



AUTISTIC SEX ED

Dylan Kapit (they/them), MA

ABOUT ME

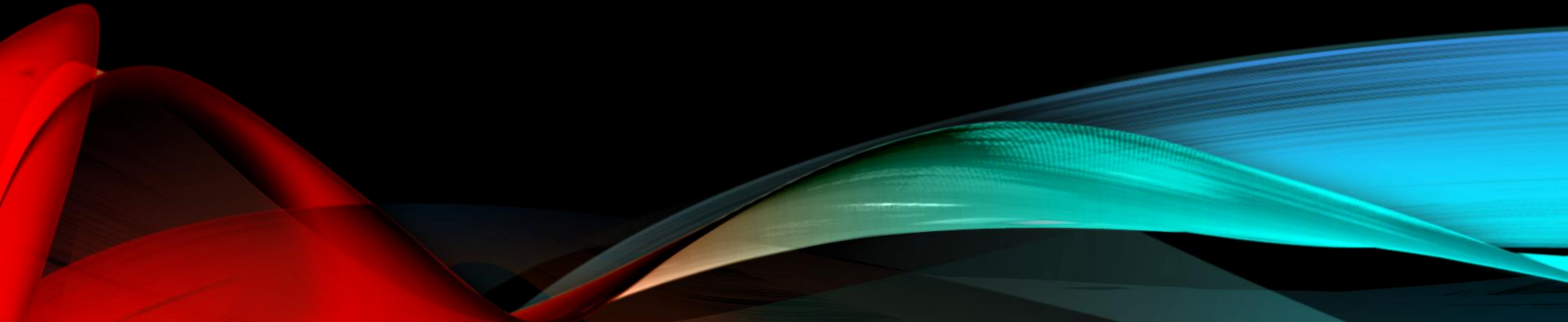
- Queer, trans, non-binary, autistic, Jewish
- Grew up in Bethesda, MD right outside of DC and have spent the last 11 years residing on Lenape land in New York City
- BA in Psych & Education from Barnard College of Columbia University (Class of 2016), MA in Special Education from Teacher's College of Columbia University
- 13 years of special education experience, including 4 years of teaching elementary special education in self-contained schools in NYC
- Currently a PhD student at the University of Pittsburgh in the Special Education program at the School of Education with a research focus on queer and trans inclusive, autistic focused sex ed
- Program Coordinator of LGBTQ+ Outreach at Barnard College – meeting the needs of LGBTQ+ students through programming and LGBTQ+ competency trainings for faculty, staff, and admin



