

Sexual Education for Adolescents and Young Adults with an Autism Spectrum Disorder:

Themes and Adapted Steps

No. 65, August 2013

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The Sexual Profile

There is remarkably little research and clinical knowledge on the sexual understanding and profile of adults with Autism Spectrum Disorder (ASD). One hundred thirty-one subjects living in Canada, Australia, France, Denmark and the United States completed the Derogatis Sexual Functioning Inventory (DSFI; Derogatis and Melisaratos, 1982). The DSFI examines a range of aspects related to sexuality including knowledge and experience, desire, attitudes, affect, role, fantasies, body image and general sexual satisfaction. It provides a comprehensive assessment of behavior and attitudes relevant to sexuality.

The results suggest that individuals with ASD have levels of sexual interest and drive comparable to those of the general population. On the other hand, the communication difficulties that they experience combined with their lack of social skills serves to increase the likelihood that symptoms of depression and inappropriate socio-sexual behaviours will appear (Hénault, Attwood & Haracopos, 2010).

When these difficulties arise, individuals need understanding and support from their partner, family, friends and relationship counselling agencies. This support should be open-minded, positive and based on adapted services. The remedial programs on social cognition, particularly in the areas of friendship skills and empathy that begin in early childhood, continue as the person matures and include information and guidance on puberty, dating, sexual knowledge and identity and intimacy. The goal is to provide greater knowledge and positive

experiences to contribute to better decision making and self-esteem. The programs must accommodate the person's circumstances and the cognitive profile associated with ASD. The author has developed a socio-sexual program for adolescents and adults with Asperger's syndrome (Hénault, 2005).

During adolescence and young adulthood, several subjects need to be addressed. These constitute the basis of sexual education. Here are some examples (Sex Information and Education Council of the U.S., 1992):

- Sexual organs of both sexes: names, functions and concrete descriptions
- Bodily changes that accompany puberty
- Self-esteem
- Information on nocturnal emissions
- Values and steps in decision-making
- Intimacy: private and public settings
- Sexual health: behaviours and initial examination of sexual organs/gynaecological examination
- Communication about dating, love, intimacy and friendship
- How alcohol and drug use influence decision-making
- Sexual intercourse and other sexual behaviours
- Masturbation
- Sexual orientation and identity
- Birth control, menstruation and the responsibilities of child-bearing

- Condoms, contraception and disease prevention
- Emotions related to sexuality should be included in discussions since they motivate many behaviours

The first step in intervention and sexual education programs involves teaching general knowledge, which is tailored to the individual's chronological and developmental age. This information allows the individual to make informed choices. It also enables the person to better understand the limits within his learned behaviours that can be explored and experienced, while respecting his own values and those of others. The goal of the intervention is to both provide a structure for appropriate sexual behaviours and offer many opportunities for learning and obtaining enriching experiences.

The following themes, which are adapted to the reality of more able adolescents and adults with Autism Spectrum Disorder, cover as a whole, the characteristics linked to their social and sexual development (Hénault, 2006):

- Information on nocturnal emissions
- The value of, and stages involved in making decisions
- Intimacy: both private and non-private parts of the body; different environments
- Sexual health and initial examination of genital organs – or gynecological exam
- Communication: interpersonal, intimate, love, and friendly relationships
- The effect of alcohol and drugs on the ability to make decisions
- Sexual relations and other sexual behaviours
- Self-stimulation (masturbation)
- Sexual orientation and identity
- Planning for pregnancy, menstruation, and parental responsibilities
- Condoms, contraception, and the prevention of sexually transmitted diseases (STD's)

- Hygiene
- Friendship: recognition of abusive/unfriendly relationships
- Dangerous relationships: age difference, intention, bullying, aggression
- Qualities of a healthy relationship: sharing, communication, pleasure, interest, respect
- Intensity of relationships: finding a balance and learning the limits
- Social skills: presentation, interactions, reciprocity, sharing, etc.
- Boundaries and the notion of informed consent

Conclusion

Sexual education has both short and long-term goals. In the short term, it allows adaptive sexual behaviors to emerge with respect to communication, emotions, and interpersonal relationships. Over the longer term, adolescents and adults with ASD will be in a better position to understand what interpersonal relationships consist of and will engage in appropriate behaviors in a variety of relationship contexts. They should also be able to explain what is meant by a sexual relationship, how it unfolds, and the circumstances (time, place, appropriate individuals) under which it is possible for one to take place all while conducting themselves in a manner that is consistent with the situation. Finally, these individuals will understand what is meant by informed consent in the context of a sexual relationship (Tremblay, Desjardins & Gagnon, 1993). The ultimate goal is to allow individuals with ASD to fully experience social integration, healthy sexuality and access a better quality of life.

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