

SEXUAL HEALTH PROMOTION:

A Service Provider Guide for Working with Autistic Youth



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SEXUAL HEALTH PROMOTION:

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Working with Autistic Youth***

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TABLE OF CONTENTS

PREFACE	2
ACKNOWLEDGEMENTS	3
INTRODUCTION	4
DELIVERING SEXUAL HEALTH INFORMATION AND SERVICES TO AUTISTIC YOUTH	5
What is autism?	5
Challenging misconceptions and addressing stigma	5
<i>What is ableism?</i>	5
<i>What is neurodiversity?</i>	6
Accessibility considerations	8
SEXUAL HEALTH TOPICS	12
Initiating romantic relationships	12
<i>Online dating</i>	13
<i>Disclosing an Autistic identity</i>	15
<i>Dealing with rejection</i>	16
Sexually transmitted infection (STI) prevention and birth control	17
<i>Preventing sexually transmitted infections (STIs)</i>	17
<i>Birth control methods</i>	19
Sensory sensitivities and impact on sexual experiences	20
<i>Addressing sensory sensitivities</i>	21
Communication in relationships	21
<i>Differences between Autistic and non-autistic communication</i>	22
<i>Communicating about sexual health for non-speaking Autistic youth</i>	24
<i>Communicating boundaries and consent</i>	25
Gender identity and sexual orientation	28
<i>Important terms</i>	29
<i>Delivering 2SLGBTQINA+ inclusive sexual health education and services</i>	31
<i>Navigating diverse gender identities and sexual orientations</i>	32
Searching the Internet for sexual health information	32
<i>Verifying sexual health information found on the Internet</i>	33
<i>Social media safety</i>	35
REFERENCES	37

PREFACE

The *Enhancing Effective Sexual Health Promotion for Autistic and Disabled Youth* project is funded by Health Canada's Health Care Policy and Strategies Program (Sexual and Reproductive Health Fund). As part of this project, the Sex Information and Education Council of Canada (SIECCAN) is developing two capacity-building toolkits aimed at improving service provider knowledge and skills to promote sexual health and well-being with Autistic youth and disabled youth (with physical disabilities), respectively.

Sexual Health Promotion: A Service Provider Guide for Working with Autistic Youth is one component of the capacity-building toolkit focused on the sexual health needs of Autistic youth, which also includes the *Canadian Guidelines for Sexual Health Promotion for Autistic Youth* and sexual health resources for Autistic youth.

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INTRODUCTION

Sexual Health Promotion: A Service Provider Guide for Working with Autistic Youth was developed based on findings from a consultation process (<https://www.sieccan.org/ady-autisticyouth>) that included an online survey with service providers, as well as focus groups and interviews with Autistic and neurodivergent¹ youth (SIECCAN, 2022a, 2022b). In the context of this project, youth refers to individuals aged 29 and under.

The topics included in this guide were selected through discussions with working group members. Information presented in this guide reflects up-to-date research and knowledge drawn from both scientific and grey literature. Quotes from focus groups and interviews with Autistic youth have been integrated throughout the guide to reinforce important messages with lived experience perspectives.

This guide is for any service provider in a formal position to provide sexual health information, education, and/or services to Autistic youth. This can include educators, social workers, public health professionals, community organization staff, psychologists/counsellors, nurses, caregivers/personal support workers, behavioural therapists, occupational therapists, physiotherapists, physicians, social workers, group home staff, and others.

This guide provides service providers with recommendations for adopting a neurodiversity-affirming approach to support Autistic youth and for making sexual health education and services more accessible. The guide also offers strategies for supporting Autistic youth across a wide range of sexual health topics.

The following sexual health topics are covered in this guide:

- Initiating romantic relationships
- Sexually transmitted infection (STI) prevention and birth control
- Sensory sensitivities and impact on sexual experiences
- Communication in relationships
- Gender identity and sexual orientation
- Searching the Internet for sexual health information

SIECCAN has also developed sexual health information sheets for Autistic youth, which complement the content provided in this guide and are referenced in this guide where appropriate. All of the sexual health information sheets for Autistic youth can be accessed here: www.autismsexinfo.ca

1 Neurodivergence includes a range of neurological differences, including autism, dyslexia, attention deficit hyperactivity disorder, fetal alcohol spectrum disorder, obsessive-compulsive disorder, Tourette syndrome, and others. While this project focuses on the needs of Autistic youth, the focus groups and interviews were also open to those with other neurological differences due to the likelihood of shared experiences. Participants were not asked to specify their diagnoses or identities.

DELIVERING SEXUAL HEALTH INFORMATION AND SERVICES TO AUTISTIC YOUTH

What is autism?

Autism is a lifelong neurodevelopmental condition that is characterized by how some people process information, make sense of the world around them, and interact and relate with others differently than non-autistic people (Milton, 2012a).

Some differences include (Bettin, 2019; Milton, 2012a):

- Hypersensitivity and/or hyposensitivity to certain sensory inputs from the physical environment (e.g., sound, light, smell, touch);
- Having highly focused and specific areas of interests;
- Differences in self-regulation (i.e., managing one's own thoughts, feelings, emotions, and behaviours); and
- Communication differences (e.g., preference for being concrete and direct, rather than abstract; the use of augmentative and alternative communication/AAC).

There are wide variations in how autism can present itself from one life domain to another, from one life stage to another, and from one person to another.

Challenging misconceptions and addressing stigma

What is ableism?

Ableism is a way of thinking that is based on negative beliefs (e.g., false assumptions and stereotypes) and feelings (e.g., discomfort, negative attitudes) about Autistic people and disabled people.

How people think affects how they act. Sometimes, negative ways of thinking about Autistic people and disabled people can lead to harmful behaviours enacted towards Autistic people and disabled people, such as discrimination, social exclusion, and limiting opportunities for Autistic people and disabled people to fully participate in society (Cremin et al., 2021; Engel & Sheppard, 2020; Ontario Human Rights Commission, 2016).

Ableism can be both conscious and unconscious – this means that people are not always aware of the harmful stereotypes and attitudes they might hold about Autistic people, as well as the potential consequences.

Many of these negative ways of thinking about Autistic people and disabled people have become so deeply ingrained in society that individuals may not always notice when they have internalized these harmful ways of thinking.

While addressing ableism within society is a big task, there are some ways you, as a service provider, can contribute to making society more inclusive of Autistic people and disabled people.

What can you do to address ableism?

1. Reflect on your own assumptions by asking yourself:

- In supporting Autistic youth, do I provide them with the same opportunities and choices as I would to non-autistic youth? If not, what assumptions am I making about Autistic youth? Are these assumptions accurate? Where do these assumptions come from?
- Am I supporting Autistic youth to achieve the goals they want to achieve or am I making assumptions about what goals they **should** pursue based on the types of goals that non-autistic people pursue? If I am not supporting Autistic youth to achieve a self-determined goal, why not? Whose goal should take precedence – mine or theirs?

