



Relationships and Sexual Health Education for Children and Young People with Autism Spectrum Disorder

Guidance for Fife Council Education Staff

Fife Council Educational Psychology Service

ASD Network

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1. Introduction and aims

This document aims to provide guidance to support education staff to deliver well-timed and high-quality Relationships, Sexual Health and Parenting (RSHP) education to children and young people with Autism Spectrum Disorder (ASD) and to respond appropriately when difficulties and concerns about potentially harmful sexual behaviours arise. Early intervention can prevent childhood sexualised behaviour issues continuing into adulthood, where they could be viewed as a sexual offence (Scottish Government, 2020). Education staff and schools have a key role to play in helping young people with Autism to become responsible and happy adults. Good sexual health and relationships education can help young people:

- With emotional development
- To explore their own beliefs and values
- To learn about positive relationships
- To cope with changes that puberty brings
- To recognise abuse
- To make choices and stay safe
- To learn boundaries and appropriate behaviour
- To delay the age young people first try out sexual activity
- To learn to avoid unplanned pregnancy and sexually transmitted infections

<http://www.autismtoolbox.co.uk/sexual-health>

Within this guidance you will find:

- I. Relevant background information to help raise awareness of key issues and considerations.
- II. Key strategies and advice.
- III. Links to high-quality resources and websites which aim to encourage positive sexual health and relationships education.

2. Background

Developing physical changes, sexual interests and feelings is a normal part of growing up for all young people and those with ASD have the same rights as others to information and education. Whilst many individuals will require the same information at the same time as their peers, navigating developmental changes and learning how relationships 'work' may be particularly difficult for those on the autism spectrum. Adapted resources, tailored information and additional support may therefore be required to help promote an understanding of sexual health and relationships in a meaningful way. It is vitally important that all individuals receive supportive information and guidance, appropriate to their age and stage, relating to relationships and sexual health, as evidence shows that this will support them to keep safe and make better, more informed choices about relationships and sex (Scottish Autism, 2016). It is often wrongly assumed that

individuals with ASD are sexually immature or do not develop sexual attractions or feelings and therefore do not require RSHP education – this is incorrect. It is acknowledged, however, that there is a diverse range of need within the ASD population: whilst some learners with ASD in mainstream will need differentiated learning alongside their peers, other learners with ASD may not have the verbal communication skills needed for some of the strategies listed in later sections. They will require a wholly individualised curriculum delivered at a pace tailored to their learning needs.

RSHP education is part of the Curriculum for Excellence Health and Wellbeing outcomes for schools. The RSHP curriculum is broad and covers a range of topics including friendships and relationships, keeping safe, attitudes, beliefs and values, appropriate behaviour, human reproduction and sex and the law. All schools are required to deliver RSHP to all pupils, including those with additional support needs such as ASD (Scottish Government, 2014). Despite this, children and young people with ASD are still more likely to be excluded from what is being taught or receive less information than their peers (Scottish Autism, 2016). The National Guidance for Child Protection in Scotland (2014) recognises this lack of high-quality sex education as a significant risk factor for children and young people with additional support needs. Indeed, a lack of knowledge and skills in relation to Relationships and Sexual Health can contribute to physical, sexual and emotional abuse and child sexual exploitation (CSE). Young people with learning disabilities or difficulties have been found to be at increased risk of CSE (Barnardo's, 2015).

Whilst there is limited autism-specific research on sexual health and relationships, evidence does suggest that individuals with ASD are more likely to experience isolation and difficulties with social relationships. Young people with ASD are also over-represented in cases of inappropriate sexual behaviour (Clements & Zarowska, 2000; Ray, Marks & Bray-Garretson, 2004). This is thought to be largely contributed to by the lack of appropriate sex education that children and young people with ASD receive. Other factors that may lead to this over-representation are vulnerability, lack of understanding of sexual boundaries and the differences between public and private, the likelihood of being caught and a tendency towards obsessive interests and repetitive behaviours (Zarowska, 2000; Ray, Marks & Bray-Garretson, 2004).

Research has highlighted the importance of appropriate and well-timed sex education for individuals with ASD in reducing the likelihood of problematic sexual behaviours. Recommendations include support with social skills development and sex education which is individualised, repetitive and started at as early an age as possible.

3. Sexual Development

I. Typical Sexual Development (NSPCC, 2019; Henault, 2006)

There are 4 broad stages of sexual development, from infancy through to adolescence, but like all areas of development, there will be differences in the way individual children and young people progress through these stages. In particular, children with additional support needs, including ASD, may follow a delayed or different trajectory.

