AUTISTIC AND AT-RISK: THE PUBLIC AND PERSONAL SAFETY OF CHILDREN WITH AUTISM SPECTRUM DISORDERS

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by

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ABSTRACT OF DISSERTATION

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Abstract

The purpose of this study was to investigate the victimization experiences of children with autism spectrum disorders in the U.S. Autism is a neurological, lifelong developmental disorder that affects 1 in 88 children in the United States. The defining characteristics of autism are impaired social interaction and communication skills, features that have been linked to increased vulnerability among people with intellectual and developmental disabilities.

Using the subject recruitment services of the Interactive Autism Network, this study involved the administration of the Juvenile Victimization Questionnaire to 262 parents of children with autism, as well as follow-up interviews with 40 parents. Almost three-fourths of the children in the sample had experienced assault or bullying within the last year, and almost half had been the victim of a property crime. Over one-third of the children in the sample had experienced an incident of maltreatment in the last year, and qualitative results indicate that those incidents tended to occur at school and involve school-based caregivers.

This study found patterns of victimization that children with autism may be uniquely vulnerable to, including manipulation by peers, physical assault by teachers, the application of traditional methods of punishment that are inappropriate for children with Autism Spectrum Disorders, and academic neglect.

Finally, this study identified three barriers to the reporting of victimization incidents to criminal justice authorities: (1) oftentimes, offenses that occurred on school grounds were considered under school authority jurisdiction and not under local criminal jurisdiction; (2) fear that bringing the case to police will re-victimize the child; and (3)
fear that local police would not accept the testimony of a child with autism, particularly
one without fluent verbal ability. Policy implications and crime prevention strategies are
addressed in the final chapter.
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**List of Terms**

ABA – Applied Behavior Analysis
ADD – Attention Deficit Disorder
ADHD – Attention Deficit Hyperactivity Disorder
ASD – Autism Spectrum Disorder
CPS – Child Protective Services
PDD – Pervasive Developmental Disorder
DVS – Developmental Victimization Survey
IAN – Interactive Autism Network
IDD – Intellectual and Developmental Disabilities
JVQ – Juvenile Victimization Questionnaire
NatSCEV – National Survey of Children Exposed to Violence
NCVS – National Crime Victimization Survey
PDD-NOS – Pervasive Developmental Disorder- Not Otherwise Specified
RDD – Random Digit Dialing
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Chapter One: Literature Review

The field of victimology has grown steadily over the last several decades. In response to the proposition that victims are forgotten in the American justice system, victimologists have increased the amount of data gathered about victims of crime and about the crimes they have encountered. In the last forty years, we have seen the advent of the National Crime Victimization Survey (NCVS), the first comprehensive national survey of victimization experiences in the United States. Not only has the survey been administered regularly over the last forty years, but the results are widely circulated and utilized throughout the country, providing a supplement to what is known about crimes that occur in this country from other data sources, such as the Uniform Crime Report (UCR) and the National Incident-Based Reporting System (NIBRS).

Studies focusing specifically on victimization, as opposed to the criminal incident, are useful for gathering information about incidents that might not be reported to authorities, but involve victimization, abuse, or exploitation nonetheless. These studies also sometimes capture information about the effects of the criminal incident on the involved victims—information that might be valuable to victim service providers. Importantly, victimological research can also provide information about patterns of and risk and protective factors for victimization that can be utilized in the construction of crime prevention policies.

While large-scale victimization surveys have great utility, they often do not gather very specific demographic information about victims, particularly disability status. The NCVS did, however, begin collecting information on participants’ disability status in 2007 and the results (which will be discussed later in this chapter), while revealing, don’t
tell us about the vulnerability of people with specific disabilities to specific types of crime. Several smaller studies do contribute to our knowledge about the victimization of people with disabilities.

The research that has been done suggests that people with disabilities are disproportionately represented as victims of crime, abuse, and neglect. Mainstream criminologists and law enforcement officials have increasingly recognized this issue as an area of concern (Sobsey, 2009), especially within the last five years. This chapter will provide an overview of what is known about the victimization of people with disabilities, with a particular focus on those with intellectual and developmental disorders.

Intellectual and Developmental Disorders (IDD) form a newly coined category of disabilities encompassing those affecting intelligence, such as cognitive impairments, and other disabilities present throughout one’s lifetime that are attributed to physical or mental impairments. The term “intellectual disability” is meant to replace the outdated terminology “mentally retarded”; Rosa’s Law, which mandated this change in diction in federal legislation, was formally signed into law by President Barack Obama in October 2009. Autism Spectrum Disorders (ASDs) are part of this category of disability. What distinguishes ASDs from other intellectual and developmental disorders will be discussed at the end of this chapter, making clear the need for a study focusing exclusively on children with autism.

**Disability and Victimization**

In 2007, the National Crime Victimization Survey (NCVS) began collecting information on the disability status of participants. Analysts of the Bureau of Justice Statistics concluded that Americans with disabilities had a victimization rate higher than
non-disabled Americans. Further, they found that people with cognitive disabilities (such as autism and other developmental disorders) experienced violent crime at a rate higher than people with other types of disabilities. Those with cognitive disabilities experienced victimization at a rate of 34.3 per 1,000 respondents, nearly double the victimization rates for other categories of disability, which ranged from 9.7 to 18.2 per 1,000 respondents (Rand & Harrell, 2009). In the same year, the violent crime rate overall (not just among people with disabilities) was 20.4 per 1,000 respondents (BJS, 2012).

A 2012 meta-analysis funded by the World Health Organization echoed these findings. After surveying the results of 26 studies of violence against people with disabilities worldwide, which included data on 21,557 adults with disabilities, they concluded that adults with disabilities are at a higher risk of violence than are non-disabled adults (Hughes et al., 2012). Persons with mental health or intellectual disabilities, they further concluded, are more at risk than those with other types of disabilities.

Studies focusing specifically on the victimization of individuals with intellectual or developmental disabilities confirm the status of such people as among the most vulnerable in our society. In the mid-1990’s, researchers Sobsey, Lucardie and Mansell (1995) conducted an in-depth literature review and estimated that people with developmental disabilities are four to ten times more likely to be victims of crime than are their typically-developing counterparts. In an earlier study, Sobsey and Doe (1991) concluded that more than 70% of women with developmental disabilities are sexually assaulted in their lifetime, which is a rate 50% higher than for women without developmental disabilities. Precise estimates of victimization are hard to gauge due to the
issue of underreporting and differential reporting. For instance, it has been estimated that only about 20% of actual incidents of sexual abuse of people with developmental disabilities are ever reported (Ryerson, 1984). While still low, reporting rates for incidences of rape and sexual assault among the general population are moderately higher in comparison. According to NCVS data, between 2006 and 2010, 35% of rape or sexual assault victimizations in the United States were reported to the police (Langton et al., 2012).

**Risk Factors for Abuse**

Researchers continue to uncover reasons why persons with intellectual and developmental disabilities are at such high risk for victimization. In the first place, it has been suggested that people with intellectual disabilities are more susceptible to exploitation because they are often completely dependent on others for their well-being (Furey, Granfield & Karan, 1994). Caregivers include parents, bus drivers, teachers, therapists, babysitters, and any other specialists who are trusted with the care of persons with disabilities. Research suggests that children and adults with intellectual disabilities have been conditioned to respond passively to caregivers—to comply with and not challenge them (Walmsley, 1989). The fact that people with intellectual disabilities tend to be more trusting of strangers (Kempton & Gochros, 1986) compared to non-disabled people further increases their vulnerability to exploitation.

Residency in an institution or even a smaller community residential facility is another risk factor for exploitation and abuse. In such facilities, the risk of abuse comes from paid staff and other individuals without disabilities and also from other adults with intellectual disabilities. Confounding the issue of sexual abuse by other individuals with
intellectual disabilities is the fact that people with IDDs, both perpetrators and victims, are less likely to have received appropriate and adequate sex education, either formally in a classroom setting or informally through participation in social events.

Some research suggests that a factor contributing to high rates of victimization of people with IDDs is that perpetrators, specifically of sexual abuse, often victimize those they perceive to be weaker, unable to defend themselves, and unlikely to be considered credible if accusations of abuse are made (Furey, Granfield & Karan, 1994; Nettleback & Wilson, 2002).

A study of 171 cases of sexual abuse of people with intellectual disabilities within residential facilities revealed that perpetrators in 42% of the cases were another adult with mental retardation, while 56% of cases involved perpetrators who were paid staff, family members, or others known to the victim (Furey, Granfield & Karan, 1994). These results confirm that just as with the general population, people with intellectual disabilities are more likely to be abused by someone they know than a complete stranger. Other inquiries into abuse and neglect within residential facilities have confirmed that people with intellectual disabilities are often vulnerable to harm and abuse within settings meant to provide care and protection (White et al, 2003).

A study looking at cultural components of residential facilities and service environments for people with intellectual disabilities identified several aspects of environments and cultures that can be associated with risk of abuse. These include management; staff deployment and support; staff attitudes, behavior and boundaries; training and competence; power, choice, and organizational climate; isolation; and service conditions, design, and placement planning (White et al., 2003). Notably, these
are all aspects of an environment that cannot be influenced by the residents or clients with intellectual disability. Implementing policies that heighten or lessen the risk of abuse of residents or clients with IDD is solely the responsibility of facility management.

White et al.’s review (2003) indicated that there are multiple limitations to our ability to recognize physical or behavioral evidence of abuse, suggesting that most evidence is elicited only through disclosure. There are some persons with intellectual and developmental disabilities who will not know to disclose certain information about victimization. Our current reliance on self-disclosure is even more problematic for the sub-population of those with IDDs who are non-verbal.

Importantly, White et al. (2003) conclude that although we have begun to better understand how to respond to cases of abuse of people with intellectual disabilities, within the academic literature there remains insufficient information about how to prevent such crimes in the first place, indicating the need for a more proactive policy agenda. Reactive approaches will most likely be ineffective in reducing initial vulnerability to abuse. For effective protection to take place, policymakers must be realistic about the many causes of abuse and victimization and avoid putting resources toward a singular, dominant explanation. Not only should resources be funneled to address known victimization, but research and policies should focus on the prevention of potential victimizations of people with IDDs.

**Victimization of People with Intellectual and Developmental Disabilities**

Children with intellectual and developmental disabilities are more likely to be victims of traditional crimes and of child maltreatment than are their non-disabled peers. Child maltreatment is generally divided into four types including physical abuse,
emotional abuse, sexual abuse, and neglect (Vig & Kaminer, 2002). Although parents are generally thought of as perpetrators of maltreatment, offenders can also be siblings, peers, teachers, or other caretakers. For children with intellectual and developmental disabilities who may have extensive or even total dependence on caregivers, it is especially important to think more broadly about the likelihood of maltreatment in multiple environments.

In a literature review of studies addressing the maltreatment of children with developmental disabilities, Vig and Kaminer (2002) reported that there are multiple reasons why children with IDDs may be at risk for maltreatment. Regardless of disability status, there are certain environmental and familial factors that can increase likelihood of abuse or other forms of child maltreatment. Environmental stressors include poverty, educational deprivation, and low socioeconomic status, among others. Risk factors related to parents and family include social isolation, problems with attachment, problems related to interactions between parent and child, parental substance abuse, intellectual limitations of other family members, and parents’ own history of child abuse.

On top of these risk factors, families of children with disabilities face additional stressors. Research suggests that parents of children with disabilities experience a great deal more stress than other parents. Vig and Kaminer (2002) postulated that children with mild disabilities might be at even greater risk for maltreatment than those with more severe disabilities because the uncertainty of their life outcomes might cause parents and other family members feelings of frustration. Families of children with more severe impairments may have more realistic expectations for successes and progress.
Other studies have confirmed that children with intellectual and developmental disabilities are disproportionately victims of abuse (Reiter, Bryen & Shachar, 2007) and traditional crimes (Wilson & Brewer, 1992). A study focusing on the criminal victimization adults and children with mild to severe intellectual disabilities (n=174) found that people with intellectual disabilities were at a greater risk of having a crime committed against them than age-matched cohorts from the general population. People with intellectual disabilities were twice as likely to be victims of assault, sexual assault, robbery, and theft, and this population was 1.5 times more likely to fall victim to property crimes (Wilson & Brewer, 1992).

A study involving a national sample of mothers of children with Asperger’s syndrome and non-verbal learning disorders (n=411) found that 94% of these caretakers reported that their child had been victimized in some form by their siblings or peers in the last year (Little, 2002). The author’s definition of victimization was broad—including both physical abuse and shunning by peers—but nearly three quarters of parents reported that their child had been hit by peers or siblings in the last year, while fully 75% of respondents reported that their child had been emotionally bullied. The children in this sample were described as “perfect victims” because of their profound paucity of social skills (Little, 2002). This lack of social skills has significant consequences; deficits in self-protective skills, social skills, and supportive peer networks can increase a child’s risk for peer bullying and assault (Little, 2002; Turner et al, 2011). While many children with intellectual disabilities are still socially capable, intrinsic to autism spectrum disorders are communication and social deficits. It follows that children with autism and related disorders are particularly vulnerable to victimization from peers.
The question of whether interpersonal competence influences vulnerability to criminal exploitation was central to a 1996 study (Wilson, Seaman & Nettleback, 1996) that compared twenty victims of crime and twenty non-victims, all of whom had been diagnosed with an intellectual disability. This research investigated a sample of people with intellectual disabilities—a generally vulnerable sample—to see if those who had been criminally victimized were distinct from those not victimized in terms of social competence. Wilson and his colleagues found that the group of victims indeed showed poorer social competence, leading the authors to hypothesize that those who were victimized may have had trouble deciding on appropriate behavior in some interactions with others. The victimized group experienced more difficulty in making judgments about friends rather than strangers, indicating a particular vulnerability to victimization from people known to them, such as classmates, family members, caregivers, or housemates. In other words, while they understand the potential dangers associated with strangers, they are less likely to protect themselves from victimization by people they are associated with, due to poor social competence, or the ability to predict what other people are thinking. The authors concluded that, “there is considerable evidence that poor social competence is an important variable, at least partially independent from IQ. . . . Poor competence in interpersonal interactions can result in either social isolation or exploitation” (Wilson, et al., 1996, 9). Again, people with autism spectrum disorders may not suffer from below-average intelligence. Rather, the defining deficits of these disorders are in communication and social skills. Therefore, as the Wilson et al. study (1996) suggests, it is not altogether wise to generalize results from studies focusing on people with general intellectual disabilities to the autistic population.
A nationally representative 2011 study investigated both traditional victimization and maltreatment among children with four different categories of disability: physical disability; internalizing disorders such as anxiety; Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD); and developmental or learning disorders (Turner et al., 2011). This research revealed that although disability, defined broadly, represents a risk factor for victimization, the risks imposed by more specific types of disabilities are associated with differentiating victimization exposure. Children with physical and developmental disabilities were found to be at increased risk for victimization when compared to children with internalizing disorders or ADD/ADHD, which was attributed to high levels of caregiver burden and stress. Additionally, children with developmental or learning disorders experienced substantially higher rates of property crime than children without these types of disabilities. Lack of social skills and cognitive ability may reduce these children’s capacity to protect their personal property. These findings are consistent with the NCVS (2007), which also found that individuals with cognitive disabilities were more likely to experience theft and other property crimes than those without disabilities. Turner, et al. (2011) demonstrated the importance of investigating the effects specific types of disability (i.e. autism spectrum disorders) rather than combining multiple types into one measure, as not all forms of disability are associated with the same levels of risk.

**Impact of Victimization**

The standard sequence of response to victimization of non-disabled people involves therapeutic conversations about feelings of stress and anxiety, which studies have found critical to preventing long-term emotional damage. Of course, this focus on
highly verbal therapy is not appropriate for children with limited or no communicative abilities (Howlin & Clements, 1995).

Studies investigating the impacts of abuse suggest that for children with severe or non-verbal intellectual disabilities exhibit significant behavioral changes following abuse, including aggressive and self-injurious behavior, mood swings and temper-tantrums, resistance to going to school, soiling, diminished verbal language, and changes to sleeping and eating patterns (Howlin & Clements, 1995; Murphy, O’Callaghan & Clare, 2007, Lewin, 2007). However, if not properly recognized as symptoms of maltreatment, these indicators may result in punishment, rather than therapeutic or restorative response. The inability of some children to report maltreatment places them at risk for persistent victimization, as perpetrators come to understand them as “easy prey.” Similarly, a lifetime of victimization may lead individuals with intellectual disabilities to believe that such actions against them are a normal part of life (Lewin, 2007).

Studies of impact of abuse indicate that parents and caretaking professionals need to develop a better awareness of the types of symptoms that children with specific types of disabilities display when they are enduring ongoing abuse (Howlins & Clements, 1995). Caregivers also need to understand the biological, psychological and social implications of abuse in order to help facilitate healing (Focht-New et al., 2008). Additionally, research shows that the inability of some victims to talk about their experiences will keep their cases from arrest or prosecution (Murphy, O’Callaghan, & Clare, 2005).
Responding to Victimization

Within the literature, there is consensus that having an intellectual disability can pose as a major problem for achieving restoration after victimization (Lewin, 2007). The first obstacle is that the intellectually disabled victim may not understand that he or she has been wronged. Even in cases that they do, they may not have the opportunity to report the victimization to authorities. As stated earlier, there are multiple reasons that caretakers might not recognize that victimization has occurred, but even if they are able to recognize the wrongs that have taken place, there is considerable underreporting of these events to the criminal justice system (Lewin, 2007). Oftentimes, abuse that takes place at home or in a residential facility is looked upon as a private matter and not a criminal one by privy parties. Part of this problem is what has been termed the “bad apple” model (Martin, 1984) of conceptualizing abuse, which considers abuse as being perpetrated by malicious or deviant individuals instead of looking for more systematic explanations for the widespread abuse of people with intellectual disabilities.

Very little research has been conducted on police training and ability to identify and react to cases involving individuals with IDD. An additional problem that has received some attention within the literature is that there is a tendency for the criminal justice system to consider people with intellectual disabilities less than trustworthy and incapable of offering truthful and accurate eyewitness accounts (Lewin, 2007). Courtroom players including prosecutors, judges, and jury members may have expectations of what testimony should look or sound like in addition to conscious or unconscious bias about the capabilities of people with disabilities. A study of attorneys’
perceptions of child witnesses with mental retardation\(^1\) found that attorneys generally perceived children with intellectual disabilities as less credible and more suggestible than child witnesses without disability (Nathanson & Platt, 2005). The deciding factor for most of the participating attorneys was whether they believed there was strong enough evidence for successful prosecution, and central to this decision was the child’s ability to recall and communicate information. For children with impaired communication skills, such a standard would be hard to meet if only these traditional standards of competence were employed.

Contrary to conventional wisdom, research has shown that the use of facilitated communication, through the use of a device or an interpreter, and repeated interviews (Cederborg, et al., 2008) with children who have intellectual disabilities can facilitate truthful, honest, and age-appropriate testimony from youthful victims with intellectual disabilities. Moreover, research suggests that certain types of question phrasing can encourage credible answering by children with intellectual disabilities (Cederborg, et al., 2008). Necessary, then, are trained interviewers and court personnel with confidence in children with intellectual disabilities, an understanding of the great risks they face for victimization, and a desire to bring justice to their perpetrators.

**Autism Spectrum Disorders**

Autism is a complex neurological disorder that affects social interaction and communication. ASDs are categorized as intellectual disabilities, which are distinct from other mental health diagnoses as they are lifelong disorders linked to cognitive functioning. ASDs are characterized by a triad of (a) impairments in reciprocal social interaction; (b) difficulties with both verbal and nonverbal communication; and (c)

\(^1\)Although the term mental retardation is no longer used, this was the language used in the study.
displays of restricted, stereotypic activities and interests (Oellette-Kuntz, et al., 2007). Autism is the fastest-growing developmental disability today (Bartley, 2006), and as recently as 2012 has been referred to by experts as an “epidemic”, a “national emergency” requiring a “national strategy” (Roithmeyer, 2012).

Recent Center for Disease Control (CDC) estimates indicate that as many as 1 in 88 children, and 1 in 54 boys, born in the United States will be diagnosed with an Autism Spectrum Disorder (Baio, 2012). This represents a 20% increase from a similar CDC prevalence study conducted two years prior, which found that 1 in 110 American children, and 1 in 70 boys, would be diagnosed with autism (Rice, 2009). Autism spectrum disorders are reported to occur in all racial, ethnic and socioeconomic groups, yet 4 of 5 affected individuals are male (Rice, 2007). The current definition of autism spectrum disorders include autism of all functioning abilities—from very high to very low—as well as Pervasive Developmental Disorder (PDD), Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), Asperger’s Syndrome, Childhood Disintegrative Disorder, and Rett’s Syndrome. While the specifics of these disorders differ in terms of intelligence, behaviors, and abilities, they are all characterized by impairment in communication and socialization.

To date, the cause of autism spectrum disorders is unknown. What is known is that, for whatever reason, diagnoses rise substantially each year. National special education statistics showed a 657% increase in autism from 1993 to 2003 (Bartley, 2006). Whether more autistic individuals are actually born each year or this is in part a diagnostic labeling issue, the fact remains that we now recognize more individuals with autism than ever. The CDC estimates that of 4 million children born in the United States
each year, about 24,000 will eventually be diagnosed with an ASD, or three children born each day. Several studies have pointed to similarly increasing trends both in the U.S. and abroad (Croen, Grether, Hoogstrate & Selvin, 2002; Dales, Hammer & Smith, 2001; Gurney, et al., 2003). Chart 1.1 illustrates the growing number of students in the United States with a known autism spectrum disorder that have enrolled in federally funded special education programs (US Department of Education, National Center for Education Statistics, 2010). This does not take into account the vast number of students with autism spectrum disorders educated in private settings, but does illustrate the growing prevalence of this disorder.

Figure 1.1.
Students with Autism Receiving Federal Support in U.S. Public Schools

What distinguishes autism from other intellectual and developmental disorders are serious deficits in social skills and communication. In particular, a signature
characteristic of autism spectrum disorders is lack of theory-of-mind, or mindblindness, the inability to read the behavior of others in terms of mental states (Baron-Cohen, 1995, Baron-Cohen, Leslie & Frith, 1985). Theory-of-mind is defined as the ability to impute mental states to oneself and others (Premack & Woodruff, 1978) and is an important aspect of social skills as it indicates the ability to understand that other people know, want, feel, or believe things (Premack & Woodruff, 1978). Describing her mindblindness, Dr. Temple Grandin, a woman with both high-functioning autism and a doctorate, once said that trying to understand and predict other people’s behavior made her feel like an “anthropologist on Mars” (Sacks, 1995).

Both lack of social skills and communicative ability were identified as strong risk factors for victimization in the broader population of people with intellectual and developmental disabilities. These exact characteristics distinguish autism from other disorders. The literature indicates that people with autism are likely to suffer from increased rates of victimization, even among people with other intellectual and developmental disorders. Given that diagnoses of autism continue to rise every year in the United States, it is essential to comprehensively examine the victimization experiences of children with autism spectrum disorders.
Chapter Two: Theoretical Relevance and Purpose

We know that the number of people in the United States with identified autistic spectrum disorders is rising. We know that these people are susceptible to victimization at higher rates than the typically developing population. An essential question to consider is why people with intellectual and developmental disabilities experience disproportionate rates of victimization (Wallace, 2007; Petersilia, 2000). One way to approach this question is to consider why our neurotypical community members are willing to commit criminal acts of violence and abuse against this vulnerable population. To be clear, this theoretical analysis seeks to explain the victimization of people with autism by typically-functioning perpetrators, not by other people with IDDs.

The victimization rate of people with intellectual and developmental disabilities is disproportionately high. In order to formulate appropriate public policy to prevent these crimes, it is essential to understand why this is the case. An appropriate theory to begin the exploration of this problem is routine activities theory.

Traditionally, criminology focuses on offenders and what motivates them to commit or desist from crime. However, to understand why a certain population is disproportionately victimized, it might be more useful to focus on the crime, rather than characteristics of the offender. This is exactly what routine activity theory does, as developed by Cohen and Felson (1979). Rather than emphasizing the characteristics of offenders, their approach focuses on the circumstances in which offenders carry out their “predatory criminal acts.” In their explanation of this approach, Cohen and Felson use Glaser’s (1971) definition of predatory violations, which are illegal acts in which “someone definitely and intentionally takes or damages the person or property of
another.” This definition applies to the victimization of people with developmental disabilities because it includes categories of theft, abuse, assault and others. The types of crimes that it does not encompass, such as business crimes, are less applicable to this population.

In their routine activities theory, Cohen and Felson assert that there are three important requirements to facilitate successful direct-contact predatory violations. These requirements are: “an offender with both criminal inclinations and the ability to carry out those inclinations, a person or object providing a suitable target for the offender, and absence of guardians capable of prevention violations” (Cohen & Felson, 1979). They argue that a successful predatory violation can commence when these three requirements are met.

1. Suitable Targets

The problem that this theory brings to light is that when it comes to individuals with autism and related developmental disorders, at least two of these requirements are often met. Individuals with disabilities are very suitable targets of crime. Petersilia (2001, p. 672) sums up these reasons succinctly, stating that “people with disabilities may be particularly vulnerable to crimes involving interpersonal violence…because as a population—regardless of age or gender—they are often the least able to recognize danger, the least able to protect themselves, and the least able to obtain assistance within the criminal justice system.” She continues to list other variables that render this population particularly vulnerable, including: a high level of dependency on others, little access to resources, limited mobility (i.e. difficulty getting away from danger or to safe places where they may report a crime), little or no sex education, and in some cases, little
vocabulary with which to report abuse. In addition, it is important to recognize that a high percentage of autistic individuals are non-verbal and do not have any means of expressing themselves, particularly to criminal justice agents who have had little or no prior exposure to autism. Because of this, they are excellent targets of crime, as perpetrators do not have to fear consequences.

2. Lack of Capable Guardian

A second requirement proposed by Cohen and Felson as necessary for the successful completion of crimes is the absence of a capable guardian. This is also something that is often lacking for people with autism spectrum disorders.

In many cases, we are capable guardians of ourselves. A typically-functioning person who has lived and been socialized in our society will understand that there are some places that are safe and some that are not safe. Neurotypical society members are able to recognize a feeling of danger, suspect when someone might be trying to take advantage of them and are typically not trusting of those we don’t know. Many people with autism lack this capacity. Those on the autistic spectrum may be lacking a “theory of mind,” or the ability to attribute mental states to themselves or others. This deficiency makes it difficult, or even impossible, for autistic people to be aware of other people’s intentions. In this way, they are lacking a self-guardianship that the rest of us have.

A second reason that a capable or suitable guardian is often not present for people with autism and related disorders is because it is sometimes their guardians who commit crimes against them. Petersilia (2001) explains that the issue of caregiver violence is a unique one faced by people with disabilities. Many rely on their caregiver(s) to help them with several daily activities and the care they require can be very intimate. She
writes, “when a person is dependent on another for food, clothing, shelter, and all social interaction, that dependency sometimes prevents him or her from resisting abuse” (Petersilia, 2001, p. 672). Similarly, some researchers have found that children and adults with developmental disabilities in mental health settings are at very high risk for abuse (Mandell, et al., 2005). It is not known whether the prevalence of this type of abuse has decreased since the deinstitutionization movement of the 1970’s, but these studies, along with a steady stream of current news stories about abuse in institutions, indicate that abuse against institutionalized people with disabilities remains an issue. Other studies have concluded that this population is just as vulnerable at home for a number of different reasons, including child abuse by guardians (Mandell et al., 2005b), filicide (Palermo, 2003) and other types of abuse (Jones, 1994; Randall & Parker, 1997).

In other words, the autistic population is less defended against victimization than others because they are less capable of self-guardianship and because they are more susceptible to guardian abuse, assault and neglect. While the rest of us are protected by our own senses and from being surrounded by others, many people with autism do not have the same protection. While some autistic individuals are make an effort to avoid certain stimuli (such as loud noises or crowded environments), this is linked to unusual sensory processing that is common among individuals with autism (Crane, Goddard & Pring, 2009) and does not carry over to any forms of self-protection.

3. Motivated Offender

The third requirement set forth by Cohen and Felson (1979) in their routine activities theory is that of a willing offender with both criminal inclinations and the ability to carry out these inclinations. We know that such willing offenders exist in our
communities. The role of the offender can be better understood when considered through the lens of rational choice theory.

Rational choice theory is essentially an economic theory of crime in which people are more or less free to choose crime as a behavioral option using a sort of cost-benefit calculus (Clarke & Cornish, 1985). The benefits desired are not strictly financial; potential offenders may seek status, sex and excitement as well (Clarke & Felson, 1993). It is important to note that this model involves perceived rewards and sanctions rather than actual ones, which can affect decision making. “The rational choice perspective…sees the nature of the crime committed as crucial to explanation, since the decisions leading to one type of crime are different from those leading to another” (Clarke & Felson, 1993).

In focusing on the offender, Cohen and Felson (1979) argue that a number of factors will lead to criminal activity, including a perception of the low probability of apprehension and the belief that punishment is uncertain. Both of these factors are extremely important when it comes to targeting victims with autism spectrum disorders.

