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Sexual Abuse Prevention Among Autistic Children : A Narrative Review

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ABSTRACT

Background: Autistic individuals report higher rates of bullying, child abuse, sexual victimization, and crime victimization than non-autistic individuals. Restricted and repetitive behaviors can make individuals stand out from their peers, increasing vulnerability to bullying. They may also experience high levels of social isolation. Children with autism face a variety of challenges that fall in the context of social interaction and communication, making them more vulnerable and putting them at a higher risk of being victims of child sexual abuse (CSA). To explore the preventive sexual abuse autistic children.

Subjects and Method:

A comprehensive search of scientific online databases and reference lists was conducted. Publications based on qualitative and quantitative research, including case studies, were selected.A computerised search was conducted in the following databases : Web of Science, PubMed, Psych Info and Google Scholar. Studies on the screening of autistic prevention sexual child abuse. In addition, reference lists of retrieved publications were examined and we searched for 'cited by' publications. Finally, we contacted several experts in the field for relevant publications. Subjeck research is autistic children.

Results: seven articles and reports were selected and discussed. The all articles Information was grouped according to program, intervention for preventive autistic sexual child abuse.

Conclusion: Education for children and parent with autistic children have benefit to increase knowledge of autistic children. Education can be obtained from parents and schools as well as the use of technology to reduce the risk of sexual violence in autistic children.

Keywords : Sexual Abuse, Prevention, Autistic Children

1. Introduction

Autism is a developmental condition characterized by difficulties with communication and social interaction, as well as limited and repetitive behaviors or interests (WHO, 2024). Characteristics of autism, such as, misunderstanding non-verbal interactions or responding inappropriately in reciprocal conversations In general, children with autism spectrum disorder show developmental disabilities in the ability to communicate and build interpersonal relationships and the presence of repetitive behaviors. Autism spectrum disorder is a developmental disorder of a child that can be identified before the age of three, even in the first two to three months after birth through delayed communication skills, social interactions, repetitive or repetitive behaviors, and limited interest (Iskayanti & Hartini, 2019).

In 2019, 73 million children lived in the United States, making up 22% of the population (Children's Defense Fund, 2021). The Centers for Disease Control (CDC) reports that 1,679,000 of those children have been diagnosed with some form of autism (Maenner et al., 2023). For 2020, 1 in 36 child autis on 8-year-olds (about 4% of boys and 1% of girls) is estimated to have ASD. This estimate is higher than the previous Autism and Developmental Disabilities Monitoring Network (ADDM) estimate during 2000–2018. For the first time among 8-year-olds, the prevalence of ASD is higher among white children than among other racial and ethnic groups, reversing the direction of racial and ethnic disparities in the prevalence of ASD observed in the past. Black children with ASD are still more likely than white children with ASD to have a co-occurring intellectual disability (Maenner et al., 2023).

The prevalence autis ranges from 1.09/10,000 to 436/10,000, with an average prevalence of 100/10,000. Similar to the last review, most of the research was conducted in the United States and Northern Europe but there was more research from previously underrepresented regions such as Africa and the Middle East region (al-Mamari et al., 2019; Alshaban et al., 2019; Chinawa et al., 2016). The surveyed population was mostly children, but some studies involved adults aged 18 years and older (Kocˇovska et al., 2012; Poovathinal et al., 2016), and two focused specifically on adults (Brugha et al., 2016; Jariwala-Parikh et al., 2019). Men consistently outnumber women but the ratio of men to women ranges from 0.8 to 6. Few or no estimates are available on the proportion of cases with intellectual disabilities in many regions of the world but range from 0% to 70% in Europe, the Americas, the Eastern Mediterranean, and the Western Pacific. Although epidemiological studies rarely use comparable variables to describe clinical presentation, the frequently reported variables are age, gender, and to some extent, the proportion of cases with ID (Zeidan et al., 2022). Autism spectrum disorder (ASD) is a common neurodevelopmental disorder with a reported prevalence in the United States of 1 in 59 children (about 1.7%) (Hyman et al., 2020).

