

Understanding trauma and neurodivergence

This guide explores how trauma, autism, and ADHD can intersect. It offers language for understanding your experiences and discussing support. You can read one section at a time, skip any prompt, or return later.

You can be neurodivergent and affected by trauma. Support can make room for both your longstanding needs and the effects of difficult experiences.

What the words mean

Neurodivergence is a broad term for ways of thinking, learning, sensing, or processing that differ from what society treats as typical. It is not a diagnosis. This guide focuses mainly on autism and ADHD because that is where much of the research discussed here comes from.

Trauma refers here to the lasting effects of experiences that were threatening, harmful, or overwhelming. People respond differently to similar events. Not everyone exposed to adversity develops PTSD.

Post traumatic stress disorder, or PTSD, is a specific diagnosis with requirements about the event, symptoms, duration, and impact. Distress deserves attention even when it does not meet those requirements. [1, 2]

What research tells us

Autistic people may face greater exposure to bullying, discrimination, and other adversity. ADHD and PTSD also occur together. These findings describe patterns across groups; they do not determine your individual experience. Responsibility for abuse always lies with the person causing harm. [1, 3]

Research does not establish that trauma generally causes autism or ADHD. Trauma can affect attention, sleep, emotions, and daily functioning, including in people who are already neurodivergent. [1, 3]

This is educational information, not a diagnostic tool or an individual treatment plan. The practical suggestions are options to explore, not requirements.

When experiences overlap

Some difficulties can have more than one explanation. A clinician can explore your developmental history, current circumstances, health, and trauma experiences with you. One behaviour on its own cannot tell the whole story.

Attention and everyday tasks

Losing track of a conversation or struggling to begin tasks may relate to ADHD, trauma-related alertness, disrupted sleep, or several factors together. Feeling mentally absent can also have different meanings. Assessment should explore what happens, when it happens, and how it affects you. [3]

Sensory distress and feeling on guard

Sounds, lights, touch, or busy places may feel difficult because of sensory differences, reminders of harmful experiences, or both. Sensory distress by itself does not establish a trauma history. [1]

Withdrawal and changes in functioning

Needing time alone may help you recover from demands. A new or marked increase in avoidance, distress, or difficulty managing familiar tasks deserves exploration. Clinicians can miss trauma when they assume every difficulty is simply part of autism. [1]

Adversity that is difficult to name

Bullying, exclusion, bereavement, and other distressing experiences can have lasting effects. Research with autistic adults has found post-traumatic symptoms after events both within and outside formal PTSD trauma criteria. Symptoms on a questionnaire are not the same as a confirmed diagnosis. [2]

Questions to explore with support

- What patterns can I remember from early life, even before I had words for them?
- What changed after particular experiences or during periods of ongoing stress?
- Where do I feel more comfortable, and which supports make daily life easier?

You do not need to recover missing memories or produce a detailed trauma story to begin discussing your needs. When adversity began early, the timeline may be difficult to untangle. It is okay to acknowledge uncertainty.

Making therapy more accessible

You can discuss access needs while exploring trauma. The ideas below are practical options to try collaboratively. Research on the best trauma treatments and adaptations for neurodivergent people is still developing. [1, 4]

Ask for a pace and format that work

- Request a clear plan for the session, one question at a time, and extra processing time.
- Ask to write, draw, type, use examples, or receive a short written summary.
- Discuss lighting, noise, seating, movement, and whether eye contact feels comfortable.
- Agree on a way to pause, change the subject, or finish an exercise.

Try small ways to reconnect with the present

If you want to experiment, notice a neutral object in the room, feel a comfortable surface supporting you, reduce noise or light, or take a movement break. Choose what feels tolerable. You can keep your eyes open and stop if an exercise increases discomfort. Breathwork, stillness, and body-focused exercises are not comfortable for everyone.

Keep practical support in the picture

Written reminders, predictable routines, sensory accommodations, and help with planning may remain useful while trauma-related distress improves. Treatment goals can include feeling safer and having more choice while respecting your communication style and ways of regulating yourself.

Talk about treatment choices

A small study of EMDR with autistic adults reported improvement in post-traumatic symptoms. This is encouraging, but it does not establish that EMDR is the best fit for every neurodivergent person. Ask a qualified clinician about treatment options, the evidence, possible discomfort, and how they would adapt the work with you. [4]

Words you can borrow

“I want help understanding both my neurodivergent needs and the impact of difficult experiences. Please explain what we are doing, check what works for me, and help me pause when I need to.”

If distress is persistent or affects sleep, relationships, work, or everyday care, consider speaking with a qualified mental health professional. You can ask about their experience with both trauma and neurodivergence.

What I want support to understand

Use a few words, draw, or discuss these prompts with someone you trust. You can leave any of them blank. There is no need to describe painful events.

Things that overwhelm me or make daily life harder

Things that help me feel comfortable or more settled

A need or boundary I want to communicate

One small support I would like to try

Take what resonates and leave the rest. Your needs can be taken seriously while you are still working out the language for them.

Research behind this guide

The sources below focus on autism and ADHD. Findings cannot automatically be extended to all forms of neurodivergence. Some studies are small, use self-reported symptoms, or draw on selected clinical groups. A link between experiences does not prove that one caused the other.

[1] Quinton, A. M. G., Ali, D., Danese, A., Happé, F., & Rumball, F. (2026; first published online 2024). The assessment and treatment of post-traumatic stress disorder in autistic people: A systematic review. *Review Journal of Autism and Developmental Disorders*, 13, 110–144.

[Read the open access review](#)

[2] Rumball, F., Happé, F., & Grey, N. (2020). Experience of trauma and PTSD symptoms in autistic adults: Risk of PTSD development following DSM-5 and non-DSM-5 traumatic life events. *Autism Research*, 13(12), 2122–2132.

[Read the study summary](#)

[3] Magdi and colleagues (2025). Attention-deficit/hyperactivity disorder and post-traumatic stress disorder adult comorbidity: A systematic review. *Systematic Reviews*, 14, Article 41.

[Read the open access review](#)

[4] Lobregt-van Buuren, E., Sizoo, B., Mevissen, L., & de Jongh, A. (2019). Eye movement desensitization and reprocessing (EMDR) therapy as a feasible and potential effective treatment for adults with autism spectrum disorder (ASD) and a history of adverse events. *Journal of Autism and Developmental Disorders*, 49, 151–164.

[Read the study summary](#)