

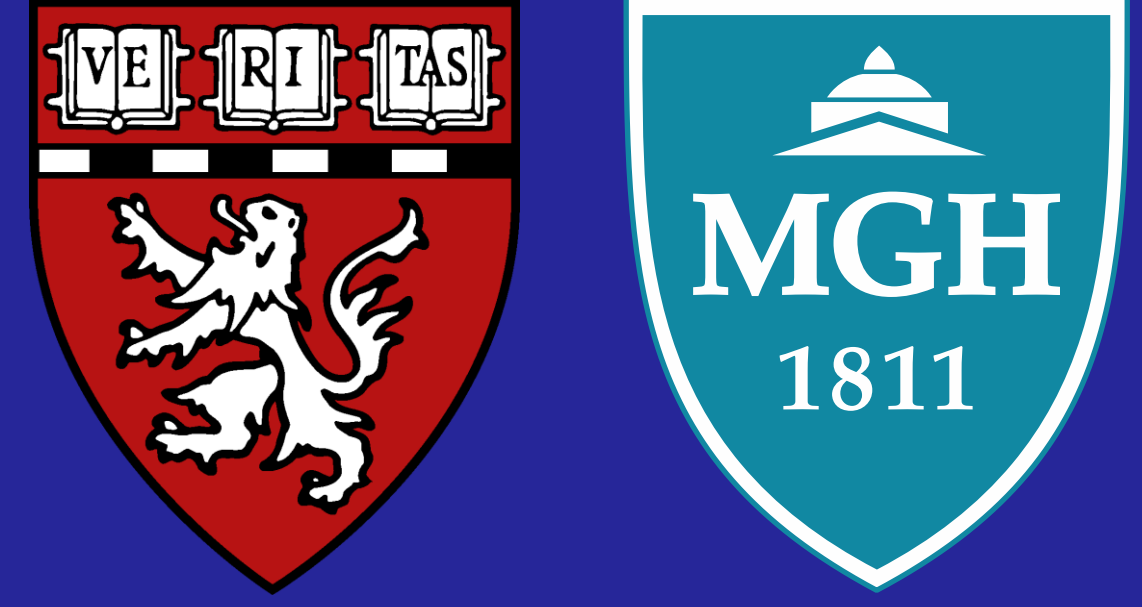
# Asexuality and Young Women with Autism Spectrum Disorder

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## Introduction

- The first study to examine sexuality, as reported by individuals themselves with Autism Spectrum Disorder (ASD), is fewer than 30 years old (Ousley & Mesibov, 1991).
- Previously, people with ASD - and with disabilities more broadly - were wrongly assumed not to be sexual. Early self-reported ASD and sexuality research presumed participants' heterosexuality.
- People with ASD have a range of sexual orientations and identities, and they may be more likely than people without ASD to be sexual minorities. This may especially be true for women with ASD (Gilmour, Schalomon, & Smith, 2012).
- Limited, existing research has suggested that some individuals with ASD have an asexual identity (i.e., experiencing the absence, or very low levels, of sexual desire).
- Outside the ASD field, having a low level of sexual desire is often pathologized and viewed as a sexual dysfunction. Within the ASD field, very little is known about asexuality.

## Research Questions

**Aim 1:** What are the rates of asexuality among young women with ASD, and how do these compare to a sample of young women without ASD?

**Aim 2:** Among young women with ASD, do those who identify as asexual, compared to other sexual identities, report differences in sexuality (i.e., sexual desire, behavior, satisfaction) or internalizing symptoms (i.e., depression, anxiety, social anxiety)?

**Aim 3:** How do asexual young women with ASD describe their experiences, in their own words?

## Methods

- **Participants:** 248 individuals with ASD ( $M = 23$  years) and 179 without ASD ( $M = 21$  years). Total sample = 427.
  - Age range = 18-30 years old
  - Inclusion criteria for ASD sample: above clinical cutoff on *Autism Quotient-10* (Allison et al., 2012); self-identify as having ASD.
- Both samples were mostly White (90% ASD, 81% non-ASD), but nationally and culturally diverse (20+ countries represented).
- All participants completed a one-time, 20-minute online survey.

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## Results

### Aim 1:

A sizeable minority of both the ASD group (36%) and the non-ASD group (20%) endorsed an asexual or related identity.