Referring to data from the Centers for Disease Control and Prevention America (Centers for Disease Control and Prevention, 2022), the prevalence of children with autism

is 1 in 44 children. This means that there will be around 1.5 million children with autism in Indonesia in 2021 (referring to data on the number of children aged 0-14 years from BPS). Meanwhile, WHO stated that the prevalence of children with autism in 2022 is 1 in 100 children, which makes the estimated number of children with autism in Indonesia around 660 thousand. Both estimates are equally significant and require attention, especially those related to sex education. Thus, the potential for social problems is expected to be minimized (Ayuningtyas et al., 2023)

This condition of autistic children can increase the risk of victimization. There is a high prevalence of victimization in individuals with Autism Spectrum Disorder (ASD), here in after referred to as autism (Paul et al., 2018). Victimization involves acts in which a person is subjected to cruel or unfair treatment, including bullying (deliberate and repetitive physical, verbal, and/or relational actions in situations where there is a disparity in power, maltreatment (including neglect and physical and emotional abuse), sexual victimization (e.g. rape and sexual assault) and crime (e.g. robbery, theft and assault) (Trundle et al., 2023).

Autistic individuals report higher rates of bullying, child abuse, sexual victimization, and crime victimization than non-autistic individuals (Paul et al., 2018). Restricted and repetitive behaviors can make individuals stand out from their peers, increasing vulnerability to bullying. They may also experience high levels of social isolation (Trundle et al., 2023). Children with autism face a variety of challenges that fall in the context of social interaction and communication, making them more vulnerable and putting them at a higher risk of being victims of child sexual abuse (CSA).

The increased risk of sexual abuse that may exist in children with autism who have the specific social emotional and communication challenges discussed. Children with autism have more difficulty understanding the emotions of others when the emotions expressed are deceptive (as may be the case when interacting with possible sexual offenders). Children with autism are less able to identify facial expressions that depict deceptive emotions and less able to understand the reasons why a person would display deceptive facial expressions compared to ordinary children. Perpetrators seek to gain the trust of potential victims and often do so by deception. Therefore, they may exhibit deceptive emotions that some children with autism may not recognize.

In addition to difficulties with emotional processing, children with autism may face communication challenges that can make them highly desirable targets for sexual abusers due to the perception that they will not be able to disclose the abuse. Research shows that up to 50% of children with autism are functionally nonverbal. Although there are alternative and augmentative methods used by many children with autism to communicate effectively, the inability of nonverbal children with autism to communicate can increase the likelihood that sexual offenders will target them for abuse. Given the increased risk of sexual abuse that children with autism may face, it is important to identify when sexual abuse has occurred. However, due to the constellation of symptoms associated with autism, children with

sexually abused autism may not be identified as victims of abuse (Dawes et al., 2020).

Chan et al. in Hellström (2019) reported sexual abuse among 2.8% of children with ASD in the past year. The most commonly reported form of sexual harassment is verbal sexual harassment where the prevalence rate ranges from 2.8% to 8.4% of victimization, and the prevalence rate of flashing/sexual exposure ranges from 0 and 2.6% to 5.2% (Hellström, 2019).

The current literature review focuses on empirical studies, published between 2017-2024. concerning the topic of sexual abuse involving Autistic Children. The general aim of this narrative review study was to review the scientific literature on the sexual abuse prevention among autistic children.

2. Materials and methods

This research is narrative review. A computerised search was conducted in the following databases : Web of Science, PubMed, Psych Info and Google Scholar. Key words used were "autistic children", "developmental disabilities", "sexual abuse", "prevention", "sexual violence", "sexual victimization", "sexual offending". All abstracts were screened and empirical studies related to sexual abuse ptevention for autictic children. Studies on the screening of autistic prevention sexual child abuse. In addition, reference lists of retrieved publications were examined and we searched for 'cited by' publications. Finally, we contacted several experts in the field for relevant publications.

Our searches flagged more than a thousand sources that we subsequently screened for appropriateness. Hereby, the following inclusion criteria were used:

(1) the articles had to focus on Austistic children

(2) specifically with Austistic children (complete group, subgroup or majority of the subjects)

(3) specifically on sexual abuse (Prevention, program or intervention)

(4) being published in the years between 2017-2024

(5) concern original empirical studies (including meta-analyses, but excluding review studies)

(6) being written in the English language

(7) being published in international academic journals.

Several studies were excluded because these studies were review studies (mostly with a broader scope) and did not bring forward new, original material. Reference lists were checked for additional relevant articles. Both quantitative and qualitative studies.