2. Question and challenge what you think you know about autism by asking yourself:

- Is what I think I know about autism really true? Is it always true or am I generalizing what I know about a few Autistic people to all Autistic people?
- Where does my knowledge come from and what is it based on?
- How have ideas about autism changed over time?

3. Actively challenge misconceptions, acts of discrimination, and exclusion by asking yourself:

- How can I make my workspace more inclusive of Autistic people?
- Are there ways I could support Autistic youth in accessing necessary accommodations?
- Are there opportunities for me to engage in open and honest discussions with colleagues about ableism?

4. Seek out opportunities to interact and collaborate with the diverse community of Autistic people

- Engage/consult with Autistic people from diverse backgrounds and with different support needs, as well as provide appropriate compensation for their contributions.
- Learn from Autistic self-advocates through books, online blogs, or social media.

What is neurodiversity?

Neurodiversity is an Autistic-led advocacy movement focused on promoting acceptance of neurological diversity (Ortega, 2009). From this perspective, autism is considered to be a dimension of difference that is a natural part of neurological variation, representing an important aspect of an individual's sense of self, that should be respected and welcomed (Orsini, 2012; Silberman, 2017).

Previously, autism was mostly understood from a medical point of view, which considers non-autistic ways of being as ideal and Autistic ways of being as deficits in comparison (Bottema-Beutel et al., 2021). Based on this perspective, until recently, most supports for Autistic people have been about curing, fixing, and/or preventing autism.

This way of thinking about autism is harmful to Autistic people's self-esteem and has contributed to the stigma that Autistic people experience. In response to stigma, many Autistic youth adopt 'masking' as a way to cope, which has been shown to have negative implications for Autistic youth's mental health (Chapman et al., 2022; Pearson & Rose, 2021).

Masking: The act of hiding one's natural Autistic characteristics and/or behaviours and adopting those that are more socially accepted (Pearson & Rose, 2021).

The neurodiversity perspective, on the other hand, recognizes Autistic people as full persons, with unique strengths and areas of support needs, as well as with rights that should be upheld. The neurodiversity perspective also acknowledges the role that society plays in creating barriers and limitations to the full societal participation of Autistic people and works to eliminate these barriers (Botha & Gillespie-Lynch, 2022; Dwyer, 2022).

The neurodiversity perspective shifts the focus towards accepting Autistic people as they are and providing Autistic people with appropriate supports, services, and accommodations to navigate environments that may not have been designed with their needs in mind. This perspective also calls for society to better meet the needs of Autistic people (e.g., addressing stigma, adapting the environment to account for the needs of Autistic people).

Adopting a neurodiversity-affirming approach in your practice

Focus goals of supports on **improving the quality of life** of Autistic youth, as opposed to changing Autistic behaviours to fit non-autistic norms.

Ask Autistic youth what their goals are and how you can help them achieve their goals rather than making assumptions or imposing goals based on non-autistic norms.

Support Autistic youth in **identifying their strengths** and ways they can use these strengths to acquire new knowledge and skills.

Be willing to **make accommodations** and/or offer supports, considering that environments are often not designed with the needs of Autistic people in mind.

Work to **remove social and environmental barriers** that limit opportunities for Autistic youth.

Design spaces in consideration of the needs of Autistic youth (e.g., sensory and communication considerations).

“Trust or believe the Autistic or neurodivergent or disabled individual you have in front of you and try to adapt to them. I’m not supposed to be adapting to you, you adapt your knowledge to me as your client, you adapt what you believe - to me, given my cultural background, given my religious background...”

*- Focus group/interview participant:
Autistic/neurodivergent youth*

Accessibility considerations

The needs of Autistic youth vary. It is important to get to know the individual you are supporting and to work with them to identify ways to better tailor your support to meet their specific learning needs, including which teaching methods to use and which sexual health topics to address.

Here are some things to consider when delivering sexual health education and services to Autistic youth:

<p>Provide structure</p>	<p>Say what you will do before you do it.</p> <p>For example, say “Today, we will first talk about consent. Then, we will do an activity to practice what we learn about consent.”</p>
<p>Be clear</p>	<p>Ask specific questions instead of open-ended questions.</p> <p>For example, say “Do you want to try online dating?” instead of “What is your preferred method for dating?”</p> <p>Be direct and blunt. Avoid using non-verbal cues and abstract expressions or concepts.</p> <p>For example:</p> <ul style="list-style-type: none"> • Say “use condoms” instead of “use protection” • Say “having sex” instead of “going all the way” • Say “penis and vagina” instead of “private parts” • When demonstrating how to put a condom on a penis, use actual models of human body parts rather than an alternative object like a banana or a cucumber <p>Be specific and provide as much information and detail as possible.</p> <p>Use concrete examples, such as examples of a situation or experience that is relevant to the Autistic youth you are supporting.</p>

Here are some things to consider when delivering sexual health education and services to Autistic youth:

<p>Allocate enough time</p>	<p>Go through material with youth at their own pace.</p> <p>If you are showing videos, you can slow down the speed of the videos.</p> <p>Allow enough time for youth to process and reflect on the information they are given, with adequate time for questions.</p> <p>For example, if you have 60 minutes with the Autistic youth, present for 30 minutes and allow 30 minutes for youth to ask questions.</p>
<p>Reinforce learning</p>	<p>Check in with youth regularly to see if they have questions about what is being discussed.</p> <p>Ask youth to repeat what they have learned in their own words.</p> <p>Provide opportunities for youth to practice what they have learned.</p>
<p>Use diverse communication methods</p>	<p>Offer youth different options of ways to interact with you.</p> <p>For example, in-person, by phone, over a videocall, by email, or via text message.</p> <p>Use the communication method(s) that work best for the youth.</p> <p>For example, talking, writing, or typing.</p> <p>Familiarize yourself with augmentative and alternative communication (AAC) methods and how to communicate with AAC users.</p> <p>Remain flexible and willing to adapt.</p> <p>Consider using social stories. Social stories are simple stories, which include short text and visuals, that describe what can happen in different social situations.</p> <p>For example, social stories can be used to explain the process of going on a date or how to work through feelings of rejection.</p>
<p>Think outside the box</p>	<p>Be creative and open to trying new ways of doing things (e.g., using arts-based approaches, using models to demonstrate concepts, having hands-on material that youth can touch and manipulate).</p>

Here are some things to consider when delivering sexual health education and services to Autistic youth:

Offer materials in accessible formats	<p>Offer plain language versions of written material, as well as in large print and Braille.</p> <p>Use a combination of text and visuals. The visuals can help reinforce the written text.</p> <p>Caption audio content.</p> <p>Describe visual content.</p>
Promote sensory-friendly spaces	<p>Minimize sensory distractions, such as loud noises, bright lights, distracting visuals/images, unpleasant scents, and the number of people around.</p> <p>Have sensory items available (e.g., weighted blankets, fidgets, stim toys).</p> <p>Offer access to a quiet place (i.e., a space where Autistic youth can go if they are feeling overstimulated).</p>
Promote emotional safety	<p>Adopt a trauma-informed approach:</p> <ul style="list-style-type: none">• Recognize that youth may have past experiences of trauma that can continue to impact how they interact with service providers;• Focus on building trust and rapport with youth;• Promote physical and psychological safety;• Work with youth to identify helpful self-regulation strategies; and• Foster opportunities for youth to exercise choice and agency. <p>Be aware of how the youth is feeling and potential triggers for anxiety.</p> <p>Provide breaks.</p> <p>Provide opportunities for youth to ask questions anonymously.</p>

Here are some things to consider when delivering sexual health education and services to Autistic youth:

Adopt an intersectional approach

Ask Autistic youth about how they see themselves and how they experience their identities.

