***“This was just how this friendship worked*”: Experiences of Interpersonal Victimisation among Autistic Adults**

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**Abstract**

**Background:** The victimisation of autistic people by familiar others (interpersonal victimisation) is an understudied phenomenon despite suggestions that prevalence rates may be disproportionately high. We know very little about the way autistic people perceive these experiences, and how to support them. The aim of the current study was to explore experiences of interpersonal victimisation among autistic adults from their own perspective.

**Method:** We recruited 43 autistic adults to take part in a qualitative online study, and asked about their experiences of being victimised or taken advantage of by people they know in the past. We analysed their comments at the semantic level using inductive thematic analysis, from a critical realist perspective.

**Results:** We identified two key themes in the data. The first theme, ‘cycles of victimisation’ highlighted the occurrence of polyvictimisation in the sample. The second (‘perceptions of victimisation’) focussed on how these experiences were related to difficulties with trust (of both self and others), the recognition of victimisation, and heightened compliance. The participants expressed difficulty with saying no to people, and found it difficult to identify when someone had negative or manipulative intentions.

**Conclusions:** Our findings suggest that autistic adults experience victimisation from a range of close others, and may find it difficult to recognise when someone is acting in an abusive manner. Many participants had experienced heightened compliance in response to unreasonable requests from others, however reasons for this were varied (e.g. fear, desire to avoid confrontation) and require further investigation. These findings have implications for developing supports which enable autistic adults to recognise their own boundaries and advocate for themselves, in addition to helping them to recognise what a healthy relationship looks like.

**Community Brief**

**Why was this study done?**

We think that many autistic people experience being hurt by people they know. This can include both physical harm like hitting, and emotional harm like being called horrible things. We currently know very little about these experiences, even though we think it happens a lot.

**What was the purpose of this study?**

The purpose of this study was to find out more about the experiences of autistic people who have been hurt by someone they know, from their own point of view.

**What did the researchers do?**

Using an online survey, we invited autistic adults who had been hurt by someone they know to write about what had happened to them from their own point of view. Forty-three autistic people wrote about their experiences and we analysed this data by reading what they had said and looking for patterns (themes) across people.

**What were the results of this study?**

Many of the participants told us that they had been hurt more than once, by different people (e.g. their parents, and people they thought were friends). Some participants said that they found it difficult to tell whether someone is treating them badly, and to trust their own judgement about other people’s behaviour. Some people said that they felt like they had do what other people told them to do. Some did this to avoid getting other people into trouble, whereas others did it because they were scared of what would happen if they said no.

**What do these findings add to what was already known?**

Previous studies have shown that lots of autistic people have been hurt by people they know, and that this has a negative impact on their mental health. Researchers have also asked autistic people what might put them at risk of being hurt by people they know, and how to prevent it. To our knowledge this is the first study to directly ask autistic people about their own experiences of being hurt by people they know, and highlights what *they* feel is important for us to know about it.

**What are potential weaknesses in this study?**

We don’t know very much about the people who took part aside from their age and gender (e.g. what their race or ethnicity is), and we don’t know much about the people who victimised them (e.g. whether they were neurotypical or autistic themselves), or exactly when it happened.

**How will these findings help autistic people now or in the future?**

The findings from this study could be used to think about how we can support autistic people in saying no if someone tells them to do something they don’t want to do. They can also be used to find ways to help people to recognise when other people are being hurtful. Finally, we hope that reading this study will make other researchers and practitioners interested in learning how to support autistic people who have been hurt by people they know.

Interpersonal victimisation refers to violence and abuse which occurs within close personal relationships, committed by people such as friends, family members or carers.1–3 Interpersonal victimisation can involve sexual and financial exploitation (e.g. forcing someone into unwanted sexual activity with oneself or others, forcing someone to give you their money), physical, psychological or emotional abuse, and humiliation/cruelty.4 To date, there is a limited body of research on the experience of interpersonal victimisation among autistic adults5–8 despite suggestions that between 49-80% of autistic adults have been victimised by someone they know.9–13 There is a growing body of literature7,8 examining the experience of interpersonal violence in disabled adults more broadly, some of which has included autistic adults. Whilst these studies provide important insight into the impact of victimisation on disabled adults, it is important to develop a more focussed knowledge base on the experience of autistic adults specifically given the high prevalence of interpersonal victimisation in this population.