PRESENTATION ROADMAP

- Autism
- The Why
- The What
- The How

AUTISM



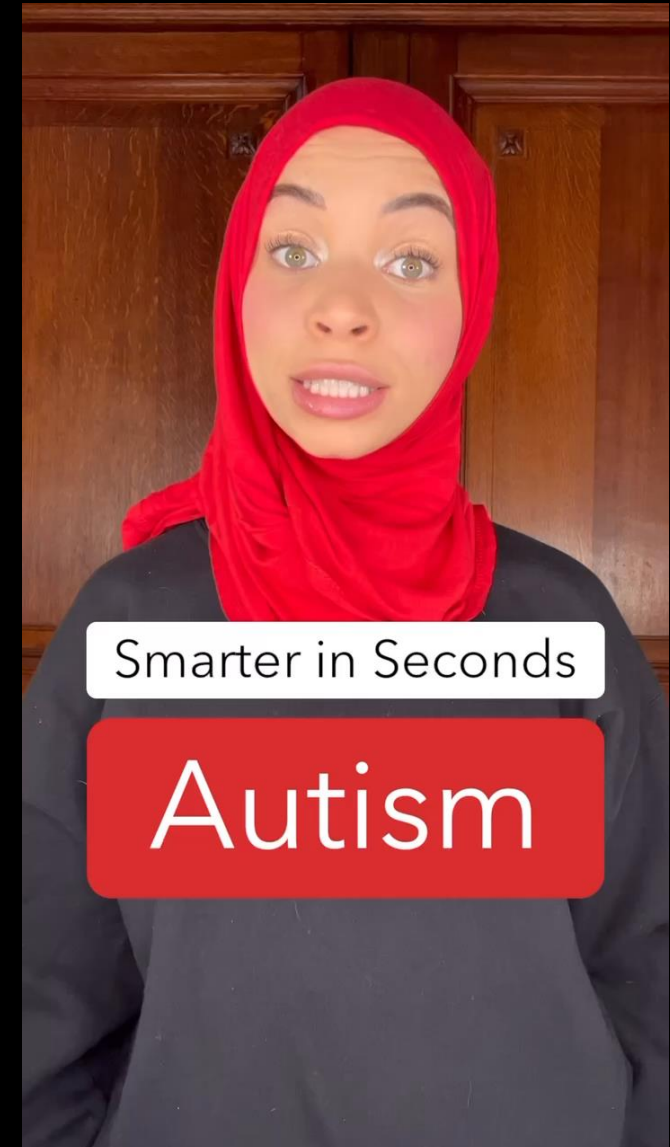
DEFINITIONS

- Neurodiversity – variation in the human brain regarding sociability, learning, attention, mood, and other brain functions (Singer, 1998)
- Neurotypical – neurologically typical, a brain that works within the expected way according to understandings of human neurology (Disabled World, 2015)
- Neurodivergent – divergent in mental or neurological function from what is considered typical or “normal” (Disabled World, 2015)
 - Mental Illness, ADHD/ADD, and Autism are just a few examples of types of neurodivergence



TYPES OF AUTISM DEFINITIONS

- DSM – 5 Diagnostic Criteria – medical model
 - The medical model of autism frames autism based on social and behavioral deficits
- Autistic Self Advocacy Network Definition – written by #actuallyautistic people
 - The ASAN definition uses the social model – meaning that autistic people are just different and society needs to adapt to accommodate people who are different



DSM-5 DIAGNOSTIC CRITERIA FOR AUTISM: SOCIAL (3)

- Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):
 - Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 - Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 - Deficits in developing, maintaining, and understand relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

DSM-5 DIAGNOSTIC CRITERIA FOR AUTISM: BEHAVIORAL (2)

- Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
 - Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 - Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 - Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 - Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

(APA, 2015)

DSM-5 DIAGNOSTIC CRITERIA FOR AUTISM

- Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life).
- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- Taking the possibility of comorbidity of diagnoses into account, symptoms must not be better explained by a different diagnosis.

AUTISTIC SELF ADVOCACY NETWORK (ASAN)

Autism is a developmental disability that affects how we experience the world around us. Autism can be diagnosed by a doctor, but you can be autistic even if you don't have a formal diagnosis. Because of myths about autism, it can be harder for autistic adults, autistic girls, and autistic people of color to get a diagnosis. Autistic people are in every community. There is no one way to be autistic.

