

Hello, my name is Joe Falkner, and welcome to the Flexible Mind Therapy Podcast. I thought I'd take a break from discussing the internal and external (or intrinsic and extrinsic) factors that may impact on relationship, sexuality, and gender identity development and expression in individuals with ASD. Often, we, professionals and caregivers, talk a great deal about the risk of maladaptive or problematic sexual behaviors in individuals with ASD (particularly as they relate to inappropriate public displays such as public masturbation). Many parents express concerns that their child will be negatively judged based on their maladaptive sexual behaviors. What is discussed to a significantly lesser degree is the risk of exploitation and/or victimization that individuals with ASD may experience relationally or sexually. Over the next couple of podcasts, I will discuss some of the contributing factors, signs of relational (particularly sexual) abuse, digital risks of exploitation and/or victimization, and then some ideas for education and training for all members of the team (including the individual with ASD, parents and family members, and individuals providing victim screening, counselling, and legal/law enforcement services).

First, before we get into some background information, I want to acknowledge a potential elephant in the room as we begin this discussion. When we talk about the exploitation and/or victimization of individuals with any disability, but particularly with individuals with a developmental disorder that may, or may not, include a cognitive difference or disability, the first impulse can be to want to protect the individual from the exploitation and/or victimization by protecting them from sexual information, decision making, relationships, and even society itself. The thought can be that by protecting these "vulnerable individuals" in these ways that we will protect them from exploitation. Unfortunately, as we have discussed in past podcasts, this type of protection, which Hingsburger (1995) refers to as the "Prison of Protection," actually increases the individual's risk of exploitation and victimization. In fact, as Hingsburger notes, just the discussion of these individuals as being "vulnerable people" places the blame for the victimization inside of them (Hingsburger, 1995) instead of where it truly lies with the perpetrator. So, even as we discuss background information and risk factors, I'll encourage each of us to remember that the key to effectively "protecting" or "keeping people from harm" is by educating and training all involved, especially the individual with ASD.

I'd like us to keep this in mind even as we discuss some of the prevalence figures, other background information, and risk factors. Although these may be concerning, they provide us the context for training and education. So, let's first begin with looking at the prevalence of sexual abuse overall. The Centers for Disease Control (CDC) reports the following statistics for sexual assault:

- *"In a nationwide survey, 7.3% of high school students reported having been forced to have sex. More female (10.5%) than male (4.2%) students reported experiencing forced sex in their lifetimes.*
- *An estimated 20% to 25% of college women in the United States were victims of attempted or completed rape during their college career and 5.2% in the past year.*
- *Nearly 1 in 5 women and 1 in 59 men in the United States have been raped at some time in their lives.*
- *6.7% of men reported that they were made to penetrate someone else during their lifetime.*
- *An estimated 12.5% of women and 5.8% of men have experienced sexual coercion in their lifetime; and 27.3% of women and 10.8% of men have experienced unwanted sexual contact."* (Understanding Sexual Violence, 2014)

And, the CDC reports that these numbers may underestimate the extent of the problem because of the fear and the stigma that may result from the sexual assault. Additionally, the CDC reports that *"approximately 1 in 20 women and men (5.6% and 5.3%, respectively) experienced sexual violence other than rape, such as being made to penetrate someone else, sexual coercion, unwanted sexual contact, or non-contact unwanted sexual experiences, in the 12 months prior to the survey"* (Sexual Violence Facts at a Glance, 2012). In this same report, the CDC details the following facts about the perpetrators of sexual violence:

- *"Among female rape victims, perpetrators were reported to be intimate partners (51.1%), family members (12.5%), acquaintances (40.8%) and strangers (13.8%).*
- *Among male rape victims, perpetrators were reported to be acquaintances (52.4%) and strangers (15.1%).*

- *Among male victims who were made to penetrate someone else, perpetrators were reported to be intimate partners (44.8%), acquaintances (44.7%) and strangers (8.2%).”* (Sexual Violence Facts at a Glance, 2012)

So, as we can see from these numbers, sexual assault is far more common than we may be aware. And, as opposed to our traditional training of “Stranger Danger,” the perpetrators of sexual assault tend to be more frequently partners, family members, and acquaintances of the assault victim. So, it isn’t that we shouldn’t teach “Stranger Awareness” or “Stranger Danger,” but it is that we should teach healthy safety and protective skills for all the relationships that we may have in our lives.