3. Results

No	Author	Year	Tittle	Intervention	Source
1	(Ortega et al., 2023)	2023	School-based	*school-based*	Journal Child Abuse & Neglect 145 (2023) 106397

			prevention education for children and youth with intellectual developmental disabilities	*prevention education programs*	
2	(Pugliese et al., 2020)	2020	Feasibility and preliminary efficacy of A parent-mediated sexual education curriculum for youth with autism spectrum disorders	Parent-mediated sexual education curriculum	Autism, 24(1), 64–79. https://doi.org/10.1177/1362361319842978
3	(Plexousakis et al., 2020)	2020	Enhancing sexual awareness in children with autism spectrum disorder: A case study report	*Sexuality Education to Individuals With Autism*	*Cases on Teaching Sexuality Education to Individuals With Autism*, *January*, 79–98. https://doi.org/10.4018/978-1-7998-2987-4.ch005
4	(ÜNLÜ, 2023)	2023	The effectiveness of technology supported education to prevent sexual abuse in children with autism spectrum disorder.	Technology supported education	*Journal of Educational Technology and Online Learning*, *6*(3), 771–788. https://doi.org/10.31681/jetol.1341879
5	Kucuk, et	2017	Increasing	Sexual	Applied Nursing Research,

	al		awareness of protection from sexual abuse in children with mild intellectual disabilities: An education study,	education	Volume 38, 2017, Pages 153-158, ISSN 0897-1897, https://doi.org/10.1016/j.apnr.2017.10.016.
6	Kenny et al (2021)	2021	Parents' plans to communicate about sexuality and child sexual abuse with their children with autism spectrum disorder.	communicate about sexuality and child sexual abuse	Sexuality and Disability, 39. https://doi.org/10.1007/s11195-020-09636-1
7	Kurt et al	2024	The effectiveness of sexual health and development education given to children with intellectual disabilities: A randomized controlled study	sexual health and development education	Journal of pediatric nursing Volume 75e49-e57 March-April, 2024

4. Discussion

Ortega et al, (2023) have research that prevention and special education, present our considerations for a comprehensive school-based child maltreatment prevention program for children with intellectual developmental disabilities such as autistic children. Prevention

programs for children with intellectual developmental disabilities may increase risk awareness among children with intellectual developmental disabilities and their parents, equip children with intellectual developmental disabilities with the protective skills necessary to navigate unsafe situations, and decrease the overall incidence of child maltreatment against this population. School-based child sexual assault (CSA) prevention programs are successful in (1) increasing knowledge about childhood victimization (Bright et al., 2022), (2) developing self-protective skills (e.g., avoiding unsafe situations; being assertive) (Lu et al., 2023; Walsh et al., 2015b; Yusof et al., 2022; Zhang et al., 2021), and (3) increasing disclosures of CM experiences (Finkelhor et al., 1995; Kenny et al., 2020). Most school-based programs address CSA or bullying exclusively, but several also address a combination of CM types including physical and emotional abuse, prevention of dating and relationship violence, and online safety. Of the 24 studies of CSA-focused prevention education programs included in a previous meta-analysis (Walsh et al., 2015b), only one was designed for children with IDD (Lee & Tang, 1998). This IDD-specific program, an adaptation of the Behavioral Skills Training Program (Wurtele et al., 1986), was effective in increasing knowledge of CSA and self-protection skills. However, the study itself dates back more than two decades and is limited in that it included only females aged 11–15 years. Of the 6 studies of bully-focused interventions for children with IDD included in a systematic review (Houchins et al., 2016), only 2 focused primarily on prevention. Both programs, originally created for children without IDD, aimed to meet the needs of children with IDD by making developmentally appropriate adaptations (Espelage et al., 2015; Liscombe, 2020). Of these 2 programs, the adapted Second Step: Student Success Through Prevention (SS-SSTP) for children with IDD is the only one that has been peer-reviewed. Additional prevention education programs for children and youth with IDD include IMPACT: Ability, Kid & Teen Safe, and the Child Sexual Abuse Prevention Intervention (Abramson & Mastroleo, 2002; Dryden et al., 2014a; Warraitch et al., 2021).

