

Information Sheet

Puberty and Autism

This resource is for parents of children on the autism spectrum to help them plan for and manage puberty related issues. Updated June 2016

A time of mixed feelings

When a child reaches puberty, families may have mixed feelings. They may be proud their child is developing into an adult or families may view this period with trepidation, feeling unsure of how to explain all the changes to their child. For an adolescent with autism, the physical changes that indicate increasing maturity can be quite out of place with where the individual is at in other aspects of their development, such as social skills. Parents may worry their child is developing an adult's body, without all the adult capabilities to accompany this.

What can my child understand about the changes during puberty?

If your child has moderate to severe difficulties with language and abstract concepts, they will not need to know the reasons behind the developmental changes that occur during puberty. Preparation for these individuals is less about teaching when and why the changes will occur, and more around teaching appropriate responses to the things that happen during say menstruation and masturbation, e.g. hygiene during menstruation and privacy during masturbation. These topics are covered later in this article. Also the book 'Talking Together About Growing Up'¹ has a curriculum for teaching children about puberty which suggests different sets of exercises depending on the age and level of ability of the child.

When do I start to prepare?

If your child shows an awareness of how older people are physically different to them, this is a great starting point for discussion. Noticing a beard, breasts, or underarm hair is a very tangible visual sign for a person on the autism spectrum about difference to themselves. For young children (e.g.. lower primary school) start to link these visual signs with 'having an adult body'. 'The girl has those bumps on her chest because she is turning into an adult'. 'The woman has the bumps because she is already an adult'. Showing the child pictures of yourself at different ages to see how you looked different can also be useful. As a clearer visual cue, line drawings of the body and how it looks at different ages can be used, such as those in 'Talking Together About Growing Up'.¹

The child's awareness of the differences can then be gradually added to. For example, the next level of information about 'the bumps on the woman's chest' could be discussing that these are called 'breasts', and the other alternative names for them. Next would be discussing that breasts develop for feeding babies when the woman is an adult. The child should also learn that breasts are a private area and are not able to be touched without permission.

For upper primary aged children, start to use the word 'puberty', such as in "puberty is when a child's body changes into an adult body", along with pointing out that as an adult, you have already been through this. Then, when the child

notices physical differences in other people, this can be discussed in the context of 'puberty'. From an understanding of the differences in others, the individual can then begin to understand the transition from child to adult. They can be taught about the changes to expect in their own body, and the reasons behind these. Do this explicitly, as just because an individual on the autism spectrum sees how things are for others, doesn't necessarily mean they will generalise this to their own situation. Therefore make clear statements like 'as you change into an adult, you will also have underarm hair'.

Other information that will need to be explained to the individual on the autism spectrum is the fact changes in themselves will only be those associated with the same sex (e.g. a boy will not begin to grow breasts). For a child who is anxious as part of their autism, covering misnomers that the child may think, but not express is important so that the child does not worry in silence (e.g. the child may think the whole body eventually becomes progressively covered in hair like a werewolf. Therefore explain that extra hair just grows on the underarms and pubic area in women, and also on the chest and chin of a man).

Some parents may delay discussions because they feel advance preparation may contribute to their child's anxiety. Because it is never certain at what age puberty will begin, some parents don't want to confuse their child with information that may not be applicable for a while. It is suggested that the child be given an approximate age range in which to expect the changes, in order to help reduce this uncertainty. The average age for girls to begin puberty is 11, with the possibility that it may begin as early as 8 years of age². The average age for boys to begin puberty is 12-13 years, although it may begin as early as 9½ years of age³.

The absolute latest time to begin discussions about puberty is when the child first begins to show the early physical changes of puberty, such as breast buds in girls, or in boys, acceleration of growth (the boy appears to have 'gangly' arms and legs). If children on the autism spectrum are

not prepared for the changes, they may become confused or frightened that they are very ill because things are changing with their body.

How do I explain the changes to my child?

Given the strength in visual skills for individuals with autism, the information about body changes in puberty is best given in a visual way. A social story⁴ is the ideal format for this. A social story can be personalised to the individual adolescent, and a separate social story can be written for each of the body changes the individual can expect. A title such as 'I am growing into a man/woman' can be used. Lots of descriptive sentences can be used to clearly state the facts. Here are some examples of topics that will need to be covered in the social stories.

