The Protective Role Of Parent And Child Autistic And ADHD Identification, Identity, And Connection In Reducing The Impact Of Social Trauma

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Australian Childhood Foundation
International Childhood Trauma Conference 2025

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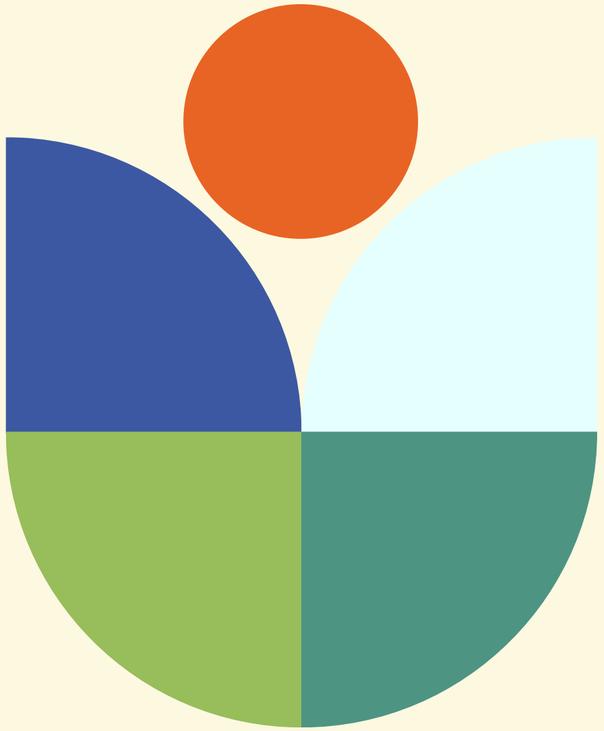

Acknowledgements

+ content note for mention of intersectionality, privilege, sensitive topics

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Please do what you need to take care of yourself, stretch, move, use fidgets. We want to model sound accessibility & sensory adaptations so please use deaf applause instead of clapping.

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The Focus of Today

- Understanding Autistic and ADHD Trauma including forms of trauma experienced as a result of being different from “the norm”
- Understand Protective Factors
- General considerations and guidance around treatment and support for social trauma

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Difference, not Disorder

Language Matters. Autism is a **neurodevelopmental** difference, or **neurotype**, defined by variations in behavior and functioning across various domains, including social communication, repetitive behaviors and interests, cognitive and sensory processing (Spicer et al., 2024).

The term “ASD” or any reference to being ‘disordered’, as well as person first language, is generally considered *offensive* within the broad autism community. This is reflected in the Australian National Autism Strategy 2025-31. Most Autistic people prefer **identity first language.** Overall, respect an individual’s right to choose.

ADHD is a **neurodevelopmental** difference characterised by marked variations in areas of cognitive and emotional functioning such as attention, emotional regulation, and energy. ADHDers have less consensus on preferred language.

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Evolving Narrative of Autism & ADHD

The puzzle piece graphic is offensive to autistic people.

We are not missing pieces, nor something to be solved.

Contemporary clinicians working with Autisitic and ADHD individuals (AuDHDers) work from a **neurodiversity affirming approach**; this includes a curious and expansive lens to understand mental health differences.

It is particularly important to understand the factors that impact such differences for AuDHDers to ensure adequate case formulation, identification, modality appropriateness, and adaptations to specific therapies.

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Autistic & ADHD Mental Health

•Up to 70% of Autistic people have a diagnosed mental health condition (Lai et al., 2019)

