

Sexual wellbeing of Adolescents with Autism

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Abstract

Sex education for children and adolescents with autism is essential in school system. NCPCR (National Commission for Protection of Child Rights Report, 2014) clarifies that between 2011 to 2014 many urgent requests from schools and classes with children with disability were made. It was also on behalf of teachers who feared others would take advantage of these students and might frighten them and students would not know how to respond. Schools, both special and with inclusive set-up, must develop policies and procedures to address sex education and prevention methods and related issues. There is need for teachers and care providers to have training to understand and support the students' needs for information, skills, and related health care. This includes understanding the medical aspects of autism and its impact on a student's physical, social and emotional development. When infants have autism, their medical needs may impede some of the touch they would normally receive from family members. This lack of physical contact may impact their understanding of good and bad touch. Some adolescents with autism experience difficulties with understanding of other person's touch and this can cause anxiety and frustration. Adolescents with autism experience sexual desires and interests even when no one is talking to them about their feelings. Teachers and care providers must understand these issues and offer help. Sex education for adolescents with autism should promote maturation and provide an opportunity to develop social skills. Children with autism learn more when sex information is repeated and reinforced both at home and school. This paper shares lived experience of adolescents with autism and their own thoughts about importance of sex education and difficulties they encountered in school and society. People with autism are more objective in their thinking; therefore, tend to relate sharing information with little small talk. The attitudes that adolescents have with regard to the sex education of those with autism, is not apt, and it still does not exist in school curriculum

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Within the context of human sexuality, when adolescents with autism have sexual thoughts, feelings, and desires, they are experiencing a normal part of human development. Unfortunately, professionals are not always prepared for adolescents with autism to be so normal. Teachers are first to acknowledge the needs of adolescents with autism. Sex education in schooling is based on preventing aspects of sexuality like sexual abuse, adolescence pregnancy, and disease. This is

critical, but teachers still want to provide information to adolescents with autism, including those with other disabilities, with accurate information and skills to lead them to view it as a natural and healthy part of life. Adolescents with autism have a right to sex education and reproductive health care. They have the same emotional and physical needs and desires as normal people. As young children, they need touch and physical contact; as they grow older, their



interests in love and relationships will emerge. It is often true that adolescents with autism are first identified by their disability and level of disability rather than by their talents, intelligence, and personality. Although adolescents with autism have the need for support in many areas such as social skills, daily living skills, and communication, the need for support in the area of comprehensive sexuality education remains controversial (McGuire & Bayley, 2011). Children with autism struggled with many problems and there is lot of confusion in dealing with them among parents and care givers. Parents got confused when they saw their adolescents with autism growing and confused about sex and gender issues and parents do not find any way to teach them about sex education because even professionals were not aware to provide ways to provide sex education to adolescents with autism. They believe their children's social impairments have made many sex education topics difficult to understand and they perceive that the society did not understand the sexual needs of their children. The need for sex education is often situated within the context of addressing socially inappropriate sexual behavior. Generally, in school system in India they educate adolescents with autism and other children with disability not to show and discuss these issues which are called inappropriate. Some teachers may not be able to educate adolescents with autism due to their own discomfort, because of their misunderstanding of sexuality of adolescents with autism, or because they perceive working with adolescents with autism to be more difficult than the normal people especially in regards to sex education. Inappropriate sexual behavior is a primary concern for parents and educators.

Adolescents with autism typically need formal support for social development due to the inherent social deficits of their disability. It is found that many adolescents with autism face sexual abuse in school and even in home. Difficulties in communicating, lack of knowledge of sexual norms and activities, and isolation may contribute to increased risk of sexual abuse among adolescents with autism. Sex education may provide opportunities for adolescents to be better

able to communicate and understand social behavior and activities. Furthermore if the support systems of adolescents with autism are in open discourse about sexuality it may create a safe and protective environment where abuse is less likely to happen.

