



# PUBERTY

Eva R. Markham, Ed.D.  
Associate Professor, Pediatrics  
Weisskopf Center

- Overview of puberty
- Overview of normal sexual development
- Discussion of the intersection of autism and puberty

- Puberty is the time when sexual and physical characteristics mature. It is triggered by hormonal changes.
- Adolescence is the period between puberty and adulthood. It is more socially defined.

- Increased attention to physical appearance
- Interest in romantic love
- Increased need for independence
- Mood changes
- Desire for peer approval
- Masturbation

- Testicular enlargement
- Increased height
- Increased shoulder width
- Genital growth
- Body and facial hair growth
- Nighttime ejaculations
- Voice changes
- Sometimes acne

- Breast development
- Body hair increase
- Increased height
- Increased hip size
- Menstruation
- Sometimes acne

- Sexual behaviors occur across the course of life.
- Adolescence tends to bring an intensification of sexual interest and activity, coinciding with the onset of puberty.

- Child discovers pleasant sensations by experience.
- Most important activities, like feeding, involve physical closeness.
- Child may monitor other's reactions to touching themselves and adjust behavior.



- Child continues to be interested in own body.
- Child may note differences and ask questions.
- “Bad words” may appear.
- Child may model adult behavior indiscriminately.
- Peer exploration may occur.

- Self-stimulation may continue.
- Peer exploration may occur (will be more secretive than earlier).
- Develop sense of modesty/ privacy.
- “Boyfriends” and “girlfriends”.
- Onset of puberty

- Rapid growth
- Sexual maturity – can reproduce.
- Interest in sexual experience.
- Continued self-stimulation.
- Intimacy in relationships.
- Parental input critical.

- Qualitative impairment in verbal and nonverbal communication.
- Qualitative impairment in social interaction.
- Restricted, repetitive, stereotypical behaviors.
- Sensory issues.

- Children learn gender specific behavior by observing and modeling the behavior of others.
- Children are reinforced by adults for gender appropriate behavior.
- Children with autism are less likely to learn through modeling and are not as motivated by adult attention, etc.

- Peer pressure is less of a factor in some cases.
- The “adolescent awfuls” may seem to be delayed relative to typically developing peers.
- May continue to show interests peers deem “babyish”.

- May fail to internalize privacy/ modesty norms.
- May over-generalize greetings, touching others, and other behaviors that are acceptable in young children but not in adolescents or adults.
- May lack social and communication skills needed to facilitate relationship development.

- Young people need to understand what “private” is and be able to identify private body parts, activities, conversation topics, etc.
- Young people need to have factual information about sexual development and be able to develop comfort with their own sexuality.



- Age, language, social interest, and developmental level direct teaching plan.
- Visual materials are helpful.
- Schedules, scripts, etc. may provide guides for successful actions.

- Personal body safety concerns.
- Sexual feelings and activities.
- Sexually transmitted diseases.
- Contraception.

- Grooming and personal hygiene routines may have to be taught and reinforced.
- Use visuals, social stories, etc. for teaching.

- Initiating interaction.
- Chatting with someone.
- Asking for a date or other contact.
- Planning the date.
- What to do on the date.
- Intimacy skills.

- Family
- Peer group
- Religious community
- Community
- Nation

- Behavioral issues.
- Partner selection difficulty.
- Lack of knowledge.
- Medical issues.
- Sensory-related.

Analysis of the “problem behavior” should guide development of a teaching plan to teach acceptable behavior.

Family, school staff, health care providers, mental health professionals, clergy, and others may all be needed to address sexuality related issues.



Intentionality in integrating sexuality related material into the program of the youngster with an autism spectrum disorder offers the best way to allow optimal quality of life with regard to this aspect of human experience.

Contact:

Eva R. Markham, Ed.D.

502-852-7528

ermark01 @louisville.edu

---