

# Nothing for us, without us: a review of the clinical literature and discursive evidence of interpersonal trauma in autistic women

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## Abstract

**Purpose** – From the authors' personal and professional experiences, they have observed that autistic women are uniquely at risk of interpersonal trauma. Given the tendency for autistic women to be overlooked in research and practice, this study aims to rectify this by exploring the relevant literature and including the voices of autistic women throughout this paper.

**Design/methodology/approach** – This study completed a literature review of quantitative and qualitative data relating to exposure to interpersonal trauma in autistic women. This study also reviewed relevant discursive evidence available on in memoirs and reports. This study also included dialogue between us as authors from an auto/"Autie"-ethnographic position.

**Findings** – Both clinical literature and discursive evidence support the idea that autistic women are uniquely at risk of interpersonal trauma, in particular, sexual victimisation. Explanatory factors are considered. Studies exploring rates of post-traumatic stress disorder (PTSD) were less consistent. Further evidence is required to better understand how autistic women experience and express PTSD and to inform assessment and treatment modifications.

**Originality/value** – To the best of the authors' knowledge, this is the first paper to integrate clinical literature and discursive evidence on the topic of interpersonal trauma in autistic women. It provides useful insights into the experiences of autistic women in this space, directions for urgently needed future research and modifications to clinical practice.

**Keywords** Autism, Trauma

**Paper type** Literature review

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The unique experiences of autistic women [1] are being increasingly recognised in research. Men are diagnosed with autism more often than women, with a recent meta-analysis noting that the male-to-female ratio of diagnosis is about 3:1 (Loomes *et al.*, 2017). Where studies have focussed on autistic individuals with intellectual and/or learning disabilities, the male-to-female ratio narrows considerably to around 2:1 (Van Wijngaarden-Cremers *et al.*, 2014). In contrast, studies focussing on autistic individuals with average or above-average cognitive capacity have demonstrated that the ratio can be as discrepant as 6:1 (Kirkovski *et al.*, 2013).

Efforts to understand the apparent unequal distribution of autism have fostered two differing lines of thought. Firstly, the "female protective effect" hypothesises that being assigned/observed female at birth conveys genetic and neurological differences which act as "protective" against autism (Hull and Mandy, 2017; Robinson *et al.*, 2013). The technical and specialised nature of this body of work is beyond the scope of this paper to explore and critique (Hull *et al.*, 2020, for a review).

Secondly, the idea of the "female phenotype" of autism suggests that autistic women experience a different behavioural expression of the condition (Dworzynski *et al.*, 2012;

Received 30 November 2021  
Revised 26 June 2022  
22 October 2022  
30 January 2023  
15 March 2023  
Accepted 25 March 2023

Hull and Mandy, 2017; Van Wijngaarden-Cremers *et al.*, 2014), and that reported gender differences are reflective of bias toward the clinical presentation of autistic males (Kirkovski *et al.*, 2013). It is important in discussing gendered experiences of autism to avoid a binary notion of a “male” or “female” autism phenotype, and rather to acknowledge that while newer understanding of autistic experience typically relates to autistic people assigned female at birth, the clinical literature has tended to focus on autistic people assigned male at birth. Autistic people regularly report a more fluid experience of gender than their typically developing peers (Warrier *et al.*, 2020); however, the impact of being socialised as female, for autistic people, cannot be overstated. Hence, we will use the term autistic women throughout this paper, but these experiences have been reported by cisgender and transgender autistic women, and those assigned female at birth who are nonbinary or gender divergent.

Autistic women report the experience of “doing gender”, performing behaviours socially expected of and conditioned into young girls and women (Baldwin and Costley, 2015; Bargiela *et al.*, 2016; Cridland *et al.*, 2014; Davidson and Tamas, 2016; Seers and Hogg, 2021). This behaviour has survival value in that it helps autistic women and girls avoid the alienation and bullying from peers that comes when they do not fit in by performing their expected gender (Davidson and Tamas, 2016). However, such performance involves pressure to repress authentic, autistic expressions of self (Seers and Hogg, 2021) and can contribute to the internalisation of distress for many autistic women (Hull and Mandy, 2017; Hull *et al.*, 2020; Zener, 2019). The cumulative effect of “doing gender” and broader experiences of “masking” autistic behaviour (Allely, 2019; Hull *et al.*, 2020) contribute to the lack of detection for autistic women, as they may not “look autistic” in comparison to their male peers whose autistic behaviours may be more externalised (Hull *et al.*, 2020; Lockwood-Estrin *et al.*, 2020; Seers and Hogg, 2021; Zener, 2019).

In the absence of early diagnosis and support, later-diagnosed autistic women have had to shoulder the burden of living without a comprehensive understanding of their strengths and difficulties and subsequent support needs (Zener, 2019). Interpersonal trauma is one of the dimensions in which this melting pot of repression, internalisation and lack of recognition and support can be seen most starkly. In this paper, interpersonal trauma is defined as an overwhelming experience of harm perpetrated by one person against another (Herman, 2015). Autistic women appear to be especially vulnerable to interpersonal trauma and the subsequent development of post-traumatic stress responses (Haruvi-Lamdan *et al.*, 2020; Reuben *et al.*, 2021; Rumball *et al.*, 2020; Rumball *et al.*, 2021). It has been suggested that these vulnerabilities may contribute to an elevated risk of suicide in autistic women (Cassidy *et al.*, 2020; Pelton *et al.*, 2020).

While a growing body of literature acknowledges the unique experiences of autistic women in the context of trauma, this is an emerging field, and there are few studies that explore how and why autistic women are more vulnerable to interpersonal trauma. Even more lacking is the presence of the voices of autistic women in these narratives. The current paper aims to link a trauma-informed, feminist framework to the clinical literature regarding higher rates of interpersonal trauma in autistic women. In the spirit of “nothing for us without us”, lived experience narratives from autistic women, both the autistic co-author of this paper as well as voices of autistic women posting online, will be included throughout. Our title adds a comma to that call to arms to subtly reframe the narrative in the context of interpersonal trauma in autistic women: there is nothing for us (“us” being autistic women), since models of support have been created without us.

## Methods within this paper

In an effort to integrate clinical research with lived experiences perspectives, we used systematic methods to search the literature in the first instance. This included the use of systematic search terms (autistic *or* autism spectrum disorder *or* autism AND women *or*

female or female-identifying or transgender or non-binary or assigned female at birth AND trauma or domestic violence or family violence or interpersonal trauma or relational trauma or abuse or sexual assault or sexual violence) of the APA PsycINFO database in August 2021. Given the limited resources available to us as authors, we were restricted to conducting a search of only one major database. We limited the search to articles published from 2010 to 2021. These systematic methods informed a less rigorous literature review in which one author (AS) conducted title and abstract screening to select articles that discussed trauma exposure or symptoms in autistic adult samples. We also used Web of Science citation searching of major empirical papers with large samples (Griffiths *et al.*, 2019; Ohlsson Gotby *et al.*, 2018; Reuben *et al.*, 2021).

Recognising the limitations of empirical evidence as tending to be dissociated from lived experiences of autistic women, mostly due to the overwhelming presence of non-autistic voices driving said evidence, we sought to identify discursive evidence from autistic women. This was done to both centre autistic voices in research about their lives, *and* to ground the evidence within their external, material reality (Smail, 2005). In technical terms, this might be understood as strengthening external validity or applicability where more internal rigour is unavailable. This external reality constitutes the social and political structures in which interpersonal trauma occur – specifically, within patriarchal and ableist power structures that render autistic women doubly disempowered. We selected evidence from autistic adult women that spoke to the social, political and individual factors underpinning trauma within a feminist framework focussed on gender and power.

