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## **Autism and Menstrual Health: A Scoping Review of Challenges and Interventions**

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### ABSTRACT

Autism spectrum conditions have historically been studied primarily in males, due to social biases and the tendency of females to mask core traits, leaving women's specific experiences underexplored. While autism is now recognized as a neurodivergent condition diagnosable across the lifespan, research on women remains limited, constraining understanding of how menstruation may exacerbate sensory, emotional, and behavioral challenges or affect autonomy and quality of life. This scoping review, conducted following Arksey and O'Malley's framework and PRISMA- ScR guidelines, includes 12 studies (2014–2025) examining menstrual cycle-related difficulties and interventions in autistic individuals. Findings indicate symptom intensification during menstruation (e.g., heightened anxiety, sensory overload, repetitive behaviors), barriers in relationships and healthcare access, and emerging interventions supporting autonomy, such as menstrual hygiene skills training and video modeling. Autistic women also report social isolation and challenges in accessing tailored healthcare, highlighting the importance of person-centered, inclusive approaches. Overall, this review underscores significant gaps in research and clinical practice and calls for further studies that center autistic voices while addressing menstrual health with sensitivity to diverse gender identities and communication needs.

**Keywords:** *autism spectrum conditions; neurodiversity, menstrual health, menstrual cycle*

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## **Introduction**

In recent years, there has been growing attention to the specificities of autism in populations previously overlooked by scientific literature, particularly women. For a long time, autism spectrum conditions (ASC) were considered predominantly male, with an estimated diagnosis ratio of approximately 3:1 in favor of males (Loomes et al., 2017).

A recent review (Lockwood et al., 2021) outlines several reasons why women may be less frequently diagnosed with autism. Autistic traits in females often differ from those considered typical, which were largely based on male presentations. Women tend to show fewer overt or hyperactive behaviors and instead display subtler features such as inattention or rigidity. As a result, females may need to exhibit more pronounced symptoms than males to receive a diagnosis. The same review also notes that girls are more likely to engage in masking strategies, camouflaging autistic traits and imitating neurotypical peers.

These factors have led to a significant underrepresentation of women in autism research, limiting our understanding of how ASC manifests and develops in females (Lai et al., 2015). Moreover, the recognition of autism as a form of neurodivergence that can also be diagnosed in adulthood is relatively recent, further delaying knowledge of autistic women's experiences across the lifespan (Happé & Charlton, 2011).

One particularly relevant yet underexplored area concerns the interaction between the core characteristics of autism spectrum conditions, like difficulties in social communication and restricted interests, and the physiological processes linked to the menstrual cycle, such as mood, cognitive, and energy fluctuations, which can significantly affect women's mental health and quality of life (Jang & Elfenbein, 2019; Schneider & Birkhäuser, 2017; Schoep et al., 2019).

In autistic women, sensory hypersensitivity is markedly more pronounced than in non-autistic women, and it may intensify during specific hormonal phases, such as menstruation (Taylor et al., 2020). This hypersensitivity involves an exaggerated response to everyday stimuli, such as sounds, lights, touch, or smells, which are perceived as unusually intense or even painful (Baron-Cohen et al., 2009).

Other features of the autistic profile, such as social communication difficulties, cognitive rigidity, and altered emotional regulation, can hinder the development of functional skills related to everyday life, impacting crucial areas such as meal preparation and eating, community activities (e.g., grocery shopping), self-care (e.g., dressing), and, in particular, personal hygiene skills.

These include washing, using the toilet, handwashing, and brushing teeth, all essential for basic independence (Flynn & Healy, 2012).

A lack of independence in personal hygiene skills, including menstrual management, increases caregiver burden and further contributes to daily dependency among autistic individuals. It is therefore essential to develop specific tools to support individuals on the spectrum in acquiring such skills, promoting greater autonomy or reducing stress and pressure on families and caregivers.

In light of this evidence, a crucial area of investigation emerges: understanding how menstruation affects the sensory, behavioral, and emotional experiences of autistic women could help identify their specific needs, discover appropriate interventions to enhance autonomy, and inform the development of tailored and effective supports.

