


# Puberty, Relationships, Sexuality, and General Safety

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## Objectives

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- Introductions
- Puberty
- Relationships
- Sexuality
- Safety
- Q&A



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## Introductions

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- Amanda Tipkemper
- TJ Nestheide
- Disclaimer
- [NPR Investigation Finds Hidden Epidemic of Sexual Assault](#)

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## Addressing sexual and reproductive health in adolescents and young adults with intellectual and developmental disabilities

Walters, FP, Gray, S

Current Opinion in Pediatrics: August 2018, 30(4), 451-458

### Recent findings

Adolescents and young adults with developmental disabilities often do not receive developmentally appropriate sexual health education, and this is associated with poor sexual health outcomes and increased rates of sexual abuse in this population.

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## The importance of comprehensive sex education [CSE]

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Scientific evaluations of sex education, HIV-prevention, and unintended pregnancy prevention programs that provide information on abstinence as well as condoms and contraceptive use have consistently found that these programs cause young people to:

1. delay intercourse,
2. reduce the frequency of intercourse,
3. reduce the number of sexual partners they have, and
4. increase condom and contraceptive use.

<https://siecus.org/wp-content/uploads/2018/09/CAT-Sept-2018-Final.pdf>

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## Puberty

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### Physical changes

- Rapid growth
- Onset of menarche, development of breasts for girls
- Testicular growth for boys
- Development of body hair

### Hormonal changes

- Impact mood and behavior
- Impact sleep
- Impact metabolism

Puberty progresses in stages

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## Stages of Puberty - Girls

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Stage One (approximately between 8 – 11): The ovaries enlarge and hormone production starts, but external development is not yet visible.

Stage Two (approximately between 8 - 14): The first external sign of puberty is usually breast development. At first breast buds develop. The nipples will be tender and elevated. The area around the nipple will increase in size. The first stage of pubic hair may also be present at this time. It may be coarse and curly or fine and straight. Height and weight increase at this time. The body gets rounder and curvier.

Stage Three (approximately between 9 – 15): Breast growth continues and pubic hair gets coarser and darker. During this stage, whitish discharge from the vagina may be present. For some girls, this is the time that the first menstrual period begins.

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## Stages of Puberty - Girls

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Stage Four (approximately between 10 - 16): Some girls notice that their aureoles get even darker and separate into a little mound rising above the rest of the breast. Pubic hair may begin to have a more adult triangular pattern of growth. If it did not happen in Stage Three, menarche (first menstruation) should start now. Ovulation may start now, too. But it will not necessarily occur on a regular basis.

Stage Five (approximately between 12 - 19): This is the final stage of development. Full height is reached, and young women are ovulating regularly. Pubic hair is filled in, and the breasts are developed fully.

Read more:

<http://www.healthofchildren.com/P/Puberty.html#ixzz5Bd85fcT3>

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## Stages of Puberty - Boys

Stage One (approximately between 9 - 12): No visible signs of development occur, but, internally, male hormones become a lot more active. Sometimes a growth spurt begins at this time.

Stage Two (approximately between 9 - 15): Height increases and the shape of the body changes. Muscle tissue and fat develop at this time. The aureole, the dark skin around the nipple, darkens and increases in size. The testicles and scrotum grow, but the penis probably does not. A little bit of pubic hair begins to grow at the base of the penis.

Stage Three (approximately between 11 - 16): The penis starts to grow during this stage. It tends to grow in length rather than width. Pubic hair is getting darker and coarser and spreading to where the legs meet the torso. Also, boys continue to grow in height, and even their faces begin to appear more mature. The shoulders broaden, making the hips look smaller. Muscle tissue increases and the voice starts to change and deepen. Finally, facial hair begins to develop on the upper lip.

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## Stages of Puberty - Boys

Stage Four (approximately 11 - 17): At this time, the penis starts to grow in width, too. The testicles and scrotum also continue to grow. Hair may begin to grow on the anus. The texture of the penis becomes more adult-looking. Underarm and facial hair increases as well. Skin gets oilier, and the voice continues to deepen.

Stage Five (approximately 14 - 18): Boys reach their full adult height. Pubic hair and the genitals look like an adult man's do. At this point, too, shaving is a necessity. Some young men continue to grow past this point, even into their twenties.