Now, these are prevalence figures for the population as a whole. Let’s look more at individuals who have disabilities, and particularly individuals with ASD. We started with the prevalence in the overall population, and will now discuss exploitation and victimization in a population of individuals with disabilities first, because there is honestly less data that specifically addresses individuals with ASD who have been sexually victimized.

In their report, Smith and Harrell (2013) discuss the following about prevalence rates: *“According to a meta-analysis of findings from studies of victimization of people with disabilities, children with disabilities are 2.9 times more likely than children without disabilities to be sexually abused. Children with intellectual and mental health disabilities appear to be the most at risk, with 4.6 times the risk of sexual abuse as their peers without disabilities”* (Smith & Harrell, 2013). In another report on the Sexual Abuse of Individuals with Disabilities (2015), it was detailed that 41.6% of the respondents with any disability, and 34% of the respondents with developmental disabilities, had been victims of sexual assault. These numbers speak to the increased prevalence of sexual victimization and exploitation of individuals with disabilities. What is equally distressing, is that as in sexual assault of individuals from the general population, individuals with disabilities are more likely to know their perpetrators. These perpetrators may be partners, acquaintances, and family members just like with the figures reported from the general population. But, there is a unique category of perpetrators that individuals with disabilities have that is not experienced by the general

population, and that is of service providers (such as direct care staff, personal care attendants, doctors, psychiatrists). This additional category of perpetrator may be particularly concerning as this is a group of individuals who are often trusted by the individual with the disability and their families. Because of this trusted role, these perpetrators can be especially difficult to report for their victimization of the individual with the disability because there is a fear of losing that trusted relationship.

Now that we've discussed the prevalence of sexual victimization in the overall population, and in individuals with disabilities, let's look at the data that we have about the prevalence of sexual victimization and exploitation in individuals with ASD. A study by Mandell, et al. (2005) reported that in a sample of 156 children with ASD, caregivers reported that 12.2% had experienced sexual abuse without physical abuse and 4.4% reported sexual and physical abuse. Of this sample, 69.2% were male, 70.5% were of European-American descent, and the average age of the subjects was 11.6 years (Mandell, Walrath, Manteuffel, Sgro, & Pinto-Martin, 2005). Some limitations noted in this study that may have affected these prevalence numbers, include how this data was collected (it was collected as a part of overall service discussion, and not specifically related to sexual abuse), how the study sample was selected (the study sample was derived from individuals with ASD who had been referred to comprehensive community mental health services so may not be totally representative of the general population of individuals with ASD), and finally it was based on caregiver reports (which may have missed some incidences that the caregivers were unaware of or unwilling to disclose) (Mandell, Walrath, Manteuffel, Sgro, & Pinto-Martin, 2005).

Brown, Pena, & Rankin (2017) reported that in their sample of individuals with ASD who were attending college (n=158), individuals with ASD were twice as likely to report unwanted sexual contact than their non-disabled peers. Female students with ASD were at particular risk of experiencing unwanted sexual contact. Additional factors that the author's report about the experiences of individuals with ASD at Colleges and Universities include that they: face an unwelcoming campus environment, experience prejudice, may feel uncomfortable in their classroom, have *"functional limitations in areas of communication and social- emotional interactions (that) make it difficult for students with ASD to navigate relationships,"* and *"experience challenges in discerning when others are being deceptive or have malicious intent"* (Brown,

Pena, & Rankin, 2017). All of these different experiences place students with ASD at increased risk for predatory behavior. The fact that this was a direct report from the individuals in the study (vs. Mandell et al.'s caregiver report) does have the advantage of having the affected individuals making the report rather than it is coming second hand from caregivers. Unfortunately, the stigma and fear related to reporting sexual exploitation and victimization may still have skewed the numbers downwards from the actual prevalence.

