



AUTISM ALLIANCE OF MICHIGAN PRESENTS

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Help. Hope. Answers. Today



SEXUAL EDUCATION ACROSS THE LIFESPAN

Contributed by Sarah Louise Curtiss, Ph.D., Department of Counseling, Educational Psychology and Special Education, Child & Adolescent Psychiatry, Michigan State University

From the time children are born we send them messages about human sexuality. A little baby gets a very different message when they are exploring their toes then when they are exploring their vulva or penis. Overtime, all of these little messages build up and become one of the primary ways we teach about human sexuality. These messages come from families, peers, the media, and school. They are indirect, vague, confusing, and filled with misinformation.

By relying on implicit, unintentional, and indirect communication about sexuality, not only are we not preventing problems - we can cause problems. Even when we think we are saying nothing about human sexuality, we inadvertently send the message that natural, normal sexual development is for them and them alone to figure out.

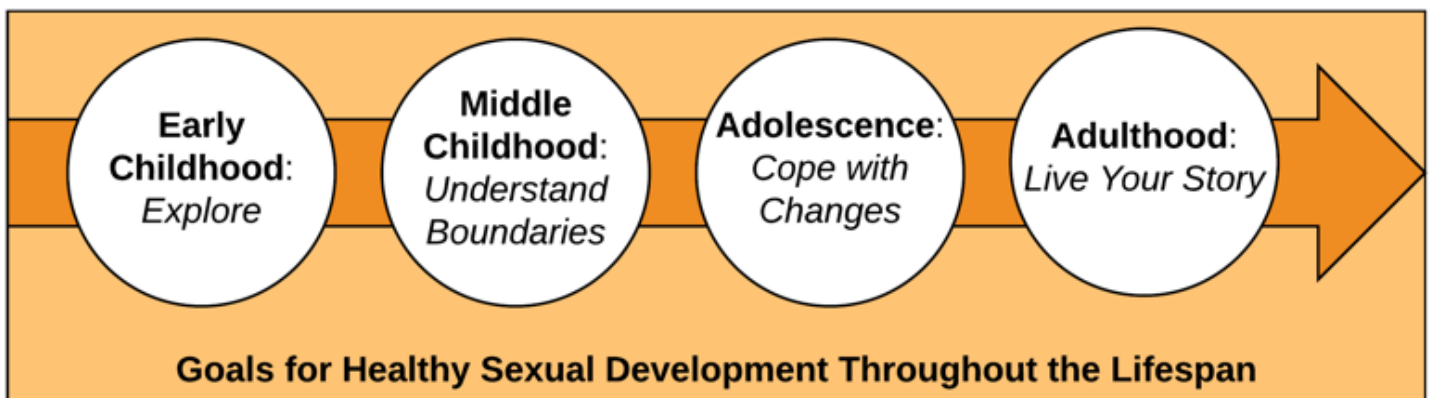
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All of our rules about sex—and not just sex but flirting, attraction, avoiding, consenting, and exploring—are nuanced. They are subtle. They are messy. Not only are the rules difficult to navigate, but we do not talk about them directly. This is not an autism problem—it is a societal problem, but it is confounded for those on the spectrum for three reasons: (1) social areas that are vague are already challenging; (2) they are even less likely than neurotypical people to receive direct information from peers, family, and schools; and (3) because they have a disability, some people will see their natural sexuality as problematic.

Comprehensive human sexuality education can address these problems. All it takes is explicit, intentional, direct, and truthful instruction about human sexuality, starting as soon as possible.



When children are young, they are primarily exploring. They are exploring their body and what their body can do. They are interested in other people's bodies. When adults support them with this exploration, not only do they understand their bodies better, but they understand that there is someone they can go to in order to process these ideas.

As children get older, children need to understand boundaries. Boundaries are an issue in every domain of their lives, but boundaries about the body are extremely important. Kind touches, personal space, the ability to say “no” and have it respected, the ability to hear “no” and have it respected build the foundation for setting, recognizing, respecting, and enforcing sexual boundaries in the future.