If an offender targets a victim with developmental disabilities, it is not very likely that the victim will be able or willing to report the crime. Then, even if they do report the crime, they may not do so in a clear enough manner to file a formal police report. Even then, if the case goes to trial, there may not be enough evidence to charge the offender, and the victim’s testimony may not be considered credible. Therefore, offenders probably know that the chance that they will face any sort of formal legal punishment is very small. For that reason, they may be more willing and likely to target a victim with autism or a related developmental disorder. An example of such an occurrence was
documented by Bernard Lefkowitz in his wide-selling book, *Our Guys* (1997), in which he demonstrates how difficult it can be to bring justice to cases involving the sexual abuse of people with developmental disabilities. Some hate crime research also suggests that offenders may believe that no one will care if they attack members of particular groups (Levin & McDevitt, 2002; Grattet & Jenness, 2001).

The components of causality under the rational choice model are: free choice, lack of fear of punishment, an ineffective criminal justice system, available unguarded targets, and opportunistic situations. Arguably, in many situations involving the victimization of people with autism, all of these factors are present.

Traditional public policy responses to rational choice theory involve a policy shift from legal deterrence to situational prevention, which can include target hardening, opportunity reduction and physical deterrents (Clarke, 1997). In order to implement situational prevention techniques to prevent the victimization of people with autism spectrum disorders, it is essential to understand how, where and with what frequency and by whom this population is victimized. Only then can crime prevention policies be formulated. These policies are essential because not only do people with autism frequently lack the ability to report crimes committed against them, they often face other barriers to safety including having little independent wealth with which to protect themselves or influence others, and as a group, they lack political power.

Routine activity theory is uniquely appropriate for the population considered in this study because routines are often very important to people with autism spectrum disorders. It is not uncommon for children and adults with these disorders to repeat a specific routine every day. This means that potential offenders will know exactly when
and where to expect an autistic target. Another reason that routine activity theory provides an appropriate theoretical lens for this study is that it focuses on criminal acts rather than offenders. When it comes to the victimization of autistic children, these criminal acts include abuse, bullying, and financial crimes. These acts can potentially be carried out by anyone who has contact with the child, including caretakers and siblings. Since this study seeks to learn about a broader victimization experience than solely criminal acts, it is important that we look at the abusive and/or criminal events themselves rather than focus exclusively on offenders or victims.

The instrument to be used in this study, the Juvenile Victimization Questionnaire (JVQ), focuses on instances of victimization rather than focusing on who the perpetrator is, helping us to understand the events more clearly. The JVQ is a survey developed by Hamby, Finkelhor, Ormrod, and Turner (2004) that measures a wide range of elements of childhood victimization. There are five general areas of victimization covered by the survey, including assaults/bullying, sexual victimizations, property victimizations, maltreatment, and witnessed or indirect crimes. The instrument includes questions about 34 forms of offenses. In addition, the open-ended questions appended to this survey help to address preventive measures that may be taken to prevent victimization. These questions can help us understand offender motivation and the individual vulnerabilities of the child, creating a more complete understanding of these victimization experiences through the lens of opportunity theory.

Purpose of Current Research

There is scant but consistent previous research indicating that people with developmental disabilities are victimized at significantly higher rates than their non-
disabled counterparts. Among those with developmental disabilities, individuals with autism spectrum disorders may be the most vulnerable to victimization because of the deficits inherent in these disorders, including a lack of theory-of-mind and, often, verbal deficiencies. Because autism is the fastest growing developmental disorder in the United States (Bartley, 2006), because it is currently described by experts as an “epidemic” affecting 1 in 88 children and 1 in 54 boys (Roithmayer, 2012), and because these disorders differ from other developmental disabilities in significant ways, it is important to understand patterns of victimization specific to the autistic population. No research has been conducted on the victimization patterns of Americans with autism spectrum disorders.

This study seeks to fill this gap. It sets out to enhance our understanding of how, where, with what frequency, and by whom children with autism are victimized in the United States. Only by gathering this information can we begin to formulate crime prevention policies and procedures to protect this growing group of vulnerable people. Preventing crime against Americans with autism is a goal that, for reasons discussed in this chapter, may not be met using traditional crime prevention techniques. For that reason, this exploratory study on the victimization of this population is essential to eventual crime prevention measures.
Chapter Three: Methodology

As no prior victimization data has been collected focusing solely on individuals with autism, the methodology of this research is necessarily exploratory. Survey-generated data, gathered from caretakers of children with autism, provided the basis for quantitative analysis. Additionally, this study employed qualitative measures in the form of interviews with parents and guardians of children with autistic spectrum disorders (a copy of this survey can be found in Appendix A). Together, these methods helped to form a baseline understanding of the locations, frequency and perpetrators of the victimization of children with autism spectrum disorders. This chapter will discuss the population of autistic children and their families from which the survey sample was drawn, the data collection and sampling strategies, and the operationalization of quantitative variables for analyses.

Participants in the Interactive Autism Network (IAN)

The Interactive Autism Network (IAN) is an online community that aims to bring together families affected by autistic spectrum disorders and researchers. Currently, more than 400 researchers utilize the resources of IAN and over 42,000 people, including individuals with autism and their family members, participate in this national collaboration. To date, 270 studies have been conducted using either the longitudinal or cross sectional data collected and maintained by IAN or using their recruitment service. IAN gathers information about people of all ages affected by autistic spectrum disorders in the United States.

This study utilized the subject recruitment service offered by IAN. Once it was determined that this study qualified, IAN combed the IAN research database based on
this study’s recruitment criteria (discussed below), identified participants who qualified, and then sent potential participants the study’s IRB-approved recruitment letter via email. Then, interested participants had the option of either contacting the Principal Investigators (Pfeffer or McDevitt) for more information or, for anonymity, could proceed directly to the online version of the survey, where they had the opportunity to learn more about it and proceed with the survey if desired.\(^2\) In an attempt to control respondent bias, each family was asked to take the survey only once and include information about only one child, even if they had more than one child diagnosed with an autism spectrum disorder. Due to the anonymous nature of the survey, it is impossible to know for sure if any caregiver took the survey twice, for different children, but it is unlikely because parents were specifically asked to take it only once, regardless of how many autistic children they have. There were spaces built into the survey and the follow-up interviews that parents selectively utilized to discuss either siblings or other children with autism that they knew well. In addition, some parents used the follow-up interviews to discuss whether they had other children diagnosed with an ASD and what some of their safety challenges had been.

IAN collects basic demographic information about autistic individuals and their family members, which provide a useful overview of the population from which the sample for this study was drawn. Because respondents could decide whether to answer each individual demographic question, there are different response rates for each question. It is important to note that the demographic information collected by IAN includes data on children under 18 years old, while my study is limited to children

\(^2\)IAN—Information for Researchers. http://www.iancommunity.org/cs/for_researchers/#Subject Recruitment
between five and eighteen years old. The reason for limiting the survey to this age range is twofold. First, ASDs are frequently diagnosed after a child’s third birthday. Second, two nationally representative studies utilizing the same survey instrument included children in this same age range. My aim was to keep this study as similar as possible to maximize the possibility of cross-survey analysis in the future.

Below I present the demographic information of the entire IAN sample. Although we know there are over 42,000 participants in the IAN database, at the time of subject recruitment, only 3,301 fit the specifications for recruitment to my study: that is, people who are parents or guardians of children with autism spectrum disorders between the ages of 5-18. The reasons for limiting the sample in this way will be discussed in the sampling strategy section below. Although my survey sample is not representative of the entire IAN population, the following data provides a good overview of the characteristics of the population from which my sample was drawn. Demographic information was also collected in the current study and is presented later in this chapter.

At the time of my subject recruitment, forty-seven percent of all of the children in IAN’s database were currently diagnosed with autistic disorder, which is more commonly known as classic autism. Twenty-three percent had been diagnosed with Asperger’s Syndrome, 14% had Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), 14% had a combination of other diagnoses on the autistic spectrum, and 2% had reported a full recovery from autism according to a professional (see Appendix B for the diagnostic criteria of each of these diagnoses as listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)).
An analysis of children’s Intelligence Quotients (IQs) reported to IAN suggests that although there are more individuals with very low IQs in this population than in the general population, there are also more individuals with higher than average IQs than in the general population. Twenty-seven percent of IAN participants whose IQs were reported fell within the mentally retarded range (>70), as measured by the DSM-IV. Fifty-five percent of the IAN participants whose IQs were listed had average or above average IQs (>85) and of those 8% had IQs falling in the very superior range, as measured by the Weschler Adult Intelligence Scale (3rd ed.). This is significant because, although there are studies that investigate the victimization of children with intellectual disabilities, the data gathered by IAN suggest that there are at least some children with autism who also have average or above average intelligence. An exploration of the victimization experiences of children with ASDs looks at more than the association between cognitive ability and vulnerability to crime; this study looks at the association
between the social deficits inherent to autism and vulnerability to crime, regardless of intellectual functioning capacity.

Figure 3.2.
IQ of IAN Subjects

As opposed to the response rate asking about the IQ of children, many more parents and guardians responded to the question of whether their child had ever been diagnosed with mental retardation. Out of 8,456 respondents to this inquiry, only 9% (775) said their child with autism had ever received such a diagnosis. It is important to note that this data is all self-reported, but parents have no incentive to misrepresent their child’s abilities and/or behavior to IAN, as it is anonymous, participation is voluntary, and the goal is to add to our collective understanding of autistic spectrum disorders.

The advantages of utilizing IAN’s subject recruitment services are numerous. The network has access to a large national sample of families affected by disorders spanning the entire autism spectrum and including participants of all ages. The
recruitment process is speedy, as it is totally facilitated over email, which is also ideal for administering an online questionnaire.

That said, there were limitations to this subject recruitment strategy. Participating caretakers were self-selected. Although the invitation to participate in the survey was distributed to all caretakers with autistic children falling into the age range for this study, only those potential respondents who were interested in the survey completed it. In addition, the pool of potential caretaker respondents was limited to those who had elected to participate in IAN research in the first place. The survey did not gather information about which caretakers took the survey, so there is potential bias in parents who spend more time near a computer. Caretakers who did not have access to the Internet or who did not have the time or interest to participate in such research are absent from the sample. The victimization experiences of the children including self-excluded caretakers could be very different. Parents of autistic children who register to be part of IAN research are not necessarily representative of all parents of autistic children. Another major limitation of this data collection strategy is that it measures the victimization of autistic children, as reported by their parents. This means that, like other victimization surveys, it does not reflect actual victimization rates. Similarly, since the caretakers themselves filled out the surveys, caretaker abuse and violence against the children with autism was less likely to be reported.

Despite these shortcomings, the administration of the Juvenile Victimization Questionnaire to caretakers of children with autism was a less obtrusive way to gather victimization information about this population than questioning the children directly, while still addressing the gap in our knowledge about the victimization of these young
people. Unlike other studies involving the JVQ, which administer the questionnaire directly to children over 10 years old, this study utilized only the caregiver version of the survey regardless of the child’s age. However, analysis comparing child self-reports and parent proxy-reports on this survey show no evidence of significant differential reporting (Finkelhor, et al., 2005). Additionally, the use of semi-structured follow-up interviews with a subset of study participants ensured that if there are any elements of childhood victimization unique to the autistic population that were not included in the JVQ, parents would have a chance to report this. The use of interviews also helps to address the deficit in our knowledge about the victimization of children with autism, as parents may share different anecdotes about their child in conversation than they would while filling out an online survey.

**Data Sources**

The data for this research was derived from: (1) responses to the Juvenile Victimization Questionnaire, administered to parents/guardians of children with autistic spectrum disorders (n= 262), (2) supplementary open-ended survey questions addressing the opinions of the parents/guardians and gathering relevant demographic information about their children (n= 262), and (3) interviews with parents or guardians of autistic children (n=40).

Each of the data sources gathered was meant to address the question of the childhood interpersonal victimization experienced by children with autism spectrum disorders. Each data collection strategy targets a specific research question or related hypothesis in the hope of providing a somewhat rich and descriptive picture of the victimization experiences of autistic children.
Sampling Strategy

Table 3.1 summarizes the different phases of data collection for this study, listing the number of potential and actual participants at each stage. Each phase will be discussed in greater depth below.

Table 3.1: Data Collection Methods and Responses

<table>
<thead>
<tr>
<th>Contact</th>
<th>Initiated by</th>
<th>Sample Population</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Recruitment email</td>
<td>IAN</td>
<td>3,301</td>
<td>3,248 (53 bounced back)</td>
</tr>
<tr>
<td>2 Survey</td>
<td>Participants</td>
<td>3,248</td>
<td>262</td>
</tr>
<tr>
<td>3 Sign-up for follow-up interviews</td>
<td>Researcher</td>
<td>262</td>
<td>148</td>
</tr>
<tr>
<td>4 Demographic survey for follow-up interviews</td>
<td>Researcher</td>
<td>148</td>
<td>69</td>
</tr>
<tr>
<td>5 Follow-up interviews</td>
<td>Researcher</td>
<td>69</td>
<td>40</td>
</tr>
</tbody>
</table>

1. Recruitment E-mail

In June of 2011, IAN sent a recruitment letter describing this study to the 3,301 participants in their database who fit the criteria for inclusion in this study, that is parents or guardians of children between the ages of 5-18 who had been diagnosed with an ASD. This letter described the purpose of the survey, outlined the benefits of contributing, offered an incentive for participants, and contained a link to an online version of the survey. Additionally, this recruitment letter contained information about taking the survey over the phone or by mail, in case that was preferable to potential respondents (recruitment letter can be found in Appendix C).

The incentive for participation in the study was the chance to win one of four $50 amazon.com gift cards. In order to offer this but still maintain participant anonymity, the
study survey ended with a link to a new, unaffiliated survey web page. This page asked simply if caretakers wanted to be included in the drawing for one of the $50 gift cards, which they could indicate by entering their email addresses. There was no way of linking the entered email addresses from this page to their survey data, so no identifying information could be linked to survey responses.

Previous administrations of the Juvenile Victimization Questionnaire have measured the victimization of children ages 2-17 and have divided respondents into age groups 2-5, 6-9, 10-13 and 14-17 for analysis (Finkelhor, et al., 2005). Because autism is often undiagnosed before a child’s third birthday, and to maintain consistency with prior administrations of the JVQ, the sample population for this study was limited to children with autism between the ages of 5 and 18.

An electronic link to the survey website was included the recruitment email that IAN sent to the 3,301 potential study participants. The recruitment email also contained contact information for the principal investigators (Pfeffer and McDevitt) so that if potential participants felt more comfortable taking the survey on paper or over the phone, they had those options. Although initially IAN estimated that between 6,000 and 7,000 of their network participants fit the recruiting guidelines for this study, in reality, the recruitment letter for this study was sent to just 3,301 IAN participants and 53 of those emails bounced back. Thus, the final sample that fit the guidelines for inclusion in this study and received the recruitment email was 3,348 people. Given the potential study population, a goal of 344 participants was desirable for 95% confidence level. A 90% confidence level would require 251 responses. After the initial subject recruitment email and a follow-up email sent by IAN, the final sample for this phase of the study was 262
parents of autistic individuals, achieving an acceptable level of confidence between 90-95\% with a 5\% margin of error.

2. Survey Administration

The recruitment letter reached 3,248 potential study participants with valid email addresses. If participants decided to proceed to the survey, they found that the first page of the survey on the website contained a consent form. After reviewing the information on the form, caretakers indicated their consent by clicking a link to access and begin the survey (for consent form, see Appendix D).

Based on four trial runs by parents willing to test the survey, it was expected that it would take less than 20 minutes to complete the entire survey. Because of the sensitive nature of some of the survey questions, participants had the choice to leave questions blank throughout the survey. In order to minimize survey non-response, the software verified that participants meant to leave unanswered questions blank, but it did not require responses.

The survey administered to caretakers of children with Autism Spectrum Disorders collected both quantitative and qualitative data in three parts. The qualitative data, collected in part 1 of the survey, consisted of open-ended questions, asked prior to the administration of the Juvenile Victimization Questionnaire (n=262). These questions were purposefully positioned before the standardized JVQ in order to gather information from parents and guardians about any of their children’s victimization experiences. Posing these open-ended questions before the JVQ allowed parents to describe victimization in their own terms, unguided by the different types of victimization which are mentioned in the JVQ itself. This section also addressed whether caretakers felt that
their children were victimized because of their disability. In addition, the open-ended question section gave caretakers a place to describe the challenges they faced in ensuring their child’s safety in different environments including the school, the home and the community. This section also addressed challenges and incentives to reporting victimizations of their children. Finally, this section asked about any non-criminal contact that the children with autism might have had with police officers or other first responders.

The second section of the survey contained the caregiver version of the Juvenile Victimization Questionnaire, as developed by Sherry L. Hamby and her colleagues (2005). The JVQ measures exposure to conventional crimes such as theft, assault, attempted assault, kidnapping and bias crimes. It also measures child maltreatment including physical abuse, emotional abuse, neglect, and parent custody battles. Other sections of the questionnaire address peer and sibling victimization; sexual victimization; witnessing and indirect victimizations; exposure to community violence; exposure to family violence; abuse; school violence and threats; and internet-based victimization.

Qualitative data collected from the current administration of the caretaker version of the JVQ were then compared to responses from previous administrations of the survey, which have been administered to mostly non-disabled populations of children (Finkelhor et al., 2005). These comparisons will be discussed in depth in Chapter 5.

The analysis of the current survey data focuses on exploring patterns of victimization and on comparisons between the findings from this survey administration and findings from previous administrations of the survey. It is important to note that in prior administrations, there were two versions of the survey: a self-administered version
and a caretaker version. For children less than ten years old, caretakers answered the questions by proxy using the caregiver version of the questionnaire. Children between ten and eighteen years old were regarded as capable of responding to the questions on their own behalf and took the self-administered version of the questionnaire. The wording of the survey is quite similar for the caregiver and the youth version of the survey, and analysis of the reliability of the caretaker version of the survey indicates that parents and guardians are able to provide as adequate and comparable information as would be collected from their children (Finkelhor, et al., 2005a). Nonetheless, comparisons between the sample from this survey and previous samples will be difficult for a number of factors related to survey administration. Results from previous iterations of the JVQ are summarized below.

Administered to a nationally representative sample of 2,030 non-disabled children between 2002 and 2003, an earlier version of the survey given by Finkelhor et al. (2005b) found that more than one half of the children had experienced a physical assault in the study year, more than one in four had experienced a property offense, more than 1 in 8 had experienced a form of child maltreatment, more than 1 in 12 had been sexually victimized, and more than 1 in 3 had been a witness to violence or experienced another form on indirect victimization. Only 29% of the Finkelhor (2005b) sample had experienced no direct or indirect victimization in the last year. Additionally, they found that a child who experienced one incident of victimization had a 69% chance of experiencing another during a single year.

When an updated survey was administered in 2008 (Finkelhor, et al., 2009), the results were similar. This time, 4,549 children aged 0-17 were surveyed. Of these youth,
over 60% had experienced at least one direct or witnessed victimization in the past year. Almost half had experienced a physical assault in the past year, 25% had experienced a form of child maltreatment, 6.1% had experienced a sexual victimization, and more than 25% had been a witness to violence or experienced another form of indirect victimization. These numbers are reflective of a wide range of victimization experiences represented in the definition of victimization used in the survey, which encompasses a wide range of victimization experiences, from direct bullying by peers or siblings to witnessing neighborhood or family violence.

The third and final component of the survey administered for the current study gathered demographics about the caregiver; the caregiver’s relationship to the child; and the child, including the child’s age, gender, race, school placement, grade, autism diagnosis, residency, verbal ability, and level of independence, among others.

3. Sign-up for Follow-up Interviews

On the new survey page collecting email addresses for inclusion in the incentive drawing, there was also a place for participants to enter their contact information if they were interested in or willing to share a more detailed account of the victimization experiences of their child. Interviews were desired in this study because most of the significant events in people’s lives can only be understood through interviews (Weiss, 1994). These interviews helped provide a more comprehensive understanding of the victimization experiences of children with autism and how these experiences and related risks affect parents and other family members. A surprising 148 parents, or 56% of the sample, expressed interest in a follow-up interview, far surpassing the initial 15-interview goal of this study.
4. Demographic Survey for Follow-up Interviews

As the researcher did not have the resources to conduct 148 interviews, a short questionnaire about the child—including the child’s age, sex, autism diagnosis, verbal ability, school placement and the state of residence—was constructed and sent to each of those 148 potential interviewees in order to pick a varied sample of children to learn more about through the in-depth interviews (this survey can be found in Appendix E). Sixty-nine participants responded to this short follow-up survey, and an attempt was made to interview each of these 69 caretakers.

5. Follow-up Interviews

To coordinate phone interviews, these 69 parents or guardians were contacted via email; this email included a passive consent form for parents to review and consider before participation in the survey (this interview consent form can be found in Appendix F). By the end of the data collection phase, in-depth follow-up interviews were conducted with 40 parents or guardians. The main reason for the dropout rate at this phase of data collection was parent non-response, perhaps to due to the amount of time between when they initially took the survey online and when they were finally contacted via email to set up a phone interview, which could have been as long as six months.

The qualitative strategy of the follow-up interviews was designed to conduct phenomenological research through interviews focusing on specific cases of children who had experienced victimization (n=40). Phenomenological approaches are most appropriate for learning about a small group of individuals who have experienced a similar phenomenon (Creswell, 2007). In this case, the phenomenon is the experience of caring for a child with an autism spectrum disorder and considering their public and
personal safety. A phenomenological procedure consists of identifying a phenomenon to study, collecting data from various people who have experienced the phenomenon, and then analyzing that data by breaking text into quotes and combining meaningful text into themes. This text was organized and analyzed using QSR-NVivo software, which will be described in more detail below. Rather than focus on individuals who are victims of crime, the goal of the qualitative component of this study was to understand the phenomenon of this particular type of victimization.

Since a participant’s interview could not be linked to their anonymous survey data, the interviews were necessarily exploratory and followed a semi-structured format (the interview protocol used to guide these interactions can be found in Appendix G). Because the survey was available to respondents across the country, interviews necessarily took place over the telephone. Although it is best to conduct interviews in person, research indicates that telephone interviews are the next best approach (Weiss, 1994), especially when respondents are confident in the identity of the researcher and in the confidentiality of the study (Tausig & Freeman, 1988).

Some of the phone interviews were recorded with participant consent, using the services of Google Voice. Not only did parents give their consent for recording the interviews over email, but if the call was being recorded, an announcement was made at the start of the call for both parties to hear. Although no parents objected to the recording of phone calls, for various reasons (for example, when a parent did not want to call the Boston-based phone number or if a research assistant was simultaneously conducting a second interview when an interview was already being conducted on the Google Voice
call line) some interviews were not recorded; during these interviews, in-depth notes were taken.

The interviews ranged in length from twenty minutes to an hour and gave parents and caretakers the opportunity to provide details about their children’s victimization experiences that either were not captured by the survey or could not be explained adequately in the limited survey format. Since the Juvenile Victimization Questionnaire is mostly intended for use with a general juvenile population, it was thought that interviews might help determine if the survey contains gaps where the victimization experiences of this specific population of children with autism were not adequately covered by the JVQ.

Interviews that were recorded were transcribed. Interview transcripts and notes from unrecorded interviews were analyzed using QSR-NVivo software. NVivo was made specifically to help organize, manage, and analyze qualitative data. Transcripts and notes were uploaded to the program and then a coding scheme was developed to organize the text according to certain themes. These themes, and findings from this analysis, will be presented in the following chapters.

Analytic Strategy

Both the qualitative and quantitative methodologies are important to addressing the three main research questions of this study. The survey provides a general comparison of the victimization of autistic children to that of a general population of American youth. Both caretaker responses to the survey and information from follow-up interviews provide critical insight into parental perception of their children’s safety at home and in the community. Additionally, the use of the standardized survey, along with
more open-ended interviews, provides for a detailed and comprehensive understanding of what the victimization experiences are of American children with autism. Importantly, as this is a caretaker survey, it probably does not measure caretaker abuse or violence accurately, as they are unlikely to report their own abusive behaviors.

**Operationalization of Variables**

In this study, victimization is operationalized using a number of different forms of the phenomenon addressed by the JVQ that correspond with Finklehor’s extended typology of juvenile victimization (2007). These forms of victimization include conventional crimes, child maltreatment, peer and sibling victimization, sexual victimization, witnessing/indirect victimization, exposure to community violence, exposure to family violence and abuse, school violence, and internet victimization. The JVQ was designed to be more comprehensive than typical victimization instruments by covering this wide range of events (Finkelhor, et al., 2005).
Table 3.2 provides a description of the variables in each category of the Juvenile Victimization Questionnaire, which were used to complete both descriptive analyses and
more complex models, which will be described in depth in the following analysis chapters.

**Study Sample**

Participants in this sample were 262 caretakers of children between the ages of five and eighteen who are diagnosed with an Autism Spectrum Disorder.  See Table 3.3 for descriptive statistics on the survey sample and the interview sample.  The interviewed subsample is fairly representative of the total survey sample; the only notable difference is an overrepresentation of children diagnosed with Asperger’s in the interviewed group.

Table 3.3
Descriptive Statistics for Survey and Interview Respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Survey Sample (n=262)</th>
<th>Interviewed subsample (n=40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (% male)</td>
<td>82.3</td>
<td>80.0</td>
</tr>
<tr>
<td>Age</td>
<td>11.1 (3.6)</td>
<td>11.5 (3.2)</td>
</tr>
<tr>
<td>Race/Ethnicity (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>92.3</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.7</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>2.8</td>
<td>unknown</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>&gt;1</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>&gt;1</td>
<td></td>
</tr>
<tr>
<td>Diagnosis (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism or Autistic Disorder</td>
<td>44.6</td>
<td>40.0</td>
</tr>
<tr>
<td>Asperger’s Syndrome</td>
<td>29.7</td>
<td>42.5</td>
</tr>
<tr>
<td>PDD-NOS</td>
<td>18.5</td>
<td>17.5</td>
</tr>
<tr>
<td>ASD</td>
<td>5.2</td>
<td>0</td>
</tr>
<tr>
<td>PDD</td>
<td>1.6</td>
<td>0</td>
</tr>
<tr>
<td>Child no longer has an ASD</td>
<td>0.4</td>
<td>0</td>
</tr>
<tr>
<td>Verbal Ability (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No or few consistent words</td>
<td>9.4</td>
<td>10.0</td>
</tr>
<tr>
<td>Words but not sentences</td>
<td>9.0</td>
<td>12.5</td>
</tr>
<tr>
<td>Sentences but not fluent</td>
<td>20.8</td>
<td>15.0</td>
</tr>
<tr>
<td>Fluent speech with complex sentences</td>
<td>60.8</td>
<td>62.5</td>
</tr>
</tbody>
</table>

In the United States, four of every five children diagnosed with an ASD are male, therefore boys are not overrepresented in this study although they make up 82% of the
study sample. The study participants are from 42 different states, with 23.3% of participants from the West, 22.9% from the Midwest, 37.3% from the South and 16.5% from the Northwest (Figure 3.3). Within those states, 14.9% of the children involved in this study are from major cities, while 18.5% live in smaller cities, 48.6% live in suburbs, and 18.1% reside in rural or farm communities.

Figure 3.3.
Geographic Representation of Participants

The children attended a variety of different types of schools. Almost three quarters (71.9%) of the children attended non-specialized public school, 8% attended specialized public schools for children with special needs, 7.6% went to specialized private schools for children with special needs, 2.4% were enrolled in non-specialized private school, less than 1% were not in school, and 9.2% of the sample’s children were homeschooled. This is notably higher than the 2.9% of U.S. children who are homeschooled nationally (National Center for Education Statistics, 2011). Reasons for
the overrepresentation of homeschooled children will be discussed in the Results sections of this report.

Within schools, there are a variety of different opportunities for social and academic inclusion for these children, which have different levels of potential for bullying and abuse. Almost one third of the sample (29.7%) is in regular education classes for their whole school day. This makes sense as the same percentage of children in this study is diagnosed with Asperger’s Syndrome (29.7%), an Autism Spectrum Disorder characterized by above average intelligence. The majority of study participants split their school time between special and general education classrooms (44.4%), while about one in four (25.7%) participants spend their entire school day in a special education setting. Despite the fact that a quarter of participants spend their entire day in special education, only 18.2% of participants have no opportunities for inclusion with typically developing peers in their schools.
Chapter 4: Results—Research Question One

This chapter addresses the four hypotheses central to this study’s first research question: what are the victimization experiences of American children with autism? The chapter will proceed in three stages. First, quantitative and qualitative data are utilized to explore the extent to which study participants reported being affected by assault/bullying, property crimes, maltreatment, witnessed or indirect crimes, and sexual crimes. Then, bi-variate models are used to examine whether there are differences in victimization patterns among different subgroups of the sample population. Finally, the chapter concludes with a discussion. This chapter explores the following three non-directional hypotheses:

1. There are patterns of victimization among the autistic population.
2. Victimization patterns are different for children affected by different Autism Spectrum Disorders.
3. The reported victimization patterns are different for verbal versus non-verbal children with autism.