This review therefore aims to investigate the intersections between the menstrual cycle and the characteristics of neurodivergence, opening up a critical area of research that deserves increased attention from both the scientific community and clinical practitioners. Understanding how the cycle affects the well-being and functioning of autistic women is a key step toward a more equitable, inclusive, and person-centered model of care. In particular, it is essential to consider the multiple layers of complexity involved in pain communication, access to personalized care, and the diversity of gender identities and sexual orientations within the autistic population, dimensions that require thoughtful and sensitive responses from the healthcare system.

## Methodology

This scoping review follows the methodological framework proposed by Arksey and O'Malley (2005), integrating the PRISMA-ScR criteria. Peer-reviewed articles published between 2014 and 2025 in English were included, with quantitative, qualitative, or mixed-method designs. Eligible studies focused on complications and possible interventions related to the menstrual cycle in individuals diagnosed with Autism Spectrum Disorder (ASD). The databases used were Google Scholar and PubMed. The search strategy involved using the keywords:

*“Autism” OR “Neurodiversity” AND “Menstrual cycle” OR “Menstruation.”*

The study selection was carried out between May and June 2025. Inclusion criteria required that studies specifically address complications or support interventions related to the menstrual cycle in autistic adolescents and women.

## Results

A total of 12 studies published in the last ten years were included in this review (Table 1). The methodological designs consisted of qualitative analyses, surveys, retrospective chart reviews, and case-control studies. The main findings are grouped into two broad categories: complications and management interventions related to the menstrual cycle in autistic individuals. The selected studies were primarily conducted in the United Kingdom and Turkey, followed by the United States, India, the Netherlands, and Singapore. Most studies employed either quantitative or qualitative approaches, with a few adopting mixed-method designs.

The majority of the literature investigated complications associated with the menstrual cycle in autistic adolescents and adults, with particular attention to the worsening of symptoms during menstruation. Several studies explored the relationship between autistic individuals and healthcare professionals, as well as the feelings of isolation that may be experienced during menstruation. Two studies evaluated interventions aimed at promoting autonomy in menstrual care among autistic adolescents. Four out of the twelve studies included the perspectives of caregivers, while the majority focused solely on the direct experiences of autistic individuals.

The findings of this review have been organized into three overarching thematic areas: Pain and symptom exacerbation, Social difficulties linked to autism, autonomy, and interactions with healthcare providers, Individual coping strategies and the lack of tailored interventions.

**Table 1:** *Articles meeting the criteria*

Authors, year	Country	Participants	Type of analysis	Results
Ames et al., (2024)	USA	700 adolescents with autism, 836 with other developmental disabilities, and 2187 typically developing peers (14-18)	QT	<b>Adolescents with autism are more likely to have diagnoses of menstrual disorders, polycystic ovary syndrome, and premenstrual syndrome and less likely to visit the obstetrician-gynecologist or to use any form of hormonal contraception.</b>
Arslan et al., 2024	TR	10 mothers of female adolescents with autism (30-50+)	QL	<b>Adolescent girls with ASD are mostly unable to perform their self-care adequately and caregivers don't prepare them for body changes.</b>
Bowden & Miller, 2025	Uk	6 autistics adults ( $\geq 18$ )	QL	<b>Difficulties in managing menstruation and stress about unpredictability were</b>

				<b>commonly reported.</b>
<b>De Visser et al., 2024</b>	UK	136 autistic adults (18-71)	QT+QL	<b>Autistic adolescents report difficulties in discussing menstrual-related issue with healthcare professionals and positive comments about video consultations.</b>
<b>Gray &amp; Durand, 2023</b>	UK	17 females with autism and 20 neurotypical peers (19-49)	QL	<b>Autistic participants reported heightened sensory sensitivity during menstruation, confusion, reduced treatment-seeking and difficulties understanding what is typical.</b>
<b>Groenman et al., 2022</b>	NL	20 women with autism and 42 neurotypical peers (31-79)	QT	<b>No increased prevalence of premenstrual dysphoric disorder in autistic women compared with nonautistic women.</b>
<b>Jones et al., 2024</b>	USA	7 biological mothers and 1 adoptive father	QL	<b>Doctors have limited knowledge of women's health and autism, parental dependency, intense sensory disturbances related to the menstrual cycle.</b>
<b>Kaydırak et al., 2023</b>	TR	15 autistic adolescents (15-17) and 15 caregivers (36-52)	QT	<b>After the doll visual training, more adolescent with autism are able to recognize the onset of menstruation and implement proper hygiene practices related to changing their sanitary pads.</b>
<b>Kumar et al., 2024</b>	IND	50 adolescents with autism (12-18)	QT	<b>After implementing video modeling with simulation, a significant improvement was observed in menstrual practices.</b>
<b>Steward et al., 2020</b>	SG	123 females with autism and 114 non- autistic (16-60)	QT+ QL	<b>Menstruation worse sensory sensitivities and emotional regulation issues in autistic women. This often caused severe reactions like shutdowns and anxiety.</b>
<b>Toy et al., 2016</b>	TR	70 females with PD and 70 females without PD (18-25)	QT	<b>Women with premenstrual disorder showed higher autistic traits and attention-switching difficulties, which were linked to greater pain levels.</b>
<b>Upadhyay &amp; Vishwakarma, 2019</b>	IND	Parents of 20 females diagnosed with autism (14 - 26)	QT	<b>During pre-menstrual phase, females with autism experience a worsening of symptoms like aggression and self-injury.</b>