Read more:

<http://www.healthofchildren.com/P/Puberty.html#ixzz5Bd8ETvv3>

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## Puberty

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- Children with neurodevelopmental disabilities are 20 times more likely to experience early puberty (Murphy & Elias, 2006)
- Normal tasks of adolescence include independence from family and focus on peer relationships
- All of us progress through puberty and adolescence to become sexually mature adults

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## Puberty

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- Talk to kids about it / normalize their experiences
- How To Discuss Puberty with Your Child who has Special Needs:  
<http://www.friendshipcircle.org/blog/2013/11/18/how-to-discuss-puberty-with-your-child-who-has-special-needs/>
- Shaping behavior with teens

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## Puberty

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- Children need help to learn appropriate touch in social situations and correct names for body parts. As your child approaches and enters puberty, discussions can include:
  - Changes in puberty
  - Managing sexual behaviors (such as masturbation)
  - Gynecologic (women's health) care for girls, including periods and mood changes related to (menstrual) periods.
  - Fertility, birth control, prevention of sexually transmitted infections
    - American Academy of Pediatrics, 2013

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## Puberty

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- Regular communication with family physician or specialists
  - Menstrual care, including menstrual-related migraines
  - Medication reviews
  - Follow-up on growth
  - Dietary needs / sleep needs / mental health concerns
- Work with your school / therapists / other supports
  - IEPs can include comprehensive sex education (CSE)
  - Can be done in a way that respects family values
  - Communicate about mood and behavioral changes
  - Communicate about menstrual care and hygiene issues

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## A few words about hygiene...

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- Hygiene considerations:
  - Start early and practice regularly
  - Need for regular bathing
  - Need for regular tooth brushing
  - Use of deodorant
  - Shaving
  - Menstrual care
  - Need for clean clothes
- Work with OT, PT on hygiene
- Toilet training
- CP, Spina Bifida, supporting students who use wheelchairs

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## Relationships

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- Adolescents with physical and developmental disabilities participate in fewer social activities and intimate relationships than typically developing peers
- Social maturity is impacted by:
  - Social skills
  - Basic self-care skills
  - Self-esteem

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## Relationships

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- People with disabilities are interested in having a social life
- There may be problems communicating effectively with their bodies, and they may have difficulty 'reading' another person's body language
- Difficulty reading other's emotions and intentions can lead to social confusion and result in poor social problem solving

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## Relationships

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### The Hidden Curriculum

- Is elusive
- Differs across age
- Differs across gender
- Differs depending on who you are with
- Differs across cultures
- Differs across environments

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## Relationships

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The Hidden Curriculum social skills include:

- Being a good listener
- Smiling and looking interested
- Asking about the other person's interests
- Complimenting
- Phone/social media etiquette
- Flirting
- Recovering when something goes wrong

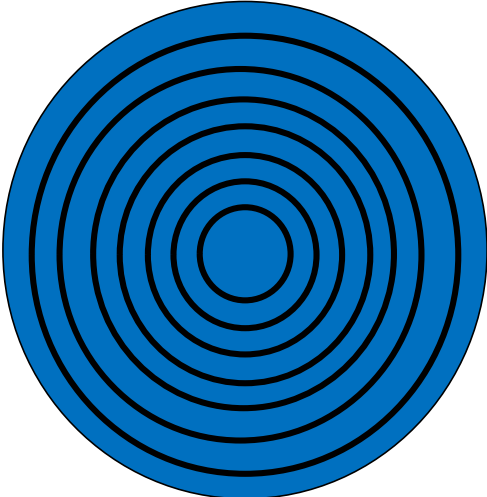
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## Relationships

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- Stages of friendship / romantic relationships
- How to move to the next stage and approximate timeline for doing so
  - Moving too fast or too slow can be a problem for anyone
- Consider using the Circles Curriculum

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Circles  
Curriculum

<https://stanfield.com/product/circles-curriculum-intimacy-relationships-level-1-w1004-18/>

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## Relationships

- The best places to meet someone / Go on a date
  - Doing an activity that interests you/shared interest
  - Somewhere with a safe, familiar atmosphere
  - A place where you can see clearly, hear clearly, and respond to what the other person says
  - Parties or social events in a group
- Places to avoid looking for friends / A date
  - Bars
  - Job/office
  - Your immediate neighborhood and similar places

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## Sexuality

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- People with developmental disabilities are often seen as asexual, sexually naïve or sexually deviant
- Children with disabilities are sexually abused at a rate that is 2.2 times higher than children without disabilities
- Individuals with developmental disabilities have sexual desires and are exposed to sexually-based materials

