

Sexual Abuse in Autistic Children as a Risk Factor of Developing of Schizophrenia

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1. Introduction

In this article the authors present the problem of sexual abuse in children with autism. The rates of sexually abuse for children with developmental disabilities are nearly two times greater than for typical children. Based on the prevalence of abuse and its association with various behaviors, clinicians should be observe the potential of abuse when these behaviors are changed. The results of the latest studies prove, however, that schizophrenia and other psychotic disorders can take place in patients diagnosed with autistic spectrum disorders (ASD). The sexual abuse of autistic children may be a risk factor of developing schizophrenia.

Some children with autism may be targeted for abuse by sexual offenders. Current estimates suggest that 1:3 girls and 1:10 boys will be sexually abused by the time they are 18 years old (Tang, Freyd, & Wang, 2007). The sexual offender is usually someone who is known and trusted by the child (Cavanagh Johnson, 1999, 2002). Offenders attempt to gain trust from potential victims. The rates of sexually abuse for children with developmental disabilities are nearly two times greater than for typical children and the effects of sexually abuse may be exacerbated by social isolation and alienation (Mansell, Sobsey and Moskal (1998). Some children with autism after sexual abuse may not have the skills to effectively communicate what happened to them. They are unable to understand the nuances of reciprocal conversation needed to disclose sexual abuse. The abused autistic children attempt to cope with these behaviors or to the development of new behaviors that were not previously present. Some studies suggests that autistic children who are nonverbal exhibit more behavioral difficulties than those who have verbal communication abilities (Dominick, Davis, Lanihart, Tager-Flusberg, & Folstein (2007). This may lead to frustration caused by the inability of others to understand what the child communicate. The fact that the child was sexually abused may be missed. Children who are sexually abused do not always display sexualized or concerning behaviors at all (Kendall-Tackett, Meyer Williams, & Finkelhor, 1993), so the presence or absence of sexualized behaviors cannot be a marker for whether or not a child has been sexually

abused. Sexual abused children under age 7 have more hypersexual behavior, self-exposing, and victimizing sexual behaviors toward others (McClellan et al. 1996). In study of Mandell et al (2005) was reported that 18.5% of children with autism were physically abused and 16.6% were sexually abused. Caregivers reported that 18.5% of children with autism had been physically abused and 16.6% had been sexually abused. Sexually abused children more likely had engaged in sexual acting out or abusive behavior, suicidal or other self-injurious behavior, had run away from home or had a psychiatric hospitalization. Based on the prevalence of abuse and its association with various behaviors, clinicians should be observe the potential of abuse when these behaviors are changed. Sullivan and Knutson (2000) found that the number of family stressors was associated with the risk of abuse, and Ammerman et al. (1994) found that lack of maternal social support was associated with it.

Westcott and Cross (1996) suggest that researchers examine more specific child, family, and social factors that may be associated with abuse. Mandell et al. (2005) also wrote about examine of autistic child's community. Because of their social isolation and poor communication skills, children with autistic spectrum disorders may represent a group at particular risk of physical and sexual abuse (Howlin & Clements, 1995), although the only large-scale, community-based study published in this area found rates of abuse for children with autism similar to those in the general population (Sullivan & Knutson, 2000). For the most part, only case studies have characterized abuse among this group (Cook, Kieffer, Charak, & Leventhal, 1993; Perkins & Wolkind, 1991).

The majority of studies of the prevalence and correlates of abuse among children with disabilities were conducted using institutionalized samples, whereas most children with autism are served in the community (Jacobson & Mulick, 2000; Jarbrink & Knapp, 2001). Children with disabilities often have limited access to critical information pertaining to personal safety and sexual abuse prevention. Parents, caregivers, therapist and teachers of autistic children may experience high levels of stress. The social isolation of families with a child who was diagnosed with ASD can increase the risk of neglect or child abuse by the parent or the caregiver. We cannot ignore is a parent's/caregiver's lack of understanding of an autistic child's needs. Autism has been a mysterious condition for years. Parents and doctors have always been distressed when a young child who has previously seemed quite normal, begins to withdraw from social interactions and concern on the own world.

In the 1960s, Bruno Bettelheim made the notorious suggestion that autism is caused by emotionally distant parenting. The terms "refrigerator mothers" and "absent fathers" were coined. The idea was that even outwardly conscientious parents for some reason resented the very existence of their children, and the children, picking up on this, were so psychologically damaged, that they developed autism. The existence of these wrong theories has led to untold damage both to autistic children, their families and many others. These theories were later rejected, but the currency that they enjoyed for several years caused untold suffering to autistic child's parents. Nowadays there is consensus that parental behavior plays no role whatsoever in causing autism. There are a number of incidents of horrific childhood abuse and neglect which nevertheless did not lead to autism developing. So modern scientists argue that certainly any parents who do not neglect and abuse their children cannot be blamed in any way for causing autism.

