"Maybe we just seem like easy targets":

A qualitative analysis of autistic adults' experiences of interpersonal violence

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Abstract

Research has consistently shown that autistic children are more likely to be victimised than non-autistic children. More recently, studies have also found that autistic adults report experiencing more violence than non-autistic adults however the circumstances surrounding these incidents and the reasons for this are not clear. We wanted to learn more about violence during adulthood for autistic people including what led up to these incidents and what happened afterwards. We spoke to 22 autistic adults who had experienced violence and analysed what they told us to look for common themes. They told us that violence was commonplace in their own lives and in the lives of other autistic people that they know, so much so that they had even come to expect it to happen. They also talked about the negative effect these experiences had on their mental health, the way they felt about themselves and their ability to trust people. This was made worse if people did not believe them when they disclosed what had happened to them. They told us that certain autistic characteristics might make them more vulnerable like being too trusting or going along with people just to please them. They thought that some of these characteristics had been shaped by their experiences, especially being told that that their thoughts, feelings or behaviours were wrong and being pressured to change the way they behaved to 'fit in'. These findings are important in helping us to understand how to improve the personal safety of autistic people.

Interpersonal violence is defined as violence (which may include physical, sexual and psychological violence) inflicted on a person by an individual or small group of individuals, who may be related (e.g., family members), unrelated (e.g., intimate partners), or even unknown to the victim (WHO, 2002). There is a considerable body of research demonstrating that autistic children are at increased risk of child abuse, neglect and peer victimisation (Hellstrom, 2019; Mandell et al., 2005; Trundle et al., 2022) and that such maltreatment and abuse is associated with depression, anxiety and suicidal ideation (Mayes et al., 2013; Richa et al., 2104; Storch et al., 2012).

There has been fewer studies, however, examining autistic adults' experiences of interpersonal violence during adulthood. In a systematic review of the prevalence of victimisation of autistic people conducted in September 2019 (Trundle et al., 2022), only three of the 34 studies identified had investigated such prevalence in adulthood. All three studies demonstrated significantly higher rates of sexual victimization relative to non-autistic people of similar intellectual ability (Brown-Lavoie et al., 2014), gender ratio and minority status (Weiss & Fardella, 2018), or other non-disabled people (Brown et al., 2017). More recent studies have extended these findings to other forms of violence – including sexual, physical, financial and emotional abuse from a partner (Griffiths et al., 2019) and to sexual harassment, stalking and harassment, sexual violence and physical violence since the age of 15 (Gibbs et al., 2022).

Together, these findings of autistic people's heightened risk of experiencing interpersonal violence are deeply concerning, not least for the devastating impact such experiences can have on their physical and mental health and wellbeing (Coker et al., 2002; Dutton et al., 2006; Dworkin et al., 2017; Lagdon et al., 2014; Pearson et al., 2022b). The reasons underpinning these elevated rates, however, remain far from certain. Many studies, largely situated within an orthodox medical model, have focused on individual characteristics as explanatory factors, emphasising autistic people's difficulty reading social cues, understanding others' emotions or intentions, and literal interpretation of language (Howlin &

Clements, 1995; Roberts et al., 2015). While certain autistic characteristics may contribute to their

vulnerability to being disproportionately targeted, theoretical models of violence instead emphasize the

importance of situating individual characteristics within the context of broader community, societal and

structural factors. The ecological model (Bronfenbrenner 1977, 1979; Heise 1998) proposes that

experiencing interpersonal violence should be understood within four levels: individual factors or

experiences, such as mental health, social knowledge and understanding; the microsystem or the

immediate context in which the violence occurs, such as personal relationships; the exosystem or the

community context, such as school and work; and the macrosystem or broader societal norms or

attitudes.

Autistic people face numerous barriers across all levels of the ecological system. At the

individual level, autistic people report difficulties understanding others' negative intentions and

recognising when they may be in unsafe or exploitative situations (Fardella et al., 2018; Forster &

Pearson, 2020). At the microsystem level, autistic people are often misunderstood by non-autistic

people (Milton, 2012), being "difficult to read" (Edey et al., 2016; Faso et al., 2015; Sheppard et al.,

2016) and perceived as less likable (Sasson et al., 2017; Sasson & Morrison, 2017; Alkhaldi et al., 2019;

Alkhaldi et al., 2021). Being misunderstood in this way may contribute to social isolation and feelings of

low self-worth among autistic people, which can in turn increase risk of interpersonal violence (Foshee

et al., 2004; Goodman et al., 2004; Wenzel et al., 2004). At the exosystem level, autistic people

experience a number of disadvantages that can heighten exposure to violence. They are often

unemployed or under-employed (Eaves & Ho, 2008; Howlin et al., 2004; Taylor & Seltzer, 2011), have

lower levels community participation (Myers et al., 2015) and higher rates of homelessness (Boilson et

et., 2022; Churchard et al., 2019). They also face far-reaching structural and social barriers including

stigma and discrimination (Botha et al., 2022; Perry et al., 2022) and difficulties accessing appropriate

health and mental health care (Camm-Crosbie et al., 2019; McBain et al., 2020, Nicolaidis et al., 2013).

