



# Preparing for (and Surviving) Puberty

For parents and carers of children and young people with autism or a learning disability.







Pu•ber•ty, n. A physical and emotional roller coaster that kids begin riding anytime between ages 9 and 14, lasting about five years.

Pro•cras•tin•ate, v. The parental tendency to put off talking to kids about puberty, characterized by sudden speechlessness and embarrassment.

From Evelyn Hendrix | September 2009

<http://www.raisingarizonakids.com/2009/09/puberty-and-the-special-needs-child/>



Talking to your children about sexual health and relationships is imperative. When you begin talking, it should be a life long process of communication. Whether we are communicating verbally or with visual resources, we need to teach our children and young people the facts, how to deal with it and how to keep themselves safe. We need to help them be able to use this knowledge in different situations, where possible.

Telling a person with Autism Spectrum Disorder (ASD) about puberty can be a challenge and your approach to teaching and learning **must also** be based on their **emotional** and **cognitive ability** rather than their chronological age alone.

This does not mean that most children with ASD or learning disabilities require information at a different time to their peers. Rather that they need the **same information** at the **same time** but in a **different format**.

We are good at teaching and working with our children and young people to communicate their needs or visualise the day ahead through visual structures, communication boards, schedules and works systems. There is no reason, therefore, that we cannot transfer this same visual approach to include resources which support the teaching of our child or young person about puberty and sexual health.

The visuals we design and make need to reflect the stage of learning our child or young person is at whether it be cleaning our teeth, changing a sanitary towel or tampon, masturbating safely and in an appropriate place, to keeping themselves safe within a sexual relationship.

It is easy to think that our child or young person will never grow up, but they do. Their bodies will change, just like any other child and it is important to prepare them for this before puberty starts. We must support them, visually, so that when an event happens such as having a period or erection, it does not become a worrying and frightening experience.

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Puberty can be a difficult time for many young people and their parents and carers. Add in the factor of a learning disability and a difficult situation can seem almost impossible to manage.

This booklet is for parents, carers or anyone involved in supporting a child or young person with additional support needs through growing up and puberty.

The topics included are based on common questions and concerns raised by local parents/carers and the information has come from a range of sources - local and international research, credible websites, good practice by parents, teachers and professionals in Forth Valley.

Children with a learning disability are often 'sheltered' from the very information that they need.

There may be a misguided notion that children with a cognitive impairment will somehow miss out on puberty or that giving them information 'takes away their innocence' or makes them grow up too fast.

The majority of children with additional support needs will experience puberty at the same time and rate as their peers. The children provided with knowledge and skills will be better equipped to cope with growing up and will be much less vulnerable when it comes to Sexual Health and Relationships.

Not telling your child about growing up and puberty will not stop it from happening to them. Yet many parents and carers, afraid perhaps of what to discuss, still leave talking about puberty until an erection occurs, or a period starts. They then find themselves in a situation that neither they nor their child are prepared for.

Imagine how this might seem to a child.

Along with the shock of their body changing and the fear and embarrassment of bleeding or having an erection, they are then bombarded with a huge amount of information e.g. why this is happening, what this all means, who you can talk to about it, how to manage these events, what to do if it happens in public, how to keep yourself clean...

Your child may be left confused and with the impression that puberty is something that brings about a crisis, rather than being a positive step in to adulthood.

The best tip I (and many other professionals) can give you is to **educate** and **start early**. If you can prepare your child for puberty before it occurs it won't seem as frightening or challenging.

As parents and carers, you are ideally placed to support your child or young person. I hope this booklet helps you to do so.

Joanne Barrie, Community Sexual Health Educator  
NHS Forth Valley - July 2020

Starting education early is important for a number of reasons:

- Parents are best placed to become the primary educator for their child through a lifelong process.
- It can help prevent the shock, fear and distress of the sudden onset of puberty for the child.
- It can help prevent the shock, fear and distress of the sudden onset of puberty for the parent/carer.
- Without adequate preparation, children may think there is something wrong with them and some have been known to self-harm.
- The concept of 'change' can be introduced at a young age as a natural progression that they can (and already do) deal with e.g. starting nursery/school, moving up a class, celebrating a birthday, getting older.
- 'Body changes' can be introduced at a young age as a natural progression that they can (and already do) deal with e.g. getting taller, growing out of clothes, needing bigger shoes. Most children enjoy these changes.
- Advanced planning can make the difference between presenting a positive or a negative view of puberty to the child, which in turn can influence the child's own response.
- Anxiety can be common amongst children with a learning disability. Advanced planning can be effective in reducing and managing anxiety during puberty.
- Whatever the cognitive ability (mental ability) of a child, the vast majority go through puberty at exactly the same time and rate as their peers. This can start as young as 8, much earlier than people often anticipate.
- It takes children with a learning disability longer to learn new information and practise skills. Starting early ensures more time to repeat information and check understanding.

- It takes children with a learning disability longer to change their behaviour. Bad habits developed as a child can continue through to adulthood. The earlier you teach/model good practice and behaviour the better.

### How do I know what to teach and when?

Education Scotland have guidelines for schools on Relationships, Sexual Health and Parenthood (RSHP) Education (which includes Body Changes and Puberty).

Experiences and Outcomes:

<https://education.gov.scot/Documents/health-and-wellbeing-eo.pdf>

Benchmarks:

<https://education.gov.scot/improvement/Documents/HWBPersonalSocial%20EducationBenchmarksPDF.pdf>

Your child's school will use these guidelines to decide which topics to teach and at what age.

All you need to do is ask the school which topics they are teaching to your child, and when, and repeat this work at home.

RSHP Education starts at nursery school and continues through to the Senior Phase at Secondary, so children of all ages will be included

\*Remember that the majority of children and young people with additional support needs require the **same topics at the same time as their peers**. So if your child is in Secondary School, they should be learning topics at 3rd, 4th and Senior level. The resources, however, may need adapting to their cognitive ability.

### How do I teach these things to my child?

Children learn in different ways. For example, some children learn best from 'visual resources' such as pictures, books, photographs, demonstrations.

The school will already know your child's preferred 'learning style' because they have experience of teaching them many other things in the classroom.

The school may also have carried out learning assessments with your child and/or developed an Individualised Learning Plan or Co-ordinated Support plan. Your child's school are in a good position to offer you advice on the best way you can support RSHP Education with your child, so talk to them.

Don't forget - as parents/carers- you also have a huge amount of knowledge and experience from teaching your child about things every day. Just apply these same skills to teaching RSHP Education.

## **Which resources should I use to teach RSHP Education?**

The main national resource for Relationships, Sexual Health & Parenthood Education is free and online. All schools, as far as possible, should be using this resource.

Parents and carers can access this resource at home: [www.rshp.scot](http://www.rshp.scot). Look under the Levels tab to find the lesson plans and slides for each age group and topic.

Schools may be using additional resources to complement learning. There is a link to resources and information at the back of this booklet. See Appendix for resources.

As all schools will be teaching RSHP Education, the quickest and easiest thing to do is to ask which resources they are using. Use the same resource at home with your child. (You can ask to borrow a resource from school, or from your local NHS Health Improvement Resource Service. See appendix for details).