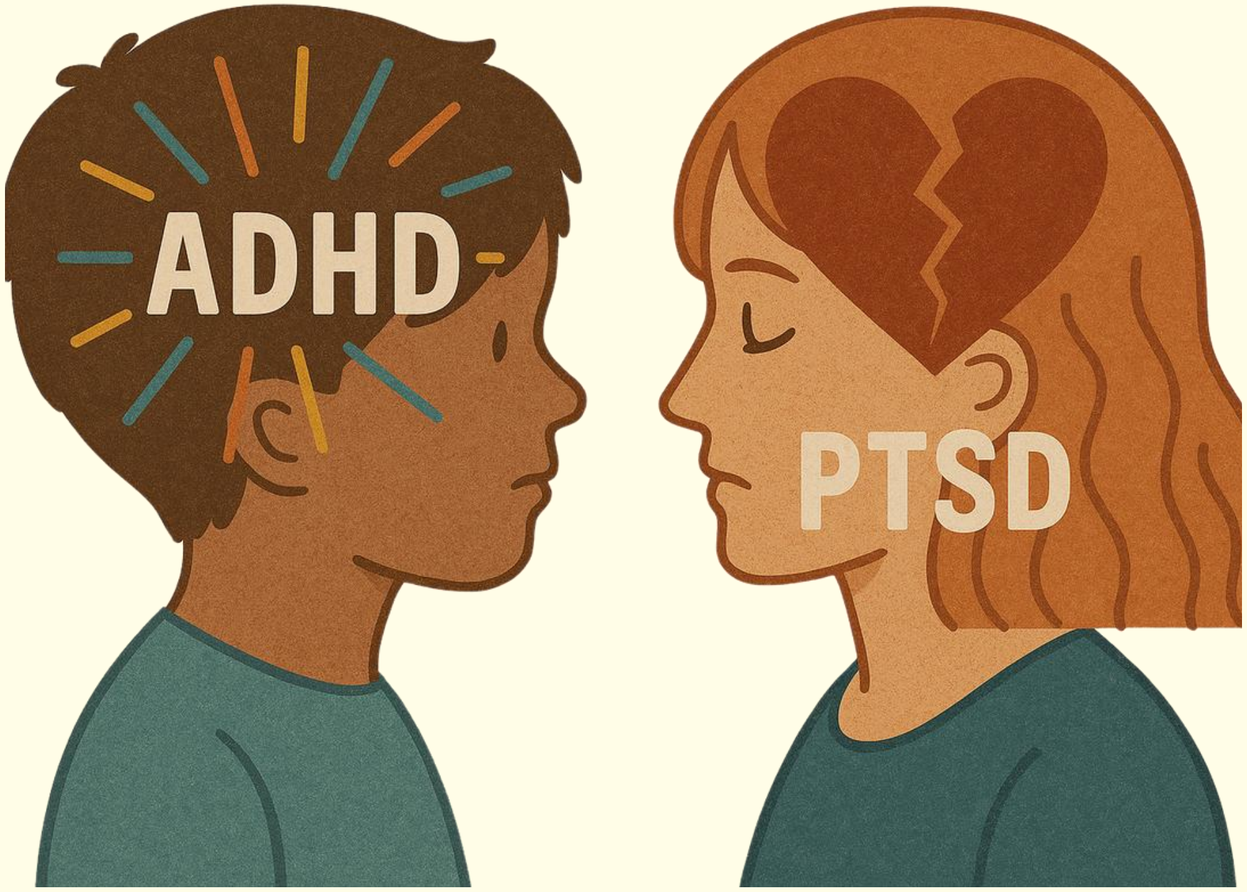
•ADHD individuals also have greater rates of mental health challenges overall including complex diagnoses such as substance use disorders and eating disorders (Frank et al., 2018)

•High rates of self harm and suicide (Moseley, 2023)

•Reduced quality of life (Yerys et al., 2022)

•Higher risk of mortality and lower life expectancy related to mental health challenges, ongoing psychosocial adversity and stress, among other factors (Barkely et al., 2022)

Psychological Trauma for Autistic and ADHD Individuals



- Psychological trauma experienced at any time point is a significant transdiagnostic risk factor for mental health challenges (Hogg et al., 2023)
- Autistic and ADHD individuals are not only at greater risk of experiencing multiple major traumatic events across the lifespan, but also experience unique social trauma and adversity related to being different

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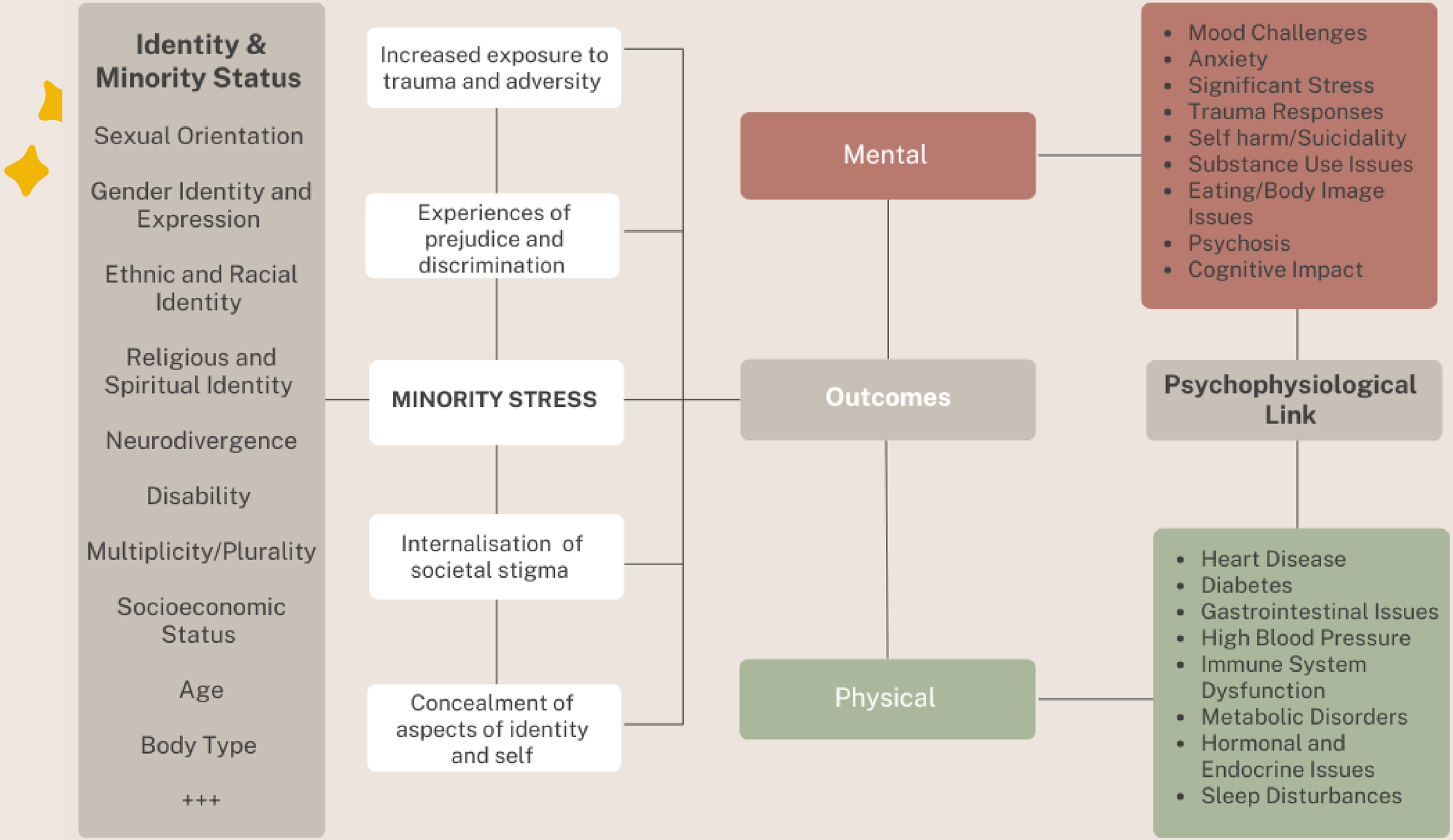
Adverse Childhood Experiences

