Unlocking the Uniquely Complex Mind: Practical Tips and Insight for Multi-Disciplinary Teams (MDT’s) with Children with Autism Spectrum Disorder (ASD)

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Autism Spectrum Disorder (ASD) is among the most mysterious and confusing conditions that can affect a child and his or her family. ASD is a neurological disorder, most concisely defined as involving “persistent deficits in social communication and social interaction across multiple contexts,” and also “restricted, repetitive patterns of behavior, interests, or activities.” Symptoms of ASD usually emerge within the first two years of life, and while they can be mild in some children, they generally cause “significant impairment in social, occupational, or other important areas of current functioning.”

Among differences noted in some children and adults with ASD are “inability to read and understand” obvious cues or nuances in facial expression, body language and voice tone, including jokes, sarcasm, questions (as opposed to statements) and emotions such as sadness, joy, urgency etc.

The “spectrum” of ASD refers to the wide range of symptoms and/or limitations that can be experienced by people with ASD. The Diagnostic and Statistical Manual of Mental Diseases and Disorders notes that people with ASD tend to have communication deficits of differing kinds and may respond inappropriately in conversations or non-verbal communication (like a smile or laughter). Persons with ASD usually have trouble building age-appropriate relationships, can be overly dependent on rigid routines, and can be hyper-focused on inappropriate items (from a situational standpoint).

The rigidity that often controls those affected by ASD and the communication deficits that go along with the condition can make them difficult to interact with, raise, teach, or simply befriend. By extension, it may also make them more difficult to protect, more likely to be victimized, and the application of justice very challenging if they are harmed. Noted differences in affect, communication and physical expression may serve to attract abusers who tend to depersonalize their victims.

Rates of Maltreatment within the Population of Children with Disabilities, including ASD

Sadly, among the additional challenges facing a child with ASD is the likelihood of abuse and neglect (sometimes described together as “maltreatment”) from anyone in his or her environment. As a starting point, it’s important to note that, while specific research is not as prevalent as it should be, at least one 2000 study suggests that children with disabilities suffer maltreatment at a rate over three times that of children without disabilities. Data from the United States Department of Health and Human Services is actually mixed, with some reports indicating that children with disabilities are almost twice as likely to experience maltreatment as other children, and other reports actually showing lower rates of maltreatment of children with disabilities. The weight of the available informa-
tion seems to indicate that children with disabilities are, in fact, at a
greater risk of maltreatment, but not all published work suggests this
to a strong degree.9

What is also concerning are studies which indicate that, when
maltreatment is present for children with disabilities, the abuse and
neglect is more invasive and serious in terms of effect and injury, and
may happen with greater frequency than with non-disabled children.10
According to some studies, this is particularly true with boys, at least
where physical abuse is concerned. Girls with disabilities seem to be
over-represented where sexual abuse is concerned, meaning they suffer
sexual abuse more than girls who are developing normally.11 Children
with disabilities have also been found to disclose maltreatment less
frequently than non-disabled children.12 Additionally, two 2008
studies found that “once children with disabilities are maltreated, their
risk for re-abuse is higher than previously abused children without
disabilities. A multistate analysis of repeated child victimization found
that children with a disability were 1.5 times more likely to experience
substantiated maltreatment 2 years after the first report.”13

Some reasons for why children with disabilities might face a
higher risk of maltreatment from family members, educators, care
providers, peers, and strangers are intuitive. The financial pressure
and emotional difficulty associated with raising and caring for a child
with a disability can lead to frustration and anger, which can result in
maltreatment. Additionally, sexual predators might focus on chil-
dren with disabilities and consider them attractive targets for sexual
victimization because of their reduced ability to communicate, or
the likelihood that they’ll be ignored or disbelieved if they do report
abuse. Children with ASD, because of their rigidity and communica-
deficits, may appear to be defiant or simply badly behaved, leading
to maltreatment due to frustration, anger and exasperation.14 Since
many kids with ASD also seem disengaged or even un-empathic,
a view of these children as simply unsympathetic can also emerge,
leading to them being punished rather than treated, or simply ignored
or shunned. Parents and others who interact with babies, children and
even adults with ASD have noted frustration with “lack of affection
or affirmation” of love, courtesies and kindnesses, or attempts to meet
requests or expectations of the individual with ASD.

