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We-Consent

Autistic People's Understanding of Consent and their Right to Protection from Sexual Harm

RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

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Autistic People's Understanding of Consent and their Right to Protection from Sexual Harm

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RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

Foreword

This important publication highlights the need for action when it comes to ensuring Autistic people's rights under the United Nations Convention on the Rights of Persons with Disabilities are upheld and protected. Under Articles 16 and 23 of the United Nations Convention on the Rights of Persons with Disabilities, and across a range of national laws and international treaties, Autistic people have a right to live their life free of abuse, exploitation and violence, to enjoy bodily autonomy and to be entitled to engage in consensual relationships and reproductive health. Yet, this right is far from a realised reality for Autistic people.

In our Same Chance Report 2025, an annual state-of-the-community report on Autistic life in Ireland, 69% of those represented in the report believed that school-based Relationships and Sexuality Education was not accessible for Autistic people. Despite a right to accessible information under Article 21 of the UNCRPD, community members reported that materials were not adapted to Autistic ways of thinking and understanding. Furthermore, barriers were reported by Autistic young people feeling comfortable or confident to explore their sexuality in a safe environment and that sex education modules missed key aspects of an Autistic person's lived experiences navigating relationships.

These realities were caused by barriers beyond the school gate, with over half of parents surveyed reporting that they did not have adequate resources to help teach their child about consent and 79% of those surveyed reporting that media campaigns on consent did not reflect the experiences of Autistic people.

These gaps in education, resources and representation have major consequences for Autistic people in terms of understanding boundaries, safeguarding oneself and having the same chance to engage in consensual intimate relationships. They represent a significant breach in the human rights of our community, that is not inevitable, and that is why we are grateful to the Irish Human Rights and Equality Commission Grant Scheme for funding this seminal piece of research. In AsIAm, Ireland's Autism Charity, we believe passionately in the power of partnerships to bring about change and we have been deeply honoured to partner with the Dublin Rape Crisis Centre in commissioning and steering this research project which has been independently conducted by the Royal College of Surgeons in Ireland (RCSI).

This report further evidences the urgent need to bridge educational gaps, recognise the various and in some cases concerning sources in which Autistic young people are currently turning to for information, build parental and educator capacity and develop peer-led, community approaches.

The centrality of accessible sensory, social and environmental adaptations to enable positive intimate relationships highlights the need for open discussion and recognition of Autistic experiences in this important aspect of life. The path forward must be co-created with Autistic voices and experiences at the centre, recognising in a non-judgemental and neuroaffirmative way the double empathy gaps which can exist between Autistic and non-Autistic people.

The findings demonstrate the need for information and resources around consent and relationships and sexuality to be provided in direct, accessible formats which recognise the individual diversity within the Autistic community. Recognition of the fact that consent education is not just for young people or a single moment or event, but an ongoing process of lifelong learning and development is of critical importance.

This report provides clear recommendations to remove barriers to a rights-based approach to consent education and safe, consensual relationships for Autistic people. We call on government and relevant stakeholders to take action to ensure the explicit inclusion in all aspects of the design and delivery of Relationships and Sexuality (RSE) education, for investment in appropriate accessible resources and support systems across the life cycle and for further research and evaluation within the human rights context to which Ireland has clear national and international obligations.

Adam Harris

Founder-CEO, AsIAm, Ireland's Autism Charity

November 2025

AsIAm

IRELAND'S **AUTISM** CHARITY

Foreword

Every person should be able to live a life free of sexual violence and yet 1 in 2 women and 1 in 4 men will experience some form of it during their lifetime. Each instance of sexual violence is a violation of the victim's human rights: the absence of sexual consent is central to that.

If consent was fully understood and practiced by everyone, sexual violence would be eliminated. Given this is a societal and Government goal, it is essential that every individual, including all Autistic people, have clear, accessible information that enables informed decision-making. Yet as this research demonstrates, a critical gap persists in Ireland: Autistic people are being underserved by inconsistent, inaccessible, and insufficiently tailored information about consent.

International evidence consistently shows that Autistic people face significantly higher risks of sexual exploitation, assault, and abuse compared with their non-autistic peers. This increased vulnerability stems not from autism itself, but from systemic failures such as inaccessible education, lack of tailored resources, stigma, and inadequate training for those who support Autistic individuals. Studies across Europe and North America highlight that when Autistic people are not provided with clear, practical consent education, they are left without the essential tools to recognise others' boundaries, express their own boundaries, and to navigate complex social and intimate situations safely and confidently.

This research underscores how those failures manifest in Ireland. Autistic young people and their families report confusion around consent and relationships, uncertainty about how to navigate online interactions, and a lack of concrete strategies for real-world scenarios. Parents and educators express feeling ill-equipped, citing insufficient training, limited resources and persistent stigma. These challenges are further compounded by communication barriers, sensory differences, and a lack of recognition of diverse sexual orientations and gender identities among Autistic individuals.

To bridge this gap, consent education must be autism-informed, inclusive, and practically applicable. This means more than simply adapting existing materials; it requires a fundamental shift in how sexual education is designed and delivered. Effective consent education for Autistic learners must include:

- Explicit communication strategies and clear, concrete language.
- Sensory-aware approaches that recognise diverse experiences of touch and boundaries.

- Visual supports, scenario-based learning and repetition to reinforce understanding.
- Online consent education, given the central role of digital spaces in young people's social and sexual lives.
- Recognition and affirmation of diverse gender identities and sexual orientations.
- Active inclusion of Autistic voices at every stage of programme development.

Importantly, these reforms are not optional enhancements — they are obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Ireland has ratified. Article 21 affirms the right to accessible information, while Articles 16 and 23 emphasise protection from exploitation and the right to family life, relationships, and bodily autonomy. Without tailored, accessible education, Autistic individuals are denied these rights and left more vulnerable to harm.

We see a clear way forward. With the publication of this research, Ireland has the opportunity and responsibility to build a model of inclusive, rights-based consent education that is both protective and empowering. By aligning policy, professional training, and community resources, and by embedding accessibility as a legal and ethical imperative, Ireland can lead internationally in ensuring that Autistic individuals have the knowledge, skills, and confidence to make informed choices, assert boundaries, and experience safe, fulfilling relationships.

This research shines a light on urgent gaps — but it also points to a hopeful path. A future where every Autistic person has equal access to meaningful, practical, and rights-affirming consent education is not only possible; it is essential.

Rachel Morrogh,

CEO, Dublin Rape Crisis Centre

Dublin Rape Crisis Centre

We-Consent

Acknowledgements

This research could not have happened without the participation of young Autistic adults and parents/guardians of Autistic children. We are deeply grateful for their time and insights on consent and sexual education in Ireland, and for generously sharing their experiences with us.

We wish to thank the funders, the Irish Human Rights and Equality Commission Grant Scheme. We are also very grateful to *AsIAm and DRCC* for their support throughout the project.

Responsive research cannot happen without the support of a Research Ethics Committee (REC), and we wish to thank the REC at RCSI who approved the research, and amendments throughout the project.

Finally, we would like to acknowledge the contributions of the research team. We have been privileged to work with a talented interdisciplinary team, each of whom contributed significantly to the project at different phases of the research.

Dr Melanie Föcking
(co-Principal Investigator)

Ms Rhieya Rahul
(co-Principal Investigator)

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LIST OF ABBREVIATIONS

Abbreviation	*Definition*
ADHD	Attention Deficit Hyperactivity Disorder
AsIAm	Ireland's Autism Charity
CPTSD	Complex Post-Traumatic Stress Disorder
CSA	Child Sexual Abuse
DCD	Developmental Coordination Disorder
DRCC	Dublin Rape Crisis Centre
EQUALS	Entitlement and Quality Education for Pupils with Learning Difficulties
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ID	Intellectual Disability
IHREC	Irish Human Rights and Equality Commission
PECS	Picture Exchange Communication System
PDD-NOS	Pervasive Developmental Disorder–Not Otherwise Specified
SA	Sexual Abuse
STAR	Supporting Teens with Autism on Relationships
STD	Sexually Transmitted Disease
UDL	Universal Design for Learning
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WISC	Wechsler Intelligence Scale for Children

EXECUTIVE SUMMARY

This study explored how Autistic individuals and their families understood consent and navigating sexual safety in Ireland, using a systematic literature review, surveys with young Autistic adults (age 18–25) and parents/guardians of Autistic children (age 9–17), and focus groups with both populations.

Systematic Review

- Autistic people received limited, reproduction-focused sex education with minimal attention to consent.
- In the absence of adequate education, many sought information online, often encountering or relying on misleading sources, including pornography.
- Parents struggled with teaching abstract concepts like consent and safety to their children.
- There was a lack of resources available to parents of Autistic children, to support with navigating conversations on consent.
- Educators encountered obstacles within their institutions and lacked enough training, particularly on topics like social and sexual issues, coercion, and consent.
- Peer-model, community-based interventions showed promise for consent education.

Survey Findings

Young Autistic Adults (n=110)

- 90% understood consent can be withdrawn anytime, but 65% had continued unwanted sexual activity due to guilt or obligation.
- 70% rated school sex education as unsatisfactory; 73% needed more processing time to express boundaries.
- Understanding of, and respect for, sensory factors significantly impacted intimate comfort; environmental adaptations were crucial.
- Accessibility barriers exist that limit Autistic individuals' opportunities for social participation and relationship development.

Parents/Guardians (n=68)

- 88.6% felt responsible for teaching consent; 80% had not sought specialised support.
- Over 40% were unsure of children's confidence in asserting boundaries.
- Identified gaps: practical communication strategies, recognising abuse, Autistic community-informed approaches.
- 87% would use free Autism-affirming sex education resources.

Focus Group Insights

- Both groups highlighted masking as a vulnerability, preference for direct communication, sensory considerations, and critique of mainstream education.
- Differences: young adults emphasised empowerment and peer-led learning; parents prioritised safeguarding and professional-led approaches.
- Consensus on need for Autistic community-informed methods with visual supports, practical scripts, and community involvement.

OVERARCHING FINDINGS

There is inadequate educational provision available for Autistic individuals on the matter of consent. Current approaches often fail to accommodate communication differences, sensory needs, and Autism-specific barriers. Instead, the educational system only teaches neuronormative consent communication styles and place the onus on the Autistic person to adapt. This highlights the importance of Article 21 of the UNCRPD which guarantees the right to seek, receive, and impart information in accessible formats. Without accessible and Autistic community-informed resources on consent, many Autistic individuals are denied equal access to essential knowledge, limiting their ability to exercise autonomy, protect themselves from harm, and participate fully in relationships and society. Ensuring that consent education aligns with Article 21 obligations is therefore vital for upholding Autistic people's rights and dignity.

Findings from this study support a need for better understanding and application of Article 21 of the UNCRPD:

- Autistic community-informed consent education incorporating explicit communication, sensory accommodations, and peer involvement in ensuring Autistic people have access to reliable and evidence-based information.
- Systemic improvements in educator training, policy development, and community resources.
- Recognition of diverse identities and relationship types to ensure autonomy and protection from harm.

KEY FINDINGS

Educational Gaps: Current education provides minimal coverage of consent and relies heavily on reproduction-focused, neuronormative sex education.

Alternative Information Seeking: Young people often turn to online sources, including pornography, to supplement their limited formal education.

Parental Challenges: Parents report difficulty teaching abstract concepts related to consent and sexual health, largely due to a lack of accessible resources.

Teacher Barriers: Teachers face challenges such as inadequate training and institutional constraints that limit their ability to deliver comprehensive, inclusive education.

Opportunities for Improvement: Peer-led and community-based approaches show promise as effective methods for improving consent and sexual health education.

Young Autistic Adults

- Young Autistic adults can demonstrate a strong understanding of consent withdrawal but face difficulties expressing boundaries, or having the communication of those boundaries respected, in real-time situations.
- They show a strong preference for explicit or mixed forms of communication, and respect for sensory factors significantly influence their comfort levels.
- School-based sex education is often seen as inadequate and not inclusive of Autistic experiences, leading to a strong interest in accessible and inclusive learning resources.

Parents and Guardians

- Parents report varying levels of confidence among their children in setting boundaries and identify major challenges abuse recognition.
- They express a strong preference for practical, visual resources that affirm and reflect Autistic experiences.

Focus Groups

- Participants emphasised that sensory and environmental factors play a crucial role in understanding and teaching consent.

- They critiqued mainstream educational approaches and expressed strong support for Autistic community-informed, peer-inclusive curricula.
- Focus groups also highlighted concerns around vulnerability, online safety, and the importance of recognising intersectional identities.

COMMON THEMES

- **Communication Centrality:** Explicit, direct communication is essential.
- **Sensory Safety:** Respect for sensory processing differences is core to consent capacity.
- **Educational Inadequacy:** Existing provision fails to meet the needs and rights of Autistic individuals
- **Individual Diversity:** Not every Autistic individual will have the same experience and therefore information needs to be accessible to meet individual needs.
- **Community Involvement:** Autistic voices should lead education development to help shape a more informed sexual education experience.
- **Lifelong Learning:** Consent education is an ongoing developmental process.
- **Double Empathy:** The onus is not only on the Autistic person to interpret neuronormative cues but is a shared responsibility across Autistic and non-Autistic people to learn how expressions of consent can differ.

RECOMMENDATIONS

There is a pressing need for the explicit inclusion of Autistic students in the design, delivery, and evaluation of Relationships and Sexuality Education (RSE) across all Irish schools. Current RSE frameworks often assume neurotnormative modes of understanding, communication, and social interaction, which can unintentionally exclude or disadvantage Autistic learners. To ensure that RSE is truly inclusive, accessible, and rights-based, the Department of Education must provide clear national guidance, specialist training, and adapted teaching resources that address the diverse needs and learning styles of Autistic young people.

Educational Content and Delivery: Sexual education for Autistic individuals must be fundamentally redesigned using Autism-informed approaches. This includes developing comprehensive curricula with visual supports, concrete language, practical social scripts, and opportunities for repeated practice. Education should be delivered through peer-led models that combine authentic Autistic voices and multiprofessional oversight, and all educators must receive

mandatory training on Autism-specific teaching methods. Importantly, consent education should be reconceptualised as lifelong learning, with age-appropriate provision from early childhood through adulthood and into professional contexts.

Accessibility and Resources: This includes creating centralised, accessible resource hubs containing age and development appropriate materials that families and professionals can readily adapt. It is envisaged to integrate sensory accommodation standards across all educational settings, recognising that sensory processing differences fundamentally impact consent capacity. This will establish policy frameworks ensuring consistent, high-quality provision across all educational settings.

Inclusion and Representation: This should also ensure comprehensive representation of diverse identities, including LGBTQIA+ and asexual experiences. Environmental barriers need to be addressed that limit social participation opportunities and develop Autism-accessible social venues that accommodate sensory and communication differences.

Support Systems: It is essential to provide specialised training for mental health professionals on trauma-informed, Autism-specific approaches to ensure that Autistic individuals receive appropriate and effective support. In addition, parents should be supported through accessible education resources and peer support groups, helping them to better understand and respond to their child's needs. Furthermore, community education programs should be implemented to promote greater understanding of Autism and to facilitate more respectful, effective communication across neurological differences.

Research and Evaluation: It is important to conduct longitudinal research on the effectiveness of supports to ensure that evidence-based practice continues to develop and evolve over time.

Rights Framework: These improvements must be understood within the UNCRPD rights framework, recognising that accessible, Autism-informed consent education is essential for enabling Autistic people to exercise autonomy, make informed choices, and participate equally in intimate and social relationships.

1. INTRODUCTION

Autistic people have the same rights to relationships, bodily autonomy, and joyful sexuality as anyone else. Yet, many Autistic people encounter unique barriers to learning about consent and sex, shaped by a lack of public understanding sensory differences, social-communication barriers, and limited access to tailored education. Contemporary research consistently shows that Autistic adolescents and adults report gaps in school-based sex education, a need for clearer, more practical teaching about consent, and better support when navigating particular situations.

Consent education represents a crucial component of relationship and sexuality education, yet traditional approaches often fail to adequately address the specific needs and experiences of Autistic individuals. This research explores how parents and Autistic young adults conceptualise consent, navigate relationship boundaries, and experience current educational provision. By examining both perspectives, this part of the study aims to identify best practices and areas for improvement in consent education for the Autistic community in keeping with the provisions of Article 21 of the UNCRPD.

The 2025 Same Chance report (AsIAm.ie) found that 79% of Autistic adults do not believe that conversations about consent reflect their experiences and 69% do not believe that sex education is accessible to Autistic people. This suggests that formal approaches to teaching sex education—including consent—fail to reach or accommodate Autistic learners meaningfully.

In addition, a small-scale research project was commissioned by the DRCC and AsIAm in 2024, with research carried out by Lorraine O Rahilly. The overall objective of the research was to increase understanding of what neurodivergent people and their families think and feel about consent.

The findings from the 2024 research study are summarised here:

- Parents of Autistic teenager's report that their children face unique challenges in social connection, mental wellbeing, and navigating sexual awareness and identity. For many families, the teenage years bring heightened isolation, fear, and stress as they work to support their children in building relationships, understanding consent, and accessing appropriate education and care.
- Current relationship and sexuality education (RSE) in schools is primarily designed for neurotypical students and can often be distressing or exclusionary for Autistic young people. Without tailored approaches, families and individuals are left to seek costly private support to fill the gaps. Differences in responding to social cues, emotions, or boundaries

make the need for direct, inclusive, and accessible education especially urgent.

- There is a pressing call for Autism-informed and affirming RSE that uses clear language, multimedia tools, and inclusive teaching practices. Platforms such as We-Consent and WeSpeak.ie offer promising resources, but broader awareness, training, and systemic change are still needed. Addressing these gaps not only supports Autistic young people and their families but also creates an opportunity to foster greater understanding, acceptance, and inclusion across society.

To fill this gap, the current research wanted to establish an Irish knowledge base on how Autistic people and families and those who support them understand consent in theory and practice.

1.1 Research Aim

The aim of this project was to carry out qualitative research to better understand what Autistic people and their families think and feel about consent, and to identify what education, information, and communication they need to navigate consent and protect against sexual harm. This aim aligns with Article 21 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which upholds the right of persons with disabilities to access information in accessible formats. This included Autistic people and their families at each stage of the project.

1.2 Overall Aim

The overall aim was to systematically investigate how Autistic individuals, their families, and support networks perceive and navigate consent, to co-create more accessible and effective consent education resources that promote autonomy, safety, and rights. For this we formulated the following sub-aims.

1.3 Sub-Aims:

1.3.1 Explore current understandings of consent:

- Assess the knowledge, attitudes, and beliefs surrounding consent among Autistic individuals, their families, and guardians.
- Identify absences in existing consent education

1.3.2 Examine experiences and challenges:

- Gather lived experiences of navigating consent in various contexts (e.g., social, sexual).
- Investigate specific barriers Autistic individuals face in understanding or expressing consent, or having their expression of consent misunderstood.

1.3.3 Engage with Autistic voices in co-creation:

- Incorporate perspectives from Autistic individuals in shaping the research approach and interpreting findings.
- Facilitate focus group discussions to collect qualitative insights and collaboratively design consent education tools.

1.3.4 Develop and inform consent education strategies:

- Use findings to inform the development of consent education materials that are accessible, inclusive, and effective.
- Provide recommendations for educators, families, and support services to better support Autistic individuals in understanding and exercising their rights around consent.

1.3.5 Support policy and community-based advocacy:

- Promote broader understanding and advocacy for Autistic rights related to informed consent and sexual safety.
- Influence community practices and potentially inform policy recommendations for accessible, inclusive rights-respecting environments.

1.4 Research Rationale

The goal of the research is to provide an evidence base to address gaps in knowledge and information and make recommendations on the steps that need to be taken to address these gaps. It is hoped this research will assist in identifying what education, information and communication would contribute to a better understanding, and practice of consent.

Autistic people have the right to accessible information and protection from sexual harm, including understanding consent in theory and in practice in a way that is accessible. This includes the right to receive education, information, and communication tailored to their specific needs to navigate consent and prevent harm. This right is supported by legislation like the Disability Act 2005 and the Assisted Decision-Making (Capacity) Act 2015. In addition to this, The United Nations Convention on the Rights of Persons with Disabilities identifies under Article 21 speaks to ensuring persons with disabilities can seek, receive and impart information and ideas in an accessible way.

Elaboration:

- **Accessible Information**
  As anybody does, Autistic individuals require information about consent, sexual harm, and relevant legal processes presented accessibly, such as through visual aids, concrete language, or support from advocates.
- **Protection from Sexual Harm**
  This includes safeguarding measures within services and structures to prevent exploitation, violence, and abuse, as outlined in the Assisted Decision-Making (Capacity) Act 2015.

- **Consent**
  Ensuring access to clear, accessible information and support about consent can help Autistic people who need it to understand and exercise their right to consent, including learning what consent means and how to navigate it in different situations.
- **Legislation**
  The Disability Act 2005 ensures access to services and information for people with disabilities, while the Assisted Decision-Making (Capacity) Act 2015 promotes decision-making capacity and protects individuals' rights.
- **Support Services**
  Organisations like Sage Advocacy and the Legal Aid Board offer advocacy, information, and support to assist Autistic individuals in accessing justice and protecting their rights.
- **Allyship**
  Allies can play a crucial role in supporting and championing Autistic individuals' rights to communicate their needs, understand legal provisions, and participate in decision-making processes.

2. METHODOLOGY

2.1 Ethics

Ethical approval was sought once the informed consent documents and survey questions had been prepared, ensuring to prioritise the safety and autonomy of participants. Informed consent procedures were implemented using plain language, visual support if necessary, and providing clear information about participation, confidentiality, and the right to withdraw.

Prior to data collection, informed consent was obtained from all participants. Participants were informed about the study's purpose, data usage, confidentiality measures, and their right to withdraw at any time. All participants provided explicit consent for their contributions to be used in research analysis and reporting.

2.2 Systematic Review

A systematic review was conducted searching the literature on: Addressing the Sexual Health Education Needs of Autistic Individuals.

2.2.1 Protocol and Registration

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

2.2.2 Eligibility Criteria

Eligibility criteria were defined using the PICO (Population, Intervention/Exposure, Comparison, Outcome) framework:

	Population	Intervention	Comparison	Outcome	Study characteristics
Inclusion criteria	Studies involving Autistic individuals of any age (diagnosed or self-identified) as participants. Studies involving family members, caregivers, or formal and informal support providers of Autistic individuals were also included provided data were reported separately for each group.	Studies that explicitly examined understanding, knowledge, attitudes, or training about sexual consent, whether conceptual or practical in nature.	No explicit comparison looks at experiences of Autistic individuals and stakeholders involved in sexual education for Autistic individuals.	Studies reporting on understanding of consent, attitudes/ perceptions about consent, lived experience of giving/withholding consent, barriers/ facilitators to consent understanding or practice, or evaluation of consent education interventions.	Qualitative, quantitative, mixed-methods studies, and case studies with original data.
Exclusion criteria	Studies where Autistic people were not included, or mixed neurodivergent samples without separate analysis for the Autistic subgroup.	Studies focusing on gender identity/ orientation in Autistic people, studies on HPV/HIV/ STD in Autism, studies on Autistic sexual offenders.	Studies comparing Autistic individuals with individuals with any other types of intellectual or developmental disabilities like Down's syndrome.	Studies that didn't focus on the outcomes mentioned in the inclusion criteria.	Reviews, meta-analyses, editorials, opinion pieces, protocol-only papers, conference abstracts without full text, non-human studies, and purely laboratory-based cognitive studies with no real-world consent context.

2.2.3 Information Sources

Four electronic databases were systematically searched: PubMed, Scopus, Embase, and PsycINFO. We adapted the search strategy to different databases and ensured that we were able to capture as many results as possible. No date restrictions were applied to ensure comprehensive coverage of the available literature. We did a brief search on grey literature that existed and searched for

non-governmental organisations in the field and investigated any resources that they might have but this did not yield any results.

2.2.4 Search Strategy

A comprehensive search strategy was developed in consultation with a research librarian and tailored to each database's specific syntax and controlled vocabulary. The search strategy combined terms related to Autism spectrum conditions with terms related to sexual consent, sexual education, relationships, and related concepts.
The core search terms included:

Autism terms: Autism, Autistic, ASD, Asperger syndrome, Asperger disorder (Many peer-reviewed studies, particularly from the past decade, use medicalised and at times stigmatising language such as the term ASD, which encompasses a range of presentations previously described as "Autism", "Asperger syndrome", and "PDD-NOS". Restricting it to "Autism" and "Autistic" alone would have risked excluding relevant studies.)

Consent and relationship terms: sexual education, informed consent, social competence, privacy, personal autonomy, capacity to consent, relationships, interpersonal communication, social skills training, body autonomy, clear consent, continuous consent, coercion-free consent, conscious consent, informed consent, boundaries, sexual expression, physical touch, healthy relationships, communication boundaries, nonverbal cues, verbal cues, consensual acts, and related terminology.

The search strategy incorporated both subject headings (MeSH terms, Emtree terms) and free-text terms, using appropriate proximity operators and Boolean logic.

The full search strategy for Embase can be found in the Appendix of this report.

2.2.5 Study Selection

The study selection process was conducted using Covidence systematic review software (https://www.covidence.org/). Four independent reviewers participated in the screening process to ensure reliability and reduce selection bias.

