

# **APPENDIX E: HUMAN SEXUALITY EDUCATION AND THE STUDENT WITH ASD**

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## **How to Use this Appendix**

This appendix provides the team with a brief overview of issues facing students with ASD, a summary of strategies, and a selection of resources.

## **Overview**

Although hormones and the physical changes of puberty usually arrive right on schedule, the student's emotional and social maturity may lag several years behind that of peers. The student may see the conversation and interests of peers changing in ways he doesn't understand, which makes him feel more isolated and lonely than usual. The student may try to imitate peers' actions or to repeat their language out of context, without understanding subtleties or anticipating other people's reactions. He may be confused or frightened by physical changes and mood swings but not be able to initiate questions or to seek out information independently as are more able peers.

Sexuality often becomes an issue for students with Autism Spectrum Disorder when

- the student shows outward behaviours, including masturbation, inappropriate touching of others, or inappropriate conversation
- adults recognize the student's need for knowledge and skills in areas of self-care and personal safety

For typically developing students, first lessons in sexuality are often learned incidentally as they interact naturally with other people, learn how to react to and to have an impact on others, to identify themselves by gender, to understand and regulate emotions and emotional expression, and to make friends.

Students with ASD will always have some degree of difficulty in communication and social interaction, regardless of cognitive development. In addition, they

- are not good incidental learners
- have fewer than average opportunities for everyday social interaction
- have more difficulty in interpreting what they see and in learning from experience

Following are some typical issues and suggested strategies.

## Strategies

### Behaviour

Student masturbates or fondles himself in classroom or other school settings.

Possible Reasons	Strategy
<ul style="list-style-type: none"> <li>• enjoys the feeling; uses it for comfort when stressed, bored, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with parents to agree on responses and strategies.</li> <li>• Observe to identify settings in which student uses behaviour and make changes in schedule or activities as required to reduce stress, increase structure and predictability, and introduce more enjoyable activities incompatible with masturbation.</li> <li>• Consider having child wear overalls or pants with snug waistbands, and reinforce other activities that need use of both hands.</li> <li>• As part of training regarding sexuality and hygiene, teach where and when masturbation can be done.</li> <li>• Ensure that student does not over-generalize behaviour as appropriate to “the bathroom” to include public washrooms.</li> <li>• Ensure that child’s touching is not an indication of pain, such as from an injury or infection, or of discomfort from poorly fitting clothing, skin allergies, etc.</li> </ul>
<ul style="list-style-type: none"> <li>• enjoys predictable, animated response from others</li> </ul>	<ul style="list-style-type: none"> <li>• As above, be calm and neutral in tone of voice and facial expression.</li> <li>• Plan a common strategy and ensure that all school staff use, to avoid maintaining behaviour with social attention.</li> <li>• When possible, explain to peers that the student often does things without understanding that they are not “cool” or “grown-up,” and that everyone has a responsibility to help the student learn how to act by not laughing or paying attention to inappropriate actions.</li> </ul>

**Behaviour**

Talks about body parts (penis, vagina, etc.) in inappropriate settings or tries to look under other people's clothing.

Possible Reasons	Strategy
<ul style="list-style-type: none"> <li>• may be repeating part of what he has been taught at home or has heard elsewhere, as a means to get more information</li> <li>• may just be trying to start a conversation</li> <li>• may be signaling confusion about puberty or changes in his own and others' bodies and changes in peer behaviour, and a need for information or reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Acknowledge what student has said in a calm, non-committal way and redirect student to another activity or topic.</li> <li>• After collaboration with family, use social stories to give student some simple rules to distinguish "what we talk about to family, doctor or nurse" and "what we talk about to friends" and where and when these discussions should take place.</li> <li>• Use similar approaches to provide explanations and rules for social norms regarding other people's clothing and bodies.</li> <li>• Provide instruction about sexuality, personal health, and hygiene at student's level of understanding.</li> <li>• Remember that student's physical maturity may be much more advanced than his interests, cognitive skills, or emotional maturity.</li> <li>• Ensure that student has adequate social attention and interaction with peers and adults. Increase focus on teaching social interaction skills.</li> <li>• Consider involving older student as "helper" in Family Life programs with younger children so that he hears information given at a language and cognitive level comfortable to him.</li> </ul>
<ul style="list-style-type: none"> <li>• may enjoy predictable or animated responses to what he says or does, and has learned from experience or observation that use of terms related to body parts or sexuality often fluster adults and get laughter and attention from peers</li> </ul>	<ul style="list-style-type: none"> <li>• As above, be calm and neutral in tone of voice and facial expression.</li> <li>• Plan a common strategy that all school staff use to avoid providing social reinforcement.</li> <li>• When possible, explain to peers that the student often says things without understanding that they are not "cool" or "grown-up," and that everyone has a responsibility to help the student learn how to act by not laughing or paying attention to inappropriate remarks.</li> </ul>

**Behaviour**

Seeks affection inappropriately with familiar adults or peers (full body hugs, burrowing face into another's body, constant touching).

