

Abuse Of Children With Autism: Risk Of Abuse And Prevention

*Dr. Hussein H. Dmour MD**, *Dr. Mohammad E. Alodwan MD *** *Dr. Muath F. Marashdeh, MD***
*Dr. Maxim A. Obaisat MD** RN. Shereen Abdullah Hasan****

Abstract

Objective: To assess and find the prevalence of abuse in autistic children and find solutions.

Methods: An epidemiological study was conducted using a psychiatric interview based on the DSM-V to assess symptoms of autism in children 5-14 years old. The interview was conducted with all children who had been referred to a psychiatric clinic from pediatric, psychosocial, and family medicine clinics because of abnormal psychological behavior, including signs of abuse, and data were collected between December 24, 2016, and December 27, 2017.

Results: In total, 196 children (131 male's (66.84%) and 65 female's (33.16%)) were referred to the psychiatry clinic with abnormal behavior or signs of abuse. They were divided into two major groups: Group 1 (5-9 years) included 84 children (42.86%), and Group 2 (10-14 years) included 112 children (57.14%). Abuse was reported among 173 (88.27%) of the referred children, consisting of 76 (43.93%) in Group 1, and 97 (56.07%) in Group 2; 64.16% were males and 35.84% were females. Of the autistic children, 80 (46.2%) were found to have physical signs of abuse, and of these: 52 (75%) were found to have emotional disturbance; 36 were males (69.23%). Forty-two (80.77%) of these children were 5-9 years old.

Conclusion: Abuse is common in children with autism and occurs in many forms. Clinicians need an understanding of the nature of abuse and mitigation strategies. Basic strategies for assessment and management are needed in guideline protocols, which need to be informed by the challenges encountered by autistic individuals and their caregivers.

Key words: Abuse, autism spectrum disorder, children with autism, repetitive movement

JRMS December 2019;26(3):84-91 :10.12816/0054823

Introduction:

Autism is a developmental disorder that appears in early childhood, causing delays in many basic areas of development, such as learning to talk and interact with others.

From the departments of:

*family medicine.

**psychiatric medicine.

***registered nurse.

Correspondence should be addressed Dr. Hussein H. Dmour ,E-mail:drdmour65@gmail.com.

JOURNAL OF THE ROYAL MEDICAL SERVICES

Recent reports estimate the prevalence of autism or autism spectrum disorder to be as high as 1:68.^(1, 5) Autism symptoms vary widely as do the effects of this disorder. Children with autism usually have problems in the following three areas, which begin during the first 36 months of a child's life:^(1, 2, 9) Intervention and treatment is the earlier the better.^(3, 5)

1) Social Skills: impaired social interaction is the hallmark sign of autism. This may manifest as a marked lack of interest in other people and the environment. Children with autism often appear to be in their own small world. They have problems engaging in interactive play, sharing emotions, making friends, and understanding what others are thinking and feeling.

2) Communication: autism also includes problems in verbal and nonverbal communication, including delayed speech, or lack thereof. Even when autistic children are able to speak, they often have trouble expressing themselves. Other common symptoms include individual or repetitive speech patterns, inappropriate facial expressions, gestures, and difficulty in understanding language

3) Repetitive behavior: autistic children often exhibit repetitive or "stereotyped" behaviors and narrow, restricted interests. This may manifest as a severe resistance to change, obsessive attachments to unusual objects, or inflexible routines and schedules. Frequent restricted / repetitive body and motor movements, or self-alert behaviors, such as hand fluttering, flapping and / or difficulty coping with change are also common.

Although the causes of autism are not fully understood yet, conventional wisdom regarding difference in the outcome of the disorder, so it's important to know autism's warning signs.^(4, 6)

Categories of abuse include physical abuse, physical neglect, emotional abuse, and sexual abuse.^(7, 8) In addition to the previous categories of abuse, I would add over-protection and over-caring, which I would call "invisible abuse" because in the future, when these autistic children no longer have caregivers, they will have developed a dependent personality in addition to their disability and mostly autistic children have low IQ.

The social isolation and poor communication skills of children with autistic spectrum disorders (ASD) put them at a particularly high risk of abuse. Often, children who are autistic are targeted for abuse because of their disability, because perpetrators see them as vulnerable children who are easy to lure and exploit, they also show it in ways that are ignored or misused to autism rather than potential abuse, repetitive body movements "of their own, or self-alert behaviors" making them odd.^(8, 10)

Because of these recognized issues, there must be reliable and effective ways to determine whether a child with autism spectrum disorder has been abused or not. These protocols should be based on the challenges faced by individuals with autism and associated symptoms, as expressed by those who live on the spectrum, as well as by researchers of autism. In addition, we need to educate caregivers on the notion that over-protection and over-caring could also be abuse-like in that it can render those on the autism spectrum overly dependent in later life.

