

SIKON

Trauma and Autistic Adults



Programme

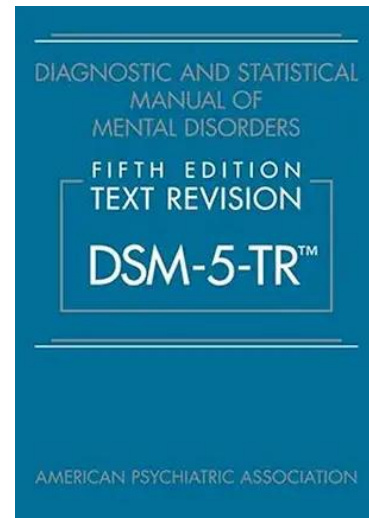
1. Diagnostic criteria for Trauma
2. Signs and effects of trauma
3. Prevalence of trauma in Autistic individuals
4. Aspects of autism and trauma
5. Coping with trauma
6. Treatment for PTSD

Diagnostic Criteria for Trauma

DSM 5 TR (2022) diagnostic criteria for **PTSD** (post-traumatic stress disorder) Requires a **catastrophic event** such as war, assault, natural disaster, near-death experience and serious accidents

Four symptom clusters

1. Re-experiencing (flashbacks)
2. Avoidance of stimuli associated with the traumatic event
3. Negative alterations in cognitions and mood (dissociative amnesia)
4. Hyper-arousal (irritable, reckless, sleep disturbance)



Trauma

- Trauma is not always so extreme
- Trauma happens when the person is **overwhelmed by aversive experiences**, especially when there is **repeated exposure** to those events
- The key factor is the person's **perception and reaction** to a single or repeated event



Signs of Trauma

Psychological effects

- Low **self-esteem**, **depression**, difficulty maintaining **concentration**
- Negative **self-concept**, **emotion dysregulation** and difficulty **sustaining friendships**
- Issues associated with **trust**
- **emotional detachment** (to protect your own emotions)
- **dissociation** (disconnection from memories and **separate personalities**)

Dissociative Disorders



- **Dissociative Identity Disorder (DID)**
- The main cause for developing DID is psychological trauma
- Developing **alternative personalities** that experience or avoid such events
- A **defence response** to physical or emotional pain in life-threatening situations
- When **impossible or dangerous** to fight or to run away

Dissociative Disorders

- Similar to the ‘freeze’ response
- Difficulty in seeking acknowledgement, reassurance and assistance
- Occurs in **12.5%** of autistic adolescents (Dincel and Karayagmurlu, 2024, *Jr. Autism and Dev. Disorders*)



Prevalence of Autism and Trauma

- Haruvi-Lamdan et al. 2020 *Psychological Trauma*
- Trauma confirmed in **32%** of autistic adults, and **4%** of non-autistic adults,
- Confirmed trauma **increases autistic characteristics**
- Most common trauma was **bullying**



Prevalence of Autism and Trauma

- **60%** of the Autistic participants but only 20% of the non-autistic participants chose a **social event as their most distressing event**
- Study suggests **autistic females** may be particularly vulnerable to PTSD
- In Autism, negative social events exert a **cumulative effect** and are experienced in a **chronic, continuous fashion**



Prevalence of Autism and Trauma

- Rumball et al. 2021 *Research in Developmental Disabilities*
- Rumball et al. 2023 *Advances in Autism* 10
- In **45%** of autistic adults, **4.5%** of the **Non-autistic group**
- **Events perceived as traumatic** but not fitting the DSM 5 TR criteria
- Dahiyal et al. 2024 INSAR Conference, Melbourne
- Signs of Trauma in **69% of autistic children**

Aspects Relevant to Autism

- High levels of **daily stress and anxiety** make autistic individuals particularly **sensitive and reactive** to traumatic events
- Low resilience and **amplification** of the depth of **emotional reaction**'
- 'Magnet' for saints and sinners
- Dodds (2021) *Jr. of Aggression, Maltreatment and Trauma* 30
- Autism is associated with multiple **adverse childhood experiences** (ACE)
- **Interpersonal abuse** Douglas and Sedgewick (2023) *Autism* 28

Aspects Relevant to Autism

- Signature characteristics of autism may contribute to determining **which events are perceived as traumatic**
- Social rejection and bullying, invalidation, stigma, sensory sensitivity
- Vulnerability of **non-speaking autistic children to all forms of abuse**
- **Inability to explain what happened**



Interaction of Autism and Trauma

Lim and Young (2024) INSAR Melbourne

1. Autism **increases one's vulnerability** to experiencing a traumatic event,
2. Autism **amplifies the impact** of the trauma,
3. Autistic behaviours can serve as **healthy or unhealthy coping mechanisms** following a traumatic event,
4. Autism compounds **barriers to receiving support.**

