Chapter 6
ASD Into Adulthood: Managing Challenging Sexual Behaviors

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EXECUTIVE SUMMARY

The purpose of this chapter is to provide a case study highlighting where lack of explicit sex education for people with ASD poses challenges into adulthood. The case study of represents ecologically valid challenges for adults with ASD and supports that takes into account the family system. Provided is a description of the setting, including the context of the environment that impacts the target behavior through the lens of a family therapist. A review of evidence-based interventions to address behavioral challenges is provided in conjunction with the implementation process and individuals involved.

INTRODUCTION

Autism spectrum disorder (ASD) is generally understood to be a childhood disability, with interventions focused on the remediation of problem behaviors. There is little to no education or interventions focused on healthy sexuality and intimacy, leaving individuals with ASD at risk to fill in the blanks, to their own detriment. There seems to be confusion as to how individuals with ASD age over time, with the misperception that social communication deficits have a linkage to biological, hormonal, and emotional urges and interests. Without proper education and intervention, these adults are at risk to violate rules and laws that are not explicitly taught, but socially understood by others. The following case will highlight this challenge, and will provide information as to appropriate interventions.

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LITERATURE REVIEW

Current literature related to ASD and sexual behaviors tends to focus on the prevention of inappropriate behaviors, not as an instructive guide to appropriate behaviors. This narrow focus of the literature is due in large part to the perception that ASD is a childhood disability, which limits others in being able to see these children age and have very real desires and interests. Ballan (2012) links this lack of research not just to the idea that ASD is a childhood diagnosis, but also to the belief that sexuality is considered of minimal consequence, and general societal discomfort addressing sexual issues. When a population of individuals is lumped into an age bracket, we tend to associate only those age related issues to them. In a manner of speaking, it is similar to arrested development. Whether it is a function of internal processes or external expectations and constraints, it exists in a very real way for these individuals. It can be likened to basic classroom behavior management. It is important for us to teach and frame expectations based on what we want, as opposed to simply identifying and remediating that is problematic. Sexual interests and desires will not dissipate simply because we say to “not do that.” For example, if an individual is masturbating in a public bathroom, the intervention should not be to cease masturbating. This is a healthy sexual behavior that has purpose and benefit to the individual. We should take the opportunity to provide social rules and context. The intervention should be to tell the individual where and when they can do it. “You may masturbate at home, either in your bedroom or bathroom with the door closed and locked.” This provides far more context and does not attempt to shut down healthy sexual exploration. Another reason why the literature is limited in this area is that topics of sex, intimacy, and hygiene are uncomfortable to discuss due to our own personal experiences, preferences, beliefs, and concerns. It is challenging in NT populations, and more so in the disability world because of the belief that this population is not capable of understanding or being responsible when it comes to sexual relationships. According to Gougeon (2009) and Mehzabian & Stokes (2011), individuals with ASD receive less sexuality education than their neurotypical (NT) peers, and that this results in an information gap which can deny them an important developmental opportunity. This misperception leads to gaps in information and in many ways, leaves these adolescents and adults at more significant risk.
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