Chapter 5 will explore how these results compare with what is known about the victimization of non-disabled American children.

**Hypothesis #1: There are patterns of victimization among the autistic population.**

To look for patterns in this victimization data, it is useful to first consider overall counts of reported incidents of victimization.
Table 4.1
Frequency of Exposure to Victimization Types in the Last Year, Ever

<table>
<thead>
<tr>
<th>Victimization Type</th>
<th>Experienced Last Year (% yes)</th>
<th>Experienced Ever (% yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault/Bullying</td>
<td>74.3</td>
<td>83.8</td>
</tr>
<tr>
<td>Property</td>
<td>49.0</td>
<td>64.2</td>
</tr>
<tr>
<td>Maltreatment</td>
<td>36.0</td>
<td>50.4</td>
</tr>
<tr>
<td>Indirect/Witnessed</td>
<td>20.4</td>
<td>30.0</td>
</tr>
<tr>
<td>Sexual</td>
<td>7.6</td>
<td>14.0</td>
</tr>
<tr>
<td>Any type</td>
<td>82.1</td>
<td>88.3</td>
</tr>
</tbody>
</table>

Of the children included in this study sample (n=262), the vast majority had experienced at least one incident of victimization in their lifetime (88.3%), while astonishingly almost as many children had experienced at least one victimization incident in the last year (82.1%). The most common type of victimization experienced by children with ASDs was assault or bullying. Nearly three quarters of survey participants reported that their child had been the victim of bullying or an assault within the last year, while almost 84% reported that their children had experienced bullying or physical assault in their lifetimes. Close to half of the children in this study had experienced a property crime within the last year, but 64% of children in this sample had at least one experience with property victimization in their lifetime. Over one-third of the children in this sample (34.4%) had something taken from them by force over the last year, while almost one in four children in the sample (24.2%) had something stolen from them during that period. Additionally, over one-quarter of the sample (26.9%) had something that belonged to them vandalized within the last year.

3 The range of reported incidents in one year ranged from 0-45 for assault and bullying, 0-14 for property victimizations, 0-13 for maltreatment, 0-12 for indirect or witnessed victimizations, and 0-10 sexual victimizations.
Somewhat less common was maltreatment among this sample, although the reported rate of incidents of maltreatment in a lifetime was still significant, with 50% of parents indicating that their child had experienced maltreatment of some kind in their lifetime. About 20% of children had witnessed violence or another type of crime in the last year and 30% had witnessed such an event in their lifetimes. The least common type of victimization reported by parents involved sexual incidents. According to parents’ reports, 7.6% of the children in this sample had been the victim of some sort of sexual abuse in the last year, while almost twice that many (14%) were reported to have experienced sexual victimization at some point in their lives.

Assaults/Bullying

Assaults and bullying were the most commonly reported types of victimization that children in this study sample faced. Although these incident types are different in terms of their definition as criminal and potential severity, assault and bullying are discussed and analyzed together in this study to maintain consistency with other studies utilizing the JVQ. Additionally, as will be illustrated in this section, there was significant overlap between the two types of incidents among this sample.

Nearly three-fourths of the sample had been assaulted or bullied in the last year, while 84% of the sample population had been assaulted or bullied at some point in their lifetimes. The specific forms of assault and bullying within the last year that were most frequently reported were being hit by a peer or sibling (n=137), emotional bullying (n=132), being hit or attacked by anyone without a weapon (n=98) and bullying (n=82).

The severity of incidents that fall into this category can range from minimal to extreme, particularly in cases of bullying. Although information about the severity of
reported incidents was not collected, the survey data provides some information about severity in some ways by asking about specific forms of assault and bullying which are inherently more severe, such as attempted kidnapping, being attacked with weapons, and being the victim of a bias crime. Of the 255 parents who responded to this question, thirty-four parents reported that their children were hit or attacked because of their race or ethnicity, skin color, or disability status. Eleven parents reported that their child was hit or attacked by a group or gang of children, and thirty-three parents said that their children were hit or attacked with knives, rocks, or other weapons. Although less frequent, it is worth noting that two parents reported the attempted kidnapping of their child within the last year, and twelve additional parents reported that this had happened to their child earlier in their lifetimes.

Additional information about the severity and range of assault and bullying information came from caretakers’ open-ended survey and interview responses. Some of the incidents described by caretakers are typical of youth bullying. While the offenses themselves do not center around the victim’s autism, parents frequently expressed the opinion that their child’s disability was the reason for the incident. One such incident was described by the parent of a twelve year old girl with PDD-NOS. “She went to play at a friend’s house about a year ago. I heard her screaming and crying. When I reached her, I found out her friends had pushed her down, hit her, and dumped dirt all over her” (Survey 159). This parent went on to say, “I don’t believe they would have done it if she were normal.” Another parent of a five year old boy with autism said, “My son has been punched in his mouth on his school playground and had children make fun of him for being different. My son gets tormented because he acts differently than other children his
age” (Survey 10). As this parent reports, the victimization looks like typical youth bullying—name calling and even fist fighting—but is almost always linked, in the caretakers’ opinions, to the child’s autism. One parent summed up the experiences of her 11 year old son with autism:

My son is the target of many bullying or dangerous play incidents at school. He always comes home with various scratches, bruises and other marks. Many times he ends up in the nurse’s office in need of a band-aid or first aid. He is often hit with things like balls, rocks, or other kids’ hands or feet. He gets punched in the stomach, his feet stomped on and it is always an accident and they didn’t mean it. They dare [that] he attempt dangerous stunts on the playground or push him around and dare him to fight with other kids. I feel it is theft when they trick him into giving away his toys or trade things by telling him stories and making him believe they are more valuable than they really are or that they will be his friend if they give it to him. They also call him names because they know it upsets him and then they make him go ‘psycho’ as they call it and then he gets in trouble and suspended or punished . . . . It was determined that his mind is in the maturity or perspective of a 7 year old. So he is on out on the playground with 12 and 13 year old boys who think like 12-14 year old boys. He is not on the same level as them and they know it. (Survey 179)

Sometimes the reason for the bullying is mentioned in the incident, such as when a nine year old girl with autism was “called names like fatty, retard and freak” (Survey 204). Other notable bullying and assault incidents reported in this study include a boy who was stuffed in a locker by his peers (Interview 21), a boy who had his hands stepped on and pressed into snow and ice (Interview 21), a boy who was kicked repeatedly (Survey 230), a boy who was “beaten up bloody” (Survey 232), a fourteen year old boy whose “best friend” pulled his shorts and underwear down while they were on the playground (Survey 252), and a boy who was “made to eat dog poop” (Survey 33).

As demonstrated above, the assaults described were sometimes quite serious. The parent of a thirteen year old boy with Asperger’s described an incident that took place in a locker room.
This year a child has been picking on him. While in the PE locker room, this child picked up a chair and hit my son, breaking the skin and causing a bruise on his arm. Then [he] proceeded to twist his arm behind his back until he cried for mercy. The following day, the kid wanted to start again in the locker room. He pushed my son into a corner and hit him, my son hit back and the kid knocked him to the ground, sat on his back and punched him repeatedly in the back of the head until my son screamed and cried. He went to the nurse with a severe headache and knot in the back of his head. The pain lasted for three days. (Survey 253)

A second example of another serious incident was described by the parent of a nine year old boy with Asperger’s.

My children were at one of their cousin’s birthday parties. All of the kids were throwing water balloons at each other. They got together and ganged up on my son. It went from water balloons to rocks. Then they picked up a bike and threw it at him. We picked him up without knowing what had happened until later. When he got ready for his bath, he was bruised from head to toe. (Survey 191)

Another parent reported, “My son was shot with a BB gun by some other neighborhood boys because they thought he would not tell who did it…He was seven years old at the time” (Survey 137). The potential seriousness of incidents involving the assault and bullying of children with autism spectrum disorders indicates a significant problem and warrants a look at the specific risk factors or vulnerabilities of these children, which might shed some light on prevention methods.

Perhaps more surprising than the all too common occurrence of assault and bullying by peers was the frequency with which parents reported that their children had experienced assault or bullying involving either indirectly or directly teachers, aides, or other caretakers. One parent described how other students videotaped her son, a fifteen year old with autism, while he was “stimming,” or engaging in self-stimulating behavior, such as rocking or hand-flapping. These videos were recorded with the teacher’s knowledge and then uploaded to YouTube (Survey 103). The locker room incident
mentioned above happened when the PE teacher should have been present, and that child’s parents hoped they could follow up with him to find out why he did not intervene. Direct abuse, as opposed to observed abuse or bullying, by teachers and other caretakers constitutes child maltreatment and will be addressed in the maltreatment section below.

There was no statistically significant difference between the assault and bullying experiences of boys and girls in this sample (Table 4.2.).

Table 4.2.
Test of Independence, Gender and Assault/Bullying

<table>
<thead>
<tr>
<th>Victimization Type</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault with weapon</td>
<td>0.653</td>
</tr>
<tr>
<td>Assault without weapon</td>
<td>0.064</td>
</tr>
<tr>
<td>Attempted assault</td>
<td>0.487</td>
</tr>
<tr>
<td>Bias attack</td>
<td>0.050</td>
</tr>
<tr>
<td>Gang attack</td>
<td>0.069</td>
</tr>
<tr>
<td>Hitting</td>
<td>1.053</td>
</tr>
<tr>
<td>Bullying</td>
<td>0.867</td>
</tr>
<tr>
<td>Emotional bullying</td>
<td>-0.104</td>
</tr>
</tbody>
</table>

* p < .05

Property Victimization

The results of this study are consistent with some property victimization patterns suggested by the literature. Turner et al (2011) found that children with developmental and/or learning disorders experienced higher rates of property crimes than children with other types of disorders, which they attributed to a lack of social skills and cognitive ability that affect children’s ability to protect their personal property. Indeed, among the children in this study sample, nearly half had experienced a property crime within the last year. The Juvenile Victimization Questionnaire, which was constructed to collect count data, does not capture why children are susceptible to different forms of victimization, but some answers to why the autistic children in this sample suffered property crimes came to
light through the open-ended questions that supplemented the JVQ in this study as well as through the follow-up interviews.

Consistent with the suggestions of Turner and her colleagues (2011), some parents of children with ASDs said that their children were victims of property crimes, mostly theft, because they didn’t have the cognitive ability to either protect their things or, perhaps more frightening, because they didn’t have the ability to say no or didn’t know they could. One parent of a five-year old boy with Pervasive Developmental Disorder illustrated this. “My son was stolen from at school. The fundraiser required that he collect money and the sealed envelope [containing the money] was taken from him. He had no idea what the value of money is or that someone stole from him” (Survey 210). She followed up by saying that she did not think this would have occurred had her son not had an ASD because, “he would have protected the money and understood the value of it.” Children with autism are attractive targets for theft.

Consistent with what is known about hate crime motivation, it is likely that the children in this study were targeted first because of their autism, and then theft was a secondary motivator for perpetrators who knew that, for various reasons, the autistic victim would not understand or object to the theft. Literature on social learning among people with autism offers support for this logic. Bushwick (2001) explains that “normal” (p.59) society members adhere to social and cultural values, so they learn these values without effort. Much of this learning is social in nature. Bushwick gives the example of how children learn about the value of money: by observing others around them who are careful with coins, store their money in secure places, and do not give away money to anyone who asks. Normally, children imitate this behavior and therefore do not need to
be explicitly taught about the value of money. Bushwick (2001) notes that, “in the world
of an autistic child who does not imitate these behaviors, the value of money may not be
learned until he begins to experience what it can be used for and how it is acquired”
(p.60). For many children with autism, particularly those who need to focus their
everyday learning on social and daily living skills, learning the value of money is not a
priority. These children are particularly vulnerable to theft, both of money and of
property, which they may not attach to a certain monetary value.

The experience of being stolen from was very common among the sample of
youth in this study, even within the older and higher functioning subset of the study
population. A mother of a sixteen-year old boy with Asperger’s Syndrome described
how her son’s ipod was stolen.

[My son] always insisted that he wanted to bring his ipod to school . . . and he
went three, four days and then came home and went ‘ipod’s gone.’ And I went,
duh. And he said, but I think so-and-so took it. And I said explain the
circumstances and he did, and I said what did you do and he said he told the
school resource officer . . . And long story short, apparently the student said, no I
don’t have it. And then sometime later through a second or third party, he was
apparently telling somebody, yes I have [his] ipod . . . We never got the stupid
thing back. (Interview 20)

Many of the thefts that parents discussed occurred at school, but sometimes thefts
occurred at the child’s home when they had invited other children over to play. Although
less frequent, these thefts were often more serious because typically the value of things in
the home are greater than the value of things that most parents permit their children to
bring to school. As one mother of a nine-year old boy with PDD-NOS described, “This
kid will come over . . . And we’ve had so much stuff broken. And right now, I don’t
know if it’s this child or another, but we’re missing an ipod and a Nintendo DS and no
one will fess up. We can’t find these things” (Interview 15). Another parent of a thirteen
year old boy with Asperger’s recalled a time that her son invited a friend over who went into her purse and used her debit card to purchase access to an adult chat website (Interview 16). In these instances, the effects of the children’s vulnerability to property crime extend to their families.

One of the reasons identified by parents that contribute to their children’s vulnerability to property crimes is that, despite their social deficits, many of the children with autism in this study have a strong desire to have friends. Yet many of these kids, even those with significant intellectual capacity, do not actually understand the reciprocal and social nature of friendship. Prior research has found that children with autism often have limited experiences with peers and may also be less familiar with the meaning of friendship, yet still experience loneliness (Bauminger & Kasari, 2000). So even autistic children with above-average cognitive functioning do not seem to have the social skills to understand friendship and are vulnerable to more subtle forms of exploitation, such as being manipulated by peers. One parent gave an example of this type of manipulation of her 7 year old son with PDD-NOS.

We went to a concert last night and it was out in a conserve area in a park by our house and almost the whole community was there. There’s older kids, younger kids, and they’re all kind of running around. The parents are watching the concert and the kids are running around together. And it’s a small little town we live in. But my son brought a basketball to play with. And of course, a basketball…it’s the only ball around so of course all the kids come over and want to play with it. And of course he thinks that they all like him. So I look over and there’s two that have the basketball and they’re running away and he’s chasing them and they’re too fast for him. And they probably said, ‘Oh, can we have the basketball?’ And he’s like, ‘Sure!’ , you know, because he’s like super nice and friendly and wants people to be his friend, and he’s like, you have to share to be a friend. So he goes, ‘Sure you can!’ So they take it and then he’s running after them going, ‘Wait a minute. I didn’t know that was going to happen’…He doesn’t get that people might have bad intentions, that they’re not all as nice as you are and want to share and be happy and be friends. And I think that’s where he gets taken advantage of. (Interview 2)
Often, the property crimes known to parents involved toys or money. As one parent of a sixteen-year old girl with autism reported, “My daughter was coaxed into giving another child money. She was told by the other student that his family needed money for food and clothing” (Survey 218). Similarly, another parent of a ten year old boy with autism reported that, “Once in school, a boy told my son he did not have any money. So my son came home from school, took his own money, and put it in his backpack and took it to school the next day without me knowing. He gave the boy $50” (Survey 64). A parent of a twelve year old girl with Asperger’s echoed this problem. “[My daughter] has problems socially being pressured to like someone or do something. . She doesn’t understand what is going on. Classmates will ask her for something—money (not large amounts), and school supplies. She always gives them what they ask for even though they don’t give it back” (Survey 231). One parent of a 6 year old with PDD-NOS had a bit more understanding of the perpetrator’s position in an extortive exchange.

Another student in his class asked him to bring Beyblade toys to school to ‘play’ with him then he kept the toys and told our son to bring more to ‘play’. This went on for three days until we realized his toys were disappearing. The boy at school, when confronted, said that our son ‘didn’t care’ if he kept the toys, so he didn’t see a problem. (Survey 237)

As these examples illustrate, children with autism spectrum disorders have a vulnerability that other children, and presumably adults, are able to perceive and exploit. Manipulation by peers was not limited to property loss among children with ASDs; other consequences of this type of exploitation will be discussed in Chapter 6.

*Maltreatment*

The JVQ gathers information about five forms of maltreatment: physical abuse, sexual abuse by a known adult, psychological or emotional abuse, neglect, and custodial
interference or family abduction. Emotional abuse, such as being called names or cursed at, by a known adult in the child’s life was the most frequent form of maltreatment reported by parents in this study sample; 78 parents reported that their children had experienced at least one incident within the last year and thirty additional parents reported that although their child had not been emotionally abused within the past year, they had been exposed to this victimization in their lifetime. In total, 43% of parents who responded to this question indicated that their child had been the victim of emotional abuse at some point in their lives.

The second most common form of maltreatment experienced by this population was physical abuse by adults. Twenty-eight parents indicated that their children had been hit, beaten, kicked or physically hurt by an adult known to them within the last year, and an additional twenty-three parents reported that their child had been the victim of physical abuse earlier in their lifetimes. When combined, these responses indicate that over 20%, or one in five, of children in this sample has been physically abused by a known adult in their lifetimes. This data was reported by parents and guardians and, although it includes physical abuse by other adults in the children’s lives (such as teachers and aides), is probably under-representative of abuse by parents, who were less likely to self-report.

Less commonly reported forms of maltreatment were neglect (n= 7 in the past year, 16 earlier in the child’s lifetime), custodial interference of family abduction (n= 3 in the past year, 9 earlier in the child’s lifetime, and sexual abuse by a known adult (n=2 in the past year, 4 earlier in the child’s life).
The frequency of maltreatment of this study population leads to the question of who the perpetrators of this abuse are. While the JVQ did not capture this information, some answers can be gleaned from the supplemental open-ended survey and interview responses. Almost exclusively, parents expressed that it was teachers, teacher’s aides, and other caretakers who were responsible for the maltreatment of their children. While we can expect an underreporting of maltreatment by parents and other custodial caretakers, as they were the ones who actually took the survey, we cannot overlook the significance of the number of parents who reported maltreatment by other caretakers or the extent of this maltreatment. One parent described a scenario that she witnessed.

[He was] three years old—was held by the arms in the air and shaken by his teacher at daycare. I walked in on this happening and heard her yelling at him for not listening and not doing what he was told. As she shook him violently, she told him, ‘You better start listening or I will get you! Do you understand me?’ He was crying and saying, ‘Yes! Yes! Don’t hurt me!’ The other teacher in the room reported that this was not the first time it happened. (Survey 108)

Another parent talked about incidents with her child’s aide that led to multiple trips to the emergency room.

Unfortunately . . . it wasn’t so much the kids he was getting bullied by, it was his aide . . . . I mean, he actually was hurt. I think I ended up taking him to the E.R. three times. [The aide called them accidents]. Well, I find it hard to believe that the wind knocked over my eighty pound son, which is what I was told happened to him. He got his face all scratched up. And . . . his aide accidentally hit him in the eye with some papers and scratched his cornea. They told me it was an accident . . . And she also, he’s extremely light sensitive and so he has to wear sunglasses if he’s outside or in any room that’s bright, and she would hide his sunglasses from him. (Interview 14)

Yet another parent described her son’s abuse at the hands of a teacher’s aide:

Just after Christmas in [my son]’s year of kindergarten, his current female parent educator (i.e. aide) was replaced by a man, apparently a former Navy SEAL . . . Things came to a head when the class was moving from one class to another and [he] refused to stay in line. Things escalated and the man grabbed him by the wrist and bent [my son]’s hand back in such a way as it left a large red welt. [My
son] was very shaken by the experience. I tried to press charges but because of several factors, not the least of which being it was the man’s word against [my son]’s, nothing ever came of it. Shortly after, [my son] switched schools. (Interview 24)

Another example involved abuse by an occupational therapist.

The worst was when an occupational therapist got angry at him and decided to punish him by ripping his speech/sensory tool out of his mouth. She terrorized and threatened him and then pulled the Grabber until she pulled an unloose tooth out. He has suffered PTSD since that event. He had just turned 6 and was in the library in front of a librarian, his teacher assistant and a parent volunteer. He had always disliked the therapist, while having liked everyone else. I felt guilty for not noticing what his dislike was telling me. I heard many bad stories about her following that incident. Most alarming is that the school system swept it under the rug, as usual. (Survey 74)

While all of these anecdotes are troubling, what is especially concerning is that many of the parents include in their descriptions the presence of witnesses, or bystanders, who do nothing about the maltreatment that they observe. Among all of the incidents of maltreatment that were reported in this study, only one had been reported to the child’s parents, who were not present at the time of the offense, and to authorities.

He came home and had all of these red marks. I was like, ‘what happened?’ And I’m not a very panicky person but I decided to take pictures of it. The bruises were all around his neck and there was a little blood blister. [Child Protective Services] called me later. A teacher’s aide had called it in. He was whining and the teacher kind of blew up and called him a bad name and then leaped across the table and grabbed him by the neck, choking him. Then she took him to the bathroom and closed the door and came out saying, ‘Well, I sure got him good. I hope I don’t lose my job over it’ . . . . When he came home that day, I could ask him what happened but he couldn’t answer. I didn’t know what happened . . . . When CPS called later that day, they said a call had been made by one of the aides and that they were going to start the investigation the next morning for excessive use of force by the teacher . . . . It turns out the teacher had also been wiping another little boy’s behind with Lysol wipes, which you know aren’t supposed to be used on skin. It turns out she was doing it because they sting and she thought they would stop going to the bathroom at school if she did that. So she is going to court for both of those things. (Interview 31)
Parents’ reports of the physical abuse of their children ranged from moderate to severe. Some parents described bruising from unnecessary physical restraints at school, and one parent even reported that her child was strapped to a chair during a meltdown at school. While these strategies of behavior management are no longer acceptable in most schools in the United States, there does seem to be a level of acceptance of, or indifference to, these behavior management techniques in special education classrooms that is not found in classrooms for fully functional children, even those with behavioral difficulties.

Besides physical abuse, several parents also reported instances of neglect by school teachers. One form of neglect was discounting the child’s expression of pain or upset, thinking that behavior was only a symptom of the child’s autism diagnosis. One parent said, “My son, in kindergarten, slipped on water in the school bathroom and broke his arm. Teachers [and the] school nurse neglected his pain and crying and passed it off as his ‘autism’. He spent a whole day at school with a grossly deformed arm in pain” (Survey 202).

The most common form of neglect by teachers, aides and other caretakers was inattention to the child’s presence. One parent of a seven-year old with autism recounted, “First day of school, the teacher lost my child and when I came to pick him up they didn’t know he was missing. He had been gone for a couple hours because when they found him he still had paint on his hands from art time. No head count was taken or anything. That’s neglect” (Survey 21). Another parent had to use a sneaky investigative technique to confirm that her son, now a teenager, was being neglected in his daycare.

As a toddler at day care he was severely neglected because he lacked the communicative skills to tell me things were not okay. It was really awful. They would leave him a room crying with a soiled diaper. I numbered the diapers everyday [sic] and when I noticed either other children wearing them or that they
were not used, or he was soiled when I got him or developed rashes, I knew something was not right. He also had scratches and unexplained bruises. This happened at two day cares. (Survey 18)

In addition to traditional forms of maltreatment, parents also commonly discussed two other forms of child maltreatment that are specific to this population of children: academic neglect, and the application of traditional methods of punishment (i.e. spanking, isolation) to this population even though they are not useful and cause harm. These alternative forms of maltreatment will be discussed further in Chapter 6.

Witnessed/Indirect Victimization

The JVQ includes nine measures of witnessed or indirect victimization. The two most commonly reported forms of indirect victimization include household theft and witnessing a physical assault without a weapon (both 16% in their lifetimes). Eight percent (n=21) of respondents indicated that their children had seen their parent pushed, slapped, hit, punched or beat up by another parent or romantic partner in their lifetimes.\textsuperscript{4} Seven percent (n=18) of the children had reportedly seen someone attacked with a weapon in their lifetimes, 4% (n=11) were reported to have seen their parent physically abuse a sibling\textsuperscript{5} (not including spankings on the child’s bottom), 2% (n=6) had someone close to them murdered in their lifetimes, 2% (n=6) had been in a place where they could see or hear people being shot or the sound of bombs exploding, less than 2% had seen someone murdered in real life (n=2), and less than 2% had been in the middle of a war where they could hear real fighting with guns or bombs (n=2). The geographic location for these witnessed events was not collected, so it is unknown whether these events were observed in the United States or abroad.

\textsuperscript{4} This is likely an underrepresentation, as parents were the primary survey respondents.
\textsuperscript{5} Again, this is likely an underrepresentation.
Although altogether the results indicate that many children in this study were witnesses to some sort of crime or assault, when given the chance to describe the victimization experiences of their children, no parent discussed this type of indirect victimization.

Sexual Victimization

The least frequently reported category of victimization in this study involved sexual offenses. About 6% of parents reported that their child had been the victim of a sexual offense within the last year, and 14% reported that their child had been sexually victimized in his or her lifetime.

A few caretakers described the sexual abuse experiences of their children. While there were no statistically significant differences between the sexual victimization reports of boys and girls, the experiences, as described by parents, seem traditionally gendered. The parents of girls in high school describe taunting and inappropriate contact by boys in the context of bullying. The parent of an eighteen year old woman with Asperger’s syndrome said, “My daughter was publicly groped in a corridor of her high school while others watched and jeered. School officials discounted the incident, saying, ‘we can’t be everywhere and things like this happen occasionally’” (Survey 109). Another parent described the experience her daughter with autism.

At school my daughter, who is 14, has been sexually harassed by a group of teenage boys who were taunting her in chorus about how they wanted her body. Another boy coerced my daughter into buying food for him at lunch with her own money because he was her boyfriend. He also had her kiss him in front of the whole cafeteria. She did not realize that he was doing it as a joke in front of all the other 8th grade students. (Survey 154)
Yet another parent of an eighteen year old young woman with Asperger’s reported that her daughter, “had guys grope her, one put his hand up her skirt, one pushed her up against a locker and touched her” (Interview 35).

Other, more severe forms of sexual abuse were reported by caretakers of both boys and girls. The sexual abuse reported in this study took place in multiple settings, including at school, at home, in the community, and at a summer camp.

The types of abuse that happened at school ranged from moderate to severe and involved both peers and teachers or teacher’s aides. One parent did not get into detail but reported simply that, “my child was sexually assaulted at the elementary school at age 11. The children involved were my son’s age” (Survey 123). Another parent reported that, “when my son was in kindergarten, another kindergarten boy exposed himself to my son in the bathroom; apparently this other child had been the victim of sexual abuse” (Survey 15). Similarly, another parent said,

When my son was in kindergarten, another boy in his class was in the bathroom with him and asked if he could touch his penis, and if my son would touch his. We found out about this from the teacher, and the other boy was suspended for a few days. Apparently the other boy had been a victim of sexual abuse by a relative. (Survey 211)

Besides sexual bullying, groping, genital exposure and coercion to touch one another, parents reported other forms of sexual abuse that took place in a school setting. One parent described an incident in which a classmate texted pictures of his genitals to their twelve year old daughter (Survey 205). As mentioned earlier in this chapter, one parent of a fourteen year old boy also discussed how his son’s “best friend” pulled his pants and underwear down while they were playing on the field, revealing his genitals to the rest of the students who were present.
Sexual victimizations by teachers and aides were also reported. In some cases, parents knew exactly what had happened during the incident. The parent of a seven year old with autism reported that, “At school an aide took pictures of my son in the bathroom with her camera and I found out from another parent two weeks after the incident.” The same parent also said that, “My son told me that the lady who works for the ABA (Applied Behavior Analysis) company has been touching him when they go to the bathroom” (Survey 21). As will be described in detail later in this chapter, at least one parent knew from extreme behavioral changes that her son had been sexually victimized at school, but due to his non-verbal status, she has never been able to fully uncover what happened at his school that day.

A few parents reported sexual abuse incidents that took place in the home. One parent disclosed, “My autistic daughter was the victim of sexual abuse in our home. My babysitter’s grandson (who was 13 at the time) tried to molest my 8 year old daughter” (Survey 213). Another parent described an experience of her daughter, saying, “Her step-father sexually abused her at age 4 and the State of Florida wouldn’t believe her!” (Survey 37). One mother described how she discovered that her former husband was sexually abusing their son, diagnosed with Asperger’s Syndrome. “Andrew was . . . three and a half and he was saying things about his father that just didn’t fit. Like ‘when dad wipes my bottom he puts poo-poo back inside’” (Interview 5). One parent discussed the possibility that her son was sexually abused by his older brother (Survey 86).

Outside of the home, sexual abuse incidents were reported in the neighborhood, at a community pool (an attempted assault by a stranger in the restroom), and at a summer

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6 This case has since been criminally investigated and the parents have divorced.
camp where a seven year old autistic girl was allegedly, “…tied up and sexually assaulted” (Survey 112).

The children in this study were vulnerable to sexual abuse in many different settings, by both strangers and known children and adults. The children in this sample who had been sexually victimized ranged from non-verbal to completely verbal and had a range of autism spectrum disorder diagnoses.

