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# Autism 207: Abuse & Neglect of Adults with Developmental Disorders

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Autism 200 Series  
Seattle Children's Hospital

A green speech bubble graphic with a white outline, containing the word "Overview" in white text. The bubble has a tail pointing downwards and to the right.

# 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



ID

- **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**

## Data in ASD

**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**

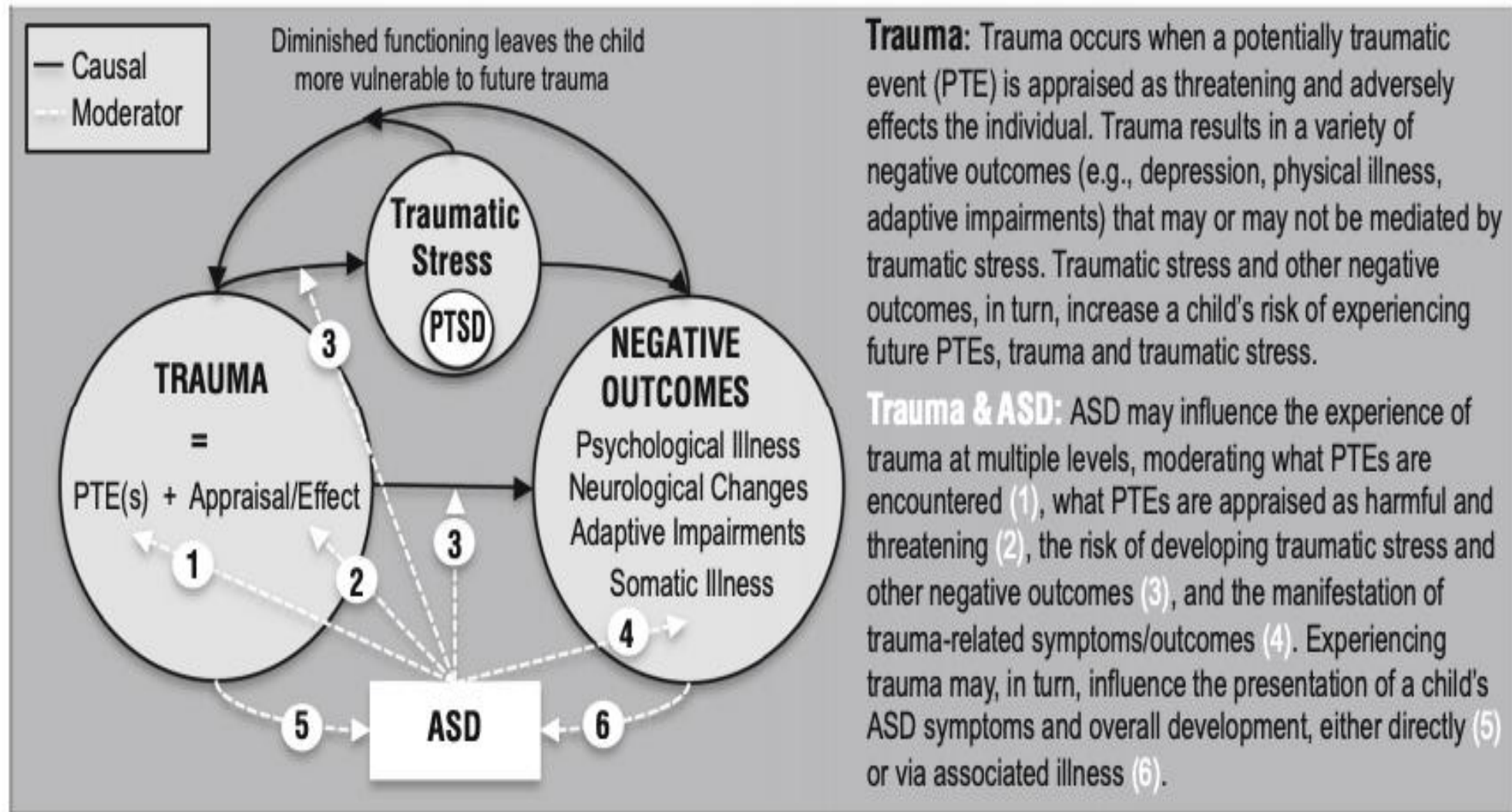
What does  
trauma look like  
in ASD?

