Autism Spectrum Disorder and Sexual Development

Individuals living with ASD typically experience sexual development and drives similar to peers without ASD. But social disability can often hinder their ability to develop relationships with others to express their sexuality in a healthy manner.

Deeper Dive:

Sullivan and Caterino (2008) have written on sexuality and sex education of individuals with autism spectrum disorders.

> 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).
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> 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).
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> 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 Dalyrymple'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.

Sullivan, Amanda and Caterino, Linda (2008). *Addressing the sexuality and sex education of individuals with autism spectrum disorders.* Education and Treatment of Child, Vol. 31, No. 3.

Mesibov and Sreckovic discuss ASD difficulties in socialization, relationships and limited sexual knowledge.

Individuals with ASD are significantly delayed socially compared with their same-aged peers, have few friendships, and have limited sexual knowledge. These challenges, . . . often result in their searching for information about sexuality on the internet.

Social Delay

Individuals with ASD have significant deficits in social communication and interaction (APA, 2013). Their social-communicative skills may improve throughout adolescence and into adulthood; however, as they get older, increasing demands are placed upon them and their rate of improvement is not sufficient to accommodate for the new demands. Social and emotional limitations can greatly impact one's sexuality in the form of understanding the perspectives of others, forming relationships, expressing sexuality appropriately, and engaging in appropriate sexual behaviors. Even for individuals with ASD with average to above-average IQs, their social intellect is far behind their chronological and mental age. In fact, researchers found in a sample of children and adolescents with ASD with average to above-average IQ that their mean chronological age was 12.4 years, while their mean interpersonal social age was 3.2 years (Klin et al., 2007). These results indicate that while these children and adolescents have intact cognitive ability, they have significant social deficits. The data also indicated that, as these individuals age, the gap between the communicative and social abilities of individuals with ASD and of their peers without ASD increases. Although this does not mean that individuals with ASD are losing social skills over time, it does mean that the gap between individuals with ASD and their same-age

peers without ASD widens as they move into adolescence and into adulthood (Klin et al., 2007).

Difficulties with Relationships

Recent research indicates that individuals with ASD have reported fewer friendships and greater feelings of loneliness than their peers without disabilities, and have received more rejection nominations by their peers (Locke et al., 2010).

Limited Sexual Knowledge

Throughout adolescence individuals learn about sexuality through interactions with peers, observing others, through the media (Koller, 2000), by reading books and magazines, and through school-based sexual education programs. Because individuals with ASD often have limited interactions with their peers, their primary sources of sexual knowledge typically include observing others, exploring on the internet, and school-based sexual education curriculums. This often results in inaccurate or incomplete sexual knowledge. Indeed, researchers have found that individuals with ASD demonstrate limited sexual knowledge compared with their counterparts without ASD (Mehzabin and Stokes, 2011). Individuals with ASD have unique learning needs; they are literal thinkers and therefore require very direct and explicit instruction on what is and is not appropriate social and sexual behavior. Although it is not typical for adolescents and young adults with ASD to have abnormal sexual desires, they may tend to express or pursue normal interests in a manner that might be considered outside social convention for someone of their chronological age. Their blunt language and gestures may make them appear to be hyper-sexual, when they are just unaware of the social conventions (Mahoney, 2009). When this occurs, very specific instruction about appropriate behavior in specific situations is effective because, as a group, these individuals can be very rule-bound when they have the benefit of clear explanations and the chance to practice and rehearse appropriate behaviors.

Gary Mesibov and Melissa Sreckovic (2017). *Caught in the Web of the Criminal Justice System* (pp. 81-84).

Temple Grandin has been a pioneer in autism awareness. She describes the problem adults with autism must confront as their bodies mature and sexual desire becomes as paramount for them as it is for people who function within the normal range of capabilities:

> Because of autism's skewed neurology, those with Autism Spectrum Disorder take in the world around them physical object by physical object—floor, ceiling, table, chair—with no sense of the whole picture, and no understanding that along with the chairs and tables there's a non-physical reality. As a result, they literally cannot see the forest for the trees, nor understand what we mean when we use the expression. This double lack inhibits their ability to grasp the idea behind a social exchange or to understand that the exchange is fluid and cannot be controlled precisely. Given these limitations, ASDs function best by memorizing each separate moment, much as you would memorize the spelling of a word. And they're good at this, very good… Though now equipped with a full-grown body and full-grown sexual drive, many ASD males are stuck emotionally at a prepubescent age. They look like grown men, but inside they're only 10 years old. (Cutler, 2013)
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> John Douard and Pamela Schultz (2017). *Caught in the Web of the Criminal Justice System*, p. 353