

MAKING CHOICES KEEPING SAFE

Scottish Autism

Relationships & Sexual Wellbeing

Best Practice Guidance

***for Staff Who Support Adults and Young People
With a Learning Disability***

September 2016

This document provides Scottish Autism staff members with information and best practice guidance in relation to more specific areas of relationships and sexual health work.

Scottish Autism's Relationships & Sexual Wellbeing Best Practice Guidance for Staff should be read in conjunction with Scottish Autism's Relationships & Sexual Wellbeing Policy

The values of Scottish Autism and the values of the *Relationships & Sexual Wellbeing Policy and Best Practice Guidance* reflect those set out by the National Care Standards, SSSC Codes of Practice, The Keys to Life, The Charter for Involvement and the Health and Wellbeing Outcomes (Appendix 1).

SUPPORTING SERVICE USERS

Scottish Autism supports the rights of service users with regards to Relationships and Sexual Wellbeing. Staff should also be respectful of confidentiality.

People with autism including children and young people have the legal right to confidentiality, unless there is concern about abuse or risk of abuse.

In practice, this means that staff members have a responsibility to:

- Know the content of this guidance when working with people with autism;
- Ensure each service user is aware of the policy and guidelines regarding confidentiality of information;
- Inform each person with autism that they have a right to develop personal relationships and can discuss aspects of relationships/sexual well being if they need to. If they do choose to, their privacy will be respected at all times, and they will be advised by staff of times and places where it would be appropriate to have these discussions;
- Agree clear boundaries to confidentiality with each person, ensure they are aware of who has access to their information and which events would impede their right to confidentiality, for example, if a member of staff has concerns that the individual or another is in a situation of risk;
- Work towards building an appropriate relationship with each person so that the service user feels confident to share personal information with their staff;
- Refer concerns/anxieties/disclosure of abuse to the relevant agency, whilst making sure each person is aware of the process;
- Be familiar with guidelines on legal constraints to maintaining confidentiality and Scottish Autism's Child/Adult Protection procedures;
- Keep written information, e.g. case notes, in a system that supports the right to confidentiality. Information contained within this system should not be shared with anyone without the person's explicit consent;
Be clear as to whether or not they have the permission of the person with a learning disability before they talk parents/carers about matters connected with their sexuality, relationships or sexual wellbeing;
- If workers are unsure about whether or not they have permission to pass on information they must assume they do not until they have checked it out;
- Ensure each service users with capacity are afforded their legal right to confidentiality;
- Ensure that, where a service user lacks capacity and has a guardian, they are clear about the extent of guardianship power and **exactly what information** must be shared.

WORKING WITH FAMILIES AND CARERS

It is important to work in partnership with families, whilst keeping the person with autism as the focus. In practice this means that staff members have a responsibility to:

- Ensure good communication with families and carers exists whilst balancing the service user's right to confidentiality;
- Make sure that families and carers views are listened to and treated with respect. **However, the rights of the person with autism needs to be of primary importance;**
- Take seriously any issues raised by families relating to personal safety of the person with autism by undertaking appropriate risk assessment;
- Consult about any decisions in relation to the person if a welfare proxy decision maker has been appointed (this could be a welfare guardian, intervener or someone who has welfare power of attorney);
- Share information on appropriate resources with the person's family. This should always be done with the knowledge and the agreement of the person with autism if the individual has the capacity to do so;
- Involve other agencies who can assess capacity and understanding (NHS Learning Disability Team) and independent advocates who can ensure the voice of the person is heard;
- Signpost families and carers to appropriate services and ensure that they have access to relevant information relating to sexual health and relationships;
- Ensure that families and carers have access to the appropriate complaint procedure.

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Section 5 - Best Practice Guidelines for Staff

5.1 RELATIONSHIPS AND SEXUAL HEALTH

People with autism have the same right as others to have a healthy sexual life. They have the right to choose or refuse sexual health care and be made aware of the longer term, wider implications that can impact on health and well-being. They have a right to confidentiality.

Children, young people and adults with autism also have the right to information and education on Relationships and Sexual Health.

Depending on the age and stage of the person, the following issues could come into a sexual health discussion;

- Friendships;
- Relationships;
- Boyfriends and girlfriends;
- Body changes;
- Puberty, periods, erections and wet dreams;
- Public and private;
- Masturbation;
- Intimacy;
- Sexual orientation and identity (LGBT);
- Sexual intercourse, how babies are made;
- Oral, anal, vaginal sex;
- Consent and saying yes/saying no;
- Pregnancy, pregnancy testing, parenting, birth;
- Antenatal care, antenatal screening and genetic counselling;
- Contraception and condoms, emergency contraception;
- Sexually transmitted infections (STIs), HIV and AIDS, safer sex;
- Termination of pregnancy (abortion);
- Premenstrual tension/syndrome, smear tests, the menopause, hormone replacement therapy;
- Sexual dysfunction (e.g. erectile dysfunction), psychosexual counselling;
- Sterilisation;
- Sexualised behaviour, sexual abuse;
- Testicular awareness, breast awareness;
- Where to go for help, who to tell.

Some children, young people and adults with autism may also need to develop a range of social skills, for example:

- Making and keeping friends;
- How to be a good friend;
- Making conversation;
- Listening and responding;
- Sharing;
- Making choices;
- Appropriate behaviour/boundaries;
- Appropriate touch;
- Saying yes;
- Saying no;
- Spending time and doing activities with others.

In order to adequately promote sexual health, staff need to be:

- Confident and competent to discuss sexual health and relationships with the person with autism;
- Confident to discuss condom use and contraception;
- Able to inform and support the service user in recognition of safer sex practice;
- Able to facilitate access to condoms and relevant sexual health services;
- Be aware of services who can offer additional support in this area e.g. NHS Sexual Health Services, Community Learning Disability Teams.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Read this Guidance in conjunction with Scottish Autism's 'Relationships and Sexual Wellbeing' policy.
- Ensure that your work and approach reflects the values and good practice set out in the National Care Standards, SSSC Codes of Practice and Charter for Involvement.
- Relationships and sexual health education work with school-aged children should follow Education Scotland's Curriculum For Excellence Health and Wellbeing outcomes and experiences.
- Service users (children, young people and adults) should know their rights with regards to Relationships and Sexual Wellbeing.
- Parents and guardians should understand how Scottish Autism staff can, and will, support service users to exercise their rights with regards to Relationships and Sexual Wellbeing.
- Where a service user has an appointed guardian, Scottish autism staff should be aware of exactly how those powers relate to any decisions around relationships and sexual wellbeing.
- Where staff need guidance and support, they should speak to their line manager.

5.2 SEXUAL HEALTH AND RELATIONSHIP EDUCATION IN SCHOOL

Sex Education is currently referred to as Relationships, Sexual Health and Parenthood Education (RSHP) as the curriculum covers a much wider range of issues than just sex. RSHP is part of the Curriculum for Excellence Health and Wellbeing outcomes for schools. The learning outcomes are set by Education Scotland and guide the school in what to teach and when.

RSHP is a very broad curriculum including self awareness, friendships and relationships, keeping safe, appropriate behaviour, attitudes, beliefs and values, human reproduction, looking after a baby, sex and the law. It starts in nursery school. Topics are age and stage appropriate and the child/young person will build on their learning each year, beginning at age 3 - 18.

Evidence shows that RSHP helps young people to keep themselves safe, make better choices about relationships and to delay sexual activity until they are older. Schools provide the best opportunity for learning because teachers are skilled professionals, they know the students they are teaching and they have access to a very large number of children over a period of many years.

Under The Conduct of Relationships, Sexual Health and Parenthood Education in Schools (Scottish Government 2014)*, schools are expected to deliver RSHP to all students, including those with learning disabilities. However there are still inconsistencies as to what is being taught. Children with learning difficulties and those with autism are more likely to be left out of learning or to only receive limited information.

The National Guidance for Child Protection in Scotland (2104)** Additional Notes for Practitioners; Protecting Disabled Children from Abuse and Neglect (The Scottish Government) identifies this lack of sex education as a significant risk factor for children with disabilities. Lack of knowledge and skills can contribute to physical, sexual and emotional abuse and child sexual exploitation (Barnardo's 2015)***.

Staff supporting young people should be aware of the Health and Wellbeing outcomes and the RSHP Curriculum being taught. This learning opportunity should be positive, proactive and reflective of the drive towards improved awareness, recognition and realisation of all children's rights to information, in line with the United Nations Rights of the Child.

Although this curriculum is aimed at children from 3 - 18, some adults will not have received any sex education and will need to learn or revisit this information. Staff should identify any gaps in the child/adults knowledge and be prepared to support their learning and development.

Staff, parents and carers should also help the child/young person/adult to develop social skills such as conversation, listening, sharing, boundaries

*** *The Conduct of Relationships, Sexual Health and Parenthood Education in Schools (Scottish Government 2014)***

**** *The National Guidance for Child Protection in Scotland (2014)** Additional Notes for Practitioners; Protecting Disabled Children from Abuse and Neglect (The Scottish Government)***

***** *Unprotected,overprotected. Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation. Barnardo's (2015)***

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Familiarise yourself with the Health and Wellbeing outcomes for RSHP.
- Schools should strive to improve their RSHP curriculum for young people with autism and those with a learning disability.
- Professionals outwith the school should find out what the school is teaching and when. They can replicate or compliment this with teaching and learning at home.
- Parents have the legal right to withdraw their child from RSHP. This should only happen once the school and parents have discussed the matter in person, looked at the curriculum materials and consulted with the child about their wants and needs.
- Talk to the school about which resources they are using. Borrow resources from them or get ideas for activities to do at home.
- Contact your NHS Sexual Health team or NHS Resource Service. They can suggest and provide other resources to use at home.
- If parents/guardians have any questions about RSHP, advise them to speak to the Headteacher. Find out exactly what is being taught and with which resource. Parent's fears are often allayed once they see the curriculum.
- Think about other sources of information where young people learn about sex and relationships (tv programmes, films, music, celebrities, magazines, friends, family life, internet). You can use some of these as opportunities to discuss RSHP and challenge any unhealthy or inappropriate messages (e.g. glossy magazines with unrealistic body images).
- Remember that it is not just the school's responsibility to teach RSHP. Children learn best from people who know them and that includes parents and carers and practitioners who work closely with them.

5.3 MANAGING SEXUALISED BEHAVIOUR

Sexualised behaviour can be a natural healthy part of growing up.

Some children, young people and adults however, may develop inappropriate/problematic habits or display sexually harmful behaviour.

Sexual behaviour can cover a range of actions including:

- Touching other people's private body parts without permission;
- Preoccupation with pornography;
- Exposing own genitals, or other people's;
- Simulating sex with dolls;
- Sending nude or explicit photos of themselves or others;
- Persistent masturbation in public;
- Sexual assault and rape.

People with learning disabilities are over - represented in research on those displaying sexually harmful behaviour (Vizard 2000)*. This may be due to their vulnerability, the likelihood of being caught, a lack of sexual health and relationships education and limited understanding of sexual boundaries, public and private and appropriate behaviour.

Service users displaying sexualised behaviour should not immediately be labelled as a perpetrator, but rather the problematic behaviours require to be fully assessed within a context of the person's experiences and environment. Behaviour should be recorded and monitored to identify triggers and patterns.

Staff have a duty to support service users of all ages to address sexualised behaviour. In doing so, staff should consider the needs of the young person/adult, not just the behaviour that needs addressing for example:

- Are they masturbating in public because they get no private time to do this at home?;
- Are they touching other people because they are curious about body parts? Can they learn about this another way?;
- Are they watching pornography because they are naturally curious about sex, but have had no sex education?;
- Do they need intimacy, but have no access to appropriate partner? Could they channel this in to a healthy relationship?.

It is also important to check their understanding of the situation and their own actions. Do they know the meaning of the words/language they are using? eg asking people to 'have sex' with them. Are they touching others because of a sensory need? (remember that even if it is sensory - rather than sexual - or a misunderstanding, behaviour that can offend or be harmful still needs addressing).

Behaviour change can take a long time to achieve. It is more successful if all staff and carers are involved in the intervention and demonstrate a consistent response.

Some behaviour can be avoided by teaching young people about boundaries, public and private and acceptable behaviour at an earlier age.

*** Vizard, E. (2000) Characteristics of a British sample of sexually abusive children. BASPCAN Congress, University of York**

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Recognise that some behaviours are normal and healthy.
- Teach people that some behaviours, like masturbation, are normal and OK, but not in a public place.
- Teach children about appropriate behaviour at an earlier age. Don't wait for it to become a problem. Some of the reasons adults get arrested (exposing themselves in public, masturbating on a bus, touching other people) is because nobody taught them boundaries when they were younger. This is particularly true for adults with a learning disability, including those with autism.
- Schools should be teaching about private body parts, boundaries, public and private, appropriate touch, consent etc as part of Relationships, Sexual Health and Parenthood Education.
- People need a consistent approach at home, at school, in the community and from any other agencies involved. Work as a team to address any problems.
- Staff should think about the needs of the child, young person or adult, not just the behaviour that needs addressing. This should be part of their care plan.
- If the behaviour is serious or harmful, follow Child/Adult Protection procedures.

5.4 MASTURBATION

Masturbation is a form of sexual expression and it is considered an acceptable sexual behaviour for females and males from children to adults. People should not be discouraged from masturbating, providing that it is done in a private place.