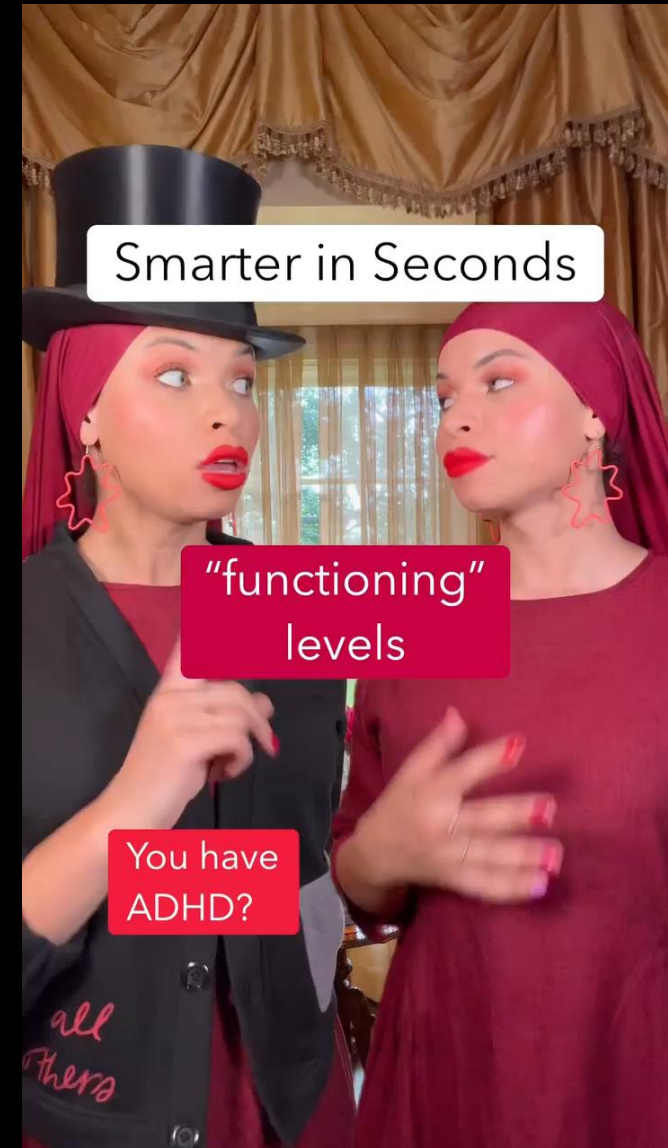
Every autistic person experiences autism differently, but there are some things that many of us have in common:

1. We think differently.
2. We process our senses differently.
3. We move differently.
4. We communicate differently.
5. We socialize differently.
6. We may need help with daily living.

Adapted from ASAN's definition of autism.

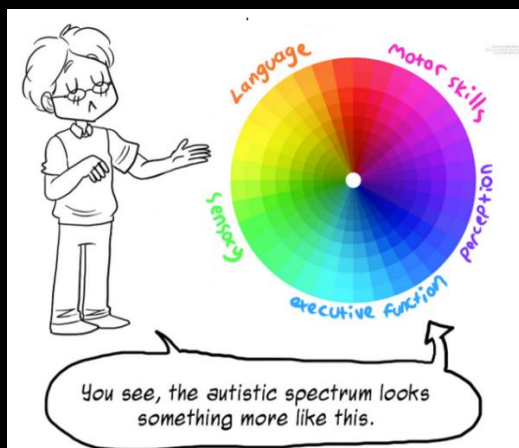
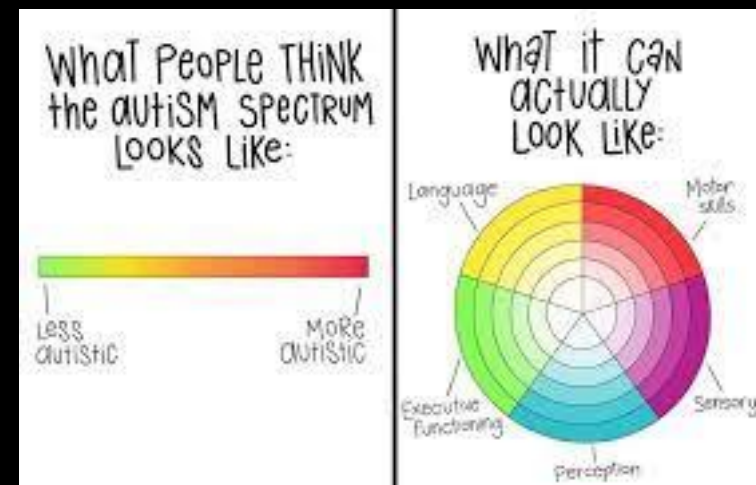
ON FUNCTIONING LABELS

- One word: don't.
- Functioning labels like low and high functioning perpetuate harmful & capitalistic beliefs about autism and disability. Like neurotypical people, no one is high functioning all the time, or functions the same way all the time, or in all places.
- Instead, use phrases like high support needs at this place, moderate support needs at this place, low support needs at a third place, etc. Say what you mean & use descriptive language!



