

# Autism & other neurodevelopmental conditions: Sexuality and Sexual Identity

April 8, 2022

Eileen T. Crehan, Ph.D.

Licensed Clinical Psychologist

Founder, Pegasus Consulting, Assessment, & Psychological Services

Assistant Professor, Tufts University



# My “why”

- Prevent negative outcomes, improve positive outcomes!
- Sexuality: it’s just like everything else?
- Autonomy is good for us

Event

Strong reaction

Shame

Association of sexual behavior and negative reaction

Decreased chance of sharing/asking questions



Positive, proactive, frequent  
conversations about sexuality

Event

Door for communication is already open

Stakeholders feel prepared to  
provide support and resources

Increased knowledge, more prosocial behaviors



# My “why”

- Prevent negative outcomes, improve positive outcomes!
- Sexuality: it’s just like everything else?
- Autonomy is good for us

# Plan for today



Background

What to cover

When to cover it

Where to get info

How to teach it best

Wrap up & questions

...why is this so important for autistic students?

Sadly, time and again, autistic students experience reduced access to SRE



# But why?

**Persistent myths**

**Info is not accessible**

**Low comfort & resources**



# WHAT TO COVER

More info, please!

---

Sexual orientation

---

Gender identity

---

Consent

---

Assertiveness

(Crehan et al., under review)

# Gender identity & sexual orientation





More gender diversity  
than in neurotypical  
populations

Autistic youth report less  
access to SRE

Over 90% of SRE curricula  
in the US focus on  
heterosexual relationships  
between cisgendered  
people\*

Big gap!!

# Consent

	Direct	Indirect
Verbal	 A red thumbs-down icon, representing a direct verbal refusal.	 A yellow pencil pointing to a test sheet with multiple-choice options (A, B, C), representing an indirect verbal refusal.
Nonverbal	 A black silhouette of a stick figure pushing another stick figure away, representing a direct nonverbal refusal.	 A simple black outline drawing of a ghost, representing an indirect nonverbal refusal.

(Greer & Buss, 1994; Hickman & Meuhlenhard, 1999; Mitchell & Wellings, 1998)