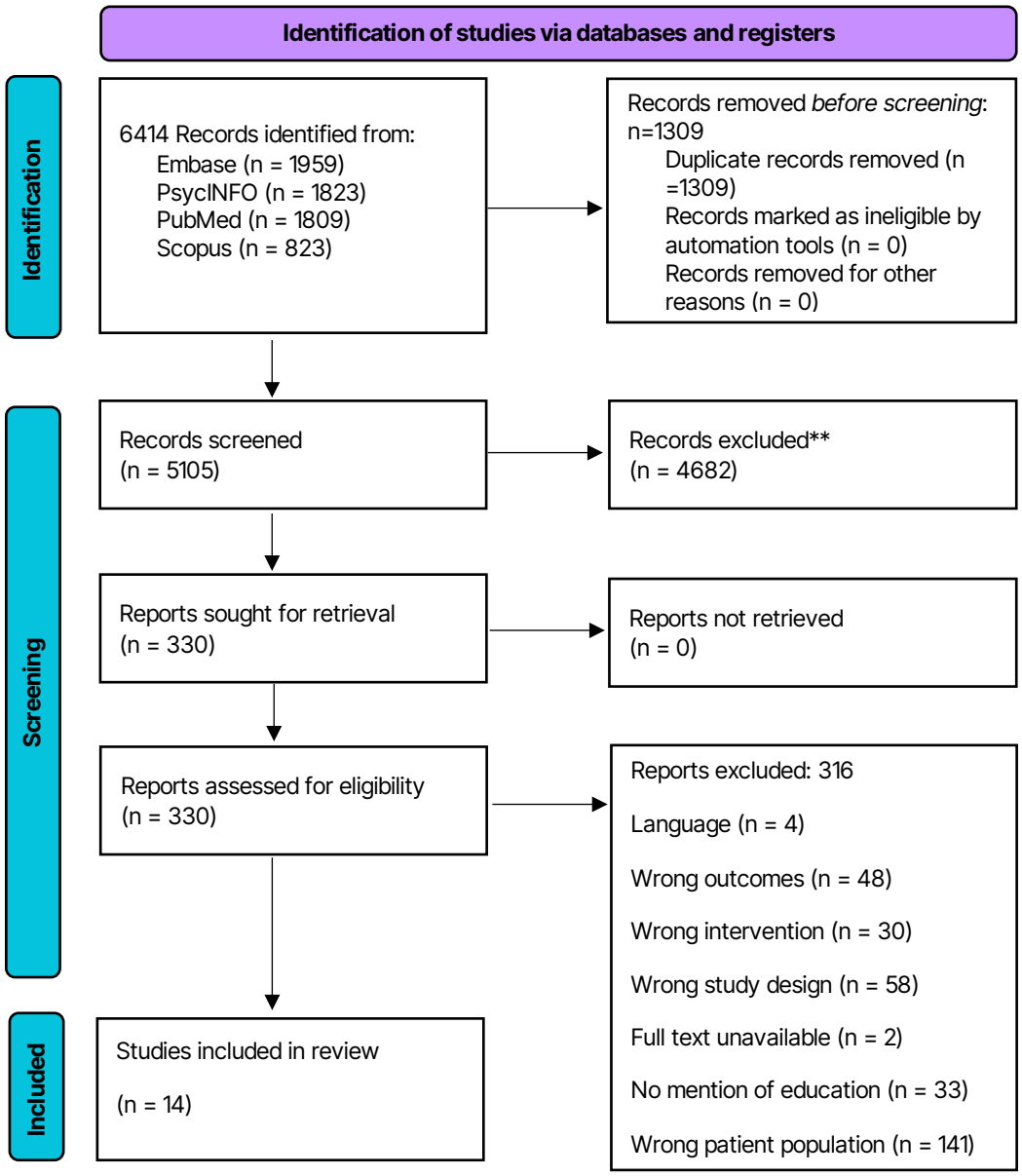
2.2.6 Screening Process

The selection process followed a two-stage approach:

Title and Abstract Screening: All retrieved records underwent initial screening based on titles and abstracts. Each record was independently reviewed by two reviewers against the predetermined eligibility criteria. Disagreements were resolved through discussion, and when consensus could not be reached, a third reviewer was consulted until an agreement was reached.

2.2.7 Full-Text Screening

Records that met inclusion criteria or where eligibility was unclear during title and abstract screening proceeded to full-text review. Full-text articles were independently assessed by two reviewers for final inclusion decisions. Disagreements were resolved through discussion among the review team. Throughout the screening process, detailed reasons for exclusion were documented in Covidence for transparency and auditability.



2.3 Surveys

Surveys were designed using insights from existing research (taken from the National Council for Special Education, Ncse.ie) and in conjunction with AsIAm and DRCC.

The survey was conducted with support from AsIAm and DRCC for 16 days in July 2025. Young Autistic people between 18-25 years of age and parents/guardians of Autistic children were invited to complete the survey. This survey was shared widely across the following platforms:

- Social Media channels [Facebook, Instagram, LinkedIn]
- AsIAm Newsletters
- AsIAm and DRCC Website
- External organisations

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The respective survey was completed by Young Autistic adults and by families with one or more Autistic member. Each of the surveys included 47 questions, though they differed slightly for each target group.

2.4. Focus groups

Consent education represents a crucial component of relationship and sexuality education, yet traditional approaches often fail to adequately address the specific needs and experiences of Autistic individuals, instead focusing on neuronormative thinking styles and communication preferences. This impacts not only Autistic people, but all people learning about consent, as a developed understanding of consent centres on understanding consent is expressed in various forms. This research explores how parents and Autistic young adults conceptualise consent, navigate relationship boundaries, and experience current educational provision. By examining both perspectives, this approach aims to identify best practices and areas for improvement in consent education for the Autistic community.

2.4.1 Participants

2.4.1.1 Parent/Guardian Focus Groups

Three focus groups were conducted with parents and guardians of Autistic children (n=12). Participants were recruited through the survey posted on social media as well as an explicit call for focus group participation by RCSI, AsIAm and DRCC and included parents and guardians, who were primary caregivers of Autistic individuals aged 9 – 17 years of age.

2.4.1.2 Autistic Adult Focus Groups

Three focus groups were conducted with Autistic young adults (n=10). Participants were recruited through a survey posted on social media as well as an explicit call for focus group participation by RCSI, AsIAm and DRCC and were required to be between 18 and 25 years of age with a confirmed Autism diagnosis or self-identification as being Autistic.

2.4.2 Data Collection

Focus groups were conducted online and lasted approximately 1 hour and 30 minutes. All sessions were audio-recorded with participant permission. Each focus group followed a semi-structured interview guide covering topics including:

- Understanding and conceptualisation of consent
- Teaching and learning approaches for consent education
- Communication strategies and preferences
- Sensory and environmental considerations
- Relationship experiences and challenges
- Educational gaps and recommendations

For further details please see Appendix 1 where the questions for the two different focus groups are listed.

During focus groups, participants were able to contribute through both verbal participation and written participation through the chat function. All chat contributions were captured and incorporated into the final transcripts to ensure comprehensive data collection.

2.4.3 Data Analysis

2.4.3.1 Transcription and Preparation

All focus group recordings were transcribed verbatim, with chat contributions from online sessions integrated into the transcripts at the appropriate temporal points during the discussions. All identifying information was removed during transcription to ensure participant anonymity.

2.4.3.2 Coding Process

Thematic analysis was conducted using NVivo qualitative data analysis software (version 15, https://lumivero.com/products/nvivo/). The coding process followed a systematic approach:

Initial Coding - Parent Groups: Analysis began with the three parent focus group transcripts. Initial codes were developed inductively, allowing themes to emerge from the data. A preliminary codebook was developed capturing major themes and sub-themes identified in parent discussions.

Secondary Coding – Young Autistic Adult Groups: The three Autistic adult focus group transcripts were then analysed. The existing codebook from the parent analysis was consulted to identify similar themes and sub-themes, enabling consistent terminology and facilitating comparative analysis. New codes were added as needed to capture unique themes emerging from the Autistic adult perspectives.

Codebook Development: A comprehensive codebook was developed containing all themes, sub-themes, definitions, and illustrative quotes from both participant groups.

Team Review: The codebook was shared with team members for review and feedback. Team members examined the coding structure, theme definitions, and supporting evidence to ensure analytical rigor and interpretive validity.

Comparative Analysis: Following team review, a systematic comparative analysis was conducted examining the coded data for similarities and differences between parent and Autistic adult perspectives. This involved reviewing themes, sub-themes, and supporting quotes to identify areas of convergence and divergence between the two groups.

Analytical Framework

The analysis employed a comparative phenomenological approach, examining how different stakeholders experience and understand consent education for Autistic individuals. Particular attention was paid to:

- Points of convergence between parent and Autistic adult perspectives
- Areas of divergence between the two groups
- Unique insights offered by each stakeholder group
- Implications for educational practice and policy development

Trustworthiness and Rigor

Several measures were employed to enhance the trustworthiness of the analysis:

Triangulation: Multiple focus groups within each stakeholder category provided triangulation of perspectives.

Team review: Collaborative analysis involving multiple team members enhanced interpretive validity.

Audit trail: Detailed documentation of the coding process and analytical decisions were maintained throughout.

3. RESULTS FROM THE SYSTEMATIC REVIEW OF THE LITERATURE

A systematic review of the existing literature was conducted as a form of secondary research to analyse and synthesise current evidence.
5012 studies were retrieved after duplicates had been removed. After screening by title and abstract, 330 papers were included for full-text screening. 14 papers were chosen for data extraction.

Out of the 14 papers included in the final analysis, 11 involved interviews with three groups of people about consent education for Autistic individuals — teachers, parents, and Autistic people themselves. The remaining three papers described new supports and approaches being used to teach Autistic youth about informed consent.

3.1. Autistic people

Sex Education and consent – Autistic interviewees reported that the sex education they received centred on reproduction, with little to no focus on sexual consent. They also received lower quantities of sex education compared to their peers; older members having been sequestered from their classmates.

Alternative sources of information – participants discussed how they sought out information online from sources such as pornography to try and supplement their limited access to informed and accessible information on sex education. This lack of reliable and accessible information could give young people a warped perspective of consent.

Recommendations for education – participants recommended more emphasis on the socio-sexual aspect of sex education. They also suggested more parental involvement in their child's sex education and for teachers to use more focus groups and one-on-one teaching sessions.

3.2 Parents/Guardians

Challenges to parents – parents struggle with communicating abstract concepts such as consent, personal boundaries and safety to their children. They also fear for the safety of their children who are uniquely vulnerable to sexual exploitation.

Parent awareness of their child's risk of CSA (Child Sexual Abuse) While parents recognised that child sexual abuse (CSA) is common, some held

uncertainties about who might pose a risk to their child and how likely their child would be to be believed if they disclosed abuse.

Teaching consent/sex education to their children – when teaching their children consent/sex education, parents' focus is on stranger danger, self-esteem and confidence and saying no to uncomfortable touch. The least commonly discussed topic was safety around taking pictures of body parts. Parents also rarely used teaching aids to help teach their children on the topic of consent, those who did mostly were resourcing them from youth organisations, like Scouts or a church.

Parents reasons for not discussing sexual abuse with their Autistic child(ren) - parents had a range of reasons for not discussing the risk of sexual abuse with their children. They believed that they could protect their children from sexual abuse, that their children wouldn't be able to understand the topic, that their children wouldn't be interested, that they didn't have the resources or skill set and that it might be frightening or upsetting for their child.

Recommendations from parents - Parents agreed that there is a strong need for more personalised and practical training programs to teach consent education. It was recommended that future training should include practical examples and repeated guidance to facilitate understanding of critical concepts like privacy and consent.

3.3 Teachers

Challenges faced by educators - Teachers reported challenges arising when Autistic students sought out alternative or unregulated sources of information to fill gaps in their RSE learning. They also outlined the strategies they used to counter misinformation and support students' understanding more effectively. Participants agreed that teachers should talk with Autistic students during RSE classes or similar learning spaces about unrealistic ideas about sex and relationships, including where these ideas come from and how they might lead to inappropriate behaviour.

Conflict between coordinators, school infrastructure and staff - An overarching theme was the tension between sex education coordinators and the broader school infrastructure, including teachers and senior leadership. Staff also reported feeling additionally unskilled in how to teach sex education to Autistic students due to lack of effective guidance and training from their senior leadership team. In schools where senior staff were directly involved in developing or supporting the sex education programme, teachers responded more positively to the available resources. Overall, teachers also perceived that parents held more open or supportive attitudes toward sex education than school staff did.

The greatest challenges teachers reported when teaching Autistic students related to socio-sexual aspects of sexuality—such as forming and maintaining

relationships, using social media safely, recognising coercion, and understanding consent.

Recommendation from teachers -Teachers recommended further professional development through additional training programmes, access to targeted resources, and opportunities for focus groups or one-on-one support sessions.

3.4 Supports

Schools where senior staff provided direct input into their sex education programme, the staff had a more positive response to the resources and overall, the teachers said how they thought that parental attitudes were better than that of staff's. The biggest concern from staff regarding teaching Autistic pupils arose from the socio-sexual side of sex and sexuality like establishing and maintaining a relationship, the use of social media, coercion and consent.

Recommendations from teachers – teachers recommended additional training programs/resources, focus groups and one-on-one sessions.

4. RESULTS OF THE SURVEYS FROM AUTISTIC ADULTS

This part of the study employed primary research methods, specifically surveys, to collect data from participants.
110 young Autistic adults took the survey. 47 questions were asked, four of which were free text answers where participants could add further information and opinions. As answering questions was not mandatory, the numbers of participants who answered questions differed, with the range being 42 to 83 answers per question, less answers were received for the free text.

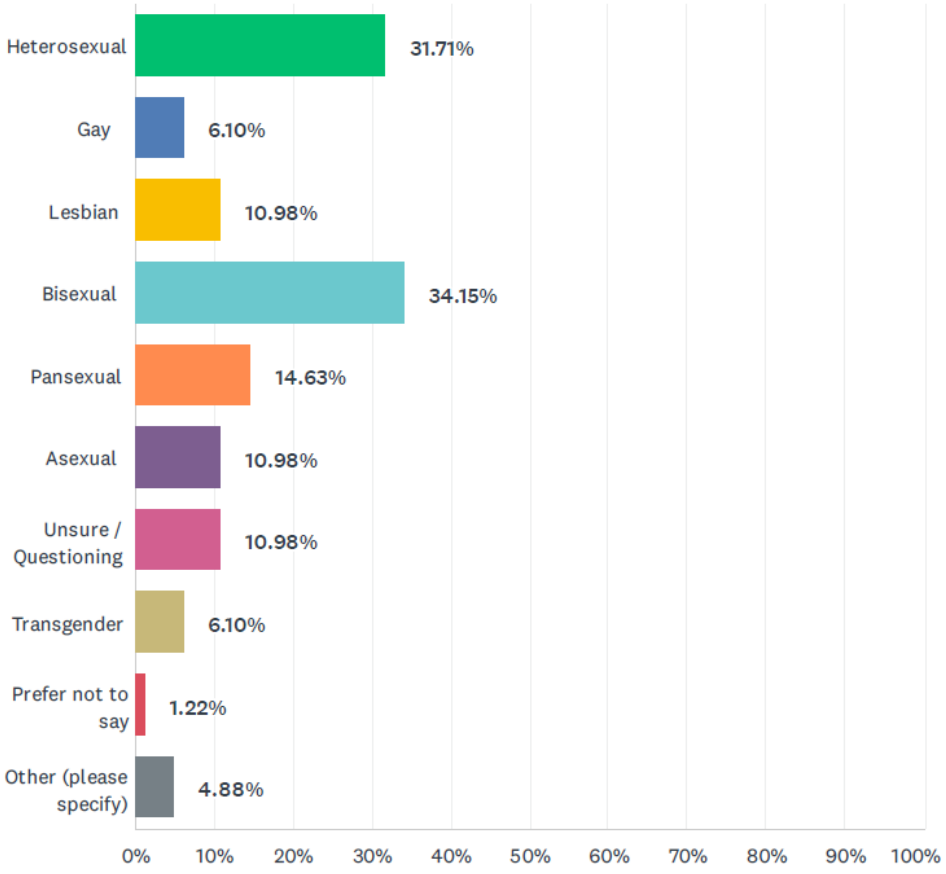
4.1 Participant Context & Demographics

The survey was restricted to young adults, 18-25 years of age. Most respondents were aged between 22–25 (60%), followed by those aged 18–21 (40%). This distribution suggests either more current capacity among older participants to engage with sensitive topics like consent and sexuality, or potentially better access to survey participation through established networks.

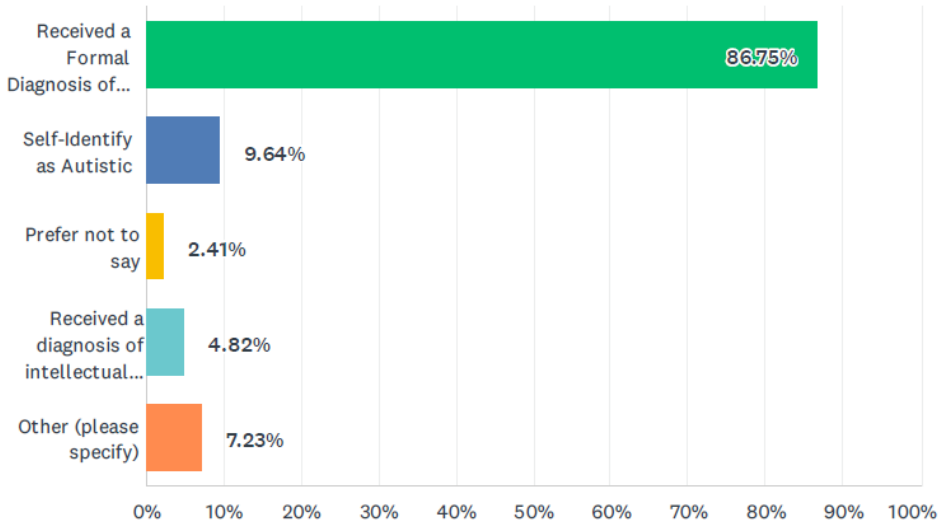
Participants reported to be male (24%), female (56.6%), 26.5% stated to be non-binary/genderqueer and 2.5% preferred to not tell. This distribution notably differs from general population statistics and aligns with research suggesting higher rates of gender diversity within the Autistic community. The substantial representation of non-binary and gender diverse participants (over one-quarter)

has important implications for consent education, which must address diverse gender experiences and avoid heteronormative assumptions.

In terms of sexual orientation, 34.1% reported to be bisexual or heterosexual (31.7%), 14.6% stated they are pansexual, followed by lesbian and gay, 11% and 6%, respectively, 11% each reported to be asexual or unsure/questioning, a further 6.1% reported to be transgender and ~ 6% preferred not to say. The high representation of non-heterosexual identities (approximately 68% of participants) significantly exceeds general population estimates and suggests the importance of inclusive consent education that addresses diverse sexual orientations and relationship structures.



When it comes to participants living situations, 68.7% of young adults are living with family, 16.9% with roommates or friends, almost 5% are living by themselves, a further 5% are living with their boyfriend/girlfriend, fiancée or spouse. One person is living in a supported living arrangement. The small percentage in romantic partnerships (5% living with boyfriend/girlfriend/fiancée/spouse) indicates that most participants are not yet in committed romantic relationships, making preventive consent education particularly relevant.



87% of participants reported that they received a formal diagnosis of Autism, a further 9.64% Self-Identify as Autistic. Almost 5% of participants received a diagnosis of intellectual disability. None of the participants identified with an Intellectual disability. 7% of participants reported a diagnosis of ADHD, OCD, GAD, PTSD, Depression, Dyspraxia, Tics, Learning disability. This high rate of formal diagnosis likely reflects the survey population's engagement with Autism support organisations. Additional diagnoses were reported by participants including ADHD, OCD, Anxiety disorders, PTSD, Depression, and Learning differences - highlighting the complex support needs many participants face and the importance of trauma-informed consent education approaches.

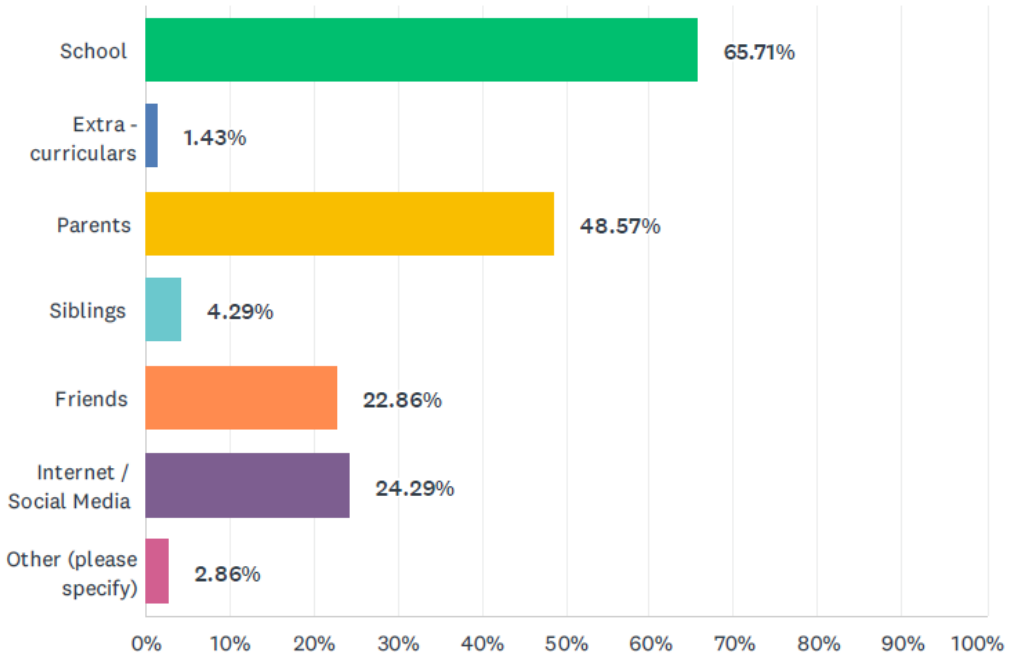
Asked about their highest level of education completed, 31.3% of young adults have a university degree, 27.7% completed post primary school, 16.9% did a post leaving certificate course, 9.6% were in higher education, 8.4% did postgraduate studies, 1.2% apprenticeship. Other mentions were a Master's degree, one participant did not complete post primary school, a further person reported to be in rehabilitation care, one person currently doing their leaving certificate. This educational diversity has implications for consent education delivery, requiring materials accessible to varying literacy levels and learning preferences.

4.2 Sexual Education Background

According to survey participants, they received their first (formal or informal) sexual education between the ages of 5 and 15, with the majority stating 11 and 12 years of age. Some report they were taught by their mum at age 7 and later in school at age 11. One participant stated: "in school when I was 11, but I heard stuff from friends when I was really young, like 7 or 8 maybe younger". Another person said: "I'm not sure I ever received sexual education. There was nothing in school, they just about brushed over the topic of periods. My parents never

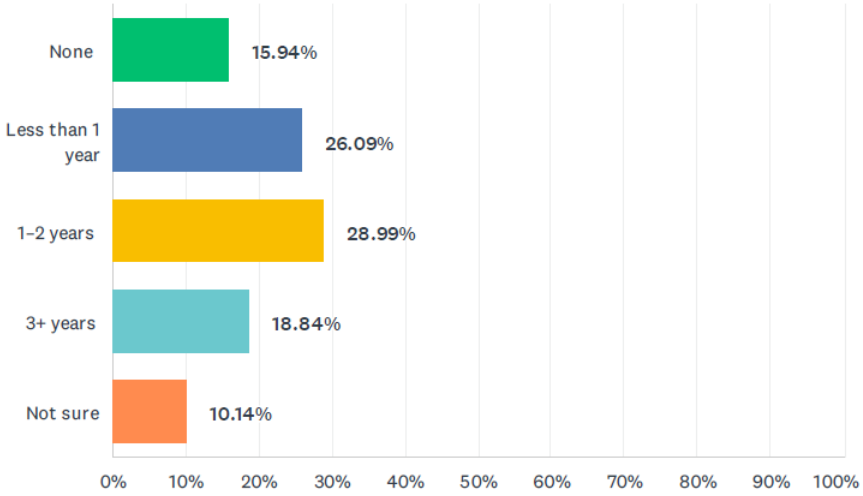
spoke to me about it other than producing a box of condoms. Education was all self-sourced".

When asked where they received their sexual educations, participants answered:



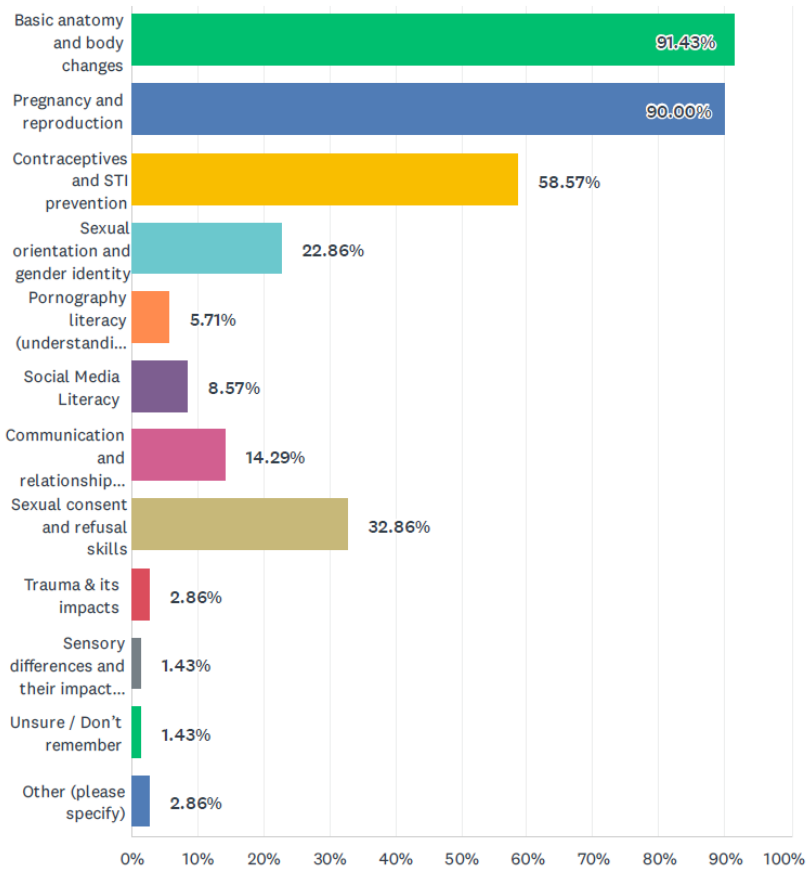
In school (65.7%), from parents (48.6%), from friends (23%), on the Internet (24.3%) and from siblings (4.3%). Other mentions included books, extracurriculars and one participant mentioned the Unitarian Universalist Association Lifespan Sexuality Education program. The reliance on multiple sources suggests gaps in systematic provision, forcing young people to piece together information from various, potentially unreliable sources. The significant role of internet-based learning (24.3%) raises concerns about accuracy and appropriateness of information accessed independently.

The amount of structured sex education received in school ranged from none to 3+ years with the majority receiving 1-2 years. This inconsistency suggests a lack of standardised approaches and potentially inadequate coverage of complex topics like consent. The variation likely reflects differences between educational settings and policy implementations across regions.