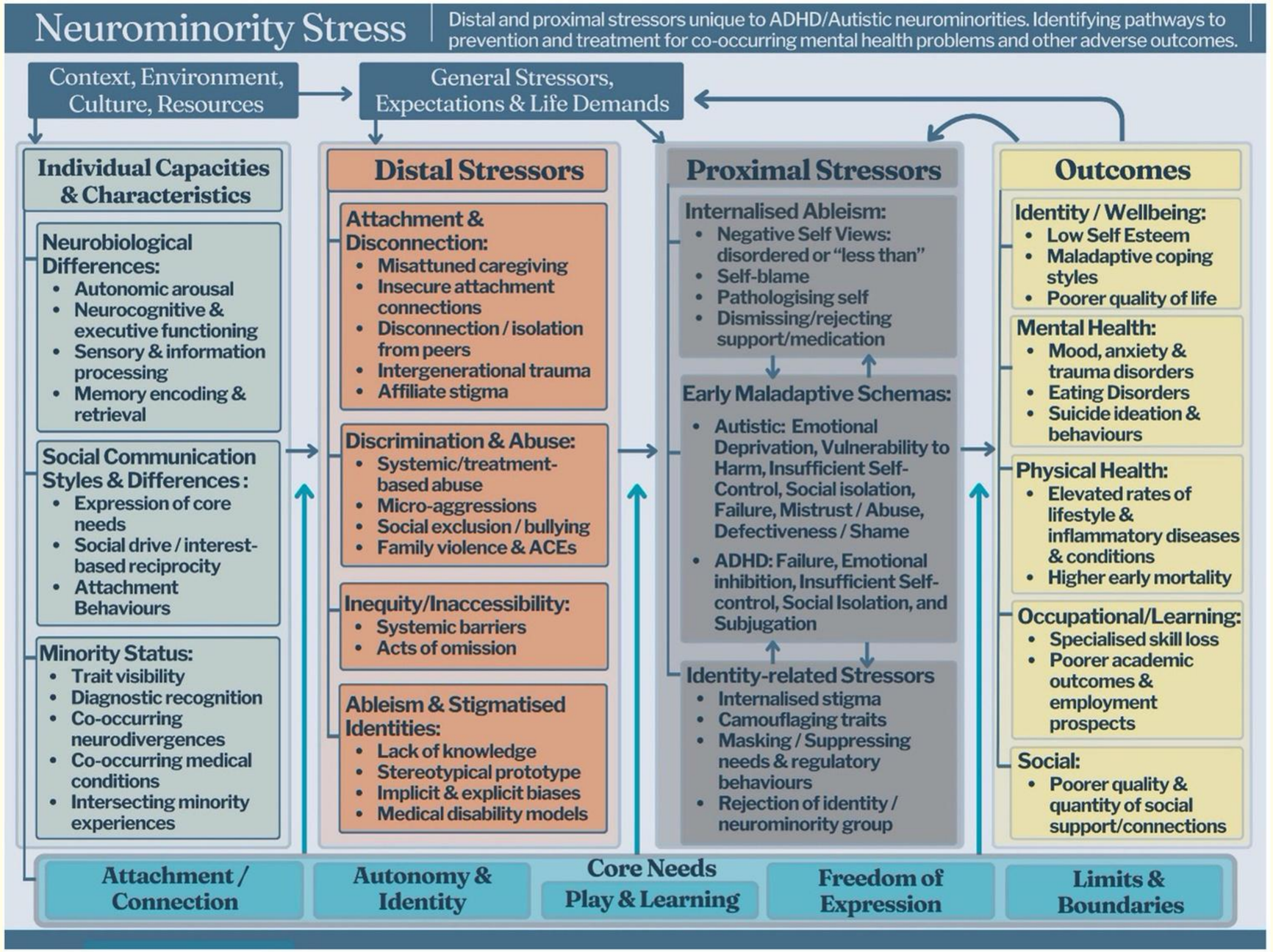
- Autistic and/or ADHD – higher risk of experiencing all 10 ACEs (Schwartz et al., 2023)
- Physical abuse, neglect, and sexual abuse much higher than general population and often multiple forms and ongoing (Spicer et al., 2024)
- These traumas can lead to masking behaviours as a survival response (Pearson et al., 2023) and result in the development of early maladaptive schemas (Spicer et al., 2024)
- 94% of Autistic individuals show at least one clinically elevated subscale score on the Multidimensional Inventory of Dissociation