In comprehensive review of neurodevelopmental responses to trauma (sexual abuse), Perry and Pollard (1998) discuss how abuse can result in neuropsychiatric problems, including depressive disorders, ADHD, dissociative disorders, and developmental disorders. Infants and young children have immature central nervous system development, so distress may be unable to formulate a plan or to use words and withdrawal. In the middle of the 1980s the so-called "neurodevelopment" hypothesis of schizophrenia appeared (Murray and Lewis 1987, Weinberger 1987). In accordance with this theory the expression of certain genes or also of certain unspecified negative environmental factors, active in early development, lead to changes in the formation of the neuronal network, which are responsible for important psychic functions. These changes do not undergo expression until the period of adolescence, when they begin to appear in the disorganized thinking and productive symptoms. Even though the activity of the early negative factors do not appear in the early developmental stages through the appearance of psychotic symptoms, during this phase there exist many anatomical and neurophysiologic abnormalities, as well as defined characteristics and behaviors, by which people in whom schizophrenia will appear in the future can be distinguished from the general population (Rybakowski and Rajewski 2006).

In recent years some multiyear studies have been published that rate the frequency of psychotic disorders found in the same people in various developmental periods. In Kim-Cohen et al.(2003) the frequency of mental disorder found in subjects at the age of childhood is rated and their relationship with disorders found in them at the age of 26. In people in whom at the age of 26 schizophrenia and schizophrenic-like disorders appeared, anxiety disorders (2.5 times), depression (7.4 times), ADHD (4.5 times) as well as conduct disorder and/or oppositional defiant disorder had appeared more frequently up until the age of 15 than in other persons. These results show considerable sequential comorbidity in the case of schizophrenia, which may testify to a large generalization of developmental deficits connected with schizophrenia.

Childhood-onset schizophrenia appears to be clinically and neurobiologically continuous with the adult disorder (Nicolson and Rapoport 1995). From the 1970s childhood autism and schizophrenia have been regarded as unrelated and distinct disorders (Rutter 1972), although the creator of the concept of autism, Leo Kanner, tied this disorder with a very early likeness of schizophrenia. The results of the latest studies prove, however, that schizophrenia and other psychotic disorders can take place in patients diagnosed with autistic spectrum disorders (ASD). In Volkmar's and Cohen's study (1991) only one person (0,6%) among adolescents and adults diagnosed with autism presented symptoms of schizophrenia, whereas in Stahlberg's et al. (2004) 7,8% of adult patients diagnosed with ASD met the criteria for schizophrenia or other psychotic disorders.

Described also is the case of a family appearance of early childhood schizophrenia, childhood autism, and translocation (1;7) (p22;q21) (Yan et al 2000). Some scientists even maintain that autism may constitute a negative factor of risk in the later development of psychosis (Petty et al. 1984; Clarke et al.1989).

It seems that the multi-factored conditioning of childhood autism may result in the onset of schizophrenia at a slightly later age. Symptoms of autism are most likely to be nonspecific markers of severe early neurodevelopment, which confirms Sporn's et al. study (2004).

The next issue to interpret is sexual abuse of child. Sexually abused children more likely had engaged in sexual acting out or abusive behavior, suicidal or other self-injurious behavior, had run away from home, or had a psychiatric hospitalization. In adjusted multivariate models, the relationship between sexual abuse and sexual acting out, running away from home and suicidal attempts persisted. However it really seems very important to consider the potential of abuse when these behaviors appeared.

More studies about child sexual abuse concern after diagnosing autism, but less is before this illness. This fact can be a risk factor for developing autism and schizophrenia as well. The appearance of symptoms of schizophrenia in a person diagnosed with childhood autism, overlapping on the earlier likeness of the illness, fundamentally changes its hitherto course.

