

Patterns of Sexual Behavior in Male Children with Autistic Disorder

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Summary

Background: There is minimal understanding of the sexual knowledge, attitudes and behaviors in individuals with Autistic Disorder due to neglect of the topic in the literature.

Aim: The aim of the study is to estimate the difference in sexual behavior among children with Autistic Disorder and their chronological age peers.

Methodology: It is a case control study included male children, aged 2-6 years, with Autistic Disorder; the sample of children was studied during a full calendar year from May 2011 till May 2012. The Sample collected during the year was 50 children; Only 30 children's parents consented to participate in the study. Matching number of chronologically matched peers of same age, sex and social background were recruited as controls.

All the study population was subjected to proper history taking, Assessment of Autistic Disorder was done by using DSM- IV and assessing its severity was done by GARS. The social score was calculated using El Shaks scale. Assessment of sexual behavior was done by using Child Sexual Behavior Inventory (CSBI)

Results: There was no significant difference between children with Autistic Disorder and controls in CSBI. There was significant difference between them in DRSB as it was higher in children with Autistic Disorder. There was no significant in SASI between them.

Conclusion: The developmentally related sexual behavior was more in children who have Autistic Disorder which may be related to family sexuality, greater exposure than that of the average child to nudity and adult sexuality.

Keywords: Autistic Disorder, sexual behavior

أنماط السلوك الجنسي في الأطفال الذكور الذين يعانون من اضطراب الذاتوية

المقدمة: السلوك الجنسي للأطفال، مثل كل مهارات النمو الأخرى، يتطور مع مرور الوقت، كما أن العديد من السلوكيات تكون طبيعية للأطفال في أعمار معينة. من ناحية أخرى، هناك بعض السلوكيات الجنسية التي ينبغي أن نشعرنا بالقلق، وينبغي عدم تجاهلها أو النظر إليها على أنها من قبيل اللعب الطفولي. وهناك سلوكيات جنسية أخرى هي أكثر خطورة ويمكن أن تشكل خطراً على الطفل. الطفل الذي يعاني من اضطراب الذاتوية تظهر لديه، كسائر الأطفال، رغبات جنسية ولكن دائماً ما يحدث خلط بين بعض سمات الذاتوية لدى الطفل والسلوك الجنسي.

هدف الدراسة: معرفة أنماط السلوك الجنسي للأطفال الذكور الذين يعانون من اضطراب الذاتوية.

المنهجية: المعرفة أنماط السلوك الجنسي للأطفال الذكور الذين يعانون من اضطراب الذاتوية فلقد تم اختيار ٣٠ طفل من الأطفال الذكور الذين تتراوح أعمارهم من ٢-٦ سنوات الذين يعانون من اضطراب الذاتوية بالإضافة إلى ٣٠ طفل من الأطفال العادية من نفس العمر والجنس والخلفية الاجتماعية. ولقد تم أخذ التاريخ الطبي الكامل مع التركيز على البيانات الاجتماعية والديموجرافية بالإضافة إلى العمر عند بداية ظهور أعراض الذاتوية، وتم عمل فحص اكلينيكي شامل مع التركيز على الفحص الكامل للجهاز العصبي وتم تحديد الطبقة الاجتماعية عن طريق مقياس عبدالعزيز الشخص وتم تقييم شدة اضطراب الذاتوية عن طريق استخدام GARS وتم إجراء مسح للكشف عن السلوكيات الجنسية عن طريق استبيان مصمم للكشف عن السلوك الجنسي وهو استبيان (CSBI)

النتيجة: لقد وجد خلال استبيان السلوك الجنسي أن مجمل السلوك الجنسي كان موجوداً في ٧٠% من الأطفال الذين كانوا يعانون من الذاتوية وكان موجوداً في ٥٠% من أقرانهم أيضاً فلم يوجد فرق ذو دلالة أحصائية بين المجموعتين. السلوك الجنسي التام كان موجوداً في ٦٦,٧% من الأطفال الذين كانوا يعانون من الذاتوية وكان موجوداً في ٣٠% من أقرانهم أيضاً ووجد فرق ذو دلالة أحصائية بين المجموعتين. حيث كان أكثر في الأطفال الذين كانوا يعانون من الذاتوية. في الاستبيان البنود المتعلقة بالأعتداء الجنسي كان موجوداً في ٤٠% من الأطفال الذين كانوا يعانون من الذاتوية وكان موجوداً في ٦٣% من أقرانهم أيضاً ولا يوجد فرق ذو دلالة أحصائية بين المجموعتين.