Consistent with this ecological perspective, Botha and Frost (2020) proposed the Minority Stress Model (Meyer 2003, Meyer et al., 2008) as a framework for understanding autistic people's increased incidence of both negative life events and negative outcomes arising from them. The model contextualises autistic people as a minoritized group within a society that discriminates against, and marginalises, them. Critically, it suggests that their higher risk of adversity and distress is not due to intrinsic flaws, but rather arises from prejudice and discrimination. Thus, it is important to understand the complex interplay between individual, social and cultural factors to begin to address the disproportionate victimisation of autistic people.

To date, only two studies with autistic adults have investigated possible factors related to interpersonal violence. In the first of these studies, Fardella et al. (2018) interviewed 22 autistic adults about their general views on the personal safety of autistic people. Although it was unclear whether the autistic participants' views were based on personal experiences of interpersonal violence, the authors nevertheless identified themes related to both individual characteristics (awareness of the self and the environment, interpersonal knowledge/skills, skill building strategies) and contextual factors (benefits of a trusted person, fostering acceptance and inclusion) influencing their personal safety, consistent with an ecological model.

In the second, qualitative study, Pearson et al. (2022a) elicited open-ended responses via an online survey from 43 autistic adults on their personal experiences of one form of interpersonal violence, namely being victimised, or being taken advantage of, by someone close to them. Their analysis revealed both individual and contextual factors related to vulnerability to victimisation, including being "overly trusting", needing to please and "go along with others", difficulties recognising abuse, and "gaslighting" by friends and partners.

Only one study has explored the impact of interpersonal violence on autistic people. In a sample of 102 autistic adults describing the impact of interpersonal violence perpetrated largely by friends or

family, Pearson et al. (2022b) found that violence had become normalised, leading to expectations of victimisation and self-blame and that autistic people had developed a range of "survival strategies" such as masking and people-pleasing. These findings are important but further research is needed to advance our understanding of the mechanisms underlying the disproportionate interpersonal violence experienced by autistic people during adulthood, including in instances where the perpetrator is unknown to the victim.

The Current Study

To address this gap, we sought to understand the extent, nature and risk factors of interpersonal violence using a convergent parallel mixed-methods design (Schoonenboom, 2017). This design combines qualitative and quantitative methodologies allowing for a more comprehensive examination of the research question (Bryman, 2006) and has been recommended as the best means for understanding interpersonal violence (Testa et al., 2011). We have previously reported findings from the first, quantitative phase of this project during which we collected data on the rates, context and gender patterns of interpersonal violence through an online survey from a sample of 118 autistic and 100 non-autistic adults without intellectual disability [Gibbs et al., 2022]. For the second, qualitative phase – on which we focus here – autistic adults who completed the initial survey and had experienced IPV during adulthood were invited to speak in-depth about their experiences. As such, it aimed to build on existing research by gathering first-hand accounts of a broad range of interpersonal violence experiences experienced by autistic people without intellectual disability during adulthood. Specifically, we focused on (a) the circumstances surrounding these events, (b) the impact of these experiences on their everyday lives, (c) their views on why autistic people may be disproportionately victimised, and (d) suggestions for ways in which the personal safety of autistic people could be improved.

Methods

Participants and Procedure

Ethical approval for the project was granted from the Human Research Ethics Committee of Macquarie University. We recruited for the larger quantitative phase of this study (Gibbs et al., 2022) via online flyers distributed by email and social media to autism-specific organisations, Facebook groups and personal networks in Australia and overseas. Inclusion criteria for the larger study included both autistic (clinically diagnosed or self-identified) and non-autistic adults aged 19 or over and able to read and write in English. Those with intellectual disability or severe mental illness (bipolar disorder, schizophrenia or other delusional disorder) were excluded from taking part. Those autistic adults living in Australia who had experienced interpersonal violence during adulthood and had completed the questionnaire (n=60) were then invited to express their interest in participating in a follow-up interview to speak in-depth about their experiences.

Of the 31 who expressed interest, six did not respond to follow-up email communications and three advised that they were no longer available to take part. Our interviews therefore focused on 22 autistic participants aged between 19 and 57 years, including 13 women, four men and five adults who identified as non-binary. All but one participant reported an independent clinical diagnosis of autism, with almost all (n=21) having received their diagnosis during adulthood. The majority of the sample (86%) was living independently and all but one had completed some form of tertiary education. As the survey data was anonymous, each participant completed a brief questionnaire prior to interview to provide demographic and clinical information (see Table 1).

INSERT TABLE 1 ABOUT HERE

Interviews

Interviews consisted of a semi-structured schedule of questions to guide participants' own descriptions of their experiences of interpersonal violence during adulthood, and included probes to

elicit participants' descriptions of the circumstances surrounding the incident/s, what may have

contributed to their vulnerability in that situation, the immediate aftermath, and any longer-term

impact they felt these experiences have had on their lives. We also asked participants to reflect on their

own personal safety, and the personal safety of autistic people in the community in general and any

ways in which the personal safety of autistic people could be improved.

All interviews were conducted between April and August 2021. Participants were offered

multiple ways to complete the interview, depending on their communication preference (with the

exception of face-to-face interviews, which were not possible during the pandemic). Most participants

(n=17, 77.3%) opted to speak over Zoom, one (4.5%) over the phone, and four (18.2%) provided written

responses via email. All spoken interviews, which lasted between 30 and 45 min (average = 39 mins),

were audio-recorded, with participants' prior permission, and transcribed verbatim.