*Young women with ASD were more likely than those without ASD to be asexual [ $\chi^2(2, N = 427) = 13.46, p < .001$ ].*

### Aim 2:

Construct	Measure	ASD - Asexual (n = 89)		ASD - Not Asexual (n = 159)		Difference?
		M (SD)	Range	M (SD)	Range	
Sexual desire	<i>Sexual Desire Inventory</i> , adapted (Spector, Carey, & Steinberg, 1998)	-3.58(3.09)	-7-6	1.34 (3.64)	-7-9	$t(208) = 11.26^{***}$
Sexual behavior	<i>Sexual Experience Questionnaire</i> , adapted (Trotter & Alderson, 2007)	2.00(1.14)	0-4	3.16(1.07)	0-4	$t(246) = 8.01^{***}$
Sexual satisfaction	<i>Sexual Satisfaction Scale for Women</i> (Meston & Trapnell, 2005)	23.04(5.45)	9-30	17.65(6.48)	6-30	$t(246) = -6.65^{***}$
Depression	<i>PHQ Depression Scale - 8</i> (Kroenke et al., 2009)	10.86(6.12)	0-24	11.78(6.34)	0-24	$t(246) = 1.11$
Anxiety	<i>Generalized Anxiety Disorder Scale - 7</i> (Spitzer et al., 2006)	9.18(5.91)	0-21	10.90(5.85)	0-21	$t(246) = 2.21^*$
Social anxiety	<i>Mini Social Phobia Inventory (MINI-SPIN)</i> (Connor et al., 2001)	7.65(3.43)	0-12	7.93(3.41)	0-12	$t(246) = 0.62$

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

Asexual participants with ASD reported *lower levels of sexual desire and sexual behavior, and higher levels of sexual satisfaction, compared to those with ASD and other sexual identities.*

*They also reported lower generalized anxiety symptoms.*

### Aim 3:

Participants with ASD provided written responses to this question: *"If you identify as being on the autism spectrum, are there central ways that being on the spectrum has influenced your sexuality?"* The following themes emerged from a thematic analysis of the asexual participants' responses:

#### For some, asexual identity may predate ASD identity

*"I started figuring out my autistic identity well after identifying as asexual, so if anything, my sexual identity has had an impact on how I view myself as autistic."*

*"I knew I was asexual before I was diagnosed with autism; while I feel that my diagnosis (as it was present before seeing my psychologist) may have informed my sexuality, I can't really say how at this point."*

#### Sensory issues may contribute to low sexual interest

*"My sensory issues make me very picky about who is allowed to touch me and how much, so that may factor in to my asexuality. However, I don't think it's the sole cause as I don't think my interest in sex would necessarily increase if I were to become comfortable with touch."*

*"I believe that my sensory issues have made sexual activity less appealing. However, my asexuality...was not caused or influenced by the ASD."*

#### For some, asexuality may be developmental and fluid

*"I've always felt a bit 'behind' socially... I suspect I'm really just a heteroromantic asexual, but my romantic feelings are 'delayed' because of my autism. I don't think I'm asexual because of my autism or the other way around, but I'm pretty sure my autism affects my romantic desires/lack of. And even if I do start being interested in dating romantically, my autism will definitely impair me. If learning to be social was hard, I can't even grasp how hard a romantic life would be."*

#### Asexuality may be associated with broader social difficulties

*"For a long time, I thought my lack of interest in anyone sexually was to do with my social awkwardness, a sort of self preservation instinct to avoid getting into potentially embarrassing situations."*

*"Before meeting my significant other, I considered myself asexual and aromantic, and I think part of that was because of how emotionally withdrawn I had always been from everyone."*

## Discussion

- Compared to young women without ASD, young women with ASD appear more likely to identify as asexual.
- While having a low sexual interest and/or asexual identity is often pathologized, these results suggest that there are some ways in which asexual young women with ASD fare better than those who do have a sexual interest (i.e., greater sexual satisfaction, fewer generalized anxiety symptoms).
- Clinicians who work with young people with ASD should ask about sexual identity and expect that some clients may identify as asexual. For some, this identity may be developmental or fluid in nature. Further, asexuality may be associated with sensory issues and broader social difficulties.
- Research is needed to define asexuality and understand its presentation in other ASD populations (e.g., men, older adults).