



Hayward & Saunders

SEXUAL BEHAVIOURS OF CONCERN IN YOUNG PEOPLE WITH AUTISM SPECTRUM DISORDERS

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Sexual Behaviours of Concern in Young People with Autism Spectrum Disorders



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Introduction

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- Adolescence is one of the most important developmental stages, with significant changes occurring in the social, physical and emotional aspects of a person's life
- Individuals with autism spectrum disorders (ASD) mature physically and sexually according to normal developmental stages; however a young with an ASD can develop normally in some areas of social and emotional understanding and have difficulties in others
- Families and carers are often concerned about the growing sexual behaviour in young people with ASD because it is generally not accompanied by a corresponding growth in the field of social know-how which often leads to socially embarrassing behaviour.
- People often *falsely believe* that people with ASD are sexually immature or do not experience sexual attraction (Konstantareas & Lunsky, 1997), are unaware of their sexuality and are uninterested in intimacy (Sullivan & Caterino, 2008).

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- Sexuality education is usually taught when inappropriate behaviours are first seen (e.g. public masturbation) and when the intervention leads to a behaviour change considered meaningful to others (e.g. menstrual hygiene) (Ruble & Dalrymple, 2003).
- Adolescents with ASD have the same sexual desires and fantasies as people who do not have ASD (Stokes, Newton & Kaur, 2007), and the success or failure encountered by young people during their sexual development impacts upon their ability to effectively transition into adulthood.
- Some of the changes associated with aggressive behaviour and sexuality can be attributed to changes in hormones (Biro & Dorn, 2006).
- Sex steroid production in the body is accompanied by sexual feelings similar to those experienced by adolescents without disabilities (Backeljauw, Rose & Lawson, 2004)
- Young people with ASD undergo normal physical development at puberty, but the emotional changes and increasing sexual urges that accompany adolescence maybe delayed or prolonged (Sullivan & Caterino, 2008).

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Sexuality & Behaviour in ASD

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- Sexual behaviour includes self-image, emotions, values, attitudes, beliefs, behaviours and relationships. To parents and carers, it is the observable behaviours that are the most obvious of these, for example masturbation.
- Approximately 75% of people with ASD display some kind of sexual behaviour and most masturbate (Sullivan & Caterino, 2008).
- It is normal to express sexuality within the confines of one's social networks (Koller, 2000).
- It is important to note that up to 30% of young people with ASD experience an increase in behaviours of concern during adolescence (Eaves & Ho, 1996)
- The transition from childhood to adolescence may also coincide with emerging social interest of some degree for individuals with ASD (McGovern & Sigman, 2004)

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Sexual BoC in ASD: Examples (Adapted from Lawrie & Jillings, 2004 and Ray, Marks & Bray-Garretson, 2004).

