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## A qualitative investigation of risk and protective factors for interpersonal violence in adults on the autism spectrum

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### ABSTRACT

Individuals on the autism spectrum are at an increased risk of experiencing violence. This study sought to understand the opinions of adults on the spectrum regarding potential risk and protective factors for interpersonal violence. Twenty-two adults (12 men; 18 to 53 years of age) participated in semi-structured qualitative interviews. Interviews were recorded, transcribed, and analysed. The results of the qualitative analysis identified individual and contextual risk and protective factors. Protective themes focused on individual needs (awareness of the self and the environment, interpersonal knowledge/skills, skill building strategies) and supportive contexts (benefits of a trusted person, advocates, fostering acceptance and inclusion). There is a need for strategies to decrease the vulnerability to, and the impact of, interpersonal violence. Individuals on the spectrum have the capacity to provide important information regarding safety promotion and risk factors for interpersonal violence, and their expertise should play a role in guiding efforts that promote safety.

### ARTICLE HISTORY

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### KEYWORDS

autism spectrum;  
interpersonal violence; risk;  
violence prevention; safety

### Points of interest

- Interpersonal violence refers to violence that occurs between people who know each other, and negatively impacts both children and adults.
- Adults on the autism spectrum were interviewed to find out what they believed the risk and protective factors were for experiencing interpersonal violence.
- Participants shared that it is important to understand interpersonal violence by looking at both individual factors and the person's environment.
- Individuals may benefit from gaining knowledge and skills around relationships and safety, and becoming more aware of themselves and their

surroundings. It may be protective for environments (work/school/home) to be accepting and encourage inclusion, and to have advocates and trusted persons in their lives that they can rely on for support.

- This research recommends that effective programs are needed that provide training to those on the autism spectrum, and support persons and safe environments are also key to keeping individuals safe.

## Introduction

Adults on the autism spectrum<sup>1</sup> experience a variety of difficulties that may make them more likely to experience interpersonal violence than typically developing peers/adults who are not on the spectrum. Interpersonal violence refers to violence and abuse that occurs between people who know each other. Interpersonal violence research encompasses work related to child maltreatment (sexual victimization, physical victimization, and neglect), intimate partner violence, dating violence, and bullying (Hamby and Grych 2013) and has far reaching negative impacts among both children and adults (e.g. Janssen et al. 2004; Mandell et al. 2005; Weiss, Longhurst, and Mazure 1999). Little is known about the violence experiences of adults on the autism spectrum. A recent study of sexual victimization in adults on the spectrum found that 70% had experienced some form of sexual victimization after age 14 years and into adulthood (Brown-Lavoie, Vecili, and Weiss 2014), and more work is needed to determine the factors that lead to interpersonal violence and ways of addressing it.

The ecological model (Bronfenbrenner 1977, 1979; Heise 1998) has been proposed as an applicable model for understanding interpersonal violence across the lifespan (Messman-Moore and Long 2003). This model proposes that being the victim of interpersonal violence can be understood within four levels of factors: ontogenic development (individual factors or experiences such as mental health, knowledge of safety and relationships, etc...), microsystem (the immediate context of victimization, personal relationships etc...), exosystem (the community context in which relationships occur, such as school and work, the available community resources, etc...) and macrosystem (broader societal/cultural norms around abuse and autism, disability inequalities, etc...). It is likely that many of the individual and contextual variables found to increase vulnerability to violence in the general population may also put individuals on the autism spectrum at risk, though this has yet to be studied. Individuals on the autism spectrum have high rates of unemployment, less education and difficulty transitioning into employment (Roux et al. 2013; Shattuck et al. 2012), and histories of childhood victimization (Mandell et al. 2005). They also experience high rates of mental health problems (Stahlberg et al. 2004), difficulties with emotion

regulation (Klin and Volkmar 2003) and difficulties with deception detection (Dennis, Lockyer, and Lazenby 2000). These characteristics and experiences may interact with social and communication deficits to further increase their vulnerability to violence.