For example, you can say to youth:

- “Tell me about yourself.”
- “What are some things you want people to know about you?”
- “What are some things that are important to you?”
- “Could you tell me a bit about your family and/or your upbringing?”

Ask Autistic youth about the barriers they may experience to sexual health and well-being and discuss ways these barriers could be addressed.

Inform yourself about the intersectionality of autism with other dimensions of identity (e.g., gender identity, sexual orientation, ethnic identity, and others), particularly its implications for accessing education, services, and opportunities for sexual health and well-being.

When referring Autistic youth to supports, consider their intersecting identities in the types of supports you offer.

For example:

- What additional barriers might they experience?
- Could it be beneficial to refer youth to communities of shared identities?

Austin & Peña (2017); Barnett & Maticka-Tyndale (2015); Berger et al. (2021); Davies et al. (2022); Gobbo & Shmulsky (2014); Hudson & Mehrotra (2021); NCIL & ASAN (2015); Schwartzman & Knowles (2022)

The following are some additional resources that you might find helpful:

- Recommendations for addressing the accessibility needs of Autistic people by the Autistic Self Advocacy Network: *Autistic Access Needs: Notes on Accessibility*: <https://issuu.com/autselfadvocacy>
- Resources for service providers by the Disability and Sexuality Resource Hub, including online simulations and conversation guides: <https://hollandbloorview.ca/disability-sexuality-resource-hub>
- Resources for supporting disabled youth by Talking about Sexuality in Canadian Communities (TASCC), including practical tips and strategies: <https://tascc.ca/supporting-youth-with-disabilities/>
- Resources for caregivers by the Disability & Sexuality Lab, including tips for talking to disabled youth about sexuality: <https://www.disabilitysexualitylab.com/>

SEXUAL HEALTH TOPICS

Initiating romantic relationships

Autistic people are just as likely to want to be in romantic relationships as non-autistic people (Hancock et al., 2020; Strunz et al., 2017), but are much less likely to be in one (Yew et al., 2021). Some challenges Autistic youth experience in initiating and maintaining romantic relationships include having limited social networks, having different ways of communicating than non-autistic youth, and experiencing stigma (SIECCAN, 2022b; Yew et al., 2021).

Autistic people are also more likely than non-autistic people to identify with a sexual orientation other than heterosexuality (George & Stokes, 2018; Strang et al., 2018; Weir et al., 2021). See *Gender Identity and Sexual Orientation* for more information on supporting 2SLGBTQINA+ Autistic youth.

When it comes to dating, some Autistic youth may require support with the following:

- Approaching people they are attracted to;
- Finding a partner (or partners) who understand autism;
- Dealing with rejection;
- Navigating different communication styles;
- Negotiating needs and boundaries with a partner (or partners); and
- Disclosing their Autistic identity.

Cheak-Zamora et al. (2019); Joyal et al. (2021); SIECCAN (2022b)

"I think the main question any Autistic person interested in dating or having a relationship with is how? How do you know they're interested? And how do you go about it? Because it's meant to be a very implicit game of subtle signs that they're interested and then you have to capture that they're interested and not show too much that you're interested. So how do you know they're interested and what do you do after that?"

- Focus group/interview participant:
Autistic/neurodivergent youth

How to support Autistic youth to meet potential dates:

Support Autistic youth in **identifying opportunities to meet other people** and to access these opportunities (e.g., securing transportation, obtaining financial support or identifying low-cost opportunities, accessing technology to be able to search for opportunities).

Organize or suggest activities where Autistic youth can meet other people with similar interests. **Providing Autistic youth with opportunities to discuss their hobbies and interests** can help with identifying suitable activities for Autistic youth to meet others who share these same hobbies and/or interests.

Facilitate social contact between youth. This can include asking youth to share how they communicate and identifying ways peers can accommodate each other's preferences and needs.

Support Autistic youth with online dating (see *Online Dating* below).

Fisher & Purcal (2017); Huskin et al. (2018); Sosnowy et al. (2019)

Online dating

Online dating is growing in popularity and offers both advantages and disadvantages to traditional, face-to-face dating for Autistic youth.

Advantages can include:

Connecting with a wider network of people;

Opportunities to more easily connect with other Autistic people or disabled people through dating websites/applications specifically for Autistic people or disabled people;

Meeting people while remaining in the comfort of one's home, which can be beneficial to those who experience social anxiety or sensory sensitivities;

The option to interact with people using different modalities (e.g., chat, text, instant messages, emails, phone call, or videocall);

Having greater control over how a person presents themselves to others (e.g., dating profile);

Having greater control over the time and pace of interactions (e.g., more time to process what people are saying; edit/rewrite messages before sending); and

Less reliant on interpreting body language.

Roth & Gillis (2015); Santinele Martino & Kinitz (2022)

Disadvantages can include:

Online dating can be an unequal space, where systemic inequities are reproduced (e.g., ableism, racism, homophobia, sexism) resulting in certain identities being privileged over others. The presence of ableism, as well as other forms of discrimination, may disadvantage some Autistic youth within online dating spaces.

Not being accessible to youth without access to technology or financial means of accessing paid websites/applications. Sometimes access to technology or money for Autistic youth may be controlled by parents/family members.

Requiring youth to have the knowledge and skills to use online dating websites/applications.

Santinele Martino & Kinitz (2022); Santinele Martino & Moumos (2022)

Some Autistic youth may require support to:

Identify unsafe situations, including how to recognize and respond to “red flags” or potential scams;

Understand unwritten social rules within online dating spaces;

Create a dating profile;

Interpret others’ dating profiles;

Understand what type of content is okay to share/receive and under what circumstance;

Transition from online to in-person interactions;

Ask someone to go on a date with them;

Communicate expectations and boundaries before, during, and after a date;

Effectively break off communication with a person who seems unsafe or that the Autistic youth does not want to continue dating; and

Deal with rejection (e.g., when someone “ghosts” them by no longer responding to their messages).

