

The Growing Prevalence of Virtual Autism: A Cause for Concern

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How to Cite

Anum Ashraf, & Rabia Azmat. (2025). The Growing Prevalence of Virtual Autism: A Cause for Concern. *Journal of Health and Rehabilitation Research*, 5(1). Retrieved from <https://jhrrmc.com/index.php/home/article/view/1752>



<https://doi.org/10.61919/jhrr.v5i1.1752>

The rapid technological advancements of the past two decades have profoundly influenced society, permeating nearly every aspect of daily life. Among these advancements, screen-based technology stands out as one of the most ubiquitous. Children today are exposed to smartphones, tablets, and computers at an increasingly young age. While technology offers many benefits, particularly in education and communication, there is a darker side emerging: the rise of “Virtual Autism,” a term coined to describe autistic-like symptoms in children heavily exposed to screens during their early developmental years. This editorial explores the increasing prevalence of Virtual Autism, its implications for children’s cognitive, social, and emotional development, and the critical distinction between this phenomenon and clinical Autism Spectrum Disorder (ASD). Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by challenges in social interaction, communication, and restricted or repetitive behaviors.

It is widely understood to have a strong genetic and neurobiological basis, with symptoms typically emerging in early childhood and persisting throughout life. In contrast, Virtual Autism refers to a set of autistic-like behaviors—such as speech delays, social interaction difficulties, and repetitive behaviors—that arise in children due to excessive and unregulated screen exposure during critical developmental periods. Unlike clinical ASD, Virtual Autism is not a formal diagnosis but rather a description of symptoms that may improve or resolve with reduced screen time and increased real-world interaction (1).

The increasing prevalence of Virtual Autism correlates with rising global screen time statistics, particularly among young children. Studies indicate that children under the age of five are often exposed to screens for more than the recommended one-hour daily limit set by pediatric health organizations (3). During the COVID-19 pandemic, this trend accelerated as families relied on digital devices for education, communication, and entertainment amid lockdowns and social distancing measures. Several studies have highlighted the concerning relationship between early and excessive screen time and developmental delays. For instance, a study conducted by Chonchaiya et al. (4) found that children exposed to screen media for more than two hours per day at two years of age had a higher risk of language delays and social interaction problems compared to their peers with lower screen time. Furthermore, research suggests that the risk of developing symptoms associated with Virtual Autism increases in environments where parents use screens as digital babysitters, often providing little to no interactive communication during the screen exposure period (5).

One of the most profound concerns about Virtual Autism is its potential to affect a child’s critical developmental windows. Early childhood is a period of immense neurological growth, during which a child’s brain is particularly sensitive to environmental stimuli. Interaction with caregivers, engagement in play, and exposure to language are essential components of healthy brain development. However, when screens replace these interactive experiences, it can disrupt normal developmental trajectories. Research indicates that screen exposure during these critical periods may inhibit the development of key social and communication skills. A study published by Hutton et al. (6) used MRI scans to examine the brains of young children and found that increased screen time was associated with lower white matter integrity, particularly in areas related to language and literacy development. This

reduction in white matter integrity suggests that excessive screen exposure may physically alter the brain's structure, potentially leading to long-term cognitive and developmental consequences.

The rising prevalence of Virtual Autism underscores the importance of early detection and intervention. Unlike classic ASD, the symptoms of Virtual Autism can be significantly improved or even resolved with timely intervention. This usually involves drastically reducing screen time and replacing it with real-world, interactive experiences such as play, communication, and socialization with caregivers and peers. These interventions are particularly effective in younger children, whose brains retain a high degree of plasticity and capacity for change (5).

To combat Virtual Autism, parents, educators, and policymakers must limit screen time per AAP guidelines, establish screen-free zones, and prioritize interactive, educational content with parental involvement. Encouraging real-world activities like outdoor play and reading fosters cognitive and social development. Pediatricians should educate families on balanced screen use, while policymakers support awareness initiatives. Though excessive screen time poses risks, technology can aid learning when integrated wisely. Striking a balance ensures screens complement, not replace, real-world interactions. Regulating early screen exposure is crucial for healthy development, requiring collective efforts to safeguard children's cognitive, social, and emotional growth.

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