الخلاصة: السلوك الجنسي التام كان أكثر في الأطفال الذين كانوا يعانون من الذاتوية. الذاتوية وهذا ربما يرجع إلى السلوك الجنسي داخل الاسره والتعرض أكثر للحرى وللجنس بين البالغين.

Introduction:

Like other areas of growth, children's sexual behavior develops over time, and many behaviors are normal for children at certain ages. On the other hand, there are sexual behaviors which should be concerned about, are worrisome, and should not be ignored or seen as child's play. Other sexual behaviors are more serious and may be dangerous to the child and others. (Kellogg, 2009).

The main diagnostic features of Autistic Disorder can be separated into three categories: impairments in social interactions, impairments in communication, and restricted, repetitive and stereotyped interests and behaviors (APA, 2000; WHO, 1993).

These diagnostic categories contribute to potential difficulties with sexual development, learning and understanding (Koller, 2000).

The communication deficits can lead to problems about asking for help, reporting of sexual abuse events and maintaining social relationships (Gabriels and Bourgondien, 2007).

The restricted and repetitive stereotyped interests and behaviors can lead to sexual obsessions with self-pleasuring or towards other people that may turn into a "Stalker-like" pursuit (Bishop et al., 2006).

Aim of Study:

The aim of the study is to estimate the difference in sexual behavior among children with Autistic Disorder and their chronological age peers.

Subjects:

The present study included male children, aged (2- 6) years, with Autistic Disorder. The Sample was 50 children; 36 children were fulfilling the inclusion criteria. Only 30 children's parents consented to participate in the study.

Controls:

Matching number of chronologically matched peers of same age, sex and social background.

Methods:

Each child (Autistic disorder& controls) was subjected to:

1. Full Medical History: Laying stress on full psychiatric history sheet to diagnose Autistic disorder according to DSM- IV (Baird, Cass and Slonims, 2003).
2. Clinical Examination: Neurological examination, physical examination and psychiatric examination.
3. Assessment of Autistic Disorder using DSM- IV and its severity by GARS: Gilliam Autism Rating Scale (GARS) helps to identify and diagnose Autistic Disorder and helps estimate the severity of the child's disorder. The items are grouped into four subtests: stereotyped behaviors, communication, social interaction, and developmental disturbances. Each of them has 14 items, there are 4 measures of severity (0- never observed- you have never seen the individual behavior in this manner, 1- seldom observed- Individual behaves in this manner 1-2 times per 6- hour period, 2- Sometimes observed- Individual behaves in this manner 3-4 times per 6- hour period, 3- Frequently observed- Individual behaves in this manner at least 5-6 times per 6- hour period. (South et al., 2002)
4. Social Assessment: The social score was calculated using Shaks scale of social and economical status through measuring father's job and education, mother's job and education and family income (Shaks, 2006)
5. Assessment of sexual behavior by questionnaire given to the parents: Using Child Sexual Behavior Inventory (CSBI), which is formed of 38-

item. It is one of the most widely used measures of sexual behaviors from age two to twelve years old. It yields a total CSBI score, a Developmentally Related Sexual Behavior Score (DRSB), and a Sexual Abuse Specific Items Score (SASI), with norms by age and gender for these scales. It also yields scores on 9 domains: 1) Boundary Problems, 2) Exhibitionism, 3) Gender Role Behavior, 4) Self- Stimulation, 5) Sexual Anxiety, 6) Sexual Interest, 7) Sexual Intrusiveness, 8) Sexual Knowledge, and 9) Voyeuristic Behavior. The CSBI is a revision of the CSBI- R and CSBI- 1. Each behavior is a 4- point scale, it indicates the frequency of behavior (0= never to 3= at least once per week), T score 65 and above is clinically significant, T score 60-64 suggest difficulty and possibly significant behavior problem, T score 59 and below suggest non significant (Friedrich et al., 2000).