Topics for puberty social stories for girls:

- breast development and widening of the hips (could be titled 'the shape of my body will change')
- pubic and underarm hair development (title 'extra hair will grow')
- onset of menstruation (title 'I will begin to have my period')
- growth acceleration (title 'I will get taller')

Topics for puberty social stories for boys:

- growth acceleration (title 'I will get taller')
- pubic, underarm, and facial hair development (title 'extra hair will grow')
- testicular and penile enlargement (title 'my body will look different')
- spontaneous erections, sperm production, wet dreams (title 'my body will do new things', or use simplified versions of these terms as titles)
- voice deepening (title 'my voice will sound different')

The booklet 'Let's Talk About Puberty'⁵ gives the basis for information on all these topics, which can be adapted into a social story. The information will need to be personalised to your child. The book 'Talking Together About Growing Up'¹ has a useful appendix with 'proper' terminology for body parts and occurrences during puberty, along with some commonly used slang your child may hear from peers. Given the tendency for literal interpretation of language by an adolescent with autism, it is important to inform the child of such synonyms, so that they can understand that words like 'boobs' refer to breasts. Otherwise they may be confused by the conversations of their peers, and not think to ask for clarification. Misunderstanding often breeds anxiety! Incorporating a page in each social story with alternative terms related to the story topic can assist understanding.

Other Resources to Explain Puberty

Girls:

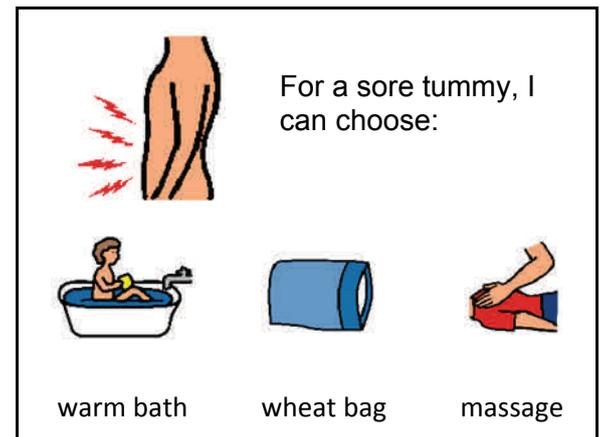
The development of breasts, pubic hair, and menstruation management are all covered visually in the book 'Special Girls Business'⁶. Changes in mood are also discussed in this resource that is bright and colourful, and emphasises that the changes are a positive part of becoming a woman. The book is aimed at girls with special learning needs in general, not specifically girls on the autism spectrum, but it is still a very useful resource. Some girls may find the companion volume 'Secret Girls Business'⁷ more suitable, if they would have the ability to understand the concept of ovulation, and the purpose of menstruation.

Having some ideas to help with menstrual discomfort is advisable, as is representing these visually.

The adolescent girl may not be able to self-regulate initially, but when you notice discomfort, consistently prompt using the visual cues, and choice making, until she is able to do this independently.

The video 'Kylie's Private World'⁸ is an animated

short video, in which the narrator, Kylie, takes adolescents step by step through the topics of hygiene, menstrual management, masturbation in private, sexual consent, the act of intercourse, and the importance of protected sex. The video is intended for adolescent girls with special learning needs. Although not autism specific, it is still highly useful, as it shows clearly and visually what all the concepts look like.



It is recommended that parents view the tape themselves before letting their daughter watch it, so they can determine how much information to let her view.

A young girl of 10 being prepared for menstruation management may not need or understand the information about contraceptive use and intercourse.

Boys:

The video 'Jason's Private World'⁹ is an animated short video, in which the narrator, Jason takes adolescents step by step through the topics of hygiene, masturbation in private, gaining sexual consent, the act of intercourse, and the importance of protected sex. The video is intended for adolescent boys with special learning needs. Although not autism specific, it is still highly useful, as it shows clearly and visually what all the concepts look like.

It is recommended that parents view the tape themselves before letting their son watch it, so they can determine how much information to let him view.

For both adolescent boys and girls, it is then recommended that parents sit and view the videos with their child. Answer questions posed by the child as they arise, using the complexity of the question as a guide to how in-depth the answer should be.

The book 'Secret Boys' Business'¹⁰ is a great resource for adolescent boys to explain puberty changes and some associated emotions.

Emotional changes

The fluctuating hormones that are part of the physical changes of puberty can lead to changes in mood. It is important that the adolescent with an autism understands that good and bad feelings will come as part of changing into an adult body. Girls who are interested in logic and facts may be interested in charting their own mood on a calendar to see if there is a cyclical pattern coinciding with their menstrual cycle. Having a collection of ideas to help adolescent boys and girls when their mood is low is recommended. Again it is recommended that these be represented visually.



When I feel upset or sad I can choose to:

- Listen to music
- Have a nap
- Play the computer
- Have time on my own
- Read a book

Many adults assume that puberty is a time of inevitable low mood for the adolescent. Some even think that depression is an expected part of going through puberty. Depression is different from normal mood fluctuations as part of puberty and is characterised by low self-esteem, a feeling of worthlessness and withdrawal from previously enjoyed activities.

In addition, depression may be expressed by an adolescent on the autism spectrum by

disturbances in eating and sleeping that are markedly different to usual behaviour, increased agitation, or extreme lethargy which contrast with the individual's usual behaviour. Depression is not a 'normal' part of transitioning to adulthood, and the above symptoms should be discussed with the adolescent's GP as a starting point.