Infancy (0-4 years)

Even at this stage, sexual behaviour is beginning to emerge through actions like:

- kissing and hugging
- showing curiosity about private body parts
- talking about private body parts and using words like poo, willy and bum
- playing "house" or "doctors and nurses" type games with other children
- touching, rubbing or showing off their genitals or masturbating as a comforting habit.

Infants with ASD may show some or all of these behaviours too. They can, however, find showing affection in socially acceptable ways more challenging, and role play can be delayed or absent. Sensory sensitivity can lead to more touching/rubbing, and a dislike of wearing certain clothes.

Young Children (5-9 years)

As children get a little older they become more aware of the need for privacy while also:

- kissing and hugging
- showing curiosity about private body parts but respecting privacy
- talking about private body parts and sometimes showing them off
- trying to shock by using words like poo, willy and bum
- using swear and sex words they've heard other people say
- playing "house" or "doctors and nurses" type games with other children
- touching, rubbing or showing others their private parts

Young children with ASD may be delayed in their development and therefore function at an earlier stage of sexual development. As in infancy, certain traits of ASD can affect how sexual development emerges, for example delays in imaginative play, and the development of repetitive behaviours and obsessive interests.

Pre-adolescents (10-12 years)

Children are getting more curious about sex and sexual behaviour through:

- kissing, hugging and 'dating' other children
- being interested in other people's body parts and the changes that happen in puberty
- asking about relationships and sexual behaviour
- looking for information about sex, this might lead to finding online porn
- masturbating in private.

As above, pre-adolescents with ASD can be delayed in their development and may show behaviours more typical of younger children. However, children and adolescents with high functioning ASD have the same sexual needs and desires as their peers. Communication and social interaction difficulties can, however, impact on their ability to engage in romantic and sexual interactions and increase the likelihood of relationship difficulties and inappropriate sexual behaviours.

Adolescents (13-16 years)

As puberty kicks in, sexual behaviour becomes more private with:

- kissing, hugging, dating and forming longer-lasting relationships
- being interested in and asking questions about body parts, relationships and sexuality
- using sexual language and talking about sex with friends
- looking for sexual pictures or [online porn](#)
- masturbating in private and experimenting sexually with the same age group.

All teenagers need information about sexual health and relationships, and this is especially so for teenagers with ASD who may not pick up information so intuitively from their interactions with peers. As teenagers with ASD begin to experiment more with sexual behaviours, again the traits of obsessive or restricted interests, and difficulties with social interaction and understanding others' emotions can make what is a tricky time for all young people, even more complex for those with ASD.

The development of sexualised behaviour is normal and how adults respond to children as they go through these stages is important. It is good to remain calm, even if children are doing things that concern us, and allow children to feel comfortable in talking about their feelings and behaviours. It is important to talk to children about healthy relationships and sex from a young age, and, as they get older, to discuss contraception, STIs and consent explicitly. Young people with ASD have the same sexual interests and diversity as occur in the neurotypical population (Henault, 2006). However, the difficulties they can experience in reading and understanding others' thoughts

and emotions, and in grasping social conventions, and the sensory sensitivity they often experience, can make navigating friendships, romantic and sexual relationships more difficult.

II. Atypical Sexual Development

Where sexual development is very different to that outlined above, it may indicate that there is an issue. For example, if a child shows sexualised knowledge or behaviour which is significantly more advanced than expected for their age, or shows a lack of inhibition in their sexualised behaviour, it could be a cause for concern.

Other warning signs include:

- sexual interest in adults or children of very different ages to their own
- forceful or aggressive sexual behaviour
- compulsive habits
- behaviour that is affecting their progress and achievement in school or other groups

If you are concerned about a child:

- Consider using the [Brook Sexual Behaviour Traffic Light Tool](#). This is a framework which categorises sexual behaviours as **GREEN**, **AMBER** or **RED** within four age categories. It also provides scenarios to support the use of the tool and aid assessment of the behaviour. It can be used to help identify whether a behaviour may be a cause for concern and the type of response and intervention required:

TRAFFIC LIGHT TOOL		SCENARIOS	
0 to 5 years	5 to 9 years	9 to 13 years	13 to 17 years
<p>Green behaviours</p> <ul style="list-style-type: none"> • holding or playing with own genitals • attempting to touch or curiosity about other children's genitals • attempting to touch or curiosity about breasts, bottoms or genitals of adults • games e.g. mummies and daddies, doctors and nurses • enjoying nakedness • interest in body parts and what they do • curiosity about the differences between boys and girls 	<p>Amber behaviours</p> <ul style="list-style-type: none"> • preoccupation with adult sexual behaviour • pulling other children's pants down/skirts up/trousers down against their will • talking about sex using adult slang • preoccupation with touching the genitals of other people • following others into toilets or changing rooms to look at them or touch them • talking about sexual activities seen on TV/online 	<p>Red behaviours</p> <ul style="list-style-type: none"> • persistently touching the genitals of other children • persistent attempts to touch the genitals of adults • simulation of sexual activity in play • sexual behaviour between young children involving penetration with objects • forcing other children to engage in sexual play 	
<p>What is green behaviour?</p> <p>Green behaviours reflect safe and healthy sexual development. They are:</p> <ul style="list-style-type: none"> • displayed between children or young people of similar age or developmental ability • reflective of natural curiosity, experimentation, consensual activities and positive choices <p>What can you do?</p>	<p>What is amber behaviour?</p> <p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:</p> <ul style="list-style-type: none"> • unusual for that particular child or young person • of potential concern due to age, or developmental differences • of potential concern due to activity type, frequency, duration or context in which they occur <p>What can you do?</p>	<p>What is red behaviour?</p> <p>Red behaviours are outside of safe and healthy behaviour. They may be:</p> <ul style="list-style-type: none"> • excessive, secretive, compulsive, coercive, degrading or threatening • involving significant age, developmental, or power differences • of concern due to the activity type, frequency, duration or the context in which they occur <p>What can you do?</p>	

Need a printed version of this document? [Download a factsheet](#)

If you are concerned about a child (continued):

- Talk to your school Child Protection Coordinator
- Keep a record
- Consider no-named advice from Social Work or Educational Psychologist
- Follow 'Child Protection in Fife Schools' procedures where necessary

III. Underage Sexual Activity

The legal age of consent is 16. However, approximately one third of young people engage in a range of sexual activity before the age of 16. The reasons behind this behaviour vary considerably. In some cases, the activity will be wholly consensual; in others it will happen in response to peer pressure or as a result of abuse or exploitation. Young people who are sexually active will therefore have different needs, so services and practitioners must be prepared to provide a range of responses.

Child protection measures must be instigated if:

- Sexual activity involves, or is believed to involve, a child under the age of 13.
- Sexual activity involves a young person who is currently 13 or over but was under 13 when the incident took place.
- Sexual relationships occur between a young person under 18 and an adult in a position of trust.

Consensual sex between "young people", i.e. 13 to 15 years of age, is unlawful but it does not follow that every case presents child protection concerns and it is important that a proportionate response is made. If there are no child protection concerns, there may still be needs to be addressed, either on a single agency or multi-agency basis.

When a practitioner becomes aware that a young person is sexually active or is likely to become sexually active, they should undertake an assessment of risks and needs so that the appropriate response can be provided. The practitioner has a duty of care to ensure that the young person's health and emotional needs are addressed and to assess whether the sexual activity is consensual, abusive or exploitative and a professional judgement made regarding action to be taken and support to be given.

In all cases, practitioners must follow the [Fife Multi Agency Underage Sexual Activity Protocol](#).

4. Impact of Internet and Social Media

The prevalence of social media and internet use in our culture has significantly changed the way children and young people experience relationships and develop their sexual understanding. Many individuals with ASD access a significant amount of screen time and can use the internet as a way to learn about the world. This means that they may need more guidance and clear boundaries or supports around these areas.

Online Porn

Pornographic images and videos are easily accessible to young people and allow them to explore some of their natural curiosity in sex without discussion with adults. However, there are significant risks to young people watching porn. For example, it can lead to unrealistic expectations about body image, sex and consent. It can lead to casual or negative attitudes to relationships and roles within relationships. Moreover, it can also lead to an increase in risky sexual behaviours and can be addictive (NSPCC, 2019).

These risks are true of all young people, but young people with ASD can be at an increased risk of some of these outcomes due to the underlying differences in how they process information and make sense of the world. For example, young people with ASD are more prone to having restricted and repetitive interests than the neurotypical population, so the likelihood of an interest in pornography becoming obsessive is increased. Young people with ASD can also struggle to differentiate fantasy from reality, so they can be at increased risk of developing unrealistic expectations of the real world, based on what they have watched. They may also be at higher risk of copying behaviours they have watched, since mimicking behaviour is more prevalent in ASD.

The reduced ability that young people with ASD have in understanding what others are thinking, and being empathetic to another's point of view or experience, can also hinder them from understanding the negative consequences which behaving in some ways typically evident in porn would have on another person/other people (particularly violent pornography). Finally, young people with ASD can struggle to make and maintain appropriate friendships and romantic/sexual relationships, therefore making online content more attractive, and even necessary, to fulfil sexual desires.