Boys and girls, men and women masturbate for a variety of reasons:-

To relieve stress or frustration, to help them get to sleep, to achieve orgasm, to relieve boredom, for sexual fulfilment, for sensory fulfilment, to explore their own bodies. Couples may enjoy also mutual masturbation as part of sexual activity.

If masturbation seems to be taking place excessively, for example if it is interfering with day to day living or taking place in inappropriate situations, it may indicate other issues which need to be addressed. Issues for concern could include:

- When a person masturbates in a public place;
- If a person masturbates with objects that may harm them;
- If a person rubs their genitals against objects that may cause harm;
- If masturbating occurs so frequently the person can not concentrate on other tasks;
- If the person ejaculates in unacceptable places (against walls, in clothing such as socks);
- If infection occurs, possibly due to poor hygiene;
- If they coerce other people to join in;
- If masturbation indicates abuse or infection, problem with technique, inability to achieve orgasm, erection or ejaculation.

Staff have a duty of care to help the service user, and should seek advice from their line manager. Agreed responses should be recorded in individual care plans. This will ensure that the relevant information is shared on a need to know basis and it will enable a consistent approach to be taken to appropriately support individuals.

Points for consideration may include:

- Are there any triggers or patterns? (e.g. time of day, emotional state, with particular staff);
- Could it be sexual frustration?;
- Are they experiencing difficulties with a relationship?;
- Is the person bored or needing other stimulation?;
- Is he or she able to masturbate effectively?;
- Could it be erectile dysfunction?;
- Is the medication causing a problem?;
- Is the environment appropriate?;
- Do they have any privacy?;
- Do they have the time and space to relax?;
- Has the person received any sexual health and relationships education?.

Some people with autism may need specific support in being able to masturbate. Line managers should be consulted about any proposed sexual health and relationships education programme or intervention and permission and guidelines should be recorded in an individual's care plan.

Staff are strictly forbidden to perform physical sexual relief or other sexual acts, with/for a service user. Any contravention of this instruction would be a disciplinary matter and in addition staff could be charged with indecent assault.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Most young people and adults will simply need to know that masturbation is normal and OK.
- Some people may need to be taught where it is OK, and not OK, to masturbate (public and private places).
- Issues around masturbation (e.g. in public places) occur most often amongst people with a learning disability. It is important that carers recognise their sexual and sensual needs are the same as everyone else and that the person is supported accordingly.
- A person harming themselves may need medical attention. If masturbating with harmful objects alternative safe objects to use (e.g. sex aids) should be sought.
- The person should be taught about personal hygiene and products to use to keep clean.
- If ejaculating in to unacceptable places (e.g. socks, in corners of rooms) boundaries must be set. If items are used for sensory purposes, condoms may be a good alternative.
- A person masturbating frequently may need diversionary activities and alternative sensory experiences.
- Some young people/adults masturbate to gain attention, or due to boredom. Keeping busy on other tasks can be a solution.
- If issues are arising at home and at school, the teachers and parent/carer or professional should meet to discuss how they can all support the young person.
- Issues with masturbation should always be addressed as it can be a sexual offence if carried out in public.
- Masturbation can also indicate abuse, so needs to be taken seriously. If behaviour becomes harmful or worrying, speak to your manager.
- Masturbation can also indicate a genital infection or a problem with masturbation technique, orgasm, erection or ejaculation. Specialist services are available for people including psychosexual counselling, erectile dysfunction clinics etc. Service users can access these through their GP or Sexual Health Clinic. Staff may need to assist with arranging appointments and escorting service users.
- Your local NHS Resource Library will have educational DVD's and resources on masturbation.
- A person may need continued support to 're-learn' or to undo prior learning that is unhelpful or harmful e.g. a service user may rub their genitals against objects because someone has taught them 'not to touch their genitals' which they take literally to mean 'don't touch with your hands'.

5.5 ERECTIONS, ERECTILE DYSFUNCTION, WET DREAMS

All boys and men will have erections (unless there is a medical concern). Some will have wet dreams.

Although erections and wet dreams tend to happen around the age of 12 upwards, it is not uncommon for boys of any age to have an erection, even very young children.

Erections in young children can be for a variety of reasons, but it will not involve sexual arousal.

Erections in boys and men can be for a range of reasons, but will sometimes include sexual arousal.

Wet dreams can happen when a boy is having a sexy dream, but not necessarily. Wet dreams can be the body's way of releasing semen. He does not always need to have an erection for this to happen.

General worries about erections and wet dreams include:

- Having erections at unexpected times;
- Having erections in public places;
- Who to tell about a wet dream;
- How to change bedding/pyjamas after a wet dream;
- How to keep clean after ejaculation;
- Not having erections, or only having partial erections;
- Some are frightened and disgusted by their own erections and may physically harm their penis (for example, try to cut it off).

Boys and men need to understand that part of growing up (for a man) involves his penis going hard and sticking out from his body. This is called an erection and is nothing to be frightened of.

Staff should help the young person/adult learn what to do if they have an erection in public (put a coat or bag in front of it, sit still).

Service users should also know who is it OK to talk to if they are worried about erections or wet dreams, where to find clean pyjamas and bedding and where to put the dirty laundry after a wet dream, how to clean around the testicles and penis after ejaculating.

Some boys and men may have problems with erections. This can be due to a number of reasons including medication or stress and anxiety. Some men/boys may experience erection difficulties when putting on a condom. This usually improves with practise, but can be ongoing. There can also be physical issues with condoms and foreskin.

Staff should support the person to access their GP or Sexual Health clinic. They can be referred to a specialist service for advice and, if necessary, treatment for Erectile Dysfunction.

This can be due to a number of reasons including medication or stress and anxiety. Staff should support the person to access their GP or Sexual Health clinic. They can be referred to a specialist service for Erectile Dysfunction.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Service users should understand that erections and wet dreams are normal and OK.
- Some boys and young men will know all about erections and wet dreams, some will not. This is particularly true for young men with a learning disability, and those with autism.
- All body changes should be discussed BEFORE puberty begins to prepare young people and make it less frightening. This also reduces the chance that a young man may harm himself (e.g. try to cut his penis off).
- Schools should be teaching about Puberty, Body Changes, Erections and Wet Dreams as part of Relationships, Sexual Health and Parenthood Education.
- Develop a strategy to hide erections in public. Use a Social Story as a teaching aid.
- The person should be taught about personal hygiene and products to use to keep clean.
- The person should know where to get clean bedding and nightwear.
- If there are problems with erections or ejaculation, the person should see their GP or go to their local Sexual Health clinic.

5.6 CHECKING BREASTS AND TESTICLES

Breasts

Breast care 1 in 8 women will get breast cancer at some point in their lives, and at least a third of women will not self-check their breasts. Early diagnosis is essential in treating breast cancer, so it is important that women and girls check their breasts at least once a month.

Some Community Nurses/health professionals may can demonstrate breast care to service users using synthetic breast models. However, it is important the Scottish Autism staff take the lead role in supporting service users with this by:

- Reminding the service user regularly e.g. 'Have you checked your breasts this month?' (perhaps before they go for a shower);
- Providing easy-read leaflets and reading these with service users;
- Arranging screening appointments for female service users over 50;
- Helping her to attend the Well Woman clinic or her GP.

Synthetic breast models are often available to borrow from NHS Resource Services if staff feel confident in trying it. It doesn't need to be done by a health professional.

It should be noted that men can also get breast cancer and they too should check for any changes in their body on a regular basis.

Service users should be encouraged to:

1. Touch their breasts.

Maybe when getting undressed for a shower, or in the shower if they prefer. Remember to do the breasts, upper chest and armpits. Can they feel anything unusual?;

2. Look for changes.

Service users should be encouraged to look at their own naked body in a mirror. Getting undressed for a shower could be a convenient time. Is there any change in shape or texture of their breasts?;

3. Check anything unusual with their doctor.

The most common sign of breast cancer is a lump or swelling, but symptoms can also include a rash on the nipple, milky discharge or bleeding from the nipple or a change in nipple position. Service users should be made to feel comfortable in discussing their health, private body parts and any changes or concerns with Scottish Autism staff.

Testicles

A massive 98% of testicular cancer cases can be treated if caught early enough. Men should carry out a self examination at least once a month. It is best carried out after a bath or shower when the scrotum is warm.

Some Community Nurses/health professional may can demonstrate testicle care to service users using synthetic testicle models. However, it is important the Scottish Autism staff take the lead role in supporting service users with this by:

- Reminding the service user regularly e.g. 'Have you checked your testicles this month?' (perhaps before they go for a shower);
- Providing easy-read leaflets and reading these with service users;
- Arranging appointments at Well Man clinic or with his GP.

Service users should be encouraged to:

1. Check each testicle separately, using one or both hands. Roll each testicle between the thumb and forefinger to check that the surface is free of lumps or bumps. Do not squeeze!;
2. Look at their naked body in a mirror regularly;
3. Get to know the feel of their testicles; their size, texture and anatomy. Look for any changes;
4. Check anything unusual with a doctor.

The most common symptom of testicular cancer is a painless lump or swelling in the testicles. Other symptoms include a dull ache in the scrotum (the sac of skin that hangs underneath the penis and contains the testicles) or a feeling of heaviness in that area.

Service users should be made to feel comfortable in discussing their health, private body parts and any changes or concerns with Scottish Autism staff.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Discuss breast care and testicle care with service users of all ages.
- You do not need a nurse or medical professional to explain or demonstrate the basics of breast/testicle care. Staff can access free online information from websites including Easyhealth (www.easyhealth.org.uk) which has free leaflets on Breasts [**http://www.easyhealth.org.uk/listing/breasts-\(leaflets\)**](http://www.easyhealth.org.uk/listing/breasts-(leaflets)) and Testicles [**http://www.easyhealth.org.uk/listing/testicles-\(leaflets\)**](http://www.easyhealth.org.uk/listing/testicles-(leaflets)).
- Other websites include NHS Lanarkshire's website for people with a learning disability and health professionals [**http://www.healthlanarkshire.co.uk/**](http://www.healthlanarkshire.co.uk/).
- Staff should provide free leaflets for service users and read the information to them if required. Free leaflets are available from your local NHS Health Improvement Resource Service/Library.
- Your local NHS Resource Service/Library may also have synthetic breast and testicle demonstrators you can borrow.
- Scottish Autism supporting young people and adults in residential or in their own home are ideally placed to remind service users to check their bodies. This could be just as the service user is going for a shower. Or they could mark it on a monthly calendar as a reminder.
- Find out about local screening, well woman and well man clinic.

5.7 HARMFUL RELATIONSHIPS - ABUSE

Abuse in an intimate relationship comes in many different forms, but it is mainly when someone tries to control, intimidate or hurt their partner.

Girls and young women can be particularly vulnerable to abuse in relationships but boys and men can also be victims of abuse.

Abuse can be present in all relationships, including same sex relationships.

Often people are confused and frightened and don't fully understand what is happening to them.

Typical examples of abuse involve:

- Pressurising a girlfriend/boyfriend into having sex;
- Getting angry or jealous if they spend time with their friends;
- Controlling behaviour e.g. checking their partner's text messages, making them dependent for money, transport etc;
- Using threatening language or hurtful names;
- Physical violence (e.g. slapping, kicking, pushing etc) or threatening to be violent;
- Blaming the girlfriend/boyfriend for their violence;
- Constantly criticising someone to reduce their self esteem;
- Isolating them from their family, friends and support networks;
- Withdrawing love, affection, intimacy to deliberately hurt and undermine their partner;
- Smashing furniture, destroying belongings, hurting pets;
- Threatening to send sexual/intimate images of their partner to others;
- Stalking.

Young people and adults need to know that:

- There are people who will believe and help them;
- They are not alone. About one in four women live in fear of their partner and are injured physically and emotionally;
- Abuse is not normal and never OK;
- That abuse is not just physical violence;
- Abuse can take many forms, including emotional abuse and sexual abuse;
- Every person deserves to feel loved, safe, respected and free to be themselves within a relationship;
- That abuse is NOT their fault. They are not the cause;
- The abuser needs professional help to change. Staying with an abuser to 'help them change' very rarely works;
- Support is available to get out of an abusive relationship.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Believe what you are told, it takes a lot of courage to come forward.
- Be aware of what abuse is and how many different forms this can take and that it can also happen within same sex relationships.
- Talk with the young person/adult about their relationships. Let them know they can come to you for help and advice.
- Talk with the person about relationships in general. Introduce general discussions about what is and what is not OK behaviour in friendships and relationships.
- Schools should be teaching about Relationships, including abuse, in Relationships, Sexual Health and Parenthood Education.
- Find opportunities to discuss relationships when watching TV programmes together. This can be a helpful way of exploring issues such as control and intimidation and the impact on the victim (loss of confidence, loss of identity, fear, isolation).
- Don't judge or condemn. Listen carefully, try to understand what is happening to them and offer support as required.
- Know that there are various agencies including the police and Women's Aid, who can be contacted if this is needed.
- Look at websites together for more information. Make sure the person with autism knows how to access information on where to get help.

<http://www.thehideout.org.uk/default.aspx> (Womens Aid Website for Young People)

<http://www.scottishwomensaid.org.uk/> (Scottish Womens Aid)

<http://www.nss.org.uk> (Network for Surviving Stalking)

- If a person is the abuser, or thinks their behaviour may be abusive, they can get help and information from the Thisisabuse website **<http://thisisabuse.direct.gov.uk/am-i-abusive>**
- Family and friends of someone who is being abused can also get advice and support from Womens Aid.
- Ensure that service users know that men and boys can also be victims of abuse. There is an Men's Advice Line available 0808 801 0327 (Monday to Friday: 9.00 am - 5.00 pm).