### ***Pain, Dysregulation, and Symptom Exacerbation***

Several studies (Upadhyay & Vishwakarma, 2019; Steward et al., 2020; Toy et al., 2022) indicate that menstruation may intensify symptoms in autistic adolescents and women, including agitation, hyperactivity, anxiety, irritability, and self-injurious behaviors. These symptoms can interfere with concentration and the ability to carry out daily activities. The menstrual experience is often described as unpredictable and difficult to manage, especially in the absence of adequate psychoeducational support (Steward et al., 2020; Toy et al., 2022).

In particular, Upadhyay and Vishwakarma (2019), based on caregiver reports for 20 autistic girls, found a marked increase in certain behaviors during the premenstrual phase, suggesting a possible link between hormonal fluctuations and symptom intensification. During the premenstrual and menstrual periods, caregivers reported an increase in repetitive and stereotyped behaviors—such as rocking, hand or finger movements—as well as self- and other-directed aggression (e.g., biting, pinching, hitting, and kicking), sometimes accompanied by intense emotional outbursts with screaming and crying.

Steward et al. (2020), through an online questionnaire, confirmed a worsening of sensory, emotional, and behavioral regulation difficulties during the menstrual cycle, highlighting increased vulnerability to sensory overload, emotional crises, and executive dysfunction. Toy et al. (2016) observed an association between primary dysmenorrhea and autistic traits: participants with dysmenorrhea reported significantly higher total scores on the Autism Spectrum Quotient (AQ), particularly in the "Attention Switching" subscale, reflecting traits such as strong adherence to routines, intense interests, and anxiety in new situations, compared to the control group.

Gray et al. (2023), in a qualitative study based on interviews with 37 participants (17 autistic), also explored menstrual pain, reporting that autistic participants described greater pain intensity and more difficulties with emotional regulation during menstruation. Similarly, Ames et al. (2024), in a sample of 140 women, found associations between autism and menstrual disorders, including polycystic ovary syndrome (PCOS) and premenstrual disorders. However, Groenman et al. (2022), in a sample of 70 women, did not find a higher prevalence of premenstrual dysphoric disorder (PMDD) in autistic women compared to the general population.

In the UK, the study by de Visser et al. (2024) investigated menstrual, reproductive, and menopausal health in 136 autistic adult women. Participants reported frequent difficulties in managing menstruation, often exacerbated by comorbid conditions (e.g., anxiety: 64%, depression: 48%, ADHD: 21%, mobility disorders). Both this study and that by Gray and Durand (2023) highlight a persistent normalization of menstrual pain, a lack of adequate education, and a widespread perception of the ineffectiveness of available treatments.

### ***Relational Challenges, Autonomy, and Access to Services***

The qualitative study by Bowden et al. (2025) highlights that many autistic individuals report persistent anxiety related to fears of menstrual blood leakage and difficulties accessing suitable restrooms. This anxiety is often worsened by the perception that neurotypical peers do not face similar challenges. Sensory difficulties during menstruation were also found to be particularly impactful, especially regarding the use of sanitary products, selecting appropriate clothing, and the physical sensation of blood loss.