Most adolescents begin to be interested romantically in the opposite sex (or the same sex). A person on the autism spectrum may act on such interest by becoming obsessed with another adolescent (as they may with any other topic of interest). The difference between this scenario and any other adolescent 'crush' is that the person with autism may not be able to 'read' the cues from another person as to whether the interest is reciprocal. In this case, the young person needs to have explicit instruction about indications that someone likes you as opposed to not being interested romantically.

For example, you might explain that when someone is interested in you, they may have strong eye contact, laugh at your jokes, look for opportunities to gently touch you or be close to you, lean towards you, and so on. A person who won't look at you, who moves away from you, who folds their arms and tries to end conversations quickly probably isn't interested.

An adolescent with autism maybe less socially mature than their peers. They may not show this interest in others romantically until much later, despite their sexual maturity. In this case the adolescent will need to be informed that attraction to another person may happen in the future. The adolescent can be taught that feeling tingly when being near another person, and thinking about that person a lot of the time shows that this is happening. Talking to an adolescent on the autism spectrum, even if they are not experiencing this themselves can help demystify for them the change in their classmates' behaviour from mainly same-sex interaction, to mixed interaction, with flirting, touching, and showing off for the benefit of potential

girlfriends/ boyfriends. This may help them make sense of what is going on around them. This may also help them to understand that behaviours such as teasing, playful punching, etc. may be an indication that one classmate is flirting with the other, rather than an offence needing to be reported to the teacher, and punished!

Social Expectations

Puberty is usually a time of increased sex drive. Masturbation is a natural process of responding to urges that are not satisfied with a mate. Adolescents with autism have the same needs in this respect as all other adolescents. A problem may arise when the individual does not understand that this is an act which people do in private. Preparation about doing this in a private place can be assisted by the use of a social story, such as that found in 'Annette Joosten's Book of Cool Strategies'¹¹. A private place is where other people cannot see you. Given the difficulty of individuals on the autism spectrum with 'theory of mind'¹² (or perspective taking), the person may not be able to identify a private place, even when given the above definition. Therefore, making a list of public versus private places, in order to consolidate the concept is recommended.

Using this format, other behaviours that must be done in private can also be discussed (e.g. undressing, urinating, scratching private parts). You may need to specify each behaviour as generalisation often does not occur naturally in

Private places	Public places
- In my bedroom with the door and the curtains closed	- All the other rooms in the house
- In the toilet with the door closed	- School classrooms
- In the shower with the bathroom door closed	- In the shops
- In the school toilet with the door closed	- At other people's houses
- In the shopping centre toilet with the door closed	- In the car
	- At the park

people on the autism spectrum.

The individual with autism must also be told that it is not necessary to masturbate every time you are in a private place. Wen Lawson¹³ recounted in one of his entertaining presentations several years ago the story of a young gentleman who had been informed as part of his sex education that masturbation was to be done in private places, such as the toilet. The same young gentleman became very unhappy and sore when he interpreted that to mean that each and every time he went to the toilet, he should masturbate!

Although most adolescents notice their feelings of desire and 'stumble' upon the way to relieve such urges through masturbation, the individual with autism may not come to this realisation, and may need assistance to understand how to respond to such urges. The article 'Sex education issues for the person with autism'¹⁴ suggests some guidelines for teaching masturbation to individuals with autism. Watching the appropriate parts of 'Kylie's Private World'⁸ or 'Jason's Private World'⁹ videos may also give a useful visual cue. Finally, a picture schedule may be another visual means to complement the teaching of the desired behaviour or routine.

Increased manners and maturity

A useful visual cue for individuals autism is the step-by-step written procedure for appropriately responding to sexual urges described in 'Asperger Syndrome and Sexuality'¹⁵.

Although inappropriate touching of self in public is of concern, parents will also need to help their child understand where it is inappropriate to touch others. Additionally individuals with autism will need to learn that others may not touch their private parts without consent. Such topics are covered in the book 'Taking care of myself'¹⁶ which uses social stories, and other visual strategies to assist in learning these concepts.

Personal Hygiene

This can be a concern for parents when their child is going through puberty. Pubertal development

with extra hair and newly active sweat glands can lead to offensive odours, which the individual on the autism spectrum may not recognise are a cause for concern. The person may not recognise how they are perceived by others, understand what is socially acceptable, or might be avoidant of self-care tasks because of the sensory issues with brushing teeth, and brushing or washing hair. The book, 'Personal Hygiene - What does that have to do with me?',¹⁷ may assist, as it contains a curriculum for teaching children with autism aged 8-14 years about the importance of hygiene for social acceptance and health.

None of us has a crystal ball to predict how an individual will respond to the challenges of puberty. Someone may require assistance with all or none of the issues outlined in this article. Being informed in advance may just mean as a parent or carer there is not the element of surprise and uncertainty as to how to approach such challenges if they do arise.

A useful contact for further advice is the disability service at Family Planning Victoria, www.fpv.org.au/disability-services or call (03) 9257 0121.

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