PARENTAL PERSPECTIVE ON AUTISTIC ADOLESCENTS' SEXUALITY

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Abstract. Autistic adolescents experience sexual development much like their neurotypical peers but they often lack adequate sexual knowledge due to social communication deficits and limited access to sexuality education. Parents, being those who are aware of their children's development, or lack thereof, become the primary source of sexuality education, yet they face significant challenges in such communication. However, parent-child sexuality communication remains under-researched in Malaysia. This study explored Malaysian parents' awareness of their autistic adolescents' sexual behaviours and their perceptions of the need for sexuality communication. Using a qualitative, phenomenological approach, in-depth interviews were conducted with mothers of adolescents with autism and analysed thematically. Findings revealed that mothers were aware of their children's emerging romantic interests and self-stimulating behaviours. However, conversations regarding complex sexuality topics were largely avoided due to adolescents' perceived lack of readiness and autism-related deficits. Despite this, mothers believed sexuality communication was necessary, primarily to protect their children from sexual exploitation, discourage socially inappropriate behaviours, and to promote personal hygiene. Findings underscore parents' responsibility in being mindful of adolescents' sexual development and to foster a safe and informed sexual environment for adolescents with ASD. This study contributes to literature on parent-child sexuality communication in Malaysian families with autistic adolescents.
Keywords: *parent-child, sexuality communication, autism spectrum disorder, adolescents, Malaysia*

Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social communication and social interaction, as well as the presentation of restricted, repetitive patterns of behavior and interests (Harm et al., 2013). In the Malaysian Education Blueprint, ASD is recognized under special educational needs (MOEM, 2013). Although there is no updated statistic on the prevalence of ASD in Malaysia to date, a feasibility study conducted by MOHM (2014) on children under the age of 3 reported a prevalence rate of 1.6 in 1000 children diagnosed with ASD (MOEM, 2013). This figure is assumed to have increased over the years (Ramachandram, 2019). Numerous studies have shown that regardless of their deficits, autistic adolescents with varying severity types develop sexuality the same way their nonautistic peers do (Maggio et al., 2022; Joyal et al., 2021; Lestari and Aunurrahman, 2021; Pecora et al., 2020; Muslikhah and Rudiyati, 2018; Schöttle et al., 2017; Koller, 2000). Sexuality can be defined by the attitudes and behaviours involved, which include "physical development (e.g. hormonal changes, physical maturation) and sexual behaviour (e.g. masturbation, intercourse, sexual contact), sexual knowledge, desire and interest, emotional attachment, attitudes, identity, and sexual orientation" (Holmes et al., 2016). It is important to note that despite their sexual development, autistic adolescents show lack of sexual knowledge and awareness (Maggio et al., 2022; Joyal et al., 2021; Lestari and Aunurrahman, 2021; Pecora et al., 2020; Muslikhah and Rudiyati, 2018; Schöttle et al., 2017; Koller, 2000). A scoping review by Ibrahim et al. (2023) concluded that high functioning autistic adolescents show more inappropriate and

problematic sexual behaviours when they have little sexual knowledge and education, as compared to neurotypical adolescents with the lack of the same knowledge and education. This is due to the deficits in social behaviour and knowledge, thus making them a more vulnerable group of people. With this, parents, as primary caregivers of these adolescents, play significant roles in educating their children on matters relating to their sexuality, but parents often face great challenges in their sexuality communication (Azmi, 2024; Siah and Ramachandram, 2024; Eunice and Zhooriyati, 2022; Ballan, 2012). Parents of autistic children have little awareness of their children's sexuality development due to their lack of knowledge or they underestimate their child's sexual experiences (Torralbas-Ortega et al., 2023; Lestari and Aunurraham, 2021; Dewinter et al., 2015). The lack of sexuality communication then puts the child at risk of engaging in harmful self-directed or others directed sexual behaviours, while parent-child sexuality communication becomes a predictor of safer sexual behaviours (Trew and Russell, 2024; Ibrahim et al., 2023; Muslikhah and Rudiyati, 2018). This is not only the case for parents and their adolescent children with ASD, but also for parents and their typically developing adolescent children (Widman et al., 2016; De Looze et al., 2015).