Methods

An epidemiological study was conducted using a psychiatric interview based on the diagnostic and Statistical Manual - Fifth Edition (DSM V), children diagnosed as a case of autistic spectrum disorder, were asked to participate in this study through their caregivers to assess symptoms of abuse in children with autism. A total of 196 child 5-14 years old was assessed. The interview was conducted on all children who had been referred to a psychiatric clinic from pediatric, psychosocial, and family medicine clinics because of abnormal psychological behavior which might related to emotional abuse and signs on their body's, including signs of abuse, data were collected during one year period "between 24 December 2016 and 27 December 2017".

Results

In total, 196 children were referred to the psychiatry clinic with abnormal behavior or signs of abuse. Children were divided into two major groups: Group 1 (5-9 years) included 84 children (42.86%), and Group 2 (10-14 years) included 112 children (57.14%). See [table I] and [Figure 1].

Table I: Distribution of referred children by age.

Age	Number	Percentage
5 -9 years	84	42.86%
10-14 years	112	57.14%
Total	196	100%

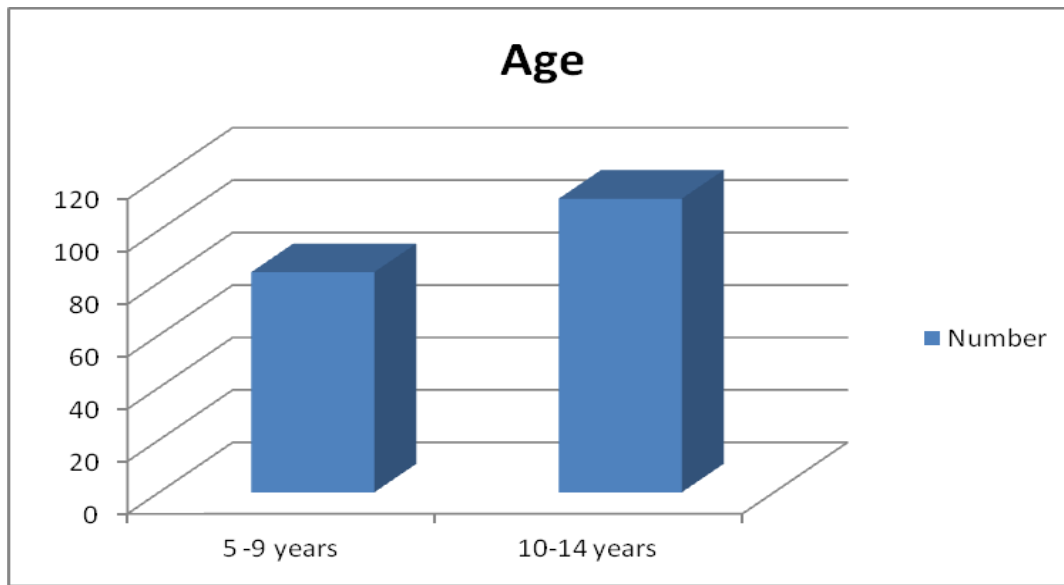


Figure 1: Distribution of referred children by age.

Study subjects comprised 131 males (66.84%) and 65 females (33.16%). See [table II], [Figure 2], and[Table VI].

Table II:Distribution of referred children by gender

Gender	Number	Percentage
Male	131	66.84%
Female	65	33.16%
Total	196	100%

Table VI: Children with autism aged 5 to 14 years referred then found to have any form of abuse, comparison between genders

Autism-By age	Male	Female	Male as % of total	Female as % of total
5 years	7	4	4.05%	2.31%
6 years	8	5	4.62%	2.89%
7 years	12	9	6.94%	5.20%
8 years	9	3	5.20%	1.73%
9 years	12	7	6.94%	4.05%
10 years	11	5	6.36%	2.89%
11 years	11	6	6.36%	3.47%
12 years	16	9	9.25%	5.20%
13 years	12	6	6.94%	3.47%
14 years	13	8	7.51%	4.62%
Total	111	62	64.16%	35.84%

