Autism Spectrum Disorders and Sexuality

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Description for Syllabus

• This webcast will focus on sexuality in individuals with autism and discuss parental concerns, specific areas for teaching, safety, the rights of individuals to be sexual beings, and specific challenges based on individual differences. Strategies such as use of circles of touch/topic and teaching about types of relationships are included. Problem sexual behaviors will also be discussed within a developmental framework. Many additional resources will be provided.
SO... YOU ACTUALLY TOLD LITTLE JOJO ABOUT "THE BIRDS AND THE BEES"?

JOJO STEPPED TO ME FIRST!

I SUGGEST YOU APPROACH YOUR SON AND HAVE A CANDID TALK ABOUT SEX.

BE HONEST AND DIRECT!

I'M NOT READY FOR THIS, JOE, YOU'RE MOVING TOO FAST.
The Challenge

• Our own discomfort with the subject
• Fears, wishes & attitudes
• Incredible range of skills & challenges of individuals with ASD
  • Cognitive, physical, social, emotional, behavior & communication
• Sensitivity to unique learning styles, needs & functional emotional developmental level
What is Sexuality?

- Body changes
- Feelings
- Body sensations
- Sexual Identity
- Gender identity (maybe)
- Behaviors
Parent’s Concerns

- Sexual abuse
- Pregnancy
- STD’s
- Being taken advantage of
- Menstruation
- Trade sex for popularity
- Inappropriate public display
- Aggressive pursuit of partner
- Other problematic sexual behavior
- Hygiene
- Relationships first
Parent Challenges

• Not wanting to think of child/young adult as a sexual being because of developmental level
• Parents need for support with the process (e.g. joint sessions)
• The importance of conveying that it is OK for individual to think about sex
• Teaching and discussion is in the context of relationship with parent/therapist and parent/child
• Language we use is important: Not just rules for higher functioning individuals, but problem solving around the rules
Hey, Pop.

Hello, Son.

I need to ask you something.

What's on your mind, kiddo?

It's about a bird and a bee.

Gulp!

Ok... Ok. No need to panic. I've been ready for this talk for a while, now...

I just need to remember how your mother and I discussed...

Maude!

Uh... no... Um...

Gasp!

Looks like you're on your own, fellas.
Individual’s Right to be a Sexual Person

• Self determination vs. external controls
• Inclusion, independence, freedom of choice
• Attitudes & policies to protect rights
• Informed consent & competency to make decisions (who decides-e.g. Sexual Consent Determinations)
• Interventions to protect self &/or others
Areas that Require Attention

• Basic facts & accurate information with direct instruction with visuals
  • Hygiene & grooming
  • Changing bodies & body functions
  • Reproductive health
  • Contraception
  • Socially transmitted infections
  • Sexual behaviors

• Awareness of how sexuality is portrayed in the media
Safety

• Possible sexual abuse or promiscuity as way to seek attention
• Teach to go in stall by self in restroom/ independence with dressing/toileting
• Good & Bad touch
• No-Go-Tell
• Cyber dangers
• Sexual aggression/abusive relationships
Areas that Require Attention (continued)

• Individual values, ethics, morals, social responsibility
  • Respect wishes of others
  • Religious beliefs
• Appropriate public vs. private behavior
• Touch: When, where, who
  • Never OK to touch a younger child
• Masturbation
  • May need direct instruction to ejaculation
  • Provision of personal vibrators
Who Can Touch My Private Parts?