It is important to be explicit with all children and young people that porn is not a real reflection of sex and relationships, it is acting. Within porn the lines between consent, pleasure and violence are blurred, so educating children and young people about healthy relationships becomes even more important (NSPCC, 2019). In the case of young people with ASD the need for this education to be very clear and explicit is increased; with specific guidelines as to what is appropriate and what is not; what is acceptable in public and what is acceptable in private; and how certain behaviours and actions may make other people feel.

Sexting

Young people also use social media and different communication apps to engage with the world around them and their friends. This can be taken to another level through sexting or sharing sexually explicit images or content.

It is illegal for a person under 18 to send explicit images, even if the image is of themselves, or with the permission of the person the picture has been taken. However, sexting has become very prevalent amongst teenagers (NSPCC, 2019). Again, it is important to be explicit around the risks of sharing sexual pictures of yourself: the fact that there is no control over how widely the pictures are shared, who may see them and store them. Sexual pictures/videos could be used to blackmail or bully young people and cause significant emotional distress.

As with other behaviours it is important to be explicit with young people about the risks, and to encourage them to think through the implications of the image being seen by people they did not intend it to be seen by. NSPCC (2019) suggest encouraging young people to apply the 'Granny rule': "would you want your granny to see the image you are sharing?" However, young people with ASD may need more explicit teaching about the possible consequences of sending sexual images to others. Children and young people with ASD can have difficulties with impulse control and with understanding the consequences of the actions that they take. This places them at increased risk of sending pictures without thinking through the implications, and without understanding the impact it may have on their wellbeing. Similarly, they may ask others to send sexual pictures, without understanding how that might make the other person feel.

5. RSHP Education for Children and Young People with ASD: Strategies and Resources

All children and young people have a right to an education that meets their needs and this includes opportunities to learn about relationships, sexual health and parenthood. RSHP is especially important for children and young people with ASD to help them to navigate the world of relationships, understand their bodies as they develop, and learn behaviours that will keep them safe.

The starting point for RSHP education for learners with additional needs is that they should be learning the same RSHP curriculum at the same time as their peers, e.g. teaching about body parts as part of the Health and Wellbeing curriculum for all students. The RSHP resource (<https://rshp.scot>) offers learning activities to meet the diverse needs of learners. On occasion, learners with ASD will benefit from additional or enhanced content. For most children and young people, their needs will be met under universal provision.

The table below provides an overview of dimensions that you may want to consider when approaching RSHP for children and young people with ASD. It has been split into the following:

- a) Relationships and social interactions
- b) Puberty, sex, sexuality and relationships
 - i. Partnership with home
 - ii. Explicit teaching of vocabulary
 - iii. Private / public
 - iv. Physical changes
 - v. Sex and sexuality
- c) Staying safe and appropriate behaviour

These strategies and resources might be helpful for ASD learners whose sexual development is not a cause for concern; however, many of the strategies allow for when there might be a need to take a more personalised approach to support. Most of the themes can be introduced and progressed taking a 'layered learning' approach i.e. using content, language and resources which are suited to the individual's age and stage of development and then will be revisited in time, adding in additional 'layers' as appropriate. It is also important to start with ensuring there is a solid foundation with the basics of how relationships and social interactions work. This can and should begin when a child is young. It may be necessary to revisit some of these early themes around social interactions (in a manner that is developmentally appropriate) even when the presenting concern is around sex, puberty and/or staying safe. These strategies also incorporate good practice within schools for supporting individuals with ASD, e.g. use of visual supports, and apply them to RSHP education.

a) Relationships and Social Interactions
<i>Unfamiliar social situations and their unwritten rules can be daunting and unpredictable for individuals with ASD. It is best to 'lay the foundations' and address behaviours before puberty and more complex social interactions and relationships occur.</i>
<p>Aspects to consider:</p> <ul style="list-style-type: none"> • Explicit teaching of rules, social cues and scripts to understand social interactions, social use of language. • Personal space and distance. • Model and role play practise skills in different scenarios and contexts. • The approach may need to be directive and not just suggestions e.g. conversation starters, clear boundaries and explicit rules. • Support to know when and how to remove themselves from a stressful situation.
<p>Approaches, strategies and resources:</p> <ul style="list-style-type: none"> • Social Stories • Comic Strip conversations to help understand others' perspectives • Frequent practise of social scripts • Consider developing a Circle of Friends approach • Emotions Talks

- <https://rshp.scot/learners-with-additional-support-needs-asn/>
- <http://www.autismtoolbox.co.uk/relationships>

b) Puberty, sex, sexuality and relationships

Children with ASD may need additional teaching and resources alongside input in class. They should be taught the basics from an early stage, before puberty occurs. They often need a longer period of time to adjust to and understand changes in their lives (including puberty). Mood swings and physical changes at this stage can be hard to manage. As a minimum, all individuals need to learn the basics of how body parts work and how to stay safe. Intensive input may be required - from a few weeks to several months - in order to manage particular behaviours such as higher levels of anxiety about changes that are happening during puberty.

