

Autisms and Sexual Difference



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How's your sex life?

- How did it get that way?
- How would you like it to be?
- What about your child/ adolescent?
- What about your child/ adolescent with ASD?

Outline

- Neuro-sexual Diversity in Autism
- Why such diversity?
 - Normal sexual development
 - The impact of autism on sexual development
- The range of sexual differences in Autism
- Sex education and sex therapy for individuals with Autism
- Relationships

Sexual Stereotypes

- There is *not* one “Autistic Sexual Phenotype”
- The sex lives of individuals with Autism are different in many ways

Why such a Broad Array of Autistic Sexual Differences?

- Autism is best represented as a single diagnostic category, defined by a common set of behaviors
 - Deficits in social communication and interactions
 - Restricted, repetitive patterns of behavior, interests and activities
- ***BUT with individual functional and etiologic specifiers***

-DSM5

Autisms are...

- A heterogeneous array of social communication disorders
- Resulting from numerous and varied combinations of neurodevelopmental differences
- Affecting sexual development (amongst other things) in many different ways

Q: How do the neurodevelopmental and psychosocial differences of Autism inevitably affect sexual development?

Biopsychosocial Transactional Models of Normal Sexual Development

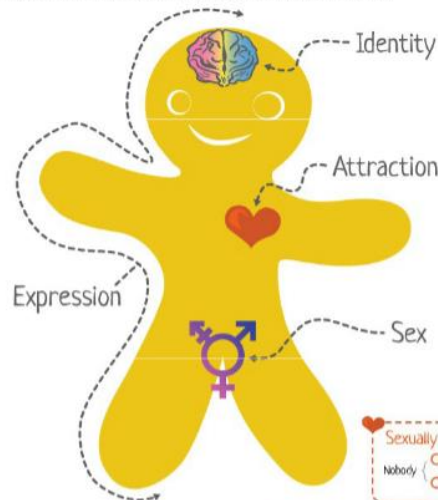
- Biological development
- Sociosexual development
- Cognitive stages (Piaget)
- Psychosocial crises (Erickson)

First, a few definitions

The Genderbread Person v3.3

by its pronounced METROsexual.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*, Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



For a bigger bite, read more at <http://bit.ly/genderbread>

Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread. 4 (or infinite) possible plot and label combos.

Gender Identity
Woman-ness
Man-ness
How you, in your head, define your gender; based on how much you align (or don't align) with what you understand to be the options for gender.

Gender Expression
Feminine
Masculine
The ways you present gender; through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

Biological Sex
Female-ness
Male-ness
The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Sexually Attracted to
Nobody
(Women/Females/Femininity)
(Men/Males/Masculinity)