If your child responds to Social Stories, you can find examples of these online: <https://www.rshp.scot/learners-with-additional-support-needs-asn/social-stories/>

## **How do I start talking to my child about Relationships and Sexual Health and Puberty?**

Ask your child's school what they are teaching and repeat this at home. Introduce the topic simply as 'let's see what you did at school today'.

Most importantly, provide the opportunity for your child/young person to talk to you. Having accessible resources at home (books, leaflets, DVD's etc ) not only provides an opportunity for learning, it sends a message to your child that you are comfortable with this topic and they can discuss this with you.

You could also borrow resources and leaflets from your NHS Health Improvement Resource Service. Leave them for your children to read or read them together.

Education Scotland's 'Parentzone' has ideas of home-learning opportunities, based on the Levels from the Health & Wellbeing curriculum:

<https://education.gov.scot/parentzone/learning-at-home/supporting-health-and-wellbeing/relationships-sexual-health-and-parenthood/>

This booklet gives further suggestions on how to approach topics with your child or young person.

### **How do I know where to begin?**

A good place to start would be to find out what your child already knows and build on this. This could be as simple as asking questions as you look at a book or leaflet together.

Your school will carry out observations and Assessments For Learning in school, so they should have a good idea of what knowledge and understanding your child already has about RSHP Education. Schools can also provide you with an overview of the RSHP Curriculum.

The school may also record your child's progression through an Individualised Learning Plan or Co-ordinated Support Plan.

Education Scotland's Health and Wellbeing experiences and outcomes, and Benchmarks, also set out what children and young people should be learning in school at each age. For example:

- Early Years (Nursery and Primary 1)
- First Level (Primary 2, 3 and 4)
- Second Level (Primary 5, 6, 7)
- 3rd and 4th Level (Secondary 1, 2 and 3)
- Senior phase (Secondary level 4, 5 and 6)

Experiences and Outcomes:

<https://education.gov.scot/Documents/health-and-wellbeing-eo.pdf>

Benchmarks:

<https://education.gov.scot/improvement/Documents/HWBPersonalSocial%20EducationBenchmarksPDF.pdf>

When looking at resources and topics, start with the age of your child, regardless of ability. Remember that most children with additional support needs require the **same topics at the same time as their peers**. Resources may need to be adapted and tailored to their cognitive ability.

Look at the national RSHP resource which all schools, as far as possible, should be using. This gives you a clear idea of which Topics are for each age group:

[www.rshp.scot](http://www.rshp.scot)

Educate and start early. Long before puberty begins, children should understand that their body will change.

As a parent you will have an understanding of how your child learns best. Apply the information you already know about them to this stage called puberty.

From a very early age, introduce the idea of change as being normal and constant. Take note of their bodies as they get taller and grow out of clothes and shoes. They could measure themselves, weigh themselves, draw around their hands and feet and look back at childhood photographs or clothes they wore as a baby.

Celebrate growing up (Look how tall you are now!) and help the child to see change as a positive aspect which they can and do cope with.

From an early age, teach your child the proper words for body parts including vulva, vagina, testicles and penis. Children will view these words as any others, with none of the sexual connotations that adults attach to them. It will then be less embarrassing for both the child and parent to talk about periods and 'blood coming from the vagina', or erections and wet dreams with a 'hard penis', or 'ejaculating penis'.

It is never too early to teach the correct biological names. Nursery and Primary School staff should be using only the correct names.

Teach your child to value all of their body parts. Girls in particular are often presented with a negative view of their genitals as being too rude for them to mention, look at or touch.

Use bath time or bedtime (when a child is naked) to reinforce body part names and any changes occurring.

Encourage your child to touch and explore their own bodies in private. This will help them to identify, locate and communicate any changes, soreness or concerns.

Ask the school which resources/activities they are using to teach about body changes. This should be part of their Health and Wellbeing Curriculum (I am aware of my growing body and I am learning the correct names for its different parts and how they work **HWB 0-47b/HWB 1-47B**). Repeat and reinforce this work at home.

Look at the national RSHP resource: [www.rshp.scot](http://www.rshp.scot). Under the Levels tab you will see slides and activities at 1st and 2nd Level for My Body and Body Parts for Primary aged children. 3rd Level is aimed at secondary aged pupil but can be used sooner.

Show your child photographs of yourself and other family members at various ages to see how different you looked. This can help your child understand when puberty occurs and how we all change.

Use a large body outline to label the body parts and highlight the changes that will happen - from getting taller to growing pubic hair.

Learning could be with a Social Story for example: 'When a girl grows up her body will change. She will grow taller, her hips will widen, hair will grow under her arms... and blood will come from her vagina once a month'. Or 'When a boy grows up his body will change. He will grow taller, his voice will sound deeper, hair will grow under his arms... sometimes his penis will go hard and stick out from his body..'

Social Stories can be developed with the help of the school or by Speech and Language Therapists. There are online stories too you can use:

<https://rshp.scot/learners-with-additional-support-needs-asn/social-stories/>

Girls should be measured for correct bra sizes. For children with sensory issues, preparation for wearing a bra can include introducing crop tops and then sports bras at an early age.

Girls and boys should learn about each other's bodies as well as their own. This enables them to:

- recognise gender
- make choices about what they want to do in an intimate relationship
- accurately describe situations where abuse has occurred

Choose resources that will suit their preferred method of learning (book, leaflets, symbols, pictures, DVD/CD rom).

Talk about body image (see section on body image).

See Appendix for resources.

Educate and start early. Long before her periods begin, a girl should understand that her body will change.

Take the initiative and start the conversation. Ask what they already know. Don't wait for your child to ask - children with additional support needs often don't.

As a parent you will have an understanding of how your daughter learns best. Apply the information you already know about her to this stage called puberty.

She may just need to learn the basics of body changes at first. This learning could be with a Social Story 'When a girl grows up her body will change. She will grow taller, her hips will widen, hair will grow under her arms... and blood will come from her vagina once a month'.

Choose resources that will suit her preferred method of learning (book, leaflets, symbols, pictures, DVD/CD rom).

Ask your school which resources/activities they are using to teach about body changes and periods. This should be part of their Health and Wellbeing Curriculum (I can describe the physical and emotional changes during puberty, understand why they are taking place and the importance of personal hygiene **HWB 2-48a**). Repeat and reinforce this work at home.

Look at the national RSHP resource: [www.rshp.scot](http://www.rshp.scot). Under the Levels tab you will find slides and activities on My Body including Menstruation at 2nd and 3rd Level for Primary aged children. 3rd level is more detailed and aimed at Secondary learners but can be used sooner.

If your daughter is toilet-trained then she'll probably be able to take care of her period. Use the same successful techniques.

It is not always advisable to use medication to stop her periods. It is better that she learns how to manage them. Medication is often unreliable, which can result in periods arriving, leaving both you and her unprepared. Medication is also short-term and just postpones the inevitable.

Use language and concepts she will understand. For example - a daughter who screamed at the sight of blood became calm when a bandage was put over the cut. Her father discussed sanitary pads as being like a large bandage. This language helped their daughter transition to starting to menstruate.

When you are in a supermarket, point out sanitary wear on the shelves. Exaggerate the process of looking at and comparing brands.

