The Trauma Experiences and Needs of Autistic People

VERITY CHESTER AND GRACE TRUNDLE

Book chapter

- Content being prepared for a chapter in a forthcoming book
- Non-systematic literature review
- Diversity in Trauma-informed Forensic Practice: adapting interventions
- Edited by Abdullah Mia, Deborah Morris, Catrin Williams, Yilma Woldgabreal
- Feedback gratefully received!

Overview

Experiences of Trauma in Autistic People

Exposure and Responses

Assessing trauma in autism

Trauma informed care and treatment

Trauma exposure

Trauma Exposure and Experiences

- Until relatively recently, the trauma experiences of autistic people were overlooked in research and clinical practice.

- However, a developing evidence base exploring the prevalence of Adverse Childhood Experiences (ACEs), lifetime victimisation, trauma exposure, Post-Traumatic Stress Disorder (PTSD) in autistic populations is emerging.

ACEs

- ACEs refer to events that occur in the first 18 years of life and cause significant harm or distress.
- Early ACE models focused on ten categories;
  - thee abuse categories of emotional, physical, sexual
  - two neglects; emotional and physical,
  - 'household' adversities including violence against the child's mother, substance abuse, mentally ill/suicidal, imprisoned, and parental separation/divorce (Dube et al., 2001; Felitti et al., 1998; Finkelhor et al., 2015).
- Research has demonstrated that autistic individuals are at increased risk of experiencing ACEs (Hartley et al., 2024).
- Autistic children experienced more family and neighbourhood adversities, and had an enhanced risk for parental divorce, income insufficiency, and subsequent comorbid psychiatric and medical health problems when compared to non-autistic peers (Hoover & Kaufman, 2018).
- ACEs were significantly higher in autistic children from low versus high-income families (Kerns et al., 2015).
- Children with greater autistic traits had the highest ACEs scores (Berg et al., 2016).
- Autistic children with elevated ACEs also experienced delays in autism diagnosis and treatment initiation (Hoover & Kaufman, 2018), possibly attributed to diagnostic overshadowing.

ACEs adulthood

- Webb et al. (2024) systematically reviewed ACEs in four papers with a combined sample of 732 adults with autistic traits, reporting pooled prevalence rates of:
  - 38% for sexual abuse
  - 39% for physical abuse
  - 49% for emotional abuse

- In terms of lifetime victimisation, a systematic review and meta-analysis highlighted a pooled prevalence rate of 44% in autistic individuals (Trundle et al., 2023). The rates were:
  - 47% bullying
  - 16% child abuse
  - 40% sexual victimisation
  - 13% cyberbullying
    - 84% for multiple forms of victimisation

Trauma responses

- Distress
- PTSD

PTSD Prevalence

Author	Prevalence rate	Method
Rumball Quinton	CYP Ad 13. 44 'pr	trauma, iences, obable
Mansour	CY pre Adult Point prevalence 2.06% Adult prevalence 2.72% lifetime	

Are we over estimating trauma in autism?

Or are we missing trauma symptoms by rigidly following diagnostic criteria?

CPTSD

- CPTSD is new diagnosis, introduced in an attempt to understand the long-term effects of prolonged, repeated trauma, particularly in childhood, which might not be fully captured by the PTSD diagnosis.
- CPTSD is not included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (APA, 2013), but is included within the International Classification of Diseases-11 (ICD-11) (World Health Organisation, 2022).
- CPTSD has a similar profile to PTSD, with three additional symptom categories: difficulties with emotional regulation, impaired self-worth, and interpersonal problems.
- CPTSD is under researched in autism.
- However, rates of trauma and adversity reported in autism indicate that this should be a future research priority.
- Clinicians should be alert to the possible presence of CPTSD in autistic people and diagnose and treat accordingly.