Social and Interpersonal Lens

- Autistic people face increased risk of discrimination and prejudice in multiple forms (Cleary et al., 2023)
- A recent systematic review of 27 studies of autistic experiences of discrimination - autistic individuals are acutely aware of being judged, stereotyped, and discriminated by others (Han et al., 2021).
- Autistic individuals who belong to marginalized groups, such as those with diverse gender and sexuality identities and certain cultural backgrounds may experience heightened vulnerability to abuse and trauma (Walker & Raymaker, 2021).
- This is especially concerning because interpersonal trauma is a better predictor of posttraumatic stress than traumas such as natural disasters or accidents (Breire et al., 2016) and is a particularly severe risk factor for dissociation (Holmes et al., 2005)
- Experiences of minority stress (discrimination, prejudice, social exclusion) may have not only mental but also physical health impacts (Spicer, & Mitchelson, in review)



An Identity Affirming Minority Stress Model Diagram - Spicer, Mitchelson, Kumar Jonson, Liu, Blow, Allan, Rainsford, Abreu



DeCicco in Spicer, DeCicco, Clarke, Ambrosis, and Yalcin 2024: Understanding Early Maladaptive Schemas in Autistic & ADHD Individuals: Frontiers in Psychology

Internalised Ableism

Discrimination against disabled individuals (e.g. AuDHD) is a **pervasive** and **urgent** concern that significantly impacts lives.

Internalised ableism refers to the process by which disabled people **unconsciously adopt** negative beliefs, attitudes, or prejudices about their disability, often stemming from **societal ableism** which is formed from norms, media, societal respresentations of disabled people that lead them to view themselves and their traits negatively.

Masking may help individuals navigate neuronormative social situations but comes at a **significant** psychological and physical **cost** such as physical and mental exhaustion (Hull et al. 2017) anxiety, depression and high rates of suicidal thoughts and behaviors (Cage et al. 2019), identity struggles and a lack of self-acceptance (García-Villamisar et al., 2018).

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Protective Factors Across the Lifespan

1. *Identification*
2. *Connection and Community*
3. *Social Change*

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Neurotype Identification

Inclusive of **both** formal diagnosis and self identification; non pathological.

Neurotype Identification **enhances self-understanding**, reduces self-blame, boosts coping and wellbeing in Autistic people.

Allowing clients to honour their access needs (e.g., rest, stimming, sensory regulation, communication preferences) is a **radical act of self-acceptance.**

Moving from "*I should*" to "**What do I need?**" changes the internal narrative.

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Neurotype Identification

•Main factor associated with parental/caregiver satisfaction is early diagnosis (Barbaro)

•Better equipped to tune into their child’s communication style and meet their needs

•Start conversations about children's Autistic identity earlier

Early identification, support, and building up positive Autistic identity can have protective effects against social stigma and lead to a greater sense of belonging

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Positive Representation Matters!

