

Autism & Sex Education: Research and Recommendations

2025 NSSBY Conference

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Session Objectives

Upon completion of this session, attendees will be able to:

- Describe benefits of sexual health education for autistic youth
- Identify common barriers to sexual health education experienced by autistic youth
- Compare common education strategies for teaching sexual health education to autistic youth

A Note on Language

Identity-First or Person-First Language Choices



A preference **for identity-first language** (i.e., saying *autistic* person) among autistic self-advocates has been noted by many leading advocacy organizations

We also recognize that some individuals and their caregivers may prefer **person-first language** (i.e., saying “person *with autism*”) for a variety of reasons.

To promote inclusivity, **we will be using both** person-first and identity-first language throughout the presentation.

A Note on Diverse Support Needs

- Autism is not a monolithic experience or identity
- Each individual with autism is unique
- Autistic individuals have a wide range of strengths and learning needs
- Our educational suggestions are general guidelines based on research/best practice recommendations
- All educational supports or materials should be tailored to the specific needs of each person

A Note on Content

This presentation will discuss topics of **sexual health** and **mental health**. Please take care of yourself!

We completely understand if this subject matter may be activating, and this presentation is not right for you right now.

Feel free to leave now or at any time and/or tune out as needed.

Using this Space

- Use the space and take care of your body **however** feels good. This may mean you sit, stand, rock, fidget, move around, lie on the floor, look at your phone, wear headphones, wear sunglasses, or stim in some other way during the presentation.

We will answer questions at the end.
You may ask a question into the
microphone or text us at:

(925) 381-5402



Why do you think sex education is important?

Scan this QR code and tell us what you think.



Sexual Health Education Statistics

- [Only 60%](#) of states require schools teach any form of sex education
- [36](#) states do not include youth with disabilities in their sex education requirements
- [Only 5](#) states mandate that health curriculum are accessible for youth with disabilities
- [Only 6](#) states provide optional resources for accessible education for youth with disabilities
- [Only 3](#) states (Oregon, California, and Washington) include students with disabilities explicitly through comprehensive sex education

(Holmes, 2021; Siecus, 2024)

Importance of Sex Education

Developing healthy sexuality is a core developmental milestone that supports sexual self-advocacy and autonomy

- **Sex education helps youth:**
 - Understand changes in their body
 - Build and maintain healthy relationships
 - Understand healthy boundaries
 - Engage in decision-making processes
 - Practice healthy sexual behaviors
 - Promote mental and emotional health

Benefits of Sex Education

- Delayed onset of sexual activity
- Reduced STIs, unwanted/unplanned pregnancies
- Reduced rates of intimate partner violence
- Lowered reports of adverse mental health (suicidal ideation) among all youth
- Lowered rates of bullying among gender diverse and sexual minority youth

(Goldfarb & Lieberman, 2020)

Sex Education and Autistic Youth



Considerations for Autistic Youth

- Wellness and development are multi-faceted:
 - Social, emotional, physical, mental, and more
- Autistic youth:
 - Grow and mature at similar rates as their peers
 - Experience similar desires for dating and relationships

But they may understand social relationships, boundaries, and sexual development differently



Autism and Sexual Behavior

- Autistic individuals are more than four times likely to experience sexual victimization, as compared to typically developing peers
- Estimates regarding pregnancy and sexually transmitted illnesses (STIs) show higher rates of STIs, HIV infection, and unwanted pregnancies for adolescents and young adults with neurodevelopmental disabilities

Autism and Sexual Behavior

- Individuals with ASD may display sexual behaviors that could become inappropriate like:
 - Difficulty with public vs. private behaviors
 - Compulsive masturbation
 - Arousal from objects that may not be typical (e.g., boots)
 - Use of harmful objects for masturbation (e.g., belt)
 - Inappropriate romantic gestures or comments with sexual connotations, without knowledge of the consequences of these behaviors

(Beddows & Brooks, 2015; Hellemans et al., 2007)

Common Barriers to Sexual Health Education



Barriers for Individuals with Autism

Autistic individuals are less likely to receive sexual health education:

- Across any setting (e.g., home, school, healthcare)
- Autistic adults universally report sexual health education as a gap in their healthcare and education
- Unique experiences and learning needs not addressed
- Social and communication challenges impact accessibility
 - *More likely to seek information from less credible resources*

Barriers for Individuals with Autism

Adolescents/adults with autism who received any sexual health education reported their education was:

- Disability-irrelevant
- Did not include discussions of sexuality/relationships
- Focused on biology and anatomy
- Did not include information on consent or subtle signs of abuse/unhealthy relationships
- Generally, was not adequate



Sex Ed Barriers at Home

Caregivers are often the primary source of sex education for autistic youth.