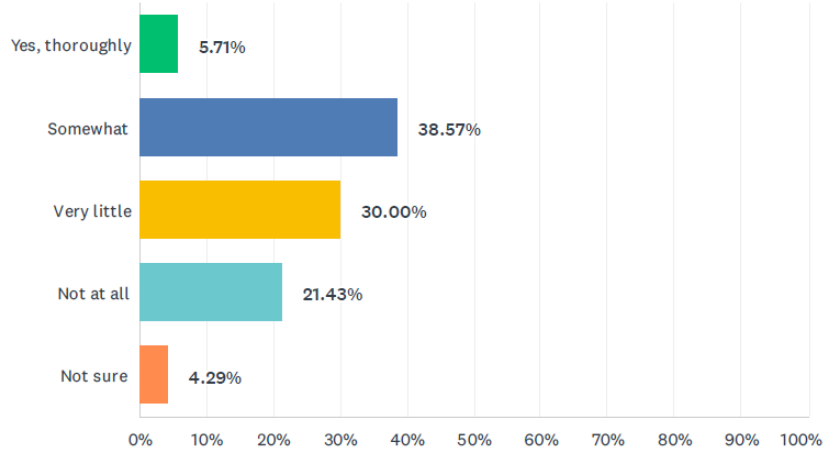
A striking 70% of participants rated their school's sexual education as unsatisfactory, indicating fundamental failures in current provision in delivering accessible information for Autistic people. This dissatisfaction suggests that generic approaches fail to meet the diverse learning needs and communication preferences of Autistic students.

Sexual education in school covered the following topics, as depicted in the Figure below:

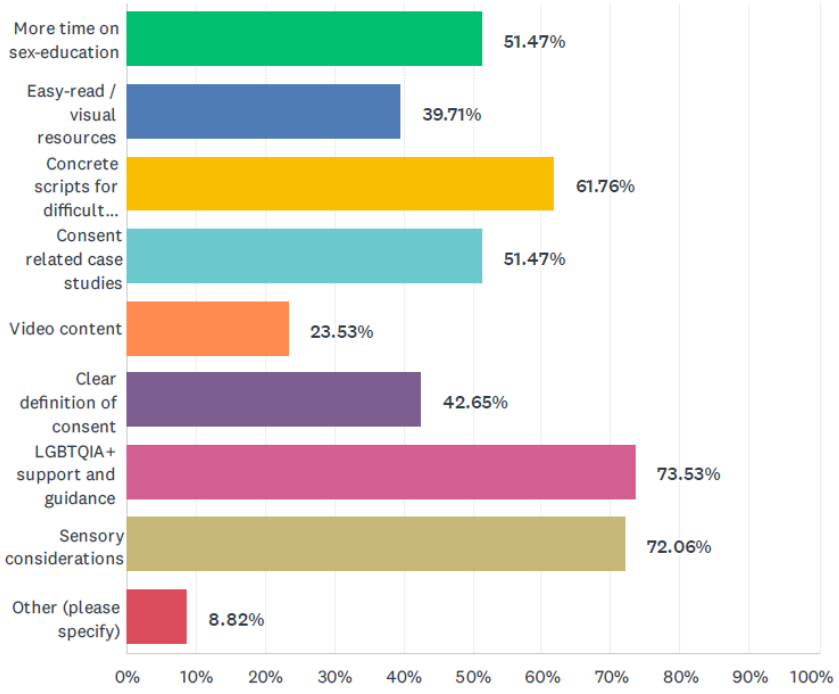


This comprehensive chart shows coverage of various topics, with basic biological processes receiving more attention than consent, communication, and relationship skills. Notable gaps appear in areas most relevant to Autistic individuals' needs: communication strategies, sensory considerations, and practical consent negotiation skills.

When asked if they felt that their sex education was accessible to them as an Autistic learner, respondents were not convinced, 68.5% said it was somewhat or minimally accessible for them, 21.4% felt it was not at all accessible, and 5% felt it was good. In contrast, when asked about whether they feel their sex education was inclusive to them as an Autistic student, 43% of participants said it was not inclusive at all and another 43% answered it was somewhat or minimally inclusive.



Important information that is according to survey participants still missing is depicted in the Figure below:

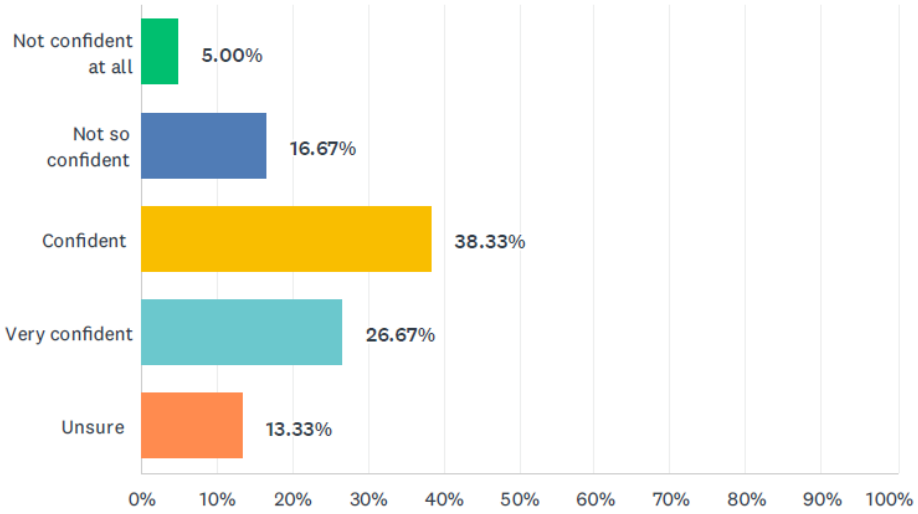


Survey participants added further comments where they pointed out critical gaps in current education, with high demand for information about communication strategies, recognising abuse or exploitations, sensory considerations, and diverse relationship types. Additional qualitative responses emphasised needs for:

- Private question opportunities rather than public classroom discussions
- Active/physical learning approaches with models and demonstrations
- Clear, comprehensive language avoiding innuendo
- Smaller group or one-on-one settings
- Visual representations and practical demonstrations

4.3 Knowledge & Understanding of Consent

When asked, "How confident are you in recognising when your partner(s) are consenting, either verbally or non-verbally?" participants responded as shown in the Figure below:

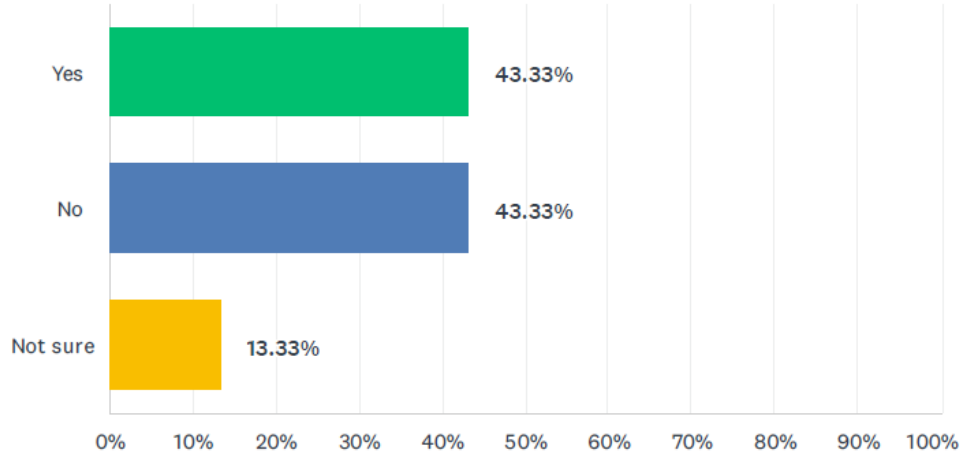


When asked about their preferred communication style for discussing consent, respondents indicated the following: 45.1% preferred explicit speaking communication only (e.g., "May I…?" "Do you want…?"), 3.2% preferred mostly nonspeaking cues (such as body language or facial expressions), and 46.7% preferred a combination of both explicit speaking communication and nonspeaking cues.

Confidence levels in recognising partner consent varied significantly, with responses distributed across all confidence levels. This variation suggests that while some Autistic individuals felt confidence in consent recognition, others felt less so. The spread of responses indicates a need for individualised approaches rather than assuming uniform capacity and preferences. It is also notable that all

young people should be learning about how consent communication is expressed in various modes, and not in one uniform format. A 'one style fits all' approach that centres in neuronormative communication therefore clearly disadvantage those who communicate differently.

When asked, if they ever found themselves confused about whether they or their partner was consenting, over 40% of the participants stated "Yes".



More detailed answers were provided in this regard, some of them depicted here:

"Being encouraged to perform activities I was feeling uncomfortable with because it was making the other person very happy and I didn't want to let them down. I guess this is an issue based on rejection sensitivity that I experience as an Autistic person."

"I don't know how to give consent, it's confusing."

"I was interested in getting into a bit more of a flirty mood with my partner at the time but was terrified they wouldn't reciprocate because I just couldn't read their body language, and I didn't want to hurt them or scare them."

"I wasn't given a verbal 'No' but body language seemed uninterested, so I asked directly."

"Sometimes the situation is overwhelming and that makes it difficult to read and understand someone else."

"But I just asked again to make sure."

"A lot of times I was pressured into it and was telling myself I was consenting and confirmed it verbally due to pressure. However, by my body language etc. it was clear I didn't want to and was uncomfortable."

"I have delayed processing. There have been situations where prior to the encounter I said I didn't want to do XYZ, but when asked during I have agreed but retrospectively realised that I was uncomfortable. I also have rarely been sober during sexual encounters because of anxiousness when sober."

"Sometimes I am unsure on whether I want to engage in sexual contact because even if I do in the beginning, I worry that if I change my mind halfway through because I become overwhelmed/overstimulated and want to stop it may upset my partner."

"I have sometimes agreed to things but only realised later that I wasn't ready and would have actually preferred not to do it. I haven't been confused on whether other people were consenting, since they initiated it."

"I have been confused after the fact about whether or not I have truly consented under the influence of significant amounts of alcohol. I have previously been confused when partners have withdrawn consent during sexual activity, but I understand this better now."

"I had ongoing issues as a young adult understanding how consent worked in action, particularly with the prevalence of drugs and alcohol in college. There were far few rules or scripts to follow from person to person, leaving me unsure about my own consent much of the time.

Was not sure if it was the right time to go in for a kiss - it didn't feel right to explicitly ASK but also felt unsure if it was okay to just read face cues."

"I felt conflicted with my mind and my body and before I could make a decision my partner made the decision for us. It was a healthy relationship in every sense, and I agreed with the decision but yes, I was confused as my mind didn't want to have sex, but my body did."

The above demonstrates the complexity Autistic individuals face in navigating consent situations and the critical need for sexual education to incorporate how consent is communicated in various formats, and not just in a neuronormative format.

Qualitative responses revealed specific barriers:

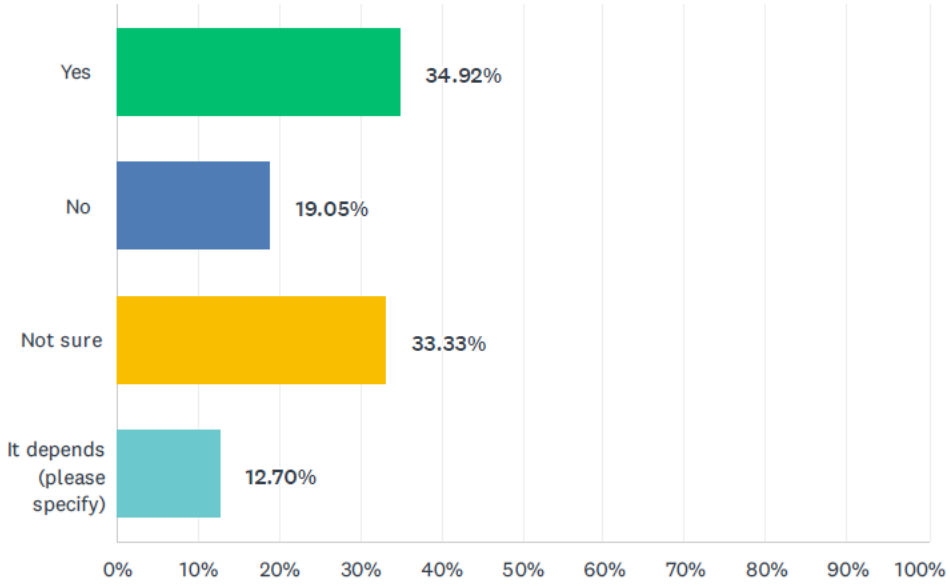
Rejection sensitivity leading to unwanted compliance: "Being encouraged to perform activities I was feeling uncomfortable with because it was making the other person very happy and I didn't want to let them down."

Processing differences affecting 'real-time' decision-making: "I have delayed processing. There have been situations where prior to the encounter I said I didn't want to do xyz but when asked during I have agreed but retrospectively realised that I was uncomfortable."

Sensory overwhelm impacting communication: "Sometimes the situation is overwhelming and that makes it difficult to read and understand someone else."

Participants were clear that they believe they can withdraw consent at any time, even if they already started a sexual activity, with 83.9% stating 'yes', absolutely. The remainder said it depends on the situation (8%), ~2% said they would be afraid once they started "you can't take it back". 6.5% of participants were not sure. However, the practical ability to withdraw consent was more complex, with responses indicating that confidence depends heavily on relationship dynamics, safety perceptions, and individual assertiveness skills. It is possible that the common Autistic experience of being required to mask impacts heavily in this regard.

When asked, if they feel that they personally would be able to withdraw consent during a sexual activity if they no longer wanted to continue, ~ 35% of participants answered "yes," while the remaining 65% were unsure or disagreed.



Survey participants who selected “it depends” offered additional information, which is outlined below:

“It's difficult to do so when you think you'll upset your partner.”

“Depends on whether I feel there will be a negative reaction or if I think I can just 'deal' with it.”

“I believe that I have the skills to do that in theory, but it depends on the person I'm with and how comfortable I am with them.”

“Depends on if I feel safe to do so.”

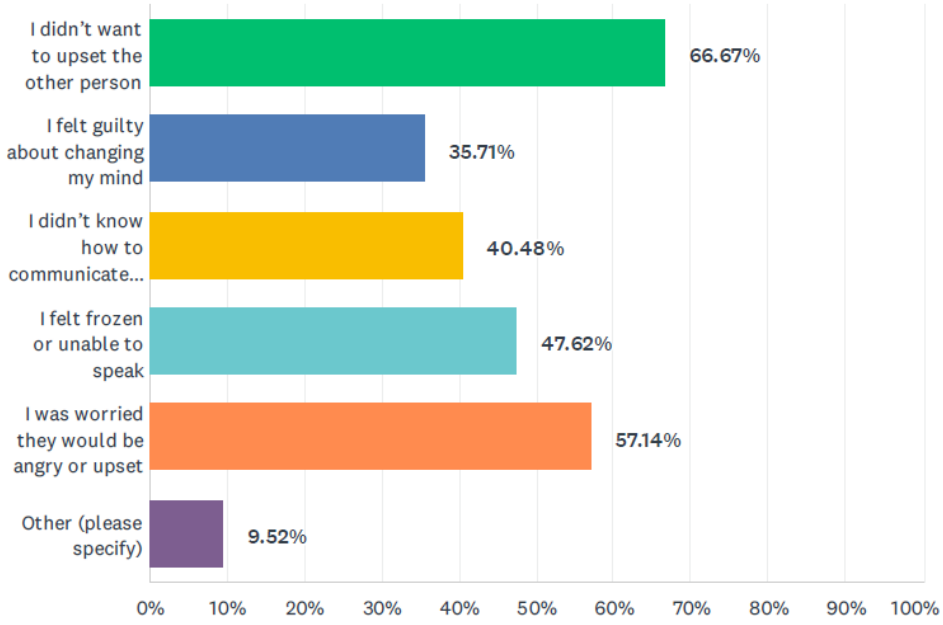
“In my current relationship yes but when I was younger and less experienced, I think I might have found it more difficult especially if sober.”

“With my current partner, absolutely. In the past, there have been many situations where I felt totally unable to do so.”

When participants were asked if they ever continued a sexual activity because they felt guilty, obligated, or unsure how to say no or stop. 65% of participants answered ‘yes’, 21.7% stated ‘no’, they did not continue, and the remainder was not sure or preferred not to say it. A concerning 65% of participants reported continuing sexual activity despite feeling guilty, obligated, or unsure how to stop. This statistic reveals significant vulnerability and highlights the unique barriers Autistic individuals may face in feeling safe to communicate their needs.

Participants’ primary reasons for unwanted continuation of sexual experience included:

- Fear of hurting partner's feelings (most common).
- Uncertainty about how to communicate boundaries.
- Feeling obligated due to relationship expectations.
- Sensory overwhelm impacting communication.

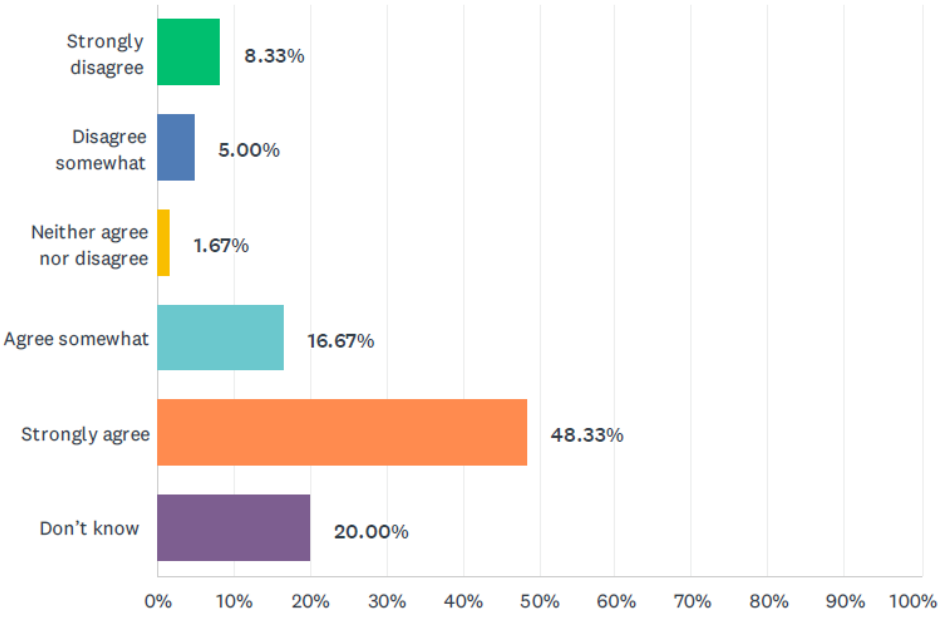


Participants had the opportunity to specify their main reasons they continued a sexual activity and wrote:

"I withdrew consent verbally, but they didn't stop."

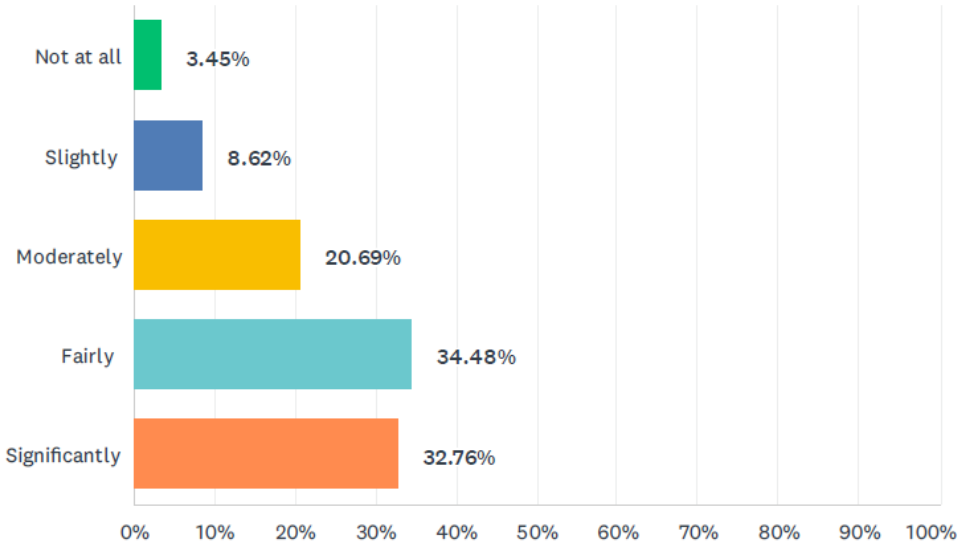
"If I had asked to stop and they kept going, that would have been more upsetting than just not asking."

"I was worried that they would harm me further if I tried to stop them."



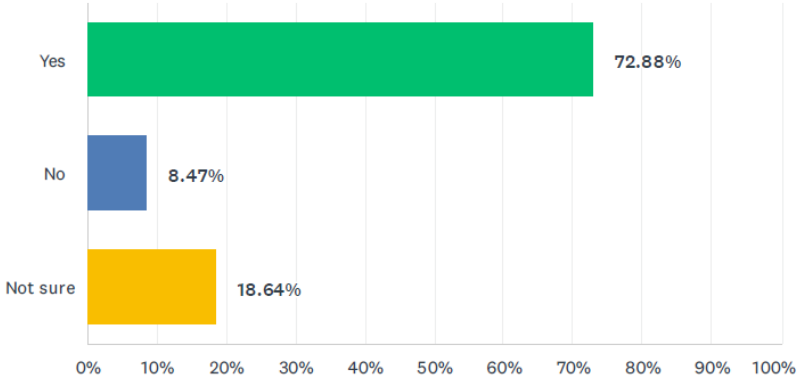
4.4 Sensory and Communication Factors

Participants were asked to what extent do sensory processing patterns (e.g., touch, smell, sound) influence your comfort level in sexual or intimate situations, with over 32% of participants reporting this as significant.



When further asked, "Have you used (or would you consider using) sensory supports or adaptations to make intimate situations more comfortable?", 61% stated they would consider using sensory supports or adaptions but haven't tried so far. 15% think it is not necessary for them. 11.8% do have experience with it in the form of for example certain lights, headphones, etc. Sensory processing patterns significantly affected comfort levels for most participants, with most reporting substantial impact on their intimate experiences. This data confirms that sensory processing differences are central considerations in consent education and intimate relationship development.

On the topic of processing of information in the environment, a substantial 73% of participants reported they need extra processing time to express needs or boundaries in real-time.



Qualitative responses for the need of extra processing time elaborated on specific barriers:

"In general, I've been bad at standing up for myself even if I have been wronged and often, I feel my needs have less value than others."

"Never had sex mainly because I am so terrible at communicating in real time like that. I tend to just completely freeze from overwhelm even at the slightest of touches. But yeah, in real life outside of sex I definitely have been in situations where I've been unable to say how I feel and communicate it to the other person because I realise too late how I feel."

"Sometimes I get distracted or my mind wanders."

"And then my partner thinks I'm not invested or interested."

"On my first ever date, because the other person was Autistic, he didn't seem to realise how much he was pushing boundaries with constant flirting and touchiness after only just meeting me. I didn't put up boundaries despite my discomfort so as to not upset him, but once he tried to kiss me at random, that's when I put up physical boundaries and gently pulled myself away from him."

"I often find myself just going along with things without realising what's actually happening."

"Especially for woman, wanting to go slow can be a bit looked down on."

"I sometimes shut down during sensory overload and can't really speak."

"Sometimes I don't know why I'm overwhelmed, and I need processing time in order to know and then address it."

"There are certain things I'm uncomfortable with and when it happens, I'm too overwhelmed/anxious to say no enough to make them stop."

"Often, I need more time to decide or check out the risks of a sexual encounter."

"In the moment I'm not sure what I'm feeling, I can't tell nervousness or excitement or fear apart very easily, and I often don't notice even if I am scared. I would need more time to think about it, but in that situation the other person would want an answer quickly, so I say whatever is easiest."

"Sometimes I begin to feel uncomfortable and need some time to figure out what is wrong. It can help when my partner talks through it with me."

"It's very hard to recognise the line between enjoyable, unpleasant, and too overwhelming during sex. It makes it quite difficult to take the time to learn your likes and dislikes, because you don't want to risk being overwhelmed or having a meltdown and having to explain what's going on to your partner."

"[I] have continued a sexual encounter because I didn't want to bother the other person."

"Sometimes I find it hard to explain what I'm comfortable with in an easy-to-understand way. Or try not to dampen the mood so try phrase my boundaries in a hot way to still keep things going."

"I find it difficult to reach a decision and have conflicts inside my own head. This makes it difficult for me to realise what I want and sometimes the decision is made for me before I know it."

"Often when I am uncomfortable or experiencing sensory overwhelm, I have difficulty identifying what the cause is at the time and am only able to identify the source of the problem later when I am no longer feeling overwhelmed. I also have difficulty communicating my needs when experiencing any kind of overwhelm as it becomes very difficult to structure my thoughts into something I can communicate that will make sense. The best I can usually manage is to communicate I need to stop or be alone and then later I am usually better able to communicate my needs or boundaries."

"I met up with an ex shortly after breaking up and we agreed to remain friends. I was not expecting things to become sexual at all because we had explicitly said it wouldn't. When it did, I froze."

"Sometimes my body knows I'm not comfortable or something is wrong but it takes my brain longer to catch up and so I can't communicate it in time, and I often get to a point of complete overwhelm which results in tears and upset."

"I always ask for a minute or two to consider what I'm feeling, or to talk it out with my partner."

"Just things move quickly."

"I've been slowly getting intimate with someone, and they tell me to do something, but I freeze, or do it then stop or panic because I've not properly processed what was happening. It's led to me doing stuff I never wanted to do."

When asked if participants ever found it difficult to express needs or boundaries in real time because they needed better understanding from the partner of their communication, 61% of participants answered "yes". This need extended beyond personal expression to requiring more explicit communication from partners and practical examples for navigating intimate situations.

Further explanation was offered by some participants:

"A lot of people rely on body language. I overcomplicate body language to compensate for my lack of innate knowledge of body language, usually thinking someone is upset with me and staying quiet. I really prefer straight forward and blunt language."

"When I'm overwhelmed, verbal communication suffers. So, I stop, ask for time and promise I'll explain when I can. Because next time, maybe that person can suggest what would help."

"Sometimes I'm not sure how to translate what I'm feeling into words, or I don't have the right words to say anything."