Aspects to consider:	Approaches, strategies and resources:
<p>i. Partnership with home: Liaise with parents/carers before, during and after school input – perhaps it has progressed too fast and assumes too much prior knowledge? Liaising with home also helps to ensure a consistent approach to language use.</p> <p>It will be more appropriate to introduce and/or reinforce certain themes or topics at home rather than school and vice versa.</p>	<ul style="list-style-type: none"> • Answer questions honestly about sex, and puberty. Help to provide a message that puberty is not something to be embarrassed about and trusted adults can be approached to gain information and the right answers. • Some children may have lots of questions and may only be satisfied with accurate, full and scientific answers. Share trusted resources to help with this between home and school. • Preparing for Puberty guide for parents of children with Learning Disabilities - Preparing for Puberty Guide
<p>ii. Explicit teaching of vocabulary: Address / teach explicitly e.g. body parts and different names.</p> <ul style="list-style-type: none"> • Children should be learning about body parts from a very early age. If they learn ‘penis’ and ‘vagina’ at the same time as ‘hands, feet, head’ etc, children will not see these words as any different. • Be factual, direct and don’t leave things open to interpretation. • Answer questions openly, honestly and timely. • Be careful how you use language to explain concepts e.g. ‘voice breaking’ which might be interpreted literally and could be anxiety provoking. 	<ul style="list-style-type: none"> • Explain that they should not feel they need to join in with playground conversations about private body parts if they do not want to. • If they ask a question at an inappropriate moment – consider a standard script such as “let’s talk about it when we / during...” (remember to ensure you follow up). • RSHP (Scot Gov) Resource has several resources on this topic. • Education Scotland RSHP resource for YP with ASD

<p>iii. Private / public: make boundaries clear about the difference between public and private including:</p> <ul style="list-style-type: none"> • Private body parts (when it is okay to touch yourself, others). • Private and public places and appropriate behaviour. • Sharing private information (e.g. telling the bus driver about having a period). • Who they can talk to about any concerns they have • They should only undress or masturbate in a private room. • That people should always knock on a bedroom door before entering. 	<ul style="list-style-type: none"> • Social stories for teaching appropriate social behaviour. • Ok/not ok or “it is alright to” table for teaching and discussing social rules. • Consistent responses from all (school and home) to say, ‘that’s not appropriate’. • When it is okay for someone to touch your private body parts, and when it is not okay (PANTS the underwear rule). <p>For resources, including a guide for children with ASD and also a guide for children with learning disabilities</p> <ul style="list-style-type: none"> • Pants Rule • Central Sexual Health ASN workbook • RSHP for Young People with ASD
<p>iv. Physical changes: you may need to provide information to explain physical development associated with puberty including:</p> <ul style="list-style-type: none"> • Body changes • Emotional changes • Menstruation (periods) • Masturbation - Focusing on the ‘what do to’/practical steps rather than the why - Teaching should be less about “what erections are and why they occur” and more about what to do when they have one e.g. how to clean themselves, what to do if bedclothes need changing. Reassure that masturbation is a normal activity. • Realistic and positive body image - stress that all bodies are a bit different and images in the media, social media or even the visual materials being used to support teaching may not look like their body and that this is ok. • Personal hygiene - help to prepare for developing an understanding of a need to wash more often, shaving and use of deodorant. 	<ul style="list-style-type: none"> • Use visual supports e.g. photos of them and other family members at different ages to explain body changes and puberty. Noticing a beard, breasts or underarm hair is a very tangible visual sign and can be a good starting point for discussion. • Encourage children and young people to feel positive about these changes. Talk about the advantages of being an adolescent and an adult e.g. making decisions about how to have your haircut. • Menstruation – reassurance may be required that this is a normal biological process. Script and rehearse what to do e.g. who to go to at school if she gets her period, how to use sanitary products, reassure that they will always be available when needed. Introduce a calendar or period tracking app to help predict and understand when to expect period being due. • Social stories and schedule charts / tick list to help with personal hygiene routines • Visual resources • e.g. Central Sexual Health Photo Stories • RSHP (Scot Gov) Resource