Types of Trauma Experiences

Kerns et al (2022) – *Autism* 26

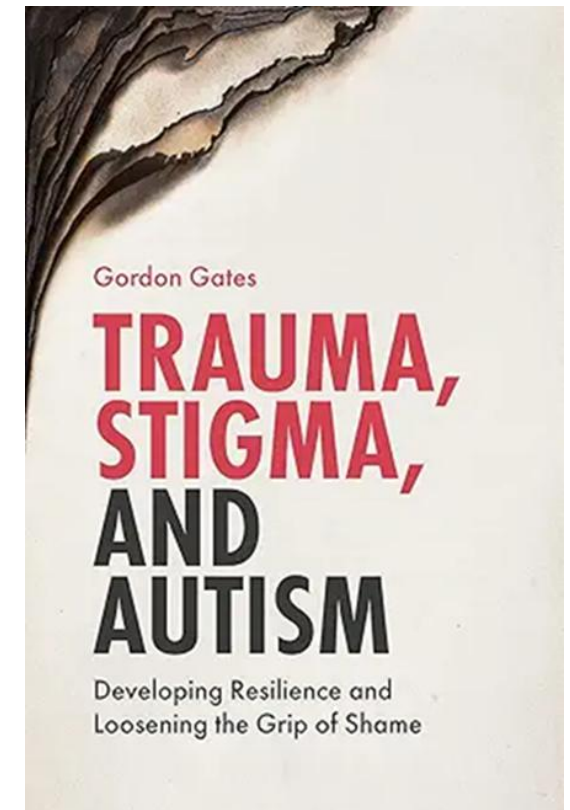
Autistic children and adults

- **Most common traumas** – bullying, physical abuse, emotional abuse, and sexual abuse
- **Other traumas**
- **Feeling trapped** (physical restraint, sedation, loss of autonomy and opportunity)
- Experienced **more often** than non-autistic children and adults

Other Traumas

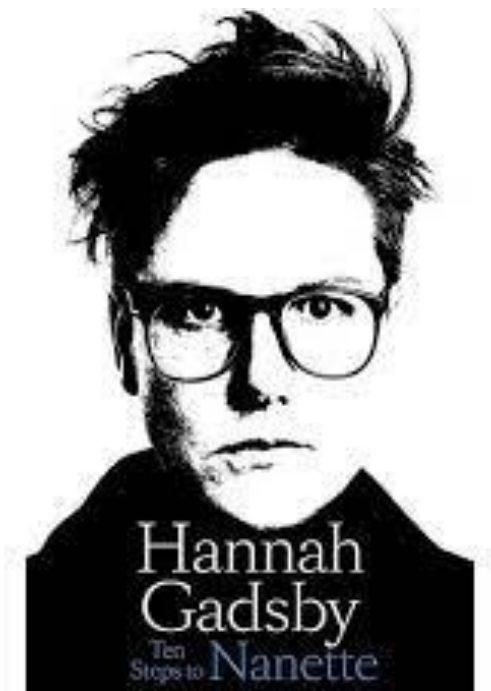
Stigma

- When being negatively evaluated and socially **rejected**
- Feeling **marginalised and excluded**
- Being treated 'like an alien'
- A clear message: 'You are not one of us'
- Experiencing betrayal in friendships



“Safety is being able to trust that those around you actually WANT to protect you from harm. But if those around you don’t believe that you are ‘like them’; then they will focus on the discomfort you make them feel, and that discomfort is not a safe place.”

Hannah Gadsby, *Ten Steps to Nanette*



Invalidation Trauma

- The daily challenges faced by an autistic person may be dismissed and **not taken seriously**
- **Coercion to conform** (ableism)
- **Amplifies** emotion regulation issues
- Perpetuated by **self-criticism**
- Evolves into complex trauma **with repetition**



Invalidation Trauma

It's what can happen when someone is constantly told things like:

- “You’re overreacting.”
- “That didn’t happen.”
- “You’re being too sensitive.”
- “You’re just imagining things.”
- “Other people have it worse.”