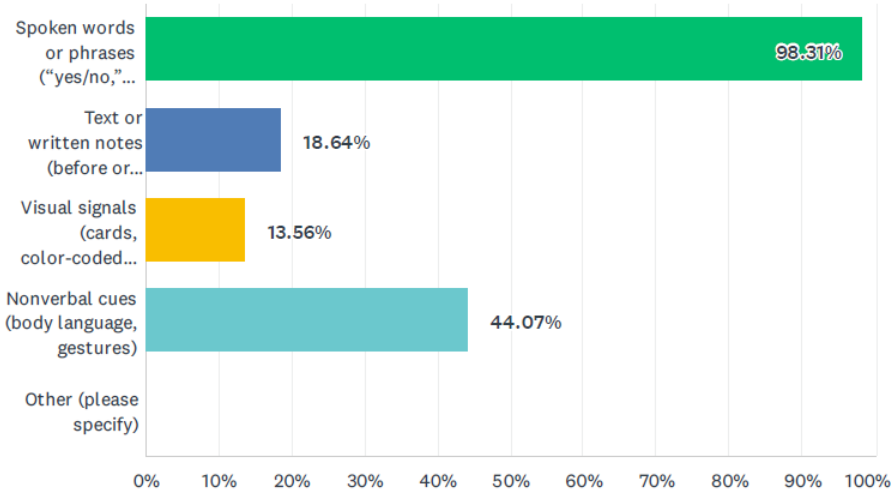
"I find it difficult to express needs because I am very blunt and partners can take this as criticism of their skills."

"Wanting to know what to say is made so difficult when sensory issues are introduced. There's so much you end up trying to keep an eye on that it becomes difficult to even speak or think of something to say."

"I have had to take a minute out to clear some confusion verbally, or to talk something out with my partner."

"Some people use mostly nonverbal communication, and I find that really hard to understand."

When asked about what modes of communication they prefer for clarifying desires or boundaries, 98% of participants answered spoken words or phrases. Multiple answers were welcome for this question, depicted in the figure below:



Spoken words and phrases were overwhelmingly preferred (98%), followed by written communication, visual supports, and communication devices. This preference for explicit verbal communication aligns with earlier findings about communication style preferences and supports recommendations for direct, unambiguous consent education approaches.

4.5 Perceptions and education moving forward

As depicted in the table below, survey participants were next asked to rate how important they think it is for sexual education to:

	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
Explicitly teach how to interpret verbal and nonverbal consent for all	0.00% 0	10.00% 6	90.00% 54
Address sensory preferences (e.g., using sensory tools or discussing comfort boundaries)	1.69% 1	45.76% 27	52.54% 31
Have a teaching script for starting and having a conversation on consent	1.67% 1	28.33% 17	70.00% 42
Include examples of different relationship types (LGBTQ+, polyamory, etc.)	3.33% 2	10.00% 6	86.67% 52
Cover how to identify and respond to potential sexual trauma or abuse	0.00% 0	6.67% 4	93.33% 56
Provide ongoing support or resources in young adulthood, not just in teen years	1.67% 1	18.33% 11	80.00% 48
Provide information around Sexual Consent and the law	0.00% 0	13.33% 8	86.67% 52

When asked if they have ever sought or received extra information or counselling specifically about consent and sexual health (beyond basic school classes), 58% of survey participants stated that they had not done so. 20% had consulted a counsellor or therapist. 8% received extra information from peer or online support groups, from medical professionals or specialised educators. Others reported they had received information from their parents, had sought out online information on these topics. One person stated that they didn't seek

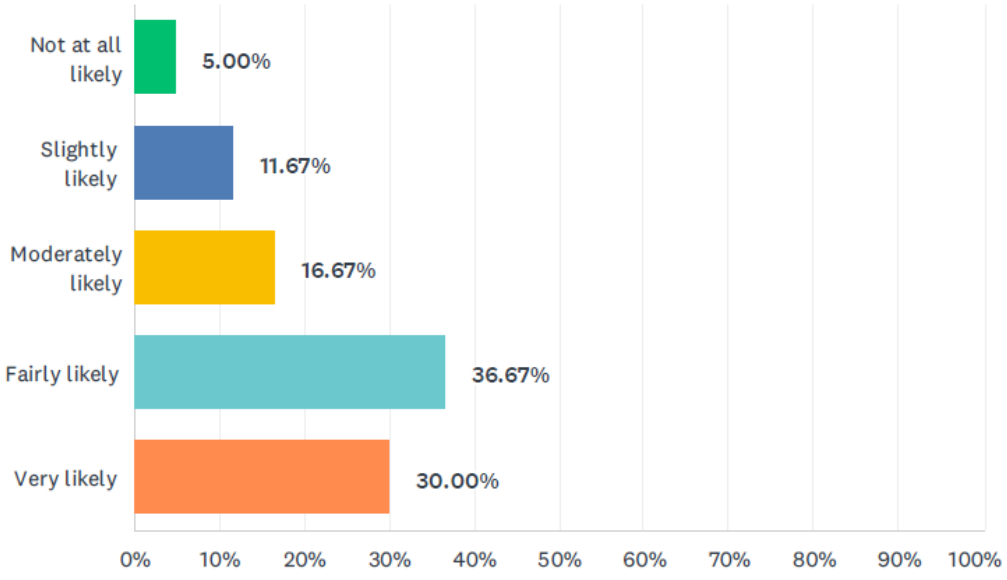
the information, but the conversation came up with a therapist because they had been assaulted.

Participants rated various educational features, with high importance placed on:

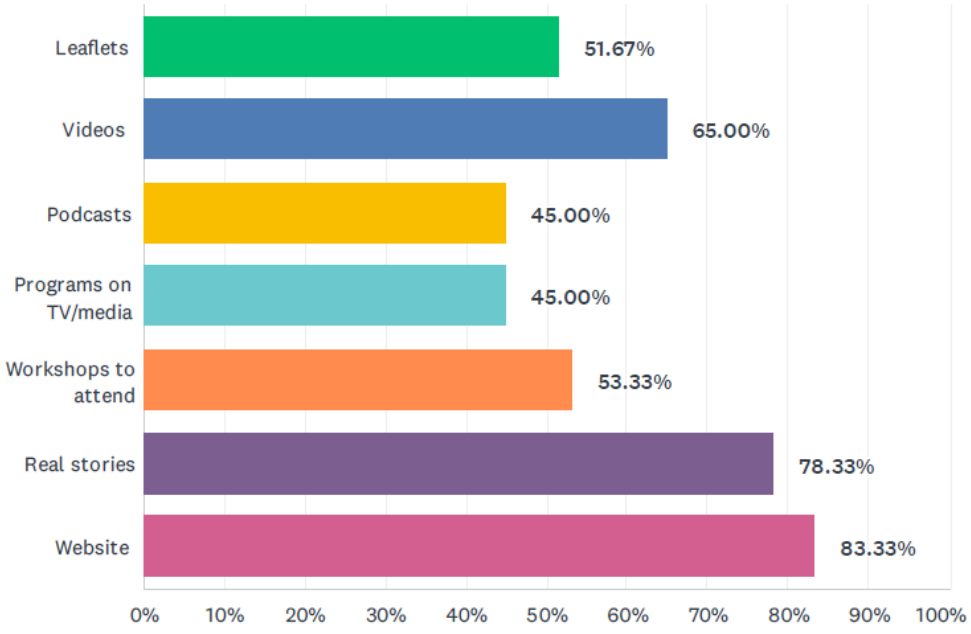
- Clear, direct communication instruction
- Information about recognising abuse and manipulation
- Sensory considerations in intimate situations
- Diverse relationship and identity representation
- Practical communication scripts and strategies

When survey participants were asked, *"If resources for more in-depth, autism-accessible sexual education were freely available, how likely would you be to use them?"*

There was strong interest in Autism-accessible sexual education resources, with most participants expressing a likelihood or high likelihood of using such resources, if available. This desire to have information that is accessible and inclusive reflects an unmet need and reinforces the requirement for a change in how information on the topic of consent is currently presented to Autistic people.



As depicted in the Figure below, preferences varied across multiple formats including online resources, printed materials, workshops, peer support groups, and individual counselling. This diversity suggests the need for multiple delivery modalities to accommodate different learning preferences and comfort levels.



We finally asked participants if there was any advice they would give to educators designing sexual education for Autistic people. Responses included:

"Offer different degrees of openness for different events with several attendees. Search "radical openness". Some Autistic people prefer that, and then there is a more closed and private style others would prefer, especially those with stigmatised identities or conditions."

"I think that they should reach out to Autistic adults for their insights as I think it is irresponsible to make resources for Autistic people without understanding their perception of different matters."

"Just that everyone is different. For example, I want to have sex but never have, but I have a friend who is also Autistic, and sex repulsed and another friend who is Autistic and has sex multiple times a week with different people. But even further than that, even what sex is varies from person to person, there's not one thing that is sex or one way to do it. There are some books that I would recommend about Autism that mention sex. One is called 'Unmasking for life' by Devon Price. This book I think really helped me understand consent and how sex and Autism go together very well."

"Keep in mind Autistic adults are still adults."

"Learning to recognise predatory behaviours. In my opinion Autistic people are more likely to be taken advantage of sexually compared to the neurotypical population. I've had difficulty identifying behaviours like that myself in the past and I feel there should be an emphasis on that sort of thing."

"Try to include all types of Autistic people from both ends of the spectrum as much as possible, because from my experience in other areas, I find that whenever people do something for Autistic people it just caters to those with low support needs, and with that, it often leads to glorification of Autism, claiming it's just a different ability and ignoring that it can be disabling for some people and that not every Autistic person actually agrees with that statement, so it's important to acknowledge that it can be a genuine struggle being Autistic, and discuss how it can impact them navigating sex and relationships."

"That there is a high crossover between autism and LGBTQIA+ people and that needs to be accounted for."

"We experience relationships of all kinds so much differently. That means social relationships AND relationships with our own body."

"To embrace sexual joy and the benefits of a good sex life, while also holding space for the mixed feelings it can cause."

"Get input from Autistic educators."

"People with Autism are as diverse as any other group. Verbal, aural, visual processors etc. Maybe the process needs to have more processing time, but multiple engagement pathways are necessary."

"Exploring intimacy and boundaries with a non-Autistic partner. It may not make sense to them in the way it does to us."

"Gentle and clear communication, trigger warnings for mention of lack of consent/SA."

"Please don't infantilise us."

"Teachers try to make things clear but sometimes they don't know what they are talking about".

"When talking about consent, don't just be like "consent is important" and leave it at that, but explain properly what that means, and explain that if someone does sexual things to you without your consent, that is wrong, and then actually take it seriously and try to give people support and help when they come forward about traumatic experiences. And just generally give more specific information about everything and clarify that people use different words for the same things, e.g., explain both the technical terms and slang terms for body parts. Try to answer questions people have about any of it."

"Please consult a group of Autistic people that covers a wide array of support needs, ages, genders, orientations, etc. Also please use clear and comprehensive language and don't rely on innuendo or intuition for understanding when explaining something that might be "awkward"."

"Including a variety of Autistic people in the process would be vital - there's no one size fits all for the Autistic community, so figuring out a truly flexible and accessible way to introduce this education is key."

"I believe visual explanations are necessary and items that can be interacted with and get the class to be involved is important to me to allow everyone to understand, for example, how to put on a condom and practice on said model or object. To be able to part-take in role plays of what consent and non-consensual sex is. Also understanding the word sex what it means and how sexual acts or intents that are not consensual are just as bad. Showing students different helplines for such cases is also extremely important and giving them it on a leaflet or little card that they have it in a physical form too."

"Let the educators be Autistic- they have first-hand experience."

"Define abstract constructs as concretely as possible, like FRIES for consent."

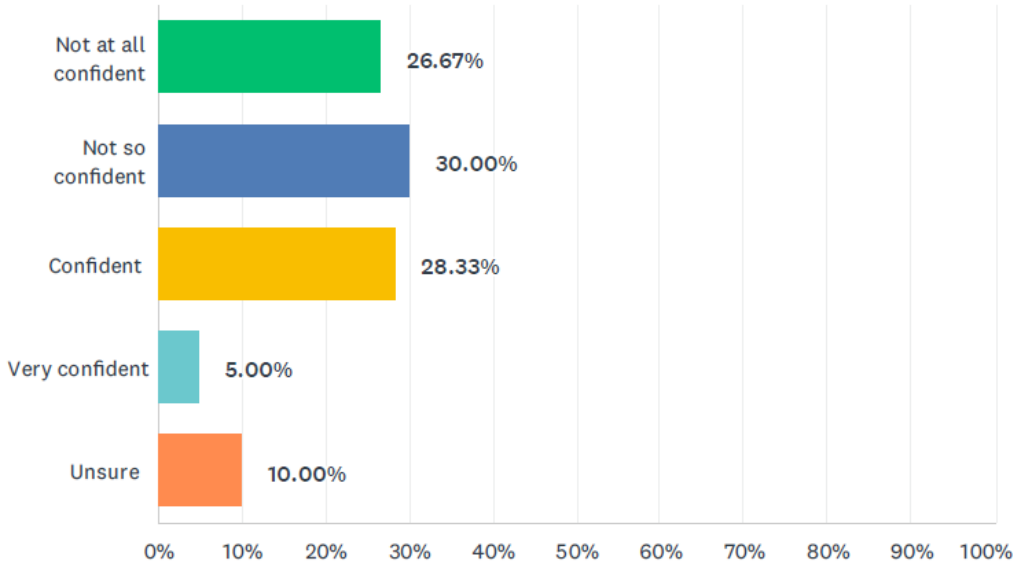
"Be explicit in your wording and direct to the point. The more straight forward and factual the better."

"Not a one size fits all approach."

In summary, survey participants' recommendations for educators included:

- Consulting directly with Autistic adults in resource development
- Using clear, comprehensive language avoiding euphemisms
- Including diverse identities and relationship types
- Providing practical social scripts and communication strategies
- Recognizing individual differences within the Autistic community
- Including information about recognising predatory behaviour
- Ensuring materials are accessible across different support needs

To explore understanding of consent in digital contexts, participants were asked how confident they would feel responding to situations involving the sharing or receiving of intimate images online. Although a few participants felt confident, most described only limited or low confidence in managing such situations appropriately.



This finding suggests a particular vulnerability in digital environments and need for specific education about online consent and safety.

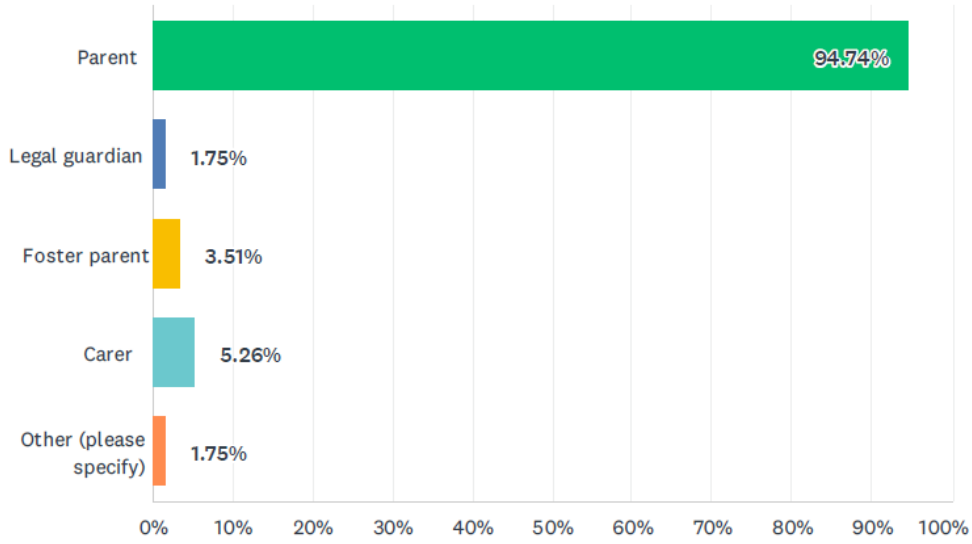
5. RESULTS FROM THE SURVEY OF PARENTS AND GUARDIANS OF AUTISTIC CHILDREN

It is important to equip today's children and young people with accurate, accessible information about relationships, consent, and sexuality. Doing so ensures that we learn from the experiences shared by the young Autistic adults in this study, whose testimonies highlight the consequences of inadequate or inappropriate education in the past. By applying these insights, educators and policymakers can better support future generations to navigate relationships safely, confidently, and with respect for themselves and others.

We asked parents and guardians of Autistic children to partake in a survey. It should be noted that parents and guardians who chose to partake in the survey may have had a particular interest in the topic, which could influence the perspectives shared.

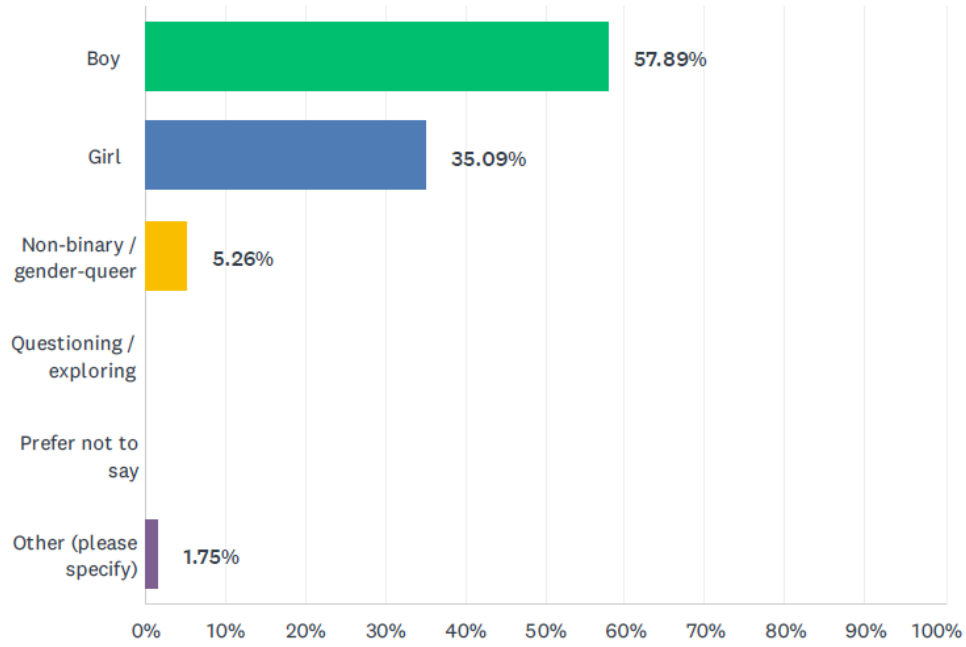
68 parents/guardians of Autistic children participated in the survey. 47 questions were asked, of which five were free text. Again, as answering questions was not made mandatory, the numbers of participants who answered each question differed and ranged from 28 to 56 answers per question. This diversity reflects the varied family structures supporting Autistic children and the importance of inclusive approaches to family-based consent education.

5.1 About you and your child



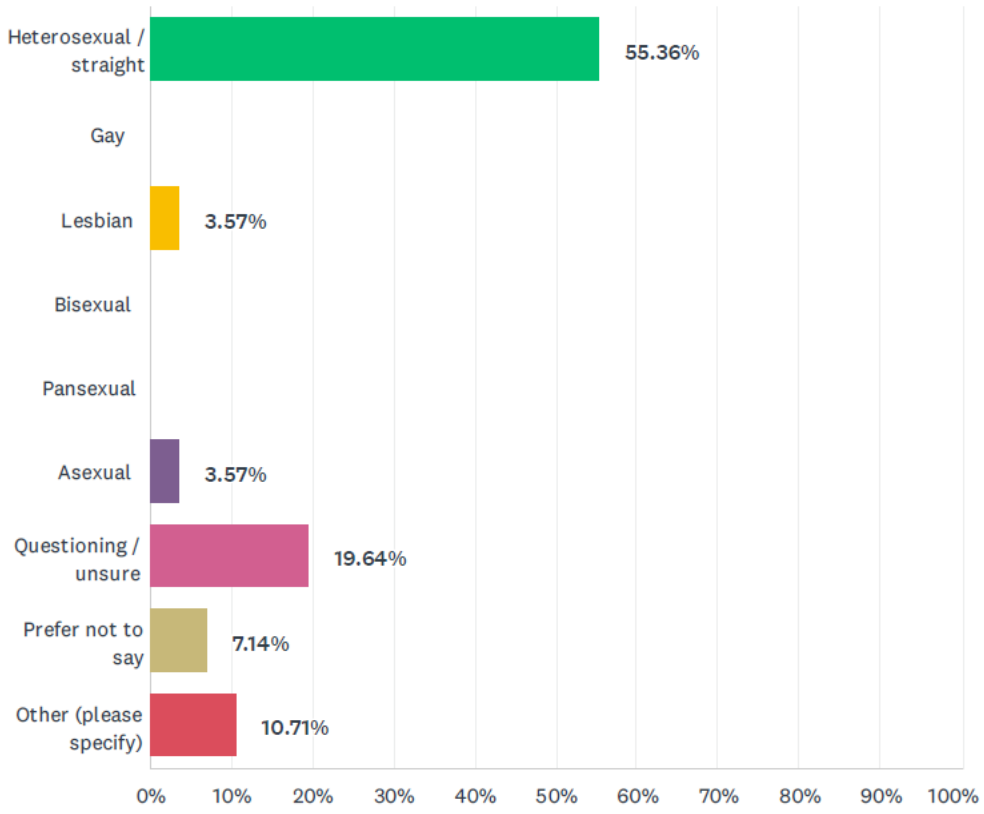
The Figure depicts the relationship of the parents and guardians with the children.

Children's age ranged from children being age 9-10 years (19%), 11-12 years of age (17.5%), age 13-14 (24.5%), and 15-17 years of age (38.6%). This distribution captures families dealing with both early adolescent development and later teen years when romantic and sexual relationships become more relevant.



Almost 60% of children were boys, 35% girls, 5.3% of children are non-binary/queer.

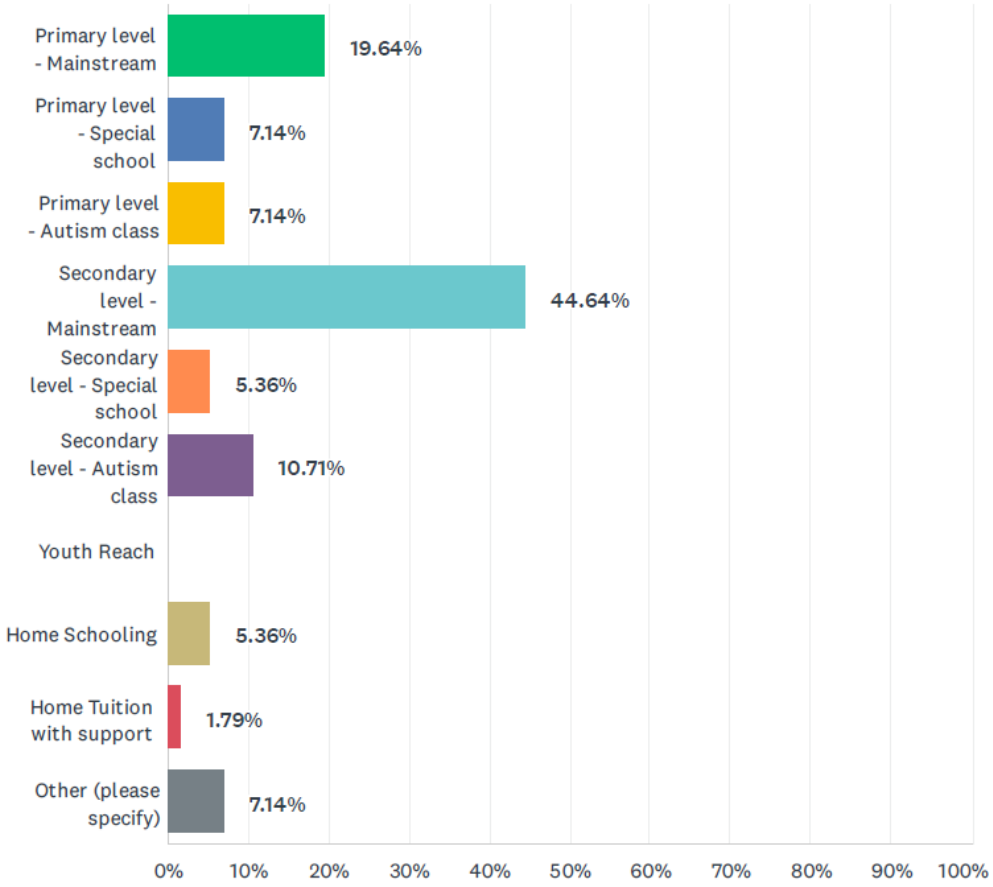
Parents/guardians reported that 55% of their children identified as heterosexual, while 20% were at this stage questioning or unsure of their children's sexual orientation. This highlights the importance of inclusive approaches to gender identity in consent education.



96.4% of children are living with their parents/guardians, one child is living with other family members, and one child is in residential care.

Reportedly, 94.6% of children referred to by parent/guardian participants are Autistic, 10.7% have an intellectual disability. Other diagnoses ranged from ADHD, DCD, Dyslexia, Dyspraxia, CPTSD, gifted-WISC to Epilepsy, Tourette, Bipolar disorder, Diabetes, Severe anxiety, Mental health problems and Tics.

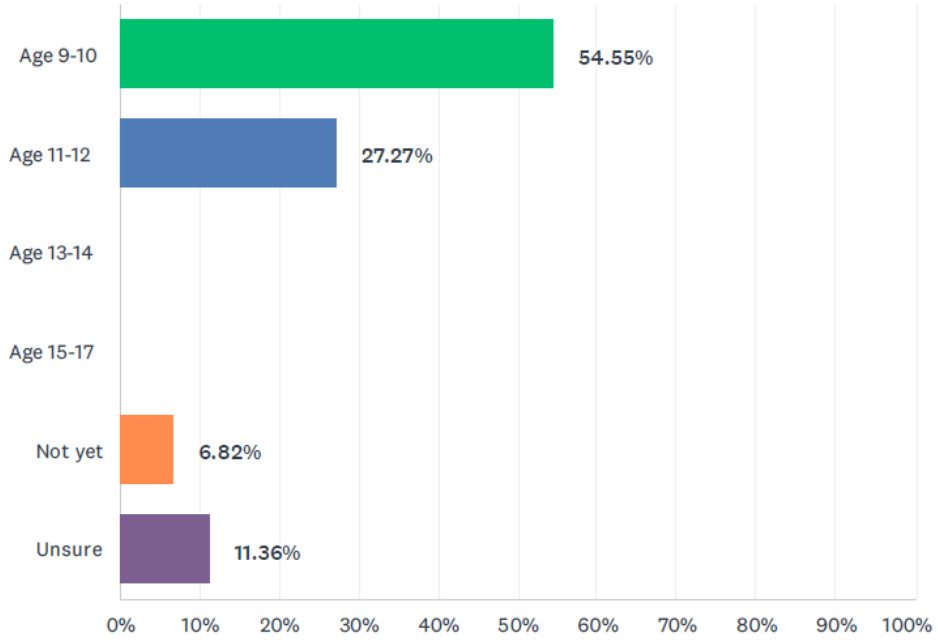
Children attend several different forms of education:



92.7% of children are educated at school, while 7.3% of children receive education at home.