Autism symptoms that contribute to the risk of harmful sexual behaviours among autistic adolescents include, the lack of social skills and limited understanding of social norms, which result in the misinterpretation and misunderstanding of social and sexual situations, leading to inappropriate behaviours to self and others (Trew and Russell, 2024). Not only that, the lack of social awareness hinders the ability to assess the appropriateness of certain behaviours to be carried out in public or private situations, as well as the understanding of the methods and reasons to practice personal hygiene (Kalyva, 2010). In addition to that, restricted interests and repetitive behaviours cause autistic individuals to develop intense interest in specific sex topics or sexual materials, which may be manifested inappropriately (Trew and Russell, 2024). For adolescents with more severe levels of autism, the outcome of an incongruence between their cognitive abilities and their sexual development is serious sexual related self-harm (Pryde and Jahoda, 2018) such as extreme and inappropriate masturbation to the extent of physical injury (Eunice and Zhooriyati, 2022). All these autistic features also increase individuals' risk of becoming victims of sexual assault (Kenny et al., 2020).

The topic of parent-child sexuality communication is an important one especially within the population of autistic adolescents given that previous research evidence prove that parental awareness and communication of sexuality is a predictor of improved sexuality knowledge, healthier sexual behaviours, as well as prevention of sexual victimization among autistic adolescents. In addition, studies on sexuality among autistic adolescents till date are scarce (Maggio et al., 2022). Therefore, the present study aims to build upon previous literature by exploring parents' awareness of their autistic adolescent's sexual behaviours, as well as parents' perception of the need of sexuality communication with their adolescent children with ASD.

Literature review

In a study investigating adolescents' reports of sexual experiences against parents' report of their children's experience, the majority of parents were either unaware or uncertain of their children's partnered and solo sexual experience. Solo sexual experiences such as masturbation and experiencing an orgasm are habits done in private. With regard to these behaviours, parents' assumptions were more that of uncertainty rather than incorrectly assuming that their children did not carry out the

behaviours. Parents were more aware of their children's partnered sexual behaviours compared to their solo sexual experiences. However, for parents who underestimated the experience, the reason may be attributed to the lack of discussion of sexual experience between parent and adolescent (Dewinter et al., 2015). Parents also reported uncertainties in understanding the patterns of sexual development between autistic and typically developing children. To some extent they were aware that autistic children develop sexually like any other child, but with autistic children having a more inconsistent pattern of development, eventually concluding the differences between the two groups' development (Chamidah and Jannah, 2017; Mackin et al., 2016). Parents in Lestari and Aunurraham (2021) study were aware of their adolescent children's self-directed sexual behaviours especially self-stimulating activities (leading to later masturbation) but claimed to not know how to behave when they found their children engaging in those activities. Often times they directed their children to stop the behaviour with little to no sexuality communication to accompany the instruction. These parents were also aware of their children's budding romantic interests based on their behaviour directed towards the opposite sex. However, as a whole, these parents' sexuality communication were of the theme of prohibition, done to prevent unwanted public sexual behaviours and to ensure personal hygiene, rather than to provide sexuality knowledge (Azmi, 2024; Eunice and Zhooriyati, 2022; Lestari and Aunurraham, 2021; Abdullah et al., 2020; Chamidah and Jannah, 2017; Ballan, 2012). On the contrary, it was also common for parents to report that their children do not show any interest or reaction to sexuality related concepts (Iqbal et al., 2023; Chamidah and Jannah, 2017). Similarly, Torralbas-Ortega et al. (2023) and Ballan (2012) identified that some families of adolescents with ASD believed that their children do not have sexual needs, as such they do not think there is a need to address nor educate their children about these needs. However, parents' perceptions identified through their self-reports might not be accurate as they tend to either overestimate their knowledge about their children's sexual experiences or underestimate their children's actual experiences (Joyal et al., 2021). This is in line with Hartmann et al. (2019), who found that parents reported fewer privacy and sexual behaviours, and higher sexual victimization compared to what was experienced and reported by the young adults with ASD. This discrepancy reflects parents' lack of awareness of their children's sexual behaviours and experiences.