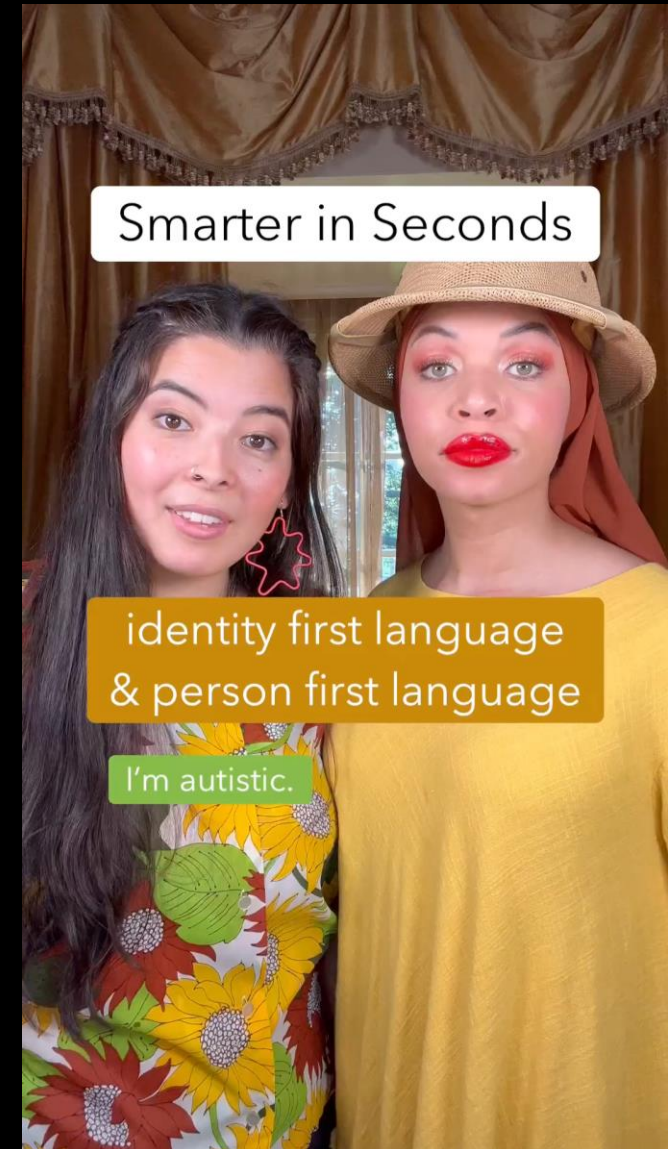
“THE AUTISM SPECTRUM”

- Autism exists on a spectrum that people think goes from “low-functioning” to “high-functioning”
- This spectrum is not linear, instead, think of it like this:

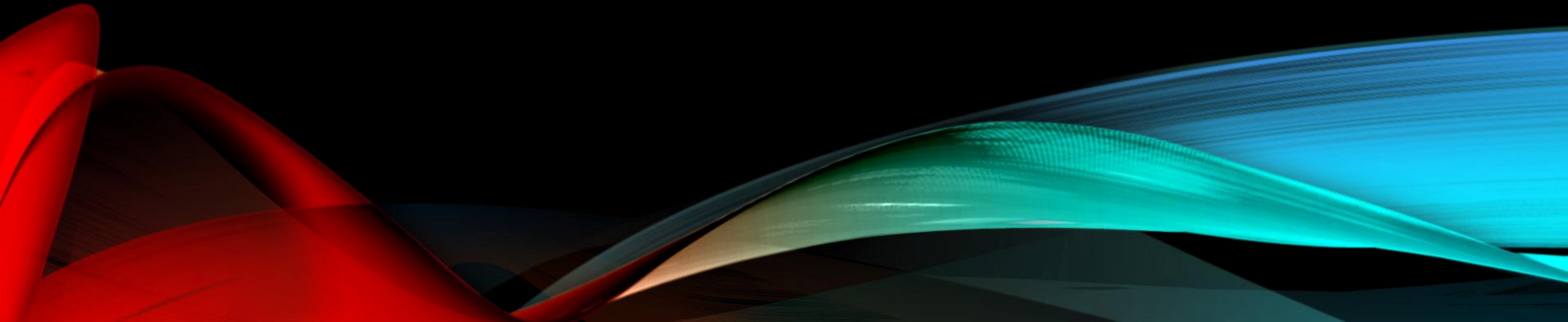


PERSON FIRST VS IDENTITY FIRST LANGUAGE

- Person first language: person with autism, person with a disability
- Identity first language: autistic person, disabled person
- Writ large, the huge majority of the disability community prefers identity first language! Exceptions are made for describing specific disabilities. Example: you'd say person with Down syndrome
- The autistic community has a strong preference for identity first language
- Do you want to know how to refer to a disabled person? Ask them!



THE WHY





WHY AUTISTIC SEX ED?

First and foremost, autistic students should get sex education because access to this information is a human right. Autistic individuals deserve healthy, happy, and safe sexual and romantic relationships.

Secondly, and unfortunately, there are really some grave consequences if we do not give autistic students adequate sex education.

WHAT ABOUT SEX ED FOR EVERYONE ELSE?

Globally, sex education is lacking, for all populations.

Even when it sucks, most neurotypical and non-disabled youth receive **some** form of sex education. This is not usually the case for disabled and/or autistic students.

Oftentimes, neurotypical and non-disabled students learn about sex and sexuality from peer groups, which many autistic individuals are excluded from.

Additionally, neurotypical youth can watch porn or navigate the internet and more adequately discern correct information from misinformation, while autistic individuals might not be able to do this as easily.

WHY ISN'T THIS HAPPENING ALREADY?

“The failure to explicitly mandate effective sex education for [disabled youth] may be partly due to myths that these young people lack the desire or maturity for sexual or romantic connection, will not attract sexual or romantic partners, are not subject to sexual abuse” and therefore “do not require sex education” – SIECUS Report – Comprehensive Sex Education for Youth with Disabilities, 2021

- Much of prior research on autistic individuals paints the population as being overwhelmingly asexual – we know now that this is FALSE



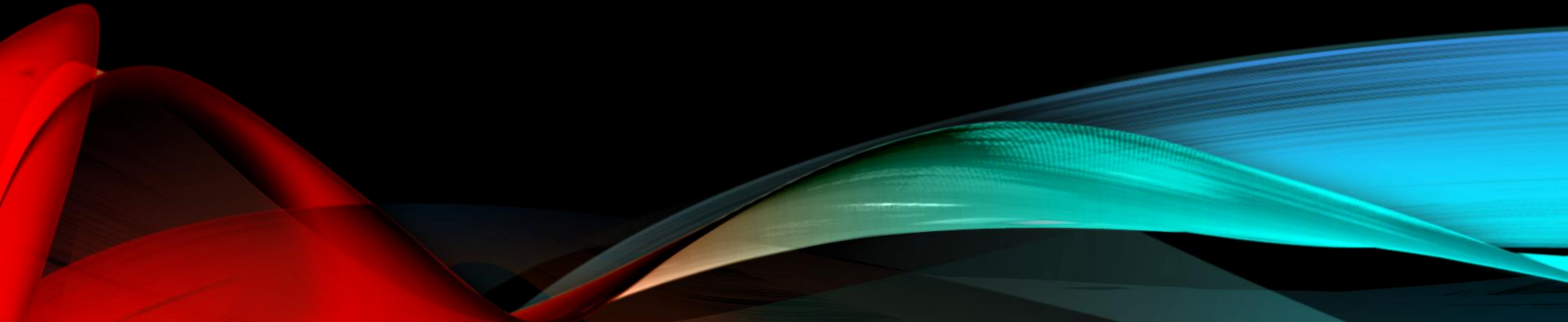
Sometimes, teachers don't teach sex ed to their (autistic) students because

- A) Talking about the subjects makes them personally uncomfortable
- B) They hold unconscious bias about their autistic or otherwise disabled students
- C) They worry about pushback from parents.