Whether or not the prevalence of sexual exploitation or victimization is higher in individuals with ASD, there are a number of risk factors that should spur us to increase training and education for all parties involved. As we consider the different risk factors, I'll again caution that we need to take care that we don't "blame" the victim for victimization by perpetrators. Possible risk factors that are the result of an individual's ASD should be targets of focus for development, training, education, and intervention. Possible risk factors that are societally-based, the result of bias and/or ableism, and/or are the direct result of some training that has been provided to individuals with ASD should be the targets of systemic changes and education of caregivers and other professionals. We will consider each of these as we look at potential risk factors.

In our first few podcasts, particularly those where we discussed Social Factors and Neuropsychological Frameworks, we discussed some of the internal factors that can increase risk. Some of these factors include the following (Attwood, Henault, & Dubin, 2014) (Abramson, 2010) (Sexual Abuse and intellectual disability, 2016) (Hartman, 2014):

- Communication difficulties that hinder reporting abuse
- Difficulty in detecting and recognizing a potential danger as a result of a lack of social awareness and training
- Difficulty discriminating appropriate vs. inappropriate or criminal behavior
- Need for affection and attention while at the same time experiencing fewer friendships and intimate relationships
- Deficits in interpersonal skills
- Lack of capacity to consent to sexual activity

Some of the factors that may be more societally-based include (Attwood, Henault, & Dubin, 2014) (Abramson, 2010) (Sexual Abuse and intellectual disability, 2016)

(Hartman, 2014) (West Virginia S.A.F.E. Training and Collaboration Toolkit—Serving Sexual Violence Victims with Disabilities, 2010):

- *“They experience very few positive role models with disabilities who are leading fulfilled, adult, sexual lives.”* (Hartman, 2014)
- Experience of a powerless position in society
- Experience of social isolation—including lack of transportation
  - Individuals with ASD often spend time away from their peers. And, as the Child Welfare Information Gateway (2012) reports: *“When children with disabilities are separated from their peers, it makes them seem “different” and unworthy of the same social or educational opportunities.”*
- Experience of economic, physical, and/or psychological dependency, including a long-term dependence on services and personal care from others
- Experience of ignorance of the right to refuse to perform certain actions
- They may not feel able to tell anyone about the abuse
- The individual with ASD may fear of not being believed, leading to non-reporting of abuse
- The individual with ASD may have difficulty identifying a person to report the abuse to
- *“Young adults aged 18 and older who are at risk of sexual exploitation may fall through the gap between children’s and adults’ services.”* (Franklin, Raws, & Smeaton, 2015)
- They may experience a lack of resources and/or lack of knowledge of existing resources
- They may fear that there is a low risk of prosecution of the perpetrator
- And, there is a lack of awareness and training for caregivers, service providers, police, prosecutors, judges, and other related personnel in terms of the sexual exploitation and victimization of individuals with ASD, as well as the particular needs of individuals with ASD who have been exploited or victimized
  - This lack of training influences these professionals’ ability to identify, report, investigate, prosecute, and provide victim services to, individuals with ASD who have experienced sexual exploitation or victimization

Some of the factors that may be related to bias and/or ableism of others (which in many ways is a notable form of societally-based attitudes) include (Attwood, Henault, & Dubin, 2014) (Abramson, 2010) (Sexual Abuse and intellectual disability, 2016) (Hartman, 2014) (West Virginia S.A.F.E. Training and Collaboration Toolkit—Serving Sexual Violence Victims with Disabilities, 2010):