*Poly-victimization*

Another way to investigate the patterns of victimization among this population is to look at poly-victimization, or children who experience more than one type of victimization incident. This assessment is useful in determining whether, for at least some of this study sample, victimization is more of an ever-present condition than a single experience. The basic question for this analysis is whether children who experience one type of victimization in one year are likely to experience other types of incidences within that same time period. Importantly, this analysis does not take into account whether a child experienced the same type of incident multiple times during the past year. Rather, it investigates how many types of victimization children were exposed to during the last year. Table 4.3 illustrates how many children in the sample experienced one through ten or more different types of victimization within the last year, and then looks specifically at the subgroup of children who experienced at least one victimization incident in the past year.

Table 4.3 takes into account a measure of the total number of recent victimization types each child in the sample experienced. This measure, a continuous measure of the number of victimization types experienced, is what will be referred to as
polyvictimization, and is based on the number of JVQ screener questions that the caretaker responded affirmatively to out of the 34 total possible. Previous research has found that even though an additive count of victimization types does not take into consideration potential differences in seriousness among victimization types, it is a strategy used widely in life event measures and social stress research (Finkelhor, et al. 2007).

Consistent with prior research on poly-victimization using the JVQ, poly-victims will be considered respondents who had experienced more types of victimization than the mean number of types for all victimized children, which was 5. Among the total sample population, the average number of types of victimization experienced was 4, but among the population that had experienced at least one victimization, the mean number of types rose to 5.

Table 4.3.
Poly-victimization Rates in the Last Year

<table>
<thead>
<tr>
<th>Number of Victimizations</th>
<th>% of Total Sample</th>
<th>% of Children Victimized Once</th>
</tr>
</thead>
<tbody>
<tr>
<td>One or more</td>
<td>81%</td>
<td>100%</td>
</tr>
<tr>
<td>Two or more</td>
<td>65%</td>
<td>81%</td>
</tr>
<tr>
<td>Three or more</td>
<td>56%</td>
<td>68%</td>
</tr>
<tr>
<td>Four or more</td>
<td>48%</td>
<td>59%</td>
</tr>
<tr>
<td>Five or more</td>
<td>39%</td>
<td>48%</td>
</tr>
<tr>
<td>Six or more</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>Seven or more</td>
<td>26%</td>
<td>32%</td>
</tr>
<tr>
<td>Eight or more</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Nine or more</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Ten or more</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

As Table 4.3 illustrates, more than one in three children in this study (39%) were poly-victims. Of children who had experienced at least one type of victimization, almost half (48%) were poly-victims. This study supports the hypothesis that children who experience one type of victimization are vulnerable to multiple victimization experiences.
This is a significant finding because research indicates that poly-victimization is a predictor of trauma symptoms (Finkelhor, et al., 2007), which may present differently in an autistic population and may require unique and structured treatment.

**Hypothesis #2: Victimization patterns are different for children affected by different Autism Spectrum Disorders.**

This study collected information on children with six different autism spectrum disorders: Autism/Autistic Disorder, Asperger’s Syndrome, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), Pervasive Developmental Disorder, Autism Spectrum Disorder, and children who were previously diagnosed with an ASD but had that label subsequently removed by a medical professional. This analysis will only focus on children diagnosed with Autism, Asperger’s Syndrome, or PDD-NOS because so few children were reportedly diagnosed otherwise.\(^7\)

These three Autism Spectrum Disorders that we are focusing on in this analysis, are by definition, very distinct from one another. For example, Asperger’s Syndrome is characterized by above average intelligence and superior verbal ability, while children with PDD-NOS are more likely to suffer from other cognitive deficits. As discussed elsewhere, there are commonalities among these disorders, such as impaired social skills and absence of Theory of Mind, but the distinctions between these disorders mean that children afflicted with each will have different levels of independence and different interactions in their educational settings.

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\(^7\) There were an insufficient number of children diagnosed with Pervasive Developmental Disorder \((n=4)\), Autism Spectrum Disorder \((n=13)\), and no longer diagnosed with an ASD according to a medical professional \((n=1)\) to include these groups in this analysis.
A chi-square test (Table 4.3) was utilized to examine whether children with Asperger’s Syndrome, Autism, and PDD-NOS diagnoses have different victimization histories.

Table 4.4.
Test of Independence, ASD Diagnosis and Victimization History

<table>
<thead>
<tr>
<th>Victimization Type</th>
<th>Pearson Chi-Square (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>1.443 (2)</td>
</tr>
<tr>
<td>Ever</td>
<td>11.085 (2)**</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>1.893 (2)</td>
</tr>
<tr>
<td>Ever</td>
<td>6.052 (2)*</td>
</tr>
<tr>
<td>Witnessed/Indirect</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>7.125 (2)*</td>
</tr>
<tr>
<td>Ever</td>
<td>10.909 (2)**</td>
</tr>
<tr>
<td>Maltreatment</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>5.703 (2)</td>
</tr>
<tr>
<td>Ever</td>
<td>8.433 (2)*</td>
</tr>
<tr>
<td>Assault/Bullying</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>6.164 (2)*</td>
</tr>
<tr>
<td>Ever</td>
<td>11.753 (2)**</td>
</tr>
</tbody>
</table>

* p <.05  **p <.01

The results of this analysis indicate that specific ASD diagnosis seems to have no effect on whether children experienced property victimization, sexual victimization, or maltreatment within the last year.

However, we do see that whether a child is reported to have witnessed a criminal event is significantly correlated with diagnosis. While caretakers reported that almost 30% of children with Asperger’s Syndrome had witnessed a criminal event in the last year, this type of victimization was reported for only 15% of children with Autism and 13% of children with PDD-NOS. When we look at whether there are significant differences between victimization experiences over the life course, it appears that children with Asperger’s Syndrome are disproportionately affected by every type of victimization measured by the JVQ.
There are a number of potential explanations for this disparity. Since children with Asperger’s Syndrome are intellectually gifted, they almost always spend at least part of their school day in a general education environment with a broad array of other children. Additionally, their capabilities enable them to spend time in other activities outside of the home. Common extracurricular activities reported for children with Asperger’s were music or band programs and involvement with the Boy Scouts of America. These environments, and even the general education environment, are less structured and less supervised than special education environments.

A second relevant explanation for the overrepresentation of children with Asperger’s as victims in this study is that although they are higher functioning, and as such have greater opportunities for social interaction with nondisabled school and community members, children with Asperger’s still struggle with inappropriate social behavior. Examples of such behavior include telling people that they are fat or old, telling people when they are breaking a rule (“You’re not supposed to eat that until you pay for it.”), and talking relentlessly about one topic. For example, describing her son’s inability to communicate with his peers, one parent said, “He doesn’t know how to communicate with kids his own age. I mean, first he gets stuck on a subject and doesn’t want to get off of it. And you know… there’s only so much you want to talk about Legos before you really don’t want to talk about it anymore” (Interview 14). Social ineptitude, which is inherent to these disorders, combined with more time spent with nondisabled peers may result in more victimization experiences for children with Asperger’s. For those reasons, it is possible that children with Asperger’s Syndrome really do witness and experience victimization at higher rates than those with Autism or PDD-NOS.
Another explanation is that, since children with Asperger’s Syndrome tend to be more vocal than their peers, and have the capacity to talk about social situations, these children may be more likely to report witnessed assaults and crimes to their caretakers than their peers with Autism and PDD-NOS. It is important to remember that this study measures not actual victimization, but victimization as reported by caretakers. It is likely that children with Autism and PDD-NOS witness more criminal events than they report to their caretakers. As opposed to direct victimization, indirect or witnessed victimization may be less obvious to caretakers.

Similarly, whether a child was a victim of assault or bullying in the last year is also correlated with ASD diagnosis. Caretakers indicated that 69% of children with Autism, 75% of those with PDD-NOS, and 85% of children with Asperger’s Syndrome had experienced an incident of assault or bullying within the last year. While all of these rates seem quite high, it again seems possible that what this analysis demonstrates is that children with Asperger’s are better able to relay information about victimization experiences to caretakers.

If we move from focusing on victimization experiences of the last year to a child’s entire lifetime, it seems that ASD diagnosis is significantly correlated with whether a child has experienced each of the five types of victimization in their lives.

Table 4.5. Percent of Lifetime Victimization by Diagnosis

<table>
<thead>
<tr>
<th>Victimization Type</th>
<th>Asperger’s Syndrome (%yes)</th>
<th>Autism (%yes)</th>
<th>PDD-NOS (%yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault/Bullying</td>
<td>94.6%</td>
<td>75.5%</td>
<td>84.4%</td>
</tr>
<tr>
<td>Property</td>
<td>77.0%</td>
<td>53.2%</td>
<td>57.8%</td>
</tr>
<tr>
<td>Sexual</td>
<td>20.3%</td>
<td>8.2%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Maltreatment</td>
<td>64.9%</td>
<td>45.5%</td>
<td>42.2%</td>
</tr>
<tr>
<td>Indirect/Witnessed</td>
<td>44.6%</td>
<td>22.7%</td>
<td>24.4%</td>
</tr>
</tbody>
</table>
Again, this analysis reveals that children with Asperger’s Syndrome have more victimization experiences than children with Autism and PDD-NOS. However, since we know that these children are more capable of reporting incidents to their caretakers, it is probably more useful to look at victimization patterns for children with and without fluent speech than to look at victimization patterns across diagnoses.

**Hypothesis #3: The reported victimization patterns will be different for verbal vs. nonverbal children with autism.**

The survey used in this study asked caretakers to describe their child’s verbal ability as either: 1) fluent speech with complex sentences (61%), 2) sentences but not fluent (21%), 3) words but not sentences (9%), or no or few consistent words (9%). To address the hypothesis that known victimization patterns might be different for children with and without speech, the three categories of non- or limited speech were collapsed into one category for the purpose of more meaningful analysis.

Table 4.6. Percent of Participants Victimized, by Victimization Type and Verbal Ability

<table>
<thead>
<tr>
<th>Victimization Type</th>
<th>Limited or No Speech (%yes)</th>
<th>Fluent Speech (%yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Year</td>
<td>36.5%</td>
<td>56.1%</td>
</tr>
<tr>
<td>Ever</td>
<td>46.9%</td>
<td>72.3%</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Year</td>
<td>5.3%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Ever</td>
<td>8.4%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Witnessed/Indirect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Year</td>
<td>14.7%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Ever</td>
<td>22.1%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Maltreatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Year</td>
<td>26.3%</td>
<td>41.9%</td>
</tr>
<tr>
<td>Ever</td>
<td>41.1%</td>
<td>56.8%</td>
</tr>
<tr>
<td>Assault/Bullying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Year</td>
<td>60.0%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Ever</td>
<td>70.5%</td>
<td>91.2%</td>
</tr>
</tbody>
</table>
Across the board, parents of children who had fluent speech reported more instances of victimization than did parents of children with no speech or limited verbal ability. An independent samples t-test confirms that most of these differences are statistically significant. Across the board, it is verbal children who are reported to have more instances of victimization than children with limited or no speech.

Table 4.7.
Test of Independence, Verbal Ability and Victimization

<table>
<thead>
<tr>
<th>Victimization Type</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>-3.059**</td>
</tr>
<tr>
<td>Ever</td>
<td>-4.028***</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>-1.074</td>
</tr>
<tr>
<td>Ever</td>
<td>-2.153*</td>
</tr>
<tr>
<td>Witnessed/Indirect</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>-1.760</td>
</tr>
<tr>
<td>Ever</td>
<td>-2.240*</td>
</tr>
<tr>
<td>Maltreatment</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>-2.554*</td>
</tr>
<tr>
<td>Ever</td>
<td>-2.408*</td>
</tr>
<tr>
<td>Assault/Bullying</td>
<td></td>
</tr>
<tr>
<td>Last year</td>
<td>-4.346***</td>
</tr>
<tr>
<td>Ever</td>
<td>-3.941***</td>
</tr>
</tbody>
</table>

*p < .05   **p < .01   ***p < .001

This consistent pattern of more reported incidents of victimization of children with fluent speech calls into question whether children with complex speech are actually victimized more frequently or if they are simply better able to tell their parents when incidents occur than are children with limited or no speech. While this study cannot directly address this question, parents and caretakers of children with limited or no speech frequently expressed concern over the barriers they face knowing what happens to their children when they are in the care of other guardians, teachers, specialists, or caretakers.
Through open-ended survey responses and during interviews, some parents of nonverbal children or children with limited speech talked about instances when they knew something had happened to their child, but they didn’t know exactly what. Frequently reported signs that something had happened include physical marks on a child’s skin—such as cuts, bruises or welts; or behavioral changes, such as suddenly crying or having meltdowns when the school bus arrived in the morning, when previously the child had gone willingly to school. In these cases, a parent can’t report, on a survey such as the one used in this study or to the police or other authorities, what has happened to their child even though they can tell that something has happened.

Parents of children with limited or no language frequently talked about times when they suspected that their child had been victimized but they don’t know for sure. A parent of a fourteen year old girl with autism said, “About seven years ago she was on a school bus and her whereabouts were unknown for an hour. The school was only a five-minute bus ride from our residence. To this day I still don’t know what happened due to the fact that she was not very verbal at that time” (Survey 145). Another parent who has a 12 year old son with autism said,

When my son was just a toddler he went to a program that was supposed to be for children of all needs and when I picked him up he was inconsolable. When I asked what had happened the staff said they didn’t know, he had gotten in trouble but he just put him in timeout. From that time on, anytime I even turned onto that road, he completely freaked out. I have no doubt that something else happened and we never went back. (Survey 183)

Another parent directly expressed that it was their child’s inability to speak that led to his victimization.

My son is non-verbal . . . Our son was 8 years old when we believe he was sexually abused. We do not know if it was his teacher, a teacher’s aide or a fellow student, but it did happen at school . . . We feel that someone knew that he
could not tell us what exactly happened and that even if we pursued the issue it would be nearly impossible to prove without putting our son through much more stress. (Survey 228)

Some parents had much more concrete, physical evidence that something had happened to their children but still couldn’t get information about the offense. One parent of a ten year old non-verbal boy with autism noticed bite marks, bruising and scratches on his arms. She knew they were inflicted by somebody at school because when she removed him from the school, the injuries no longer occurred (Survey 107). A mother of an eight year old with autism also noticed bruises on her son.

In March of 2011 [my son] came home with two dark bruises on his chest. Because he couldn’t communicate well, he did not tell me exactly what happened. I had to ask yes/no questions: ‘Did you fall?’ (he said yes). I said, ‘Did someone push you?’ (he said no). I asked his teacher what happened and she didn’t recall him falling. So that remains a mystery to this day. If someone abuses him, he has a very hard time communicating it to me. (Survey 180)

Similarly, another parent of an eleven year old with autism reported that, “at school [my son] was grabbed so hard he had bruises on his shoulder with finger indentations. The whole school denied they did it. We believe it was an adult from the size of the bruises but my son could not tell us who did it” (Survey 216).

Sometimes parents and caretakers discovered that their children were being abused in unusual ways. The mother of an 11 year old with autism said, “My child’s shoes were taped to his ankles by his teacher’s aide . . . . My son was in 3rd grade at the time [and] is non-verbal so couldn’t communicate to us that this was happening to him. The teacher forgot to remove the tape from his ankles this day due to his wearing jeans” (Survey 34). Another parent discovered her son had suffered an unreported injury when he developed a staph infection at the injury site (Survey 40).
Information from participating caretakers and parents in this study does indicate that the victimization of children with limited or no speech is under-reported. Therefore, despite the findings from the analyses in this study of the victimization rates of verbal and non-verbal children, it is wrong to conclude that fluently verbal children are victimized more often than children with fewer verbal abilities. As one parent of a functionally nonverbal child described,

Our son cannot communicate verbally very much, so, were he to be the victim of abuse, he cannot let someone know through conventional means. Also he cannot refuse or spurn unwanted attention or advances. He does not have the “fight or flight” mentality his siblings possess. He cannot assess potential danger and remove himself from the situation. He cannot share with a parent if a caregiver [or] school staff member were abusing him in any way. (Survey 61)

One reason that children with lower verbal functioning may report fewer instances of victimization may have to do with the communication systems available. Communication systems for children with limited or no speech range from symbol exchange systems where children can use symbols to express themselves (see Appendix H for an example of symbols used by the Picture Exchange Communication System) to Augmentative Communication Devices, which can have anything from picture symbols to a full keyboard, offering people with limited speech the ability to express themselves. While these communication systems are incredibly useful for addressing the day-to-day needs of a person with little or no speech, they are less useful for supporting communication about unusual or very specific situations (Togher et al., 2006), as the words contained are typically commonly used words and not useful for communicating abuse, fear, pain. This may be an important component in understanding the low levels of reported sexual abuse among this sample population.
Discussion

Parents and caretakers reported multiple forms of known abuse or victimization of their children. Results from this analysis indicate that there is a great deal of unreported victimization of children with autism, particularly those with limited or no verbal ability. This finding is significant because some studies suggest that people with intellectual disabilities are not vulnerable to certain types of victimization (i.e. Turner, et al., 2011). On the contrary, the results from this study suggest that there are certain types of victimization that are more obvious, such as property victimization, because a belonging will go missing, but that across all types of victimization this population is at risk. Other forms of victimization that require reporting, such as sexual or secondary/witnessed victimizations, are less obvious for caretakers to report. This is an important area for future research.

Along the same line, the results in this chapter indicate that there are often bystanders present during the abuse or maltreatment of children with autism, particularly in school settings. A natural next inquiry would be to find out whether reporting to school or criminal authorities is mandated and what barriers exist to the successful reporting of these harmful behaviors of teachers and other caretakers in school settings.
Chapter Five: Results—Research Question Two

This chapter addresses the three hypotheses central to this study’s second research question: how does the reported victimization of children with autism compare to the victimization patterns of largely non-disabled samples of American youth, as measured by the Juvenile Victimization Questionnaire? The chapter will proceed in three stages, comparing data from this study with published data from two other national studies that utilized the JVQ: the Developmental Victimization Survey (data collected in 2003) and the National Study of Children Exposed to Violence (data collected in 2008). The chapter will conclude with a discussion. This chapter explores the following hypotheses:


2. Children with autism experience victimization by different people than do non-disabled children.

Hypothesis #1: Children with autism experience victimization at different rates than do non-disabled children.

Data from this study are compared only with other studies which utilized the Juvenile Victimization Questionnaire for the sake of reliability, to ensure that the concepts being measured (i.e. maltreatment, bullying, assault) are defined identically, and that respondents interpret the concepts similarly across studies. Multiple other studies have utilized the Juvenile Victimization Questionnaire, but the analyses in this chapter are based on just three of these studies: the current study (which I will call ASD), the
Developmental Victimization Survey (DVS), and the National Survey of Children Exposed to Violence (NatSCEV).

The Developmental Victimization Survey (DVS) was conducted between 2002-2003 and assessed the experiences of a nationally representative sample of 2,030 children between the ages of two and seventeen years old in the United States. Interviews were conducted with parents (if the child was between two and nine years old) and youth (if the child was between nine and seventeen years old) over the telephone. Participating families were selected using a random digit dialing (RDD) method. Of the 2,030 children included in this study, 274 were reported to have been diagnosed with a cognitive or psychiatric disorder. Most common were ADD/ADHD (n=141) and learning disorders (n=124) (Cuevas et al., 2009). This survey did inquire as to whether children had ever been diagnosed with an Autism Spectrum Disorder. Of the sample of 2,030 children, only 16 (>1%) had ever received such a diagnosis. Since autism and severe cognitive disorders were so rare among this sample, I will refer to the DVS sample as largely non-disabled.

Data from the National Survey of Children’s Exposure to Violence (NatSCEV) were collected between January and March 2008, and the data collection methodology was almost identical to that of the DVS, except that an effort was made to oversample from neighborhoods with high proportions of Hispanic, African-American, or low-income households. Of the final sample of 4,046 children surveyed, just 6.4% had been diagnosed with a developmental or learning disability. It is unclear how many of those children had been diagnosed with an ASD. The recruitment protocol for these two studies was nearly identical. All three studies informed parents and caregivers that the
survey would focus on victimization and safety issues, but there were important differences between the recruitment strategy for the present study as opposed to the DVS and NatSCEV. Notably, the present study was administered online while the other studies utilized telephone-administered surveys. Additionally, the other studies gathered demographic information from parents prior to the administration of the survey, while the present survey posed all of the demographic questions after the administration of the JVQ questions. Finally, as has been mentioned, while the other studies interviewed directly interviewed children over the age of 10, this study exclusively utilized the caregiver proxy report version of the survey instrument.

The DVS and NatSCEV both utilized the same Juvenile Victimization Questionnaire screening interview that was used in the current study. However, in both of those studies, follow-up questions were also asked based on participant responses, so both of those studies have additional information recorded about individual instances of victimization in those studies, such as the child’s relationship to the perpetrator. The current study only set out to gauge whether each participant had experienced each of these types of victimizations within the last year, and if so, how many incidences. This information, however, was also gathered in the other studies so a comparison across the three studies is valuable. Table 5.1 shows the percentage of children in each study that experienced each type of measured victimization within the last year.

---

8 Data from the DVS and NatSCEV reported by Finkelhor, et al. (2010)
<table>
<thead>
<tr>
<th>Exposure</th>
<th>DVS (n=2030)</th>
<th>NatSCEV (n=4046)</th>
<th>ASD (n=262)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault/Bullying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assault with weapon</td>
<td>6.0</td>
<td>5.1</td>
<td>12.9</td>
</tr>
<tr>
<td>Assault without a weapon</td>
<td>16.9</td>
<td>14.9</td>
<td>38.4</td>
</tr>
<tr>
<td>Attempted assault</td>
<td>8.8</td>
<td>7.9</td>
<td>24.4</td>
</tr>
<tr>
<td>Gang/group assault</td>
<td>2.6</td>
<td>2.2</td>
<td>4.4</td>
</tr>
<tr>
<td>Kidnapping, attempt or completed</td>
<td>0.6</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Bias attack(^9)</td>
<td>1.9</td>
<td>1.9</td>
<td>13.4</td>
</tr>
<tr>
<td>Bullying</td>
<td>21.7</td>
<td>14.8</td>
<td>32.8</td>
</tr>
<tr>
<td>Teasing or emotional bullying</td>
<td>24.9</td>
<td>22.0</td>
<td>52.8</td>
</tr>
<tr>
<td>Date Violence</td>
<td>1.9</td>
<td>1.4</td>
<td>0.8</td>
</tr>
<tr>
<td>Property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robbery</td>
<td>5.4</td>
<td>10.0</td>
<td>34.4</td>
</tr>
<tr>
<td>Theft</td>
<td>14.2</td>
<td>11.6</td>
<td>24.2</td>
</tr>
<tr>
<td>Vandalism</td>
<td>14.9</td>
<td>14.2</td>
<td>26.9</td>
</tr>
<tr>
<td>Maltreatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>3.4</td>
<td>4.2</td>
<td>11.2</td>
</tr>
<tr>
<td>Sexual abuse, known adult</td>
<td>0.3</td>
<td>0.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Psychological or emotional abuse</td>
<td>10.3</td>
<td>7.1</td>
<td>31.6</td>
</tr>
<tr>
<td>Neglect</td>
<td>1.4</td>
<td>1.6</td>
<td>2.8</td>
</tr>
<tr>
<td>Custodial interference or abduction</td>
<td>1.7</td>
<td>1.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Witnessed Crimes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theft from household</td>
<td>10.2</td>
<td>7.0</td>
<td>8.4</td>
</tr>
<tr>
<td>Witnessed domestic violence</td>
<td>3.3</td>
<td>3.3</td>
<td>2.0</td>
</tr>
<tr>
<td>Witnessed physical abuse</td>
<td>1.1</td>
<td>2.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Witnessed assault with weapon</td>
<td>13.9</td>
<td>7.7</td>
<td>4.4</td>
</tr>
<tr>
<td>Witnessed assault without weapon</td>
<td>24.9</td>
<td>17.9</td>
<td>12.4</td>
</tr>
<tr>
<td>Someone close murdered</td>
<td>2.9</td>
<td>3.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Witnessed a murder</td>
<td>0.4</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Exposed to shootings, bombs, riots</td>
<td>5.5</td>
<td>5.7</td>
<td>0.4</td>
</tr>
<tr>
<td>Exposed to war</td>
<td>0.3</td>
<td>0.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Sexual Crimes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sexual assault</td>
<td>3.3</td>
<td>2.0</td>
<td>2.8</td>
</tr>
<tr>
<td>By a known adult(^{10})</td>
<td>0.3</td>
<td>0.2</td>
<td>0.8</td>
</tr>
<tr>
<td>By a nonspecified adult</td>
<td>0.3</td>
<td>0.3</td>
<td>0.0</td>
</tr>
<tr>
<td>By a peer</td>
<td>1.2</td>
<td>0.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Rape, completed or attempted</td>
<td>2.1</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Flashing or sexual exposure</td>
<td>3.2</td>
<td>3.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Sexual harassment</td>
<td>3.8</td>
<td>2.9</td>
<td>4.8</td>
</tr>
<tr>
<td>Statutory sexual offense</td>
<td>2.9</td>
<td>1.5</td>
<td>0.4</td>
</tr>
</tbody>
</table>

(DVS and NatSCEV information from Finkelhor et al., 2010)

\(^9\) Assaults targeting race, religion, perceived sexual orientation (or in the ASD survey, disability).

\(^{10}\) This item overlaps with sexual abuse by a known adult in the maltreatment category, however there is no other overlap of items in the table.
The present study includes only the ASD dataset. In future research, I will seek access to the DVS and NatSCEV datasets in order to further examine whether the observed differences in rates of victimization (discussed below) are statistically significant.

Assault/Bullying

Almost entirely across the board, children with Autism Spectrum Disorders were reported to experience significantly more incidents of assault and bullying than their non-disabled counterparts in the study samples. The only assault category in which the reported rate was smaller for the autistic sample was dating violence. The most important explanation for this is that people with ASDs tend to engage less in romantic relationships. Previous research suggests that individuals with ASD desire intimate relationships as much as typically-functioning people do, yet they do not possess the appropriate skills and knowledge to navigate such relationships with success (Stokes & Kaur, 2005; Stokes, Newton, Kaur 2007). Indeed, a study on the peer relationships of adolescents and adults with autism found that almost 50% of participants were reported to have no peer relationships at all (Orsmond et al, 2004), let alone more complicated and demanding intimate relationships.

Yet for every other type of assault and bullying, children with autism were reported to experience incidents at much higher rates than the non-disabled children in the other two study samples (with the exception of kidnapping, which was reported almost equally across the three studies). For three categories of assault (with a weapon, without a weapon, and attempted), the reported rates of incidents against children with ASDs were more than double the rates reported in the DVS and the NatSCEV. Rates of incidents of bullying were also higher for children with Autism Spectrum Disorders and
the rate of victimization of teasing or emotional bullying was also more than twice as high for children with ASDs than for the children in the other survey samples.

Another important finding from the comparison of these three data sets is that children with ASDs were disproportionately reported to have experienced a bias attack incident within the last year. While 1.9% of children in both the DVS and NatSCEV samples reported being targeted because of their race or some other personal characteristic, 13.4% of the children in the ASD sample reported an incident of bias in the last year. This is an important finding and with additional support may have the potential for influencing hate crime policies aimed to call attention to differences between types of victims, especially those who find themselves confronting a justice system with structures enacted without the special victim in mind (Grattet & Jenness, 2001).

Property

Results from this comparative analysis add to the notion in the current literature that people with Autism Spectrum Disorders are more likely to be victims of property crimes than people without disabilities. In the current study, 34.4% of respondents had been the victim of a robbery within the last year, while 10% and just 5.4% of respondents of the NatSCEV and DVS, respectively, reported this type of incident. This analysis also suggests that people with ASDs are more susceptible to theft and vandalism, as children with ASDs experienced rates of victimization in those categories at significantly elevated rates compared to the children in the other two study samples.

11 This is perhaps even more significant considering that the sample in this study is 86.7% white, indicating that those who experienced bias incidents most likely attribute the attack to a personal characteristic other than race.
Maltreatment

It was noted in Chapter 4 that children in this sample experienced a somewhat elevated rate of maltreatment than children in other studies. This cross-study analysis shows that there are some forms of maltreatment that are far more frequently experienced by children with ASDs while they have similar levels of other forms of maltreatment as children without disabilities. The rate of custodial interference or abduction was actually lower for the ASD sample (1.2%) than for children sampled in the DVS (1.7%) and NatSCEV (1.5%). The rate of reported sexual abuse by a known adult was only marginally higher for the ASD sample (0.8%) than for the DVS (0.3%) and NatSCEV (0.2%). As has already been mentioned, it is expected that since 100% of the survey participants in the current (ASD) study were caretakers, this rate likely reflects underreporting of sexual abuse, yet it is still higher than what was reflected in the other two studies. The rate of neglect for children with ASDs was also a bit higher than for the other samples, but the subcategories of maltreatment most commonly experienced by children with ASDs were physical abuse (defined as hitting the child, not including spankings) and psychological or emotional abuse. Over 11% of children with ASDs had been physically abused by a known adult in the last year, compared with 3.4% of the DVS sample and 4.2% of the NatSCEV sample. Almost 32% of the children in the current study had been the victim of psychological or emotional abuse within the last twelve months, compared with 10.3% and 7.1% of the DVS and NatSCEV samples, respectively.
Witnessed Crimes

In general, children with ASDs were reported to witness fewer incidents of violence and other crimes than the children in the other two samples. However, as was established in Chapter 4, it is likely that the caretakers who reported victimization in the current study were not aware of every violent or otherwise criminal event witnessed by their child, particularly if the child had limited or no verbal ability. It is also possible that even if parents were able to more accurately report the events witnessed by their children, that there are certain protective factors in place, such as placement in a special education classroom for the entire school day or the decision of a parent to homeschool, that would also contribute to lower rates of witnessed or indirect victimization by children with Autism Spectrum Disorders than children who enjoy more agency throughout their days or less rigidity and predictability in their daily routines.

