Improving Communication About Psychosexual Functioning in Adolescents with Autism Spectrum Disorder

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Introduction

Previously existing stereotypes of adolescents who have autism spectrum disorders (ASD)—as “asexual” or “scarcely interested in social and romantic relationships”—are being challenged. 1, 2 Similar to typically developing adolescents, youth with ASDs exhibit a broad range of normal-to-problematic sexual behaviors, and assumptions based on longstanding stereotypes may lead to missed opportunities for support and education so that teens with ASDs may enjoy a rich, healthy relationship to sex and sexuality.

Improving education about sexual relationships, anatomy and physiology of sexual behaviors, consequences of sex, birth control and personal boundaries could lead to less problematic sexual behaviors, such as acting on hypersexuality, and improve overall sexual health in adolescents with ASD less affected by intellectual disability. 4, 5

Sexual Orientation & Autism Spectrum Disorder

Little information is known about the well-being and development of sexuality in all teens with ASDs and even more so with those who identify as LGBT.

Sexual minority status creates challenges and risks in the sexual development and well-being of adolescents compared to their peers.

One study of adults with high functioning autism spectrum disorders assessing psychological functioning and various aspects of sexual functioning provided information that 30% in the “no relationship experience” group and 50% of the “relationship experience” group identified as gay, lesbian, homosexual, bisexual, unlabeled or unsure. 2

When teaching sex education to adolescents with ASD, it would be important to incorporate teaching about relationship skills, sexual diversity and sexual identity.

Case Example

Patient C is a 15-year-old cis-gender male with autism spectrum disorder, normal intellectual functioning, and generalized anxiety disorder admitted to an inpatient psychiatric unit after an intentional toxic ingestion in the context of being bullied at school.

He had worked with a therapist for eight months prior to his admission focusing on anxiety and panic attacks and had no prior history of suicide attempts or self-injurious behaviors.

C discussed his struggle with identifying if he had romantic feelings toward females or males and he reported previously having unprotected sex with two male peers. C reported feeling isolated and feared rejection from his family if he discussed his sexual experiences. He had never been screened for sexually transmitted infections.

C was referred to a primary care physician and provided with information about a local LGBT resource center for additional peer support.

Components of Psychosexual Functioning

- Interaction with peers, parents, siblings
- Learn about and experience relationships and sexuality
- Self-esteem, self-perceived competence and knowledge
- Ranges from typical, appropriate behaviors to atypical, problematic behaviors
- Continuum of sexualized behaviors and experiences

Potential Barriers

- Lack of time during routine follow up visits to provide extensive psychosexual education
- Patients may feel uncomfortable disclosing sexual interests or behaviors with provider
- Lower number of adolescents with ASD with average cognitive functioning being seen in child and adolescent psychiatry clinic
- Community centers may not be equipped to deliver support for adolescents with autism spectrum disorder

Proposed Interventions

- Provide education to general and child and adolescent trainees, pediatric residents through integrated clinic experience:
  - Education to include the use of visual material, such as social stories, and to include technology-based and self-paced aspects
  - Improving sexual knowledge could lead to decreased prevalence of shame, doubt, stress, anxiety, depression, and improve sexual health including safe health practices and empowering individuals to seek and provide consent for and to feel comfortable declining sexual advances/encounters
  - Conduct anonymous surveys on youth with ASDs to gather data about gender identity, androgynous behavior in childhood, gender typicality, sexual debut, sexual behavior, sexual interest, sexual orientation and sexual initiative for sexually active adolescents within Portland community
  - Provide referrals to primary care providers for discussion of family planning options and sexually transmitted infections, if indicated
  - Make available information about community support resources, such as Sexual and Gender Minority Youth Resource Center (SMYRC), for youth who are interested

References


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