There are several risk factors that likely increase the risk for interpersonal violence in adults on the autism spectrum, across micro to macrosystems. At a microsystem level, the experience of social isolation has been well documented: individuals on the autism spectrum often lack close, supportive friendships, and reciprocal relationships in general (e.g. Baron-Cohen and Wheelwright 2003; Howlin et al. 2004; Howlin et al. 2013; Liptak, Kennedy, and Dosa 2011; Orsmond, Krauss, and Seltzer 2004; Orsmond et al. 2013). This limited access to safe, consistent relationships in adulthood, outside of the family, may place a person at risk for interacting with exploitative or otherwise negative relationships and at risk for mental health issues (Mazurek 2014). In the exosystem, the workplace is one environment where stigma about performance, co-worker bullying, and other challenges exist (Hedley et al. 2017; McIntosh 2016). A lack of resources and training around safety is another barrier, although training programmes are developing (Self et al. 2007). From a macrosystem level, adults on the autism spectrum face considerable stigma and discrimination because of their often 'hidden disability' (Bancroft et al. 2012; Neely and Hunter 2014), similar to the experience of people with other developmental disabilities (Morin et al. 2013) and with mental health disorders (i.e. schizophrenia; Durand-Zaleski et al. 2012). There is a need for research to further our understanding of the risk and protective factors of interpersonal violence as they exist within these contexts.

To date, almost all studies on interpersonal violence in this population have been quantitative in nature, documenting higher rates of specific forms of victimization (e.g. Brown- Lavoie, Vecili, and Weiss 2014; Cappadocia, Weiss and Pepler 2012; Mandell et al. 2005). One study has used qualitative interviews with youths on the autism spectrum to examine the role of social support in bullying experiences, and found that isolation increased their vulnerability to interpersonal violence (Humphrey and Symes 2010). Using qualitative approaches to explore interpersonal violence can further our understanding of individual experiences, provide new leads for quantitative studies, and enhance social awareness (Bölte 2014; Howard, Cohn, and Orsmond 2006; Huws and Jones 2008). Past interviews with adults on the autism spectrum have provided valuable information about challenges and required supports in areas of employment and independence, social support, sexual behaviours, dating relationships, and other interpersonal relationships, among others (e.g. Griffith et al. 2011; Müller et al. 2003; Müller, Schuler, and Yates 2008). Qualitative research has also been used to explore highly emotional experiences in adults on the autism spectrum, such as the quality of

trauma recall after motor vehicle accidents (Harvey and Bryant 1998). Past qualitative studies provide narratives of isolation, difficulty initiating social interaction, and longing for greater intimacy, which are all important to having a well-developed understanding of the social experiences (Müller et al. 2008). Studies have yet to examine the risk and protective elements to interpersonal violence as voiced by those on the autism spectrum.

### ***Research goals***

The purpose of the current study was to identify the risk and protective factors, and potential ways of addressing interpersonal violence, in adults on the autism spectrum, and it sought to determine whether participants identified factors at different levels of the ecological model.

### **Methods**

#### ***Participants***

Participants included 22 adults, 10 women and 12 men, who ranged in age from 18 to 53 years ( $M = 30.0$ ,  $SD = 10.47$ ). Participants reported that a diagnosis of being on the autism spectrum was received by a registered health professional qualified to make the diagnosis, which was confirmed with the completion of the Autism Diagnostic Observation Schedule-2 by a trained graduate student (Lord et al. 2012). Individuals had IQ scores ranging from 94 to 133 ( $M = 112.05$ ,  $SD = 9.8$ ), as measured by the Wechsler Abbreviated Scale of Intelligence (WASI-II; Wechsler 1999) (Table 1).

#### ***Procedure***

Participants were recruited through notices to community-based programmes and organizations offering services to adults on the autism spectrum across Ontario, Canada. Notices were also posted on online autism communities, distributed through several colleges'/universities' academic support services, and distributed by participants to others at their discretion. The York University ethics board approved this research and all participants provided informed consent. The consent form identified that the study was focused on violence experiences, and defined interpersonal violence for participants ("Interpersonal violence refers to violence and abuse that occurs between people who know each other"). As part of the consent process, participants were made aware that the interviewer could connect them with community supports if desired, as the content of the interviews could generate discomfort.