2. References

- Tang, S. S. S., Freyd, J. J., & Wang, M. (2007). What do we know about gender in the disclosure of child sexual abuse? *Journal of Psychological Trauma, 6*, 1-26.
- Cavanagh Johnson, T. (2002). Some considerations about sexual abuse and children with sexual behavior problems. *Journal of Trauma and Dissociation, 3*, 83-105.
- Cavanagh Johnson, T. (1999). *Understanding your child's sexual behavior: What's natural and healthy*. Oakland, CA: New Harbinger Publications, Inc.
- Mansell, S., Sobsey, D., & Moskal, R. (1998). Clinical findings among sexually abused children with and without developmental disabilities. *Mental Retardation, 36*, 12-22
- Dominick, K. C., Davis, N. O., Lainhart, J., Tager-Flusberg, H., & Folstein, S. (2007). Atypical behaviors in children with autism and children with a history of language impairment. *Research in Developmental Disabilities, 28*, 145-162.
- Kendall-Tackett, K. A., Meyer Williams, L., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*, 164-180.
- Sullivan, P., & Knutson, J. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect, 24*(10), 1257-1273.
- Ammerman, R., Hersen, M., Van Hoeselt, V., Lubetsky, M., & Sieck, W. (1994). Maltreatment in psychiatrically hospitalized children and adolescents with developmental disabilities: Prevalence and correlates. *Journal of the American Academy of Child & Adolescent Psychiatry, 33*(4), 567-576.
- Westcott, H., & Cross, M. (1996). *This far and no further: Towards ending abuse of disabled children*. Birmingham: Venture Press.
- McClellan R., McCurry C., Ronnel M. et al. (1996). Age of onset of sexual abuse: relationship to sexually inappropriate behaviors. *J Am Acad Child Adolesc Psychiatry 35*: 1375-83.
- Mandell DS, Walrath CM, Manteuffel B, Sgro G, Pinto-Martin JA (2005). The prevalence and correlates of abuse among children with autism served in comprehensive community-based mental health settings. *Child Abuse Negl. Dec; 29*(12):1359-72.

- Howlin, P., & Clements, J. (1995). Is it possible to assess the impact of abuse on children with pervasive developmental disorders? *Journal of Autism and Developmental Disorders*, 25(4), 337-354.
- Cook, E., Kieffer, J., Charak, D., & Leventhal, B. (1993). Autistic disorder and post-traumatic stress disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 32(6), 1292-1294.
- Jacobson, J., & Mulick, J. (2000). System and cost research issues in treatments for people with autistic disorders. *Journal of Autism & Developmental Disorders*, 30(6), 585-593.
- Bettelheim B. (1950), *Love is not enough: the treatment of emotionally disturbed children*. Free Press Glencoe, IL
- Clarke DJ, Littlejohns CS, Corbett JA, Joseph S (1989) Pervasive developmental disorders and psychoses in adult life. *Br J Psychiatry* 155:692-699.
- Kim-Cohen J, Caspi A, Moffitt TE, Harrington H, Milne BJ, Poulton R (2003), Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective- longitudinal cohort. *Arch Gen Psychiatry* 60: 709-717.
- Murray RM, Lewis SW (1987), Is schizophrenia a neurodevelopmental disorder? *Brit. Med. J* 295: 681-682.
- Nicolson R, Rapoport JL (1999), Childhood-onset schizophrenia: Rare but worth studying. *Biol Psychiatry* 46:1418-1428.
- Perry BD, Pollard R (1998), Homeostasis, stress, trauma and adaptation-a neurodevelopmental view of childhood trauma. *Child Adolesc Psychiatr Clin N Am* 7:33-51.
- Petty LK, Ornitz Em, Michelman JD, Zimmerman EG (1984), Autistic children who become schizophrenic. *Arch Gen Psychiatry* 41:129-135.
- Rutter M (1972), Childhood schizophrenia reconsidered. *J Autism Child Schizophr* 2:315-337.
- Rybakowski F, Rajewski A (2006), Czy we wszystkich zaburzeniach psychicznych obowiązuje model rozwojowy? *Psychiatr Pol* 2:191-203.
- Sporn AL, Paddington AM, Gogtay N, Ordonem AE, Gornick M, Clasen L, Greenstein D, Tossell JW., Gochman P, Lenane M, Sharp WS, Straub RE, Rapoport JL (2004), Pervasive developmental disorder and childhood-onset schizophrenia: comorbid disorder or a phenotypic variant of a very early onset illness? *Biol Psychiatry* 55(10):989-994.
- Stahlberg O, Soderstrom H, Rastam M, Gillberg C (2004), Bipolar disorder, schizophrenia, and other psychotic disorders in adults with childhood onset AD/HD and/or autism spectrum disorders. *J Neural Transm* 111(7): 891-902.
- Volkmar FR, Cohen DJ (1991), Comorbid association of autism and schizophrenia. *Am J Psychiatry* 148(12):1705-1707.
- Weinberger DR (1987), Implications of normal brain development for the pathogenesis of schizophrenia. *Arch Gen Psychiatry* 44: 660-669.

Yan WL, Guan XY, Green ED, Nicolson R, Yap TK, Zhang J, Jacobson LK, Krasnewich DM, Kumra S, Lenane MC, Gochman P, Damschroder-Williams PJ, Esterling LE, Long RT, Martin BM, Sidransky E, Rapoport JL, Ginns EI (2000), Childhood-onset schizophrenia /autistic disorder and t(1;7) reciprocal translocation: mididentification of a BAC contig spanning the translocation breakpoint at 7q21. *Am J Med Genet* 96(6):749-753.