

CHILD ABUSE, AUTISM SPECTRUM DISORDER AND ALCOHOL OVERCONSUMPTION: POSSIBLE CAUSE-EFFECT RELATIONSHIPS

Sergei V. Jargin

Peoples' Friendship University of Russia, Moscow, Russian Federation

* * * * *

The prevalence of the substance use disorder among individuals with autism was reported to be relatively low (Ramos et al. 2013); however, persons with high-functioning autism may drink alcohol to overcome anxiety and communication barriers (Lalanne et al. 2015, Rengit et al. 2016). Furthermore, adolescents with autism spectrum disorder (ASD) were reported to be at a higher risk of bullying (Hebron et al. 2016, Maïano et al. 2016, Zablotsky et al. 2014, Sterzing et al. 2012, Zeedyk et al. 2014). An association between autistic traits in adults and abuse during their childhood has been reported (Roberts et al. 2015). Here is presented a case with a combination of symptoms compatible with the ASD, attention deficit hyperactivity disorder (ADHD) and alcohol overuse during adolescence and early adulthood. Possible cause-effect relationships are discussed.

When S. was 3 years old, his parents were divorcing, while he was sent with a nanny to a suburb village. They spent there also two subsequent summers, having almost no contact with other children. S. sat on a sofa or bench days on end, looking at passing trains, which did not contribute to his physical development and communicative skills. Once the father came unexpectedly to the dacha and smelled alcohol: the nanny gave to the child fortified wine as "cough syrup" probably to calm him down and not to be disturbed at night. No action was taken. At the age of about 6-7 years, S. was noticed to have autistic traits such as communication deficits and failure to develop peer relationships. Some symptoms compatible with ADHD were present as well: inattention, impulsivity and hyperactivity, more pronounced in a familiar environment. Emergence of autistic symptoms coincided with the time when the socially unskilled child was exposed to bullying; the symptoms further aggravated in parallel with the physical abuse at home. When S. was 7 years old, his mother married a 13 years younger person, who physically abused the child. The abuse was administered by slapping in the face and head, beating with a belt and verbal intimidation. On rare occasions, the mother participated in physical abuse. Apart from not always regular nourishment, an example of neglect was a deprivation of training clothes during the earlier school time. S. was repeatedly sent to gymnastics lessons inappropriately dressed, so that his genitals could be seen during exercises, in spite of written reproofs from the teacher. This was one of the immediate causes of the bullying at school as well as

delayed physical development: the teacher left S. sitting on a bench during gymnastics lessons. Apart from occasional participation in parties at home and drinking a bottle of beer with a friend, S. did not consume alcohol till the age of 13. That summer he drank a bottle of fortified wine with an older boy. During the subsequent year, his alcohol consumption increased up to 250 ml of vodka with beer or a bottle of fortified wine at one session. An opportunity to stay away from domestic violence was provided by a drinking company of adolescents including older boys inspiring alcohol purchase and consumption. During the following years, he was several times detained by the police (militia) and spent at least 2 nights at a sobering-up station (vytrezvitel). During the 8th school year, S. run away from the everyday domestic violence first to his grandmother and thereafter stayed 2 years with the new family of his father; then he was manipulated to return to the mother's flat. After the admission to a university, a separate room was rented for S. due to repeated conflicts with the former abuser. Next year he was dismissed from the university and served 2 years with the army; his education was interrupted for 4 years. The immediate cause of the dismissal was as follows: at the age of 18 years, having worked 2 months in summer with a student construction brigade, S. travelled to the Caucasian Riviera, where he was robbed and remained without money for a return ticket. Despite telegrams and telephone calls, he received money with a delay, which resulted in about 2 weeks' tardiness at the university. S. discontinued the alcohol overconsumption at the age of about 35 years, when it has become incompatible with his professional duties. With time, subconscious motives of the alcohol consumption have become clear: alcohol helped him to overcome communication barriers. This illustrates a mechanism contributing to the alcohol consumption not only in autistic persons: to become "insider" through drinking with peers. This mechanism was exploited: in workers, students and intelligentsia groups, ringleaders (zavodila) were observed, who manipulated others towards alcohol overconsumption, while non-drinkers were sometimes stigmatized (Jargin 2010).