Big T and little t

- Adversity and trauma definitions can also be conceptualised as Big T and little t traumas (Katz & Hickam Bellofatto, 2018).
- Big T traumas map onto definitions of PTSD within diagnostic criteria (APA, 2013).
- Little t traumas are described as ubiquitous events, such as childhood humiliations and disappointments, but which nonetheless cause trauma responses (Shapiro, 2017).
- Little t traumas especially relevant among autistic people.
- Alongside high rates of ACEs and Criterion A events (under DSM-5 PTSD criteria; APA, 2013), autistic people are also at an increased risk of exposure to non-Criterion A events and chronic social adversities:
  - idea of sensory trauma (Fulton et al., 2020); where environmental sensory information is experienced in a way that elicits a trauma-response (e.g., hypervigilance, avoidance, and impairment in daily activities).
  - Social insults, bullying, degradation, and abrupt changes in routines can be traumatic for autistic people (Buuren et al., 2021; Haruvi-Lamdan et al., 2018).
  - Living in a non-autistic world has been experienced by some autistic people as traumatic (Grove et al., 2023).
- It is important to screen for little t traumas due to their impact on wellbeing and functioning. Rumball et al., (2020) found a lifetime prevalence rate of probable PTSD following a non-Criterion A event to be 63% in a sample of autistic people.

Non-criterion A trauma

RESEARCH ARTICLE

Experience of Trauma and PTSD Symptoms in Autistic Adults: Risk of PTSD Development Following DSM-5 and Non-DSM-5 Traumatic Life Events

Freya Rumball, Francesca Happé, and Nick Grey

Research to date suggests that individuals with autistic spectrum disorder (ASD) may be at increased risk of developing post-traumatic stress disorder (PTSD) following exposure to traumatic life events. It has been posited that characteristics of ASD may affect perceptions of trauma, with a wider range of life events acting as possible catalysts for PTSD development. This study set out to explore the nature of "trauma" for adults with ASD and the rates of self-reported PTSD symptomatology following DSM-5 and non-DSM-5 traumas—the latter being defined as those that would not meet the standard DSM-5 PTSD trauma Criterion A. Fifty-nine adults with ASD who reported exposure to traumatic events took part in the study, which involved completing a series of online questionnaires. Thirty-three individuals reported experiencing a "DSM-5" traumatic event (i.e., an event meeting DSM-5 PTSD Criterion A) and 35 reported a "non-DSM-5" traumautic event. Trauma-exposed ASD adults were found to be at increased risk of PTSD development, compared to previous general population statistics, with PTSD symptom scores crossing thresholds suggestive of probable PTSD diagnosis for more than 40% of ASD individuals following DSM-5 or non-DSM-5 traumas. A broader range of life events appear to be experienced as traumatic and may act as a catalyst for PTSD development in adults with ASD. Assessment of trauma and PTSD symptomatology should consider possible non-DSM-5 traumas in this population, and PTSD diagnosis and treatment should not be withheld simply due to the atypicality of the experienced traumatic event. ***Autism Res** 2020, 13: 2122–2132.*

Lay Summary: This study explored the experience of trauma and rates of probable post-traumatic stress disorder (PTSD) in adults with autistic spectrum disorder (ASD). We asked 59 autistic adults to complete online questionnaires about their experiences of stressful or traumatic events and related mental health difficulties. Autistic adults experienced a wide range of life events as traumatic, with over 40% showing probable PTSD within the last month and over 60% reporting probable PTSD at some point in their lifetime. Many of the life events experienced as traumas would not be recognized in some current diagnostic systems, raising concerns that autistic people may not receive the help they need for likely PTSD.