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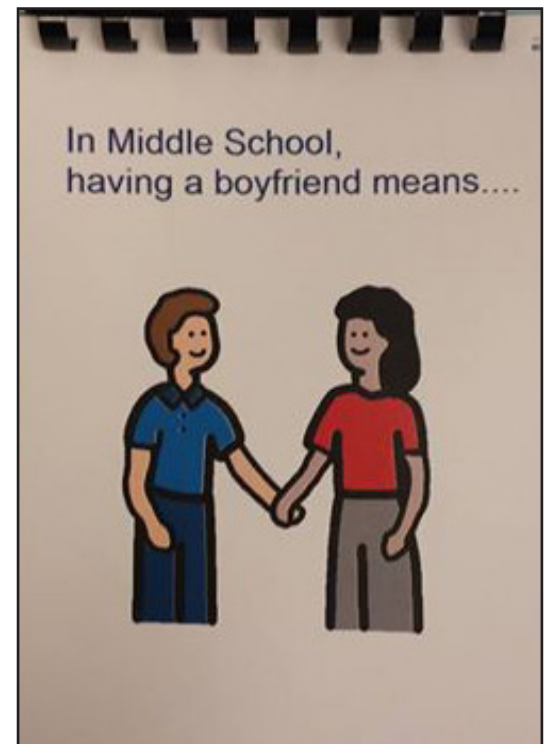




As children move into adolescence their bodies (including their brains and hormones) change rapidly. They will be exploring what their new bodies can do and understanding boundaries in more complicated settings, but now they have an additional challenge. They have to learn how to cope with changes. Coping with the changes of adolescence requires that youth are able to anticipate and manage the changes that are happening such as menstruating, hair in new places, and erotic feelings.

As youth move from adolescence into adulthood, they live their own story, walk their own path, and have (or don't have) sexual relationships of their choosing. At each stage, we continue to explore, set boundaries, and cope with changes, but now that is happening in the context of adult responsibilities. Research from the National Autism Indicators Report indicates approximately 22% of young adults on the spectrum have had sexual intercourse. Of these, only $\frac{1}{3}$ used any kind of birth control. This suggests there is a mismatch between the desire of those on the spectrum to have sexual relationships and the knowledge needed to do so safely.

The good news is we can address that mismatch. When we think about how to actually teach human sexuality, we have a lot of different tools for instruction. We can provide information with formal lessons on sexuality topics using tools like books, videos, visual supports, and conversations. We can send signals about human sexuality through informal messages that communicate values using tools like wording, tone, facial expression, and what we're willing or unwilling to talk about. We can teach skills through intentional strategies that promote prosocial and reduce problematic sexual behavior. For example, we might explicitly teach what having a crush looks like along with all the specific behaviors that are acceptable when we have a crush (e.g. thinking about the person a lot, quickly looking at the person then looking away, writing a note to the person).



This is a job for all of us: parents, teachers, practitioners, specialists, and advocates. We might play a different role which might cause teaching human sexuality to look different. For parents, it might be extemporaneous and woven into the fabric of day-to-day life. For teachers, it may be more formal and planful.

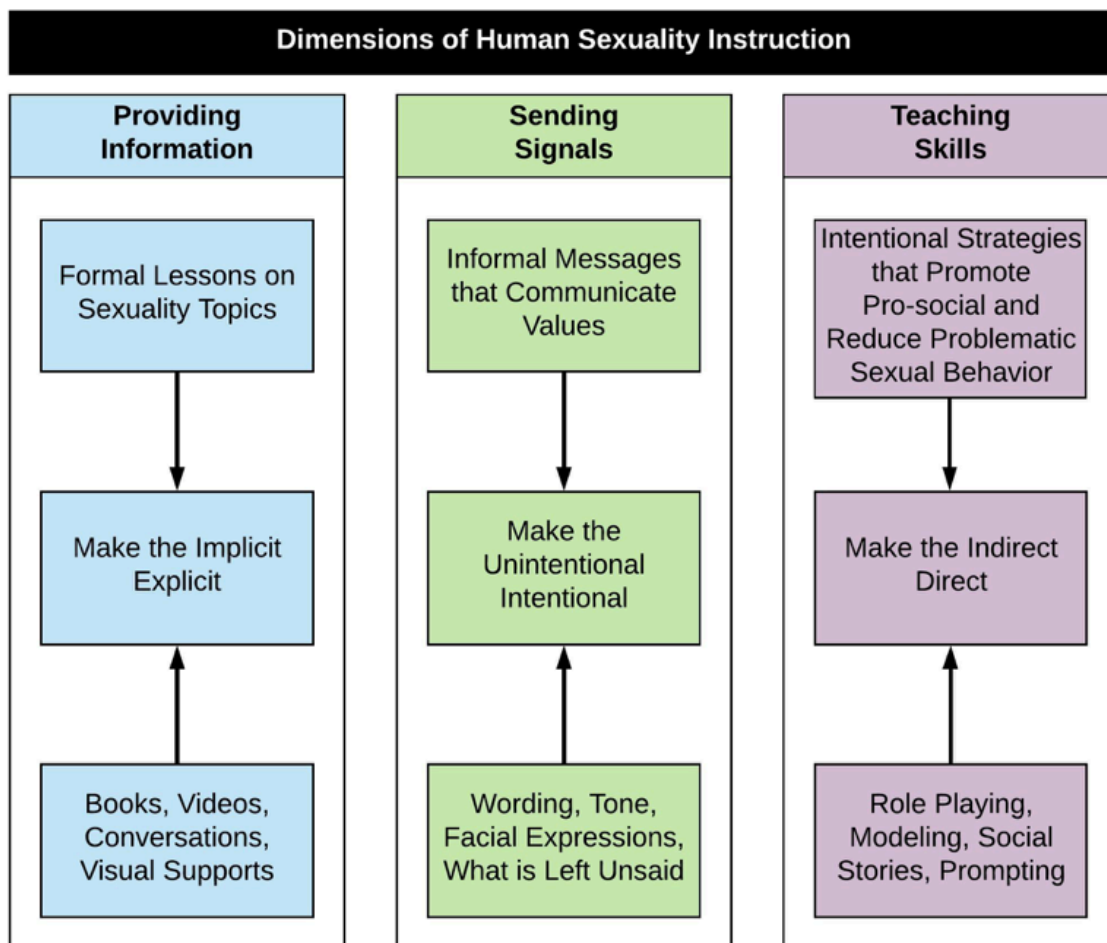
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Regardless of our role, it up to us to own this responsibility because whether we are being intentional or not, we are still communicating about human sexuality—the question is whether or not we are in control of what we are communicating. If we want those on the spectrum to engage sexually in healthy and safe ways, then we have to communicate honestly, openly, and directly.

