Differences in social vulnerability among individuals with autism spectrum disorder, Williams syndrome, and Down syndrome

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A B S T R A C T

Although individuals with disabilities are at increased risk of victimization, few studies examine persons with different disability conditions to determine whether distinctive cognitive–behavioral profiles are associated with different levels of social vulnerability. To determine the differences in social vulnerability and experiences of victimization, caregiver responses to a Social Vulnerability Questionnaire were examined for 103 caregivers of individuals with autism spectrum disorder (ASD), Williams syndrome (WS), and Down syndrome (DS). Although all three groups experienced similar rates and types of victimization, the specific correlates of social vulnerability differed by disability. Individuals with ASD displayed less risk awareness and had less social protection; those with WS were rated higher on risk factors related to perceived vulnerability and parental independence; and those with DS had less risk awareness and were perceived to be more vulnerable. Safety interventions should be tailored to address each group’s specific correlates of social vulnerability.

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1. Introduction

Compared to those without disabilities, individuals with intellectual disabilities (ID) experience abuse and exploitation throughout their lifetime. As children, individuals with ID are at least 3 times more likely than those without ID to experience child abuse and neglect (Sullivan & Knutson, 2000). Once they reach school age, youth with ID are more likely to experience bullying and peer victimization than their typically developing peers (Cappadocia, Weiss, & Pepler, 2012; Sentenac, Gavin, Arnaud, Molcho, Godeau, & Gabhainn, 2012; Sterzing, Shattuck, Narendorf, Wagner, & Cooper, 2012a,b). Finally, adults with ID (versus those without) are at increased risk of experiencing physical and sexual assault, robbery, and personal theft (Fisher, Moskowitz, & Hodapp, 2012; Wilson & Brewer, 1992).

Although the prevalence and types of victimization identified by individuals with ID are generally known, less research has described how individual characteristics relate to specific aspects of social vulnerability. Early research found that individuals with ID might be more at risk if they have lower IQs or less education, live alone or in a group home, are female, and have no or few friends (Doren, Bullis, & Benz, 1996; Greenspan, Laughlin, & Black, 2001; Jawaid, Riby, Owens, White, Tarar, & Schulz, 2012; Sobsey & Doe, 1991; Wilson & Brewer, 1992; Wilson, Seaman, & Nettlebeck, 1996). But such
(predominantly) demographic variables were generally not tied to types of vulnerability or to other individual characteristics.

To explore this relationship, Fisher et al. (2012) recently developed the Social Vulnerability Questionnaire. They found that social vulnerability could be separated into four distinct areas—risk awareness, social protection, perceived vulnerability, and parental independence. These specific areas of social vulnerability were then related to the individual characteristics of persons with ID that have been described as risk factors for victimization. We found that the presence of an intellectual disability, the absence of friends, and more independence were all related to increased social vulnerability for individuals with disabilities. More specifically, having an intellectual disability was associated with a person’s decreased ability to detect risk (risk awareness) and was also tied to the person’s seeming more vulnerable (perceived vulnerability). Conversely, not having an intellectual disability (but still having a diagnosed disability such as autism) related to increased opportunities to be independent from parents, which might also increase vulnerability. When few friends exist, individuals likely lack the protection of a supportive peer network (social protection), a situation that may increase the chance of being bullied and experiencing peer victimization. Finally, increased independence may also be related to more vulnerability, as individuals with disabilities may lack the protective skills to detect and avoid victimization (risk awareness).

When considering how IQ, friendship, and independence might relate to areas of social vulnerability, it seems possible that social vulnerability arises because individuals with different ID conditions display distinct cognitive–behavioral profiles (Hodapp & Dykens, 1994). So far, however, most victimization studies have relied on mixed or heterogeneous samples. It is important, then, to examine whether the characteristics of individuals with different ID conditions distinctly relate to social vulnerability, which might lead to differing experiences of social victimization.