Sexual Crimes

Of all of the categories of victimization, it was the rates of sexual abuse and harassment that were most similar across the three surveys, indicating that the rates of reported sexual victimizations were the same for children in the general populations (profiled in the DVS and NatSCEV) and for children with autism spectrum disorders. However, as established in Chapter 4, it is likely that there is significant underreporting, even of sexual victimizations, by parents of children diagnosed with an autism spectrum disorder that also suffer from limited verbal ability. Many of these parents do not know with certainty what experiences their children have had and therefore cannot report them on a quantitative survey.
All three studies utilized the same survey instrument, which minimizes variation in measurement across them to a certain extent. But the administration protocols of the DVS and NatSCEV were almost identical to one another, while the current survey gathered only the opinions of parents of special needs, who may be more sensitive to the victimization experiences of their children. An additional notable difference is that, while the DVS and NatSCEV utilized random digit dialing to select participants, the present study’s participants were self-selected through an autism website. It is possible these variations contribute to the differences outlined above.

**Hypothesis #2: Children with autism experience victimization by different people and in different places than do non-disabled children.**

As is illustrated in Table 5.1, the JVQ screening interview only captures information about perpetrators for some offenses. So while we know how many times participants report experiencing the different offenses, we don’t always have information about the perpetrators of each offense.

The JVQ does, however, capture information about perpetrators of sexual assaults. A comparison of the three studies reveals that children with autism spectrum disorders were reported to have proportionately more assaults by people known to them, including peers, but were reported to have experienced fewer sexual assaults by adults who were not known to them. In fact, none of the children in the current study were reported to have experienced a sexual assault by a nonspecified adult, while a small segment (0.3%) of both the DVS and NatSCEV samples reported experiencing this type of victimization. On the other hand, children with autism were reported to have
proportionately more experiences of sexual assaults by known adults (0.8%) than were children in the DVS (0.3%) and NatSCEV (0.2%) samples. Similarly, children in the present study more frequently reported being the victim of sexual assaults by peers (2%) than did children in the DVS (1.2%) and NatSCEV (0.6%). While sexual assaults are generally underreported, it is expected that this issue is magnified for the subpopulation of children in the current study who are not capable of fluent speech. It is also important to note that with such low base rates across each study, the differences between the three may not be statistically significant.

We can also discern from the comparison of study outcomes that children with autism spectrum disorders less frequently reported being the victim of violence or abuse by a romantic partner. As has been previously suggested, this is likely due to the fact that fewer people with ASDs are able to maintain amorous relationships in the first place, and may also be due to the fact that the mean age in the current study was about eleven years old, a little young for significant dating violence to take place.

Perhaps the most striking differences relating to perpetrators between the results of the current study and those of the prior two studies utilizing the JVQ are the reported rates of maltreatment by adults known to the study subjects. While the reported instances of maltreatment were fairly comparable between the DVS and the NatSCEV, in almost every category, rates were much higher for children in the current study. The forms of maltreatment measured by the JVQ are any of the following perpetrated by an adult known to the child: physical abuse, sexual abuse, psychological or emotional abuse, neglect, and custodial interference or abduction. The reported rate of physical abuse of children in the current study was markedly higher (11.2%) than the rates reported in the
DVS (3.4%) and the NatSCEV (4.2%). The disparity between reported rates of psychological or emotional abuse was even more pronounced; while 10.3% of children in the DVS and 7.1% of children in the NatSCEV reported experiencing this, almost one-third (31.6%) of children in the current study had reportedly been the victim of psychological or emotional abuse within the last year.

While the JVQ does not collect more specific information on exactly who these known adults are, it is possible to learn more about who the adult perpetrators were in the current study. In addition to the administration of the JVQ, the current study asked parents to describe the most serious victimization that their child has ever faced. Many parents responded with reports of psychological or emotional abuse. While the severity of this abuse varied, the incidents of emotional abuse that were reported and described in this study were exclusively perpetrated by adults that interacted with children in the school environment, such as teachers, aides, and therapists.

The parent of an eighteen year old woman with autism reported, “We did have a problem with a special ed. teacher that a friend’s daughter witnessed being verbally abusive to [our daughter]. I had her removed from the class and the teacher was transferred” (Survey 7). Another parent of an eighteen year old woman with Asperger’s said that the most serious victimization her child had faced was, “probably the teacher mocking and speaking put-downs to our daughter when she, the teacher, was very frustrated” (Survey 120). Similarly, another parent reported an experience of her twelve year old son with Asperger’s. “The worst victimization so far was a teacher that humiliated him when she could not understand him. She yelled at him in front of the class and sent him into the hall several times a week” (Survey 166). Another parent of an eight
year old girl with autism similarly expressed that teachers had mistreated her child out of frustration.

I feel that due to my daughter’s disability (Autism) she has unusual and extreme emotions. She has been bullied by teachers – in an attempt to get her to do her school work. She has also been verbally/emotionally abused (screamed at) and shoved by those who were supposed to be taking care of her. . . . She goes into “blank staring” when overwhelmed and the teacher believed this was simply a defiance issue. There is no way to tell, as she is incapable of expressing her thoughts accurately. (Survey 194)

One parent of a sixteen year old boy with Asperger’s gave the following account of the emotional abuse her child suffered at school:

The school personnel would purposefully bully my son to the point he would have a meltdown or behavior issue…to get my child removed from the room. Almost daily my son was bullied by teachers, which at one time he was physically lifted from his chair like a sack of potatoes in front of all the other students, down two flights of stairs to the office and placed in the counselor’s room – we as parents were never told of any of the incidents. Once his English teacher removed him from the classroom to the hall and then proceeded to talk about my son to the class while he was outside the door. It was a lunchroom aide who told us that these things were going on – on a daily basis. (Survey 98)

As was discussed in Chapter 4, many parents reported incidents of physical abuse of children by teachers and other caretakers. Often physical abuse was coupled with emotional maltreatment, although physical abuse by known adults who are supposed to be caring for children arguably always involves an element of emotional abuse. The parent of a sixteen year old girl with autism revealed the abuse her daughter suffered. “She was victimized by a bus aide . . . physically and verbally . . . pinching and name calling” (Survey 222). Another parent on a non-verbal five year old boy with PDD-NOS said, “My son was physically and verbally assaulted by his school teacher last year. He was 5. This incident was witnessed by 3 aides; criminal action is pending” (Survey 119).
Most of the descriptions of emotional or psychological abuse indicated a link between the victimization and the child’s autism. Parents and caretakers tended to ascribe the incidences of abuse to either intolerance of a behavioral issue, such as a meltdown, or to the inability of their child to follow the normal social rules in a classroom, such as responding appropriately when spoken to, staying in their assigned seat, and following directions.

The reports of emotional abuse by teachers in this study do not seem anomalous; several instances of emotional abuse of children with disabilities by teachers have been reported in the national news in recent months, as parents have sent their children to school with hidden cameras and microphones in their clothes and recorded egregious comments and abuse by teachers and aides directed at children with autism and other developmental disorders.1213 While the abuse of children with autism in schools is often unreported, the media has brought to national attention many incidents involving the school-based maltreatment of children with other similarly severe disabilities, such as Cerebral Palsy. These incidents provide insight into why, even though many parents know that their children are maltreated at school, it is very difficult for parents to ensure that their child’s story is reported, believed, and appropriately responded to by school administrators.

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Media Reports of Abuse of Children with Disabilities by School Personnel

There have been many stories of the abuse of children with disabilities by teachers and other school-based personnel that have been highlighted in the media in recent months. Some of these editorials help provide insight into the difficulty of both reporting the abuse and neglect that happens in schools and bringing any criminal sanctions upon perpetrators.

In November 2011, the father of a fourteen-year old girl with developmental disabilities sent his daughter to her Ohio middle school with a recording device hidden under her shirt. She had recently become resistant to going to school because, as she reported to her parents, she was bullied by her teacher and teacher’s aide. Her parents went to the school administration, which said there was no evidence that the child was being mistreated at school. The wire captured proof of the student’s classroom teacher and her teaching assistant verbally abusing the girl multiple times over the course of four days. Their recorded comments attacked her cognitive abilities (“Are you that damn dumb?”), her body (“Don’t you want to do something about that belly?”) and her social skills (“No wonder nobody likes you.”). Additionally, the recording uncovered that when the student answered a question wrong, she was made to run on a treadmill for fifteen minutes at increasing speeds. When the treadmill malfunctioned, she was ordered to run in place.

The student’s parents brought the recordings to the school administration and while they promptly demanded the resignation of the classroom aide, they found that the teacher’s actions were not as bad. Instead of demanding the teacher’s resignation, she was placed on probation and required her to complete eight hours of training on how to
recognize child abuse and stop bullying. Although a civil case against both perpetrators is still pending and includes the testimony of two additional alleged victims, the main classroom teacher’s teaching license has not been revoked.\textsuperscript{14}\textsuperscript{15}\textsuperscript{16}\textsuperscript{17}

In a separate incident in March 2012, a classmate of ten-year old JS, who has cerebral palsy, told the boy’s mother that their classroom aide had been mean to him three times that day. His mother, who had already noted his moodiness after school but hadn’t been able to get him to talk about it, sent him to school with a recording device hidden underneath his wheelchair for three days. Those three days’ worth of recordings revealed ridicule by his teacher and teacher’s aide, mostly about his “disgusting” drool, which is involuntary and inherent to his disability. Moreover, those three days’ worth of recordings yielded less than twenty minutes of actual educational instruction. The tapes revealed that he was often left alone for long stretches of time. When JS’s mother brought the recordings to the Houston County, Alabama school superintendent, he placed both perpetrators on administrative leave and turned the tapes over to the Houston County Sheriff’s Department. A few days later, the Sheriff’s Department determined that the tapes revealed no indication of evidence of a crime, and the school superintendent reinstated the educators. In protest, JS’s mother and several other parents withdrew their students from the school, resulting in Pitchford removing the teachers from the classroom.

\textsuperscript{15} Kourtney Barcus, Individually and as Parent and Natural Guardian of Cheyanne Engleman v. Miami Trace Local School District, et al. (2011). Fayette County, OH.
\textsuperscript{16} Tonya Brown, Individually and as Parent and Natural Guardian of Savannah Bartlett v. Miami Trace Local School District Board of Education et al. (2012). Fayette County, OH.
\textsuperscript{17} Karletta Beatty, Individually and as Parent and Natural Guardian of Austin Cooper v. Miami Trace Local School District Board of Education et al. (2012). Fayette County, OH.
again. They were placed on paid administrative leave. The teacher’s aide has since resigned, and the teacher has left the school but her teaching license remains active.\textsuperscript{18}\textsuperscript{19}

Another case involving a teacher’s maltreatment of a child with cerebral palsy actually went forward to criminal prosecution. An examination of this case reveals many of the barriers that exist for parents of children who have been mistreated by caretakers at school and wish to press charges. In 2004, a special education nurse met with the principal of her school, Hopewell Middle School in Milton, GA. She wanted to report several instances of what she considered abuse by one of the school’s special education teachers, MP. The nurse reported that she had seen MP hit the students in her class with an open hand and curse and call them degrading names, including “little fuckers” and “little shits.” According to court records, the principal did not appear to believe the allegations and though he referred the case to a school district social worker, the social worker did not report MP to the Department of Family and Children’s Services for suspected child abuse despite the fact that MP admitted to hitting a special needs child in the head. The principal wrote a letter to MP regarding the incident and indicated that a copy of the letter would be placed in her file, but it was not. The nurse who originally reported the abuse was transferred from the school while MP remained in her post.

The following school year, the replacement special education nurse also reported abuses by MP to the principal. Again, these complaints were dismissed and no action was taken. Court records indicate that these were two individual complaints among many more.

In 2006, thirteen-year old Alex joined MP’s class along with three other students with moderate to profound disabilities. According to the legal decision in AW’s case against MP:

With respect to the general classroom environment, the undisputed evidence is that [MP] would scream at all the children, including Alex, every day. She would burp in their faces, shake and press her breasts in their faces, and press her buttocks into their faces and pass gas. When she took the children out into the community on outings, she would curse at them. Alex was sometimes the direct recipient of these demeaning acts and sometimes a bystander . . . . Perhaps the worst abuse of Alex by [MP] was when she isolated and restrained him in a dark, windowless room, which happened on at least three occasions during the 2006-2007 school year. (Alex Williams v Fulton County School Board, 2012)

During this time, several other school personnel approached the head of the school’s special education department and the principal about observed mistreatment by MP, none of which was investigated. It wasn’t until another one of the other special education teachers found one of AW’s classmates in a locked in a room, strapped to a chair and “covered in feces from head to toe, all over the chair, all over the floor,” that a formal investigation was opened on MP. Subsequently, the teacher reporting the triggering incident was moved to a different department.

An investigation revealed that the School Board knew about the maltreatment of AW and his classmates but did nothing about it; they did not even inform his parents. After being removed from MP’s classroom, AW failed to thrive in any classroom environment and was subsequently diagnosed with Post-Traumatic Stress Disorder (PTSD). His parents sued the Fulton County School District to pay for his educational and therapeutic costs, arguing that the district was unable to provide him with a free and appropriate public education, as mandated by the Individuals with Disabilities Education Act of 2004 (IDEA). In 2011, AW’s parents won the case and the judge granted that
Fulton County pay for his care. It was considered a victory, particularly by advocates of people with disabilities; but for AW and his family, it was not. Currently age nineteen, he still suffers from PTSD and missed out on six years of potential educational opportunities. MP was never criminally charged, despite the lengthy investigation for AW’s civil case and the many allegations against her (Alex Williams v Fulton County School Board, 2012).

These cases, and AW’s in particular, demonstrate how hard it is for children with severe disabilities to prove maltreatment in the classroom. In two of these three cases, it was not the child that reported the abuse but a third party. In every case, the school administration was resistant to initiating an investigation into the allegations. In every case neither the children’s nor the parents’ word was not considered good enough evidence. Not one of these cases, even AW’s that had extensive documentation of abuse, resulted in criminal charges, even though multiple individuals had tried to report the abuse.

Discussion

Some parents in the current study expressed frustration with trying to report the maltreatment of their children to school authorities. When asked whether there are any incentives to report incidents of victimization that their son has faced, the parent of a nine-year old boy with autism said, “No, actually, the school hasn’t really worked with us so it is the exact opposite” (Survey 128). Other parents recognize that the relationships between teachers or other personnel and school administrators create a barrier to the successful reporting of incidents of classroom maltreatment. The mother of a child (mentioned in Chapter 4) who had gone to the emergency room three times over the
course of a year in response to “accidents” involving his teacher’s aide said, “I talked to the principal. And like I said, he and the . . . aide were good friends, and so he just kind of poo-poo’ed them all” (Interview 14). A parent who has two sons with ASDs expressed similar frustration.

I watch both of my kids closely when they aren’t in school. So most of the victimization has been at school, for both boys. My younger one has a full-time aide that is emotionally and (I believe) physically abusive to my son. I have been trying to get her replaced for a year and a half. Unfortunately, she is a ‘special friend’ of the principal’s and he refuses to listen to anything I have to say. (Survey 223)

The story of the maltreatment of AW illustrates how many school personnel can witness and even report the mistreatment of a child with special needs without any action by the school, administration, or school district taking place. This barrier to the successful identification and response of maltreatment of children with special needs was noted by some of the caretaker participants in the current study. As mentioned in the previous chapter, the mother of a non-verbal child discussed an incident in which a speech therapist ripped a device from her son’s mouth, dislodging an unloose tooth. The incident was witnessed by several different people, none of whom reported it either to the child’s parents or to the school administration, and when the child’s mother brought the incident to the attention of the administration, “the school system swept it under the rug, as usual” (Survey 74). Another parent also described maltreatment of her son that was witnessed by school personnel. Describing an incident involving her ten-year old autistic son, she said, “My son was at school and screamed at just inches from his face, shoved to sit down, then pulled back up again by his shirt. This was witnessed by school personnel and they were going to do nothing about it” (Survey 186).
Some parents expressed that their children’s school administrations were more concerned with protecting the school’s image than protecting the students. As the parent of a teenager with Asperger’s who had experienced extremely violent bullying at his school said, “The only assistance the school administrators have done is to show that everyone looks out for number one. They don’t want the school to look bad, so instead of taking care of the one that is bullying the kids, they move around the student that is getting bullied” (Survey 253). The mother of a nine year old girl with Asperger’s said that the biggest barrier to reporting incidents involving her daughter’s abuse at school to the police would be “her schools denial/lack of responsibility” (Survey 174). One parent directly blamed her child’s school system for blocking cases of child maltreatment from being criminally investigated. Her insight is especially interesting because she teaches in the same school district that she wanted to hold accountable for the maltreatment of her son. When asked if there were barriers to reporting incidents to the police, she answered,

Our school system, which sucks and tried to intimidate me since I am a teacher too. They even tried to penalize/threaten me for having reported to [Department of Social Services] since they tell us we’re not allowed to, even though we are mandatory reporters. The [Department of Social Services]/[Child Protective Services] system also fails out children. You have to all but kill a child for action to be taken. (Survey 74)

Even though this mother had a student that was being victimized at school, her own school district administration kept her from reporting the incidents to the authorities. Her statement also implies that it is an informal policy not to report school-based incidents to either the police or other child protective agencies. If the administration isn’t appropriately handling cases of maltreatment at school, and school personnel who witness victimizations are discouraged from reporting the incidents to child protective
services or police, such incidents will continue to occur. Of course, we can’t generalize one woman’s experience, but a study on the processes by which abuses at school are handled (or not handled) by school administrations could provide insightful follow-up.

An observational comparison of the results of this study with the Developmental Victimization Survey and the National Survey of Children’s Exposure to Violence reveals that there may be some important differences between the frequency with which children with autism experience assaults, bullying, property crimes, and certain forms of maltreatment. A reasonable next step would be to request access to the datasets for the other two surveys and see whether the apparent differences in victimization rates between study samples are statistically significant.

Additionally, Finkelhor et al. (2010) concluded, based on data from the DVS and the NatSCEV, that several types of child victimization were reported less frequently in 2008 than 2003, supporting the notion that crime trends are declining. As crime rates generally have continued to fall between the period of 2003 and the present, it is unclear whether crimes against people with autism are following the same trend. Researchers should continue to analyze data collected using the JVQ over time and to repeat this survey with caretakers of people with autism in another few years to see whether reported victimization rates change over time for this sub-sample of the American population.

The fact that the children in this study were reported to have much higher rates of maltreatment, and in particular emotional abuse, than the non-disabled children in two other studies utilizing the JVQ warrants greater exploration of this disparity. Perhaps more troubling is that when parents described the incidents of emotional or psychological abuse that their children had suffered, all of the perpetrators were school-based personnel.
This suggests that there is a dynamic in school settings for children with autism spectrum disorders that enables this type of abusive behavior. Additionally, as has been noted already, it is likely that there is significant underreporting of abuse that takes place outside of the supervision of the parents who reported these abuses for the current study. More research on the topic of abuse by teachers and other school-based caretakers, and transparency about what happens in special education classrooms, particularly those for non-verbal children, is necessary.
Chapter Six: Results—Research Question Three

This chapter will address the three hypotheses central to this study’s third and final research question: how do parents of autistic children perceive their child’s level of safety at home\textsuperscript{20}, at school, and in the community? Using quantitative survey and interview data, this chapter will explore the following three hypotheses.

1. Parents of autistic children define victimization in broad terms and include victimization experiences that are not traditionally labeled as crimes.

2. There are patterns in parent identification of challenges to the safety of their children at home and in the community.

3. Parents can identify barriers to the successful reporting of the victimization experiences of their autistic children to police or other authorities.

Hypothesis #1: Parents of autistic children define victimization in broad terms and include victimization experiences that are not traditionally labeled as crimes.

The survey used for this study asked parents to describe the worst victimization their child had ever faced. Many of the responses indicated that their children had suffered from traditional crimes: abuse, bullying, neglect, and assault (by both peers and teachers) to name a few, but patterns of other forms of victimization also emerged. These other forms of victimization are not typically thought of as criminal in nature and may be unique to the autistic, or at least intellectually or developmentally disabled, population. The alternative forms of victimization identified by at least a subsample of this study’s population include manipulation by peers, abuse by teachers and other school-based

\textsuperscript{20} As has been addressed elsewhere, in-home victimization experiences may be underreported in this study due to the exclusive use of caretaker proxy reporting.
personnel, the application of traditional methods of punishment that are inappropriate for children with Autism Spectrum Disorders, and academic neglect. Each of these forms of victimization will be discussed in greater detail below.

*Manipulation by Peers*

The concept of manipulation by peers as a form of victimization was introduced in the discussion of susceptibility to property crimes in Chapter 4. Many parents reported that their children lost or gave away money or other belongings because their peers, who recognized an opportunity to take advantage of socially impaired autistic children, coerced them into doing so. While certainly relevant to property crimes, manipulation by peers also resulted in many other forms of victimization, some much more cruel than coercing autistic children to give away toys, games, or money.

As discussed in Chapter 4, one of the reasons that children with Autism Spectrum Disorders are vulnerable to manipulation by peers is that they often have a strong desire to make friends, or to belong, yet lack the social skills to do so. Classmates and other peers easily pick up on this eagerness and take advantage of it by offering friendship or camaraderie in exchange for either objects, such as belongings or money as discussed in Chapter 4, or actions on the part of the autistic child. These actions tend to be things that the manipulative peer knows are wrong or can result in punishment, but they recognize that the autistic child does not have the social skills to know the action is wrong, or that they so desire friendship that they will do it anyway.

A number of parents describe this form of victimization generally. Describing the times she believes her eighteen-year old son with Asperger’s has been victimized, one mother listed various incidents including, “classmates taking advantage of his innocent
affect and goading him into doing things due to his gullibility [and] kids conning him out of money or property” (Survey 181).

Some parents reported that their children had been manipulated into making inappropriate contact with another child. There is often little or zero tolerance for sexual harassment in schools, so the consequences can be serious. The mother of a fifteen-year old boy with Pervasive Developmental Disorder – Not Otherwise Specified gave one such example.

A group of boys taunted [my son] and told him that if he was cool, he would go up to a girl at school and touch her inappropriately. Of course he wanted to be friends with the boys and included in the cool group so he did (even though on several occasions my husband and I talked to him and explained appropriate behavior) and was caught. Thankfully, while we were in the principal’s office, one of his teachers overheard the boys bragging about it, and brought them to the office, or my son would have been expelled from school. (Survey 1)

Similarly, the mother of a nine-year old autistic boy gave an account of the experiences of her son. “He was bullied at school by a fellow first grade girl asking him to do inappropriate things (say things, pull down his pants, etc.) because she knew he would just do it not knowing any better” (Survey 128). The parent of a ten-year old boy with autism described another child’s experience with inappropriate manipulation.

My son is in the fifth grade and while he generally has had a good experience in school, he is sometimes goaded into doing inappropriate things. Things like touching other people in inappropriate places and ways. He is a GREAT artist and other students will tell him to draw pictures of naked people, etc. He has been suspended for some of these behaviors and he does not know how to communicate that other students suggested he do it. (Survey 233)

Yet another parent described the way her son was manipulated into behaving inappropriately and the resulting consequences.

[My son] was nearly expelled from school once when he made a lewd hang gesture with a bottle at the behest of older kids in the lunchroom. They told him he would be really “cool” if he did it. The principal realized [he] was not at fault
when the lunchroom monitor told him the whole story. We asked about it and [my son] said he was “hot from P.E. class” and the kids said this activity would cool him down. Obviously, [he] was completely innocent of any negative intent!! He was teased for many days by the other students until it eventually blew over. (Survey 92)

Another parent who has a five-year old son with PDD-NOS described a similar situation but also gave an explanation for the motive of the manipulating child. “I have caught school-age children telling him to do and say inappropriate things so that he would get in trouble for it” (Survey 108). Other parents also noted this motivation for manipulation: the desire to see the autistic child get in trouble with teachers or other authorities. The mother of an eleven year old boy with autism said that one of the specific public safety challenges faced by her son was, “children laughing at him or getting him to do bad things then watch him get in trouble, like teaching him bad words or having him stick his hand down his pants” (Survey 216). Along the same line, the parent of an eleven-year old with autism described the experiences of her son, saying that he’s “asked to do inappropriate actions and actions known to get him into trouble, asked to say inappropriate things by classmates” (Survey 262).

Sometimes the behaviors that the other children try to illicit are not sexual in nature, but are still very inappropriate or even harmful to the child with autism. The parent of a six-year old boy with autism reported, “the kids at school try to get my son to fight other kids” (Survey 130). Another parent gave an example of when her son was manipulated into misbehavior at school.

He was told to pull the fire alarm at school during lunch this year, 5th grade, 10 years old. The whole school had to be evacuated and the fire department had to come. He was suspended, but could not remember who it was that told him to do it. We had to come to a re-instatement hearing before they would let him back in school, and of course, the other student is off scot-free!!! (Survey 233)
In these situations, it is likely that the offender has two motivations. Most likely, the offender wants to see how far they can push the child with autism to do something deviant. Second, there is an element of entertainment involved. The non-autistic children get to either watch a fight or enjoy time out of the classroom during the time it takes to carry out an unscheduled fire drill.

But parents mentioned other incidents where their children with Autism Spectrum Disorders were coerced to do things that are not entertaining at all, and had the potential to be very harmful. These situations imply an element of cruelty on the part of the manipulating party. For instance, the parent of a thirteen-year old boy with Asperger’s Syndrome reported, “My child was encouraged to (and did) eat grass, sand and trash on the playground when in 2nd and 4th grade. He was coerced by the children in his class. The offenders were given a slap on the wrist. I think they might have had to sit in the principal’s office for an hour” (Survey 114). The parent of a twelve-year old boy with Asperger’s reported that, “When [my son] was 8 years old, he was told to ‘lick’ his younger brother’s butthole and he did” (Survey 105). In this case, not only was the manipulation harmful to this woman’s son with Asperger’s, it was also abusive to her younger son. Equally grotesque, the mother of a fourteen-year old boy with Asperger’s Syndrome gave a description of the manipulation her son has faced.

[My son] will do whatever [it takes] to have friends and be normal and to have some social skills. I mean he has eaten dog poop. He pooped outside the YMCA once. He pooped in the urinal at the YMCA once because someone dared him to. You know, he doesn’t understand that the kids are trying to humiliate him. He thinks, hey, if I do this, someone will be my friend . . . [He] doesn’t really know right from wrong. I mean, he knows right from wrong, but in the instant, in the moment, he doesn’t get it . . . If those kids told him to jump off a bridge, he would do it. (Interview 32)
Not only can peers easily manipulate children with autism into performing acts that can be harmful to themselves, they can also coerce these vulnerable children into participating in criminal acts. Some of the anecdotes above, for example, border on criminal sexual harassment, and, if performed as adults would probably result in serious sanctions. One parent gave a blatant example of her fifteen-year old daughter’s coercion into participation in theft. “She was persuaded to help another girl steal a cell phone from a teacher’s purse” (Survey 62).

Although manipulation by peers can probably be categorized as a form of bullying, it is important to consider it as a unique phenomenon in the context of the victimization of children with Autism Spectrum Disorders because they are distinctly vulnerable to it. A typically developing child has the capacity to consider why a peer is asking them to do something and to think through the possible consequences of that action. Due to impairments in social skills and Theory-of-Mind, many autistic children lack these self-protective mechanisms and are so eager to build friendships that they eagerly do whatever is asked of them. When considering techniques to prevent the victimization of children with autism and related disorders, we must keep in mind that this population faces more forms of exploitation than typically developing children do.

*Physical Assault by Teachers*

Many of the survey respondents’ reports of physical assaults by teachers and other school-based caregivers were discussed in Chapter 5 in the section on the perpetrators of abuse of children with autism. However, it bears emphasizing that this was a strong theme among parent reports of the various victimizations their children have faced. Even though the Juvenile Victimization Questionnaire does not address physical assaults and
abuse by teachers and other school-based caretakers, this was the group most frequently implicated in the physical abuse of the autistic children in this study. It is worth noting that the parent respondents are not likely to report their own abuse of the children in this study. However, the rate of reported physical abuse by teachers, aides, and other school personnel in this study is very high.