Examples of ADHD and Autistic characters (coded or explicit) in children's media

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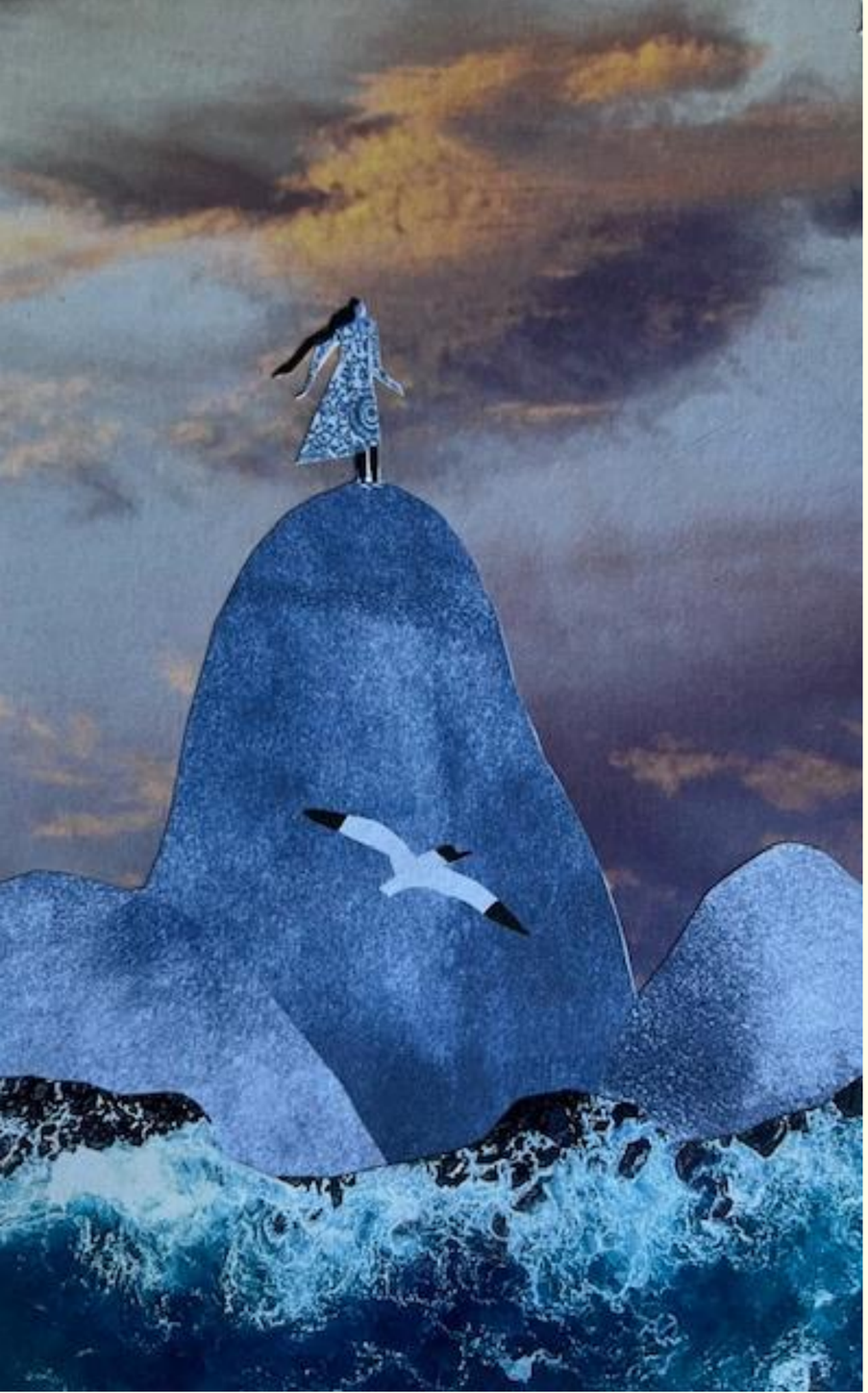

Connection to Community

Dr Damian Milton's Double Empathy Theory

Spending time with other disabled or neurodivergent people can be incredibly validating.

Peer support, group spaces, or online communities (e.g., #ActuallyAutistic) offer shared language and solidarity.

Witnessing diverse ways of being fosters acceptance of your own needs and traits.

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‘I never realised everybody felt as happy as I do when I am around autistic people’ (Crompton, 2020)

“Since getting autistic friends I think ‘this is how neurotypical people must feel all the time’ and that is quite sad actually. To realise that people have felt this their whole life, and at ease around people, and felt they belonged as much as I do now. It’s a shame it didn’t happen sooner.”

“I know that they [an autistic person] might be telling me for 20 minutes about some bird that they saw, but I know how they are feeling, because I feel happy when I see things that I like and I will go on about it. So even though I have no interest in what you are saying I understand how you feel.”