- Caregivers may not know where to start or how to address common concerns
- Caregivers have expressed a lack of accessible, proactive, and engaging resources to communicate topics related to puberty and sexuality to the autistic youth in their lives

Sex Ed Barriers Among Peers

- Autistic youth may experience more social isolation and are less likely to receive sex ed from social sources.



Table Topics

Puberty and sexual health are embarrassing and taboo topics, so it is okay to leave them unaddressed.

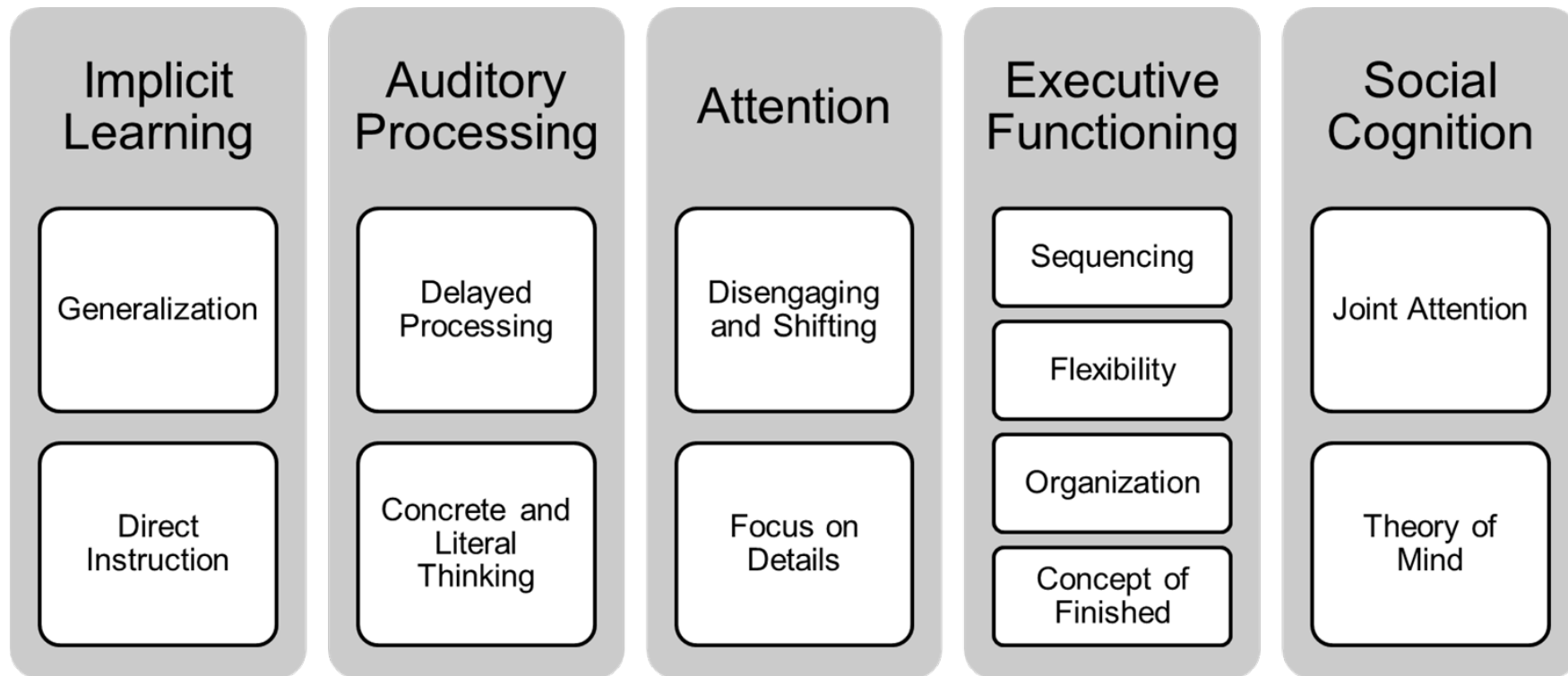
Talking to a child with autism about puberty and sexual health will make it more likely they will speak or act inappropriately with others.

