

Autism INFORMATION FOR CHILD ABUSE COUNSELORS

SERVING VICTIMS OF CRIME SERIES

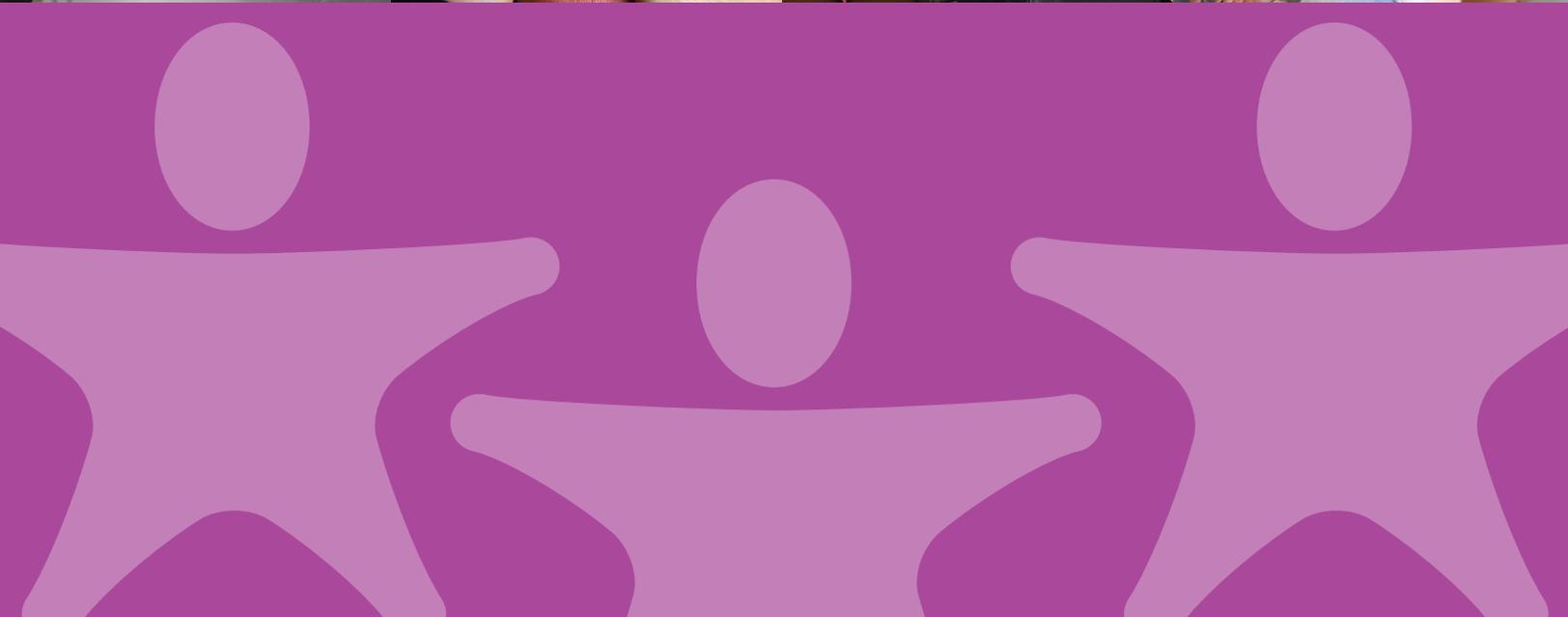
CONTRIBUTED BY:
 Carolyn Gammicchia and
 Catriona Johnson, M.S.



CHILD ABUSE COUNSELORS AND OTHERS MAY ENCOUNTER OR BE ASKED TO PROVIDE SERVICES TO A CHILD WITH AN AUTISM SPECTRUM DISORDER. RECOGNIZING THE CHARACTERISTICS OF AUTISM AND KNOWING THE MOST EFFECTIVE TREATMENT APPROACHES CAN ASSIST A CHILD VICTIM OF ABUSE AND MINIMIZE THE RISK OF FUTURE VICTIMIZATIONS.

There is strong research evidence that children with disabilities are at higher risk of experiencing abuse and neglect than children without disabilities. The research specific to the experiences of children with an Autism Spectrum Disorder (ASD) is consistent with that of children with other developmental disabilities, indicating that children on the autism spectrum experience abuse at rates higher than the general population. When assisting a crime victim who has ASD, counselors should take specific actions to communicate with, treat, and support the individual.

