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# SEXUAL DYSFUNCTION AND COUPLE PROBLEMS. CIRCULAR CAUSALITY

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## Abstract

This study focuses on the sexual behavior of children with autism, providing a detailed account of behavioral aspects in this specific developmental domain. Using Applied Behavior Analysis (ABA) methods, the research aims to investigate and understand how children with autism exhibit sexual behaviors within the unique context of their disorder. The diversity of sexual behaviors in this group of children is explored by thorough observation and assessment, while identifying potential influences of individual and environmental factors. Applied Behavioural Therapy (ABA) is an evidence-based, effective and scientifically founded intervention for autistic children. ABA is focussed on understanding and changing unwanted, problem behaviors by using behavioral principles. The therapy is tailored to the individual needs of the child, aiming to develop social, communication, and academic skills.

**Key words:** autism, Applied Behavioural Analysis, self-stimulation, ABA.

## INTRODUCTION

Sexual behavior in autistic children is a complex and sensitive aspect of their development, requiring careful and detailed investigation. As autism spectrum disorders affect children's social skills and interactions, it is essential to understand and appropriately address aspects related to sexual behavior. The main goal of this research is to help create a more comprehensive perspective and effective intervention strategies to support children with autism and their families in managing and understanding specific sexual behaviors.

The purpose of this research is to analyse and understand sexual behaviour in autistic children through the lens of Applied Behavior Analysis methods and to create an appropriate behavioral intervention plan.

Theoretical studies on sexual behaviour of autistic children represent an in-depth

exploration of a complex and poorly understood aspect of the development of these children. By analyzing various conceptual frameworks and approaches, theoretical research brings to light the subtleties and nuances underlying their sexual manifestations, attempting to answer essential questions about the intersection of autism spectrum disorder and sexual development.

An essential aspect of these theoretical studies is the impact of autism spectrum disorder on socialization and interpersonal relationships. Communication deficits and difficulties in interpreting social signals have a significant impact on how these children experience and express sexual behavior. By exploring these influences, theoretical research aims to develop intervention strategies specifically addressing these complex needs.

Additionally, the studies examine how individual factors, such as intellectual

functioning and sensory peculiarities, contribute to shaping the sexual behavior of children with autism. Each child reacts differently to sexual stimuli, and understanding these individual differences is crucial for developing customized interventions. Theoretical studies shed light on the intricate connections between individual characteristics and specific manifestations of sexual behavior, paving the way for a more precise approach tailored to each child's unique needs.

Theoretical research in this field also emphasizes the impact of the family and social environment on the sexual behavior development of children with autism. An environment that promotes understanding, acceptance, and appropriate support can significantly impact how these children develop delicate aspects related to their sexual development. These studies also examine the positive influences of family support, access to adapted sexual education, and social integration in creating a healthy development framework.

Theoretical studies also discuss the ethical and legal aspects involved in research and interventions related to sexual behavior in children with autism. With a careful and ethical approach, research in the field addresses matters regarding confidentiality, informed consent, and the role of mental health professionals in handling sensitive and complex subjects.

By exploring these aspects in detail, theoretical studies provide a solid foundation for developing evidence-based practices and intervention strategies and the framework for understanding the complex interactions between autism spectrum disorders and sexual development, emphasizing more effective and customized approaches to support this vulnerable population.

## METHOD

### *Objectives*

*Diminish Problem Behaviors:* ABA addresses unwanted or deficient behaviors and seeks to replace them with appropriate and functional behaviors.

*Improving Communication:* ABA is used to develop and enhance communication skills,

whether expressed verbally or through alternative methods such as sign language or device-assisted communication.

*Developing Social Skills:* ABA often focuses on improving social interactions, including understanding emotions, building relationships with others, and participating in group activities.

*Promoting Functional Independence:* The therapy focusses on acquiring skills that enable individuals to be more independent in daily life activities.

*Enhancing Academic Skills:* In the case of children, ABA can be used to support the development of academic skills.

*Generalizing Skills:* One of the essential goals is to ensure that the skills acquired in therapy are transferred and applied in various environments and situations.

*Involving Parents and Family:* ABA therapy often relies on close collaboration with parents and family members, involving them in the intervention process and providing tools to pursue the development of the child.