It is best to wait until puberty to talk
about sexual health with autistic
youth.

It is sufficient to cover sexual health topics one time when educating autistic teens.

Educational Needs and Strategies for Autistic Youth

Educational Needs for Autistic Individuals



Educational Needs for Autistic Individuals

Interpreting Nonverbals	Understanding purpose of nonverbal forms of communication/body language; understanding nonverbal consent; navigating different kinds of relationships
Pragmatic Language	Direct instruction on how to have conversations about sensitive topics; communicate with partners about needs and preferences; communication about boundaries
Fixations/Obsessions	Some individuals may need assistance with sexual fixations or obsessions; Can be problematic but are relatively rare
Sensory Experiences	Most common concerns for autistic adults was sensory dysregulation in context of partnered sexuality; sensory experiences during puberty
Social Norms	Understanding public vs private; Dating norms; Common types and progression of relationships

Educational Needs for Autistic Individuals

Autistic individuals report they need more access to sex education that:

(Kohn et al., 2022; Solomon, Pantalone, & Faja, 2019)

1

Addresses
disability specific
needs and
experiences

2

Addresses
sexual and
gender diversity

3

Provides
information that
is concrete,
detailed, and
specific

4

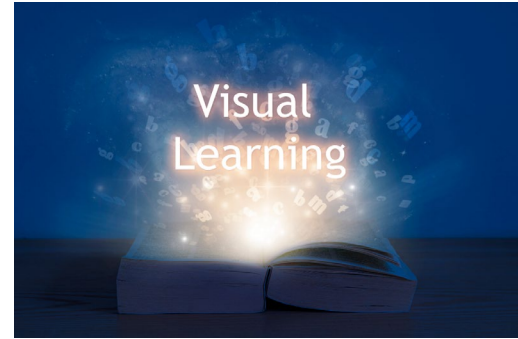
Includes specific
skill-building
component

Educational Strategies

- Start **early** and be **proactive**
- Young children can understand concepts such as bodies, consent, gender, and relationships
- **Ongoing**, not a one-time conversation
- Use similar strategies used to teach other topics
- Include or even start from topics most relevant to autistic population/individual

Educational Strategies

- Examples:
 - Frequent repetition
 - Teach one or two facts at a time
 - Use pictures
 - Use social stories



Many children learn best when the same information is provided in different ways.

Educational Strategies

- Research on electronic educational methods show promise:
 - Content flexibility
 - Varied educational methods
 - Updated content
 - Engaging, interactive
 - Simulation of real-life situations



(Drozdowicz et al., 2020; Lehan et al., 2016)

Applying Strategies to Pilot Group

- Visual schedule for each treatment session
- Posters with visuals about rules (e.g., group rules)
- Behavior chart with reinforcers and reward opportunities
- Repetition of content with examples and group discussion
- Homework and expectation of content review with caregivers

Other Approaches



- Teach appropriate alternatives
 - Functional communication training
 - Response interruption or response cost
 - Incompatible command
 - Access to preferred activities at likely times of inappropriate behavior
 - Differential reinforcement with token economy
-
- ❖ Be sure to rule out medical causes and lack of access to privacy

(Falligant & Pence, 2020; Mann & Travers, 2019)

I Investigate

- Examine the situation and determine causes of the behavior

M Meet the need

- Meet the identified need in a more appropriate, positive way

P Planned education

- Provide structured education appropriate for the youth's learning needs

R Redirection

- What is said and done by caregivers when inappropriate behavior occurs

O Optimism

- Believe the youth can learn and change the behavior

V Versatility

- Try a variety of interventions if needed

E Evaluate

- Monitor changes in behavior

C Consistency

- Same response from all caregivers and within situations

A Accuracy

- State why the behavior is inappropriate and what to do instead

R Respect

- Communicate respectfully with developmentally appropriate terminology

E Empowerment

- Provide positive and achievable alternatives

(Walsh et al., 2000)

Innovative Approaches to Sexual Health Education for Autistic Youth

Innovative Educational Approaches

Research on *electronic* educational methods show promise:

- Content flexibility
- Varied educational methods
- Updated content
- Engaging, interactive
- Simulation of real-life situations