It is important to establish the nuance between interpersonal victimisation and other forms of peer victimisation such as bullying despite some overlap between the two, as there is an extant body of work on bullying in autistic people.14 Both interpersonal victimisation and bullying/peer victimisation can include physical, emotional, and psychological harm against another, and have a negative impact on wellbeing outcomes for autistic people.8,13,14 However unlike bullying, interpersonal victimisation is defined by the presence of an interpersonal relationship between perpetrator and victim.5 Acknowledgement of the role that social relationships can play in providing the context for interpersonal victimisation to occur is crucial, given the fallacious yet pervasive belief that autistic people neither desire nor value social relationships.15 Forster and Pearson5 asked autistic adults about their experiences of relationships and understanding of mate crime, which is a form of interpersonal victimisation perpetrated by those considered friends (‘mate’ is a British slang term for friend).1,2 Participants outlined the challenges that they faced building genuine, reciprocal relationships and their experiences of victimisation. They also spoke about their difficulties identifying unreasonable behaviour from others, and heightened social compliance. These findings were consistent with previous research into relationships16–20 and peer victimisation among autistic adults. 6,21 Participants in this study also explicitly suggested that a personal relationship between perpetrator and victim was more insidious than bullying alone, as it could make it harder to spot disingenuous behaviour. This aligns with the suggestion made by disabled scholars that terming interpersonal victimisation as ‘bullying’ can make it appear ‘low level’ in nature.22–24

The difficulty in identifying manipulative and implicit social intentions can be explained through the lens of the double empathy problem.25 The double empathy problem posits that differences in communication style can lead to mutual difficulties in understanding between interlocutors. Autistic adults have self-identified how these bi-directional breakdowns can lead to problems with reading below surface-level social intentions in other people, and have shared concerns over their potential for being manipulated.20,26 The double empathy problem helps to frame these concerns as an interaction between person and context, as opposed to an innate vulnerability.27

The perception of autistic people as innately vulnerable is perpetuated by the stereotype of autistic people as ‘child-like’.28 Research does suggest that autistic people are more likely to experience situational vulnerabilities (e.g. underemployment, poverty, isolation, lack of social support)12 which might put them at higher risk of victimisation. However, situational vulnerabilities are often underpinned by stigma and marginalisation29 which autistic people experience routinely30–33 in both the academic34 and public sphere28,35–37 Perceptions of vulnerability, in addition to mislabelling interpersonal victimisation as bullying can lead to interpersonal victimisation being taken less seriously by the criminal justice system.22 It can also lead to the overlooking of experiential insights, due to the assumption that risk of victimisation is an innate characteristic, rather than an interaction between person and environment.6 Fardella, Burnham Riosa, and Weiss6 asked autistic adults about factors that might result in increased risk of interpersonal violence for autistic adults, and what could be done to prevent victimisation. They used the ecological model38 to examine how different factors such as environment, individual differences and social context could account for increased vulnerability. Participants in their study highlighted the importance of interpersonal skills, self and supported advocacy, and the need to foster inclusion and acceptance. These findings provide important advancements in knowledge about risk factors and support. However it is important we find out first hand from autistic adults who have experienced interpersonal victimisation first-hand how they perceive these experiences.

Thus, more research is needed to understand the interpersonal victimisation experiences of autistic people from their perspective, taking into account the context of social relationships and acknowledging the complexity of why autistic people may be at heightened risk.6 This research can help us to begin to ascertain what can be done to a) minimise victimisation and b) provide support.

The aim of the current study was to build upon previous research, exploring the lived experience of interpersonal victimisation among autistic adults from a phenomenological perspective.

**Method**

***Research Question***

The research question that we aimed to address in this study was: “What are the experiences of autistic adults who have been victimised by people close to them”?