Results:

Table (1): comparison between children with Autistic Disorder and controls in CSBI

CSBI	Group			P- Value	Sig	
	Patient	control	total			
Significant (T score 65 and above)	Count	21	15	36	0.155	NS
	% Within CSBI	58.3%	41.7%	100.0%		
	% Within Grp	70.0%	50.0%	60.0%		
Non Significant (T score 59 and below)	Count	9	13	22		
	% Within CSBI	40.9%	59.1%	100.0%		
	% Within Grp	30%	43.3%	36.7%		
Possibility (T score 60- 64)	Count	0	2	2		
	% Within CSBI	0.0%	100.0%	100.0%		
	% Within Grp	0.0%	6.7%	3.3%		

Ns: Non Significant

There is no significant difference between children with Autistic Disorder and controls in CSBI

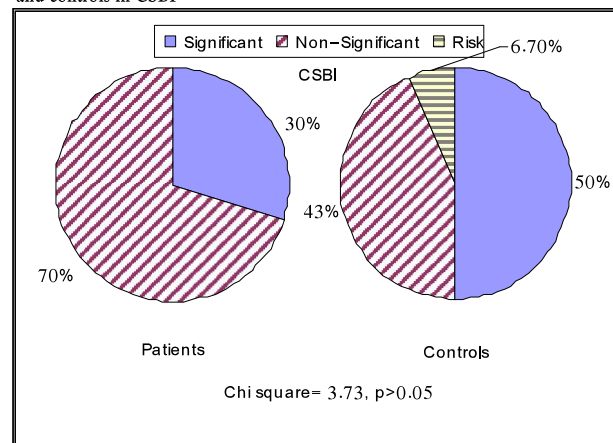


Figure 1: comparison between patient and control in CSBI

Table (2): comparison between patient and control in DRSB

DRSB	Group			P- Value	Sig	
	Patient	control	total			
Significant (T score 65 and above)	Count	20	9	29	0.004	S
	% Within DRSB	69.0%	31.0%	100.0%		
	% Within Grp	66.7%	30.0%	48.3%		
Non Significant (T score 59 and below)	Count	10	21	31		
	% Within DRSB	32.3%	67.7%	100.0%		
	% Within Grp	33.3%	70.0%	51.7%		

S: Significant

There is significant difference between children with Autistic Disorder and controls in DRSB as it was more significant in Children with Autistic Disorder

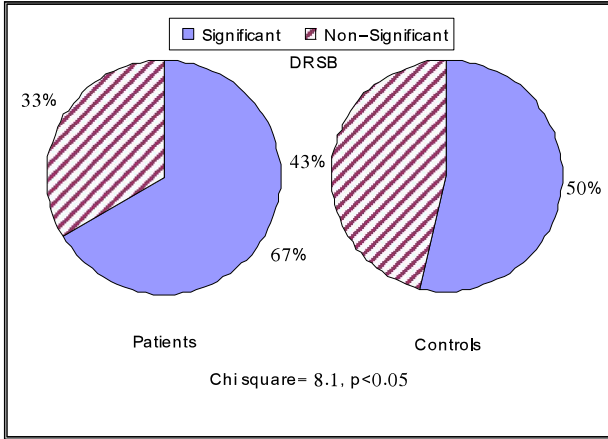


Figure 2: comparison between patient and control in DRSB
Table (3): comparison between patient and control in SASI

SASI	Group			P- Value	Sig	
	Patient	control	total			
Significant (T score 65 and above)	Count	12	19	31	0.069	NS
	% Within SASI	38.7%	61.3%	100.0%		
	% Within Grp	40.0%	63.3%	51.7%		
Non Significant (T score 59 and below)	Count	12	10	22		
	% Within SASI	54.5%	45.5%	100.0%		
	% Within Grp	40.0%	33.3%	36.7%		
Possibility (T score 60-64)	Count	6	1	7		
	% Within SASI	85.7%	14.3%	100.0%		
	% Within Grp	20.0%	3.3%	11.7%		

Ns: Non Significant

There is no significant difference between children with Autistic Disorder and controls in SASI.

