



# Sexuality Education Resources for Caregivers Project

## Supporting Knowledge Acquisition in Areas Reflective in Comprehensive Sexuality Education Toolkit

Developed by Autism Nova Scotia  
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**Autism Nova Scotia would like to note that this toolkit includes illustrations of sexual and reproductive anatomy. None of these images are of real people.**



## Introduction

The Sexuality Education Resources for Caregivers consists of four toolkits and two webinars. The project aims to develop accessible comprehensive sexuality education resources that support the needs of caregivers of Autistic people, Autistic individuals, and others. We hope that these resources will build their capacity to provide comprehensive sexuality education information to the Autistic person(s) in their lives.

These resources will explore how there is a gap in access to comprehensive sexuality education for Autistic people and for their caregivers to support with sexuality education. Each toolkit and webinar will focus on separate but related topics that will help give caregivers of Autistic people a broad understanding of how to learn about and provide sex-positive comprehensive sexuality education to their family members.





## Toolkits & Webinars

**Toolkit 1:** Foundations and Guidelines of Comprehensive Sexuality Education and Sex-positivity

**Toolkit 2:** The Caregivers' Role in Providing Sexuality Education to their Child / Family Member

**Webinar 1:** The Caregivers' Role in Providing Sexuality Education to their Child / Family Member

**Toolkit 3:** Supporting Knowledge Acquisition in Areas Reflective in Comprehensive Sexuality Education

**Toolkit 4:** Supporting the Development of Personal Skills in Your Child / Family Member

**Webinar 2:** Caregivers' Role in Supporting the Development of Autonomy in their Child / Family Member's own Sexuality







## Toolkit 3: Supporting Knowledge Acquisition in Areas Reflective in Comprehensive Sexuality Education



This toolkit outlines how to support your family member in areas reflective in comprehensive sexuality education (CSE). These areas are:

- Anatomy and Function
- Gender Identity
- Gender Expression
- Sexual Orientation
- Relationships
- Dating
- Pleasure
- Sexual Health
- Sexual Behaviour
- Consent
- Safer Sex Practices
- Sexually Transmitted Infections
- Birth Control
- Sexual and Gender-Based Violence

Throughout this toolkit, we dive into what these areas are, some resources caregivers can use to improve their knowledge on these topics, and some tips in supporting their family member as it relates to sexuality education.





# Comprehensive Sexuality Education

CSE covers a broad range of topics and aims to “equip individuals with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives” (UNESCO, 2018).

**Comprehensive Sexuality Education** is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality (UNESCO, 2018).

## Why Comprehensive Sexuality Education?

- Comprehensive sexuality education can help reduce the rates of gender-based violence by promoting respect for human rights, teaching the information and skills to ensure all partners are safe and consent, and by increasing awareness of societal norms and practices that contribute to violence (SIECCAN, 2019).
- Comprehensive sexuality education can reduce the economic burden related to poor sexual health outcomes, such as sexually transmitted infections, unplanned pregnancies, and sexual and gender-based violence (SIECCAN, 2019).



## Things to Consider

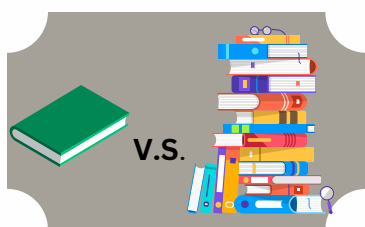
The key component of this toolkit is how a caregiver(s) of an Autistic family member can support them in learning more about sexuality, including their sexuality. As caregivers work their way through this toolkit they can use the questions below to help guide their thinking.



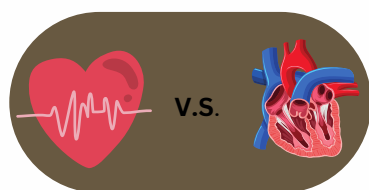
1. Consider how your family member learns best (e.g., through images, videos, text, hands-on demonstration, text and images combined etc.)?



2. What time of day does your family member learn the best (e.g., morning, after school, evening, before bed)?



3. How much information can your family member process at one time?



4. What kind of information is appropriate for their age/ what is developmentally appropriate information?



## How to Use Toolkit Contents

As can be seen, by the extensive list on page 4, CSE covers many complex areas and topics. This toolkit will provide caregivers with important definitions and resources to explore. By learning about these topics directly it can help caregivers to increase their comfort in discussing these topics with their family members.



Caregivers can go through resources either alone or with their family members as a way to support their learning. Additionally, some resources can be given to the Autistic family member to allow autonomous education, which the caregiver can follow up on depending on their needs or questions.

The rest of this toolkit is broken down into CSE topic areas. These sections are meant to provide caregivers with basic content knowledge from a CSE lens.

Caregivers can use the pages of the toolkit to support their discussions with their Autistic family member or the caregiver may wish to access free and/or paid resources for direct discussion and education with their Autistic family member.

Autism Nova has created free resources for Autistic people, which can be found on Autism Nova Scotia's free Sexuality Resource page (<https://bit.ly/3SCW7PP>). Links to free resources relating to topic areas have been provided throughout the toolkit.

If caregivers want additional resources, Autism Nova Scotia offers additional content, activities, and lessons that can be bought from our Sexuality Resource Store (<https://bit.ly/3syw0yO>).



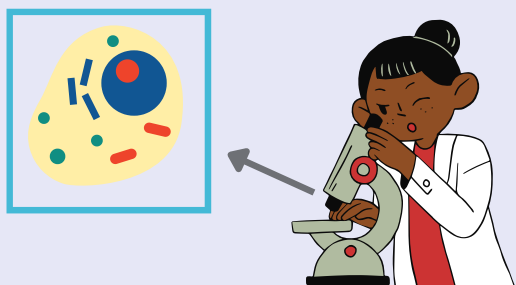


## Content Area One: Sexual Health

Sexual Health includes the health and wellbeing of all aspects of a person's sexuality.

The topics of sexual health covered in this section are:

- General Considerations for Teaching About Sexual Health
- Anatomy & Function



**Sexual Health** is "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (WHO, 2006a)

Some other areas of sexual health include puberty, the menstrual cycle, menopause, and pregnancy.

Sexually transmitted infections, sexual risk, safer sex, and contraception are also important topics in sexual health. Because of their scope, they will be discussed in topic area five.

All people will benefit from gaining an understanding of what changes will occur to their bodies as they progress through puberty and sexual development.

### Links to Free Autism Nova Scotia's Sexual Health Resources

[ANS Menstrual Cycle Resource](https://bit.ly/3THRipQ)  
(<https://bit.ly/3THRipQ>)

[ANS Puberty Resource](https://bit.ly/3W9BiOO)  
(<https://bit.ly/3W9BiOO>)



## Things to Consider

- Many people, including Autistic people, can find puberty or other large changes in general extremely dysregulating and challenging. For this reason, beginning conversations early (before puberty begins) can be very helpful. As well, many sexual ethics and beliefs are formed before puberty. Therefore, it is important for caregivers to have sex-positive, age-appropriate discussions throughout their family member's life (Corinna, 2016).
- Some caregivers find it useful to make educational materials such as books available throughout the home so that youth and young adults can see it out as they have questions. This is lower stakes than pressuring them to read something they may not be ready for. As well, making the person read or view material about sexual health or sexual wellbeing that they are not ready for could make them feel that they are behind or different for not being interested in sex or are not experiencing puberty at that specific time (Corinna, 2016).
- Work on being an **askable caregiver** and letting the family member know that the role of a caregiver is to answer all of their questions without judgment. Caregivers do not need to know the answer to all questions immediately. If a caregiver does not know the answer they can still be askable by helping their family member access evidence-informed, accurate information to meet their sexual health needs.
- Sexual Health discussions can be hard, and family members may be uncomfortable or embarrassed to bring forth questions about their bodies. It can be helpful to normalize these conversations as one would with any other aspect of their health from a young age.