In order to address this question we conducted an online survey. In this survey we asked participants whether they had ever:

1. been the victim of a crime
2. been victimised by someone close to them
3. been taken advantage of by someone close to them
4. heard the term ‘mate crime’ before

For each question we provided an open text box for people to write about their experiences. For the purpose of this study we were interested in responses from people who answered ‘yes’ to questions b and/or c, and wrote about their experiences. We left interpretation of the terms used in these questions up to the participant, as we did not want them to feel restricted by our definitions of these concepts. We sought additional feedback from an autistic colleague not involved in the project about the accessibility of the study and wording of the study information and questions prior to recruitment.

***Participants***

Sixty-four autistic adults responded to an advert that we shared on social media (e.g. Twitter, Facebook) stating that we were seeking autistic adults (18+ only) to take part in research about perceptions of friendship and mate crime. The #AskingAutistics hashtag was used to promote reach. Of those who responded, our final sample consistent of 43 people who reported having been victimized or taken advantage of by someone close to them and provided open-ended responses describing these experiences. This sample was comprised of 27 women, 13 men, 2 non-binary people and one genderqueer person. Participants reported whether they were clinically diagnosed (*n* = 36), or self-identified (*n* = 7). Both were welcome, as the researchers acknowledge that a clinical diagnosis is not always an accessible process.39–42 The average age of diagnosis was 29 years (range = 4-52). We asked whether participants had any additional diagnoses[[1]](#footnote-1) alongside autism. Thirty-nine participants reported having multiple diagnoses (for example, anxiety *and* autism). The most frequently reported diagnoses were depression (*n*= 15), anxiety (*n* = 10), ADHD (*n* = 9), and dyspraxia (*n* = 5). Additionally, several participants reported physical disabilities including Ehlers Danlos syndrome (*n*= 3), Myalgic Encephalomyelitis (*n* = 2), and Fibromyalgia (*n* = 3).

We asked participants about whether they communicated mainly through speaking (n = 42) or non-speaking (n = 1) means. We also asked how many close friends participants had (*M =* 3.6), and how many people they socialised with online or in person on a weekly basis (*M =* 10.6). We did not ask for any further demographic data (e.g. Socio-economic status, race/ethnicity). The study received ethical approval from the University of Sunderland Research Ethics Committee. This study was not funded and no financial inducements were offered to participants.

***Methodological Approach***

We chose to use a reflexive thematic analysis for the open text data, following the six-step method outlined by Braun and Clarke43 situated within a critical realist44 paradigm. We selected thematic analysis as it provides a flexible framework for considering aspects of a whole dataset and is suitable for larger samples in qualitative analysis. We used a critical realist approach as it allows for consideration that autistic people are both the experts of their own experiences, but that experiences of being autistic will differ across people. We used an inductive, data driven approach as research into experience of interpersonal victimisation among autistic adults is sparse. The first author (an autistic woman) read the open text data multiple times to gain familiarity, then coded the data based on semantic content (see Table 1). This coding process was organic and open,45 and involved identifying key or salient information in the dataset. The first author developed the themes by grouping the codes together based on shared content or meaning (e.g. non-confrontational, compliant), and then refined these themes. We collected the data reported in this manuscript in early 2019, and throughout the manuscript revision process we have reorganised and renamed the themes. Throughout this process the first author maintained reflexivity by engaging in internal reflexive rumination and having team discussions about the data with the remaining authors, who provided feedback on the analysis throughout. These discussions centered on the interpretation of the data, power relations, and the representation of the experiences and thoughts of the participants.

***Procedure***

We hosted the study on the online survey platform Qualtrics. Participants took part by clicking a link, which directed them to an information sheet detailing the aims of the study. We told participants that the topic was of a sensitive and potentially upsetting nature, that all data provided would be anonymous, and that they were free to withdraw at any point during the study by closing the browser. We provided contact details for the lead researcher, along with contact details for related charitable support services. Participants provided consent by clicking to confirm that they were **a)** over the age of 18, **b)** had read and understood the information sheet, and **c)** consented to taking part in the study. We presented participants with demographic questions first, followed by questions about their experiences. At the end we thanked participants for their time and gave them the opportunity to provide comments and feedback before they finally submitted their data.