Child Sexual Abuse Prevention Intervention (CSAPI) is a program that was developed and piloted in South Korea. In five 25–30-min sessions, CSAPI includes topics about body ownership, private part education, appropriate and inappropriate situations, and refusing and reporting sexual offenders. An evaluation of this program found it to be effective in improving CSA prevention skills to 3 elementary-aged, female students with mild to moderate IDD (Kim, 2016). Although parents of participants were not provided with training specific to CSA prevention, they did vocalize their support of the program. CSAPI was later modified to be culturally appropriate for Pakistani students and reevaluated (Warraitch et al., 2021). Warraitch and colleagues obtained a sample of 15 female students aged 10–15 years with mild IDD. Students who completed the CSAPI program improved their knowledge and skills in CSA prevention (Warraitch et al., 2021). Parents of CSAPI participants in either study were not provided an opportunity for training on CSA prevention. A study in Turkey, evaluating another CSA-focused school-based prevention program, showed improvement in CSA knowledge scores in 15 children aged 10–14 years with mild IDD (Kucuk et al., 2017). In sixteen 20–25 min lessons, this story-based prevention program teaches students about body parts, good touch and bad touch, saying “no”, identifying safety lines, and disclosures. Despite outcomes that demonstrate program efficacy, comprehensive, evidence-based measures and adequate sample sizes are necessary for more rigorously determining program efficacy and generalizability. Parents participated in joint homework activities (e. g., reading a story book to their children three times during the week). There were no additional training

opportunities for CSA prevention for parents (Ortega et al, 2023).

Pugliese, et al (2020) have the research that purpose of this study was to assess the feasibility, acceptability, and preliminary efficacy of the Supporting Teens with Autism on Relationships program. In total, 84 youth with autism spectrum disorder aged 9 to 18 and their parents participated in this study; two groups received the Supporting Teens with Autism on Relationships program (interventionist-led parent group vs parent self-guided), while an attentional control group received a substance abuse prevention program that included instruction in problem-solving and social skills. Feasibility and acceptability of the Supporting Teens with Autism on Relationships program was high overall. The Supporting Teens with Autism on Relationships program was effective in increasing parent and youth knowledge of sexuality, while the attentional control was not. There was preliminary support for improvement in parenting efficacy related to discussing sexuality with their children. Gains were seen among completers regardless of whether the parent received support from a facilitator. Implications and future directions are discussed. In order to create a curriculum that effectively teaches individuals with ASD about sexuality, it is important to consider an individual's learning style and their environmental context in order to select appropriate educational strategies (M. A. Stokes & Kaur, 2005). Dekker et al. (2015) have presented preliminary data that their individualized clinic-based training program Tackling Teenage Training improves psychosexual knowledge in teens with ASD in the Netherlands. Because autistic individuals often demonstrate a greater reliance on caregivers than do their TD peers for information related to sexuality (Griffiths, Quinsey, & Hingsburger, 1989; M. Stokes et al., 2007), in the United States, parents may be the most appropriate people to educate their children about these difficult subjects, especially to pass down their own family morals and values related to sexuality. However, parents of autistic youth struggle with how to teach these topics and often leave out discussions on relationships, sexual health and prevention, or general sexuality (Holmes & Himle, 2014). Many parents of autistic youth underestimate their child's sexual experience and may be unaware of their child's knowledge about sexuality, which may impact the type and amount of information they provide their child with about sexuality (Dewinter et al., 2017). Therefore, there is an explicit need for resources on sexuality for autistic youth and their families.

Plexousakis, et al (2020), sample of this research autistic children with average intelligence. In order to clarify the effectiveness of our intervention program, we administered two psychometric scales entitled: a) Sexual Behaviour Scale (SBS) and b) General Sexual Knowledge Questionnaire (GSKQ) (Stokes & Kaur, 2005;Talbot & Langdon, 2006) before and after the intervention program. The intervention lasted 36 sessions (one session per week) and the intervention took place in a private setting. Nixon felt safe and secure during the process; the psychologist that he carried out the sessions was male. The study design was discussed in depth with parent and the implementation of the programme was conducted according to the Principles expressed in the Declaration of Helsinki. Parent was provided with written consent and afterwards the adolescent was asked if he would like to participate. Parents' session on the other hand included the same topics as the adolescent sessions as well as the exploration of possible strategies for the emotional support of their child. Norms were set and the goals of the intervention were discussed during the first parent session. Parent reviewed the material at home together with ASD adolescent and every session started with emerging questions and clarifications about previous sessions topics. Following sessions then

included discussions about the covered material as well as exploration of effective learning strategies that parent could use so as to facilitate adolescent comprehension of the material. Some of the topics which were covered were the social deficits which affect ASD individuals and how to introduce conversations to manage adolescents to be involved. Also, strategies for encouraging the development of friendships through the appropriate social skills as well as safety issues in different social contexts as well as in social networks (Corona et al., 2016).

