



January 2024

## Occupational Therapists' Role in Sexual Education for Teens and Young Adults Living with Autism Spectrum Disorder

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### Recommended Citation

Urban, T. M., & Douglas, R. R. (2024). Occupational Therapists' Role in Sexual Education for Teens and Young Adults Living with Autism Spectrum Disorder. *The Open Journal of Occupational Therapy*, 12(1), 1-4. <https://doi.org/10.15453/2168-6408.2093>

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# Occupational Therapists' Role in Sexual Education for Teens and Young Adults Living with Autism Spectrum Disorder

## Abstract

Teens and young adults living with autism spectrum disorder (ASD) do not have equal access to sexual education, thus having lower sexual awareness, little knowledge of preventative sexual health care, and having a more difficult time reading sexual body language (Hannah & Stagg, 2016; Holmes et al., 2019; Mogavero & Hsu, 2020). Deficits in these and many other skills may make it more challenging for teens and young adults living with ASD to engage in an intimate or sexual relationship with a consenting partner. Skilled intervention on the occupation of sexual activity and its related dimensions, such as communication and sensory input, is well within an occupational therapist's scope of practice, yet there is little to no evidence supporting the role of occupational therapists serving clients living with ASD to address such topics. This manuscript will highlight the lack of sexual education supports for teens and young adults living with ASD and how occupational therapists can fill this important role as a trusted sexuality educator.

## Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

## Keywords

intersectionality, LGBTQ, occupational justice, occupational therapist, sensory processing

## Cover Page Footnote

NA

## Credentials Display

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DOI: 10.15453/2168-6408.2093

The practice of occupational therapy (OT) encourages functional participation in occupations, which are the everyday tasks humans engage in to occupy our time. Engaging in any form of sexual activity is one potential way humans spend time during a 24-hr day. Sexual activity, whether it be solo pleasure or an intimate experience with a consenting partner, is categorized as an activity of daily living (ADL), like toileting, bathing, and dressing (American Occupational Therapy Association [AOTA], 2020). A considerable amount of literature has been published on the role of occupational therapists in providing skilled intervention on sexual activity to older clients who have suffered from traumatic brain injury (Rico et al., 2021; Skotzke, 2022); however, there has been relatively little literature published on occupational therapists' role in addressing the unique sexual needs of individuals living with autism spectrum disorder (ASD).

Many individuals living with ASD do not have equal access to sexuality education (Holmes & Himle, 2014). Solomon et al. (2019) note that transition plans completed for students living with ASD leaving high school mention housing or job training goals. However, they fail to create any goals related to personal hygiene, dating, or sexual health, which are all important and necessary skills for young adults living with ASD. Joyal et al. (2021) explored self-reported sexuality (i.e., desires, experiences, challenges) in young adults living with ASD in comparison to their neurotypical peers. This study found that young adults living with ASD are akin to their neurotypical peers in that they both express desires to have romantic relationships; however, young adults living with ASD had less experience physically engaging in sexual acts and less knowledge about sex in general. Research by Hannah and Stagg (2016) also compared feelings of sexual awareness and feelings toward sex education received by young adults living with ASD and their neurotypical peers. This study found that young adults living with ASD had lower scores in sexual awareness and were more dissatisfied with their sexual education than their neurotypical peers. In addition, Mogavero and Hsu (2020) found that young adults living with ASD lacked knowledge about sexual boundaries, how to read body language, and how to practice safe and consensual sex. All three studies highlight the lack of sexual education targeted at those living with ASD. Regarding sexuality, a study by Weir et al. (2021) found that individuals living with ASD are more likely than their neurotypical peers to identify with a sexual orientation other than heterosexual, which further supports previous studies' findings.

