Teaching moments:
Grand Rounds
Pediatrics

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• Drs. Alavi has no conflicts of interest to disclose.

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Objectives

After attending this lecture, participants will be able to:

• Describe the challenges individuals with ASD have in adhering to privacy norms.
• Explain how and why individuals with ASD may engage in inappropriate behaviors that violate social norms.
• Recognize the need for sexual health education for individuals with ASD and their parents.
• Identify three actions primary care pediatricians can take to support and educate their patients with ASD and their family members about sexual behaviors.
Socio-sexual functioning in autism-A systematic review and meta-analyses of existing literature.¹

- Review of existing literature revealed that individuals with ASD have greater difficulty adhering to privacy norms, engage in less social behavior, are described as engaging in less appropriate sexual behavior, have greater concerns about themselves, and receive less sexual health education. Having fewer opportunities for appropriate informal and formal sexual health education leaves them at a double disadvantage from others who are receiving this information from both of these avenues.

¹Hancock GIP, Stokes MA, Mesibov GB
ASD and risk of victimization

• In females, ASD was associated with an almost threefold increased risk of coercive sexual victimization, and ADHD with a doubled risk*.

• Age-appropriate sexual interest, limited sexual knowledge and experiences, and social deficits, may place adults with ASD at increased risk^.

• Children with high levels of autistic traits may be targeted for abuse, and deficits in social awareness may increase risk of interpersonal victimization.**
Case 1

• 15 year old male presents with depression and Autism Spectrum Disorder (formerly Aspergers)

• Initially presented with depression and then diagnosed with Asperger’s.

• Not approved for ABA and did not meet the criteria for AI in school

• 6 years later- charged and convicted of cybercrime-sending/receiving lewd pictures to an underage female
Case 2

- 5yr old male, dx with ASD severe and nonverbal
- Came because of ‘inappropriate interest in his baby sister’ and ‘disrobing himself in the yard’
- Kicked out of pre-K.
- CPS involved- temporary removal
Case 3

- 16 yr old female, dx with ASD- moderate
- C/O- ‘aggressive outbursts since taking an antidepressant’
- Outbursts start with disrobing at school and during “exciting activities”
- Became worse as an antipsychotic was added.
- What happened?
What do they have in common?
How does sexual education for children with ASD compare?

- Needs to be provided as all the others.
- There is a lack of educational material on this topic.
- Most physicians and other healthcare providers are not familiar and comfortable with the idea and fail to act proactively.
How to prevent negative outcomes?

• Be aware that puberty related hormone changes begin before puberty.
• Body awareness and sexuality are teachable skills-at par with other skills like toileting and social communication.
• They need to be recognized and addressed as a part of the child’s overall health/experience with ABA etc.
Anticipatory Guidance

- Toddlers and preschoolers
  - Thinking ahead
- Children and preteens
  - Learning the rules and the skills
- Adolescents
  - Following the rules and learning the boundaries
  - Managing relationships – intimate and otherwise
Toddlers and Preschoolers

• Think ahead – a naked two year old is cute; a naked 13 year old is ??
• Masturbation
  • Where and when is it ok?
  • Be concrete and specific
    • It’s ok in the bathroom - all bathrooms?
    • It’s ok in the bedroom – door closed, etc.
Children and preteens

- Learn appropriate touch - Circle of friends' approach
  - High five
  - Handshake
  - Hugs
- Clothing – recognize sensory issues
- Sexual feelings begin before body changes
Adolescents

• Appropriate touch
• Social media and web sites
• Teach rules and skills
  • Be specific and concrete
  • Repetition
  • Stay vigilant
General Guidelines

• Communicate the rules with therapists, teachers, others
  • Incorporate skills in therapy
  • Use communication tools that work for the individual
• Use appropriate language
• Identify antecedents of behaviors – triggers for inappropriate behavior
  • disrobing may be due to sensory issues
  • Anxiety may trigger inappropriate behavior
Goals

• Avoid consequences of inappropriate behaviors
• Develop meaningful relationships with others
• Fulfillment and happiness
Resources and References

- **Socio-sexual functioning in autism spectrum disorder: A systematic review and meta-analyses of existing literature**  
  Grace I P Hancock 1, Mark A Stokes 1, Gary B Mesibov

- **Childhood neurodevelopmental disorders and risk of coercive sexual victimization in childhood and adolescence - a population-based prospective twin study.** Ohlsson Gotby V, Lichtenstein P, Långström N, Pettersson E

- **Sexual knowledge and victimization in adults with autism spectrum disorders.** Brown-Lavoie SM, Viecili MA, Weiss JA.


- **Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders** 1st Edition by Davida Hartman
Resources

- **Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders 1st Edition** by Davida Hartman

- **What’s Happening to Tom?: A Book About Puberty for Boys and Young Men with Autism and Related Conditions (Sexuality and Safety with Tom and Ellie)** by Kate E. Reynolds

- **Things Ellie Likes: A Book About Sexuality for Girls and Young Women with Autism and Related Conditions (Sexuality and Safety with Tom and Ellie)** by Kate Reynolds