5.8 HEALTHY RELATIONSHIPS

The vast majority of young people and adults, including those with autism, will want to have a 'girlfriend' or 'boyfriend'. Once puberty begins and young people experience hormone changes, they naturally start to be more interested in, attracted to or fancy other people. This is a healthy part of growing up and life as an adult.

There are lots of different reasons why a person may want a partner. This includes:

- To feel loved and to feel special;
- Fitting in with everyone else;
- Feeling grown up;
- To share experiences with;
- Being able to say 'I have a boyfriend/girlfriend';
- Getting romantic text messages;
- Receiving a valentines day card;
- Holding hands at the pictures;
- Buying special presents for each other;
- Kissing and cuddling;
- Having someone special to think and talk about;
- To be intimate;
- To be sexual;
- Getting married;
- Having children.

It is important for people to have the opportunity to develop a range and variety of relationships. Some people with autism are able to do this without help; some will need staff support and assistance. This may include actively seeking out places where people can meet, couples can have private space alone together, and facilities for an overnight stay.

Relationships that develop may or may not have a sexual element. Staff members should refer to National Care Standard 16 on rights to privacy and ensure that this practice is maintained. This applies equally to same sex couples. Staff should also be aware of that the service user wants and any conflicting issues arising from parents or guardians. Where this occurs, staff should consult their line manager and decisions challenged if not in line with the law.

(A guardian) may be able to make decisions about who the adult spends time with and how they spend their time. In exercising such powers, the guardian may feel the adult does not have the capacity to have a sexual relationship, but it may be overly restrictive and not in the adult's best interests to prevent them having a relationship where they may simply want to hold hands or kiss. Reference to the principles of the 2000 Act must always be evident when considering how powers are being exercised.

Mental Welfare Commission

<http://www.mwscot.org.uk/media/51782/Consenting%20Adults.pdf> (page 22).

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to the person about relationships. Discuss what behaviour is OK or not OK in a relationship.
- Schools should be teaching about Relationships as part of Relationships, Sexual Health and Parenthood Education.
- If a person is in a relationship, spend time with them and their partner. This will help you to recognise healthy and unhealthy behaviour and to ensure the relationship is consensual.
- Explain to service users where it is safe to meet a boyfriend/girlfriend and why meeting a stranger on the internet may be risky. Be explicit about what the risks are (e.g. assault, rape, murder).
- Provide other opportunities to service users of all ages to meet friends/potential partners. People with a learning disability in particular tend to have limited social circles and less opportunity to meet other people giving them less choice of suitable relationships.
- Understand that most young people and adults do want to have a boyfriend/girlfriend. Some people, in particular those with autism, may be directly or indirectly prevented from meeting someone due to concerns about protection and safety. Consider if a better option would be to support them to meet a suitable partner.
- Discuss with service users that intimacy in relationships does not have to involve sexual activity. Having the opportunity to talk about sexual health with someone can help young people to delay sexual activity until they are older (Kirby 2007).
- Remember that over two thirds of young people in Scotland do not have sex until they are 16 or over (**see section 3.3 Underage Sex, Consent and the Law in the Policy document**). The majority of young people are therefore not engaging in underage sex.
- Be supportive of healthy relationships.
- Help people to prepare for dates - clean clothes, enough money, mobile phone, transport arranged and that someone knows where they are going.
- If you think a person is sexually active, or might become sexually active, take them to the GP or Sexual Health clinic for contraception and condoms.

5.9 SEXUAL ACTIVITY

Sexual activity can range from heavy petting to sexual intercourse.

Any person (including those 16 or over with autism) has the right to have consensual sexual relations. This includes sexual intercourse and other ways of giving and receiving sexual pleasure.

Even if a person does not want to have a sexual/intimate relationship now, they may change their mind in the future.

Although two thirds of young people do not have sex until they are 16 or over (**see section 3.3 Underage Sex, Consent and the Law in the Policy document**) the sexual activity they then engage in may include a variety of vaginal, oral and anal sex.

There are a variety of risks associated with sexual activity:

- Vaginal sex (when a man puts his penis into a woman's vagina) can lead to pregnancy and sexually transmitted infections;
- Oral sex (kissing or licking a man's penis or woman's vagina) can lead to sexually transmitted infections;
- Anal sex (when a man puts his penis into a man or woman's anus) can also lead to sexually transmitted infections;
- Some people are engaging in sexual activities which they do not enjoy. Anal sex in particular features heavily in modern pornography, leading young people to believe that they should be consenting to this;
- Some women choose anal sex in the belief they cannot get pregnant from this activity. They therefore do not use contraception or condoms.

Young people and adults should know how to reduce the risks:

- For vaginal sex, condoms can prevent pregnancy and STI's. Another form of contraception (e.g. pill, implant) can be used alongside for extra protection;
- For oral sex on a man, a condom should be used;
- For oral sex on a woman, a dam can be placed over the vagina;
- For anal sex, a condom and lubricant should be used;
- If changing to vaginal sex from anal sex, a new condom should be used to avoid infection being passed on from the anus;
- Staff should support service users to have knowledge and access to condoms, dams and other form of contraception;
- Service users also need to know that the legal age for consent for sexual intercourse is 16.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to service users about the risks of sexually transmitted infections and pregnancy.
- Discuss 'Intimacy' with young people and adults and highlight that sexual activity does not have to involve sex.
- Schools should be teaching about Sexual Activity, The Law and associated risks (STIs etc) as part of their Relationships, Sexual Health and Parenthood Education.
- Find out where they are getting their information and sexual messages from. If they are looking at pornography, talk about the difference between acting and real life relationships.
- Your local NHS Resource Library will have Educational DVD's etc on Sex and How Babies are Made. Service users (young people and adults) may benefit from watching these rather than relying on pornography.
- Some professionals are uncomfortable talking about anal sex. Many service users, however, will be increasingly familiar with this. Anal sex often features heavily in pornography. Try to find the confidence to mention anal sex. Vulnerable people in particular need to know the risks and that they are allowed to say no to this.
- Tell service users where they can get condoms and dams; supermarkets, pharmacists and free from Sexual Health clinics. Help them to find out where the clinics are and when they are open.
- Remember that they do not have to be 16 or over to get condoms.

5.10 SEXUAL ORIENTATION

Sexual orientation refers to being heterosexual, lesbian, gay or bisexual.

These are the definitions:

- Heterosexual, or 'straight' - a person who is emotionally and physically attracted to people of the opposite sex;
- Lesbian - a woman who is emotionally and physically attracted to women;
- Gay - a man who is emotionally and physically attracted to men. Some lesbians also prefer to use the term 'gay';
- Bisexual - a person who is emotionally and physically attracted to both men and women;

Whilst some young people and adults identify with being straight, gay, lesbian or bisexual, others may not be certain of their sexual orientation, or prefer not to define themselves as such. Puberty can be a time when young people are not certain about who they are attracted to. Sexual orientation can also change.

It is estimated that 5 - 7% of the population do not identify as 'heterosexual'. This statistic applies equally to people with autism, who are just as likely to be lesbian, gay, bisexual or transgendered (LGBT) as the general population. Staff should ensure that they do not assume all service users (young people and adults) are heterosexual.

If a person with autism thinks they may be lesbian, gay or bisexual they should be offered full support by staff to help them explore their sexual preferences.

It is important that service users (young people and adults) have the opportunity to tell staff if they think they may be lesbian, gay or bisexual.

People with autism have the right to conduct a consenting sexual relationship with someone of the same gender. Staff need to be aware of their own values around same sex relationships on ethical, moral or religious grounds. Staff should not impose their own beliefs on people with autism and any discrimination must be challenged.

It is also important to note that a service user may not feel comfortable about disclosing that they wish to have a relationship with someone of the same sex for fear of the reaction that they will get.

Staff should ensure that these individuals are not bullied as a result of 'coming out'. Some people have been told that being lesbian, gay or bisexual is wrong and may need education and support around this. Homophobia can lead to depression, anxiety and even suicidal thoughts. The Police take these incidents very seriously. Homophobic bullying is a criminal offence.

Staff should also be aware of organisations such as LGBT Youth and LGBT Health. They offer advice and counselling to LGBT people, their family and friends and to professionals. They also provide local support groups where service users can meet other people who are lesbian, gay or bisexual.

Where friends and family may not accept their sexual orientation, this can leave people isolated. Staff should try to encourage understanding and refer to outside agencies for assistance.

Staff can help young people and adults by talking about sexual orientation. It is important that staff support the service users' choice.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to service users about different relationships in society. They should understand that this includes same-sex relationships.
- Schools should be teaching about different relationships, including LGBT in their Relationships, Sexual Health and Parenthood Education.
- Do not assume that all people are heterosexual. People often ask boys/men about their 'girlfriends' and vice versa.
- Reject the myths and stereotypes around being lesbian, gay or bisexual - displaying positive images of LGB people and openly discussing LGB issues can help with this.
- Be supportive of the choices young people and adults make.
- Provide information and resources to support them to make positive and safe choices.
- Challenge homophobia and discrimination with service users and staff.
- Make young people familiar with organisations like LGBT Youth Scotland. Look at the website together www.lgbtyouth.org.uk/ and identify local support groups in the area.
- Make adults familiar with organisations such as LGBT Health. Look at the website together <http://www.lgbthealth.org.uk/> and identify local support groups in the area.
- Accept that people with a learning disability may also be lesbian, gay or bi-sexual.
- Talk about homophobia and bi-phobia. People with autism in particular may not be aware of prejudice within society or how that manifests itself (e.g. name calling, violence).
- Help service users to access LGBT social groups if they want to and to form friendships and relationships. If people are forced to meet people and explore their sexual orientation in secret, they are far more likely to put themselves at risk (e.g. gay men 'cruising' for sex, meeting in sauna's or through internet chat rooms).

5.11 TRANSGENDER

Transgender is an umbrella term used to describe the range of ways in which a person's gender can differ from the assumptions and expectations of the society they live in. Some people find that their gender identity, gender expression and physical bodies do not match.

Very young children can identify as Transgender.

The Trans umbrella includes:

- Transsexual people (who are labelled male/female at birth but have a different gender identity and who often eventually transition to live completely and permanently as this other gender);
- Intersex people (whose external genitals, internal reproductive system or chromosomes are in between what is considered clearly male or female);
- Androgyne, a-gender and non binary people (who do not feel comfortable thinking of themselves as simply either male or female and find that their gender identity is more complicated to describe);
- Cross-dressing people (who sometimes dress as the opposite gender but are generally happy with the gender they were assigned at birth).

People with autism are just as likely to be transgendered as the general population.

Some of the issues for people who are transgender are based on a lack of understanding from other people in society. They may experience transphobia and be bullied or discriminated against within school, employment, service provision and every day life. Friends, family and partners may not accept them, leaving them isolated.

It is important that service users (young people and adults) have the opportunity to tell staff if they think they may be transgender. Staff should ensure that they will not be bullied for 'coming out'.

Staff should be prepared to help the service user in any way. This can include maintaining confidentiality or helping them to 'come out' to family and friends. They may need help to cross-dress, identifying where it is safe and appropriate. They may need help to buy clothing and underwear. There will be practical arrangement for anyone transitioning.

Service users will also need professional help if they wish to undergo the process of changing their gender, or would like more information on this. Staff should arrange for the young person/adult to visit their GP or Sexual Health clinic. They will refer to a specialist Transgender clinic.

The Police also take Transphobia very seriously. It is a criminal offence. Service users may need a lot of support. Transphobia can lead to depression, anxiety and even suicidal thoughts. Staff should be aware of organisations such as LGBT Youth, LGBT Health and Transgender Alliance.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to service users about different relationships and identities in society. They should understand that this includes people who identify as transgender.
- Understand that transgender people can be heterosexual (straight), lesbian, gay or bisexual.
- Schools should be teaching about different relationships, including LGBT, in their Relationships, Sexual Health and Parenthood Education.
- Make sure young people and adults are aware that they can get support with any concerns or issues around being transgender. Their GP or local Sexual Health clinic can refer people on to specialist services.
- Understand that gender reassignment (surgery to transition from one gender to another) is a professional and thorough process. Young people or adults considering this will get lots of support along the way, and young people irrespective of age have the right to explore their gender identity.
- If a service user wants to go through transition the staff and the organisation (school, support services, housing, care homes etc) should offer collective support. They must speak to the person about their wants and needs e.g.:
 - What do they want to be called?
 - How would they like to tell friends? Family? Colleagues?
 - What about the use of toilets and changing rooms?
 - Does it change how they feel about intimate care by male/female staff?
- Reject the myths and stereotypes around being transgender.
- Be supportive of the choices young people make.
- Challenge transphobia and discrimination with service users and staff.
- Make service users familiar with organisations like:
 - LGBT Youth Scotland **www.lgbtyouth.org.uk**
 - LGBT Health **www.lgbthealth.org.uk**
 - Scottish Transgender Alliance **www.scottishtrans.org/**
- Accept that people with autism may also identify as transgender.
- Talk about transphobia. People with autism in particular may not be aware of prejudice within society or how it manifests itself (e.g. name calling, violence).

