Understanding the Links Between Trauma and Neurodiversity in Children

This multi-agency practitioner resource is designed to support professionals working with children and young people who may be neurodivergent and/or may have experienced trauma. It brings together key insights, practical guidance, and reflective questions to help improve understanding and support.

Why this matters

Children who are neurodivergent - such as children with Autism, Attention Deficient Hyperactive Disorder (ADHD), or sensory processing differences - often experience the world in ways that heighten their vulnerability to trauma. Their unique neurological profiles can make everyday situations - such as changes in routine, sensory overload, or social misunderstandings - feel overwhelming or unsafe. These experiences, while sometimes invisible to others, can accumulate and lead to emotional distress or trauma.

At the same time, trauma can influence how neurodiversity presents. For example, a child who has experienced trauma may display behaviours such as hypervigilance, emotional dysregulation, or difficulty concentrating, traits that can resemble or intensify neurodivergent characteristics. This overlap can make it harder for professionals to accurately identify needs and provide appropriate support.

Traditional trauma frameworks can overlook how neurodivergent children experience trauma. These children may not respond to trauma in expected ways, and their distress may be misinterpreted or overlooked. Neurodivergent children are significantly more likely to experience trauma, including abuse, neglect, and systemic exclusion. When trauma and neurodiversity co-exist, symptoms of both can intensify, leading to increased vulnerability and complexity in support needs.

Trauma can also be misdiagnosed as neurodevelopmental conditions. For instance, a child who is constantly scanning their environment for threats (hypervigilance) may appear inattentive or to have impulsive traits commonly associated with ADHD. Similarly, irritability and a heightened startle response may be seen as behavioural issues rather than signs of trauma. Wilson et al. (2024), in their research on relationships between neurodivergence status and adverse childhood experiences, and impacts on health, wellbeing, and criminal justice outcomes found that when neurodivergence and high adverse childhood experiences (ACEs) exposure co-exist, symptoms intensify and correlate with poorer health and wellbeing, illustrating the importance of accurate identification and response.

Understanding these intersections is crucial for professionals. It encourages:

- Greater empathy and curiosity in assessments
- More accurate identification of needs

- Trauma-informed responses that validate the child's experience
- Avoidance of re-traumatisation through sensitive, relational practice

Ultimately, recognising the link between trauma and neurodiversity helps create safer, more inclusive environments where children feel seen, heard, and supported.

Key considerations for practice

Trauma can mask or mimic neurodiversity

Children who have experienced trauma may display behaviours that closely resemble those associated with neurodevelopmental conditions such as Autism or ADHD. This overlap can make it difficult for professionals to distinguish between trauma responses and neurodivergent traits - especially without a holistic, multi-agency assessment.

Shared behavioural indicators

- **Emotional dysregulation:** Both trauma and neurodiversity can lead to difficulties managing emotions. A child may appear volatile, withdrawn, or overly reactive to seemingly minor triggers.
- **Sensory sensitivities:** Children who have experienced trauma may become hypersensitive to noise, touch, or light - similar to sensory processing differences seen in Autism or sensory integration disorders.
- **Social withdrawal or avoidance:** A traumatised child may avoid social interaction due to fear or mistrust, while a neurodivergent child may withdraw due to social anxiety, communication challenges, or sensory overload.

Hypervigilance and ADHD-like symptoms

Trauma-related hypervigilance - a state of constant alertness to potential threats - can mimic ADHD symptoms:

- **Distractibility:** A child scanning their environment for danger may struggle to focus in class.
- **Impulsivity:** Reacting quickly to perceived threats can be mistaken for poor impulse control.
- **Restlessness:** A child may appear fidgety or unable to sit still, not due to attention difficulties, but because their nervous system is in a heightened state of arousal.

The risk of misdiagnosis

When trauma is not recognised, children may be misdiagnosed with a neurodevelopmental condition and placed on an inappropriate pathway. This can lead to:

- **Inadequate support:** Interventions may not address the root cause of the child's distress.
- **Re-traumatisation:** Behavioural strategies that ignore trauma history may feel punitive or invalidating.
- **Delayed healing:** Without trauma-informed care, children may not feel safe enough to engage in learning or relationships.

What professionals can do

- ✓ **Be curious, not making assumptions:** Ask what might be driving the behaviour, rather than labelling it.
- ✓ **Use trauma-informed assessments:** Consider the child's history, environment, and relationships.
- ✓ **Work collaboratively:** Share information across agencies to build a fuller picture of the child's needs.
- ✓ **Avoid binary thinking:** Trauma and neurodiversity can co-exist. One does not rule out the other.

Neurodivergent children may experience unique forms of trauma

Neurodivergent children - those with Autism, ADHD, sensory processing differences, or other cognitive variations - often experience the world in ways that are deeply personal and sometimes misunderstood. Because of this, they may be more vulnerable to certain types of trauma that are either overlooked or not traditionally recognised within standard trauma frameworks.

There are several forms of trauma that are particularly relevant for neurodivergent individuals:

Sensory trauma

Many neurodivergent children experience the world through heightened sensory perception. Environments that are loud, bright, crowded, or unpredictable can be overwhelming and distressing. When these sensory experiences are frequent and unavoidable - such as in school or public spaces - they can become traumatic over time, especially if the child is not supported or believed.

Social trauma

Bullying, exclusion, and social misunderstanding are common experiences for neurodivergent children. They may feel pressure to "mask" their true selves to fit in, which can lead to chronic stress, identity confusion, and emotional exhaustion. The trauma of not being accepted or understood can have long-lasting effects on self-esteem and mental health.

Compliance trauma

When children are repeatedly asked to suppress their natural behaviours (e.g., stimming, avoiding eye contact, needing movement), they may internalise the message that who they are is wrong.