These objectives are set based on the initial assessment of individual needs and are adjusted as therapy progresses. It is crucial for ABA to be applied in customized manner, tailored to the specificity of each person.

*Method: Case study.* Following a psychological evaluation across all areas of the child's development, a personalized intervention plan was devised based on the psychodiagnosis, targeting inappropriate sexual behavior.

*Behavioral Analysis:* Identifying target behaviors and their functions through careful observation and data collection.

*Individualized Planning:* Developing an intervention plan tailored to the specific needs of the child, with a focus on stimulating social skills, communication, and functional independence.

*Rewards and Feedback:* Using positive reinforcement to encourage desired behaviors and providing clear and consistent feedback.

*Generalization of the skills acquired:* Ensure the transfer of the acquired skills across different settings to promote their generalization and use in different situations.

**Hypotheses**

1. The correlation between inappropriate sexual behaviour and the diagnosis of autism
2. Autistic individuals who have severe sensory problems develop greater sexual behaviour disorders
3. Autistic individuals display inadequate social behaviours

**Participants**

Filip is a 6-year-old boy with Autist Spectrum Disorder, who displays self-stimulation behaviors in the form of masturbation. He was diagnosed with these two disorders at the age of 2. The sexual behaviour occurred when he became free of diapers and had easy access to the sexual organs.

Starting with the age of 2 and up to date, the child hasn't been provided with an intervention on this segment, therefore, in time, masturbation became self-stimulation behavior, often used as means to gain immediate pleasure when the child is angry, excited or is not involved into a structured activity.

The rate of occurrence of this behaviour is about 40 times per day, with an average duration of up to 5 minutes and a latency of 5 to 10 minutes unless stopped or reoriented by an adult.

**Tools**

Structured Clinical Interview BASC2 (parent), ABAS II, PDDBI, ASRS, Direct observation.

**Results**

The ABA intervention resulted into a change of the self-stimulation behavior and an increase in social and academic skills. A significant decrease in inappropriate sexual behaviour was also observed.

**Procedure**

Psychodiagnosis and Clinical Assessment Report

**Client Data**

- Name and Surname (or Code) Filip R. Date of birth: 04.10.2017 (6-year-old). Gender: male

**Objective of Psychodiagnosis and Clinical Assessment**

- Purpose of Psychodiagnosis and Assessment:  
The objective is to identify psychological states of health and/or illness, psychological mechanisms of etiopathogenesis and/or sanogenesis with X relevance for the initial assessment, and the relation to the diagnosis.

**Brief Description of Psychological Components**

- **Subjective / Emotional Level (including Life Satisfaction /Quality)**

Object of the assessment	Assessment tools (tests/tasks/clinical essays and / or interviews)
Development by age stages Behaviour during testing	Structured Clinical Interview BASC2 (parent)
Social interaction with the assessor and reaction to environmental stimuli	Direct observation

- **Cognitive level**

Object of the assessment	Assessment tools (tests/tasks/clinical essays and / or interviews)
Language development, communication	ABAS II, PDDBI scale EXPRESS T score =55
Academic skills, pre-school functional skills	ABAS II
Memory and learning	PDDBI scale LMRL score T=50

• **Behavioural Level**

Object of the assessment	Assessment tools (tests/tasks/clinical essays and / or interviews)
Communication /interaction Stereotypies/atypical behaviours Socializing with children of the same age Attention/self-regulation/atypical language	Direct observation  ASRS short form T score =85 TSA score High DSM TRS
Sexual behaviours Specific behaviour, autism diagnosis criteria: sensorial behaviours, routine, aggressivity, resistance to change, interaction with peers, self-directing	ABAS II – GAG 42 score moderately low PDDBI Behavioural inventory for TSA - T score autism 45 AGGRESSIVITY Scale - T score =57 ROUTINE Scale - T score =50 SENSORIAL Scale - T score =53 SOCPP Scale - T score =57 SEMPP Scale - T score =59

• **Psychophysiological Level**

Object of the assessment	Assessment tools (tests/tasks/clinical essays and / or interviews)
Sexual behaviours, psychomotor restlessness, temper tantrums, inappropriate response to the assessor’s prompts	Direct observation