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## Sexuality

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- Parents and professionals are often pessimistic about the potential of their children with disabilities to have and enjoy intimacy and sexuality
- Fear that talking about this stuff will encourage them to act on it
- However, talking about it will make you or your children better prepared with safety skills and will help to make better decisions about relationships and intimacy

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## Sexuality

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- Sexuality Assessment
  - Names of body parts
  - Understanding relationships [and stages]
  - Good touch vs. bad touch
  - Public vs. private behavior
  - Hidden curriculum
  - Who to talk with about this
  - Safety skills
  - Being responsible
  - Self advocating/ being able to say 'no'

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## Sexuality

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- Biological and physical aspects of reproductive / sexual body functions and names, and distinguishing reproductive / sexual anatomy from other body parts
- Scientific terminology
- Male v. female [internal and external]
- Features and Functions
- Private v. public



<https://teach-a-bodies.com/>

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## Sexuality

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- Other topics to be taught or made aware of:
  - menstruation
  - contraception
  - pregnancy and childbirth
  - sexually transmitted diseases / illnesses
  - masturbation
  - cleanliness

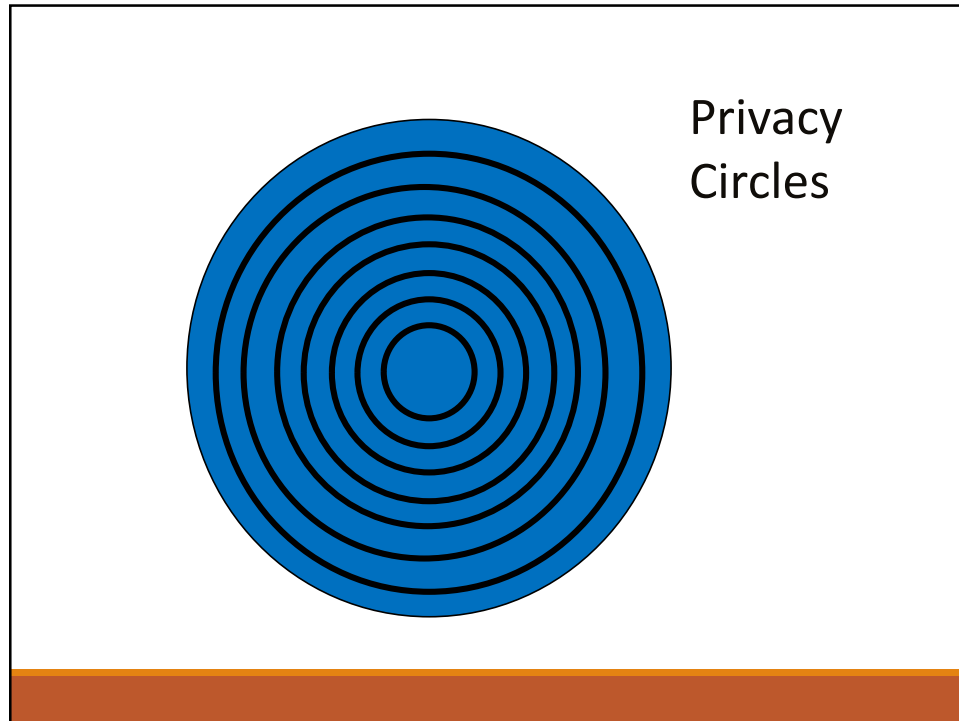
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## Sexuality

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- Teach Privacy Circles so individuals know with whom, and where, topics and issues are appropriate, and not appropriate, to discuss
  - With whom [from center]: me, brother, parents, school counselor, teachers, everybody else, strangers
  - Where [at school, from center]: counselor's office, classroom with only teacher, classroom with students, hallway/ public

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## Social Media

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- Definition of social media:  
forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos)

PPTTemplate.net

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## Social Media

Most popular social media sites/apps:

Facebook	Instagram	TikTok
Twitter	LinkedIn	Meetup
Snapchat	Tumblr	Kik
Pinterest	Reddit	Dischord
TikTok	Meetup	Deviant Art

PPTTemplate.net

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## Social Media

- Other forms of 'social media:'
  - Video games
  - Mobile games
  - YouTube
  - FaceTime
  - Various messaging apps

PPTTemplate.net

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## Social Media

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- Types of social media use:
  - Active
    - Regularly share life experiences, create and share content, engage with others
  - Passive
    - Observe only, rarely create or engage
- Passive is most common, and has been associated with higher levels of anxiety and depression