Another area of concern is whether children with ASD perceive
pain differently (or less intensely) than normally developing children.
While a 2004 study of children with ASD and pain revealed little
evidence for such a phenomenon,15 many parents of autistic children
have reported at least anecdotally that their children have higher toler-
ances (or indifference) to pain, or at least appear to perceive it differ-
ently than non-disabled children. These theories have found their way
into the literature on ASD.16 Regardless, a belief alone that children
with ASD “don’t feel pain” could be very dangerous, because anyone
interacting with an autistic child — particularly with abusive intent —
might believe that beatings or the effects of powerful physical restraint
won’t be felt by the child “in the same way as a normal child.” There-
fore, physical or even sexual contact of a violent or abusive nature
seems to be even less risky and, to some, more excusable. Investigators
and interviewers who interact with individuals with ASD should keep
this in mind, since asking about “being hurt” or “feeling pain” may
not elicit the same responses as in you or me. Another point to keep
in mind is that any child (disabled or not) who has not been educated
about abuse may not be able to judge whether abuse or inappropriate
behavior took place. It’s important to gain information about
the child’s training and education about self protection and abuse,
whether at home or at a school or program. Some parents will not
authorize their child to receive this information, and this can make
investigations and interviews more complex.

It is sometimes said about children and adults with ASD that they
“do not have filters or boundaries” in terms of language, expression of
thoughts or physical interactions with other people and property. This
cause dismay and resentment in others, as this affect may appear
to be an attitude of disrespect or an ignoring of directions or rules. In
reality, the person with ASD often does not have the internal triggers
that warn and remind of intrusion upon others’ speech, property and
physical space or body. It is important to be aware of this affect prior
to meeting and interviewing the child, so as to prevent possible irrita-
 tion, annoyance or discomfort. Often, a calm and simple statement
about behavior can address the issue, i.e., “Justin, I do not want you to
reach in my pocket or take my notebook — that is my property. I will
not touch you or your property without your permission.” A comment
such as “You are fat (or thin, or White or Chinese, etc.) stated by a
child with ASD is generally not a judgment, just a confirmation of
perceived fact, and should be taken as such. A mild correction may be
offered, such as “Actually, I am Korean, not Chinese!”

The Specifics: Important Tips for Multi-Disciplinary Team
Members working with Children with ASD

Responders to child abuse may find it extremely difficult to work
with children with ASD, from the treatment of physical and emotional
harm to forensic interviewing, evidence gathering, and preparation
for trial or another legal process. Similarly, many will find great dif-
culty even in providing basic care, support and encouragement. Given
the communication deficits, rigidity, hyper-sensitivity and other chal-
enges experienced by many autistic children, it is crucial that respond-
ers understand these challenges and not the individual child herself or
herself as much as possible. Having a basic but accurate understanding
of ASD (or any disability) is great practice for prosecutors and other
responders who will work with children and families affected by
it. ASD is particularly difficult to “understand” in a universal sense
because it involves so many nuances and levels of functioning and
challenges to functioning. As has been mentioned, some children with
ASD function at a very high level and can even be sworn to testify in
courts of law and endure cross-examination. Others would never be
able to tolerate the confrontation and stress endemic to testimony, but
might be able to provide crucial information to investigators that may
be corroborated through other witnesses.

Regardless of the disability a responder or (Multi-Disciplinary
Team) MDT member might be dealing with, it is even more im-
portant to both understand and appreciate the child as an individual
and not as a person defined by one aspect of her or his life. As with
most disabilities and particularly with ASD, no assumptions should
be made as to how the child will act or react. Increased time must be
taken with both the child and his or her family, as well as supportive
care givers, educators, therapists and others if possible, to more fully
understand the child as an individual, i.e., a person who is challenged
by a disability, not defined by it.

