FREE MATERIAL · FAMILIES, SCHOOLS AND CLINICS

Body, privacy and autonomy

Sexuality and neurodivergence, from childhood to adolescence — and why this is a protection issue.

Paula Lins

Speech-Language Pathologist · CRFa 1-13828 RJ

@paulalinsrj

Na Rota do Afeto

Social program of Instituto Greenspan Floortime Brasil

CNPJ 68.802.225/0001-03

Na Rota do Afeto

capacitando e interagindo pelo mundo

Why this booklet exists

Because silence about the body protects no one. It leaves the child alone with it.

When the subject is the body, privacy and sexuality, neurodivergent children usually receive *less* information than others, not more. The assumption is that she "won't understand", that she is "still a child", or that talking about it will awaken something.

The effect is the opposite of what was intended. **A child who cannot name her own body, who has learnt that this area is shameful, and who has learnt that a grown-up's secret is kept, is a child with no means of reporting what is done to her.**

How to use this booklet

It treats the body and sexuality as a matter of development and of protection — not as a behaviour problem. It does not replace individual assessment; some situations need specific follow-up.

Two different questions

What separates behaviour management from a developmental perspective.

Faced with the same scene — an autistic adolescent touching himself in the living room — two adults can ask entirely different questions.

The management question

"How do I make this stop?"
The behaviour is the problem. The aim is to reduce its frequency. Success is measured by decrease. The person does not appear — only the conduct, the antecedent and the consequence.

> **The developmental question**
>
> **"What is this person experiencing, what has she not yet had a chance to learn, and what does she need in order to live this with autonomy and safety?"**
> The behaviour is not the target — it is information about where the person is. The goal is not silence: it is competence.

Why this is not a theoretical argument

- **Teaching context** is not the same as extinguishing. One builds a rule that lasts a lifetime; the other produces suppression in front of whoever is watching.
- **Working on regulation** is not the same as blocking access. One meets the need; the other only closes the route, and the need reappears elsewhere.
- **Preparing for puberty** is not the same as postponing it "because he won't understand". The body changes regardless — the only real choice is whether he arrives informed or unsupported.
- **Teaching consent** is not the same as teaching obedience. One gives a person the right to refuse; the other removes precisely the defence she most needs.

The part usually avoided

Neurodivergent people have desire. They want connection, affection, contact. That does not disappear because the family does not discuss it, nor because a report describes something else.

Treating a person as a permanent child does not suspend their sexuality — it simply leaves them **with an adult body and a child's information.** Which is exactly the combination that produces vulnerability.

Education about the body is protection

Children and adolescents with disabilities are among the groups most exposed to sexual violence.

Several factors add up: dependence on adults for intimate care, communication difficulties, a history of compliance training, less access to information, and less credibility when they do report.

Three things increase vulnerability, and all three are avoidable:

- **Not being able to name.** Without a word for the body part, there is no way to report what happened to it.
- **Having learnt that it is shameful.** Shame silences. The child fears she is the one at fault and says nothing.
- **Having learnt to obey without exception.** Years of reinforced compliance erode the capacity to refuse.

> ### The reversal worth keeping
>
> Repression does not protect — it **exposes**. The child taught matter-of-factly about her own body is the one who can say that something wrong happened.

Start with vocabulary

Correct names for body parts, early, without nicknames. Nicknames create a code that only works at home; an outsider may not understand a report made in it.

For children who do not speak, the communication system has to include this vocabulary — body parts, pain, **"no", "stop", "I didn't like it", "I want to leave"** — and be usable **independently**, with no physical support and no hand being guided.

Self-stimulation: what is expected

Touching one's own body is common in development, in any child.

Children discover their bodies and discover that certain parts produce pleasant sensation. This is not a sign of precocity, of deviance or of abuse — in most cases it is typical development happening.

What differs in a neurodivergent child is usually not the frequency. It is the context. The social rule that this is done in private is normally learnt implicitly, by observation — and a child who does not learn implicitly simply has not learnt it. Nobody taught her.

What presents as "inappropriate behaviour in public" is, almost always, **a rule that was never taught explicitly.**

The function may be something else

In some children the behaviour is regulatory: it appears during overload, anxiety, boredom or dysregulation, and works as a search for predictable sensory input. Noticing **when** it happens is more informative than counting how often.

First: rule out a physical cause

A sudden increase in genital touching can have a medical cause. Before any behavioural reading, check with the paediatrician: urinary infection, dermatitis, constipation, pinworms, tight clothing or seams, anatomical issues, or a side effect of medication. **New behaviour deserves a medical check before a behaviour plan.**

What to do

The aim is not to eliminate the behaviour. It is to teach context.

- ✓ **Teach the rule explicitly and literally.** "This is something you do on your own, in your room, with the door closed." No metaphors, nothing implied.
- ✓ **Define what a private space is.** Many children have no clear idea. Establish it: bedroom and bathroom are private; living room, kitchen, car and school are not.
- ✓ **Use visual support.** A card or a picture sequence works better than repeated verbal instruction — and allows redirection without embarrassment.
- ✓ **Redirect neutrally.** No alarm, no disgust, no audience. "That's for your room. Shall we?"
- ✓ **Teach hygiene alongside.** Washing hands before and after. This frames it as body care, not transgression.
- ✓ **Address the function, if it is regulatory.** If it appears under overload, the work is about regulation — widening repertoire, anticipating triggers, offering sensory alternatives.
- ✓ **Use the same language at home, at school and in therapy.** Different rules in each place are not learnt.