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## Pros of social media use

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- Social media requires less decoding of complex social information
- Social media use is associated with high friendship quality in adolescents with ASD, although this is impacted by their level of anxiety
- Social media may help adolescents with ASD to improve the quality of their friendships

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## Pros of social media use

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- Social media interactions are free of the burdens of face-to-face encounters
- Opportunities for feeling connected with others
- More limited and distinct emotional reactions
  - Emojis, Facebook reactions
- Posts can be reviewed and edited before sharing

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## Pros of social media use

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- You can observe the logical progression of a conversation
- You can watch (passive social media use) to learn about the expectations of a group
- Lots of options for shared interests and experiences

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## Cons of social media use

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- Passive use of social media can lead to more feelings of isolation
- Potential for being victim of scams
- Internet Gaming Disorder – Not a formal diagnosis, but included in DSM5 with 'conditions for further research'

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## Safety

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- The myth of stranger danger...
- Sexual abuse is perpetrated by:
  - 41% Service Providers
  - 24% Family
  - 20% Friends, Neighbors & Acquaintances
  - 9% Peers
  - 6% Strangers
  - *94% are people the victim already knows*

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## Safety

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- It's not about avoiding, but about understanding and establishing boundaries
- Be explicit – “I don't like people to touch me”
- Being explicit and concrete can be helpful. Saying "Don't let anyone do what you don't want them to do" is vague. Be more specific "Here are some things that might come up if you have a romantic partner. You can decide if you want them to happen or not. For example, do you want to kiss someone with your mouth closed? Do you want someone to touch your neck?"

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## Safety

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- Establishment of boundaries needs to include discussion of individual factors and personal preferences:
  - identity
  - sensory
  - triggers
  - any other unique needs

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## Safety – Body Rights

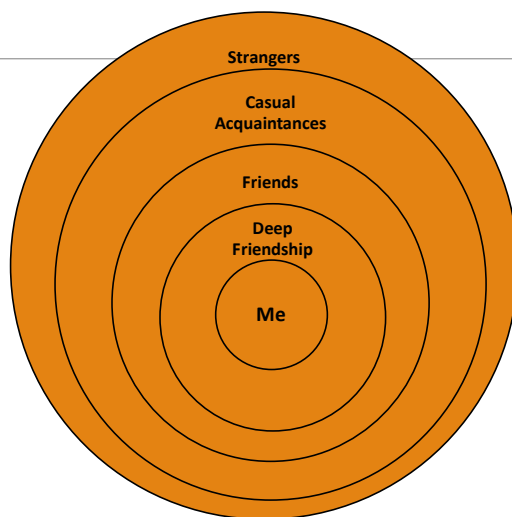
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- My body belongs to me
- No one can touch me if I don't want to be touched
- I should not touch others if they don't want to be touched
- No one can make me touch their private parts if I don't want to
- No one should touch my private parts without permission
- If someone forces me to share my body when I don't want to, I should tell
- It is okay to say 'no'

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## Boundaries: Circles

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Adapted From:  
 Intimate Relationships and Sexual Health: A Curriculum for Teaching Adolescents/Adults with High-Functioning Autism  
 Spectrum Disorders and Other Social Challenges by Catherine Davies MEd & Melissa Dubie MS

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## Safety

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- It is important to think practically about safety. For example, how does a person use public transportation without talking to a stranger? If something happens in the community and all that a person sees is strangers, who do they ask for help?
- Trusted person
  - In addition to family members - expand to individuals trusted by the family for a long term plan

