

## Self-assessed sexuality in young adults with High-Functioning Autism

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### Abstract

The literature has revealed that autistic persons of all ages show an interest in sexuality and relationships, but the poor social and communication skills found among those with autism hinders the experience of this. Unfortunately, most research to date in this domain has relied exclusively upon parental or caregiver reports. Thus there remains a need for research to be undertaken in this area based on direct reports from autistic individuals. We hypothesised that compared to Typically Developing (TD) persons, persons with High-Functioning Autism (HFA) would reveal lesser levels of sexual experience, lower levels of sexual and social behaviour, and less understanding of privacy on various subscales of the Sexualised Behaviour Scale. The results of this present study supported the hypothesis on all scales except Privacy and Sexualised Behaviour. Overall, compared to TD individuals, HFA individuals engaged in fewer social behaviours, had less sex education and fewer sexual experiences, had more pronounced concerns for the future, and showed similar levels of privacy knowledge and public sexualised behaviour. These findings suggest a need for specialised sex education programs for autistic populations; further, since social behaviour was significantly lower for autistic individuals and future concerns were higher, this suggests that sex education programs need to incorporate education about social rules to enhance social communication and understanding.

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Hellemans, H., Roeyers, H., Lepale, W., Dewaele, T., and Deboutte, D. Sexual behavior in male adolescents and young adults with **autism** spectrum disorder and borderline/mild mental retardation. *Sexuality and Disability*, Vol 28(2), Jun, 2010. pp. 93-104.

### Abstract:

Group home caregivers of 20 institutionalized, male adolescents and young adults with Autistic Disorder (AD) and Borderline/Mild Mental Retardation (MR) and of 19 institutionalized, male adolescents and young adults with Borderline/Mild MR, without AD were interviewed with the Interview **Sexuality Autism**-Revised (ISA-R). Overall the individuals with AD were not significantly less sexually active than the individuals with MR. Masturbation was common in both groups. Individuals with MR had significantly more experience with relationships. No difference was found in the presence of inappropriate behavior. No difference was found in sexual orientation. Some deviant sexual behaviors (stereotyped sexual interests; sensory fascinations with a sexual connotation; paraphilia) were present in the group with AD, but not in the group with MR. A difference seemed to exist in the nature of sexual problems in the individuals with AD and MR, problems in individuals with AD being more related to an obsessive quality of the sexual behavior. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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Sullivan, A., Caterino, L. Addressing the **sexuality** and sex education of individuals with **autism** spectrum disorders. *Education & Treatment of Children*, Vol 31(3), Aug, 2008. pp. 381-394.

**Abstract:**

This paper addresses the need for **sexuality** education for individuals with **autism** spectrum disorders. It provides a brief overview of **autism** and Asperger's Syndrome as well as a summary of the existing literature regarding the **sexuality** of this population. 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 because they violate societal norms regarding appropriate interpersonal behavior and 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.

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However, more recent literature indicates that most adolescents and adults with these disorders engage in sexual behaviors and many desire intimate relations with others (Haracopos & Pedersen, 1992; Kontstantareas & Lunsy, 1997; Ray, Marks & Bray-Garretson, 2004; Ruble & Dalrymple, 1993; Stokes & Kaur, 2005; Van Bourgondien, Reichle, & Palmer, 1997). Unfortunately, parents continue to report substantial concern regarding negative public perceptions of such behaviors and the subsequent treatment of their children (Realmuto & Ruble, 1999; Ruble & Dalrymple, 1993) and case studies have drawn attention to deviant sexual behaviors (e.g., public masturbation, fetishism, compulsive sexual behaviors, etc.) among this population (Ray et al., 2004; Realmuto & Ruble, 1999; Williams, Allard & Sears, 1996). Additionally, as the population of individuals with varying degrees of autism continues to grow, this will likely become even more of an issue in the near future.

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### **ASD and Sexuality**

Individuals with autism spectrum disorders generally undergo normal physical development and emergence of secondary sex characteristics at puberty, but the emotional changes and increasing sexual urges that accompany adolescence may be delayed or prolonged. **A substantial proportion of individuals with autism, 10-30%, experience increased behavioral problems during adolescence,** especially those with mental retardation (Eaves & Ho, 1996). **Inappropriate sexual behaviors are often an area of concern because the sexual drives that emerge in adolescence are not accompanied by the socialization and understanding of social norms governing acceptable sexual behaviors that a typical peer will gain. Because individuals with ASD are not generally involved in peer groups, they are excluded from the valuable learning opportunities that shape people's sexual behaviors.** Understanding the issues surrounding the sexuality of persons with autism and how to teach healthy, socially-appropriate socio-sexual behavior becomes increasingly important as they have more opportunities for inclusion in educational and community settings. Identification rates of autism are increasing and most children with autism attend public schools regardless of their level of functioning (Eaves & Ho, 1996).

Previous public perception of the sexuality of individuals with autism has been found to be largely negative and according to current data, largely inaccurate. In the past, such individuals were regarded as unaware of their sexuality, as uninterested in intimacy, and as using relationships only to satisfy their own needs. Early research suggested that persons with autism had no drive for intercourse (DeMyer, 1979) and that few had sexual problems (Dewey & Everard, 1974). However, **current research indicates a high rate of sexual behavior among**

**this population and highlights that the general social impairments typical of the autism spectrum do not necessarily mean that individuals with these disorders have no interest in developing some kind of intimate relations with others** (Haracopos, 1995; Haracopos & Pedersen, 1992; Hellemans, Colson, Verbraeken, Vemeiren, & Deboutte, 2007; Kontstantareas & Lunsky, 1997; Ray et al., 2004; Ruble & Dalrymple, 1993; Stokes & Kaur, 2005; Van Bourgondien, Reichle, & Palmer, 1997). In reality, adults with autism do not appear to experience any less sexual interest than do adults with developmental disabilities (Kontstantareas & Lunsky, 1997; Ousley & Mesibov, 1991).

