

Sexuality Education:
What You Need to Know If You Have A
Child/Student on the Autism Spectrum



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Content Warning



This presentation is intended for
MATURE audiences

Program contains explicit content

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What you need to know




- Sexuality --- S-E-X --- Sexuality Education
- Common myths and other misunderstandings
- Individual students/collaboration
- The “Playlist” approach to sexuality education
- Special considerations



- **Sexuality** is who we “are” – it’s our personality, gender identity, self-esteem, emotional development, social behavior, pleasure, intimacy, relationships and the physiology and biochemistry of the human sexual response
- **Sex** is what we “do” – sexual behavior
- **Sexuality education** is the life-long process of acquiring information and forming attitudes, beliefs and values about relationships that supports the development of skills to make informed choices about our behavior
 - Is a means by which we can learn to protect ourselves
 - Teaches us functional skills regarding social expectations

It's important to recognize...



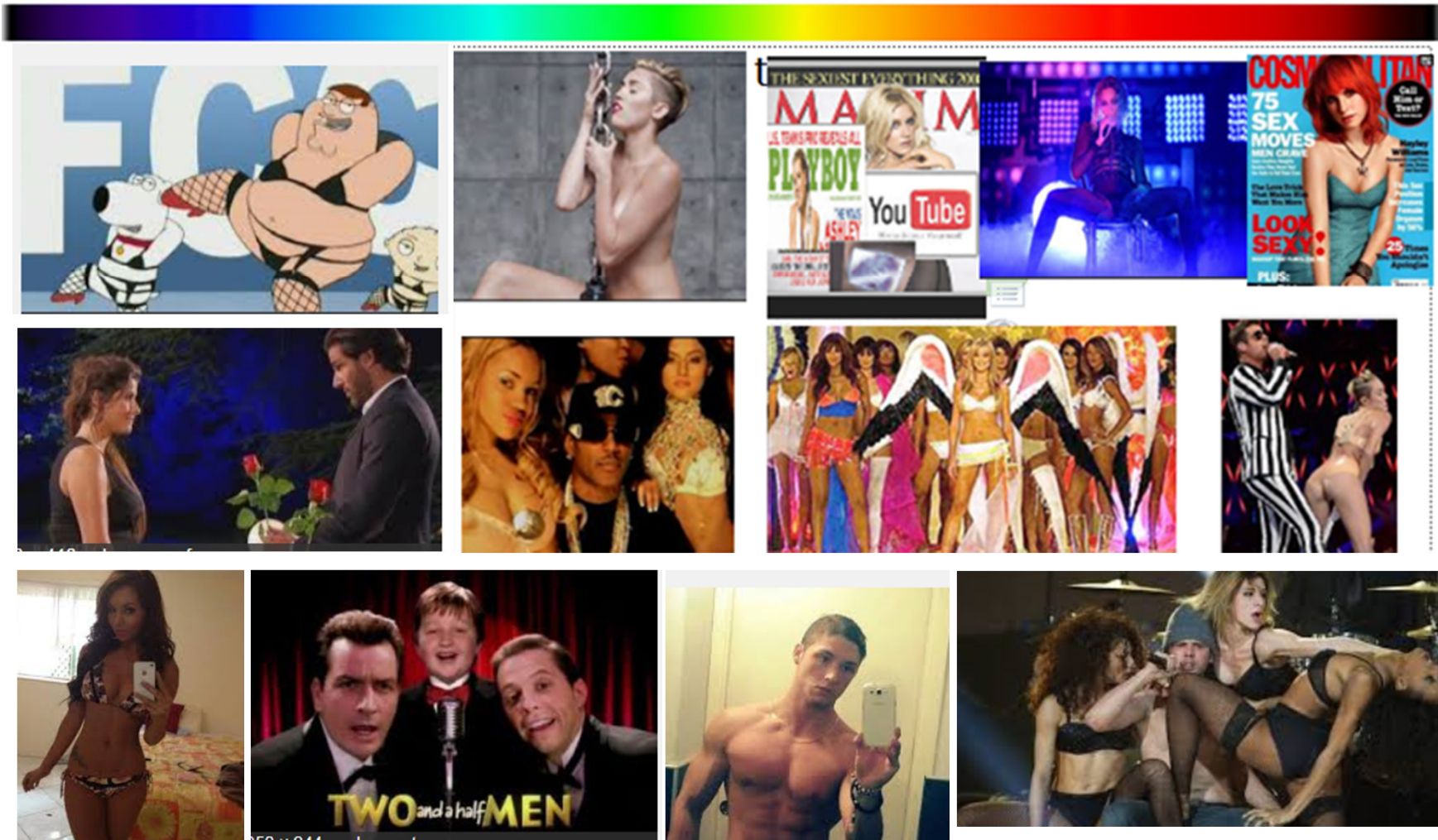
sex and sexuality are important topics for discussion...that many of us would rather avoid than address

we tend to fear Sexuality Education because we focus on teaching about sex *the behavior* rather than on sexuality *the person*

our own attitudes can and do influence how we talk about sexuality with children and adolescents on the Autism Spectrum

children and teens are being exposed to sexuality education on a daily basis, but they may not necessarily be getting accurate information