**Findings**

We conducted the final analysis using the data combined from both questions b and c (‘victimised by someone you know’ and ‘taken advantage of’). We do not report the data from questions a and d in this paper. The responses that the participants provided varied in length substantially, from a few words, to multiple sentences. We identified two main themes from the dataset (see Table 1), to address our research questions. We discuss each theme in turn, providing quotes to support. Each quote is attributed to a participant by their participant number, gender, and age.

1. **Cycles of victimisation**

It was clear from the comments provided by the participants that many of them had experienced repeated (polyvictimisation) or sustained acts of victimisation, for example:

*“Bullied at school, ganged up on, bullied at work, stolen from, my natural generosity exploited”* (P.34, woman, 54)

*“Taken advantage off by male mates when incapacitated. Stalked by ex. Abused by friend I wouldn't date. Suspect friend stole from me.”* (P.24, woman, 40).

Some people reported incidences during a specific timepoint in their life, for example, “*I was bullied a lot growing up and victimised during my teenage years by people I thought of then as friends”* (P.37, woman, 46). However others recounted multiple instances across the lifespan, often spanning multiple relationships:

*“A male friend raped me and sexually assaulted me for over four hours and he kept trying to pull my hearing aids…My mam has mentally emotionally and financially abused me throughout the years…My brother regularly took his anger out on me in many ways such as mentally emotionally and physically… I have been bullied throughout growing up and was even cyber bullied at college”*(P.9, woman, 36).

The most commonly reported forms of interpersonal victimisation were intimate partner violence, and familial abuse (i.e. sister, mother), however participants also wrote about experiences with (ex) friends, and colleagues. Some participants wrote about how they had gone on to form good relationships after multiple experiences of abuse, “*Most of my relationships with men have involved some level of emotional abuse…thankfully I have finally found a partner who seems to get me and is kind*” (P. 24, woman, 54). However this was not the case for everyone, and the experience of polyvictimisation had led others to see themselves as the problem: *“I believe there is something wrong in the way I introduce myself to friendship which makes people feel I am worth nothing beyond physical resources”* (P.14, woman, 30). Here it was clear that polyvictimisation was a shared experience for multiple participants, however the way that the participants reflected on it differed from person to person.

1. **Perceptions of victimisation**

Theme 2 drew together three sub-themes, centered around the how participants perceived what had happened to them. They focussed on their difficulty in trusting their instincts around what is acceptable social behaviour, often giving others the benefit of the doubt at a detriment to their own needs. They also highlighted how difficult it could be to recognise victimisation, and how they felt when they didn’t recognise it. Finally the third theme focussed on the notion of compliance and how it had pervaded their situation.

* 1. ***Problems with trust***

Many of the participants identified personal difficulties around trust, which were not surprising given the range of negative experiences in interpersonal relationships. However problems with trust manifested in several different ways. Some participants worried about how being too trusting could be taken advantage of by perpetrators, while still wanting to see the best in others: “*having my trust misused and abused where I am actually giving people the benefit of the doubt” (*P. 11, man, 54)*.* Others felt like they could not trust themselves or their judgement about other people’s behaviour. Some of these comments acknowledged difficulties picking up on manipulation: “*I take things literally and miss so much of some people’s manipulative behaviour, I’m oblivious*” (P 24, woman, 54). However for others the problem wasn’t the identification itself, but trusting their own judgement: “*I end up rationalising their behaviour when they themselves are vulnerable, which leads to me excusing thing I probably shouldn’t*” (P. 10, woman, 30). This comment was also indicative of the complexities involved in identifying victimisation when the perpetrator also experiences vulnerability.

For other participants previous abuse had made them distrustful, particularly of people in authority, for example: “*My parents were very verbally abusive and manipulative…I felt I couldn't trust adult figures which was further compounded…I didn't feel safe with authority figures, nor did I trust they actually meant it when they said I could reach out to them for help”* (P. 35, non-binary, 25). Thus, though issues with trust were shared across the participants, the experience and associated impact of these issues also demonstrated several nuances.