Symptoms of ASD and ADHD partly overlap; the coexistence of both disorders (comorbidity) can also occur (Roy et al. 2013, Philippe et al. 2010, Hartley & Sikora 2009, Mayes 2012, Murray 2010). In the case

under discussion, ADHD symptoms were observed, in particular, during the early childhood: inattention, impulsivity and hyperactivity. The appearance of autistic symptoms coincided with bullying and domestic violence. Apparently, autistic traits may develop in physically abused children, in particular, those with ADHD symptoms. Under conditions of bullying and domestic violence, ADHD manifestations such as impulsivity and hyperactivity may be regularly punished. In some cases, abnormal behaviors seem to be consciously or subconsciously implemented tactics to avoid the trauma. Such behaviors might be compatible with the ASD i.e. abnormal social approach, failure to respond to social interactions, poorly integrated communication, abnormal eye contact, deficits in relationships (DSM-5). Deranged relationships with parents known to occur in ASD can also result from domestic violence. The cause-effect relationship may be bilateral: autistic symptoms would enhance the risk of bullying while the bullying and domestic violence might reinforce abnormal behaviors. In conclusion, the child abuse and bullying may be factors contributing to atypical behaviors more or less compatible with the ASD. Alcohol is consumed by some adolescents with autistic traits to overcome communications barriers; moreover, loitering with drinking companies may be a way of escape from domestic violence. This underscores necessity to detect and eradicate child abuse (Jargin 2011). A social skill training (Albert et al. 2017) might be indicated for children and adolescents with poor social skills.

Acknowledgements: None.

Conflict of interest: None to declare.

References

1. Albert N, Melau M, Jensen H, Emborg C, Mollegaard Jepsen JR, Fagerlund B, Gluud C, Mors O, Hjorthøj C & Nordentoft M: Five years of specialised early intervention versus two years of specialised early intervention followed by three years of standard treatment for patients with a first episode psychosis: randomised, superiority, parallel group trial in Denmark (OPUS II). *BMJ* 2017; 356:i6681
2. Hartley SL & Sikora DM: Which DSM-IV-TR criteria best differentiate high-functioning autism spectrum disorder from ADHD and anxiety disorders in older children? *Autism* 2009; 13:485-509.
3. Hebron J, Oldfield J & Humphrey N: Cumulative risk effects in the bullying of children and young people with autism spectrum conditions. *Autism* 2016; doi: 10.1177/1362361316636761
4. Jargin SV: On the causes of alcoholism in the former Soviet Union. *Alcohol Alcohol* 2010; 45:104-105.
5. Jargin SV: Letter from Russia: child abuse and alcohol misuse in a victim. *Alcohol Alcohol* 2011; 46:734-736.
6. Lalanne L, Weiner L, Trojak B, Berna F & Bertschy G: Substance-use disorder in high-functioning autism: clinical and neurocognitive insights from two case reports. *BMC Psychiatry* 2015; 15:149.
7. Mayes SD: *Checklist for Autism Spectrum Disorder*. Stoelting, Chicago, IL, 2012.
8. Maïano C, Normand CL, Salvat MC, Moule G & Aimé A: Prevalence of school bullying among youth with autism spectrum disorders: A systematic review and meta-analysis. *Autism Res* 2016; 9:601-615.
9. Murray MJ: Attention-deficit/Hyperactivity Disorder in the context of Autism spectrum disorders. *Curr Psychiatry Rep* 2010; 12:382-388.
10. Philippe P, Scholl JM & Jacques J: Comorbidity in autism spectrum. *Psychiatr Danub* 2010; 22(Suppl 1):S158-60.
11. Ramos M, Boada L, Moreno C, Llorente C, Romo J & Parellada M: Attitude and risk of substance use in adolescents diagnosed with Asperger syndrome. *Drug Alcohol Depend* 2013; 133:535-540.
12. Rengit AC, McKowen JW, O'Brien J, Howe YJ & McDougle CJ: Brief Report: Autism Spectrum Disorder and Substance Use Disorder: A Review and Case Study. *J Autism Dev Disord* 2016; 46:2514-2519.
13. Roberts AL, Koenen KC, Lyall K, Robinson EB & Weisskopf MG: Association of autistic traits in adulthood with childhood abuse, interpersonal victimization, and posttraumatic stress. *Child Abuse Negl* 2015; 45:135-142.
14. Roy M, Ohlmeier MD, Osterhagen L, Prox-Vagedes V & Dillo W: Asperger Syndrome: a frequent comorbidity in first diagnosed adult ADHD patients? *Psychiatr Danub* 2013; 25:133-141.
15. Sterzing PR, Shattuck PT, Narendorf SC, Wagner M & Cooper BP: Bullying involvement and autism spectrum disorders: prevalence and correlates of bullying involvement among adolescents with an autism spectrum disorder. *Arch Pediatr Adolesc Med* 2012; 166:1058-1064.
16. Zablotsky B, Bradshaw CP, Anderson CM & Law P: Risk factors for bullying among children with autism spectrum disorders. *Autism* 2014; 18:419-427.
17. Zeedyk SM, Rodriguez G, Tipton LA, Baker BL & Blacher J: Bullying of youth with autism spectrum disorder, intellectual disability, or typical development: Victim and parent perspectives. *Res Autism Spectr Disord* 2014; 8:1173-1183.

Correspondence:

Sergei V. Jargin, MD
Peoples' Friendship University of Russia
Clementovski per 6-82; 115184 Moscow, Russian Federation
E-mail: sjargin@mail.ru