# WHEN TO DISCUSS

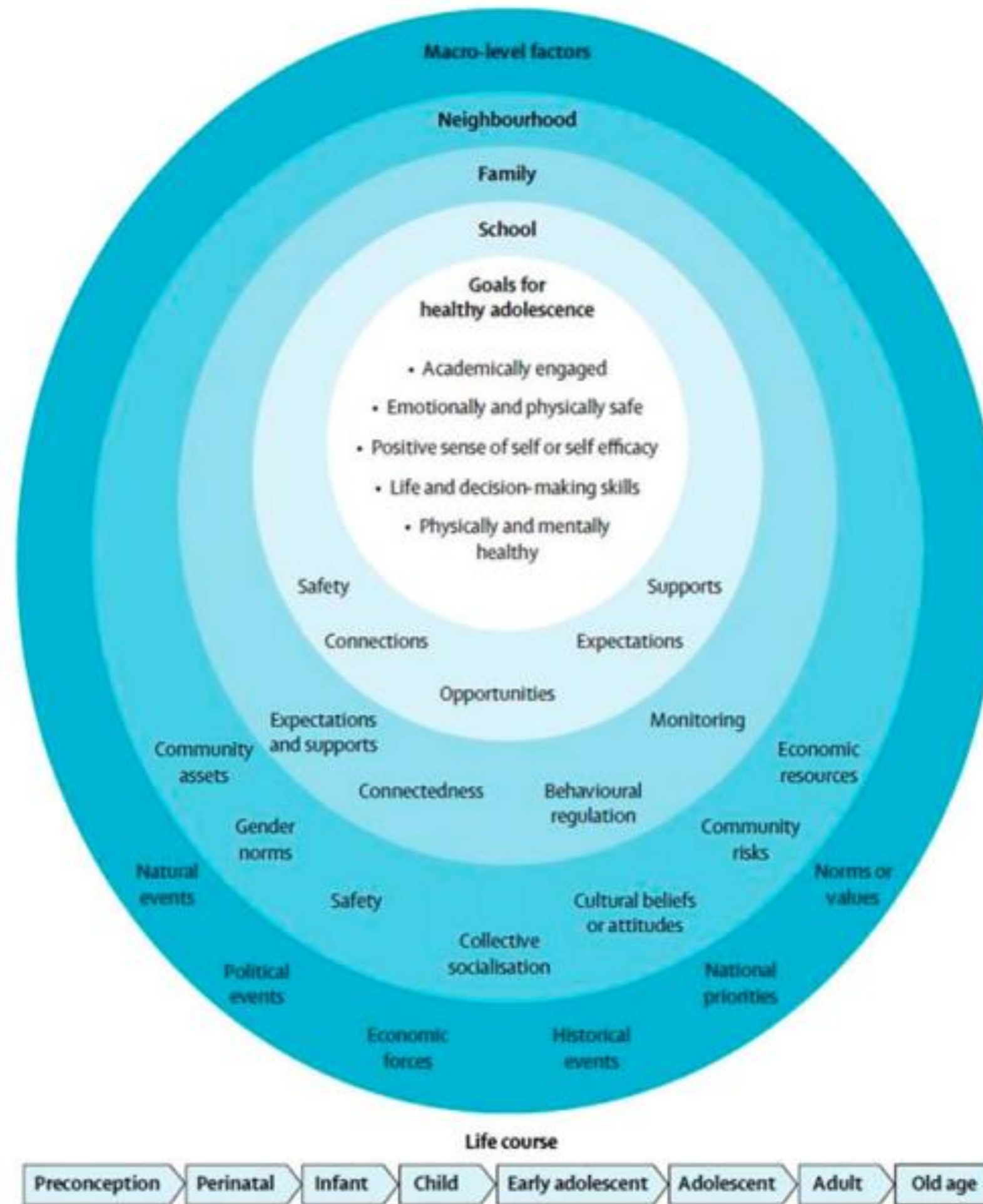


Figure 1. An ecological framework for adolescent health (Blum et al., 2012).

(Blum et al., 2012; Igras et al., 2014)

Healthy childhood sexual development		
Stage of development	Common behaviors	Encouraging healthy development
<b>Infancy (Ages 0-2)</b>	<ul style="list-style-type: none"> <li>• Curiosity about their body, including genitals</li> <li>• Touching their genitals, including masturbation, in public and in private</li> <li>• No inhibitions around nudity</li> </ul>	<ul style="list-style-type: none"> <li>• Teach correct names of body parts, such as penis and vagina</li> <li>• Explain basic information about the differences between male and female anatomy</li> <li>• Help children begin to understand how to interact respectfully with peers of the same age</li> <li>• Provide very simple answers to questions about the body and bodily functions</li> </ul>
<b>Early Childhood (Ages 2-5)</b>	<ul style="list-style-type: none"> <li>• Occasional masturbation. This usually occurs as a soothing behavior rather than for sexual pleasure. It may occur publicly or privately.</li> <li>• Consensual and playful exploration with children of the same age. This could include "playing house" or "playing doctor."</li> <li>• May ask questions about sexuality or reproduction, such as, "Where do babies come from?"</li> <li>• May show curiosity in regard to adult bodies (e.g., wanting to go to into the bathroom with parents, touching women's breasts, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Provide basic information about reproduction (e.g., babies grow in the uterus of a woman)</li> <li>• Encourage a basic understanding of privacy and when things are appropriate and inappropriate</li> <li>• Explain the difference between wanted and unwanted touch. For example, a hug that is welcome and positive versus one that is unwelcome and uncomfortable.</li> <li>• Teach children about boundaries. Let children know that their body belongs to them and that they can say no to unwanted touch.</li> </ul>