In including the experience of this paper's autistic co-author, we are employing an "autie-ethnographic" methodology (Yergeau, 2018, p. 24). "Autie" is a colloquial term that many autistic people use to refer to themselves, so this play on "auto-ethnographic" indicates an approach that is one of auto-ethnography that also considers the autistic experience. In using a dialogue between this paper's authors, we also acknowledge Heilker and Yergeau's important illumination of autism and rhetoric (2011). While this reference may at first glance appear to be an odd choice for a paper in this publication, Heilker and Yergeau's dialogue between non-autistic and autistic scholars points to the important differences in modes of communication and thinking between autistic people and so-called "neurotypical" people. We hope that echoing this dialogue will also encourage the reader to consider the ways in which trauma is addressed and treated in autistic women by practitioners that may not be appropriate for autistic communication.

Finally, in recognizing the limitations of a restricted and inherently biased approach to a review paper, we have sought to include our personal and professional perspectives as a means of acknowledging and integrating these biased perspectives. We have included dialogue between ourselves as the authors in reaction to the research and discursive evidence presented and have contextualised the paper in dialogue to frame our conclusions and recommendations within personal and professional experiences.

### **What does the literature tell us about interpersonal trauma?**

In studies exploring the rate of interpersonal trauma in autistic adults, findings consistently note that autistic adults, and autistic women specifically, are at a greater risk of sexual victimisation than non-autistic adults. These studies demonstrate that autistic women are almost three times more likely to experience sexual trauma than non-autistic women (Brown-Lavoie *et al.*, 2014; Cassidy *et al.*, 2020; Cazalis *et al.* (2022) Gibbs *et al.*, 2021; Joyal *et al.*, 2021; Pecora *et al.*, 2019; Reuben *et al.*, 2021; Weiss and Fardella, 2018). This almost threefold risk of sexual trauma for autistic women has been replicated in a large, population-based twin-study (Ohlsson Gotby *et al.*, 2018). In their study, Reuben *et al.* (2021) noted that autistic women and gender minorities aged 21 years and over were more likely to report experiences of interpersonal trauma than younger autistic adults or autistic men. However, in the other studies reported above, lifetime sexual trauma exposure was assessed; it is

possible that the reported rates may be impacted in either direction by rates of child sexual abuse. Indeed, [Cazalis et al. \(2022\)](#) noted that in a sample of 225 autistic women with high rates of sexual victimisation (88.4% reporting at least one incident of sexual violence), two thirds of these participants were under the age of 18 when the first assault occurred. More than half of the sample reported multiple instances of sexual assault perpetrated by multiple offenders. These findings point to the need for nuanced reporting with regard to age and sexual assault for autistic women, given the different prevention pathways highlighted by this evidence – sexual assaults in adulthood might be best understood within a gender disparity framework, whereas childhood sexual abuse might be best understood within the framework of power related to age disparity. [Cazalis et al. \(2022\)](#) therefore caution against the exclusive use of greater sex and consent education to prevent sexual assault in autistic women, given the high rate of childhood sexual abuse in this population.

It is also important to note that all of the above named papers bar two included a mixed-gender sample of autistic women and men; [Pecora et al. \(2019\)](#) focussed on the experiences of autistic women only. Given the greater fluidity of gender identity experiences of autistic people, aiming for papers with only female-identifying participants may not be appropriate, however, this disparity does highlight the lack of research effort focussing on the experiences of autistic women. This is especially stark when considering the gendered nature of sexual violence ([Australian Institute of Health and Welfare, 2021](#)).

In attempting to understand this increased risk of sexual victimisation, authors suggest it is a combination of poor sexual knowledge in autistic women, and increased vulnerability to predatory behaviour due to difficulty understanding social cues, which is taken advantage of by perpetrators ([Brown-Lavoie et al., 2014](#); [Ohlsson Gotby et al., 2018](#)).

Ali speaks: In my role as a psychologist working with victim/survivors of sexual assault and autistic women, I see a significant crossover between the two. I often encounter autistic women who tell me of having their naivete exploited – of perpetrators who, with the awareness that these women were autistic, sought to use their power as neurotypical males (in the majority of cases) to convince these women that it was the social norm for women to have sex with their partners whenever their partners wanted, for example. These clients told me of long histories of bullying, invalidation and confusion about their own needs – this was particularly the case for late-diagnosed autistic women. I saw that these histories contributed to the diabolical combination of loneliness and disempowerment in the social realm that made them extremely vulnerable to sexual exploitation.

Clem speaks: Having been diagnosed as autistic later in life, at 36, it wasn't until I read more deeply about autistic experience that I considered the ways in which being autistic may have left me uniquely at risk of the interpersonal trauma I had experienced in my 20s and early 30s. Looking back, it is easy to make the connections: I was frequently targeted by predatory men, and I rarely recognised their behaviour as suspect. It could certainly be argued that these types of men would target anyone they observed as vulnerable, but I do think that being autistic (and not knowing it) there was a particular vulnerability on my part that was twofold: it was easy to convince me that certain behaviours were “normal” or expected of me, while I also felt I had to do certain things to please and dazzle men, even if I wasn't comfortable with them, because of ideas about relationships that I had absorbed through popular media and from peers.

One study suggests that reduced communication about sex within families of autistic women could explain poor sexual knowledge; this reduced communication seems to arise in the context of perceptions that autistic people generally are not interested in or ready to be discussing sex ([Holmes et al., 2020](#)). Autistic adults might certainly have different ways of approaching or enjoying sex, due to different ways of experiencing the sensory/sensual world. However, it would be unfair to suggest that autistic people are somehow uninterested in sex by nature of being autistic ([Schöttle et al., 2017](#)). One compelling example of this

tendency toward desexualisation can be observed in the popular factual entertainment series “Love On The Spectrum” (ABC/Netflix, 2020–2022), in which autistic adults are observed attempting to navigate the dating scene, but with very little airtime given to their sexual desires. The framing of the series, as one autistic reviewer noted, tends towards the infantilising:

In one particularly galling moment, the production staff ask Sharnae and Jimmy, an autistic couple who are moving in together, if they have ‘consummated their relationship’ — to which they sort of laugh and confirm that they have. They are a couple in their 20s. They are moving in together. They sleep in the same bed. For any readers in doubt, I can assure you: Autistic people have sex, just like anybody else. (Luterman, 2020)

Many “#ActuallyAutistic” bloggers and social media content creators have also noted the tendency in both clinical literature and the media – the “autism discourse” (Yergeau, 2018) controlled by non-autistic voices – to desexualise autistic people.

It is clear, from the proliferation of Autistic-led and Autistic-themed social media accounts, as well as blogs and messageboards, that Autistic people “online” are tired of being spoken on behalf of. Where this passionate self-advocacy intersects with a desire for better sex education, it is clear that Autistic people are being failed on many levels.

The (limited) available resources pertaining to experiences of interpersonal trauma in autistic people, whether modifications to practice guidelines or the glut of clinical research, tend to be geared towards autistic people with cognitive impairments/differences.

Ali speaks: Working in a specialist sexual assault support service, I have seen first-hand the dearth of information and resources about working with autistic women who have experienced sexual and/or family violence. Our service is notably bereft of such resources, and within the Disability Inclusion Working Group at this service we have noticed that autistic women are significantly underrepresented in client numbers, despite the high prevalence of sexual assault in this population. In my role as a working group member, I have had interactions with the major disability support services within our region to identify any resources they utilize or are aware of to support autistic women who have experienced sexual and/or family violence. The consistent response is one of: “I thought that your service had those.” When asking where autistic women go for support in the context of sexual assault, if they are not represented at our service, it seems that they go nowhere.