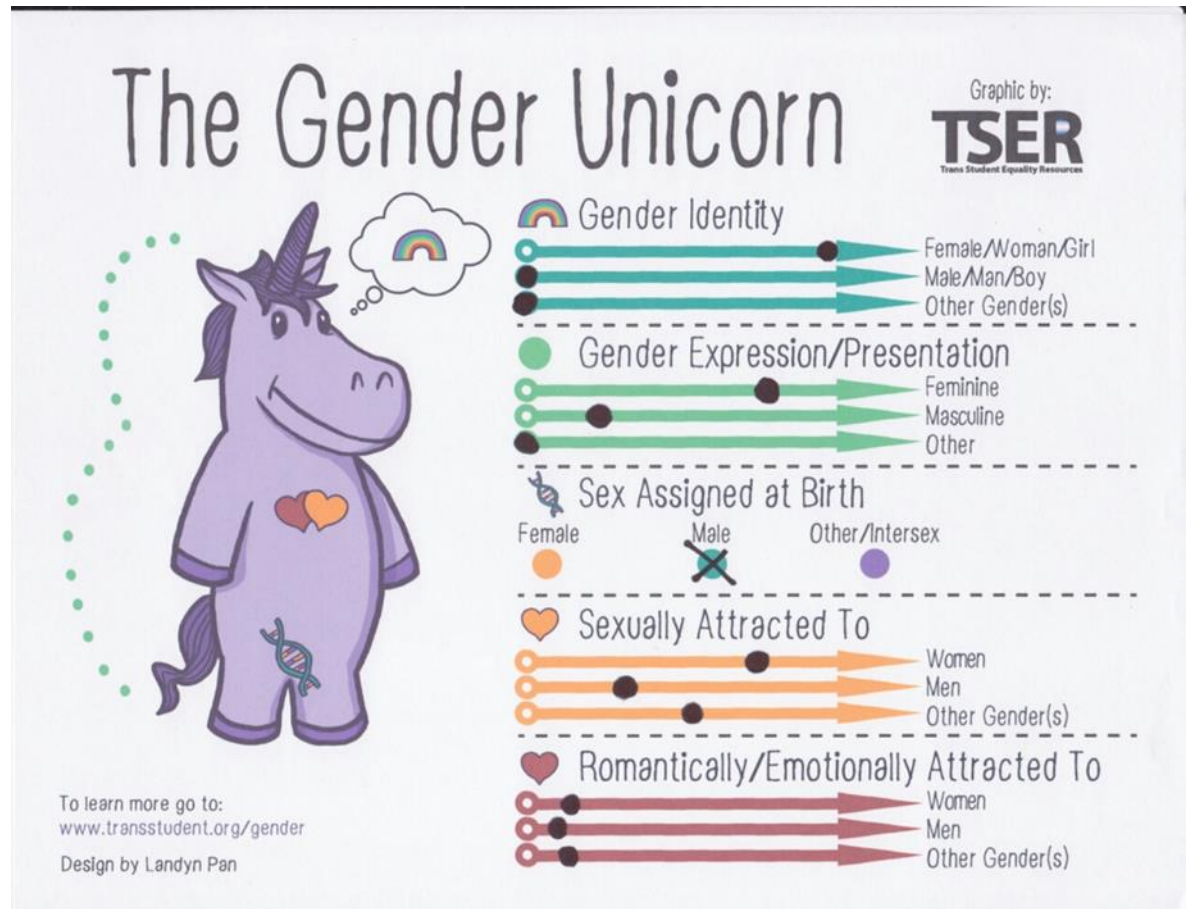
Romantically Attracted to
Nobody
(Women/Females/Femininity)
(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.
by Samuel Killerman at www.ItsPronouncedMetrosexual.com

BREAKING THROUGH THE BINARY: GENDER EXPLAINED USING CONTINUUMS

Sexual Developmental Differences

- Asexuality
- Bisexuality
- Homosexuality
- Gender Identity Disorders
 - Gender Variance
 - Gender Dysphoria
 - Transsexuals



Biological development

- Chromosomal sex, genital dimorphism
- Capacity for orgasm, growth in size
- Puberty
 - secondary sex characteristics
 - menarche, ejaculation

Sociosexual development

- Gender assignment
- Self-exploration
- Mutual exploration
- Genital play
- Dating
- Petting
- Coitus

Cognitive stages (Piaget)

- Sensory motor
- Preoperational
- Concrete operational
- Formal

Psychosocial “crises” (Erickson)

- Trust vs. mistrust
- Autonomy vs. shame and doubt
- Initiative vs. guilt
- Industry vs. inferiority
- Identity vs. role diffusion
- Intimacy vs. isolation

Autistic differences affecting sexuality

- Temperament
- Sensory
- Motor
- Attention
- Executive dysfunctions
- Social
- Psychiatric/ medical
- Adaptive behavior
- Social environment

Temperament

- Activity
- Rhythmicity
- Approach/ withdrawal
- Adaptability
- Threshold of responsiveness
- Intensity of reactions
- Quality of mood
- Distractibility, attention span and persistence

Sensory Differences

- Under-sensitive or over-sensitive sensitive
- Deep touch, light touch, taste, smell, noise, movement/ proprioception, visual
 - Overload, anxious withdrawal, need for solitude or agitation, aggression
 - seeking, craving

Motor Differences

- Discoordination
- Sexual clumsiness
- Lack of sexual energy/ stamina

Attention Regulation

- Perseveration, hyperfocusing
- ADHD
 - Distractibility, impulsivity, hyperactivity
- Different eye-tracking preferences
 - Geometric forms vs. social stimuli
 - Parts vs. wholes
- Deficits in joint/ shared attention

Executive Dysfunctions

- Initiating
- Sustaining
- Inhibiting
- Shifting (perseveration/ inflexibility)
- Strategic thinking, planning, organization
- Time awareness and management
- Central Coherence

Social (non-verbal) language

- Literal expression and interpretation
 - “all or none”/ “black or white”
 - poor inferential reasoning
- Context-blindness
 - ok in one setting but not ok in another?
 - private vs. public
 - Internet porn taken as realistic script for life
- Theory of Mind
 - Misreading non-verbal cues
 - restricted emotional code-book/ repertoire
 - lack of colloquial “sexually cool” language