Analysis

Our analysis was informed by our experience and training in psychology (VG, EP) and by the first

author's positionality as the parent of an autistic young adult. We used reflexive thematic analysis

(Braun & Clarke, 2019), including (1) data familiarisation, (2) generation of initial codes, (3) searching for

themes, (4) reviewing themes, (5) defining and naming themes, and (6) report production (i.e., write-up

of results). We identified themes following an inductive (bottom-up) approach within an essentialist

framework, developing descriptive overviews of the key semantic aspects of the data. It began with the

first author coding all transcripts line by line (using NVivo, version 12). VG and EP met multiple times to

discuss the initial coding of the transcripts as well as 'analytic noticings', and to consider how these

codes could be combined to identify candidate themes and sub-themes. The first author then generated

a thematic map and reviewed each transcript, and the relevant data were collated under each theme

and sub-theme. The draft analysis was then discussed and reviewed by VG and EP initially and then the

themes were discussed with the autistic advisory group for this project and adjusted in light of their reflections. The analytic process was therefore iterative and reflexive in nature (Braun & Clarke, 2019).

Community Involvement

This project received input from an advisory group comprising three autistic adults, who were paid for their time and expertise. The researchers met with them twice prior to commencement of the study, including to gain their opinions on the research questions and review the interview schedule. Once the results had been drafted, the advisory group met again to discuss the initial interpretation of the findings. Finally, they were then provided with a copy of the full manuscript and invited to make any additional comments on the authors' interpretations. All three members of the advisory group advised that the final manuscript was consistent with the input and interpretations they had previously provided and no changes were requested.

Results

During interviews, participants described experiencing a number of forms of interpersonal violence, including physical and sexual assault, sexual harassment, workplace bullying and psychological abuse. All but two of the incidents described were perpetrated by people known to the participants (relationship partners, social acquaintances, family members or colleagues) and all participants reported experiencing multiple incidents of violence, often dating back to childhood (see Supplementary Material for a summary of interpersonal violence experiences). We identified four themes and associated sub-themes that addressed our research questions (Figure 1). Readers are advised that this material may be distressing and includes discussions of sexual abuse and trauma.

INSERT FIGURE 1 ABOUT HERE

Theme One: "Every one of my autistic friends has been abused in some way, shape or form"

Our participants reported that violence was alarmingly commonplace in their own lives and in the lives of autistic people that they know. They provided often-distressing ***personal accounts of multiple and repeated violence*** (sub-theme 1.1) – and the type of violence was wide-ranging, including physical assault, sexual assault, stalking and harassment, workplace bullying, verbal abuse and emotional/psychological abuse. Many described being the victim of *multiple* instances of interpersonal violence. They spoke of repeatedly *"ending up in situations that have ended up in abuse, or that sort of thing"* (AD9), including *"multiple occasions of coerced consent"* (AD1) and having *"experienced a lot of physical and sexual abuse"* (AD2). One participant went so far as to say that *"every relationship that I have had with someone has been open to abuse and physical violence"* (AD15).

People were aware they were not alone in their experiences, however. Their knowledge of the abuse and violence experienced by autistic people in their personal networks led them to suggest that ***autistic people are more likely to be victimized*** (subtheme 1.2): *"I'd probably say autistic people are less safe in the community, especially from what I've seen of my friends"* (AD18). They reported how *"every single one of my autistic friends has been abused in some way shape or form and they are usually not little things, they are usually huge things like sexual abuse, abuse from support workers and financial abuse, domestic violence relationships"* (AD2), as well as *"relationship violence"* (AD14).

Participants explained that autistic people, in general, are *"vulnerable people"* (AD16), who are *"more susceptible to abusers and narcissists"* (AD1), *"suffer from manipulation a lot more than regular people"* (AD6) and are *"victimized every day in their situations in employment, education and health"* (AD16). They agreed that being perceived as *"weird or different"* (AD12) was one possible reason that perpetrators may target autistic people: *"difference or disability… opens up an individual to receiving verbal and physical abuse from people who don't like difference"* (AD15).

One consequence of having experienced multiple forms and instances of violence was that many had become ***desensitised to violence*** (sub-theme 1.3): *"when you're literally going through that all day, every day of your life without any explanation, you kind of start becoming desensitized to trauma"* (AD9). Violence had become normalised, particularly when people had been exposed to abuse during childhood. They reported not *"really knowing any different… and not realising it's not normal"* (AD2) with one participant (AD7) describing that after being *"around it most of my life – verbal and physical abuse – that it was almost normal that this type of stuff happened"*. For some, this normalisation of violence *"set the precedent"* (AD2) for the rest of their lives, with participants repeatedly *"falling for the same thing"* (AD21) in abusive relationships.