The National Sexual Violence Resource Center guide “Responding to survivors with autism spectrum disorders: an overview for sexual assault advocates” (National Sexual Violence Resource Center, 2018) is one such example of a resource geared specifically towards supporting autistic people with cognitive impairments/differences. The guide presents three scenarios in which an autistic person might come to the attention of sexual assault support services, and all three scenarios involve a support person talking for/about an autistic person. While this does speak to the difficulty in addressing a monolithic notion of a disorder whose spectrum of experiences necessarily evades easy summary of presentation in a bureaucratic context, it also presents a troubling lack of understanding of those autistic people without cognitive impairment, or who are not nonspeaking, and how their experience of interpersonal trauma may involve different dynamics from their nonspeaking autistic peers and/or those with cognitive impairments.

It is important to be clear that autistic people with cognitive impairments are uniquely at risk of sexual victimisation, and therefore in need of resources and specialized support. People with intellectual disabilities are at a greater risk of sexual victimisation (Tomsa *et al.*, 2021); such abuse is most commonly perpetrated by another individual with an intellectual disability, or by professionals involved in their care. However, for autistic women, particularly those who are more fully inhabiting the “neurotypical world” – either by the fact of being diagnosed later in life, and thus not understanding their experience to be one of autism, or by having been assessed as what might once have been deemed so-called

“high-functioning” autistic – their risk profile may be different, and in the absence of a nuanced understanding regarding their risks, it appears that their support needs have gone unrecognised and unmet.

Given the pressure to mask and the increased likelihood of running into predatory individuals who have greater mastery of the neurotypical world, and are therefore in a position of power over autistic women, the risk of violence within intimate relationships might be higher. We were only able to find one study that explored abuse perpetrated against autistic adults by their romantic partners. This study suggests that autistic adults do experience greater rates of intimate partner violence than non-autistic adults (Griffiths *et al.*, 2019). The authors of that study speculate that the dearth of research in this area may be reflective of the idea that autistic adults are not interested in romantic relationships, which they refute by noting that 83% of 446 autistic adults who participated in the study had been in at least one romantic relationship (Griffiths *et al.*, 2019).

Clem speaks: My personal experience of interpersonal trauma is extensive. I have experienced psychological and financial abuse by romantic partners, and my experience of sex has often been tainted by issues of coercion and unclear consent. I do wonder what would have been different had I known I was Autistic earlier in my life, and then been given appropriate supports and guidance. If I had received sex and relationship education tailored specifically to Autistic people—if that even exists—perhaps I would have been better equipped to notice the warning signs? The burden of blame for interpersonal abuse should absolutely lie with the perpetrator, but feeling like I “should have seen it coming”, coupled with normative Autistic shame at misunderstanding human interaction, has certainly made my journey towards healing from PTSD all the more difficult. It has been hard to work through feelings of shame surrounding not having been able to recognise the behaviors I was being subjected to until it was too late.

### What does the clinical literature tell us about post-traumatic stress disorder?

Despite high rates of interpersonal trauma, the clinical literature is lacking with regard to evidence regarding post-traumatic stress disorder (PTSD) in autistic adults specifically (Allely and Faccini, 2020; Rumball, 2019). A recent systematic review by Rumball (2019) notes that the majority of studies examining PTSD in autistic samples recruited children and adolescents, with only three studies also including individuals aged 18+ (Hofvander *et al.*, 2009; Taylor and Gotham, 2016; Mehtar and Mukaddes, 2011). The author also notes that the median proportion of female participants in studies included in this review was 23.5%, and that no studies reported PTSD rates separately for men and women. Across the studies (Hofvander *et al.*, 2009; Taylor and Gotham, 2016) with individuals aged 18+ ( $n = 158$ ), the mean rate of PTSD was 0.8% (Rumball, 2019). These two studies had samples with 64% (Hofvander *et al.*, 2009) and 84% (Taylor and Gotham, 2016) male participants.

Studies focussing on interpersonal trauma exposure in autistic adults tell a different story. Two studies (Haruvi-Lamdan *et al.*, 2020; Rumball *et al.*, 2020) have identified that autistic adults are more likely than neurotypical adults to experience a traumatic event, at a greater risk of developing PTSD and of experiencing more severe PTSD symptoms. Haruvi-Lamdan *et al.* (2020) found that 32% of autistic adults in a small sample ( $N = 25$ ) met criteria for a provisional diagnosis of PTSD, in comparison to only 4% of neurotypical adults ( $N = 25$ ). Rumball *et al.* (2020) found very similar rates in their study, noting that 47% of autistic adults in their sample met criteria for a provisional diagnosis of PTSD.

Interestingly, both studies identified that a significant number of autistic adults identified negative social events as traumatic; in Haruvi-Lamdan *et al.* (2020), 60% of participants identified these as the most distressing events they had experienced. In this study, these negative social events were measured via self-reported exposure to various forms of bullying, including physical violence, verbal abuse (i.e. name calling) and psychological

bullying (i.e. ostracism, exclusion). While not being in line with the DSM-5 Criterion A definition of a traumatic stressor, there is evidence to suggest that autistic people can experience a wider variety of experiences – including overwhelming sensory input, medical procedures and social stressors – as traumatic and develop post-traumatic stress symptoms as a result (Kerns *et al.*, 2015). A quote from a 22-year-old autistic adult highlights this:

I can't put like a lotion or anything like that on my skin. That is one of the other traumatic memories I have is being covered in Aquaphor from head to toe and [...] feeling very ashamed, like I was cut off from my body and there's a lot of tactile issues. (Kerns *et al.*, 2022, p. 6)

Clem speaks: While it is true that sensory input and feedback is an important aspect of any person's experience of trauma, an Autistic person's sensory sensitivity and differences they may have in experiencing multisensorial input affects the bodily experience of trauma. Being already at a heightened sensitivity to sensory input—especially smells and textures—has meant that my own experience of interpersonal trauma has been confusing to unpack through therapeutic processes. For example, one abusive former partner had a habit of cooking with red capsicum; it has only been very recently that I've been able to link my dislike of the smell and taste of cooked red capsicum with these traumatic memories. I can only speak for myself, but I would imagine that other Autistic people may find it difficult—especially when we consider the prevalence of alexithymia in Autistic people—to understand and link certain sensory memories and experiences with the emotional aspects of trauma, which may delay any positive therapeutic outcomes. A more “neurotypical” therapeutic process might focus more heavily on discussing emotions, which the Autistic individual may have difficulty locating and expressing.

Haruvi-Lamdan *et al.* (2020) noted that the autistic women in their sample ( $N = 10$ ) appeared at a greater risk of exposure to traumatic events and non-DSM-5 traumatic stressors related to negative social events than non-autistic peers and autistic men. In contrast, Rumball *et al.* (2020) found that there was no difference based on gender with regard to exposure to DSM-5 traumatic events in their sample ( $N = 59$  autistic adults). However, autistic men in their sample reported significantly more non-DSM-5 traumatic events than women ( $N = 36$ ). It is possible that relatively small sample sizes account for low power in identifying between-group differences in both studies.

In contrast, Reuben *et al.* (2021) identified that 72% of participants in their study had experienced sexual or physical assault, with autistic women and non-binary and trans individuals experiencing significantly higher rates of sexual assault than autistic men (the rate did not differ for physical assault). In this sample of 687 autistic adults, 44% met criteria for a provisional diagnosis of PTSD (Reuben *et al.*, 2021). This study identified several important explanatory factors for their findings – they noted that age and gender uniquely predicted exposure to interpersonal trauma, while non-binary individuals and people unable to work due to disability were most likely to meet criteria for a PTSD diagnosis (Reuben *et al.*, 2021). This study also identified a staggering rate of dissociation in this sample, with 94% of participants scoring in the clinical range on a self-report measure of dissociation; individuals who had experienced interpersonal trauma reported significantly higher rates of mental and bodily dissociation (Reuben *et al.*, 2021).