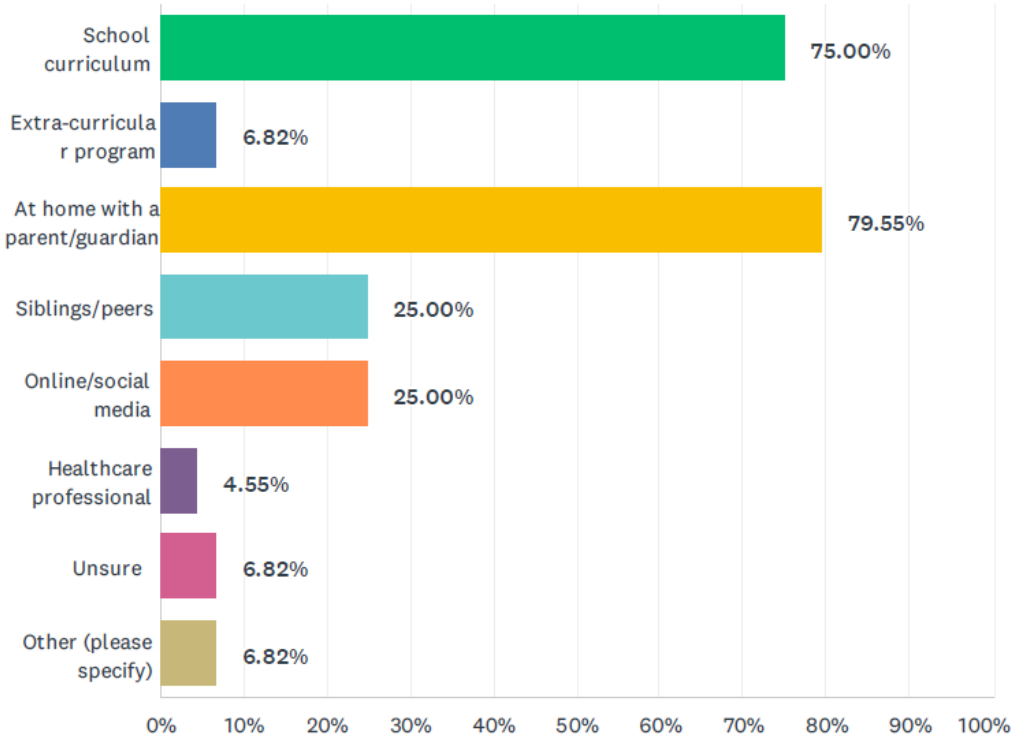
5.2 Sexual education background (parents/guardians view)

When asked at what age the child(ren) first received any formal or informal sexual education, parents and guardians stated:



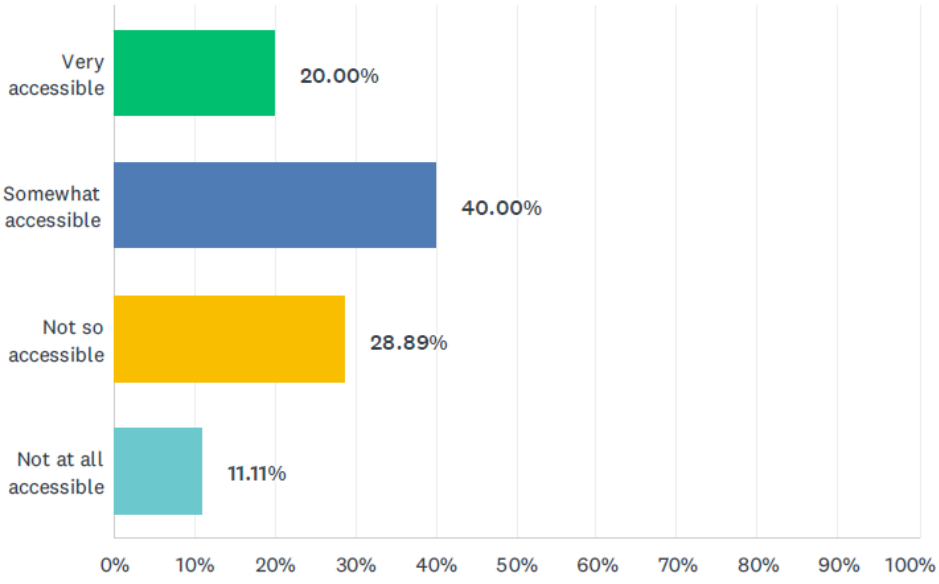
Children typically received their first sexual education between the ages of 9 and 12, with most receiving some form of instruction by early adolescence. However, the wide variation in timing suggests a lack of systematic and developmentally appropriate provision.

According to parents and guardians, children learned about sexual topics primarily at home (80%), followed closely by school curriculum (75%).

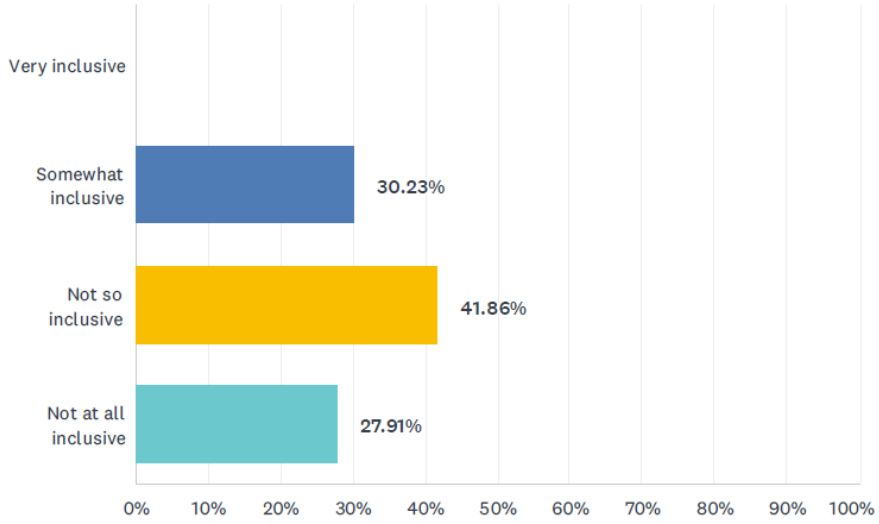


Children reportedly received 1-2 years of structured sexual education in school (26%), 22% received less than one year, 18% have not received any sexual education in school, whereas 13% received more than three years. This dual approach suggests both the recognition of school limitations and family commitment to comprehensive education.

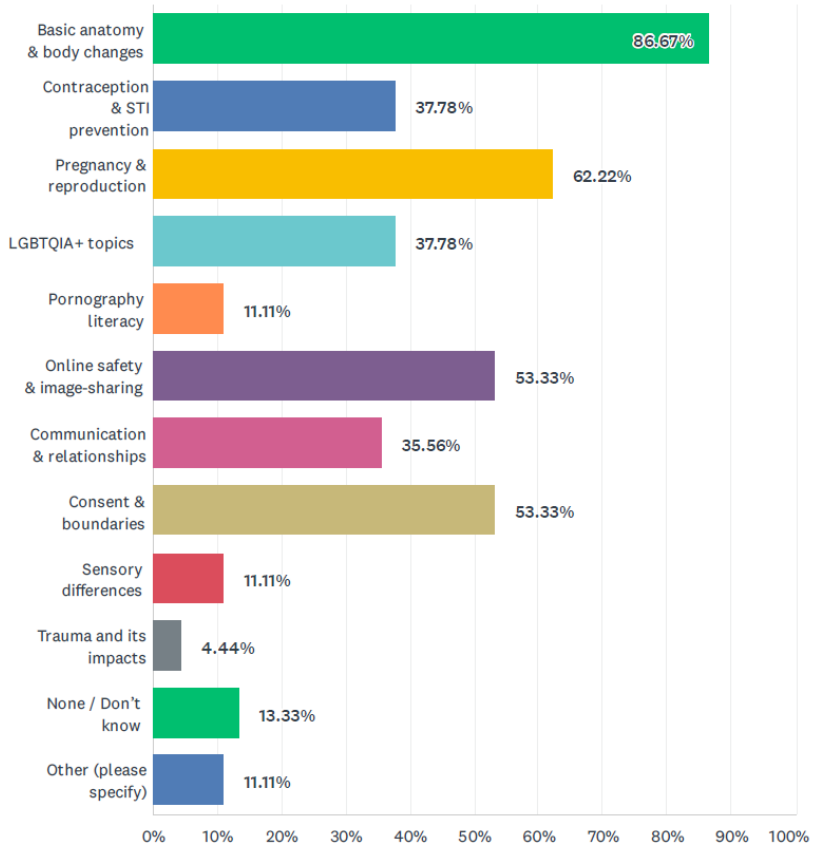
When asked how accessible sexual education has been for the child, parents and guardians responded:



In contrast, when parents/guardians were asked how inclusive or Autism-affirming the sexual education had been, none rated it as very inclusive (0%). Although a small proportion viewed it as somewhat inclusive, most parents or guardians (70%) indicated that it was not very inclusive or not inclusive at all. This inconsistency indicates significant gaps in educational provision.



Parents and guardians reported that their children have received education on the following topics:



Parents/guardians reported variable coverage across topics, with basic biological information receiving more attention than areas such as communication of consent, consent negotiation, and relationship dynamics — topics that are especially important for supporting mutual understanding in interactions involving Autistic individuals. Reporting on conversations at home parents and guardians stated:

"I have always tried to keep the conversation about bodies, anatomy, Internet safety age appropriate at all stages of development. Now as my daughter is growing naturally, she is more aware and less open to discussion with her mother. In saying that I am aware consent is a huge concern as many Autistic people have a higher likelihood of been sexually assaulted or coerced. I do worry for her."

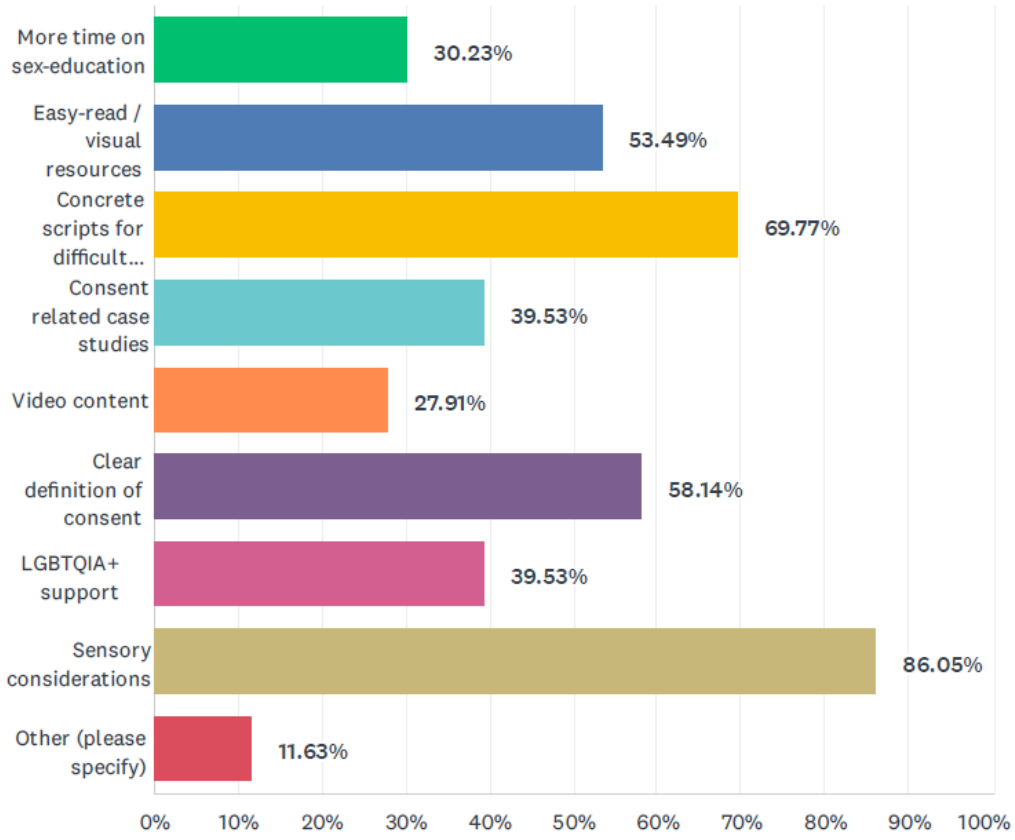
"In person safety...'stranger danger'."

"I give all this info at home so haven't asked about school to be honest."

"Not too sure, it was never mentioned from the school what they learnt."

"I don't know exactly."

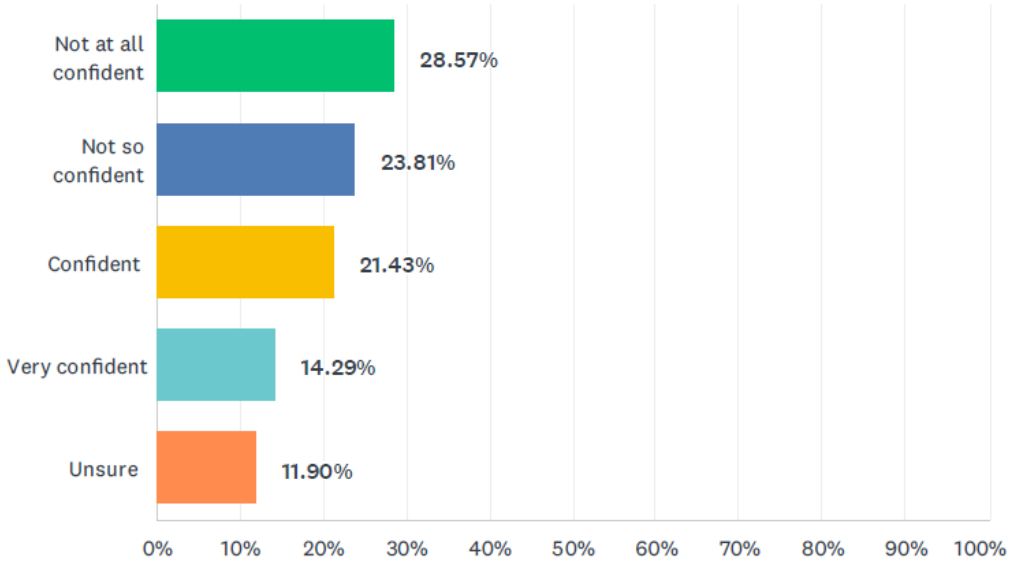
However, participants felt a lot is missing when it comes to sexual education for their child. Parents and guardians are looking for:



Additional comments highlighted several missing areas, including guidance on discussing pornography, recognising warning signs in sexual relationships, understanding coercive control, and addressing gender identity differences.

5.3 Knowledge and Understanding of Consent

When asked how confident their child is in asserting their own boundaries or needs when it comes to non-romantic relationships, there was a wide variety of all levels of confidence in this reported.



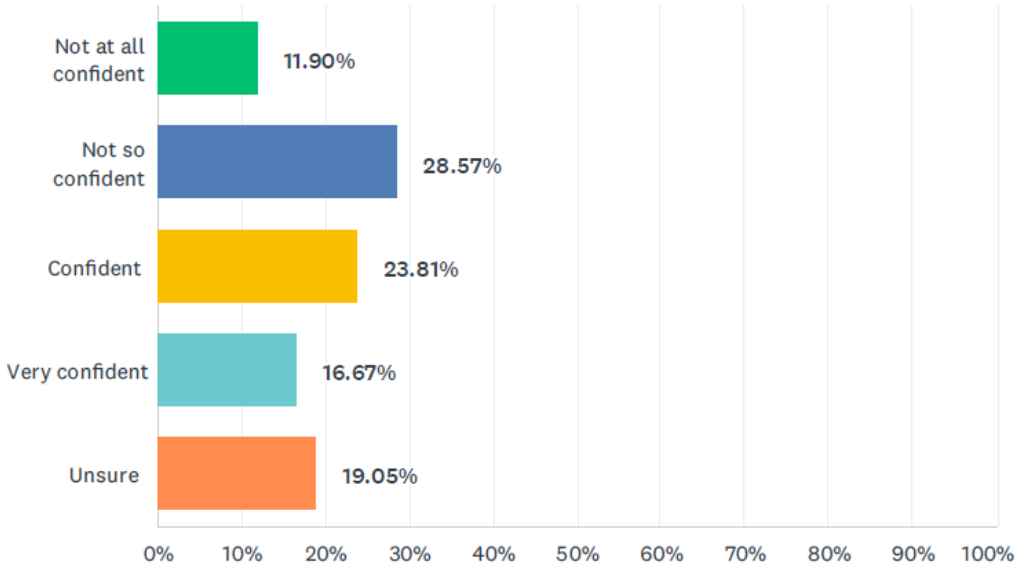
Parents and guardians identified critical gaps including:

- Practical communication strategies
- Recognising and reporting abuse
- Understanding healthy vs. unhealthy relationships
- Sensory considerations in intimate situations
- Diverse identity representation
- Specific Autism-informed approaches

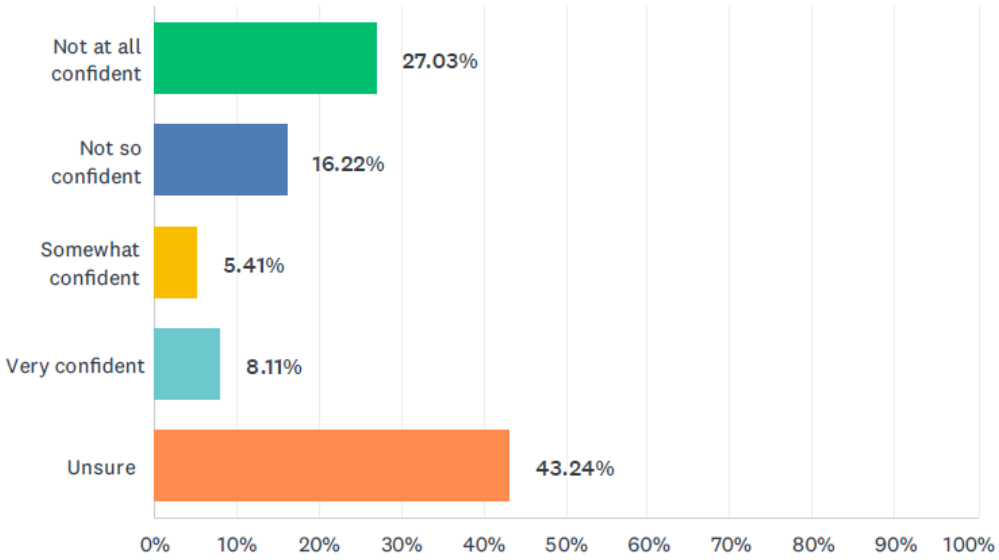
When asked how confident their child is in asserting their own boundaries and needs when it comes to romantic relationships, more than 40% of parents/guardians were unsure and another 40% stated their child is not at all confident or not so confident.

Parents and guardians reported wide variation in children's confidence asserting boundaries in non-romantic relationships, with responses distributed across all confidence levels. This variation suggests individual differences in assertiveness skills and highlights need for individualised support.

Parents and guardians were asked to rate how confident their child is in recognising when another person does not wish to engage in physical contact (e.g., hugging, kissing, or touching). Their responses were as follows:

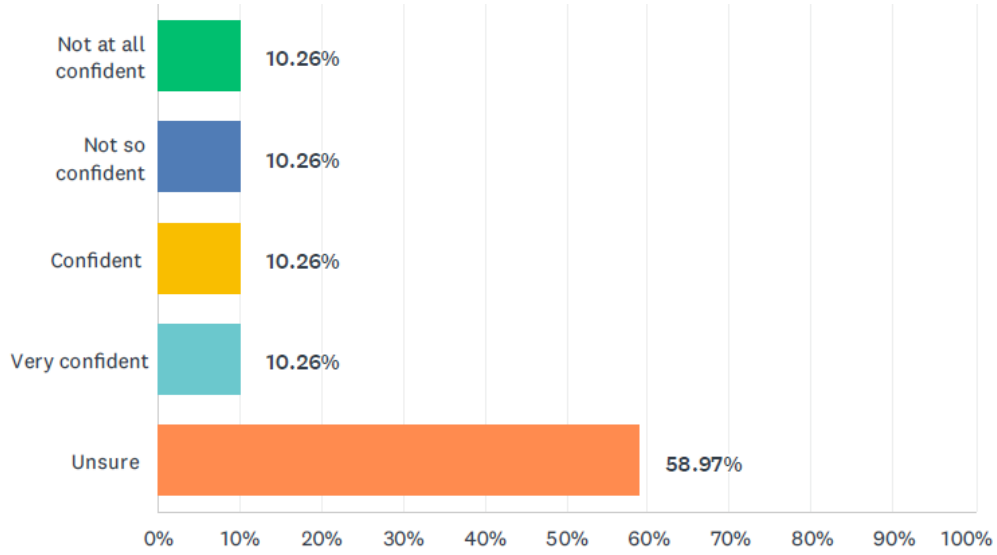


Confidence in children's abilities to navigate romantic relationships was notably lower, with over 40% of parents/guardians unsure and another 40% rating their child's confidence as low. This uncertainty may reflect both parents' and guardians' concerns about their children's vulnerability in romantic contexts and the fact that many children were not yet at an age where parents/guardians could confidently assess these abilities.



When asked how confident their child is in recognising when someone does not want to engage in romantic or sexual activity, parents and guardians reported

mixed levels of confidence. Participants' answers showed a wide distribution, suggesting that while some children have developed these skills, others may encounter double empathy barriers in communication. These findings underscore the importance of consent education that is accessible, explicit, and responsive to individual needs, supporting all children develop the skills to recognise and respect boundaries in romantic and sexual contexts.



When communicating consent, 62% of parents/guardians participating in the survey reported that their child would use speech in full sentences. Other preferred communication methods included verbal conversations using short phrases or words (45.2%), writing (12%), visuals (9.5%), and communication devices (7.4%). Additional responses mentioned physical cues (e.g., pushing back), text messages, or uncertainty ("I have no idea").

52.4% of parents and guardians do report their child has never expressed confusion about consent, 35.7% are unsure but 11.9% of parents/guardians do report that their child has expressed confusion about consent.
Reasons for this reported by some parents/guardians are:

"She is very aware of her likes and dislikes and very vocal about this. She is learning to advocate for herself. She is not as understanding or aware of other's needs at times though."

"Unsure when it was appropriate to touch someone's clothes for sensory input. Liked to hold hands and wouldn't always ask first."

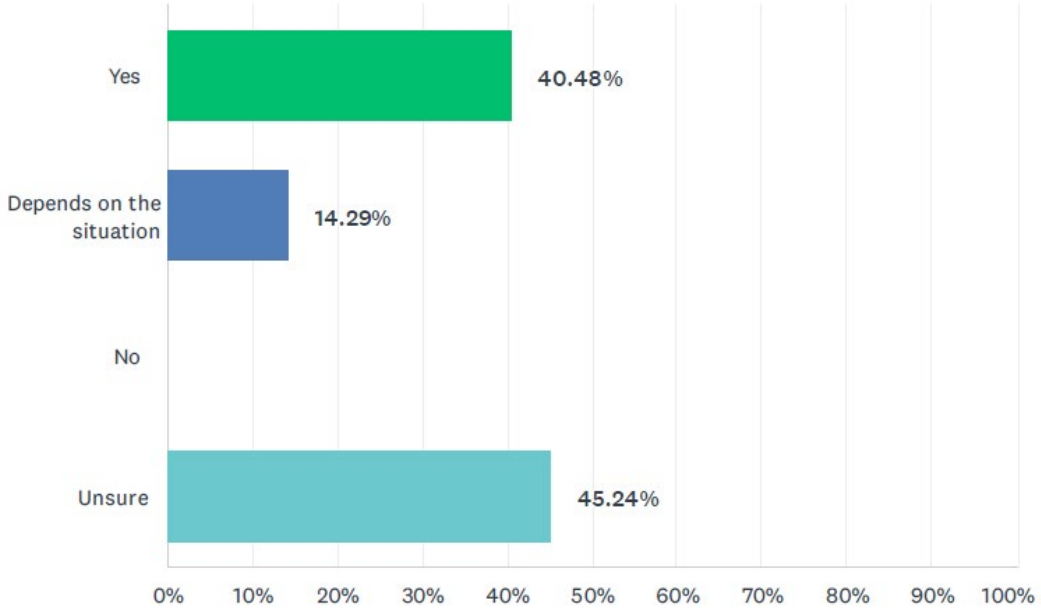
"They have reported going along with things, even though they can make them uncomfortable, as they are afraid of a negative response from others. This occurs in all situations."

"Not so much expressed confusion but more so it being very clear from her retelling of times when her boundaries were clearly stepped over or in platonic relationships or where she had been easily manipulated by others."

"We as parents explained consent I hope appropriately."

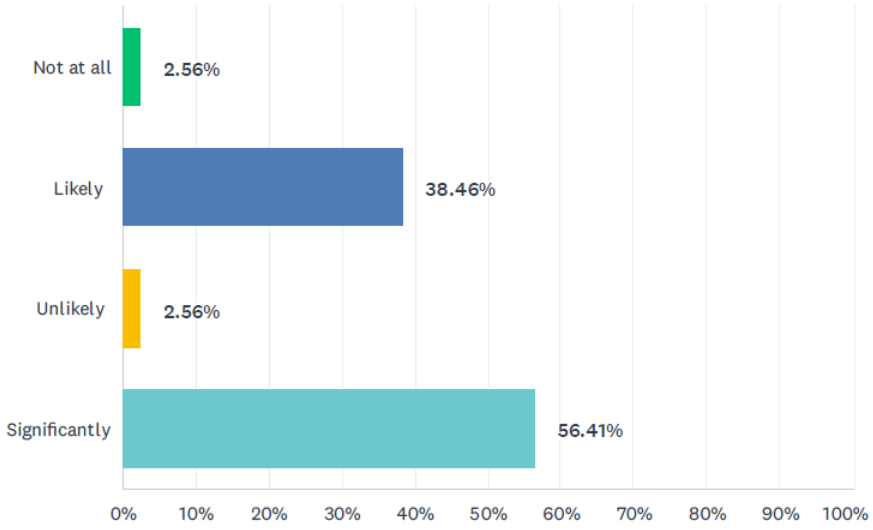
"General consent, especially around play (tickles etc.) knowing when the other person has had enough and to stop."