**Table 1.** Participant characteristics.

Participant number	Age	IQ	Sex
1	28	123	Male
2	20	104	Female
3	37	123	Male
4	25	114	Male
5	44	117	Female
6	21	102	Male
7	27	108	Male
8	26	118	Female
9	22	97	Male
10	43	116	Female
11	21	21	Male
12	22	129	Male
13	31	133	Female
14	42	111	Female
15	47	112	Male
16	29	115	Male
17	23	115	Male
18	53	110	Female
19	22	101	Female
20	19	103	Female
21	40	111	Female
22	18	94	Male

A trained graduate student interviewed all participants. Interviews were conducted in a private space, often in participants' homes or in private locations in the community (e.g. private rooms in libraries and office spaces). The interviews lasted from 5 to 30 min (not including the consent process) with the average interview lasting approximately 13 min. Participants were asked all of the questions as described below in the Methodological Approach section. Location and time of day was arranged with participants and their preferences were followed. Sensory needs were also accommodated when identified by participants (e.g. lighting). Participants could skip questions if they desired, and some participants chose to skip a question when they felt they did not have an answer.

### *Methodological approach*

All participants completed an in depth semi-structured interview. The open-ended method was used to help elicit detailed responses (Morse and Field 1995). A minimal number of broad, data-generating questions were asked, which were designed to encourage participants to discuss relevant risk and protective factors. Interviews were conducted in line with the guidelines described by Mathieson (1999), where participants are listened to, their responses are interpreted by the researcher, and the interpretations are then provided to the participant, resulting in a co-authored interview shaped by the participant's responses. Open-ended queries (e.g. "Tell me more about it") were also utilized to further the narratives. Care was taken to not introduce themes during queries. Interviews were audio-taped and transcribed

verbatim. The interview script read as follows, with pauses for participants to respond between each of the three questions. Participants were asked each of the following questions:

"We are interested in learning about interpersonal violence. Interpersonal violence is violence that occurs between two people, such as child abuse, abuse from a partner, physical abuse, sexual abuse, and emotional abuse. We know lots of people experience interpersonal violence and we want to learn more about how we can keep individuals with autism spectrum disorders<sup>2</sup> from experiencing interpersonal violence.

1. What would you say makes it hard for individuals with autism spectrum disorders to stay safe?
2. What are some things that you would recommend individuals with autism spectrum disorders can do for themselves to help keep themselves safe?
3. What are some things that you would recommend be done by families and professionals (like teachers, therapists, people in the community) to help keep individuals with autism spectrum disorders safe?"

Transcripts had all identifying information removed and checked for accuracy. They were analysed electronically utilizing a thematic approach in NVivo7. A thematic analysis was used with individual interviews (Braun and Clarke 2006), similar to previous studies involving individuals on the autism spectrum (Ryan 2010) including the following phases: 1) data familiarization, 2) generation of initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) report production. Two members of the research team thoroughly read the transcripts to familiarize themselves with the data, and to gain an overall sense of participant views and experiences. These members generated initial codes based on the raw transcript data. The research team discussed their overall sense of the data and the codes, and potential themes that the data may produce. They then collapsed codes under potential themes and double coded the transcripts, reviewing and discussing their process through each quarter of the transcripts. Differences in coding and theme generation were examined through discussions with members of the research team until a consensus was reached. A third member participated in defining and naming themes. Members of the research team have considerable experience working with individuals on the autism spectrum across the lifespan, demonstrating prolonged engagement with the population. Negative case analysis (i.e. comments that did not map on to the emergent themes) and peer debriefing (i.e. discussions to examine ideas and possible biases among the team and analyses of interviews), were used to ensure rigour and methodological soundness. The following credibility and quality indicators recommended by Brantlinger et al.

(2005) were also employed: An attempt was made in the discussion to provide thick, detailed description (reporting sufficient quotes to provide evidence for interpretations), and a detailed audit trail was completed (tracking information, including interviews conducted, time spent with participants, etc). The authors also ensured that appropriate participants were selected and recruited by following strict inclusion protocol, that the interview questions were reasonable and clearly worded, and that reliable, confidential recording was completed for every participant. Participant quotes that illustrated each theme were then selected for inclusion in the results.

## Results

The results of the thematic analysis revealed two overarching and interrelated themes: 1) Individual Needs and 2) Supportive Contexts (Table 2). These themes, as well as the subthemes found within them, are described below.

### *Individual needs*

Participants discussed several ways that their individual needs could be met. Almost all participants highlighted the importance of increasing awareness of self and the environment, and of developing interpersonal safety skills.