Allely and Faccini (2020) note that autistic people may struggle to understand or express what has occurred to them as trauma. Indeed, autistic advocates flag the difficulties in accessing support for trauma when living with difficulties expressing ones emotions verbally or directly, as is expected in standard talk therapy (Blakemore *et al.*, 2017). However, remaining focussed on the narrative of autism as deficit, rather than a different “way of being in the world through language, through invention, structure and style” (Heilker and Yergeau, 2011, p. 489) prevents health-care professionals from thinking creatively about

how to support autistic women. Reflecting on the idea of autism as difference and not deficit, autistic scholar M. Remi Yergeau notes:

Coming to autism rhetorically recasts items such as 'difficulty smiling' – from pitiful disease symptom into autistic discourse convention, from a neurological screwup into an autistic confluence of structure and style [...] understanding neurotypicality as a rhetoric legitimized my autistic ways of communicating: such an understanding involves calling attention to normalized discourse patterns frequently portrayed as desirable and ideal [...] (Heilker and Yergeau, 2011, p. 489).

Thinking about autism as another way of being in the world, and conveying meaning differently, is useful to understanding the difficulties that autistic women experience when navigating a interpersonal world built upon normalized, neurotypical patterns of discourse. Rather than it being solely a difficulty of autistic people communicating their experiences as trauma, it could *also* be that clinicians are struggling to explore, listen and understand the ways in which autistic people communicate. Indeed, autistic people are noted to have highly effective verbal communication with autistic peers, suggesting that communication *differences* between autistic and non-autistic people may be the cause of autistic people's perceived communication "deficits" (Crompton *et al.*, 2020). Furthermore, when considering that autistic victim/survivors of interpersonal trauma are more likely to report significant dissociation (Reuben *et al.*, 2021), clinicians lacking experience in identifying and working with dissociation are likely to miss trauma experiences and subsequent difficulties. In the absence of working to identify communication differences in therapy between an autistic client and non-autistic practitioner, and without direct exploration of dissociation (and recognition of the varied and more subtle forms of dissociation), interpersonal trauma is likely to go unrecognised in autistic women presenting for therapy.

Ali speaks: In my work with autistic women, I work to identify communication differences. Of course, as with any therapeutic encounter, this is dependent on a safe and trusting therapeutic relationship. One specific difference in my practice with autistic women is that I am far more clear and direct in explaining why these moments of miscommunication are important to process, and am explicit in noting that I am not judging them or think them inept, weird, or less than – that this is an expected part of the process. I find that this small tweak in the direction of explicit and direct communication helps autistic clients to feel safer and better able to co-create a way of communicating with me.

Clem speaks: With the significant caveat that my late diagnosis meant that previous therapeutic practitioners didn't know I was Autistic, I do think it's interesting to reflect on how unhelpful many common therapeutic approaches for trauma—devised with and designed for non-autistic people—have been for me. Cognitive behavioural therapy, in particular, has been next to useless, and anecdotally many of my Autistic friends report similarly disappointing results with that popular "one size fits all" approach. Therapies with a greater focus on feeling and sensation, such as dialectical behaviour therapy and exposure therapy through scripting, have been much more helpful as they allow me to approach my trauma in a more "Autistic" way: it doesn't matter if my exposure therapy script is full of smells and textures or if I use pictures instead of words to describe my feelings, in fact, it helps. This has been a relief on two levels: firstly, that I am finally making some headway in healing from trauma experienced, in some cases, nearly two decades ago, and secondly, that I no longer feel a sense of Autistic shame at "not being good at" therapy.

Ali speaks: Other approaches I have used include exploring reactions that autistic clients have to particular lines of questioning, for example, where they might register sensation in their body or what images come to mind when I ask particular kinds of questions. Fostering a sense of open-mindedness and curiosity about this aspect of the therapeutic process is instructive to autistic clients in several ways: firstly, it shows them that difference is not deficit, and not a shameful thing to avoid talking about, and secondly, it shows them that

they are able to find ways of getting their needs met within their own ways of being in the world. This goes some way toward addressing the Autistic shame mentioned by my co-author above, in that it places communication difficulties in context as difference, rather than reinforcing it as existing internally to the client as deficit.

This discrepancy between high rates of victimisation and inconsistent rates of PTSD further highlights that (neuro)typical protocols of trauma and PTSD assessment may not be sensitive to the needs of autistic women (Haruvi-Lamdan *et al.*, 2020; Zener, 2019). One way to achieve sensitive trauma assessment would be to listen rhetorically to autistic women and construct shared meanings around trauma. Such assessment would need to stem from a place of openness, curiosity, and the consideration of autism as *difference, not deficit*, to achieve the goal of “bearing witness” required for recovery from the disempowerment of interpersonal trauma:

To hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common alliance [...] the social context is created by political movements that give voice to the disempowered (Herman, 2015, p. 9).

### What do autistic women tell us? An #ActuallyAutistic overview

In recent years, the clinical literature has begun to include the voices of autistic women through qualitative studies. The available qualitative studies drawing on the voices of autistic women tend to centre broadly on experiences of diagnosis, as well as on themes of gender and relationships. In a paper exploring first-hand accounts written by autistic people – sourced via blogs and autobiographical works – Davidson and Tamas (2016) identify the common thread of gender in these works, and the way in which it tends to haunt autistic people:

[...] many describe meticulous attempts to seek out and solidify gender’s troubling manifestations in their social worlds [...] this oddly absent presence continues to haunt autistic emotional lives [...] most (neuro)typical others remain in its thrall, seeming to learn gender’s nebulous rules as if telepathically. (p. 59)

Autistic women consistently reflect on not relating to the typical presentation or interests deemed “feminine” within broader society (Kourti and MacLeod, 2018). One participant in the study by Kourti and MacLeod (2018) describes grappling with their feelings about gender:

As a child and even now, I don’t “feel” like a gender, I feel like myself and for the most part I am constantly trying to figure out what that means for me. (p. 55)

In the absence of access to the “nebulous rules” of gender available to their non-autistic peers, autistic women reflect on the pressure and stress they experience:

There’s a lot more pressure on girls to be a certain way just in general but I think that especially affects girls on the autistic spectrum because we are more different anyway so it’s more difficult for us to be just the same as everyone else. (Milner *et al.*, 2019, p. 2394)

Another topic that surfaces often in qualitative studies with autistic women is that of relationships. Autistic women consistently report interest in relationships and the subsequent impact that different ways of connecting with others can have on their well-being (Kanfiszser *et al.*, 2017). Autistic women share their conflicting experiences of relationships:

you get to share (activities) that with one another and it means that the world is twice as big, twice as colourful, twice as detailed. (Kock *et al.*, 2019, p. 46)

Why have this incredibly strong almost addictive like drive to be by myself, and yet feel this like enormously crushing loneliness at the same time [...] it’s kind of being pulled into two directions at once. (Kock *et al.*, p. 45)

Narratives regarding vulnerability to sexual victimisation have emerged spontaneously in several qualitative studies, where the topics of gender identity and social relationships had already been introduced. Two participants in the study by [Kanfischer et al. \(2017\)](#) reported experiences of sexual trauma, with one participant describing in detail:

Some of them were complete strangers [...] I think some of the time I gave the men the benefit of the doubt when I shouldn't have and at other times I didn't want to go anywhere with those men [...] but I ended up with them anyway [...] (p. 666).

he was able to manipulate me [...] and kind of made me do things that I wouldn't otherwise have done [...] when I look back on that, it was [...] incredibly exploitative. ([Kock et al., 2019](#), p. 44)

Clem speaks: Looking back, it's now clear that many of my formative *and* traumatic sexual experiences were coloured by having been confused about what "role" I needed to play in relationships. I can now see that the sexually confident persona I adopted in my 20s—what I would now consider to be a "mask"—was due, in part, to having consumed a lot of media (particularly women's magazines) whose content I understood to mean that a woman should be sexually confident, "racy" and up for a good time. Even though my own experience of sex with cis men was often ambivalent, I pushed through my misgivings because of what I believed I "should" be doing based on what I had read in *Cosmopolitan Magazine* and elsewhere. The knock-on effect of this was that I believe I was coerced into doing things I didn't feel comfortable with because of an additional layer of Autistic learned compliance; nothing I had read (this was in the late-'90s and early-'00s) spoke particularly eloquently about informed or enthusiastic consent, and any notion of the danger of interpersonal trauma or predatory men was strictly limited to harmful and unhelpful "monster in the alleyway" stories of sexual violence - I didn't stop to consider that I might be at risk from my own intimate partners because, so it followed in my mind, they were meant to care about me.