Keywords: post-traumatic stress disorder; PTSD; autism; ASD; trauma; prevalence

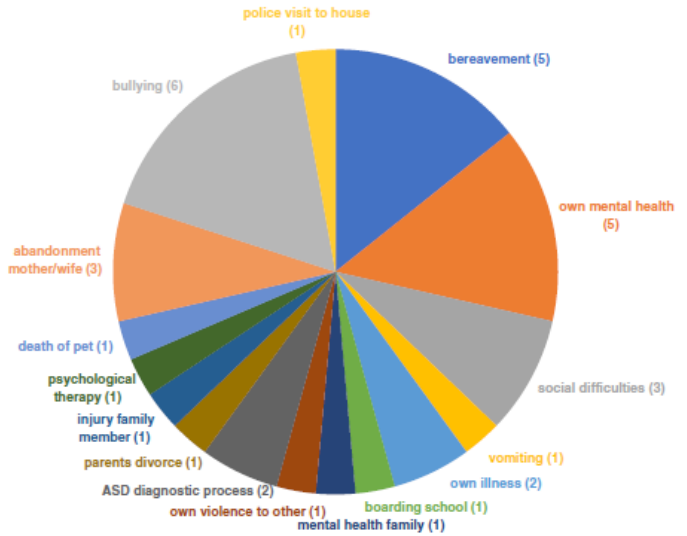


Figure 2. Atypical traumatic life events *not* meeting DSM-5 Criterion A ($N = 35$). The number of individuals endorsing each atypical traumatic event type is given in parenthesis.

Causes for elevated rates

- Several explanations as to why autistic children and adults might be at increased risk of trauma exposure and severity.
- Autism factors
  1. The type of events which are experienced as particularly traumatic (events not meeting the threshold for Criterion A/little t trauma).
  2. Heightened sensory sensitivity and detail-focused cognitive processing influences how traumatic events are perceived and processed (Mansour et al., 2025).
  3. Autistic children have lower resiliency and elevated comorbid mental disorders than non-autistic children (Rigles, 2017).
  4. Cognitive and behavioural mechanisms, such as increased rumination, cognitive rigidity, avoidance, anger, and aggression also impact rates (Haruvi-Lamdan et al., 2018).
- Social factors
  - a lack of social support
  - Isolation or loneliness

Assessment

Trauma, Autism, or both?

- In autism, exposure to adversity can manifest in idiosyncratic ways and attract different formulations of need, including developmental difference/delay and a range of mental health diagnoses (Morris, 2024).
- Challenges include misdiagnosis, diagnostic overshadowing and co-existence (Morris, 2024).
  - Autistic traits may in fact be stress reactions to traumatic or other adverse events (PTSD hyperarousal overlaps with autism-related sensory hyperreactivity).
  - Feelings of detachment from others (a symptom of PTSD) overlap with social-emotional reciprocity differences associated with autism.
  - Difficulties mentalizing and emotional recognition observed in both PTSD and autism.
- Once a person is diagnosed with a trauma diagnosis, or BPD, this can delay or prevent an autism diagnosis (Tamilson et al., 2025).
- Trauma symptoms overshadowed by autistic features or other psychopathology and therefore remain untreated. Buuren et al. (2021)
- Even experienced clinicians discuss difficulties differentiating autism from trauma and borderline personality disorder (BPD) (Cumin et al., 2022).
- Autism assessors require knowledge of differential/comorbid diagnosis of attachment issues, or other mental disorders, trauma and/or personality disorder (Trundle et al., 2023).
- Clinicians can fall into "either/or thinking" regarding whether a person's presentation relate to autism or trauma, which can leave needs unaddressed.
- Importantly, patients can be diagnosed with both autism and trauma related psychiatric diagnoses (Chester et al., 2022).

Assessment challenges

- Rumball (2019) difficulties diagnosing PTSD according to DSM/ICD criteria in autism.
- Some unable to report events, symptoms, emotional states and expressed different symptom profiles
- PTSD manifested as unusual behavioural presentations; clinicians relied on observations of:
  - mood changes (e.g. sadness, withdrawal, anhedonia, frequent mood changes)
  - behavioural changes (anger, arguments, aggressive/oppositional behaviour/temper tantrums/outbursts, erratic appetite, lost interest in activities, absence of sexual behaviour and self-harm and substance use).
- In PTSD & autism, there was an exacerbation of autism features and functional impairments including increased hypersensitivity to touch, compulsive behaviours, declining academic performance, hyperactivity and impulsivity.