National Sexual Violence Resource Center, 2013

*Foundations in Social Development Education* 57

Stage	Mental age	Learning characteristics	Teaching examples as applied to sexuality education for those with intellectual disabilities
Concrete Operations	7 to 11 years	<p>The stage furthers the ability to order and classify objects and actions that are not abstract.</p> <p>The person categorizes objects and actions that can be seen or demonstrated.</p>	<p>Teaching relies even more heavily on rehearsal and role play as vehicles for social learning, with extra practice on safe settings.</p> <p>The earlier strategies continue to strengthen understanding, especially in less concrete areas of sexuality education such as deciding what is right or wrong, assessing risks, evaluating the qualities of friendship, and the rules for dating.</p> <p>Social problem solving that is oriented toward independence is critical for this group. Using "social stories" expressed in verbal, written, and pictorial formats aids in self-efficacy.</p> <p>Opportunities for social and romantic relationships and mobility in the community begin to increase dramatically.</p> <p>Opportunities for "testing the rules" that exist among typically developing adolescents is an ongoing risk for this group until later in life when emotional maturity is more likely.</p> <p>Transition to the next stage can be a very high-risk time and can last for a longer period of time than expected.</p>
Formal Thought	11 or 12 years and older	<p>The stage encompasses the ability to deal with abstract, hypothetical reasoning processes.</p>	<p>The greater ability to use abstract reasoning skills within this stage create many more social and sexual opportunities.</p>

*(continued)*

The Facts of Life...and more: Sexuality and Intimacy for People with Intellectual Disabilities

by Laurie Walker-Hirsch

Timing was not significantly different by diagnostic group for ....

- First kiss
- Engaging in romantic relationships
- First thought about gender identity and sexual orientation
- Viewing pornography

## What about onset of puberty?

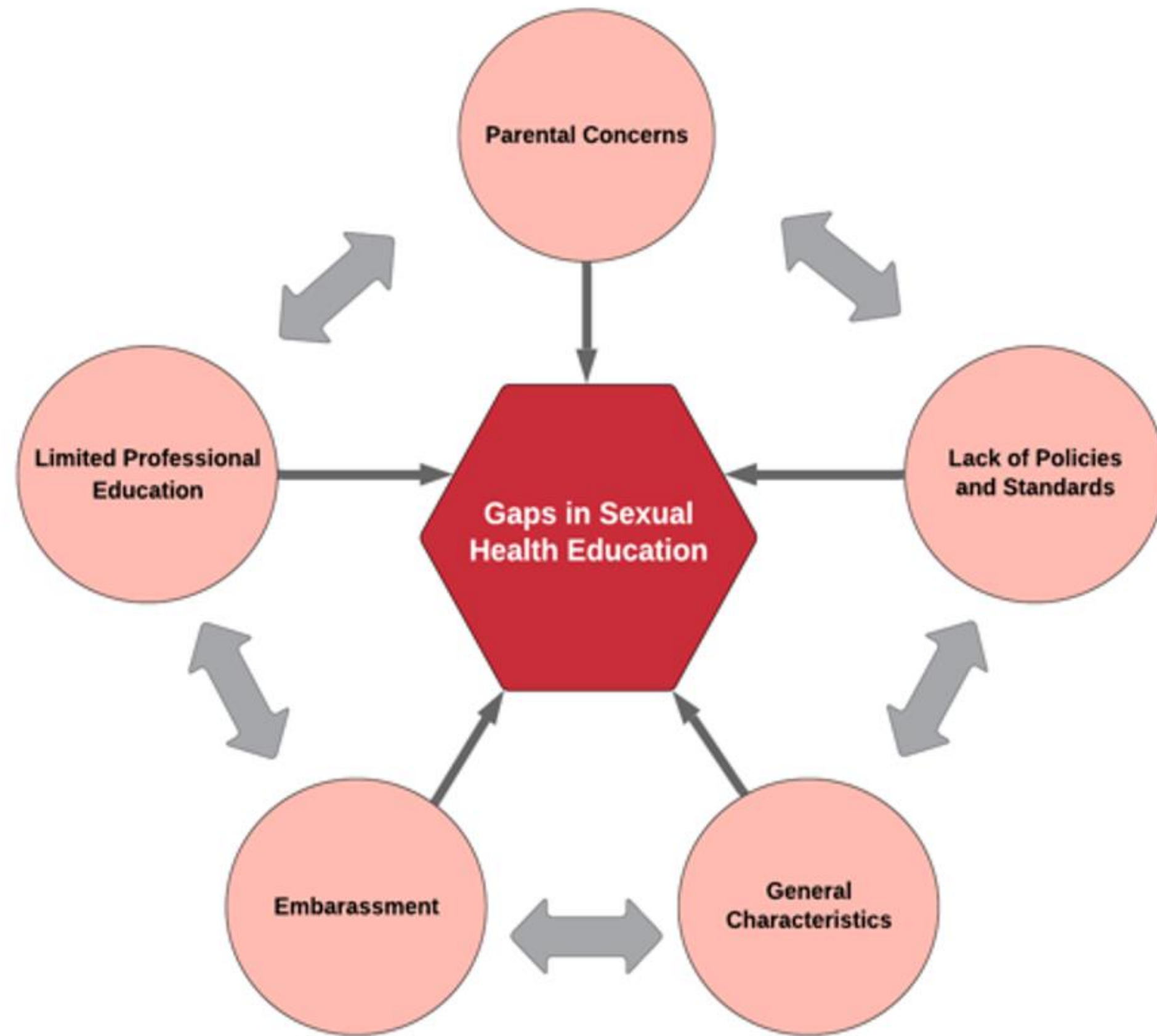
- **Average of earlier onset of puberty (9.5 months) for autistic girls compared to neurotypical girls**
- **Higher rates of autistic traits in children with precocious puberty**