In her book *Women and Girls with Autism Spectrum Disorder*, autistic author and non-clinical practitioner Sarah Hendrickx collates the words of autistic women regarding their experience of relationships across the life-span, including vulnerability to sexual assault. Hendrickx shares of her own experience of sexual assault, and its consequences for trust:

I, too, have been sexually assaulted, largely due to my autism [...] I had carefully considered this situation [...] it transpired that I was wrong. I can only presume I missed something somewhere, or gave him a signal that I hadn't intended. I was 35 years of age. I have an IQ of 150+. This kind of mistake has nothing to do with intelligence, but everything to do with social understanding. If you cannot determine on an individual basis who is safe and who may be a danger, due to being unable to intuitively pick up the signals and read the context of the situation, you are left with two choices: trust everyone or trust no-one. ([Hendrickx, 2015](#), p. 213).

Hendrickx is not alone in this experience. The non-fiction book *Aspergirls* ([Simone, 2010](#)) features ethnographic accounts of the experiences of girls and women who previously received a diagnosis of Asperger Syndrome, arranged so as to provide a sort of "guide to life" for young women on the autism spectrum. One chapter, "Attraction, Dating, Sex, and Relationships" features numerous accounts of autistic women's difficulties in navigating interpersonal relationships, with the author noting:

Relationships with other people is where we are most out of our element, so we may not realise it when someone is treating us badly or we may think that it comes with the territory. ([Simone, 2010](#), p. 82)

Simone goes on to suggest that as autistic women may be prone to lose themselves in works of fiction in their youth and adolescence, this can lead to a skewed idea of how relationships work: "a very Walt Disney view of romance [...] it's nice to be idealistic, but without discrimination, we frequently end up hurt" ([Simone, 2010](#), p. 83). Simone's account,

coupled with those of the autistic women she interviewed, appears to support the hypothesis that autistic women's lower rates of sexual knowledge, and increased vulnerability due to difficulty understanding of social cues, can lead to their being taken advantage of by perpetrators (Brown-Lavoie *et al.*, 2014). Autistic women and gender diverse people, particularly those diagnosed as autistic later in life, may also be taught compliance from an early age; their meltdowns may be dismissed as "tantrums", and they may be more likely – due to gendered patterns of socialisation – to be taught to be polite and accommodating than their male peers, as reflected upon by Sally\* in a qualitative study by Seers and Hogg (2021):

[...] the socialisation of women and men is very different, so there is a lot more pressure on women and girls, right from a young age, were [are] socialised differently, we're expected to be caring and nurturing [...] (p. 1556).

This combination of factors does appear, according to the discursive evidence, to make autistic women more vulnerable to interpersonal trauma. The report, "Multiple and Intersecting Forms of Discrimination Against Autistic Women" (Blakemore *et al.*, 2017), which was submitted by a group of Australian autistic advocates to the United Nations' Special Rapporteur on Violence Against Women, features numerous accounts of autistic women's experiences of interpersonal trauma. One describes her difficulties in understanding the complex social cues that allow some non-autistic women to avoid predatory men:

I could not and still cannot see the signals [...] I let them get too close. I have been badly physically abused. I believed people who said they only did it because they loved me. (Blakemore *et al.*, 2017, p. 12)

While Aspergirls is an older text, and some of its language is now outmoded, the online discourse from Autistic girls and women supports many of its hypotheses of lived experience. Indeed, the Reddit community that shares the book's name, *r/aspergirls*, has upwards of 57,000 members at the time of writing, with countless threads relating to relationships, sex and interpersonal issues. It is online where first-person accounts of autistic experiences of interpersonal trauma have proliferated. Broadly, the guiding autistic advocacy principle of "nothing for us without us", coupled with the ease of dissemination offered by social media (particularly text-based, which may appeal to autistic people who are nonspeaking or experience mutism), has led to an explosion in first-person accounts – "autie-ethnographic" (Yergeau, 2018) narratives – of autistic experience. While much of the autistic content on platforms such as YouTube, Instagram and TikTok tends towards the explanatory (videos discussing stimming and echolalia, for example, or reviewing sensory toys), this has also led to an increase in the amount of first-person accounts of interpersonal trauma in autistic people. This can be observed in YouTube videos such as "I was groomed as an autistic teen" by the autistic content creator Olivia Hops:

I feel like autistic people are even more vulnerable because we can't read social cues properly. So here he is, having an inappropriate relationship with me, and I didn't understand that - I didn't understand he was flirting, at first, and things like that [...] I could not read the situation properly. (Hops, 2021)

## Conclusions and future directions

Clem speaks: As a late-diagnosed autistic woman who has experienced interpersonal trauma, I am acutely aware of both the dangers that autistic people raised as girls and women face in navigating sexual and emotional relationships, and the lack of clinical support for those who have experienced interpersonal trauma. Previous experiences of "one size fits all" therapeutic approaches (cognitive behavioral therapy, couples' counseling, and so on) that did little to heal my trauma, coupled with the similar experiences

of autistic friends and colleagues, have indicated that there is a desperate need for a clinical focus on interpersonal trauma that centers autistic experience. When I published *Late Bloomer (2021)*, a journalistic memoir exploring my life through a post-diagnosis prism of understanding, many readers—both fellow “late bloomers”, those diagnosed as autistic in adulthood, and those who had the privilege of autistic self-knowledge at earlier ages—communicated very similar experiences to me, especially in the context of relationships and sex. Though my own PhD research is in a different field to this paper, my use of an autie-ethnographic methodology has illuminated the extent to which autistic people are too often object, not subject. I am heartened by emerging studies that center an emancipatory model (Kourti and MacLeod, 2018), within which autistic people are able to guide research according to the principle of “nothing for us without us”, and I hope that this review goes some way towards demonstrating the urgent need to reframe clinical models of research to include the experiences of adult autistic women and gender diverse people.

Ali speaks: The autistic women I work with as a clinical psychologist have consistently told me of how they grappled with a universal relational conflict, between the desire for separateness and aloneness, and the natural human yearning for safe and secure relationships. They also told me consistently of being taken advantage of and harmed in their relationships. As easy targets for victimisation, they had the most to lose – they lost touch with the hope that there might be people out there who could treat them with respect, love and kindness, not in spite of their differences but because of their unique ways of seeing the world and connecting with others. I sought to write this paper to try to gain a better understanding of their experiences, and develop a sense of how I might provide trauma-informed *and* autism-sensitive care.

What we found in writing this paper was an emerging and inconsistent field, with non-autistic researchers mostly occupying the space. When autistic women were involved in their own narratives, themes of interpersonal trauma came up consistently. Even further – when autistic women had control over the narrative (as in the discursive evidence we have presented here from social media and memoir), they spoke boldly and frequently of their experiences of victimisation.

Further quantitative research around rates of interpersonal trauma occurring in adulthood is urgently needed, given the elevated risk of suicide in this population (Cassidy *et al.*, 2020; Pelton *et al.*, 2020). Given the gendered nature of interpersonal violence (Australian Institute of Health and Welfare, 2021), both autistic women and autistic people questioning their gender identity might be considered uniquely at risk to domestic and sexual violence in romantic relationships.