### *Awareness of self and the environment*

Participants described the importance of having an awareness of one's surroundings and of things within the environment: "Always be aware of your surroundings. The worst thing you can do in public is to zone out..." (Participant 21). 'Zoning out', or not being aware, was thought to lead to increased vulnerability to violence. Individuals described a lack of intuition, or gut feeling, with regard to safe and unsafe situations, as well as having self-doubts about their own intuition: "It's harder for me to rely on instinct because in my childhood I was often told that I don't have instinct so I was told to always doubt my gut" (Participant 21). Other participants expressed doubting their intuition or being delayed in understanding what a gut feeling may be saying about safety in a relationship:

**Table 2.** Themes and subthemes identified by participants.

Theme	Subtheme
1. Individual Needs	1.1 Awareness of self and the environment
	1.2 Interpersonal knowledge/skills
	1.3 Skill building strategies
2. Supportive Contexts	2.1 Benefits of a trusted person
	2.2 Advocates
	2.3 Fostering acceptance and inclusion

"If I am bullied, or taken advantage of... the person gets to do it for a while because it takes me a long time to realize what they are doing... it takes me a while to make the connection that they are behaving in a way that somewhere in my brain is saying to me is 'unsafe'" (Participant 5).

A few participants emphasized the need for an awareness of their own individual limits in social situations. Being overwhelmed and the need to multitask in social contexts were identified as factors that can impede awareness in dangerous contexts:

"Every little thing is an individual thing that I have to pay attention to. It's important to be aware of what your limits are. Have an awareness about the fact that those things [overwhelm] play into your feelings in the moment and your decisions in the moment" (Participant 5).

They also described the need to have an awareness of their own negative actions within social interactions, and their impact on the nature of the interaction: "People with social deficiencies might upset other people without knowing it" (Participant 21).

### *Interpersonal knowledge/skills*

Participants described needing to have a better understanding of relationships, specifically to know how to identify negative relationships and abuse, to choose appropriate people to engage with, and to be actively aware of whom to stay away from: "Be very careful with people. Pick your companions very carefully" (Participant 15). Some participants shared that adults on the autism spectrum needed to learn more about how to read body language and non-verbal cues to stay safe: "People with ASD don't always pick up social cues. Certain body language could be missed" (Participant 18). This extends to the importance of learning about privacy and boundaries, as individuals on the autism spectrum may speak openly or intimately with individuals they do not know well, and may miss danger cues within interpersonal interactions: "...they'd be more vulnerable to violence from friends or dates. Like they'd not pick up on a cue that their date is taking advantage of them or forcing them to do something" (Participant 19).

Participants contrasted this awareness with the tension that arises due to the lack of relationships and the impact that loneliness can have on safety. Many spoke of a strong need for connection that can lead to initial contact, or maintaining contact, with unsafe and perpetrating individuals:

"It was just because I was so desperate for friendship. I would be weary of that. I was lucky that you know nothing ever came of it but that desperation for contact can sometimes lead you to do things you wouldn't normally do or people you wouldn't normally associate with" (Participant 12).

Participants may also stay involved with those who may make them feel unsafe, because of a desire to ‘people please’ and a lack of assertiveness: “There is often a desire to be compliant in a situation with an authority figure or with adults” (Participant 3). Some reported difficulty saying “no” within relationships. Participants also described a concern about the tendency to be easily trusting, and a need for vigilance in whom one should trust: “Really try to get to know people as best you can because you start to learn whom you can trust and whom you can’t. And if you can’t trust them, stay away from them” (Participant 15).

### *Skill building strategies*

Many methods were suggested to assist those on the autism spectrum to learn the above-mentioned skills. Participants shared that courses focusing on areas of deficit would be beneficial, for various ages and ability levels, both within and external to the school system: “... a general course that kids or teens or young adults can take on staying safe” (Participant 8). It was felt that lessons should focus on specific areas of deficit and use specific examples to teach:

“When teaching about sexual violence you could say ‘Keep an eye out for this, these are risk factors, these are things you want to avoid’. These things may be obvious to a neurotypical person but might not be obvious to someone with ASD” (Participant 18).

The importance of practice and role-play to assist with the integration of skills and knowledge regarding safety was stressed by more than one participant: “... what would really be helpful is to practise – like when children are young to practise role-playing games in various dangerous situations so they’ll know exactly what to do when something happens” (Participant 21).

