Sexuality

Why talk about sexuality with my child?

Education about sexuality is important for people with an ASD for a number of reasons.

Due to disordered, limited or no verbal communication skills and often disordered, limited or no literacy skills, the availability of accurate information about sexuality for people with an ASD is decreased. Information is often obtained through experimentation, observation of others and inaccurate or distorted sources such as the media.

Community attitudes and values also impact on the information provided to people with an ASD. Parents/carers and teachers can be reluctant to acknowledge sexuality and are uncomfortable talking about it. Often sexuality is not seen as a living skill and as a result given low priority for people who have so many other things to learn.

Due to limited social skills, people with an ASD generally have fewer or no friends. This limits the pool of people available with whom to communicate or gain information about sexuality issues. If we think back to how we developed our knowledge about sexuality and relationships, much of it was through discussion with our peers and friends.

The difficulties experienced by people with an ASD in developing social skills can result in behaviours that are labelled as ‘inappropriate’ being displayed. The social intricacies around sexual behaviour and relationships are difficult to navigate for people with well developed social skills. They are much more confusing and difficult to understand for people with an ASD.

Literal interpretation of communication can result in difficulties for people with ASDs to perceive situations realistically. The realm of sexuality and relationships is filled with slang, innuendo and double standards. The way relationships are portrayed in the media is also often unrealistic.

All people, regardless of their ability or disability, are sexual beings. Many people with an ASD will become sexually active, whether or not they understand the consequences. As such, it is important that they have the information they require to make safe and informed choices.

It is an unfortunate reality of life that vulnerable people are subject to abuse and exploitation. People with an ASD can be at greater risk due to their difficulties in the areas of communication and social skills.

When should I start talking to my child?

It is recommended that discussions about sexuality should be coordinated with what is being discussed at school. This enables consistent information to be given and reinforced in a number of settings. Talk to your child’s teacher to see if they are planning to cover sex education at school. This will assist you with your timing.
Parents often worry about how much information to give. Children will take on the amount of information they need and discard the rest. There is a greater danger in not giving enough information.

Although parents may fear that by talking about sexuality they will encourage their child to engage in sexual activity earlier, the research indicates that the opposite is more likely and that young people will delay experimenting if they have accurate information.

**Some points to consider**

*Who is participating?*

Is this a discussion between you and your child, or are there other children (siblings or others) participating in the discussions?

*What do they already know and believe?*

Start from a point of determining what the child already knows or believes. This gives you a point to build from and the opportunity to correct any erroneous beliefs.

*What do they want to know?*

By determining what you child wants to know, you can work out what information to provide. For some parents, this can reduce the anxiety they are feeling about having these conversations as their child may not be interested in information that is difficult to discuss. However, you do need to be prepared for the opposite scenario.

*Time frame*

Formal sex education classes at school may not allow enough time for your child to process and grasp the concepts discussed. You may need to continue to reinforce this at home, or discuss with the school ways to extend the timeframe or revisit the content to ensure your child understands.

*Environment*

It is important to consider the environment you choose to discuss sexuality. The environment you choose should be consistent with the messages you are giving about public and private conversations. For example, do not engage in discussion about sexuality while out shopping. Divert the conversation until you are in the privacy of your home.

*What do I want the person to achieve?*

Think about what goals you would like to set for you child. If you have a clear understanding of what you want the person to achieve, you are more able to ensure they receive the information they require.
Use realistic visual aids as much as possible

The difficulties people with an ASD encounter with generalising information and literal interpretation mean that we need to be careful about how we present information. There is an urban myth about a young man who practised putting a condom on a banana during sex education classes. He was allegedly later seen on his way to his girlfriend’s house to have ‘safe sex’. He was carrying with him his banana with the condom correctly fitted.

There are many realistic models and videos available to support sexuality education. These are most often available through your local Family Planning Association. If your child is motivated by the internet or requires clinically correct information, the following website can provide an interactive way of learning and the clinical detail some people with an ASD require: www.bbc.co.uk/science/humanbody/body/index.shtml?lifecycle

Make information relevant

Information needs to be relevant to the individual. It also needs to include an explanation of why it is important. For example, teaching an adolescent personal hygiene may not be successful unless they understand why it is important to wash and wear deodorant every day.