Given different ways of experiencing and expressing their sensory, emotional and social worlds, autistic women may have a different profile of post-traumatic stress than non-autistic peers. Indeed, evidence suggests a greater tendency toward dissociation, and the experience of more somatic flashbacks (Reuben *et al.*, 2021). Understanding different ways of expressing post-traumatic stress represents an important avenue for treatment flexibility when working with autistic women, and continuing to integrate the voices of autistic victim/survivors in this process (Kerns *et al.*, 2022) is key to ensuring both clinical accuracy, and avoiding further disempowerment of autistic women.

Ali speaks: In my practice with autistic women impacted by interpersonal trauma, a focus on the sensory world and the way in which trauma impacts the body is important. Polyvagal Theory offers a useful structure for myself and the client in trying to put into words things that can feel tricky to express verbally – how each person’s nervous system reacts to cues of threat and safety. I find this framework helps my autistic clients to better understand the connections between sensations in their body to their emotions. It also helps to normalise that *every* person reacts to scary things with their bodies and that they will have unique ways of expressing or experiencing these reactions. Working with dissociation and having

the confidence to enquire about it is a key part of the work with autistic women who are also victim/survivors of interpersonal trauma. As a practitioner, my experience with working with both autistic women and dissociation has taught me that there are no fancy techniques to either – adopting a mindset of willingness, and openness to the other persons way of experiencing the world, along with attention paid to interpersonal safety, can take you far.

Clem speaks: As an autistic person who has undergone various therapies to help with the effects of what would later be diagnosed as PTSD across the course of almost two decades, it has often been a struggle to put into words exactly what I am feeling, or how certain memories make me feel. While I can only attest to my own experience, I can reasonably expand that to suggest that autistic people—given their subclinical difficulties in recognising and discussing emotion—may struggle to articulate their emotions in a therapeutic setting. However my recent therapeutic experience gives me hope that there are other approaches that might benefit both autistic people and the practitioners that work with them. As in-person PTSD therapeutic techniques such as EMDR were not available due to Covid restrictions, my practitioner suggested using scripting-based exposure therapy in order to work through some difficult trauma-based belief structures. While I would not describe this process as “easy”, it was remarkable how much more eloquently I found I was able to discuss what I was feeling when I was typing it as opposed to when asked to speak about it. Additionally, I was encouraged to use images to create “mood boards” that could point to my emotions at any given moment; as a very visual thinker, I found that I was able to be much more specific in this mode than when asked to verbally describe my emotions. In putting together this paper, the encouraging results of studies that used text-based approaches (such as online forums and surveys), coupled with the proliferation of “#OwnVoices” anecdotes on social media, suggest that moving away from an exclusively “talk therapy” focused mode—or at least considering implementing other complementary approaches—could be a fruitful approach for practitioners looking to work with autistic people who have experienced interpersonal trauma.

An exciting framework we learned about in the course of research for this paper was the idea of “emancipatory research”, as discussed by [Kourti and MacLeod \(2018\)](#). The emancipatory research framework seeks to include all participants as active stakeholders within the research process from start to finish. Such an approach treats autistic participants as experts in their own lives and of having different ways of approaching research questions that may be overlooked by non-autistic researchers ([Milton, 2014](#)). The emancipatory research framework is also in line with the goals of trauma-informed care, which are to restore control and power to those that have been victimised and disempowered ([Herman, 2015](#)).

There are limitations to the present review. It cannot be considered an exhaustive review of the available literature, as we did not have the resources to conduct a systematic review. It is important to acknowledge that our review drew mostly on studies that centre the voices of autistic people who communicate verbally, and may have inadvertently excluded autistic people who are nonspeaking, or who have cognitive impairments, or other comorbid difficulties that prevent them from participating in research or discursive mediums. Including text-based social media (such as Twitter, blogs and messageboards) in our review of discursive evidence was a way, albeit not exhaustive, to include the experiences of nonspeaking autistic people.

Ali speaks: One specific suggestion that comes to mind in the context of this review is the use of Internet forums to include more representative samples of autistic women in qualitative research. This would include autistic adults who may be non-speaking, or do not wish to participate in normative verbal interactions with a researcher that is essentially a stranger to them. Such a format to gathering qualitative data offers a structured method of facilitating open discussion around potentially traumatic themes, through the use of specifically labelled threads. This framework may offer not only greater containment and

safety to a more diverse group of participants, it also generates safe and rewarding community discussion between autistic adults.

Clem speaks: The use of online forums and chat services like WhatsApp and Messenger strike me as offering fruitful possibilities for future qualitative research. Not only does this open up the research to non- or minimally-speaking autistic adults, it also meets Autistic individuals in a context that they find comfortable. Given the already heightened emotional nature of discussing interpersonal trauma, the opportunity to do so in the safe space of “online” would be an ethical and caring way to conduct further qualitative research. Autistic people are too often considered “object” of research; this would be a way to respect their subjectivity and allow Autistic modes of communication to flourish.

While social media posts and first-person essays do not constitute “hard” evidence, they provide compelling evidence to support this paper’s thesis, that the interpersonally traumatic experiences of autistic women are underacknowledged. The combined weight of these first-person accounts, and the nature of the discussion of the role autism played in their experiences (be it relating to reading social cues, not understanding consent, or struggling to emotionally process traumatic experiences), suggests that further research into the experiences of adult autistic women is desperately needed.

When Autistic women and girls, with their unique needs and diagnostic characteristics, are not recognized in society, they are not protected by the supports afforded to others in society. They do not have the same protections against violence as their peers and in addition, are often abused by the health system that is intended to help them. (Blakemore *et al.*, 2017, p. 5)

The autistic author and non-clinical practitioner Sarah Hendrickx identifies that autistic women may benefit from therapeutic support to better understand how they might be vulnerable, and how to protect themselves. She identifies a quote from an autistic woman:

I listed 10 qualities I wanted in a man. Sounds strict, but had to set limits for myself to keep from being vulnerable. (Hendrickx, 2015, p. 216)

We support therapeutic interventions designed to educate and empower autistic women to understand themselves in social context – to appreciate the ways in which they may be vulnerable to interpersonal trauma. However, any such intervention that isn’t supported by a strong feminist framework that makes it explicit that it is not the *fault* or *deficit* of autistic women that makes them vulnerable, but gendered power dynamics within society that create these conditions, is going to engender further Autistic shame and disempowerment.

Furthermore, focussing only on experiences of adult sexual assault without considering experiences of childhood sexual abuse, and vice versa, may yield ineffective treatment and broader social prevention work, given the different social-power factors related to each (Cazalis *et al.*, 2022). Further research would do well to highlight more nuanced data relating to age and sexual assault/abuse in autistic women. Those hoping to prevent revictimization (either in a therapeutic space or social/policy spaces) should avoid an exclusive focus on either childhood sexual abuse or adult sexual assault – at the risk of infantilising autistic women by failing to acknowledge their adult sexual experiences, or by dismissing experiences of double disempowerment as autistic children.

We believe this review demonstrates the destructive impacts of a lack of autism-specific support for autistic women, and the ways in which this lack amplifies pre-existing vulnerabilities to interpersonal trauma. Therefore, we are supportive of systemic changes that may address the implicit gender bias that often leaves autistic women undiagnosed until adulthood – this might include assertive diagnostic processes that seek to explicitly exclude autism when women and girls present to mental health services with presentations that can resemble autism, such as personality disorders or complex trauma responses. We support health practitioners working with autistic women with openness and curiosity, and a willingness to enquire about traumatic or unsafe interpersonal experiences, and provide

psychoeducation about the same. More broadly, the overarching conclusion within each point of this paper can be understood by returning to our title, “Nothing For Us, Without Us”: it is time to listen to the voices of autistic women.