**Milestones for development...  
are we using the same map?**

**WHERE DO  
WE GET INFO?**



- **Bystander effect: "And it's an um, it's almost a right... it's a right of a child to know how their body works. It's a right... but I don't know whose responsibility..."**

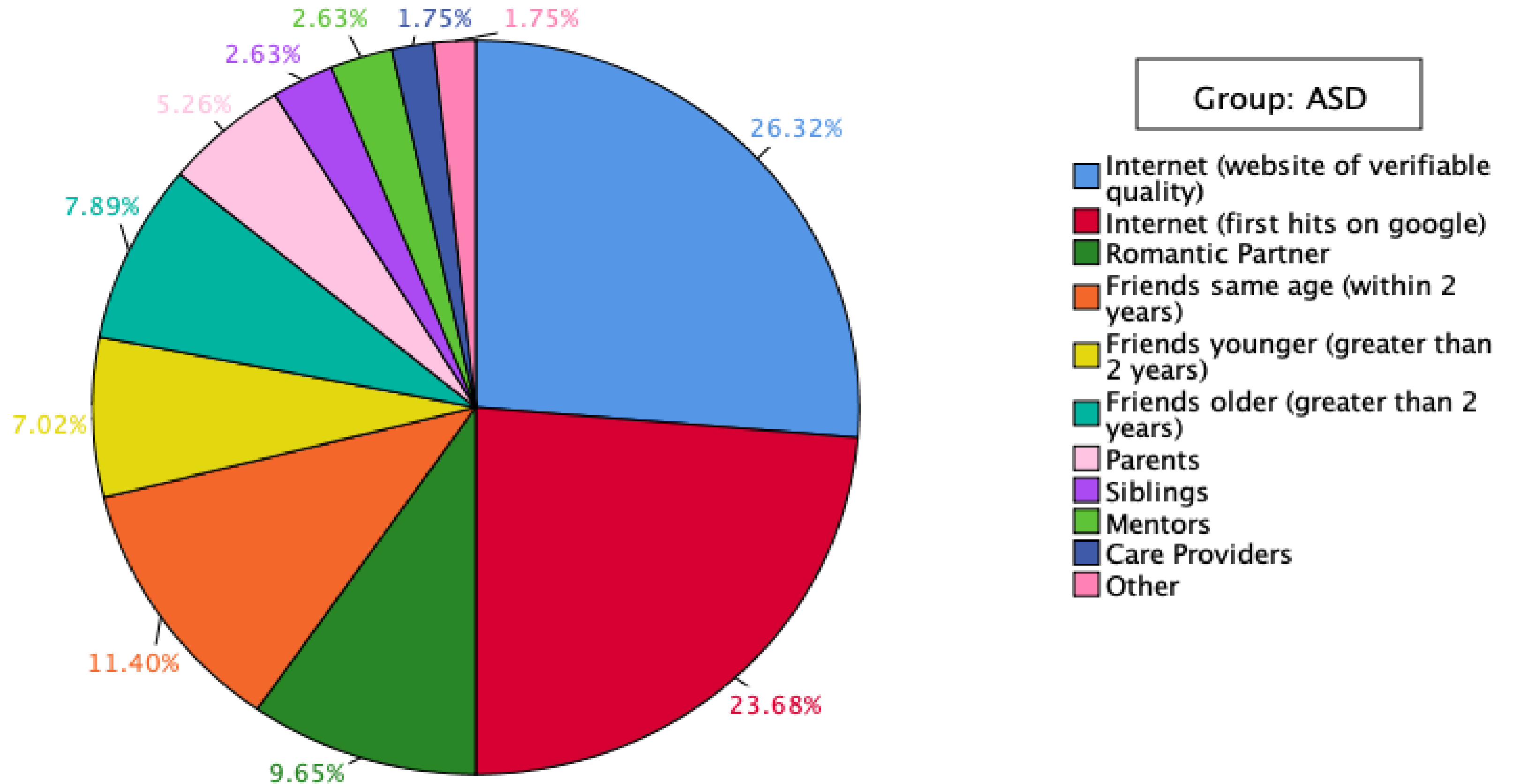
S = Sex Education  
HIV = HIV/STI Education  
HR = Healthy Relationships Education

