



APSAC ALERT

Vol. 17, No. 2

Autism Spectrum Disorder and Child Maltreatment: Risk, Mechanisms, and Implications for Prevention and Practice

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Abstract

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by differences in social communication and patterns of restricted or repetitive behavior. Recent surveillance data from the Centers for Disease Control and Prevention (CDC) indicate that approximately 1 in 31 children aged 8 years in the United States are identified with ASD, reflecting a continued upward trend in prevalence (Centers for Disease Control and Prevention, 2025; Shaw et al., 2025). These figures reflect 2022 surveillance data and remain the most recent nationally representative estimates available as of this writing. As the prevalence

of ASD increases, so too does the urgency of understanding the broader environmental risks that may affect this population, including exposure to child maltreatment. A growing body of research demonstrates that children with ASD are at significantly elevated risk for multiple forms of maltreatment, including physical abuse, neglect, and polyvictimization, defined as exposure to multiple types of victimization across settings and over time (Hellström 2019). These risks are shaped by a complex interplay of child-level characteristics, caregiver stress, and systemic factors within healthcare, educational, and child welfare systems. This paper synthesizes current empirical literature on the relationship between ASD and child maltreatment, with particular attention to mechanisms of risk, barriers to identification, and developmental consequences. The paper concludes with recommendations for trauma-informed and autism-informed practice, emphasizing the need for prevention-focused, interdisciplinary approaches to better support autistic children and their families.

Autism spectrum disorder (ASD) is a lifelong neurodevelopmental condition characterized by differences in social communication and interaction, as well as the presence of restricted or repetitive behaviors. In this paper, the phrase “differences in social communication” refers to the qualitative social-communication deficits specified in DSM-5 diagnostic criteria for ASD; the term is used here for clinical precision and is not intended to minimize the functional impact of these differences. The prevalence of ASD has increased steadily over the past two decades, with the most recent CDC estimates indicating that approximately 1 in 31 children aged 8 years in the United States are identified with ASD (CDC, 2025; Shaw et al., 2025). This increase reflects not only improved diagnostic practices but also a growing population of children who have been identified as needing specialized supports across developmental contexts.

At the same time, child maltreatment remains a persistent public health concern with profound implications for child development. Child maltreatment is broadly defined to include physical abuse, emotional abuse, sexual abuse, and neglect. This paper focuses specifically on maltreatment occurring during childhood, although autistic adults may also experience victimization. Extensive research has demonstrated that exposure to maltreatment is associated with a range of adverse outcomes, including mental health disorders, behavioral difficulties, and long-term health disparities (Felitti et al., 1998; Norman et al., 2012). Importantly, children with disabilities are disproportionately affected by maltreatment. McDonnell et al. (2019) found that children with developmental disabilities are two to three times more likely to experience maltreatment compared to their neurotypical peers. Despite this elevated risk, the intersection of autism and maltreatment has historically been underexamined in both research and practice.

Understanding this intersection requires moving beyond single-factor explanations and instead adopting a multi-level perspective grounded in Bronfenbrenner’s (1979) ecological systems theory. This framework positions child development

and child vulnerability as the product of nested, interacting systems: the microsystem (immediate relationships and settings), the mesosystem (interactions among microsystems), the exosystem (broader social structures), and the macrosystem (cultural and institutional norms). Applied to the maltreatment risks in ASD, this framework highlights how factors such as communication differences, caregiver burden, and systemic barriers to identification of maltreatment all contribute to increased vulnerability. Moreover, traditional child protection frameworks may not adequately account for the unique developmental and behavioral characteristics of autistic children.

Addressing this issue requires integrated, interdisciplinary approaches that are both trauma-informed and autism-informed. By examining current evidence and providing applied recommendations, this paper aims to inform practitioners working across child welfare, healthcare, and educational systems.

Prevalence and Risk of Maltreatment in Autism

A robust and growing body of literature has documented the elevated risk of maltreatment among children with ASD. Studies consistently demonstrate that children with ASD are significantly more likely to experience abuse and neglect compared to children without developmental disabilities. For example, using a population-based sample linked to state child protection records, Fisher et al. (2019) found that children with ASD were referred for suspected maltreatment more than twice as often as children without ASD (17.3% vs. 7.4% of the child population in the study’s geographic area), although rates of substantiated maltreatment were more comparable between groups (3.9% vs. 3.4% of the child population).