These influences may create confusion about what is considered acceptable social behavior



Behavior is modeled without describing context



Influences on attitudes about sexuality and sexual behavior



- Family/Culture/Religion
- Friends/community at large
- Direct education
- Books and magazines
- TV, Cable, pay-per-view, DVD's
- Songs and their performances (music videos/concerts)
- Cell phones/"sexting," chat lines, apps (i.e. SnapChat)
- Social Networks/YouTube/Internet/online chat lines/video games/pornography

Myths and Misunderstandings



- Persons with ASD have little/no interest in sex
- Persons with ASD are hypersexual
- Persons with ASD are exclusively heterosexual
- Most sexual abuse is committed by strangers
- Persons with ASD cannot be abused by peers
- Boys and men with ASD are not at risk
- Persons with ASD are not affected by sexual abuse
- Persons with ASD are not capable of understanding or making decisions about their own sexuality

Rights and Responsibilities

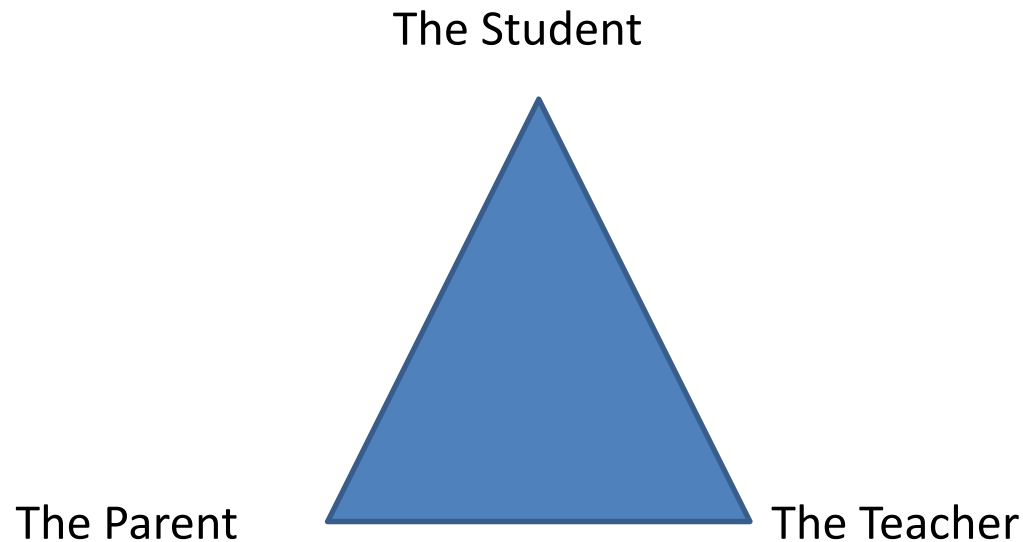


- Every individual, regardless of diagnosis, has a fundamental human right to sexual expression
- Some individuals may never be able to understand or recognize the responsibilities associated with sexual contact with a partner; masturbation may be their only sexual outlet
- Some individuals are capable of understanding and making choices to engage sexually with a partner, but may lack access to accurate information presented in a way they understand

Individualized Approach



- Every child is unique
- Every child requires individualized approaches using the same strategies that have been effective in teaching other skills



The Parent



- Acknowledge that your child is a sexual person and this is a healthy and natural part of growing up
- Understand that your child will need assistance with some aspects of sexuality and that this will be ongoing
- It is a life long process, not just “the talk”
- Ask for assistance, resources and supports from professionals

The Teacher/Professional



- Acknowledge that your student is a sexual person and this is a healthy and natural part of growing up
- Understand that your student will require access to accurate information in a way they can **best** understand to help them develop the functional skills required for successful transition to adult living
- Will require ongoing supports – not just “the class”
- Don’t be afraid to bring up the topic with parents – supports require a collaborative approach