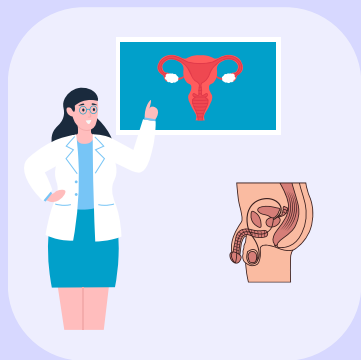




## Anatomy and Function

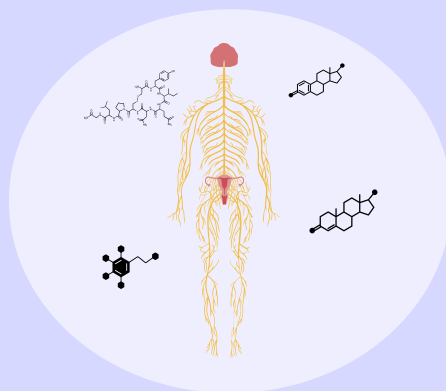
In order for caregivers to provide information to their family member(s) about their anatomy and how their body works (their physiology), it is important for caregivers to be aware of the diversity of body parts, structures and systems that exist. Using CSE as a framework, caregivers teach anatomy not limited to gender. This creates a space that is inclusive for family members who are non-binary, transgender, or gender non-conforming.

Teaching from this lens generates understanding in the family member that anatomy and gender are different.



Within this section, we will cover the internal and external genitalia and reproductive organs, as well as discuss the use of slang terms and scientifically accurate terminology.

**Physiology** is a word that describes how those body parts, structures, and systems work within the body. For example, how the reproductive system communicates with the body through nerves and hormones.



**Anatomy** is word used to describe the body's parts and their structures and systems. Sexual anatomy generally refers to structures such as the penis, testicles, vulva, vagina, and breasts.





## Scientifically Accurate & Slang Terms

While using scientifically correct terms (e.g., penis, vulva, etc.) may be difficult at first it is important for caregivers to build comfort in doing so. Learning about one's whole body, which includes reproductive and sexual anatomy, can help to promote lifelong health and wellbeing and build self-esteem (Corina, 2016).



- By using correct names for sexual and reproductive anatomy caregivers can teach those they care for that their bodies and their sexual selves are not taboo or shameful. Using indirect language can inhibit your family member's ability to talk openly about sex, anatomy, and their sexual needs in the future.



- It can also help caregivers protect their family member(s) care for if they are experiencing sexual violence or if they are injured as they can more accurately describe what they are/did experience.

When can I say balls instead of testicles?



- It is also important to directly teach slang words that are commonly used to refer to sexual body parts, as many people use these words in society. Additionally, it is important to teach when to use and not use these words.

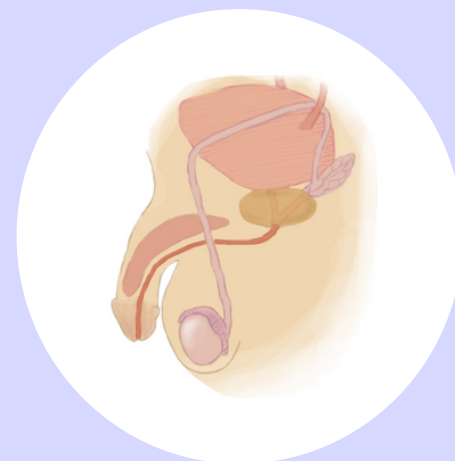


## Things to Consider

- Research shows that teaching both scientifically accurate terms and slang terms is important. When youth discuss sex outside the classroom they will likely be using slang terms, so it is important for Autistic people to be taught those too.
- Learning and practicing the use of scientifically accurate terms helps to build confidence and positive body image. But, directly teaching a family member that in different settings they may hear other terms, and what those terms may be is important too.

It is important for caregivers to teach both internal and external anatomy for people with penises and people with vulvas.

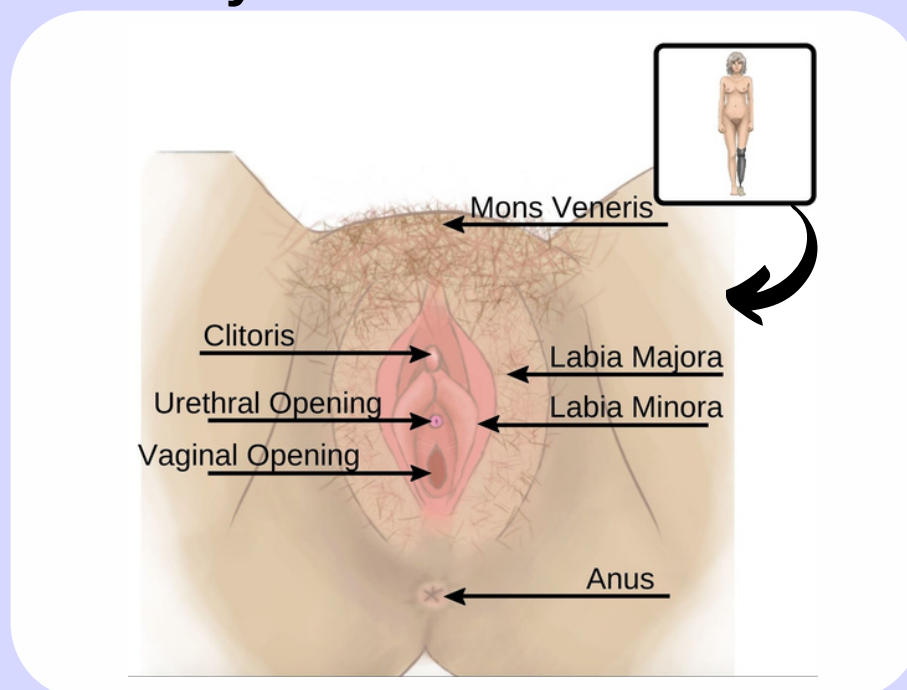
For this toolkit, we have provided illustrations of internal and external anatomy with labels to support caregivers in teaching anatomy and function.



First, we will start with vulvas and vaginas.



## External Anatomy: Vulva



**A Vulva** is the external genital anatomy. It includes the pubic mound (mons veneris), the labia majora, the labia minora, the clitoris, and the urethral and vaginal openings

**Reminder:** the vulva and the vagina are **not** the same thing. Most people use the word vagina incorrectly. The vagina is internal. The vulva is the external anatomy.