Buy a few different kinds of sanitary pads. Let her explore different brands, sizes, thicknesses, wings or no wings.

Mark the pad and pants with a different colour to show where the pad should be placed in her underwear.

Before her period starts, encourage her to practise the steps from wearing a pad to changing it regularly, putting it in the bin, washing hands etc.

Let her practise wearing a variety of sanitary wear. Start with a small thin panty liner if necessary.

Break it down in to small pieces of information 'This is a pad' and 'This is where it goes'.

Put red food colouring in her underwear to show what the blood might look like when she starts her period.

Have her trusted female model for her the steps to wearing and changing a sanitary pad.

For sensory issues, temporary measures can be made:

- putting the sanitary towel in to the gusset of the pants
- wearing 2 pairs of pants with a pad in-between
- having an extra cloth covering over the pad

Make a visual timetable/Social Story. The school/Speech and Language Therapy can help with this. Think through the process of changing sanitary wear, write it down and then turn it in to a list of instructions with bullet points. Children may need simple schedules to start with and more pictures.

Make a visual timetable of how often the sanitary pad should be changed when she is in school. Try to arrange the changing time with the times that she would change classes/have break times. The more the schedule is the same at home and school, the easier the transition will be.

Social stories on Periods and a visual schedule can be found here:

<https://rshp.scot/learners-with-additional-support-needs-asn/social-stories/>

Display schedules and sequencing lists in the toilet 'take dirty pad out, wrap in tissue, put in to sanitary bin' etc. Have this at home and at school.

Have own box of sanitary wear in school and at home. Nicer still if they decorate their box and fill it themselves.

Plan a celebration for when she starts her period. Growing into a woman is exciting and should be celebrated.

Identify someone at school who she can go to for help if necessary.

Have a healthy checklist of tasks (shower once a day, brush teeth twice a day, change underwear, wash hair etc.) and include 'change sanitary wear' during her period. Introduce a reward system for completing these tasks.

Help her keep a diary of when her periods are and mark off the days. Although periods can arrive earlier/later than expected, she can prepare well in advance by taking sanitary wear to school.

Explore emotions and how she might feel when her period is due. Explain that this is normal. See section on 'emotions and behaviour' and develop coping strategies.

Look at ways to help with period pains - hot water bottle, exercise, pain relief, who to tell. You could use a social story.

See Appendix for resources.

Educate and start early. Long before erections and wet dreams begin, a boy should understand that his body will change.

Take the initiative and start the conversation. Ask what they already know. Don't wait for your child to ask - children with additional support needs often don't.

As a parent you will have an understanding of how your son learns best. Apply the information you already know about him to this stage called puberty.

He may just need the basics of body changes. This learning could be with a Social Story 'When a boy grows up his body will change. He will grow taller, his voice will sound deeper, hair will grow under his arms... sometimes his penis will go hard and stick out from his body...'

Remember to include 'after a while the erection will finish and the penis will go soft again' as many boys do not understand that erections are temporary.

Social Stories can be found online:

<https://rshp.scot/learners-with-additional-support-needs-asn/social-stories/>

Ask the school which resources/activities they are using to teach about body changes and erections/wet dreams. This should be part of their Health and Wellbeing Curriculum (I can describe the physical and emotional changes during puberty, understand why they are taking place and the importance of personal hygiene **HWB 2-48a**). Repeat and reinforce this work at home.

Look at the national RSHP resource: [www.rshp.scot](http://www.rshp.scot). Under the Levels tab you will find slides and activities on My Body including Erections at 2nd and 3rd Level. 3rd level is more detailed and aimed at Secondary learners but can be used sooner.

Education and preparation is very important. Some boys self-harm when they have an erection as they are embarrassed and ashamed and just want the erection to go away.

Let him know who he can talk to about erections and that it is normal and healthy and nothing to worry about.

Choose resources that will suit his preferred method of learning (book, leaflets, symbols, pictures, DVD/CD rom).

Explain that erections can happen any time, it is a normal part of growing up for boys and involuntary erections often happen more frequently during puberty but settle down again later.

Practise what to do if he has an erection at school e.g sit still, put your bag in front of you. Make a visual schedule/Social Story (these can reduce anxiety). Think through the process of 'what to do if I have an erection in school', write it down and then turn it in to a list of instructions with bullet points. Children may need simple schedules to start with and more pictures.

Identify who can help if he has an erection at home or school.

Education and preparation is very important. Some boys are afraid to go to bed once wet dreams occur. Let him know they are normal and ok and he can talk to you about them.

Practise changing the bedding and pyjamas in case of a wet dream.

Remind him to wash his genital area and hands after a wet dream.

Make a visual schedule/Social Story. The school/Speech and Language Therapy can help with this. Think through the process of 'what to do after a wet dream' (change the bedding, wash your hands etc.) write it down and then turn it in to a list of instructions with bullet points.

Identify who can help if he has a wet dream.

See Appendix for resources.

Educate and start early. Although puberty will bring increasing importance to keeping clean, it is easier if children have been taught to cope with toileting from a young age and also been given responsibility for washing parts of their body, handwashing, teeth cleaning etc.

Make a 'keeping clean' chart or visual timetable (timetable with pictures) to show all the tasks to be carried out and how many times a day. Tick off each activity, use a star chart reward system.

Break tasks in to small steps so that showering, for example, includes a checklist for washing all body parts. This is useful in identifying any aspects being missed (e.g. washing hair) and exploring why.

Break difficult activities down to smaller steps if necessary e.g. washing hair - wet hair, rub shampoo in to hair, rinse shampoo off.

Demonstrate using deodorant and other keeping clean activities.

Create a toiletry bag. Try out different products. Children with sensory processing difficulties may dislike certain scents/consistencies. Better still if the young person can go shopping and choose their own toiletries.

Experiment with products they like. Try foaming bath soap, bath bombs etc. if they make it more fun.

Try out different routines. Children with sensory processing difficulties may like to wash with a certain cloth, or prefer the feel of one towel to another, or dislike the feel of the shower spray on their head.

Ask school to use a similar system if children are showering after PE/games etc.

Write a visual schedule/Social Story. (The School/Speech and Language Therapy can help with this). Think through or act out the process of showering, teeth cleaning etc. write it down and then turn it in to a list of instructions with bullet points.

Children may need simple schedules to start with and more pictures.

Use a Social Story to explain keeping clean and the impact of not doing so (on self and others). Some can be found online:

<https://rshp.scot/learners-with-additional-support-needs-asn/social-stories/>

Be honest with your child. Other people may not want to play with you/sit next to you/be friends with you if you don't smell clean.

Be honest with your child. Tell them if they need to shower/use deodorant etc. Other adults will not tell them. Children might, but usually in a tormenting or bullying way.

Practise a bit of 'tough love'!. Many parents have stood by the bathroom door until their child has washed themselves properly. This also requires time and patience!

Use occasions to introduce/revisit body hygiene e.g. going on holiday and sharing a room with someone, staying overnight with a relative/friend. Practising keeping clean can be part of the preparation.

Praise your child for their success 'you smell lovely and clean', 'you look very smart and tidy'.