The Child: Spectrums within the Spectrum



Severe

Mild

Speech/Communication



Socialization

Sensory



Behavior



Intellectual Capacity



Other Associated Conditions



Quality of Social Interactions

R. Kaan Ozbayrak, MD



Level of Interest



Level of Avoidance



Level of Insight



Level of Interest



- Adolescents and young adults with moderate to severe autism will generally show little or no interest in others
- They may seem to be totally unaware of their peers' presence or they may appear indifferent when peers try to interact
- As autism gets less severe, the level of interest usually increases
- For these individuals, quality of social interactions mostly depends on the levels of **avoidance** and **insight**

Level of Avoidance



- In social development of adolescents who show some interest in peer interactions, social anxiety and resultant avoidance play an important role
- Some individuals get very nervous just at the thought of approaching others and may choose to avoid interactions at all costs
- Their avoidance may appear as if they are not interested in others
- It is important to differentiate this since anxiety can be treated much more easily than genuine lack of interest

Level of Avoidance



- Interactions with peers often create more anxiety than interactions with younger or older people
- Younger people seem safer to approach since they are more likely to accept and be less critical of an older adolescent or young adult with autism
- Older adults seem safer to approach because they are more likely to understand and tolerate
- For young adults with autism who show interest in peers and do not avoid contact, the quality of social interactions will depend on level of insight

Level of Insight



- Some young adults with autism will not avoid interacting with others – younger, older, or of similar age – but their eagerness to communicate often comes across in a clumsy, in-your-face way
- The level of insight into their social disability will become the determining factor of their social success
- If they are unaware of their shortcomings in gauging the social atmosphere and reading social cues, they inadvertently come across as rude, insulting or boring
- They may miss subtle criticism, sarcasm, or teasing
- Social skills training and behavior modification techniques can help promote good social interactions

Childhood Sexual Development



0-4 Years Old	Touches or rubs own genitals (random)
	Shows genitals
	Interested or asks about bathroom functions
	Interested and explores the differences between genitals
	Uses dirty language
	Plays house and doctor (imitative, modeling)
	May insert objects into genitals

5-8 Years Old	Touches self (specific)
	Tells "dirty jokes"
	Plays doctor while exploring other children
	Kissing, holding hands
	Mimic dating
	Writing letters about "sex" terminology

9-12 Years Old	Touches self and others' genitals
	Mooning
	Exhibitionistic
	Kissing or dating
	Talks about sex with same-sex peer
	Interested in own organs and functions
	Looks at pictures in books, writes letters and poems about sexual activity
	Dry humping

Common problem "Behaviors" reported with Child on Austin Spectrum

Lawry & Jillings, 2004, Marks & Bray-Garreston, 2004

- Touching private body parts of self/others
- Removing clothes in public
- Masturbation in public area
- Discussing inappropriate sexual subjects
- Obscene gestures
- Non-consensual hugging
- Looking up skirts/dresses or down shirts
- Inappropriate remarks/suggestions that have sexual connotations
- Echolalia – repetition of sexual terms
- Perseveration on sexual topics

Guiding Principle



Children and young adults on the Autism Spectrum should have names or the means for referring to their genitalia, have some concept of privacy (their own and of others), know which things not to do in public that are acceptable in private, know that no one else is allowed to touch their private parts except for a specific reasons and know whom you can kiss, hug, and whom you greet in some other way.

(American Academy of Pediatrics Committee on Children with Disabilities, 1996)

Sexuality Education



What to cover

- Body parts/functions
- Social rules/behavior expectations
- Types of relationships
- Exploitation risk reduction skills

How to do it

- Informal opportunities for teaching “in the moment”
- Planned teaching opportunities
- Formal Sexuality Education classes

The Playlist



- Body parts and functions
- Social rules and behavior expectations
- Types of relationships
- Exploitation risk reduction



Body Parts/Functions



- **Correct terminology/identification** – there are different types of sexual language including:
 - Formal/Medical/Polite – Vagina, Penis, Clitoris, Scrotum
 - Cute – Lady parts, Va-jay-jay, Ding-a-ling, Wiener
 - Slang – Cock, Pussy, Twat, Junk
- **Functioning** – explain to child/student how things work; “plumbing lesson”
- **How to attend to hygiene** – the more independent a child, teen or adult is, the less the risk for sexual exploitation
- **Sexual health** – we keep all parts of our bodies healthy; doctor touching/looking at private parts is okay or for “a good reason”; Tanner Scale
- **Sexual pleasure** – acknowledge that it feels good when private parts are touched – “I know that feels good but that is private behavior and it needs to be done in a private place”
- **Responsibilities/boundaries** – identify public and private rules re: own and others’ private parts