5.12 MARRIAGE, CIVIL PARTNERSHIP, LIVING TOGETHER AND DIVORCE

People with autism have the same rights in law as anyone else to marry, enter into a civil partnership or live together. Providing the person is 16 years or over and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. **No one else's consent is ever required.** Under the Marriage and Civil Partnership (Scotland) Act 2014, this also applies to same-sex marriages.

The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so.

If people with autism express a desire to marry, enter into a civil partnership or live together, staff should be willing to discuss this option with them sensitively and seriously. Only if the couple agree, can staff involve parents and carers. However, the benefit of parental/carer support should be emphasised. Staff members should be aware of the subtle distinction between offering guidance and influencing people's decision making. The professional's responsibility is to clarify the implications of various actions and to assess practical support needed by the couple.

The Civil Partnership Act (2004) states that civil partnership between two people may be void, if:

- Either of them did not validly consent to its formation (whether as a result of duress, mistake, unsoundness of mind or otherwise);
- At the time of its formation, either of them, though capable of giving a valid consent, was suffering (whether continuously or intermittently) from a mental disorder of such a kind or to such an extent as to be unfitted for civil partnership.

The forced marriage of people with a learning disability is a largely hidden problem. Little data has been collected on prevalence and there is a widespread lack of awareness of the particular features of such forced marriages. People with autism may therefore need to be safeguarded from forced marriages. Staff members need to discuss any concerns with their line manager and refer to Scottish Autism's Child/Adult Protection Guidance.

Living together/civil partnership/marriage will mean that the person's financial and legal obligations will change. Staff may need to help the person with autism to access appropriate information and advice (e.g. Benefits Helpline, Citizens Advice & Rights and, Enable Legal Advice). There will be also practical living arrangements that staff and managers of residential care will need to organise.

There are many successful marriages and relationships involving people with varying degrees of autism. However, as with other couples, there are examples of unsuccessful marriages, some of which may end in divorce. It is important that staff and/or parents do not demand guarantees that a marriage/civil partnership/living together between two people with autism will work.

The law relating to divorce is the same for a couple with autism as for others. Staff members should be aware of the support services on offer eg counselling. Again, the professional's role would be to offer guidance on the implications of any action.

Couples who separate may need additional support including seeking help from other agencies, such as housing and solicitors, as well as emotional support. Couples who live in residential care homes may need practical provision made to allow them to separate.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Schools should be teaching about Civil Partnerships, Marriage and Living Together as part of Relationships, Sexual Health and Parenthood Education.
- Support the individual and couple to explore their options regarding living together, getting married etc.
- Discuss their expectations. Be positive but realistic about living with their partner.
- Access information on finance and other information pertinent to their decision.
- The service user(s) may need support if their decision goes against that of a parent or guardian.
- Ensure that residential accommodation provides equally for all couples, including same-sex relationships.

5.13 PREGNANCY

Women become pregnant for a variety of reasons including:

- Intentional pregnancy;
- Not wanting to use contraception/partner refusing to use contraception;
- Using contraception incorrectly e.g. condom not on properly;
- Failing to maintain contraception e.g. forgetting to get implant changed, late for contraceptive injection, missing pill;
- Contraception failure due to other reasons eg not compatible with other medicines.

Breast tenderness, sickness, weight gain and periods stopping are all symptoms of pregnancy, but these symptoms vary in different women. Some women have few symptoms at all to begin with and may not realise they are pregnant.

Girls and women with learning disabilities (which may include autism) are less likely to have had any education on pregnancy, so are more likely to miss the signs.

For a woman to know for sure whether she is pregnant she should have a pregnancy test.

Pregnancy tests can be bought from pharmacies, supermarkets and some other retail outlets. Free pregnancy tests are available from GP's or from Sexual Health clinics. The benefit of taking the test at a GP surgery or at a Sexual Health clinic is that staff will be available to support the woman. This can be particularly important if the result is not the one she wanted, or expected.

Staff at the GP surgery or Sexual Health clinic will talk to the woman about her options. If the woman wants to keep the baby, she will be referred into maternity services who will help her through the pregnancy. If the woman thinks she may not want to keep the baby, she can be referred into a service to discuss having a termination of pregnancy. Adoption is discussed with support from social services. The father of the baby may also need support.

If the pregnancy test is negative, the woman may still need screening for sexually transmitted infections (STI's) and she will need advice on future use of contraception and condoms

Staff and service users should know:

- Young women are very fertile and it is not uncommon for them to get pregnant the first time or second time they have sex;
- An unplanned pregnancy can be very upsetting and distressing. It is much better to use contraception and avoid this situation;
- If a woman thinks she may be pregnant she should go to her GP or Sexual Health clinic as soon as possible;
- How to use condoms if sexually active, or planning to be;
- If a woman has unprotected sex, she can get Emergency Contraception to help prevent pregnancy for up to 5 days after, (but should be taken as soon as possible after);
- Support is available for young women who want to keep the baby. This includes support in school and continuing in education.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to young people and adults about the risks of sexually transmitted infections and pregnancy.
- Make condoms available and encourage people to use them and carry them.
- Dispel the myths around pregnancy. Women can, and do, get pregnant the first time they have sex. Women do not have to enjoy sex, or have an orgasm, to become pregnant.
- Schools should be teaching about How Babies are Made and Pregnancy as part of their Relationships, Sexual Health and Parenthood Education.
- Provide opportunities for them to talk about their relationships. If they can be honest and open with you, they are much more likely to tell you about a pregnancy or suspected pregnancy, along with other concerns.
- If a girl/woman has had unprotected sex, she can get the Emergency Contraception pill from her GP, Sexual Health clinic or most pharmacies up to 5 days after sex. This can help prevent the pregnancy (**see section 5.19 on Emergency Contraception**). Staff may need to accompany the girl/woman.
- If the girl/woman had sex more than 5 days ago, she may still have the option of Emergency Contraception with a coil. This depends on when she last had sex and when her period is due. The Sexual Health clinic can fit coils. The important thing is not to delay.
- Speak to the GP or Sexual Health clinic staff about contraceptive options. This should hopefully prevent unintended pregnancies in the future.
- If the woman wants to keep the baby, the GP or clinic staff will give her more information on maternity services.
- If the girl/woman wants to consider a termination of pregnancy, the Sexual Health Clinic can support her.
- If the woman is still at school and is pregnant, she should be encouraged to attend school and complete her education. The school should accommodate her (if she has not yet reached her official school-leaving date, she is legally entitled to remain in education). Speak to the Headteacher or someone at the Education department.

5.14 PARENTHOOD

People with autism have a right to be parents and many of them have a desire to choose to become parents. Those who do should be given access to unbiased pre-parenting advice, if requested. It is recognised that giving non-prejudicial advice around parenting can be difficult, and staff are encouraged to seek support from their line manager. However, these rights do have to be balanced with the responsibilities of parenthood and the need for education on these responsibilities.

The National Care Standards for Care homes for people with learning disabilities states under Standard 16 “if you are a parent you will be supported to retain and fulfill your parental responsibilities and if you wish you can receive help and support with parenting skills.”

Counselling people with autism who wish to be parents involves the exploration of their expectations, for example, sometimes having children can be seen as “a passport to normality”, or there may be unrealistic ideas concerning the responsibilities and restrictions children place on parents. It should be noted that people with autism can be good parents.

Many believe that people who have learning disabilities will, because of this, have children who will have learning disabilities. This is not always the case and should not be assumed.

Addressing the issue of parenthood may be new for staff and anxiety may be understandably high. It is important however, that people with autism who wish to be parents, should not be expected to give guarantees on good parenthood in a way that is not expected of those who do not have autism. Nevertheless service users need to be made aware of the formal processes that would be required to be put in place if they chose to become parents eg assessment, social work involvement.

Some of the areas that could be explored with the individual or couple who wish to be parents are:

- What is the expectation of the individual or couple about becoming parents?;
- How much help would realistically be needed to help this couple cope with a child?;
- Is this level of help likely to be available?;
- What other support is available from the individual or couples friends or families?;
- From statutory services: Housing, Social Work, and National Health Service?;
- From private and voluntary services?;
- Is genetic counselling necessary? Are there risks to the baby?;
- Are they on any medication that can affect fertility or pregnancy?.

The Children (Scotland) Act 1995 stresses that the welfare of any child will be paramount and generally will prevail over the interest of the parents, whether the parents have autism or not. However, it should be remembered that parents also have rights. The local authority has a duty to provide a range and level of services appropriate to children in need who are in its area and to promote their upbringing by their family.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Anyone considering being parents should have the opportunity to discuss their ideas and options with support worker, family and/or any trusted adults.
- Your local NHS Resource Library will have resources on Parenthood and Parenting.
- Schools should be teaching about the responsibility of Parenthood as part of Relationships, Sexual Health and Parenthood Education.
- Certain medication and health conditions can impact on ability to get pregnant (fertility) and the health of the fetus. Service users who want to try for a baby (this includes both men and women) should speak to their GP, Sexual Health clinic and/or other health professionals if they think their condition or medication may have an impact.
- A multi-disciplinary team should support the woman and her partner with preparations for parenthood.

5.15 PUBERTY

Puberty is the time when children start their transition in to adulthood. It normally occurs between the ages of 9 and 16 years old, but can start earlier or later.

Body changes will occur:

- Girls will start to develop breasts, their hips will widen, they will grow taller, hair will start to grow under their arms and around their genitals, periods will start;
- Boys will start to will grow taller, their voices will go deeper, hair will start to grow under their arms, on their chest and around their genitals, erections and possibly wet dreams will occur;
- As their hormones change inside their bodies, girls and boys may also feel more emotional and they will start to find other boys/girls attractive;
- Boys and girls may become more sexually aroused and masturbate more often.

Puberty can be an exciting time for young people, but it can also be embarrassing and confusing due to the physical and emotional changes taking place.

Young people may experience:

- Lack of confidence or self esteem, particularly if their bodies change a lot faster or slower than their peers;
- Emotional turmoil, including being tearful, depressed, angry, moody, tired;
- Confusion about their sexual orientation;
- Fear and disgust about their bodies changing. This can be particularly common amongst young people with autism and young people who identify as transgender.

Children need to know that puberty will happen to them and that it is normal and OK. Children need to learn about puberty before it happens to them so they can prepare them for the changes ahead. This is particularly important for children with autism who may find body changes frightening or disgusting.

Some young people can start puberty as young as 8 years of age, so children should be learning the basics about puberty before this age. Schools should take the lead on formally teaching about Puberty within Relationship, Sexual Health and Parenthood Education, part of the Curriculum for Excellence.

Parents, carers and practitioners can support learning in school by replicating this work at home.

Puberty issues can become a concern:

- If depression or anger or emotional outbursts become extreme or violent;
- If a child self harms; cutting wrists, plucking out public hair, binding breasts, cutting/harming erect penis;
- If a young person develops an eating disorder or other behaviour that is harmful;
- Young people should be supported to see their GP about any concerns.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Ask the school what they are teaching with regards to puberty. Replicate this work at home.
- Schools should take the lead on formally teaching about Puberty within Relationships, Sexual Health and Parenthood Education, part of the Curriculum for Excellence.
- Carers have a unique opportunity to offer support and learning at home eg body changes can be explored at bath time.
- Talk to children about puberty before it happens to prepare them for the changes ahead. Include basic information on private body parts and changes.
- Young people need to understand that these changes are normal and most of their emotional anxiety will not last forever. It is helpful if they can talk to you, or another trusted person, about their feelings on a regular basis.
- Encourage the young person to write down how they feel, maybe as part of a diary or blog. This can help them make sense of feelings and to develop coping strategies.
- If a young person is confused about their sexual orientation, contact LGBT (Lesbian , Gay, Bisexual and Transgender) Youth Scotland for support **www.lgbtyouth.org.uk**.
- If any harmful behaviour occurs, talk to a GP. Schools can also offer counselling and support with aspects of behaviour.

5.16 PERIODS

Young women start their periods during puberty. This usually happens between the ages of 9 and 16 but can be earlier or later.

Some young women may have issues with their periods:

- Girls may be upset if their period starts earlier than other girls that they know;
- Those who start their periods late may think that they will never start, or that they will not be able to have children;
- Some young women with sensory issues find it difficult to deal with blood and sanitary towels;
- Girls who have never been taught about periods can think they are bleeding to death;
- Change is difficult for some young people eg children with autism. Any body changes, including periods, can be frightening;
- Periods can be painful. The hormonal changes around this time can make some young women moody or tearful;
- Some girls may need help and instruction with changing sanitary wear and keeping clean.

All young people should be taught about puberty and periods before they occur. This helps them to prepare for the changes ahead. For children who do not cope well with change, information about periods and body changes need to be given prior to puberty and repeated frequently. Some young women may never understand the biological aspects of periods but still need to know that they will happen. Most girls cope adequately with changing sanitary wear. Others will need simple instructions and reminders.

Girls attending school will need help with managing her period both in school and at home. Women may need help managing her period at home, at work, at support services, in residential.