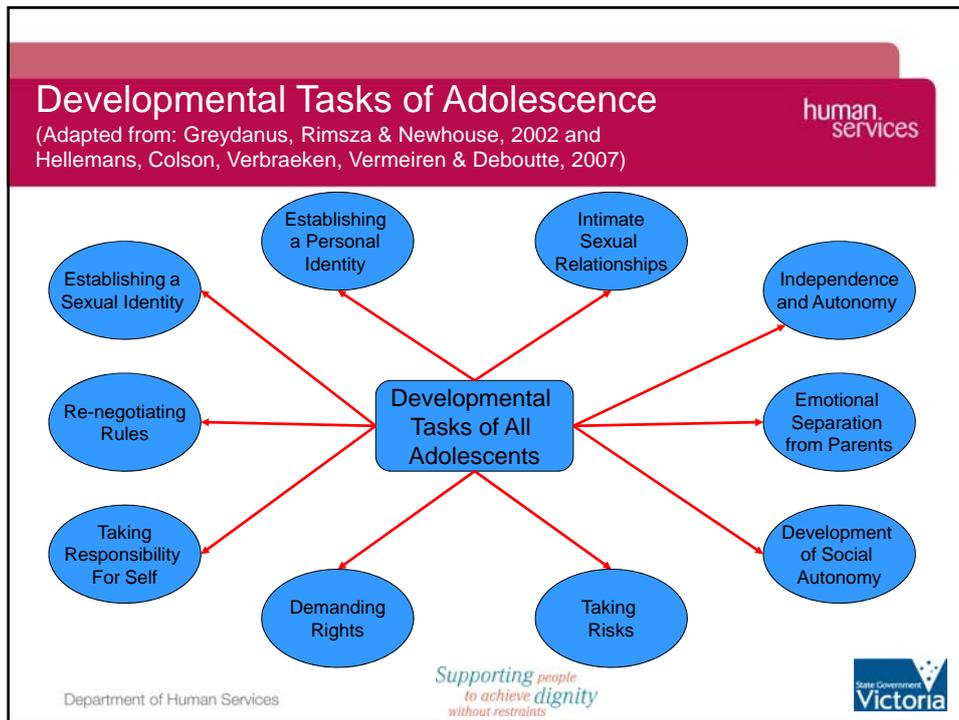
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- Touching private body parts
- Removing clothes in public
- Masturbating in public areas
- Touching others inappropriately
- Discussing inappropriate sexual subjects
- Looking up shorts, skirts, dresses or down shirts
- Obscene gestures
- Non-consensual hugging
- Inappropriate remarks and suggestions that have sexual connotations
- Echolalic repetition of sexual terms
- Perseveration on sexual topics

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The Impairments of ASD Related to Sexual Behaviour

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- The impairments in social awareness and reciprocal social interaction, necessary for learning and understanding appropriate sexual interaction leads to errors in social judgement.
- These errors in social judgement can interfere with the ability to assess whether they should perform certain behaviours in public or private places and how and why they should practice personal hygiene (Kalyva, 2010).
- Difficulty learning how to interact with others, recognising subtle cues, communicating with others and considering their own and others' viewpoints (Realmuto & Ruble, 1999).
- Some young people with ASD may have an excessive curiosity about the human body and the way it functions (Lee, 2004)
- Sexual behaviour feels good and what others may think about it takes a secondary position to people with ASD (Ray, Marks & Bray-Garretson, 2004).

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Sexual Behaviour in the Context of ASD

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(Adapted from Lee, 2004 and Ray, Marks & Bray-Garretson, 2004)

- May be the only source of pleasure, excitement or gratification available to the person
- Serves to reduce "anxiety"
- May have the same value as any other behaviour the person exhibits
- Can allow the young person to feel security in routine
- Sexual activity stimulates the sensory organs

There are a number of explanations for why sexual behaviours of concern may occur:

- Inappropriate sexual conduct becomes the only alternative to seeking relationships
- A young person tries to copy an observed adult sexual behaviour
- Attempts to make connections with peers using sexual information and behaviours
- Experiences of sexual abuse
- Some medications can affect libido, sexual interest or drive. Others can make arousal and ejaculation difficult which may increase tendency towards compulsive masturbation and other sexual behaviours

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Masturbation in ASD

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The most common concerns associated with masturbation in people with disabilities include:

1. the person is considered to be unable to masturbate properly
2. the person does not know how to masturbate
3. the person is masturbating for long periods
4. the person is masturbating inappropriately (such as in public areas)
5. the person is using inappropriate objects or means to help them masturbate
6. the person becomes frustrated or aggressive during or after masturbating
7. the person masturbates to the point of self-injury

(Cambridge, Carnaby & McCarthy, 2003; Walsh, 2000).

- The severity of autistic features, the level of intellectual disability and the presence of verbal language are highly related to the nature of sexual behaviours (Kalyva, 2010).
- A lack of alternative outlets for sexual urges and a tendency for self-stimulatory behaviour can result in frequent masturbation (Kalyva, 2010).
- Anal masturbation: sensations induced by the presence of many tactile sensors in the anus and area surrounding it (Agnew, 2000).
- This is an important consideration for people with ASD who are often very sensory-stimulated (Wiggins et al., 2009)
- May be an attempt to relieve intense itching from a medical condition and then becomes a motivation for persistent anal masturbation (Aruffo, Ibarra & Strupp, 2000).