Lots of children go through a stage of 'poor hygiene', including many young people with no additional support needs. It can be a normal part of puberty and children with additional support needs can grow out of it just like anyone else.

Schools should be teaching about hygiene as part of the Curriculum For Excellence Health and Wellbeing Outcomes: I am learning what I can do to look after my body and who can help me **HWB 0-48a/HWB 1-48a**. I... understand... the importance of personal hygiene **HWB 2.48a**.

Speak to the school about what activities/resources they are using to teach your child. Look at the national RSHP resource: [www.rshp.scot](http://www.rshp.scot). Under the Levels tab you will find slides and activities on My Body including Hygiene at 2nd Level.

Repeat and reinforce this work at home.

See Appendix for resources.

Educate and start early. Very young children often like to touch their genitals because it is comforting and feels nice.

Teach them the correct names for their body parts from an early age so that you can say 'it's ok to touch your vulva/vagina/penis/testicles but not... in the park/on the bus/in the supermarket'.

When you teach the correct terms of body parts, identify which ones are private body parts.

Use bath time to explore when and why you might touch your private body parts - to keep clean in the bath, to check your whole body is healthy and nothing hurts, because it feels nice. Reassure them that this is ok if done in private.

Reinforce that touching those private body parts feels nice and is pleasurable. It is not dirty or disgusting. Remember that masturbation is normal and healthy.

Ask the school which resources/activities they are using to teach about body changes and masturbation. This should be part of their Health and Wellbeing Curriculum (I can describe the physical and emotional changes during puberty, understand why they are taking place and the importance of personal hygiene **HWB 2-48a**). Replicate and reinforce this work at home.

Synchronise work at home and at school. Choose resources that will suit their preferred method of learning (book, leaflets, symbols, pictures, DVD/CD rom).

Look at the national RSHP resource: [www.rshp.scot](http://www.rshp.scot). Under the Levels tab you will find slides and activities on My Body that includes Masturbation at 2nd and 3rd Level. 3rd level is more detailed and aimed at Secondary learners but can be used sooner.

If and when your child starts to masturbate more frequently (usually the onset of puberty) remember to stay calm and don't panic. A disgusted or negative reaction from you makes the situation worse for the child.

Many young people and adults masturbate but instinctively know to do this in private. Emphasise that while masturbating in a public place is wrong, it is not the act that is wrong, it is just in the wrong place.

Identify places where your child can masturbate in private.

Be mindful what you teach your child. Instances of children and adults rubbing genitals up against bed posts, cars, furniture, shop counters can be a result of being told 'don't touch your genitals with your hands'.

Be sensitive to your child and afford them some respect and dignity. Discuss any issues in private and only with those who need to be involved.

Remember that they are not doing this on purpose to embarrass you.

Accept your child as a sexual being. Some parents prefer to think about their child masturbating as 'sensory' rather than 'sexual'. If your child is going through puberty it's more likely to be sexual, as their hormones are racing just like everyone else.

Whether it's sensory or sexual, the child still needs the same support and direction.

Identify when and where your child can have private time alone when they know nobody will disturb them e.g. my private places at home are: my bedroom with the door and the curtains closed, the bathroom with the door closed.

Make a visual schedule/Social Story. (The school/Speech and Language Therapy can help with this). Think through the process, write it down and then turn it in to a list of instructions with bullet points e.g. 'If I want to masturbate I must... go to my bedroom, shut my bedroom door...!'

Children may need simple schedules to start with and more pictures.

Social Stories can be found online:

<https://rshp.scot/learners-with-additional-support-needs-asn/social-stories/>

Introduce privacy rules for the bedroom and bathroom (e.g. knock on the door and wait for response before entering) so your child has time alone.

Teach 'public and private' use photographs of 'private rooms at home' as reminders.

Tight clothing and continence pants can restrict access to their own body. Allow your child private time alone without restrictions.

Although masturbation is private, your child may need someone to talk to. Identify people who can help (better still if the child can identify who they would like to talk to).

If masturbation becomes frequent or habit forming or worrying in any way, speak to the school. Schools in Forth Valley have Preventing and Managing Harmful Sexual Behaviour Guidelines which are part of their Behaviour Policy.

The Guidelines encourage parents and teachers (those who know the child best and how they learn, communicate and what their triggers are) to work together to resolve any concerns. <https://www.centralesexualhealth.org/media/9021/msb-june2020.pdf>

Boredom or frustration sometimes results in frequent masturbation. Try different strategies of re-direction - keep hands busy (e.g. squeeze ball), burn off energy with a weighted vest/in the gym, relaxation techniques, other sensory objects.

Check for any allergies, soreness or infection that may be causing more frequent rubbing. Speak to your doctor about any concerns.

Ensure physical comfort. Tight underwear, restrictive clothing, trapped erection, allergy to fabric can also lead to touching.

Check that medication (or other issues) are not interfering with the erection, ejaculation or orgasm as this can cause frustration. Repeated masturbation could be a sign that they are not climaxing (and being fulfilled). Ask your doctor for advice.

Be mindful that the young person may require a stimulus to effectively masturbate (e.g. magazine, lubricant) and this can include unusual objects or pictures of abstract things.

Whilst the majority of cases of masturbation are natural and healthy, it can be an indicator of abuse. A range of professionals can help if you have concerns (doctor, police officer, social worker or teacher).

Some children behave in a particular way to get attention. Masturbating tends to create an entertaining response! Staying calm can prevent this.

Monitor when masturbation occurs to identify triggers. Some children use masturbation as task avoidance, to get them out of doing unpleasant things.

See Appendix for resources.

Research shows that adults with a learning disability/additional support needs are more likely to experience loneliness and self isolation. This can start in childhood.

Children with additional support needs are less likely to be involved in social groups/clubs with school or in the community.

Friendship are important to our learning because they teach us:

- how to be a good friend
- how to recognise what qualities a good friend should have
- how to share resources

Learning about making and maintaining good friendships is vital in progressing on to understand what a good relationship is (e.g. boyfriend/girlfriend).

Friendships can also teach us about changing relationships, bullying and who to go to for help. This learning is vital in progressing on to understand what abuse it and how to deal with it.

This is particularly important as we know that having a learning disability increase someone's chance of experiencing sexual abuse, sexual exploitation, grooming and gender based violence.

A good friendship also raises our self esteem and creates fun opportunities. All children and young people need friends.

The wider the social circle, the more people there are to choose from. Therefore the better chances of selecting a suitable friend.

The same applies for boyfriends and girlfriends. If your options are limited, you are more likely to make a bad choice. The wider the options, the better.

There is often value in online social groups. Some young people may find it easier to chat online without awkward silences, eye contact. Find age-appropriate chat rooms and talk to your child about who they are talking to online.

However, there are risks to meeting people online, such as sexual exploitation and grooming.

Children and young people are more likely to meet people online if they are lonely and have no or few 'real' friends.

If your child or young person is accessing sites they are too young for, you can block those.

If your child or young person is receiving sexually explicit messages or photos, you can report it to the Police or via the CE-OP. Young people can also use the CE-OP website to report anything concerning online: <https://www.thinkuknow.co.uk/>

The CE-OP website also includes information and resources for children and for parents/carers: <https://www.thinkuknow.co.uk/>

Remember that your child/young person may be meeting people online because they are lacking real-life opportunities to make friends. Creating more social opportunities helps to decrease both the risk and their vulnerability.