I am not the only one who likes to touch their private parts. Many kids and adults like to touch their private parts. This is ok to do and it feels good. I remember to touch myself only in private. If anyone else wants to touch my private parts, I won’t let them. My parents can touch them if I need help washing. My doctor can touch them to see if I am healthy. No one else can touch them. My body is special and private. I am in charge of it.
Visual supports

- School bus
- Toilet
- Bed
- Family
- Man reading newspaper
- Restaurant

Are these places public or private?
Different Types of Relationships

- Circles of Touch/Topic
- Qualities of a good relationship:
  - Friendship, love, communication & mutual respect
- Stages of Friendship
  - Stranger
  - Casual acquaintance
  - Friends
  - Deep friends
  - Self-intimacy
Different Types of Relationships (continued)

- Types of romantic relationships
  - Strangers
  - Casual dating
  - Romantic friends
  - Romantic lovers
  - Deep intimacy
  - Self intimacy

- Emotional intimacy is first & foremost in relationship
  - Caring and communication before sex

- When are various behaviors appropriate?
Circles of Touch

- Acquaintances
  - Talk on phone
  - Shake hands

- Classmates
  - Kiss on Cheek
  - Hugs

- Family & close friends
  - Say “hi”
  - Ask the time

- Marriage
  - High 5

- Intimate Touch
Don’t Make Assumptions

• May know more or less than you think
• Start young
  • Precocious puberty 20x higher with Neurodevelopmental problems
• Think ahead & be proactive
  • Girl thinks bleeding to death from period
  • Boy thinks urinated & is ashamed from wet dream
• Do not assume heterosexual identity
Problematic Sexual Behaviors

- Developmentally appropriate?
- Exposure to media
- Single stimulus, not necessarily explicit or provocative, can trigger a cascade of sexual impulses & behaviors (e.g. seeing long hair)
- Lack of awareness of appropriate sexual behavior
- Indiscriminate sexual arousal
- Lack of social skills to pursue friendships or intimate relationships
- Inability to anticipate consequences of punishment

From C. Latham
Problematic Sexual Behaviors (continued)

• Failure to take in relevant data to make decisions about sex (age & relationship to intended partner, time, place)

• Lack of social reciprocity or empathy

• Executive function deficits
  • impaired impulse control
  • impaired ability to anticipate consequences before acting
  • inability to shift focus from one idea to another
  • limited problem-solving skills
  • perseveration in ineffective behavior

From C. Latham
Common Sexual Activities of Children in a Non-clinical Population

Pretending to be the opposite sex, masturbating with hand, looking at nude pictures, exposing genitals to adults, touching genitals in public, interest in opposite sex, looking at people undressing, touching breasts, kissing non-family children, kissing non-family adults, sitting with crotch exposed, undressing in front of others, walking around nude or in underwear, touching genitals at home, and scratching crotch

Ziggy is a student who has been making sexually explicit remarks to Sunny, a classmate, since school started three weeks ago. She finally told her teacher that he makes sexual comments to her every day. She and Ziggy are in the same math class, and she sees him between classes, but he only makes sexual comments during study hall. Ziggy frequently tries to sit next to Sunny in class, and when she will not allow this, he becomes extremely angry and mutters, “OK, I can see how it is. . . .” Five days ago, Ziggy slapped Sunny on her bottom, gestured towards his crotch, and told her, “I can make your dreams come true.” Three days ago, Ziggy boasted about his strength to other students and threatened to “beat up” Sunny, although he made no attempt to harm her. Two days ago, Sunny knelt to get a book from a low shelf, and Ziggy said, “Ooh, I like it when you’re on your knees.” Later the same day, Sunny bent over to pick something up, and Ziggy said, “Do you like it from behind?” Today, Ziggy came over and tried to hug Sunny, as he has done several times before. She was able to avoid him by turning away, and he became angry and stormed out of the room.
Common Problem Sexual Behavior in Individuals with ASD

• Violating interpersonal boundaries, such as standing too close, hugging, or touching in an overly familiar manner
• Talking about sex with people who are not interested or with whom such conversation is inappropriate
• Unwanted and uninvited sexual touching
• Staring at the genitals or breasts of others
• Exposing their genitals in public
• Touching their genitals in public