Participants called attention to the importance of learning skills through exposure to the world, independent living, and life experiences. They spoke of not being sheltered or being helped when it is not needed:

“Some parents think that because we have autism we need to be sheltered, we need to be caged in, we need help, when some of us don’t need help. I am perfectly fine in doing things by myself, I could take care of myself...Some individuals with ASD do need help but not all” (Participant 22).

Learning safety skills was seen to come from developmentally appropriate freedom:

“We should have a little bit more freedom...parents should give their kids a chance to prove themselves so they can take care of themselves instead of doing it for them. They should be able to do it themselves. Test them to see if they can do it themselves. Treat us like a person, not children” (Participant 22).

A few also recommended learning from others on the autism spectrum:

"People who are on the spectrum need access to their peers to learn from each other. There's a blog I read... she is on the spectrum though and she was writing the other day that she basically had to be taught how to tell lies and that in some situations it can actually help people stay safe and that goes contrary to popular opinion of course. But if telling a lie means that you're able to leave a harmful situation sooner than you would have otherwise been able to, then you know what? You go ahead and tell that lie" (Participant 14).

### ***Supportive contexts***

Themes emerged that touched on several contextual factors that may reduce the risk of being a victim of interpersonal violence. From a microsystem perspective, participants discussed the importance of having the option to involve trusted people for support, knowledge, and protection. Advocates were described as having an important role to effect positive change in the exosystem by minimizing risk. At a macrosystem level, many spoke of increasing awareness of the autism spectrum in the community, and the benefits of feeling accepted, respected, and included within society.

***Benefits of a trusted person.*** Participants cited many benefits to having a relationship with a trusted person, including having someone to confide in and receiving guidance to better understand situations. They discussed how it would be useful to have a person who is accessible, non-judgmental, and willing to listen, such as a family member, friend, or professional:

"Be there for them and emphasize that you are somebody to talk to if they don't feel safe. It's having that one person to go to. The people with ASD who have that go-to person are always better off" (Participant 8).

One woman shared that "not all of us have the luxury of having someone to confide in" (Participant 21), pointing out that some individuals may not have a trusted support person in place. Some participants also shared a level of discomfort in speaking with their parents regarding safety concerns: "I guess maybe if you had somebody else you could talk to because I couldn't talk to my parents so there was no way I could tell them what was happening" (Participant 10).

Having a relationship with trusted persons provides an opportunity to have a soundboard for interpreting specific social situations:

"I am from a big family so I always have people I can ask because if something doesn't feel right... like say 'they did this and this ... what does that mean?' My family knows me well enough to say that person is not your friend" (Participant 5).

They shared that it is important to "get information from a variety of different people ... [as] one person's perspective isn't the same as everybody else's" (Participant 14).

Many indicated that safe and supportive people need to have respect for the person on the autism spectrum, by avoiding assumptions, maintaining confidentiality, and valuing opinions. Participants identified that assumptions can have negative impacts and result in a lack of support: “You can’t just assume that because somebody is functional and lives in their own apartment and drives a car that they are able to understand what needs to be done in every situation” (Participant 21). Some individuals voiced wanting to be involved in their own support planning and to feel listened to:

“Lack of assumptions is a big one here again. Don’t assume that intervention or treatment or whatever you want to call it is always wanted or the best thing... Find people whether they’re friends or teachers or people at your workplace that see you for you and are willing to listen to what you want and what you need rather than imposing their own ideas and that’s not just something for people who are on the spectrum, I think everybody needs that if you are marginalized or vulnerable in some way. It’s so important to have people who will actually take your side” (Participant 14).

Participants wanted trusted others to be more aware of the occurrence of bullying, especially covert bullying within various environments (school, work, etc). Several spoke about bullying experiences not being taken seriously, and being bullied by people they thought were to be trusted, such as teachers. Some shared that their parents had not believed them, and the negative impact this had on their reporting of a victimizing event: “When I was a kid, I’ve been bullied a lot. I often told my mom what happened. Sometimes she would not do anything...” (Participant 1). Checking in on people and offering support were both mentioned as important contributions support persons could make:

“I think looking back at how I was as a kid I was sort of quiet and seemed content and people just sort of left me alone but that meant that I grew up on my own. I think it’s probably a good idea to check in on kids like that. Even though they might seem perfectly happy to not have interaction, it’s not about keeping them happy, it’s about preparing them to be functional adults” (Participant 21).