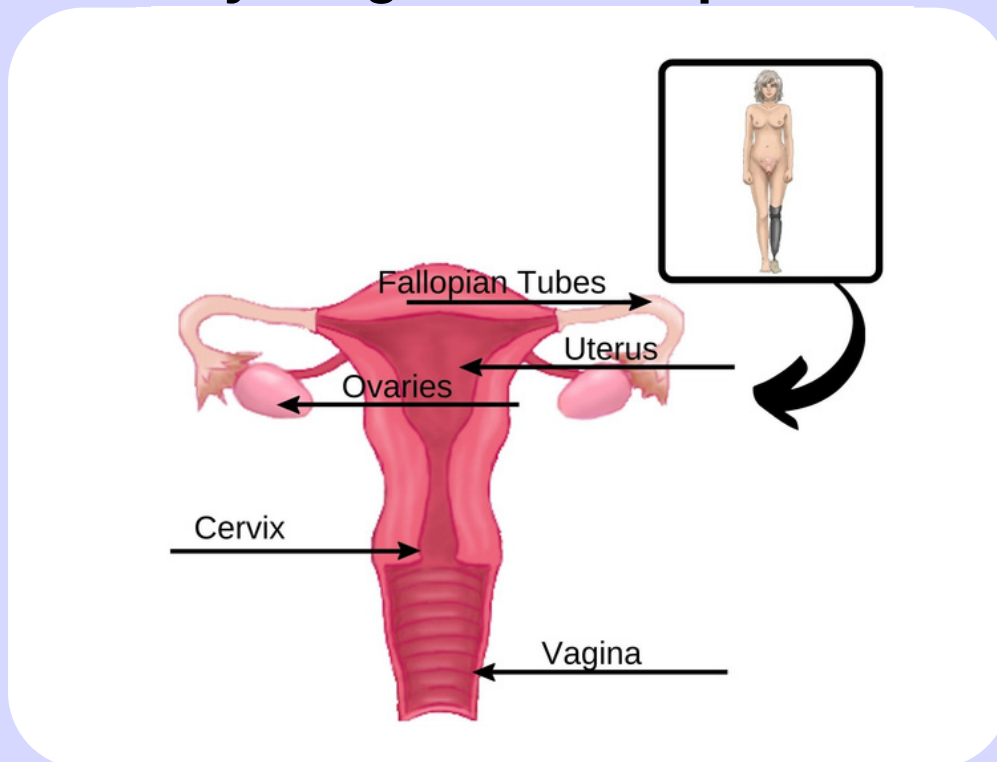
**A Clitoris** is a sensitive part of the external genitalia. The sole purpose of the clitoris is for sexual pleasure.

### Things to consider:

- If caregivers and their family member(s) are comfortable, it may be useful to use diagrams or educational videos to explain the different types of anatomy you are discussing. This limits the confusion surrounding what you mean when you use a specific term that they may or may not know.



## Internal Anatomy: Vagina and Reproductive Organs



**The vagina** is the canal that opens at the vulva and extends into the pelvis connecting to the uterus.

**The cervix** is the narrow passage leading from the vagina to the uterus.

**The uterus** is a pear-shaped organ where a fetus develops.

**The ovaries** produce eggs and sex hormones.

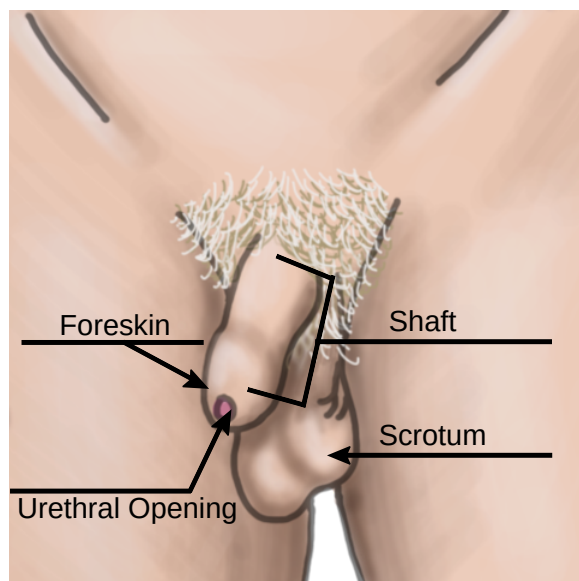
**The fallopian tubes** are tubes that extend up from the uterus to the ovaries that sperm and eggs travel through.

### Things to consider:

- To foster trust and comfort with your family member normalize conversations about bodies and sexual anatomy as you would with other areas of their anatomy. More informal, relaxed discussions about anatomy and sexual health help build healthy communication skills, both for you and for your family member (Corinna, 2016).



## External Anatomy: Penis and Scrotum



**The penis** is an external sex organ where urine (pee) leaves the body. The penis can also release semen and sperm during sexual activity.

**The shaft** is the length of the penis between the base and the head/glans of the penis.

**The foreskin** is a covering of skin over the penis glans/head.

**The scrotum** is a pouch of skin of the external genitals that holds the testes.

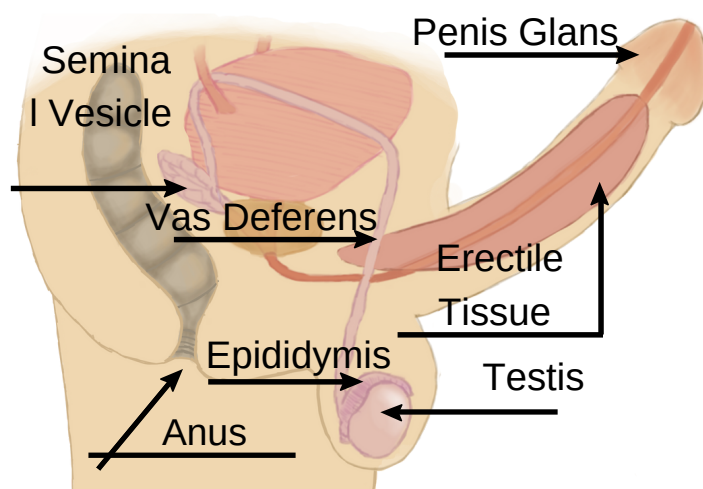
### Things to consider:

- If a caregiver and their family member are comfortable, it may be useful to use diagrams, models, or educational videos to explain different types of anatomy a person may have. This limits the confusion surrounding what a caregiver may mean when they use a specific anatomical term.





## Internal Anatomy: Testicles and Reproductive Organs



**The glans** is the highly sensitive head of the penis.

**The testes** are gonads that are in the scrotum and function in producing sperm and sex hormones.

**The erectile tissue** is the tissue that experiences an increase in blood flow during sexual arousal and becomes engorged with blood causing the stiffening and enlargement of the penis.

### Things to consider:

- Caregivers can also use diagrams to explain what changes may happen to the genitals during puberty or sexual arousal. For example, how an erection can occur when a penis fills with blood.
- Caregivers should ensure they are aware of what parts of the anatomy are involved in sexual pleasure.



## Content Area Two: Sex Assigned at Birth and Gender

Sex assigned at birth and gender are two very different aspects of a person that are commonly misunderstood or thought to be the same thing. Within this section, caregivers will learn the difference between the concept of sex assigned at birth, gender, gender identity, and gender expression.

### Sex Assigned at Birth

Sex Assigned at Birth is the sex a person is given by a doctor or nurse during an ultrasound, at birth, or by other testing based on their chromosomes or genitals. Sex assigned at birth is based on the physical anatomy a person is born with.

**Sex Assigned at Birth** is a label (male, female, intersex) that a person is given or assigned by a doctor/nurse when they are born. The label is based on the genitals and chromosomes the person has at birth. A person's sex assigned at birth will go on their birth certificate (Planned Parenthood 2021a).



A baby born with a penis will be assigned the male sex at birth, whereas a baby born with a vulva will be assigned the female sex at birth.

It is common for babies to be born with genitals or chromosomes that do not fit the stereotypical definition of male or female sex assigned at birth. This called intersex (InterACT, 2017).

Being intersex is about as common as having red hair. Which means is quite common (InterACT, 2017)!







