Expecting the Unexpected: Managing Sexual Behavior Problems in Youth with Autism Spectrum Disorders

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Learning Goals

• To identify the specific challenges of ASD youth in making safe and healthy sexual decisions

• To learn effective prevention and intervention strategies for ASD youth with sexual behavior problems

• To implement a comprehensive and systematic approach to sexual education
What makes a healthy relationship?
Autism Spectrum Disorders

• It is a spectrum disorder representing a continuum of difficulties along different dimensions mainly social, communication, behavior.

• Distinctions resulted in different diagnoses such as autism; Pervasive Developmental Disorder and Asperger’s Disorder which are no longer used in the DSM V

• Significant increase in recent rate of incidence

• About 4 x more prevalent in boys
Autism Spectrum Disorder (DSM V)

Social Communication Impairments

- Deficient social-emotional reciprocity
- Deficient non-verbal communicative behaviors
- Deficits in developing, maintaining, and understanding relationships

Restricted, repetitive patterns of behavior

- Stereotyped or repetitive motor movements
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or non-verbal behavior
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Hyper- or hyporeactivity to sensory sensory input
## Severity Level for Autism Spectrum Disorders

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Social Communication</th>
<th>Restricted, repetitive behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3 (requiring very substantial support)</td>
<td>Severe verbal and nonverbal deficits: Non-verbal Echolalia Problems in non-verbal gestures</td>
<td>Extreme difficulty coping with change Repetitive motor acts and self-stimulation Interested in unusual objects Interest in parts of things</td>
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<tr>
<td>Level 2 (requiring substantial support)</td>
<td>Marked verbal and nonverbal deficits: Concrete language Very odd nonverbal communication Preference for solitude</td>
<td>Preference for sameness; hyper or hyporeactivity to sensory stimulation</td>
</tr>
<tr>
<td>Level 1 (requiring support)</td>
<td>Difficulty initiating social interactions Pragmatic language deficits Few peer relationships</td>
<td>Preoccupations Collectors of things Subtle self-stimulation Overfocused on technology</td>
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</tbody>
</table>
Narcissism vs. Self-Centrism
ASD Youth have Distinctive Skills and Challenges: Their strength is their weakness

**Skills**

• They are repetitive specialists
• They will remember detailed things forever
• They can attach to caretakers and be loyal to the people they care about
• They can be walking encyclopedias about obscure topics
• They are scrupulous about fairness and rules
• They have a quirky sense of humor

**Challenges**

• They are rigid and compulsive
• They may hold grudges
• They can obsess on people
• They may have a very narrow set of interests
• They be “jail house lawyers” and annoy their peers
• They may unintentionally seem rude and disrespectful to others
A continuum of sexual behavior problems: What is sexually abusive behavior? Sexual abuse is represented by a continuum of behavior some of which may not be within the court’s parameter for prosecution.
Sexual Abuse

Sexual behavior that is:

• Against the other person’s will
• Without consent
• Or in an aggressive, exploitive or threatening manner

Consideration must be given to age, equality, power and ability to give and understand consent
GRAY AREAS?
Mutual ----------- Abusive

Extensive mutual sexual behaviors

Pervasive and focused sexual behavior patterns
Use of manipulation and persuasion but not physical or emotional coercion
Look for like-minded peers but may misinterpret cues for consent
Childhood Sexuality: What is innocent? What is not?

**Red Flag Signs**
- Age and/or power discrepancy between children
- Behavior is not voluntary, involving coercion, manipulation
- Youngster feels fear, shame and anxiety
- Sexual behavior is compulsive and single-minded
- Re-enactment of adult sexual acts

**Green Flag Signs**
- Children are of similar age (about 2 years) and mental capacity
- Participation is voluntary
- Sexual play involves curiosity and discovery
- Sexual play is not compulsive
- Sexual play does not interfere with normal growth and development
ASD Youth can become sex offenders

Motivations to Offend

Power and control issues
Re-enactment of past trauma
Anger and revenge
To avoid negative feeling states
Impulsivity
Sense of entitlement
To form attachments

“I persisted in situations that were initially mutual”  Eddie
“I wanted to kill her. There’s only room for one man and one chick unless there’s a threesome. I was jealous...ready to snap”  Donald
# Types of sexual offenses

## Contact/Touch
- Frottage/frotteurism
- Fondling
- Forced oral sex
- Rape - digital, object, penile penetration
- Sexual torture
- Bestiality

## Non-Contact
- Obscene phone calls
- Voyeurism
- Exhibitionism
- Public masturbation
- Theft of clothing for sexual purposes
- Threats of sexual harm
- Creation, possession and distribution of child pornography
ASD youth as the “perfect victim”

