Autism and Sexuality

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DSM-IV-TR Autism

- Impairment in Social Interactions
- Impairment in Communication
- Restricted interests/repetitive behaviors
- Present prior to the age of 3

DSM 5 Diagnosis

- Social Communication-social reciprocity, nonverbal communication, develop and maintain relationships
- Repetitive Patterns of Behavior/Restricted Interests-repetitive movements or speech, intense interests, resistance to change, unusual sensory sensitivity
- Present in early childhood but may not become evident until social demands exceed ability; limit and impair function
Sexuality

- Puberty is a physical stage when boys and girls are capable of sexual reproduction
- Sexuality is the “possession of structural and functional traits of a particular sex”.
- Sexuality is “preoccupation or involvement in sexual matters”.
- Sexuality is a value-laden physical, cognitive, social, moral, cultural, and emotional process

UN Statement of Rights (1971)

- Individuals with ASD “…have the same rights as other people of the same age who are living in that country”

TEACCH Report

- “People with autism of all levels of severity experience sexual drives, behaviors, and feelings with which at some point in their lives they will need assistance”
- Sexuality must be addressed in terms of the values of the family
Case

Challenges of Typical Puberty and Development

- Physical Changes
- Sexual Feelings/Thoughts
- Sexual identity
- Relating to others
- Increased expectations

Pubertal Changes

- Females
  - Breast Development
  - Menarche

- Males
  - Genital development
  - Nocturnal Emissions
  - Spontaneous Erections
Pubertal Changes

- Body mass/composition
- Hair – distribution, texture
- Voice – growth of larynx
- Skin – increase in sebaceous secretions

Sexual Thoughts and Feelings

- Understanding a new body
- Interpreting bodily sensations
- Incorporating new social scenarios
- Restructuring concepts of male vs female
- Processing a tremendous increase in information
- Coordinating and regulating thoughts and feelings about one’s identity

Sexual orientation/Gender identity

- Gender identity develops at 18 months of age and is complete by age 3-4 years
- Society plays a part in how gender is expressed-sexual role
- Gender is separate from the choice of a sexual partner-sexual aim
Children with Autism

- Oftentimes, children with ASD are thought of as sexually immature when, in fact, their physical maturity is right on schedule with their peers. (Konstantareas & Lunksky, 1997; Ludlow, 1991; Stokes & Kaur, 2005).

- The assumption of sexual immaturity has, on occasion, led to insufficient or no services concerning sexuality for children with developmental disorders (Konstantareas & Lunksky, 1997).

Challenges for Children with Autism

- Children, adolescents and adults with Autism struggle with sexuality and sexual development due to limitations in their social understanding.

- Single most important factor - their lack of interaction with same age peers contributes to their lack of knowledge of sexual appropriateness for their own age group.
Challenges for ASD Adults

- Social judgment
- Poor decision making skills/everyday memory problems/planning
- Emotional dysregulation
- Sensory sensitivities

Social Judgment

Difficulty with social cues and interactions which is the root of most inappropriate behaviors

- Cognitively, the world is perceived differently
- Sensations can be overstimulating or self-soothing
- Not able to read social cues
- Problems with self-awareness
- Lack of everyday experience
- Concrete patterns of thought

Decision Making Skills

- Poor Planning/initiation of behavior
- Forgetting to make plans or contact another
- Lose focus on another/can’t keep attention
- Inflexibility
- Losing information
### Emotion Dysregulation
- Certain emotions are ok in certain places
- Anxiety
- Anger
- Empathy/attunement/indifference
- Self awareness

### Sensory Sensitivities
- Eye contact aversion
- Dislike of touch
- Oversensitivity of sound
- Physical sensations

### Privacy/Boundaries
- Personal Space/Interpersonal Distance
  - Seating arrangements
  - Standing in line
  - Touching other people/permission to touch
- Concept of Privacy
  - Close doors
  - Knock on doors
  - Common shared space vs. private spaces
The Hidden Curriculum

- “The unwritten social rules that govern our behaviors in a variety of different contexts.”
  (Myles Smith, Brenda and Simpson, R.L., 2001)

Context Blindness

- Context is what is going on in the environment, outside and inside our brain, that influences our way of giving meaning to things. The ability to select elements in the context that are useful and meaningful and to use them is context sensitivity. The neurotypical brain is inherently context sensitive.

  *Autism as Context Blindness*  Peter Vermeulen 2009

Case
Keys to Developing Social Skills
- Reading the Social Situation
  - Recognizing different perspectives of others
  - Recognizing non-verbal communication
- Attending to the relevant social cues
- Associating those cues with past experience
- Questioning misunderstood information
  - Staci Carr, EdM, MS, VCU ACE

Keys to Developing Social Skills
- Appropriate hygiene and dress
- Maintaining personal distance
- Social reciprocity in conversation
- Requesting clarification of ambiguous verbal and non-verbal signals
- Self-advocacy
- Development of an autobiography

Intimacy/Sexuality Nuances
- All the rules change
- Flexibility is necessary
- Focus is on the other in relation to the self
- Eye contact is essential
- Non-verbal communication may be more important than verbal communication
Case