* 1. ***“This was just how this friendship worked”: recognising victimisation***

Recognising that a relationship or situation was nefarious was not always easy. Some participants outlined how hard it could be to tell when someone was taking advantage: “*Some of these incidents have been overt - such as a friend underhandedly stealing my jewellery…and then denying all knowledge, which I have tended to believe at the time. Other examples have been less clear, for example though coercion, elaborate lies, guilt tripping*…”, (P.10, woman, 30). Both overt and covert signals can rely on a perpetrators belief that a victim either would not realise what was going on, or if they did, would feel too awkward to say anything. This comment also echoes the self-doubt that can occur whilst in these situations, even when signs might seem retrospectively ‘obvious’ (i.e. P.10 suspecting that the perpetrator had indeed taken the jewellery, but then believing the perpetrator enough to question their own initial suspicions), aligning with concerns expressed in theme 2.1.

Recognising abuse could also be made more difficult by the actions of the perpetrator, for example the specific mention of ‘guilt tripping’ was a shared experience among some participants. Participant 15 recounted:

“…*both of them essentially lecturing me about how I was 'too sensitive' and that I was being selfish and that this was just how this friendship worked…'being honest' with me 'for my own good'. This lead to me thinking I was a horrible person for questioning them…they gaslit me several times*” (P15, man, 26).

The comment from the participant here also highlights the use of gaslighting (attempts by the perpetrator to convince the victim that their own knowledge/mental state is compromised, which was also mentioned by several other participants). This had an impact on the way the participant perceived their own role in the situation and their ability to recognise what was happening. Questioning their own input had meant it had taken them time and support from others to process a situation, only recognising later what had happened to them: “*otherwise having peace and time to focus on myself and my other friends (as well as support from a few close friends), I soon recognised that both 'friends' had been abusive towards me from nearly the beginning of our friendship”*(P. 15, man, 26). The experience of uncertainty around one’s own perception of a situation can make it harder to recognise when behaviour is unreasonable or abusive. This can also be compounded by a lack of validation from close others, for example one participant when recalling familial abuse wrote *“my mam said that you always hurt the ones you love”* (P.9, woman, 36).

It was not the case that recognition was delayed for all participants, for some the recognition of what had happened to them had occurred during the situation, and they commented on how this made them feel in the moment: “*Then one of them said something that made it clear they'd planned the whole thing in advance without telling me, which made me feel very naive and used*” (P.32, woman, 37).

* 1. ***“I had to”: the role of compliance***

Compliance was highlighted by many participants as playing an important role in their experiences. Some of the participants spoke of a need to please others, or ‘go along’ with their manipulations: “*(I) have been pressured into doing things that I wasn't comfortable with to try to please others who I thought were friends*” (P.21 woman, 45 ). However reasons for compliance were not uniform across participants. Some desired to avoid confrontation: “*Friends would ask me to buy them stuff when I was in town and then would just not mention paying me when coming to collect and knew I would find the conversation too awkward to directly ask for the money*” (P.36, man, 36). Others wanted to avoid being perceived negatively by others: “*desperately wanted to appease*” (P.41 woman, 45). Some recognised the danger of the situation that they were in and compliance was described as self-preservation: “*I knew I had to do what they told me and be their 'friend' or else they would make my life hell*” (P. 26, woman, 28). Others complied out of a desire not to get others ‘into trouble’ particularly in situations where an uneven power dynamic with the perpetrator was present, e.g. the perpetrator was a family member: “*I either had to report my mam for fraud where she’d be arrested etc or keep my mouth shut and pay it myself. I’m still paying it off to this day*” (P. 7, woman, 36).

Many of the participants described the toll that compliance had taken on them emotionally or financially, leaving them to face long term ramifications alone: “*I was like their personal bank account, and I got into serious debt as a result. I managed to pay it off, but it took nearly 10 years to do so*” (P 30, woman, 33).

**Discussion**

The aim of the current study was to explore the experience of interpersonal victimisation among autistic adults from their own perspective. Many participants reported experiencing polyvictimisation and repeated cycles of abuse, and difficulties with trust, either in terms of trusting their own judgement and intuition, or with being overly trusting of other people. In addition our participants self-identified difficulty with ascertaining what ‘normal’ boundaries and behaviour might look like in social relationships. Consistent with previous research in interpersonal victimisation we also found that autistic adults had difficulty with increased compliance.6,21 Here we discuss these findings in more detail.