Most individuals with ASD, approximately 75%, display some kind of sexual behavior and most masturbate (Haracopos & Pedersen, 1992; Hellemans et al., 2007; Van Bourgondien et al., 1997). Many seek out physical contact with others (Hellemans et al., 2007). In a study of 81 Danish adults with autism living in group homes, 74% demonstrated sexual behavior including masturbation and sexual behavior with others (Haracopos & Pedersen, 1992). Masturbation was more common in males than females, while females showed more sexual behaviors towards others. **In this study, 10% of the subjects expressed a strong desire to have a romantic relationship, yet, none had established what the authors considered a typical “reciprocal and intimate relationship.”** The study also found that 35% of the residents expressed a sexual interest in both sexes and 9% showed an interest in same sex individuals. Van Bourgondien and colleagues (1997) surveyed the parents of 89 individuals with both autism and some degree of mental retardation and found that 34% engaged in physical behavior with another individual such as handholding, hugging, kissing, touching, and attempted intercourse. This behavior was three times more likely in nonverbal individuals. This study also found that those persons who had not received sex education were more likely to masturbate while those who had were more likely to engage in person-oriented behaviors. Interestingly, Ousley and Mesibov (1991) indicated that men with autism were more likely to report sexual frustration than women with autism.

**Research by Stokes and Kaur (2005) found that many high functioning autistic (HFA) individuals indicated a desire for social contact and sexual relations, but that their social disabilities may prevent the development of appropriate relationships. This study found that compared to their typical peers, adolescents with HFA displayed poorer social behaviors, had fewer privacy related behaviors, and had less knowledge of privacy issues and sex education. In addition, their parents reported more concerns about their children’s sexual behavior.**

**The average fifteen year old with HFA displayed the sexual behavior characteristic of typical ten-year-olds.** However, more recent research has found that high-functioning individuals show normal, age-appropriate behaviors even though appropriate social skills were not present (Hellemans et al., 2007).

Parents of children with autism typically express concerns about their children’s developing sexual behavior. For example, in Ruble and Dalrymple’s (1993) survey of 100 parents of children with ASD, 75% of the parents feared that their children’s common behaviors may be misinterpreted by others as sexually deviant. Inappropriate fixations and obsessions have also become a concern based on case reports of stalking, frottage, fondling, paraphilias, compulsive masturbation, and sexual assault, although such reports are quite rare (Ray et al., 2004; Realmuto & Ruble, 1999; Williams et al., 1996).

There is also a great deal of concern regarding the high risk of sexual victimization for this population. As many as 16 to 25% of persons with autism have been sexually abused (Koller, 2000; Mandell, Walrath, Manteuffel, Sgro, & Pinto-Martin, 2005). Their intrinsic social and communication impairments, as well as their lack of exposure to appropriate peer interactions, may leave these youth at risk for misinterpretation of social cues and sexual behaviors of predators. In addition, victims of sexual abuse were more likely to display serious consequences such as engaging in sexual acting-out, self-injurious or suicidal behavior, and running away and they were more likely to be hospitalized in a psychiatric institution (Mandell et al., 2005).

**Although adolescents with ASD may lack the social abilities and communication skills to develop appropriate friendships and intimate relationships, their typical physiological development may lead to a desire for sexual intimacy, even in the face of social rejection. The lack of knowledge of appropriate social norms can lead to conflicts between the fulfillment of their sexual needs and socially acceptable sexual behavior.** It is the high frequency of inappropriate public behaviors that has raised concern for many parents and service providers.

**Ruble and Dalrymple (1993) report that approximately 65% of individuals with autism touch themselves in public, 23% masturbate in public, and 28% remove their clothing in public. Others studies have indicated that as many as 52% of individuals with autism masturbate in public and 90% display sexual behaviors that are directed towards strangers or other inappropriate individuals such as caregivers or service providers (Haracopos & Pedersen, 1992). Some researchers have posited that this behavior may be due to impairment in social awareness and social judgment or to the predisposition toward self-stimulatory behavior, while others have suggested that it may be due to the lack of socially appropriate outlets (Realmuto & Ruble, 1999).**

Such displays may jeopardize the community integration of individuals with ASD and placements in least restrictive environments. **Hellemans et al. (2007) reported that nearly a third of their sample required intervention in the area of sexual behaviors and emphasized the importance of sex education.**

In summary, research indicates a high degree of interest in intimate relationships and a high frequency of sexual behaviors among individuals with ASD (Haracopos & Pedersen, 1992; Hellemans et al., 2007; Van Bourgondien et al, 1997). It is apparent that the social impairments characteristic of these disorders does not negate sexuality and its accompanying desires or behaviors. There is a great need to understand the sexuality of these individuals and how better to serve them in areas related to this domain as this area is largely overlooked in research and practice. Much of the present literature is limited by small samples and a focus on institutionalized populations. Moreover, the participants generally had presented with a wide range of cognitive abilities, making it difficult to distinguish between the impact of ASD and mental retardation (Hellemans et al., 2007). Future research is needed that examines more diverse samples, including adolescents with various levels of cognitive functioning and communication skills who are attending public or specialized schools. There is also a need to understand what constitutes appropriate sexuality education for these individuals and their families so that their basic needs and rights are respected, and that maladaptive behaviors can be prevented and corrected.

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