Theme Two: "Feeling unlovable and feeling that I'm wrong, I'm broken"

It is not surprising that these multiple and repeated experiences of violence resulted in substantial and wide-ranging impacts on our participants' mental health, self-concept and subsequent relationships with others. Unfortunately, they described ***a broad range of mental health impacts*** (sub-theme 2.1.) immediately after the event and, for some, extending for many years. They spoke of immediately having *"a breakdown"* (AD8) or *"going on stress leave for a month"* (AD17), and that they *"needed therapy"* (AD1) and *"started drinking a lot"* (AD3). Some participants reported isolating themselves, including *"not leaving the house… I wasn't comfortable going for a walk or anything like that"* (AD20) for fear of being exposed to further incidents of violence: *"I've been so scared, and I think that's affected me terribly in terms of how I've lived my life, from that instance"* (AD8).

Our participants reported common experiences of anxiety, stress, and *"a huge lifetime of depression"* (AD15) as a result, often accompanied by feelings of low self-worth (*"feeling unlovable, feeling that I'm wrong, I'm broken"*; AD15), self-harming behaviours ("*I self-harm a lot";* AD1) and other post-traumatic responses. Such mental health difficulties also extended to their sense of self: *"My personality is in pieces, I don't have a sense of self. I am a unit made up of trauma responses"* (AD1).

People spoke of **feelings of shame and guilt** (sub-theme 2.2) associated with the abuse they had experienced*: "there's an element of shame that I should have known better, like, that was a dumb thing to do"* (AD12). Another who had been sexually harassed by a colleague expressed a similar sentiment: *"I don't think I even considered telling anyone else, because I felt shame, you know, I felt like it was my fault"* (AD17). Some acknowledged that it took some time to come to the realisation that *"no, the other people were actually way out of line"* (AD15) and how earlier access to appropriate support might have helped them to understand that it was *"more their fault, than it is mine"* (AD13).

Negative impacts following experiences of violence were exacerbated when participants **felt dismissed by others** (sub-theme 2.3) after having reported what had happened to them. They spoke of not being believed by parents, other family members and work colleagues – and were accused of being *"dramatic"* (AD3) or discounted as *"a way for me to get attention"* (AD15). In one instance, family members had reportedly refused to believe a sexual assault by a partner took place because *"he was too nice to do that"* (AD7). Another respondent who reported being subjected to physical and psychological abuse from an extended family member told us they spent a *"whole year of my life in which my dad would not talk to me because he did not believe me"* (AD21).

Even when participants were believed, the responses by others were often felt not to be *"supportive, which just made the situation harder"* (AD5). The abuse was sometimes minimised by others: *"because I'd talk to my parents about what was going on, they said, oh, that's what you got to do to put up with a job"* (AD13). One person who was believed by her parents when she disclosed being violently assaulted by her live-in partner was still left *"very underwhelmed by their reaction"* (AD3). Others were reluctant to disclose what had happened to them as they believed others' reaction could make things worse: *"they deny everything, you end up looking like the idiot, and now not only have you experienced sexual assault but now no one believes you"* (AD6). For some, having their reports of violence dismissed by others combined with the *"lack of concern from family and friends was perhaps*

the most traumatising part" (AD3), even more than the event itself: *"my parents' betrayal was worse than what happened – I mean, what happened was terrible, but I think that my parents' betrayal affected me more"* (AD15).

Participants spoke of how the violence they had experienced throughout their lives meant that they **no longer trust people** (sub-theme 2.4), which subsequently *"impacted my expectations and security for all of my relationships"* (AD3) and lead to *"major trust issues with men"* (AD10). People described being more isolated and *"very insular in their relationships"* (AD15) as a result. They reported choosing *"not to get into any more relationships because I know they're really dangerous for me"* (AD 15) and spending *"a lot of time by myself after that, as trusting other people was very, very, very difficult"* (AD16). One participant was willing to *"go into relationships still, but I don't trust partners and I don't even trust friends to any extent"* (AD18). The lack of trust in people was attributed both to the violence itself and to the lack of concern and support they received from family and friends. One participant, who had experienced multiple incidents of physical and sexual abuse in the context of both family and intimate partner relationships, went so far as to say, *"I have no trust at all. I don't trust anybody. I really don't connect with my family at all. I'm happy with that too because I don't trust them. They don't protect me, they've never protected me"* (AD2).

Theme Three: "Maybe we just seem like easy targets"

Perhaps because they felt dismissed by others, our respondents felt that there were aspects of their social understanding that may have made them "easy targets" for the people who had perpetrated violence against them: *"it's just that we are more susceptible to behaviours that other people can do towards us, we are not able to defend ourselves because we just don't have the skill set"* (AD21). One key issue highlighted was their reported **difficulties reading the room** (sub-theme 3.1). They described how it was *"harder to read people"* (AD1), particularly *"body language and facial expressions"* (AD2), and how these *"problems with social cues and people's emotions"* (AD4) could lead to *"much risk of being*

taken advantage of" (AD21), as they may not *"understand what's going on until it's too late"* (AD4). One

participant, who had been sexually assaulted, described how confusion about social rules *"made me*

extremely vulnerable to getting into quite complicated situations with dangerous people" (AD5). People

also spoke of finding it difficult to understand others' intentions or motives, which could lead to not

knowing what others *"really want from me"* (AD8) and to having been *"caught out a few times"* (AD9).

