Autism 207: Abuse & Neglect of Adults with Developmental Disorders

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Autism 200 Series
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Overview

Data
Vulnerability
Trauma in ASD
Prevention
Treatment
Defining Terms

- ID
- ASD
- Trauma
- Trauma-related psychopathology
- PTSD
- Abuse
- Neglect
Data

- Little is known
- Extrapolate from DD research and from pediatric work

- **Under-reporting is a major obstacle**
  - Stigma, other factors
  - May not recognize as abusive, illegal
  - Communication
Studies have found rates of sexual assault in the range of 25–60% in people with ID

Major focus on sexuality education programs for people with ID

Physical abuse risks are higher as well
90% of high schoolers with ASD + mood disorder have experienced at least 1 trauma, compared to only 40% of those without a mood disorder

(Taylor & Gotham, 2016)
Data in ASD

- Much higher bullying rates
- Mix results re: CPS, maltreatment
- More extended & frequent psych hospitalizations
- More law enforcement encounters
- Higher likelihood of trauma-related psychopathology
- PTSD and ASD rarely co-diagnosed
Data in Autism: one big study

ASD only → ASD + ID → ID

ASD+ID and ID-only were 2-3x’s to have maltreatment
Physical neglect more likely for all
ASD-only group as more likely to experience physical abuse

All associated with increase in aggression, hyperactivity, and tantrums for children with ASD.
Within ASD?

- Age (older)
- IQ (lower)
- Gender (male)
What does trauma look like with ID?

- May be similar to symptoms in ID alone
  - Oppositional behavior
  - Physical aggression
  - Self-harm
  - Sexualized behaviors
  - Less frequently, anxiety symptoms
What does trauma look like in ASD?

Vs. ASD alone:

- More intrusive thoughts
- Distressing memories
- Loss of interest
- Irritability
- Lethargy

- Increasing violence risk?
Why at risk

- Developmental disability
- Difficulty expressive communication
- Social disability
- May have stronger trauma response (earthquake data)
- Number of adults in intimate positions
- SIB or clumsiness may cover injuries
- Family stressors; exposure to DV
Fig. 1  Transactional model of trauma, trauma-related difficulties and ASD. This hypothetical model is informed by prior theoretical models proposed by Lazarus and Folkman (1987), Felitti et al. (1998) and Wood and Gadow (2010).
ASD CORE FEATURES

TRAUMA EXPOSURE

TRAUMA PATHOLOGY

Adapted from Kerns, Newschaffer, Berkowitz, 2015
PTSD in ASD

- Difficult to assess
- Some symptoms clearer than others
- Diagnostic criteria require an objective traumatic event. However, experiences may be different in ASD
- There are promising new tools (Hoover & Romero, 2019), not yet well validated
Prevention

EDUCATION

SUPERVISION
What to teach about sexuality

- Facts
- Social aspects
- What to do, What not to do, and **WHY**
How to teach about sexuality

- Concrete
- Clear
- Factual
- Nonjudgmental
Regulate own Behaviors

Avoid or Manage Risks

Internet safety
Scaffolding

Internet safety

Education
AAP guidelines for “Scaffolding”

- No screens before 18 months, except for video chatting with family.
- 18-24 months, high quality (Sesame Street) ok but not necessary.
- 2-5-years <1 hour per day of high quality and co-viewed
- 6+ consistent limits on the time and types of media, ensuring no interference with sleep, physical activity and other healthy behaviors
- What’s next?
Internet plan

Chronological age versus Developmental level
Example Internet Plan

- **6-8:** only supervised use for school work; safe search options; short increments; computer in central area of home not bedroom

- **8-10:** primarily supervised use; safe search options; no multiplayer games with unknown people (friends from IRL ok); clear, enforced time limits; no chats; computer in central area of home not bedroom; school-based social media

- **11-13:** more independent use; safe search options; tracking software; games with known people only; clear, enforced time limits; chat on specific topics with supervision; computer in central area of home not bedroom
Internet Plan

- 13-16: safe search options; tracking software; may allow some gaming but review discussions; clear, enforced time limits; computer in central area of home not bedroom

- 16-18: remove safe search; phase out tracking software if they’re consistently safe; less review of chats and gaming talk; phase out time limits; may allow laptop in room
Treatment

- Modified CBT
- Modified TF-CBT
- Teaching conflict resolution
- Teaching social communication skills
More Research Needed

- Prevention, which requires better prevalence data
- Measures for assessment of PTSD
- Treatment studies
RESOURCES

- plannedparenthood.org


REFERENCES


Questions?

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