Typically, there are several groups of parents in terms of their perception of the need to engage in sexuality communication with their adolescents with ASD. Parents who engage in sexuality communication with their children because they believe it is important to prevent their children from being victims of sexual exploitation or abuse (Siah and Ramachandram, 2024); parents who are concerned that their children might unknowingly be sexual offenders due to their tendency to misinterpret social cues, as well as the lack of awareness of behaviours which are considered socially unacceptable; parents who think there is no need for their children to have any sexuality knowledge as they believe that their adolescent children do not experience any interest in sexuality (Lestari and Aunurraham, 2021; Kenny et al., 2020) due to their intellectual disability; parents who believe that by exposing their children to sexuality topics, it would put ideas into their children's minds; and finally parents who would rather prioritise trainings on academic and daily living skills rather than sexuality education (Siah and Ramachandram, 2024). These different beliefs would influence parents' perception of the need to engage in sexuality communication with their children, and later determine

their communication likelihood. According to Torralbas-Ortega et al. (2023), neurotypical family members' lack of knowledge and skills are a contributing factor to their resistance to engage in sexuality communication with their adolescent children with ASD. Parents of autistic children saw themselves as the primary source of sexual education for their children. As their fears and concerns for their children drove their sexual education, these parents engaged in sexuality communication covering topics of maturation, consequences of sexual behaviour, and issues of social navigation.

Materials and Methods

Qualitative research design was used not only to obtain an in-depth understanding of parents' sexuality communication with their adolescent children with ASD, but also to narrow the knowledge gap that exists due to past studies' predominantly quantitative methodology used to investigate parent-child sexuality communication. Qualitative design with a phenomenological research approach was used to obtain an understanding of parents' lived experiences, through their own perspective of their awareness of their autistic adolescents' sexual behaviours and parents' perception of the need of sexuality communication with their adolescent children with ASD. Parents were eligible to participate if, (i) they reported that they had an adolescent child of the age10 to 19 years (considering the onset of puberty as beginning at 8 to 15 years of age (Kipke, 1999); (ii) their child has a clinical diagnosis of ASD by a certified medical practitioner (licenced clinical psychologists, psychiatrists, or paediatrician in a manner consistent with the DSM-5 definition); (iii) they have experienced sexuality communication with their children (irrespective of the content and frequency of their communication); and (iv) they are Malaysian citizens, this is to bridge the knowledge gap due to the lack of research done on parent-child sexuality communication in Malaysia. To establish whether the children have a clinical diagnosis of ASD and if the parents had previously discussed sexuality with them, several screening questions were asked before confirming and scheduling the interview. These included questions like, "What is your child's ASD diagnosis?", "When and where was the diagnosis made?", and "Have you had conversations about sexuality with your child before?" Participants in this study were selected through purposive sampling based on the specified criteria. They were recruited from a range of therapy centers, institutions, and organizations that support individuals with ASD in Selangor, Kuala Lumpur, and Perak, as well as through Malaysian autism groups on social networking sites. Selangor and Kuala Lumpur were prioritized due to their high levels of urbanization and industrialization, which foster a diverse population and greater access to ASD-related services (Moore and Bedford, 2017; Neik, 2014). Autism centers in Perak were also included for reasons of convenience and the researcher's familiarity with the area. The participants who volunteered and consented were then invited to have a one-on-one semi-structured tele interview to better accommodate their schedules.