Roth & Gillis (2015)

Refer youth to SIECCAN’s *Online Dating: Information Sheet*: www.autismsexinfo.ca

Disclosing an Autistic Identity

Disclosing one's Autistic identity can be challenging (Organization for Autism Research, 2023b). Because of existing stigma, there is a risk that disclosing an Autistic identity can lead to negative attitudes, false assumptions, and/or rejection by a potential partner.

"...when I told him [partner] I have autism, he told me he felt lied to. So I asked him why he felt he was lied to and he said 'because you're not really normal.' That's the words he used."

*- Focus group/interview participant:
Autistic/neurodivergent youth*

It is up to the Autistic youth to decide if they want to disclose their Autistic identity or not.

Some people may want to let potential partners know right away, some may only feel comfortable doing so when a certain level of trust has been established, while others may not want to disclose at all. Disclosing one's Autistic identity has the potential to lead to greater understanding between partners if the Autistic person is able to share their unique needs and preferences **and** have them be respected by their partner.

If the Autistic youth is not comfortable disclosing their Autistic identity, it is nonetheless important for them to communicate their needs, preferences, and boundaries to their partners. Sometimes this is called a "soft disclosure" where an individual articulates their access needs without revealing their specific diagnosis (Moss, 2021).

Recognizing that Autistic youth may experience stigma, remind Autistic youth that:

Negative attitudes and false assumptions held by others do not reflect reality, but rather that person's lack of understanding about autism.

It is not Autistic youth's responsibility to change the negative beliefs and attitudes that others hold. Autistic youth can engage in these challenging discussions if they feel comfortable doing so, but they should be aware that these discussions can take a mental, physical, and emotional toll.

Rejection can lead to many difficult emotions, particularly when it occurs as a result of stigma and misconceptions (see *Dealing with Rejection* on the next page).

An individual who cannot accept the Autistic youth as they are may not be a suitable partner for the Autistic youth.

Dealing with rejection

Rejection is a difficult, but somewhat inevitable, part of dating. Support Autistic youth through these difficult experiences by:

Preparing Autistic youth for these difficult experiences by pre-emptively discussing the different kinds of emotions they might experience when their feelings are not reciprocated (e.g., sadness, embarrassment, anger, frustration);

Reassuring Autistic youth that their feelings are valid;

Letting Autistic youth know that they are not the only ones to have these experiences;

Letting Autistic youth know that if someone does not like them back or stops talking to them (i.e., being “ghosted”), it does not mean there is anything wrong with them or that they are not desirable. There are many reasons this might happen, such as the other person being too busy or not being emotionally ready to date;

Letting Autistic youth know that if someone does not like them back or stops talking to them, the Autistic youth will need to accept not necessarily knowing why the other person does not like them back or has stopped talking to them;

Reassuring Autistic youth that after some time has passed they will feel better and that it is better to connect with someone else who is more compatible;

Encouraging Autistic youth to talk through their emotions with someone they trust;

Emphasizing the importance of respecting other people’s wishes and boundaries and to not continue engaging with someone who does not wish to continue dating; and

Highlighting the importance of working through their emotions and moving on in a healthy way.

Organization for Autism Research (2023b; 2023c)

Sexually transmitted infection (STI) prevention and birth control

Promoting sexual health involves providing people with the information and skills they need to make informed choices around sexual activity. This includes providing youth with education about:

- Reducing risk of getting or passing sexually transmitted infections (STIs);
- STI testing and treatment; and
- Birth control.

The information-motivation-behavioural skills (IMB) model can be a helpful behavioural change approach to supporting Autistic youth in reducing risk for STIs and for choosing birth control methods (SIECCAN, 2019).

Information	Providing youth with relevant information that will enable them to adopt behaviours to enhance their sexual health
Motivation	Supporting Autistic youth in understanding the importance and personal benefits of adopting sexual health promoting behaviours
Behavioural skills	Providing Autistic youth with actionable steps they can take to adopt sexual health promoting behaviours

Preventing sexually transmitted infections (STIs)

Providing Autistic youth with the information, motivation, and behavioural skills to reduce their risk for STIs can enable them to prevent negative sexual health outcomes and enhance their sexual health. Ultimately, safer sex practices enable sexual partners to take care of their health, experience peace of mind, and enjoy intimate time together.

Information, motivation, and behavioural skills to reducing risk of STIs:

Information	<p>Inform Autistic youth about:</p> <ul style="list-style-type: none">• STIs and their symptoms. It is important for youth to understand that many cases of STIs do not have symptoms and that symptoms can be different for people with penises and people with vulvas;• The ways STIs can be passed from one person to another; and• How and when to get tested for STIs.
Motivation	<p>Discuss with Autistic youth:</p> <ul style="list-style-type: none">• The effectiveness of condoms and dental dams in preventing the passing of STIs;• The importance of talking to sexual partners about safer sex practices;• The importance of accessing STI testing for sexually active youth;• The importance of getting vaccinated against HPV and hepatitis; and• Their personal beliefs and attitudes about STI prevention, as well as that of their families, peers, and society more broadly.
Behavioural skills	<p>Provide Autistic youth with information about:</p> <ul style="list-style-type: none">• How to bring up and talk about using condoms or dental dams with sexual partners before sexual activity occurs;• Where they can get condoms and dental dams;• How to use condoms and dental dams; and• The steps to accessing STI testing, treatment, and vaccination.
SIECCAN (2019)	

Refer youth to SIECCAN's *Preventing Sexually Transmitted Infections (STIs): Information Sheet*: www.autismsexinfo.ca

Birth control methods

Autistic youth should be fully informed of their choices and options for birth control. All youth should be provided with the opportunity to learn the relevant information and skills to make informed choices about whether or not they want to use birth control and, if so, which birth control methods they want to use.

Autistic youth should not, in any way, be coerced or persuaded into using any form of birth control that they do not want to use or that they do not fully understand.

Autistic youth's choice to use birth control or not, and which birth control method to use, should be respected. In the event that an Autistic youth does not fully understand their birth control options, supported decision-making should be offered. Supported decision-making involves providing the individual with the support they need to make an informed decision (Stainton, 2016).

Information, motivation, and behavioural skills to using birth control:	
Information	Inform Autistic youth about: <ul style="list-style-type: none">• What birth control is;• Reasons for using birth control (e.g., sexual behaviours that can result in pregnancy);• Different birth control methods; and• What could happen to their body when they use different birth control methods.
Motivation	Discuss with Autistic youth: <ul style="list-style-type: none">• Their right to choose if they want to use birth control or not, and which birth control method they want to use;• The effectiveness of different birth control methods in preventing unintended pregnancies; and• The advantages and disadvantages of different birth control methods.
Behavioural skills	Provide Autistic youth with information about: <ul style="list-style-type: none">• Where to find information about different birth control methods;• How to obtain and use their birth control method of choice; and• How to bring up and talk about birth control with their sexual partners.

Refer youth to SIECCAN's *Birth Control Methods: Information Sheet*: www.autismsexinfo.ca

Sensory sensitivities and impact on sexual experiences

Many Autistic people experience hypersensitivity or hyposensitivity to various stimuli (e.g., sounds, textures), which can have an impact on sexual experiences (Gray et al., 2021).