Images used for illustration purposes only. Models may not have autism.





IT IS VERY LIKELY THAT A CHILD VICTIM'S ABILITY TO COMMUNICATE WILL BE IMPAIRED, AND IT IS THEREFORE EXTREMELY IMPORTANT THAT A WIDE RANGE OF CAREGIVERS BE INVOLVED IN BOTH THE ASSESSMENT AND TREATMENT PROCESS.



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WHAT IS AUTISM?

Autism is a spectrum disorder that affects every individual to a differing degree. Autism is a complex developmental disability. It is a neurological condition with a variety of symptoms that affect individuals in different ways. It knows no racial, ethnic or social boundaries. People with autism may have difficulties in communication and social understanding. They may also have unusual reactions to sensory input, and may demonstrate what appear to be inappropriate behaviors. Autism Spectrum Disorders (ASD) are now known to be more common than previously thought, affecting as many as 1.5 million individuals nationwide.

CONSIDERATIONS FOR CHILD ABUSE COUNSELORS

A recent study on child abuse and autism (Mandell, et. al., 2005) found that caregivers reported that 18.5% of children with autism had been physically abused and 16.6% had been sexually abused. A 2006 survey of over 1500 individuals with autism and caregivers, found that of the 35% reporting that they or their loved one with autism had been the victim of a crime, 38% reported experiencing physical abuse or assault, 32% reported emotional abuse, and 13% reported sexual abuse (ASA, 2006).

Ecologic models of child abuse risk factors indicate that disability is a strong risk factor, and although no autism-specific data exist, we do know that additional risk factors exist for this population:

- Children with disabilities may not respond to traditional means of reinforcement, and children's behavioral characteristics, including communication problems, which may appear to be temper tantrums, may become frustrating to caregivers (Sullivan & Cork, 1996). A study by Tomanik, Harris, and Hawkins (2004) found that parents of children with autism experienced high levels of stress, with more maladaptive behavior leading to a prediction of more stress and less adaptive behavior also predicting more stress.
- The CDC (2005) states that disabilities in children that may increase caregiver burden, the social isolation of families, and parents' lack of understanding of children's needs and child development are all risk factors for child abuse.
- Children with invisible disabilities, such as Asperger Syndrome, experience bullying at rates higher than their typical peers (Heinrichs, 2003).

- Individuals with autism are generally taught compliance from a very young age, making them easy targets for criminals (Petersilia et. al., 2001).
- Children and adults with autism have difficulty picking up social cues (social referencing) and understanding other individuals' thoughts and intentions (Wetherby and Prizant, 2000), making them vulnerable to a range of crimes.
- Children with disabilities often have limited access to critical information pertaining to personal safety and sexual abuse prevention (AAP, 2001).
- Triggering situations for child abuse are persistent crying, a child's misbehavior, lack of disciplining success, and difficulties with toilet training, common behaviors for children with ASD.

APPROPRIATE RESPONSE/DELIVERY OF SERVICES

Child abuse counselors and related professionals should be aware of research-based treatments for child abuse and be prepared to adapt and modify treatment protocols to the individual child based on developmental level, learning style, mode and level of communication, sensory needs, and interfering behaviors. Strategies targeted at the individual can also be considered strategies for helping the family. Counselors without specific training in working with children with developmental disabilities should work in consultation with a trained autism professional.

It is very likely that a child victim's ability to communicate will be impaired, and it is therefore extremely important that a wide range of caregivers be involved in both the assessment and treatment process. Where appropriate, these could include parents/guardians and school and daycare personnel.

The developmental level of a child with ASD may be far below his or her chronological age. It is therefore important to slow down speech; use simple language; present one concept at a time; supplement therapy with visual aids, drawing, and play materials; and make related adaptations. Children on the autism spectrum may have immediate or delayed echolalia (the repetition or echoing of verbal utterances made by another person). Immediate echolalia may be used with no intent or purpose or may have a very specific purpose for the individual. Delayed echolalia appears to tap

into long-term auditory memory, can involve the recitation of entire scripts, and can also have both noncommunicative and communicative functions. Children may also exhibit with pronoun reversal. Knowing the child well is key to understanding his or her specific use of echolalia and other communication traits.