- Negative public attitudes toward people with disabilities in general, and specifically individuals with ASD
  - Because of these negative public attitudes, individuals with ASD may experience shame or *“feel less worthy of being treated respectfully.”* (Gateway, 2012)
- A history of being protected by others inhibiting access to resources for protection
  - Individuals with ASD may not be viewed as sexual beings making it harder for people to accept that they can be exploited (Franklin, Raws, & Smeaton, 2015)
- *“Perceived lack of credibility of people with disabilities when they disclose sexual violence— Criminal justice system professionals sometimes hesitate to pursue cases in which a victim’s credibility can be challenged. Offenders often target persons whom they may perceive as lacking credibility (as mentioned earlier), including those with certain developmental disabilities and mental illnesses.”* (West Virginia S.A.F.E. Training and Collaboration Toolkit—Serving Sexual Violence Victims with Disabilities, 2010)
- Individuals with ASD may experience a lack of decision making power and control over their lives
- Individuals with ASD may experience a lack of knowledge and education about sexuality and relationships

Some of the factors that may be related to prior training that the individual with ASD may experience include (Attwood, Henault, & Dubin, 2014) (Abramson, 2010) (Sexual Abuse and intellectual disability, 2016) (Hartman, 2014) (West Virginia S.A.F.E. Training and Collaboration Toolkit—Serving Sexual Violence Victims with Disabilities, 2010):

- Ingrained reliance on the caregiver as an authority figure

- General dependency or submission and obedience to rules—learned behavior to not question caregivers or others in authority or learned compliance
- Emotional and social insecurities, including low self-esteem, contributing to powerlessness—which may be the result of the dependency or submission to others
- Inhibited from being self-directed—which may also be the result of the dependency or submission to others
- May experience less privacy and less time unsupervised—which may lead the individual with ASD to have skewed boundaries

Many of these risk factors intersect and both contribute to, and exacerbate, the impact of one another. Minimally, these create the situation where the risk for individuals with ASD for sexual exploitation and victimization is heightened. But, at the more extreme end, these create the “perfect victim” for perpetrators, as the individual with ASD may lack protective skills (such as decision making, communication, and sexual education); may have been taught to obey others and to feel guilt or shame about their ASD and the resulting behaviors so that they may feel powerless and unable to say no; and even when the individual does report it, they may deal with a system that is unprepared, and possibly even unwilling, to work with them.

Edelson (2010) highlights how some of these risks play out in the selection process that some perpetrators use when determining victims. She reports the following four broad categories that perpetrators use when targeting their victims: *“(a) “easy prey” (e.g., vulnerable victims such as being young and female); (b) victim attributes (e.g., sexual desirability); (c) situational characteristics (e.g., opportunity); and (d) circumstance or manipulation (e.g., the use of victim manipulation such as violence or intimidation prior to the sexual assault). Because children with autism may be seen as “easy prey,” may be easily accessible to offenders, and may be easily manipulated or intimidated because of social challenges related to autism, they may be seen as particularly desirable targets of sexual abuse by offenders.”*

*“Moreover, (Edelson goes on to state) sexual offenders who target children often have cognitive distortions that allow them to justify their offending and not identify the offending as “wrong” or “harmful” to the child (Burn & Brown, 2006).*



*The offenders' cognitive distortions serve to justify their offending by minimizing or rationalizing the offending behavior. In the adult sexual assault literature, it has been shown that one cognitive strategy employed by sexual offenders to "allow" them to offend is the "objectification" of their victims, viewing them as objects rather than people. Some children with autism may exhibit certain repetitive or stereotyped behaviors that seem unusual to others. Therefore, a sexual offender may find it much easier to objectify a child who engages in these behaviors than to objectify a typical child" (Edelson, 2010).*

We can see here, that perpetrators use the intrinsic factors (such as the individual with ASD's difficulty in communication and difficulty detecting potential danger) to help them select their victims. They also use the individual with ASD's prior training (such as being trained to be compliant or dependent upon others) in the selection process. They use societal attitudes (such as the negative views that some people have towards individuals with disabilities, and especially individuals with ASD) to help them justify dehumanizing and objectifying the individual.