In some cases, certain stimuli can lead to painful or extremely unpleasant sensations (Gray et al., 2021). In other cases, intense stimulation is required for a sensation to be experienced as pleasurable. Some Autistic youth have also indicated that certain physical sensations (e.g., a hug) can be calming and help with self-regulation. However, when sensory needs are not accommodated, Autistic youth can experience anxiety or overstimulation, which can prevent them from wanting intimacy or experiencing arousal and potentially lead to negative sexual experiences (Barnett & Maticka-Tyndale, 2015; Gray et al., 2021).

“...sometimes if he’s touching me, I don’t want to be touched because I’m hypersensitive or I can’t get comfortable. Touching my hair sets me off and I have to twitch to get off the feeling which sounds weird but imagine someone touches you, it’s like I can still feel their hands still on me so I’ll have to rub it off you know. And I’m expected to mask in my relationship constantly, all the time.”

*- Focus group/interview participant:
Autistic/neurodivergent youth*

Too much sensory stimulation can cause a person to experience sensory overload (i.e., feeling exhausted and overwhelmed due to having to process too much sensory input), which can, in turn, lead to experiences of selective or situational mutism, where the individual will be unable to speak in that moment.

If an Autistic youth has unreliable speech during sexual activity, they will need to come up with a plan with their sexual partners for communicating consent prior to engaging in sexual activity (See *Communicating about Sexual Health for Non-Speaking Autistic Youth*).

Addressing sensory sensitivities

The following are some strategies that can be helpful for Autistic youth in navigating their sensory sensitivities:

Exploring different sensations in a non-sexual context can enable Autistic youth to identify and make a communication plan regarding sensations they like and/or do not like;

Planning ahead for partnered sexual activity can enable Autistic youth to pre-emptively take measures to prevent sensory overload;

Identifying ways Autistic youth can **set, maintain, and communicate boundaries** so that they do not engage in sexual activity that causes them sensory discomfort; and

Referring Autistic youth to other professionals, such as occupational therapists, who can support them in adapting their space and activities to better address sensory needs.

(Gray et al., 2021)

Refer youth to SIECCAN's *Sensory Sensitivities During Sex: Information Sheet*: www.autismsexinfo.ca

Communication in relationships

Communication is important in relationships. Communication can include conveying one's needs, preferences, and desires, as well as communicating consent and boundaries to a partner (Victoria Government, 2022). Effective communication can also allow for effective conflict resolution. For relationships involving Autistic people, partner responsiveness and clear communication have been identified as facilitators for relationship maintenance (Yew et al., 2021).

Differences between Autistic and non-autistic communication

The theory of the double empathy problem

The theory of the double empathy problem suggests that the social challenges Autistic people experience are due to misunderstandings between Autistic and non-autistic people, who think and interact with the world differently (Milton, 2012b). This theory challenges the notion that the social challenges experienced by Autistic people are due to an inherent deficit within the Autistic person. Rather, Autistic individuals' different ways of communicating are often misinterpreted by non-autistic people. Autistic people tend to be understood by other Autistic people and likewise, non-autistic people are more likely to be able to read each other's social cues (Morrison et al., 2020). This suggests that mutual education is needed to improve communication and understanding between Autistic and non-autistic people.

Effective communication can be a challenge in any relationship, but differences in communication styles between Autistic and non-autistic people can create additional communication challenges (SIECCAN, 2022b).

"...maybe to non-autistics, there is kind of charm in not saying the words 'I like you' but showing it in another way and playing a kind of game of chase, you know cat and mouse. Whereas I say for Autistics I know and myself included, I'm just fine with being face to face and being 'I like you, I like you too', and not having to try to guess through body language and different implicit kind of content that this person may be into me but they're not expressing it directly."

*- Focus group/interview participant:
Autistic/neurodivergent youth*

Here are some ways in which Autistic people may communicate differently from non-autistic people:

Verbal and nonverbal/non-speaking communication

Verbal communication is the dominant way through which many people communicate. However, not all Autistic people will communicate verbally. Some Autistic people may be able to communicate verbally, but feel more comfortable expressing themselves through alternative forms of communication, such as writing or typing.

Some Autistic people may be always non-speaking; others may be selectively or situationally mute, where they become non-speaking in certain situations (e.g., when they are feeling stressed or anxious), but are able to communicate verbally under other circumstances (Steffenburg et al., 2018).

Many Autistic people who are non-speaking use augmentative and alternative communication (AAC), which are often text-based or symbol-based communication systems that range from basic pen and paper and picture exchange communication systems (PECS) to more complex text-to-speech generating devices and smartphone/tablet applications (van Grunsven & Roeser, 2022). See *Communicating about Sexual Health for Non-Speaking Autistic Youth*.

Eye contact

For non-autistic youth, eye contact is often an important part of social interactions. Eye contact can be an indication of attentiveness and being engaged in a conversation (Victoria Government, 2022). Eye contact can also be a way to convey feelings of love and affection (Trevisan et al., 2017).

For many Autistic youth, eye contact can be experienced as uncomfortable and sometimes even painful (Trevisan et al., 2017). It can cause Autistic youth to feel anxious or physically unwell. Additionally, eye contact can feel invasive or contribute to sensory overload (i.e., feeling exhausted and overwhelmed due to having to process too much sensory input). When dating, an Autistic person and their potential partner will often not be able to rely on eye contact cues. Other means of communicating desire, comfort, and consent will be needed, including verbal cues and direct language.

Direct and indirect communication

Flirting and dating among non-autistic youth often involve subtle forms of communication, where non-autistic youth demonstrate interest/disinterest in another person through indirect forms of verbal and nonverbal (e.g., body language, facial expression) communication (Hall & Xing, 2015).

Autistic youth, however, tend to prefer communicating more directly and may not always correctly interpret non-autistic youths' indirect forms of communication (Sala et al., 2020; SIECCAN, 2022b). This may result in Autistic youth having their tone misinterpreted or missing a subtle message that non-autistic youth may be trying to convey.

Autistic people may also express interest in a person indirectly by sharing memes or by “infodumping” (i.e., giving a lot of information) about a particular subject that the other person has expressed interest in. If the other person is Autistic, they will often understand this to be a cue for a friendship or a romantic connection. A non-autistic person, however, may misinterpret these cues as a sign of disinterest or may lose interest themselves when they are unable to recognize this gesture as a sign of interest.

NOTE: *It is important to remember that these preferences may not be universally true for all Autistic and/or non-autistic people.*

It is important to acknowledge and respect different forms of communication as valid and encourage everyone to find ways to adapt to each other's preferences.