When asked whether their child knows they can withdraw consent at any time, most parents/guardians were unsure (45%), while 40% responded that their child does understand this right.

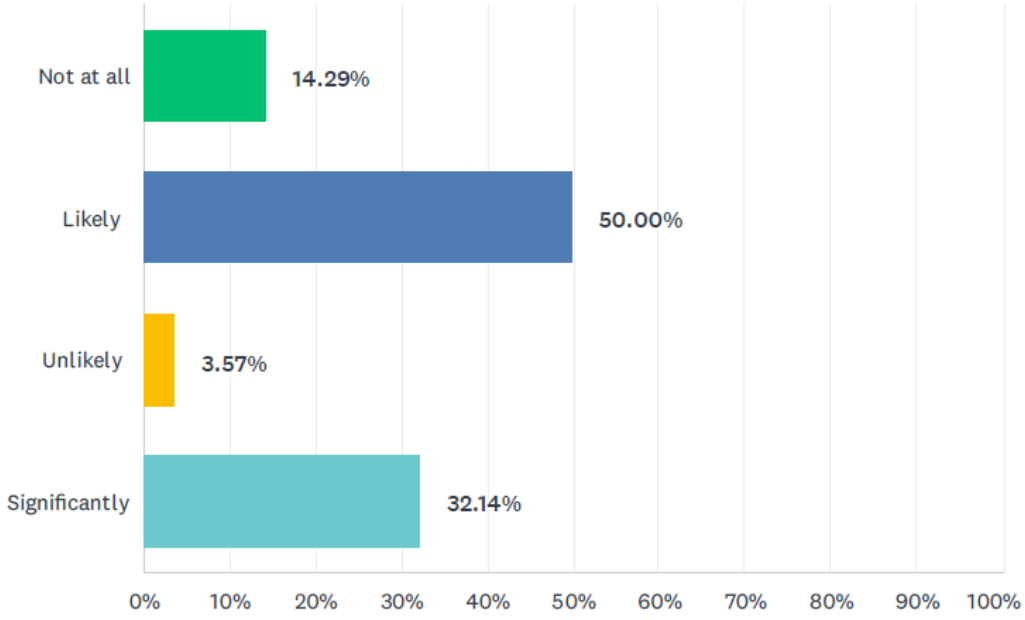


5.4 Sensory & Communication Factors

When asked to what extent do sensory processing patterns (touch, smell, sound) affect their child's comfort during moments of physical or emotional closeness, 56% of parents/guardians answered it affects their child significantly, and 38.5% said it would be likely their child would be affected by sensory processing patterns.



A very similar answer was given when we asked: *"To what extent do sensory processing patterns (touch, smell, sound) affect your child's comfort during intimate or romantic situations?"*



80% of parents/guardians stated that their child struggled to express needs or boundaries in real time because they need extra processing time, with a further 12.5% not sure.

They provided further detail to this:

"In non-romantic, non-sexual situation (she is too young yet for this), she often doesn't know what she feels like, what she wants, if something feels good. She needs time to realise something is annoying her for example."

"Secondary school has been very challenging for her. She is really dysregulated each day afterschool because she must cope with so much sensory overload, demands made of her, and social communications. Her needs as an Autistic person are often ignored and she is expected to adjust as the other Neurotypical students."

"He will shut down and not communicate at all if he is overwhelmed. Difficulty communicating in the lead up to overwhelming feelings."

"Child can get overwhelmed when trying to figure out what they should do, for example they don't want to let someone down, afraid to say no."

"She will often have more of a freeze and comply response in risky situations. There doesn't seem to be any ability to stand back, assess the situation and say 'no'. If you gave her a hypothetical scenario or she saw something on TV, she is able to assess the situation correctly (most of the time) but in real life, she is extremely trusting and does not appear to even consider her boundaries being crossed until after the fact."

"When my child is bombarded by sensory information, he finds it difficult to express himself, even on less loaded issues. He literally can't speak (says he can't think) when there's noise or visual stimulation."

"My child is extremely nervous due to concerns about the local neighbourhood environment included factors affecting safety and wellbeing, so she is always in a heightened state of arousal."

"Sometimes finds it hard to know how her body feels or gets too overwhelmed to be communicating in the moment."

"Sensory processing disorder so it takes him longer to process his feelings and emotions and therefore his immediate reaction often isn't his real response."

"People need to read the signs when the child is uncomfortable."

"Yes, gets very upset & shouts."

"I have no idea about intimate or romantic feelings for our son, but he does struggle with always knowing what's expected of him and would need extra time sometimes to process what's being asked or expected."

"Time to think, time to use alternate communication option."

"My son needs more processing time for all communication."

Only 7.5% of parents/guardians think that their child does not struggle to express needs or boundaries in real time.

In addition, 62.5% of parents and guardians agreed that their child struggled to express needs or boundaries in real time because they need clearer communication from the other person.

Further explanation provided by those who said 'yes' were:

"With teachers and most people, she finds it easier with family at home because we make many accommodations at home for her."

"As above, it's like it doesn't even cross her mind a lot of the time. She is very trusting of the people around her and assumes that all her friends would never want to hurt her. It can often take a very long time for her to process that the anxiety she gets around certain people even exists, and that it's there because they consistently ignore her boundaries and are manipulating her. It's like her body knows but her brain hasn't caught up."

"If there is more than one message or different people saying different things, she finds that very stressful."

"He struggles to make himself understood as he is not confident in his speech."

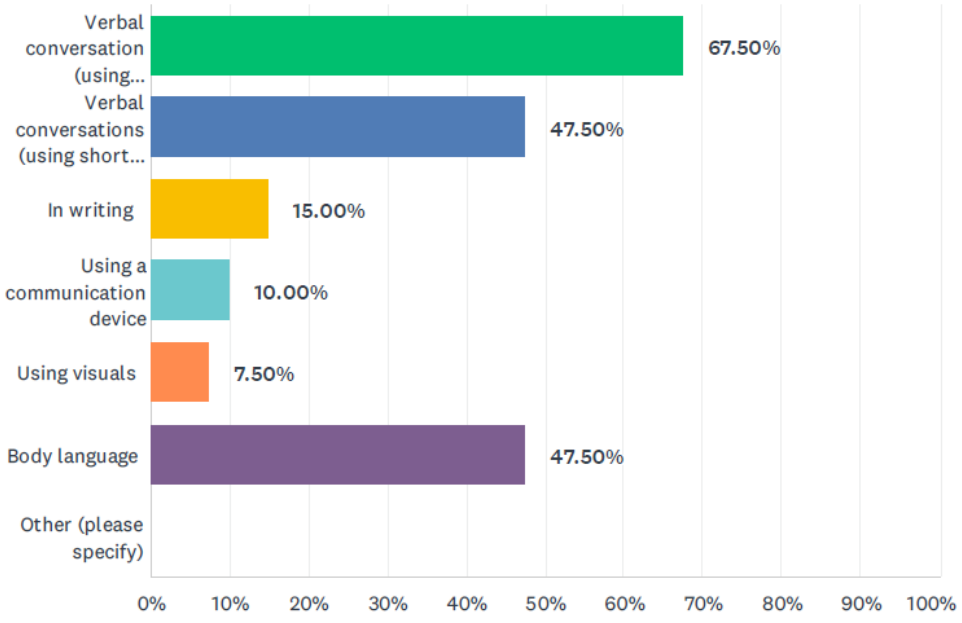
"He will sometimes struggle with interpreting specific words"

"Does not understand what [an]other person is saying."

"If too many pieces of information are in the message, it is hard for him to decipher what the crux of the message is."

30% of parents and guardians are not sure about this and 7.5% say "no", their child does not struggle to express needs or boundaries in real time because of a need for clearer communication.

The children's preferred mode for clarifying desires or boundaries, according to their parent/guardian, is depicted here:



5.5 Perceptions and Support Moving Forward

When asked to rate the importance of the following features of sex education for Autistic learners, parents and guardians rated:

	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
Explicitly teach how to interpret verbal and nonverbal consent for all	0.00% 0	7.89% 3	92.11% 35
Address sensory preferences (e.g., using sensory tools or discussing comfort boundaries)	0.00% 0	15.79% 6	84.21% 32
Have a teaching script for starting and having a conversation on consent	2.63% 1	15.79% 6	81.58% 31
Include examples of different relationship types (LGBTQ+, polyamory, etc.)	10.26% 4	20.51% 8	69.23% 27
Cover how to identify and respond to potential sexual trauma or abuse	2.56% 1	25.64% 10	71.79% 28
Provide ongoing support or resources in young adulthood, not just in teen years	2.56% 1	25.64% 10	71.79% 28
Information around sexual consent and the law	0.00% 0	20.51% 8	79.49% 31

Lastly, we asked parents and guardians "What other features of sex education we may have missed that are important for your child?"

"[The] difference between friendships and romantic friendships."

"Parents need to be aware of how vulnerable Autistic young people are. My own child has experienced SA and has a negative association with sex and relationships as a result. Their literal understanding and interpretation of language, along with difficulties with communication and expressing emotions impacted on their ability to communicate with us. All signs observed as a result of SA were contributed to sensory and emotional dysregulation and were missed. Parents need to be aware of signs... young people need to be explicitly taught about how to communicate SA with a safe adult."

"The importance of talking to their carers, healthcare providers, trusted friends, family, helplines etc. Especially where ability to assess situations and relationships is impaired. Plenty of examples of how consent and boundaries are broken, including more nuanced examples. Scripts for delaying, to allow time to process."

"Breadth of possible interests. It's okay to be attracted to something others aren't, or not attracted to things others are, or only be interested sometimes, or not at all."

"Something about 'Romeo and Juliet' rule, more teaching about recognising those peer relationships where a peer has undue influence or control (richer, more persuasive, manipulative, cooler, abusive, neurotypical). Asking for help with boundaries. How to recognise when your best friend has an ulterior motive and is no longer acting in your best interest."

"The grey area of consent."

"It's important to start teaching about consent before the teen years, kids are very open to chats when younger but get more closed off."

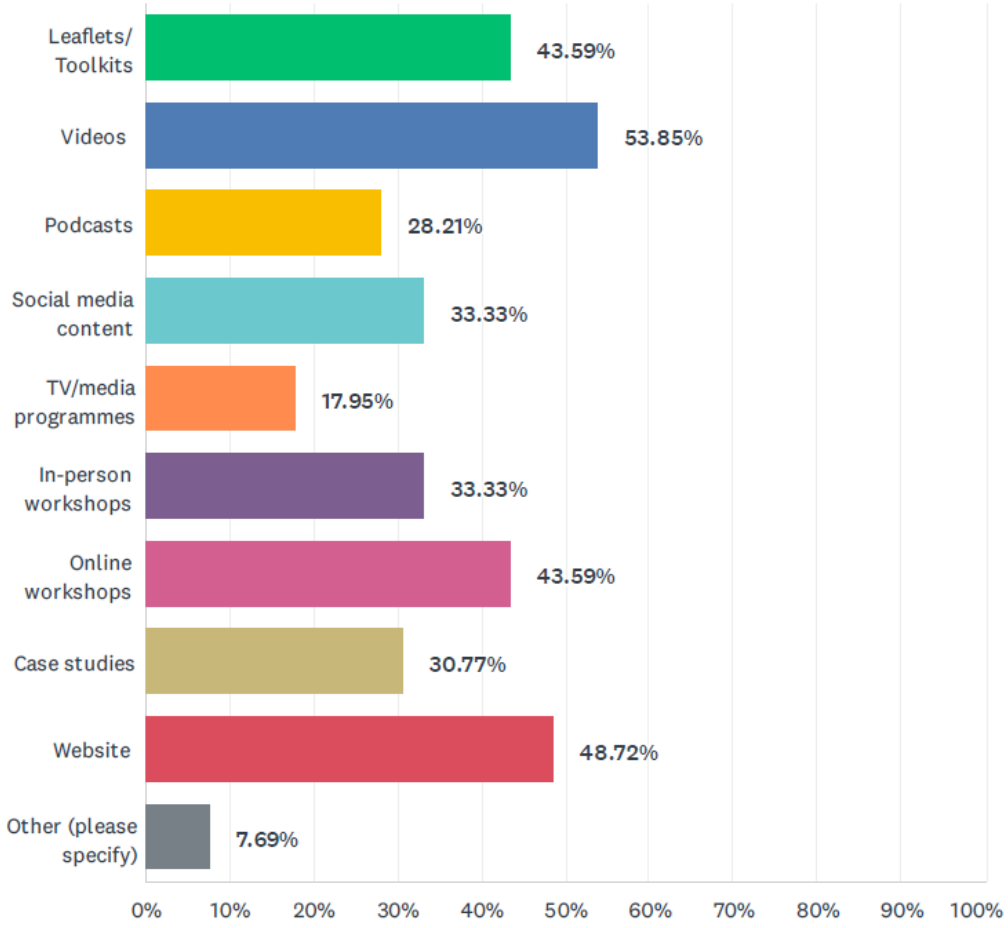
"That sex is fun."

"Struggling with gender identity and the influence of the Internet."

When asked whether they had sought additional information or counselling about consent and sexual health for their child, 80% of parents/guardians indicated they had not done so. A small percentage consulted a counsellor or therapist (2.5%) and 5% have used peer or online groups. A further 5% reported that they consulted with a specialised sex-ed/consent educator.

When asked if they would avail of free Autism-affirming sex education resources for their child, the majority (87% of parents/guardians) said 'yes', 10% were unsure and 2.5% said no.
If free, around 68% of parents and guardians said they were very likely to avail of these resources for their child, with a further 29% stating likely.

When it comes to the format of these sex education resources, parents and guardians chose the following:



Parents and guardians mentioned that this should be tailored to each child's individual ability to understand and comprehend.

One parent raised concern that they don't think their child would participate if it was online.

Parents and guardians were asked for their advice to educators on creating sex education for Autistic learners. Their answers included:

"Break it down so the children and teens can understand it."

"Considering all learning styles when creating resources, follow Universal Design for Learning guidelines, use case studies with Autistic characters, use very clear communication."

"Keep in mind the potential difficulties that some people can have trouble identifying what they are feeling e.g., Alexithymia and this can lead to unique challenges in romantic relationships."

"I think bringing some of the common Autistic experiences of sex, and relationships should be brought back to the theories around Autism e.g., double empathy etc. This would be helpful. I also feel explicitly teaching young people how to recognise abuse in relationships and sexual contact and how to communicate this, even access to phrases if they can't articulate themselves. Also, greater awareness for parents and professional that sometimes dysregulation is a trait of being Autistic but sometimes it's also a sign of sexual abuse and needs to be further investigated. Our child did not disclose their experience of SA until they had an extreme response after completing sex education. We pushed for more therapeutic support, and they made a disclosure at that time."

"To really take into consideration the reasons behind boundaries and consent being broken when it comes to Autistic people. In theory we understand it and know it but when it comes to real life scenarios, overwhelm, processing issues, not seeing the grey areas, being overly trusting, not recognising that a situation is making us anxious etc, these are the things that make Autistic people more susceptible to being taken advantage of."

"To stress that every response is different and every response, so long as it doesn't hurt anyone, is okay. There is no "normal"."

"Visual support and verbal maybe roll play for touching and kissing."

"Nothing for us without us. Really inclusive design. Surveys are not enough."

"Advising that Autism is an umbrella term and people are individuals."

"Social cues can be difficult."

"Visual aids. Talk slowly."

"Very straightforward ideas, no mixed messages."

"Every [is] child different, guide to the sensory overload."

"Treat every child as an individual and don't assume one size fits all."

"Simple language."

"Really simplified language, don't assume basic understanding of private body parts, we have had to explicitly explain this to our son. Recognise the need to time to process new information. Recognising social interactions already can be very difficult."

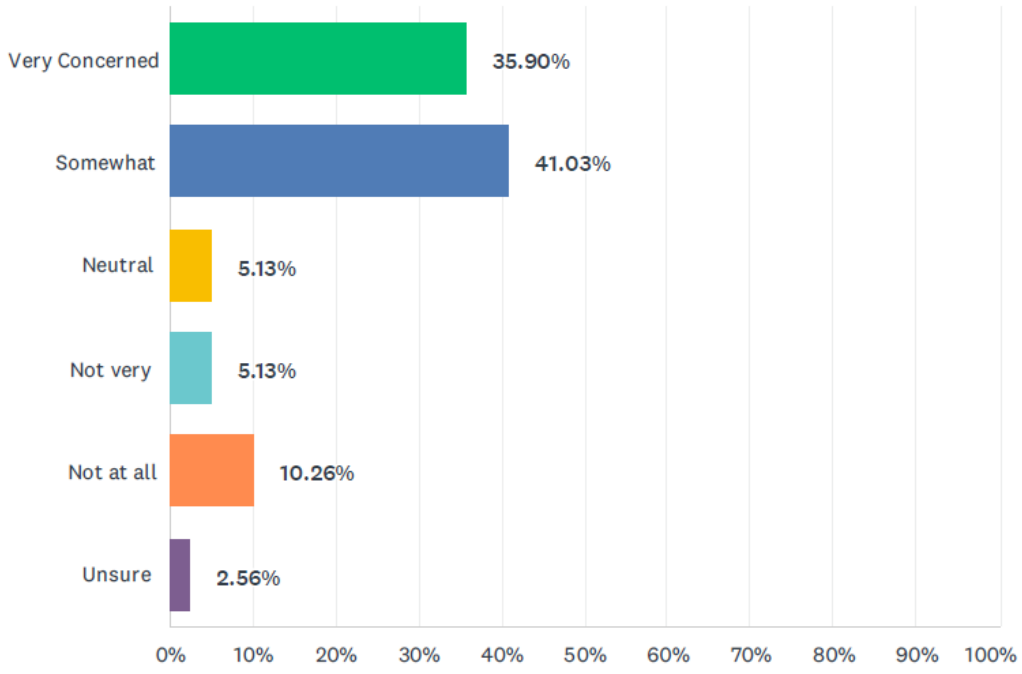
"To consider varying levels of understanding and comprehension especially for Autistic people who also have an intellectual disability."

"Be way blunter than you might be used to, if you're not Autistic yourself."

"Clear information."

"My son found it [sexual education] very squeamish at school and had to leave the classroom, so I think this needs to be explored and addressed. I'm sure he's not the only one."

We asked parents and guardians to what extent they are concerned about their child's online safety when it comes to online sexual content?



75.7% of parents/guardians stated they had conversations with their child about safety in online sexual encounters and the potential for online sexual abuse. 24.3% had not done so.

Parents and guardians were asked how comfortable they feel discussing consent-related topics with their child, and indeed 84.6% of parents and guardians stated they were comfortable or very comfortable with this. 10.3% of parents/guardians admitted they are not so comfortable with it.

Overall, most parents and guardians (88.6%) believe that they are responsible for teaching young people about consent, while only 11.4% feel that it is primarily the school's responsibility to ensure young people understand consent.

6. RESULTS FROM THE FOCUS GROUPS

6.1 Brief Introduction

This report presents findings from six focus groups conducted (3 focus groups for parents and guardians of Autistic children and 3 focus groups for young Autistic adults (18-25 years) as part of the Project, examining perspectives on consent education for Autistic young people. The research involved parents and guardians of Autistic children, as well as Autistic young adults themselves, providing complementary viewpoints on this critical area of education and development. It should be noted that parents/guardians and young adults who chose to partake in the survey may have had a particular interest in the topic, which could influence the perspectives shared.
The findings reveal sophisticated understanding of consent concepts among both groups, while highlighting significant gaps in current educational provision and the need for Autism-informed approaches to consent education.

6.2. Parents and guardians Focus Group Findings

For the focus groups we inquired about the age of their children. Four were parent/guardians to children at the age of 9-12, eight parents or guardians had children between the ages of 13-17 years.

6.2.1 Understanding and Teaching Consent

The parent focus group revealed sophisticated and multifaceted approaches to conceptualising and teaching consent to their Autistic children. Parents and guardians demonstrated a comprehensive understanding that consent education extends far beyond simple "yes/no" concepts, encompassing ongoing

negotiation, meaningful agreement, and the recognition that consent can be withdrawn at any time.

6.2.1.1 Foundational Approaches to Consent Education

Parents/guardians consistently emphasised the importance of starting consent education early and building complexity over time. As one participant noted, "Consent should start very early... then bring in the romantic/sexual part." This developmental approach recognises that consent is fundamentally about respect for autonomy and boundaries, concepts that can be introduced and reinforced across childhood before becoming relevant in romantic or sexual contexts.

Many parents/guardians began with concrete, rule-based approaches: "It's just... no is no." Parents and guardians felt that this literal foundation provides Autistic children with clear, unambiguous principles that can be consistently applied across situations. Parents and guardians then build upon these foundations by providing specific language tools: "We give them language to actually communicate consent --- phrases they could say."

6.2.1.2 Teaching Refusal and Assertiveness

A significant focus emerged around teaching Autistic young people to say no and maintain their boundaries. Parents and guardians recognised this as particularly challenging for many Autistic individuals who may struggle with assertiveness due to perceived requirements to mask, social anxiety, or communication differences. The strategies employed were highly practical and concrete: One parent noted "We practice what to say and tones using scenarios."

Parents and guardians described the ongoing nature of this work, requiring repeated practice and reinforcement as situations become more complex with age and social development. One parent illustrated the practical application: "If he says no, you need to respect that --- offer a fist bump instead." This example demonstrates how parents/guardians help their children understand that boundaries can be maintained while still preserving social connections and relationships.

6.2.1.3 Boundaries Across Different Contexts

Parents and guardians demonstrated sophisticated understanding of how consent operates across different types of relationships and contexts. They worked to help their children understand various categories of touch and interaction - professional (medical, therapeutic), social (greetings, celebrations), and intimate (romantic, sexual) - while maintaining core principles of consent across all contexts.

The complexity of this teaching was evident in parents'/guardians' recognition that boundaries can vary by person, relationship type, and context. Professional boundary-setting was identified as particularly important: Parents and guardians recognised that their children needed explicit teaching about appropriate actions in different settings.

Environmental factors also played a crucial role in boundary-setting. Parents/guardians described how sensory sensitivities, trauma responses, and emotional states could affect their child's comfort with physical contact: "She won't leave the estate... hypervigilant --- environment impacts willingness to be physically present." This recognition led to flexible and responsive approaches that accommodated their children's varying needs and capacities.

6.2.1.4 Vulnerability and Sensitivity to others' expectations

A critical concern emerged around the vulnerability many Autistic young people face due to experiences of feeling the need to mask. Parents/guardians identified this as a significant risk factor in consent situations: "She would say 'yes' to not hurt someone's feelings even when her body says no." This pattern creates particular vulnerability because the young person may verbally consent while their body language or emotional state indicates discomfort.
Parents and guardians described the challenge of helping their children recognise and trust their own feelings, develop comfort with potentially disappointing others, and understand that healthy relationships require honest communication about boundaries. One parent captured this concerning dynamic: "They'll do things to be liked --- any attention feels good, even if not genuine." This insight highlights how the negative experience of social exclusion experienced by Autistic children can cause a subsequent perceived need to override personal comfort and safety.

The heightened risk this creates in potentially exploitative situations was a source of significant parental concern. Parents and guardians worked to help their children understand the difference between healthy social compromise and situations where they might be taken advantage of.

6.2.1.5 Gender-Specific Considerations

Parents and guardians identified distinct patterns of risk and experience that intersected with gender identity. For Autistic girls, particular concerns emerged around seeking validation that could make them vulnerable to exploitation: "Some teenage girls may... not spot bad intent." Parents/guardians also described hyper-fixation on romantic interests, could be particularly problematic when involving older individuals: "My daughter hyper fixated on older boys... teachers calling constantly."

These gendered experiences require tailored approaches to consent education that addressed specific vulnerability patterns while building on individual strengths and interests. Parents and guardians recognised that societal gender

norms could compound Autism-related vulnerabilities, creating unique risk profiles that required careful consideration and targeted supports.

6.2.2 Communication and Learning Adaptations

6.2.2.1 Visual and Concrete Teaching Methods

Parents/guardians demonstrated extensive creativity and adaptation in their teaching approaches, recognising that traditional methods often failed to meet their children's learning needs. Visual and concrete approaches emerged as particularly effective: "He is 100% a visual learner --- pictures." Parents and guardians described detailed visual supports and the importance of showing rather than just telling: "We write the day plan and draw little pictures for each activity."

Role-play was utilised not just as a practice but as visual demonstration of appropriate interactions. However, parents/guardians also acknowledged limitations in these approaches: "Picture books and videos used to explain consent, but my 14-year-old still doesn't understand." This recognition led to ongoing refinement and adaptation of teaching methods based on individual response and comprehension.

6.2.2.2 Language Precision and Clarity

The critical importance of clear, precise, and literal language emerged consistently throughout parent discussions. Parents/guardians learned to avoid idioms, metaphors, and implied meanings that could confuse or mislead their children: "If you use the real terms for body parts... it's serious." This directness served multiple purposes - ensuring comprehension, conveying the seriousness of the topics, and providing clear frameworks for understanding.
Parents and guardians worked to help their children understand both literal communication and emotional recognition: "I demonstrate my heart racing to show 'that disturbed me' so she sees the feeling." This approach bridged the gap between concrete communication and emotional understanding, helping Autistic young people connect physical sensations with emotional states and decision-making.

6.2.2.3 Digital Communication Innovation

Some parents/guardians described innovative use of digital communication methods to teach and reinforce consent concepts: "We use memes and WhatsApp cues -." These approaches recognised that many young people are highly engaged with digital media and may be more comfortable with digital communication than face-to-face conversations about sensitive topics.
However, parents and guardians also expressed concerns about school policies that limited phone access, potentially removing important communication tools.

This highlighted the tension between institutional policies and individualised communication needs.

6.2.3 Sensory and Environmental Considerations

6.2.3.1 Sensory Processing and Consent Capacity

Parents and guardians demonstrated a clear understanding of how sensory processing differences fundamentally impact consent education accessibility and to participate in situations where consent decisions must be made. Sensory overwhelm was recognised as directly affecting decision-making capacity:
The practical implications were significant: "If the environment is loud/crowded she avoids hugs or close contact." Parents and guardians recognised that sensory challenges do not just affect learning environments but also impact real-world social situations where consent decisions must be made. This understanding led to environmental modifications and proactive planning to ensure their children could make genuine choices about participation.

6.2.3.2 Coping Strategies and Accommodations

Parents and guardians developed various strategies to manage environments presenting sensory barriers: "He got that break... almost a tool that he knows he can do."

