

Autism and Sexuality

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- Attendees will become aware of typical patterns of development in puberty, with regard to physical, social and psycho-sexual domains of functioning.
- Participants will be able to identify how the core deficits of autism hinder the development of age-appropriate psycho-sexual functioning.
- Participants will gain practical strategies for addressing psycho-sexual development via education.

- Overview of puberty
- Overview of normal sexual development
- Discussion of the intersection of autism and puberty

- Puberty is the time when sexual and physical characteristics mature. It is triggered by hormonal changes.
- Adolescence is the period between puberty and adulthood. It is more socially defined.

1. The condition of being characterized and distinguished by sex.
 2. Concern with or interest in sexual activity.
 3. Sexual character or potency.
- The American Heritage® Dictionary of the English Language, Fourth Edition copyright ©2000 by Houghton Mifflin Company. Updated in 2009. Published by [Houghton Mifflin Company](#). All rights reserved.

- Gender identity is defined as a personal conception of oneself as male or female (or rarely, both or neither).
- This concept is intimately related to the concept of gender role, which is defined as the outward manifestations of personality that reflect the gender identity. Gender identity, in nearly all instances, is self-identified, as a result of a combination of inherent and extrinsic or environmental factors.
- Gender role, on the other hand, is manifested within society by observable factors such as behavior and appearance.

UL Pediatrics **Typical Changes in Adolescence**

- Increased attention to physical appearance
 - Interest in romantic love
 - Increased need for independence
 - Mood changes
 - Desire for peer approval
 - Masturbation
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UL Pediatrics **Puberty in Boys**

- Testicular enlargement
 - Increased height
 - Increased shoulder width
 - Genital growth
 - Body and facial hair growth
 - Nighttime ejaculations
 - Voice changes
 - Sometimes acne
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UL Pediatrics **Puberty in Girls**

- Breast development
 - Body hair increase
 - Increased height
 - Increased hip size
 - Menstruation
 - Sometimes acne
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UL Pediatrics **Sexual Development**

- Sexual behaviors occur across the course of life.
 - Adolescence tends to bring an intensification of sexual interest and activity, coinciding with the onset of puberty.
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UL Pediatrics **Age 0-1**

- Child discovers pleasant sensations by experience.
 - Most important activities, like feeding, involve physical closeness.
 - Child may monitor other's reactions to touching themselves and adjust behavior.
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UL Pediatrics **Age 2-5**

- Child continues to be interested in own body.
 - Child may note differences and ask questions.
 - "Bad words" may appear.
 - Child may model adult behavior indiscriminately.
 - Peer exploration may occur.
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UL Pediatrics**Age 6-12**

- Self-stimulation may continue.
 - Peer exploration may occur (will be more secretive than earlier).
 - Develop sense of modesty/ privacy.
 - “Boyfriends” and “girlfriends”.
 - Onset of puberty
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UL Pediatrics**Age 13+**

- Rapid growth
 - Sexual maturity – can reproduce.
 - Interest in sexual experience.
 - Continued self-stimulation.
 - Intimacy in relationships.
 - Parental input critical.
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UL Pediatrics**Autism Spectrum Disorders**

- Qualitative impairment in verbal and nonverbal communication.
 - Qualitative impairment in social interaction.
 - Restricted, repetitive, stereotypical behaviors.
 - Sensory issues.
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UL Pediatrics**Autism and Sexuality**

- Children learn gender specific behavior by observing and modeling the behavior of others.
 - Children are reinforced by adults for gender appropriate behavior.
 - Children with autism are less likely to learn through modeling and are not as motivated by adult attention, etc.
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UL Pediatrics**Autism and Sexuality**

- Peer pressure is less of a factor in some cases.
 - The “adolescent awfuls” may seem to be delayed relative to typically developing peers.
 - May continue to show interests peers deem “babyish”.
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UL Pediatrics**Autism and Sexuality**