The types of maltreatment experienced by autistic children vary, but physical abuse and neglect are the most commonly reported. Mandell et al. (2005) found that children with ASD are particularly vulnerable to physical abuse, especially when behavioral challenges are present. In cases where ASD co-occurs with intellectual disability, the risk

of sexual and emotional abuse may be even higher, suggesting that vulnerability is compounded by multiple developmental factors. Neglect follows a similar pattern. For example, McDonnell et al. (2019) found that children with ASD, both with and without co-occurring intellectual disability, were more likely than children without disabilities to experience physical neglect, likely reflecting the intensive and sustained caregiving demands that ASD can place on families.

In addition to experiencing individual forms of maltreatment, children with ASD are also more likely to experience polyvictimization, that is, exposure to multiple forms of victimization, including abuse, neglect, bullying, and other adverse experiences, often occurring across different environments such as home, school, and community settings (Hellström 2019). Bullying, in particular, is well documented as a form of victimization among autistic youth. A meta-analysis by Trundle et al. (2022) found bullying-victimization prevalence of approximately 47% among autistic individuals, and subsequent meta-analytic work identified bullying and peer violence as the ACE category most strongly associated with autism (Hartley et al., 2024). This cumulative exposure is particularly concerning because it is associated with more severe developmental and psychological outcomes compared to single forms of victimization (Finkelhor et al., 2007).

Recent research has also highlighted the broader context of adverse childhood experiences (ACEs) among autistic individuals. ACEs are defined as potentially traumatic events occurring before the age of 18, including abuse, neglect, and household dysfunction. In a meta-analysis of 40 studies encompassing more than 5.6 million participants, Hartley et al. (2024) found that autistic individuals had over twice the odds of experiencing ACEs compared to non-autistic individuals, with the association strongest for parental mental health difficulties and for direct abuse, violence, or neglect. These elevated ACE exposures are, in turn, associated with increased risk for mental health challenges and poorer overall functioning across the lifespan.

Together, these findings underscore that maltreatment risk in autism is not isolated but embedded within broader patterns of adversity. The elevated prevalence of maltreatment among autistic children highlights the urgent need for targeted prevention and intervention strategies.

Mechanisms and Risk Factors

The increased risk of maltreatment among children with ASD is best understood through a multi-level ecological framework that considers interacting factors at the child, caregiver, and system levels.

Child-Level Factors

At the child level, communication differences play a critical role. Many autistic children experience challenges with expressive and receptive language, which can limit their ability to disclose abuse or seek help. Even when children have verbal abilities, difficulties with social communication may affect their capacity to describe experiences in ways that are recognized by adults as indicators of maltreatment. Additionally, certain behavioral characteristics such as aggression, self-injury, or emotional dysregulation may increase caregiver stress and, in some cases, contribute to the use of harsh or punitive discipline (McDonnell et al., 2019). It is important to note that such responses typically arise from caregiver overload rather than premeditated intent. Little physical abuse or neglect in this context is planned in advance, which points toward the need for preventive support rather than a punitive framing of caregivers themselves.

Social vulnerability also plays an important role at this level. Children with autism may have difficulty interpreting social cues, asserting boundaries, or recognizing unsafe situations, which can increase their exposure to victimization (Trundle et al., 2022). Sensory sensitivities and difficulty with change can further complicate their ability to notify adults about their stress, which in turn narrows the channels through which abuse may come to light.

Caregiver-Level Factors

At the caregiver level, parenting stress is a significant and well-documented risk factor. Caregivers of children with ASD often face substantial demands related to managing behavioral challenges, navigating service systems, and addressing educational needs. Chan and Lam (2016) found that higher levels of parenting stress are associated with an increased likelihood of maltreatment. Factors such as financial strain, lack of social support, and limited access to respite care can further exacerbate caregiver burden.

It is important to emphasize that the overwhelming majority of caregivers of children with ASD are devoted advocates for their children's well-being. The relationship between caregiver stress and maltreatment risk is not deterministic; rather, it underscores the critical importance of providing adequate family supports to prevent adverse outcomes.

System-Level Factors

System-level factors also contribute to risk. Children with ASD typically have increased contact with professionals, including teachers, therapists, and healthcare providers, which can lead to higher rates of maltreatment reporting. However, Fisher et al. (2019) found that, although children with ASD are more likely to be referred to child protective services, their cases are less likely to be substantiated. This discrepancy raises concerns about potential biases, gaps in assessment, and a lack of training among professionals in recognizing maltreatment within this population.

At the macrosystem level, cultural expectations regarding disability and caregiving can shape both the occurrence of maltreatment and the response to it. Stigma associated with ASD may discourage families from seeking help, while institutional fragmentation across medical, educational, and child welfare systems can create gaps in identification and response. These structural realities underscore the need for coordinated cross-system approaches.