Parents/guardians individualised these strategies based on each child's sensory profile and worked to help their children develop self-advocacy supports and a greater understanding of their own strengths and barriers.

6.2.3.3 Community and Environmental Barriers

Broader environmental factors also affected opportunities for consent education and social learning. Parents and guardians described how neighbourhood safety concerns could severely limit their children's social participation: "A neighbour is aggressive --- she's terrified to go out, she won't leave the estate." When the broader environment felt unsafe, families could become isolated, reducing opportunities for consent practice.

6.2.4 Social Participation and Relationships

6.2.4.1 Friendship Development and Peer Interactions

Parents and guardians described supporting their children's choices about social participation while recognising that meaningful choice-making is itself a form of consent practice. One parent described their child's selective participation: "He wanted the cake and chips... happy to sing Happy Birthday." This approach

honoured the child's autonomy while providing opportunities to practice boundary-setting and decision-making.
The challenge of peer acceptance and social status within friend groups was acknowledged, along with the development of reciprocal relationships. Parents/guardians recognised that friendship dynamics provide natural opportunities to practice consent concepts while also potentially creating pressure or vulnerability.

6.2.4.2 Romantic and Sexual Relationship Risks

Serious concerns emerged around vulnerability in romantic and sexual relationships. Parents and guardians described communication breakdowns between Autistic and neurotypical partners: "Double-empathy is huge; sensory mismatches with partners create problems." These communication differences could create misunderstandings and potentially compromise consent processes. Experiences of exploitation were reported: "She was in a relationship with an older boy... she says it was non-consensual." These accounts highlighted the real-world consequences of inadequate consent education, and the particular vulnerabilities Autistic young people may face in romantic relationships.
Parents and guardians struggled to balance supporting their children's desires for connection with protecting them from exploitation, recognising that isolation was not a solution, but that additional support and education were crucial.

6.2.4.3 Loneliness and Emotional Vulnerability

The emotional challenges of relationship formation were significant: "My eldest finds it hard to get dates... rejection really hurts him." Parents/guardians worry about how loneliness and desire for connection might increase vulnerability to exploitation or lead to agreeing to unwanted activities to maintain relationships. Long-term implications of social isolation were recognised, leading parents and guardians to work on developing realistic expectations and healthy coping strategies for relationship challenges while maintaining hope for meaningful connections.

6.2.5 Educational Systems and Resources

6.2.5.1 School-Based Education Gaps

Parents and guardians reported significant inconsistencies and gaps in school-based consent education. Dramatic differences between educational settings were noted: "In the Autism class he's fine, but in mainstream class he gets lost... two different levels of understanding." Generic approaches were criticised: "Schools often do a blanket consent talk --- one size doesn't fit all."
The reactive rather than proactive nature of current sexual education was a source of frustration: "Programs are very light... always reactionary, never precautionary." Parents/guardians described the lack of coordination between

different educational settings and absence of systematic approaches that followed students across transitions.

6.2.5.2 Effective Resources and Pedagogical Approaches

Parents and guardians identified specific educational tools and methods that proved effective for Autism-informed consent education. Visual supports and interactive approaches were particularly valued: "Green/red flags sticky activity ---- quick, visual." Brief, focused activities were preferred over lengthy presentations, with materials that could be revisited over time.

The desire for better resource coordination was strong: One parent noted "A centralised place for age-appropriate Relationships and Sexuality Education (RSE) resources would be amazing." External speakers and specialised workshops were valued when they understood Autism and adapted their approaches accordingly. Parents and guardians noted the current burden on families to adapt mainstream resources for their children's needs.

6.2.5.3 Policy and Systemic Change Needs

Parents and guardians called for policy makers to observe and learn from effective practices: "I'd love for government and policy makers to see what's being done right and share it." Joined-up policy approaches coordinating education, health, and social services were desired to provide comprehensive support.

Curriculum development informed by Autism research and community input was requested, alongside mandatory educator training on Autism-informed approaches. These measures, supported by policy frameworks to ensure consistent, high-quality provision across educational settings, would help uphold Autistic students' right to access information in accessible formats, as guaranteed under Article 21 of the UNCRPD.

6.2.6 Online Safety and Digital Literacy

6.2.6.1 Digital Risks and Vulnerabilities

Parents and guardians expressed serious concerns about online risks that particularly affect Autistic young people. Incidents of catfishing and predatory behaviour were reported: "He was catfished by this guy." Parents/guardians worked to help their children understand differences between online personas and real people, recognise grooming behaviours and develop critical thinking about online interactions.

The urgency of proactive education was emphasised: "If we don't teach, people go look for definitions elsewhere." Parents/guardians stressed the importance of

ongoing dialogue about online experiences and the challenge of keeping pace with rapidly evolving digital platforms and risks.

6.2.7 Identity, Inclusion, and Intersectionality

6.2.7.1 LGBTQIA+ Experiences and Representation

Parents and guardians recognised that many of their children had multiple marginalised identities affecting their experiences with relationships and sexuality education. Comprehensive representation was valued: One parent noted "Include asexual people --- Autistic + asexual (ace) people have a lot to figure out." The value of peer guidance from other Autistic LGBTQIA+ individuals was recognised with another parent reporting: "A trans Autistic peer embraced active consent training and became a peer guide."

Challenges around evolving language and terminology were noted: "Keep up to date with language --- it helps learners relate." Parents/guardians emphasised that inclusion required ensuring consent education was relevant and accessible to all Autistic young people regardless of sexual orientation or gender identity.

6.2.8 Cultural Context and Advocacy Challenges

6.2.8.1 Systemic barriers and Stigma

Parents and guardians described encountering both social and institutional obstacles when seeking inclusive education around Autism and sexuality. Systemic barriers further limited access to appropriate education. Participants explained that “they can get letters from home to disengage,” highlighting how opt-out policies enable avoidance of sexuality education regardless of student need. Similarly, resistance extended beyond schools into public resources, as noted in the remark “libraries protested.” These examples demonstrate how intersecting layers of stigma—around both Autism and sexuality—combine with institutional practices to restrict opportunities for learning, leaving families isolated and young people underserved.

These experiences forced parents/guardians into advocacy roles they may not have chosen but felt necessary for their children's wellbeing and safety. The compounding effect of stigma around both Autism and sexuality created additional challenges for families seeking appropriate support and education.

6.2.8.2 Policy Opt-Outs and Educational Access

The complex implications of opt-out provisions in consent education were discussed: "By law it's in the curriculum but parents or guardians can send letters to disengage --- protests happen." While some parents/guardians appreciated

having choices, others worried that widespread opt-outs limited whole-school effectiveness and might leave vulnerable children without crucial education.

6.3. Young Adult Focus Group Findings

6.3.1 Sophisticated Understanding of Consent

The young adult focus group showed nuanced understanding of consent. Their conceptualisations of consent were grounded in lived experience and emphasised safety, autonomy, and ongoing communication rather than procedural rule-following. The focus group was limited by a lack of representation of Autistic adults with an intellectual disability.

6.3.1.1 Consent as Dynamic Process

Young adults consistently described consent as an ongoing, dynamic process rather than a one-time agreement. One participant stated: "Consent is there if I feel that it's OK for me to say no or if I feel OK to just stop at any point and like I don't feel pressured into anything that I don't want to do." This definition highlights three critical elements: the freedom to refuse, the ability to withdraw consent at any time, and the absence of pressure.

Another participant provided a more technical but equally comprehensive definition: "Consent means that there's an agreement between two people either through words or actions to have sexual intercourse, it's ongoing and can be revoked." This demonstrates understanding of consent as both verbal and non-verbal, ongoing rather than static, and always revocable.
These definitions show ethical reasoning that prioritises genuine autonomy and mutual respect over compliance with external rules or expectations.

6.3.1.2 Practical Implementation of Consent

Participants demonstrated thinking about how consent operates in practice, describing it as involving permission, negotiation, and mutual decision-making. Their approaches ranged from intuitive to highly structured, showing the diversity within the Autistic community in how individuals navigate complex social situations.

Some participants valued implicit understanding in familiar relationships: "we just know from the mood," suggesting they could read situational cues when in comfortable, established relationships with high levels of trust and familiarity. However, many preferred explicit, planned discussions about boundaries and expectations. One participant described their proactive approach: "I like to establish a plan before anything happens... this is the line I'm drawing and what do you feel comfortable with?" This demonstrates how some Autistic adults manage uncertainty and potential miscommunication by creating clear frameworks in advance.

During intimate moments, consent checking was described as a caring inquiry: "Usually when consent comes up, it's like are you OK? Do you want to take a break? Do you want to stop?" This integration of consent into ongoing care and attention to partner wellbeing shows how consent becomes part of intimate connection rather than a separate procedure.

6.3.1.3 Recognising and Addressing Coercion

Young adults demonstrated an understanding of pressure and coercion, often showing heightened sensitivity to these dynamics. "Sometimes I interpret a small 'yes' as maybe a 'no', like they are just saying it to make me happy." This shows how some Autistic adults can become highly attuned to subtle signs that someone might not be genuinely consenting, perhaps due to previous need to be hyper vigilant in social situations to maintain safety.

The importance of genuine enthusiasm rather than reluctant compliance was described: "I wouldn't want to be convinced or persuaded into something if I didn't feel like it." This reflects the deep understanding that authentic consent requires freedom from coercion or manipulation and must be based on genuine desire rather than social pressure.

6.3.1.4 Consent in Everyday Contexts

Participants demonstrated that consent principles extend far beyond sexual contexts into all aspects of daily social interaction. This holistic understanding shows how consent becomes a framework for respectful social engagement generally. Physical touch was a common area where consent mattered: "I appreciated that she asked because I'm not [a hugger] and I just gave her a little handshake."

This example illustrates how asking permission for physical contact, even seemingly innocent gestures like hugging, can be deeply appreciated by Autistic individuals who may have different comfort levels with touch. The concept extended to various daily interactions: "Would you like a cup of tea? Can I sit next to you? Can I have some of your food?... I really like when people ask rather than presume."

This demonstrates how consent-seeking actions in everyday situations creates respect and consideration that Autistic adults value, showing appreciation for explicit permission-seeking rather than assumption-making.

6.3.2 Communication Preferences and Adaptations

6.3.2.1 Direct and Explicit Communication

Communication emerged as central to how Autistic adults navigate consent, with strong preferences for direct, unambiguous, and often verbal communication. This reflects common Autistic communication preferences and challenges with interpreting neuronormative social cues, which are unfortunately often implicit or ambiguous.

"Verbal consent is the most straightforward, that way there are no misunderstandings," one participant explained, highlighting how explicit verbal communication reduces cognitive load and anxiety associated with interpreting ambiguous signals. **For many Autistic individuals, verbal communication provides certainty and clarity that non-verbal cues cannot offer.**

6.3.2.2 Digital Communication as Accessibility Tool

Digital communication emerged as particularly valuable for many participants: "Doing it over an online chat is really helpful... I can ask everything I would want to ask where I might be nervous to do so in person." This demonstrates how technology serves as an accessibility tool, allowing Autistic adults to communicate more effectively about intimate topics by removing some social pressure and real-time processing demands of face-to-face conversations. Strategic use of digital pre-planning was described: "We sometimes say, do you want to have sex later, and then we just kind of initiate it later without verbally saying it at that time." This shows how couples use technology to establish consent in advance, reducing the need for verbal negotiation in the moment while maintaining clear communication and agreement.

One participant explained their preference for digital communication: "I prefer to give consent by explaining the context of my reason over text message because it can be easier than verbalising it." Again, this shows how digital communication can reduce social anxiety and allow for more thoughtful, detailed communication about boundaries and desires.

6.3.2.3 Frustration with Ambiguous Language

Participants expressed significant frustration with ambiguous language, innuendo, or indirect communication about consent and sexuality. This reflects some Autistic individuals' preferences for literal, concrete communication and barriers with implied meanings.

Educational approaches were criticised: "I think teachers should just actually describe things in more depth... don't dance around it." This shows how euphemistic or vague language in sex education can fail Autistic learners who need explicit, clear information.

The inadequacy of vague instructions was highlighted: "It was like give consent or... but they don't tell you how." This demonstrates frustration when Autistic individuals receive abstract directives without concrete guidance on the implementation, showing the need for specific, practical information rather than general principles.

6.3.3 Sensory processing patterns and Environmental Factors

6.3.3.1 Sensory Processing and Intimate Capacity

Participants strongly linked their sensory environment with their ability to consent and engage in intimacy, revealing how sensory processing differences fundamentally shapes intimate experiences for Autistic adults. This connection shows how consent is not just about communication and boundaries, but also about environmental factors affecting one's capacity for comfortable engagement.

The impact of sensory overload on consent capacity was clearly articulated: "If I'm already overstimulated, I don't want anyone near me... even smaller irritants can take the focus away." This demonstrates how sensory moments directly affects ability and desire to engage in physical intimacy, making sensory considerations an essential part of consent.

6.3.3.2 Environmental Barriers to Social Connection

The broader social implications of sensory differences were recognised: "Most young adults go clubbing... but that's completely sensorily overwhelming, so Autistic people don't really get those experiences." This highlights how typical social and dating environments often exclude Autistic individuals, limiting opportunities for social and romantic connection.

Specific sensory triggers emerged as significant barriers: "Light
and loud noises would be two of my highest annoyances." Environmental factors could significantly impact willingness to engage intimately: "Noises outside the room can be very distracting, the room being too bright can also affect how willing I am."

6.3.3.3 Adaptive Strategies and Accommodations

Participants developed various strategies to manage sensory challenges and create comfortable environments: "I normally keep light levels low... if I feel overwhelmed, I just slow things down so I can get my mind back together." This shows both proactive environmental planning and in-the-moment regulation strategies.

Dating adaptations also reflected sensory needs: "Instead of a busy restaurant, I'd prefer a quiet walk that suits my sensory needs." This demonstrates how

Autistic adults modify traditional dating approaches to create more sensory-friendly experiences that allow for genuine connection and comfort.

6.3.3.4 Sensory Seeking and Pleasure

Some participants recognised that sensory differences are not only unique to navigate but can contribute to diverse forms of intimate expression: "There's also sensory seeking behaviours that people find soothing with sex sometimes and that can link into things like kink." This shows awareness that sensory differences can enhance rather than only complicate intimate experiences.

6.3.4 Relationship Navigation and Social Challenges

6.3.4.1 Intensity and Significance of Relationships

Participants often experienced relationships as more intense and significant than neurotypical peers might, creating unique relationship dynamics. One participant explained: "At least in my experience, relationships are very different for me. I think if I ever got into another relationship, it would take me years to want to be physically intimate."

This illustrates how some Autistic adults may need much longer timeframes for relationship development and physical intimacy, reflecting both sensory differences and need for deep trust and comfort. The emotional stakes appeared heightened: "These relationships might seem like a much bigger deal to an Autistic person."

6.3.4.2 Communication Barriers in Relationships

Difficulties with implicit communication were reported as a significant barrier to relationships. One participant explained, “I find it very difficult to understand what isn't said,” illustrating how unspoken expectations, social subtext, and implicit cues can make navigating relationships challenging for Autistic individuals.

Similarly, interpreting romantic interest posed challenges. As one participant noted, “Sometimes I wouldn't know if the other person was interested unless they said it directly.” **This underscores how indirect social cues and flirting behaviours, which neurotypical individuals often rely on, can be confusing for Autistic people who communicate differently.**

6.3.4.3 Partner Understanding and Accommodation

Awareness of Autistic needs in relationships was expressed: "I think Autistic people might have a problem with physical touch or going at a fast pace --- their

partner needs to be mindful of that." This demonstrates advocacy for partner understanding and accommodation while recognising common Autistic needs.

6.3.5 Educational Experiences and Gaps

6.3.5.1 Inadequacy of Traditional Sex Education

In Ireland, traditional sex education has often been basic, heteronormative, and fear-based, with limited consideration of neurodiversity or disability. School patron bodies have historically influenced curriculum content and delivery, shaping whether education is inclusive and responsive to all students' needs.

Participants were highly critical of traditional sex education, describing it as fundamentally inadequate for their needs and experiences. One participant summarised their school experience: "It was very basic and vanilla... no consideration of neurodiversity." Another described the conservative, restrictive approach: "Our textbook said sex is between a married man and a woman. Consent was only 'say no until marriage'.

The superficial nature of school-based education was repeatedly criticised: "When I was in school... it was literally just 'this is how you make a baby.' This reductive approach fails to address complex social, emotional, and practical aspects of sexuality and relationships that Autistic individuals particularly need support with.

6.3.5.2 Harmful Assumptions and Infantilisation

The harmful impact of ableist assumptions was noted: "Some people think we can't consent because we have cognitive disabilities, which is really annoying." This reveals frustration with infantilising attitudes that deny Autistic adults' sexual agency and capacity for consent.

6.3.5.3 Desired Educational Improvements

Participants had specific, practical suggestions for improving sexuality education. They wanted peer-led workshops, focus groups, clear online content, and practical social scripts. This demonstrates a desire for concrete, practical tools rather than abstract concepts. Accessibility and availability were important: "Videos about consent should be easier to access and sex should be less demonised." This shows the need for ongoing, accessible resources treating sexuality as a normal part of life rather than something shameful or dangerous.

6.3.5.4 Lifelong Learning Needs

Unlike many approaches focusing only on adolescence, participants emphasised the need for continued learning into adulthood, including professional contexts: "How to navigate consent in a professional setting... I've cracked the code of how to shut down a co-worker without getting in trouble." This shows recognition that consent operates across all life domains and learning needs continue throughout adulthood.

6.3.6 Online Experiences and Vulnerabilities - Digital Spaces for Learning and Risk

The online world was recognised as both a space for exploration and learning, and a place of significant danger, particularly for Autistic individuals who might be more vulnerable to predatory behaviour. Many participants had negative experiences as teenagers linked to inadequate education about recognising dangerous situations. This highlights how a combination of poor sex education and Autistic social communication differences can create particular vulnerability to exploitation.

6.3.7 Identity and Inclusion Needs

6.3.7.1 Multiple Marginalised Identities

Frustration with exclusion of LGBTQIA+ and disabled perspectives from sexuality education was strong, alongside desire for representation and inclusivity. Participants felt their identities and experiences were completely ignored in traditional educational approaches.

The heteronormative bias was particularly frustrating: "It was never discussed in a non-heterosexual way, which really annoyed me as someone who isn't heterosexual." This shows how multiple marginalised identities are systemically excluded from mainstream sex education.

6.3.7.2 Community Involvement in Education

Participants wanted active involvement in creating better resources: "Getting the neurodivergent community involved with education --- like more focus groups --- would help create the topics." This demonstrates desire for authentic community involvement rather than having others speak for them.

6.3.8 Cultural Attitudes and Empowerment

Challenging Fear-Based Approaches -
Many participants linked inadequate sex education to broader cultural taboos and discomfort around sexuality. They experienced teachers' avoidance and fearmongering as creating shame rather than empowerment.

The fear-based approach was criticised: "It felt more like fear mongering than trying to help." Participants wanted a fundamental shift in approach: "Consent doesn't have to be an uncomfortable thing... it's just a part of life." This shows desire for sex-positive, empowerment-focused education treating sexuality and consent as normal, healthy aspects of human experience.

6.4. Comparative Analysis: Similarities Between Groups

6.4.1 Sophisticated Understanding of Consent

Both parents and guardians of Autistic children and young Autistic adults demonstrated an understanding of consent that went far beyond simple rule-based compliance. Parents/guardians working to teach consent concepts showed deep appreciation for the complexity involved: "Consent should start very early... then bring in the romantic/sexual part." Similarly, young adults articulated nuanced definitions: "Consent is there if I feel that it's OK for me to say 'no' or if I feel OK to just stop at any point."

Both groups understood consent as an ongoing, dynamic process rather than a one-time agreement. Parents and guardians emphasised that consent "can be revoked," while young adults described it as "ongoing and can be revoked."

6.4.2 Recognition of Vulnerability due to Masking

A critical area of convergence was the recognition of masking as a significant risk factor in consent situations. Parents/guardians expressed profound concern: "She would say 'yes' to not hurt someone's feelings even when her body says no." Young adults demonstrated awareness of this dynamic in themselves and others: "Sometimes I interpret a small 'yes' as maybe a no, like they are just saying it to make me happy."

Both groups understood this vulnerability as stemming from Autistic social experiences, an intense desire for acceptance, and challenges with disappointing others. The alignment between parental concerns and young adults lived experiences suggests this is indeed a significant area requiring targeted attention in consent education.

6.4.3 Communication Preferences and Needs

Both groups strongly emphasised the importance of direct, explicit, and literal communication around consent topics. Parents and guardians learned to avoid "idioms, metaphors, and implied meanings," while young adults expressed frustration with "ambiguous language, innuendo, or indirect communication." The preference for concrete, specific language was consistent across both groups. Parents/guardians described providing "exact scripts and phrases for different situations," while young adults requested "some kind of boilerplate --- a

social script or flow chart for what to say in situations." This alignment suggests that communication adaptations are both needed and effective.

Digital communication emerged as valuable for both groups. Parents and guardians described "innovative use of digital communication methods," while young adults found digital negotiation "really helpful... I can ask everything I would want to ask where I might be nervous to in person." This consistency suggests digital tools serve important accessibility functions for Autistic individuals across different life stages.

6.4.4 Sensory Processing as Central Consideration

Both groups demonstrated a clear understanding that sensory processing differences fundamentally impact consent capacity and intimate experiences. Parents and guardians recognised that "sensory overwhelm can significantly impact an individual's capacity to make clear decisions," while young adults directly linked their "sensory environment with their ability to consent and engage in intimacy."

Environmental modifications were valued by both groups. Parents/guardians described accommodations such as providing breaks and managing environmental factors, while young adults developed strategies like "keep light levels low" and choosing "a quiet walk that suits my sensory needs" over traditional dating venues.

6.4.5 Critique of Traditional Education

Both groups were highly critical of mainstream consent and sexuality education, describing it as inadequate for Autistic needs. Parents/guardians criticised "generic approaches" and "blanket consent talks," while young adults described education as "basic and vanilla... no consideration of neurodiversity."
The superficial, fear-based nature of traditional approaches was rejected by both groups. Parents and guardians noted education was "more like fear mongering than trying to help," while young adults wanted approaches that captured consent as something that should not be considered uncomfortable.

6.4.6 Desire for Autism-Informed Approaches

The demand for educational approaches tailored to Autistic learners is closely connected to the systemic and community barriers families described. Where existing systems enable disengagement and reinforce stigma, both parents/guardians and young adults emphasised the need for alternatives that are inclusive and responsive. Parents and guardians called for “resources specifically designed for Autistic learners,” while young adults stressed “getting the neurodivergent community involved with education—like more focus groups.” These perspectives align in highlighting not only what is lacking but also how to build meaningful pathways forward. Both groups valued concrete,

practical strategies such as visual supports, interactive methods, and peer-led learning. Parents and guardians pointed to the effectiveness of “visual supports and interactive approaches,” while young adults advocated for “peer-led workshops” and “clear online content.”'. Together, these recommendations position inclusive, participatory approaches as both a response to systemic exclusion and a fulfilment of international rights obligations, explicitly supporting Autistic students’ right to accessible information as guaranteed under the UNCRPD.

6.4.7 Recognition of Online Vulnerabilities

Serious concerns about online safety emerged from both groups. Parents and guardians reported incidents of "catfishing and predatory behaviour," while young adults reflected on negative experiences. Both groups emphasised the need for proactive rather than reactive approaches to online safety education, recognising that Autistic individuals may face vulnerabilities in digital environments.

6.4.8 Advocacy for Inclusion and Representation

Both groups advocated for inclusion of diverse identities and experiences in consent education. Parents and guardians emphasised the importance of "comprehensive representation" including LGBTQIA+ and asexual experiences, while young adults expressed frustration with heteronormative assumptions and called for authentic community involvement in resource development.

6.5. Key Differences Between Groups

6.5.1 Perspectives on Autonomy and Protection

A fundamental difference emerged in how the groups balanced autonomy with protection. Parents and guardians naturally focused on safeguarding their children while supporting their developing independence, with their perspectives likely influenced by the fact that their child is still a minor. They expressed concerns about vulnerability, as one parent explained: *“She would say ‘yes’ to not hurt someone's feelings even when her body says no.”* Their protective stance was evident in discussions about environmental safety, relationship monitoring, and careful preparation for social situations.

In contrast, young adults’ emphasised their agency and capacity for self-determination. While acknowledging vulnerabilities, they focused more on empowerment and skill-building: "Consent doesn't have to be an uncomfortable thing... it's just a part of life." Their perspective centered on developing competence and confidence rather than managing risk, though they recognised the importance of safety education.

6.5.2 Immediate versus Long-term Concerns

Parents and guardians were often focused on immediate, concrete challenges their children were currently facing or would soon encounter. Their discussions centered on practical day-to-day situations, managing sensory overwhelm in social situations, and preparing for adolescent changes: "Once hormones kick in... it could be a completely different situation."
Young adults, drawing from lived experience, offered broader perspective on long-term needs and lifelong learning. Their focus extended beyond immediate safety to ongoing skill development and adaptation across life contexts.

6.5.3 Educational Delivery Preferences

While both groups criticised mainstream education, their preferred solutions differed significantly. Parents/guardians emphasised structured, systematic approaches delivered by trained professionals: "External speakers and specialised workshops are valued when they understand Autism and adapt their approaches accordingly." They called for "mandatory educator training on Autism-informed approaches" and systematic curriculum development.
Young adults strongly preferred peer-led education and community involvement. They wanted authentic voices from the Autistic community rather than professional expertise alone.

6.5.4 Communication about Sexuality

Parents and guardians often struggled with how to communicate about sexuality and intimate relationships, seeking guidance on appropriate language and timing: "If you use the real terms for body parts... it's serious." Their discussions revealed uncertainty about developmental appropriateness and concerns about cultural and community reactions.

Young adults were more direct and matter of fact about sexuality, criticising euphemistic approaches: "I think teachers should just actually describe things in more depth...." They wanted frank, explicit information without the hesitation or discomfort that sometimes characterised parental approaches.

6.5.5 Technology and Digital Communication

Parents and guardians expressed mixed feelings about digital communication, recognising its value while worrying about safety: "We use memes and WhatsApp cues --- " but also reporting concerning incidents: "He was catfished by this guy."

Young adults viewed digital communication more positively as an accessibility tool and natural part of their social lives: "Doing it over an online chat is really

helpful... I can ask everything I would want to ask where I might be nervous to in person." They were more confident about managing online interactions while acknowledging the need for education about online risks.