Plexousakis, et al (2020) result that After the implementation of the program, Nixon had improved in the above areas (according to Nixon and his parent interview, qualitative dimension), Nixon was benefited from the sexual awareness program not only from the social skills training point of view but also from an emotional perspective. According to mother the program seemed to have positive effects in Nixon's ability to develop better social skills to interact with people and be more tolerant with others. Also he developed his equestrian skills and parent used that as a vehicle to improve his social skills and be more open with his peers. His mother though mentions that every now and then he appears rigid and negative about the school system in general. The effects of the implementation of the program were assessed through visual analysis of data through statistical analysis using Tau-U. We found out that Tau - U score was 0,66 that means there were moderate size-effects from the implementation of the program (Vannest et al., 2016).

Unlo (2023) reseach aimed to evaluate the effectiveness of technologysupported sexual abuse prevention training provided to children with Autism Spectrum Disorder (ASD). In addition, the social validity of the research was investigated based on the opinions of the mothers of the children participating in the research. The study was conducted with 4 male subjects with ASD between the ages of 8-13. A multiple probe design with probe conditions across subjects, one of the singlesubject research models, was used in the study. Based on the findings regarding the effectiveness of the intervention it was concluded that technology-supported sexual abuse prevention training was effective in teaching sexual abuse prevention knowledge and skills to children with ASD. At the knowledge level, all subjects learnt the names of private body parts, the places where underwear can be removed, and the concepts of good and bad touch and at the skill level, they learnt to say "No" and leave the setting and to report the situation to a trusted person. It was also observed that all subjects maintained the target knowledge and skills and generalized them to different instruments, settings and people 2, 4 and 8 weeks after the end of instructional sessions. The social validity findings of the study showed that the mothers of the subjects expressed positive opinions about the study. The findings show that technology-supported training used in this study was very effective in helping the participants to acquire the necessary skills to protect themselves from sexual abuse, and that the participants generalized the obtained knowledge and skills to different instruments, settings and people by maintaining them 2, 4 and 8 weeks after the end of the instruction. Therefore, the effectiveness findings of the study are consistent with the findings of other studies examining the effect of instruction on sexual abuse prevention skills (Curtiss & Ebata, 2016; Gkogkos et al., 2019; Kenny et al., 2012; Pugliese et al., 2019; Stankova & Trajkovski, 2020; Süzer, 2015; Visser et al., 2017). In addition, this study is consistent with the results of studies which evaluated the safety skills escaping from abduction attempts for self-protection (Akmanoğlu & Tekin-İftar, 2011; Kutlu, 2016). Therefore, it was concluded that the use of technology together with scientifically based practices in the prevention of sexual abuse is highly effective as stated in the literature (Coyle et al., 2007; Self-Brown et

al., 2017).

Reseach of Kucuk (2017) was conducted to raise awareness about sexual abuse in children with intellectual disabilities with 15 children who had mild intellectual disabilities as a pre-posttest experimental design. Informative pictures, designed according to age and intellectual level, suitable stories linked with these pictures and homework, were used in an educational setting. It was determined that there was a significant difference relating to the scores for all the subjects before and after the assignment ($p < 0.05$). After education, awareness of them in protecting from a possible sexual abuse increased with protection educations for intellectual disabilities children, as desired.

Kurt et all (2024) was conducted as a randomized controlled trial with 48 children who have intellectual disabilities, divided into two groups: an education group ($n = 24$) and a control group (n = 24). The program implemented was a sexual health and development education program based on the Mastery Learning Model. The data collection tools used were 'The Sexual Development Characteristics of Children with Adolescent Intellectual Disability Scale' for mothers and 'The Sexual Development Knowledge Assessment Scale for Children with Intellectual Disabilities' for children. Results, following the educational program, the children in the education group demonstrated an increase in knowledge regarding their sexual development and health. Additionally, the mothers in the education group showed an increased awareness of their children's sexual health and development. One month after implementing the education program, which utilized mastery learning, the children in the education group exhibited a greater level of knowledge compared to the control group.