Challenges in Identification and Reporting

Despite the elevated risk of maltreatment among children with ASD, identifying and reporting maltreatment in this population presents significant challenges. One of the most critical barriers is diagnostic overshadowing. Diagnostic overshadowing refers to the tendency for professionals to attribute behavioral or emotional symptoms to a child's developmental diagnosis rather than considering the possibility of co-occurring conditions such as trauma or maltreatment.

For example, a child who exhibits increased withdrawal, aggression, or emotional dysregulation may be perceived as displaying "typical autism-related behaviors," leading to missed opportunities for identifying maltreatment. This misattribution can delay intervention and allow abuse to continue undetected.

Communication barriers further complicate identification. Many autistic children may struggle to disclose abuse due to limited verbal abilities or difficulties with social communication. Even when children attempt to communicate their experiences, their reports may not be fully understood or may be dismissed due to biases about their credibility. Standard interviewing protocols, which rely heavily on verbal narrative recall, may be poorly suited to children with ASD, particularly those who are minimally speaking or who communicate through augmentative and alternative communication (AAC) systems.

Underreporting is also influenced by systemic factors. Hellström (2019) notes that reliance on caregiver reports in both research and practice can lead to underestimation of maltreatment prevalence. Additionally, families may be reluctant to engage with child protective services due to fear of stigma or system involvement.

The finding that children with ASD are more frequently referred but less likely to have substantiated cases (Fisher et al., 2019) suggests that current assessment practices may not adequately capture the nuances of maltreatment

in this population. It is also worth considering whether some of this referral gap reflects behavioral characteristics of ASD itself, such as atypical affect, self-injury, or resistance to physical contact, being misread by mandated reporters as possible signs of abuse or neglect, prompting a referral that is not ultimately substantiated. Where this occurs, it points less to inaccurate reporting than to a need for reporter training that can distinguish autism-related presentations from indicators of maltreatment. Addressing these challenges requires improved training, adapted assessment tools, and increased awareness among professionals.

Consequences of Maltreatment in Autism

The consequences of maltreatment for children with ASD are profound and often compounded by existing developmental vulnerabilities. Exposure to maltreatment is associated with a range of psychological outcomes, including increased rates of anxiety, depression, and post-traumatic stress disorder (Trundle et al., 2022). These mental health challenges may be particularly difficult to identify and treat in autistic individuals due to overlapping symptom presentations.

Behaviorally, maltreatment may exacerbate existing difficulties, leading to increased aggression, self-injury, and emotional dysregulation (McDonnell et al., 2019). These behaviors can, in turn, contribute to a cycle of increased caregiver stress and further risk of maltreatment.

Long-term consequences include increased risk for suicidal ideation, chronic mental health conditions, and poorer overall quality of life. Hartley et al. (2024) documented that higher ACE scores in individuals with autism are associated with substantially worse mental health outcomes across adulthood. Importantly, the effects of maltreatment are not isolated but interact with the developmental trajectory of autism, amplifying their impact on existing ASD-related challenges, potentially affecting adaptive functioning, educational attainment, and community participation across the lifespan.

These findings highlight the importance of early identification and intervention, as well as the need for supports that address both trauma and developmental differences.

Implications for Practice and Policy

Addressing maltreatment in children with ASD requires a coordinated, interdisciplinary approach that integrates knowledge from child welfare, psychology, education, and healthcare.

First, professionals must adopt trauma-informed and autism-informed care. Trauma-informed care involves recognizing the impact of trauma on behavior and development, while autism-informed care emphasizes understanding the unique communication and behavioral characteristics of autistic individuals. When these frameworks are held separately, it runs the risk of each being applied in isolation. A clinician who is trauma-informed but not autism-informed may misread ASD characteristics as trauma symptoms, while one who is autism-informed but not trauma-informed may dismiss genuine maltreatment indicators as developmental features.

Second, workforce training is essential. Professionals across systems must be equipped to recognize signs of maltreatment in children with ASD and to differentiate between autism-related behaviors and indicators of abuse. This includes training in adapted communication strategies, modified assessment approaches, and culturally responsive practices.

Third, prevention efforts should focus on supporting caregivers. Providing access to parent training programs, respite services, and community-based supports can reduce caregiver stress and mitigate risk factors associated with maltreatment. Prevention programs should be designed with the specific demands facing ASD caregivers in mind, addressing not only parenting practices but also structural barriers that contribute to burden, such as financial strain, lack of access to services, and social isolation.