	<ul style="list-style-type: none"> • RSHP for Young People with ASD • Easy read leaflets e.g. Easy Health Leaflets and Videos • Autism Education Trust The Den
<p>v. Sex and sexuality: It may be necessary to work on understanding of the social interaction skills in order to sustain romantic and sexual relationships. Other things that may need to support to understand include:</p> <ul style="list-style-type: none"> • Relationships e.g. Why some people get married, why some people live with each other, etc • Explain that relationships come before sex • Make it clear that sex is not compulsory • Sexual identity and orientation • Exploring own beliefs and values • Sexual health • Contraception • Sensory issues e.g. some individuals will be worried about hugging and kissing in future relationships. 	<ul style="list-style-type: none"> • Talking about different people and circumstances that they know in their lives or even certain TV programmes that they might enjoy watching • Visual supports e.g. stick figures, photographs and discussing through a 'Circles Concept' with the individual in the middle and then discussing what role these other people have in their lives and the role they play e.g. family members, friends, professionals such as support workers, doctors. Talk about and demonstrate how these circles look different for each of us. • https://www.lgbtyouth.org.uk/ (Lesbian , Gay, Bisexual and Transgender Youth Scotland) can also help to support young people and their parents. • Social stories and Comic Strip Conversations e.g. to discuss sexual health including smear tests, contraception as well as behavioural responses. • Reinforce that when it comes to relationships, it is important to only do what they are comfortable with. • Ok/not ok or "it is alright to" table • Autism Education Trust The Den • Central Sexual Health, ASN • RSHP for Young People with ASD

c) Staying safe and appropriate behaviour

ASD affects a person's ability to understand what is considered to be socially appropriate behaviour and to imagine what other people might feel. Behaviours may have another function or meaning rather than being sexually motivated.

Most of the incidents that lead to trouble for young people on the autism spectrum are 'boundary violations', impulsivity driven or obsessional behaviour. This may include kissing or touching another person without consent, inappropriate social networking and mobile phone and internet use. Children with ASD are likely to need explicit teaching to help them to understand socially appropriate behaviour, risk and how to stay safe.

In relation to online behaviour, social media use and viewing of pornography, as outlined above, young people with ASD can be more vulnerable due to difficulties with social understanding and understanding between fantasy and reality.

It is important to be explicit with all children and young people that pornography is not a real reflection of sex and relationships. In the case of young people with ASD the need for this education to be very clear and explicit is increased; with specific guidelines as to what is appropriate and what is not; what is acceptable in public and what is acceptable in private; and how certain behaviours and actions may make other people feel.

Intensive input may be required where potential risk is identified in order to manage particular behaviours. See Section 6. Additional and Intensive Provision for more information.

Aspects to consider:

Importance of clear boundaries and talking openly to support safe behaviour around:

- Public/private
- Consent
- Viewing of pornography and online materials
- Being clear about fantasy and reality
- Directing to more suitable online resources for developing understanding and awareness
- Clarity about the law and rights and wrongs with online behaviour
- Knowing about social cues and interpreting meaning when online
- Healthy limits with internet use

Approaches, strategies and resources:

- Social stories and Comic Strip Conversations to help understand how they view the situation and to describe how to go about it in a more socially appropriate manner. Helping to support with empathy for others such as how others will be feeling around sexualised language/behaviour.
- Ok/not ok or "it is alright to" table for teaching and discussing social rules.
- Consistent responses from all (school and home) to say, 'that's not appropriate'.
- When it is okay for someone to touch your private body parts, and when it is not okay (PANTS the underwear rules - [Pants Rule](#))
- Behaviour diary such as an ABC or a STAR chart to help to understand what the conditions around a behaviour are and the function behind it. Think about possible 'explanations' for the behaviour e.g. sensory, obsessive interest, lack of understanding of social norms/private etc., lack of theory of mind (not able to fully understand that what feels good to them can harm others or make them feel uncomfortable), copying behaviour observed in others. Perhaps the behaviour is done because of curiosity and acting on impulse or perhaps it is down to the reaction they get.

- See ASD Effective Intervention Pack or discuss with link EP for more information on functional analysis).
- Consider other 'causes' e.g. sexual abuse, medical need (e.g. skin rash or infection), experience of trauma.
- Ensuring a pro-active approach including practical arrangements to decrease the opportunities in the instance of inappropriate sexualised behaviours.
- Although it is understandable that the immediate reaction to such behaviours may involve feelings of shock and alarm, a calm reaction should be maintained if possible. Also, supporting peers to give a calm/assertive reaction/scripts to use and next steps to tell an adult
- Consider other 'causes' e.g. sexual abuse, medical need (e.g. skin rash or infection), experience of trauma
- [Central Sexual Health ASN workbook](#)
- [Central Sexual Health, Managing Sexual Behaviour Guidelines](#)
- [RSHP for Young People with ASD](#)
- Online behaviour and internet use - <https://mindyertime.scot/for-adults/>
- <https://www.thinkuknow.co.uk/>

*See Section 8 Key Resources / Websites for more details on the web links.

