

Sexual Abuse of Children with Autism

A Mother's Story

Nicole Moehring

January 14, 2016, is a day I will never forget. My son, Evan, who has autism, was telling me about a speaker at his school who had spoken about "stranger danger." As Evan was talking, I had this feeling inside of me, a feeling that to this day I cannot explain. Perhaps it was a "gut" feeling, but it was like nothing I had ever felt before. I looked at Evan and said, "Evan, do you remember what mommy always told you? No one is ever allowed to touch your body where you wear your bathing suit." I was expecting a simple response of "I know, mommy." Instead, he looked at me with a look of fear on his face and said, "Even someone we know?"

Evan explained to me that he had been molested by someone we knew. I felt like I was going to throw up. I didn't know what to do or how to respond. I knew I couldn't react, and I certainly didn't want to upset him. I was frozen in place. I couldn't move. I believed Evan. There wasn't a question in my mind. I knew he was telling the truth.

Evan's perpetrator told him not to say anything because they would both get in trouble. So out of fear, Evan said nothing. We eventually suspected that this abuse happened over a period of three years.

When my son was diagnosed with fragile X syndrome at 14 months old, and later with autism, I truly thought I would never have to worry about him being sexually abused. I assumed he was "safe." I had no idea he was even more vulnerable because of his diagnosis. Sexual abuse is a silent topic. Society has allowed it to become a global epidemic because of the silence.

Throughout the process of seeking justice, I felt like we were fighting an uphill battle because of my son's special needs. Even with all the measures put in place to help abuse victims, it seemed that very few individuals were qualified or trained to work with children with disabilities.

On June 1, 2017, Evan began having daily meltdowns/tantrums. These meltdowns lasted anywhere from a few minutes to a few hours. He became combative, threw things and screamed. Eventually, he was diagnosed with post-traumatic stress disorder (PTSD). These meltdowns continue to this day, although they don't occur as frequently.

On July 23, 2018, it became clear why Evan was having these meltdowns. He finally disclosed that his perpetrator forced him to undress and pose for nude photos. Evan saw him upload the pictures to the computer where they could live forever. He also printed them out. The perpetrator told him, "Don't tell anyone about this or you and I will be in big trouble." It took Evan over a year to tell us.

Unfortunately, my story is only one of many. Violence against children with disabilities is a global epidemic. In the United States alone, children with disabilities are almost three times more likely to be victims of sexual violence than children without disabilities.¹ Research also shows that underreporting sexual abuse is a significant problem, with up to 75 percent of cases going unreported.

Children with disabilities who have been victims of abuse/assault need more advocates, education for prevention, and access to recovery services.

Facts About Perpetrators

When we hear about sexual abuse cases, we typically think the abuser was a stranger. That is why we talk to our children so much about “stranger danger.” In reality, 95 to 99 percent of abusers are someone known to, and trusted by, the victim.⁴ The abuser can be a family member, someone in your household, a service provider or someone who is working with your child and has close contact with him/her. Unfortunately, children with disabilities are more vulnerable. Some perpetrators seek out individuals with disabilities because they believe they will be less likely to be caught.⁶ In fact, historically only 3 percent of accused abusers are caught and prosecuted in special needs cases.

Abusers/perpetrators can be of any gender, age, social class or race and are most likely:

- family and/or household members
- service providers, such as school personnel, transportation personnel, day program or residential support personnel
- persons given authority over your child, including practitioners with “solo” access such as physicians, therapists, coaches, teacher aides, counselors and camp staff
- individuals who gain access to your child by looking professional, being nice and seeming trustworthy and helpful
- stable, employed and respected members of the community.

Possible Indicators of Abuse

Since each child is different, there may be different warning signs of abuse. Some children do not show any sign at all. There is no single telltale sign that will indicate your child has been abused. However, there are some possible indicators. These can include a sudden change in behavior, and change in demeanor toward, or not wanting to be around, certain individuals. Other signs could be not wanting to sleep in his/her own bed, bed-wetting and/or nightmares. Another possible sign is defiance in certain situations, such as when a child who usually loves school suddenly doesn't want to go anymore.

It is important to note that these indicators can mean other things as well. For children on the autism spectrum, these behaviors are not isolated to abuse cases. Something they are eating or wearing could be triggering these behaviors. Parents should document the onset of unusual behaviors and look for any patterns.

Proactive Steps to Reduce the Risk

When a child is first diagnosed with a special need, parents are inundated with information on the diagnosis, referrals to therapists, doctor appointments and support groups. This can be a difficult time for parents. Unfortunately, this is also a time when parents need to keep in mind the statistics on special needs children and abuse. The choices they make about primary caregivers are vitally important. Awareness is the first proactive step parents can take to reduce the risk of abuse.