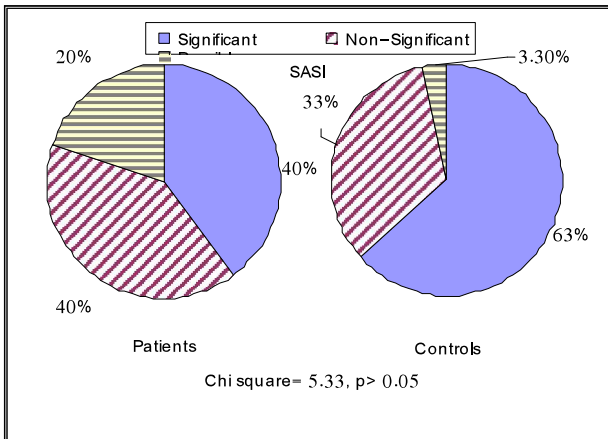


Figure 3: comparison between patient and control in SASI

Discussion:

Pervasive developmental disorders (PDD), are a behaviorally defined group of neurodevelopment disorders that are usually diagnosed in early childhood (Geier et al., 2010).

Most children will engage in sexual behaviors at some time during childhood. These behaviors may be normal but can be confusing and concerning to parents or disruptive or intrusive to others. Knowledge of age-appropriate sexual behaviors that vary with situational and environmental factors can assist the clinician in differentiating normal sexual behaviors from

sexual behavior problems (Kellogg, 2009).

There has been limited attention in the literature to the sexuality of individuals with autism spectrum disorders (ASD). In the past, there was a tendency to view such individuals as somehow unaffected by issues of human sexuality and intimacy, and when sexual interest and behaviors were noted, they were generally viewed in a negative manner due to the social impairments and related stereotypes associated with these disorders (DeMyers, 1979).

In the present study, the CSBI Total scale which indicates the overall level of sexual behavior the child exhibits, the Developmentally Related Sexual Behavior (DRSB) scale which indicates sexual behaviors that can be considered normative for the child's age and gender and the Sexual Abuse Specific Items (SASI) scale which indicates sexual behaviors that can be viewed as relatively atypical for the child's age and gender; such behaviors raise the suspicion of possible sexual abuse were evaluated among children with Autistic Disorder.

CSBI was significant in 21 children with Autistic Disorder (70%) while it was significant in 15 controls (50%). There was no significant difference between children with Autistic Disorder and controls (p= 0.155).

DRSB was significant in 20 children with Autistic Disorder (66.7%) while it was significant in 9 controls (30%). There was significant difference between children with Autistic Disorder and control as it was higher in patient with Autistic Disorder (p= 0.004).

Lower intellectual abilities and receptive language skills can make learning sexual information difficult (Tsatsanis, 2005).

The impairment in social awareness and reciprocal interaction is important for learning and understanding of appropriate sexual interaction, and this part is severe in autistic children (Ruble and Dalrymple, 1993).

This social deficit of the disorder can lead to a failure to develop age-appropriate relationships, difficulties distinguishing between public and private behavior and an increased vulnerability to exploitation and abuse (Koller, 2000).

In evaluating sexual behaviors in disabled children, the clinician should focus on developmental level rather than age when assessing whether behavior is appropriate (Murphy and Elias, 2006) but what showed in this study that there was no significant difference in CSBI between children with Autistic Disorder and controls while there was a difference in DRSB which may be related to family sexuality, greater exposure than that of the average child to nudity and adult sexuality.

Children who reside in homes in which there is family nudity, co bathing, or less privacy when dressing, going to the bathroom, or bathing or in which sexual activities are occurring openly are more likely to openly engage in sexual behaviors (Friedrich, 2001).

SASI was significant in 12 children with Autistic Disorder (40%), there was a risk in 6 children with Autistic Disorder (20%) and it was significant in 19 controls (63%) and there was a risk in 1 control. There was no significant difference between children with Autistic Disorder and controls.

(Gale, 1998) had suggested a strong correlation between sexual abuse and sexual behavior problems in children

More recent studies (Silovsky and Niec, 2002) have broadened this perspective, recognizing a number of additional stressors, family characteristics, and environmental factors that are associated with intrusive and frequent sexual behaviors.

Conclusion:

- ✎ There was no difference in sexual behavior between children with Autistic Disorder and normal children but the developmentally related sexual behavior was more in children who have Autistic disorder which may be related to family sexuality, greater exposure than that of the average child to nudity and adult sexuality.
- ✎ Many sexual behaviors in children are developmentally normal and transient and occur within a developmental trajectory that includes curiosity- seeking behaviors, testing of interpersonal boundaries, and situational factors that elicit such behaviors. Sexual behaviors that are persistently intrusive, coercive, developmentally abnormal, or abusive are associated with numerous situational and familial factors

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