Look at The Good Lives Checklist on pages 45 - 46 for a holistic view of a child or young person's needs.

Look at the RSHP resource: [www.rshp.scot](http://www.rshp.scot). Under the Levels tab you will find slides and activities on Friendship and Relationships.

Although children can learn about Friendships in the classroom, there is no substitution for the real thing.

Educate and start early. Long before children get to the stage where they may be attracted to other people, a lot of learning should have taken place around family, good friendships, different relationships, emotions and love.

Ask the school which resources/activities they are using to teach about friendships and relationships. This should be part of their Health and Wellbeing Curriculum (I understand that a wide range of different kinds of friendships and relationships exist **HWB 2-44a** I am aware that positive friendships and relationships can promote health and the health and wellbeing of others **HWB 2-44b**). Replicate and reinforce this work at home.

Look at the national RSHP resource: [www.rshp.scot](http://www.rshp.scot). Under the Levels tab you will find slides and activities on Friendships at 1st Level and again under My Body, Friendships and Relationships and Love at 2nd Level and 3rd Level. 3rd level is more detailed and aimed at Secondary learners but can be used sooner.

Explain about chemicals in our bodies called hormones. These too affect how we feel, especially as we go through puberty.

Remember that young people can be heterosexual, lesbian, gay, bisexual or unsure about their sexual orientation. Don't assume everyone is heterosexual (straight). Adults tend to talk to boys about 'having girlfriends' and to girls about 'having boyfriends', which can lead to some young people feeling confused.

Create discussion about couples on TV, in magazines etc. include same sex relationships, older couples, people with disabilities, so that your child knows different relationships exist.

Talk about the difference between what 'friends' do together and what 'boyfriends and 'girlfriends' do together.

Accept that your child is a sexual being. Even if they will not have the capacity for a sexual relationship, they are likely to want to have someone special, maybe to hug and kiss, maybe someone to spend time with. They still need information and support.

Address any inappropriate or harmful sexual behaviour (e.g. touching others, stalking etc.) as early as possible. Young people with additional support needs are just as likely as their peers to be attracted to other people. They may just inadvertently show this in the wrong way.

Instead of ignoring or suppressing these feelings, children/young people need help to channel them in a positive way.

Skills/knowledge children and young people may need in this topic area include: making friends, meeting people, appropriate and inappropriate touch, greetings, conversational skills, keeping eye contact (not staring at someone's breasts or other body parts), listening skills, dealing with feelings/having a crush/being in love, asking someone out, dating, what boyfriends and girlfriends do together, dealing with rejection/end of a relationship.

Ask your school what they are teaching about boundaries as part of the Health and Wellbeing Curriculum (I am aware of the need to respect personal space and boundaries and can recognise and respond appropriately to verbal and non-verbal communication **HWB 0-45b/HWB 1-45b/HWB 2-45b/HWB 3-45b/HWB 4-45b**) about Relationships and Love.

Look at the national RSHP resource: [www.rshp.scot](http://www.rshp.scot). Under the Levels tabs for slides you will find activities on Relationships, Love, Feelings etc. at 2nd and 3rd Level.

Being allowed to socialise and build friendships is a positive learning experience. Learning the skills of friendship and the positive and the negative aspects is a vital stepping stone to developing the skills required of a successful and happy relationship with a boyfriend/girlfriend.

Children with additional support needs may not be in mainstream Sexual Health & Relationship classes in school. Or have a group of friends to swap information with about feelings and attractions. As parents and carers, you may be the only people who can support them. Be prepared to take on that responsibility.

Talk to your child about their hopes for the future. Many children with learning disabilities want to have relationships and maybe get married. It gives you an idea of what they know and want and what they need to build on in terms of skills and knowledge.

See Appendix for resources.

Educate about emotions and start early. Most children find it difficult to put feelings in to words. It can be even more difficult for children with a learning disability or communication difficulty.

Begin with the basics of 'happy' and 'sad' from an early age. Use signs and symbols if necessary.

As your child grows introduce more emotional literacy. It would be useful if your child could differentiate between feeling 'sad, bad, mad, frustrated, worried, disappointed, scared...' but any range is beneficial.

Speech and Language Therapy can assist if your child needs help to communicate how they feel and what they need (Talking Mats are an effective tool). They can also teach parents and school staff the skills to communicate with the young person.

It is equally important for children to identify why they are happy/sad/angry and what creates these emotions. (I feel sad when... I feel happy when...).

Once your child has a grasp of some emotions they can identify, explore coping strategies e.g going for a walk, listening to music, doing some exercise, meditation, yoga, bubble bath. What makes them feel calmer? Secure? Comforted?

Ask your school which resources/activities they are using to teach about emotions and behaviour. This should be part of their Health and Wellbeing Curriculum (I understand positive things about friendships and relationships but when something worries or upsets me I know who I should talk to **HWB 0-44b/HWB 1-44b** I recognise that how my body changes can affect how I feel about myself and how I may behave **HWB 2-47a**).

Replicate and reinforce this work at home.

Keep a Feelings Diary so you and your child can learn from triggers, outbursts and coping strategies that work/don't work.

Use a traffic light system as a basic strategy for children to identify how they feel e.g. GREEN - good/positive/happy/I can do it, AMBER - nervous/undecided/bit unsettled/I'm not sure yet, RED - frightened/negative/unhappy/I'm not ready yet.

Use visuals your child can relate e.g. drawing stick people with thought bubbles, creating comic strip pictures, Feelings Thermometer, Angry Volcano.

Have a private place where your child can have quiet time to themselves ('time out' space).

Agree boundaries and house rules from an early age. These should be clear and should change as the young person gets older and can handle more responsibility.

Adolescence is a time when most young people battle with parents for more independence. Children with additional support needs also benefit from greater independence, responsibility and freedom.

The majority of young people's behaviour changes as they go through puberty. This is due to their hormones rising and falling and it will settle down. Challenging behaviour is often attributed to the learning disability, when it may just be that they are experiencing what every other young person experiences during puberty.

Some frustration may be due to confusion and lack of understanding. ('What is happening to me?'). Preparing your child for puberty by giving them lots of information and support BEFORE puberty starts can take away some of these fears and behaviour.

Speak to the school about sensory provision - sensory breaks throughout the day with a quiet place to relax: weighted vest, deep pressure massage, swinging, bouncing etc. Occupational Therapy can also offer support and resources.

Use visual timetables of the day to bring some stability in to your child's daily life.

Diet can help with moods swings. Eat healthily and avoid unhealthy trigger foods (often food colourings, caffeine, energy drinks etc).

If you become very concerned about your child's behaviour, speak to the school about counselling or therapy. (See mental health section).

Look at the National resource for RSHP: [www.rshp.scot](http://www.rshp.scot) for lessons on Emotional Wellbeing.

See Appendix for resources.

Educate and start early. Teach your child to have confidence and self esteem.

Children experience puberty at different rates. Early developers and late developers can need extra support because they may feel different to their peers.