Women who do not start their periods, have irregular or painful periods or have any other concerns should see their GP. Staff should support with this if necessary.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to young people about periods and body changes before puberty occurs.
- Schools should be teaching about Puberty and Periods with Relationships, Sexual Health and Parenthood Education, as part of the Curriculum for Excellence.
- Use a Social Story to explain Body Changes and Puberty and that 'blood will come from the vagina once a month'.
- For young women with sensory issues, it can be trial and error to find sanitary wear to suit. Have a range of products available and experiment before her first period arrives.
- Keep sanitary wear easily accessible at home and school.
- Teach that periods are part of growing up. It is a girl's body getting ready to have a baby (if she wants one) when she grows up.
- Young women should also understand that this means a woman can get pregnant if she has sex.
- Talk to the GP about any concerns.
- Explore ways of helping with period pain (e.g. hot water bottle, exercise, painkillers) and mood swings (e.g. exercise, talking to trusted friends, keeping busy).

5.17 MENOPAUSE

The menopause, sometimes referred to as the 'change of life', is the end of menstruation. This is where a woman's ovaries stop producing an egg every four weeks. She no longer has monthly periods and is unlikely to get pregnant.

In the UK, 51 is the average age for a woman to reach the menopause, although some women experience the menopause in their 30's or 40's. If a woman experiences the menopause before the age of 40, it's known as a premature menopause.

Menstruation (monthly periods) can sometimes stop suddenly but it is more likely that periods will become less frequent, with longer intervals between each one, before they stop altogether.

The menopause is caused by a change in the balance of the body's sex hormones. In the lead-up to the menopause, known as the perimenopause, oestrogen levels decrease, causing the ovaries to stop producing an egg each month (ovulation).

Oestrogen is the female sex hormone that regulates a woman's periods. The reduction in oestrogen causes physical and emotional symptoms, including:

- Hot flushes;
- Night sweats;
- Mood swings;
- Vaginal dryness.

Treatment may be recommended if someone has severe menopausal symptoms that interfere with day-to-day life. Hormone replacement therapy (HRT) helps relieve menopausal symptoms by replacing oestrogen. It is available in many forms including tablets, cream or gel, a skin patch or an implant. Vaginal lubricants can be used to treat vaginal dryness, and antidepressants are sometimes prescribed for treating hot flushes.

Medication isn't always needed to treat oestrogen deficiency symptoms. Many women find that eating a healthy diet and increasing exercise can help relieve their symptoms.

Some contraceptives (e.g. pill) can mask some of the menopausal symptoms, making it more difficult to tell if a woman is going through the menopause. A doctor can advise on this and carry out tests.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Educate service users and other staff about the menopause and what to look for.
- If you think a woman may have started the menopause, arrange an appointment with her GP for tests and treatment.
- She may need additional emotional support with mood swings. Identify coping strategies and things that may calm and soothe her.
- Look at practical ways of dealing with night sweats e.g. keeping cool, changing damp clothes.

5.18 CONTRACEPTION

People with autism have the same right to information and help with contraception as anyone else.

Most contraceptives are for girls and women and can usually be prescribed to any female aged 13 and over. Doctors can prescribe contraception to girls under 16 under the 'Fraser Guidelines' which ensure any decision to be in the girl's best interests.

Regardless of whether the doctor prescribes contraception (or refuses) the exchange is confidential. Parents/guardians would not be informed.

If a female service user is in need of contraception she should be enabled to attend a GP appointment or a local Sexual Health clinic. A doctor will assess her needs and prescribe the contraceptive which suits her best. They will take into consideration her preferences, her lifestyle (e.g. can she remember to take a pill every day?) and any other medication she is taking.

Contraception should be seen in terms of the needs of the person rather than in terms of relieving the anxieties of workers and relatives.

Where an adult lacks capacity to understand the purpose or effects of contraception, this may be prescribed by a medical practitioner under section 47 of the 2000 Act. The medical practitioner's decision on whether or not to prescribe must be based on the principles of the Act.

If the service user has a welfare guardian or welfare attorney (with power to consent or refuse medical treatment) they should be consulted. If the guardian/attorney disagrees with the medical practitioners decision, a discussion will take place.

The views of family members, however need to be balanced with principles such as benefit to the adult and least restriction.

Where there is still disagreement between the guardian and the prescribing doctor, there are processes in Part 5 the Act for resolving these.

If staff identify that a woman is in need of contraception they should arrange for her to visit her doctor or Sexual Health Service. Staff may need to accompany her.

Where a service user lacks capacity and has a guardian (with power to consent or refuse medical treatment, staff should discuss contraception with the guardian in advance (e.g. when the order is first granted/when the person with autism first accesses the service). They should determine what powers the guardian has, how they wish to exercise their powers and whether they agree to delegating their powers eg to Scottish Autism staff and other professionals. This then allows staff to confidently take the service user to the doctor/sexual health clinic.

Staff should also be prepared to support the service user with contraceptive use (e.g. reminding to take the pill, go for next injection etc). Education can also help the service user to gain skills in taking her own medication, and may help with further understanding and capacity.

If a woman has had sex and not used contraception or her contraception has failed (e.g. burst condom) staff should assist her to access emergency contraception from NHS Sexual Health Services, GP or a pharmacy.

Strict attention should be given to limit the number of involved people to an absolute minimum i.e. essential parties only, people who need to know.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to service users about the risks of sexually transmitted infections and pregnancy.
- Schools should be teaching about Contraception as part of their Relationships, Sexual Health and Parenthood Education.
- Tell young people and adults that they can get free contraception and condoms at their Sexual Health clinic or GP surgery. Explain that it is confidential for adults and young people.
- Explain that contraception is usually 98% - 99% effective if used correctly.
- Explore your local Sexual Health website with the service user to find out where the clinics for young people and adults are and when they are open.
- Escort the service user to the clinic if they need support.
- If a person forgets to take their contraception, or it fails in some way, and they have unprotected sex, they should go to their local Sexual Health clinic to get tested for sexually transmitted infections. Women can also access Emergency Contraception and have a pregnancy test. Staff may need to assist the adult/young person to do this.
- Encourage condom use and explain about other types of contraception available which, used together with condoms, will decrease their chances of unwanted pregnancy and STIs.
- Keep condoms and dams available. If the person is sexually active, suggest that they carry them in their purse or wallet. It may encourage them to use protection. If they are not sexually active, they can get used to seeing condoms and dams, being familiar with them, maybe practising with them. They are much more likely to then use them if and when they do become sexually active.
- Staff should remember that young people and adults are entitled to confidentiality. Information about contraception should only be passed on if there is a Child/Adult Protection concern.

5.19 EMERGENCY CONTRACEPTION

Emergency Contraception can be used to prevent pregnancy after sex. It can be used if the young woman had sex but didn't use contraception or the contraception used has failed e.g. burst condom, she missed taking her contraceptive pill or was late for her contraceptive injection. Emergency contraception reduces the risk of pregnancy if used properly but should not be seen as an alternative to other methods of contraception.

There are two types of emergency contraception:

1. **Emergency Contraceptive Pills**

The emergency contraception pill is taken orally. It is sometimes called the 'morning after pill'. This, however gives the impression that the pill needs to be taken the morning after, which is incorrect. You can use the emergency contraception pill usually up to 5 days after sex.

2. **The Copper-T Intrauterine Device, commonly known as a Coil**

This is a small plastic and copper device that can be fitted into the womb by a doctor or nurse usually within five days of having unprotected sex. Depending on a young woman's menstrual cycle, the coil can sometimes be fitted after 5 days.

It is recommended that emergency contraception is used as soon after sex as possible as it is more effective.

If a girl or woman needs Emergency Contraception, she can usually get it for free (for girls aged 13 and over) from pharmacists, GP's and Sexual Health Services. Staff may need to support the girl/woman to access these Services. The girl/woman will also need advice on future use of contraception and condoms.

Emergency Contraception services are confidential. For girls under the age of 16, a Child Protection assessment would be carried out by the health professional. Information would only be passed on the police or social work services if there is a Child Protection concern.

Where a service user lacks capacity and has a guardian (with power to consent or refuse medical treatment, staff should discuss contraception with the guardian in advance (eg. when the order is first granted/when the person with autism first accesses the service). They should determine what powers the guardian has, how they wish to exercise their powers and whether they agree to delegating their powers eg to Scottish Autism staff and other professionals .

Prior agreements with the guardian allows staff to confidently take the service user to the doctor/sexual health clinic for treatment.

In the case of 'Emergency Contraception', if a service user needs immediate treatment and requires permission from the guardian (and the guardian is absent/cannot be reached/has not made their wishes clear in advance) the doctor can prescribe emergency contraception 'in the best interests of the patient'.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Young people and adults should be made aware that emergency contraception is available, but it is not a good alternative to regular planned contraception.
- They should know where they can get emergency contraception from as they may be too afraid to discuss the issue with carers.
- Service users should know who they can talk to and confide in if they have had unprotected sex.
- Staff should remember that young people and adults are entitled to confidentiality. Information about using Emergency Contraception should only be passed on if there is a Child/Adult Protection concern.
- Service users should understand that emergency contraception is not the same as having a termination of pregnancy (abortion).

5.20 STERILISATION

Sterilisation as a means of contraception is a medical intervention and is a radical procedure intended as an irreversible course of action. It will prevent the woman from getting pregnant, or the man from fathering a child.

Sterilisation can have major consequences for people. Therefore all other acceptable alternative methods of contraception must be considered first.

Demands for sterilisation from parents or relatives must not override the well being of the individual and their right to choose. Parents and guardians do not have the powers to make this decision.

A person with autism has the right to choose sterilisation. To do so, they must have the opportunity to receive intensive counselling from a specialist medical advisor, to understand the emotional and permanent implications of sterilisation.

Advice and counselling from a specialist outside agency would be appropriate in meeting the needs of the individual and also perhaps family members.

Where a person is unable to give consent, sterilisation, on a non-emergency basis, can legally only be carried out as the result of a court application under the Adults with Incapacity (Scotland) Act 2000.

It should be noted that such treatment would not be covered by the powers given to medical practitioners under Part 5 of the Act.

If a service user wants to explore the option of sterilisation their GP can refer them. Vasectomy is a less complicated procedure and is also more effective than female sterilisation.

The local Sexual Health Clinic can provide information on alternatives eg Long Acting Reversible Contraception (LARC).

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- If a service user is considering sterilisation, staff must ensure that they know their rights.
- Staff should also be aware, and make parents/carers/guardians aware, of the legal position around sterilisation.
- Staff should assist the service user to attend a GP appointment, Sexual Health clinic and specialist services if required.
- If the service user chooses another form of contraception instead, staff should be prepared to assist with this. This may require visiting the GP and Sexual Health clinic and ensuring that the service user manages the contraceptive correctly.

5.21 TERMINATION OF PREGNANCY (ABORTION)

The Abortion Act (1967) makes it legal to have a termination of pregnancy (abortion) in Scotland, England and Wales during the first 24 weeks of pregnancy provided that:

- The abortion is carried out in a hospital or licensed clinic;
- Two doctors agree that continuing with the pregnancy would be more harmful to the physical or mental health of the pregnant woman or any existing children or her family than if the pregnancy was aborted.

After 24 weeks an abortion can only be carried out in severe cases.

A girl or woman with autism has the right to information, counselling and support to make a reasoned decision about whether to continue the pregnancy or to terminate it, regardless of the reason for her choice. ***Her wellbeing must always come first and she has the right to choose.***

All women and girls have the right to confidentiality. This also applies to girls under the age of 16. A doctor will encourage her to tell her parents, but she has the right to confidentiality. If there is a child/adult protection concern the doctor will refer the case to social services or the police. Child/adult protection procedures have no influence on the girls/woman's right to decide whether to opt for a termination of pregnancy or not.

Judgements on the ability of the person to be a parent are not grounds for termination of pregnancy, just as this would not be considered sufficient grounds for anyone else.

Doctors can refuse to give their consent on the grounds of their own beliefs and values with regards to abortion. They should, however, refer the patient to another doctor. It is easier for the patient to go to a sympathetic doctor or Sexual Health Clinic in the first instance to save time and any distress.

Time can be of particular importance for women with autism as they are more likely to miss the early signs of pregnancy due to poor sex education, thus presenting for terminations of pregnancy at a later stage.

Termination of a pregnancy for someone who lacks capacity to make that decision themselves is covered by Part 5 of the Adults With Incapacity Act (Medical Treatment and Research) which states that specific approval for an abortion (where a woman is not able to give consent) requires a Certificate from a doctor appointed by the Mental Welfare Commission.

<http://www.scotland.gov.uk/Topics/Justice/law/awi/010408awiwebpubs/cop>

Parental or carer demands for a termination must not override the rights and wellbeing of the woman concerned. Where a service user lacks capacity and has a guardian (with power to consent or refuse medical treatment), the guardian has a legal right to be consulted.

Guardians, however, do not have the power to consent to these specific treatments for the adult/young person. If there is dispute about the decision following the opinion and certificate from the Mental Welfare Commission doctor, all decisions taken on medical treatment under Part 5 are open to appeal to the court by any interested party (Section 52 of the Act). Such appeals can be heard by the Sheriff or he/she can give leave for the matter to be taken to the Court of Session.

The male partner has no legal say on the matter. He may, however, need support.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to young people and adults about termination of pregnancies.
- Schools should include Termination of Pregnancy in their Relationships, Sexual Health and Parenthood Education, part of Curriculum for Excellence.
- Whatever your personal views, try to be impartial. Help them to explore their own views, and the views of others. Include that not all people agree with termination of pregnancies and it can be a contentious issue.
- Teach service users that, within the Law in Scotland, all girls and women have a choice. It should be an informed choice with the young woman fully understanding all her options.
- Girls and women should have support and information from staff to access specialist Termination of Pregnancy services through their doctor and Sexual Health Clinics.
- Service users should understand that termination of pregnancy is not an easy option and can be an emotional ordeal for some people. Always use contraception to avoid unintended pregnancies.
- Show young people and adults where the local Sexual Health clinics are and accompany them if required.
- Confidentiality should be maintained. Women/girls who choose to have a termination of pregnancy generally do not want this to be public knowledge. It is the same for someone with autism. Information should be on a strictly need to know basis.