## Gender

**Gender is not the same as sex assigned at birth.**

Someone's Gender Identity is not something that can be seen or known by another person. Gender is personal.

Gender identity may or may not align with a person's sex assigned at birth.

People may use pronouns as a way to express their gender identity

Gender is a complex part of each person.

**Areas to cover when discussing gender include:**

- **Gender Identities**
- **Pronouns**
- **Gender Expression**
- **Social Gender-** how other people perceive a person's gender (e.g., gender roles, gender stereotypes)

**Gender Identity** is a term used to describe how a person feels about their own gender. Gender identity is a feeling a person has when they are very young. How a person feels about their own gender identity is personal and unique to that person. The only person who can define your gender identity is you (Planned Parenthood 2021a).





Some gender identities are:

- **Gender Queer:** When an individual does not identify within the gender binary.
- **Agender:** When an individual identifies as gender neutral or not having a gender identity.
- **Cisgender:** When an individual's gender matches their assigned sex at birth.
- **3rd Gender:** When an individual does not identify as belonging to a masculine or feminine gender but belongs to an alternative gender.
- **Transgender:** An individual who does not identify with the sex they were assigned at birth.
- **Non-Binary:** An individual who does not identify within the gender binary.
- **Gender Fluid:** When an individual's gender identity changes over time and/or situation.
- **Two Spirit:** In Indigenous cultures, when an individual embodies both feminine and masculine spirits.

(University of Massachusetts Amherst, n.d.)

**Pronouns** (such as she/her, he/him and they/them) are commonly used as a way for a person to share their gender identity.

Learning about pronouns is important because it helps to create safer spaces for everyone to express their gender.

Using the wrong pronouns for a person whether it is on purpose or not, can be disrespectful and hurtful to that person.

It is important to never assume someone's gender or their pronouns. Even if a person appears as a particular gender, a person does not know another person's pronouns until they tell you.

MY PRONOUNS ARE

She/Her



THEY/THEM

XE/XIM

HE/HIM

The only way to know a person's pronouns is to ask! If a person does not know another person's pronouns (even if they have met before) they can refer to them with a gender-neutral pronoun such as they or by using their name until they ask them.

If a person makes a mistake and addresses someone by the wrong pronouns, it's okay! It is best that they quickly correct themselves and move on.

## Gender Expression

Gender expression are ways in which a person communicates their gender. A person's gender expression (what other people can see) does not always match their gender identity (what the person feels inside) or sex assigned at birth.



**Gender Expression** is a term used to describe how a person publicly presents and expresses their gender to others. People express their gender through what clothes they wear, what hairstyle they have, wearing make-up, painting their nails, their body language, voice, etc (Planned Parenthood 2021a).



A person may communicate and express their gender differently depending on who they are around or what the circumstance is. This could be due to fear of judgment or gender-based violence.



## Gender Stereotypes



Gender Stereotypes are false and inaccurate ideas about people's gender that are created by society. These false ideas create harmful expectations about how a person of a certain gender is supposed to act, behave, and even look.

Gender stereotypes are harmful and can impact if a person feels safe or not.

It is important not to expect a person to act, behave or look a certain way simply because of their gender.



## Links to free Autism NS Gender Resources

**[ANS Sexuality and Gender Resource](https://bit.ly/3gCsqkA)**  
(<https://bit.ly/3gCsqkA>)

**[ANS Pronouns Resource](https://bit.ly/3sFwMtS)**  
(<https://bit.ly/3sFwMtS>)

### Things to Consider

- People may feel that "toning down" or limiting their gender expression in public situations will protect them from adversity or judgment, but it has actually been found to be quite damaging to a person's wellbeing. It is important to advocate for the family member's rights to be in and access safe spaces where they are celebrated for who they are (ACSHR, n.d.a;b).
- Family members will have their own gender, gender expression, and gender identity. They may be attracted to one or more genders or none at all and that is okay! Caregivers can help support their family member and advocate for them to be their authentic selves.
- Research shows that LGBTQ+ youth who get support from their families grow into happier and healthier adults (Sanders & Fields, 2021.). Caregivers do not need to know everything or always say the right thing. Caregivers, sex-positive or not, make mistakes and that is okay. Being an askable caregiver is all about continuing those conversations and having open dialogue even if it is hard.



## Content Area Three: Sexual Orientation

Sexual orientation is a person's sexual, physical, emotional and romantic attraction to others.

Attraction has several categories: physical attraction, emotional attraction, romantic attraction and sexual attraction.

Attraction and sexual orientation are innate parts of a person's identity. Just like gender is a personal part of each person.

A person can be sexually attracted to a person (i.e., have a desire to have a sexual relationship with another person(s)), without being romantically attracted to them (i.e., have a desire to be in a romantic relationship with another person(s)) and vice versa.

Most children and youth have some sense of whom they are attracted to and their sexual orientation before puberty.

**Attraction** is a term used to describe who a person is physically, emotionally, sexually and romantically attracted to.

**Sexual Orientation** is a term used to describe a person's emotional, romantic, physical, and sexual attraction to another person(s).







## Sexual Orientation

There are many different sexual orientations.  
Some sexual orientations include:



- **Questioning:** When a person is unsure of their sexual orientation.
- **Bisexual:** An individual who is attracted to more than one gender.
- **Gray-Sexual:** Experiencing sexual attraction rarely or under specific circumstances.
- **Demisexual:** A strong emotional or romantic attraction has to be established before a sexual attraction exists.
- **Heterosexual:** An individual who is attracted to someone of another gender.
- **Lesbian:** Someone who identifies as a woman and is attracted to someone else who identifies as a woman.
- **Gay:** An individual who is attracted to someone of the same gender.
- **Polysexual:** An individual who is attracted to multiple genders.
- **Pansexual:** An individual who can be attracted to multiple genders.
- **Queer:** A range of non-heterosexual, non-cisgender identities.
- **Asexual:** An individual who experiences little to no sexual attraction.

(University of Massachusetts Amherst, n.d.)





## Romantic Orientation

There are many different romantic orientations.

Some romantic orientations include:

- **Aromantic:** An individual who experiences little to no romantic attraction.
- **Monoromantic:** An individual who is only able to experience romantic attraction towards one person at a time.
- **Polyamorous:** An orientation involving romantic relationships with multiple people.
- **Queer Platonic:** Having a non-romantic relationship with an individual who does not identify as a man or woman.
- **Demiromantic:** When there is little or no romantic attraction unless there is an emotional connection first
- **Heterosexual:** An individual who is romantically attracted to someone of the an other gender.

(University of Massachusetts Amherst, n.d.)





## Things to Consider

- Creating a space that the family member is safe in, regardless of their sexual orientation is important as a caregiver. Supporting a family member with their sexual orientation comes back to support and inclusiveness.
- Caregivers can help the family member and support their understanding from an early age by not making assumptions about someone's gender or sexual orientation, and by modelling openness and acceptance.
- Using teachable moments to discuss and promote all kinds of families and structures of relationships goes a long way in creating a space where the family member learns to be accepting of both their sexual orientation and that of others.
- Caregivers supporting a family member with their sexual orientation and attraction comes back to supporting their right to explore their sexuality and be their authentic selves. Also providing them with the opportunities to express themselves openly, should they choose to.





## Content Area Four: Sexual Behaviours

In order for caregivers to provide information to their family member(s) about sexual behaviours, it is important for caregivers to be aware of many of the types of sexual behaviours and sexual activity that people may choose to participate in.



Using CSE as a framework, caregivers teach sexual behaviours in an inclusive and safe way that is free from judgment, stigma or shame.