The adolescents who share their experiences had very different understanding and feelings about their own sexuality and own self. However, they all wished they had understood themselves better when they were younger if they knew about his or her body and effects of autism on their self. The research identifies a lack of understanding of self, confusion about other people and how relationships function, as core areas of difficulty for children with autism. Adolescents with autism share their thoughts on awareness about sex and related issues that shows how presently available sex education in schools is incomplete and they felt helpless and clueless without a foundation of self-awareness and a basic understanding of how relationships work. Sensory issues around the understanding and interpretation of touch lead to state of confusion about sex related issues often experienced among adolescents with autism.

The adolescents shared their feelings of isolation, difficulty in social interaction, and the effort to develop greater social and self-awareness. Participants in this study also express desire in attaining self-growth and social communication skills by seeking therapies, consulting with others or accessing additional resources. One participant also expressed the desire to learn how to be more helpful towards his partner and to become better at reading socially desired behaviour and responding to her emotional needs.

Increasing exposure to sex issues like sex abuse was another issue discussed by them. Parents of adolescents share their fears about sexual abuse they accept that children with autism are more vulnerable for sexual abuse and they do not know what is happening with them. Girls with autism are more vulnerable to being exploited by others. The primary concern of parents when sharing their experiences related to this issue was that their daughters can be overly trusting of other people in school and other related people around them,



another issue is puberty-related problems, these were the potential sexual vulnerability of their adolescent daughters with autism. Adolescents with autism when sharing thoughts on sex education highlighted fears of sexual exploitation, they feel a strong need of their parents to play a protective role for them, and they feel others may misinterpret their behaviour and they can not understand the intentions and behaviors of others; they want continuation of regular guidance by their parents due to their intrinsic social and communicative impairments.

Parents believe that children with autism who are nonverbal exhibit more behavioral difficulties than those who have verbal communication and face more problems. Parent's shares that children with autism who wish to disclose their abuse by his or her behavioral reactions to sexual abuse shows different tantrums so people cannot understand their communication about the abuse, but these behaviors may be misinterpreted by others as merely because of autism. Therefore, the child's sexual exploitation continues and may impacts on his or her socio emotional well-being. Observations has been made about their expressions about difference of sex and sexual exploitation and it was found that children with autism who had to face sex abuse they tried to give non-verbal clues about exploitation through drawings and showing tantrums and fear towards people and things.

Schools, NGO's, and intervention and therapy centers must develop policies and procedures to address sex related issues. School System should involve a consultant or staff member with specific knowledge about autism. This clearly points to the need for teachers and health care providers to have training to understand and support these students' needs for information, skills, and related health care. This includes understanding the medical aspects of autism and its impact on a student's physical and emotional development. When infants have autism, their medical needs may impede some of the touch they would normally receive from family members. This lack of physical contact may affect their sexual development. Some young people experience

difficulties with sexuality when their physical development does not relate to their intellectual and social growth. This can cause anxiety and frustration. Adolescents with autism experience sexual desires and interests even when no one is talking to them about their feelings. Teachers and caregivers providers must understand these issues and offer help.

Parents and caregivers need to start early to educate their children about sex-related issues and to continue the conversation well into their teen years. An important place for them to begin is to examine their own feelings and values about sexuality and about adolescents with autism and sexual norms. Some parents have told that they fear people will take advantage of their child and their child may became the victim of sexual abuse so they avoid going outside and became isolated from the society. This makes them hesitant to provide information on sexuality issues. They say that they worry their child will not find reciprocated love and that someone will break their heart and may use them for inappropriate relationships. This is what causes them to become overly protective.

The fact is that adolescents with autism have the same feelings, needs, and desires as people without disabilities. Still, many myths revolve around the sexuality or lack of sexuality of adolescents with autism and people with disabilities. Children with disabilities, however, first learn that they are disabled before learning to see themselves as human.