Refer youth to SIECCAN's *Understanding Non-Autistic Communication for Dating: Information Sheet*: www.autismsexinfo.ca

Communicating about sexual health for non-speaking Autistic youth

For non-speaking Autistic youth, their AAC systems often do not offer sufficient vocabulary related to sexual health, including words and symbols to communicate about relationships, consent, abuse, gender identity, and sexual orientation (AssistiveWare, 2023; Collier et al., 2006; Denome, 2020; Sellwood et al., 2022). This is most often the case when AAC systems are chosen by parents or service providers, who may not be comfortable providing terms for consent, body parts, and sex to AAC users or aware that these terms are needed and can be added.

Further, some people with selective or situational mutism may not have access to AAC or be aware that AAC systems exist because AAC systems are not offered to them. Some people with selective or situational mutism may also mask their condition (i.e., hide their natural Autistic characteristics and/or behaviours and adopt those that are more socially accepted) due to stigma associated with being non-speaking. It is important to support these individuals to access communication supports, such as AAC, so that they are able to communicate about sexual health.

How to support the sexual health of non-speaking Autistic youth and/or those who are selectively/situationally mute:

Ask Autistic youth about their communication needs for dating, relationships, and engaging in sexual activity, including whether they have the communication supports and vocabulary to fully express themselves.

Support Autistic youth in accessing the communication supports they need to be able to fully express themselves when it comes to dating, relationships, and sexual experiences, including accessing AAC (e.g., provide a referral, support in securing funding, inform those that support Autistic youth about the importance of communication supports).

Initiate conversations with AAC users about their sexual health, including whether their AAC systems offers adequate sexual health vocabulary.

Support AAC users in adding sexual health vocabulary (e.g., about sex, body parts, and consent) to their AAC systems. These may be in the form of pictures, boards, or text.

Inform the people that support AAC users about the importance of making sure AAC users have access to sexual health vocabulary.

Be aware that during sexual and intimate moments, the use of certain AAC systems may not be possible and could be replaced by a different AAC system (e.g., paper and pen, pre-determined yes/no body cues, hand gestures, pre-written notes that individuals can point to).

Connect AAC users and those with selective or situational mutism with the broader AAC community to identify and share ideas/best practices.

Lynch (2022)

Communicating boundaries and consent

Boundaries

In dating and sexual scenarios, each person involved has their own boundaries (i.e., what they are comfortable with). It is important that each person involved in a relationship or sexual experience understands their own boundaries and respects the boundaries of the other people involved.

There are many types of boundaries such as:

Physical: relates to one's body, privacy, and personal space (e.g., touching, kissing)

Emotional: relates to one's feelings (e.g., when and how a person wants to share their feelings, how an individual wants to be supported)

Sexual: relates to intimacy and sexual activity (e.g., frequency of sexual activity, sexual acts that a person likes or dislikes, sexual comments that a person is okay with or not okay with)

Intellectual: relates to values, perspectives, and opinions (e.g., being able to express one's perspective and point of view and having them be respected)

Material: relates to a person's material possessions (e.g., which items a person wants to share with their partner and which ones they do not want to share)

Time: relates to how a person wants to spend their time (e.g., how much time a person wants to spend alone vs. with a partner)

Earnshaw (2022)

Refer youth to SIECCAN's *Communication in Relationships: Information Sheet*: www.autismsexinfo.ca

Consent

Consent is the voluntary agreement of a person to engage in an activity.

Consent to sexual activity is the active process of willingly, enthusiastically, and freely agreeing to engage in sexual activity.

To consent, a person must have all the information they need to fully understand what will happen if they agree to something before choosing to agree or not.

Things to remind Autistic youth about consent	Examples
<p>A person should not be pressured to consent to something they do not want to do.</p>	<p>If someone says “no” to engaging in sexual activity, the other individual should not pressure the person to change their mind.</p>
<p>A person’s boundaries can change.</p>	<p>At the beginning of a relationship, individuals may be less comfortable sharing their feelings or belongings with their partner compared to later on in a relationship once trust has been established.</p>
<p>A person can withdraw their consent at any time. Asking for consent should be an ongoing process, even after someone has given consent.</p>	<p>A person can agree to engage in sexual activity with someone, but while engaging in the sexual activity, decide that they no longer want to continue with that activity. Their decision to not continue with the sexual activity must be respected.</p>
<p>Consent should not be assumed.</p>	<p>Being in a relationship with someone does not mean that the person will always want to be touched by their partner.</p>
<p>Consenting to one thing does not imply consent to something else.</p>	<p>If someone says that they want to be kissed, that does not mean they automatically consent to engaging in sexual activity.</p>
<p>In some situations, a person may not be able to provide informed consent. In these cases, it should be assumed that the individual does not give consent.</p>	<p>If someone is intoxicated or high (under the influence of alcohol or other substances) or asleep, they are not able to provide informed consent.</p>
<p>In some situations, supported decision-making may be necessary. Supported decision-making means helping the individual make an informed decision. Supported decision-making does not mean making decisions for the individual.</p>	<p>If someone is unable to fully understand the situation that they are asked to consent to, it may be helpful to obtain support from someone (or a few people) who knows the individual well and can help explain the situation in a way that the individual can understand.</p>
<p>If someone does not consent to something, their decision must be respected.</p>	<p>If someone says “no” to engaging in sexual activity or whose body language clearly demonstrates that they are not interested, then the other individual should not engage in any level of physical or sexual activity with that person.</p>
<p>Organization for Autism Research (2023a); Scarleteen (2023); SIECCAN (2019); Stainton (2016)</p>	

It can be helpful to work with Autistic youth to come up with short scripts for communicating consent that they can memorize and use in specific situations, so that they are not grasping for words during an intense physical-emotional experience, like during sexual activity.

Refer youth to SIECCAN's *Communicating Consent: Information Sheet*: www.autismsexinfo.ca

Reporting abuse or sexual violence

Autistic people are at an increased risk of experiencing abuse and sexual violence (Dike et al., 2022; Weiss & Fardella, 2018). Prevailing ableism (i.e., negative attitudes and feelings towards Autistic youth) contributes to negative behaviours enacted towards Autistic youth, including bullying, exclusion, neglect, and abuse (Canadian Academy of Health Sciences, 2022).

Autistic youth may also require greater support from caregivers, which can increase their vulnerability to being abused as perpetrators of maltreatment tend to be caregivers themselves (Collier et al., 2006; Martinello, 2014; McDonnell et al., 2019). Maltreatment is more likely to occur when a caregiver or guardian has absolute power over the individual they are caring for (Demer, 2018).

Cisgender Autistic women and girls, 2SLGBTQINA+ Autistic youth, non-speaking or partially speaking Autistic youth, racialized Autistic youth, and Autistic youth with intellectual disabilities are often more vulnerable to being targets of abuse or maltreatment (Brown et al., 2017; Cazalis et al., 2022; Collier et al., 2006; Davenport et al., 2021; McDonnell et al., 2019).