Co-Author Mary E. Wambach, over many years, has developed a
series of practical tips for consideration by responders to child abuse.
Of course, not all of them will be relevant to every child and every
case. Nevertheless, they are valuable for the purposes of increased
understanding and gaining insight into the challenges of working with
kids with ASD. These tips will aid in helping children with ASD to
be their own best advocates in the child protection, civil, and criminal
justice systems, as appropriate:
What Does “Hurt” Mean?
As a general consideration, investigators too often use the term “hurt” when interviewing children, i.e., did someone [or a named individual] hurt you? However, it’s important to remember that some of the most effective abusers perpetrate crimes without causing physical pain at all. The actual abuse may be perceived as positive and/or pleasurable, especially if it is accompanied by ‘treats’ or special activities that the abuser knows the child or youth likes. A more effective strategy is to engage the child generally about the suspect (assuming he or she has been identified and proper forensic interviewing protocols have been followed) and ask open-ended questions such as “How did you meet him/her?”, “What kinds of things does he/she like to do?” “What kinds of things do you do when you’re with her/him?” These types of questions are more defensible in terms of the forensic interview, and can lead, at the appropriate time, to more specific questions about physical contact, location of abusive activities, etc.

ASD affects children and adults in many different ways. In general, people with this disability have varying degrees of disconnection and confusion with regard to emotions, perception of pain/danger/stress/distress (both for self and in regard to others); communication; processing of external stimuli (sound, light, colors, voice tone); and ability to self-perceive. Children and youth with this disorder are very often bound by and comfortable with routine. This relates to locations, activities, personnel, settings, etc. Meeting or interviewing someone with ASD in a new or different location may cause severe distress and an inability to focus. It is extremely unlikely that an investigator will obtain helpful information in less than 90 minutes. Better practice is to plan for 2–3 hours, with one or more breaks if needed, depending on the child and circumstances. Some people with ASD can focus better when occupied, such as watching TV, playing a handheld game, etc. While this may contradict what some investigators and forensic interviewers believe about “focus” and paying attention, the rules are different for many people with ASD and other conditions. Keeping in mind that one cannot generalize about the knowledge or experience of people with ASD, be aware that equipment and personnel used for recording interviews may be off-putting and unfamiliar to the child. Before starting the recorded interview, it can be helpful to explain that you must make “a report” and the camera, microphone and technical staff will help do this. A brief run-through of the equipment and how it works can help to reduce confusion or stress.

Eye Contact and the Interview Environment
Direct eye contact can be very difficult for people with ASD. Prepare to maintain occasional eye contact, but do not stare or look intensely into the child’s eyes. This can be unbearably uncomfortable for them, and can disrupt or completely derail the interview.

Colors, lights, noises and close physical proximity can cause distress. Be sure that the meeting location is not affected by flashing lights, phones ringing, people coming and going, loud voices, etc. In fact, it may be most productive and comfortable to meet with the child in a location where he or she is comfortable, such as a family room, a play room or classroom, etc. Sometimes these kinds of interactions on the child’s “turf” can be facilitated by people the child knows and is comfortable with. This can be helpful, but it must be understood by everyone including the child that, once the interview becomes more focused, the supporting or facilitating person will most likely have to leave in order to allow the interview to continue with just the child, the interviewer, and whichever other parties need to be present.

Physical Contact and Your Interaction
Do not assume that a touch or handshake is welcome — always ask or give notice before touching the child or touching his or her property. Don’t fidget with items on the table, such as your phone, pen and pencil, etc. Note: if you have a phone, the child may want to look at it and explore the features, especially “games” or music. This may be constructive in building rapport and helping the interviewer to assess the child. Use your judgment and try to make sure the phone is in “airplane” mode so that calls are not made unintentionally. Also, be aware that, if the child records any part of the interview with (for instance) the video feature, a legally significant and/or discoverable record might be created. Anything such as this, even if only a few seconds in duration, should be reported to the prosecutor handling the case.

Communication Issues and Strategies
Communication may not be consecutive. Try to keep the communication tempo slow; if too many questions or issues pile up, it can be overwhelming for the child. Be aware that a question or issue you brought up at a particular time may be responded to 10 minutes or one hour later; it may take time to process the issue and prepare a response. For this reason, it’s a good idea for any interviewer to keep track of and record in writing (if possible) the questions that have been asked. That way, if the child suddenly appears to give a nonsensical answer, the interviewer might be able to determine that the answer is actually the appropriate one to an earlier question. From a legal standpoint, this might be problematic if the interviewer is or appears to be “guessing” as to what answer goes with what question, but as long as the process is documented and the interview memorialized, the attorney handling the case can address those concerns with the knowledge of the court and any opposing counsel.