• **Personality & Defensive / Coping Mechanisms Level**

Object of the assessment	Assessment tools (tests/tasks/clinical essays and / or interviews)
NOT APPLICABLE	

• **Interpersonal Relationship Level**

Object of the assessment	Assessment tools (tests/tasks/clinical essays and / or interviews)
Adaptability to change in structured vs unstructured environments	Direct observation PDDBI Behavioural Inventory, Social Interaction scale, T score = 55
Social reciprocity/interaction	ASRS – Autism Spectrum Scale T score = 80 High

***Intervention program for sexual behavior according to Applied Behavior Analysis***

Priority is given to reducing masturbation behavior and redirecting towards socially accepted behavior. Data collection regarding the intensity, frequency, duration, and latency of masturbation behavior. A functional analysis is conducted using the ABC behavioral model (antecedent-behavior-consequence) for non-compliance/masturbation behaviors to

determine the functional behavior and implement interventions to modify problem behaviors and teach alternative functionally equivalent behaviors.

Filip demonstrates a number of behavioral, learning, and language deficits, and therefore, therefore an intensive programme is recommendable, consisting of 3 hours of activity per day / 5 days, plus homework, exploiting the evidence-based procedures and principles of

Applied Behavior Analysis. The daily schedule will consist of activities conducted in 15-minute intervals, followed by breaks.

Establishing a functional repertoire of requests. This will be achieved through teaching verbal operators using Verbal Behavior, PECS Method, and visual schedules.

Imitation programs of all types: gross motor skills with and without objects, fine motor skills, and myogymnastics, aimed to develop articulation skills. Echoic behavior – it will be attempted to bring under control vocal productions, whether sound groups or words.

Parent and therapist psychoeducation.

Parental training, and behavioral interventions in the family.

Implementation of educational programs for the development of academic skills in areas where they are below his chronological age.

Developing self-control techniques through the enhancement of social and communication skills.

According to Applied Behavior Analysis, intervention protocols for the sexual disorder segment may vary based on individual needs. For Filip, the following intervention programs have been introduced:

*Application of the ABC behavioral model:* antecedent (what happened before the self-stimulating behavior), behavior (masturbation), consequence (if the role of masturbation was to gain attention, extinction was applied; if it occurred for pleasure, limitations in time and space were implemented, replacement with a similar behavior was not possible). Promotion of positive and socially acceptable behaviors.

*Stimulus management:* Learning self-control strategies to cope with sexual stimuli in an appropriate manner in social environments. It was observed that masturbation behavior can be stopped if he wears pants with a belt and cannot insert his hand into the pants. Stimulating over the pants does not provide the same sensation, and he stops; redirection to another behavior is easily achievable.

*Behavioral observation:* Monitoring behavior in different contexts provides insights into sexual issues or encountered difficulties. Daily data collection notes the intensity, duration, and latency of masturbation behavior. An

intervention plan is established to anticipate and redirect this behavior.

*Positive reinforcement:* Positive behaviors are rewarded to encourage repetition thereof and diminishing unwanted behavior and negative reinforcement: Filip is presented an aversive stimulus when masturbation behavior occurs enabling the association between the two behaviors and reducing the frequency/intensity of undesirable behavior.

*Development of receptive and expressive language* so that Filip can articulate what he feels and ask his parents to go to the bathroom, thus becoming conditioned in time and space. Filip can be allowed to display this behavior in a private space, for a short duration. Augmentative and Alternative Communication (AAC): using non-verbal methods (Picture Exchange Communication System (PECS) or electronic aids to support communication due to Filip's limited verbal and understanding skills.

*Social skills training:* Developing and practicing essential social skills to facilitate appropriate interactions with peers. Establishing social limits: role-playing to help Filip understand and respect social rules regarding sexual behavior. Play therapy: therapeutical approach includes the use of structured playing to develop social, communication and problem-solving skills.

Family and support team involvement: Collaborating with the family and professionals involved in Filip's therapy to ensure a consistent, constant, and an approach tailored to individual needs.

## DISCUSSION

The analysis of Filip R.'s Psychodiagnosis and Clinical Assessment report reveals important data about his psychological state and his complex development. First of all, it is obvious that the child has to deal with multiple challenges and the assessments pointed out to a series of inappropriate behaviours.