What not to do

- ✗ **Do not punish, shame or expose.** Shame does not teach context — it teaches secrecy. And secrecy is the environment in which abuse thrives.
- ✗ **Do not call it dirty, ugly or sinful.** The child generalises to her whole body and loses the ability to report.
- ✗ **Do not restrain physically** or fasten clothing to prevent access.
- ✗ **Do not discuss it in front of other people**, including siblings, and including when you think the child does not understand.
- ✗ **Do not assume abuse automatically.** In most cases it is not — and assuming without basis causes real harm.
- ✗ **And do not dismiss the possibility without looking.** Some signs do call for investigation.

When to investigate

Most cases are development. Some are not.

These signs confirm nothing, but they justify seeking assessment and, where there is suspicion, contacting child protection:

- **Sudden onset** in a child who did not show the behaviour, with no medical cause found.
- **A compulsive quality**, with evident distress and inability to stop or to engage in anything else.
- **Injury, bleeding, pain** or marks in the genital area.
- **Sexual knowledge or vocabulary incompatible** with the child's age and exposure.
- **Re-enactment with another child**, with dolls or with adults.
- **New refusal** of a specific person, a place, bathing or changing.
- **Regression** of established skills, alongside changes in sleep or eating.

If you suspect: do not investigate, report

Do not ask who, how or how many times. Do not ask the child to repeat. Write down the date and the exact words or signs she used, and contact the child protection service where you are. **Suspicion is enough — proof is not your job.**

Privacy in daily care

Many neurodivergent children need help with bathing, changing and hygiene for longer. That calls for more care, not less.

- **Announce before touching**, always, even with a child who does not respond. “I'm going to wash your leg now.”
- **Name what you are doing.** This teaches vocabulary and establishes what expected care looks like.
- **Limit how many people** provide intimate care, and know exactly who they are.
- **Teach the difference** between care touch — by someone with permission, with a clear purpose, never secret — and anything else.

- **Transfer autonomy step by step.** Every stage the child does alone reduces exposure.
- **No intimate care is a secret.** Say it plainly: “nobody asks you to keep a secret about your body.”

> **The secret rule**
>
> Teach it early and repeat it: **a secret that gives you a knot in your stomach gets told.** And no real grown-up asks a child to hide something from their parents or carers.

Puberty: prepare in advance

Puberty arrives at the same age, whatever the diagnosis.

Neurodivergent adolescents often reach puberty with no preparation at all, because families postpone the conversation. The body changes anyway — and change without warning, for someone who struggles with the unpredictable, is a source of real distress.

- **The physical changes**, named and explained before they happen, with visual support.
- **Menstruation**: what it is, that it is not an injury, what to do, how to change, where to dispose. Rehearse the routine beforehand.
- **Erections and nocturnal emissions**: that they are normal, involuntary, and what to do.
- **Hygiene**: deodorant, daily washing, changing underwear — as a visual routine, not as nagging.
- **Privacy of one's own room**, and the right to a space.
- **Sensory sensitivity**: pads, bras, body hair, new smells. The discomfort is real and needs a practical solution, not insistence.

Adolescence

Neurodivergent adolescents have desire, want connection, and have a right to information.

- **Consent**, both ways: nobody may do anything with his body without permission, and he must ask for and respect permission too.

- **How to recognise coercion** — insistence, blackmail, threats to end the relationship, "if you loved me".
- **Public and private**, applied to adolescence: what is done, where, and what is not shown.
- **Online safety.** This is where vulnerability concentrates: requests for photos, adults posing as peers, blackmail after an image is sent. Make it explicit that if this happens, **he will not be in trouble for telling.**
- **Literal social reading.** Kindness is not romantic interest; romantic interest is not always stated clearly. This has to be taught explicitly.
- **Who to turn to** — a concrete list of people, not "talk to me".

For schools

- **Remove from the situation discreetly** and redirect without an audience. Never draw attention in front of the class.
- **Use the same visual support and the same phrase** agreed with the family and the therapy team.
- **Record objectively**: date, time, context, what was observed. No interpretation, no judgement.
- **Inform the family in a private meeting**, in descriptive language and without alarm.
- **Do not use the episode as grounds for suspension** or exclusion from activities.

- **Ensure accessible toilets and privacy** — many situations arise from the lack of an adequate space.

This booklet offers guidance on care and communication. It is not legal advice and does not describe the laws or services of any particular country. Procedures for reporting and for hearing a child differ between countries — always check what applies where you are.

Paula Lins · CRFa 1-13828 RJ · @paulalinsrj
Na Rota do Afeto — Social program of Instituto Greenspan Floortime Brasil · CNPJ 68.802.225/0001-03.

Na Rota do Afeto
capacitando e interagindo pelo mundo

Local contacts

Fill this page in with the services available where you are.

Every country organises child protection differently. Before you need them, find out which of these exist near you and write them down here.

Emergency number

Child protection authority

Police / specialised unit

Health service

Free legal assistance

School contact

Other notes