- Their desire to fit and be liked makes them vulnerable to exploitation by neuro-typical peers
- They have a poor sense of “danger” signals in their interactions with others
- Difficulty communicating the details and experiences of their victimization
Adolescence and ASD “Perfect storm”
Pubertal Changes

- Sexual interest
- Romantic motivation
- Emotional intensity
- Sleep and arousal regulation
- Appetite
- Risk-taking
Sexual Development Issues in ASD Youth

• More openly curious about sex at young ages
• Not aware of sex roles and social gender issues
• Miss the 5th grade shift from “boys vs girls” to “boys like girls”
• Tend to be disgusted by health class in middle school
• Sexual feelings explode in puberty without a relational context
• Often experience rejection from opposite sex
• Little experience moving from acquaintances to dating
• If rejected, may reach out to children
• Late bloomers in developing long-term relationships
Sexual Diversity

• Higher numbers of lesbian, gay, bisexual, and transgendered individuals.

• ASD often experience and practice ambisexuality (preference free co-existence of homosexual and heterosexual behaviors).

• Why? Gender roles are social constructs.

• They are attracted to a PERSON, often regardless of gender.
Sexual Orientation

• 24% had unclear sexual orientation
• 58% heterosexual
• 4% homosexual
• 13% bi-sexual

(Hellemans et al, 2007)
Women with AS

• Socialized to place more value on relationships than on intelligence and more likely to enjoy close and supportive relationships than AS males
• Therefore the gap between social expectations and abilities is greater
• AS women experience greater difficulty forming relationships because female friendships are more often based on nuanced social exchanges whereas male friendships are more activity based
• They experience their sexuality in a variety of ways but rarely have opportunity to validate their experiences due to taboos
Common misconceptions for AS girls/women

- You can’t get pregnant if it’s your first time
- You can’t get pregnant if you are menstruating
- All adolescents are having sex
- Having sex makes you an adult
- Something is wrong with me as an older teen if I am not having sex
- You are a virgin if you don’t engage in sexual intercourse – oral sex doesn’t count
- I am asexual if I don’t experience sexual arousal (implications for women on meds for depression)
Risks for AS Adolescent Girls

• More likely to be sexually victimized (1.7 times) than neurotypical peers
• Some studies – AS girls had sex at earlier ages than neurotypical peers
• Due to higher need for social approval, more likely to trust partner’s motives
• Difficulty reading the complex, non-verbal cues in sexual relationships
• Have fewer friends with whom to discuss and learn to identify sexual predators
• For a socially isolated young woman gaining the attention of males is a new and exciting experience and an opportunity to appear mature, “normal” and socially accepted
Typical Sexual Behavior Problems in ASD Youth

Poor reading of social cues

“We had talked sexually. Maybe I thought it was okay to address these feelings…I programmed things the wrong way. I didn’t understand. I just didn’t know”  Mark

“She was okay with it. She didn’t back down”  Steven

• Misreading clues about affection within close relationships
• No understanding of reciprocity in relationships or how to build mutuality
• Breaking of space, gaze and touch boundaries
• Connections to others on same immature developmental level
• Tendency to mimic social behaviors without understanding context
Typical Sexual Behavior Problems in ASD Youth

Confusion about sexual information and gender roles

“Curiosity in my mind. I never understood how a male is supposed to look and act… I had details about males, why not females?” Robert

“I would like a girlfriend but I’m not sure what women want… they probably see me as an anti-social freak-show because I look at people and don’t do anything” Jeff

“I knew she knew I was joking” Justin

– Lack of clarity about sexual differences and consequent role issues
– Preoccupations related to curiosity about sexual functioning
– Inappropriate sexual joking
– Closeness to empathic females and identification with feminine characteristics
– May misinterpret nurturance and kindness as attraction
Typical Sexual Behavior Problems in ASD Youth

Sensory self stimulation and paraphilias

“I see it on the computer and I want to do it I guess” – Ray

- Drawn toward ritualized sexual behaviors
- Fetishism
- Sexual activity and masturbation used in self soothing
- Tendency to engage in staring, hyperfocus, or unusual sensory stimulation.
- Exposure to and preoccupation with computer pornography
- Tendency to rely on sensory motor exploration rather than fantasy and thought.
Masturbation Issues

The most common sexual action (63%-97%)

Problems with masturbation

• masturbate incessantly
• masturbate publicly
• masturbate without ejaculation
• masturbate to deviant or inappropriate fantasies
• masturbate with unusual objects
• masturbate to point of injury
• masturbate with guilt or fear
Rules about Masturbation

Definition: Masturbation is when you put your own hands on your own private parts when you have sexual feelings. Moving your hands around may increase arousal to the point of orgasm.