Within this section, we will discuss

- Different types of sexual activities
- Sexual pleasure
- Masturbation
- Privacy

Normalizing and providing information on all types of sexual behaviours not only decreases their taboo nature but promotes a sense of inclusivity for all.



## Sexual Activities

There are many kinds of sexual activities. It is important to know that there are more examples of sexual activity than just penis-in-vagina sex.

**Sexual Activity** is a type of activity that a person does to fulfill their sexual desires. A person can take part in sexual activities by themselves or with another person.

Some examples of **Sexual Activities** are:

### Touching

- Touching or fondling the breasts, buttocks, anus, or genitals of someone else

### Kissing

- Kisses between mouths, or other parts of the body (neck, shoulder) of someone else

### Masturbation

- Touching their own breasts, buttocks, anus, or genitals
- Using sex toy on themselves

### Cyber/ Phone Sex & Sexting

- Talking about sexual activity on the phone, text (sexting), instant messaging, video chats
- Sending and/or receiving naked photos
- Watching or listening to someone masturbate on a phone call or video chat

### Anal Sex

- Penis in anus
- Fingers in anus
- Sex toy in anus

### Vaginal Sex

- Penis in vagina (intercourse)
- Fingers in vagina
- Sex toy in vagina

### Oral Sex

- Mouth/tongue on penis
- Mouth/tongue on vulva
- Mouth/tongue in vagina
- Mouth/tongue in anus

(Adapted from: Planned Parenthood, n.da.; Healthy Respects; 2018, The Society of Obstetricians & Gynecologists of Canada, n.d.)



## Things to Consider

- It is important not to impose personal experiences or values over the family members' choice to engage in sexual activity. The family member's choices, values, and desires may not be the same as the caregivers and that is okay!
- As the family member grows they may begin to engage in sexual behaviours, or they may not. Helping the family member understand that sexual behaviours are natural and not shameful, helps to remove the stigma and shame that many people learn about sex.
- Caregivers can use teachable moments to discuss concepts like sexual activity or other sexual behaviours. For example, discussing scenes seen in television shows or heard in songs on the radio.
- "What If" scenarios can be used to discuss potential situations with the family member. Such as...
  - What if someone asked you to do something sexually that you are not comfortable with?
  - What if you/your partner got pregnant?
  - What could you do if you were to get an erection in public?
- Conversations surrounding sexual activities and other forms of sexuality that relate to culture, politics, world events or school policies can be had in all kinds of settings, such as around the dinner table (Corinna, 2016).





## Sexual Pleasure

### What is sexual pleasure

Just as there are many ways a person can have sex or engage in sexual activity, there are also many reasons why a person may have sex. One of these reasons is sexual pleasure.

**Sexual Pleasure** is the enjoyable or good feelings that a person can have from sexual experiences including fantasies, thoughts, dreams, and sexual activities (both alone or with others).

Sexual pleasure is the enjoyable or good feelings a person can have from engaging in sexual activities.

### Why talk about pleasure?

Sexual pleasure is commonly left out of school sex education. So it is vital that caregivers discuss this, as it, for many, will be the only place the person directly learns about the pleasures of sex. Sex should feel good.

In the absence of direct education on sexual pleasure people often turn to the internet and other media forms for education on sexual pleasure. For many, peers and media provide inaccurate and even harmful misinformation (Rayne, 2015).

**Youth rank sexual pleasure within the top four areas they want to learn about in sexuality education class**

(Causarano et al., 2010; Larkin et al., 2017 in SIECCAN 2020).





Pleasurable sex is a part of healthy sex life (Planned Parenthood, n.d.b). Having a healthy sex life, which includes sexual pleasure has many benefits for all involved.

## Sexual pleasure is associated with:

- A longer life



- Better self-esteem



- Better general health



- Better sleep



- Better fitness



- Less stress and tension



(Planned Parenthood, n.d.b)

Knowing what a person enjoys sexually and knowing what helps them experience pleasure, can increase their ability to communicate that to their partner(s).







## Things to Consider

- Being an askable, sex-positive caregiver means working to push past awkwardness and find ways to incorporate discussions of sexual pleasure into their topics about sexual health and sexuality.
- When discussing sexual pleasure caregivers should aim to include the purpose of sex and the feelings and sensations involved in sex and sexual pleasure.
- It can be helpful for caregivers to get to know themselves and their worries about discussing sexual pleasure and practice having this discussion with another adult before engaging in these conversations with a family member. Caregivers could even write down some ideas of things to say and practice them before talking to the family member (Rayne, 2015).
- Caregivers should make sure their family members know that sexual pleasure is important, and can be experienced both alone or with a partner.

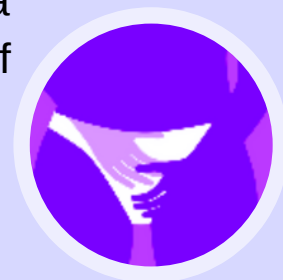
This is a bit uncomfortable for me, but I just wanted to make sure we discussed that sex should be fun and feel good!





## Masturbation

Masturbation is a healthy part of a person's sexual life and life as a whole. As long as a person is masturbating safely, in the privacy of their own space there is little to worry about. The purpose of masturbating is to experience pleasure and enjoy the person's own body. For some, this may include orgasm, for others it may not. A person can experience sexual pleasure without orgasming.



Masturbating is natural and can be done in many ways depending on a person's preferences. Not everyone may want or choose to masturbate. It is a personal choice, based on someone's values, desires and preferences.

Areas to cover when discussing masturbation include:

- That masturbation is healthy and normal.
- Safe ways to masturbate (e.g., with your hand, with a sex toy).
- What to do after masturbating (e.g., wash hands, clean their body etc.).
- The importance of privacy when masturbating.

## Links to free Autism NS Masturbation Resources

**[ANS Masturbation Resource](https://bit.ly/3Dgr8U0)**

**<https://bit.ly/3Dgr8U0>**

## Things to Consider

- It is important that caregivers are aware of the reasons why a person may masturbate, as well as how to masturbate safely.



## Private VS Public Spaces

It is important for people to know the difference between what is a private space and what is a public space. The difference between public and private is not simply being alone.



Research and first voice accounts highlight that some Autistic people may have difficulties navigating public vs private spaces, and their differences. Because of this, there can be a misunderstanding of appropriate times and places for masturbation (Henault, 2017).

Being alone in a car or on a bus is not a private space. Nor is being in your bedroom when someone else is in it with you.



## Links to free Autism NS public vs private resources

**[ANS Private vs Public Resource](https://bit.ly/3DySdDj)**

**<https://bit.ly/3DySdDj>**

## Things to Consider

- Caregivers can support conversations surrounding public vs private spaces and masturbation by engaging in conversations about why their family member may be uncomfortable or feel unsafe if someone else was masturbating in front of them without their consent. Also, there are laws around public sexual behaviours.



## Content Area Five: STIs/STBBIs & Sexual Risk

Often when teaching STIs/STBBIs and sexual risk, education comes from a place of fear-mongering. When teaching these topics, it is important to create a place where people fear having sex or getting an STI/STBBI.

