

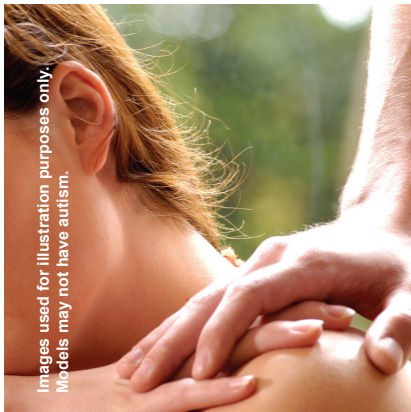
Autism INFORMATION FOR DOMESTIC VIOLENCE AND SEXUAL ASSAULT COUNSELORS**SERVING VICTIMS OF CRIME SERIES**

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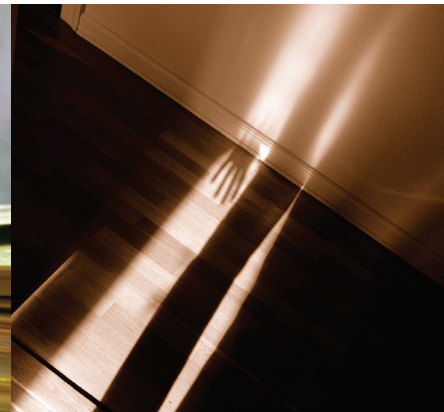
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DOMESTIC VIOLENCE AND SEXUAL ASSAULT COUNSELORS MAY ENCOUNTER OR BE ASKED TO PROVIDE SERVICES TO AN INDIVIDUAL WITH AN AUTISM SPECTRUM DISORDER. UNDERSTANDING THE COMMUNICATION, SOCIAL, AND BEHAVIORAL CHARACTERISTICS OF AUTISM WILL ASSIST COUNSELORS IN TREATING VICTIMS OF VIOLENCE WITH AUTISM.

There is evidence that individuals with disabilities experience sexual assault or abuse at rates higher than individuals without disabilities, and that victims who have some level of intellectual impairment are at the highest risk of sexual violence (Sobsey et. al, 1995). Because individuals with autism spectrum disorders (ASD) are generally taught compliance from a very young age, have difficulty picking up social cues, and may also have intellectual disabilities, they can be easy targets for criminals. Domestic violence and sexual assault counselors assisting a crime victim should have specific training on counseling individuals with developmental disabilities and seek the assistance of a trained autism expert.

 The Autism Society logo consists of a stylized American flag icon to the left of the text "AUTISM SOCIETY" in a bold, red, sans-serif font.
 AUTISM SOCIETY


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



A 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.



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 demonstrate what may be considered 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. Autism is four times more likely to occur in males than in females.

CONSIDERATIONS FOR DOMESTIC VIOLENCE AND SEXUAL ASSAULT COUNSELORS

According to research, most people with disabilities will experience some form of sexual assault or abuse during their lifetime (Marge, 2003). Individuals with disabilities experience crime victimization four to ten times more often than individuals without disabilities, and victims who have some level of intellectual impairment are at the highest risk of sexual violence (Sobsey and Doe, 1991). According to Petersilia et. al. (2001) the risk of victimization varies according to disability. It is unknown how many adults with autism are victims of sexual abuse, sexual assault, or domestic violence. A 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. There are currently no research studies specific to adults with autism and, according to Petersilia et. al. (2001), there are no data available to document presumed high rates of abuse against men and boys with disabilities. It is widely believed that crimes against individuals with disabilities are widely underreported. A survey of over 1,500 individuals with autism and their caregivers by the Autism Society found that of the 35% who had been the victim of a crime, 13% reported being the victim of sexual abuse, 8% of sexual assault, and 7.5% of domestic violence (Autism Society, 2006).