Here are a few resources they may help with becoming explicit, intentional, and direct when teaching human sexuality:

- The Sexuality Information and Education Council of the United States at siecus.org
- The Birds and the Bees at asdsexed.org
- Teaching Sexual Health at teachingsexualhealth.ca
- The Arc and The Arc's Autism now at autismnow.org
- The Center for Sexual Pleasure and Health (CSPH) at thecsph.org or on [YouTube](#)





STATE OF MICHIGAN SEX EDUCATION AND INDIVIDUALS WITH AUTISM

Contributed by Barbara Brish, Education Specialist, Psy Sp, NCSP, AAoM

Laws summarizing the legal obligation of schools to provide sex education, general or special, are very sparse going back to 1977. School district obligations to provide sex education responsibilities are spelled out in the School Code and State Aid Acts. Michigan Compiled Laws (380.1169) mandates HIV/AIDS instruction and allows for school districts to choose to teach sex education.

Does one class, or even two classes, of instruction in abstinence and sexually transmitted diseases (STDs), or a semester of health education, provide sufficient information and adequate preparation for young people, especially young people with autism or other special needs, to handle the personal challenges outside of home and school? As noted, Michigan Law requires school districts to teach about dangerous communicable diseases, including, but not limited to HIV/AIDS; the instruction must be offered at least once a year at the elementary, middle school and high school. However, school districts can choose whether or not to teach sex education. If school districts do choose to teach sex education they must do so in accordance with Michigan Laws related to sex education and reproductive health.

On September 25, 2003 the Michigan State Board of Education adopted a “Policy to Promote Health and Prevent Disease and Pregnancy” which in part states:

The State Board of Education recommends that local school boards support their school administrators and faculty to select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction. Such research-based programs will help schools accomplish the teaching and learning goals of the federal No Child Left Behind Act of 2001 and the Michigan’s Education YES! – A Yardstick for Excellent Schools. To safeguard their health and the health of others, all students should receive this instruction unless a parent or legal guardian has specifically requested that their child be excused from specified classes or units within the course.

What is sexuality education?

Sexuality education is the adoption of a program of instruction that addresses human development, healthy relationships, possible consequences of sexual risk behaviors, influence of alcohol and other drugs on decisions, and sexuality with in society and culture. Instruction should emphasize that students have the power to control personal behavior and should base their actions on reasoning a sense of responsibility and respect for self and others.

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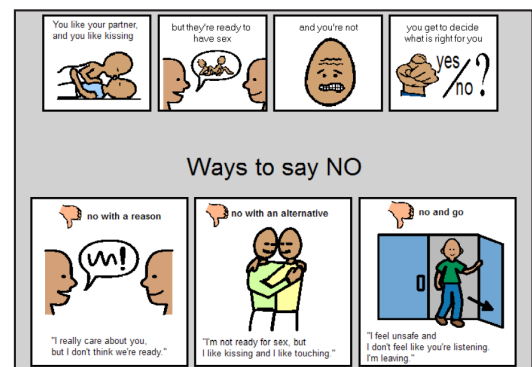




The State Board of Education recommends that the local school districts adopt sexuality education programs that are consistent with school and community standards and support positive parent/child communication and guidance. The Board recommends that local school districts conduct parent/community surveys to assess attitudes towards sexuality education and help determine what specific topics should be taught and that should be introduced. State Board of Education Policy to Promote Health and Prevent Disease and Pregnancy, September 2003.