5.22 SEXUALLY TRANSMITTED INFECTIONS

STI is the name used to cover Sexually Transmitted Infections including:

Chlamydia	Genital Herpes	Genital Warts*
Gonorrhoea	Pubic lice (crabs)	Hepatitis B*
HIV and AIDS*	NGU (non gonococcal urethritis)	Syphilis

**** Some infections can also be transmitted in other ways. Warts, herpes and lice for example, can be passed on from close bodily contact.***

STIs are a significant health risk for all parts of society. If left undiagnosed, they can result in pain, ill health, infertility and can be life threatening.

People with autism need to know:

- How an STI is passed on;
- The symptoms of STIs, and that some people often don't have symptoms;
- Where to go for diagnosis, testing and treatment;
- How to access services (bus routes, opening times etc);
- Who to talk to for advice and confidentiality;
- How to avoid getting an STI.

People with autism who are sexually active are just as likely as other people to come into contact with STIs. Staff need to be aware of existing agencies offering advice/support and treatment of STIs, such as NHS Sexual Health Services.

Staff should take an active role to encourage and promote the use of appropriate services. Part of a relationships and sex education programme could involve visits to Sexual Health Services.

When a person with autism complains of symptoms associated with STI, staff should agree a plan of action with the person, which would include seeking medical advice and treatment as appropriate. Symptoms associated with STI include:

- Itchiness around the genitals;
- Lower abdominal pain;
- Pain during sex;
- Blisters, sores or lumps, spots in or around the genitals;
- Unusual or smelly discharge from the penis or vagina;
- Pain when urinating (peeing);
- Unusual or abnormal bleeding;
- It is also important to know that some STIs may have no symptoms and screening is very important.

The best way to reduce the risk of getting an STI or passing one on is through safer sex and using a condom or dam. Free condoms and dams are available from NHS Sexual Health Services and some GPs.

The medical background and matters relating to the sexual health of a person with autism is strictly confidential. Information on STI would be restricted to essential (need to know) persons only.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Where a service user lacks capacity and has a guardian (with power to consent or refuse medical treatment), the guardian has a legal right to be consulted on any STI treatment. Good practice would be for Scottish Autism staff to discuss with the guardian all aspects of sexual health prior to the service user needing to attend a clinic. This gives clarity to roles and responsibilities and avoids delays in treatment.
- Talk to the young people and adults you support about sexually transmitted infections.
- Parents, carers, practitioners and service users do not need to know the name of every STI or diagnosis. They simply need to know that STI's exist and that if they have had unprotected sex, or notice any symptoms, they should get tested.
- Schools should be teaching about Sexually Transmitted Infections, How to prevent STI's and Where to get help in their Relationships, Sexual Health and Parenthood Education, part of the Curriculum for Excellence.
- Find out where your local Sexual Health clinics are.
- Make condoms and dams available to young people and adults.
- If a person is sexually active advise them to carry condoms/dams in their purse or wallet. This may encourage them to use protection.
- If they are not sexually active, they can get used to seeing condoms and dams, being familiar with them, maybe practising with them.
- Show service users person where they can get free condoms and dams from Sexual Health clinics. This is also where they can get tested and treated for STI's.
- Arrange to visit your local Sexual Health Service with a group of young people or adults.

5.23 HIV

Although not exclusively an STI (it can also be passed through sharing injecting equipment or by being born to a mother with HIV), HIV is mostly as a result of having unprotected penetrative vaginal or anal sex (although there is a smaller risk associated with oral sex.)

HIV is a serious infection, which can weaken the body's natural defence system and affect its ability to fight off common infections.

As with other STI's, HIV poses a health risk to people with autism. People with autism are as likely to encounter HIV as anyone else.

In its early stages, symptoms of HIV may not be obvious. The only way for anyone to find out whether or not they have HIV is to have a specific blood test

People with autism should be offered education around HIV and AIDS as an essential part of their health education programme, in a way which is accessible to them.

This element of their education programme would include:

- What is HIV;
- How people get HIV;
- How to prevent getting an infection or transmitting an infection;
- How to use a condom (male and female condom) and dam;
- How and where to be screened for HIV;
- How it is treated;
- Who to ask for help;
- Rights to confidentiality.

Basic information on HIV can be found in leaflets held at NHS Sexual Health services. There are also specialist services who provide information and support people with HIV, such as Terrence Higgins Trust and Waverley Care.

Some people will experience a disproportionate risk of exposure to HIV and subsequent transmission of the virus. This may include gay and bisexual men, men who have sex with men, younger people, those who have high numbers of sexual partners and those individuals from countries with high rates of HIV.

In Scotland in recent years, the highest rate of increase in new cases is amongst the heterosexual population that have arrived from countries with high HIV prevalence; and through sex between men.

All people, however are at risk. It is worth noting that someone with autism may have greater difficulty in negotiating condom use or other protection with a partner. This aspect of learning and skills development is essential to all young people and could be particularly targeted at those with autism.

There should be provision of specific resources for people with autism who are also HIV positive.

Service users with HIV should be supported to attend appointments and keep up with medication.

HIV still carries a stigma. Staff should help the service user to decide who they want to disclose their HIV status to, and the possible consequences.

Staff members should familiarise themselves with local Information and Guidelines on HIV and AIDS, particularly training and support and guidelines on Hygiene and Infection Control. It is important that staff keep themselves up to date with information through training.

Parents and carers should be offered support and information on where to obtain advice and further information as appropriate.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Educate young people and adults about HIV and AIDS.
- Staff and service users should know how to prevent getting HIV and transmitting it. They should also understand that HIV can be treated but not yet cured.
- Young people and adults should be encouraged to use condoms and dams through education on safer sex, being able to access condoms (male/female) and dams, knowing where local Sexual Health services are.
- Young people and adults also need to develop confidence and skills in using condoms and negotiating condom use.
- Schools should be teaching about HIV and AIDS, How to prevent HIV and Where to get help in their Relationships, Sexual Health and Parenthood Education part of the Curriculum for Excellence.
- Staff should know how to support people with autism who are also HIV positive.

These might include:

- Support to access monitoring and treatment, and information on adherence to drug regimes;
- Provision of accessible information about HIV transmission and prevention;
- Access to information and support to help maintain control over exposure of the virus to sexual partners. This would include access to condoms and the skills necessary to use them effectively;
- Support and information to access clinical sexual health services (as opposed to HIV-specific clinical services);
- Information about other STIs and the particular relevance these have for people with HIV;
- Support around disclosure of HIV status as appropriate;
- Support in dealing with the psychological and social impact of HIV diagnosis;
- Support in dealing with the double stigma of HIV infection and autism;
- Access to appropriate peer support and voluntary sector services;
- Integration of service provision by agencies concerned primarily with HIV and those concerned with autism.

5.24 CONDOMS AND DAMS

Condoms are useful in preventing the spread of sexually transmitted infections (STI) and HIV, as well as pregnancy. They are the only method of contraception that reduce risk of STIs as they act as a barrier to virus and bacteria. Safer sex practice means using a barrier method (condom) either as a main form of contraception or as well as another method.

Staff and service users need to know:

- Why using condoms is important;
- That anyone of any age can buy condoms. There are no restrictions;
- Where to get free condoms and where to buy them;
- The different names for condoms;
- How to negotiate use of condoms with a partner;
- Which condoms are appropriate for anal sex, oral sex as well as vaginal sex - with information about the use of lubrication;
- How to ensure the condom is not damaged;
- How to put one on correctly, and how to dispose of it;
- What to do if a condom bursts.

It is also important that:

- Men practise using condoms when masturbating;
- Men should know how to use condoms before they are sexually active;
- Men who may display sexualised behaviour, such as ejaculating in to other objects, should be provided with condoms as an alternative.

A woman can use a female condom during vaginal sex. She wears it inside her vagina and it collects the semen and sperm when the man ejaculates. These are not as widely used as male condoms.

Condoms are 99% effective if used correctly (e.g. right size, right lubricant and removing condom after sex before penis is too soft to prevent semen and sperm spilling out). It is important that young people and adults practise using condoms before they are sexually active to prevent/reduce user failure.

Young people and adults who have practised with condoms, are more comfortable and familiar with them and have easy access to them, are more likely to use condoms and enjoy safer sex.

Dams are another form of barrier method designed primarily for oral sex on a woman. They are thin, square pieces of latex (rubber) which can be placed over a woman's vagina before oral sex so that the man or woman kisses and licks the dam rather than the genital area, thus helping prevent any sexually transmitted infection being passed on. Dams should also be used over the anus for oral-anal sex (when someone kisses/licks someone's anus).

If people are allergic to latex, they can get non-latex condoms and dams. Condoms and dams, including non-latex ones, are free from Sexual Health clinics.

Anyone can get condoms and dams. You do not have to be 16 or over or to 'have capacity', or to have permission from a guardian, because they are not a prescribed medical treatment. Condoms and dams are free from Sexual Health clinics. You do not have to be 16 or over to get condoms or dams.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to young people and adults about the risks of sexually transmitted infections and pregnancy.
- Tell service users they can get condoms; supermarkets, pharmacists and free from Sexual Health clinics.
- Explain that condoms are 99% effective if used correctly. User failure includes wrong size, wrong lubricant, spilling sperm and semen when removing condom. Encourage people to practise with them before being sexually active.
- Make condoms and dams available to young people and adults. Advise people to carry condoms in their purse or wallet. If the person is sexually active it may encourage them to use protection. If they are not sexually active, they can get used to seeing condoms and dams, being familiar with them, maybe practising with them. They are much more likely to use them if and when they do become sexually active.
- Your local Sexual Health clinic also provides free lubricant. Other lubricants e.g. vaseline, sun tan lotion, massage oil can make condoms and dams tear or burst. Borrow a condom demonstrator from your Sexual Health team. Show the person how to put a condom on properly.
- Some men/boys may experience erection difficulties when putting on a condom. This usually improves with practise, but can be ongoing. There can also be physical issues with condoms and foreskin. This is another good reason why men should practise putting a condom on before they are sexually active. Staff should support the person to access their GP or Sexual Health clinic. They can be referred to a specialist service for advice and, if necessary, treatment for erectile dysfunction.
- Schools should be teaching about Condoms and Dams and Safe Sex as part of their Relationships, Sexual Health and Parenthood Education.
- Discuss how you would negotiate condom use with a partner and what to say if they refuse to use one.
- Dispel the myths that surround condoms and dams. Promote them as a safe, fun way to have sex.
- Encourage people to experiment with different flavours etc. Explore ways that condoms can enhance sex e.g. letting your partner put it on for you.
- Always be positive about condoms and dams. If you give the impression that you don't like them, or won't use them, it is likely that the person will follow your example.

5.25 SEXUALLY EXPLICIT MATERIAL

Sexually explicit materials are readily available to members of the public. Providing that the material is only viewed or read in private, this is generally legal. It follows that this material is available to any person with autism in the same way as any other person.

People with autism should not be reprimanded if found in possession of sexually explicit material. However, those who wish to use these materials should not infringe the rights of other people who do not wish to view or use such materials. Nor should they break the law in what material they have and how they use or view that material.

If a client in supported accommodation requests assistance to obtain sexually explicit materials, including those available through the internet, this must be discussed with the manager and the outcome recorded.

Parents/guardians may not approve of sexually explicit material, but the wishes of the service user must come first. Staff should be prepared to help the service user to challenge a guardian's decision.

Not all sexually explicit material is harmful. People with learning disabilities will have a natural, healthy interest in sex. They should be supported in exploring this. Service users may need sexually explicit material in order to gain skills and knowledge. This could be an Educational DVD on sexual intercourse or a model penis/condom demonstrator to enhance sexual understanding and correct use of contraception. These are available from your NHS Resources Services/Libraries.

When the agreement is made to assist the service user to buy or view sexually explicit materials, it is imperative that only legal materials are purchased.

Workers should feel able to initiate discussion and/or respond to service user questions around the use of sexually explicit materials. For example, it would be possible to point out to the service user that some people believe certain material is offensive and degrading. Good practice would be for staff to discuss that some resources are helpful whilst others less so. For example, pornography can give a distorted and unrealistic image of sex and relationships.

The Mental Welfare Commission for Scotland has produced 'Consenting Adults?: Guidance for Professionals and Carers' (July 2010) which gives more detail on this topic.

http://reports.mwscot.org.uk/web/FILES/Good_practice_guidance/Consenting_Adults.pdf

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Find out what the service user wants/needs in terms of material and resources.
- Are there gaps in their knowledge and understanding? Staff may be able to get assistance from other professionals such as Adult Learning Disability Teams to assess this. Schools can monitor young people's understanding through Assessment for Learning.
- Not all sexually explicit material is harmful. People with learning disabilities will have a natural, healthy interest in sex. They should be supported in exploring this. Service users may need sexually explicit material in order to gain skills and knowledge.
- If material is deemed inappropriate or harmful, alternatives should be sought, this could be an Educational DVD, or a model penis/condom demonstrator to enhance sexual understanding and correct use of contraception. These are available from your NHS Resource Services/ Libraries.
- Think of alternatives that will still meet the needs of the service user. "Soft porn" such as men's magazines, are readily for sale on the high street and can be a healthier alternatives to more extreme images online.
- Service users are more likely to use inappropriate resources and materials if they are receiving no other form of Sexual Health and Relationships Education, Schools should be teaching Relationships, Sexual Health and Parenthood Education as part of the Curriculum for Excellence.
- Many adults with autism will have had no sex education in schools. Those that have will most likely need to repeat and revisit this learning as they get older. Staff should support service users to access information.