“*I feel free as a bird. No effort is needed. I don’t need to mask and I don’t feel stupid if I don’t understand something. I feel able just to ask. We’re all always getting our words mixed up or losing them and we lost the thread of our conversations but we laugh at it. We all do it and we all get it.”*

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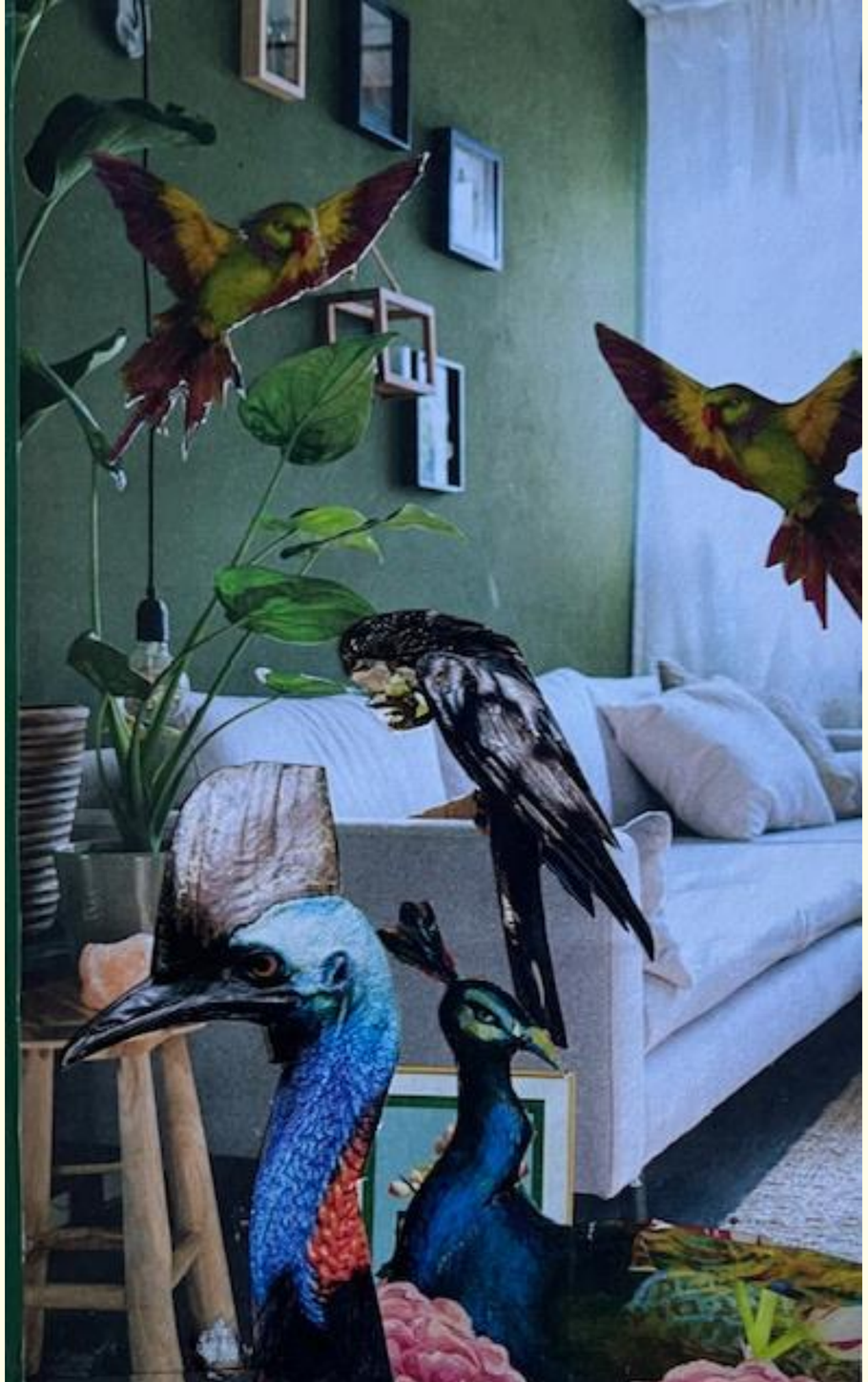

The strongest
protective factor against
social trauma
is inclusive social change!