The study describes menstruation as an experience often lived in solitude. Participants reported that neurotypical individuals tend to underestimate the impact of the menstrual cycle on autistic people, often labeling their reactions as exaggerated or overly emotional. In addition to physical pain, participants highlighted issues such as sensory discomfort related to blood, sanitary products, clothing choices, and practical organization. A significant source of distress emerged around the need for masking—that is, the effort to hide one's difficulties in order to conform to social expectations. Participants reported a strong negative impact on mental well-being, exacerbated by anxiety over potential leaks and difficulties accessing toilets in school or work environments. Although Ames et al. (2024), in a large-scale study involving over 3,700 adolescents (neurotypical, autistic, or with other disabilities), found a higher prevalence of menstrual disorders, polycystic ovary syndrome, and premenstrual syndrome among those with disabilities or autism compared to neurotypical peers, the same study noted that autistic and disabled adolescents were less likely to access gynecological care or use hormonal contraceptives (e.g., pills, implants, intrauterine devices).

De Visser et al. (2024) similarly emphasized that the sensory and communicative needs of autistic individuals are rarely considered in healthcare settings. This neglect contributes to discomfort when discussing reproductive health and reinforces a widespread perception of not being heard by medical professionals. Over 90% of autistic participants reported that healthcare providers lacked sufficient knowledge about how autism affects reproductive health and the menstrual experience. Interestingly, the study found that greater confidence in discussing autism was significantly associated with greater ease in discussing menstruation. Participants also expressed positive feedback regarding video consultations, which were perceived as more accessible and less stressful. Steward et al. (2020) observed that autistic girls in their sample were less likely to seek menstrual information from friends compared to their neurotypical peers. Finally, Gray and Durand (2023) identified a widespread sense of social isolation among autistic individuals during menstruation, contributing to uncertainty about whether their experiences were “normal” and discomfort in openly discussing the topic. Communication difficulties around pain often led to inadequate care and support.

### ***Coping Strategies and Interventions***

Several studies included in this review have evaluated or proposed interventions and strategies aimed at supporting autistic individuals who menstruate. The goal is to reduce discomfort, promote greater autonomy, and increase awareness and understanding of the menstrual experience.

Kaydirak et al. (2023) assessed the effectiveness of a *Menstrual Hygiene Skills Training* program for autistic adolescents, designed to teach essential menstrual management skills, particularly how to change a sanitary pad. The intervention included visual supports (e.g., image-based presentations), hands-on demonstrations using a life-sized doll, and an educational video also intended for caregivers to ensure consistency between training and home support. The program was delivered by the same instructor/researcher throughout, to maintain uniformity. By the end of the training, 93.3% of participants were able to recognize the start of their menstrual cycle, and all were able to communicate this to their caregivers. Significant improvements were observed in hygiene skills, including undressing, proper removal and disposal of sanitary pads, perineal cleaning, and handwashing. The percentage of girls who could correctly place a new sanitary pad increased from 60% to 100%. Similarly, Kumar et al. (2024) tested a video modeling-based intervention that included simulations aimed at enhancing autonomy in menstrual hygiene management among autistic adolescents. The intervention combined instructional videos and hygiene maintenance strategies to reduce infection risk and ease the burden on caregivers. Participants showed strong motivation in engaging with the video materials and completing tasks, and demonstrated significantly greater improvements compared to the control group.

Steward et al. (2020), through interviews with two groups of women (autistic and neurotypical), found that autistic participants expressed a stronger need for detailed information about how their bodies function and what causes menstruation. Many participants also emphasized the importance of receiving early explanations and reassurances regarding menstrual bleeding, in order to reduce anxiety related to what is often perceived as an uncertain or unpredictable event.

An additional insight from De Visser et al. (2024) revealed that some autistic participants preferred video consultations with healthcare professionals, finding them less stressful than in-person visits. The same study also found that increased confidence in discussing autism was significantly associated with increased confidence in discussing menstruation.

Jones et al. (2024) stressed the importance of recognizing and valuing the direct experiences of caregivers of autistic individuals, considering them key resources for healthcare provider training and for adapting healthcare services to better meet the needs of this population. Finally, several studies (Arslan et al., 2024; De Visser et al., 2024) reported a lack of accessible and culturally appropriate educational tools for explaining menstruation to neurodivergent girls. Mothers and

caregivers frequently expressed feeling unprepared to support their daughters through this transitional phase, citing uncertainty and a lack of practical or linguistically suitable resources.