This pressure to conform to neurotypical norms can be deeply invalidating and traumatic, especially when enforced through rigid behavioural interventions.

Medical trauma

Neurodivergent children often interact with healthcare and support systems that may not fully understand their needs. Being dismissed, misunderstood, or subjected to invasive assessments without adequate explanation can lead to mistrust and fear of professionals. This is especially true when children are not given agency or when their communication differences are not accommodated.

Neurological trauma

The unpredictability of daily life, difficulty with transitions, and challenges in understanding or expressing emotions can create a constant sense of uncertainty. For some neurodivergent children, this ongoing struggle to make sense of the world can itself be traumatic—especially when compounded by a lack of support or validation.

Trauma-informed practice in services

Trauma-informed practice is not a one-size-fits-all approach - it's a mindset and a framework that prioritises safety, trust, and empowerment. When working with neurodivergent children, this approach must be adapted to recognise the unique ways trauma may be experienced and expressed.

Recognition and validation

Children need to feel seen, heard, and believed. This means acknowledging their lived experiences, even when they don't fit traditional narratives of trauma. Validation helps build a sense of safety and hope, especially for children who have felt misunderstood or dismissed.

Avoid re-traumatisation

Well-intentioned practices can unintentionally cause harm. For example, forcing eye contact, ignoring sensory needs, or using rigid behavioural interventions may retraumatise children. Staff must be aware of how their actions, language, and environments impact children's emotional safety.

Cultural and identity sensitivity

Trauma does not occur in a vacuum. It is shaped by a child's cultural background, gender identity, neurotype, and life experiences. Services must be sensitive to these factors when selecting workers, designing interventions, and building relationships.

Trust and collaboration

Transparency is key. Children and families should understand what is happening, why, and what choices they have. This helps reduce power imbalances and fosters agency. Relational practice - where professionals work alongside families rather than "on" them - is essential.

Safety first

Emotional and physical safety is the foundation of effective support. Without it, children may disengage, resist help, or feel unsafe. Trauma-informed environments should be predictable, calm, and responsive to individual needs, including sensory and relational safety.

Practice tips for professionals

Be curious

Go beyond surface behaviours. Ask what the child's behaviour might be communicating about their experience, needs, or fears.

Use trauma-informed approaches

Prioritise safety, trust, and empowerment in every interaction. Avoid punitive responses and focus on relational, strengths-based support.

Adapt communication

Use visual aids, simplified language, and non-verbal methods. Neurodivergent children may communicate in diverse ways; meet them where they are.

Validate sensory needs

Create environments that reduce sensory overwhelm. Offer quiet spaces, flexible seating, and sensory tools where appropriate.

Collaborate across services

Share information and build a joined-up picture of the child's needs. Multi-agency working helps ensure no aspect of the child's experience is missed.

Case examples:

Example: Trauma misunderstood as neurodiversity

- Background: 'Alex', a 9-year-old child, lived in a home where domestic violence was frequent during their early years. These experiences left Alex feeling unsafe and constantly on edge.
- Presentation: At school, 'Alex' appeared restless, easily distracted, and often had emotional outbursts when routines changed. Teachers described 'Alex' as "impulsive" and "unable to concentrate," which led to an initial suspicion of ADHD.
- Challenge: Professionals focused on ADHD symptoms without considering 'Alex's' lived experience and related trauma. This resulted in strategies that emphasised behaviour management rather than emotional safety and regulation.
- Resolution: A trauma-informed assessment revealed that 'Alex's' hypervigilance and emotional dysregulation were rooted in past experiences of violence. Support shifted to creating a predictable classroom environment, offering emotional regulation tools, and providing therapeutic intervention. Over time, 'Alex's' sense of safety improved, and learning engagement increased.

Example: Misdiagnosis of risk

- Background: 'Sam', age 10, entered foster care after long-term neglect and inconsistent caregiving. 'Sam' had learned to protect themselves by withdrawing and avoiding eye contact, behaviours that helped them cope in an unpredictable environment.
- Presentation: In school, 'Sam' was quiet, socially isolated, and struggled to form friendships. These behaviours led professionals to consider autism, as they resembled traits commonly associated with social communication difficulties.
- Challenge: The initial focus on autism overlooked 'Sam's' trauma history. This risked placing 'Sam' on an inappropriate diagnostic pathway.
- Resolution: A multi-agency review highlighted that Sam's behaviours were potentially trauma responses rather than neurodevelopmental traits. With therapeutic support, consistent caregiving, and trust-building activities, 'Sam' began to engage socially and show signs of emotional recovery.

With thanks to Wigan Safeguarding Children Partnership for permission to adapt their safeguarding resource: Understanding the link between Trauma and Neurodiversity in Children

Resources

1:1 Support for Parents with neurodiverse children, with the Isle of Wight Neurodiverse Multi-Disciplinary Team

The service offer includes:

- Support for adults to co-produce a child or young person's Neurodivergent profile
- Support for individual Neurodivergent need
- Direct support for families from a Family Practitioner
- Direct support for families from a Sleep Practitioner
- Peer to peer and parent-led forums and groups
- Revolving door model of support from 0 – 18 years of age, pre or post diagnosis.

Please complete this form to connect to the appropriate service. IOW NDMDT - IOW Neurodiversity Multi-disciplinary Team

Check out the online notice board for **Neurodiverse information and links**

AIM (**Autism Inclusion Matters)** Isle of Wight. See their groups and activities here https://bookwhen.com/aimisleofwight or on https://www.facebook.com/aimisleofwight/

SEND IASS Advice and guidance for parents of children with special educational needs / learning disabilities on the Isle of Wight

Introduction to Autism – CAMHS

National Autistic Society