Inappropriate, Traditional Methods of Punishment

A few parents discussed times that they felt their children were victimized when they were given traditional methods of punishment that were, because of a reason inherent to their child’s autism spectrum diagnosis, severely inappropriate. Family members, community members, inexperienced teachers and other caregivers who are unfamiliar with autism or with particular children with an Autism Spectrum Disorder often do not realize that these children are different from typically developing children.

Children with autism spectrums disorders often suffer from a host of sensory integration problems including abnormal visual, touch, and oral sensory processing (Kern, et al., 2006). Research confirms that these issues can affect autistic children with a wide range of functioning. Even though higher functioning children, such as those with Asperger’s Syndrome, may have the ability to better conceal their discomfort with sounds, pitch, or touch, they are still affected by these things (Myles, et al., 2004). For these children, punishment in the form of hitting or spanking is more than physical chastisement; for some children, the pain inflicted is perceived more intensely than for children without sensory issues. Up to 70% of children with autism spectrum disorders suffer from sensory anomalies, sometimes including sensitivity to touch which can mean an inability to tolerate a hug or a pat on the back, let alone a spanking (Cascio, 2008). In
addition, the experience of being spanked or otherwise punished is bewildering for some children who understand that they are being punished for something that they cannot help or for children with no understanding of cause-and-effect.

Describing times she felt her eleven-year old son with autism has been victimized, one parent described a variety of problems, including the application of inappropriate disciplinary strategies to her son’s behavior.

People talk about him because he can’t talk or do everything for himself. They talk about his hygiene for example. They scream at him when he does things that he couldn’t help but do because he can’t speak for himself all the time. Kids at school fight him because they think he won’t hit back. Family members make fun of him and give him spankings because they believe that he knows better and that he does things on purpose. (Survey 200)

Similarly, another parent of an eleven-year old boy with Asperger’s reported that, “The bullying happens from all sides [including] grandparents who refuse to admit that there is anything wrong and who use punitive discipline techniques” (Survey 178).

One participant in this study reported that her son’s new stepmom, who has two non-disabled children of her own, insists on using spanking as a disciplinary technique with her son, who has behavioral difficulties, as well as her own two children. In describing her problem with the use of spanking on her autistic child, she introduces another element of to the discussion of the application of corporal punishment to the autistic child.

[My son’s] father and I came to a conclusion this past January that his stepmother...we don’t spank [our son]. He’s going to be violent. You don’t treat violence with violence in our opinion. But his stepmother... continues to think that spanking [him] is a good idea. So yeah, I said, “If you continue, I’ll take you to court. And we’ll have supervised visitation because you don’t hit a child that’s learning not to hit.” (Interview 5)
The notion that there is an unintended consequence of corporal punishment – that the child learns the behavior and internalizes it for his or her own use later on – has not yet been addressed in the literature on punishment of children with autism, but merits further study. A deficit of Theory-of-Mind makes hitting or spanking an ineffective punishment because the child has no concept of cause-and-effect. Instead of reasoning that they are being hit in response to something that they said or did, some autistic children might instead reason that hitting is something that you do when you’re feeling angry or upset.

One parent reported that a family member used extraordinarily loud sound to punish her sixteen-year old son with Asperger’s syndrome.

My son was victimized in the community and at home by a family member. Because he wouldn’t wake up for dinner (ongoing), an amplifier was turned on full blast and blasted in his ear . . . the family member did not understand the disability and was trying to control him, thinking he could make the behavior stop. (Survey240)

While this strategy for rousing a teenager would be more than irritating for a young person without sensory issues, for a child with autism and enhanced sensory sensitivity, such a technique constitutes cruel treatment. Another parent talked about the difficulty she had explaining her eight-year-old son’s sensory sensitivity to family members. Her son is diagnosed with PDD-NOS.

Because adult relatives did not have any idea why my child cried and had so many tantrums, I had to protect my child from his own aunts/uncles/grandparents, who assumed my child was simply spoiled. They would not listen to my husband and I when we’d say, for example, “Just put him down! He doesn’t want to be held” or “Stop yelling at him! He’s upset enough already!” “NO you will not spank him!” (Survey 196)

Most likely, these family members have good intentions and are employing behavior management strategies that have been utilized and accepted for use on other children in
family. However, beyond their ineffectiveness, these strategies further estrange the autistic child from the family.

Another common punishment strategy that may be inappropriate for this population is the withholding of things that the child needs to function healthily and happily. In one case, a mother reported that her son, a ten-year old with Asperger’s syndrome, was often left alone for long periods of time and denied stimulation and supervision by both his father and school-based personnel.

My ex-husband was the first to victimize my son – he’d leave him alone in his room for hours on end or in front of the television without any other stimulation. My son was victimized in daycare for 5 years – he was forced to conform or face punishment (time outs, separation from activities and kids). My son was victimized in school in 1st and 2nd grade – spending approximately 90% of his day on the floor in the principal’s office or in detention. (Survey 212)

The victimization that this parent describes includes both withholding of attention and stimulation by the child’s father, and something that, for the purposes of this report, will be called academic neglect. The concept of academic neglect will be further discussed later in this chapter. Withholding as a form of punishment was also reported by the mother of a seventeen-year old boy diagnosed with autism. “I have seen my ex-husband get into fights with him, refusing to feed him because he would not eat what was out for dinner” (Survey 252). Again, for various reasons related to sensory issues, this may not be a fair or appropriate punishment for a child with autism.

At school, one of the traditional forms of punishment that is sometimes applied to children with ASDs is suspension or even expulsion from school. However, parents frequently reported that their children with autism were prompted to perform the offending acts by other children who were bullying or manipulating them. Then, when the child is caught, the school administration punishes the autistic child while those
children who masterminded the offense escape punishment. As the mother of a sixteen-year-old boy with Asperger’s syndrome described,

Like I’ve said, you know, in school when he’s pushed people . . . I know the one time they talked about suspending him, I was like, “You’re absolutely not doing that to him,” because the kids are instigating him. And I brought them a booklet that said, this is how people with Asperger’s can react because they don’t have the verbal skills. And they’re like, “Okay, we’re not going to do it this time but just be warned, if it continues we’re going to have to.” And I’m like, that’s fine because it’s going to stop as soon as you get these kids to stop. I definitely have to do everything in my power to protect him and go to bat for him because it’s not always . . . It’s not his fault when he’s instigated and antagonized. He’s going to react sooner or later. (Interview 11)

Situations like this are obviously complicated because schools often have clearly defined rules against pushing and standard protocols for responding to incidents like this. These rules and standard responses help to fortify the culture of order in the institution. However, when applied to a child with autism, these rules may not be appropriate. As this example illustrates, the child was provoked into pushing because he did not have the verbal skills to handle the situation another way. These differences in functioning and social ability should be taken into account before administering a standard punishment that was formulated to prevent violence and physical bullying by the average student without cognitive disabilities. It would not be such a reach to consider accommodating individual differences in punishment needs, as there are many other accommodations made for students with special needs in other facets of the school experience, including transportation, test-taking, instruction methods, and course selection.

Academic Neglect

In this report, the term academic neglect is used to refer to instances in which students are either forced or allowed to spend instructional time during school hours outside of the appropriate classroom setting and not engaged in learning. Academic
neglect should not be confused with the more commonly known *educational neglect*, in which a parent interferes with their child’s ability to flourish in school. Academic neglect, in the context of this report, implicates teachers, aides, and school administrators for the neglect of children, who are missing out on crucial hours of instruction.

Several participating parents in this study indicated that their child had been the victim of academic neglect. The mother of a seven-year old boy with autism reported, “My child has been left in the extended resource room to nap in a room with no windows and just a mat and blanket and left for hours instead of teaching him” (Survey 189).

One mother who participated in an interview was able to give more detail about the academic neglect that her son with Asperger’s syndrome experienced in his school.

I don’t know if it would be called a crime per se, but the first time he had an interaction with the police, he was in elementary school. And he was secluded and . . . he would have been in second or third grade I’d say. And the police were called to school and they just sat with him. And then we were called in to school and I said, “Well, why are the police here?” And they said, “Well we just happened…” They didn’t say that they called the police, but they did. I mean, they didn’t say that they called them purposefully for Nate but you could tell that they did. And they were just sitting with him, and what they did after that, while he was still at that school, and this was where he got so behind in math. When he was supposed to have his math time, he was precluded from going to math, and so he would have to go down to the office every day when math took place, because the teacher did not want him in his math class anymore. And then he sat with the police officer, okay, every day, and the police officer did his math with him . . . I don’t know how long it went on for, quite a long time before a parent told me. He said, “Do you realize your son is sitting down at the office every day with a police officer?” . . . And that’s how we found out. (Interview 21)

This child’s experience of being sent out of the classroom regularly because his teacher did not know how to handle his behavior or disability and didn’t have the ability to offer instruction that catered to both the general education children in the classroom and this child with special needs is hardly unique. While it may have been kind of the police
officer to sit with the child while he did his math, it is not his responsibility to provide instruction.

Sometimes the instructor’s academic neglect is more passive, as described by another parent, who has a thirteen-year old son with autism.

I don’t even really think his teachers are [responsible for his safety]. Because my son leaves his classroom and checks himself into in-house [a place for students sent to the office] even though he’s not sent there because he wants to read. He’s finished his homework and he can’t stand sitting next to his peers . . . but he just, you know, he should be focused on getting his work done and that’s what he should be doing. And half the time, the teachers don’t even realize he’s gone. And the office assistant then calls my husband in his classroom and says, “Do you know [your son] is down here?” And of course he’s like, “No, send him back to his classroom.” And she’s like, “Oh no, don’t worry, he’s fine. We enjoy him down here.” Because he doesn’t bother them; he just sits and reads . . . And the teacher thinks it’s good because then they don’t have to deal with [him]. . . [but] he’s not learning during that time. (Interview 6)

In this case, the teacher is not actively throwing the autistic child out of the classroom or directing him to report to the school office, but is allowing for him to regularly leave and miss out on instruction. This is a type of passive academic neglect because the teacher is mandated by federal law to review the student’s Individualized Education Plan (IEP), which lists the classroom accommodations necessary for him to flourish in a general education classroom. By allowing the child to regularly leave the room during her class, she is denying him the education that she is tasked with providing to him.

One parent of sixteen-year old boy with Asperger’s syndrome reported a much more aggressive method used by school staff to remove her child from the classroom.

The school personnel would purposefully bully my son to the point that he would have a meltdown or behavior issue, so to get my child removed from the room. Almost daily my son was bullied by teachers . . . One time he was physically lifted from his chair and taken like a sack of potatoes in front of all the other students, down two flights of stairs to the office and placed in the counselor’s room. (Survey 98)
While instigating a meltdown in order to have an excuse to remove a child from the classroom is atrocious, even worse may be the refusal to even acknowledge the child’s special needs in the first place, further estranging him from the best and most appropriate educational environment. The parent of a twelve-year old boy with PDD-NOS described one such situation.

When we were living in Colorado the school system refused to test him for Autism and labeled him as Mentally [sic] retarded. This also happened in Texas. As a result, his teachers and peers had different expectations of him and did not offer learning opportunities for him. It was not until we moved to Lewisville, TX that the school officials listened and tested him. He is now excelling in many areas. (Survey 147)

On the opposite side of the spectrum, some parents of children with Asperger’s syndrome reported that their children’s intellect was undermined in the school environment when their children were placed in classroom settings that were not challenging or stimulating enough. The mother of a ten-year old boy with Asperger’s syndrome explained,

I’m trying to find a new school for him . . . or we may be homeschooling him, I’m not sure, but . . . all of his teachers have told me to get him out of our school system before he hits sixth grade. They can’t deal with him. He’s just too smart. And if . . . since he has the behavior issues, they put him in a kind of behavior classroom, part day. And there, everything is taught to, you know, the lowest common denominator. And so he’s bored out of his mind. (Interview 14)

As participants in this survey illustrated, there are many ways that teachers, aides, administrators and other school personnel can inflict academic neglect on children with Autism Spectrum Disorders. Tolerating the repeated and lengthy absence of the child from the proper classroom environment is a serious form of neglect that can result in the child’s failure to thrive.
Hypothesis #2: There are patterns in parent identification of challenges to the safety of their children at home and in the community.

Study participants recognized challenges to the safety of their children that fell into two major categories: (1) vulnerable characteristics of their children, and (2) ways that their children did not meet expectations of others in society. The most commonly reported vulnerabilities of children in this sample were a propensity to trust strangers, naivety, an inability to read others, a willingness to wander, and a lack of a sense of danger. Each of these traits will be discussed in more detail below, followed by a discussion of deviance from societal expectations and norms. Parent responses indicate that some of the challenges to their children’s safety derive from the child, while others originate in the greater social environment that the child functions in. The data in this section is strictly qualitative and was not addressed by the JVQ. Therefore, it is not quantifiable, but provides an interesting avenue for future quantitative study.

Vulnerable Characteristics

Trust of Strangers

The most commonly cited vulnerability among study participants was an easy trust of strangers. Parents frequently expressed concern over interactions with strangers. Many parents reported simply that their children were too trusting of strangers. As the parent of an eleven-year old boy with autism said, “He is too trusting. He does not understand the concept of maliciousness” (Survey 25). Another parent said of her son, “He’s just now understanding that he’s not supposed to talk to strangers. He’s too trusting. And I’m afraid that, you know, something might happen to him because he’s too trusting. You know, someone’s going to take advantage of him” (Interview 13). Some
parents, such as this mother of a ten-year old boy with autism, expanded a bit beyond this basic trust. “My son . . . does not understand that there are good and bad people in the world. He has the biggest heart you will ever meet” (Survey 64). Another parent said, “[My son] has no concept of danger or evil, in people or circumstances” (Survey 147). Based on parent responses about trust, it seems that the general lack of Theory-of-Mind among children with ASDs contributes significantly to their trust of strangers.

Some parents were concerned with contact with strangers initiated by their child. The mother of a nine-year old boy with Asperger’s said, “I have to tell him not to share everything with strangers even though they talk to you (in line at the store, etc.)” (Survey 203). Another parent similarly expressed concern about her son’s propensity to initiate contact with strangers. “My son is very high functioning. The only challenge is that sometimes he will walk up to complete strangers and talk to them as if he knows them. That scares me that he might be easily led away. I never let him out of my sight,” (Interview 13).

Another parent described the way her son initiates contact with strangers. “He will talk to anyone, he loves to hug and will just start touching anyone he thinks is nice” (Survey 233). This sentiment was repeated frequently by other parents. One parent indicated that her son would go to strangers for comfort. “[My son] is sort of minimally verbal . . . [He] is a very gentle soul who really has a strong emotional connection to people although he has pretty weak social skills. . . . If I were to tell him not to do something in public, he might go up to a stranger for comfort” (Interview 3). Similarly, one father said the following of his fourteen-year old autistic son.

His IQ has been tested under fifty now. Whether or not that’s perfectly accurate, I don’t
know because it’s hard to test somebody that’s non-verbal and autistic for their IQ. But considering that . . . that may make him more vulnerable – the fact that he doesn’t speak makes him vulnerable. He’s more social than a lot of autistic kids. For example, if we’re in the grocery store and he wants something, generally candy, and I tell him no, he generally has a meltdown and he’ll start going up to people and like, touching them and trying to sign to them what he wants as far as food or communication. And they just kind of look at him. So that being the case, I think he could be victimized because he does walk up to people or strangers and tries to communicate with them. And whether or not someone would take advantage of him, that’s a possibility. (Interview 4)

Another parent shared that their child has a history of going up to strangers, particularly if that person has food or drinks that the child likes (Survey 72). Several parents also reported that their children are willing to approach strangers who have pets and initiate a conversation about the animal. For example, one father explained, “[My] daughter is very open and trusting, too much so. She’s very interested in animals and planets and will openly talk to anybody who is willing to listen about those topics. She will go up to people and ask them about their pets” (Interview 9).

Equally worrisome for parents in this study was contact with strangers initiated by another party. Many parents expressed fear at the classic kidnapping scenario – that if a stranger offered their child candy, they’d willingly leave with that person. The parent of a seven-year old with autism said, “In spite of the fact that he [has] a problem with communication, he is a very friendly boy and will say hello to everyone. He will wander away easily (if not watched). If any stranger in a store offered to buy him a toy if he would just go with them, he would” (Survey 239). The mother of an eight-year old girl with autism expressed a similar fear.

Safety-wise, well [my daughter], my biggest concern would be her wandering away. She doesn’t wander very often but if we’re at a park or a playground or something, I can certainly see her being, you know, led into a stranger’s car. You know? “Come help me find my puppy.” “Oh, you have a puppy?” You know, I mean I can see that happening. I have to be very careful. When I send the kids
with the babysitter to the park I have to be very explicit. Do not take your eyes off her for a second. I mean, I know you have other kids to watch but she is the one that would get snatched because she’s gullible, you know, very innocent and gullible. (Interview 1)

The classic kidnapping scenario fear was similarly expressed by the mother of an eight-year old boy with autism and limited verbal ability. “[My son] is still not safety-aware. I guess you can put it that way. If someone were to come up to him in a car and say, ‘Oh, here’s a popsicle. Get in,’ he’d get in” (Interview 17). Even though parents try to educate their children about “stranger danger,” they commonly expressed fear that the child wouldn’t be able to apply the lessons if a real situation occurred. The mother of a seven-year old boy with PDD-NOS explained.

I can never let him walk to school or ride a bike or something because I can see someone going . . . you know, like this typical old man in the car going, “Hey, little boy, can you help me find my puppy? He’s lost,” or something. And I can almost see him falling for that because he’s so nice. (Interview 2)

A major part of the problem, as this same parent explains, is that children with autism cannot understand or predict the intentions of others.

It’s like, other kids get kind of that sense of toughness or that sense of irony or sarcasm, kind of looking out for yourself and seeing the dark side of people and seeing that people have bad intentions sometimes. You kind of look for that to protect yourself. And I don’t know if he’ll ever evolve and do that. You know, I just don’t think that will come naturally to him. I don’t know if he’ll ever teach himself that or if we’re going to have to keep driving it home for him, but I just don’t think it’s a natural part of who he is. He won’t do that like most kids do. And I wonder if they [autistic children] will get abducted, because they’re just such friendly and naïve kids and they trust people. And then they find out too last that they trusted the wrong person. (Interview 2)

The inability to read others and understand their intentions is a major component that parents have identified as a reason that children with autism do not fear strangers. In addition to identifying interactions with strangers in the community as a problem, parents
frequently expressed concern that their child would eagerly open the door to their home
to a stranger. For many study participants, even home is not a safe haven from strangers.

Some parents discussed the challenges involved in teaching their autistic children
about strangers. One parent expressed the difficulty of explaining why her eleven-year
old son should be wary of strangers while concurrently focusing on increasing his social
skills and interactions.

He’s nonverbal. It’s a Catch-22 because we also want to encourage him to be social. So how do we teach him who the predators are? He’s becoming a boy and wants to explore outside more. We moved to the country here and live in a cul-de-
sac at the end of the road so that he has room to explore. But when a car comes
down, I get right outside. It’s very scary. Because if someone offered him a [toy]
car or a candy bar, he’d go with them. And he wouldn’t know to scream. (Interview 29)

Only one parent was able to suggest a strategy that she uses to teach her son, who has
autism and fluent speech, about how to remember to consider the stranger’s motivation
and intentions in social situations. She explained,

[Children with ASDs] tend to be more naïve. Like really believing in the best of
people, like not understanding that there’s bad people. And that is something that
we have had to talk more about with him, I think, than with other kids probably
his age. Like other kids his age I think would probably get it right away. But we
have to keep talking about this with him. Like, we’ll be like, “oh, we noticed in
this situation, you did this. You know, you might want to remember that not
everybody is nice and you have to remember to protect yourself.” And we really
have to break it down, like be totally specific. Like, give examples and kind of
role-play a little bit for him to really get it. And you know it seems like if you just
talk about it in the abstract, then it’s something that he doesn’t really understand.
(Interview 2)

This insight is important for considering strategies to prevent inappropriate contact with
strangers. Because every autistic child’s verbal abilities and reliable communication
methods differ, it is very difficult to suggest a curriculum or training module to teach
children about proper stranger contact. This is clearly an area for future research and development.

**Naivety**

When asked to identify characteristics that make their child vulnerable to victimization, many parents reported that naivety was a paramount concern. Autistic children’s inability to gauge the intentions of others is central to parental concern about naivety. While the notion that naivety was an important component of children’s vulnerability to victimization, parents defined this concept in different ways. The parent of an eight-year old boy with autism described her son’s naivety by describing how his emotional reactivity compares to his peers.

He’s very naïve. Because mentally he might, you know, be on the same level as the other third graders, but his emotions aren’t. His emotions . . . he’s like still six years old. So he’s very naïve and very sensitive, and sometimes that can be a problem that, you know, kids pick up on that and then they, you know, they do things to see what his reaction’s going to be, to be hurtful. (Interview 13)

One participant who has two daughters with ASDs discussed their inability to generalize as a critical part of their naivety.

One of my main concerns for her and my older daughter is that they’re both very naïve and they don’t understand things and I worry about them for crime and molestation and stuff like that. That’s my big concern for the two of them . . . I can [talk to them about it] and [one of my daughters] would understand. But once I put it out there and say, “Okay, there are people who . . .”, I would have to be very specific. And I would have to be specific to each and every situation. “There may be a man that lives with your aunt who, you know, may try to touch you this way” or whatever. And it would have to be extremely specific because she doesn’t generalize. Neither one of them generalizes at all. They can’t take a simple “somebody’s going to touch me in a weird way” to “somebody’s going to rape me.” They can’t. (Interview 1)

For this mother, the fact that her daughters need to have a discussion about every potentially dangerous situation or every potential predator is an impediment to protecting
them from the universe of possible victimizations that they could incur. The inability to
generalize, and apply self-protection lessons to more than one specific situation, was
discussed by another parent as well whose son struggles with frequent bullying. “He
believes that [these] people aren’t out to hurt him financially or emotionally or
physically. But we have to sit down and just explain to him every time, no, and it’s the
same reason as last time” (Interview 6). One parent explained her child’s inability to
generalize very plainly. “He does not understand social scenarios except as rule-bound,
specific situations. Unless I tell him, ‘If someone says X, you should do Y,’ he’s not
going to be able to deal with these situations. They are too complex” (Survey 97).

Another parent feels that her son’s naivety is apparent in his physical demeanor
and worries that this makes him an attractive target for potential offenders.

He’s very gentle so he’s not a fighter or a biter. Anyone who can pick up on that
can see how sweet and naïve he is . . . if they want to take advantage of him, they
could. So that makes him vulnerable. He’s too trusting of strangers . . . It’s very
obvious. They see that look in his eye, [My son] has a very . . . I don’t want to call
it spaced out. He has a very . . . yeah, I guess he has a very spaced out look in his
eyes, which indicates that someone who didn’t know him would think something
is up with him. (Interview 17)

As reported above, another parent described her son’s naivety as “believing in the best of
people . . . not understanding that there’s bad people” (Interview 2). Describing this
same phenomenon in greater depth, another parent described her son as someone who has
“a kind/generous way about him that I believe is directly attributable to being on the
autism spectrum – he takes things literally – it’s hard for him to detect sarcasm and irony
or unkind humor” (Survey 203). Yet another parent described her son’s naivety as
having no ability to understand if he’s being lied to or misled.

Again, like a naivety, with his attention . . . you know, sort of typical of a child on
the spectrum who will sort of over-attend to things that aren’t quite relevant and
then not attend to relevant details. So, you know, knowing absolutely where his house is but believing whoever he is with if they say, “Oh no, we’re supposed to go here.” You know what I mean? Like I said, I mean he would probably go with a stranger if they showed him just a little bit of kindness. (Interview 3)

However described, parents in this study frequently cited naivety as a trait that contributes to their children’s susceptibility to various forms of victimization.

Inability to Read Others

The inability to read others is one of the defining characteristics of Autism Spectrum Disorders. It is also, according to many parents in this study, one of the main characteristics that contributes to their children’s vulnerability to exploitation. One parent wrote that her biggest concern with her eighteen-year old son’s safety in the community is that he has difficulty “being aware of people who appear friendly but who will lie or cheat you if given the opportunity” (Survey 104). Another parent gave a comparable description of her twelve-year old son with Asperger’s syndrome. “He is very trusting and wants friends so badly that he can’t see that others might want to harm him” (Survey 163). Some parents noted that commonly utilized yet sophisticated communication techniques, such as sarcasm and irony, are impossible for their children to understand. The parent of a sixteen-year old girl with autism explained how her daughter’s inability to understand sarcasm affects her social interactions. “[My daughter] doesn’t understand sarcastic humour [sic], so there are times when kids are saying mean, sarcastic things to her, and laugh at her, and she doesn’t understand and laughs with them . . . hoping to make some friends” (Survey 217).

Some parents talked more specifically about their children’s social deficits. Describing her nine-year old son, one parent said, “My child has difficulties recognizing social cues, including threatening or menacing clues, that other children might [pick] up

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on” (Survey 133). Another parent, who has a non-verbal seven-year old son with autism explained, “He does not have enough receptive language and pragmatics to really understand the other children’s intents” (Survey 164). Another parent expressed similar concern about her eleven-year old son. “Because he doesn’t have the cognitive perspective to understand other people’s motives, he is immature in mind. He is 11, almost 12, but . . . it was recently determined that his mind is the maturity or perspective of a 7 year old” (Survey 179). One mother stated directly, “He simply does not understand others’ perspective. [His] theory of mind is not developed” (Survey 242). As these parents report, their children’s vulnerability to exploitation is directly linked to cognitive issues associated with Autism Spectrum Disorders. One parent communicated the connection directly. “The ASD put him at a huge disadvantage because of his super-sensitive sensory processing system, communication problems, and his inability to understand other people’s intentions” (Interview 196).

The process of reading others, and predicting what they are thinking, guessing, scheming, or hoping, takes more than just understanding audible language. The parent of an eighteen-year old boy with autism described the trouble he had understanding even more nuanced communication. “He cannot read people’s faces to see if they are happy, sad, etc.,” (Survey 259).

Sometimes parents are less concerned with the possibility that their child’s inability to read others might make them an obvious target for exploitation and instead worry that the child may act inappropriately as a result of their social deficit. One parent gave an example of this type of situation. “My son . . . inappropriately asks questions. For example, he approached a very large man and asked if he was a girl . . . the man had
a ponytail and my son was legitimately confused. The man appeared to be getting angry until I ran interference and explained” (Survey 197). As this parent describes, lack of understanding other people’s feelings, emotions, or intentions sometimes leads children with autism to make social faux pas. Another parent gave a similar account.

“Occasionally, our son will point out negative things to a stranger (‘you’re old/fat’ or ‘you’re not supposed to eat things before you pay for them!’) and this puts him at risk for negative reactions by strangers” (Survey 196). These verbose children, whose disabilities may not be immediately obvious to the person they are speaking with, may (understandably) make other people angry. At least one parent directly addressed this concern.

I worry that he will make some inappropriate but honest comment to someone who will not recognize his challenges. He has [Asperger’s Syndrome] and looks like a typical kid and sometimes even acts like one. And then he will tell someone’s mom how she could better control her child, or tell a smoker that he is killing himself and endangering those around him. He doesn’t have a label on his forehead saying, “I’m special—please try to be tolerant.” To me, some sort of serious altercation seems just a matter of time. (Survey 87)

People with autism frequently break established social codes. Whether by misunderstanding language or other social cues directed at them, or inadvertently offending others by their lack of understanding of reciprocal social interactions, it is clear that the inability to read others is a major challenge to the safety of children with Autism Spectrum Disorders.

**Tendency to Wander**

Parents frequently cited their children’s tendency to wander, or elope, as a safety challenge. Not only does wandering increase the risk of an accident or being struck by a car, it also increases the amount of time that autistic children spend unsupervised in the

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21 “Elope” is the commonly used word for running away behavior among children with autism.
Community. A study conducted by the Interactive Autism Network found that roughly half of their study sample of children between the ages of four and ten with ASDs had attempted to elope. Over one-third of the children who had either attempted or successfully eloped were either never or rarely able to communicate their name, address, or phone number by any means (Law & Anderson, 2011).

Although the Juvenile Victimization Questionnaire does not address wandering or any other behaviors that make children susceptible to victimization, many of the parents of children with autism in this study expressed concern with wandering either during interviews or in open-ended responses on the survey. One parent said the reason for wandering was curiosity.

I mean, if I didn’t have the fenced in yard, he would wander off. And that would become an issue. And I do know there are parents out there who do NOT watch their kids as much, and they do wander. But that’s a major problem. Because it’s a curiosity thing, you know? They’re just . . . curious people. (Interview 13)

Regardless of the reason that kids wander, this behavior can be very dangerous. The parent of a non-verbal seven-year old boy gave an example. “He can wander off and people don’t know how to handle him. He walked off from me at the Easter Egg hunt in the crowd I lost him and he was trying to get into somebody else’s car” (Survey 142). Parents reported that their children wandered in public places, in unfamiliar wooded areas, and sometimes from the home, where children as young as two would escape through a window or door. Some survey participants reported that they have had to call the police to assist in finding their children. One police department even needed to use a helicopter in a rescue effort. In this study, some of the children who wandered were found inside their neighbor’s yards or homes. One child had actually gotten into a car with strangers and was only found because the car was involved in a small motor
accident and the police who responded to the scene of the accident recognized that the child had been reported missing.