The response to this at all levels is to increase the education and training of individuals with ASD, their caregivers, and all other professionals involved. We must work with individuals with ASD to gain the skills to be healthy, happy, and mature sexual beings. We must work societally to develop the attitudes and approaches that support this healthy development, and that also address those underlying biases and stereotypes that impact on healthy development. We must look to provide individuals with ASD, caregivers, service providers, police, prosecutors, judges, and other related personnel, the training and skills necessary to identify when sexual exploitation or victimization has occurred, how to report it, the needs of individuals with ASD in the law enforcement phase (including during the investigation and prosecution); and the needs of individuals with ASD in each aspect of victim services (including crisis support, counseling, and trauma-related care) (West Virginia S.A.F.E. Training and Collaboration Toolkit—Serving Sexual Violence Victims with Disabilities, 2010).

In the next podcast, I will cover information about identifying signs that an individual with ASD may have experienced sexual exploitation or victimization, as well as digital risks and signs of exploitation or victimization. It is my hope that with this information, we will start to be better able to identify when exploitation or victimization has occurred.

A transcript of this podcast, along with citations and a related bibliography, can be found on the [flexiblemindtherapy.com](http://flexiblemindtherapy.com) website.

Thank you for joining me today.

## Bibliography

- Abramson, W. (2010). Supporting Sexual Assault Survivors with Disabilities. In *Support for Survivors Training Manual*. Sacramento: California Coalition Against Sexual Assault.
- Attwood, T., Henault, I., & Dubin, N. (2014). *The Autism Spectrum, Sexuality and the Law: What every parent and professional needs to know*. Philadelphia: Jessica Kingsley Publishers.
- Brown, K. R., Pena, E. V., & Rankin, S. (2017). Unwanted Sexual Contact: Students with Autism and Other Disabilities at Greater Risk. *Journal of College Student Development*.
- Edelson, M. G. (2010). Sexual Abuse of Children with Autism: Factors that Increase Risk and Interfere with Recognition of Abuse. *Disability Studies Quarterly*.
- Franklin, A., Raws, P., & Smeaton, E. (2015, September). *Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation*. Essex: Barnados.
- Gateway, C. W. (2012). *The risk and prevention of maltreatment of children with disabilities*. Washington, DC: US Department of Health and Human Services, Children's Bureau.
- Hartman, D. (2014). *Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders: A Professional's Guide to Understanding, Preventing Issues, Supporting Sexuality and Responding to Inappropriate Behavior*. Philadelphia: Jessica Kingsley Publishers.
- Hingsburger, D. (1995). *Just Say Know! Understanding and Reducing the Risk of Sexual Victimization of People with Developmental Disabilities*. Eastman: Diverse City Press Inc.
- Mandell, D. S., Walrath, C. M., Manteuffel, B., Sgro, G., & Pinto-Martin, J. A. (2005). The prevalence and correlates of abuse among children with autism served in comprehensive community-based mental health settings. *Child Abuse & Neglect*, 1359-1372.
- Sexual Abuse and intellectual disability*. (2016, December 5). Retrieved from Wikipedia: [https://en.wikipedia.org/wiki/Sexual\\_abuse\\_and\\_intellectual\\_disability](https://en.wikipedia.org/wiki/Sexual_abuse_and_intellectual_disability)
- (2015). *Sexual Abuse of Individuals with Developmental Disabilities: Analysis and Recommendations for Ohio*. Columbus: Disability Rights Ohio.
- Sexual Violence Facts at a Glance*. (2012). Retrieved from Centers for Disease Control: <https://www.cdc.gov/violenceprevention/pdf/sv-datasheet-a.pdf>
- Smith, N., & Harrell, S. (2013). *Sexual Abuse of Children with Disabilities: A National Snapshot*. New York: VERA Institute of Justice: Center on Victimization and Safety.

*Understanding Sexual Violence*. (2014). Retrieved from Centers for Disease Control:  
<https://www.cdc.gov/violenceprevention/pdf/SV-Factsheet.pdf>

(2010). *West Virginia S.A.F.E. Training and Collaboration Toolkit—Serving Sexual Violence Victims with Disabilities*. partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for Independent Living and the West Virginia Department of Health and Human Resources.