Participants therefore reported that they were **not confident about recognising danger or**

abuse (sub-theme 3.2): *"I put myself into a lot of dangerous situations when I was younger, because I*

didn't understand the danger" (AD5). Another recounted that they *"didn't know that I was in a*

dangerous relationship" but, in hindsight, *"I should have – there were red flags that seem very obvious*

now" (AD3). They spoke of finding it difficult to *"understand when abuse is abuse"* (AD1), seeing the

"boundaries that a lot of people would run from" (AD13) and knowing the *"difference between what is*

appropriate or inappropriate – for me it's very difficult to judge" (AD22). Some recounted how they had

only come to realise that what they had experienced was illegal or inappropriate many years later, *"so I*

never really until much later really understood it for what it was" (AD14), often needing family, friends or

work colleagues to help them to come to that realisation: *"We went through it and sort of talked about*

it. We discussed it and if it wasn't for her I probably wouldn't have ever really connected it" (AD 16).

Another person, who had been sexually assaulted in the workplace, described how *"my boss said 'you*

know that patient had his hands on you and that was inappropriate'… he had to teach me how to deal

with this person in order to say no" (AD22). Most participants reported not having received any explicit

education around personal safety, only receiving *"sex education but that was to do with reproductive*

systems, not stuff like consent" (AD18). Participants wanted to ensure that autistic people are taught

"about the red flags that lead up to it [abuse], instead of having them have to go through an experience

and figure it out by themselves" (AD19). One participant felt that *"training is number one",* as they

explained:

From what I can see from me, and my autistic friends, a lot of us go through life not

only not knowing certain things but being completely unaware that we are not on the

same understanding as other people our age on consent or whatever else. You don't

know that you're not educated, until you get in those circumstances. (AD18)

Another attribute described by our participants that might make them "easy targets" (AD4) was

a tendency to take people at face value (sub-theme 3.3). They spoke of being *"open and honest"* (AD5),

seeing the *"good in people"* (AD13), being *"quite trusting"* (AD20), being *"naïve and gullible"* (AD3),

lacking *"street smarts"* (AD12) and assuming other people operated in the same way. They also

described, however, that this trusting nature combined with their desire for social connection could

result in them thinking that *"people are our friends when they're not"* (AD16) and leave them *"very*

vulnerable to being abused or taken advantage of" (AD5): *"If I say something I mean it. And I always*

thought that everyone was the same… it's put me in vulnerable positions throughout my whole life,

because I've taken them exactly at face value, but their intentions weren't really noble or true" (AD2).

Theme Four: "You spend your whole life being told that you are wrong the way you are"

Our conversations with participants further revealed the source of at least some of the

vulnerabilities they described. They felt *"being autistic in a neurotypical world"* (AD1) and particularly

the way that they were treated by non-autistic people throughout their lives had far-reaching impacts:

"constantly having people trying to change you… it's a recipe for disaster" (AD9). Participants talked

about how *repeated **invalidation of feelings and instincts*** (sub-theme 4.1) resulted in them not trusting

their own judgement or instincts and a tendency to *"second guess ourselves a lot, which makes*

manipulating situations and gaslighting easier for our abusers" (AD6). Participants spoke of being told

constantly to *"ignore our own feelings… that it didn't matter what I said or how I felt"* (AD2), that their

"thoughts, feelings and behaviours are wrong and other people know you better than you know

yourself" (AD7), which resulted in them *"not being able to trust our feelings and trust our own thought*

processes" (AD15). This meant that for many that they were *"taught from a very young age to distrust my own feelings, that my feelings are wrong in all senses of the word"* (AD15). One participant recounted how constant invalidation of her sensory experiences lead her to question even her own perceptual experiences:

> Just everything is not designed for how your brain works, everything's too bright, too loud. And so, to cope with that you have to disconnect from your body and your experience and then you're constantly told your experience is wrong so then you start not trusting that either. (AD9)

They directly linked invalidation of their feelings, perceptions and experiences to a lack of confidence in their own judgement and how this left them open to abuse, manipulation and dangerous situations:

> I literally spent my whole life, just having my experience of everything invalidated, which then starts you undermining what you think and feel… it's like if other people have spent their whole life telling you that that's wrong, and something happens and you're like 'oh well, that must be wrong, I must be wrong'. (AD9)

Participants described a lifetime of being **pressured to conform and fit in** (sub-theme 4.2). They had been *"forced to interact"* (AD9) when they didn't want to, told by parents that *"if you don't do what everyone else does, I'll never make friends"* and were constantly *"trying to fit in, trying to feel like you belong… because you are brought up to believe that's the way it is"* (AD17). Some people reflected on being subjected to early intervention therapies that teach children to *"obey adults and not to say no to certain things"* (AD20) and *"train them into compliance"* (AD14). This *"constant messaging"* (AD17) around the need to conform and fit in was linked to vulnerability to being victimised, *"laying the ground work for later on"* (AD20). As *"part of trying to fit in, we fawn more, we do that people pleasing"* (AD17) and *"if somebody wants me to do something and I don't particularly want to, I will generally go along with it"* (AD12): *"doing what other people want, that people pleasing and compliance, makes you a*