Dewinter et al. (2020) completed a participatory research study that found three primary areas of research that need to be addressed in the autism community: practical sexual health interventions and education, creating a path to sexual development for a person living with ASD, and advocacy on changing the stigma surrounding autism and sex. Similar to Dewinter et al., Stanojevic et al. (2021) discussed the need for more evidence-based interventions, resources, and education regarding sex for those living with ASD. Meanwhile, there is no evidence-based research about occupational therapists working with clients living with ASD who address the occupations of sexual activity, social participation, intimate partner relationships, emotional health maintenance, and personal hygiene through either a group program curriculum or individualized treatments (AOTA, 2020).

### **Implications for OT**

#### **Participatory Occupational Justice Framework**

The Participatory Occupational Justice Framework (POJF) offers a framework to help guide the practice of occupational therapists interested in developing a curriculum to facilitate a peer group education program or an individualized treatment plan. This framework's main goal is to "facilitate social inclusion by raising awareness of and addressing occupational injustices" (Whiteford et al., 2018, p. 497).

Occupational justice is defined as “the right of every individual to be able to meet basic needs and to have equal opportunities and life chances to reach toward her or his potential but specific to the individual’s engagement in diverse and meaningful occupation” (Wilcock & Townsend, 2009, p. 193). Access to accurate and reliable sexual education is a fundamental right of every individual (World Health Organization, n.d.). Parents, teachers, and health care professionals may hold beliefs that teens and young adults living with ASD are asexual or that they do not have the same sexual desires as their neurotypical peers (Kamaludin et al., 2022). Failing to present teens and young adults living with ASD with an equal opportunity to learn about sex and engage in romantic relationships may lead to an occupational injustice. The POJF offers a structure and way of thinking for occupational therapists to engage in equitable practice for clients who may be seeking more education about sexual health or looking to legitimize their sexual feelings (Townsend, 2011).

### **General Intervention Strategies**

For neurotypical teens and young adults, the role of a trusted sexuality educator usually falls onto one or more of the teen or young adult’s parents. In comparison, the parents of teens and young adults living with ASD are often hesitant to discuss sexuality with their children and may refrain from doing so altogether because of a lack of knowledge or resources. An adolescent living with ASD may have to explore alternate avenues to obtain their sex education, either from a teacher, a peer, or the internet (Holmes & Himle, 2014). Occupational therapists can use foundational skilled interventions highlighted in the *Occupational Therapy Practice Framework: Domain and Process*, such as therapeutic use of occupations, education, social skills training (i.e., awareness of social rules of relationships, eye contact, body language), self-advocacy, parent and caregiver education, and group interventions (AOTA, 2020; O’Brien & Kuhaneck, 2019) to address sexual education with their clients living with ASD. While more research is needed to further evidence-based practice and literature addressing sexuality and dating for individuals living with ASD, researchers have highlighted several interventions and treatments that have been successful. Ballan and Freyer (2017) highlighted that social stories and social behavior mapping are effective interventions for addressing sexuality education for adolescents and young adults living with ASD. Holmes et al. (2019) highlight the need for more targeted educational strategies when an individual living with ASD is presented with new learning material. Targeted strategies, such as collaborating with a client on a list of conversation starters, modeling appropriate body language, a game where clients must identify safe or unsafe flirtatious behaviors, a visual schedule for a personal hygiene routine, and a social story to learn about masturbation, can be implemented by occupational therapists in individual treatment or group sessions. Holmes et al. (2019) found that parents of youth living with ASD primarily used a discussion format when educating their child on sex, highlighting a potential lack of accessible and/or developmentally appropriate materials that are readily available to parents. Targeted educational strategies and learning materials can be made available by occupational therapists to provide as parent and caregiver education to increase carryover of topics at home and to alleviate any additional worry or burden a parent might have about discussing these topics.

In addition, Holmes et al. (2019) found that many parents do not educate their children living with ASD on pregnancy and sexually transmitted infection (STI) prevention. A statistic that supports the need for OT patient advocacy is that “women with autism are half as likely to receive preventative sexual health care (i.e., Pap smears) compared to non-autistic women” (Holmes et al., 2019, p. 2411). While it is not in an occupational therapist’s scope of practice to prescribe or recommend medications, occupational therapists can assist clients in developing and maintaining new routines related to personal devices and

medication management (AOTA, 2020). Occupational therapists can educate clients living with ASD on the preventative benefits of birth control and condoms to increase safe participation in sexual activity.