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## Safety

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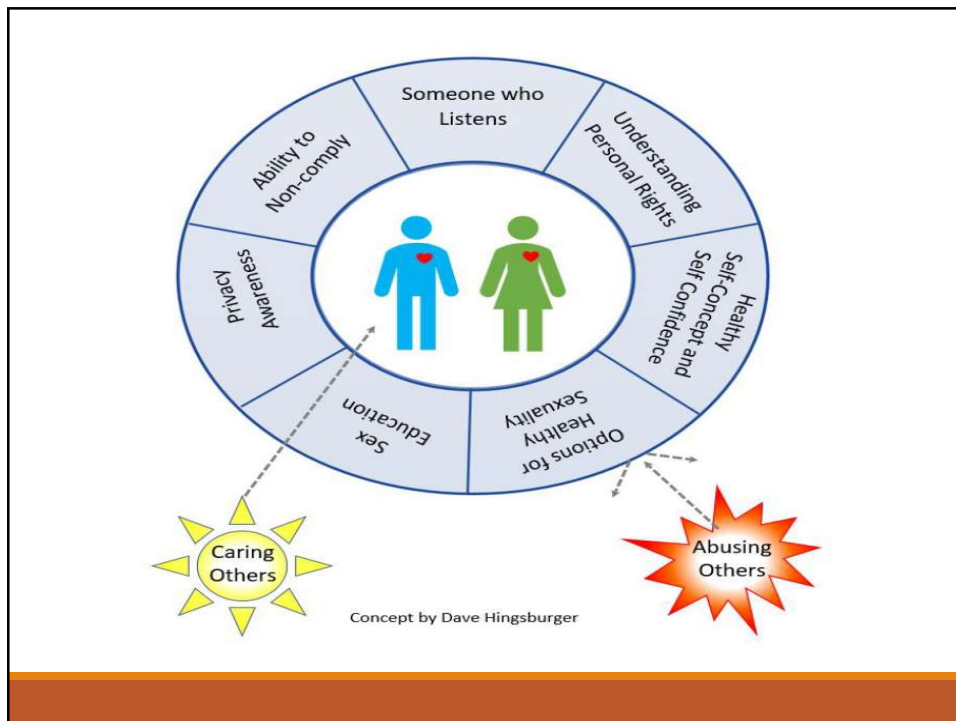
- Avoiding sexual predators
  - How to reduce the risk of being the victim of a sexual crime
  - Self-defense, self-advocacy, asking for help
- Avoiding being identified as a sexual predator
  - If someone tells you that you are harassing them:
    - Stop the behavior, if you are unsure of the behavior, ask for clarification
    - Apologize and explain that you didn't understand or realize that your behavior upset others
    - If the person who felt harassed requests it, stay away

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# Safety

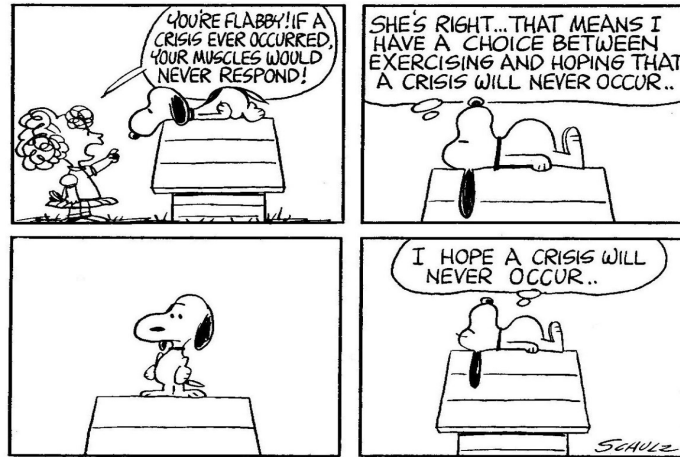
- Cyber safety
- Under and over 18
- Consent
- Contraception
- STIs

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## Dignity of Risk



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## Dignity of Risk

Overprotection may appear on the surface to be kind, but it can be really evil. An oversupply can smother people emotionally, squeeze the life out of their hopes and expectations, and strip them of their dignity. Overprotection can keep people from becoming all they could become. **Many of our best achievements came the hard way: We took risks, fell flat, suffered, picked ourselves up, and tried again. Sometimes we made it and sometimes we did not. Even so, we were given the chance to try. Persons with special needs need these chances, too.** Of course, we are talking about prudent risks. People should not be expected to blindly face challenges that, without a doubt, will explode in their faces. Knowing which chances are prudent and which are not – this is a new skill that needs to be acquired. On the other hand, a risk is really only when it is not known beforehand whether a person can succeed. The real world is not always safe, secure, and predictable, it does not always say “please,” “excuse me”, or “I’m sorry”. Every day we face the possibility of being thrown into situations where we will have to risk everything... In the past, we found clever ways to build avoidance of risk into the lives of persons living with disabilities. Now we must work equally hard to help find the proper amount of risk these people have the right to take. We have learned that there can be healthy development in risk taking and there can be crippling indignity in safety!

Perske, R (February 1972). "The dignity of risk and the mentally retarded". *Mental Retardation*. 10 (1): 24–7.

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Puberty, Relationships,  
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QUESTIONS & ANSWERS