Prevalence rates of domestic violence against individuals with disabilities are further complicated by definitions as they relate to the lives of individuals with disabilities. The National Research

Council (1996) defines battering as “the pattern of violent and abusive behaviors by intimate partners” typically defined as spouses, ex-spouses, boyfriends and girlfriends, and ex-boyfriends and ex-girlfriends. In the case of women and men with autism and other developmental disabilities, an “intimate partner” must also be defined as a caregiver, attendant, or personal assistant. Sobsey reported that the four most common categories of offenders against individuals with developmental disabilities are disability service providers, acquaintances and neighbors (including dating partners), family members, and peers with disabilities (Sobsey, 1994). Margolin (1992) reported that, controlling for relative caregiving time, male caregivers abuse those in their care more than 6.5 times as often as their female counterparts. Domestic violence should therefore be defined as a pattern of coercive behaviors, perpetrated by a current or former intimate partner or caregiver, that may include physical, sexual, and/or psychological assaults, in addition to social isolation, deprivation, and intimidation.

APPROPRIATE RESPONSE/DELIVERY OF SERVICES

Sexual assault and domestic violence counselors and related professionals should be aware of research-based treatments for victims and be prepared to adapt and modify treatment protocols to the individual on the autism spectrum based on developmental level, learning style, mode and level of communication, sensory needs, and interfering behaviors. Counselors without specific training in working with children and adults with developmental disabilities should work in consultation with a trained autism professional.

It is very likely that the communication ability of a victim with ASD will be impaired, and it is therefore extremely important that a wide range of individuals who know the victim be involved in both the assessment and treatment process. Where appropriate, these could include parents/guardians, educators, and support staff.

The verbal communication skills of an individual with ASD may be atypical or 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, and make related adaptations. Children and adults 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. Individuals with autism may also exhibit with pronoun reversal. Knowing the individual well is key to understanding his or her specific use of echolalia and other communication traits.

Likewise, children and adults with ASD may have perseverative (repetitive) behaviors. While all individuals have routines to organize their lives, children and adults on the autism spectrum often take it to an extreme, spending hours on a single activity or repetitively talking about the same topic. This perseveration may relate to an individual'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 person must be considered when designing and conducting an assessment, treatment, and support services.

Other considerations for treatment of an individual with autism include preparing the person for any interviews, awareness of the individual'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 individual 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, medical professionals, behavior support specialists, and other professionals in the individual'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 individuals with autism, 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 crime victim professionals. Care should be taken not to misinterpret some of these actions as deliberate, disrespectful or hostile; an individual may just be acting according to his or her condition.

Persons on the autism spectrum may:

- Not recognize a first responder vehicle, badge, or uniform
- Not understand what is expected of them
- Not respond to commands or questions
- Run or move away when approached
- Be unable to communicate verbally
- Repeat what is said to them
- Communicate only with sign language, pictures or gestures
- Avoid eye contact and look away constantly
- Appear argumentative, stubborn, or belligerent
- Say "No" or "Yes" in response to all questions
- Have difficulty judging personal space
- Be overly sensitive to sensory input (e.g., lights, noises, crowds)
- Have a decreased cognitive ability when experiencing heightened anxiety or frustration
- Become anxious or agitated, producing fight or flight responses- such as screaming, hand flapping, attempting to flee, or self-injurious behaviors
- Appear to be under the influence of drugs or intoxicants
- Have an associated medical condition such as seizure disorder
- Be fixated on a particular object or topic, resulting in the repeated asking of 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
- If verbal, be honest to the point of bluntness or rudeness
- Not acknowledge pain or trauma
- Have the need for a Forensic Interviewer to assist them in communicating victimization or abuse that may have occurred
- Have little or no knowledge of the criminal justice system and any expectations to assist in the prosecution of a crime
- Not communicate the extent of trauma due to lack of understanding of sexuality, intimacy, or appropriateness of relationships
- Need extra sessions with counselors to feel comfortable to be able to communicate what may have transpired

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AUTISM SOCIETY

4340 East-West Highway, Suite 350
Bethesda, Maryland 20814
Phone: 301.657.0881 or
1.800.3AUTISM
Fax: 301.657.0869
Web: www.autism-society.org

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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): www.ndrn.org

Safe Place: 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: 1-800-3AUTISM,
www.autism-society.org/safeandsound

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



If you appreciated the information contained in this publication, please consider offering support through a donation that will continue the availability of this information to others in need. Help us continue the work so vital to the autism community by making a tax-deductible donation at www.autism-society.org/donate_home.