As much as you can tell your child 'you're beautiful to me' (and mean it), it isn't your approval they seek. It is the approval of their peers and society in general. You can't make your child look like a model, but you can instead promote assets and attributes that aren't related to appearance.

Give praise regularly to your child and point out their inner qualities e.g. they try hard, help their friends, look after the dog, have a good sense of humour.

Help your child to appreciate what their body can do. Recording progress can inspire them to work harder to achieve more e.g. swimming more lengths, running faster.

Children with a physical disability may have particularly low self esteem. Concentrate on their abilities and what they **can** do and help them to try new things.

Physical activity and sport play a major part in increasing self esteem, creating a positive body image and reducing anxiety. Involve your child in some local clubs. Meeting people and making friends increases self esteem too.

Do not allow teasing about appearance at home and try not to comment on how people look. Lead by example.

Look through magazines together. Discuss airbrushing. Look for people in the magazines who are older, heavier in weight, disabled (very few if any). Explain that what they see in magazines is not like the real people they see every day.

Identify positive role models.

Investigate pictures of different but healthy body types - footballers, weight lifters, rugby players, gymnasts, jockey etc. Highlight that there is no 'one' perfect body image. Explore the range and abilities of Paralympians.

Visit a museum to explore historical dress and body-image fads of the past such as hoops, corsets, bustles, wigs, neck ruffs, breeches and tights.

Some young children already identify as transgender (someone who is labelled male/female at birth but have a different gender identity). Try to let all children 'be themselves' rather than having to follow to stereotypes e.g. boys playing football, girls dressing up as a princess.

As far as possible, allow your child to select clothes to buy/wear. Steer them towards age appropriate clothes. Teenagers wearing Mickey Mouse socks or Thomas the Tank Engine jumpers are not going to fit in with peers.

Girls should be measured for correct bra sizes. For children with sensory issues, preparation for wearing a bra can include introducing elasticated crop tops at an early age.

Have a Healthy Checklist which involves healthy eating, exercise and keeping clean.

Ask your school which resources/activities they are using to teach about body image and self esteem. This should be part of their Health and Wellbeing Curriculum (I recognise that we have similarities and differences but are all unique **HWB 0-47a/ HWB 1-47a** I recognise that how my body changes can affect how I feel about myself and how I may behave **HWB 2-47a**). Replicate and reinforce this work at home.

Look at the National RSHP resource: [www.rshp.scot](http://www.rshp.scot) for lessons on My Body at 1st, 2nd and 3rd level.

See Appendix for resources.

Educate and start early. Adolescence can be a trigger for mental health issues to occur. It is helpful for children to learn that the changes in puberty (e.g. hormones) can affect how they feel and behave and that this will not last.

When your child is going through puberty, they will be changing physically, emotionally, sexually and mentally. A lot of brain development will be taking place. Children may be argumentative, challenging, tired, tearful, aggressive. This could be normal teenage behaviour and not always a sign of poor mental health.

Good parent/child relationships are shown to have a direct positive impact on mental health. Reassurance, understanding and knowing that they are loved by you no matter what they do is especially important at this stage.

Reassure your son/daughter that they can talk to you about how they are feeling.

Children with learning disabilities can be at greater risk of developing mental health issues than the general population because they feel more isolated, have fewer friends, lack independence or engage in hobbies or interests. Puberty can also bring about anxiety and fear of change.

Puberty can also cause some young people to adopt unusual habits e.g. rearranging bedroom furniture, organising bookshelves as a direct response to coping with body changes. It may be a desire to bring order in to their lives. It may be their way of communicating that they are finding things difficult.

Parents are essential in recognising a mental health concern in their child because they know and understand them so well.

Mental health issues for children with additional support needs are often misdiagnosed by professionals because:

- behaviour difficulties may be attributed to the child's learning disability rather than their mental health.
- they have unusual/infrequent presentation of symptoms.
- they might not express the symptoms that doctors would usually look for.
- medicines taken for physical health problems may mask mental health symptoms.
- other factors (e.g. cause of their disability, level of disability, personality, cultural background and environment) can influence how they react.

The National Association for Special Schools (NASS) suggest that parents look at seven key areas of a child's life when considering what is 'usual' for them and where changes might indicate the potential for mental health problems.

For example:

1. Relationships - What do they like doing with others? How do they interact with those around them? Who do they like to spend time with? Has this changed?
2. Behaviour - Are they usually calm and relaxed?
3. Emotions - How do they show that they are happy or sad?
4. Thinking and Learning - What tasks do they enjoy? How long can they concentrate for?
5. Physical Appearance - What is their usual posture or skin tone?
6. Communication - Do they normally make eye contact, use sign language or gestures?
7. Daily activities - What are the activities they enjoy? How do they usually feed or sleep?

Parents are best placed to identify possible causes of a change in their child's mental health. These can include:

- external factors such as - lack of social opportunities, transition, loneliness, bereavement, lack of stimulation, moving house, change of staff, change of routine, parental separation, failure in activities, weather.
- internal factors such as - physical illness, pain, puberty, medication, missing home.

Children with learning disabilities often find it difficult to express how they feel because they don't have the understanding or vocabulary. Parents should teach their child to identify feelings and emotions from an early age (see section on emotions).

Children with greater support needs may be unable to communicate about their feelings or communicate their distress. These children are more at risk of being misdiagnosed. Parents will be familiar with how their child communicates and what they are trying to say. Speech and language therapy can assist someone with a communication barrier to make themselves understood (e.g. Talking Mats and PECS).

Use a traffic light system as a basic strategy for children to identify how they feel e.g. GREEN - good/positive/happy/I can do it, AMBER - nervous/undecided/bit unsettled/I'm not sure yet, RED - frightened/negative/unhappy/I'm not ready yet.

Carry out a Good Lives Model Checklist for a holistic view of the young person's needs. (See pages 45 - 46). Make a Pain communication aid with pictures to choose from e.g. What hurts? (pictures of body parts). How sore is my pain? (very sore, a lot sore, quite sore, a bit sore, not sore).

Parents are best placed to prevent some of these potential mental health issues. They can, for example: increase social activities and opportunities to meet people and make friends, provide greater stimulation at home (and ask school to revise their planned activities to meet your child's needs), praise success to raise self esteem, provide diverse, enjoyable and achievable targets for your child, help to manage puberty through education, preparation and support.

Lack of freedom can also affect mental health. Ensure that your child has some responsibility, a level of independence, choice in every day matters, time alone without being watched/assessed/guarded (children with learning disabilities often have no free time), time alone for their own peace and thoughts, time alone to explore their bodies (see masturbation section), privacy.

Think about the things that make you happy - having a good friend, having a supportive family, having a special someone to love, trying new things, peace and quiet, burning off some energy... etc. Try and incorporate these in to the lives of your children and young people.

Talk to your child about what they want and what they like. Ask them about their future plans. Do they want to get a job? Go to college? Get married? This helps young people to look forward to their future and supports their mental health.

Ask your school which resources/activities they are using to teach about mental health. This should be part of their Health and Wellbeing Curriculum (I am identifying and practising skills to manage changing relationships and I understand the positive impact this can have on my emotional wellbeing **HWB 2-45a**).

Look at the National RSHP resource: [www.rshp.scot](http://www.rshp.scot) for lessons on Emotional Wellbeing.