Results and Discussion

A total of 6 mothers of adolescents with ASD were interviewed. Their children, sons (4) and daughters (2) were between the ages of 13-17 years. In the following section, the mothers will be identified as participants (P1-P6) and by their children's gender, son (S) and daughter (D). The severity of children's ASD are in the range of mild to high

functioning. All the children are verbal, with fluent speech and normal intellectual abilities, except for one participant's son. Parent 2's son had limited verbal abilities whereby he speaks using phrase speech and his cognitive abilities were equivalent to someone half his age. Based on the mothers' sharing, it was identified that all the children had some form of social communication and interaction deficits. The topic of sexuality appeared to be of real concern to the mothers in this study, with the need of communication carrying similar importance for each participant. The themes that were identified to provide insight to parents' awareness of their autistic adolescent's sexual behaviours and perception of the need of sexuality communication with their adolescent children with ASD are discussed below. Themes are presented in italics and interview extracts are presented in quotations to illustrate each theme. In the presented extracts […] indicates that some texts have been removed.

Table 1. *Participants' details*.

Participant	Child's gender	Child's age
1	Son	14
2	Son	16
3	Daughter	13
4	Son	15
5	Son	13
6	Daughter	17

Parents' awareness of their autistic adolescents' sexual behaviours

Heightened awareness of adolescent's sexual behaviours. Based on the findings, mothers were aware of and have observed their autistic adolescents' experiences with (i) emerging sexual interests and (ii) self-stimulating behaviours.

Emerging sexual interest. Mother observed that their children have shown interest in romantic movies scenes, while other have become more aware of and showed more interest in interacting with the opposite sex.

> *"I can see right now, a little bit changed where you know, there are certain movies that we watch, he will rewind back all those kissing [scenes], that means in another way he is actually growing up. The kind of affection all this he begin to you know, pay attention already." (P2, S)*

> *"Whenever we watch that romantic scenes all, you know, he will just tell us, "See got romantic [acts]…" .... Then he will say, "Why cannot do that" "Why cannot do this"… "Why cannot kiss the girls", "What's wrong if I kiss a girl". (P5, S)*

> *"… before she reached puberty almost that age, I realized she was attracted to boys, you know. Like we go to church and so on. So sometimes she used to go and sit with the boys you know. Then after that, I, I told her this is like this, and so on. I explained to her [not to do it], of course you have to take care of yourself and so on. You don't know, cause nowadays the world is different you see… she likes to watch, sometimes I used to see, because they are teenagers, she likes to watch romantic movies and so on. That one I've seen. Okay, you can see but you must know what is this and what is that. What is right and what is wrong." (P6, D)*

Self-stimulating behaviours. Mothers shared that their sons engaged in self-stimulating behaviours mainly genital touching and masturbation, while none of the children have experienced partnered sexual experiences.

"Then when we come to teenager that time, touching [penis], uh, I would say, okay. You know, because sometimes also when they bathe also they would do that. But not that obvious that like, uh, the, the previous problem, like the masturbation that one only happen once like I told you before this". (P2, S)

"Not in front of my eyes, but at the tuition centre (felt arouse and kept touching/playing with his penis)…I asked about that, so he told me, he said, 'Yeah I misbehaved'". (P4, S)
" Because from the beginning he like to touch everyone. So like now the difference I see is like he is like especially in the morning when you wake up you know, he like to like lying prune and then like to shake his bum. When I ask him what are you doing, he says no no nothing, he try to hide from me …then sometimes when he stand near the table, at the corner, he like to rub his private part at that place." (P5, S)

A common narrative was identified among the mothers with regards to their reaction to their adolescent children's identified sexual interests and behaviours. Adolescents' interest in the opposite sex and self-stimulating behaviours were mostly discouraged, especially when those behaviors were considered sexually motivated (i.e. behaviours that are considered as response to sexually relevant stimuli in their environment). This was done to prevent them from carrying out self-directed sexual behaviours in public, due to autistic adolescents' inability to differentiate acceptable and unacceptable, public and private behaviours. Furthermore, mothers' prohibition was also done to discourage physical behaviours with the opposite sex, as these adolescents are not able to differentiate between acceptable and non-acceptable physical acts of affection, in order to prevent their children's innocent acts of love from being misunderstood as sexually motivated. While, other mothers' basis for this warning was mainly due to the fact that their children are still young and unmarried, rather than due to children's autism.