- May fail to internalize privacy/ modesty norms.
 - May over-generalize greetings, touching others, and other behaviors that are acceptable in young children but not in adolescents or adults.
 - May lack social and communication skills needed to facilitate relationship development.
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- Young people need to understand what “private” is and be able to identify private body parts, activities, conversation topics, etc.
 - Young people need to have factual information about sexual development and be able to develop comfort with their own sexuality.
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- Age, language, social interest, and developmental level direct teaching plan.
 - Visual materials are helpful.
 - Schedules, scripts, etc. may provide guides for successful actions.
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- Personal body safety concerns.
 - Sexual feelings and activities.
 - Sexually transmitted diseases.
 - Contraception.
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- Grooming and personal hygiene routines may have to be taught and reinforced.
 - Use visuals, social stories, etc. for teaching.
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- Initiating interaction.
 - Chatting with someone.
 - Asking for a date or other contact.
 - Planning the date.
 - What to do on the date.
 - Intimacy skills.
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- Family
 - Peer group
 - Religious community
 - Community
 - Nation
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UL Pediatrics **Sexuality and Sex Education**

The existing research suggests that there is a high frequency of sexual behaviors among individuals with these disorders. A number of these behaviors may become problematic for caregivers and service providers. This may jeopardize the inclusion of this group in educational and community settings. The existing sex education programs for individuals with ASD are reviewed, highlighting the major components of programs tailored to this population. (Sullivan and Caterino, 2007)

UL Pediatrics **Parental Communication**

The author found that parents want support in addressing sexual development in their ASD children. Specific concerns involved personal safety and assuring that people do not misinterpret their child's behavior. The authors felt that parents needed a longer term focus including sexual decision-making, and normative sexual behavior as the young people mature. (Ballan, 2011)

UL Pediatrics **Sexuality Education**

Appropriate education in sexuality is critical to the development of a person's positive self-esteem. The development of a healthy self-image may overcome potential feelings of depression and loneliness for the person with autism. This paper addresses the need for and challenges to providing sexuality education to individuals with autism. It summarizes teaching methods and approaches which have proven to be successful with this population. (Koller, 2000)

UL Pediatrics **Social Stories**

Although no research identifies the specific application of Social Stories to sexuality education, the technique's utility for this purpose is felt to be self-evident. The authors review the technique and propose how this might be utilized in preparing persons with ASD for appropriate socio-sexual development. (Tarnai & Wolfe, 2008).

UL Pediatrics **Sociosexuality Education and ABA**

Recognizing the value of ABA techniques and their support in the research on autism, the authors propose several distinct techniques to use in sociosexual education. Video modeling, visual strategies, social stories, social scripts, and task analysis can all be used to facilitate successful development. (Wolfe, P.S., Condo, B., Hardaway, E. (2009)

UL Pediatrics **Sexuality and Relationship Education**

The authors discuss their work in a British residential treatment setting. Based upon their research with the ASD residents of the program, the authors developed a specific teaching plan for sexuality and relationship issues. The paid special attention to staff training in the appropriate delivery of this sort of intervention. Their model has been widely adopted in British settings. (Hatton and Tector, 2010).

- Behavioral issues.
 - Partner selection difficulty.
 - Lack of knowledge.
 - Medical issues.
 - Sensory-related.
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Analysis of the “problem behavior” should guide development of a teaching plan to teach acceptable behavior.

Family, school staff, health care providers, mental health professionals, clergy, and others may all be needed to address sexuality related issues.

Intentionality in integrating sexuality related material into the program of the youngster with an autism spectrum disorder offers the best way to allow optimal quality of life with regard to this aspect of human experience.