1. REQUIREMENTS AND QUALITY OF EDUCATION							
State	Sex Education Mandated	HIV/STI Education Mandated	Healthy Relationships Education Mandated	If sex education, HIV/STI instruction, or healthy relationships instruction is provided, then instruction must be			
				age-appropriate	evidence-based	culturally appropriate	medically accurate
Alabama		X*	X	S, HIV, HR	HR	HR	
Alaska			X	HR			
Arizona				HIV			HIV
Arkansas			X	HR	HR	HR	
California	X	X	X	S, HIV, HR		S, HIV, HR	S, HIV, HR
Colorado <sup>^</sup>				S, HIV, HR	S, HIV, HR	S, HIV, HR	S, HIV, HR
Connecticut		X	X				
Delaware	X*	X*	X	HR	HR		
District of Columbia	X*	X*	X*	S, HIV, HR	S, HIV		
Florida	X		X	HIV			
Georgia	X	X					
Hawaii	X*	X*	X*	S, HIV, HR			S, HIV, HR
Idaho							
Illinois		X	X	S, HIV, HR			S, HIV, HR
Indiana	X	X			HR		
Iowa	X	X	X	S, HIV, HR	S, HIV, HR	S, HIV, HR	S, HIV, HR
Kansas	X*						
Kentucky	X*	X*	X*	HR			
Louisiana	X*	X*	X	S, HIV, HR			
Maine	X	X		S, HIV			S, HIV
Maryland	X*	X*	X	HR			
Massachusetts							
Michigan		X		S, HIV, HR	HR		
Minnesota	X	X					
Mississippi	X			S			

<sup>^</sup> Colorado recognizes that there is a need “to ensure that all young people in Colorado have access to evidence-based, medically accurate, culturally sensitive, and age-appropriate comprehensive sexuality education, information, and resources to guide them in making informed decisions about their health and relationships.” However, there is no sex education, HIV/STI instruction, or healthy relationships instruction mandated in Colorado.

\* Policies included in the table are state laws and state-wide rules, regulations, or standards that have the force of law. For a complete explanation of each state’s sex education and HIV/STI instruction policies, please refer to the law and policy section of each State Profile.

# Where do you get information about consent?



# Increasing access to care for autistic adults

- **Content of training: sexuality, identity, relationship goals**
- **Paperwork/administrative processes**

The importance of collaboration

**HOW SHOULD WE  
TEACH THIS INFO?**

# The Tackling Teenage Training... for adults

Peer components

Role play

Caregiver component?

(Crehan, unpublished data; Visser et al., 2015)