Psychiatric/ medical

- ADHD: Inattention, Hyperactivity, Impulsivity
- Anxiety
- OCD
- Depression
- Severe Mood Dysregulation /Bipolar
- Psychosis/ schizophrenia
- Sleep disorder
- Gastrointestinal

Sexual side effects of psychiatric medications

- Drowsiness
- Emotional reactivity
- Irritability
- Decreased libido
- Problems with erection or ejaculation

Adaptive Behavior Impairments

- Lack of accurate knowledge about sex
 - Poor sex education
- Self-care skills/ Hygiene
 - not concerned enough or
 - too demanding of others
- Range of unusual or maladaptive behaviors

Social environment

- Heterosexual segregation
 - 4:1 male:female ratio in special education/therapeutic settings
- Lack of appropriate intimate social - sexual experience
- Social isolation
- Inconsistent messages about appropriate sexual thoughts and behaviors from:
 - Family, culture, media (internet!), peers

The result:

A wide range of sexual differences in Autism

- Sexual thinking differences
- Psychosocial consequences
- Sexual behavior differences
- Gender identity differences

Autistic sexual thinking

- Misunderstandings
 - confusion/ bewilderment
 - obliviousness
- Lack of taboos, no sexual compass
 - too ready to conform
 - too ready to act out
- Difficulty relating to love, closeness, and the importance of showing feelings

Psychosocial consequences

- Delayed first sex
- Less frequent sex
- Less successful/ less satisfying sex
- No sex/ virginity
- Sexual victimization
 - Bullying
 - Abuse/ Rape
 - Prey/ Prostituted

Psychosocial consequences (cont'd)

- Poor self image, low self-confidence
- Increased anxiety, frustration, depression
- Further relationship avoidance, lack of experience with intimacy
- Chronic and self-perpetuating cycle of sexual/intimacy deprivation

Coping Reactions

- Further withdrawal, lowered desire:
“It’s not worth it. It’s too complicated.”
- Use of drugs/ alcohol to manage socio-sexual anxiety, depression
- Heightened desire, obsessive frustration with being a virgin; not having a relationship

Autistic relationship problems

- Poor partner selection
- Over-attached and dependent
- Detached and unresponsive
- Excessively demanding, brutally honest
- Extremely reactive
- Unusual ways of showing love/ affection
- Infidelity

Masturbation / Public Erection

- Compulsive, repetitive, perseverative
- Public vs. private
- Excessive if:
 - distraction
 - injury
 - anxiety, shame
 - misunderstanding by others

Sexual Obsessions

- Fantasies
- Magazine, movie or internet porn
- Virtual sex: phone, internet
- Sexual exhibitionism
- Flirtatiousness, inappropriate or excessive touching, promiscuity
- Staring, stalking, voyeurism, harassment
- Sexual aggression/ assault

Paraphilias/ Fetishisms

- Sexual excitement by a body part, object or specific characteristic
- Sadomasochistic behaviors
- Transvestic cross-dressing

Autism and distorted thinking about gender

- “I can’t be a feminine man or a masculine woman without going all the way.”
- “I’m a boy with Autism. If I become a girl, I won’t have Autism anymore.”
- “It’s better to be sexually different than socially different.”
- “I was rejected by the opposite sex” or “I don’t fit with same sex” so “The other will be better.” (“tomboys” and “girlie-boys”)

Gender identity differences

Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents

Annelou L. C. de Vries

22 January 2010

- Children and adolescents (115 boys and 89 girls, mean age 10.8, SD = 3.58) referred to a gender identity clinic
- incidence of ASD in this sample of children and adolescents was 7.8% (n = 16).
- Clinicians should be aware of co-occurring ASD and GID

Child's Wish to Be the Opposite Sex

as Reported by Parent

(John Strang, March 2014, Archives of Sexual Behavior)

Group	Percent Endorsement	Odds Ratio^a	95% Confidence Interval	P-value
Epilepsy or neurofibromatosis	1.7	0.52	0.10 - 10.53	Not significant
Attention-deficit/hyperactivity disorder	4.8	6.64	2.45 - 17.99	< .001
Autism spectrum disorder	5.4	7.59	3.05 - 18.87	< .001

^aPeto odds ratio compared with the standardization sample of the Child Behavior Checklist.

Is Autism gender/ X-linked?