The following are some helpful resources for talking with Autistic youth about abuse or sexual violence:

- The Centre for Augmentative & Alternative Communication at the University of Pretoria has developed picture boards that could assist AAC users in reporting incidences of abuse. The picture boards are available in multiple languages. *Abuse Boards*: https://www.up.ac.za/centre-for-augmentative-alternative-communication/article/56165/abuse-boards?fbclid=IwAR2G3ZFEbHbTn-kocAsta4rbP1dT0xiCWXz_J3q81axSgSGtRHZBqtREXw
- The Arc has developed a variety of practical tools to support service providers in talking about sexual violence with people with intellectual and developmental disabilities, including short training videos and guided conversation resources. *Talk About Sexual Violence*: <https://thearc.org/our-initiatives/criminal-justice/talk-about-sexual-violence/>

Gender identity and sexual orientation

There are many Autistic youth who are 2SLGBTQINA+ (Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, nonbinary, asexual, and other emerging identities). Autistic people are more likely than non-autistic people to identify with a gender different from their sex assigned at birth, as well as a sexual orientation other than heterosexuality (George & Stokes, 2018; Strang et al., 2018; Weir et al., 2021).

The gender identity and/or sexuality of 2SLGBTQINA+ Autistic youth are often dismissed or invalidated based on the false assumption that Autistic people do not have enough self-awareness to understand and determine their identity (Hillier et al., 2020; Khudiakova & Chasteen, 2022; Lewis et al., 2021).

2SLGBTQINA+ Autistic youth may experience multiple stigma, such as ableism within 2SLGBTQINA+ communities (Khudiakova & Chasteen, 2022) and a lack of acceptance of their 2SLGBTQINA+ identity within their family and peer groups (Hillier et al., 2020; Lewis et al., 2021). This can make it difficult for 2SLGBTQINA+ Autistic youth to find spaces where they feel safe and accepted, which can contribute to challenges with self-acceptance and mental health.

Important terms

Gender identity: refers to a person's sense of being a boy or a man, a girl or a woman, or another gender. Examples: genderfluid, genderqueer, man, nonbinary, Two-Spirit, woman.

Gender expression: refers to how a person expresses themselves on the outside, such as through their clothing, hairstyle, voice, body, and how they act. Examples: androgynous, feminine, masculine.

Sex assigned at birth: refers to how a person was classified when they were born based on their biology (e.g., organs, hormones, chromosomes). Examples: intersex, female, male.

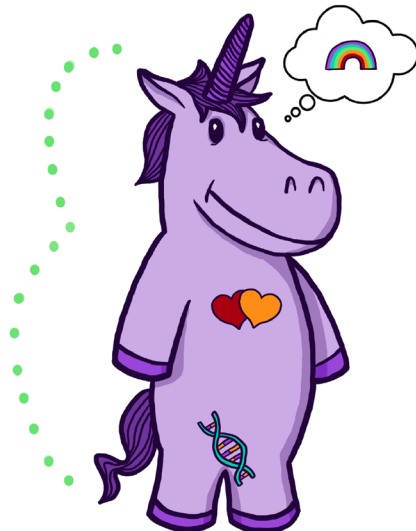
Sexual orientation: refers to the gender(s) of the people that an individual is sexually/physically and/or romantically/emotionally attracted to in relation to that individual's own gender identity. It is also possible to not be sexually/physically or romantically/emotionally attracted to anyone. Examples: aromantic/asexual, biromantic/bisexual, gay, lesbian, pansexual, queer, heteroromantic/heterosexual.

Government of Canada (2022a); Trans Student Educational Resources (2015)

In talking about gender identity and sexual orientation with Autistic youth, the concept of *The Gender Unicorn* can be helpful.

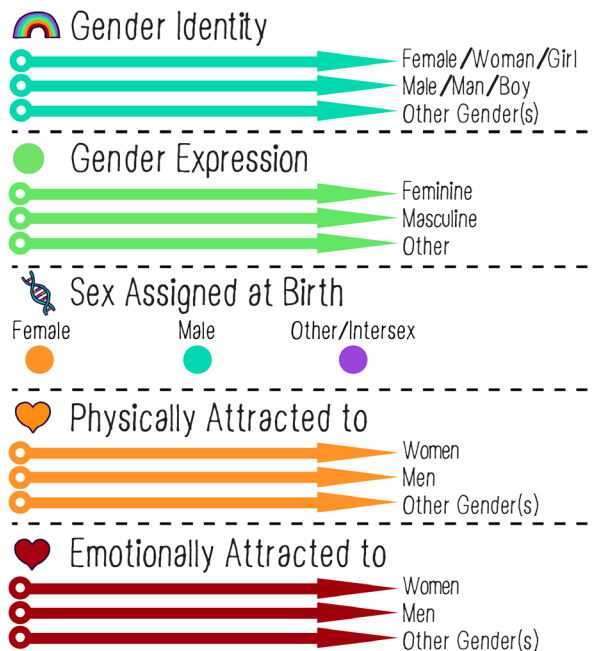
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



Trans Student Educational Resources (2015)

You can find definitions for 2SLGBTQINA+ terminology here: <https://women-gender-equality.canada.ca/en/free-to-be-me/2slgtqi-plus-glossary.html>

Additional terminology:

Autigender: An Autistic person whose gender is influenced by their autism (Autiqueering, 2022). This means that Autistic people who identify as autigender perceive their Autistic characteristics and experiences as an Autistic person as having an influence on how they conceptualize and relate to their gender. Not all Autistic people identify as autigender.

Neuroqueer: Someone who acts in ways that do not conform to societal expectations of neuronormativity (i.e., the privileging of neurotypical¹ ways of being) and heteronormativity (i.e., the privileging of heterosexual ways of being; Walker, 2021). Society tends to privilege being neurotypical and heterosexual, which, in turn, disadvantages those who do not fit into these categories. Neuroqueering describes the practice of challenging these social expectations and standards, allowing individuals who do not fit these categories greater freedom to embrace and express their individuality.

1 Neurotypical is term used to describe individuals who are not neurodivergent and who think, perceive, and behave in ways that align with social norms.

Delivering 2SLGBTQINA+ inclusive sexual health education and services

How to provide 2SLGBTQINA+ inclusive sexual health education and services:

Assume that the Autistic youth you are supporting could have a 2SLGBTQINA+ identity.

Ask youth about the pronouns they use and use the pronouns they provide. If youth are not comfortable sharing this information with you, do not pressure them to do so. You can use the person's name or a gender-neutral pronoun, such as "they/them."

When referring to people in general, it can be helpful to use gender-neutral pronouns, such as "they/them," instead of "she/her" or "he/him."

For example, instead of saying "if a person wants to have sex with his or her partner, it is important that he or she asks for consent," say "if a person wants to have sex with their partner, it is important for them to ask for consent."

When talking about anatomy, avoid associating body parts (e.g., vagina, penis) with a specific gender.

Ask everyone to respect the names, pronouns, and identities that an individual has shared.

Be open to learning from people with diverse gender identities and sexual orientations.

Be willing to apologize if you make a mistake, such as using the wrong pronoun or making a false assumption.