Fourth, screening and assessment tools must be adapted to account for developmental differences.

This is particularly important for children with limited verbal abilities, who may require alternative methods of communication and assessment. Interviewing protocols should be modified to accommodate augmentative and alternative communication systems, and assessors should be trained in the atypical ways that trauma can present in children with autism.

Finally, system-level change is needed to improve how child welfare, healthcare, and education systems respond to this population. This starts with strengthening data collection and monitoring. For example, it is important to routinely document disability status, including ASD, within child protective service records. Alongside this, policy changes are needed to improve child protective service protocols to account for ASD-specific presentations, and to foster cross-system collaboration among medical, educational, and child welfare agencies. In practice, this could take the form of shared referral and information-sharing protocols between child protective services and developmental disability or autism specialists, joint case staffing on complex cases, and interagency training so that professionals across systems work from a common framework for recognizing maltreatment risk in autistic children.

Conclusion

Given the sustained rise in autism prevalence documented over the past two decades, addressing the heightened risk of maltreatment in this population is an urgent priority. The evidence demonstrates that children with ASD face disproportionate exposure to abuse and neglect, driven by a complex interplay of individual, familial, and systemic factors. These factors do not operate independently; they interact across ecological levels to create and sustain vulnerability.

What distinguishes this population is not simply the prevalence of maltreatment, but the compounding risk through mechanisms that are simultaneously hard to detect and hard to treat. Atypical trauma presentations can elude standard diagnostic criteria. When combined with system fragmentation, it allows for children to fall through the gaps between

well-intentioned but disconnected services.

Moving forward, it is essential to adopt integrated, prevention-focused approaches that are both trauma-informed and autism-informed. By strengthening systems of care and supporting families, professionals can play a critical role in promoting the safety and well-being of autistic children. Children with autism deserve protection systems designed with their needs in mind, not as an afterthought, but as a foundational commitment. Meeting this obligation will require the sustained, coordinated effort of researchers, practitioners, policymakers, and the autism community itself.

Additionally, it is critical to adopt a proactive, family-centered approach that considers the well-being of the entire family unit over time. This includes ongoing assessment of caregiver emotional well-being, parenting capacity, and the broader social determinants of health that influence family functioning. Parenting a child with autism is a lifelong journey for which many families feel unprepared. Even in the most supportive and loving households, caregivers may experience significant stress, burnout, and isolation, at times feeling as though they are surviving rather than thriving. These realities highlight that maltreatment risk emerges within the context of unmet needs and insufficient support.

For this reason, family education must be prioritized as a core component of the prevention of child maltreatment. Effective education should extend beyond general awareness and include practical guidance on managing the more challenging characteristics of ASD, particularly those that may elevate caregiver stress and increase the risk for neglect or harsh responses. Equipping families with knowledge, coping strategies, and realistic expectations can strengthen parenting capacity and reduce vulnerability to maltreatment.

Furthermore, there is a critical need to expand family navigation programs led by individuals with lived experience. These programs have the potential to bridge gaps across educational, healthcare, behavioral, and therapeutic systems, providing families with coordinated and culturally responsive

support. When implemented proactively and consistently, family navigation programs can create safe, trusting spaces where families build resilience, strengthen social connections, and access necessary resources. These efforts not only support individual families but also contribute to broader system-level prevention by promoting stability and well-being within the home.

Ultimately, reducing maltreatment risk among children with ASD requires a shift toward comprehensive, family-centered, and prevention-oriented systems of care. By investing in caregiver support, education, and navigation services, professionals and policymakers can play a critical role in fostering safer home environments and improving outcomes for autistic children and their families.

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Her research focuses heavily on autism, including disparities in early identification, culturally responsive developmental screening, and the lived experiences of parents navigating diagnostic and support systems. She examines how social and structural factors contribute to delayed diagnosis and limited access to services, and she develops community-responsive approaches—such as parent education and early childhood partnerships—to strengthen screening pathways and support families immediately after diagnosis. Dr. Duchene-Kelly directs the FAMILY (Focused Artificial Intelligence for Maternal, Infant, and Lifelong Years) Health Lab, established through a National Institute of Health (NIH) grant, where her work focuses on improving the health of families in underrepresented communities. Her research interests include enhancing access to quality behavioral healthcare across diverse populations and the implementation of artificial intelligence technologies to address health disparities in low-resourced areas. She also serves as Co-Lead of the Local Evaluation Program Team for Educare Washington, DC where she directs a data-driven evaluation program that assesses child development, family needs, and program implementation to inform continuous quality improvement and strengthen early childhood programming for under-resourced communities.



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