- 4:1 male: female ratio
- Increased incidence of Autism in:
 - Klinefelter's (Testicular Feminization/ XXY) boys
 - Turner's (Ovarian Dysgenesis /XO) girls
 - Congenital Adrenal Hyperplasia(excess androgens)
 - Fragile X
- Extreme Male (“systematizing vs. empathizing”) Brain Theory in Autism (Simon Baron-Cohen, The Essential Difference)
 - “explains masculine autistic women but not feminine autistic men”

Autism and liberated thinking about gender

- ASD as difference, not disability
 - Neurodiversity and Autism-pride
- Freedom from irrelevant socio-cultural constructs, norms and taboos
 - “I didn’t give a damn. Genderlessness made more sense.”
 - “I just wondered what it would be like to be bisexual.”
 - “You neurotypicals and your stereotypes about relationships- and your need for sex! I’ve just never had any interest whatsoever.”

How to separate autistic distortions and obsessions from non-autistic differences in sexuality and gender identity?

- Persistence of the wish
- Centrality of the wish
- Specificity of the wish (parts vs. wholes)
- Clarity of communication about the wish relative to other issues

Disorder, Diversity, and Doubt

- Treat disorder / relieve distress
- Accept diversity/ accommodate difference
- When in doubt: buy time, support, and wait
 - for “neurotypicals”, sexual development continues throughout adulthood
 - in Autism, adolescence and sexual development may be even more prolonged

Sex education and sex therapy for individuals with Autism



Using autism special education principles for autism sex education

- More proactive
- More explicit
- More structured
- More scripted
- More “black and white”
- More clearly stated “dos and don’ts”
- More visuals
- More coaching?
- More practice?

Sex Education Techniques for Autism

- Structured programs/ curricula (Henault)
- Example: Teaching masturbation
 - Private masturbation (with or without porn) is easier and safer than navigating a relationship for sex
 - “Finger Tips”, “Sex for One: The Joy of Self-loving”
- Visual communication, Social Stories, Cartoons
- CBT: training in social skills and social thinking
- Unstuck and on-Target for sex?

Supervision

- Prevent unhealthy or dangerous sex
- Facilitate healthy and appropriate sex
 - experienced professional sex workers?
 - sex therapists?

Internet

- Source of information: both good and bad
- Source of community: both supportive and dangerous

Finding a partner

- The internet; on-line dating, not at the bar
- Full disclosure
- Look for shared interests
- Specific preferences regarding physical appearance
- Compensatory strengths in your areas of need
- “Birds of a feather” flock (and stay?) together
- Happiest couples are often both autistic or eccentric

Relationship advice

- Open and honest
- Accepting

Open and Honest

- Explicit communication and instruction
- Knowing what to expect
- State specific sexual preferences
 - sensory preferences
 - hygiene
 - routine vs. experimentation
- If you don't know or don't understand, ask!

Accepting

- Everyone is different
 - Respectful
 - Flexible
 - Willing to accommodate

Must sex always be shared, reciprocal
“love-making”?

- Or, *after insuring mutual consent and safety*, is it ok for a willing partner to be an unconditional object of sexual experimentation and play?
- “I loved being his special interest.”

Masturbation, sex and mature relationships

- Sexual readiness should depend upon some minimum level of social development
- But for people with ASDs, do we set the social skills pre-requisites for sex too high?
- Could safe sex represent an earlier step toward the development of mature relationships?
- Could sexual acceptance and sexual success help bridge individual differences and lead to more mature relationships?

The socio-sexual challenges of people with ASD amplify the importance of understanding, accepting and enjoying the individual differences of all human beings.

Resources

- John Michael Carly, Asperger's From the Inside Out: A Supportive and Practical Guide for Anyone with Asperger's Syndrome
- Sarah Hendrickx, Long-Term Relationships: What People With Asperger Syndrome Really Really Want
- ❖ Henault, Isabelle, Asperger's Syndrome And Sexuality: From Adolescence Through Adulthood

Resources

- Liane Holliday Willey, [Pretending to Be Normal: Living With Asperger's Syndrome](#)
- Maxine C. Aston, [The Other Half of Asperger Syndrome: A guide to an Intimate Relationship with a Partner who has Asperger Syndrome](#)
- Ashley Stanford, [Asperger Syndrome and Long-Term Relationships](#)
- Daniel Tammet, [Born on a Blue Day](#)
- Annelou L. C. de Vries, et. al, “Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents”, *J Autism Dev Disord* (2010) 40:930–936