"This one if he feels 'itchy' then he will do. When I asked him why is it itchy, he said because of his pubic hair that makes it itchy so he touches his private part. So I tell him, when he touch, he cannot touch until his thing [penis] becomes big [erected]." (P1, S)

"You cannot touch girls. You cannot go too close unless, you know, um, she is your wife or she is your girlfriend, but not now because you are underage." (P4, S)

"She likes to watch, sometimes I used to see, because they are teenagers, she likes to watch romantic movies and so on. We have like- okay, you can see but you must know…..what is right and what is wrong, we used to tell her… About sex and so on, it's like supposed to be after marriage and that kind of thing. (P6, D)

Avoidance of complex sexual topics despite awareness. Although the mothers were aware of adolescents' potential and eventual involvement in more complex behaviours, as well as the importance of addressing more complex sexuality topics such as

masturbation, wet dreams, sexual intercourse, pregnancy, and protection against pregnancy, based on adolescent children typical course of sexual development, most reported to have not spoken about it with their children. The avoidance was attributed to (i) adolescents' perceived lack of readiness and (ii) concerns related to autism-related deficits. Adolescents' perceived lack of readiness or interest. All mothers believed that their adolescent children were not developmentally ready to receive or have not yet shown interest in complex sexuality information. Although the adolescents have already reached puberty or displayed some form of sexual maturation, which would typically warrant more complex sexual education, the chronological age of those with ASD often times do not match their mental age. This disparity, or merely adolescents lack of displayed interest caused mothers to perceive conversations about complex sexual topics as not currently relevant to their children.

"Now no girlfriend so never think [to talk] about this thing (sexual intercourse, abstinence, and pregnancy)... he is still too young. Another two to three years then only we will talk about it." (P1, S).

"I think so far no yet, because we haven't actually drilled into the subject yet… But in future, let's say you know, something is different or maybe if he tend to ask me or he is curious, then only I will expose him. That time only, depends on his understanding and how far or how deep we will go…..Not going to pressure, he or not, not going to confuse him." (P2, S)

Because I am also waiting for the time when she starts her period….. My plan is to go deeper into topics such as childbirth and so on after she starts her period. Because I am worried if I explain it now she will not understand how things happen….. She might be confused." (P3, D)

"Now he is still underage, a lot of things that he cannot do, a lot of things he cannot see, and a lot of things he cannot show. So about sexual [relationship] in between girls and boys, I think it has not started yet." (P4,S)

"…I used to discuss with my husband. I said, 'Maybe you should sit and talk'. He [husband] said he [son] is still young to talk about this [erected penis in the morning and masturbation]." (P5, S)

"…Maybe after she finishes Form 5 I think I will- I need to expose her to all that [sexual intercourse, pregnancy, and protection against pregnancy]. Of course, uh, she needs to know what people can do to her, what will happen if she gets engaged in a relationship. Not, not so serious things I haven't talked to her about that. I should. Maybe I don't want to push to her too early because she is still with us you see." (P6, D)

Concerns related to autism-related deficits. Mothers feared that their children's autism-related deficits might hinder comprehension or lead to misinterpretation of the information given during their sexuality communication. Autistic adolescents' core deficits in social communication and interaction affects the pragmatic aspect of

language, thus limiting the practical understanding of sexuality information communicated.