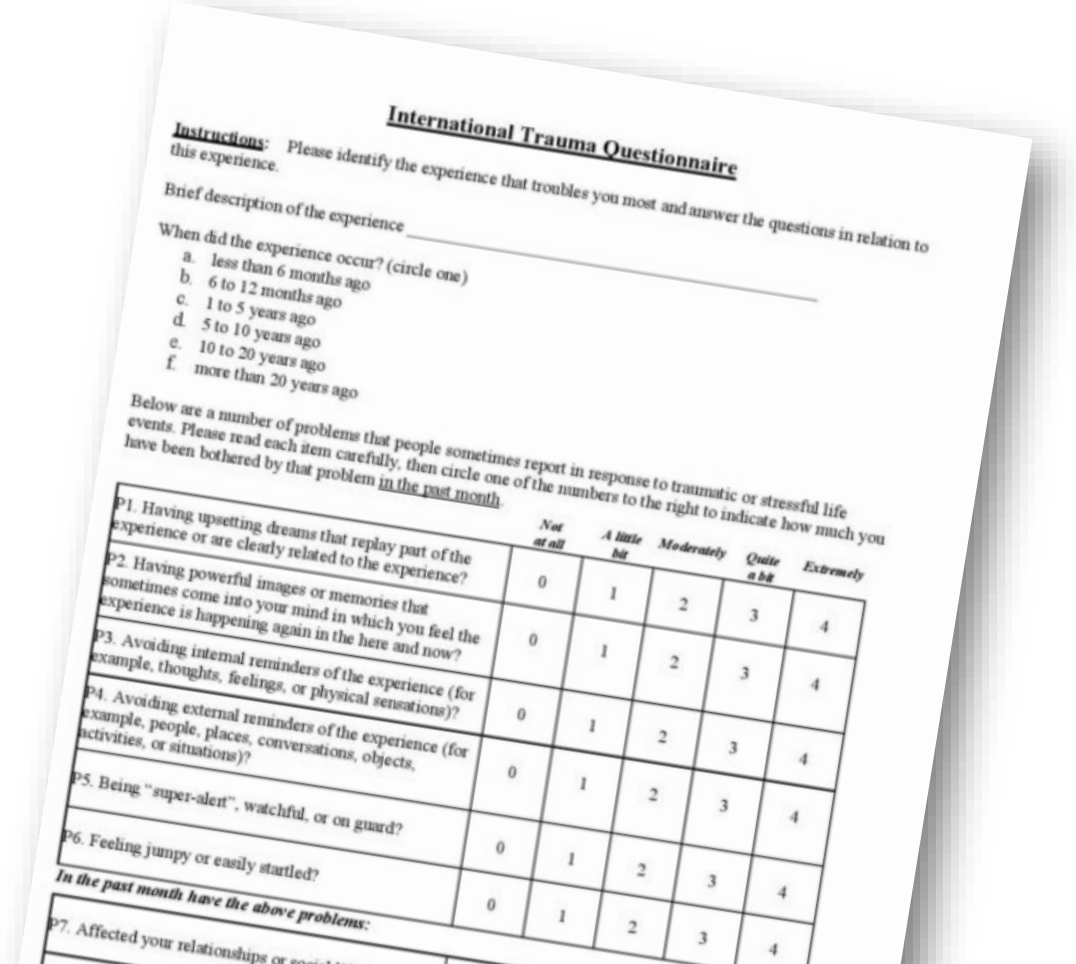
Suggested screening tools or assessments

The International Trauma Questionnaire (ITQ; Cloitre et al., 2018).

Impact of Event Scale

The Trauma-Symptoms Investigation Form in Autism Spectrum Disorders (Mehtar & Mukaddes, 2011) assesses the effect of traumatic events on core autism symptomology.

The Coventry Grid can support clinicians in disentangling trauma from autism (Cox, 2019).