In general, be comfortable with long silences between communications. The child may play with or work with one or more items as she thinks. If so, use this time to rest your eyes, look slowly around the room, etc. Always remember that moving or making too much noise can short-circuit the process for the child. Also, a response to one question or topic may come in the middle of another one. Be prepared for this, because if you ask “what do you mean?” or “why are you saying that?” or “I wasn’t talking about that” it may shut down the communication flow. Try nodding your head and taking a moment to connect the comment with materials you have discussed or asked about previously. You can then ask a follow up question with concrete language: “Who did [the act in question]?” “Where was he when he did [the act in question]?” Note here the use of concrete language actually describing the act that is the subject of discussion — rather than using a pronoun like “that.”

Sometimes, people with ASD will move around and then circle back with their responses or even voice responses from across the room. Remember to be alert for this, and also remember that the child may not be comfortable with eye contact. As stated earlier, remember not to stare or directly look at the person for extended periods (more than a second or two). Sometimes, once the child has found his or her own ‘safe distance’, you can proceed with the discussion or interview from across the room (or under the table or behind you, etc.). It is impossible to predict where the individual will feel most comfortable.
It’s advisable, as long as legal concerns are kept in consideration, for the interviewer to bring an alternate means of communicating, and more than one is best. Options include a computer or iPad, a phone that allows easy text, a word board or picture board, a program like “Speechpro” that enables touch to speech, and a simple board with the alphabet listed. With such a tool and a pointer for the child to use, he can indicate letters of the words he may be able to spell out, but not say out loud.

For victims and witnesses who are non-verbal or low verbal, it can help to have a picture array for them to look at. This may be an appropriately sized array consisting of suspected abuser/s, positive contacts [staff, family members, program participants], and one or more 'neutral' person. This will enable pointing as a reference in the interview. Another excellent suggestion is to incorporate the child's speech clinician, if one is available, into the interview. Speech clinicians can be very helpful at interpreting the speech patterns of children with ASD if it is difficult for the interviewer to do so.

As indicated earlier, some of these communication methods might be challenged as leading, unfair, legally indefensible, etc., or they might also produce discoverable recorded communication. All interviews should be memorialized (ideally on video), and attorneys responsible for the case should be consulted on the potential legal impact of the communication methods being employed. Ultimately, the “Child First” doctrine, as espoused by CornerHouse Child Advocacy Center, the National Center for Prosecution of Child Abuse and many other child protection professionals, controls. If the method, process or strategy might negatively impact a legal case but will be helpful to and positive for the child (in terms of furthering an investigation, for instance), the child’s welfare will always take top priority. But in most cases, a balance can be struck. In any event, collaboration is imperative within the MDT.

**ASD and Physical Pain**

While there is controversy with regard to how or if people with ASD perceive pain, there is at least anecdotal evidence this is the case for some people with ASD. Since it is a possibility, investigators should be wary of asking whether an act “hurt” or was “painful.” Instead, it’s better to ask “what did he or she do” or “where on your body did he or she do this,” and then seek a more detailed description.

**Conclusion**

ASD continues to be a tremendous challenge for millions of families. When child abuse adds to the difficulties experienced by children with ASD, multi-disciplinary teams must be ready to respond with competence, compassion, and insight. These tips are only an introduction to the larger issue of confronting child abuse and ASD, but hopefully they will serve as a “jumping off point” for responders to child abuse in every community.

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2 Mary E. Wambach is a writer and educator/trainer with a focus on the abuse and neglect of children and adults with disabilities.
4 Id.
8 Id. at 2.
9 Id.
10 Id.
11 Id.
12 Id. at 3.
13 Id.
14 Id.
15 Id.
17 See, e.g., CornerHouse’s home web page: http://www.cornerhousemn.org/about.html.