

Decreasing Vulnerability through Sexuality Education for Individuals with Autism Spectrum Disorders

Many factors contribute to a person's quality of life. One important component is relationships, including romantic and sexual relationships. Sexual intimacy is a very personal choice, and it is imperative that we educate others for their safety and the safety of others. These relationships are also important for autistic individuals; however, they are less likely to receive sexual education in a proactive way than their neurotypical peers (e.g., Sala et al., 2019). When sexual education is provided to autistic individuals, it is often in response to a problematic behavior, such as public masturbation, disrobing, stalking, non-consensual touch, etc., rather than proactively (Tullis & Zangrillo, 2013).

The information autistic individuals receive on family life and sexual health and wellness focuses primarily on biological content and self-awareness and safety rather than helping them understand their own personal sexuality (e.g., how to engage in relationships in a way that is satisfying to them) and how to have meaningful relationships (Sala et al., 2019). There are many misconceptions of autistic individuals' sexual awareness. Myths suggest that most autistic people have asexuality or experience sexual immaturity. This creates additional barriers to accessing proactive sexuality education (MacKenzie, 2018).

Everyone deserves to experience intimate relationships if they would like to. However, parents and educators need to teach individuals with autisms the skills to keep themselves and others safe. These skills can help to reduce the likelihood of behaviors that can lead to negative consequences including social isolation, misinterpretation of social cues, and victimization. We must consider the need for age- and developmentally-appropriate instruction and support to address these skills.

Start Early

With the availability and easy access to explicit sexual content on the internet, the Mayo Clinic (Johnstone, 2022) recommends starting teaching children as early as 5 years of age. Even if you have sophisticated parental controls for internet access, research shows the average age children are now exposed to pornography is 13, with some children being exposed by age 7. Additionally, 60% of 11- to 13-year-olds are exposed to adult content by accident. And 93% of males and 64% of

females under 18 have purposefully accessed pornography (Johnstone, 2022). These statistics correlate with increased smartphone use in young people and includes people with disabilities. Key topics to address are:

- Body parts and functions (use medically accurate terminology)
- Different types of relationships (healthy and unhealthy; strangers, acquaintances, caregivers, friends, family, and intimate partner)
- Identification of emotions in self and others and how to respond
- How to differentiate between different relationships and how to engage in those relationships appropriately (e.g., we can hug mom, but not the postal worker)

Be Proactive

The internet, television, music, and what is heard from peers may not be accurate or provide the messages that would benefit the individual with autism. All individuals should have access to Family Life Education. Questions that parents may want to discuss with the individual's teacher(s) include:

- Where will the student receive this information?
- How much time will be taken on each topic?
- How will you know if they understand the content?
- How can I reinforce the content at home?
- What accommodations and/or modifications will be available?
- What if I see behaviors at home that need to be addressed?

Skill or Performance Issues

Skill and performance are two major factors to consider when thinking about sexual health and wellness for autistic individuals. Skill refers to a person's ability to understand, appreciate, and form a rational intention related to an act. For example, the individual may not understand the differences that occur during puberty. Performance refers to the understanding of the content but failure to apply the knowledge. For example, the individual may understand all the changes that will occur with puberty, however, does not engage in the self-care and hygiene that is involved with a menstrual cycle.

Make sure that the education you provide spans environments and contexts with examples, role play, videos, and visual support to foster learning and understanding. Another thing to consider is the individual's preferences. For people with sensory differences and changes due to puberty, hygiene tasks, and sexual experiences (e.g., how a person engages intimately) may need to be adapted (e.g., limiting kissing for someone who does not enjoy that activity) to ensure that the person's preferences are understood and supported. For example, a person may not like the scent of a specific deodorant, however, they need to apply deodorant daily (at least). This would present an opportunity to go to a store and to ask the individual to choose the deodorant with a scent that works best for them. Similarly, some individuals with autism may not want to be touched in a certain way. Parents should teach their child effective communication of preferences and desires

so that they can share this information with their partner. For example, you can point out when the individual makes a statement that is a preference. Similarly, you can point out preferences that you have and explain that everyone has preferences and it is important to be able to share that information with others. You can do this while at a grocery store discussing different food preferences, and then continue to add preferences to your list. Whenever there is a choice, a preference can be given. “Do you prefer mustard or ketchup on your hamburger?” “Do you prefer to be kissed on the cheek or on the lips?” “Do you prefer deodorant X or deodorant Y?”

Conclusion

Sexual intimacy may not be right for everyone, but this should be determined on a personal basis considering the individual’s wishes and preferences. The goal is to help the individual become prepared physically, emotionally, and socially as they go through puberty. Parents and educators must provide the support necessary for the individual to learn the information and apply it effectively.

References

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