## Note

1. We have used “identity first” language throughout this paper, reflecting the growing shift away from so-called “person first” language – person with autism – in autistic-led advocacy and the preference of this paper’s autistic co-author.

## References

- Allely, C.S. (2019), “Understanding and recognising the female phenotype of autism spectrum disorder and the ‘camouflage’ hypothesis: a systematic PRISMA review”, *Advances in Autism*, Vol. 5 No. 1, pp. 14-37.
- Allely, C.S. and Faccini, L. (2020), “The importance of considering trauma in individuals with autism spectrum disorder: considerations and clinical recommendations”, *Journal of Forensic Practice*, Vol. 22 No. 1, pp. 23-28.
- Australian Institute of Health and Welfare (2021), *Family, Domestic and Sexual Violence Data in Australia*, Cat. No. FDV 6, AIHW, Canberra.
- Baldwin, S. and Costley, D. (2015), “The experiences and needs of female adults with high-functioning autism spectrum disorder”, *Autism*, Vol. 20 No. 4, pp. 483-495.
- Bargiela, S., Steward, R. and Mandy, W. (2016), “The experiences of late-diagnosed women with autism spectrum conditions: an investigation of the female autism phenotype”, *Journal of Autism and Developmental Disorders*, Vol. 46 No. 10, pp. 3281-3294.
- Blakemore, M., Robertson, G., Hansford, S., Richardson, T., Dalcombe, J., Smith, S. and McCaffrey, N. (2017), “Multiple and intersecting forms of discrimination against autistic women”, [online], available at: [www.australianautismalliance.org.au/wp-content/uploads/2017/03/Autistic-Women.pdf](http://www.australianautismalliance.org.au/wp-content/uploads/2017/03/Autistic-Women.pdf) (accessed 29 November 2021).
- Brown-Lavoie, S.M., Vecili, M.A. and Weiss, J.A. (2014), “Sexual knowledge and victimisation in adults with autism spectrum disorders”, *Journal of Autism and Developmental Disorders*, Vol. 44 No. 9, pp. 2185-2196.
- Cassidy, S.A., Gould, K., Townsend, E., Pelton, M., Robertson, A.E. and Rodgers, J. (2020), “Is camouflaging autistic traits associated with suicidal thoughts and behaviours? Expanding the interpersonal psychological theory of suicide in an undergraduate student sample”, *Journal of Autism and Developmental Disorders*, Vol. 50 No. 10, pp. 3638-3648.
- Cazalis, F., Reyes, E., Leduc, S. and Gourion, D. (2022), “Evidence that nine autistic women out of ten have been victims of sexual violence”, *Frontiers in Behavioural Neuroscience*, Vol. 16.
- Cridland, E.K., Jones, S.C., Caputi, P. and Magee, C.M. (2014), “Being a girl in a boys’ world: investigating the experiences of girls with autism spectrum disorders during adolescence”, *Journal of Autism and Developmental Disorders*, Vol. 44 No. 6, pp. 1261-1274.
- Crompton, C.J., Ropar, D., Evans-Williams, C.V.M., Flynn, E.G. and Fletcher-Watson, S. (2020), “Autistic peer-to-peer information transfer is highly effective”, *Autism*, Vol. 24 No. 7, pp. 1704-1712.
- Davidson, J. and Tamas, S. (2016), “Autism and the ghost of gender”, *Emotion, Space and Society*, Vol. 19, pp. 59-65.
- Dworzynski, K., Ronald, A., Bolton, F. and Happé, F. (2012), “How different are girls and boys above and below the diagnostic threshold for autism spectrum disorders?”, *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 51 No. 8, pp. 788-797.
- Gibbs, V., Hudson, J., Hwang, Y.I., Arnold, S., Trollor, J. and Pellicano, E. (2021), “Experiences of physical and sexual violence as reported by autistic adults without intellectual disability: rate, gender patterns and clinical correlates”, *Research in Autism Spectrum Disorders*, Vol. 89.
- Griffiths, S., Allison, C., Kenny, R., Holt, R., Smith, P. and Baron-Cohen, S. (2019), “The vulnerability experiences quotient (VEQ): a study of vulnerability, mental health and life satisfaction in autistic adults”, *Autism Research*, Vol. 12 No. 10, pp. 1516-1528.

- Haruvi-Lamdan, N., Horesh, D., Zohar, S., Kraus, M. and Golan, O. (2020), "Autism spectrum disorder and post-traumatic stress disorder: an unexplored co-occurrence of conditions", *Autism*, Vol. 24 No. 4, pp. 884-898.
- Heilker, P. and Yergeau, M.R. (2011), "Autism and rhetoric", *College English*, Vol. 73 No. 5, pp. 485-497.
- Hendrickx, S. (2015), *Women and Girls with Autism Spectrum Disorder: Understanding Life Experiences from Early Childhood to Old Age*, Jessica Kingley Publishers, London, UK.
- Herman, J. (2015), *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*, Basic Books.
- Hofvander, B., Delorme, R., Chaste, P., Nydén, A., Wentz, E., Ståhlberg, O., Herbrecht, E., Stopin, A., Anckarsäter, H., Gillberg, C., Råstam, M. and Leboyer, M. (2009), "Psychiatric and psychosocial problems in adults with normal-intelligence autism spectrum disorders", *BMC Psychiatry*, Vol. 9 No. 35.
- Holmes, L.G., Strassberg, D.S. and Himle, M.B. (2020), "Family sexuality communication: parent report for autistic young adults versus a comparison group", *Journal of Autism and Developmental Disorders*, Vol. 50 No. 8, pp. 3018-3031.
- Hops, O. (2021), "I was groomed as an autistic teen | AUTISM in GIRLS", 26 July, available at: [www.youtube.com/watch?v=dnHlPkAM9IA](https://www.youtube.com/watch?v=dnHlPkAM9IA) (accessed 25 November 2021).
- Hull, L. and Mandy, W. (2017), "Protective effect or missed diagnosis? Females with autism spectrum disorder", *Future Neurology*, Vol. 12 No. 3, pp. 159-169.
- Hull, L., Petrides, K.V. and Mandy, W. (2020), "The female autism phenotype and camouflaging: a narrative review", *Review Journal of Autism and Developmental Disorders*, Vol. 7 No. 4, pp. 306-317.
- Joyal, C.C., Carpentier, J., McKinnon, S., Normand, C.L. and Poulin, M.-H. (2021), "Sexual knowledge, desires, and experience of adolescents and young adults with an autism spectrum disorder: an exploratory study", *Frontiers in Psychiatry*, Vol. 12.
- Kanfischer, L., Davies, F. and Collins, S. (2017), "I was just so different': the experiences of women diagnosed with an autism spectrum disorder in adulthood in relation to gender and social relationships", *Autism*, Vol. 21 No. 6, pp. 661-669.
- Kerns, C.M., Kendall, P.C., Zickgraf, H., Franklin, M.E., Miller, J. and Herrington, J. (2015), "Not to be overshadowed or overlooked: functional impairments associated with comorbid anxiety disorders in youth with ASD", *Behavior Therapy*, Vol. 46 No. 1, pp. 29-39.
- Kerns, C.M., Lankenau, S., Shattuck, P.T., Robins, D.L., Newschaffer, C.J. and Berkowitz, S.J. (2022), "Exploring potential sources of childhood trauma: a qualitative study with autistic adults and caregivers", *Autism*, Vol. 26 No. 8, pp. 1987-1998.
- Kirkovski, M., Enticott, P.G. and Fitzgerald, P.B. (2013), "A review of the role of female gender in autism spectrum disorders", *Journal of Autism and Developmental Disorders*, Vol. 43 No. 11, pp. 2584-2603.
- Kock, E., Strydom, A., O'Brady, D. and Tantam, D. (2019), "Autistic women's experience of intimate relationships: the impact of an adult diagnosis", *Advances in Autism*, Vol. 5 No. 1, pp. 38-49.
- Kourti, M. and MacLeod, A. (2018), "I don't feel like a gender, I feel like myself": autistic individuals raised as girls exploring gender identity", *Autism in Adulthood*, Vol. 1 No. 1, pp. 52-59.
- Lockwood-Estrin, G., Milner, V., Spain, D., Happé, F. and Colvert, E. (2020), "Barriers to autism spectrum disorder diagnosis for young women and girls: a systematic review", *Review Journal of Autism and Developmental Disorders*, Vol. 8 No. 4, pp. 454-470.
- Loomes, R., Hull, L. and Mandy, W. (2017), "What is the male-to-female ratio in autism spectrum disorder? A systematic review and meta-analysis", *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 56 No. 6, pp. 466-474.
- Luterman, S. (2020), "Review: 'love on the spectrum' is kind, but unrepresentative", available at: [www.spectrumnews.org/opinion/reviews/review-love-on-the-spectrum-is-kind-but-unrepresentative/](https://www.spectrumnews.org/opinion/reviews/review-love-on-the-spectrum-is-kind-but-unrepresentative/) (accessed 25 November 2021).
- Mehtar, M. and Mukaddes, N.M. (2011), "Posttraumatic stress disorder in individuals with diagnosis of autistic spectrum disorders", *Research in Autism Spectrum Disorders*, Vol. 5 No. 1, pp. 539-546.
- Milner, V., McIntosh, H., Colvert, E. and Happé, F. (2019), "A qualitative exploration of the female experience of autism spectrum disorder (ASD)", *Journal of Autism and Developmental Disorders*, Vol. 49 No. 6, pp. 2389-2402.