"I am more towards afraid that she does not understand. Sometimes I am also worried because we know for normal children they can shout for help but for her, how is she going to protect herself if we are not there with her, especially at school or at the centre. Even at home I make sure that in the room she doesn't do anything weird or watch movies that she shouldn't watch. I will make sure she does not explore anything by herself." (P3, D)

"Um, the main challenges will be- the language he understands, everything he understand, but the thing is like, uh, this particular topic, the changes in him, you know, like, I feel like he won't understand. I think that's the main- my main problem is like, does he understand this, uh, this sexual relationship, this and that, the changes in his body and all that." He watch Tamil movie and from there he will say, "When I grow up, I'll marry and I will have children". He will say that, but I don't know whether he understand the concept of, um, getting married you know, having children. (P5, S)

"Her understanding was slow compared to the normal children. So we have to find ways and means to make them understand what is going on in this life… So they need to know all this. Uh, so that was our, uh, concern, main concern. Until today that is the main concern." (P6, D)

Parents' perception of the need of sexuality communication with their adolescent children with ASD

Belief in the necessity of discussing sexuality. All mothers agreed that it is important to speak on certain sexuality topics and expressed similar concerns that led them to engage in sexuality communication with their adolescent children. Mothers expressed the need for sexuality communication to (i) prevent their children from being exploited, (ii) educate their children on socially unacceptable behaviours, and (iii) ensure children's personal hygiene practices. Prevention of exploitation. All mothers expressed concerns that their children would be taken advantage of or exploited. Autistic individuals are more vulnerable to exploitation due to their inability to understand social cues and recognise predatory or inappropriate behaviours of the people they encounter. As such, mothers educate their children on general protective behaviours, specifically parts of their body others should not touch.

"When she started changing physically. When I noticed there were changes in her, I started slowly explaining to her. Sometimes when she is putting on her clothes I will tell her, 'Make sure no one touches your chest and your private parts'… so she is aware. So next time if anyone touches her she will know to scold them or shout at them or push the person who touches her. I want to teacher her how to take action like that." (P3, D)

"I used to tell him, 'When you go to school don't let people touch your this part [penis] or your bum- bum [buttocks]' or something like that. I said 'If anyone touches you in the bathroom like that please inform the teacher'. So every time he

comes back home I will ask him, 'Did anyone disturb you in the bathroom?'… especially when he goes to school and use the public toilet, the school toilet, I don't want people to like you know disturb him or he disturbs people because they will be sharing toilet right, so I don't want things like that to happen. More concerned on his safety." (P5, S)

"Sometimes we watch movies and so on, there itself when things happen, I used to tell her on the spot, I will tell her, "You see..." like this, like this. So this is the consequences [actions that lead to sexual abuse]. I think she understands. Even that day she was telling about a newspaper report about the father raping the daughter. She herself told me. So I think she is aware of that [able to identify inappropriate behaviours]." (P6, D)

Understanding socially unacceptable behaviours. Besides being concerned about how vulnerable their children are too mistreatment, mothers also expressed concern of their children carrying out socially unacceptable behaviours in public which would result in their rather innocent behaviours being misunderstood as offensive. As a result, some mothers set boundaries for their children's acts of affection, while others educate their children on behaviours that are strictly private.

"I have to tell him you cannot do this one. You cannot kiss somebody, you cannot touch somebody body, you cannot touch the girl, don't simply hold hands with a girl, you cannot do this one." (P1, S)

"…right now, sometimes in public he will still hug me, you know, mommy kiss or something like that. But I will just use my elbow and nudge him away you know, to let him sense it actually, now you're a big boy already. Most of the time in the house also we have to tell him, keep on telling him, you know, tuition teacher also will say, 'No, no, no, he cannot hug you in the public'… Of course now he is so big already, I cannot hug him like how he used to be and kiss him like how, when he was younger. I would say all these affection behaviour we reduced already because we want him to learn." (P2, S)

"…I asked about that [son felt aroused in his tuition centre and kept touching/playing with his penis], so he told me, 'Yeah I misbehaved'….. I said, 'Your teacher already told you not to do that in the public', and asked 'What did your teacher tell you', then he reiterated, only can do it in the toilet or in the room, and then the room has to be shut and have to… we also reinforce that shouldn't like showing his private part around, in the public or everywhere." (P4, S)

"He won't touch your breast or anything. He will just like put his hand around like you know on the shoulder, then he- actually he likes to kiss people. That from beginning he likes the kiss. He likes to kiss his father and me, but I always tell him you can only kiss on the cheek and only Appa [father] and Amma [mother] not friends all. But- because sometimes the teacher used to tell me that, he got a very good friend, I mean he [friend] is autistic also you know, so he [son] used to tell him [friend], 'I want to marry you', 'I like you', 'I love you', so we are worried. (P5, S)

Ensure personal hygiene practices. Mothers of daughters showed concerns regarding their daughter's ability to maintain personal hygiene. Specifically, when their daughters are on their menstrual cycle, mothers are concerned about their daughters' ability to understand and maintain a proper routine of cleaning themselves independently.