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really good target for people who want someone subservient and who like to exercise power and control" (AD14). Other participants talked about being *"set up by societal attitudes"* (AD13) into thinking it was always them that had *"mucked it up"* (AD12), that *"there must be something wrong with me, other people are okay"* (AD15). They also felt that *"spending your life being told that you are wrong the way you are"* (AD9) compromised their ability to identify or extricate themselves from abusive or potentially abusive situations or relationships:

> Being pressured into potentially being abused isn't exactly hard to do for people who
>
> have been told their whole lives that something is wrong with them and that
>
> standing up for themselves is bad and wrong and they should just behave the way
>
> that they're expected to behave. (AD20)

Participants emphasised the need to *"teach autistic people to trust their gut feelings"* (AD5), *"believe autistic children when they communicate distress… and teach kids the validity of their own emotions and feelings"* (AD15). They also recommended that autistic people should be taught to be *"assertive… teaching, like, selective noncompliance"* (AD14) and *"drilling consent and autonomy"* (AD9) from a young age so that they learn to trust their *"own judgement rather than following what other people say are the right way to go about things"* (AD5). Others spoke of the importance of *"teaching autism acceptance ….as it's not the victim's responsibility to be making changes not to be victimised"* (AD14). One person summed it up: *"rather than teaching the minority to be the same as everyone else, how about we work with the majority to understand that this is a minority who needs to be taken care of and needs to be respected"* (AD21).

Discussion

Our autistic participants recounted often-harrowing experiences of interpersonal violence during adulthood, including repeated and multiple incidents of abuse and violence. Disturbingly, they viewed such experiences as commonplace among autistic people, to the extent that it had become

something our participants had become used to and had even come to expect. These findings are

consistent with the only other study to date investigating the personal accounts of interpersonal

violence among autistic adults (Pearson et al., 2022a; 2022b), as well as quantitative studies

documenting significantly higher rates of peer victimisation and abuse in childhood (Hellstrom, 2019;

Mandell et al., 2005; Trundle et al., 2022), and serious violence victimisation in adulthood (Brown et al.,

2017; Brown-Lavoie et al., 2014; Gibbs et al., 2022; Weiss & Fardella, 2018). As with most of the extant

research in this area, our sample of autistic adults were predominantly white and highly educated. They

were able to speak fluently and did not have a co-occurring intellectual disability or serious mental

illness. Additional research is urgently needed that includes autistic individuals from such marginalised

groups to understand their specific experiences. Given the higher rates of violence reported for people

with mental illness (Khalifeh et al., 2016; Van Deinse et al., 2019), intellectual disability (Bowen et al.,

2019; Byrne, 2018) and those from minority racial and ethnic groups (Santacrose et al., 2021; Sheats et

al., 2019), it is reasonable to assume that their experiences may be more confronting than those of our

sample.

Despite this, the results reported here remain disturbing. Of particular concern from our

findings was how repeated exposure to interpersonal violence had "desensitised" many of our

participants to violence and set a precedent for future relationships where violence and abuse were

normalised. Repeated victimisation is a consistent phenomenon described in the criminological

literature whereby people who have experienced interpersonal violence are more likely to be re-

victimised (Chiu et al., 2013; Classen et al., 2005). There is an urgent need to identify ways in which

autistic people can be protected from interpersonal violence to reduce the cascading effects on mental

and physical health and social relationships.

Such negative effects were repeatedly reported by our autistic participants, including on their

mental health, self-concept and relationships, and how these effects could be exacerbated when their

experiences were dismissed by people in which they had confided. The mental health difficulties that our participants attributed to their prior interpersonal violence experiences are unsurprising given the well-documented association between traumatic events, including interpersonal violence, on mental health in the general population (Breslau et a., 2001; Scheiderer et al., 2015; Yehuda et al., 2001). There is also evidence of the importance of timely access to appropriate interventions to minimise the adverse psychological effects of prior trauma (Ehring et al., 2014; Van Etten & Taylor, 1998). Autistic adults may be at a further disadvantage in this regard, given that they often experience considerable barriers in accessing mental health treatment (Adams & Young, 2021; Camm-Crosbie et al., 2019). Similarly, social support from close family and friends can be protective against traumatic impacts (Green & Pomeroy, 2007; Fortin et al., 2012). Victims who receive support are more likely to report their experiences to police (Paul et al., 2014) and to access counselling (Ahrens et al., 2007), whereas those who encounter negative reactions from others such as blaming or doubting are more likely to develop posttraumatic stress disorder (PTSD) and other psychological problems (Ullman et al., 2007). Many of our participants, however, reported a distinct lack of social support, often being dismissed by the family or friends in which they chose to confide. Indeed, one of our participants described the dismissal of her experiences as "worse than what happened to her" while another described the lack of concern as "the most traumatising part". Given the importance of accessing support following interpersonal violence, further research needs to investigate facilitators and barriers of help-seeking behaviour and provision of both formal and information supports for autistic people who experience interpersonal violence.