International Trauma Questionnaire

Instructions: Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of the experience _____

When did the experience occur? (circle one)

a. less than 6 months ago
b. 6 to 12 months ago
c. 1 to 5 years ago
d. 5 to 10 years ago
e. 10 to 20 years ago
f. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*
P1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
P2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
P3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
P4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
P5. Being "super-alert", watchful, or on guard?	0	1	2	3	4
P6. Feeling jumpy or easily startled?	0	1	2	3	4

In the past month have the above problems:

P7. Affected your relationships or social

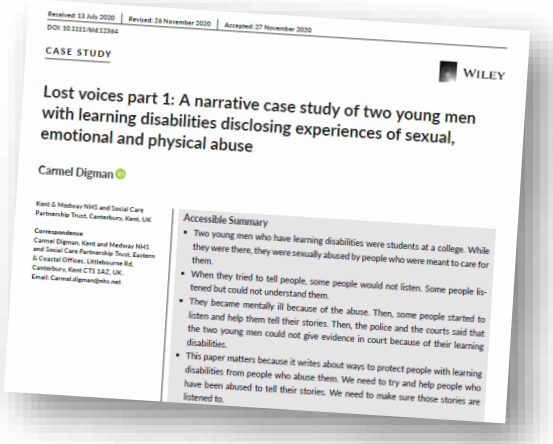
Assessing trauma in autism and intellectual disability

- For autistic people who have a cooccurring ID or are non-speaking, there are additional challenges in determining trauma.
- Difficulties in verbally self-reporting traumatic experiences - experiences presenting through behavioural changes or distress (Digman, 2021).
- Trauma unrecognised due to diagnostic overshadowing, where all difficulties are attributed to the person's ID, or "challenging behaviour".
- The accessibility of standardised questionnaire measures (McNally et al., 2021).
- Trauma assessments accessible to those with ID have been developed.
- Largely tailored to those with mild ID.

Hall et al. (2014)	Impact of Event Scale-Intellectual Disabilities (IES-IDs)
Langdon et al. (2023)	Adapted ITQ
Lobregt-van Buuren et al. (2019)	Adapted Anxiety Disorders Interview Schedule – Children section PTSD version for adults with mild to borderline intellectual disabilities; Mevissen et al., 2016) helps identify unprocessed memories in autistic patients, which remained undisclosed due to difficulties spontaneously sharing information.
Wigham et al. (2011)	Measure specifically for people with ID, the Lancaster and Northgate Trauma Scale (LANTS), which includes a self-report and informant-report version. Preliminary findings show promising psychometric properties in people with mild-moderate ID.
Versluis et al. (2025)	created The Trauma Screener-Intellectual Disability: a PTSD screening tool for adults with borderline-mild ID.

Moderate to severe ID and autism

- Digman (2021) described a narrative case study of two young men with ID disclosing experiences of sexual, emotional and physical abuse.
- Behavioural changes were observed, such as distress in certain environments, mental health deterioration, agitation, aggression, withdrawal/disengagement and disassociation, self-injury, exhibiting distress, crying, sleep disturbances, fixations, and obsessive behaviour.
- Ultimately, both men began to make disclosures of abuse after leaving the abusive environment. Therefore, where a person has verbal communication difficulties, clinical observations, curiosity around behavioural changes and deterioration in mental health are vital.
- Unfortunately, people with ID often have their presentation conceptualised as "challenging behaviour" (Rittmannsberger et al., 2020), resulting in inaccurate formulations and treatment planning.
- PTSD core symptoms should therefore be considered as underlying causes of "challenging behaviour" (Bakken et al., 2014).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CASE STUDY

WILEY

Lost voices part 1: A narrative case study of two young men with learning disabilities disclosing experiences of sexual, emotional and physical abuse

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Accessible Summary

- Two young men who have learning disabilities were students at a college. While they were there, they were sexually abused by people who were meant to care for them.
- When they tried to tell people, some people would not listen. Some people listened but could not understand them.
- They became mentally ill because of the abuse. Then, some people started to listen and help them tell their stories. Then, the police and the courts said that the two young men could not give evidence in court because of their learning disabilities.
- This paper matters because it writes about ways to protect people with learning disabilities from people who abuse them. We need to try and help people who have been abused to tell their stories. We need to make sure those stories are listened to.

Trauma Informed Care and Treatment

Independent of diagnostic status, safe and effective management that consider traumatic experiences are needed.

Trauma-informed care (TIC) is a framework that recognises the effects of trauma and seeks to mitigate the negative effect, whilst reducing the risk of triggering and retraumatisation (Harris & Fallot, 2001; Substance Abuse and Mental Health Services Administration, SAMHSA, 2014).