Autistic Teens Learning About Sexuality (ATLAS)

An online sexual health educational resource for autistic youth

Our team:

- Jaye Capretto, PhD
- Gale Hann, MPH (PhD student)
- Jenny Sperling, PhD
- Tabitha Fleming, PhD
- Kathryn Moore, PhD
- Caitlin Bullard, MS (PhD student)
- Jason Lees, MD

Autistic Teens Learning About Sexuality (ATLAS)

Two Phases of Development

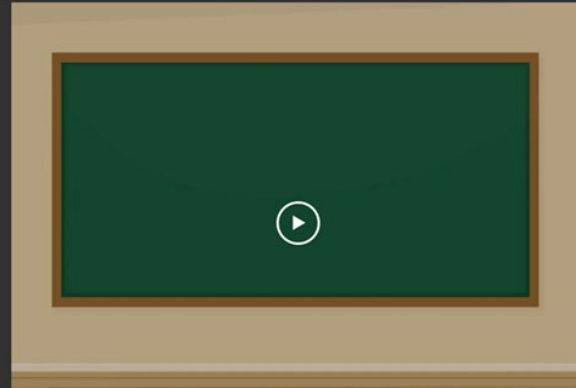
- Phase One: Developing parent/caregiver educational support
 - Funded through SPARK Innovation OKC, through OPA (Award No. 1 TP2AH000067-01-00)
 - Human Centered Design
- Four educational modules developed:
 - Why is sex ed important for autistic youth?
 - Puberty/anatomy
 - Gender and Sexuality
 - Sexual Health and Reproduction

Autistic Teens Learning About Sexuality (ATLAS)

ATLAS Incorporates:

- Disability Specific Information
 - Sensory experiences
 - Communication
 - Skill-building
 - Relationships
 - Preparing for changes
- Inclusive language
- Multiple educational formats
 - Text, audio, images, videos, activities

Research tells us that children with autism are less likely than their peers to receive or to benefit from most sexual health education resources provided in school. ***Watch the video to learn more!***



Autistic Teens Learning About Sexuality (ATLAS)

Topics Covered in this Module

Click on the images below to navigate to that topic or keep scrolling to learn more.



What Is Puberty



Common Body Changes



Autism and Puberty



Gender and Sexuality



Public vs Private



Talking Tips

Talking Tips

Deciding **what** to say, **how** to say it, and **when** to start can be overwhelming for many caregivers.

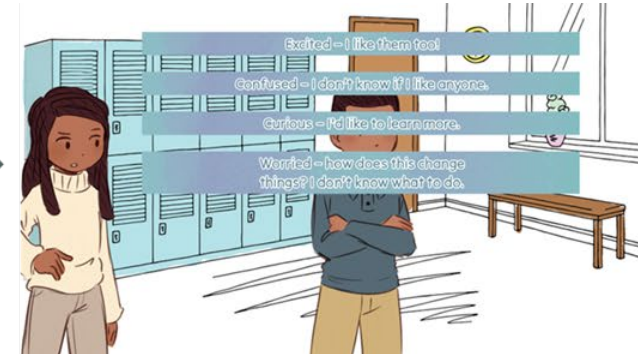
Click on the Tips below to help you get started:

Autistic Teens Learning About Sexuality (ATLAS)

Two Phases of Development

- Phase Two: Developing educational game for autistic youth
 - Funded through Breakthrough Accelerator, through OPA (Award No. TPAH000089)
 - Awarded in September 2024
- Working with software engineers to develop an interactive educational game
 - Youth play as a character who encounters real-life situations related to puberty, health, and relationships and make choices about how to respond.

Autistic Teens Learning About Sexuality (ATLAS)



Autistic Teens Learning About Sexuality (ATLAS)

