

## **Autism: Abuse Recognition and Trauma Informed Interventions in Health Care**

**Autism and Trauma/Abuse Rates.** Autism has increased in the United States both in better detection and increased numbers; the rate is 1 in 88, 1 in 54 for boys varying across states (<http://www.cdc.gov/ncbddd/autism/data.html> ). Newest CDC rates, March 2013= **1 in 50**.

Incidents reports for abuse are also higher for children with disabilities including autism with repeated occurrences over a 3 or more year period before detection.

<http://www.childwelfare.gov/pubs/prevenres/focus>

Data report greater vulnerability and worse, reduced detection related to overlap of symptoms between especially sexual abuse and autism and histories of self-injurious

Edelson, M.E. (2010) Sexual Abuse of Children with Autism: Factors That Increase Risk and Interferes with Recognition of Abuse, *Disability Studies Quarterly*, <http://dsq-sds.org/article/view/1058/1228>.

Mandell, D. et al (2005) The prevalence and correlates of abuse among children with autism served in comprehensive community-based mental health settings. *Child Abuse and Neglect*, 29, 1359-1372.

Law enforcement issues in delivering assistance and criminal justice issues, and risk management. ([www.autismriskmanagement.com](http://www.autismriskmanagement.com)) States have been mandated to provide training in their police academies. Teachers and child worker professionals are mandated reporters but diagnostic overshadowing continues. That is, symptoms are treated as part of the behavioral complex and recurring cycles of these so more investigation and follow-through are related to re-teaching, behavioral interventions and/or medication.

### **Diagnostic Symptoms and Behaviors. (Note: intellectual disability not part of Autism Spectrum Disorders-ASD).**

The new DSM V criteria include disorders in social communication and behavioral repertoire including repetitive behaviors which may be related to sensory processing and restricted interests. Children may be using alternative and augmentative communication devices that may serve functional communication needs but also increase intervention/disclosure risks. In clinical surveys of school systems, information regarding sexuality, inappropriate touch and interaction labels are not provided in the communication different systems. When basic verbal or alternative options are attempted including simple “No”, children may be treated as noncompliant or reporting their oversensitivity to touch and other tactile input. Reactions to different sensory input can affect overall sensitivity in other sensory reactions or be variable depending on the resilience and options a child has. The range of these behaviors observed has been from descriptions of failure to thrive, “shutting down” to being less able or at the extreme, self-abuse. Sometimes these behaviors are identified as independent elements of the ASD; sometimes, assumptions regarding their ability to recognize the extent and intent of aggressive behaviors is

assumed. Responders and perpetrators have misinterpreted the betrayal and trauma experienced. One cannot assume for example, they experience “less hurt” if they act as “numb” or do not speak, nor can they be assumed to be asexual beings, more protected or undesirable.

**Clinical cases.** A number of vignettes across developmental time periods illustrating different traumatic experiences from the person on the spectrum’s point of view will be shared to: describe their awareness and affect; what did not happen in response by familial and community responders; and what would have been helpful. Parents, who were also police officers shared incidents and issues within our educational responses and legal systems. Without Trauma Informed Behavioral Interventions (K. Harvey, AAIDD pub., 2012) children have been submitted to behavioral interventions to stop their versions of reporting or attempting self-advocacy; symptoms have been “punished” or accepted as child’s lifestyle.

## **RESOURCES:**

- Voices of persons with ASD presented in brief video vignettes from a recent documentary, **TRAUMA AND AUTISM, Victims to Educators**, 2012, produced by Autism Research Institute-Autism Global Initiative. [www.autism.com](http://www.autism.com). Contact Valerie Paradiz, Ph.D. Director of AGI for more information.

-Information and links to global information on disabilities and abuse including interview techniques, see Christine Pawelski, Ph.D. available through the **Disability and Child Abuse Action Network** at [www.dcaan.com](http://www.dcaan.com)

-Safety, sexuality and quality of life issues for individuals living with their families, residential and agricultural settings: **The AGI Daily Living/Residential Skills Curriculum and Training**, Edited by V. Paradiz, J. Collins, B. Smith Myles, Autism Research Institute publication, 2012.

Voices of ASD in poetry (and video):

-*Reflections of Self* by Sondra Williams. Published by the Gray Center for Social Learning and Understanding, 2005. ISBN 0-9714213-5-8

-*the power of words (how we talk about people with autism spectrum disorders matters!)*  
BY Judy Endow, MSW, Autism Asperger Publishing Company, 2009.