From C. Latham
Things to Recognize about PSB in Individuals with ASD

- Rigidity about routines
- Rigid and perseverative style may include PSB
- Inflexible problem solving style
- Inflexible coping skills, tantrums or unusual behavior
- Expressive language far exceeds ability to understand and use language to help change behavior
- Literal use of language (limits use of metaphor & humor)
- Difficulty distinguishing relevant from irrelevant detail

From C. Latham
Treatment for PSB: Skills & Positive Replacement Behaviors

- Medications can help with co-existing conditions such as OCD, depression & anxiety
- Social skills & sexuality training based on “scripts” that teach rules for social interaction as well as problem solving around rule
- Therapy to help manage emotions and limit obsessive interests and repetitive routines
- Finding appropriate sexual outlets
- Occupational or physical therapy for sensory integration problems. Speech/language therapy to help with the pragmatics of speech
Things to Emphasize when Treating PSB in Individuals with ASD

- Emphasize structure, order, and routines
- Emphasize what he should do much more than what he should not do
- Teach compensatory strategies that help organize life, manage complexity, and reduce misunderstanding
- Enhance practical social skills with teaching and practice
- Use multisensory approaches
- Develop positive replacement behaviors
- Use a strength-based approach to help plan a safe life as an adult with ASD

From C. Latham
Things to Avoid when Treating PSB in Individuals with ASD

- Process groups
- Emphasis on suppression of negative behavior with sanctions
- Talking about past trauma except to reassure the child that he is safe now
- Focus on past behavior and “why?” questions

From C. Latham
Challenges for Individuals Seeking Relationships

• Sensory issues
  • Hypersensitivity & hyposensitivity
    • Taste, smells, touch

• Frustration
  • Interpreting emotions
  • Picking up on cues of interest or possible danger
  • Parallel communication in gestures, tone, proximity missed

• Obsessions
  • Appear to be stalking

• Social anxiety
  • Know what to do, but cannot execute
Additional Challenges

- Do you tell dates about Asperger diagnosis?
- Maybe mistakenly labeled as gay
  - Boys not into sports & sensitive or insistent & forward
  - Girls dress for comfort
- May have gender identity issues
  - High percentage of female to male transsexuals have high level of Asperger traits
  - Significant number of individuals with autism also are transgendered.
How to Choose Possible Social Partners

• Think of shared activities
• Encourage social interest
• Learn from attempts
• Take risks
Supports

- Books & Websites (see resources)
- Specific curriculum (see resources)
- Sexual Competency Evaluations
- Social Stories
- Video modeling of appropriate social behavior
- Role playing
- Structured practice
- Direct instruction
- Social scripts and narratives
Resources


Resources


Resources


Resources


• OASIS: [www.aspergersyndrome.org](http://www.aspergersyndrome.org). Online chat rooms for Raising AS Teens & Young Adults.


• Sexuality and You: [http://sexualityandu.ca](http://sexualityandu.ca). Wonderful visual materials including privacy issues.

• Susan’s Sex Support Site: [http://www.sexsupport.org/SexEd.html](http://www.sexsupport.org/SexEd.html).
Test Questions

1. What are common parental concerns for individuals with autism spectrum disorders?
   a. Being taken advantage of
   b. Menstruation
   c. Trade sex for popularity
   d. Inappropriate public display
   e. Aggressive pursuit of partner
   f. All of the above

Answer: f

2. What are common sexual behaviors in typically developing children?
   a) touching genitals in public
   b) touching breasts,
   c) sitting with crotch exposed
   d) looking at nude pictures
   e) Masturbating with hand
   f) All of the above

Answer: F
Test Questions

3. There is a higher rate of Asperger traits among female to male transgendered individuals than male to female.
   a) True
   b) False

Answer: True

4. Things to do when treating an individual with ASD and problem sexual behaviors:
   a) Use process groups
   b) Emphasize suppression of negative behavior with sanctions
   c) Talking about past trauma
   d) Focus on past behavior and “why?” questions
   e) None of the above

Answer: E