> *"The most important thing I am worried about is how to handle her when she starts her period. That one, I am like, I don't know if it will be difficult or easy for her too- because I am afraid she will put- I imagine her putting her panties and pads everywhere. Or that she does not know how to handle. Maybe it can leak [period] on the bed. I check everyday to make sure if it has happened or not. So far it hasn't happened. But I am worried how I am going to handle it if it happens to her. Does she know how to take care of herself?" (P3, D)*

> *" I show her my pad when I was like, I had period. I called her to the bathroom, I showed her this is how- but she was afraid, of course, the first time, she was like crying when she saw the pad. Slowly that's how I exposed her… That [hygiene] is an issue for her. We have to like stress to her, "You have to- after wake up you have to brush your teeth, You have to the shower"… I think I still have not really been able to, uh, of course there is improvement, but she is not very good at the part, hygiene levels. Then we say, "You will have infection" and so on (if she does not clean herself when menstruating)". (P6, D)*

In line with previous research, this study found that mothers are aware of their adolescent children's emerging sexual interests and self-stimulating behaviours. Parents in Lestari and Aunurraham (2021) study were also aware of their children's self-stimulating activates and budding romantic interests based on their behaviour directed towards the opposite sex. Similarly, parents were aware of and accurately reported their sons' solo sexual experiences as well as partnered sexual experiences (Dewinter et al., 2015). However, although mothers were aware of adolescents' eventual involvement in more complex behaviours, they generally avoided engaging in conversations on complex sexual topics. This is due to adolescents' perceived lack of readiness and concerns related to autism-related deficits. As evidence, previous studies have shown that parents of lower functioning autistic adolescents do not cover topics related to relationships, sexual health and prevention, or general sexuality (e.g., sexual activities other than intercourse) due to their deficits in social cognitive functioning and understanding, as well as the perceived lack of relevance to their children at the time (Holmes and Himle, 2014). On the contrary, some parents in Mackin et al. (2016) study saw the need to educate their autistic adolescents on puberty, sex, and pregnancy, among other topics. Parents' differing reports may be attributed to their approach to adolescents' display of budding interest in the opposite sex. Unlike parents in Mackin's study, who believed that it is expected for adolescents to engage in sexual behaviours, thus warranting education on the consequences of sexual behaviours, parents in this study commonly discouraged their children from engaging in any sexually suggestive behaviours and did not expect their children to engage in romantic sexual behaviours in the near future, due to their children's perceived young age, therefore not carrying out discussions on such topics. Caregivers who perceive their younger adolescents to be disinterested in sexual activities or do not want to face the fact that their children are sexual beings, avoid communicating about sensitive sex topics (Ritchwood et al., 2017).

Additionally, Asian parents' conservative practise of prohibiting premarital sex results in them discussing sexual issues with their adolescent children only when they are sexually active, if not discussions are maintained at superficial topics (Muhammad et al., 2017; Rhucharoenpornpanich et al., 2012). It should be noted that in both the present study and past studies, adolescents expressed interest in sexuality is a key determinant in parent-child sexuality communication of various sexuality topics.