Following Michigan Law school districts choosing to implement a sex education program must have a sex education advisory board responsible for: establishing the programs goals and objectives, reviewing and recommending instructional materials, and program evaluation. Additionally, the district must have a sex education program supervisor to oversee the program. The district program required content must be:

- Age appropriate
- Medically accurate
- Include legal consequences – having sex/ sexual contact with an individual under 16 is a crime
- Stress serious possibilities of sexual intercourse
- Adoption services
- Teach how to say “NO” and refusal skills
- The power of control
- Healthy dating relationships



When districts define “sex education” and develop or adopt a sex education program and content materials, they must also assure that the definition/content/material all align with the law. It is also required that the definition, program content and materials must go through the approval and parent notification process outlined in law.

The State Board of Education Policy on Comprehensive School Health Education recommends that the schools do the following (2006):

- 50 hours of health instruction at each level.
- Focus on personal social skills, communication, and decision making in order to deal with health risk situations.
- Address social and media influences on student behaviors and help students identify healthy alternatives to specific high-risk behaviors.
- Emphasize critical knowledge and skills that students need in order to obtain, understand and use basic health information and services in ways that enhance healthy living.
- Focus on behaviors that have the greatest effect on health, especially those related to nutrition; physical activity; violence and injury; alcohol and other drug use, tobacco use; and sexual behaviors that lead to HIV, STDs, or unintended pregnancy, as developmentally appropriate.
- Build functional knowledge and skills from year to year that are developmentally appropriate.
- Include accurate and up-to-date information, and be appropriate to students’ developmental levels, personal behaviors, and cultural backgrounds.

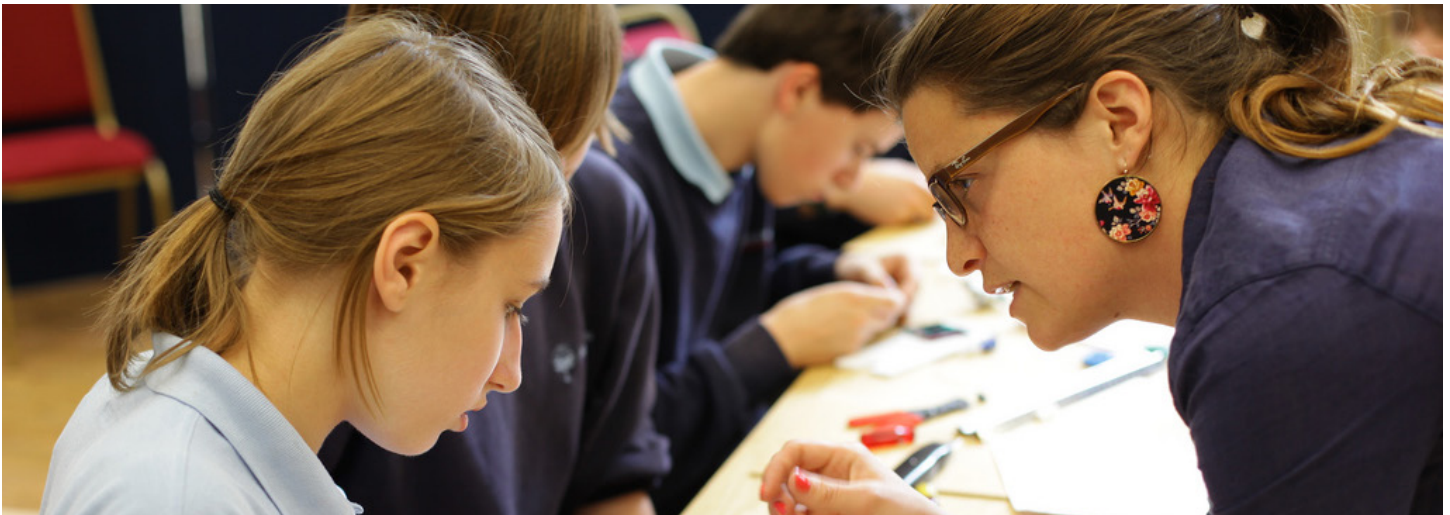
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Current Health Education Content Standards (K-12) each includes: core concepts, access information, health behaviors, influences, goal setting, decision making social skills and advocacy. The content within the grade level standards is organized into strands, which include: nutrition/physical activity, alcohol/tobacco/other drugs, safety, social/emotional health, personal health/wellness, HIV prevention, and sexuality education. However the curriculum misses a lot of the emotional characteristics of relationships, which are so important, while focusing on the physical features.