Two Phases of Development

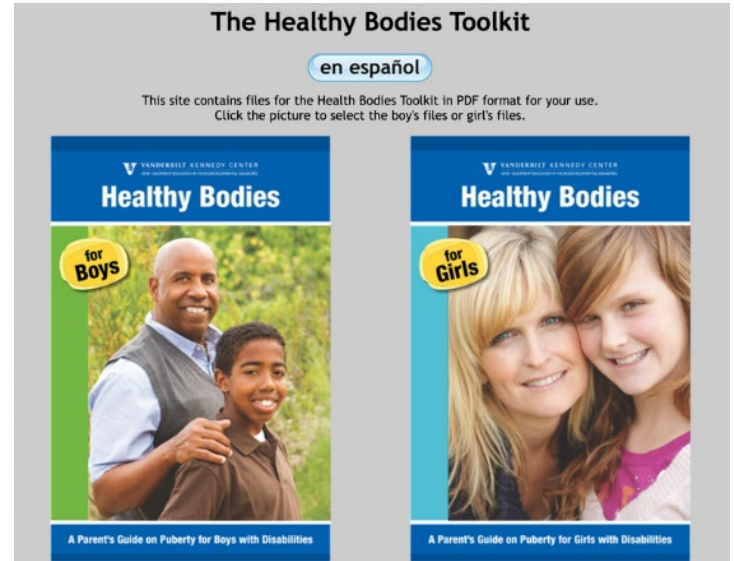
- Next Steps: Continue Developing Educational Game for Autistic Youth
- Meeting with autistic youth and getting feedback
 - Likes/dislikes
 - Why they would play/not play
 - Styles of artwork, text
 - Other features of the game
- Applying for additional grant funding to continue development and begin learning outcome testing.

Sexual Health Education Resources for Autistic Youth

Other Available Resources

Healthy Bodies

- Caregiver guide to puberty/sex education for children with disabilities
- Visual supports to support learning are included
- Print and online toolkit available



Resource developed and written by Vanderbilt Leadership Education In Neurodevelopmental Disabilities (LEND). Available for free at : <https://vkc.vumc.org/healthybodies/>

Other Available Resources

Puberty, Sex, and Sexuality

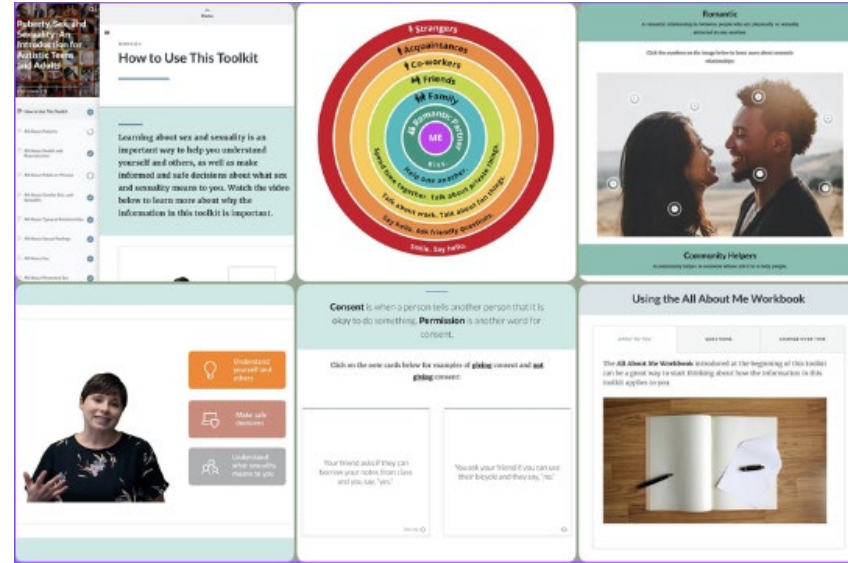
- Autistic adolescent/young adult guide to sex education
- Uses videos, games, audio, text, and interactive images

Print version available at:

https://vkc.vumc.org/assets/files/resources/sex_edtoolkit.pdf

Print version available at:

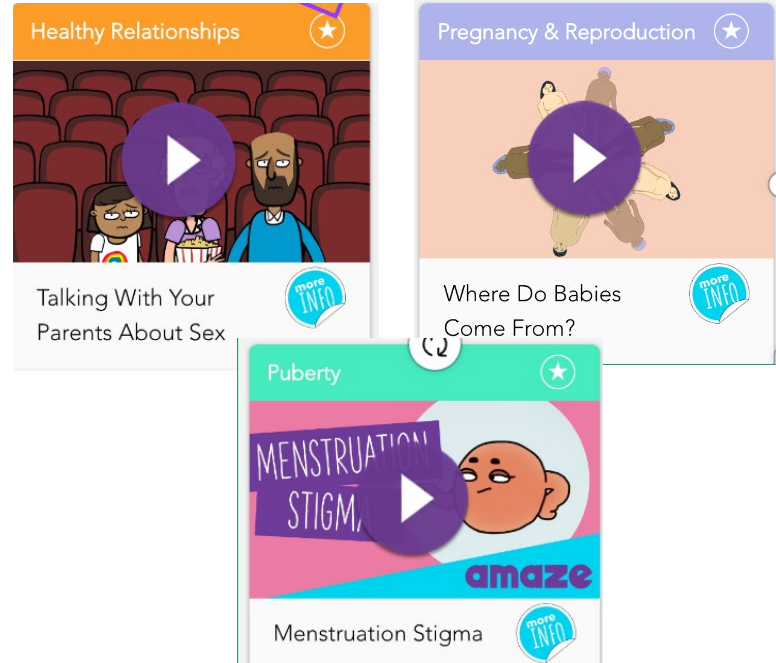
https://vkc.vumc.org/assets/files/resources/sex_edtoolkit.pdf



Other Available Resources

AMAZE

- Sex education for young adolescents
- Animated videos
- Parent resources available



<https://amaze.org/>

References

- Beddows, N., & Brooks, R. (2016). Inappropriate sexual behaviour in adolescents with autism spectrum disorder: what education is recommended and why. *Early intervention in Psychiatry*, 10(4), 282-289. <https://doi.org/10.1111/eip.12265>
- Casten, L. G., Thomas, T. R., Doobay, A. F., Foley-Nicpon, M., Kramer, S., Nickl-Jockschat, T., Abel, T., Assouline, S., & Michaelson, J. J. (2023). The combination of autism and exceptional cognitive ability is associated with suicidal ideation. *Neurobiology of learning and memory*, 197, 107698. <https://doi.org/10.1016/j.nlm.2022.107698>
- Chianese, A. A., Jackson, S. Z., & Souders, M. C. (2021). Psychosexual knowledge and education in autism spectrum disorder individuals. *Journal of the American Association of Nurse Practitioners*, 33(10), 776-784. <https://doi.org/10.1097/JXX.0000000000000508>
- Chin, H. B., Sipe, T. A., Elder, R., Mercer, S. L., Chattopadhyay, S. K., Jacob, V., Wethington, H. R., Kirby, D., Elliston, D. B., Griffith, M., Chuke, S. O., Briss, S. C., Erickson, I., Galbraith, J. S., Herbst, J. H., Johnson, R. L., Kraft, J. M., Noar, S. M., Romero, L. M., Santelli, J., ... Community Preventive Services Task Force (2012). The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: two systematic reviews for the Guide to Community Preventive Services. *American journal of preventive medicine*, 42(3), 272-294. <https://doi.org/10.1016/j.amepre.2011.11.006>
- Dekker, L. P., van der Vegt, E. J., Visser, K., Tick, N., Boudesteijn, F., Verhulst, F. C., Maras, A., & Greaves-Lord, K. (2015). Improving psychosexual knowledge in adolescents with autism spectrum disorder: pilot of the tackling teenage training program. *Journal of autism and developmental disorders*, 45(6), 1532-1540. <https://doi.org/10.1007/s10803-014-2301-9>
- Drozdzowicz, L., Gordon, E., Shapiro, D., Jacobson, S., Zalpuri, I., Stewart, C., Lewis, A. L., Robinson, L., Myint, M. T., Daniolos, P., Williamson, E. D., Pleak, R., Graeff Martins, A. S., Gleason, M. M., Galanter, C. A., Miller, S., Stubbe, D., & Martin, A. (2020). Sexual Health in Child and Adolescent Psychiatry: Multi-Site Implementation Through Synchronized Videoconferencing of an Educational Resource Using Standardized Patients. *Frontiers in psychiatry*, 11, 593101. <https://doi.org/10.3389/fpsyt.2020.593101>

References

Falligant, J. M., & Pence, S. T. (2020). Interventions for inappropriate sexual behavior in individuals with intellectual and developmental disabilities: A brief review. *Journal of applied behavior analysis*, 53(3), 1316-1320. <https://doi.org/10.1002/jaba.716>

Goldfarb, E. S. & Lieberman, L. D. (2020). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, 68(1), 13-27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>

Haruvi-Lamdan, N., Horesh, D., & Golan, O. (2018). PTSD and autism spectrum disorder: Co-morbidity, gaps in research, and potential shared mechanisms. *Psychological trauma : theory, research, practice and policy*, 10(3), 290–299. <https://doi.org/10.1037/tra0000298>