TIC encompasses the principles of safety, trustworthiness, transparency, peer-support and mutual self-help, collaboration and mutuality, and empowerment, voice, and choice (SAMHSA, 2023).

Therapeutic milieu and environmental considerations

Autism-focussed frameworks can be implemented alongside TIC, to balance autism and trauma needs.

The Autistic SPACE framework (Sensory needs, Predictability, Acceptance, Communication and Empathy) was designed to meet the needs of autistic individuals within healthcare settings (Doherty et al., 2023).

Neuroaffirmative practices aim to foster inclusive and adaptive environments (Edgar & Adkin, 2025).

These approaches complement TIC by being recognising and being responsive to an individual's needs, whether stemming from autism, trauma or both.

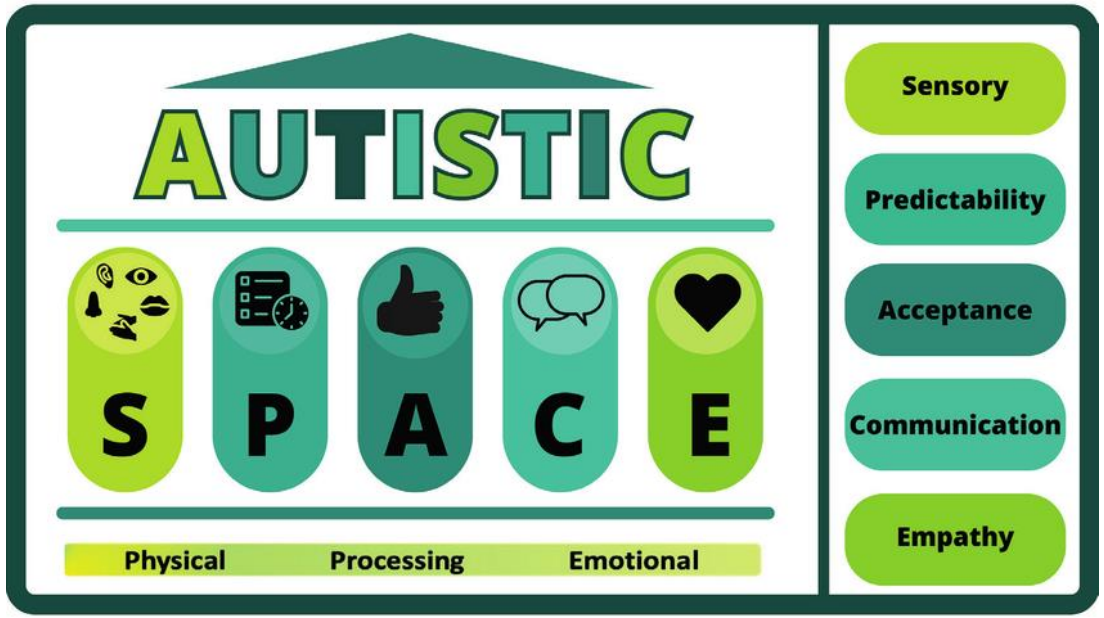

Table 1. Autism-Sensitive TIC Practices

- Staff should be appropriately trained, both in autism, and trauma.
- Routine trauma screening is good practice.
- Staff should be aware of and sensitive to autistic modes of communication.
- Emotionally supportive care from staff is critical.
- Organisations and staff should ensure that all individuals have access to a system of communication.
- Organisations should talk openly about the presence of trauma in the lives of autistic people to bring attention to the issue and reduce potential stigma in the wider community.
- TIC should be considered a social justice movement that combats the oppression and marginalisation of autistic individuals.
- Ensure the physical environment is safe, including consideration of sensory differences.
- There should be a clear allocation of responsibility to whoever is driving TIC initiatives.