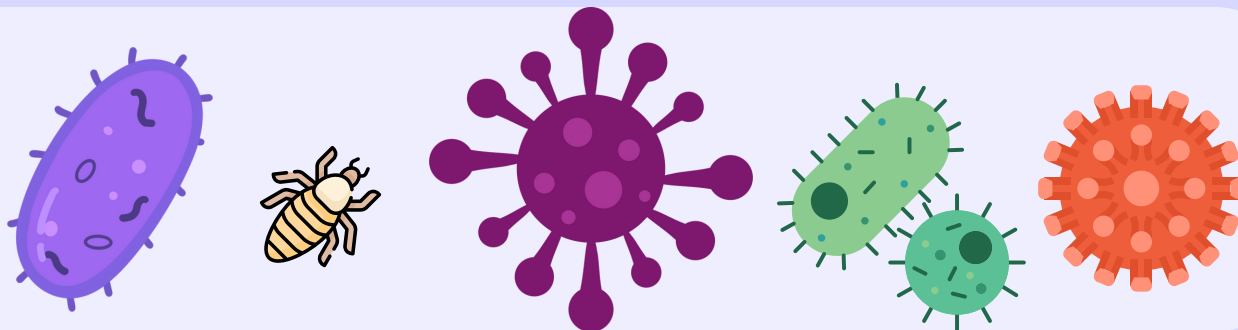
In this section, we will discuss STIs/STBBIs, sexual risk, safer sex, and contraception

### STIs/STBBIs

There are various types of Sexually Transmitted Infections (STIs) and Sexually Transmitted Blood Borne Infections (STBBIs). These include viral infections, bacterial infections, or parasites. STIs and STBBIs are very common. Some common bacterial STIs are chlamydia or gonorrhoea. Common viral STIs/STBBIs are HPV, HIV or Herpes. Parasitic STIs also exist such as pubic lice.

**Sexually Transmitted & Blood Borne Infections (STBBIs)** are infections a person can get by coming into contact with the blood of a person who has an STBBI. These infections may occur during sexual interactions.

**Sexually Transmitted Infections (STIs)** are infections a person can get through coming into close sexual/physical bodily contact with a person with an STI- commonly through an exchange of bodily fluids.





STIs/STBBIs are infections a person can get by coming in close bodily contact, usually contact with the bodily fluids of a person with an STI/STBBI. Unlike pregnancy, anyone participating in sexual activity has the risk of getting an STI/STBBI regardless of their sex or what genitals they or their partner(s) have.

Many STIs or STBBIs are curable or treatable. People can live full, healthy, happy lives after contracting an STI or STBBI.



Websites like [SexandU.ca/stis/](https://www.sexandu.ca/stis/), by the Canadian Society of Obstetrics and Gynecology, have good graphics and information about many STIs and STBBIs.

## Things to Consider

- Caregivers and their family members should know that STI/STBBIs can be asymptomatic, so it can be hard to tell if a person has an STI/STBBI unless a healthcare provider tests them.
- It is important for caregivers to remain open and askable when it comes to their family member's sexual lives so that they know they can come to a caregiver should they want or need to access sexual healthcare or if they have questions related to STI/STBBI or other aspects of sexual health.
- Some people may be embarrassed to discuss STIs/STBBIs or their need to get tested, with a caregiver present, therefore it is important to give space for a family member to access healthcare independently if they would like to. This also helps the family member build autonomy.

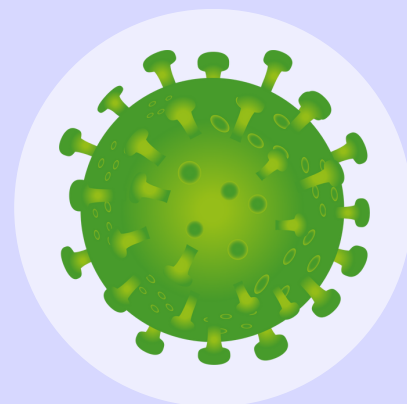


## Sexual Risk

Not all sexual activities carry the same amount of risk. Some sexual activities carry the risk of STIs/STBBIs, unplanned pregnancies, or both.

High-risk activities are those that carry the greatest risk of STI/STBBI transmission and/or unplanned pregnancy. For example, having penis and vaginal sex without a condom (where a penis enters a vagina) carries a high risk for both STIs/STBBI and pregnancy if birth control is not being used. Having unprotected oral sex on a penis or anus carries a high risk for STIs/STBBIs, but no risk for pregnancy.

Hugging, masturbation, and abstinence carry no risk of STIs/STBBIs or pregnancy.



### High Risk

- Unprotected oral sex on a penis or anus
- Unprotected sex (penis in vagina or penis in anus)
- Sharing needles

### Medium Risk

- Unprotected oral sex on a vagina
- Kissing with mouth open
- Sharing sex toys

### Low Risk

- Protected sex (anal, vaginal or oral)
- Oral contact on non-genitals (ears, neck, chest)

### No Risk

- Hugging
- Masturbation
- Abstinence





## Links to free Autism NS Safer Sex Resources

**[ANS Safer Sex Resource](https://bit.ly/3WcnseD)**  
 **[\(https://bit.ly/3WcnseD\)](https://bit.ly/3WcnseD)**

### Things to Consider

- Caregivers should teach the risks associated with sexual activity. However, not in a way that generates a fear of STIs/STBBIs or pregnancy that makes it so the family member does not want to engage in sexual activity if they would like to.
- It is important for caregivers to discuss that sexual activities carry a higher risk if there is an exchange of bodily fluids and no birth control and/or safer sex materials or practices were used.
- It is a good safer sex practice for all sexually active people to be STI/STBBI tested routinely.





## Safer Sex Materials and Contraception

Safer sex is about a person protecting themselves and their partner(s) from STIs and STBBIs. The term safer (and not safe) sex is used because no sexual activity is 100% risk-free.

**Safer sex materials** are those that reduce the risk of STIs and STBBIs.

**Contraception** (also known as **birth control**) is used to reduce the risk of unplanned pregnancy.



Safer sex materials are therefore those that reduce the risk of contracting an STI/STBBI. Contraception (birth control) are product or method that can be used to reduce the risk of an unplanned pregnancy. These materials/methods are often used together to reduce the risk involved in a sexual activity.

There are many different forms of birth control. Some act by modifying hormones while other do not.

### Some common forms of birth control include:

#### Hormonal methods

- Birth Control Pill
- Birth Control Patch
- Birth Control Implant
- Birth Control Injection
- Vaginal Ring

#### Barrier Methods

- Diaphragms
- Spermicide
- Internal or External Condoms
- Cervical Cap
- Birth Control Sponge

#### Natural Methods

- Abstinence
- Fertility Awareness
- Withdrawal

#### Intrauterine Devices (IUDs)

- Copper IUD
- Hormonal IUD

#### Emergency Methods

- ParaGard IUD (Copper IUD)
- Plan B Pill

Adapted from: Planned Parenthood n.dc; Options for Sexual Health 2016)



There are also different forms of safer sex materials.

## Some common forms of safer sex materials include:

- Condoms (internal and external)
- Dental Dams
- Rubber Gloves
- Pre-exposure Prophylaxis (PrEP)
- Post-exposure Prophylaxis (PEP)
- HPV Vaccines
- Abstinence

(Corinna, 2016)

Internal condoms, external condoms, and abstinence are the only supplies that protect against **both** unplanned pregnancy and STIs/STBBIs.

## Links to free Autism NS Contraception and STI/STBBI Prevention Resources

**[Birth Control vs STI/STBBI Prevention Resource](https://bit.ly/3DgqV3a)**  
(<https://bit.ly/3DgqV3a>)

### Things to Consider

- It may also be helpful to explore the difference online, with a doctor or healthcare provider, or at your local sexual health center. Not every safer sex or birth control option will work best for every person and their partner(s). For this reason, it is best to make an informed decision about what will work best for them.