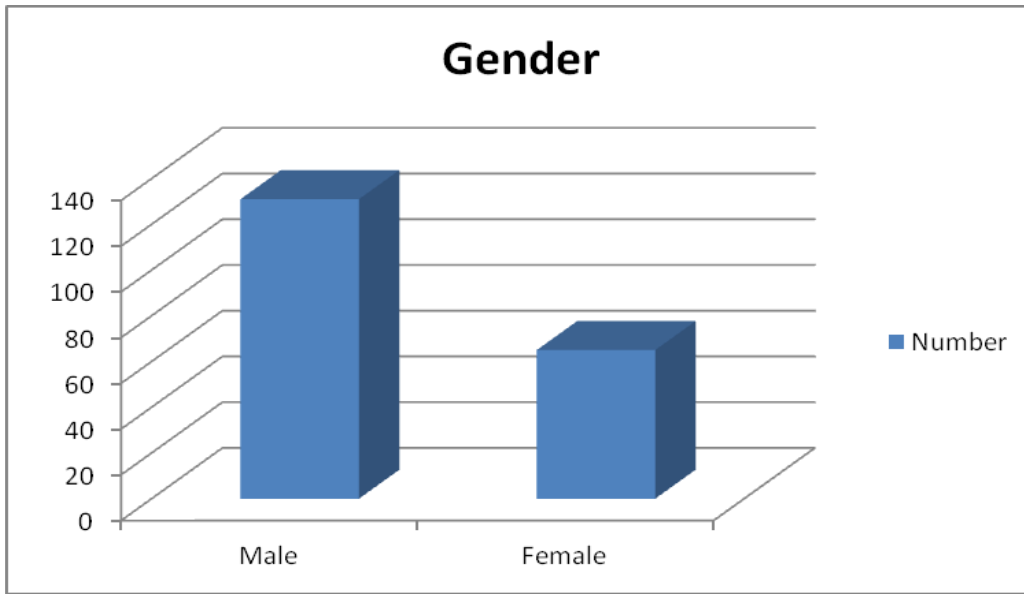


Figure 2:Distribution of referred children by gender.

Abuse was found in 173 (88.27%) of the referred children, consisting of 76 (43.93%) in Group 1, and 97 (56.07%) in Group 2. see [Table III] and [Figure 3].

Table III:Distribution of children with autism by age

Age	Number	Percentage
5 -9 years	76	43.93%
10-14 years	97	56.07%
Total	173	100%

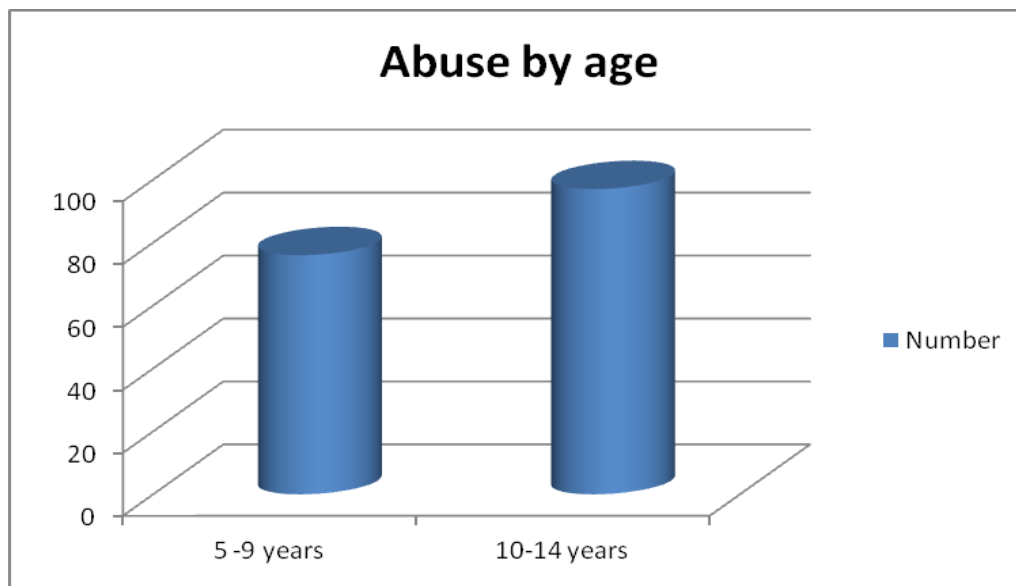


Figure 3: Distribution of children with autism by age.

64.16% were males, and 35.84% were females. see [Table IV] and [Figure 4]. Of the autistic children, 80 (46.2%) were found to have physical signs of abuse, and out of these, 52 (75%) were found to have an emotional disturbance; 36 were males (69.23%).42 (80.77%) of these children were 5-9 years old. see [Table V].