# Cultural considerations

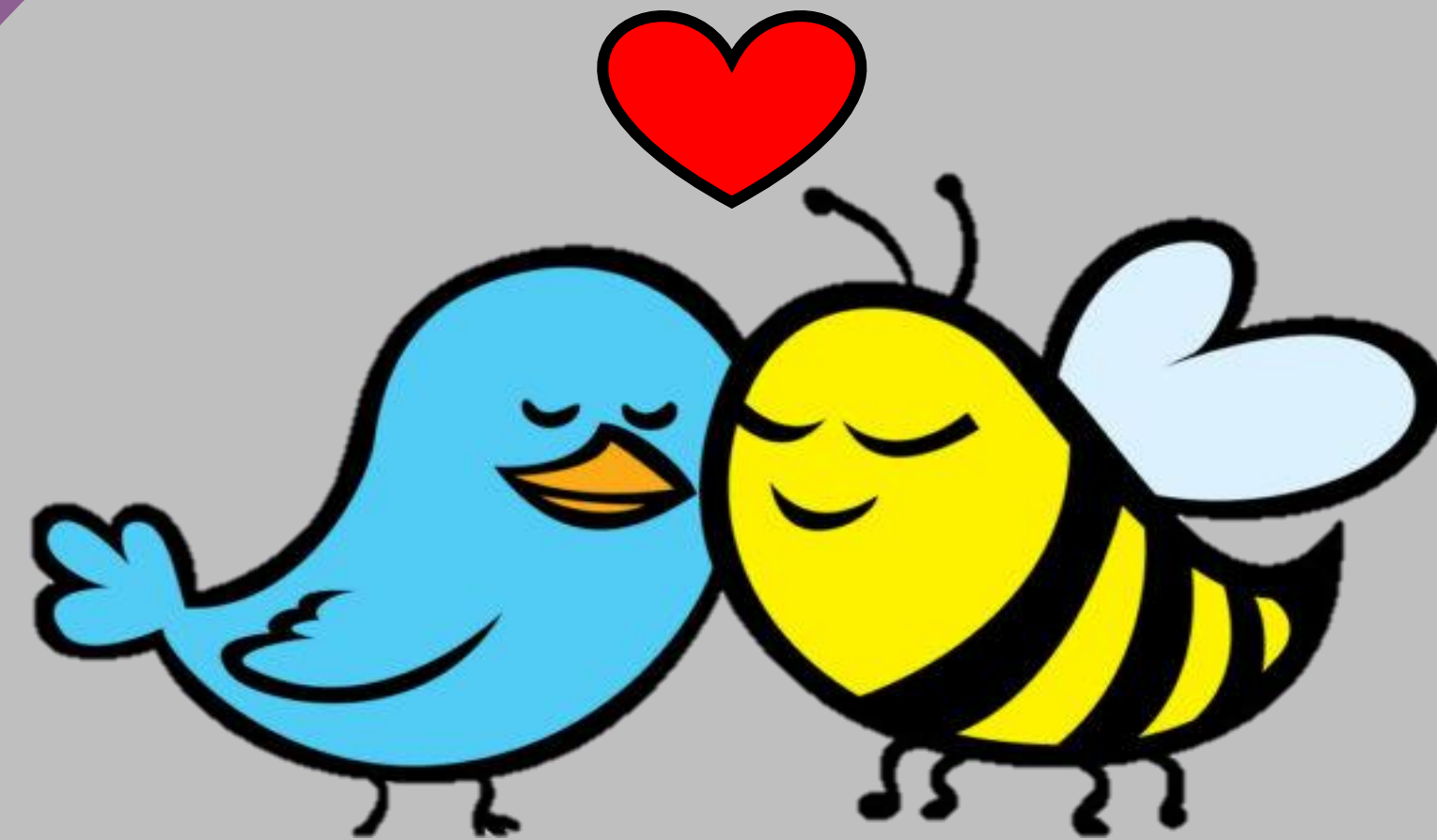
(Leung et al, 2019; Rasmussen, 2010)

# WRAP UP & QUESTIONS

# Thank you for listening!

**Big thanks to our Community Advisory Board,  
Research Team, and participants!**

- Study announcements
  - CrehanLab on Facebook and Instagram
  - <https://sites.tufts.edu/crehanlab/activities/resources/>
- Training opportunities and parent groups
  - PegasusCAPS on Facebook and Instagram
  - [www.pegasuscaps.com](http://www.pegasuscaps.com)