## Content Area Six: Relationships

Relationships are people's connections to others. All people will engage in many relationships over the course of their lives. These could include romantic or sexual relationships. Though a larger portion of these relationships will be in the form of friendships, family relationships, colleagues, teammates and more.

Throughout this section, caregivers will learn about healthy and unhealthy relationships, consent, dating, rejection, and online relationships and safety.

### Healthy vs Unhealthy Relationships

**Healthy Relationships** are those which people find enjoyable, safe, and are relationships that people look forward to being a part of and continuing.

It is important to know how to engage in healthy relationships. As well as to recognize what makes a relationship unhealthy.





**Unhealthy Relationships** are those which people find unenjoyable or scary. They may feel unhappy or worried for their health and safety (both physical and emotional health and safety). Many people may want to leave an unhealthy relationship. Though, some people may not be aware that they are in an unhealthy relationship.



## Healthy vs Unhealthy Relationships

These are healthy and unhealthy characteristics to be aware of in any kind of relationship. This includes friendships, family, romantic partners, coworkers, teammates, teachers, bosses, etc.

 <b>Healthy Relationships</b>	 <b>Unhealthy Relationships</b>
-You and the other person listen to and respect one another.	- You and/or the other person do not listen to or respect one another.
- You and the other person give each other space to spend time with family, friends, and romantic partner(s).	- You and/or the other person are jealous of the other spending time with family and friends and romantic partner(s).
-You and the other person have fun spending time together	- You and/or the other person do not have fun spending time together. You/they only do what the other person wants because you are afraid they will not like you, or they are afraid you will not like them.
- You and the other person are comfortable telling each other when something is upsetting or upsets you/them.	- You and/or the other person are afraid of telling each other when something upsets you/them.
- You and the other person feel comfortable sharing feelings and thoughts with one another.	- You and/or the other person keep feelings and thoughts private because of a lack of trust.
You and the other person are proud of each others' accomplishments and successes.	- You and/or the other person are jealous of each others' accomplishments and successes.
-You and the other person respect each others differences	You and/or the other person are physically, emotionally, or verbally aggressive.

(Adapted from Planned Parenthood, 2008)

## Links to free Autism NS Relationship Resources

**[ANS Relationships Resource](https://bit.ly/3f6eOhj)**  
(<https://bit.ly/3f6eOhj>)

### Things to Consider

- To support an understanding of healthy relationships caregivers can model healthy relationships in everyday life. Caregivers should also teach family members that control, isolation, harassment, and humiliation (etc.) are not a part of healthy relationships (Canadian Women's Foundation, 2015.)





## Consent

Consent is when everyone involved in an activity is giving permission and wanting to take part in that activity. This includes sexual activities.

Consent means everyone understands what they are consenting to without feeling pressured to do something they are not comfortable with (Planned Parenthood, 2021b).

Consent is important because it helps make sure everyone's choices and bodies are respected. Consent is ongoing and can change. This means that if a person has consented to one type of sexual act at one particular time it does not mean they have given consent for other sexual activities or even that same activity at a different time. Also, even if a person consented at the beginning of the activity, they can remove their consent at any time.

Consent can be verbal or it can be shown through body language and actions.



If someone is ever unsure if a person is consenting or not, stop immediately and ask them (Planned Parenthood 2021b).

Areas to include when discussing consent:

- What consent looks like.
- What consent does not look like.
- How consent is given.
- How consent can be taken away.
- What situations require consent (e.g., before engaging in sexual activity, before sending a nude photo, before sexting, etc.).
- Consent and the law.



**Consent** is when everyone involved in a sexual activity is giving permission and wanting to take part.





## Links to free Autism NS Consent Resources

**[ANS Consent Resource](https://bit.ly/3sAX0hl)**  
**(<https://bit.ly/3sAX0hl>)**

### Things to Consider

- Skills surrounding consent can be built from a young age. To build an understanding of consent caregivers could:
  - Ask before giving their family member a hug and respecting their response.
  - Create what-if scenarios regarding sexual situations that would require consent.
- Caregivers should learn what supports are available in their area such as Kids Help Phone or the Action Canada support lines.





## Dating and Rejection

### Dating

For many people dating is a fun and enjoyable time. However, dating and going on dates can also be stressful and cause anxiety, this is normal.

Learning about dates and dating can help reduce dating stress.

**Dating** is learning more about a person and spending time with them to see if they are a good fit for a romantic relationship. Some people may go on many dates over a long period of time.

A **Date** is an activity or outing that someone does with another person(s) when they are romantically interested in each other. All people on the date need to be in agreement that it is a date.



### Important things to know when preparing for a date:

- Reasons that people go on dates (e.g., they are both interested in a romantic relationship, they have common interests).
- Who it is appropriate to go on a date with (i.e., is the person of an appropriate age? Are they the person's boss? Are they a family member?)
- Where people may meet someone to go on a date with (e.g. a bar, in class, through a mutual friend).
- How to ask someone on a date.
- How to plan a date (i.e., what are the people required to do to make the date happen?).
- Things people can do during a date (e.g. go for coffee, go see a movie).
- How to end a date.



## Rejection

Rejection is when someone says no to another person who asks them to take part in romantic, sexual, or other activities (e.g., a date).

Romantic/sexual rejection can be when a person does not want to go on a date, does not want to have sex, does not want to do sexual activities, and/or does not want to be a romantic partner.

**Rejection** is when a someone wants to date a person, but that person does not want to date them. Rejection is a normal part of dating and is something most people will experience in their lives. Rejection and heartbreak can be emotionally intense and painful for people.

Rejection is painful and can be confusing, but it is a part of life, and it can be expected that your family member will experience rejection at some point.

### Rejection in dating might look like the person saying or doing:

- Saying "I'm too busy to hang out"
- Saying "I just want to be friends"
- Saying "I don't know..."

(Planned Parenthood, 2021c)

### Rejection in a relationship might look like the person saying or doing:

- Saying "I don't think we should see each other anymore"
- Saying "We should see other people"
- Saying "I'm not ready for a relationship"
- The person stops spending time with the other person
- The person stops answering phone calls or messages
- Saying "We need to break up"

(Planned Parenthood, 2021c)



## Some reasons why a person might reject someone:

- They are not attracted to them
- They do not want a relationship
- They like someone else
- The relationship is not a good fit for them
- They are uncomfortable or feel unsafe
- They only like them as a friend
- They realize the relationship is unhealthy
- They do not feel an emotional connection
- They are just not interested!

(Planned Parenthood, 2021c)

The most respectful way for a person to reject someone is for them to be **honest, direct, and clear** with the person, and let them know they are not interested in a relationship with them. Learning how to respectfully and gently reject someone is a skill and can take some practice (Planned Parenthood, 2021b).

### If the rejected person is not listening:

- Say "I have already given you my answer, please stop asking me"
- Say "I have already told you no, you need to accept that I am not interested in you"
- Say "I am not going to change my mind. You need to leave me alone now"
- Say "You are making me uncomfortable. Stop contacting me"

(Planned Parenthood, 2021c)

### If the rejected person is making the other person feel uncomfortable or unsafe:

- The person can tell someone they trust (like a friend, family member, counsellor, or telephone helpline) to get help
- The person can block/delete the person from their phone, social media, email, so they cannot contact them anymore
- If this becomes a threat to the person they can contact the police

(Planned Parenthood, 2021c)



## Links to free Autism NS Dating and Rejection Resources

[ANS Rejection Resource  
\(https://bit.ly/3Dd9UqH\)](https://bit.ly/3Dd9UqH)

[ANS Dating Resource  
\(https://bit.ly/3f6eOhj\)](https://bit.ly/3f6eOhj)

### Things to Consider

- Caregivers helping the family member learn to navigate early romantic relationships and dating is very important (Ashcraft and Murray, 2017). While it is common for caregivers to want to protect their family members from the negative emotion associated with dating and breakups, navigating these situations is an important skill to learn (Biel and Harper, 2021).
- As a caregiver, it is important to understand the steps that go into planning a date, as well as the feelings the family member may be having regarding that date.
- By having an understanding of where your family member is in terms of interest in relationships, dating, and their broader sexuality you can help provide them with the materials and information they need to make informed decisions.