It was clear from theme 1 that many participants had experienced repeated acts of victimisation, and whilst some had gone on to form good relationships, others had internalised the view that they were the problem. The experience of polyvictimisation within the sample is consistent with previous research3 and reinforces the importance of understanding a) why interpersonal victimisation is so prevalent in the autistic population, and b) the impact of interpersonal violence on autistic people.13 There is very little research into factors that help to buffer against adversity in autistic adults,46,47 and the discussion of resilience in regards to victimisation is complex. There is an obvious survivorship bias in the collection of data from those who have survived victimisation and feel able to share their experiences. There are likely many people who have experienced interpersonal victimisation who are unable to share their experiences with others due to trauma. We also cannot assume from the comments made here that participants have ‘recovered’ from abuse. Research suggests that complex PTSD is prevalent amongst autistic people and is often related to interpersonal experiences.48 It *is* important that we understand the kinds of factors that contribute towards recovery from victimisation, to assist in developing better supports for those who have been victimised. However it is also important that research into protective factors30 is not centered on ‘developing resilience’.49 This shifts responsibility from the perpetrator to the victim, suggesting that people need to be better at living with continued and sustained victimisation, instead of targeting the source of victimisation itself. As such, we need continuing work to reduce societal stigmas and the subsequent dehumanisation that affects autistic people. This will ensure both first, and second order change that will address the needs of this generation and future generations to come.

Theme 2.1 highlighted that problems with trust were common among our participants. Some self-identified difficulty with being ‘overly trusting’ of others, or trusting their instincts around other people. Whilst trusting people who have not ‘earned’ it might be risky in interpersonal relationships, it should be noted that being trusting of others does not necessarily reflect naivety or difficulty with reading social intentions. Having ones trust repeatedly broken can however lead to internalising the belief that trusting others is ‘naïve’ as we look back on experiences with hindsight. This experience is not limited to autistic people, and a feature of victimisation more widely.50 The experience of broken trust had also led some of our participants to find it incredibly difficult to trust again in new relationships, and to trust those in positions of authority. This finding has implications for support systems and services for those who have been victimised, as we may need to recognise that trust may be in short supply, and might make it difficult for a person to seek formal support.

Some participants said that they struggled to spot negative social intentions and identify abusive behaviour (theme 2.2), or trust their own judgement about other people (theme 2.1) which is consistent with some previous research.26,51 Some of the participants seemed to blame themselves for not ‘spotting’ the abuse while it occurred, labelling themselves as oblivious, however a participant that did recognise that they were being manipulated during the situation itself also said it made them feel naïve. It is worth noting that the ability to retrospectively identify abuse, and the ability to spot abuse ‘in situ’ are not the same, but that they may lead to the same emotional response. There are also multiple factors that can affect both identifying abuse, and knowing how to deal with it. Firstly, the ability to pick up on often subtle signals exhibited by abusers, particularly in situations where coercion is used, requires knowledge about what a good, healthy relationship looks like. Comments from some of our participants were indicative of victimisation beginning early in childhood, perpetrated by parents and caregivers. Abuse from those who are meant to care for us and ‘know better’ can impact on the ability to recognise unacceptable behaviour in others later in life.52 Spotting these signals can also rely on not taking people at ‘face value’, and engaging in continuing reflection on what someone has said or done. For an autistic person who tends to be straightforward in their communication style and who says what they mean, it might not occur that someone they are interacting with is being disingenuous. This can be explained through the lens of the ‘double empathy problem’.25 The double empathy problem recognises that difficulties in inferring the intentions of others does not need to be labelled as a social ‘deficit’ or ‘one sided’ in order to recognise its impact. It is important that we draw upon the double empathy problem to find ways of supporting people who feel they struggle with understanding social intentions without pathologizing this difficulty.

