

Healthy Sexuality:  
Understanding, Managing and  
Responding to Sexual Behaviors in  
Students with Autism Spectrum  
Disorders

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Sexuality is “a central aspect of  
being human.”  
World Health Organization (2004)

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### We are ALL sexual beings

Motivation for sexual behavior includes:

- Exploration and curiosity
- Imitation
- Sensation seeking – self stimulation
- Attention seeking
- Pleasure

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### Self Stimulating Behaviors

Self stimulating behaviors that may at times be sexually driven include:

- Moving or rubbing body or body parts against objects or someone else's body
- Moving bodies on the floor
- Grabbing at or rubbing own genitals
- Stimulating genitals with hands or objects

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Self stimulating behavior is typically purposeful in that it creates a bodily sensation that the child or individual finds pleasurable or organizing at that particular moment.

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Most of us engage in little self stimulating behaviors or activities that help to keep our bodies at a comfortable level of sensation such as leg shaking, pencil tapping, hair curling, chin scratching. We are typically able to hide or minimize these behaviors based on social appropriateness.

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Children with ASD typically engage in self stimulating behaviors more obviously – and they are either unable to “hide” it and/or they don’t possess the level of social awareness that would motivate them to.

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We often see a decrease in self stimulating behavior when children are interacting in a positive or engaged manner with an adult or peer.

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- Regular sensory motor activities such as running, dancing, physical games, blowing bubbles, tactile experiences, etc., done several times / day may bring more sensation to the body and decrease self stimulating behaviors.
- Understanding the patterns of self stimulating behaviors may enable us to reduce the environmental and situational factors that may be contributing to the behaviors.

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Repetitive behaviors / perseveration that appear to be sexually driven may overlap with self stimulating behaviors in that the motor activities have sensory components. Identify the benefits that the sensory, motor and emotional components may be providing.

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Developmentally Typical Sexual Behaviors in Childhood

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### Under 4 Years Old

- Exploring, touching, rubbing own private parts in private and in public
- Showing private parts to others and attempting to see or touch private parts of others
- Removing clothes, wanting to be naked
- Asking questions about body parts and functions
- Talking with peers about body parts and functions, using bathroom words (pee, poop)

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### Approximately 4 – 6 Years Old

- Masturbation occasionally in presence of other people
- Mimicking intimate behavior such as kissing, hugging and handholding
- Attempting to view others in bathroom or while undressing
- Exploring private parts with peers – (playing doctor, I'll show you mine, you show me yours)
- Talking about private parts and using sexual or "naughty" words often without understanding meaning

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### Approximately 7 - 12 Years Old

- Masturbation, usually in private
- Playing games with peers that involve sexual content such as "truth or dare", dating, mommy/daddy, etc.
- Attempting to see others naked or undressing
- Viewing or attempting to view sexual content in media
- Desire for privacy when dressing, bathing, etc.
- Sexual interest in or attraction to peers

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### When Sexual Behaviors Are a Problem

- The behavior is clearly beyond the child's developmental level
- The behavior involves threats, force or aggression
- The behavior involves inappropriate or harmful use of sexual body parts
- The behavior involves individuals of widely varying ages or abilities
- The behavior is associated with strong emotional reactions such as anger or anxiety
- The behavior interferes with typical interests and activities
- The behavior is repetitive or perseverative
- The behavior occurs at school

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Most children who act out sexually have not been sexually abused.

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### However:

- Research indicates that children with any type of intellectual disability are up to 4 times more likely to be sexually abused than children without disabilities
- Children with ASD's may have challenges disclosing and communicating about abuse that has occurred
- Children with ASD's who have been sexually abused may present in ways that are atypical and are mistakenly attributed to autism rather than possible sexual abuse
- The use of traditional strategies for evaluating possible sexual abuse is likely to be inadequate for children with ASD's

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Possible Causes of Problematic Sexual Behaviors

- Exposure to traumatic experiences
- Exposure to violence in the home
- Exposure to adult sexual activity including via media
- Inconsistent rules related to privacy, values, etc., in the home
- Inadequate supervision in the home
- Tendency toward obsessive or repetitive behavior
- Lack of social competency
- Limited age appropriate coping, self soothing and self control skills

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The Social / Communication Connection

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Responding to Problematic Sexual Behaviors

- Maintain a calm and even tone of voice
- Ask only open ended questions
- Identify and seek to minimize/eliminate triggers
- Identify and seek to eliminate risk
- Consistently respond to behaviors across environments
- Provide appropriate levels of supervision
- Identify and reinforce expected behaviors
- Bathroom, school bus, cafeteria issues

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### Proactive Approaches

- Pre-teach basics of safety and hygiene from a developmentally appropriate perspective
- Be as direct and concrete as possible
- Be consistent and repetitive
- Establish acceptable vocabulary/language for body parts and sexually related words that enables a child to ask questions and to know who and how to tell

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### Provide clear and direct education and rules related to:

- Privacy
- Who can and can't help with hygiene care
- The difference between appropriate and inappropriate touch
- The difference between public and private
- Respecting physical boundaries of others
- What to do if inappropriate touching occurs

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“Social skills cannot be learned from the top down. The approach has to be from the bottom up, no matter what the child’s age.”

Stanley Greenspan

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Provide Ongoing Opportunities for Interactive and Experiential Social Learning

- Circles – of care, comfort and relationships
- The Five Point Scale – “A 5 is Against the Law: Social Boundaries Straight Up” by Kari Dunn Buron
- Space Invaders
- Imaginative and social pretend play

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“Simply scripting ideas and memorizing phrases is in many respects counterproductive.”

Stanley Greenspan

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Using Role Play to Enhance Social Skills

- Role play and improvisation cards
- “What Would You Do?” role play scenarios
  - Personal dilemmas
  - Problem solving
  - Safety scenarios
  - Social situation scenarios
  - Empathy and interpersonal based scenarios

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## Role Play

- Allows children to learn through direct experience
- Enhances social competency, empathy and spontaneous social interaction
- Enhances reciprocal conversation and ability to read and respond to social cues and signals
- Supports active and shared problem solving leading to complex social negotiation
- Provides the opportunity to try out new and different behaviors and to visualize options
- Assists in the development of boundary awareness and clarification

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