6.5.6 Relationship Expectations and Timelines

Parents and guardians often focused on protecting their children from premature or inappropriate relationship experiences, sometimes expressing concern about any romantic involvement: "My daughter hyper fixated on older boys... teachers calling constantly."

Young adults advocated for their right to relationships while recognising they might need different approaches or timelines: "I think if I ever got into another relationship, it would take me years to want to be physically intimate." They emphasised accommodation and understanding rather than avoidance or delay.

6.5.7 Response to Discrimination and Stigma

Parents and guardians described fighting external battles against discrimination and stigma. Their advocacy focused on changing systems and policies to better serve their children.

Young adults were more focused on personal empowerment and self-advocacy: "Some people think we can't consent because we have cognitive disabilities, which is really annoying." While frustrated by discrimination, they emphasised proving their competence and demanding recognition of their autonomy.

6.6. Notable Insights and Implications

6.6.1 Sensory Considerations as Human Rights Issue

Both groups framed sensory accommodations not as special favours but as fundamental requirements for meaningful participation in social and intimate relationships. **Young adults' descriptions of sensory impact on consent capacity: "If I'm already overstimulated, I don't want anyone near me", reframe sensory accommodation as a consent issue.**

This perspective suggests that failing to provide sensory accommodations may compromise informed consent by limiting individuals' capacity to make genuine choices about their participation. The implications extend beyond education to broader social inclusion and accessibility in dating, social venues, and relationship contexts.

6.6.2 Masking as Systemic Vulnerability

The convergence of both groups around striving to maintain harmony as a significant risk factor suggests this represents a systemic rather than individual issue. Parents' and guardians' observations combined with young adults' recognition: "I wouldn't want to be convinced or persuaded into something if I didn't feel like it", indicate this vulnerability arises from social exclusion and marginalisation.

This suggests that addressing masking requires a broader social change to create more inclusive communities where Autistic individuals have multiple sources of social connection and do not feel a need to mask their genuine experience of a situation.

6.6.3 Digital Communication as Accessibility Innovation

The positive framing of digital communication by both groups challenges common assumptions about technology as a barrier to authentic human connection. Instead, participants described digital tools as enabling more authentic communication by removing barriers to expression.

Young adults' use of digital pre-planning: "We sometimes say, do you want to have sex later, and then we just kind of initiate it later without verbally saying it at that time" represents an adaptive strategy that maintains clear consent while accommodating communication differences. This suggests digital literacy should be recognised as an essential accessibility skill rather than potential danger.

6.6.4 The Peer Education Advantage

Young adults' strong preference for peer-led education aligns with growing evidence about the effectiveness of peer learning approaches. Their request for "people who've lived it" to lead education reflects the understanding that lived experiences provided credibility and relatability that professional expertise alone cannot offer.

The contrast with parents' and guardians' preference for professional-led approaches suggests the need for hybrid models that combine peer authenticity with professional structure and safety.

6.6.5 Environmental Justice and Social Participation

Parents' and guardians' descriptions of community safety concerns highlight how environmental factors can severely limit opportunities for social learning and relationship development. This frames consent education as a matter of equitable access: if young people cannot safely engage in social environments, their opportunities to develop and practice consent skills are compromised.

Similarly, young adults' observation that "Most young adults go clubbing... but that's completely sensorily overwhelming, so Autistic people don't really get those experiences" points to how mainstream social environments systematically exclude Autistic individuals from typical relationship development opportunities.

6.6.6 Intersectionality and Multiple Marginalization

Both groups recognised that Autistic individuals often hold multiple marginalised identities that compound their experiences. Parents' and guardians' advocacy for "comprehensive representation" and young adults' frustration with heteronormative assumptions highlight how traditional approaches fail multiple communities simultaneously.

The specific mention of asexual representation: "Include asexual people --- Autistic + ace people have a lot to figure out" points to particular complexity for individuals navigating both Autism and asexual identity, suggesting need for nuanced approaches that do not assume all individuals are seeking sexual relationships.

6.6.7 Lifelong Learning and Adult Development

Young adults' emphasis on ongoing learning needs: "How to navigate consent in a professional setting" challenges the typical focus of consent education on adolescence. Their perspective suggests that consent skills continue developing throughout adulthood and that educational provision should reflect this reality. This has implications for adult services, continuing education, and workplace training, suggesting that consent education should be reconceptualised as lifelong learning rather than one-time prevention programming.

6.6.8 The Double Empathy Problem

Young adults' recognition that "Double-empathy is huge; sensory mismatches with partners create problems" points to the broader double empathy problem identified in Autism research. This suggests that consent education should reflect both neurotypical and Autistic expressions of consent and environmental considerations, as the onus should not be on Autistic people to adapt.

6.6.9 Trauma-Informed Approaches

Both groups' descriptions of negative experiences and ongoing vigilance suggest the need for trauma-informed approaches to consent education. Parents' and guardians' descriptions of hypervigilance: "She won't leave the estate... hypervigilant" and young adults' reflections on past exploitation: "When I was a child, I didn't know what predatory behaviour looked like" indicates some Autistic individuals may have experienced violations that affect their ongoing capacity for trust and relationship formation.

This suggests consent education must be delivered in ways that acknowledge past trauma while building skills for future safety, requiring specialised training for educators and therapeutic support alongside educational provision.

6.7. Recommendations

6.7.1 Immediate Educational Improvements

Develop Autism-Specific Consent Curricula in line with Article 21 of the UNCRPD which notes the importance of disabled people having access to information in accessible formats and technologies: This can be achieved by creating comprehensive educational materials specifically designed for Autistic learners that incorporate visual supports, concrete language, practical scripts, accessible formats and opportunities for repeated practice. These materials should be developed with significant Autistic community input and tested for effectiveness with Autistic learners.

Develop Consent Curricula that reflect both Autistic and non-Autistic thinking: Create comprehensive educational materials specifically designed for Autistic learners that incorporate visual supports, concrete language, practical scripts, and opportunities for repeated practice. These materials should be developed with significant Autistic community input and tested for effectiveness with Autistic learners. Alongside, 'mainstream', consent should explicitly acknowledge and reflect both neurotypical and Autistic expressions of consent and environmental considerations, as the onus should not be on Autistic people to adapt.

Implement Peer Education Models: Establish peer education programs led by Autistic adults with the requisite training who can provide authentic, relatable perspectives on consent and relationships. These programs should complement rather than replace existing education, offering the credibility and connection that comes from shared experience.

Mandate Autism Training for Educators: Require all educators delivering consent and relationship education to receive training on Autism-informed approaches, including understanding of sensory processing differences, communication adaptations, and vulnerability factors.

The Role of the Department of Education and NCCA: In the commissioning of Relationships and Sexuality Education (RSE) information, the Department of Education has a responsibility to ensure such programmes are tailored to meet the unique needs of the Autistic community. Under the Public Sector Duty there is a legal obligation in Ireland for public bodies to eliminate discrimination, promote equality of opportunity, and protect human rights. Promoting human rights involves creating an environment in which people can learn in a way that is

accessible to them. The Department of Education and the NCCA must ensure that:

- Third Party providers of RSE training are fully informed to deliver RSE sessions to Autistic students. This can be achieved by requiring mandatory training of all staff who are providing RSE content.
- Training and upskilling RSE trainers is regular.
- Boards of Management are provided with the necessary tools to understand the unique needs of the Autistic community as identified in this research.
- Any future reviews of RSE curriculum involve meaningful engagement with Autistic students directly on this topic to better inform curriculum standards.
- A review and reflect feedback session takes place with Autistic students on their experience of RSE content.

Social Media as a Tool for Inclusive and Safe Consent Education: Social media companies have a growing role in shaping how young people understand relationships, sexuality, and consent. Collaboration with these platforms could support the dissemination of accurate, accessible, and inclusive information while reducing exposure to misinformation and harmful content. By promoting verified resources, strengthening content moderation, and integrating digital consent awareness features, social media companies can contribute meaningfully to sexual education and the prevention of coercive or unsafe online interactions.

6.7.2 Systemic and Policy Changes

Integrate Sensory Accommodation Standards: Develop and implement standards for sensory accommodation in all educational and social venues where consent education takes place. This includes lighting, sound, crowd management, and break opportunities.

Create Centralised Resource Hubs*:* Establish centralised, accessible repositories of age-appropriate, Autism-informed consent education resources that families and professionals can easily access and adapt for individual needs in keeping with Article 21 of the UNCRPD.

Develop Lifelong Learning Frameworks*:* Reconceptualise consent education as lifelong learning process with developmentally appropriate provision from early childhood through adulthood, including workplace and professional contexts.

Recommendation for the Adult Guardianship Service (AGS): It is recommended that the AGS develop accessible, autism-informed programs to support vulnerable individuals in understanding and exercising consent, while simultaneously safeguarding them from sexual abuse. This could include training

for guardians and support staff, practical guidance on navigating relationships safely, and clear reporting pathways to address concerns. Such initiatives would empower individuals to make informed decisions while ensuring their protection.

6.7.3 Community and Environmental Support

Address Environmental Barriers: Develop community-based supports that address environmental safety and accessibility barriers that limit Autistic individuals' opportunities for social participation and relationship development.

Create Autism-Accessible Social Venues: Support development of social and dating venues that accommodate sensory and communication differences, providing more opportunities for Autistic individuals to develop relationship skills in supportive environments.

Implement Community Education Programs: Develop education programs for neurotypical community members, including potential romantic partners, that increase understanding of Autism and improve communication across neurological differences.

6.7.4 Research and Evaluation

Conduct Longitudinal Outcome Studies*:* Implement research tracking the long-term effectiveness of different consent education approaches with Autistic individuals, measuring not just knowledge acquisition but real-world application and relationship outcomes.

Investigate Digital Communication Tools*:* Research the effectiveness and safety of digital communication tools as accessibility accommodations for consent negotiation and relationship development.

Study Intersectional Experiences: Conduct research specifically focused on Autistic individuals with multiple marginalised identities, including LGBTQIA+ and asexual Autistic individuals, to better understand their unique needs and experiences.

Integrating the Perspectives of Adults with Intellectual Disabilities: Future research and education initiatives should include the perspectives and experiences of adults with intellectual disabilities, as well as those of their parents and carers, to ensure that sexual education is inclusive, relevant, and reflective of their needs.

6.7.5 Professional Development and Support

Train Therapists and Counsellors: Provide specialised training for mental health professionals working with Autistic individuals on consent-related issues, including trauma-informed approaches and relationship counselling adapted for Autistic communication styles.

Support Parent Education: Develop resources and support groups for parents learning to navigate consent education with their Autistic children, including strategies for addressing a strong desire to meet others' expectations and environmental accommodations.

Create Professional Networks*:* Establish networks connecting professionals working in Autism and consent education to share effective practices, resources, and ongoing professional development opportunities.

6.8. Conclusions

This comparative analysis of parent and young adult perspectives on consent education for Autistic individuals demonstrates the profound inadequacy of current educational provision. The convergence of both groups around key themes - consent conceptualisation, communication adaptations, sensory considerations, and critique of mainstream approaches - provides strong evidence for the need and direction of reform.

The differences between groups particularly around autonomy versus protection and peer versus professional education suggest a need for hybrid approaches that honour both parental concerns and Autistic self-advocacy. The most effective supports will likely combine professional structure and safety oversight with peer authenticity and community involvement.

The insights emerging from this analysis extend beyond consent education to broader questions of social inclusion, accessibility, and human rights for Autistic individuals. Framing sensory accommodation as a consent issue, recognising masking as potential systemic vulnerability and understanding digital communication as accessibility innovation all represent paradigm shifts with implications far beyond educational programming.

Moving forward, the Autism community has provided clear direction for improvement: Autism-informed approaches developed with authentic community involvement, recognition of lifelong learning needs, attention to intersectional identities, and integration of consent education with broader social inclusion efforts. The thoughtfulness demonstrated by both parents and guardians of Autistic children and young Autistic adults provides a strong foundation for optimism that significant improvement is both possible and overdue.

The voices captured in this research make clear that Autistic individuals are demanding recognition of their capacity for relationships, while requesting the accommodations and support necessary to exercise that capacity safely and effectively. Meeting these reasonable and well-articulated needs should be

considered not just educational best practice, but a matter of human rights and social justice.

7. GENERAL CONCLUSION

This research highlights a clear and urgent gap in consent and sexual education for Autistic individuals in Ireland. Despite strong rights frameworks, current educational provision remains inconsistent, inaccessible, and insufficiently tailored to Autistic learners' diverse needs. Autistic young people and their families report confusion, vulnerability, and unmet support needs, particularly around communication, sensory factors, online safety, and practical strategies for navigating real-world consent. Parents and educators alike express uncertainty and lack of resources, while systemic barriers—such as limited training, school infrastructure challenges, and stigma—compound these difficulties.

To move forward, education must be reimagined to be Autism-informed, inclusive, and practically applicable, with meaningful input from Autistic voices at every stage. This includes explicit communication strategies, concrete examples, sensory-aware approaches, recognition of diverse gender and sexual identities, and integration of online consent education. At a broader level, policy, professional training, and community resources must align to ensure Autistic individuals are empowered to exercise autonomy, assert boundaries, and experience safe, fulfilling relationships.

Crucially, this work must be understood within the rights framework of the UNCRPD, which affirms the right to accessible information as a foundation for making informed choices. Without clear, tailored, and accessible education, Autistic individuals are denied the very tools needed to understand consent and protect their wellbeing. Linking inclusive practice to this rights-based obligation strengthens the case for systemic reform: accessible, Autism-informed consent education is not optional but essential to enabling Autistic people to exercise autonomy and equality in their intimate and social lives. By acknowledging these gaps and embedding accessibility as a rights imperative, Ireland has the opportunity to lead in developing a model of inclusive, protective, and empowering sexual education that truly serves all.

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APPENDIX

Search Results EMBASE

No.	Query	Last Run Via	Results
#1	'autism'/exp OR 'autism' OR 'autistic' OR 'asd' OR 'asperger*' syndrome*' OR 'asperger* disorder*'	Embase	149,486
#2	sexual education'/exp OR (sex* NEAR/4 (information OR 'health literacy' OR 'health program*' OR education* OR instruct* OR training OR program*)) OR 'bystander training' OR ('sexual health' NEXT/2 education*) OR 'sex* health' OR 'sex* attitude*'	Embase	128,428
#3	#1 AND #2	Embase	495
#4	'informed consent'/exp OR 'social competence'/exp OR 'privacy'/exp OR 'personal autonomy'/exp OR ('sexual* health' NEAR/2 (information OR 'health literacy' OR 'health program*')) OR 'bystander training' OR (capacity NEAR/2 consent) OR 'relationship*' OR 'interpersonal communicat*' OR ('social skill*' NEAR/2 training) OR 'privacy' OR 'body autonomy' OR 'bodily autonomy' OR ((clear OR continuous OR 'coercion free' OR conscious OR informed) NEAR/3 (consent* OR boundar*)) OR (sexuality NEAR/2 maturity) OR (meaningful NEAR/3 ('social relationship*' OR 'adult relationship*')) OR (sex* NEAR/2 (expression* OR act* OR adult* OR activit* OR pleasure* OR desire* OR practice* OR behaviour* OR intercourse OR causal)) OR 'physical touch*' OR 'respecting space*' OR 'respecting boundar*' OR 'words of affirmation' OR 'info* dumping' OR 'receiving intimacy' OR 'squishing' OR 'hugs' OR 'hugging' OR 'hug' OR 'massage*' OR 'empathic gesture*' OR 'story swapping' OR 'giving love' OR 'giving affection' OR 'receiving love' OR 'receiving affection' OR 'infodumping' OR 'info* dump*' OR 'parallel play' OR 'support swapping' OR 'deep pressure' OR 'penguin pebbling' OR 'spoon swapping' OR 'neurodivergent relationship*' OR 'navigating relationship*' OR 'social cue*' OR 'social challenge*' OR 'emotional connection*' OR 'communication boundar*' OR 'healthy relationship*' OR 'displaying affection' OR 'kissing' OR 'red flag*' OR 'cuddling' OR 'physical intimacy' OR 'romantic relationship*' OR 'inappropriate behavior*' OR 'inappropriate behaviour*' OR 'discuss* boundar*' OR 'discussing personal' OR (discuss* NEAR/2 boundar*) OR 'withdraw* consent' OR 'feel* uncomfortable' OR 'clear* communication*' OR 'nonverbal cues*' OR 'verbal cues' OR (check* NEAR/2 periodically) OR 'ignor* cue*' OR 'misunderstand* cue*' OR 'misunderstood cue*' OR 'consensual act*' OR 'sexual liaison*' OR 'sexual intercourse' OR 'eye contact' OR 'leaning toward*' OR 'reading cue' OR 'reading cues' OR 'flirt*' OR 'active listening' OR 'facial expression*' OR 'building relationship*' OR (partner NEAR/2 empathizing) OR 'satisfying relationship*' OR 'romantic experience*' OR 'honesty' OR 'reliability' OR 'loyalty' OR 'tone' OR 'eye-rolling' OR 'passive aggressive' OR 'passive-aggressive' OR 'overstimulat*' OR 'social norm*' OR 'averse to change' OR 'personal boundar*' OR 'want to have sex' OR 'wanting sex' OR 'wanting intimacy' OR 'demanding sex' OR 'demanding intimacy' OR 'pulling away' OR 'turning away' OR (responding NEAR/2 touch) OR 'intoxicated' OR 'misunderstood social cue*' OR 'expressed verbal*' OR 'nodding' OR 'reciprocal interest' OR (confirming NEAR/2 interest) OR 'stop* at any time' OR 'acknowledg* no' OR 'incapacitated' OR 'fear of intimidation' OR (relationship NEAR/2 desire*) OR 'overstimulation' OR 'sensory break' OR 'awkward silence*' OR 'body doubling' OR 'vocal stim*' OR 'stim* together' OR 'natural stims' OR 'sharing special interest*' OR 'sharing interest*' OR 'tolerance for sameness' OR 'communicating love' OR 'echolalia' OR (comfort* NEAR/2 silence*) OR (healthy NEAR/2 conflict*) OR (expression* NEAR/2 love) OR 'sensory discomfort' OR 'tactile sensitivity' OR 'auditory overload*' OR 'love bombing' OR 'excessive courtesy' OR 'excessive favour' OR 'excessive affection' OR 'excessive favor*' OR 'deceptive intention*' OR 'manipulative intention*' OR 'rejection-sensitive dysphoria' OR 'rejection sensitive dysphoria' OR 'infantiliz*' OR 'clingy' OR 'spoken expectation*' OR 'unspoken expectation*' OR 'frustration tolerance' OR 'emotional overwhelm*' OR 'both on the same page' OR 'mutual consent' OR 'mutual agreement*' OR 'intentionally misled' OR 'against their will' OR 'initiator behaviour*' OR 'initiat* behavior*' OR 'initiat* behaviour*' OR 'possessiveness' OR 'guilting' OR 'unhealthy relationship*' OR 'manipulation' OR 'controlling behaviour' OR 'controlling behavior*or responsibility deflection' OR 'extreme feeling*' OR 'intensity' OR 'belittling' OR 'sabotag*' OR 'volatility' OR 'deflect responsibility' OR 'suffocated' OR 'outlying situation*' OR devaluation OR 'outside concern*' OR (consensual NEAR/3 (sex* OR intercourse)) OR (direct NEAR/2 communication) OR (respecting NEAR/3 other*) OR (voicing NEAR/2 boundar*) OR ('roller-coaster' OR 'roller coaster') NEAR/2 emotion*) OR ('body language' NEAR/3 signal*) OR (unequal NEAR/2 dynamic*) OR (interpret* NEAR/2 boundar*) OR (uncomfortable NEAR/2 (behavior* OR behaviour*)) OR (fram* NEAR/2 boundar*) OR 'sexual violence'/exp OR 'sexual harm*' OR 'sexual abuse' OR 'sexual violence' OR 'sexual assault*' OR 'sexual* abusive' OR 'coerced sexual act*' OR 'rape' OR 'molested' OR 'unwanted sex' OR 'indecent exposure' OR 'sexual exploitation' OR 'sexual harassment*' OR 'stealthing' OR 'spiking' OR 'sex offense*' OR 'sexual offense*' OR (sex* NEAR/2 boundar*) OR (personal* NEAR/2 boundar*) OR (communicate NEAR/2 refusal) OR 'consensual relationship*' OR (promot* NEAR/2 relationship*) OR victimization OR victimisation OR 'adult intervention*' OR empower* OR 'expressing sexuality' OR 'positive approach*' OR (communicat* NEAR/2 refusal*)	4,482,781	
#5	#3 AND #4	Embase	244

Author	Year	Study Design	Sample size	Actually participating in the study	Mean age	Non-Autistic Control	Relationship	Intervention	Follow-up
Au Yeung et al.	2024	Comparative interpretative phenomenological analysis	10	Yes	21	10	Peers	One-to-one semi-structured interviews	No
Barnett et al.	2015	Thematic analysis	24	Yes	37	N/A	N/A	Semi-structured, Internet-facilitated interviews	No
Beato et al.	2024	Thematic analysis	22	Yes	23.75	N/A	N/A	Sociodemographic questionnaire	No
Bloor et al.	2022	Qualitative psychological analysis		N/A	N/A	13	Educators	One-to-one interviews	No
Brown et al.	2025	Qualitative analysis	123.7	No	N/A	11	Schools	Online interviews and semi-structured interviews	No
Cosgrove et al.	2024	Qualitative analysis	4	Yes	38	4	Parents	Focus+W7 groups	No
Greene et al.	2024	ND		No	N/A	9	Community-based stakeholders and academic researchers	four-module sexual consent intervention for adolescents with ID	
Kenny et al.	2021	ND	150	No	9.85	87	Parent/Guardian	Online interviews	Yes
Oğur et al	2025	Single subject research model	3	Yes	21-23	N/A	N/A	Video Visual Scene Display-Assisted Behavioral Skills Training	2-4 weeks FU
Panagiotakopoulou et al.	2024	Qualitative methodology		No	12-18	10	Parents	Semi-structured interviews	No
Pugliese et al.	2020	Pre-test/post-test-controlled study design	84	Yes	13.1	N/A	Parents	Supporting Teens with Autism on Relationships (STAR) program	No
Sharma et al.	2024	Cross sectional design	25	Yes	22.04	40	Peers	Cross sectional study	No
Smusz et al.	2024	Thematic analysis	12	Yes	18-25	22	Peers	Semi-structured interview	No
Stankova et al.	2021	Semi-structured interview	3	Yes	12.67	6	Parents	Semi-structured interview	No

Table xy: FU – Follow-up, ID – intellectual disaability, ND – not defined

Focus Group Questions: Young Adults

Part 1 – Introduction - 10mins

Let's just go around the room and introduce yourself, using your pronoun if you find it helpful.

What is your name? Are you in school? Work? What hobbies do you enjoy?

Part 2 - Consent & You - 20 mins

1. What does consent mean?

Consent is the voluntary agreement or a joint decision to engage in sexual activity. This agreement can be verbal or non-verbal but should be given freely by individuals capable of consenting.

This means that participants should be over the legal age of consent (which is 17 years in Ireland), not incapable of consenting because of the effects of drugs or alcohol, and not asleep or unconscious.

Consent should never be assumed – it should be a clear, ongoing & continuous process in every new or repeated sexual encounter. You can change your mind at any time.

What does consent mean to you/what word(s) do you associate with consent?

2. What does consent look like for you in everyday situations? Can you think of examples where someone checks in with you or asks if something is, okay?

3. What are some signs or actions that might show if someone is feeling uncomfortable or unsure in a situation?

4. In what ways do sensory processing patterns (touch, sound, smell, lighting) affect how comfortable you feel with intimacy or sexual contact?

5. What style of communication do you prefer when giving consent, especially when you might feel unsure or pressured in a situation?

Part 3 – Consent Education - 20mins

6. How well did your sex education—whether in school, at home, or online—cover the communication and sensory aspects of intimacy? Was there a consideration of neurodiversity?

7. How could resources be more inclusive of Autistic people's needs?"

8. What kinds of resources or lessons do you feel would be most helpful for handling consent and safety?

9. If you could advise teachers, counsellors, or caregivers on teaching sexual consent, what would you say?

10. Is there anything we have not asked that you think is important for understanding consent in neurodiverse communities?

Part 4 – Culture & Consent – 20mins

11. Are attitudes and perceptions towards sexual relationships and encounters the same or different for Autistic people?

12. What are some of the challenges Autistic people might experience when dating, engaging in sexual relationships and encounters?

13. How do Autistic people deal with these challenges?

Part 5 - Close - 10 mins

· What are your reflections on our discussion this today/ this evening?

· What discussions were of most interest to you?

· What is the most important piece of feedback we should give to ASIAm, DRCC?

Close of session

Focus Group Questions: Parents / Guardians of Autistic Children

Part 1 – Introductions - 10mins

Let us just go around the room and introduce yourself, using your pronoun if you find it helpful.

What is your name? How many children do you have? How old is your Autistic child? Are they in school? work? Have they been or are they in a relationship with someone else?

Part 2 – Your Child & Consent – 20mins

1. How does your child communicate consent? What cues/words/gestures do you teach your child to use to demonstrate giving or refusing consent?

2. Have you noticed times your child seemed unsure whether someone else was okay with a hug or touch—or unsure how to say no?". Have you noticed times your child seemed unsure whether someone else was okay with a hug or touch—or unsure how to say no? Has your child ever felt pressured—at school, family gatherings, therapy—to accept physical contact (e.g., hugs) they did not want?

3. How do sensory sensitivities (touch, sound, light, smell) influence your child's comfort in physical or social contact?"

4. Which communication styles work best for your child when talking about body boundaries—direct words, picture cards, social stories, role-play?

Part 3 – Consent Education - 20mins

5. How well have schools covered consent, body autonomy, and sensory needs for your child? If teachers, therapists, or policymakers asked for one change to better teach consent to Autistic kids, what would you recommend?"

6. What resources would most help you support your child: parent workshops, illustrated books, online modules, peer-led groups?

7. Is there anything else we should understand about parenting an Autistic child around consent and personal safety?

Part 4 – Culture & Consent – 20mins

8. Are attitudes and perceptions towards sexual relationships and encounters the same or different for Autistic people? In what way are things different or the same?

9. What are some of the challenges Autistic people might experience when dating, engaging in sexual relationships and encounters?

10. How do Autistic people deal with these challenges?

Part 5 - Close - 10 mins

· What are your reflections on our discussion this evening?

· What discussions were of most interest to you?

· What is the most important piece of feedback we should give to AsIAm, DRCC?

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