### **Sensory Processing Challenges**

Occupational therapists work with clients throughout their lifespan on how they respond to and cope with the sensory information they receive from the world around them (Watling & Spitzer, 2018). When clients know how they respond to various sensory stimuli, they can learn which triggers to avoid and learn ways to adapt, which can lead to better communication and healthier relationships. Many clients living with ASD have potentially gone through sensory therapy, but highlighting how sensory issues can impact being in a relationship or having sex may have never been addressed before. For example, someone who is sensitive to tactile input may not tolerate physical touch from their partner, or someone who is avoidant to visual input may have difficulty looking into their partner's eyes during sex (Kathol, n.d.). Occupational therapists can work to educate and, if needed, collaborate with the client to make adaptations or modifications to their environment to best meet their sensory and sexual needs. In addition, occupational therapists can role-play with a client on how to communicate different sensory needs to a romantic partner while either disclosing their autism diagnosis or not.

### **Intersectionality of ASD and Identification as Lesbian, Gay, Bisexual, Transgender, or Queer**

Occupational therapists can play a crucial role in addressing the potential adverse mental health effects, lower quality of life, and inaccessibility of the health care system caused by the intersectionality of a client who falls on two different spectrums, identifying as living with ASD and identifying as lesbian, gay, bisexual, transgender, or queer (Weir et al., 2021). Occupational therapists can provide gender-affirming care to transgender or non-binary clients living with ASD. Gender-affirming care strives to help a client match how they feel on the inside to what they look like on the outside. Gender-affirming practices are based on the foundation of a client-centered and holistic approach in parallel with the practice of OT (*What to Know About Gender-Affirming Care*, 2022). Occupational therapists are educated and trained to know the impact a client's personal factors, such as sexual orientation and gender identity, can have on their occupational engagement (AOTA, 2020). Research suggests that the mental health and quality of life of transgender and nonbinary clients are better when health care professionals use gender-affirming care, such as asking for and using the client's preferred pronouns (Matouk & Wald, 2022). A review of the research indicates that individuals living with ASD are more likely than their neurotypical peers to identify with a sexual orientation other than heterosexual (Weir et al., 2021). Teens and young adults living with ASD may be exploring the possibility of using pronouns that may reflect how they feel on the outside but not yet how they look on the outside. When working with a client who is transitioning or exploring their gender identity, occupational therapists should reflect these goals in the interventions and documentation. When occupational therapists work on a dressing or grooming task with a client who may physically present as male but identifies as a female and uses feminine pronouns, occupational therapists may take extra consideration to use the right clothing and personal hygiene products during the task.

For those clients living with ASD with lower cognitive skills and awareness of their sexual orientation and gender identity, it is still crucial to provide education on the aforementioned topics. A social story discussing how boys can like boys and girls can like girls, or a visual image with an associated activity like the *Genderbread Person*, is a great first step to increasing awareness about the diversity of others (Killermann, 2017). When having these discussions, the occupational therapist's primary responsibility is to ensure a comfortable and supportive space to talk and answer any questions that may arise.

## Conclusion

Occupational therapists have the opportunity to address the lack of sexual education available to clients living with ASD through one-on-one interventions, implementing large group curriculums, adopting the POJF to guide practice, and advocating at a larger community level. Occupational therapists are trained to assess and treat clients from a holistic lens, focusing on what is meaningful to the client, and address factors other health care professionals may disregard, such as how a person's environment, roles in life, cognitive skills, and body functions may impact their interest and engagement in daily activities, including sexual activity (AOTA, 2020). Occupational therapists can focus on a variety of performance concerns related to sex, such as addressing sensory processing challenges, providing gender-affirming care, educating parents of clients living with ASD, and providing the just right challenge when delivering learning materials. Sexual education is a crucial yet overlooked area of occupation that needs to be addressed in this population.

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