Social Rules and Behavior Expectations



- **Public/Private** — emphasize awareness of others in environment (alone vs people). Identify rooms at home that are private (pictures/labels); discuss what ensures privacy (windows/door closed so no one can see you). Be consistent about knocking when entering child's private place and practice with all family members; use a door hanger as a visual reminder. Public = lots of people can come and go; a picture collage of public places can help reinforce.
- **Rules about body parts** — body parts covered by swimming suits are private; we don't show private parts in public; nobody touches our private parts unless there is a very good reason; we don't touch anyone else's private parts
- **Rules about body conversations** — identify a safe person to talk to in private if they have a question; not a public topic of conversation
- **Social skills** — doing the right thing, in the right place, at the right time, with the right people — refer to Social, Sensory and Thinking Stories for concrete examples
- **Legal/illegal behavior** — what it is called, what to do if it happens to you, and what can happen if you do it to someone else

Types of Relationships

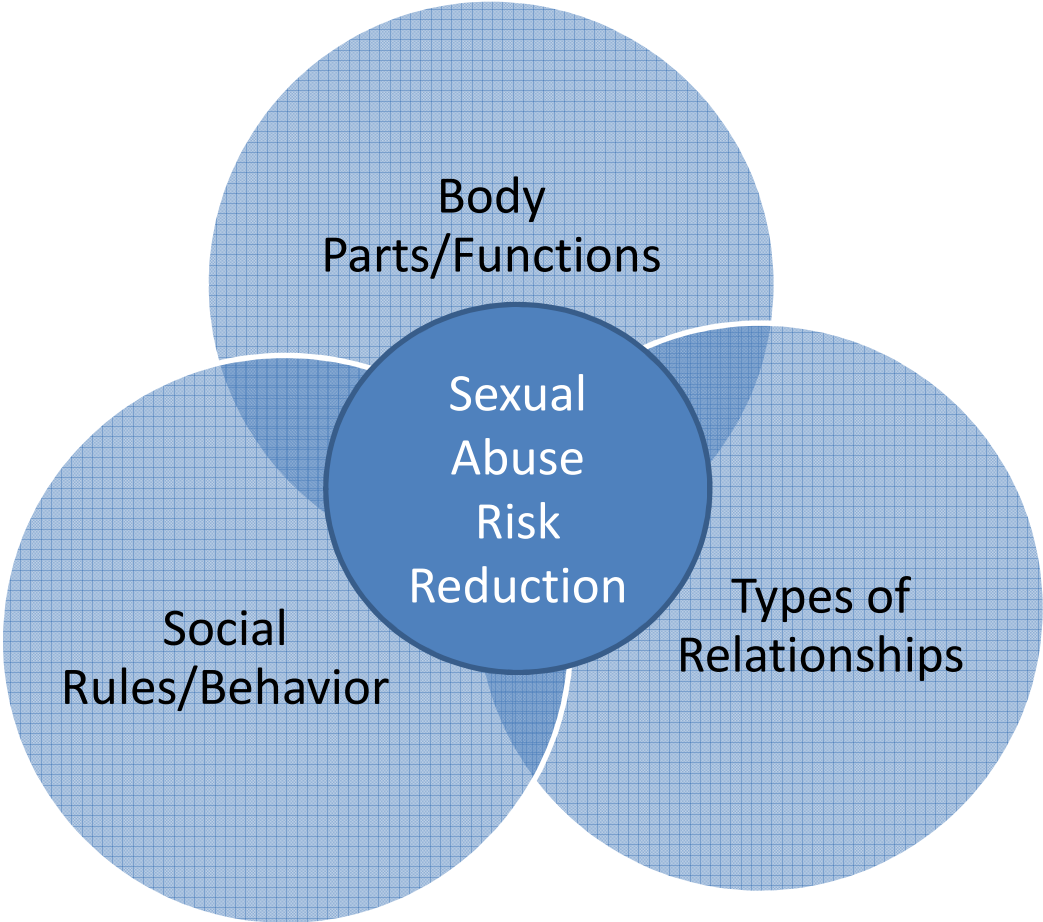


- Differences between family, friends, acquaintances, teachers, providers, strangers – we treat people differently based on relationship we have with them
- Who can and can not have contact with private parts – emphasize that nobody touches private parts unless there is a very good reason, and clearly identify what the good reasons are (doctor, adult helping with hygiene)
- Information about how to assert self and report if touching occurs – important to allow child to assert self, and to give opportunities for them to do so – “choose your battle” but let child practice asserting him/herself, and identify specific people child can talk to if touching occurs
- Difference between healthy and unhealthy relationships – healthy relationships make us feel happy about ourselves whereas unhealthy relationships make us feel unhappy