Break down complex information or explanations

Information presented needs to be broken down into language and a format that the individual is able to process. Don’t assume that because the person can repeat back what has been said that they understand it.

Reinforce rules and structure within sexuality (e.g. private and public)

There are a vast number of important rules within sexuality. These include, but are not restricted to, concepts such as private and public, consent and abuse issues. People with an ASD need to be given information on sexuality within the context of the rules.

Topics in sexuality

There are a wide range of topics that would be covered under the heading of ‘sexuality’. There may be a need to include a number of topics from the list below.

- body parts and sexual functioning
- distinguishing between public and private (body parts, places and behaviour)
- positive attitudes towards masturbation
- puberty
- menstrual management
• expressing feelings appropriately
• relationships
• self esteem
• self protection
• assertion skills
• safer sex and sexual health checks
• sexual abuse issues
• appropriate sexual behaviours
• rules e.g. consent, legal age etc

Things to do at home

Use visual supports.

• There are books available that are not autism specific, but are aimed at people with learning difficulties. Most use simple language and pictures to explain many concepts and can range from cartoon representations to explicit photographs. These books are often available for loan through your local Family Planning Association.

• Talking with the GP can be helpful. This is particularly so if the individual needs to know the clinically correct information.

• Make an appointment with a GP for a routine medical examination and a discussion regarding sexual health and contraception if necessary. Assist the person to feel comfortable discussing their sexual health with their doctor.

• Be aware that the young person may develop an unrealistic expectation of sex and body image due to media images and pornography. For example, if the person has had access to pornographic material, they may expect that they can engage in sex with more than one person at a time, it will happen quickly and there is no need to gain consent. It is important to develop an understanding of what the person's expectations are so they can be corrected if necessary.

• Literal language can make sexuality issues confusing for young people with autism. There is a lot of slang and inaccurate language surrounding sex. What can be a compliment in one context can be highly insulting in another. This makes the whole topic a minefield for people with autism.

• Differentiate between medical/clinical terms and those the young person may hear in the street or playground. They need to understand correct use of terms. What appears to be
funny and appropriate in one setting are far from that in another. This confusion around terms can cause people with autism to get into trouble.

- Talk to young people regarding bodily changes/functions they can expect during puberty. Experiencing erections, wet dreams and menstruation without an understanding can be confusing and frightening for young people.

- Possibly make tissues or moist towlettes available to young people so they can clean themselves up if necessary. This can assist with personal hygiene and avoids embarrassment.

- For young men, it may be useful to develop a system to indicate he has had a wet dream and needs to change sheets. This again will assist to avoid embarrassment issues.

- Be clear about who the young person can talk to about sexuality issues at home and at school. It is also important to be clear about what environments are appropriate (private/public).

- Use visuals to designate private spaces. You may wish to use visuals to designate private rooms in the house or remind people to knock and wait for an answer before entering.

- Be aware of what materials the young person is accessing on the internet. Pornography is readily available and is often embedded in sites where it is least expected. For example, searches for music from children’s entertainers has resulted in pornographic material being downloaded from some sites. Get a filter for the internet if this is an issue.

- Ensure routines are developed around personal hygiene and the reasons for it.

- Analyse ‘inappropriate’ behaviour to determine the function. Some behaviours that appear to have a sexual focus have an entirely different motivation. For example, a child might like to touch women’s legs. This can be seen as a sexual behaviour, but upon closer inspection the reason for the behaviour could be the sensory experience of touching pantyhose.

**Where can I get more information?**

- SHINE SA
- Family Planning Queensland
- Family Planning NSW
- Sexual Health and Family Planning ACT
- Family Planning Tasmania
- Family Planning Victoria
- FPWA Sexual Health Services
- Family Planning Welfare Association of NT
• Local GP  
• School

**Useful websites**

*Please note:* The websites listed here are legitimate websites. No responsibility can be taken for information encountered by following links to or from these websites.

www.shfpact.org.au/  
www.fpahealth.org.au/  
www.shinesa.org.au/  
www.fpwa.org.au/  
www.fpt.asn.au/  
www.fpv.org.au/  
www.autism.org.uk/nas/jsp/polopoly.jsp?d=1064&a=6001  
www-users.cs.york.ac.uk/~alistair/survival/index.html  

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