Likewise, children with ASD may have perseverative (repetitive) behaviors. While typically developing children like to read the same book or watch the same TV show again and again, children with autism often take it to an extreme, spending hours stacking things or lining them up, flapping their arms over and over again, or, in the case of highly verbal children, repetitively talking about the same topic. This perseveration may also relate to a child's exaggerated need for sameness, expressed by the need for routines and consistency in his or her environment. How these and other characteristics of autism are exhibited in any one child must be considered when designing and conducting an assessment, treatment, and support services.

Other considerations for the treatment of a child with ASD include preparing the child for any interviews, awareness of the child's communication (including use of assistive technologies) and reading abilities, reducing the number of or shortening interviews, eliminating noise and visual stimuli that could be distracting and, if the child takes medication, making sure it has been administered if necessary. The use of Forensic Interviewers, trained to assist individuals with disabilities, should be considered from the onset of an investigation and utilized prior to any interviews with counselors to ensure appropriate information is collected for prosecution efforts. Since self-reporting of abuse or trauma by individuals with ASD may not occur, it is important that family members, other caregivers, behavior support specialists, and other professionals in the child's life receive training on potential behavioral changes that may be associated with trauma exposure so they may assist in reporting and obtaining services. These include the onset or, often in the cases of children on the autism spectrum, exacerbation of social anxiety, generalized anxiety, or phobias; depression, irritability, anger, or withdrawal; difficulty with thinking, concentrating, or remembering; re-enactment; changes in normal behavior and personality; self injury; sleep disturbances; and Post Traumatic Stress Disorder (PTSD).

At an organizational level, managers of counseling agencies should ensure that their staff are trained to provide effective and sensitive services to clients with disabilities, that client evaluation surveys are conducted for self-assessment and service improvement, that abuse screening tools are used, that appropriate referrals can be made, that there is ongoing communication and relationships with community disability service providers, that staff are aware of mandatory reporting laws, and that care is taken not to interview when that interview may affect the case for legal prosecution (Baladerian, 2004).

CHARACTERISTICS OF AUTISM

Persons with ASD may act in any of the following ways in an encounter with professionals within the criminal justice system and judicial sector. Care should be taken not to misinterpret some of these actions as deliberate, disrespectful or hostile. Persons on the autism spectrum may:

- Not understand their rights
- Not understand what is expected of them
- Not respond to verbal instruction
- Run or move away when approached
- Be unable to communicate with words
- Only repeat what is said to them
- Communicate only with sign language, pictures or gestures
- Avoid eye contact
- Appear argumentative or stubborn
- Say "No!" or "Yes!" in response to all questions
- Have difficulty judging personal space
- Be overly sensitive to sensory input (e.g., flashing lights, sirens, crowds)
- Have a decreased cognitive ability when experiencing heightened anxiety or frustration
- Become anxious or agitated, producing fight or flight responses, or behaviors such as screaming, hand flapping, or self-injurious behaviors
- Appear to be under the influence of narcotics or intoxicants
- Have an associated medical condition such as seizure disorder
- Be fixated on a particular object or topic and may ask repeated questions
- Speak in a monotone voice with unusual pronunciations
- Reverse pronouns ("Can I stop?" instead of "Can you stop?")
- Give misleading statements
- Have problems speaking at the correct volume
- May, if verbal, be honest to the point of bluntness or rudeness
- Not be able communicate the extent of trauma due to a lack of understanding of healthy sexuality or appropriate boundaries in care provider or other relationships
- Have the need for a Forensic Interviewer with knowledge of autism
- Not have knowledge of the criminal justice system and the expectations to assist in prosecution



Improving the Lives of All Affected by Autism.

7910 Woodmont Avenue, Suite 300
Bethesda, Maryland 20814-3067
Phone: 301.657.0881 or 1.800.3AUTISM
Fax: 301.657.0869
Web: www.autism-society.org

This project was supported by Grant No. 2005-VF-GX-K023 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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RESOURCES:

Disability, Abuse & Personal Rights Project:
<http://disability-abuse.com/>

Victims of Crime with Disabilities Resource Guide:
<http://wind.uwyo.edu/resourceguide/default.asp>

National Disability Rights Network (formerly the National Association of Protection and Advocacy Systems): <http://www.ndrn.org/>

Safe Place: <http://www.austin-safeplace.org/>

Directory of Crime Victim Services, Office for Victims of Crime, U.S. Department of Justice:
<http://ovc.ncjrs.org/findvictimservices/>

Autism Society of America:
1-800-3AUTISM
www.autism-society.org/safeandsound

Find or contribute local resources for victims of crime at Autism Source™, ASA's on-line referral database: www.autismsource.org

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