Heifetz, M., Lake, J., Weiss, J., Isaacs, B., & Connolly, J. (2020). Dating and romantic relationships of adolescents with intellectual and developmental disabilities. *Journal of adolescence*, 79, 39–48. <https://doi.org/10.1016/j.adolescence.2019.12.011>

Hellems, H., Colson, K., Verbraeken, C., Vermeiren, R., & Deboutte, D. (2007). Sexual behavior in high-functioning male adolescents and young adults with autism spectrum disorder. *Journal of autism and developmental disorders*, 37, 260-269.

Hirvikoski, T., Mittendorfer-Rutz, E., Boman, M., Larsson, H., Lichtenstein, P., & Bölte, S. (2016). Premature mortality in autism spectrum disorder. *The British journal of psychiatry : the journal of mental science*, 208(3), 232–238. <https://doi.org/10.1192/bjp.bp.114.160192>

Holmes LG, SIECUS. Comprehensive Sex Education for Youth with Disabilities: A Call to Action. SIECUS: Sex Ed for Social Change 2021. <https://siecus.org/wp-content/uploads/2021/03/SIECUS-2021-Youth-with-Disabilities-CTA-1.pdf>

Joyal, C. C., Carpentier, J., McKinnon, S., Normand, C. L., & Poulin, M. H. (2021). Sexual knowledge, desires, and experience of adolescents and young adults with an autism spectrum disorder: An exploratory study. *Frontiers in Psychiatry*, 12, 685256. <https://doi.org/10.3389/fpsyt.2021.685256>

References

- Kenny, M. C., Bennett, K. D., Dougery, J., & Steele, F. (2013). Teaching general safety and body safety training skills to a Latino preschool male with autism. *Journal of Child and Family Studies*, 22, 1092-1102. <https://doi.org/10.1007/s10826-012-9671-4>
- Lehan Mackin, M., Loew, N., Gonzalez, A., Tykol, H., & Christensen, T. (2016). Parent Perceptions of Sexual Education Needs for Their Children With Autism. *Journal of pediatric nursing*, 31(6), 608-618. <https://doi.org/10.1016/j.pedn.2016.07.003>
- Mann, L. E., & Travers, J. C. (2020). A systematic review of interventions to address inappropriate masturbation for individuals with autism spectrum disorder or other developmental disabilities. *Review Journal of Autism and Developmental Disorders*, 7(3), 205-218.
- Pugliese, C. E., Ratto, A. B., Granader, Y., Dudley, K. M., Bowen, A., Baker, C., & Anthony, L. G. (2020). Feasibility and preliminary efficacy of a parent-mediated sexual education curriculum for youth with autism spectrum disorders. *Autism : the international journal of research and practice*, 24(1), 64-79. <https://doi.org/10.1177/1362361319842978>
- Roden, R. C., Schmidt, E. K., & Holland-Hall, C. (2020). Sexual health education for adolescents and young adults with intellectual and developmental disabilities: Recommendations for accessible sexual and reproductive health information. *The Lancet Child & Adolescent Health*, 4(9), 699-708. [https://doi.org/10.1016/S2352-4642\(20\)30098-5](https://doi.org/10.1016/S2352-4642(20)30098-5)
- Stokes, M. A., & Kaur, A. (2005). High-functioning autism and sexuality: A parental perspective. *Autism: The International Journal of Research and Practice*, 9(3), 266-289. <https://doi.org/10.1177/1362361305053258>
- Toseeb, U., & Asbury, K. (2023). A longitudinal study of the mental health of autistic children and adolescents and their parents during COVID-19: Part 1, quantitative findings. *Autism : the international journal of research and practice*, 27(1), 105-116. <https://doi.org/10.1177/13623613221082715>
- Tice, C. J. & Hall, D. M. (2008). Sexuality education and adolescents with developmental disabilities: Assessment, policy, and advocacy. *Journal of Social Work in Disability & Rehabilitation*, 7(1), 47-62. <https://doi.org/10.1080/15367100802009749>
- Walsh, A. (2000). Improve and care: responding to inappropriate masturbation in people with severe intellectual disabilities. *Sexuality and Disability*, 18(1), 27-39

Thank you!

Any Questions?

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