Emotional and subjective aspects were explored through the structured clinical interview and direct observations. The results indicate a diverse spectrum of behaviours and reactions, showing difficulties in social interaction and a

series of atypical behaviours, prompting for a customized, careful approach in managing the child's emotional health.

From a cognitive perspective, the assessment revealed language and communication impairment as well as school and pre-school skills. Testing scores point to significant variations, reflecting the diversity of Filip's needs in these domains. These findings prompt the need for customized interventions to support the child's cognitive and emotional development.

With respect to behaviour, the report findings point to a complex variety of behaviours, ranging from stereotypies and atypical behaviours to aspects that are specific to the autistic spectrum disorder and sexual behaviours. The variable testing scores on different scales and tests prompt to a customized integrated approach.

The psychophysiological level has been assessed through direct observation of sexual behaviours, psychometric restlessness and other manifestations. These aspects may suggest underlying difficulties and needs, requiring special care in elaborating the intervention plan.

With regard to interpersonal relationships, the assessment pointed to difficulties in adapting to change in structured vs unstructured environments. The variable scores of the social interaction scale and Autism Spectrum Scale suggest a broad spectrum of needs in this domain, prompting to the importance of a customized approach in promoting healthy social relationships.

It was also noticed that the antecedent of the self-stimulating behaviour may be a state of enthusiasm, frustration or lack of activity.

Following applied behaviour intervention in the psychologist's office for 5 months and continuous application of the methods and rules imposed by the psychologist in the family and any other environment that Filip went, the following improvements interconnected with the problematic sexual behaviour were found:

The behavioural ABC helped identifying the functions of behaviour and the appropriate consequence for diminishing the sexual behaviour. The sexual behaviours were replaced with an adequate social behaviour. When sexual self-stimulation occurred, triggered by

frustration, enthusiasm and lack of activity, he was prompted to ask for a pause, to verbalize the emotion, to clap his hands when excited and when bored, to properly ask for a game or to get up of the chair.

By developing receptive and expressive language, Filip managed to express his needs. Therefore, when frustration, enthusiasm or inactivity surfaced, he no longer responded by sexual self-stimulation, but properly expressed his feelings either helped by pictograms through the PECS method, or receptively or expressively.

Behaviour reward programs played an important part, with high effectiveness of positive reinforcement of appropriate behaviours entailing repetition thereof. Also, in certain situations, negative reinforcement via aversive stimuli proved effective when positive reinforcement was impossible to apply due to the environment (for example when the child was at the mall or in public places and the self-stimulation occurred, he was prompted with the image of an aversive stimulus and the unwanted behaviour was stopped).

The programs for development and practice of social skills via proper interaction with peers proved effective when based on imitation and role play. Filip was exposed to different situations where he was taught how to comply with social norms and the family carried on generalizing such social skills in other environments as well.

The stimuli management program helped in limiting sexual touch. Wearing belt pants proved effective in preventing him to gain access inside of the pants. Even if he sought stimulation over the pants, Filip didn't get the same sensation and stopped. When the lack access of masturbation triggered a tantrum, he was prompted with the visual representation reminding him the steps to be taken in order complete the task and the reward he can get upon completion.

## CONCLUSIONS

The therapeutical intervention according to Applied Behavioral Analysis (ABA) in children with autism is focused on teaching and

learning and development of social, behavioral and communicative skills, and, in this case, targeted intervention on sexual behaviour. This involved identifying the problem behaviours, establishing specific objectives and implementing intervention strategies.

The ABA programme uses techniques such as functional behavioural analysis for understanding the causes of problem behaviours. The therapists then develop customized programs, based on scientific principles to encourage positive behavior and reduce unwanted behaviour.

ABA sessions include structured tasks, repetitions, rewards and constant feedback to consolidate wanted behaviour. Involvement of the parents in the therapeutic process is, also, essential to support the generalization of skills in different contexts. The child's cognitive development level, other unwanted behaviours occurring simultaneously with the unwanted sexual behaviour, the lack of consistency in applying therapy rules in all environments of the child. Integrating modern technologies or VR in therapy to enhance social and sexual skills.

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