A related but separate issue is that of gender identity, and research indicates that people with ASD may be more likely to experience gender dysphoria (distress caused by biological sex and the gender a person identifies with not being the same) than others. This paper does not attempt to look at this issue but further information can be found on the National Autistic Society website at <https://www.autism.org.uk/about/what-is/gender.aspx>

6. Additional / Intensive Provision

There may be times whereby the support strategies and approaches do not fully address the identified RSHP needs of a young person. Within a Staged Intervention Framework, your assessment may have identified the need to engage with one or more other services. You may have observed indicators of harm and/or sexually harmful behaviour. Please see [Child Wellbeing Pathway](#) for more information. Child Protection procedures must be followed if Child Protection concerns are identified at any stage.

For information about Fife multi-agency processes for risk management in the rare situation where a young person is engaging in harmful behaviour please see Appendix 1.

7. Key Resources / Websites

Relationships, sexual health and parenting education

RSHP (Relationships, Sexual Health and Parenting) online resource <https://rshp.scot/> Provides a comprehensive set of learning activities for use in early learning settings, primary and secondary schools, colleges and in community-based learning. The resource is structured in line with Curriculum for Excellence Levels and can be used to support the delivery of RSHP education in mainstream and specialist settings and in non-denominational and denominational schools. All of the resources available as part of the RSHP resource have been quality assured and peer reviewed by a partnership of educators, health professionals and third sector organisations. Includes third party programmes and resources, books and social stories to support and enhance RSHP learning, including at home.

Autism Toolbox is a resource designed to support the inclusion of children and young people with ASD in mainstream education services in Scotland. Resource pages contain real-life case studies from Scottish schools and practical examples of supports: <http://www.autismtoolbox.co.uk/sexual-health>

Education Scotland comprehensive teaching pack for staff delivering RHSP education to young people with ASD in mainstream secondary school. The pack is designed as an online resource with activities designed to be informative and interactive, based on evidence and feedback from practitioners. <https://education.gov.scot/improvement/learning-resources/relationships-sexual-health-and-parenthood-resource-for-young-people-with-autism-spectrum-disorder/> -

NHS Forth Valley have developed a range of useful resources in planning for and delivering RSHP education for children and young people with ASN, including a practical ASN Workbook <https://www.centalsexualhealth.org/professionals/asn-workbook/> and curricular Framework https://www.centalsexualhealth.org/media/7977/add_nds_framework_nov_15-1-.pdf

Managing challenges or problematic sexualised behaviour

Guidelines from **NHS Forth Valley** offer a practical guide to managing problematic sexualised behaviour in young people: https://www.centalsexualhealth.org/media/6505/msb_guidelines.pdf

NSPCC offer helpful advice and support to identify whether a behaviour is concerning: <https://www.nspcc.org.uk/keeping-children-safe/sexual-behaviour-children/#tab-820e05e3-0d4ce7d7>

Information for young people, parents and carers

Preparing for Puberty. A practical guide from **NHS Forth Valley** for parents and carers of children and young people with a learning disability, with information and advice on a range of issues associated with puberty:

https://www.centralexualhealth.org/media/7961/preparing_for_puberty-1-.pdf

Autism Education Trust Resource pages contain helpful videos and Q&As helping young people explore friendship, puberty, sex, contraception, masturbation and sexual hygiene. Questions and answers relating to Health and Wellbeing: <https://www.autismeducationtrust.org.uk/health-and-wellbeing-get-the-facts/> and Friendships and Relationships:

<https://www.autismeducationtrust.org.uk/friends-relationships-get-the-facts/>.