Our analysis further shed insight on some pertinent factors contributing to vulnerability to interpersonal violence among autistic people across the levels of Bronfenbrenner's ecological model (Bronfenbrenner, 1979). At the individual level, our autistic interviewees viewed themselves as "easy targets" for potential perpetrators, which they attributed to their social differences, difficulty recognising danger or abuse and a tendency to be overly trusting of others. These findings corroborate

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the findings from two previous qualitative studies in which autistic adults also identified aspects of their social understanding or behaviour that may have placed them at heightened risk of interpersonal violence (Fardella et al., 2018; Pearson et al., 2022a). Participants also highlighted the need for explicit training to enhance their knowledge on personal safety, particularly about issues of consent and how to recognise red flags for abuse. This finding is consistent with previous research that has found lower levels of sexual knowledge (Brown-Lavoie et al., 2014; Rothman & Holmes, 2021; Stokes & Kaur, 2005; Joyal et al., 2021), less sexual experience (Barnevald et al., 2014; Strunz et al., 2017), later debut for intimate relationships among autistic people compared to same-aged non-autistic peers (Barnett & Maticka-Tyndale, 2015; Cheak-Zamora et al., 2019) and a desire for more opportunities to learn about sex, sexuality and relationships (Cheak-Zamora et al., 2019). Direct instruction related to healthy relationships, consent, what constitutes violence and abuse, including subtle forms such as coercive control, identifying "red flags" for abuse, self-advocacy and available support services should be included in school-based curricula for autistic students.

Consistent with the minority stress model (Meyer 2003, Meyer et al., 2008), participants' responses further revealed the importance of considering the broader social context in which people find themselves and which might shape their vulnerability to, and experiences of, interpersonal violence. At the microsystem level, they described how being pressured to conform to neurotypical ways of behaving to "fit in" by those close to them and having their feelings, instincts and experiences invalidated by others led them to feelings of self-doubt and assuming they were always in the wrong, which they linked directly to their vulnerability to manipulation and abuse. Pearson et al.'s (2022a) analysis of autistic victims' experiences of interpersonal violence similarly highlighted the relationship between gaslighting (manipulation by another person that leads someone to question their own reality) and interpersonal violence vulnerability. Our findings go beyond deliberate manipulation by a predatory individual, however, and extend to subtle negative messaging of being somehow "faulty" or "less than"

from otherwise well-intentioned people such as parents and treating professionals. This issue speaks to factors at the exosystem level whereby the people who care and support autistic people are embedded in a societal structure that views autism from a deficit-based lens (Botha et al., 2022; Pearson & Rose, 2021).

Furthermore, the invalidation of feelings, thoughts and experiences of autistic people by those around them along with the dismissal of their accounts of violence can be understood as evidence of epistemic injustice (Fricker, 2007). Epistemic injustice occurs when an individual's capacity as a knower is wrongfully denied and explains how stigma, discrimination and marginalisation of minoritized groups might be maintained at a group level. Due to preconceived opinions, which are often based on stereotypes associated with a person's minority group status, an individual may be perceived as not credible which leads to one form of epistemic injustice – *testimonial injustice* (Fricker, 2007). Autistic people may be at particular risk of experiencing testimonial injustice since, historically, they have been viewed as unable to have access to, or to report accurately on, their thoughts, feelings and subjective experiences (Frith & Happé, 1999). These stereotypical views of autism may mean that autistic people are discredited by society (Goffman, 1963) and, consequently, that their accounts of violence or trauma dismissed. For individuals, this can lead to self-doubt, internalised stigma and problems accessing support, which in turn may lead to further cycles of victimisation. This pattern is consistent with our participants' reports of being viewed as not credible knowers in relation to their own perceptions and experiences and their internalisation of these dismissals and invalidations, leading to further self-blame and normalisation of violence. Importantly, Pearson et al. (2022) reported evidence of another form of epistemic injustice, *hermeneutical injustice*, among their sample of autistic adults who had experienced interpersonal violence. Hermeneutical injustice occurs when people do not have access to words or concepts to make sense of their experience due to a gap in the collective interpretive resources

available (Fricker, 2007). Our findings build on Pearson et al.'s work to demonstrate that autistic adults are at risk of both testimonial and hermeneutical injustice.

Our findings highlight the importance of interventions and supports that go beyond the individual person to address broader social and structural factors and the power imbalances that exist and perpetuate epistemic injustice. Taking steps to decrease stigma and discrimination within the community may involve facilitating parents and educators to encourage assertiveness and autonomy among autistic children, rather than focusing on compliance or conformity to neurotypical social norms as an imperative to "fitting in". Mental health services co-designed with input from autistic survivors of interpersonal violence aimed at building confidence and competence will assist in ensuring an appropriate response to help-seeking autistic people who have experienced violence or trauma. Given the high rates of interpersonal violence, structured screening for abuse and violence should be routinely conducted by clinicians and other professionals working with autistic people so that early preventative and treatment efforts can be put in place. Most importantly, steps should be taken to reduce the stigma associated with autism and increase neurodiversity affirming diagnostic, educational and therapeutic practices so that autistic people are not subjected to subtle, yet pervasive, messaging that their natural instincts and inclinations are not "normal", which can lead them to question their own judgement and makes them less likely to assert themselves in questionable situations leaving them open to manipulation, violence and abuse.