Understanding Trauma Symptomology through Case Formulation

- An important tool for understanding trauma symptomology is a case formulation.
- Case formulations produce an effective treatment plan for the difficulties presented.
- Within formulations, trauma symptomology and their impact on treatment should be explored.
- Understanding the function of behaviours can support understanding of trauma-triggers. This includes the potential for retraumatisation (e.g. through physical restraint) and trauma reenactment (Faccini & Allely, 2021).
- Following the comprehensive, co-produced formulation, which identifies relevant trauma experiences and responses, an appropriate treatment plan can be identified. Time should be taken to ensure the individual and caregivers understand the formulation and proposed plan (Faccini & Allely, 2021).

Treatment

Treating Trauma Symptomology

The evidence base for trauma treatment is somewhat limited in autism.

Rumball (2019) systematically reviewed the treatment of PTSD in autistic people. All studies identified were case studies, with no cross-sectional or randomised control trials.

- Mixed outcomes were reported, though existing PTSD treatments, appeared to have potential in autistic individuals with PTSD symptoms:
- trauma-focussed Cognitive Behaviour Therapy (CBT)
- Eye Movement Desensitisation and Reprocessing (EMDR) treatment
- trauma-focussed psychotherapy

- Quinton and colleagues (2024) identified additional studies.
- Lobregt-van Buuren et al. (2019) found that EMDR significantly improved PTSD symptoms in autistic individuals; an effect which remained at six- and eight-week follow-up.
- Sopena et al. (2023) found inconclusive findings for EMDR efficacy for autistic/neurodivergent individuals.
- There was preliminary evidence to support Narrative Exposure Therapy for reducing PTSD symptoms, self-harm and aggression (Fazel et al., 2020).
- More robust evidence into the effectiveness of standard trauma treatments (those recommended by the National Institute for Health and Clinical Excellence, 2018) with autistic individuals is required.

Peterson et al. (2019) provide advice for adapting trauma-focussed CBT for autistic people, recommending that:

Clinicians should limit intervention strategies that rely significantly on verbal language or abstract cognitive reasoning.

Clinicians should utilise alternative communication methods such as visual methods.

Additional time and practice may be needed to teach emotional states, the physiological cues of different emotions, body awareness, and risk reduction skills.

When teaching new skills, clinicians should increase the structure and repetition of teaching and incorporate preferred interests. Consider using rule-based skills teaching ("when you feel sad, use this skill"). Sensory needs should also be considered and incorporated.

If a person is unable to develop a trauma narrative, the clinician should focus on other treatment modalities (increasing knowledge and/or coping skills). If they can develop the trauma narrative, clinicians can use visual aids or pictures with short simple captions to support this.

In-vivo exposure should be implemented in a concrete and scaffolded manner. Clinicians should create a step-by-step plan for exposures and introduce this in a structured way, with clear contingency plans.

Summary/Conclusion

- Evidence suggests that it is imperative to consider the trauma needs of autistic people.
- While historically overlooked, autistic people experience trauma at a rate equal to or exceeding the general population.
- They experience events traditionally recognised within diagnostic manuals to a greater degree, but also have an increased risk of exposure to non-Criterion A events, chronic social adversities, or "Little t trauma". This is possibly due to:
  - experiencing more events as traumatic (such as sensory experiences, humiliations, or disturbances of their routine)
  - detail-focused cognitive processing, which influences how traumatic events are perceived, processed, and expressed.
  - lower resiliency, higher comorbid mental illness, and possibly shared underlying mechanisms for PTSD and autism, including increased rumination, cognitive rigidity, avoidance, anger, and aggression
- In autistic people, trauma can delay or prevent an autism diagnosis.
- Autism can also overshadow trauma needs from being recognised.
- These findings endorse the need for a greater awareness of both autism, and trauma, in mental health services, community services, educational and health settings.

Conclusion

- Case formulations, alongside autism-specific frameworks have received preliminary support, however there is a clear need for research describing assessment and treatment approaches for trauma within autism.
- Nevertheless, various therapies have shown utility in improving trauma symptomatology in autistic people, with adaptations as needed.
- Future research is necessary to continue the trajectory of increased knowledge in this area, to support robust evidence-based recommendations for trauma treatment for autistic people.

Thank you for listening

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