The **National Autistic Society** provide advice, guidance and recommended resources on puberty and sex education: <https://www.autism.org.uk/about/communication/sex-education.aspx>

Be Safe Have Fun App and Website from **CKUK.org.uk** is a sexual health app and website for young people aged 14 and over with ASD or a learning disability, covering aspects of sexual health, drugs and alcohol: <http://health.ckuk.org.uk>

NHS Forth Valley Photostories for young people – following four couples in different types of relationships, working through how the relationship develops, risks and sexual health information. Can be used online with audio, or printed as a comic book. Accompanying guidance notes available for educators/parents/carers: <https://centralexualhealth.org/professionals/photostories/>

La Trobe University, Faculty of Health Sciences, Australia: A Guide on Puberty for Teenagers and Their Parents: <http://nhfv.org/wp-content/uploads/2016/06/sexualityautism-spectrum-disorder.184122715.pdf> provides helpful information to support parents and young people to navigate the emotional, physical and social changes that individuals with ASD will encounter during puberty. The guide is split into three sections (physical, social and emotional) with each section providing specific details for parents/carers, followed by information and visual descriptive stories for the teenager with ASD, split by gender.

8. Local resources and useful contact details

ASIST - Autism Spectrum Information and Support Team

- <https://girfec.fife.scot/services/supporting-learners-service-autism-spectrum-information-and-support-team-asist/>
- See ASIST GLOW tile for resources developed by ASIST.

Educational Psychology Service

- www.fife.gov.uk/educationalpsychology

Fife Council Child Protection website and resources

- <http://www.fifechildprotection.org.uk/minisites/index.cfm?fuseaction=page.display&pageid=5C8A3FA2-F091-A0B3-6CA6A35C4DCE744F&siteid=AA73CD9C-E7FE-C7EA-06436BFC786E1C8E>

One Stop Shop - advice and support centre for individuals with an ASD diagnosis and their family

- <https://www.scottishautism.org/services-support/family-support/fife-one-stop-shop> -

Social Work

- <https://www.fife.gov.uk/facilities/social-work-office>
- Contact Centre - 03451 551503
- Child Protection in Fife Schools Policy

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Appendix 1: Fife Multi-agency Processes

The processes below would be accessed as a result of a requirement for Intensive Provision multi-agency assessment and support. These processes are accessed and lead by Social Work, but Education staff will contribute to assessment, planning and intervention for a young person.

I. Risk Management process

There will be circumstances where a young person is displaying concerning or challenging behaviours in their community, home environment or educational setting. In many cases the behaviours will be displayed in more than one setting. These behaviours may pose a considerable risk to self, others or property and may be of a sexual or violent nature. To ensure the young person's, the victim(s) and community safety, consideration should be given to convening a multi-agency risk management meeting (RMM) to formulate a robust risk management plan (RMP) to reduce actual and/or potential harm. Social Work Team Managers are responsible for having a discussion with their staff to consider the need for a RMM. Those invited to the RMM should be at a minimum:

- the young person, family/carers, named person, lead professional, SW Team Manager, any third sector involvements, educational psychology and health professionals
- When appropriate, the police and housing staff.

These people form the Risk Management Team (RMT).

In circumstances where a young person has been charged with a sexual offence or a significant violent offence, discussion should take place with the Young People's Team to ascertain whether their team would undertake a comprehensive risk assessment and this manager's discussion and agreed outcome should be recorded on SWIFT by the case responsible team manager.

If the Young People's Team are not going to be involved the area team social worker should complete an initial risk assessment to determine the level of risk displayed by the young person, one of the following tools should be used:

- AIMS (Screening) assessment for sexual behaviours
- Risk of Serious Harm Assessment for violent behaviours

II. Young Person's Significant Risk Advisory Group (YPSRAG)

There are a small number of young people whose behaviour is such that they are at high risk of causing serious harm. They pose risks which require to be managed through careful, comprehensive planning based on close co-operation between key service providers. They may already have a child's plan, formulated in other planning forums.

The Young Person's Significant Risk Advisory Group (YPSRAG) is not intended to replace any of these forums: its role is to provide high level scrutiny and ensure that there is appropriate multi-agency

planning in place to monitor cases of significant concern. The aim is to balance the planning to protect public safety while fulfilling the local authority's responsibilities in relation to the welfare of the young people concerned.

Any child/young person open to the Children and Family Social Work Service and who meet any of the following criteria should be referred to the YPSRAG by Social Work:

- They have displayed or are displaying sexually aggressive and harmful behaviour (not necessarily resulting in formal charges) and been assessed as medium to high concern following AIMS assessment
- Young people who pose a high risk to themselves as a result of self-harming behaviours.
- They have committed acts of violence which have resulted in significant harm to others and/or are developing an escalation in their levels of violence and aggression. This should lead to a Risk of Serious Harm Assessment or SAVRY
- Their behaviour is of such seriousness that their offending is being dealt with in the adult Criminal Justice System.
- A referral may be made in other exceptional circumstances where public interest in the young person's case is very high and there is a need to ensure that public confidence in the Youth Justice System is maintained.