Schools also teach 'Mental, Emotional, Social and Physical Wellbeing' as part of the Health and Wellbeing Curriculum. Find out which resources they are using.

See Appendix for resources.

Educate and start early. Think back to when you first learned about sex. Don't be alarmed that children in Primary School are already showing a natural curiosity. Most of us were the same.

Age Appropriate Sexual Behaviours age 5-7 years:

- Self-touching including masturbating.
- 'Show me yours/I'll show you mine' with same age children.
- Hearing and telling age appropriate 'dirty' jokes.
- Playing mummies and daddies.
- Kissing, holding hands.
- Mimicking or practicing observed behaviours such as pinching a bottom. Increased curiosity in adult sexual behaviour (Where do babies come from? etc.).

Age appropriate Sexual Behaviours Age 8-12 include:

- Occasional masturbation.
- 'Show me yours/I'll show you mine' with peers.
- Kissing and flirting.
- Genital or reproduction conversations with peers.
- 'Dirty' words or jokes with their peer group.

*(Cavanagh Johnson, T. 1999 - Understanding Your Child's Sexual Behaviour)*

Take the initiative and talk to your child. Find out what they already know and understand.

Don't wait for them to ask you questions. Children with additional support needs often won't ask, or don't feel able to. It doesn't mean they don't want or need this information.

Don't assume that they will get their information from somewhere else:

- Children with learning disabilities often don't have the same playground banter with peers.
- They may be left out of Sexual Health, Relationships and Parenthood Education (RSHP) at school.
- They may attend mainstream RSHP Education but do not fully understand what is being taught.

Ask your school which resources/activities they are using to teach about sexual health, including human reproduction. This should be part of their Health and Wellbeing Curriculum (I am able to describe how human life begins and how a baby is born **HWB 2-50a**).

Replicate and reinforce this work at home.

Look at the National RSHP resource: [www.rshp.scot](http://www.rshp.scot). Look under the Levels tab you will find slides and activities on How Human Life Begins at 1st, 2nd and 3rd Levels.

Remember that the majority of children with a learning disability need the SAME information at the SAME time as their peers but perhaps in a different format. Start educating early.

Some parents find it difficult to initiate the conversation or are unsure what is age-appropriate for their child. You can:

- ask the school what they are teaching and replicate this at home. Introduce the topic simply as 'let's see what you did at school today'.
- ask the school which resources they are using (books, DVD's etc) and use the same at home.
- order some free leaflets from the NHS Health Improvement Resource Service. Leave them for your children to read or read them together.
- borrow some resources from the NHS Health Improvement Resource Service.

For a more formal approach, use an Assessment Toolkit to measure your child's knowledge and understanding (available to borrow from the Health Improvement Resource Service).

Remember that not talking to your child about Sexual Health only makes them more vulnerable, with fewer life skills and less knowledge.

If we do not teach our children about Sex, they will not understand about Sexual Abuse, Sexual Exploitation or Keeping Safe.

If you do not talk to your child about Sexual Health, they will be learning from other less healthy and often inappropriate sources such as magazines, films, TV, celebrities, couples they observe, behaviour they observe, internet sites including dating websites and pornography.

If you do discover that your child is accessing pornography and inappropriate material, find out why they are doing this. They may just be naturally curious and the internet might be their ONLY source of information. Try replacing it with educational leaflets and resources. And talk to them!

Young people do use Pornography to learn about sex, but what they see is unrealistic. It also does not show Consent, Safe Sex, Romance, Love. They need RSHP in school and home to counter-act this.

Parents can and should put blocks on devices, but this does not fulfil their need for learning. Try replacing it with age appropriate RSHP education in school and at home.

If your child/young person is accessing dating sites, it may be that they are lonely/want a friend/want a boyfriend/girlfriend. This is perfectly natural. Try to find other opportunities for them to socialise.

See Appendix for resources.

From evidence based research we know that children and young people with disabilities/additional support needs are 3-4 times more likely to be abused. This includes Sexual Abuse and Sexual Exploitation.

The Scottish Government's Child Protection Guidelines for Children and Young People with Additional Support Needs (2014) provide a comprehensive list of factors that increase a child or young person's vulnerability.

These include:

- Having few friends or outside contacts.
- They may particularly lack the support of peers in whom they can confide.
- They may not know what abuse is, or recognise if they are being abused.
- They may not have access to someone they can trust to disclose that they have been abused.
- They may have speech, language and communication needs which may make it difficult to tell others what is happening.
- They are especially vulnerable to bullying and intimidation.
- They are less likely to know about/understand their rights or Sex and The Law.
- They are less likely to have had sex education.
- They may not have the communication aids which allow them to describe body parts and abuse.
- They may have less choice, be used to obeying/complying to survive, lack belief they can control things in their lives.

The Child Protection Guidelines can be found here:

[https://www.pkc.gov.uk/media/39931/National-Guidance-for-Disabled-Children/pdf/National\\_Guidance\\_for\\_Disabled\\_Children](https://www.pkc.gov.uk/media/39931/National-Guidance-for-Disabled-Children/pdf/National_Guidance_for_Disabled_Children)

Parents and carers can help to reduce a child or young person's vulnerability to abuse by:

- Creating opportunities for the young person to make friends, join groups, find hobbies.
- Teaching Relationships, Sexual Health and Parenthood Education at home and ensuring it is being taught in school.
- Ensuring that RSHP Education involves private body parts, sex, the Law, abuse.
- Letting the child know that they can always tell you if they have any worries.
- Providing ways for young people to communicate (Talking Mats etc) if required.
- Allowing the child and young person to make choices, be assertive.

Many children and young people with additional support needs are used to parents and carers doing things for them. Ensure that they begin to take on independence and responsibility.

If your child is encouraged to be assertive and to be able to say 'yes' and 'no', they are more likely to be able to say 'no' to abuse.

Progression of learning is key. For young people to understand what 'Sexual Abuse' is they should have already covered; male and female private body parts, how babies are made, sex, bullying, types of abuse, consent, the Law, who can help. This is why RSHP education needs to start at an early age.

You can find Powerpoint slides on all of these Topics with the national RSHP resource: [www.rshp.scot](http://www.rshp.scot). Look under the Levels tab for Age groups and Topics. There are more resources in the Appendix.

Ask the school what they are teaching and replicate this work at home.

Lonely, isolated children and young people are much more likely to be 'groomed' because they crave attention, friendship, love. Ensuring that children have friends, interests and opportunities to meet a wide range of people fulfils this need and reduces their risk.

Use the Good Lives Model Checklist (see pages 45 - 46) for a holistic view of your child/young person's needs.

See Appendix for resources.

Most sexual behaviour exhibited by young people is natural and age-appropriate. However, some behaviour can become harmful to themselves or others.

Some children with additional support needs are wrongly labelled as 'hyper-sexual'. The truth is that children and young people with additional support needs are no more or no less sexual than their peers.

Some of this misunderstanding comes from children with additional support needs exhibiting sexual behaviour in public, rather than in private, often because they have not been taught about privacy or boundaries.

The majority of children with additional support needs develop sexually at the same rate as their peers. Regardless of cognitive ability, hormones create the same feelings and desires.