Table IV: Distribution of children with autism by gender

Gender	Number	Percentage
Male	111	64.16%
Female	62	35.84%
Total	173	100%

Table V: Distribution of emotional disturbance by age and gender

Age in years	Male	Female	Total
5-9	32	10	42
10-14	4	6	10
Total	36	16	52

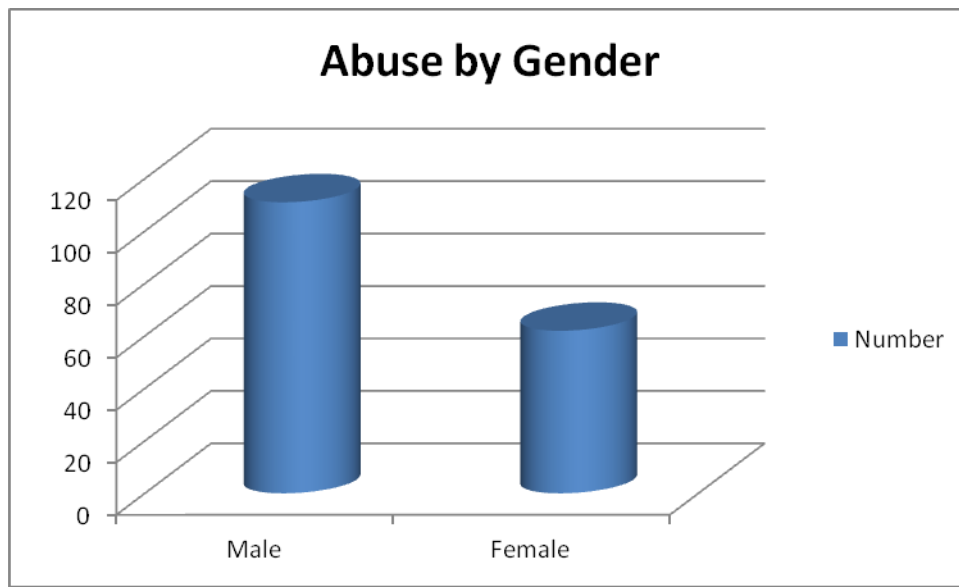


Figure 4: Distribution of abused children by gender

Discussion

All referred cases with signs of abuse in the psychiatry clinic were believed to have no organic cause or signs related to their disorder that had been excluded by the referring clinic. Many of the parents of children with autism spectrum disorder were not aware that their child's abuse was related to the characteristics of autism and their over-protection. This study showed that (ASD) was found to be the most common mental disorder among victims of abuse. ⁽³⁾ In our study, boys reported significantly higher figures than girls (69.23% versus 30.77%). We also found a higher prevalence among children 5-9 year old (80.77%).

Conclusion

Abuse is common in children with autism and occurs in many forms. All clinicians need an understanding of the nature of abuse and mitigation strategies. Basic strategies for assessment and management are needed in guideline protocols, which need to be informed by the challenges encountered by autistic individuals and their caregivers. Forensic interviews were employed to determine whether or not abuse had occurred; some of these included cognitive interviews, anatomically detailed, and structured interviews. ⁽¹⁰⁾ Additionally, we need to be the voice of these abused children and advocate for them in the government and legislative bodies to build a protective and strict limit system to prevent the abuse of children with autism and develop a system to train their parents and caregivers to care for them effectively in an optimized way that avoids over-protection.

References

1. **Diagnostic and Statistical Manual of Mental Disorders**, Fifth Edition, American Psychiatric Association, Arlington, VA. (2013).
2. **Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry Eleventh Edition**. By [Benjamin J. Sadock](#) (Author), [Virginia A. Sadock](#) (Author), [Dr. Pedro Ruiz MD](#) (Author)
3. **Maltreatment and disabilities: a population-based epidemiological study** by [Sullivan PM](#)¹, [Knutson JF](#). Boys Town National Research Hospital, Omaha, NE 68131, USA.
4. **Handbook for pediatric psychology** fourth edition 2009, Editors Michael C. Roberts Ric G. Steele. Centers for Disease Control and Prevention (2014). Autism information center.http://www.cdc.gov/ncbddd/autism/faq_prevalence.htm#whatisprevalence.
5. **Fombonne, E.: Epidemiological surveys of autism and other pervasive developmental disorders: an update**. J. Autism Dev. Disorder. (2003).
6. **Risk of maltreatment for children with Autism spectrum disorder**. Virginia Child Protection Newsletter. Spring, 2013.
7. **Chaffin, M. (2004)**. Is it time to rethink Healthy Start/Healthy Families? Child [Abuse](#) and [Neglect](#).
8. **Lord C, Rutter M**. Autism and pervasive developmental disorders. In: Taylor E, Hersov L, eds. Child and adult psychiatry. Modern approaches. Oxford: Blackwell Science, 1994.
9. **Disability Studies Quarterly**. Winter 2010, Vol. 30 Issue 1, p.16. Edelson, Meredyth Goldberg Edelson, Willamette University, Department of Psychology, 900 State Street, Salem, OR 97301.
10. **Disability Studies Quarterly** . Winter2010, Vol. 30 Issue 1, p16-16. 1p. Edelson, Meredyth GoldbergEdelson, Willamette University, Department of Psychology, 900 State Street, Salem, OR 97301, E-mail: medelson@willamette.edu