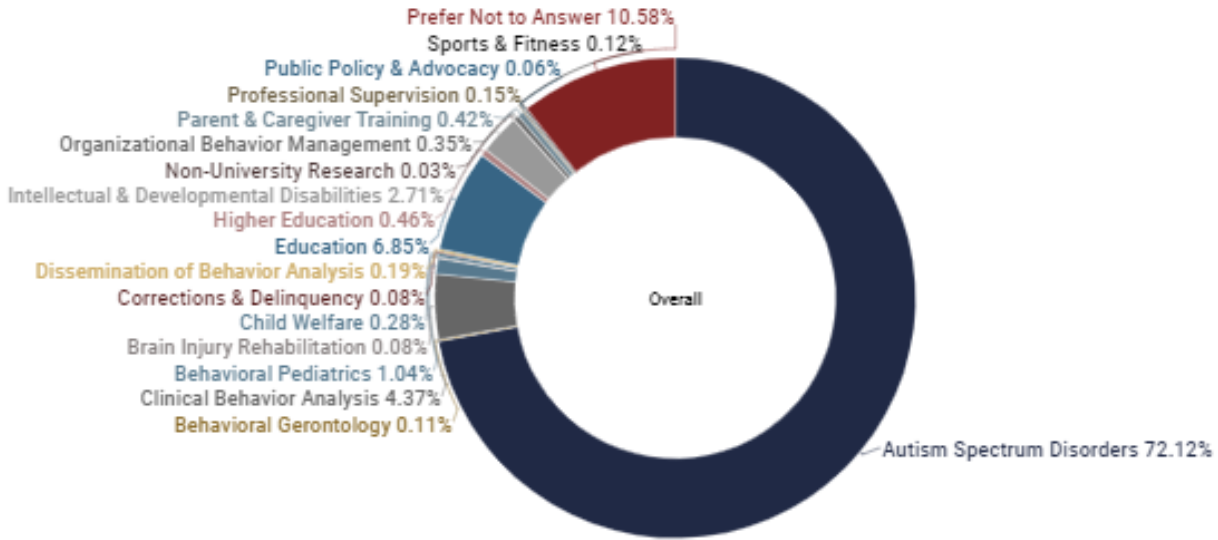
Intervention Research: What Else?

Self-Management

- In the presence of evocative stimuli
- Prompted to inhibit arousal
 - Count backwards from 100
- Introduction of instructional control (prompts)
- May be used in the presence of varying stimuli (adults vs. children) with offenders

Primary Areas of Professional Emphasis

Overall RBT BCaBA BCBA & BCBA-D



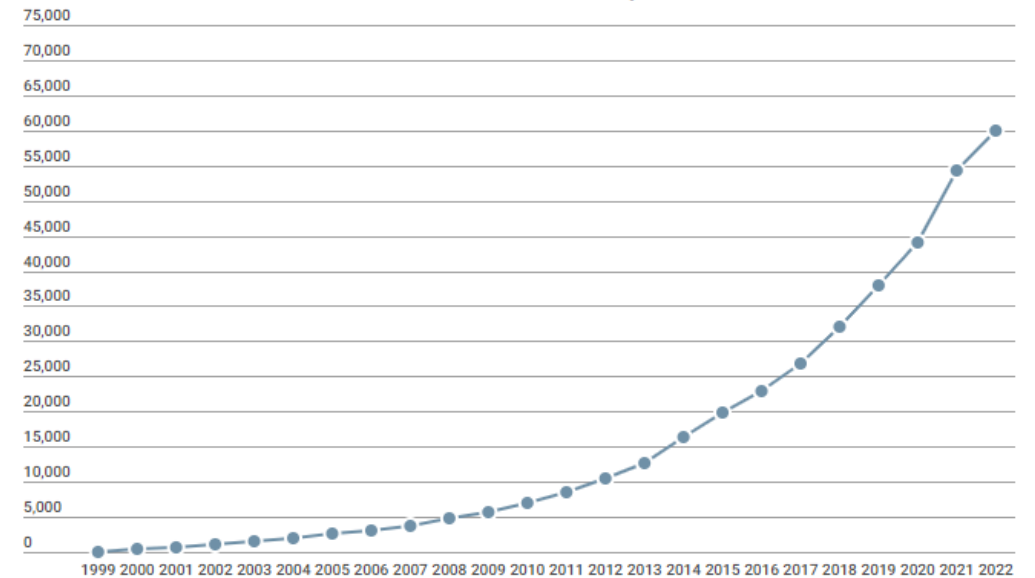
Note: Total % of certificants who responded per category are 99.9% (BCBA/BCBA-D); 99.7% (BCaBA); 99.6% (RBT)

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As of **January 3, 2023**, the numbers of individuals holding BACB certification are as follows:

BCBA	BCaBA	RBT
59,976	5,580	130,273

BCBA: Overall Certificants per Year



Ethics Violations According to the BACB: 2016 - 2017

Table 3. Most Frequent Ethical Violations: 2016-2017

Violation Category	Relevant Code Elements	# of Total Actionable* Violations (all systems)	# of Substantiated Violations (DR)
Improper or inadequate supervision or delegation	5.0 Behavior Analysts as Supervisors 10.05 Compliance with BACB Supervision and Coursework Standards	67	25
Failure to report or respond to the BACB as required	10.02 Timely Responding, Reporting, and Updating of Information Provided to the BACB	67	29
Professionalism and integrity	1.04 Integrity 1.05 Professional and Scientific Relationships 7.01 Promoting an Ethical Culture 7.02 Ethical Violations by Others and Risk of Harm	65	34

Ethics Violations According to the BACB: 2019 - 2021

Table 2. Most Common Substantiated Violations of Ethics Standards by BCaBA and BCBA Certificants and Applicants: 2019–2021


Violation Category	Relevant PECC Standards*	# of Substantiated Violations**
Professionalism and integrity	1.04 Integrity 7.02 Ethical Violations by Others and Risk of Harm 1.05 Professional and Scientific Relationships 7.01 Promoting an Ethical Culture 1.02 Boundaries of Competence	66
Failure to report or respond to the BACB as required	10.02 Timely Responding, Reporting, and Updating of Information Provided to the BACB <ul style="list-style-type: none"> • Violation of national or state rules and regulations • Inability to practice due to safety concerns 	39
Improper or inadequate supervision or delegation	5.04 Designing Effective Supervision and Training 10.05 Compliance with BACB Supervision and Coursework Standards 5.02 Supervisory Volume 5.03 Supervisory Delegation 5.05 Communication of Supervision Conditions	22
Failure to maintain adequate or accurate records	2.13 Accuracy in Billing Reports 2.11 Records and Data	21
Responsibility to clients	2.05 Rights and Prerogatives of Clients 2.06 Maintaining Confidentiality	14
Nonsexual multiple or exploitive relationship	1.06 Multiple Relationships and Conflicts of Interest	7
Inaccurate and dishonest information in obtaining or maintaining a BACB certification or status	10.01 Truthful and Accurate Information Provided to the BACB	7
Improperly discontinuing or transitioning services or service interruptions	2.15 Interrupting or Discontinuing Services	5
All other reasons		50

* The standards in this column are ordered from most to least frequent.


** Although there were only 91 Notices, many of them included multiple violations of ethics standards.

Examples of Lack of Competence Gone Wrong (Sexuality Edition)

- Providing “educational materials” to a minor
- Attempting to use physical prompting to teach certain skills
- Rights are limited or violated by caregivers
- Abstinence training
- Assuming all sexual behavior serves the same function



**So...What
Does This
All Mean?**



**1. Behavior
Analysis often
focuses on
inappropriate
sexual behavior**

**2. Sexuality includes
a broad spectrum of
behaviors that we
can treat
(with more training
and research)**

3. **Sexuality is generally
FAR out of the scope of
most behavior analysts**





**4. We need
more
intersectional
research**

But There's Hope!

- Ballan & Burke Freyer (2017): Provides recommendations for sexuality education strategies
- Brogan et al. (2018): University interest in working on sexualized behavior
- DeFelice & Diller (2019): Intersectional research and discussions on feminism in behavior analysis
- Leland & Stockwell (2019): Provides an assessment for gender affirming practices in behavior analysis
- Hamrick et al. (2020): Forensic work related to sexual behavior
- Hunter & Stockwell (2021): Provides a study of jealousy related to romantic and sexual relationships
- Conine, Campau, & Petronelli (2022): Call to action on improving behavior analysis practices, LGBTQ+ representation, and removal of conversion therapy papers
- Capriotti & Donaldson (2022): Provides a history of sexual and gender minority issues in behavior analysis

Action Items to Start TODAY

- Invest time and training into working with professionals in sexuality
- GET. TRAINING.
 - And mentorship
- Seek resources outside of behavior analysis that might be useful
 - AASECT.org is a GREAT place to start
- Some other areas of study that intersect with sexuality:
 - Diagnosis specific training
 - Religion/spirituality
 - Forensic/legal studies
 - Pleasure seeking behavior
 - Trauma-Informed/Trauma-Assumed Care

Take Home Points

- The current state of behavior analysis is promising in that we have SOME research
- A call to action for ABA includes:
 - Intersectional research
 - Improvements in training programs
 - Expanded focus on sexuality vs. sexual behavior
 - Ethical extensions of clinical practice
 - Specialization in sexuality (coming soon!)

Thank you!

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