For example, if you say "**She** went to the store" and then realize or find out that the individual goes by "they," you can simply say "Sorry, **they** went to the store."

Making mistakes will happen. What is important is that you are willing to acknowledge and fix your mistake. You may feel bad when you make a mistake, but avoid placing responsibility on the other person to make you feel better. Instead, accept responsibility for your mistake and learn from it.

Cortex et al. (2016)

Navigating diverse gender identities and sexual orientations

How to support Autistic youth who may be exploring or questioning their gender identity and sexual orientation:

Remind youth that **being 2SLGBTQINA+ are valid ways of being.**

Reassure youth that **it is okay to take the time they need to figure out their gender identity and sexual orientation** and that for some people, gender identity and sexual orientation can change throughout their life.

Recognize that **disclosing a 2SLGBTQINA+ identity may be a difficult decision for youth to make** as it may not always be safe to do so. Support youth in assessing the potential benefits and risks of disclosing a 2SLGBTQINA+ identity.

Refer youth to appropriate **mental health supports** if needed.

Provide information on how Autistic youth can **connect with 2SLGBTQINA+ communities**, including identifying accessible queer spaces and events (e.g., queer events that are sensory-friendly, communities specifically for 2SLGBTQINA+ Autistic people).

If an Autistic youth discloses their gender identity or sexual orientation to you, it is important to **respect that person's privacy and choice** regarding with whom they may or may not want to share this information.

Autistic Self Advocacy Network (2022); Kosciw et al. (2015)

Refer youth to SIECCAN's *Gender Identity and Sexual Orientation: Information Sheet*:

www.autismsexinfo.ca

Searching the Internet for sexual health information

Autistic youth are less likely to receive sexual health education from sources such as parents, peers, teachers, and support workers and may be more likely to turn to the Internet to obtain sexual health information (Brown-Lavoie et al., 2014). The majority of participants in SIECCAN's focus groups and interviews reported that the Internet was their main source of sexual health information (SIECCAN, 2022b). This included official government or health and public health websites, Wikipedia, social media (e.g., Reddit, YouTube, Instagram), sites for crowdsourced questions and answers (e.g., Quora or Yahoo Questions), and sexually explicit media (e.g., pornography).

Benefits of searching for sexual health information on the Internet:

Asking questions anonymously;

Obtaining answers to questions right away;

Accessing an extensive amount of information; and

Finding communities of people with shared experiences (e.g., learning about the sexual health experiences of other Autistic youth).

Johnson (2019)

Potential issues with searching for sexual health information on the Internet:

Discerning between accurate and inaccurate information;

Challenges with finding specific answers to one's questions;

Potentially coming across uncomfortable content (e.g., sexually explicit content);

Censorship of sexual health content; and

Potentially interacting with people who make hurtful comments (e.g., make racist, sexist, or ableist comments) or who have negative intentions (e.g., scams).

Johnson (2019)

"I asked the Internet but also one thing that I noticed is because of looking that up online, it got me in a dangerous situation. A person took advantage of the situation [...] and I was then too embarrassed to talk to anybody about what was happening, I never told anyone except my current partner about what they did or who they are. It's dangerous not having someone to talk to..."

*- Focus group/interview participant:
Autistic/neurodivergent youth*

Verifying sexual health information found on the Internet

Work with Autistic youth and their parents/families to identify trusted and reliable sources of sexual health information. It may be helpful to create and print off a list of websites that could be posted on a fridge at home or in a classroom at school that Autistic youth can regularly refer to.

Support Autistic youth in learning strategies to verify the sexual health information they find on the Internet and provide advice to parents/families on how they can guide Autistic youth on safe Internet use (see the following tables).

Encourage Autistic youth to check the source of information:	
Is it a reliable source?	<p>Government websites, known organizations working in the area of sexual health, university professors, and researchers are more likely to be reliable.</p> <p>If the source is not already known to be reliable, Autistic youth can verify the source by checking on Google or Wikipedia to find out if the source/author is:</p> <ul style="list-style-type: none"> • Real; • Actually who they say they are; and • Trustworthy.
Does the author cite other sources?	<p>If the author cites other sources, you can check the other sources to see if those sources are reliable (see above for how to check if a source is reliable).</p>
From what perspective is the author writing?	<p>Do some research on the author or the organization to see what their motivation might be for writing the material.</p> <p>For example:</p> <ul style="list-style-type: none"> • Who is funding the work the author is writing about? • Who or what organization is the author associated with? • What are the author's values and interests?
What is the author's goal?	<p>Understanding the author's goal can help the reader determine how they should interpret the information they come across.</p> <p>For example, is the author sharing:</p> <ul style="list-style-type: none"> • A personal experience? • Their own opinion? • Research findings?

Johnson (2019)

Encourage Autistic youth to validate the information they find with other sources of information, such as other websites, books, friends, family, or an expert in the field.

Is the same information being repeated across many reliable sources?

Do people have different opinions about the topic?

Is there a professional or scientific consensus on the topic?

Johnson (2019)

Refer youth to SIECCAN's *Searching the Internet for Sexual Health Information: Information Sheet*: www.autismsexinfo.ca

Social media safety

Things to remind Autistic youth:

Not everyone on social media can be trusted. Some people have negative intentions (e.g., stalking, financial scams, fraud).

Support Autistic youth in identifying potential “red flags,” which can include someone asking them for personal information (e.g., home address, phone number, banking information, passwords) or for money.

Remind Autistic youth that it is okay to block individuals who have any of these “red flags” for their own safety and comfort and to tell a trusted adult if this happens.

What gets posted on social media becomes public. This means that information posted on social media can be accessed by, and shared with, many people.

Encourage Autistic youth to think through what they want to post on social media before they do so and to consider the potential consequences with making personal information public. If Autistic youth feel unsure about posting something on social media, encourage them to check with someone they trust before posting.

Show Autistic youth how to use social network privacy settings to limit who can see what they post, but make sure they understand that people who do see their content can still share it.

Things to remind Autistic youth:

Online hate can take on many different forms. Some forms are more obvious (e.g., making fun of a group of people, using harmful words to talk about an individual or a group of people, saying mean things to someone) and others are less obvious (e.g., saying untrue things about an individual or a group of people based on false assumptions, liking a picture that misrepresents a culture).

If Autistic youth are subjected to, or witness, online hate, they can disengage with the person by blocking them. They can also report the individual to the social media platform or the admin of a chat group where the interaction happened. They can also report an incident to local police if any threat was issued. It can also be helpful for Autistic youth to talk through the situation and their emotions with someone they trust.

(Brisson-Boivin, 2019; Government of Canada, 2021, 2022b)

Refer youth to SIECCAN's *Being Safe on Social Media: Information Sheet*: www.autismsexinfo.ca

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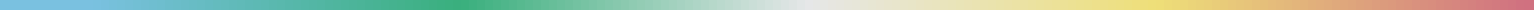
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