A good starting point is to look at Behaviour Charts.

Age Appropriate Sexual Behaviours age 5-7 years:

- Self-touching including masturbating.
- 'Show me yours/I'll show you mine' with same age children.
- Hearing and telling age appropriate 'dirty' jokes.
- Playing mummies and daddies.
- Kissing, holding hands.
- Mimicking or practicing observed behaviours such as pinching a bottom.
- Increased curiosity in adult sexual behaviour ('where do babies come from?' etc).

Age appropriate Sexual Behaviours Age 8-12 include:

- Occasional masturbation.
- 'Show me yours/I'll show you mine' with peers.
- Kissing and flirting.
- Genital or reproduction conversations with peers.
- 'Dirty' words or jokes with their peer group.

*(Cavanagh Johnson, T. 1999 - Understanding Your Child's Sexual Behaviour)*

For a full list of Behaviour Charts, see page 20-23 of the Forth Valley 'Preventing and Managing Harmful Sexual Behaviour Guidelines':

<https://www.centalsexualhealth.org/media/9021/msb-june2020.pdf>

These charts give an idea of what is Age Appropriate Behaviour, Concerning Behaviour and Very Concerning Behaviour. The Appendix of the Preventing and Managing Harmful Sexual Behaviour Guidelines give idea of how to deal with behaviour.

A similar model is the Brook Traffic Light charts:

<https://www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/>

If your child is exhibiting concerning sexual behaviour at home, speak to the school to see if they are exhibiting this behaviour in school too. The school can work with you, following the Managing and Preventing Harmful Sexual Behaviour Guidelines.

Start early on with modelling good behaviour. Do not ignore inappropriate behaviour. Some children and young people with additional support needs are allowed to exhibit behaviour that neurotypical children of the same age are not, for example:

- being naked outwith a private place (e.g. in the front room)
- touching their own private body parts/masturbating in public
- walking in to the bathroom when their parents/siblings are showering
- touching adult private body parts
- hugging and kissing, sitting on adult's knees

This could be because their behaviour is often not seen as 'sexual'. It may be sexual, or it may not be. This type of behaviour can however increase the young person's vulnerability to abuse or result in them committing a sexual offence against a third party.

Adults should lead by example. Ensure that the school use the same guidance as you with regards to not allowing kissing, hugging and touching others.

If issues of touching, stalking or other sexualised behaviour occurs, follow the Preventing and Managing Harmful Sexual Behaviour Guidelines which all schools in Forth Valley have.

<https://www.centalsexualhealth.org/media/9021/msb-june2020.pdf>

Some inappropriate behaviour occurs because young people don't have boundaries. Some behaviour occurs because nobody has spoken to them about relationships or taught them how to deal with feelings and attraction.

It can be much more difficult to stop a behaviour that has been ignored or allowed for years. Starting early to address any concerns is essential.

Relationships, Sexual Health and Parenthood Education can prevent harmful/inappropriate behaviours occurring or tackle sexual behaviour and prevent it from escalating and becoming a bigger issue.

Look at the National RSHP resource: [www.rshp.scot](http://www.rshp.scot). Key Topics for preventing Harmful Sexual Behaviour include: Private body parts, Consent, Boundaries, Relationships (boyfriends and girlfriends), Sex, Abuse and The Law.

The Good Lives Model Checklist (see pages 45 - 46) takes a holistic view of a child's needs. Meeting the holistic needs of a child/young person can reduce the possibility of harmful sexual behaviour occurring or prevent it from escalating.

It is important to remember that:

- Children with additional support needs will be experiencing curiosity, feelings and desires at the same time as their peers.
- Most of the sexual behaviour exhibited is low-level/concerning behaviour.
- Sexual behaviour is usually impulsive, driven by curiosity, feelings, desires.
- Young people who exhibit harmful sexual behaviour do not take this behaviour in to adulthood, if it is dealt with appropriately.
- Most young people just help to channel their feelings and desires and natural curiosity in a healthy way.

The Managing and Preventing Harmful Sexual Behaviour Guidelines have examples of how to address certain issues in the Appendix.

<https://www.centalsexualhealth.org/media/9021/msb-june2020.pdf>

1. The national RSHP resource for Scotland [www.rshp.scot](http://www.rshp.scot). Look under the Levels tab to find Topics at each age group.

Within the National resource there is the following:

A list of additional programmes to complement RSHP learning:

<https://rshp.scot/learners-with-additional-support-needs-asn/programmes-resources-to-support-learning/>

A range of recommended Publications:

<https://rshp.scot/learners-with-additional-support-needs-asn/publications/>

Links to Social Stories:

<https://rshp.scot/learners-with-additional-support-needs-asn/social-stories/>

2. To borrow resources (for free) you can register with the NHS Forth Valley:

Health Improvement Resource Service,  
Unit 2, Colquhoun Street,  
Stirling FK7 7PX

tel: 01786-433868

fax: 01786-451156

email: FV-UHB.HIRS-group-mailbox@nhs.net

3. For information and advice you can contact:

**Joanne Barrie , Community Sexual Health Educator, NHS Forth Valley**  
[joanne.barrie@nhs.net](mailto:joanne.barrie@nhs.net)

4. The Good Lives Model Checklist (see pages 45 - 46) is taken from 'The Good Lives Model for Adolescents who Sexually Harm' (2013) and adapted to include the Getting It Right For Every Child markers. Although developed for young people who sexually harm, the idea of looking from a holistic view at the needs of a child is relevant for all.



<p>Having Fun Hobbies, interests, activities, clubs, being <b>Active.</b></p>	
<p><b>Achieving</b> Being good at something. Improving and progressing. Having confidence and self-esteem. Feeling good about ourselves. Pride.</p>	
<p>Being my own person Independence, decision making. Ability to say yes and no. Rights and freedom. Opportunities to choose. Having a voice. <b>Being Respected.</b></p>	
<p>Having people in my life Real friends, family, boyfriends/ girlfriends, role models. Reciprocal relationships. Safe online contacts. Being loved. Feeling loved. Giving love. <b>Feeling nurtured and safe.</b></p>	
<p>Having purpose and making a difference <b>Being included.</b> Part of a school or a community. Having an important role. <b>Being responsible.</b> Having responsibility for something (work, volunteer, mentor, school prefect. group leader).</p>	

<p><b>Being Safe</b>  Free from abuse and harm.  Protection without over-protection.  Ability to identify neglect; physical, emotional and sexual abuse; bullying; violence; coercive behaviour who to ask for help.</p>	
<p><b>Emotional Health</b>  Happiness. Feelings, Range of emotions, Coping strategies, Resilience.  People to talk to in confidence.</p>	
<p><b>Sexual Health</b>  Receiving Relationship. Sexual Health &amp; Parenthood Education in school, Having a boyfriend/girlfriend/partner, Being intimate, Sexual Orientation.  Having the skills and knowledge to make <b>Healthy</b> choices and be <b>Safe</b>.</p>	
<p><b>General Health</b>  Mobility. Pain, discomfort. Inclusion.  Access to support and services.  Rights and freedom to make unhealthy choices and understand the risks.  Knowledge and skills to make healthy choices.</p>	



## Special Thanks



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