Comprehensive sexual education can be beneficial for autistic children to develop healthy sexuality and avoid unpleasant or detrimental sexual experiences. Mothers benefit from high-quality sex education training, but neither schools nor autism centers provide it. In addition, the level of education of mothers also plays an important role in educating their autistic children (Alhassan & Gharaibeh, 2024). Prevention of sexual violence for parents is providing sexual health education to parents, providing education on the prevention of sexual violence for parents, family education programs, good parenting, optimizing the role of parents (Solehati et al., 2022). Such as sexual education and prevention of sexual violence as a preventive measure for children. Based on this, families need to understand various forms of skills and knowledge in education and parenting (Aghnaita, 2022).

Apart from being an effort to prevent sexual violence, sex education is urgently needed by autistic children to recognize, understand, and manage biological changes and their sexual desires in a healthy manner. Reasonable physical changes such as menstruation, wet dreams, breast growth, voice changes, and jaw growth can cause confusion and frustration in autistic children (Nugraheni & Tsaniyah, 2020). Thus, active mentoring and intensive sex education from parents, teachers, and therapists are needed. Unfortunately, sex education in Indonesia has not yet become a common subject, although the ministry of education and culture has made efforts to integrate it into the educational curriculum. Sex education is still considered taboo because it is equated with teaching sex. Teaching sex education is increasingly complicated for groups of children with special needs such as autism. Based on Tsuda's research, it is stated that the problem in teaching sex education to children with special needs is the lack of references (inadequate curriculum) and learning tools (Ayuningtyas et al., 2023).

Individuals with autism need sex education more than others. In particular, the mothers provide timely sex education and safety orientation. However, because parents and caregivers do not understand their children's sexual needs, children with autism and other disorders generally receive less comprehensive education. Training and assistance reduce the risk of sexual exploitation or harassment. The training increased the mothers' understanding of sexual abuse statistically. The study shows that children with autism can benefit from sex education to reduce the risk of sexual violence, as well as the opportunity to understand healthy sexuality. Parents and schools should provide sex education programs for specific interventions to help children with autism understand their sexual needs. Psychosexual education and training programs increase knowledge and improve parent-child communication. A well-designed educational program prioritizes safety, assertiveness, and self-determination and includes appropriate sexual behavior, particularly in acquiring the right social values and rules, a prerequisite for puberty in the conventional way (Alhassan & Gharaibeh, 2024).\

Furthermore, sex education includes sexual safety and health, maintaining genitals, and protection against sexually transmitted diseases, sexual identity, intimacy, sensuality, sexual arousal, seduction, ejaculation, harassment, or rape, not unbuttoning before entering the bathroom, and awareness of private and public body parts, evaluating safe or dangerous situations. Studies have confirmed the importance of designing programs that target individuals and their parents to reduce the risk of sexual abuse. Sex education is beneficial for those with mental disabilities to protect themselves from sexual violence. Sex education is also considered necessary to prevent illegal pregnancies and sexually transmitted diseases, to encourage compliance with social norms of sexual behavior, and to improve sexual health (Alhassan & Gharaibeh, 2024).

5. Conclusion

In conclusion, the use of technology together with scientifically based practices in the content of sexual abuse prevention training enables children with ASD to rapidly acquire target behaviours at the level of knowledge and skills and to generalise these skills to different people, instruments and settings by maintaining them. The acquisition of these skills by children is welcomed by their parents and makes them feel more secure. Comprehensive sexual education can be beneficial for autistic children to develop healthy sexuality and avoid unpleasant or detrimental sexual experiences. Mothers benefit from high-quality sex education training, but neither schools nor autism centers provide it. In addition, the level of education of mothers also plays an important role in educating their autistic children. Prevention of sexual violence for parents is providing sexual health education to parents, providing education on the prevention of sexual violence for parents, family education programs, good parenting, optimizing the role of parents. Such as sexual education and prevention of sexual violence as a preventive measure for children. Based on this, families need to understand various forms of skills and knowledge in education and parenting.

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