5.26 PORNOGRAPHY

As a general definition, pornography is sexually explicit imagery that is not used for the purposes of education.

Pornographic images are not just limited to adult films and magazines. Research shows that the internet is the now most common medium for viewing pornography.

Pornography can give young people and adults an unrealistic and unhealthy view of sex and relationships, including:

- That women are sex objects to be dominated. Pornography often depicts women being submissive to men;
- That sex regularly involves group sex (with three or more people) and both oral and anal sex. Anal sex has increased amongst young people as a result;
- That people having sex are all young and attractive with perfect bodies. This can lead to low self esteem and issues with body image;
- That sex can include force and aggression. This is often abusive.

These can lead to young people and adults having unhealthy and unrealistic expectations of themselves, their partner and their relationships.

Some people may also act out the fantasies or sexual advances they have seen. This can result in sexual assault or rape.

However, pornography is used by many people. It follows that this material is available to any person with autism in the same way as any other person. Parents/guardians may not approve of pornography but the wishes of the service user must come first. Staff should be prepared to help the service user to challenge a guardian's decision.

A discussion with the parent/guardian should take place if appropriate.

Young people and adults in your care need to know:

- That Pornography is not real life. That the people they see having sex are acting and being paid. They do not love each other, they are not in a relationship;
- That the actors are made to look good with lighting, camera angles, graphics, make up;
- Many of the people have had cosmetic surgery. Real people do not look like that;
- That sex is different in Pornography. Most people do not have group sex. Many people do not enjoy anal sex;
- That it is normal and natural for young people and adults to be curious about sex and to want to find out more about it but pornography is not the best way to learn;
- That there are other resources available (books, magazines, leaflets, DVD's, CD roms etc) where young people and adults can find out about sex in a healthier and more realistic way. Staff should help service users to access these resources;
- That extreme pornography is illegal*;
- That it is illegal to cause any other person to coercively look at a sexual image**.

****The Sexual Offences Act (Scotland) 2009 makes it a serious criminal offence to cause any other person to coercively look at a sexual image. Sexual Images are defined as an image of one or more of the following:***

- The person engaging in a sexual activity;
- The person's genitals;
- Another person engaging in a sexual activity;
- Another person's genitals;
- An imaginary person engaging in a sexual activity (e.g. a cartoon image, or computer generated characters);
- An imaginary person's genitals.

***** Criminal Justice and Licensing (Scotland) Act 2010 creates an offence of being in possession of extreme pornography "if it is of such a nature that it must reasonably be assumed to have been made solely or principally for the purpose of sexual arousal", which would include images or sounds, and portrays any of the following:***

- An act which threatens a person's life;
- An act which results, or is likely to result, in serious injury to a person's severe injury;
- Rape or other non consensual penetrative sexual activity;
- Sexual activity involving (directly or indirectly) a human corpse;
- An act, which involves sexual activity between a person and an animal (or the carcass of an animal).

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Be aware of your own beliefs and attitude about pornography and have a clear understanding of the negative, stereotypical, exploitative and distorted view of sexuality it offers young people and adults.
- Help people to understand the poor role model it offers and why you do not want them to grow up with an unhealthy and unrealistic view of sex and relationships.
- Boys and men in particular will use pornography to curb their curiosity and answer their questions about sex. This is a natural part of growing up. If you can encourage a person to talk openly about sex and to ask questions, they may come to you rather than seeking out information elsewhere.
- To counteract pornography, provide service users with other resources which are age and stage appropriate but answers their questions about sex and relationships.
- If staff or parents or guardians have concerns about the use of pornography, a discussion should take place. Can they suggest something to replace it with? (e.g. “soft porn” such as men’s magazines, readily for sale on the high street can be a healthier alternative to more extreme images online).
- Schools should be teaching about Sex and Intimacy in Relationships, Sexual Health and Parenthood Education as part of the Curriculum for Excellence.
- Talk to the school about the Relationships, Sexual Health and Parenthood Education being taught. They may have useful resources you could use at home.
- Not all sexually explicit material is harmful. People with autism will have a natural, healthy interest in sex. They should be supported in exploring this. Service users may need sexually explicit material in order to gain skills and knowledge. This could be an Educational DVD on sexual intercourse. Resources are available and suitable for children in Primary school and Secondary school (in line with the Relationships, Sexual Health and Parenthood Education curriculum) and also for adults. These are available from your NHS Resource Services/Libraries.
- Be alert to the potential to access pornography through the internet and mobile phones. Have clear guidelines on use of internet.
- Be alert to any attempts to involve the service user in the production of pornographic material, including web cam use. Seek support for anyone that has been exploited in this way.

5.27 SEXUAL EXPLOITATION

The sexual exploitation of children and young people is a form of child abuse. Vulnerable adults can also be sexually exploited. It can take many forms, ranging from seemingly 'consensual' relationships where sex is exchanged for attention, accommodation, gifts, drugs, alcohol or cigarettes through to very serious organised crime. Sexual exploitation can also include persuading them to post sexual images of themselves on the internet/phone.

Although any child or young person may be at risk of sexual exploitation, the vulnerability increases where the young person is looked after, has a history of running away, has additional support needs, is disengaged from education, has experienced previous forms of abuse and/or is abusing alcohol and drugs.

Children with autism and children with a learning disability are included in this vulnerable group, and highlighted as being at high risk of exploitation. This often because they have not been given the skills or sexual health and relationships knowledge they need to keep safe. (Scottish Government 2014, Barnardo's 2015). Adults with autism are also at risk.

Sexual exploitation can result in significant harm to both physical and mental health. Feelings of worthlessness, which can lead to self harm, overdosing and eating disorders as well as long term sexual and reproductive health problems.

If abusive images have been posted online, the person has no control over who can access them and this leads to further distress and trauma.

Possible signs of exploitation can include:

- Unexplained mobile phone credit or new mobile phone;
- Unexplained money/gifts;
- Significant use or secretive use of mobile phone;
- Sudden increase in offending behaviour;
- Suddenly being missing from home, staying out all night, disengaging from education/normal daily activities;
- Beginning to drink excessively/in possession of drugs;
- Becoming increasingly secretive about time spent online;
- Significant changes in mood or emotional well being;
- A significantly older boyfriend, girlfriend, partner or new friends associated with exploitation (or where there is a significant power balance);
- Sending sexualised images via computers or phones;
- Physical sexual health problems;
- Being picked up/dropped off in cars of unknown adults.

Young people and adults need to know that sexual exploitation exists and can be disguised as someone giving you gifts or compliments.

Staff should support service users with keeping safe in relationships. Sexual exploitation is against the law. The police can and will help. Staff should also (**see section 5.7 Harmful Relationships - Abuse**).

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Create a safe, supportive and non judgemental environment to encourage trust and enable young people and adults to talk openly about their experiences.
- Be particularly aware of what children and young people are doing in their spare time and who they are associating with.
- Be alert to them being particularly secretive about their whereabouts, any changes in demeanour or in the appearance/disappearance of unexplained monies, clothing etc.
- Raise awareness of the need to keep themselves safe from exploitation and assist them in developing safety strategies e.g. Who can they tell? Who can help?.
- If you are concerned that a person in your care may be at risk of sexual exploitation ensure you speak to your line manager.
- Schools should be teaching about Relationships, Abuse and Keeping Safe in Relationships, Sexual Health and Parenthood Education, part of the Curriculum for Excellence. It would be useful for both young people and adults to learn associated skills such as Keeping Safe online.

5.28 SEXUAL ABUSE, ASSAULT, RAPE

Individuals with learning disabilities, particularly those with more complex/multiple disabilities may be more vulnerable to rape or sexual assault. In instances where an individual reports that they have been raped or sexually assaulted workers should immediately invoke the adult/child protection procedures and seek the guidance and support from senior staff, while continually reassuring the person.

If this is a current event the person may require immediate medical attention, which should be prioritised over everything else and workers are responsible for making sure this happens. Workers should also contact the police and social work services. In such circumstances speedy action is crucial both in terms of gathering potential evidence and for obtaining emergency care, if required.

Where someone has been sexually assaulted in the last few days the person will receive a forensic examination, which is conducted by health care staff and storage of evidence for potential prosecutions which allows the individual time to decide whether or not they want to involve the police.

Scottish Autism staff can support the process by ensuring that any clothing, towels, bedding or items that may have been present or involved in the sexual assault are bagged and brought to the medical service. Forensic staff will also need to know where the individual has bathed, changed clothing, eaten, brushed their teeth or been to the toilet since the incident.

Staff should be familiar with The Appropriate Adult Scheme, which is designed to support people with a learning disability, or mental disorder that come into contact with the criminal justice service. The role of the appropriate adult is to assess whether the person understands what is happening to them and in doing so assist in the creation of a just process for the accused, witness or victim. It is the police who decide whether an Appropriate Adult is required.

The service user may need a great deal of ongoing support from staff. Staff should also be aware of outside agencies who can help e.g. Rape Crisis Scotland.

Historical Sexual Abuse, Assault, Rape

People who have experienced abuse in the past, whether physical, sexual or emotional can develop distorted thinking about themselves, behaviour, the nature of relationships and roles within them. They can also experience traumatic reactions such as intrusive memories.

Where it is known that a service user has experienced historical abuse, it is important that general sexual health and relationships work still happens. This can help clients to gain a more positive approach to relationships and to recognise what a healthy relationship is.

Any tendency for staff to exclude service users who have suffered abuse gives out the message that 'it's too late to help you', which can exacerbate any existing feelings of low self worth.

Staff, however, should be sensitive to individual needs. Any work should be agreed with the individual and delivered in the context of their care plan.

Staff should be aware that talking with individuals about sexual health and relationships may allow the service user to feel comfortable in sharing private information and disclosing things they may not have had the chance to disclose before. This should be viewed as a positive step.

If an individual makes a disclosure of abuse workers should listen, without prompting or probing, and reassure the individual that it is good thing for them to talk.

Irrespective of whether the abuse or assault is historical or current, it is vital that the individual is offered appropriate support and counselling. This should be at a pace dictated by the individual and their needs. Information and help line numbers should be available to them so that they can choose how and when they seek support.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

Staff who are in regular contact with children and young people and adults are well placed to observe and recognise outward signs of abuse or risk of abuse.

Possible indicators of abuse or risk of abuse may include:

- a. Subtle changes in body language;
- b. Signs of increased stress and anxiety;
- c. Increased withdrawal and loss of concentration;
- d. Signs of physical injury such as unexplained bruises, grazes, swellings and bleeding;
- e. Lack of self esteem/belief;
- f. Increased tendency to become uncooperative and aggressive.

Staff should discuss any concerns with their named person for child/adult protection and follow the child/adult protection guidelines.

Staff should ensure that they are aware of and familiar with appropriate reporting procedures in the event of reporting abuse issues.

Staff should ensure that carers and individuals with learning disabilities are aware of reporting procedures in the event of reporting abuse issues.

Be aware that the Mental Welfare Commission should be informed of any serious incident.

Support the person in deciding whether or not they wish police involvement and if necessary support with any court appearance.

Support service users emotionally and help them to access professional outside help if they want to e.g. Rape Crisis Scotland. <http://www.rapecrisisscotland.org.uk/>

5.29 SEX AIDS

Sex aids, such as vibrators and anal toys, are readily available to members of the public. Providing the sex aids are only used in private, this is legal. It follows that sex toys and sex aids are available to any person with autism in the same way as any other person.

It is not a criminal offence to sell toys or sex aids to under 18's, but a shop may have licensing restrictions set by the local council that only allow them to sell to people aged 18 or over. This can vary across different council areas.

Sex aids can be of particular importance to people with autism as they help to overcome barriers to sexual expression, freedom and fulfillment.

Some sex toys are specifically designed for people with disabilities and/or impairments (e.g. erection problems, mobility restrictions).

Requests with assistance to purchase sex aids should be agreed with the line manager.

In some cases, where service users are using unsuitable, dangerous objects as sex aids (e.g. inserting a bottle in to a vagina, a glass bauble in to the anus), staff should consider this as a serious health risk and discuss replacing these objects with safe, purpose-made sex aids as a priority.

When service users under the age of 18 are using unsuitable objects as sex aids, they may need staff to purchase items on their behalf.

The needs of the service users must be assessed and a course of action agreed with the line manager.

It is important to note that service users may wish to purchase a range of sex aids and to buy new ones on a regular basis. Limiting service users to one or two sex aids/toys will increase the likelihood of them using inappropriate objects. Support from staff therefore may need to be ongoing.

Service users may also need guidance from staff on where to store their sex aids, when and where to use them (private places) and how to clean them.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Whatever your personal views on sex aids/toys, be aware that many people do use them. This includes people with autism.
- Refusing to allow service users to have sex toys or restricting their use will only encourage them to use other, less safe objects which can have serious health consequences.
- Service users, including young people, are entitled to confidentiality. Any information should be shared on a need to know basis.
- Assistance to source and to buy sex aids should be agreed with the line manager.
- Staff may need to contact specialise agencies to support individual need e.g. Sex aids for people with physical disabilities, limited use of hands etc.
- Young people may also need assistance to buy them.