To prevent wandering and the potentially dangerous situations that wandering can allow, parents report that they take extensive and often expensive measures to ensure that their child cannot elope from the home, including installing extra locks, alarm systems, new windows, and even sometimes locking the child’s door from the outside.

**Lack of a Sense of Danger**

Another common characteristic among the children in this study sample that presented a challenge to their safety was a lack of a sense of danger. The mother of a ten-year old boy with autism explained. “[My son] is not afraid, does not know what is dangerous, does not realize why he shouldn’t walk out of the house alone” (Survey 162). Another parent described this quality in her twelve-year old autistic son. “He wants to have the freedom [of] others his age but he doesn’t have an inner voice to alert him to dangerous situations” (Survey 163). Yet another parent of an eleven-year old boy with autism said, “He has little sense of danger so it is difficult to keep him safe” (Survey 184). One parent described some of the behaviors associated with her eight-year old son’s lack of fear. “He is fast. He has jumped into a fish tank at a zoo, jumped off cliffs at the ocean, climbed a 20 foot tree, climbed out his window to roam the streets” (Survey 235).

There is scientific evidence to support the frequent parent claim in this study that children with autism spectrum disorders lack a sense of danger. In a discussion about social learning, Bushwick (2001) explains that humans learn fear not only from experience, but also from vicariously through social interactions with others. The
scientific explanation is that the human population is not so large that we can all learn fear through trial and error. Therefore as a survival mechanism, humans also learn fear through other people’s direct or vicarious experiences, which is sufficient for self-protection. However, autistic children do not participate automatically in this social learning process, so they often fail to fear genuine dangers (Bushwick, 2001). It is not the innate fearlessness of children with autism that predisposes them to victimization, but rather the situations that may result. It is also quite a dangerous characteristic when combined with some of the other vulnerabilities outlined in this chapter.

Failure to Conform to Societal Expectations

Parents explained that outside of innate characteristics that make their children vulnerable to exploitation, the other main challenge to safety is a failure to conform to social expectations. This often results in hostile treatment and a recognition of a vulnerability by others.

The ways that children in this study sample defied social norms varied greatly. One parent described what happened when her son didn’t understand the norms in his classroom.

When [my son] was in kindergarten the class was walking to the gym and one boy tripped and fell. Not understanding social norms my son laughed – the boy got overly aggressive and started to grab my son’s shirt. My son started to panic because the boy would not let go, they circled each other and my son could not break loose. In a panic my son finally bit the boy’s arm . . . My main concern was the panic in this situation and my son’s misunderstanding of social cues caused the situation to escalate. (Survey 6)

One parent explained how her son is bullied as a result of his misunderstanding of social norms. “He has been called gay because he tries to hold hands, with boys or girls, rather than verbalize that he likes what they’ve said/done” (Survey 171). While this child
simply annoys his peers, another parent explained how her son’s eccentricities might make other people nervous.

He dresses somewhat oddly and people look at him strangely at times, because he doesn’t realize how different he looks. When he feels overwhelmed, he pulls up his hood, or pulls down his hat over his eyes, and I think people are afraid of him because he looks threatening (though he doesn’t mean to). (Survey 155)

Along the same line, one parent talked about how her son’s unusual behavior was somewhat tolerated by others presently because he’s a small child, but if he continues the behavior in adulthood, he might have problems.

Sometimes it’s hard to get him to understand boundaries and personal space. One of his things has always been little babies . . . He’s intrigued by them. So he will go up to a little baby in a stroller and not introduce himself. He’ll just go right up to the baby and try to get their attention and it’s very awkward . . . And their mom doesn’t know what he’s doing. And as he gets older, it’s even more worrisome. (Interview 6)

Parents have also expressed concern that their children’s unusual-seeming behavior could cause unknowing strangers to call the police. A parent said, “People are likely to be suspicious of his pacing/jumping and hand movements and may call the police even though he isn’t doing anything wrong” (Survey 125). This fear was echoed by a different parent who said, “I worry that he will react in a loud or verbal way that will make people nervous and they will call the police. Or that he will say something that someone will take as a threat” (Survey 182).

Parents also fear that if the police are called to respond to their child’s seemingly unusual behavior, those law enforcement officers might also not understand Autism Spectrum Disorders. One parent explained,

He might not answer an authority figure in the manner that social context teaches most of us. It might offend a police officer if he argues minor points for instance. Sensory stimulation can make my son louder which can anger others to the point of violence. People misconstrue his actions to be manipulative rather than
perhaps misguided or misunderstood which can/has caused some negative reactions from others such as rejections from groups etc. (Survey 103)

Fear of law enforcement was a common theme in this study for many family members of children with autism, with the exception of families that included a law enforcement officer. Importantly, it was often the reporting parent that experienced feelings of fear, not the child with autism. As this study sample was recruited from various cities and communities across the country, it is impossible to know how well he various local, city and state police officers had been trained to respond to children and adults with autism. It is certainly an interesting topic for further exploration.

All of the vulnerabilities discussed in this section are fluid and bleed into one another. However, picking out some of the specific characteristics that render children with Autism Spectrum Disorders particularly vulnerable to abuse, exploitation and other forms of victimization is important when considering prevention strategies. This idea will be further explored in the following chapter.

**Hypothesis #3: Parents can identify barriers to the successful reporting of the victimization experiences of their autistic children to police or other authorities.**

Parents identified three main barriers to the successful reporting of their children’s victimization experiences to the police: (1) oftentimes, offenses that occurred on school grounds were considered under school authority jurisdiction and not under local criminal jurisdiction; (2) fear that bringing the case to police will re-victimize the child; and (3) fear that local police would not accept the testimony of a child with autism, particularly one without fluent verbal ability.

*Getting Past School Authorities*
It is not unusual for authorities to consider incidents that happen on school property to be under the jurisdiction of the school administration. The parents of children with autism in this study frequently expressed frustration with trying to achieve justice for their child at school following an incident, particularly when the offender was a school staff member. As one parent said,

Police don’t get involved in bullying incidents between students, unless it’s a case of physical assault, and even then, they send you to the school. My child has difficulty expressing himself, and the public school protects itself, so I never got enough information to really press charges for the damage his 4th grade teachers did . . . the school system did give us the private school placement with no resistance . . . they knew that their staff had seriously messed up. (Survey 2)

Another parent reported that she needed cooperation from the school in order to file a report about an incident that happened to her child on school property, but the school refused to participate in the reporting process (Survey 128).

One participant in this study lost faith in her local police department’s ability to respond to school-based incidents after trying, unsuccessfully, to bring an incident to their attention. “[I] filed a police report and filed with the CDE (California Dept. of Education) when he was abused at school and felt like it was all for nothing. The teacher still works there and has done this before. They don’t care” (Survey 186).

Re-victimization

Some parents did not want to bring cases to the attention of police for fear of re-victimizing a child. One parent gave a chilling example of having to face such a choice, after abuse at school (also mentioned in Chapter 4).

The reason we’re in Texas is because we had a very bad situation with Virginia schools. We ended up in mediation because they didn’t want his [communication] device in the classroom and to me that’s like saying a kid with a wheelchair can’t bring his wheelchair. Then he was transferred to a school where no parent, not just me,
was allowed past the office. . . . So we were on Christmas break . . . . We sent him back to school on January 3 and he wouldn’t even let us help him in the restroom [when he got home]. He wouldn’t let us near his clothes. If we went to take him out of the bathtub he started shaking and wanted clothes right away . . . He used to like going to school and after that he would scream when he saw a school bus . . . So our choices were to take him to the doctor and have him, in his mind, reabused by a doctor. There’s no way you can explain it and know that [the child will] get it. So we moved. [I thought about pressing criminal charges] but I would have needed proof which would have meant putting my son through further trauma. I would have loved to press charges but I wasn’t about to victimize my child further. (Interview 29)

The dilemma of re-victimization is in no way unique to the autistic population, but since very little is known about how to respond to trauma within this population, it is understandable that some parents would focus on the restoration of their child’s happiness and trust rather than on filing a police report, which for various reasons, will likely not result in criminal prosecution.

**Difficulty with Testimony**

Many parents of children with little or no verbal ability said that they would not report cases of victimization to the police because either they themselves could not get to the bottom of what happened to their child, or they felt that law enforcement officers would not believe the child. One participant said that the biggest barrier to reporting incidents against her child to the police is, “the fact that he is not verbal to tell you who did something to him” (Survey 5). One parent noted that even if you can show physical proof of abuse, it is still hard to get to elicit reliable testimony from their child. “My son does not speak. [It’s] hard to get testimony, and physical evidence such as bite marks and scratches are hard to prove which child or adult they came from” (Survey 107). One parent discussed how hard it would be for herself, let along the authorities, to get information about the incident from her child. “If we had a serious incident, it would be
impossible for him to tell everything that happened. He is nonverbal, communicates with
an iPod Touch with ProLoQuo2Go in very basic ways . . . not full sentences and mostly
for what he wants (food, places to go, things to do, etc.),” (Survey 162).

Another parent, whose child had suffered assault at the hands of his teacher, said,
“He cannot explain what happened to him. After the teacher assaulted him, we couldn’t
ask him what happened, because he is not able to communicate information of that type.
He did not want to get on the school bus the next 2 days, however” (Survey 119). In a
case such as this, when a parent knows that something happened but is not sure what,
they cannot go to the police with an incomplete report. Most police departments are not
equipped to investigate cases involving children with autism, no matter how serious they
may be, especially in cases that do not involve any external witness testimony. Some
parents know this. “My son is unable to relay statements to authorities and therefore [is]
discounted as a victim. Only if witnesses agree to write a statement would any action
possibly take place” (Survey 210). Another parent agreed, noting that there was also a
need for a particular type of witness. “Witnesses. Without specific adult witnesses, it
didn’t happen” (Survey 223).

Some parents feel the problem is not that their child cannot communicate what
happened, but that authorities will not be receptive to the way the child communicates.
The parent of a nine-year old boy with autism and limited speech said, “I would say that
the police don’t have adequate training in how to deal with children with special needs
that cannot effectively communicate a situation or need” (Survey 106). Another parent
said, “They don’t have the staff trained to interview my son. They know little about
autism” (Survey 21). One parent echoed the concern that police aren’t well enough
trained to appropriately manage a case involving the victimization of an autistic child. “Past experience would lead me to say that the police are undereducated regarding people with disabilities in general and have little ability to communicate or obtain statements from people with intellectual disabilities” (Survey 262). While parents were expressing their feelings regarding police officers, it is important to note that many of their feelings apply to prosecutors as well, as they are concerned with testimony and the ability of the criminal justice system to actually bring perpetrators to justice.

Some parents find that even worse than being uneducated about disability, some police are intolerant of disability. In response to the question about barriers to reporting incidents to the police, one parent said, “The police look down on [my son] because he is not what they call a normal child” (124). Another parent responded similarly. “People look at us and our son like we are crazy. We try to explain his difficulties, and because he looks ‘normal’, we aren’t taken seriously. We feel like people think we are making excuses for our son’s behavior” (Survey 119). One parent said simply, “I don’t think the police will understand autism” (Survey 149).

One parent of an eighteen-year old woman thought that her daughter’s status as a woman coupled with her disability status would make filing a report with the police doubly difficult. “My daughter is now 18, and it is hard to prove things in general for females in our society, so because my daughter has a disability it will be extra hard to do” (Survey 8).

Discussion

A comparison of results from the administration of the Juvenile Victimization Questionnaire in this study and two previous studies provides a useful snapshot of the
unique vulnerabilities of children with Autism Spectrum Disorders: in what ways they are exploited and abused more frequently than children without autism, the common places in which they face victimization, and the people responsible for various forms of exploitation.

Qualitative analysis in this study identified several forms of victimization that may be unique to the autistic population. These unique victimization experiences include manipulation by peers, abuse and physical assault by teachers and other school-based personnel, the application of traditional methods of punishment that are inappropriate for children with Autism Spectrum Disorders, and academic neglect. Most of these forms of victimization are not included for quantitative analysis in the JVQ and are unlikely to be measured in other child victimization surveys, though these experiences seemed fairly common among this study population. Future studies of children with autism and other severe disabilities might benefit from including questions that address these issues that are less common among children without disabilities.

An additional contribution of this study is an exploration of parent and caregiver explanations of the ways that their children with autism spectrum disorders face discrimination within the criminal justice system. Parents expressed that oftentimes criminal justice agency actors were hesitant to become involved with incidents that took place at school. It was common for authorities to believe that incidents of abuse and maltreatment that happened in classrooms or elsewhere on school grounds should and will be handled by school administrators and school district management. However, as was illustrated by several participants in this study, there are many reasons why school-based incidents of abuse and maltreatment of children with autism spectrum disorders
may not actually come to the attention of administrators, and even when incidents do come to the attention of administrators, they may not be responded to appropriately. Parents in this study cited many reasons for the lack of internal investigations of incidents that take place in schools, including personal relationships between teachers and administrators, apathy on the part of school administrators, a belief that the child won’t be able to report what is happening to his or her parents, and the protection of teacher’s unions.

While typically schools and law enforcement are able to navigate boundaries around responsibility for various types of investigations, the allocation of responsibility for investigating cases involving the abuse and maltreatment of children with special needs in schools must be reevaluated. It is understandable that local law enforcement agencies, particularly with recent budget constraints, are already stretched thin and are not looking to expand their jurisdiction to include more school-based incidents, which they perceive fall under the school district’s investigative jurisdiction. However, the schools are failing children with special needs who have faced abuse at the hands of their teachers. This gap in jurisdiction must be addressed.

The concerns expressed by parents in this study will help to inform future studies about the victimization of people with autism disorders, as we can take into consideration some of the additional and unique forms of victimization that parents disclosed and which were discussed in this chapter: manipulation by peers, physical assault by teachers, the application of traditional methods of punishment that are inappropriate for children with Autism Spectrum Disorders, and academic neglect.
In addition, parent descriptions of characteristics of their children that make them particularly vulnerable to exploitation can help inform crime prevention strategies aimed to reduce these victimization rates. Clearly, regular anti-bullying and self-protective measures are not enough to prevent the victimization of these children. New solutions must be conceived.

While it is beyond the scope of the current study, an exciting area for future research would be to investigate whether the barriers to reporting incidents to police that were identified in this study are common among other groups of victims outside of the autistic population.
Chapter 7: Discussion and Conclusion

This concluding chapter will restate the purpose of the study, summarize the findings, and discuss possibilities for future research. This discussion will conclude by reviewing the limitations of the study and the implications of the findings for potential future policy interventions.

The purpose of this study was to gather preliminary data about the victimization experiences of children with Autism Spectrum Disorders. Specifically, this study addressed three main research questions: (1) What are the victimization experiences of American children with autism? (2) How does the reported victimization of children with autism compare to the victimization patterns of a non-disabled sample of American youth, as measured by the Juvenile Victimization Questionnaire? (3) How do parents of autistic children perceive their child’s level of safety at home and in the community?

Research Question 1: What are the victimization experiences of American children with autism?

To answer the first research question, this study tested three hypotheses. The first hypothesis was that there would be patterns of victimization experiences of autistic children, as reported by parents in this study. Indeed, analyses revealed that nearly three-quarters of the autistic children in this study had experienced an incident of assault or bullying within the last year, while almost half had been the victim of a property crime during that time period. Over a third of the children in the study sample had experienced an incident of maltreatment during the last year, while 20% had witnessed a criminal event, and almost 8% were reported to have experienced an incident of sexual abuse or assault over the last year. Further analysis revealed that children who experienced one
incident of victimization within the last year were likely to experience multiple incidents of victimization: Of children who experienced at least one incident of victimization, 92% experienced at least two incidents, 81% experienced at least three incidents, and 59% endured four or more incidents over the course of the previous year.

The second and third hypotheses associated with this research question considered whether there would be differences in victimization patterns for children with different Autism Spectrum Disorder diagnoses or differences based on the child’s verbal abilities. Analyses of victimization rates by diagnosis did indicate that parents of children with Asperger’s syndrome reported significantly more incidents of assaults, bullying, and indirect victimization. However, these results suggested that, since children with Asperger’s are able to speak and share anecdotes with parents, perhaps children’s verbal ability was a confounding variable. While the quantitative analysis also revealed that children with fluent speech had more reported incidents of victimization, the qualitative analysis in this study revealed that parents of children with little or no speech could not report incidents on the survey because, while they know without a doubt that their child has faced some mistreatment, they cannot ascertain enough facts about the incident to make a report. Therefore, even though the quantitative analyses suggest that among the autistic children in this sample, verbal children experience victimization at rates higher than non-verbal children, this evidence is inconclusive at best.

Research Question 2: How does the reported victimization of children with autism compare to the victimization patterns of a non-disabled sample of American youth, as measured by the Juvenile Victimization Questionnaire?
To address the second main research question, concerning the comparison of the responses to the Juvenile Victimization Questionnaire of the autistic children in this study to those in large, predominantly non-disabled studies, this study compared the rates, places, and types of victimization between this and two other studies utilizing the JVQ instrument. A comparison of the results of the current study to the reported results of the Developmental Victimization Survey and the National Survey of Children’s Exposure to Violence, all of which utilized the same survey instrument, revealed that the autistic sample of youth experienced assaults/bullying, property crime, and maltreatment at rates several times higher than did the children in the other studies. For three categories of assault (with a weapon, without a weapon, and attempted), the reported rates of incidents against children with ASDs were more than double the rates reported in the DVS and the NatSCEV. Additionally, the rate of victimization of teasing or emotional bullying was also more than twice as high for children with ASDs than for the children in the other survey samples. Results from this comparative analysis add to the notion in the current literature that people with Autism Spectrum Disorders are more likely to be victims of property crimes than people without disabilities. In the current study, 34.4% of respondents had been the victim of a robbery within the last year, while 10% and just 5.4% of respondents of the NatSCEV and DVS, respectively, reported this type of incident. To provide some insight into maltreatment, over 11% of children with ASDs had been physically abused by a known adult in the last year, compared with 3.4% of the DVS sample and 4.2% of the NatSCEV sample. Almost 32% of the children in the current study had been the victim of psychological or emotional abuse within the last
twelve months, compared with 10.3% and 7.1% of the DVS and NatSCEV samples, respectively.

Reported rates of witnessed crimes and sexual crimes among the autistic sample were on par or lower than rates reported in the previous two surveys. However, 100% of this study sample’s experiences were reported by caretaker proxies, while in the other samples, children aged ten or older were able to self-report, so there is a likelihood of underreporting of sexual victimizations among the autistic study sample, as it has been shown in other studies that caretakers are sometimes the perpetrators of sexual abuses against children with disabilities (Davis, L.A., 2011).

Even taking this likely underreporting into account, a comparison of the three studies reveals that autistic children in this study were more likely to experience a sexual assault by someone known to them (a known adult or peer) than children in the other two studies were, while they were less likely to experience sexual abuse by a stranger. Underreporting on the part of autistic children may skew this finding; caretaker proxies may not be aware of sexual abuse that takes place when their charges are outside of their supervision. An further examination of people and places where children in this study experience victimization revealed that the school setting, contrary to the belief that it is a safe and nurturing environment, was often a risky place for children, who faced bullying and assaults by peers and various forms of maltreatment by teachers, including physical assault, neglect, sexual abuse, and emotional abuse.

Research Question #3: How do parents of autistic children perceive their child’s level of safety at home and in the community?
Finally, to answer the final research question about parent perceptions of their children’s safety in their communities, this study addressed three main hypotheses. The first hypothesis was that parents of children with autism spectrum disorders define victimization in broad terms and include events that are not traditionally labeled as criminal within this definition. This study found that this was indeed the case; parents included in their definitions of victimization such phenomena as manipulation by peers, maltreatment by teachers, the application of traditional methods of punishment that are inappropriate for children with Autism Spectrum Disorders, and academic neglect. The second related hypothesis was that parents could identify challenges to the safety of their children in their communities. This study found that there were, in fact, strong patterns in parent identification of vulnerabilities of their children that they believe make their children attractive targets for various forms of crime and abuse. These vulnerable characteristics included the propensity to trust strangers, naivety, inability to read others, a tendency to wander, and lack of a sense of danger. A final hypothesis related to this question was that parents could identify barriers to the reporting of victimization incidents to law enforcement. Analysis revealed that parents reported three main barriers to the successful reporting of crimes against their children to law enforcement: (1) offenses that occurred on school grounds were often considered under school authority jurisdiction and not under local criminal jurisdiction; (2) parents feared that bringing the case to police would potentially re-victimize the child; and (3) parents feared that local police would not accept the testimony of a child with autism, particularly one without fluent verbal ability.

Discussion
The findings in this study are consistent with the literature concluding that people with disabilities are disproportionately victims of crime and abuse compared to their non-disabled peers (Rand & Harrell, 2009; Spencer et al., 2005; Sullivan & Knutson, 2000; Turner et al., 2011). This study makes an original contribution by providing insight into the extent of victimization of a particularly vulnerable subset of people with disabilities: those with autism spectrum disorders. Not only is this the first study of its kind, but it also provides insight into the benefits of studies analyzing victimization and a single type of disability, rather than considering multiple disabilities together. As this study indicates, there are unique vulnerabilities associated with individuals with autism spectrum disorders and prevention policies must be necessarily tailored to address these.

Some research has made the case for investigating the effects of individual forms of disability on individual types of child victimization (Turner, et al., 2011), correctly noting that there are different levels of risk associated with different types of disability. In an analysis of data from the NatSCEV, Turner et al. (2011) looked at victimization rates for children with nine types of disabilities, including a category of developmental and learning disabilities, which included children with autism spectrum disorders as well as a host of other disabilities. Their analysis indicated that children with developmental and learning disabilities disproportionately experienced property crimes, but not sexual crimes, peer assaults, or maltreatment. However, results from the present study indicate that, due to the communication and social skills deficits, caregiver proxies who responded to the survey on behalf of their children with autism may not be able to accurately respond to prompts.
The present study captures the complexity of reporting victimization experiences of autistic children, recognizing that the administration of a survey, even one as nuanced as the Juvenile Victimization Questionnaire, is not sufficient to capture every type of child victimization experienced by this population. It is still worthwhile to consider victimization and disability more broadly, but studies such as this one that provide insight into the reporting difficulties for one particular disability (and subgroups of that disability) can help inform the broader studies. This study found that parents of children with fluent speech are better able to report the abuse and exploitation of their children, while those with children who are nonverbal or have limited speech acknowledge that there are barriers to knowing if their child has experienced victimization, and that there are often instances where parents know that something has happened to their child but lack the details to quantify these experiences for the purpose of a survey. Therefore, larger studies that employ only a quantitative survey are likely to overlook these nuances.

**Limitations**

There are several limitations to this study. First, the utilization of the Interactive Autism Network (IAN) for subject recruitment has some inherent limitations. Although the invitation to participate in the study was sent to every parent registered with IAN whose child was between the age of five and eighteen, only those who were interested in the subject of the survey actually completed it. Furthermore, the pool of potential caretaker respondents was limited to those who had already elected to participate in IAN research, and excluded those without access to the internet or those who lacked the time or interest to participate. While the survey size was substantial enough that results may be generalized to the pool of potential respondents participating in the IAN network,
parents of autistic children who register to participate in IAN research are not necessarily representative of all parents of autistic children, and their children’s experiences are not necessarily representative of those of all autistic children.

A second limitation concerning the data collection strategy of this study was that it measured the victimization of autistic children, as reported by their parents. This means that, like other victimization surveys, this survey does not reflect actual victimization rates. Similarly, since caretakers themselves responded to the survey, caregiver abuse and violence against the autistic children is less likely to be reported.

Third, although this study found legitimate reasons for the underreporting of crimes and abuses of children with limited or no verbal ability, it failed to capture those. The results indicating that children with fluent speech are victimized more often are not necessarily conclusive. Future research is needed to better estimate the rates of victimization against nonverbal autistic children.

Fourth, despite the usefulness of observational comparison between the results of this study, Developmental Victimization Survey, and the National Survey of Children’s Exposure to Violence, it is not possible to discuss the statistical significance of the observed differences in victimization rates without access to more information about those datasets. Gaining access to these datasets and making more informed statistical comparisons is part of my future research agenda.

**Implications**

These findings may hold important implications for policy and future research. The research found that people with disabilities are at particular risk for various kinds of victimization. They also support the notion that, despite a decline in general crime
trends, crime rates against people with disabilities remains disproportionately high. This study adds to the literature on the vulnerability of people with developmental disabilities to various forms of property crimes, and adds insight as to why that may be.

This study adds depth to the broader literature on disability and victimization by demonstrating the utility of comprehensively investigating victimization experienced by people with a single disability, and showed how aggregating multiple disabilities together for analysis may result in the distortion of findings. These results indicate that studies that analyze child victimization by different types of disorder should further distinguish between Autism Spectrum Disorders and other developmental disabilities, as the inherent communication and social skill deficits associated with autism put these children at different risk. While adding to the literature on disability and victimization is useful, it is critical that bigger victimization studies better measure crimes against people with disabilities. The NCVS has taken an important first step by measuring disability broadly, but as this study points out, it can be equally useful to look at the victimization experiences correlated with specific disabilities. If recognition of the extreme vulnerability of people with disabilities to crime and abuse is limited only to select disability rights advocates, there is little hope for improvement (Fitzsimmons, 2009), so it is important that this research be acknowledged by a wider criminological audience.

Perhaps the most important policy implication from this study concerns the place where children with Autism Spectrum Disorders are reported to most frequently face victimization. School is a place where children with ASDs are at an elevated risk for abuse and mistreatment by both peers and, more disturbingly, school-based caretakers including teachers and aides. While some peer bullying is to be expected for any
population of children, this study found that peers take advantage of the social and communication deficits of children with autism by manipulating them into performing acts that can be personally dangerous to the child (such as eating feces), abusive to other children (such as groping a classmate), or disruptive to the school environment (such as pulling a fire alarm). These actions, performed under the misunderstood pretense of friendship, often result in the school-enforced punishment of the autistic child and can include suspension and/or expulsion. It is clear that schools need to reevaluate their policies for investigating and punishing inappropriate activity of children with autism spectrum disorders, especially in a time of zero-tolerance policies and strict retributive punishments in schools. Besides being ineffective for children who do not understand what they’ve done wrong in the first place, these disruptive punishments can be deeply disturbing and even damaging to children who depend on routine and familiarity for daily functioning.

This study also brought to light the common occurrence of various forms of maltreatment by teachers and other school-based professionals. Maltreatment by school personnel reported in this study spanned from neglect to physical abuse to blatant neglect of children’s educational needs and entitlements guaranteed by federal legislation. Parents further identified that teachers and other school actors had many reasons for thinking, some correctly, that they could get away with this type of treatment. While sometimes parents reported that the teachers just thought their child wouldn’t be able to report the maltreatment, more often parents discussed the fact that school administrations and the rules of teacher unions protect teachers, even those who engage in blatant child maltreatment, from removal from the classroom. This study provides an important
starting point to the challenge of handling allegations of child abuse by teachers within the school and indicates that law enforcement intervention and investigation should be part of the standard protocol in these cases.

This study shows that in some instances non-disabled peers and caretakers are able to identify and exploit the times and places when autistic children are exposed: not protected by other caring actors and not yet protected by law enforcement due to restricted jurisdiction or lack of understanding.

The current study finds that there is a need for greater law enforcement training on how to identify children (and adults) with autism spectrum disorders, and tactfully investigate incidents involving the alleged abuse and maltreatment of these people. Furthermore, this study indicates that law enforcement may need to take a more active role in the investigation of cases of maltreatment of children with autism (and other severe disabilities) that take place on school grounds, even though these investigations are usually left to the school or district administrators. It is critical that individuals with autism and their families are able to rely on law enforcement to provide the same services, sense of safety, and sense of justice that non-disabled citizens enjoy. While police budgets are strained and there are many different types of disabilities and disorders that law enforcement officers encounter daily, autism is among the most common (and growing) developmental disabilities today, and as this study indicates, the autistic population is in need of greater protection. Autism knows no geographic, socioeconomic, or racial boundaries, and one in 88 children born today will be diagnosed. There is no police jurisdiction in this country that is untouched by this disorder; law enforcement must increase awareness, protection and advocacy. It follows that it should be a priority
to have trained interviewers in law enforcement agencies and court settings who have an understanding of and confidence in children with intellectual disabilities.

**Crime Prevention**

In addition to policy implications for responding to the occurrence of the victimization of this population, there are important implications for the prevention of these crimes in the first place. As this study utilized opportunity theories to better understand the problem of the victimization of children with ASDs, we turn to situational crime prevention techniques to consider strategies for protecting autistic children from crime and abuse. This study provided insight into some of the places in which children with autism are victimized and what some of their unique risk factors (i.e. naivety, propensity to trust strangers) may be. Situational crime prevention is defined as “comprising measures directed at highly specific forms of crime that involve the management, design, or manipulation of the immediate environment in as systematic and permanent a way as possible so as to reduce the opportunities for crime and increase its risks as perceived by a wide range of offenders” (Clarke, 1983, p. 225).