Possible Reasons	Strategy
<ul style="list-style-type: none"> <li>• may be going through an affectionate stage that fits the student's developmental but not his chronological age; just as the student has learned to enjoy the experience, people don't enjoy it with him</li> </ul>	<ul style="list-style-type: none"> <li>• Use social story or resources such as the Circles Program (Champagne, 1993) to help child learn which kinds of affection are appropriate with different people in his world.</li> <li>• Teach the student some sorts of physical contact that is appropriate, and more ways to enjoy social interaction with adults and peers.</li> <li>• Provide opportunities for deep pressure and appropriate affection to meet sensory and social needs.</li> </ul>

**Behaviour**

Indiscriminate with strangers, will talk to, accompany, be affectionate to anyone.

Possible Reasons	Strategy
<ul style="list-style-type: none"> <li>• may see people as interchangeable sources of treats, stimulation, or attention</li> </ul>	<ul style="list-style-type: none"> <li>• See above.</li> <li>• Teach firm rules and practise them, perhaps using stand-in "strangers."</li> <li>• It is especially important that the student has as much social contact, warmth, and affection as possible from appropriate sources to reduce vulnerability to abuse.</li> <li>• Be prepared to provide ongoing supervision as student may never be "safe" with strangers.</li> </ul>

## Additional Resources

Most are available from <www.parentbookstore.com> or <www.exceptionalresources.com> (Canada) or <www.asperger.net> (US). Other sources are noted.

**Champagne, M.P., and L. Walker-Hirsch.** *CIRCLES: Intimacy and Relationships. Program 1 in the CIRCLES series.* Santa Barbara, CA: James Stanfield Publishing Company, 1993. This is a comprehensive video-based curriculum to teach special education students social/sexual concepts and rules of intimacy. <www.stanfield.com>

**Faherty, C.** *What Does It Mean to Me?: A Workbook Explaining Self-Awareness and Life Lessons to the Child or Youth with High Functioning Autism or Asperger's.* Arlington, TX: Future Horizons, 2000. This is an excellent resource with many forms and activities useful for individuals or groups.

**Fegan, L. A. Rauch, and W. McCarthy.** *Sexuality and People with Intellectual Disability.* Baltimore: Paul H. Brookes, 1993. Although not specific to ASD, this is a good basic text with lots of practical examples.

**Gray, S., L. Ruble, and N. Dalrymple.** *Autism and Sexuality: A Guide for Instruction.* Bloomington, IN: Autism Society of Indiana, 2000. This small pamphlet briefly discusses issues such as Developing an Individualized Curriculum, Prevention of Sexual Abuse, and Establishing a Menstrual Routine, and has references to more detailed resources. Available from Autism Society Manitoba.

**Hingsburger, D.** *I Openers: Parents Ask Questions about Sexuality and Children with Developmental Disabilities.* Vancouver, BC: Family Support Institute, 1993. This small book contains a lot of information and advice in Q & A format from an author who has written widely on this subject.

**Newport, J., and M. Newport.** *Autism – Asperger's and Sexuality: Puberty and Beyond.* Arlington, TX: Future Horizons, 2002. The authors both have Asperger's Syndrome and have written this guide to dating, relationships, and sexuality as if they were having a conversation with other AS adolescents or adults. This would be useful for parents/caregivers or as part of a family life curriculum in a school or counseling setting.

**Segar, M.** *Coping: A Survival Guide for People with Asperger Syndrome.* Nottingham, UK: The Early Years Diagnostic Centre, 1997. This informally written text discusses many aspects of "coping" with social expectations and social problem-solving from the perspective of a university graduate in biochemistry with AS speaking to others with AS.

**Winner, M.G.** *Thinking about You, Thinking about Me: Philosophy and Strategies to Further Develop Perspective Taking and Communicative Abilities for Persons with Social-Cognitive Deficits.* Shawnee Mission, KA: AAPC, 2000. This is a companion to the volume below, and would also serve as a hands-on workbook for professionals working individually or with groups on social-cognitive skills such as thinking out loud, perspective-taking, and social mapping. It contains a good bibliography and suggested activity resources. <[www.socialthinking.com](http://www.socialthinking.com)>

**Winner, M. G.** *Inside Out: What Makes a Person with Social Cognitive Deficits Tick.* Shawnee Mission, KA: AAPC, 2000. This text for professionals functions as a workbook for students with Asperger's Syndrome, High Functioning Autism, Non-Verbal Learning Disability, or Pervasive Developmental Disorder—Not Otherwise Specified. <[www.socialthinking.com](http://www.socialthinking.com)>

**Wrobel, M.** *Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism.* Arlington, TX: Future Horizons, 2003. This ready-to-use curriculum guide includes a collection of social story examples of dozens of typical self-care and sexuality issues.

## Websites

<[www.autism.org/sexual.html](http://www.autism.org/sexual.html)>

<[www.autismtoday.com/puberty.htm](http://www.autismtoday.com/puberty.htm)>

<[www.aap.org/policy/01225.html](http://www.aap.org/policy/01225.html)>