Exploitation Risk Reduction




- **Names for body parts** – important to have correct terminology to report what has occurred
- **Body rights** – “I decide who can touch my body and when” message, as well as “I will let others decide if and when I can touch their body” message
- **Assertiveness training** – practice in being assertive, having voice heard, and making choices increases reporting of exploitation
- **Information about exploitation and sexual abuse** – what it is, why it happens and what they can do about it
- **Reporting** – have safe people clearly identified in all environments




Special Considerations:

Sexual behavior in the context of ASD



- Impairments of social awareness and reciprocal social interaction can lead to errors in judgment in sexual relationships and behaviors
- Errors in social judgment can lead to misunderstandings re: private/public behavior, sexual behavior and hygiene
- Sexual behavior is a source of pleasure and therefore may override what other people may think or say about it
- May be a severe behavior that requires an intensive behavior support plan to address

Masturbation

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- Humans have a biochemical and physiological sexual response when we or someone else touches our genitals
 - Distinction between masturbation and genital touching
 - May be for sexual gratification
 - May also reduce anxiety, frustration, provide a means of comfort or sensory self stimulation
 - Can be a behavior to reduce boredom
 - May also serve secondary function of gaining attention or escaping/avoiding a situation
 - Medical issues, sensory issues, medical side-effects

Other areas of support



- Bathroom etiquette – differs for boys and girls
- “What if...” questions to address – get an erection in public, you want to touch private parts but you are in public place, genitals itch during class, get period in school, need to change pad but don’t have one, someone touches your private parts
- Touching others/boundaries

Resources:

Individualized visual and concrete teaching materials

Social story picture books



The Social Skills Picture Book Teaching play, emotion, and communication to children with autism by Jed Baker (Jan 1, 2001)



Social Skills Picture Book for High School and Beyond by Jed Baker (Nov 1, 2006)



A 5 is Against the Law! Social Boundaries: Straight Up! An honest guide for teens and young adults by Kari Dunn Buron (Jan 1, 2007)



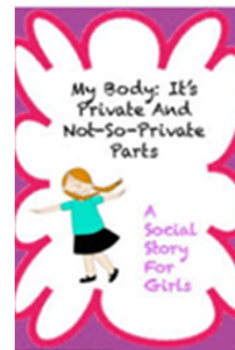
Teaching Children with Down Syndrome about Their Bodies, Boundaries, and Sexuality (Topics in Down Syndrome) by Terri Couwenhoven (Oct 10, 2007)

- When others show an unwelcoming look, you may want to go elsewhere.



The girl is not comfortable with the boy being right next to her.

So he moves further away.





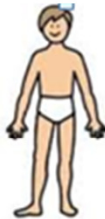


 I'm Growing Up	 I used to be a small boy.	 Now I am a young man.	 My body is changing.
 This is a good thing!	 I'm getting taller.	 Soon I will have more hair on my legs.	 Hair will grow under my arms.
 I might grow chest hair.	 And I will have pubic hair near my private parts.	 When I am about 15, hair will grow on my face.	 My voice will sound lower.
 My penis is also growing.	 Soon, I will put on deodorant every day.	 Dad and Mom will show me how to shave.	 These changes happen to all boys.
 Sometimes, I might feel embarrassed about these changes.	 Sometimes, I might feel proud!	 It's okay to ask questions about these changes.	 My parents love me and they understand.

I'm Getting Older For Boys

My Body: It's Private And Not-So-Private Parts

A Social Story For Girls



My private parts are covered by my underwear

I can take a shower by myself

 shower	 close bathroom door	 take off clothes	 open shower curtain or shower door	 turn on hot & cold
 test water temperature	 shower	 wash with soap	 put shampoo in hand	
 wash hair	 rinse hair	 turn off water	 dry off	
 dry off	 put on clothes	 close door	 I did it!	

No Hands in Pants

I am getting older and my body is changing.

Sometimes it might feel good to put my hands in my pants and touch myself.

I cannot do this at school. This is not good behavior. I can only do this at home in my bedroom with my door closed. It is private behavior.

If I do this at school, it might make my teacher angry and my friends might not want to play with me. When I keep my hands out my pants,

INSTEAD CHOOSE

managing puberty, social challenges, and (almost) everything

a video guide for girls

puberty periods making friends dating sexuality health fashion safety careers & more

courtesy video

Closing thought:
Children on the Autism Spectrum grow up to be
Adults on the Autism Spectrum



Adolescents who are able to manage their sexual behaviors appropriately have access to a greater number of vocational, social and educational opportunities, and are less likely to be involved in situations which could lead to irreparable consequences.

Parents and professionals working together can explore the most effective interventions for an adolescent's inappropriate behavior and make a significant difference in the level of success the child experiences as an adult.

Questions?