Extensive research and systematic reviews have shown that individuals with autism are at a greater risk of developing and exhibiting inappropriate sexual behaviours, as well as being sexually victimized (Estruch-García et al., 2025; Motamed et al., 2025; Lestari and Aunurraham, 2021; Dewinter et al., 2015), due to their difficulty in interpreting social cues, understanding personal boundaries, and understanding socially-appropriate behaviours (Dewinter et al., 2015; Nichols and Blakeley-Smith, 2010). Lestari and Aunurraham (2021) as well as Fernandes at al. (2016) found that autistic adolescents commonly carry out inappropriate sexual behaviours in public, specifically masturbation, as means to release sexual tension. As such, similar to the mothers of this study, parents saw the need for parent-child sexuality communication to prevent their children from being exploited, educate their children on socially unacceptable behaviours, and ensure children's personal hygiene practices. These findings are supported by Holmes and Himle (2014), who found that many parents did not discuss aspects of sexuality and relationships, rather focused on issues related to abuse prevention, hygiene, and privacy. Parents believed that sexual education is mainly important for the protection of sexual victimisation or exploitation and the prevention of inappropriate sexual behaviours in public (Siah and Ramachandram, 2024; Lestari and Aunurraham, 2021; Chamidah and Jannah, 2017; Mackin et al., 2016). With regards to hygiene, similar results were found regarding mothers' concerns of their daughters' menstruation hygiene practices (Navot et al., 2017) leading to the need of communication. Gönenç et al. (2020) highlighted that the skills of perineum cleaning, hand hygiene and pad use are skills that ought to be explicitly taught as these skills are not learnt naturally and carried out independently by autistic adolescents like it is by typically developing female adolescents.

The present study has several important strengths including narrowing the knowledge gap of the study of sexuality among the autistic population in Malaysia. The findings of this study also add to the body of literature on parent-child sexuality communication among the autistic community and provides important insight into the experiences of sexuality among adolescents with ASD. Not only that, the present study sheds light into the concerns that feed parents perception of the need of sexuality communication and education among neurodivergent children. Although there are several strengths, there are also a number of limitations in the present study. First, possible selection bias and the participant profile (the sample was limited to adolescents with medium to high-functioning autism) limits the generalizability of our findings. Second, besides generalizability, the abilities of adolescents with higher functioning autism would greatly differ from that of adolescents with lower functioning autism. This difference in abilities would also cause varied levels of comprehension, sexual knowledge, sexual experiences, and challenges, which would also affect parents experience in sexuality communication with their children. Third, the experiences of mothers in their sexuality communication and knowledge may lead to differences in the way they communicate about sexuality with their children than from that of fathers, which were not taken into account in the present study.

Despite its limitations, the findings of this study were consistent with previous studies conducted on parent-child sexuality communication with adolescents with ASD. That being said, the possibilities for further research on this topic are extensive. Future studies could explore how various parental demographic characteristics, such as age, education level, race or ethnicity, cultural background, and socioeconomic status influence parent-child communication about sexuality. Since the current study focused on the experiences of mothers of adolescents with ASD, future research could also examine the perspectives and roles of fathers in this context. Research can also explore the similarities and differences of different genders and level of functioning of autistic adolescents in their developing sexuality.

Conclusion

In conclusion, the findings of this study show mothers' awareness of their adolescent children's emerging sexual interest and self-stimulating behaviour. However, although mothers were aware of adolescents' eventual involvement in more complex behaviours, they generally avoided engaging in complex sexual topics. This is due to adolescents' perceived lack of readiness and concerns related to autism-related deficits. It was concluded that the mothers believed that there is indeed a need to have sexuality communication with their adolescent children with ASD. Mothers engaged in sexuality communication to prevent their children from being exploited, educate their children on socially unacceptable behaviours, and ensure children's personal hygiene practices. As research shows that autistic adolescents experience similar stages of sexual development as their nonautistic peers, and as seen in the results of this study showing adolescents' budding interest and involvement in sexuality, it is imperative for parents to engage in parent-child sexuality communication with their adolescent children with ASD. This is done to not only educate children on sexual development and sexual health matters, but also essential to prevent autistic adolescents from falling victim to sexual exploitation and/or sexual misconduct.

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Conflict of interest

The author confirm that there is no conflict of interest involve with any parties in this research study.

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