



Patterns of Sexual Behavior in Male Children with Autistic Disorder

Thesis

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سورة الأنعام (162)

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LISTS OF ABBREVIATIONS

Abbrev.	Meaning
ABA	Applied Behaviour Analysis
ADI-R	Autism Diagnostic Interview-Revised
ADOS	Autism Diagnostic Observation Schedule
APA	American Psychiatric Association
ASD	Autism Spectrum Disorder
CARS	Childhood Autism Rating Scale
CHAT	Checklist for Autism in Toddlers
CSBI	Child Sexual Behaviour Inventory
DRSB	Developmentally Related Sexual Behaviour
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders ,fourth edition, Text revision
DSM-5	The Diagnostic and Statistical Manual of Mental Disorders, fifth edition
EEG	Electroencephalography
GARS	Gilliam Autism Rating Scale
GFCF	Gluten Free and Casein Free
Grp	group
ICD-10	International Classification of Diseases: tenth edition
M-CHAT	Modified Checklist for Autism in Toddlers
PDD	Pervasive Developmental Disorder
PDD-NOS	Pervasive developmental disorder not otherwise specified
SASI	Sexual Abuse Specific Item
SBP	Sexual Behavior Problem
SIECUS	The sex Information and Education Council of the United States
TEACCH	Treatment and Education of Autistic and Related Communication Handicapped children
USA	United States of America

Child Sexual Behavior Inventory

William Friedrich, Ph.D.

Please circle the number that tells how often your child has shown the following behaviors *recently or in the last 6 months*.

0	Never	1	Less than once per	2	1-3 times per	3	At least once per
=	=	=	month	=	month	=	week
1.		0	1	2	3		Stands too close to people
2.		0	1	2	3		Talks about wanting to be the opposite sex
3.		0	1	2	3		Touches private parts when in public places
4.		0	1	2	3		Masturbates with hand
5.		0	1	2	3		Draws sex parts when drawing pictures of people
6.		0	1	2	3		Touches or tries to touch mother's or other women's breasts
7.		0	1	2	3		Masturbates with object
8.		0	1	2	3		Touches other people's private parts
9.		0	1	2	3		Imitates the act of sexual intercourse
10.		0	1	2	3		Puts mouth on another child's or adult's sex parts
11.		0	1	2	3		Touches private parts when at home
12.		0	1	2	3		Uses words that describe sex acts
13.		0	1	2	3		Touches animals' sexual parts
14.		0	1	2	3		Makes sexual sounds (sighing, moaning, heavy breathing, etc.)
15.		0	1	2	3		Asks others to engage in sexual acts with her/him
16.		0	1	2	3		Rubs body against people or furniture
17.		0	1	2	3		Inserts or tries to insert objects in vagina or anus
18.		0	1	2	3		Tries to look at people when they are nude or undressing
19.		0	1	2	3		Imitates sexual behavior with dolls or stuffed animals
20.		0	1	2	3		Shows private parts to adults
21.		0	1	2	3		Tries to look at pictures of nude or partially dressed people (may include catalogs)

22.	0	1	2	3	Talks about sexual acts
23.	0	1	2	3	Kisses adults they do not know well
24.	0	1	2	3	Gets upset by public displays of affection
25.	0	1	2	3	Overly friendly with men they do not know well
26.	0	1	2	3	Kisses other children they do not know well
27.	0	1	2	3	Talks in a flirtatious manner
28.	0	1	2	3	Tries to undress other children or adults against their will (opening pants, shirt, etc.)
29.	0	1	2	3	Asks to look at nude or sexually explicit TV shows (may include videos or HBO-type shows)
30.	0	1	2	3	When kissing, tries to put tongue in other person's mouth
31.	0	1	2	3	Hugs adults they do not know well
32.	0	1	2	3	Shows private parts to children
33.	0	1	2	3	If a girl, overly aggressive; if a boy, overly passive
34.	0	1	2	3	Seems very interested in opposite sex
35.	0	1	2	3	Tries to put mouth on mother's or other women's breasts
36.	0	1	2	3	Other sexual behaviors (please describe)

Introduction

All children go through puberty regardless of IQ or social skills. The brain does not tell the body to stop growing if the boy/girl's developmental level is younger than their age. Children are sexual beings from birth and are curious about exploring the sexual parts of their bodies.

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*).

According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, fourth edition, Text rev (DSM-IV-TR) (*APA, 1994*), and the World Health Organization's International Classification of Diseases: Diagnostic Criteria for Research (ICD-10), tenth edition (*WHO, 1993*). Pervasive developmental disorders include several disorders that are characterized by impaired reciprocal social interactions, aberrant language development, and restricted behavioral repertoire, these disorders are divided into Autistic Disorder, Pervasive Developmental Disorder not otherwise

specified (PDD-NOS), Asperger Syndrome, Rett syndrome; and Childhood disintegrative disorder (CDD) (*Lord et al., 2000*).

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) was published on May 18, 2013, superseding the DSM-IV-TR. In most respects DSM-5 is not greatly changed from DSM-IV-TR. The diagnosis will be called Autism Spectrum Disorder (ASD), and there no longer will be sub diagnoses (Autistic Disorder, Asperger Syndrome, Pervasive Developmental Disorder Not Otherwise Specified, and Disintegrative Disorder). Because almost all children with DSM-IV confirmed Autistic Disorder or Asperger syndrome also meet diagnostic criteria under DSM-5, re-diagnosis is not necessary (*APA, 2013*).

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 (*Henault, 2003*).

These diagnostic categories contribute to potential difficulties with normal sexual development, learning and understanding. The social deficits of the disorder (difficulties with social understanding, social behavior, socio-emotional

reciprocity), 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 (*Henault, 2006; Koller, 2000*).

The communication deficits (a delay in spoken language without compensating through other modes, an inability to sustain a reciprocal conversation and a disturbance of comprehension), can lead to problems about asking for help, reporting of sexual abuse events and maintaining social relationships (*Henault, 2006; Gabriels and Van Bourgondien, 2007; Tager-Flusberg et al., 2005*).

The restricted and repetitive stereotyped interests and behaviors (a narrow preoccupation with one interest, insisting on sameness and distress over trivial changes), can lead to sexual obsessions with self-pleasuring or towards other people that may turn into a "stalker-like" pursuit (*Bishop et al., 2006; Gabriels and Van Bourgondien., 2007; Henault, 2003; Stokes et al., 2007*).

In addition to the primary, core diagnostic features of Autistic Disorder, there are secondary, associated features that can also contribute to difficulties in sexual development, learning and behavior. These secondary features include sensory, motor and cognitive issues (*Baranek et al., 2005*).