SEX EDUCATION AS PREVENTION

- Comprehensive sex education works to prevent:
 - Individuals being sexually abused or sexually abusing others
 - Public behaviors that lead to incarceration or presence on sex offender registries
 - Unwanted pregnancy (which used to be (and sometimes still is) prevented for many disabled people with uteruses through forced sterilization)
 - Sexually transmitted infections

Providing your autistic students with sex education information is your responsibility as an educator. It is your responsibility to help ensure that your students both have the skills for healthy relationships and also do not end up in a dangerous situation because of the combination of their disability and lack of sex education.



VULNERABILITY TO SEXUAL VIOLENCE

- 40%-70% of disabled girls will experience sexual abuse before the age of 18, as will 30% of disabled boys (SIECUS, 2021)
- Disabled girls are also at a higher risk for sex trafficking due to their vulnerability to sexual exploitation and manipulation
- Researchers suggest that this happens because disabled youth “do not know they have a right to bodily autonomy, may not recognize abuse, and may not know how to make a report or tell someone when they have been abused” (SIECUS, 2021)

AUTISM & PRISON & SEX OFFENDERS

- “deviant” behavior leads to incarceration or presence on sex offender registries
 - Public masturbation
 - Undressing or exposing genitals in public
 - Sexual fixation on people or objects
 - Stalking or following

“Deviant behaviors may cross the line to serious criminal offenses” – (Mogavero, 2016)

THE WHAT



AUTISTIC SEX ED CONTENT

- Sex education meant for autistic individuals (and also like, everyone) needs to include the following content:
 - Words for body parts, functions, acts and behaviors, including slang terms for these things
 - Puberty, hygiene, and taking care of one's body
 - CONSENT CONSENT CONSENT
 - Bodily autonomy in school situations
 - How, when, and where to masturbate
 - Gender & sexuality (including LGBTQ+ identities)
 - Safely navigating the internet
 - Sexual exploitation, harassment, abuse, and violence

USE ANATOMICALLY CORRECT LANGUAGE

- Yes, even if it makes you super uncomfortable.
- Yes, even if you use different language to talk about your own body.
- We do our students a disservice when we use words like “privates” or “down there.” It is **very** hard to tell someone you are being touched inappropriately if you do not have the language to tell someone where you are being touched.
- Help students differentiate between the parts of their own bodies – penis & scrotum are two different body parts, as are the clitoris and the vulva.
- Teach the slang terms, too!

CONSENT BASICS

- Autistic students need explicit instruction about how to give consent and how to ask for consent
- Teach exactly what to say and give scripts – “I’d like to do this to you, can I?” “May I _____?”
- Explain clearly and directly that they have a right to say **NO** and what it means if someone does not listen to that. Also teach students how to handle hearing someone else saying no to them!
- Teach consent broadly, not just in the context of sex. They need consent before they hug or touch someone even if that person is a close friend or family member.
- Use the word consent.