Support persons were also encouraged to offer emotional support to adults, beyond assistance with situations and checking in, as emotional support may lead to more open dialogue with regard to safe and dangerous situations:

“Emotional moral support is always good to have. For myself, I always relied on my mom and brother even when I didn’t have friends that supported me in the same way. I always knew the people I could go back to. And sometimes just knowing someone has your back a lot of the time can give you the confidence to be able to navigate around better. If you are going around and you feel like you are not listened to by that many people or you don’t have a strong support system then I think that’s a very potentially dangerous situation” (Participant 6).

**Advocates.** Participants spoke of the importance of advocates in the community, school, and legal system. Many shared that they experienced difficulties with advocating for themselves, and it would be useful to know who could potentially advocate for them and protect them in tricky situations: “I cannot find advocacy. I would have loved to have advocacy through this” (Participant 20). Advocates could be helpful to assist with filling out forms for services, advocating for needs and safety, and addressing safety concerns. Advocates could also play a role in helping to report experiences of violence, as being overwhelmed may interfere with clearly articulating what happened:

“When you go mute someone can speak up and say ‘okay, this is what’s going on and this is what’s happening right now and let me explain’. And when the person’s getting frustrated, even a lawyer, you know someone should be there to explain when you just can’t. Self-advocacy is great but sometimes you just can’t do it” (Participant 20).

Participants suggested that advocates could help with the stress associated with navigating systems (financial disability support programmes, lawyers, etc.): “Am I getting conned? Am I going to remember everything? You can really get taken advantage of in those situations” (Participant 18).

**Fostering acceptance and inclusion.** Participants identified that addressing interpersonal violence required improving society’s awareness of autism, decreasing discrimination, and promoting acceptance. Some respondents made links between the perception of disability and autism in the community, and how negative views and discrimination may lead to interpersonal violence: “It seems okay to discriminate against people with ASD and because of that people have license to do whatever. What we need to do is we need to change that attitude” (Participant 15).

There were mixed thoughts about self-disclosing an autism diagnosis to others because of the potential for discrimination and heightened vulnerability. Some participants felt that telling people about a diagnosis could result in assistance in understanding what a person is struggling with: “I’ve told a bunch of people about my diagnosis and they all kind of go ‘oh’. It tells them ‘Look, this means that they seem aloof, they need more specific guidance, like explicit guidance, things like that.’” (Participant 21). Others reported that public knowledge of a diagnosis could lead to greater risk: “I think telling people your diagnosis will absolutely lead to them taking advantage because it gives people an excuse” (Participant 5). Many felt that discrimination could be lessened by increasing public knowledge of autism and its associated areas of deficit and strength:

“The public has to learn more about ASD and learn that it’s not okay to discriminate against us. The public must learn that it is okay to be different. Just because we’re not like them doesn’t mean that we are any less” (Participant 15).

Others stressed the importance of moving beyond awareness to acceptance of autism, and the benefits of connecting with those who are accepting:

“Acceptance is a big thing. You need to find the people out there who are accepting and hopefully you can find them if you put yourself out there. I know it can feel super hard when you’ve met rejection so many times but there are a lot of people out there who are accepting and hopefully there will be more resources in the future to connect each other. That would be a good way to connect people with each other because social isolation just multiplies comorbid illness” (Participant 12).

Participants described acceptance as an important characteristic within helpful others that works towards increasing inclusion and social protection, and decreasing isolation and mental illness.

Participants spoke of systems where acceptance can be lacking. Some participants commented on the lack of acceptance that is sometimes seen within the family: “Parents have to learn to really accept that child. Some parents say they accept that child but you can tell by offhanded comments they make and stuff that they really don’t, that they wish they had a child more like them” (Participant 14). One participant suggested that fostering inclusion should start with children and childhood peer groups: “That inclusion thing has got to come in with the kids” (Participant 18). Another participant noted that doing so requires innovative ways of teaching: “It’s got to get creative and sound like it’s just the way things are” (Participant 20). Others still reported the need for greater acceptance in the workplace: “People at your workplace should see you for who you are” (Participant 13); “Tell people that you have ASD so they can work with you and so they can understand you in the workplace. They should be accepting and really it should be a legal requirement” (Participant 18).

## Discussion

The present study sought to examine the beliefs of individuals on the autism spectrum regarding risk and protective factors for interpersonal violence. Participants commented on potential areas for change, or for intervention, that touch upon many levels of an ecological framework of interpersonal violence and violence revictimization, which move beyond individual level explanations and require an integration of personal, interpersonal, and socio-cultural considerations (Grauerholz 2000).