Secondly, identifying abuse can also be impacted by our perceptions of our own contribution to the situation. Several participants highlighted the experience of gaslighting and invalidation from perpetrators, and this had led some people to question their perception of the situation and blame themselves. This made it harder for them to recognise that what was happening was abusive, and to put a stop to it or leave the situation. Our findings did suggest that a good support network and time/guidance to introspect could be helpful in recognising abuse.53 This is consistent with research showing the importance of peer support systems47,54 and suggests that it is important to support autistic people in developing good quality relationships.18

Thirdly, even if someone *can* identify abusive behaviour this does not always result in knowing what to do about it, or feeling like you have a choice to change the situation which our findings around compliance (theme 2.3) highlighted. Some participants discussed feeling like they needed to appease perpetrators, or avoid confrontation, which is consistent with previous literature.5,21 However this was not the only reason for compliance, and the circumstances that contributed towards it were often complex. Some participants complied out of recognition that it was the only way to maintain a semblance of safety within risky situations, for example having to comply with the demands of others to avoid physical harm. For other participants, power dynamics were present that made the situation they were in more complicated, e.g. the perpetrator was a family member.

Thus there are two key issues that we need to focus on in future research. Firstly, we need to understand more fully why some autistic people might find it particularly difficult to dissent or set personal boundaries in the face of unreasonable requests from others. This is particularly important given that many behavioural interventions used with autistic people focus on compliance training.55,56 Such behavioural interventions may further reinforce to children and adults that their right to say ‘no’ is not valued, and to accept uncomfortable or unreasonable requests, which may in turn lead to increased risk of victimisation. There is very little empirical research into the negative effect of behavioural interventions,57,58 despite accounts from advocates of the long term negative impact.59–61 However it is essential that further research focusses on both compliance, and how compliance may become entrenched in autistic lives (i.e. through intervention, or relationship power dynamics).

Secondly, we need to understand and reduce structural barriers that interact with compliance, which is relevant for a range of marginalised people beyond the autistic population. For example, for some people their circumstances might mean that a safe exit is not immediately possible, or that there are barriers to accessing support. It is important that future research examines how we can increase access to support or resources that enable people to safely exit or diffuse a particular situation, and what current barriers exist.

Finally, it is important to recognise that the experiences reported here are certainly not unique to autistic people, and show similarities to the wider abuse that many people experience from familiar others.50,62 We are not suggesting that all of our participants were victimised *because* they are autistic (i.e. many may have been targeted due to perceived differences, whether knowingly labelled or not). We are suggesting that the victimisation of autistic people is an issue that goes beyond the scope of ‘bullying’, and that we need to consider the context of interpersonal relationships. A recent study examined experience of trauma and Post Traumatic Stress Disorder (PTSD) symptoms in autistic adults, finding that experience of ‘bullying’ was one of the common traumatic life events reported by autistic people who had increased PTSD symptoms.48 The authors argue that autistic people may be more likely to experience trauma from events outside of current PTSD diagnostic criteria, which is not unlikely given the sustained stigma that many autistic people experience.63,64 Some of acts that our participants described as ‘bullying’ and being ‘taken advantage of’ included domestic and sexual abuse, and financial exploitation. There may be considerations to be made here about the way in which we ask questions about negative life experiences, and how different questions may elicit different responses. The line between abuse, bullying, and more nebulous concepts such as ‘being taken advantage of’ is not particularly clear, and we know that bullying can have incredibly negative effects on an individual.14 However it is important that future research acknowledges that despite autistic people being labelled as ‘literal’ in their communication, they may downplay their experiences through the terminology they use.

Overall our findings elucidate the importance of considering the role of heightened compliance and autistic social style in understanding experiences of interpersonal victimisation among autistic adults. More research is needed to examine how heightened compliance develops, and what can be done to support autistic people in recognising abusive behaviour. There may be particular recovery needs that autistic people have which are not considered in the wider scope of literature on abuse and victimisation. This mirrors research into sexual victimisation, where there is very little investigation specifically into the experience of intimate partner violence among autistic people3,13,65 and how best to support them.66 These issues warrant further investigation in the future.