Based on the three salient personal characteristics related to social vulnerability (intellectual disability; not having friends; independence), three disability conditions were compared in their ratings of social vulnerability and their experiences of victimization. Individuals with autism spectrum disorder (ASD) display a triad of impairments related to impaired social interaction, abnormal communication, and restricted activities and interests (American Psychiatric Association, 2000). These impairments lead to difficulty with communication and appropriate social engagement, as well as deficits in emotion recognition, atypical social processing and response generation, and deficits in their own communication signals (Jawaid et al., 2012). Between 40% and 84% of individuals with ASD are also diagnosed with intellectual disability, ranging from mild to profound impairment (Dykens & Lense, 2011). Recent research has found that individuals with ASD (compared to those with other ID and those without disabilities) are highly likely to experience victimization in the form of bullying, sexual abuse and physical abuse (Jawaid et al., 2012; Mandell, Walrath, Manteuffel, Sgro, & Pinto-Martin, 2005; Rowley et al., 2012; Sterzinger et al., 2012a; Van Roekel, Scholte, & Didden, 2010).

Vulnerability to bullying may be because individuals with ASD are usually socially withdrawn, which often leads to isolation and loneliness that continues into adulthood (Van Roekel et al., 2010). Such isolation then increases the risk of peer victimization, as many of these individuals do not have the protective factor of supportive peers (Cappadocia et al., 2012). Their socio-communicative and behavioral difficulties, as well as difficulties with peer interactions, could lead individuals with ASD to experience increased rates of peer victimization, bullying and ostracism (Cappadocia et al., 2012; Jawaid et al., 2012; Sentenac et al., 2012). Vulnerability to physical and sexual abuse, on the other hand, may be related to IQ and to the inability to detect the intentions of others (Jawaid et al., 2012).

Williams syndrome (WS) is a rare genetic disorder caused by a micro-deletion of genes on chromosome 7, resulting in borderline to moderate levels of intellectual disability (Hillier et al., 2003; Mervis & John, 2010). Contrary to those with ASD, most individuals with WS are extremely social—displaying a lack of fear of strangers and overfriendliness toward strangers, leading many to engage in social encounters with both familiar and unfamiliar people (Jawaid et al., 2012; Jones et al., 2000). Despite their very sociable personality style, individuals with WS often experience interpersonal difficulties, leading to poor peer relationships and social isolation (Davies, Udwin, & Howlin, 1998; Dykens & Rosner, 1999; Jawaid et al., 2012). Thus, while increased sociability is generally considered positive, the overwhelming desire of individuals with WS to engage others increases vulnerability to exploitation, abuse, and being taken advantage of by others. In fact, while few studies have examined the victimization of individuals with WS, we do know that (compared to those with ID or without disabilities) these individuals experience higher rates of sexual abuse (Rosner, Hodapp, Fidler, Sagun, & Dykens, 2004). This vulnerability to sexual abuse as well as to other forms of victimization may be related to their mild to moderate intellectual disability, hypersociability, and other social impairments.

Finally, Down syndrome (DS) is the most common chromosomal cause of intellectual disability, in most cases resulting from a third copy of chromosome 21. Similar to individuals with WS, those with DS are often described as charming, social, friendly and engaging (Dykens, 2006a,b). Unlike individuals with WS and ASD, however, persons with DS usually interact appropriately with others (Rosner et al., 2004); they are social, but not overly so (Jones et al., 2000). Furthermore, as compared to individuals with WS, the social approach displayed by individuals with DS is more likely to go unnoticed, as their poor language skills cause them to have difficulty initiating and maintaining conversations (Porter, Coltheart, & Langdon, 2007). Thus, compared to those with ASD and WS, individuals with DS may possess some protective factors from vulnerability (friendships, less independence). In fact, individuals with DS are generally not mentioned in the victimization literature.

Based on these cognitive–behavioral profiles and potentially differential phenotypic factors, we examined whether individuals with ASD, WS, and DS differed in their experiences of victimization and ratings of social vulnerability. This study aimed to: (1) examine differences in the types of victimization experienced by individuals with different types of disabilities throughout their lifetime and (2) determine whether individuals with these various conditions differed in their ratings of
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