Invalidation Trauma

Over time, this kind of dismissal—especially from people you trust (like parents, partners, teachers, or friends)—can lead to **deep emotional wounds**. You might start to:

- **Doubt your own reality or memories**
- **Struggle with self-worth**
- **Feel like your emotions don't matter**
- **Become overly self-critical or emotionally numb**
- **Fear of expressing yourself**

Sensory Trauma



- Specific sensory experiences can be **excruciatingly painful**
- Examples are a dog barking or someone sneezing, a hand dryer, bright sunlight, being touched and specific aromas
- Several aversive sensory experiences may be **experienced every day**
- Parents and teachers may **invalidate** the experience by saying 'Just ignore it, you will get used to it'
- However, **repeated exposure does not reduce the sensitivity**
- The degree of pain is a source of trauma

Rumination and Trauma

Golan et al (2022) *Autism* 26, 538-544

- 34 autistic adults and 66 control adults
- Completed the **PTSD Checklist for DSM-5** and the **Rumination Response Scale**
- **Increased PTSD** for the autistic participants, as well as **elevated rumination levels**
- Trying to determine **why me?** Why would they **do that?**
- A 'wound' that **never heals**



Suicide Risk

Pelton et al. (2020) *Journal Autism Developmental Disorders* 50

- Nearly 700 participants, online survey, 330 Autistic adults
- Autistic adults reported stronger feelings of thwarted belonging, perceived burdensomeness and **traumatic life events**
- In both groups, trauma was significantly directly associated with lifetime suicidality



Coping with Trauma

Ng-Cordell et al. (2022) *Frontiers in Psychiatry* 13

Extensive Interviews with 14 autistic adults and 15 caregivers

Asked how their son/daughter **attempted to cope** with events they perceived as traumatic

Main themes

1. Engaging with Trauma
2. Disengaging with Trauma
3. Self-regulatory coping
4. Diagnostic overshadowing

Engaging with Trauma

Rumination

- **Replaying** past interpersonal trauma
- Trying to understand what happened and **why, motivations and responsibility**
- *I didn't recover from stressful or upsetting events the way normal children did. I didn't have a normal ability to regulate my emotions and I couldn't calm myself down the way other children my age could...If someone does something bad to me, it never ever goes away. It just replays in my mind at intervals for the rest of my life...*
- Ruminations and **cognitive inflexibility** may exacerbate PTSD symptoms
Golan et al., 2022 *Autism* 26



Engaging with Trauma

Self-growth and resilience

- Opportunity for growth or self-awareness
- **Helping others** in similar situations
- Deciding to **forgive**
- **Takes time and maturity**



Disengaging from Trauma

Problem avoidance

- Avoiding physical places and activities (street of their high school)
- **Social withdrawal**
- From people in general, for **safety** (recluse)

Wishful thinking

- **Fantasy** and daydreaming
- Adults thinking about how they could have fought back
- Wishing to be born into a different life

Disengaging from Trauma

- **Emotional avoidance**
- **Concealing and suppressing** emotions
- Internally, feeling **numb**
- Externally, **appearing ‘blank’**
- Likely after receiving criticism for expressing feelings in the past
- **Shutting down and hiding distress**
- **Vulnerable to substance abuse** – to disengage



Disengaging from Trauma

Learned helplessness

- Adopting a **hopeless mindset** about the trauma to prevent continued feelings of being let down or disappointed
- Especially when the situation was beyond their control and would not change, such as being socially marginalised (Invalidation trauma)
- *I decided it's easier to be a loner than it is to try to fit in where I don't belong*



Disengaging from Trauma

Self-protective behaviour

- Being **vigilant**
- Wary of **certain types of people** (abuse by caregivers)
- *He is very vigilant after being physically assaulted by school staff and peers...No matter who it is. His trust level is like zero*



Self-Regulatory Coping

To calm and soothe oneself

- **Substance abuse**
- Alcohol, food and drugs such as marijuana and opiates (adolescents and adults)
- To mentally escape or numb distress
- **Engaging in interests/passions**
- To be immersed in an activity that brings **feelings of joy, calm and being distracted**

Self-Regulatory Coping

- **Self-injurious thoughts and behaviours**
- Channel trauma-related emotions into **physical action** (cutting)
- Suicidal thoughts and **self-harm** to provide an escape from the pain

Self-harm

- Self-hatred
- To feel something because of a pervasive numbness
- To feel physical pain to block emotional pain
- To create a sense of relaxation

Self-Regulatory Coping

- Flashback leading to **depression ‘attack’**
- **Self-soothing**
- Rocking, pacing, repetitive movements (stimming)
- **Emotional outbursts**
- To **release** overwhelming distress (meltdown)
- *A ‘calming’ argument*

Diagnostic Overshadowing

- **Overlap and confusion** between coping and autistic traits
- Signs of trauma may be **overlooked** because they are **considered autistic behaviours** (diagnosis and treatment)
- A sign of trauma is an increase in autistic behaviours, which are themselves coping mechanisms
- Trauma is **often not considered** during admission to paediatric psychiatric emergency departments (Junewicz et al. 2024, *Autism*)
- **Inhibiting access to trauma-focussed treatments**