Sexual Well-being in ASD Adults
- Adults with high functioning ASD
  - 56 men and women living in the community
- Sexual satisfaction varied with the level of ASD Symptoms
  - Those in dyads had greater sexual assertiveness and satisfaction
  - Men in dyads reported greater sexual satisfaction, lower sexual anxiety, and fewer sexual problems
  - Men also had better solitary sexual well-being but less sexual knowledge Byers et al 2012

Choice of Partner
- Sexual Role
- Gender Identity
  - Male
  - Female
- Choice of Partner
  - Heterosexual
  - Homosexual
  - Bisexual
Case

Sexual orientation in ASD

- Higher degree of asexuality
- Greater rigidity in understanding of sexual roles
- Maybe more conservative in their views based on negative caregiver attitudes
- Sameness may be less confusing than another level of difference in choosing a partner

Gilmour et al 2012 (Canadian)
- Community sample of 82 adults (17 male)
- Higher rate of asexuality
- Lower degree of heterosexuality and higher degree of bisexuality in females compared to males with ASD

Marriage et al 2009 (Canadian)
- 33% asexual in ASD vs 1% in general pop
- Much trouble with failed relationships
Gender Dysphoria in ASD

- Clinics are reporting an overrepresentation of individuals with ASD in their gender identity referrals
- In GID clinic in Netherlands, among 204 children and adolescents seen, 7.8% had ASD (Zazhi 2011)

Masturbation

- Soothing/stimulating
- Need for privacy
- Possible self injury
- Social taboo
- Family values

- May be only sexual experience/pleasure someone with ASD may have
Sexual Victimization/Safety

- Trusting/vulnerable nature
- Internet contacts
- Desire to be accepted socially
- Do not understand meaning of behavior
- Do not understand consequences of behavior
  - Unwanted pregnancy
  - Sexually transmitted disease
  - Emotional trauma
  - Physical trauma

Sexual Abuse Statistics

- Murphy and Elias, 2006, 2.2 times greater risk of sexual abuse than those without a disability
- Mansell, Sobsey, Wilgosh, & Zawallich noted that those with ASD were very susceptible to sexual predation, coercion and abuse (1996).
- 16-25% of those with ASD are likely to be sexually abused (Koller 2000, Mandel et al 2005)

Case
Inappropriate Sexual Behaviors
- Permitted behaviors are governed by social appropriateness that is gathered through social cues
- Understanding the “rights”
  - Right person
  - Right age
  - Right place
  - Right time

Staci Carr, Ed.M, MS, VCU ACE

Inappropriate Sexual Behaviors
- Public masturbation
- Public disrobing
- Touching members of the opposite sex
- Hugging in a sexualized manner
- Inappropriate comments
- Persistent, intrusive behavior
- Angry displays if rejected
- Misinterpreting “kindness”
- Misinterpreting intention of others to act inappropriately resulting in ridicule

Legal Concerns
- Assault charges
- Stalking
- Molestation
- Internet pornography
Case

Sex Education

☐ Children with ASD are not all the same because of the severity of their disorder and comorbid disorder(s).

☐ Sexual education must be adapted to their level of function and learning style—pictures are better than words; role playing

☐ The educational environment should minimize the potential for sensory or emotional overload to reduce anxiety.

Families and Sex Education

☒ Encourage families to discuss sexual issues with their child with ASD

☒ Families have a difficult time seeing their child as a sexual being and prefer to think of them in platonic relationships

☒ Families are worried about poor judgment concerning sexual activity yet frequently fail to discuss it
Sex Education
- Can begin with identifying body parts and their function; begin prior to age 10
- Can be discussed in relationship to self care and personal hygiene
- Acknowledge the presence of physical sexual sensations as normal
- Reinforce that sexuality is a private matter in our society

Social Sex Education
- Appropriateness of sexual behavior in a social setting
- Learning where and when behaviors are ok such as disrobing, touching others
- Need for privacy for self pleasuring activities
- Counseling availability to discuss relationship/sexual issues as they occur

Social Sex Education
- Parallel adolescent and parent groups
- Parents
  - Anxious/overprotective; fearful of outcome
  - In denial; shamed by discussions of sex
- Teens
  - Appropriate self concept
  - Social relationships at developmental level
  - Goal-prevent abuse; satisfactory intimate relationships

- Plaks et al
Sexual Education

- Visual aids/role play
- Concrete specific examples/structured lessons/specific problem solving strategies
- Large blocks of info broken into smaller/sequential segments
- Time for questions/comments
- Only brief discussions of feelings
- Developmentally focused booster sessions

Sex Education

- Medication side effects affecting sexual response
- Consider birth control methods, e.g. oral or injection contraceptives
- Education concerning pregnancy and sexually transmitted illnesses

Case
Closing Summary

- All individuals with ASD have sexual feelings.
- All individuals with ASD need education to assist them with understanding feelings and behaviors.
- Need help to express them in a manner appropriate to society and family values.
- The goal of education is to provide safety for those with ASD while improving quality of life.

Resources

- AutismSpeaks.org
- Journal of Autism and Developmental Disorders
- Autism journal

Resources

- Adults on the Autism Spectrum Leave the Nest: Achieving Supported Independence

- Sexuality and Autism TEACCH Report
  - [http://www.autismuk.com/index9sub1.htm](http://www.autismuk.com/index9sub1.htm)

- Sex, Sexuality, and the Autism Spectrum