## Discussion

The studies identified in this review are very recent, with the earliest publications dating back to 2016. This highlights that the topic of menstruation among autistic individuals has only recently begun to receive scientific attention, following years of invisibility. The lack of earlier research suggests that the specific needs of autistic people who menstruate have not been adequately acknowledged or addressed, contributing to a persistent gap in clinical guidelines, professional training, and targeted interventions. The growing interest in the past few years represents a crucial step forward and underscores the need for further research to deeply understand lived experiences, specific challenges, and the most effective support strategies.

Recent literature emphasizes that menstruation can be a particularly complex and challenging experience for autistic adolescents and women. During these phases, core traits of autism—such as difficulties in emotional regulation, sensory hypersensitivity, and repetitive behaviors—tend to become more pronounced, negatively affecting quality of life and the management of daily activities (Upadhyay & Vishwakarma, 2019; Steward et al., 2020; Toy et al., 2022). This complexity is compounded by specific challenges in pain communication and limited access to adequate healthcare, which is often not sufficiently personalized to meet the needs of autistic individuals (Gray et al., 2023; De Visser et al., 2024). These findings align with those of Holmes et al. (2020), who noted that although many autistic individuals show interest in sexuality and relationships, a large percentage (around 40%) do not receive appropriate sex education—especially those with co-occurring intellectual disabilities. Mazurek et al. (2023) also highlight how systemic factors, clinical settings, and provider competence all influence the accessibility and quality of care for autistic people, pointing to the urgent need for more personalized and neurodiversity-informed care.

On a practical level, some interventions have shown promising results. The *Menstrual Hygiene Skills Training* program (Kaydirak et al., 2023) and the use of video modeling with simulations (Kumar et al., 2024) proved effective in improving menstrual hygiene skills and promoting menstrual autonomy—consistent with similar strategies used to teach life skills to autistic individuals (Bross et al., 2021). Strategies that incorporate visual tools, hands-on demonstrations, and standardized materials appear particularly effective in addressing communication and sensory barriers. Other useful strategies include increasing the predictability of

menstruation through the use of tracking apps, and providing detailed explanations about bleeding and body function (Steward et al., 2020). Offering individuals the option to choose between in-person or video consultations (De Visser et al., 2024) can also be beneficial, allowing them to remain in familiar environments and, if verbal communication is difficult, to rely on nonverbal cues. Interestingly, greater confidence in discussing autism is significantly associated with greater confidence in talking about menstruation (ibid). This suggests that fostering spaces for self-expression, awareness, and agency may also positively influence menstrual health management.

A critical reflection is also warranted regarding how much of the existing research and clinical practice on autism is framed. Often, the perspective of autistic individuals is replaced by that of caregivers, who are treated as the main informants and intervention targets. While this can be useful in some contexts, it risks being reductive if not accompanied by the authentic inclusion of lived experiences.

Finally, Warrier et al. (2020) report a higher prevalence of autistic individuals within the LGBTQIA+ community, indicating that attention to diverse gender identities and sexual orientations is essential. This is particularly relevant when addressing menstrual health and overall well-being. A truly inclusive approach requires the active participation of neurodivergent individuals at every stage, from research design and needs assessment to the implementation and evaluation of interventions. Valuing self-determination and lived experience is essential for developing educational and clinical practices that are effective, respectful of individual complexity, and oriented toward improving quality of life for people on the autism spectrum.

This study has several limitations. The heterogeneity of the sample and the reliance on specific databases may have restricted the scope of the literature search. Moreover, only 12 articles were included, and the variability in study methodologies may have influenced the findings of this review. Nevertheless, the growing scientific focus on menstruation in autistic individuals represents an important step forward.

This review highlights both the specific challenges associated with the menstrual cycle and the potential of person-centered interventions. Future research should explore how to foster change within healthcare systems, starting with the training of professionals not only in medical but also in psychological aspects. Strengthening these competencies would enhance education and support for families as well as for schools. Equally important is the involvement of autistic women themselves in identifying the most critical issues and shaping strategies, training programs, and support networks. Only by integrating their perspectives can more effective educational, clinical, and social practices be developed—practices that respect diversity and promote well-being and quality of life.

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Declarations of interest: none

### ***Authors' contribution***

M.C.C Conceptualization, Literature Search and Selection, Analysis and Synthesis of Literature, Writing Original Draft, Review & Editing; D.T. Conceptualization, Literature Search and Selection, Analysis and Synthesis of Literature, Writing Original Draft, Review & Editing; V.T. Review & Editing, Supervision.

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