**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 Gadwo (2010)

ASD CORE  
FEATURES

TRAUMA  
EXPOSURE

TRAUMA  
PATHOLOGY

## 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**



**EDUCATION**

**SUPERVISION**



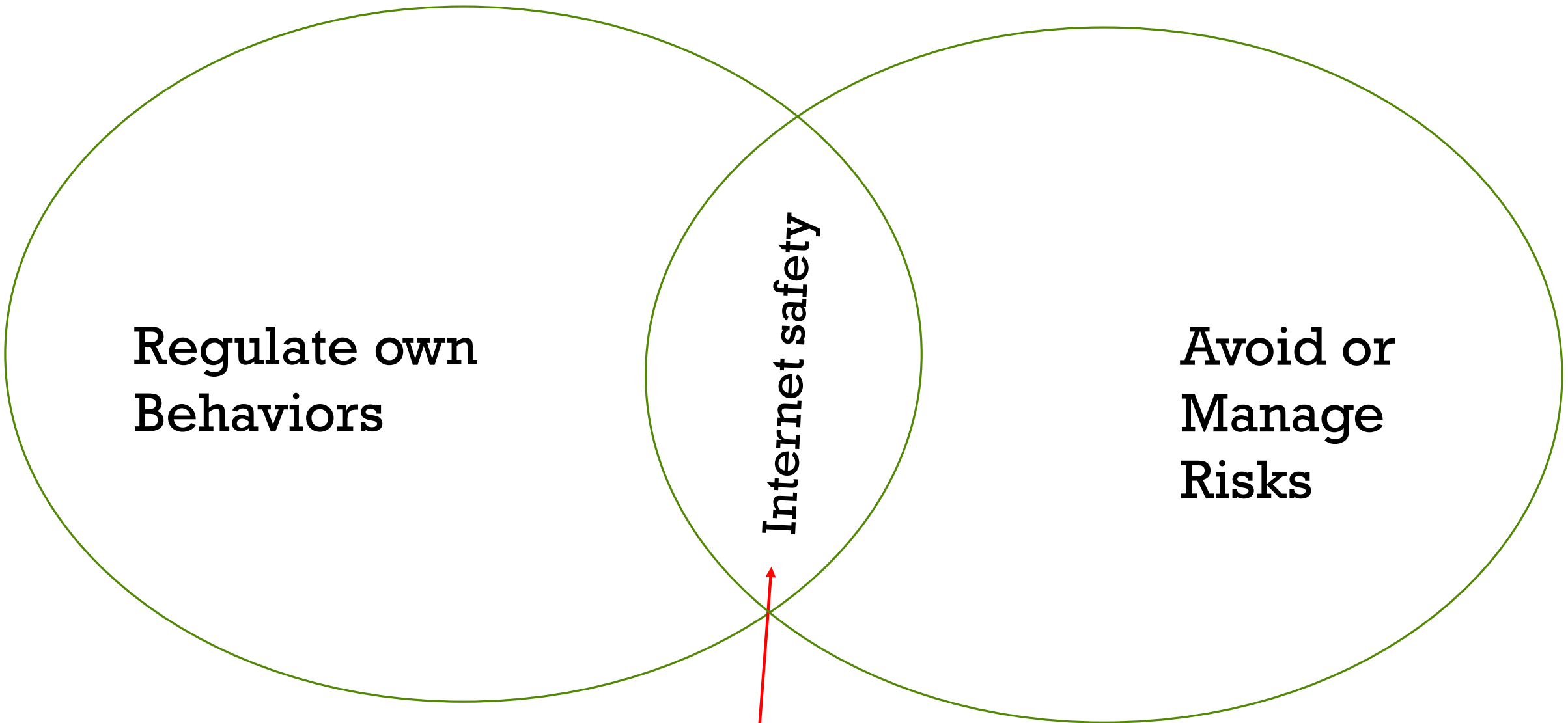
# What to teach about sexuality

- Facts
- Social aspects
- What to do, What not to do, and WHY

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## How to teach about sexuality