CONSENT AT SCHOOL

- It is your job as educators to model consent for the students.
- 99% of the time, you should ask before you touch a student too. If you are helping them with toileting or getting dressed, say what you are doing out loud and give them the opportunity to respond/say no/give you feedback. Example: “I am going to wipe you now” or “I am going to touch your back so that I can take off your shirt in order to change you”
- These things are so frequently done to autistic individuals without their consent, awareness, or understanding. It’s your job to remedy that.
- If you do need to touch a student without their consent (to physically restrain them before they hurt themselves or others), say out loud what you are doing. “You are doing _____ and so I have to help you stay safe by putting my hands on you like _____”

PUBERTY & HYGEINE

- Puberty is something that happens to everyone at a different time and in different ways, but everyone undergoes certain types of changes. Be very clear about these changes and be explicit about them.
- The social reality is that people are less likely to want to be around people who do not take care of their bodies during puberty – showering, wearing deodorant, etc. Neurotypical kids might pick up on that social knowledge from their peers, autistic kids may need it explicitly explained to them.

SENSORY NEEDS

- Puberty (and if we're being honest, also sex) is very overwhelming from a sensory perspective.
- There may be new feelings (physical and emotional) in a kid's body that they are not used to.
- Hair growing, skin getting oily, and other things that come with puberty might cause new physical sensations that feel different or uncomfortable. Shaving or not shaving and a regular skincare routine can help deal with some of these new sensations.
 - Body hair increases on everyone during puberty, and many young girls are expected to shave. Shaving and hair regrowth can be a hugely overwhelming sensory experience. Be clear that no one has to shave but also share that many women do choose to do so.
- Hormones during puberty cause emotional changes, too. Students might need more help regulating their behaviors or emotions.

PERIODS

- Autistic girls and other kiddos with uteruses will get their period. They will probably need explicit instruction in taking care of oneself during this time.
- Periods often come along with shifts in mood, so be prepared to need increased help regulating behaviors and emotions during this time.
- Some kids might be able to use tampons or menstrual cups, others might need pads. Each is a different sensory experience. If using a tampon or menstrual cup, teach kid and family about need to change it regularly (tampons are every 6 hours and cups are every 12). Teach them to set timers for tampons or menstrual cups and to check pads for saturation.

TESTOSTERONE PUBERTY

- Testosterone increases also come with many shifts in mood, increased irritability, and lowered frustration tolerance. Be super aware of this.
- Puberty will see increased hair growth, including hair on the face. Students will need explicit instruction in shaving the face or beard care.
- During puberty for everyone but especially with increased testosterone, body odor increases, and everyone is more likely to smell. Stress the importance of regular showers/baths and wearing deodorant. Explain the social consequences of not doing these things.

MASTURBATION

- First and foremost, please know that masturbation is not only normal, but it is also healthy (for all people, disabled, autistic, neurotypical, abled).
- Many students will be curious about masturbation before puberty and realize that touching oneself feels good, but puberty leads to an increase in sex drive for majority of humans.
- There is a societal narrative that people with penises masturbate more regularly than people with vaginas – this is false.
- Use the word masturbation! Teach the slang too. Don't just say "touching oneself."
- Steer clear of accidentally associating masturbation with the word "inappropriate" – it's not inappropriate behavior, it's just not appropriate at school. Be careful not to accidentally conflate the two. Unlearning internalized stigma about masturbation is very difficult.
- Some students might figure out that masturbation feels good on their own, and just need redirection or explicit instruction about when and where masturbation is okay. It is important that we have conversations with our students to help them make safe, appropriate decisions when it comes to masturbation

PORN & CYBER SAFETY

- Teach students porn literacy!! Porn literacy means teaching students about things like ethical porn and ethical porn consumption, as well as the fact that porn ≠ reality.
- Show students where to find ethical porn (including some paid sites like Only Fans) and explain the legal and safety issues associated with porn websites. Be very clear about legal consequences associated with porn.
- Consider having conversations with the young people you teach on to help them understand the risks of sexting/swapping nudes and what the laws are in your state.

SEXUAL SAFETY

- Talking about consent is also a great time to talk about sexual safety – STI's, unwanted pregnancy, and sexual protection.
- Teach about more than just condoms – internal condoms, dental dams, gloves, varieties of birth control.
- Show examples of the methods of sexual protection and explicitly teach students how to use them.