- There is a small, but growing body of research on this topic.
 - Literature is focused on:
 - Sexual experience
 - Problem sexual behavior
 - Paraphilias
 - Gender dysphoria
 - Sexual offenses
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Girls with autism did not show the typical female preferences in non-pretend play activities. Boys with autism did show a preference for male preferences in their non-pretend play. Girls with autism showed more pretend play than boys with autism. The authors determined that their data provided partial support for the fetal androgen theory of autism. (Knickmeyer, Wheelwright & Baron-Cohen, 2007)

Transsexualism is an individual's [identification](#) with a [gender](#) inconsistent or not culturally associated with their [assigned sex](#). Simply put, it defines a person whose assigned sex at birth conflicts with their psychological gender. A medical diagnosis can be made if a person experiences discomfort as a result of a desire to be a member of the opposite sex, or if a person experiences impaired functioning or distress as a result of that gender identification

In the United States, the [American Psychiatric Association](#) permits a diagnosis of *gender identity disorder* if the four diagnostic criteria in the [Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text-Revised \(DSM-IV-TR\)](#) are met. The criteria are:

- Long-standing and strong identification with another gender
- Long-standing disquiet about the sex assigned or a sense of incongruity in the gender-assigned role of that sex
- The diagnosis is *not* made if the individual also has physical [intersex](#) characteristics.
- Significant clinical discomfort or impairment at work, social situations, or other important life areas.

A British study found that persons with Transsexualism had higher levels of Autistic traits, as measured by a particular instrument, than did other persons. The level of symptomatology was however lower than that found in persons having Asperger's. (Jones, Wheelwright, Farrell, Martin, Green, Di Ceglie & Baron-Cohen, 2011).

The American Psychiatric Association's [Diagnostic and Statistical Manual of Mental Disorders](#), the prevailing resource for diagnostic criteria of paraphilias, describes the essential feature of paraphilias as recurrent, intense, sexual urges and sexually arousing fantasies generally involving nonhuman objects, the suffering or humiliation of oneself or partner, or children or other non-consenting persons. The DSM-IV-TR describes the more commonly observed paraphilias and makes reference to several other examples. People who experience one paraphilia may also experience other paraphilias.

The DSM-IV-TR lists the following paraphilias:

- [Exhibitionism](#): the recurrent urge or behavior to expose one's genitals to an unsuspecting person.
- [Fetishism](#): the use of non-sexual or nonliving objects or part of a person's body to gain sexual excitement. Partialism refers to fetishes specifically involving non-sexual parts of the body.
- [Frotteurism](#): the recurrent urges or behavior of touching or rubbing against a non-consenting person.

- [Masochism](#): the recurrent urge or behavior of wanting to be humiliated, beaten, bound, or otherwise made to suffer.
- [Sadism](#): the recurrent urge or behavior involving acts in which the pain or humiliation of the victim is sexually exciting.
- [Voyeurism](#): the recurrent urge or behavior to observe an unsuspecting person who is naked, disrobing or engaging in sexual activities, or may not be sexual in nature at all.
- [Transvestite fetishism](#): a sexual attraction towards the clothing of the opposite gender.

A study looked at 24 men, with HFA, in a residential setting. The number of bisexual orientations appeared high. Ritual-sexual use of objects and sensory fascinations with a sexual connotation were sometimes present. A paraphilia was present in two subjects. About one third of the group needed intervention regarding sexual development or behavior. (Hellemans, Colson, Verbraeken & Vermeiren&Deboutte, 2007).

A study looked at a 14 year old with Asperger's Disorder who was considered a Sex Offender and also a Sex Addict. He underwent treatment and utilized community resources, such as 12 step groups. His treatment period extended over 5 years. (Griffin-Shelley, 2010).

Juvenile delinquents in Japan, diagnosed with PDDs were found to have more adverse environmental events. The rate of sexually related offenses was more than twice the rate found in non-PDD youth involved in the juvenile justice system. (Kumagamia and Matsuurab, 2009).

In a study done in Sweden, looking at hospitalized individuals, being male and having co-morbid conditions increased the likelihood of persons having Asperger's being violent offenders. Violent sex offenses were not common, but did occur. (Langstrom, Grann, Ruchkin, Sjostedt & Fazel, 2009)

Asperger's Disorder is over-represented among people presenting to sexual disorder clinics, both with transgenderism and with paraphilias. Object relations and self-psychology theories suggest that both physical and emotional interaction between infant and parent are essential to normal maturation including sexual and gender maturation. (Robinow, 2009).

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