- **Concrete**
- **Clear**
- **Factual**
- **Nonjudgmental**



**Regulate own  
Behaviors**

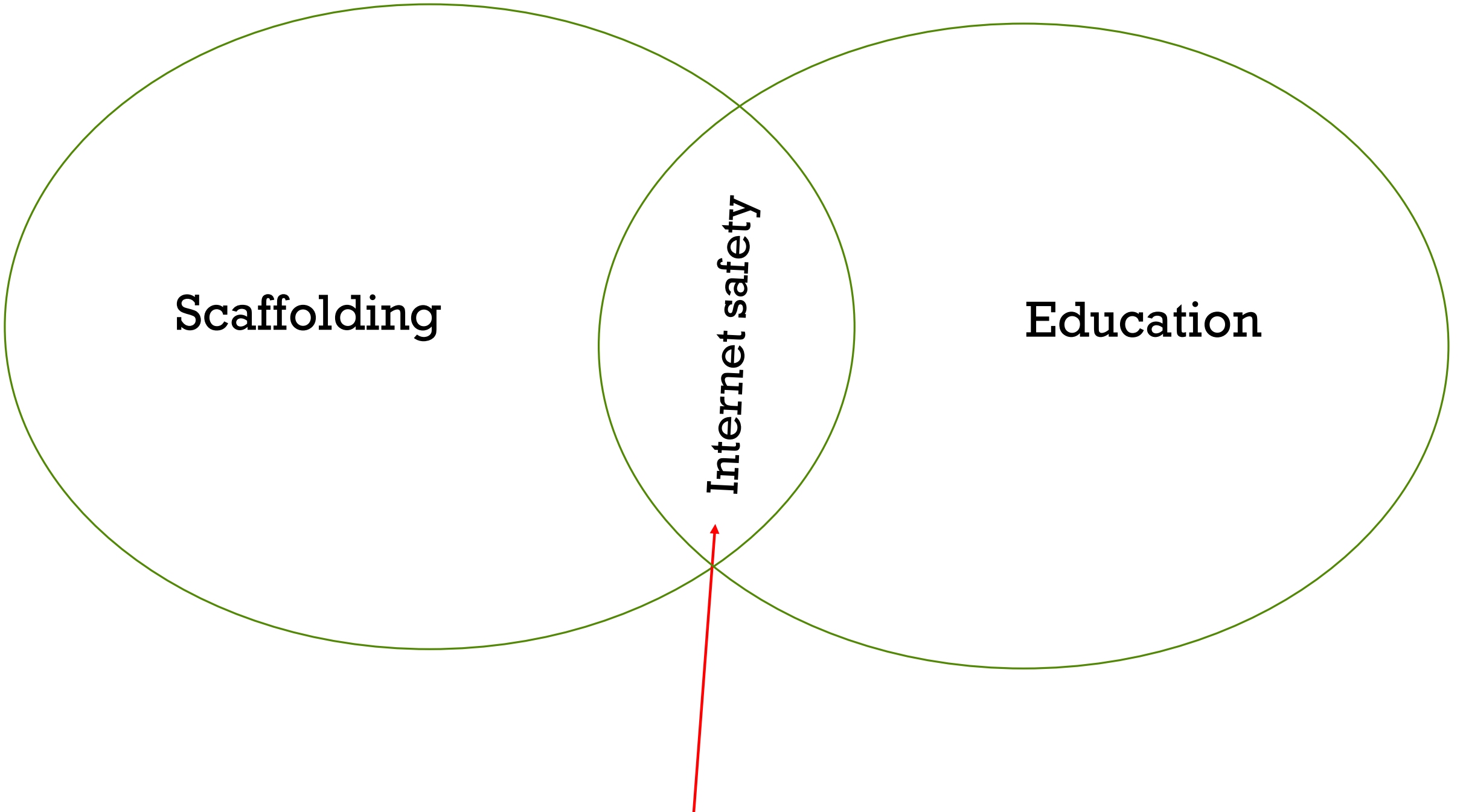
**Internet safety**

**Avoid or  
Manage  
Risks**

**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?

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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





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# Treatment

- **Modified CBT**
- **Modified TF-CBT**
- **Teaching conflict resolution**
- **Teaching social communication skills**

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## More Research Needed

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

## RESOURCES

- [plannedparenthood.org](http://plannedparenthood.org)
- Davies & Dubie (2013). *Intimate Relationships and Sexual Health*. AAPC Publishing.
- Anderson, Jablonski, Thomeer & Knapp (2007). *Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young Self-Help Skills for people with Autism*. Woodbine House.
- Sexual Health & ASD <https://www.omicsonline.org/open-access/sex-education-sexual-health-and-autism-spectrum-disorder-2161-0665.1000230.php?aid=37201>
- SIECUS guidelines <http://siecus.org/index.cfm?fuseaction=Page.ViewPage&pageId=516>

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- Taylor, J. L., & Gotham, K. O. (2016). Cumulative life events, traumatic experiences, and psychiatric symptomatology in transition-aged youth with autism spectrum disorder. *Journal of Neurodevelopmental Disorders*, 8(1). <http://doi.org/10.1186/s11689-016-9160-y>



Questions?

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