At the most individual level, one theme that emerged was the need for forms of teaching, training, and knowledge building to promote safety where skills and knowledge are lacking. These needs are linked to an ontogenic development level, defined as personal histories and what individuals bring to interpersonal interactions (Grauerholz 2000). Participants stated that skills

could be taught directly from professionals, as well as learned from others on the autism spectrum, building on research that has shown the effectiveness of peer-mediated interventions (Connolly et al. 2015). It may be useful to explicitly teach more about relationships and to open dialogue around the disclosure of autism. Research has shown that a lack of knowledge about sexual health in adults on the autism spectrum is associated with sexual victimization (Brown-Lavoie et al. 2014), and this link may extend to other forms of knowledge, such as of how to promote and maintain healthy relationships. In the general population, programmes exist that improve the knowledge of healthy relationships and attitudes, with the goal of reducing the likelihood of interpersonal violence (Connolly et al. 2015). Though not specific to interpersonal safety, a review examining methods of teaching safety skills to individuals with developmental disabilities found that prompting, reinforcement, and role-playing are effective teaching procedures across a variety of participants, skills, and settings (Dixon et al. 2010), lending evidence to the possibility that knowledge and skills could be taught through experiential learning. Similarly, safety programmes have been designed specifically for youth and young adults on the autism spectrum, but have largely focused on practical aspects of safety (e.g. street crossing; Josman et al. 2008), and could be broadened to include interpersonal violence content. Social skills programmes that target peer interactions, such as the PEERS program (Laugeson et al. 2012), are also increasingly commonplace, and given the evidence of positive interpersonal outcomes (Mandelberg et al. 2014), could potentially evolve to include interpersonal violence content.

The current study clearly found that addressing interpersonal violence must involve contextual factors. Connections with others and with social supports (microsystem factors) play an important role in safety. Participants spoke of personal struggles with loneliness and interpersonal dynamics that may lead to staying in a negative or unsafe relationship. Research has shown that adolescents on the autism spectrum experience more loneliness, have poorer friendship quality and have lower social network status than peers without autism (Locke et al. 2010). At the same time, a recent study found that social support could moderate experiences of loneliness in youth on the spectrum (Lasgaard et al. 2010). It follows that providing positive peer social support could serve as a protective factor for youth and adults. Even in the general population, positive peers are important moderators of peer victimization (i.e. bullying; O'Connell, Pepler, and Craig 1999). Similarly, receiving support from classmates is one of the most important means of reducing the frequency of bullying for children on the autism spectrum (Humphrey and Symes 2010). Informal support has also been shown to predict positive outcomes for men on the spectrum who are in relationships (Renty and

Roeyers 2007). It is critical therefore to not only focus on educating about safe and unsafe relationships, but also to focus on maintaining and strengthening connections with friends and family.

This study also identified exosystem contextual targets to address interpersonal violence (e.g. the environments that exert an influence upon individuals). A lack of awareness, openness, acceptance, and advocacy about autism may result in unsafe environments. Participants shared a particularly important message about the benefits of support persons to improve environments, as well as of emotional support and social protection. Family caregivers of people on the autism spectrum have reported less social protection for their children compared to caregivers of peers without an autism diagnosis (Fisher, Moskowitz, and Hodapp 2013), making the need for addressing contextual factors even more pressing. Participants identified that safe, supported environments would be those that foster acceptance, social connection, and advocacy. Acceptance of autism is increasing on college campuses (Robertson and Ne'eman 2008), but further programming is needed to promote the integration, and acceptance of, adults in other environments. There is emerging evidence for the effectiveness of peer-mediated social skill interventions which provide a unique opportunity to increase social skills in those on the autism spectrum, and can simultaneously increase awareness in peers without autism (DiSalvo and Oswald 2002). Finding ways to increase connections and supports between individuals on the autism spectrum and their peers may serve critical protective functions with regard to interpersonal violence (Humphrey and Symes 2010).