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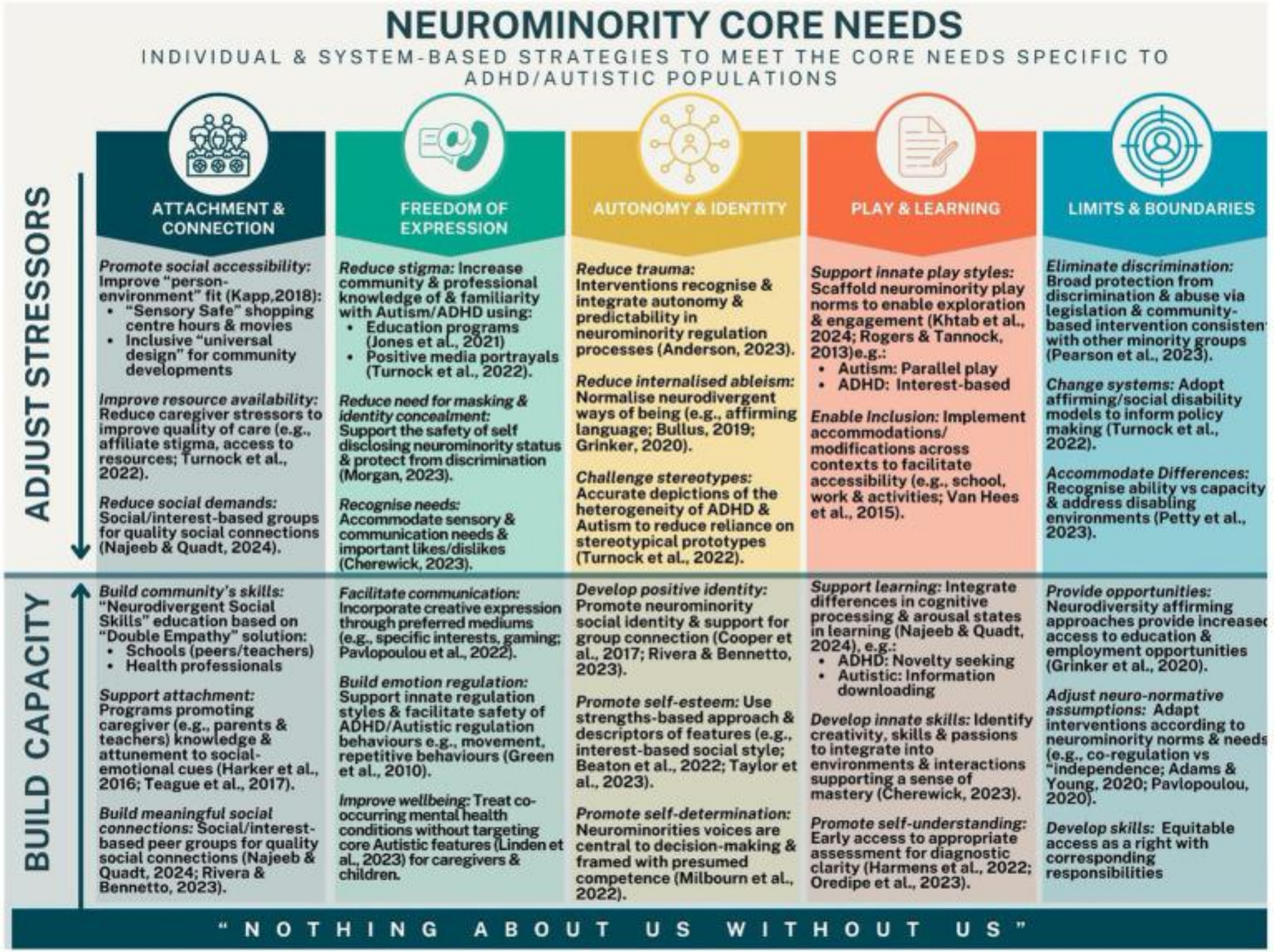
NEUROMINORITY CORE NEEDS

INDIVIDUAL & SYSTEM-BASED STRATEGIES TO MEET THE CORE NEEDS SPECIFIC TO ADHD/AUTISTIC POPULATIONS



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Importance of Social Change

144 autistic adults and parents/caregivers of autistic people were surveyed regarding adresssing public stigma

“Clearly, it is paramount to address public stigma, as society is the locus of the problem and should be the locus of change.”

Four main themes were identified:

(1) ‘We need to change society not autistic people’,
(2) ‘Stigma is difficult to manage alone’,
(3) ‘Focus on positive, practical support’, and;
(4) ‘There is no one size fits all approach’.

Davidson and Morales (2023) also found that providing up to date knowledge and awareness of Autism through an affirming lens lead to increased positive attitudes and behaviours towards Autistic individuals

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Therapeutic Considerations for Social Trauma in Autistic and ADHD Individuals

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Conceptualisation Builds Connection

Our Conceptualisation : Understand someone's presentation of social trauma in relation to them being Autistic and/or ADHD

- **Client wanting something moved in the room** (control or sensory overwhelm, trauma trigger..)
- **Client being late for session** (avoidance or ADHD?
- **Blocked or detached "part"** – (coping or alexithymic?)
- **Client tapping their leg in the room** (anxiety or stimming?)

Reflect: If we do not be curious and compassionate around behaviors in therapy, this can impact on our ability to attune and connect leading to ruptures with clients and activation of social trauma

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Practical Support, Regulation and Somatic Skills

- Be aware of the impact of sensory regulation and the need to engage in sensory planning
- Ask about special interests and be encouraging of monotropism as a reflection of their unique healthy adult
- Be mindful of language (not to use ASD, deficit etc.) and share resources that are affirming to help build positive neurodivergent identity – protective
- Teaching ND friendly emotional regulation skills
- Grounding, containment, self compassion, DBT skills

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Regulation and Somatic Skills

- Repetitive regulating behaviours – stimming, stim playlists for music
- Creative practices (art, music, dance)
- Self-care: Nutrition, hobbies, special interests, ADHD executive functioning support and medication
- Access to supportive environments
- Social support – connecting with Neurokin – ventral vagal connection
- Busting away from neuronormative ideals which can increase stress, overwhelm, and dissociation as a form of coping

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Trauma Reprocessing Considerations

- Ensure we are understanding what is experienced as traumatic for an Autistic/ADHD person as apart of their lived experience (e.g., social trauma)

- Understand how various forms of discrimination, marginalisation, and oppression are still currently being experienced serving as ongoing sources of distress

- Understand how an Autistic/ADHD individuals' differences impact on trauma being stored (e.g., sensory differences, memory etc)

- Ensure we are adapting trauma focused treatment such as EMDR based on differences as needs (BLS, language etc) – Neuroqueering EMDR practice project

- Be integrative and flexible with the modalities we are using (EMDR, Schema, CFT, ACT etc) – It’s not the therapy itself that is affirming, it is the way it is applied!