- Milton, D.E. (2014), "Autistic expertise: a critical reflection on the production of knowledge in autism studies", *Autism*, Vol. 18 No. 7, pp. 794-802.
- National Sexual Violence Resource Center (2018), "Responding to survivors with autism spectrum disorders: an overview for sexual assault advocates", [online], available at: [www.nsvrc.org/responding-survivors-autism-spectrum-disorders-overview-sexual-assault-advocates](http://www.nsvrc.org/responding-survivors-autism-spectrum-disorders-overview-sexual-assault-advocates) (accessed 30 November 2021).
- Ohlsson Gotby, V., Lichtenstein, P., Långström, N. and Pettersson, E. (2018), "Childhood neurodevelopmental disorders and risk of coercive sexual victimisation in childhood and adolescence – a population-based prospective twin study", *Journal of Child Psychology and Psychiatry*, Vol. 59 No. 9, pp. 957-965.
- Pecora, L.A., Hancock, G.I., Mesibov, G.B. and Stokes, M.A. (2019), "Characterising the sexuality and sexual experiences of autistic females", *Journal of Autism and Developmental Disorders*, Vol. 49 No. 12, pp. 4834-4846.
- Pelton, M.K., Crawford, H., Robertson, A.E., Rodgers, J., Baron-Cohen, S. and Cassidy, S. (2020), "Understanding suicide risk in autistic adults: comparing the interpersonal theory of suicide in autistic and non-autistic samples", *Journal of Autism and Developmental Disorders*, Vol. 50 No. 10, pp. 3620-3637.
- Reuben, K.E., Stanzione, C.M. and Singleton, J.L. (2021), "Interpersonal trauma and posttraumatic stress in autistic adults", *Autism in Adulthood*, Vol. 3 No. 3.
- Robinson, E.B., Lichtenstein, P., Anckarsäter, H., Happé, F. and Ronald, A. (2013), "Examining and interpreting the female protective effect against autistic behavior", *Proceedings of the National Academy of Sciences*, Vol. 110 No. 13, p. 5258.
- Rumball, F. (2019), "A systematic review of the assessment and treatment of posttraumatic stress disorder in individuals with autism spectrum disorders", *Review Journal of Autism and Developmental Disorders*, Vol. 6 No. 3, pp. 294-324.
- Rumball, F., Brook, L., Happé, F. and Karl, A. (2021), "Heightened risk of posttraumatic stress disorder in adults with autism spectrum disorder: the role of cumulative trauma and memory deficits", *Research in Developmental Disabilities*, Vol. 110.
- Rumball, F., Happé, F. and Grey, N. (2020), "Experience of trauma and PTSD symptoms in autistic adults: risk of PTSD development following DSM-5 and non-DSM-5 traumatic life events", *Autism Research*, Vol. 13 No. 12, pp. 2122-2132, doi: [10.1002/aur.2306](https://doi.org/10.1002/aur.2306).
- Schöttle, D., Briken, P., Tüscher, O. and Turner, D. (2017), "Sexuality in autism: hypersexual and paraphilic behavior in women and men with high-functioning autism spectrum disorder", *Dialogues in Clinical Neuroscience*, Vol. 19 No. 4, pp. 381-393.
- Seers, K. and Hogg, R.C. (2021), "You don't look autistic': a qualitative exploration of women's experiences of being the 'autistic other'", *Autism*, Vol. 25 No. 6, pp. 1553-1564.
- Simone, R. (2010), *Aspergirls: Empowering Females with Asperger Syndrome*, Jessica Kingsley Publishers, London.
- Smail, D. (2005), *Power, Interest and Psychology - Elements of a Social Materialist Understanding of Distress*, PCCS Books, Monmouth.
- Taylor, J.L. and Gotham, K.O. (2016), "Cumulative life events, traumatic experiences, and psychiatric symptomatology in transition-aged youth with autism spectrum disorder", *Journal of Neurodevelopmental Disorders*, Vol. 8 No. 28.
- Tomsa, R., Gutu, S., Cojocaru, D., Gutiérrez-Bermejo, B., Flores, N. and Jenaro, C. (2021), "Prevalence of sexual abuse in adults with intellectual disability: systematic review and Meta-Analysis", *International Journal of Environmental Research and Public Health*, Vol. 18 No. 4.
- Van Wijngaarden-Cremers, P.J., van Eeten, E., Groen, W.B., Van Deurzen, P.A., Oosterling, I.J. and Van der Gaag, R.J. (2014), "Gender and age differences in the core triad of impairments in autism spectrum disorders: a systematic review and meta-analysis", *Journal of Autism and Developmental Disorders*, Vol. 44 No. 3, pp. 627-635.
- Warrier, V., Greenberg, D.M., Weir, E., Buckingham, C., Smith, P., Lai, M.-C., Allison, C. and Baron-Cohen, S. (2020), "Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals", *Nature Communications*, Vol. 11 No. 1, p. 3959.
- Weiss, J.A. and Fardella, M.A. (2018), "Victimisation and perpetration experiences of adults with autism", *Frontiers in Psychiatry*, Vol. 9 No. 10.

Yergeau, M.R. (2018), *Authoring Autism: On Rhetoric and Neurological Queerness*, Duke University Press, Durham, NC.

Zener, D. (2019), "Journey to diagnosis for women with autism", *Advances in Autism*, Vol. 5 No. 1, pp. 2-13.

### Further reading

Gillberg, I.C., Helles, A., Billstedt, E. and Gillberg, C. (2016), "Boys with Asperger syndrome grow up: psychiatric and neurodevelopmental disorders 20 years after initial diagnosis", *Journal of Autism and Developmental Disorders*, Vol. 46 No. 1, pp. 74-82.

King, R. (2010), "Commentary: complex post-traumatic stress disorder: implications for individuals with autism spectrum disorders-part I", *Journal on Developmental Disabilities*, Vol. 6 No. 3, pp. 91-100.

Lai, M.-C., Kasseh, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P. and Ameis, S.H. (2019), "Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis", *The Lancet Psychiatry*, Vol. 6 No. 10, pp. 819-829.

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