



PROJECT ACCESS FACT SHEET #35

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BASIC ISSUES AROUND SEXUALITY AND THE ADOLESCENT WITH AUTISM SPECTRUM DISORDER (Part 1)

This is the first of two fact sheets which will address some basic issues around sexuality and adolescents on the autism spectrum. In this one we will look at some issues that, while not obviously connected to sexuality, are fundamental to our young people having satisfying relationships and remaining safe. While not directly related to “sex education” the considerations addressed in this fact sheet are fundamental to the development of a good sex education program.

Initial Assumptions about Sex Education for Students with ASD

1. People with autism spectrum disorder at all levels experience sexual drives, behaviors, and feelings that can be challenging to them and/or to others. Most, if not all, will need some assistance in managing these at some points in their lives. The kind, timing and amount of assistance will be determined by the needs of the individuals.
2. Society's expectations and prejudices and fears about sexuality in individuals with disabilities make it essential that we address sexual behaviors directly and give instruction early. Sex education for individuals with Autism Spectrum Disorders must be given a high priority when we choose what to teach.
3. Parent involvement and participation is crucial. This is primarily because decisions in the area of sex education really have two parts: **values** (which behaviors we should teach) and **strategies** (what behavior we can teach and how.) A positive parent/professional relationship involving mutual trust will usually help resolve those issues around values. Once the values questions are resolved the strategies issues are somewhat easier.
4. Sex education is something that is acquired through a systematic process, just like any other concept or skill. That is, we must take into account the learning styles of the person with whom we are working. The activities must be highly structured, have limited dependence on spoken language and use concrete visual supports.

Ongoing Social Skills Instruction

Young people with autism often don't receive the social feedback on their behavior like other people may...for example, someone may not tell them not to butt into line at the grocery store. This may be particularly true in adolescents when peers are self-conscious but intolerant. They may give cues to the youth with autism that are completely missed and thus not responded to appropriately.

Key Concepts

- Basic social skills include but are not limited to:
 - Greeting skills
 - Conversation skills
 - Controlling rigidity
 - Saying and hearing NO
 - Different types of touch
 - Hurtful
 - Helpful
 - Accidental
 - Loving
 - Affection giving skills
 - Ways besides hugs and kisses to pass on warm feelings

It is important that you encourage others to give the child honest and respectful feedback. If the child comes too close to someone when they are saying hello—ask the person to tell your child that they are too close. Often people “feel sorry” for others with a disability and let those kinds of things go by. Our kids deserve the same respect and honesty as anyone else—they need clear social feedback to learn and reduce the risk of making “social mistakes” that increase the likelihood of isolation.

Discrimination of Public and Private

Knowing the difference between public and private is key for children who are learning about their own sexuality, social skills and keeping safe. We can't start too early in teaching our children with ASD about what is public and what is private.

Key Concepts:

- Some things must be absolutely private and others may be more public.
- Places, things we do and talk about, and actual items can be either public or private.
- Private is about you and is about choosing to share or not share. This may mean doing things by yourself, choosing not to share private information, and keeping certain items and words to yourself. You do private things only in private places.

- Public is about being with other people, sharing information or doing things with other people. It means that you are not alone and therefore you do not do private things in public places.

For some higher functioning individuals it may be necessary to explain why a particular behavior is public or private. For example – “We do not get undressed in public because it is a private behavior. Taking our clothes off is being naked. Being naked is a private behavior. Our bodies are special and we get to choose who sees our bodies naked. Most people don’t like to see other people naked.” Lower functioning individuals may need specific reinforcement programs for appropriate behavior. In extreme circumstances strategies such as overcorrection and positive practice may be needed for inappropriate behaviors.

Personal Hygiene

This may represent the highest level that some of the lower functioning persons with autism may reach but it is important for all. It will make them more confident and it will make others happier and more willing to be around them. Being able to care for one’s own personal hygiene needs reduces the need for attendants to be around when such activities are taking place and thus reduces the opportunity for exploitation.

Key Concepts

- Toileting and cleaning properly after a bowel movement
- Appropriate hygiene during menstrual periods
- Bathing and showering
- Using deodorant
- Changing underwear
- Wearing clean outer clothing
- Nasal hygiene
- Hair care, make-up, shaving
- Brushing teeth

Although some of this may seem very basic for higher functioning persons, often those with autism are not attuned to their impact on others and these issues are often overlooked. These concepts also can often serve as a bridge to sex education.

Body Parts and Functions

The goal here is to introduce concepts of body parts and their functions (including the changes that are taking place) to be sure that these are understood by adolescents with autism spectrum disorders. Typically, the persons who get to this level have some language and are no more than moderately cognitively impaired.

Key Concepts:

- Private Parts...usually covered by the swimsuit.
- Body changes at puberty. The differences in males and females become more apparent.
- Feelings and emotions change.
- Reproduction.

Including ongoing instruction in social skills as well as specific instructional programming in personal hygiene, body parts and functions, and discrimination of public and private body parts and activities are essential prerequisites to sex education programs. It is wise to start early in teaching these concepts and continue instruction through adolescence and adulthood as necessary.

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