## Online Relationships and Safety

Relationships can occur in person, but they can also start and be sustained online.



Online relationships and interactions can lead to safe, healthy relationships, but they can also be unsafe or unhealthy.



Bullying, harassment, and stalking can happen in person, they can also happen online.



Online relationships can be a good option for many people, including Autistic individuals as it can take the pressure off of in-person conversations and interactions (Goodall and Purkis, 2020).







Some important areas to discuss when talking about online safety and relationships are:

- How to safely date online (i.e., not sharing information about where you live or work. Meeting an online date in a public place. Telling a friend or family member where you are going.).
- How to make safe decisions online (i.e., asking for a person's consent before sharing an image of them. Knowing that everything you post online will be available forever.).
- How to use social media safely (i.e., Not share your banking information online. Keeping your accounts set to private.).
- How to know if a person's profile is real or fake (i.e., Do they have photos of themselves posted? Do they have many friends or followers?) (Corinna, 2016).
- That not all information or people you meet online are safe or trustworthy!

## Links to free Autism NS Online Safety Resources

[Online Safety \(https://bit.ly/3fduEGS\)](https://bit.ly/3fduEGS)





## Content Area Seven: Media Literacy

Young people are constantly receiving messages from the media about sexuality and sexual behaviours (e.g., porn, movies, songs, and magazines). These messages are not always, safe, accurate, or helpful.



These messages can cause a skewed idea of what a real relationship or sexual activity may look or feel like.

These materials are often highly edited or scripted and can lead to unrealistic expectations.

The media often leaves out or misrepresents groups of people, such as:

- People of Colour
- Non-binary or Trans Folks
- People with a Low Income
- People with Disabilities
- Women
- LGBTQ+ Individuals

(Action Canada, 2017).



Media literacy is also important when it comes to navigating health services and knowing what information online is trustable. Learning to think critically about what a person sees in the media and helping their family member(s) practice those skills can help both parties find accurate information and messages in the media.



## Areas to include when discussing media literacy:

- The different types of media (e.g., television shows, movies, songs, social media, porn, magazines).
- Who created this media? (i.e., are they qualified to share this information? Are you able to trust them?)
- Why was the media created? (i.e., are they being paid to create the media? If so, who paid them? Is it meant to be educational or to make people laugh?).
- Is there anything missing from the media? (i.e., are the facts based on science or research? Are you able to access their research to check that science or research?)
- How does the piece of media make you feel? (e.g., happy, sad, angry) (Action Canada, 2017).

## Links to free Autism NS Media Literacy Resources

**[ANS Media Literacy Resource](https://bit.ly/3TJejZp)**

**<https://bit.ly/3TJejZp>**

## Things to Consider

- If a person is ever unsure if online sexual health information is reputable or safe, it can be helpful to reach out to a medical professional or your local sexual health center.
- Action Canada for Sexual Health & Rights has an [Access Line](#) that can be contacted 7 days a week from 9am-9pm Eastern, which can provide trusted information about pregnancy, sexual health, abortion and safer sex. The access line accepts calls at 1-888-642-2725 and texts at 613-800-6757. They can also be emailed at [access@actioncanadashr.org](mailto:access@actioncanadashr.org),



## **Content Area Eight: Sexual and Gender-Based Violence**

Within this section of the toolkit, caregivers will explore the meaning of gender-based and sexual violence and important considerations when supporting someone who has experienced violence.

### **Gender-Based and Sexual Violence**

Gender-based violence and sexual violence are forms of violence that can happen to any person regardless of their sex, sexual orientation, gender identity, gender expression, age, race, income, level of education, or if they have a disability or not (Wisdon2Action Consulting, 2019).

**Gender based violence** is a term used to describe violence that happens to people because of their gender, gender identity, gender expression, or perceived gender.

**Sexual Violence** is a term used to describe any form of violence that people experience that is of a sexual nature. This could include sexual assault, sexual abuse, or sexual harassment.

Though the unfortunate truth is that women/girls, people in the LGBTQ+ community, Indigenous people and disabled people/people with a disability are at increased risk (Government of Canada, 2022).



Research has found that upwards of 72% of Autistic adults have experienced some form of gender-based or sexual violence. Also, the risk of experiencing these forms of violence is much higher for Autistic women and girls than for Autistic males and non-Autistic women and girls (Cazalis et al., 2022).

Autistic people may experience gender-based and/or sexual violence without knowing or recognizing that what is happening to them is not being experienced by others (Goodall & Purkis, 2020).



Sexual and gender-based violence can look different, depending on the circumstance.

**Gender-based violence** can look like bullying or harassment. It can also look like intimate partner violence, yelling, stalking, or physical assault (Planned Parenthood, 2021d).

Sexual violence can look like:

- **Sexual Assault:** Any type of sexual contact or behaviour that occurs without the consent of the person (e.g., someone sending nude photos to a person without their consent).
- **Sexual Abuse:** When a person in a position of power takes advantage of their position for sexual purposes over another person (usually a minor). Sexual abuse can happen over long periods of time or just once.
- **Sexual Harassment:** There are three types of sexual harassment
  - Coercing (bullying or guilt) someone to take part in a sexual act
  - Unwanted sexual attention (actions and comments)
  - Conduct that belittles people based on gender

(Adapted from Planned Parenthood, 2018)



## Supporting a Family Member

When supporting an Autistic family member who has been harmed by gender-based and/or sexual violence it is important to know:

- They may not recognize they are experiencing illegal, abusive or violent behaviours or that they are being taken advantage of.
- They may have a low sense of self-esteem.
- They may identify with the person/people causing harm.
- They may not want to lose friends, partners or family members.
- They may be feeling scared or unsafe but do not realize it.
- Due to conditions such as alexithymia or low interoceptive awareness they may not know how they feel about what is happening.
- They may be afraid to speak to someone about it even if they know it is wrong (Goodall & Purkis, 2020).







## Links to free Autism NS Gender-Based Violence Resources

### [ANS Gender-Based Violence Resource](https://bit.ly/3FILg9X)

(<https://bit.ly/3FILg9X>)

### Things to Consider

- It is important for caregivers to be aware of the risks associated with gender-based and sexual violence and help support and protect their family member(s). Though, one should not live in fear, and prevent their family member from experiencing aspects of sexuality and relationships because of these risks.
- Family member(s) needs their caregiver to bring up the difficult conversations about gender-based and sexual violence so they do not have to (Rayne, 2015). If the family member has never had a conversation with their caregiver about sexual or gender-based violence it would be harder to initiate if they were to experience or commit an act of sexual or gender-based violence (Rayne, 2015).
- A person who knows their family or caregiver will listen, support, and believe them when they bring their experiences forward is ultimately safer (Rayne, 2015).
- If your family member has or does experience gender-based or sexual violence, it is important to not place blame on them or to become angry at them for being taken advantage of (Goodall & Purkis, 2020).



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