***Limitations***

One major limitation of the study was the nature of static data collection in a qualitative study. Collecting an online sample allowed us to address the issues around anonymity presented in previous research,6 and recruit participants from a broad age range. However it also meant that the amount of detail provided varied from person to person, and that we were not able to prompt for additional detail or clarification during or after the responses. Static surveys with open ended questions can allow participants additional time to process the questions, however it does limit the more interactive aspects of using different asynchronous methods (e.g. discussion boards).

A further limitation is that our sample consisted largely of women, many of whom were diagnosed later in life. Whilst women have historically been under-represented in autism research, this does not appear to be the case in online samples where women are often over-represented.67 The large female sample in the current study may speak more broadly to considerations around gender and experiences of interpersonal violence. However, without further data on the perpetrator (e.g. their gender) it is difficult to comment on specific implications here, particularly given that autistic people are more likely to report being part of a sexual minority.68

We did not collect any data on other demographic factors such as location, socio-economic status or race and ethnicity that would provide further insight into intersectional issues. We did however collect data on co-occurring diagnoses/disabilities. One participant made specific mention of non-autism, disability related abuse in their comments, which highlights a need to consider more broadly the experiences of autistic people with multiple disabilities. Future research should aim to recruit as diverse a sample of autistic adults as possible, to account for intersectional69 factors that may relate to increased prevalence of interpersonal victimisation. It is likely that people who are marginalised on multiple axes are at heightened likelihood of victimisation, due to increased likelihood of social isolation and structural inequalities.62

Previous research has suggested that autistic masking might be an important factor to consider when examining interpersonal relationships and victimisation among autistic people.5 The current study did not take any quantitative or qualitative measure of masking, and thus we cannot comment on the interaction between masking and interpersonal victimisation however it is important that future research takes this into account, particularly in relation to compliance.

Finally, there are several questions that future research needs to address, including gathering further information around the time period in which these events occurred (e.g. adolescence, adulthood), and who committed them (e.g. friends, family). Not all victimisation autistic people experience is cross-neurotype (e.g. neurotypical on autistic victimisation). Thus more research is needed to understand the role of the perpetrator in the victimisation of autistic people, and autistic-autistic violence. Unfortunately we did not gather specifics on these factors in the current study, but we hope that future research in this area can address these issues.

**Conclusion**

The current study aimed to investigate experiences of interpersonal victimisation among autistic adults. The findings highlighted the experience of polyvictimisation within the sample, with many participants having experienced multiple forms of interpersonal violence across the lifespan. Findings also suggest that some autistic adults may find it difficult to recognise when someone is acting in an abusive manner. Heightened compliance was a common experience among our participants, however reasons for this heightened compliance were complex and would benefit from further investigation. This study adds to our understanding of the factors present in experiences of interpersonal victimisation among autistic adults, and areas we should focus on in order to address this issue.

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**Authorship Confirmation Statement**

AP designed this study, collected and analysed the data and wrote the manuscript. SF contributed towards the design of the study, discussion of analysis and writing of the manuscript. JR contributed towards discussion of analysis, and writing of the manuscript. All authors have approved this submission.

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None of the authors have a conflict of interest to declare.

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**Table 1:** Results of the thematic analysis including themes, sub-themes and example codes.

|  |  |  |
| --- | --- | --- |
| **Theme** | **Sub-Theme** | **Example Codes** |
| 1. **Cycles of victimisation** |  | Resilient  Sustained  Escape |
| 1. **Perceptions of victimisation** | * 1. *Problems with trust* | Trust/trusting  Self-blame/distrust  Helpful/polite  Suspicious |
| * 1. *“This was just how this friendship worked”: recognising victimisation* | Overt/covert abuse  One way relationships  Outer perceptions  Blame from others  Gaslighting  Used  Normalised  Later realisations |
| * 1. *“I had to”: the role of compliance* | ‘To please’  Compliant  Non-confrontational  Forced compliance  Desire for comfort |
|  |  |  |

1. Whilst we have used the term ‘diagnoses’ here we did not ask whether these were clinically ‘verified’. We also left the term ‘diagnoses’ up to the interpretation of the participant, to choose whether they wanted to list mental health, additional forms of neurodivergence, and/or physical health. [↑](#footnote-ref-1)