Limitations

This study has a number of limitations. Firstly, we only recruited people who had experienced interpersonal violence, which might bias us towards thinking that all, or the majority of autistic people, must have experienced interpersonal violence. Population-based studies of autistic adults should be conducted to gain a better understanding of the issues of prevalence of interpersonal violence. It is important to note that participants in this study were predominantly white, well-educated, late-

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diagnosed in adulthood and none had a co-occurring intellectual disability. It remains unclear, therefore, whether our interviewees' experiences of, and reflections, about interpersonal violence, or the preventative strategies suggested, would apply to autistic adults with intellectual disability or from other cultural and socioeconomic backgrounds. The majority (82%) were also women or non-binary individuals. As interpersonal violence experiences are variable across gender (Lauritsen & Carbone-Lopez, 2011; US Department of Justice, 2019) and intersectional disadvantage can affect both the prevalence and impact of interpersonal violence (Baird et al., 2021; Crenshaw, 1990; Nixon & Humphreys, 2010) further research exploring interpersonal violence with a focus on either autistic men, women or those identifying as gender other than man or woman, and among those with co-occurring intellectual disability, would provide more nuanced information about the extent, nature and underlying mechanisms of interpersonal violence.

Conclusion

This study is the first to investigate the experiences of autistic adults who have experienced a broad range of interpersonal violence experiences using qualitative methods. Such experiences were viewed as commonplace for autistic people and as resulting in significant and long-lasting physical and mental health outcomes as well as affecting subsequent relationships. Although they identified some individual characteristics, which they felt made them more vulnerable to being victimized, these characteristics were often shaped by previous experiences of invalidation and pressure to conform. Their insights demonstrate the complexity of the interplay between individual, relational and social factors that need to be understood and addressed in order to minimise the incidence and impact of interpersonal violence on autistic people's lives.

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Table 1. Summary of participants' violence experiences.

Participant	Violence description	Age or age range when violence occurred	Perpetrator Gender	Relationship with Perpetrator	Context in which violence occurred	Police involvement (Yes/No)
Adult 1, Female	Sexual harassment, verbal abuse and threatening behaviour Sexual coercion and rape	18 18	Male Male	Housemate Dating partner	Home Home	No No
Adult 2, Female	Physical abuse (multiple) Sexual abuse Physical abuse (multiple) Workplace bullying (multiple)	Childhood 8 Adulthood Adulthood	Female Male Male Not known	Mother Relative Relationship partners Colleagues	Home Home Home Work	No No Yes No
Adult 3, Female	Physical abuse (multiple) Physical assault	Childhood 25	Male and Female Male	Parents Relationship partner	Home Home	No No
Adult 4, Male	Sexual assault Physical assault Verbal abuse	Adolescence Adolescence 18	Male Male Male and female	Brother Brother Acquaintances	Home Home Online	No Yes No
Adult 5, Non-binary	Physical assault Stalking	29 Adulthood	Male Male	Client Client	Home Community	Yes No
Adult 6, Male	Sexual harassment	17	Male	Fellow student	School	No
Adult 7, Female	Verbal and Physical abuse (multiple) Physical assault	Childhood 20	Male and Female Male	Parents Relationship Partner	Home Home	No No
Adult 8, Female	Sexual assault Workplace bullying	18 Adulthood	Male Male	Stranger Supervisor	Street Workplace	No No

Adult 9, Non-binary	Sexual abuse	2 to 5 years	Male	Relative	Home	Not known
	Sexual assault	14	Male	Dating partner	Home	No
	Sexual assault	16	Male	Relative	Home	No
	Coercive control	Adulthood	Female	Relationship partner	Home	No
Adult 10, Female	Emotional, verbal abuse and harassment (multiple)	Lifetime	Male and female	Parents and siblings	Home	No
	Physical abuse	Adulthood	Male	Relationship partner	Home	No
Adult 11, Female	Sexual harassment	Early adulthood	Male	Dating partner	Car	No
Adult 12, Female	Sexual harassment Attempted sexual assault	22 24	Male Male	Stranger Dating partner	Train Home	No No
Adult 13, Male	Coercive control Verbal and physical abuse	55 Adulthood	Male Female	Friend/Acquaintance Relationship partner	Home Home	No No
Adult 14, Non-binary	Sexual assault/coercion	18	Male	Acquaintance	Social gathering	No
Adult 15, Female	Attempted sexual assault Workplace bullying Physical and sexual violence and psychological and financial abuse	40 Adulthood Adulthood	Male Female Male	Acquaintance Supervisor Relationship partners	Car Work Home	Yes No No
Adult 16, Female	Workplace bullying and sexual harassment Sexual assault Sexual assault	Adulthood 18 26	Male Male Male	Supervisor Stranger Friend	Work Street Social gathering	No No No
Adult 17, Female	Sexual harassment Workplace bullying	25 In 20's	Male Male	Manager Supervisor	Work Work	No No
Adult 18, Female	Sexual assault	18	Male	Acquaintance	Home of perpetrator	No
Adult 19, Male	Verbal and psychological abuse Verbal and emotional abuse	Childhood Adulthood	Female Female	Mother Relationship partner	Home Home	No No
Adult 20, Female	Sexual harassment and stalking	18	Male	Acquaintance	School and community	No

| Adult 21, Female | Physical and psychological abuse Verbal abuse | Childhood 30 | Female Female | Sister Colleague | Home Work | No No |
| Adult 22, Non-binary | Sexual harassment Harassment, verbal abuse | 20's 28 | Male Male | Client Acquaintance | Work Home and community | No No |