With regard to macrosystem factors (e.g. the broader cultural context that we live in), adults in the current study pointed out that part of the solution to interpersonal violence involves a focus on shaping policies and societal attitudes about autism, including educating the public about the risks for violence and the need for change. There is clearly more work needed at this level, with a recent study of middle school students' knowledge of autism reporting that less than half (46%) of respondents had heard of autism, with considerable variability in knowledge across schools (Campbell and Barger 2011). Through simple electronic materials, we can begin to increase acceptance of autism and decrease stigma (Gillespie-Lynch et al. 2015). Educational initiatives that provide accurate and clear information could be provided to the public, and by doing so, reach youth, parents, support staff, administration, and co-workers alike, encouraging greater involvement in the lives of individuals on the spectrum. To foster a more safe society, however, within the dialogue around disability and violence more broadly, it is critical that disability-related characteristics that may increase the risk for experiencing violence (e.g. discussing social skills deficits in autism) are not to be understood as 'victim blaming' (Brownridge 2006), and that the emphasis for change be shared among stakeholders.

This study also reveals the implications of the long-term psychological effects of interpersonal violence for people on the autism spectrum. Previous literature has demonstrated that peer victimization is associated with internalizing symptoms in children on the autism spectrum (Mayes et al. 2013; Storch et al. 2012), and physical and sexual abuse, and bullying can increase the risk of suicide ideation or attempts in individuals on the autism spectrum (Richa et al. 2014). Participants shared stories of bullying, physical abuse, and sexual abuse, as well as the negative feelings and experiences that followed (e.g. depression, anxiety, distrust, loneliness). The current study suggests a need for evidence-based treatments for trauma in youth and adults on the spectrum if they experience interpersonal violence, and a greater understanding of the ways they may process these experiences. Interventions and services within the home, school, and community level are needed in order to address the multi-level issues identified by participants. Trauma-focused cognitive behaviour therapy is one example of an evidence-based intervention that works to improving emotion regulation, and coping with interpersonal violence (Cohen et al. 2012), although this form of therapy has yet to be examined for its effectiveness for those on the autism spectrum. Authors have highlighted the insufficient amount of literature regarding effective treatments for trauma in autism, though some have provided recommendations about how to adjust existing practices (Grosso 2012; Hoover 2015). Both research and capacity building are needed to ensure that adults on the spectrum receive the support they require, when it is needed.

### **Limitations**

There are several limitations to this research. The present study is based on adult self-report and did not obtain the input of youth, or from others in respondents' lives. Future research would benefit from hearing from parents and educators to understand their views on what is necessary to promote safety. Participation was not anonymous, and was limited to those interested in completing an in-person interview in the presence of the researcher, and this may have affected their willingness to share their opinions. It is possible that this sample represents a more well-adjusted and functional group of individuals on the autism spectrum, and thus their experiences may differ from others who could not participate. This study also used various terms to refer to interpersonal violence (i.e. victimization, abuse), and participants may have benefited from the authors further clarifying the terms used.

### **Conclusion**

This study contributes to the existing literature by providing first hand opinions from those on the autism spectrum around promoting safety. Risk and

protective factors include a focus on the person, and move beyond to also include what needs to occur in their contexts: the provision of safety and supports in a society that promotes skill building and safe environments. The present study used self-report to obtain first-hand accounts, opinions, and beliefs of adults on the autism spectrum. Research has traditionally relied heavily on the use of informants, even when assessing the prevalence of interpersonal violence (e.g. Mandell et al. 2005). There is an increasing awareness of the benefits of self-report of those on the spectrum and many individuals have begun to share their experience and insights publicly, providing valuable information (e.g. Grandin 1995; Nazeer 2006). Individuals on the autism spectrum are clearly able to participate in knowledge sharing and are consumers of current research. Many people have the desire and ability to discuss strengths and difficulties associated with autism, as well as reflect on supports received and that are still needed. Seeking out and sharing their voices is of utmost importance to create evidence-based programmes that provide the skills and knowledge to proactively address interpersonal violence. Changes must be made at the broader community level to improve society's understanding and acceptance of autism, and support positive peers and trusted persons who can act as important resources when required.

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## Notes

1. We recognize considerations of identity-first language (e.g. autistic individuals) and of person-first language (individuals with autism) and ultimately have chosen in this article to use the term 'on the spectrum', which reflects the variability found in autism. Authors have used one or both of forms within their work and suggest that what is critical is an awareness of the choices being made (see Chown et al. 2017).
2. At the time of the study, in our consent materials, the term autism and autism spectrum disorder (ASD) were used.

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