Foundational to situational crime prevention is the idea that in order to provide a scientifically sound, practical response to a specific crime problem, one must first collect data about the nature of a specific crime problem (Clarke, 1995; Lewin, 1947). That was the goal of the present study. The next steps will be to analyze the situational conditions that permit the commission of those crimes and to systematically study the possible ways to reduce the opportunity for the commission of the crimes (Gladstone, 1980). As mentioned earlier in this chapter, this study did identify some situations that permit the abuse and victimization of autistic children. It is beyond the scope of this dissertation to
consider every possible crime prevention recommendation based on the findings from this study, but it is certainly an intended direction for future research.

In considering potential crime prevention strategies to prevent some of the most common forms of abuse and exploitation reported in this study, it is useful to return to the theoretical foundation that guided it. Routine Activity Theory posits that there are three requirements for the successful completion of a crime: 1) a suitable target, 1) a willing offender, and a lack of a capable guardian (Cohen & Felson, 1979). The results of this study indicate that, following this rationale, there are clear and simple ways to prevent at least some victimization that occurs among the autistic population. This study provides evidence that people with autism are very vulnerable and suitable targets. It also finds that there are many times when autistic children should be under the guardianship of caring adults, but that it is those very adult actors who abuse, neglect, and exploit the children.

One of the biggest problems identified by this study was the abuse and maltreatment of children with autism in school environments by school-based caretakers. In looking at the specific problem of teacher- and school personnel- imparted abuse, this study finds that there are two types of guardianship lacking. At the most basic level, this study finds that there are times when teachers, therapists, classroom aides and bus drivers—the people legally obligated to provide care to children—are directly involved in their maltreatment. In these cases, there is a direct lack of guardianship, correlated with the presence of a willing offender. When a school-based actor has the inclination to abuse an autistic student, particularly one with limited speech, the three requirements for
the successful completion of a crime under Routine Activity Theory are automatically met.

But there is a more nuanced form of lacking guardianship that emerges from this study as well. This study finds that there is often a lack of culpability assigned to teachers who abuse students in a school setting. One set of conditions that allow for the abuse of autistic children by teachers at school is a jurisdictional gap in the handling of this abuse. If police departments do not typically investigate incidents that take place on school grounds, and schools either don’t have a protocol for investigating allegations of abuse by teachers or don’t have incentive to follow that protocol, there exists a set of conditions ripe for the abuse of children with autism.

There are ways to address these problems with guardianship. One important step is that school districts should have mandated protocols to follow when any school-based caretaker is accused of victimizing a child with a disability, whether the report comes from another school employee, another child, or the alleged victim. If ambiguity exists about the possibility of punishment, the risk of abuse remains high. Limiting the chances that allegations against teachers will go unheard is a form of increasing guardianship.

Second, there are techniques that would directly increase the presence of capable guardians, particularly since this study supports the notion that many children with autism are not capable guardians of themselves. Strategies for increasing the presence of capable guardians in school settings might range from implementing a strict rule that autistic children should never be left alone with one school-based caregiver, to a more moderate approach of mandating that doors to special education classrooms be left open.
Both of these strategies increase surveillance, a strategy that has been effective in reducing different types of crime (Welsh & Farrington, 2009).

Some of the conditions that may potentially lead to the opportunity for the commission of crimes against children with autism are the vulnerabilities that make the autistic children potential targets in the first place. It may be possible to make children with autism less suitable targets for various forms of victimization. While it is difficult to change the children themselves (although various forms of therapy, including Applied Behavioral Analysis, have proven useful in teaching specific social skills and norms to children with autism), there are some target hardening techniques that can lessen the chance of victimization. A critical area for expansion of this work will be a more systematic consideration of crime prevention strategies that might address situational opportunities for the victimization of children with autism, based on findings from this study.
References


Roithmeyer, M. (2012, March). *1 in 88: We Need a Strategy*. Speech presented at the Centers for Disease Control, Atlanta, GA.


Appendix A: Survey Instrument
(for formatted version, please see www.surveymonkey.com/s/autisticandatrisk)

Thank you for taking time to respond to this survey. All of your responses will be completely anonymous and untraceable to you. Completion of the survey should take approximately 20 minutes. If you have any questions or concerns, please contact Rebecca Pfeffer at:

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School of Criminology and Criminal Justice  
Northeastern University  
Boston, MA 02115  
r.pfeffer@neu.edu  
(617) 373-6065

This survey addresses various forms of child abuse and maltreatment. If a child you know is being victimized, there are several ways to report suspected or known child abuse.

- **The Childhelp National Child Abuse Hotline** 1-800-4-A-CHILD is dedicated to the prevention of child abuse. Serving the United States, its territories, and Canada, the Hotline is staffed 24 hours a day, 7 days a week with professional crisis counselors who can provide assistance in 170 languages. The Hotline offers crisis intervention, information, literature, and referrals to thousands of emergency, social service, and support resources. All calls are anonymous and confidential.

Several resources are available specifically for parents of children with special needs.

- **The National Autism Hotline** (304-525-8014) is staffed by professionals who can provide information about local resources for families with members on the autism spectrum.

- Another resource is supportingspecialneeds.com, which is dedicated to improving the lives of individuals and families affected by a disability through online therapy. The special needs community encompasses a wide range of abilities and challenges including all those affected by physical and developmental disabilities. Online counseling provides an outlet to recognize strengths, discuss challenges, and reach goals in a safe, convenient way.

- A website catering specifically to male caregivers is dads4specialkids.org. Dads 4 Special Kids is an organization dedicated to helping men who have a child with special needs in their lives. They provide invaluable information, encouragement and support to men who are striving to improve, enrich and heal their own lives, and who are determined to provide their best to a child with special needs.
Introduction
The purpose of this survey is to determine where and in what ways children with autism spectrum disorders are victims of crime, bullying and/or abuse. This knowledge is essential in order to improve the public and personal safety of individuals with autism and related disorders. In no way are you suspected of harming your child in any way. As their parent or guardian, you are simply the most likely to know if your child has been victimized.

Part 1. Open-ended Questions
1. Describe times in your child’s life when you believe they have been victimized. What kinds of victimization have they experienced at home, school or elsewhere in the community (i.e. bullying, theft, sexual abuse, physical abuse, neglect, etc.)? Approximately many times in their lives have they faced these issues?
2. If your child has been victimized, do you believe that all or some of the above events (if any) happened to your child because of their autism spectrum disorder?
3. Sometimes parents, teachers and other professionals try to prepare children for the possibility that they may be taken advantage of or otherwise victimized. Have you or has anyone else ever worked with your child on this?
   - How have you or someone else communicated with your child about this?
     - Conversations
     - Books
     - Role playing
     - Videos
     - Social Stories
     - Other — what?
4. Have you talked to your child about these events, either before or after they occur?
5. As the parent/guardian of an autistic child, what are some specific challenges that you face in ensuring the safety of your child:
   - at home?
   - at school?
   - in the community?
6. Describe some specific public safety challenges that your child faces.
7. Are there any barriers to reporting incidents when your child is victimized?
8. Are there any incentives to report incidents when your child is victimized?
9. Has your child had any contact with police officers or other first responders? (Contact may occur if your child has run away, been lost, if a police officer works at their school, if they have visited a police station, if they have been involved in a crime, etc.) If so, please describe.
**Part 2. Juvenile Victimization Questionnaire**

The following is a questionnaire about child victimization that has been given to several thousand parents of typically-developing children. Although not all questions will be relevant to your child, your responses are important to investigate whether children with autism spectrum disorders are victimized more or less in certain places and certain ways.

These are questions about some things that might have happened in your child’s life in the last year. It might help to take a minute and think about the last 12 months. Think about the ages your child was (remember, unless today is your child’s birthday, it will be two different ages!). Think about the grades your child has been in school in the last year, different places your child has been, and different people who took care of your child.

<table>
<thead>
<tr>
<th>Question</th>
<th>1 time</th>
<th>2 times</th>
<th>3 times</th>
<th>4 times</th>
<th>5 times or more</th>
<th>No</th>
<th>Not in the last year, but earlier in the child’s life.</th>
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</thead>
<tbody>
<tr>
<td>1. In the last year, did anyone use force to take something away from your child that he/she was carrying or wearing?</td>
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<td>2. In the last year, did anyone steal something from your child and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?</td>
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<td>3. In the last year, did anyone break or ruin any of your child’s things on purpose?</td>
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<tr>
<td>4. Sometimes people are attacked WITH sticks, rocks, guns, knives, or other things that would hurt. In the last year, did anyone hit or attack your child WITH an object or weapon? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?</td>
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<td>5. In the last year, did anyone hit or attack your child WITHOUT using an object or weapon?</td>
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<td>6. In the last year, did someone start to attack your child, but for some reason it didn’t happen? For example, someone helped your child or your child got away?</td>
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<td>7. In the last year, did anyone try to kidnap your child?</td>
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<td>8. In the last year, was your child hit or attacked because of your child’s skin color, religion, or where your family comes from? Because of a physical problem or disability your child has? Or because someone said your child is gay?</td>
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Next, we ask about other grown-ups who take care of your child. This means parents, teachers, babysitters, adults who live with you, or others who watch your child.

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<th>1 time</th>
<th>2 times</th>
<th>3 times</th>
<th>4 times</th>
<th>5 times or more</th>
<th>No</th>
<th>Not in the last year, but earlier in the child’s life.</th>
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<tbody>
<tr>
<td>9.</td>
<td>Not including spanking on the child’s bottom, in the last year, did a grown-up in your child’s life hit, beat, kick, or physically hurt your child in any way?</td>
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<td>10.</td>
<td>In the last year, did your child get scared or feel really bad because grown-ups in his/her life called him/her names, said mean things to him/her, or said they didn’t want him/her?</td>
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<td>11.</td>
<td>When someone is neglected, it means that the grown-ups in their life didn’t take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. In the last year, did your child get neglected?</td>
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<td>12.</td>
<td>Sometimes a family fights over where a child should live. In the last year, did a parent take, keep, or hide your child to stop him/her from being with you or another parent or guardian?</td>
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<td>13.</td>
<td>Sometimes groups of kids or gangs attack people. In the last year, did a group of kids or a gang hit, jump, or attack your child?</td>
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<td>14.</td>
<td>In the last year, did any kid, even a brother or sister, hit your child? Somewhere like: at home, at school, out playing, in a store, or anywhere else?</td>
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<td>15.</td>
<td>In the last year, did any kids try to hurt your child’s private parts on purpose by hitting or kicking your child there?</td>
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<td>16.</td>
<td>In the last year, did any kids, even a brother or sister, pick on your child by chasing him/her or grabbing his or her hair or clothes or by making him/her do something he/she didn’t want to do?</td>
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<td>17.</td>
<td>In the last year, did your child get scared or feel really bad because kids were calling him/her names, saying mean things to him/her, or saying they didn’t want him/her around?</td>
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<td>18.</td>
<td>In the last year, did a boyfriend or girlfriend or anyone your child went on a date with slap or hit your child?</td>
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</tbody>
</table>
19. In the last year, did a grown-up YOUR CHILD KNOWS touch your child’s private parts when your child didn’t want it or make your child touch their private parts? Or did a grown-up YOUR CHILD KNOWS force your child to have sex?

20. In the last year, did a grown-up your child did NOT KNOW touch your child’s private parts when your child didn’t want it, make your child touch their private parts or force your child to have sex?

21. Now think about kids your child’s age, like from school, a boy friend or girl friend, or even a brother or sister. In the last year, did another child or teen make your child do sexual things?

22. In the last year, did anyone TRY to force your child to have sex; that is, sexual intercourse of any kind, even if it didn’t happen?

23. In the last year, did anyone make your child look at their private parts by using force or surprise, or by “flashing” your child?

24. In the last year, did anyone hurt your child’s feelings by saying or writing something sexual about your child or your child’s body?

25. In the last year, did your child do sexual things with anyone 18 or older, even things your child wanted?

Sometimes these things don’t happen to your child, but your child sees them happen to other people.

26. In the last year, did your child SEE a parent get pushed, slapped, hit, punched or beat up by another parent, or their boyfriend or girlfriend?

27. In the last year, did you child SEE a parent kick, beat, kick, or physically hurt this child’s brothers or sisters, not including a spanking on the bottom?

28. In the last year, in real life, did your child SEE anyone get attacked or hit on purpose WITH a stick, rock, gun, knife, or any other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?

29. In the last year, in real life, did your child SEE anyone get attacked or hit on purpose
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
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<tbody>
<tr>
<td>WITHOUT using a stick, rock, gun, knife, or something that would hurt?</td>
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<tr>
<td>30. In the last year, did anyone steal something from your child’s house that belongs to your family or someone your child lives with? Things like a TV, stereo, car, or anything else?</td>
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<tr>
<td>31. In the last year, was anyone close to your child murdered, like a friend, neighbor or someone in your family?</td>
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<tr>
<td>32. In the last year, did your child SEE someone murdered in real life? This means not on TV, video games, or in the movies?</td>
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<td>33. In the last year, was your child in any place in real life where he/she could see or hear people being shot, bombs going off, or street riots?</td>
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<td>34. In the last year, was your child in the middle of a war where he/she could hear real fighting with guns or bombs?</td>
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</tbody>
</table>

### Part 3. Child Demographics

1. How old is your child?
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18

2. What is your child’s gender?
   - Female
   - Male
   - Transgender

3. What state does your child live in?

4. What is your child’s race?
- White (Caucasian)
- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Hawaiian or Pacific Islander
- Other (list_________________)  
- Two or More Races

5. What is your child’s current Autism Spectrum Disorder diagnosis?
   - Autism or Autistic Disorder
   - Asperger’s Syndrome
   - Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS)
   - Childhood Disintegrative Disorder
   - Pervasive Developmental Disorder (PDD) (Choose only if none of the above apply)
   - Autism Spectrum Disorder (ASD) (Choose only if none of the above apply)
   - My child has recovered and no longer has an ASD (according to a medical professional)

6. What type of school does your child attend?
   - Not in school
   - Home school
   - Public school
   - Private school
   - Specialized private school (for children with special needs)
   - Specialized public school (for children with special needs)
   - Other

7. How would you describe your child’s classroom setting?
   - Regular education classroom for ALL of the child’s school day
   - More time in regular education classroom than special education classroom
   - Same amount of time in regular education and special education classrooms
   - More time in special education classroom than regular education classroom
   - Special education classroom for ALL of the child’s school day

8. What is your child’s current grade or level of school?
   - No grade assigned
   - Preschool
   - Kindergarten
   - Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- College undergraduate

9. Does your child have classroom opportunities for inclusion with typically-developing peers?
   - Yes
   - No

10. Where does your child primarily live?
    - Independently, by him or herself
    - With parents
    - In a specialized residence for people with special needs
    - In hospital care
    - Other (Please list___________________)

11. At your child’s residence, what is their level of independence?
    - Total independence
    - A lot of independence
    - Limited independence
    - Little independence
    - No independence

12. Which of the following best describe your child’s verbal abilities?
    - Fluent speech with complex sentences
    - Sentences but not fluent
    - Words but not sentences
    - No or few consistent words

13. Do any other family members directly related to your child (parents or siblings) also have an autistic spectrum disorder?
    - Yes
    - No
Part 4. Caregiver Demographics

1. What is your relationship to the child?
   - Biological parent
   - Adoptive parent
   - Related guardian
   - Non-related guardian

2. What is your age?
   - 18
   - 19
   - 20
   - …100

3. What is your gender?
   - Female
   - Male
   - Transgender

4. What state do you live in?

5. What is your race?
   - White (Caucasian)
   - Black or African American
   - Hispanic or Latino
   - American Indian or Alaska Native
   - Asian
   - Hawaiian or Pacific Islander
   - Other (list_________________)
   - Two or More Races

6. What is your total household income?
   - Less than $10,000
   - $10,000 to $14,999
   - $15,000 to $19,999
   - $20,000 to $24,999
   - $25,000 to $29,999
   - $30,000 to $34,999
   - $35,000 to $39,999
   - $40,000 to $44,999
- $45,000 to $49,999
- $50,000 to $59,999
- $60,000 to $74,999
- $75,000 to $99,999
- $100,000 to $124,999
- $125,000 to $149,999
- $150,000 to $199,999
- $200,000 or more
Appendix B: Diagnostic Criteria for Autistic Spectrum Disorders, as Listed in the DSM-IV\textsuperscript{22}

Autistic Disorder (299.00 DSM-IV)

The central features of Autistic Disorder are the presence of markedly abnormal or impaired development in social interaction and communication, and a markedly restricted repertoire of activity and interest. The manifestations of this disorder vary greatly depending on the developmental level and chronological age of the individual. Autistic Disorder is sometimes referred to as Early Infantile Autism, Childhood Autism, or Kanner's Autism.

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

1. Qualitative impairment in social interaction, as manifested by at least two of the following:
   - Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
   - Failure to develop peer relationships appropriate to developmental level
   - A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
   - Lack of social or emotional reciprocity

2. Qualitative impairments in communication as manifested by at least one of the following:
   - Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime)
   - In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
   - Stereotyped and repetitive use of language or idiosyncratic language
   - Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

3. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
   - Encompassing preoccupation with one or more stereotyped patterns of interest that is abnormal either in intensity or focus
   - Apparently inflexible adherence to specific, nonfunctional routines or rituals
   - Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
   - Persistent preoccupation with parts of object

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

• Social interaction
• Language as used in social communication
• Symbolic or imaginative play
C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Asperger’s Disorder (299.80 DSM-IV)
The essential features of Asperger's Disorder are severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behavior, interest, and activity. The disturbance must clinically show significant impairment in social, occupational, and other important areas of functioning. In contrast to Autistic Disorder, there are no clinically significant delays in language. In addition there are no clinically significant delays in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior, and curiosity about the environment in childhood.
A. Qualitative impairment in social interaction, as manifested by at least two of the following:
  • Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
  • Failure to develop peer relationships appropriate to developmental level
  • A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
  • Lack of social or emotional reciprocity
B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
  • Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
  • Apparently inflexible adherence to specific, non-functional routines or rituals
  • Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
  • Persistent preoccupation with parts of objects
C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.
D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years)
E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood.
F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

Rett’s Disorder (299.80 DSM-IV)
The essential feature of Rett's Disorder is the development of multiple specific deficits following a period of normal functioning after birth. There is a loss of previously acquired purposeful hand skills before subsequent development of characteristic hand
movement resembling hand wringing or hand washing. Interest in the social environment diminishes in the first few years after the onset of the disorder. There is also significant impairment in expressive and receptive language development with severe psychomotor retardation.

A. All of the following:
   • Apparently normal prenatal and prenatal development
   • Apparently normal psychomotor development through the first 5 months after birth
   • Normal head circumference at birth

B. Onset of all of the following after the period of normal development:
   • Deceleration of head growth between ages 5 and 48 months
   • Loss of previously acquired purposeful hand skills between ages 5 and 30 months with the subsequent development of stereotyped hand movements (e.g., hand-wringing or hand washing)
   • Loss of social engagement early in the course (although often social interaction develops later)
   • Appearance of poorly coordinated gait or trunk movements
   • Severely impaired expressive and receptive language development with severe psychomotor retardation

**Childhood Disintegrative Disorder (299.10 DSM-IV)**

The central feature of Childhood Disintegrative Disorder is a marked regression in multiple areas of functioning following a period of at least two years of apparently normal development. After the first two years of life, the child has a clinically significant loss of previously acquired skills in at least two of the following areas: expressive or receptive language; social skills or adaptive behavior; bowel or bladder control; or play or motor skills. Individuals with this disorder exhibit the social and communicative deficits and behavioral features generally observed in Autistic Disorder, as there is qualitative impairment in social interaction, communication, and restrictive, repetitive and stereotyped patterns of behavior, interests, and activities. (Page 73)

A. Apparently normal development for at least the first 2 years after birth as manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behavior.

B. Clinically significant loss of previously acquired skills (before age 10 years) in at least two of the following areas:
   • Expressive or receptive language
   • Social skills or adaptive behavior
   • Bowel or bladder control
   • Play
   • Motor skills

C. Abnormalities of functioning in at least two of the following areas:
   • Qualitative impairment in social interaction (e.g., impairment in nonverbal behaviors, failure to develop peer relationships, lack of social or emotional reciprocity)
• Qualitative impairments in communication (e.g., delay or lack of spoken language, inability to initiate or sustain a conversation, stereotyped and repetitive use of language, lack of varied make-believe play)
• Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities, including motor stereotypes and mannerisms
D. The disturbance is not better accounted for by another specific Pervasive Developmental Disorder or by Schizophrenia.

PDD-NOS (299.80 DSM-IV)
The essential features of PDD-NOS are severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills; and stereotyped behaviors, interests, and activities. The criteria for Autistic Disorder are not met because of late age onset; atypical and/or sub-threshold symptomatology are present. (Page 77-78)
This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or when stereotyped behavior, interests, and activities are present, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes "atypical autism"—presentations that do not meet the criteria for Autistic Disorder because of late age of onset, atypical symptomatology, or sub-threshold symptomatology, or all of these.
Appendix C: Recruitment Letter

Autistic and At-Risk: A Survey of the Public and Personal Safety of Children with Autism

February 1, 2011

Dear parents and/or guardians,

My older brother is autistic. I worry every day about his safety in big and small ways. I have witnessed strangers on the subway grow aggressive in response to his unknowing stare. I have seen money mysteriously disappear from his bank account. I have walked the halls of high school with him and seen him be ridiculed by his peers.

I know that my brother is not alone in suffering from these abuses and crimes. Yet, there is no data about how many children with autism are victimized. Without this data—this evidence—there can be no public policy response to better protect and respond to incidents of crime, bullying and child maltreatment of children with autism spectrum disorders.

There is a lot of evidence that suggests that our loved ones with autism are more likely to be victims of crime, bullying and child maltreatment. Initial research has shown that people with autism and related developmental disorders have up to seven times more contact with law enforcement than other people. And a national survey by the Department of Justice found that people with cognitive disabilities were victims of violence more often than people with other types of disabilities, and that females with cognitive disabilities were at exceptional risk.

But these findings, while insightful, do not paint the full picture of the risk of the mistreatment of people with autism since there are very specific features of these disorders that render our autistic family members even more vulnerable than people with other types of disabilities. Without this data, it is hard for police officers, teachers and other supervisory community members to develop policies that could protect Ian and other people with autism.

Your participation in this anonymous 20 minute survey will, for the first time help us to collect this data, which is the first step to ensuring that our family members with autism enjoy the same level of safety that the rest of us have in our homes, schools and communities. Please share your child’s experiences to ensure a more just environment for all young people with autism.

For more information about this study, please contact Rebecca Pfeffer, r.pfeffer@neu.edu, (617) 373-6065 or Dr. Jack McDevitt, j.mcdevitt@neu.edu, (617) 373-3482.
To proceed with the survey, please follow the link below.
www.surveymonkey.com/s/autisticandatrisk

Sincerely,

Rebecca Pfeffer
Appendix D: Survey Consent Form

Northeastern University, School of Criminology and Criminal Justice
Investigators: Jack McDevitt, Ph.D. & Rebecca Pfeffer, M.S.
Title of Project: Autistic and At-Risk: A Survey of the Public and Personal Safety of Children with Autism

Request to Participate in Research
We would like to invite you to participate in a web-based online survey. The survey is part of a research study whose purpose is to learn about the victimization of children with autism. This survey should take about 20-25 minutes to complete.

We are asking you to participate in this study because you are the parent or guardian of a child with autism. You must be at least 18 years old to take this survey.

The decision to participate in this research project is voluntary. You do not have to participate and you can refuse to answer any question. Even if you begin the web-based online survey, you can stop at any time.

The possible risks or discomforts of the study are minimal. The survey contains sensitive survey questions pertaining to potential abuse, mistreatment and bullying that your child may have faced. These questions may make some parents or guardians uncomfortable. Resources for parents of children with ASDs will be provided, in the event that you experience discomfort.

As a token of our appreciation for completing the survey, you will be able to enter a drawing for a $20 Amazon.com gift card. One out of five survey participants will receive one.

Your part in this study is anonymous to the researcher(s). However, because of the nature of web-based surveys, it is possible that respondents could be identified by the IP address or other electronic record associated with the response. Neither the researcher nor anyone involved with this survey will be capturing those data. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

If you have any questions regarding electronic privacy, feel free to contact Mark Nardone, IT Security Analyst via phone at 617-373-7901 or via email at privacy@neu.edu.

If you have questions about this study, please feel free to contact Rebecca Pfeffer, study coordinator, at r.pfeffer@neu.edu. You can also contact Dr. Jack McDevitt, Principal Investigator, at j.mcdevitt@neu.edu.
By clicking on the survey link below, you are indicating that you consent to participate in this study. Please print out a copy of this consent form for your records.

www.surveymonkey.com/s/autisticandatrisk

Thank you for your time.
Rebecca Pfeffer & Jack McDevitt
Appendix E: Short Survey for Participation in Follow-up Interviews

1. What is your child’s age?

2. What is your child’s gender?
   - Male
   - Female

3. What is your child’s current Autism Spectrum Disorder Diagnosis?
   - Autism or Autistic Disorder
   - Asperger’s Syndrome
   - Pervasive Developmental Disorder – Not Otherwise Specified
   - Childhood Disintegrative Disorder
   - Pervasive Developmental Disorder (Choose only if none of the above apply)
   - Autism Spectrum Disorder (choose only if none of the above apply)
   - My child has recovered and no longer has an ASD (according to a medical professional)

4. Which of the following best describes your child’s verbal abilities?
   - Fluent speech with complex sentences
   - Sentences but not fluent
   - Words but not sentences
   - No or few consistent words

5. What state does your child live in?

6. What is your name?

7. In general, what is the best day and time to reach you? (I will confirm an exact date and time via email!)

8. What is your phone number?

9. What is your email address?
Appendix F: Interview Consent Form

Northeastern University, School of Criminology and Criminal Justice

Investigators: Rebecca Pfeffer, M.S. & Jack McDevitt, Ph.D.

Title of Project: Autistic and At-Risk: A Survey of the Public and Personal Safety of Children with Autism

Request to Participate in Research
We would like to invite you to participate in a short interview. This interview is part of a research study whose purpose is to learn about the victimization of children with autism. This interview should take approximately 20-30 minutes to complete.

You must be at least 18 years old to be in this research project.

The interview will last for approximately 20-30 minutes. If you decide to participate, we will ask you a number of questions about your child’s safety at school and in your community.

The possible risks or discomforts of the study are minimal. You may feel a little uncomfortable answering potentially personal and sensitive questions about your child.

There are no direct benefits to you for participating in the study. However, your answers may help us to learn more about how to improve the safety of children with autism in the U.S.

Your part in this study will be handled in a confidential manner. Only the researchers will know that you participated in this study. Any reports or publications based on this research will use only group data and will not identify you or any individual as being of this project.

The decision to participate in this research project is up to you. You do not have to participate and you can refuse to answer any question. Even if you begin the study, you may withdraw at any time.

You will not be paid for your participation in this study.

If you have questions about this study, please feel free to contact Rebecca Pfeffer at r.pfeffer@neu.edu or Dr. Jack McDevitt at j.mcdevitt@neu.edu.

If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.7570, Email: irb@neu.edu. You may call anonymously if you wish.
You may keep this form for yourself.
Thank you.

Rebecca Pfeffer
Appendix G: Interview Protocol

Autistic and At-Risk: A Survey of the Public and Personal Safety of Children with Autism

Parent Interview Guide

Name:

Contact Information:

Interview Date:

This goal of this study is to better understand the victimization experiences of children with autism and related disorders in order to improve policy targeting their public safety.

Thank you for taking the time to participate in this study. Your participation is completely voluntary and your responses will be kept confidential. This interview should last approximately 1 hour. Do you have any questions before we begin?

1. Describe your family. How many children do you have and how old are they?

2. Tell me about your child(ren) with autism.

3. Describe times in your child’s life when you believe they have been victimized.

4. What characteristics of your child do you think make them a vulnerable target?

5. Does your child encounter any victimization at school? Please describe.


7. Does your child encounter any victimization at home? Please describe.

8. Are you confident about your child’s safety in your community? Why or why not?

9. If your child has been victimized in some way, did you ever think about reporting it to the police? Why or why not?

10. Who do you think is most responsible for your child’s safety each day?

11. Have you thought about preparing your child to prevent victimization? If so, what have you done?
12. Has your child had any contact with a police officer during his/her lifetime? Please describe.

13. If you could think of one improvement that would keep your child safer in your community, what would it be?

14. Is there anything else about your child’s safety that we haven’t talked about but you’d like to share?
### Appendix H: Sample Picture Exchange Communication System Symbol Sheet

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<th></th>
<th>I want</th>
<th>I see</th>
<th>thank you</th>
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<tbody>
<tr>
<td>drink</td>
<td>biscuit</td>
<td>apple</td>
<td>cake</td>
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<td>sand</td>
<td>bricks</td>
<td>pens</td>
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