A thorough understanding of the medical aspects of autism and the resultant impact on the child's psychosocial development is required before an educator can design an effective sex education curriculum. Adolescents with autism may or may not have overlapping difficulties with learning. Few parents are adequately preparing their children for the socio- emotional and sexual aspects of life. Parents of children with autism tend to be uncertain about the appropriate management of their children's sexual development. They are often concerned with their son's or daughter's behavior, overt signs of sexuality, physical development during puberty, and genital hygiene. Fears of unwanted pregnancy, STDs, and embarrassing or



hurtful situations are persistent realities. Some parents of children with autism also fear that their children will be unable to express their sexual desires and needs appropriately, and will be targets of sexual abuse or exploitation. Parental anxiety often results in overprotection, thus depriving children with autism of their sexual rights and freedom. The problem most frequently mentioned by parents regarding sex education is an inability to answer questions. They are also often uncertain of what children know or should know. They often equate learning with intentions to perform sexual activities. Professionals have found that parents have confused, anxious, and some time rigid in attitude.

Children with autism may learn at slower rates than their normal peers, but their physical maturation typically occurs at the normal stages of development. Their parents need to understand what to expect at different stages of psychosexual development, from infancy onward, in order to understand the appropriateness of their children's sexual behaviors and expression. As children with autism move from infancy to the toddler and preschool years, myriad issues emerge concerning psychosexual development. Toilet training often occurs at a later age and over a longer period of time, thus causing delays in their developing self-control and a sense of self. The sense of self of children with autism is further delayed as a result of an elongated period of dependency on parents or caregivers for personal care and hygiene. This often leads to their inability to differentiate between the private and other parts of their bodies. As a result, children with autism may not firmly understand body since they are not aware even the parts of their bodies. Lack of body awareness may result in children with autism being confused about their sexual selves. This developmental lag in distinguishing the self as separate from parent, caregiver is reflected in the delayed rate at which children develop perceptions of themselves as either boys or girls. At later developmental stages, children with autism are able to self-identify as male or female and to develop sex-role identity. Upon reaching preschool age, children with autism exhibit a heightened level of curiosity about others and about sexual differences between males and

females. Their curiosity is, however, less intense than their normal peers. Children with autism may not be allowed to resolve their curiosity due to prolonged supervision. At this stage of psychosexual development, they often experience problems differentiating between private and public places and actions and therefore may engage in publicly unacceptable sexual behaviors. Children with autism are often unaware of what sexual behaviors are appropriate due to limited social interactions and lack of opportunities to observe behaviors of their normal peers.

As a result of the media and their peers, children with autism confront the school years with an increased awareness of their sexuality. However, during this time, their social activities remain closely supervised, and normal sexual expressions of behavior are often discouraged. Children with autism experience adolescence in the same way as normal children. During adolescence, all children, whether they have disabilities or not, should learn to strengthen their sense of identity and secure a measure of independence. Children with autism establish appropriate behaviors through repetitive learning and modeling. There are several strategies families can adopt to promote healthy sexuality among their children with developmental disabilities. They include: Teaching the difference between public and private. In order to teach children the difference between public and private places and behaviors, parents should demonstrate consistency in their care giving actions. Parents can demonstrate privacy by knocking on their children's doors. Parents should encourage their children to be responsible for their personal care and hygiene when parents know their children need help, they should ask their permission. Such independence also allows children to gain a sense of body ownership. By understanding social norms through increased social interactions and opportunities to observe appropriate conduct, children with autism will learn to determine what behaviors are acceptable in accordance with time and place. Children with autism may develop friendship with the opposite gender through socialization in school. This will enhance their self-esteem. Parents should prepare their children in advance for the onset of puberty and possible



bodily changes. One goal of early female education is to prevent them from fearing the flow of menstrual blood. Menstruation is sometimes very upsetting to females who are not prepared because blood is typically associated with a problem.

Many children with autism are defensive to touch. Touch can be very alarming and overwhelming to them. For many of them, there are two main principles to help establish safe touch. Allowing the person to control the touch is very important for people who are sensitive to touch parents can make understand to their children with autism that which part of their body they do not allow touching others.

School systems, parents, and adolescents with autism must support and put resources into sex education. There must be sex education in curriculum of school and teaching materials that are effective and accessible to teachers willing to educate. Finally, educators must be provided with training on how to teach sex education topics and school must provide required training for educators with regard to teaching sex education topics.

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