Parents Trauma

- PTSD occurs in **24% of parents of autistic children** (Stewart et al. 2020, *Research in Autism Spectrum Disorders* 69)
- Self-reported traumatic events from a parent's perspective
- The autistic child's chronic and extreme **meltdowns**
- Autistic adolescent's **self-injury and suicidal ideation**
- **Social judgement and alienation** from family and other parents



Parents Trauma

- **Non-compliance** (including PDA)
- Aggression, **violence** and **destruction**
- **Escape** from home and school and safety risk
- Trauma in parents is often **not recognised** or treated



Treatments for PTSD for Autistic Adults

World Health Organisation (WHO) recommends these treatments for trauma based on empirical evidence to date:

1. **Trauma-focussed Cognitive Behaviour Therapy (TF-CBT)**
2. **Eye Movement Desensitisation Reprocessing (EMDR)**



Treatment of Trauma

Trauma-focussed Cognitive Behaviour Therapy

- Includes:
- **Functional behaviour assessment**
- **Emotion regulation**
- **Exposure therapy**

Trauma-focussed Cognitive Behaviour Therapy

- **Cognitive restructuring**
- **Behaviour plans**
- **Skill training**
- **Safety plan**
- **Generalisation and maintenance**



Andrzejewskil et al. 2024 INSAR Melbourne

Stack and Lucyshyn 2019 Jr. Autism and Dev. Disabilities

Quinton et al. 2024 *Jr. Autism and Dev. Disabilities*

Modifications for Trauma Therapy for Autism

- Being **compassion-focused** and **neuro-identity-affirming**, regardless of formal diagnosis
- **Take more time** in assessment and relationship-building
- **Validate reactions**
- Be **flexible, creative and client-centred**
- Accommodate aspects of **interoception and alexithymia**
- **Double empathy**

Modifications for Trauma Therapy for Autism

- **Clear communication** (Idioms)
- **Executive functioning** and processing time
- **Sensory experiences** during therapy
- **Clear** session and therapy plan
- **Explain** the potential **motives** of others (AI)
- Focus on **self-identity** and **resilience**
- Use **metaphors** and **interests** (Harry Potter)
- **Combine expertise** in trauma treatment and autism

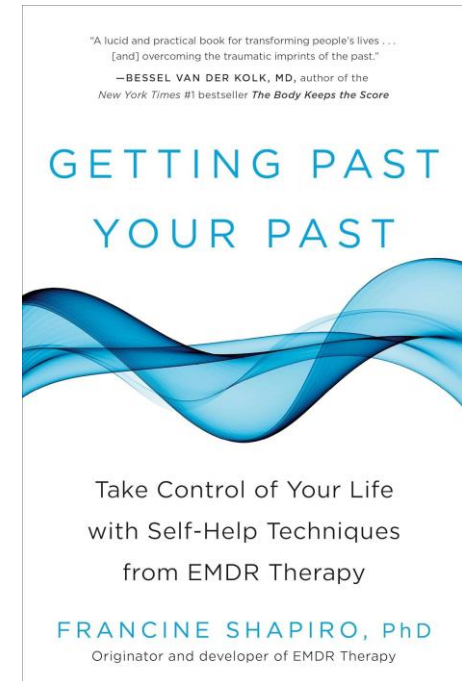


Eye movement desensitisation reprocessing (EMDR)

- EMDR involves **focusing on traumatic memories**, similar to exposure therapy
- Engaging in **side-to-side eye movements** or other forms of **bilateral stimulation**
- Lobregt-van Buuren et al (2019) *Jr Autism Dev Disorders* 49
- Clarke and Darker-Smith (2024) *The Oxford Handbook of EMDR*
- Van Diest and Marguerite (2022) *Jr. of EMDR Practice and Research* 16
- Fisher et al. (2022) *Psychology and Psychotherapy: Theory, Research and Practice* 95

Eight Phases of EMDR

1. **History taking** and treatment planning
2. **Preparation and Stabilisation** explaining EMDR
3. **Assessment** Focus on a specific target memory
Image, the most distressing part of the memory
Negative beliefs linked to the trauma (e.g., *I am powerless*)
Positive belief (e.g., *I am in control*)
Emotions
Body sensations
Subjective Units of Disturbance (SUD) Scale 0 -10



Eight Phases of EMDR



4. Desensitisation (Bilateral Stimulation)

Eye movements, taps or tones while focusing on the target memory

To change how the memory is stored

Continues until the SUD rating is close to 0

5. Installation Strengthening positive beliefs

6. Body Scan for residual tension or discomfort

7. Closure At the end of each session, ensure the client feels stable and grounded

8. Re-evaluation At the start of the next session, reevaluate the previous session

Additional Treatments for PTSD

Integrative Restorative Yoga (iRest®)



Equine-assisted therapy



PTSD Literature