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Inappropriate Masturbation in ASD (Adapted from: Aruffo, Ibarra & Strupp, 2000; Hellemans et al., 2007 and Koller, 2000)

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Possible Reasons for Inappropriate Masturbation in Young People with ASD

- Lack of structured routine and time made available for masturbation
- Lack of education
- Lack of opportunity for privacy and/or the use of bedrooms may be discouraged during the day
- There may be no locks on bedroom doors to provide privacy
- Staff, carers, parents, siblings and other residents may not respect the privacy of another person's bedroom
- The person may not have access to the sexual areas of their body due to the wearing of incontinence pads or restrictive clothing
- Private spaces in day services are not made available
- The use of medication may cause sexual side effects
- A lack of opportunity for individualised sensory stimulation
- Hormone levels can influence sensitivity to tactile stimulation

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Sexuality Education

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- Typical sexuality education programs for people with disabilities alone may lack components that address the unique social skill needs of people with ASD (Tarnai & Wolfe, 2008).
- Teaching should be less about "what erections are and why they occur" and more about what to do when they have one.
- Children and young people with ASD should have names or the means for referring to their genitalia, have some concept of privacy (their own and that of others), know which things not to do in public but that are acceptable in private, know that no one else is allowed to touch their private parts except for specific reasons and know whom you kiss, hug and whom you greet in some other way (American Academy of Pediatrics Committee on Children with Disabilities, 1996).
- Before teaching social/sexual skills, the person's individual preferences, strengths and communication skills should be assessed. It is recommended that a thorough functional behavioural assessment (FBA) is undertaken (Lee, 2004; Sterling-Turner & Jordan, 2007) as part of this individualised approach.

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Summary

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- Young people undergo biological, cognitive and social changes during childhood and adolescence.
- Puberty affects changes in hormones and feelings, and behaviours will subsequently emerge and change. It is these sexual behaviours that are of concern to parents and carers and they are directly related to the core impairments of ASD, including difficulties with social knowledge, reciprocal interaction, communication and considering the viewpoints of others.
- Responses to these normal sexual behaviours should be based on appropriate assessments, education and skill teaching. As Gabriels and van Bourgondien (2007, in Kalyva, 2010) state: "it is imperative that professionals working with children and adolescents with autism be alerted to sexuality issues in this population so preparations to address and teach appropriate social boundaries and personal care can be made long before the child with autism enters puberty".

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PBS Strategies for Sexual Behaviours of Concern in ASD

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1. Ensure the person can engage in a variety of non-sexual pleasurable activities
2. Identify and reduce environmental causes of anxiety
3. Ensure the person has the ability to communicate their needs, seek attention and express emotions
4. Establish and maintain routine and predictability for the person
5. Make available a number of sensory-specific activities based on individual assessment of preferences
6. Provide opportunities to establish everyday relationships with others
7. Teach social skills for development of friendships
8. Obtain a medical review for persistent anal touching/scratching/picking
9. Introduce time in the person's schedule for masturbation in private
10. Teach skill development based on functional behavioural assessment (FBA)
11. Ensure the person has access to their bedroom whenever they choose
12. Respect the privacy of bedrooms
13. Eliminate the use of mechanical restraints such as bodysuits which restrict the person's access to their body
14. Allow private time when bathing (if safe to do so)
15. Allow private time without clothing in bed, the bedroom or bathroom
16. Provide access to water-based lubricants and/or sexual aids
17. 'Shape' behaviour according to the environment (e.g. help to redirect the person to their room if they are found to be masturbating in the lounge room)
18. Use appropriate interventions such as social stories and social scripts

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