The Board of Education Policy and the Michigan Health Education Curriculum addresses teaching general education students. We need to remember that misconception and a lack of education increase risk. There is often a sense that students with special needs do not require the same level of sex education instruction as their peers. In fact, students with special needs may often be more likely to find themselves engaging in behaviors that can be harmful. Without direct instruction, and in instances where parents find it difficult to explain sex to their child who learns differently, it should be realized that children will find their way to sex education by inappropriate methods such as the internet or following the instruction of one who does not have the child's best interest. To date special education curriculum does not include sex education and often health education is not accommodated to meet the needs of different learners, or nonexistent for the students who are not included in a districts' physical education and health program.



While there might not be evidence of a concerted effort to bring sex education to special students and specifically special education students, teachers on the West side of Michigan have taken the initiative to bring sex education to their students with special needs. Students in Kent, Ionia and Macomb County are receiving instruction in sex education as a result of receiving the Sexual Risk Avoidance Education Grant from the U.S. Department of Health and Human Services. Additionally the staff in the Thornapple Kellogg School District have partnered with Grand Valley State University to bring sex education to special needs students in the District.





JUNE AT A GLANCE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 <u>iCan Bike RSVP</u> (Midland)	2 <u>Summer Social Saturdays</u> (Royal Oak)
3 <u>Super Spark: All Access</u> (Detroit)	4 <u>MiWorks Outreach</u> (Ypsilanti)	5 <u>GOGO's Prom</u> (Jackson) <u>Getting Ready for Kindergarten and Beyond</u> (Ionia)	6 <u>Adolescent Healthy Living Group</u> (Grand Rapids)	7 <u>Friends of Different Learners Wrap Up Meeting</u> (Bloomfield Hills)	8 <u>Autism Benefit Training</u> (Pontiac)	9 <u>13th Annual Arc Stroll, Roll & 5k Run/Walk</u> (Midland)
10 <u>Test Ride a Pony</u> (Davisburg)	11 <u>Fishing for Marquette County</u> (Marquette)	12 <u>Disability Network Oakland & Macomb Lunch & Learn</u> (Troy) <u>Pine Ridge Bible Camp- Freddy's Friends</u> (Cedar Springs)	13 <u>The Early Start Denver Model Advanced Training</u> (Ann Arbor)	14 <u>Common Ground Legal Aid Clinic</u> (Pontiac)	15 <u>Sibshops</u> (Troy) <u>Summer Sizzler</u> (Clarkston)	16 <u>The ABCs of ABA</u> (Southfield) <u>Out & About Autism Walk</u> (Shelby Charter Township)
17 <u>Abrams Planetarium Sensory Friendly Show</u> (East Lansing) <u>The Fowler Center Summer Camp</u> (Mayville)	18 <u>OUCARES Summer Day Camp</u> (Rochester) <u>Strawberry Festival 2018</u> (Bay City)	19 <u>Say & Play Summer Program</u> (Flint) <u>PEAC Registration 2018</u> (Ann Arbor, Saline)	20 <u>Fishing in Manistique & Escanaba</u> (Manistique, Escanaba)	21 <u>iCan Bike</u> (Midland)	22 <u>PEAC Registration 2018</u> (Lansing)	23 <u>Sensory-Friendly Saturday Ford Rouge Factory Tour</u> (Dearborn) <u>AAoM FREE Autism Caregiver Bootcamp Series</u> (Traverse City)
24 <u>Rejoicing Spirits No-Shush Worship Service</u> (Birmingham)	25 <u>Pars for a Purpose</u> (Saugatuck)	26 <u>Creating Confident Caregivers</u> (Escanaba)	27 <u>Integrated Healthcare: Health Concerns and Psychiatric Diagnosis</u> (Troy)	28 <u>Kids Barn Dance and Pot Luck</u> (Free Soil)	29 <u>2018 Camp A.B.L.E.</u> (Canton)	30 <u>Sensory-Friendly Safety Day</u> (Farmington Hills)

** For more information on any of these events please contact MiNavigator line at 877-463-AAOM



Sunday July 29th, 2018
The Detroit Zoo

Register today at
www.AAOMWALK.com

Questions? Interested in Sponsorship?
Contact: Info@aaomi.org | 877.463.2266