- Masturbate ONLY in private.
  (That means that no one can see you on purpose or by accident.)
- Masturbate ONLY by yourself.
  (If someone else touches your private parts it is a sexual action.)
- Masturbate ONLY when it does not get in the way of school or home responsibilities.
- Masturbate ONLY when social interaction is not occurring.
- Masturbate ONLY in ways that make you feel comfortable; never hurt yourself when you masturbate.
- Masturbate ONLY when you think about a good sexual thing in your mind.
  (Do not think about sexual fantasies that are hurtful, abusive or illegal.)
Emotional Regulation: Meltdowns occur when the student is overwhelmed.

- Triggered by:
  - Internal states of discomfort
  - Unexpected changes
  - Difficulty communicating
  - Sensory intrusions
  - Presentation of new tasks
  - Feeling criticized, misjudged, or blamed unfairly
ASD Interventions: Self-Regulation Skills

• Encourage and practice self-soothing strategies to decrease stress and anxiety
• Avoid power struggles except when safety is involved
• Provide a default strategy (e.g. safe haven) when student is over-stimulated or unable to cope
• Use preferred activities and preoccupations as rewards and self-soothing strategies
Co-Morbidity Issues with ADHD

• ADHD as an impulse control and executive function disorder
• Distinctive presentations between ADHD, primarily hyperactive type and ADHD, primarily inattentive type (e.g. Rejected vs. Neglected status)
• Must take into account ADHD symptoms when planning interventions
Intervention Principles with Co-Morbid ADHD

- “Act, Don’t Yak”
- Give more immediate and frequent consequences at the “point of performance”
- Focus on the natural setting and “situation selection” to avoid high risk behaviors
- Consider benefits of medication treatment
Basic Interventions for Sexual Behavior Problems

• Tell the story
• Figure out why it happened
• Judge it
• Avoid repeating the same mistake
• Develop healthy relationship skills
Telling the Story

• Keep instructions clear and simple to avoid verbal confusion
• Get confirmation through direct questions
• Avoid abstract language, metaphors and analogies (e.g. “Hold the phone”)
• Talk calmly and practice patience
• Decrease speed and volume of information (e.g. “Low and Slow”)
• Deal with one issue at a time
• Have individual re-create events in their own words
• Use visual and contextual cues to enhance understanding
• Use experiential learning and show examples of what is required
Figure out why it happened

Explore possible motives:
• Curiosity
• Affection/Comfort
• Perseveration
• Peer pressure
• Social image
• Pornography exposure
• Perseveration and rigid thinking
• Impulsivity
• Sensory needs
Judge It

• Review the rules regarding consent, private vs. public context
• Review the laws regarding legal vs. illegal behaviors
• Define distinctions between consent, coercion, compliance
• Define appropriate interpersonal boundaries (physical and verbal)
• Use Socratic method and use their logic to undo their logic
Avoid repeating the same mistake

• Anticipate and identify high risk situations for poor decisions
• Develop a plan
• Use self-soothing strategies
• Identify and correct thinking errors
• Learn perspective-taking and empathy skills
• Develop social skills (e.g. social scripting)
Develop Healthy Relationship Skills

• Be vigilant about bullying and exploitation
• Provide structured opportunities for positive peer interaction
• Explicitly teach rules of social conduct via social scripting
• Teach “theory of mind” skills through role-playing
• Teach student how to have reciprocal conversations and use humor appropriately
Provide Sex Education

“If you don’t give us the tools to choose to act, we can only react!” (Lawson, 2005)

“Healthy sexual lives require serious education and ongoing conversation about how to pursue pleasure, understand consequences, and protect against violence and coercion.” (Fine & McClelland, 2006)
Sex Education Topics

• Physiological aspects of sexuality including body parts and sexual arousal
• Understanding and managing emotions
• Understanding love, friendship and relationship boundaries
• Sexual orientation and male/female distinctions
• Healthy sexual decision-making with emphasis on understanding consent
• Sexism and violence in romantic relationships
• Sexual risks and prevention including pregnancy, STDs
Sex Education: Teaching principles

• Must be learned in a highly structured, highly individualized manner
• Use simple, direct language – avoid metaphors
• Teach simple “discrimination skills” e.g. when and where to ...undress, masturbate, touch others
• Use many concrete exemplars
• Employ lots of visual cues
• If doing group work beware of “deviancy training”
Controlling Sexual Responses

Social Scripting Approach

“Every teenager’s young body gets sexually aroused at unexpected times...”
Self-care

• Clean and smelling nice
• Clothes
• Pre-plan
• Scripts for chit chat
• Embrace your uniqueness
Healthy Sex ASD Style

• Meeting potential partners
• Moving from friendship to sexual partners
• Making love versus having sex
• Adjusting to sensory sensitivities
• Maintaining long term relationships
• ASD/ASD versus ASD/non-ASD marriages
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