The prevalence of sexual violence in autistic people

Content Warning: This post mentions sexual assault and suicide.

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Research indicates that sexual violence affects about 30% of women in the general population, and between **two and three times as many autistic women**.

Some studies focusing on autistic women report high rates of sexual violence.

One study found that 68–88% had experienced sexual violence (Cazalis et al., 2022). A large percentage of the 199 victims/survivors reported sexual assault before the age of 18.

Research consistently shows that autistic people experience higher rates of victimisation across the lifespan, including sexual violence.
A large meta-analysis found that around 40% of autistic individuals from 291 studies have experienced sexual victimisation (sexual assault). In comparison, 84% had experienced multiple forms of victimisation, including child abuse, bullying, and cyberbullying (Trundle et al.,2022).

Sexual assault is associated with an increased risk of suicidal thoughts and attempts in autistic people (Richa et al., 2022).

This is not simply about increased vulnerability. It reflects what can happen when trauma is layered with isolation, misunderstanding, or a lack of appropriate support.

When support is not accessible or experiences are not believed, that distress can deepen over time.

The World Health Organisation recognises that sexual violence is systemic and that perpetrators often target those who are less protected or supported. Autistic people, especially children, are often not adequately supported or safeguarded, which can increase the risk of exploitation.

For example:

- Being taught to comply rather than question
- Limited support around boundaries and consent
- Barriers to communication or being understood
- Not always being believed when speaking up

In their paper, Monique Botha and David M. Frost (2020) apply the minority stress model to autistic people. The model suggests that distress is not inherent to identity. It is shaped by how society responds to that identity.

Marginalisation works in layers:

- **Increased exposure to harm**: Being placed in environments where needs are not understood or supported
- **Reduced protection**: Safeguards, education, and support are not accessible
- **Barriers after harm**: Not being believed, or support systems not responding effectively

All of these shape outcomes.

Minority stress theory shows us that risk is shaped by the accumulation of marginalisation rather than any single identity. This is represented in intersectional identities.

Autistic LGBTQIA+ minority women were found to be significantly more likely to experience unwanted and negative sexual experiences than autistic heterosexual women, and more likely than non-autistic women, regardless of sexual orientation or gender identity (Pecora et al., 2020).

This points to an intersectional pattern, where autistic people who also experience marginalisation, such as being LGBTQIA+, may face increased exposure to sexual harm, particularly in systems that do not adequately support or protect them.

Understanding sexual assault in autistic populations is an important and often overlooked area of education and advocacy. Bringing attention to this harm helps ensure it is recognised and addressed rather than going under the radar.

Supporting autistic trauma recovery in ways that are informed by autistic experience is essential for meeting the needs of autistic sexual assault survivors.

This is how we begin to make care safer, more informed, and more accessible for autistic people. To ensure the victimisation of autistic humans ends.

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