**Crehan Lab**  
at Tufts University



## References

- Barnard-Brak, L., Schmidt, M., Chesnut, S., Wei, T., & Richman, D. (2014). Predictors of Access to Sex Education for Children With Intellectual Disabilities in Public Schools. *Intellectual and Developmental Disabilities, 52*(2), 85–97. <https://doi.org/10.1352/1934-9556-52.2.85>
- Blum, R. W., Bastos, F. I. P. M., Kabiru, C. W., & Le, L. C. (2012). Adolescent health in the 21st century. *Lancet (London, England), 379*(9826), 1567–1568. [https://doi.org/10.1016/S0140-6736\(12\)60407-3](https://doi.org/10.1016/S0140-6736(12)60407-3)
- Corbett, B. A., Vandekar, S., Muscatello, R. A., & Tanguturi, Y. (2020). Pubertal Timing During Early Adolescence: Advanced Pubertal Onset in Females with Autism Spectrum Disorder. *Autism Research: Official Journal of the International Society for Autism Research, 13*(12), 2202–2215. <https://doi.org/10.1002/aur.2406>
- Crehan, E. T., Rocha, J., & Dufresne, S. (2021). Brief Report: Sources of Sexuality and Relationship Education for Autistic and Neurotypical Adults in the U.S. and a Call to Action. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-021-04992-z>
- Greer, A. E., & Buss, D. M. (1994). Tactics for promoting sexual encounters. *The Journal of Sex Research, 31*(3), 185–201. <https://doi.org/10.1080/00224499409551752>
- Healy, E., Mcguire, B., Evans, D., & Carley, S. (2009). Sexuality and personal relationships for people with an intellectual disability Part I Service-user perspectives. *Journal of Intellectual Disability Research : JIDR, 53*, 905–912. <https://doi.org/10.1111/j.1365-2788.2009.01203.x>
- Hickman, S. E., & Muehlenhard, C. L. (1999). “By the semi-mystical appearance of a condom”: How young women and men communicate sexual consent in heterosexual situations. *The Journal of Sex Research, 36*(3), 258–272. <https://doi.org/10.1080/00224499909551996>
- Holmes, L. G., Himle, M. B., Sewell, K. K., Carbone, P. S., Strassberg, D. S., & Murphy, N. A. (2014). Addressing Sexuality in Youth with Autism Spectrum Disorders: Current Pediatric Practices and Barriers. *Journal of Developmental & Behavioral Pediatrics, 35*(3), 172–178. <https://doi.org/10.1097/DBP.0000000000000030>
- Igras, S. M., Macieira, M., Murphy, E., & Lundgren, R. (2014). Investing in very young adolescents’ sexual and reproductive health. *Global Public Health, 9*(5), 555–569. <https://doi.org/10.1080/17441692.2014.908230>
- Leung, H., Shek, D. T. L., Leung, E., & Shek, E. Y. W. (2019). Development of Contextually-relevant Sexuality Education: Lessons from a Comprehensive Review of Adolescent Sexuality Education Across Cultures. *International Journal of Environmental Research and Public Health, 16*(4), 621. <https://doi.org/10.3390/ijerph16040621>
- Mitchell, K. J., Finkelhor, D., & Wolak, J. (2005). The Internet and Family and Acquaintance Sexual Abuse. *Child Maltreatment, 10*(1), 49–60.
- Rasmussen, M. L. (2010). Secularism, religion and ‘progressive’ sex education. *Sexualities, 13*(6), 699–712. <https://doi.org/10.1177/1363460710384558>
- Schmidt, E. K., Hand, B. N., Haverkamp, S., Sommerich, C., Weaver, L., & Darragh, A. (2021). Sex Education Practices for People With Intellectual and Developmental Disabilities: A Qualitative Study. *The American Journal of Occupational Therapy, 75*(3), 7503180060. <https://doi.org/10.5014/ajot.2020.044859>
- SIECUS. (2021). *2021 Sex Ed State Law and Policy Chart*. 25.
- Visser, K., Greaves-Lord, K., Tick, N. T., Verhulst, F. C., Maras, A., & Vegt, E. J. M. van der. (2017). A randomized controlled trial to examine the effects of the Tackling Teenage psychosexual training program for adolescents with autism spectrum disorder. *Journal of Child Psychology and Psychiatry, 58*(7), 840–850. <https://doi.org/10.1111/jcpp.12709>
- Wittenberg, A., & Gerber, J. (2009). Recommendations for improving sexual health curricula in medical schools: Results from a two-arm study collecting data from patients and medical students. *The Journal of Sexual Medicine, 6*(2), 362–368. <https://doi.org/10.1111/j.1743-6109.2008.01046.x>
- Woo, G. W., Soon, R., Thomas, J. M., & Kaneshiro, B. (2011). Factors affecting sex education in the school system. *Journal of Pediatric and Adolescent Gynecology, 24*(3), 142–146. <https://doi.org/10.1016/j.jpag.2010.12.005>