DATING & ROMANTIC RELATIONSHIPS

- 100% of dating and romance is interpreting social nuance, which is something that many autistic individuals really struggle with.
- To help students learn to engage with others romantically, use tools like roleplay and acting. Offer students the chance to read and memorize scripts that can help them do things like flirt, ask someone on a date, let someone know they have a crush. Students can roleplay or you can model a roleplay scenario for them.
- Romantic feelings are often linked to physical sensations ("butterflies"). Teach students to recognize these feelings and label them as romantic interest.
- Make sure to address the way that some autistic people become intensely fixated with romantic interests – this leads to some of the stalking behaviors that we talked about earlier.

GENDER & SEXUALITY

- Emerging research says that 70% of all autistic individuals are LGBTQ+ with about 50% of LGBTQ+ autistic people being trans, non-binary, or gender non-conforming (Stagg, 2019)
- This means that all autistic individuals need to be explicitly taught about LGBTQ+ identities, and how LGBTQ+ individuals have sex.
- LGBTQ+ autistic individuals are even more likely than their cisgender heterosexual autistic peers to end up in legal trouble, contract STI's, or have negative mental health outcomes without adequate sex education.

TEACHING ABOUT GENDER AND SEXUALITY

- Use real words for genders and sexualities: gay, lesbian, bisexual, queer, transgender, asexual, etc. Define each of these words and give examples.
- Use visuals! Show pictures of people who fit these identities. Make sure to use diverse visuals. People should have a variety of racial identities, sexual identities, gender identities, and gender expressions.

PRONOUNS

- Explicitly teach students how to introduce themselves with their pronouns and ask for someone else's. It is **okay** to ask someone what pronouns they use.
- When teaching pronouns, explain that you cannot make assumptions about what pronouns someone uses by looking at them and making assumptions based on their appearance – you have to ask!
- Teach singular they! I know this might feel hard to explain to black and white concrete thinkers. You can do it!

THE HOW



TEACHING SEX ED

You all are the experts on your students and how they learn, so the actual “how do I teach this content” piece is where you come in!

My only tips:

- Be explicit, clear, and direct
- Use correct terminology for all things sex ed
- Use lots of visual aids
- Like with all academic content, assess your students' knowledge and understanding of the subject after lessons. If you taught it but they didn't get it, then you have done nothing to help prevent the negative consequences.



WHO SHOULD BE INVOLVED

In order to help students internalize and generalize this information and use it in real life, the student's whole team must be on board.

Obviously this includes you, the school staff, but it also includes family and outside providers, or anyone else the student interacts with outside of school regularly. Autistic students need consistency in information across environments, including school and home.

DEALING WITH PARENTS

One of the most common things that I hear when I encourage people to teach sex education to autistic students is that they are worried about parent pushback – this is a legitimate worry and to be expected!

Parents in general do not enjoy thinking about their kids having sex – that's normal and expected! Parents of autistic kids often have unconscious ableist bias about what their kids can and cannot understand, and rigid ideas about who should be giving their students this information.

Play the prevention card! Parents don't want negative outcomes for their students any more than you do, and will often back down from fighting against sex education when they realize what could happen to their child if they do not receive this information.

INDIVIDUALIZATION

Personally, I think sex education goals should be part of IEPs across the board, for all students.

Every student will have different needs and goals for sex education, just like with all other academic content. That's okay, and it's good. Make sure each individual student is getting what they need in a way that it is accessible to them. All students should receive similar content, but how they access the material should match the student's learning style and interests. You all know have that information about your students – use it!

QUESTIONS?

I know this was **a lot** of information, some of it probably new and uncomfortable, so you might be super overwhelmed right now. That's normal and okay!

Sit with this information, take it in, look at the slides again if you need to.

If you have questions or would like to talk through specific situations further, please don't hesitate to get in touch.

Instagram: @transteachertales

Email: dkapit94@gmail.com