I would offer the following advice to parents who find themselves in this situation.

1. Talk to your child. Begin talking to your child from a young age about body awareness and boundaries. The conversations have to be at the child's level of understanding. It's important for your child to comprehend what you are saying. Teach proper names for body parts. While these conversations will change as your child ages and matures, they should occur regularly.

2. Reduce opportunities for abuse. Make sure you know everyone who has any contact with your child. Keep doors open during therapy sessions, or have two-way mirrors where others can see what is happening. Let everyone know you **will** be that parent who drops by unannounced. When you enroll your child in a new childcare, school, center, camp or other program, ask what protocols are in place to keep children safe from sexual abuse. Be bold. Advise your child's therapists, school teachers and aides that you know the

49%

of victims are assaulted
10 times or more.²

Children diagnosed with
behavioral disorders are

5.5x

more likely to experience
sexual abuse.³

95-99%

of abusers are known to, and
trusted by, survivors, and
may include **family members**
(32%) or other **caretakers,**
home health aides and living
facility attendants (44%).⁴

Of those individuals with
developmental disabilities,
approximately

80%

of women and

30%

of men

have been sexually assaulted,
with ½ of the women being
assaulted **more than 10 times.**⁵

statistics and signs of abuse, and that you are a “helicopter mom” who watches carefully over her child. Let them know that secrets are not allowed in your family, and that you speak regularly with your child about appropriate and inappropriate touching. These conversations might be uncomfortable, but they could scare off a predator and prevent abuse.

3. Never have secrets. Do not ask your children to keep secrets from their siblings or friends. Let them know that secrets are not allowed because they can be dangerous and hurtful. Tell them often that they will **never** be in trouble if they come to you with a secret or share with you something that happened. This might be confusing for children because “secrets” can be a part of our normal lives. For example, a Christmas gift or a surprise birthday party for a friend could both be secrets. My advice is to replace the word “secret” with the word “surprise.” Let your child know that you might not tell others about a surprise right away, but that it is fun to tell them in the end.

4. Create a small inner trust circle. The fewer people in this trust circle the better. This circle would include mom, dad and perhaps a sibling. Let your child know that this is his/her **safe zone**. These are the people to tell if anything bad happens.

What to Do if Your Child has Been Abused

If you find out that your child has been abused, remain calm. Do not react in the child’s presence. Reassure your child that you are proud of him/her for telling you, and that it was not his/her fault. Let your child know that you will keep him/her safe.

If you suspect the abuse just happened, do not let your child bathe or shower. Immediately bring your child to a hospital emergency room and request a Sexual Assault Nurse Examiner (SANE). The collection of forensic evidence is vitally important for cases that go to court.

Most children do not disclose abuse until much later. It’s important not to question why the child didn’t tell you sooner and not get upset. If you find out that your child was abused in the past, call staff at Child Protective Services (CPS) to advise them of the situation and to have them do an “Intake” process of asking simple questions. If you don’t know who to call, contact your local police.

CPS will then have a Child Advocacy Center contact you. The center will follow up with you and your child for a forensics interview and a forensic medical. Although the forensic medical examinations are optional and you may not think they are necessary, I always recommend them in the event that your child’s case goes to court. You will be advised on how to proceed from this point forward.

To help the healing process, find a mental health therapist trained in trauma therapy for children with disabilities. It will take time for your child to work through the trauma. It’s also important for the parent/guardian/caregiver and siblings to receive mental health services.



Parents need to know that they cannot give up. This is what the perpetrators want. Our children deserve a voice, and they deserve justice. Fighting for my child has become a full-time job for me. I intend to keep fighting because we need to change the statistics. Our children deserve better. They are our future. Sexual abuse does not discriminate, so join with me in reducing our children's risk of abuse. Be aware and educate yourself. We are our children's biggest advocates.

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Nicole Moehring and her daughter Maci Lynch founded Voices of Change 2018 (VOC) after she realized how difficult it is to find support and resources for children with disabilities who have been victims of sexual abuse. Nicole experienced many challenges trying to navigate the criminal justice system, locate a trauma-responsive mental health clinician trained to work with children with disabilities who had been abused, and find support for families of victims. VOC provides resources and support to families in their time of need. In addition, they are in the process of developing an education prevention program for children with disabilities and their families to reduce the risk of sexual abuse.

To find out more about VOC, please visit our website at: www.voicesofchange2018.org

Follow Voices of Change 2018 on Facebook and Instagram [@VoicesofChange2018](https://www.facebook.com/VoicesofChange2018)

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