Summary

- Autistic and ADHD Individuals experience higher rates of major traumatic events, but also traumatic events linked directly to their experiences of being Autistic and ADHD.

- There are a range of protective factors across the lifespan including identification, connection with community, and importantly being apart of wider social change

- A neuroaffirming approach is needed in therapy; one which reflexively provides adaptations and values the lived experience insight of existing differently in the world.

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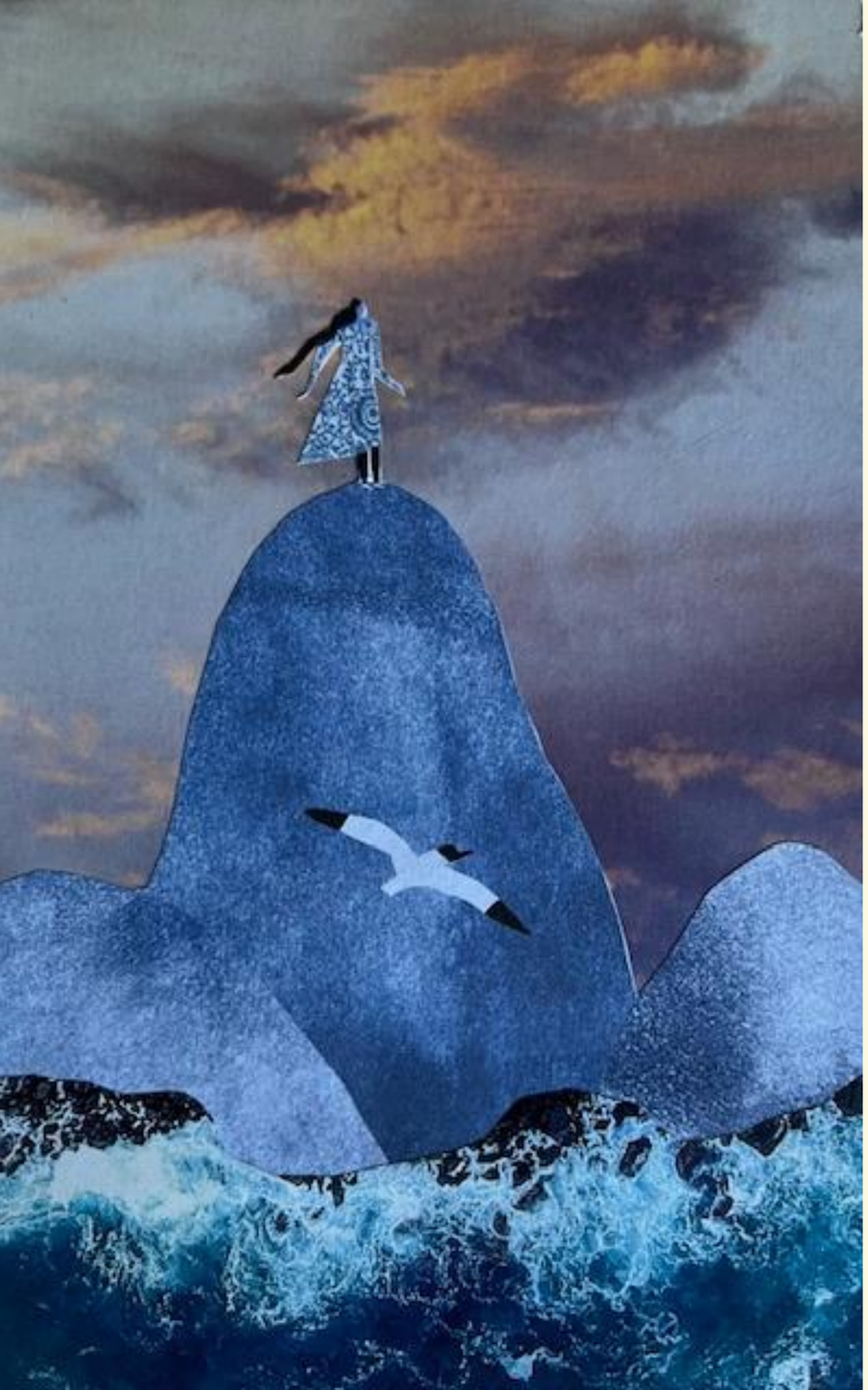

Thanks for Listening

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