5.30 SEX WORKERS

Selling sex in Scotland is legal as long as it is between two consenting adults .

However, some practices relating to sex work are illegal such as:

- Loitering in a public place;
- Operating from a brothel;
- Having sex in a public place.

Service users may, like other members of the public, want to access a sex worker.

Staff may have different opinions on this issue. Some will view sex work as exploitative.

Others may feel sex workers provide a valuable service (especially to people with a learning disability or with autism who may have few or no other opportunity for sex).

It would be good practice for staff to talk to service users about the difference between 'sex with a sex worker' and 'sexual relationships with a partner'.

If the service user wants a relationship, other outlets such as dating sites and dating agencies may be more suitable. Staff should help the service user to access these.

If the service user chooses to seek the services of a sex worker, he/she may request assistance from staff. Staff should liaise with their line manager to agree on intervention.

Staff may assist in maximising a service users' general ability to communicate independently (e.g. accessing assistive technology to allow them to telephone/email/make contact) but staff should not get involved in making direct arrangements with a sex worker. This could leave staff open to a variety of allegations and potential criminal charges.

A website dedicated to promoting the sexual needs of people with a range of disabilities is the TLC trust. <http://www.tlc-trust.org.uk>

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Create opportunities for service users to tell you if they would like to have a relationship with someone (this could be sexual or not).
- Support the service user to access social groups and dating services. They may also need guidance on using dating websites.
- Acknowledge that service users have the legal right to access sex workers and to take risks and make choices that staff, carers and guardians may not necessarily approve of. Their wishes should be taken in to account.
- Staff will need support from line managers if asked to assist the service user to access a sex worker. Confidentiality should be maintained.

5.31 SOCIAL NETWORKING

Many young people and adults will have their own computers, or other technologies which give internet access.

Staff may be asked to assist people in accessing social networking sites or chat rooms and increasingly people are forming friendships and relationships online. Whilst the use of such sites can have positive benefits for people, staff and service users need to be aware of the risks to adults and children.

Where staff are suspicious or concerned about such activity, they should discuss it in the first instance with their line manager, who may consider involving the police.

Education on the risks of social networking can increase service users awareness of the potential dangers. Service users may not realise that these risks include extortion, violence, assault, rape, murder.

Provide information on 'safe' networking sites and explore why service users rely on social networking. Attending community groups or social events and joining local dating services may be healthier alternatives.

Staff may need to assist young people and adults to access social groups and/or dating services. They may also need to help service users to locate and use safe networking sites.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Teach young people and adults about the real risks of social networking.
- Find safe networking sites for young people and adults to join. They can be of great benefit to service users.
- Some people use social networking to combat loneliness. Assist young people and adults to build friendships and relationships through other mediums - social groups, dating services etc.
- Provide, display and discuss internet safety guidelines. These should be in a format that the service user understands.

5.32 SEXUAL HEALTH SERVICES (WHERE TO GO FOR HELP)

Young people and adults can go to their GP's for sexual health services. GP's usually offer advice, routine contraception and pregnancy testing and will test for sexually transmitted infections (STI's). They can refer to termination of pregnancy services. They may offer free condoms.

There are also specialist Sexual Health services for contraception and testing and treatment for sexually transmitted infections.

Sexual Health clinics usually offer:

- Contraception (including long lasting contraception like the implant);
- Emergency contraception;
- Free condoms and lubricant;
- Free pregnancy testing, information and advice, referral to termination of pregnancy;
- Testing and treatment for all STI's;
- Hepatitis B vaccination for those at risk of sexually acquired infection;
- Safer sex advice and support for sexually related problems or concerns;
- Specialist clinics for treatment of HIV infection;
- They can also refer patients for specialist treatment and advice e.g. erectile dysfunction, psychosexual counselling;
- GPs and Sexual Health Services can support young people and adults, including young people under the age of 16, and people with a learning disability;
- They are confidential. Information will only be passed on (to social services, not to parents) if there is a child or adult protection concern.

Many areas have specific services for young people as well as adult clinics. Pharmacies in your area may also offer free Emergency Contraception to women/girls aged 13 and over.

Staff should find out about local Sexual Health services (information is often available online) so that they can pass this information to service users. Staff may need to accompany a service user to their GP or clinic.

BEST PRACTICE FOR CARERS AND PRACTITIONERS

- Talk to young people and adults about contraception and sexual health services. Let them know that these services are also open to young people under 16 including those with a learning disability.
- Tell young people and adults that they can get free contraception at their Sexual Health clinic or GP surgery.
- Explore your local Sexual Health clinic website/literature with the person to find out where the clinics are and when they are open.
- Explain that you do not have to be sexually active to attend a clinic. People often want advice and information before they enter a relationship. They should also have condoms and other contraception prior to having sex.
- If a person forgets to take their contraception, or it fails in some way, and they have unprotected sex, they should go to their GP or local Sexual Health clinic to get tested for sexually transmitted infections. Women can also have a pregnancy test.
- If a girl/woman forgets to take her contraception, or it fails in some way, and she has unprotected sex, she should go to her GP, local Sexual Health clinic or local pharmacy to get emergency contraception.
- Take service users to the clinics so that they will know where legal services are and feel more comfortable about going in the future if they need to.

Appendix 1 - Scottish Autism Principles and Values

The values of Scottish Autism and the values of this policy reflect those set out by the National Care Standards, SSSC Codes of Practice, The Keys To Life, The Charter for Involvement and the Health and Wellbeing outcomes.

National Care Standards (Scottish Government)

The main principles of the Care Standards are dignity, privacy, choice, safety, realising potential and equality and diversity. They reflect a widespread agreement that the experience of people receiving services is very important and should be positive, and that all service users have rights.

Dignity

A right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships.

Privacy

A right to:

- have your privacy and property respected, and to receive the time, the space and the facilities you need and want; and
- be free from intrusion as long as it is safe for you and everyone else.

Choice

A right to:

- make informed choices, while recognising the rights of other people to do the same; know about the range of choices; and
- get help to fully understand all the options and choose the one that is right for you.

Safety

A right to:

- feel safe and secure in all aspects of life, including health and wellbeing; enjoy safety but not be over-protected; and
- be free from exploitation and abuse.

Realising potential

A right to have the opportunity to:

- achieve all you can; make full use of the resources that are available to you; and
- make the most of your life.

Equality and diversity

A right to:

- Live an independent life, rich in purpose, meaning and personal fulfilment;
- Be valued for your ethnic background, language, culture, and faith;
- Be treated equally and to live in an environment which is free from bullying, harassment and discrimination; and
- Be able to complain effectively without fear of victimisation.

Scottish Autism must also adhere to the SSSC Codes of Practice, which set out the standards of professional conduct and practice required of an employer and employees. This Policy is part of those standards.

As an employer, Scottish Autism must:

- Make sure people are suitable to enter the workforce and understand their roles and responsibilities;
- Have written policies and procedures in place to enable social service workers to meet the Scottish Social Services Council (SSSC) Code of Practice for Social Service Workers;
- Provide training and development opportunities to enable social service workers to strengthen and develop their skills and knowledge;
- Put in place and implement written policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice;
- Promote the SSSC's Codes of Practice to social service workers, service users and carers and co-operate with the co-operate with the SSSC's proceedings.

Employees of Scottish Autism must:

- Protect the rights and promote the interests of service users and carers;
- Strive to establish and maintain the trust and confidence of service users and carers;
- Promote the independence of service users while protecting them as far as possible from danger or harm;
- Respect the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or other people;
- Uphold public trust and confidence in social services;
- Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

The Care Standards and Codes of Practice apply to all workers and service users.

Putting Values in to Practice

The National Care Standards are divided in to three sections- Services For Adults, Services for Children and Services For Everybody.

For Scottish Autism, the main Standards that apply include:

- Care Homes for people with learning disabilities, support services (eg day care), school care accommodation services and housing support services.

Each set of Standards provide more detailed guidance on good working practice.

In relation to supporting service users with Relationships and Sexual Health, some key principles include:

Standard 16: Private life (Care homes for people with learning disabilities)

- You have control over who goes into your room or living space, and when this happens.
- You can entertain visitors and friends in private.
- Staff can help you to arrange meetings with visitors, and to help your disabled friends and relatives into and around the building.
- You can discuss your needs in confidence and privacy with whoever you choose.
- You will be helped with intimate physical care or treatment sensitively and in private, in a way which maintains your dignity.
- Staff will knock on your bedroom, toilet and bathroom doors, and wait for you to say they can come in.
- You have a key for, or some way of accessing, the main (front) door. You have support to safely leave or enter your home as you choose and if you need it.
- Staff recognise that your sexuality and sexual needs and preferences are important to you. They accept and support your right to have intimate relationships that you have consented to in the privacy of your home and if it is legal to do so.
- If you are a parent you will be supported to retain and fulfil your parental responsibilities and if you wish can receive help and support with parenting skills.
- You can make and receive phone calls in private and receive mail, including e-mails, in private, unless there are good reasons to prevent this.
- You can spend time on your own if you want to.
- You do not have to stick to routines that fit in with staff.
- You are free to come and go as you please, although sometimes this may need to be worked out in line with your personal plan.

Standard 13: Lifestyle - social, cultural and religious belief or faith (Support Services)

- The social events, entertainment and activities provided by the support service will be organised so that you can join in if you want to.
- Your sexuality is accepted and your legitimate sexual needs and preferences are viewed as being important to you.

Standard 12: Keeping well – lifestyle (School care accommodation)

You have information on developing and keeping up a healthy lifestyle. This includes information that is suited to your age on diet, exercise, smoking, alcohol and drug misuse and sexual health.

Standard 5: Lifestyle – social, cultural and religious belief or faith (Housing support services)

Your sexuality is accepted and your legitimate sexual needs and preferences are viewed as being important to you.

Sexual Health and Relationships is an integral part of all the National Care Standards, as is the right to choice, support, decision making, freedom, information, equality and a range of factors that contribute to sexual wellbeing.

SSSC Codes of Practice

The codes of practice promote the rights of service users. Key principles relating to Relationships and Sexual Health include:

- Supporting service users' rights to control their lives and make informed choices about the services they receive;
- Respecting and maintaining the dignity and privacy of service users;
- Respecting confidential information and clearly explaining agency policies about confidentiality to service users and carers;
- Promoting the independence of service users and assisting them to understand and exercise their rights;
- Recognising that service users have the right to take risks and helping them to identify and manage potential and actual risks to themselves and others.

The Keys To Life (Scottish Government)

Scottish Autism staff should play a part in 'Improving quality of life for people with learning disabilities'. Relationships are of key importance to people with learning disabilities and essential for their wellbeing, including both friendships and intimate relationships.

Charter for Involvement (NIN) (2015)

The Charter shows how people who use our services want to be involved in the services they get, the organisations that provide their services and in our wider communities.

The Charter is for anyone who receives support and covers all abilities, age, gender, race, colour, sexual orientation or religion. The 12 Statements in the Charter fit in with human rights rules. Statement 2 'We have the right to live our lives independently' includes:

- We have a right to live our lives the way we choose;
- We must be involved in all decisions about our lives;
- We must be involved in any decisions made about how we keep safe;
- We must be able to choose the friendships and relationships we have and where and when we see these people;
- We would like guidance from staff to help us form safe relationships;
- If the law says we can't meet with certain people, then we must be given clear information and support to understand why.

The Health and Wellbeing Experiences and Outcomes (Education Scotland 2010)

These are part of the Curriculum For Excellence and recognise and support the rights of all children and young people in schools to receive Relationships, Sexual Health and Parenthood Education (RSHPE).

The RSHPE curriculum enables learners to maintain positive relationships with a variety of people and are aware of how thoughts, feelings, attitudes, values and beliefs can influence decisions about relationships and sexual health.

More detailed information can be found at:

National Care Standards

Care homes for people with learning disabilities

<http://www.nationalcarestandards.org/150.html>

Support services

<http://www.nationalcarestandards.org/88.html>

School care accommodation services

<http://www.nationalcarestandards.org/229.html>

Housing support services

<http://www.gov.scot/Resource/Doc/349567/0116840.pdf>

SSSC Codes of Practice (2014)

<http://www.sssc.uk.com/about-the-sssc>

The Keys To Life. Improving quality of life for people with learning disabilities (Scottish Government 2013)

<http://www.gov.scot/resource/0042/00424389.pdf>

Charter for Involvement (National Involvement Network/ Scottish Government 2015)

<http://arcuk.org.uk/scotland/files/2011/09/ARC-final-charter-297mmx297mm-12.12.14.pdf>

Health and Wellbeing Outcomes (Education Scotland 2010)

https://www.educationscotland.gov.uk/Images/health_wellbeing_experiences_outcomes_tcm4-540031.pdf

This document provides Scottish Autism staff members with information and best practice guidance in relation to more specific areas of relationships and sexual health work.

**Scottish Autism's Relationships & Sexual Wellbeing Best Practice Guidance
for Staff should be read in conjunction with
Scottish Autism's Relationships & Sexual Wellbeing Policy**

The Scottish Autism Relationships & Sexual Wellbeing Policy and Best Practice Guidance was designed and developed by:

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