

Safely and Effectively Serving Neurodivergent Survivors

Supporting Healing Through Accommodation and Understanding

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In this webinar, we will:

Define disability and neurodiversity, and describe common risk factors for abuse;

Explain how neurodiversity impacts the survivor experience;

Discuss accommodations and accessibility in survivor spaces;

Explore solutions for neurodivergent survivors that promote healing, safety, and continued trauma-informed support





Disability, Neurodivergence, and Abuse

Setting the Stage: Disability

Disability can be a:

- condition
- lived experience
- culture
- diagnosis



The Impact of Disability

- Disability is personal, individualized, but also shared among communities:
 - Shared in challenging ways: stigma, barriers, attitudes, access
 - Shared in positive ways: identity, socialization, beliefs, behaviors
- Disability is often an identity
 - Not all the time—some people, especially with acquired disabilities, may not see their disability as anything but a diagnosis or a challenge to overcome
 - But for many, disability is an important and vital piece of them. It shapes their experiences and thoughts and beliefs.

Neurodiversity

- Neurodiversity is:
 - The idea that people experience and interact with the world around them in many ways, with no one "right" way of thinking, learning, and behaving, and differences are not deficits.
 - Referring to someone as neurodiverse or neurodivergent is a way to focus on the positive aspects of their differences and what that can bring to the group setting. (NIH)





Neurodivergence

- Neurodivergent is a broad umbrella term meaning having a brain that works differently from the average or neurotypical person; people are not diagnosed with neurodivergence.
- Types of Neurodivergence:
 - Dyslexia, Autism, ADHD, Intellectual Disabilities, Learning Disabilities, Mental Health Conditions

Remember:
Neurodivergence is on
a spectrum, not a
fixed point.



- When we say someone is neurodivergent, we recognize that person may have different strengths and challenges than those without brain differences.
- These differences may range from difficulties with executive functioning, communication, and cognitive processing to social and emotional challenges.
- Their presentation is unique to someone's lived experiences.

A Note on Language (1)

- When working with neurodivergent individuals, ask how they identify and which terms resonate with them, and mirror their language to best honor their identities and perspectives.
 - Some prefer people-first language (i.e., “person with autism”), while others prefer identity-first language (i.e., “autistic person”).
 - Some people with autism are diagnosed with “Autism Spectrum Disorder” while others never receive that diagnosis.
 - Some neurodivergent individuals may refer to themselves as having a disability while others may not.

A Note on Language (2)

- For survivors of sexual assault, a person may have a preference on what kind of language they want used to describe their experience.
- Some prefer “victim” and “victimized” because it gives focus to the experience and harm enacted, while some prefer “survivor” because it highlights healing.
- Some people use these interchangeably. Neither are wrong.
- It remains important to center someone’s narrative and naming, no matter what direction they choose.

Sexual Assault and Neurodivergent Survivors: Unique Dynamics

- **Communication**
 - Things like consent, understanding conflicting wants/needs, communicating boundaries, being able to put unsafe feelings “into words” can be difficult for neurodiverse people.
- **Support**
 - Support systems, if they exist, may emphasize paternalism and protection over autonomy and safety.
- **Social and Emotional**
 - Figuring out expectations of dating, socializing, friendships, family relationships can be challenging when someone struggles with reading nonverbal cues, engaging in the nuanced and ever-changing social rules of different communities.

Sexual Assault and Neurodivergent Survivors: Unique Dynamics

- Executive Functioning

- Executive functioning is the brain's ability to organize, plan, manage, and regulate things like emotions, time, behavior, and needs. When someone has difficulty doing these things, they are at higher risk of victimization.

- Knowledge/Education

- Many neurodiverse people (especially autistic people, people with learning disabilities, and mental illness) are denied sex education. Conversations about the body, about consent, and about healthy relationships are skipped because of perceived ineptitude or belief that they are asexual/childlike.

- Social Skills Classes

- People are taught how to mask their neurodivergence through agreeability and compliance.

Barriers to Reporting and Justice

- “They don’t know what they want.”
- “They encouraged it.”
- “They seem fine. It obviously didn’t affect them.”
- “They don’t understand what happened to them.”
- “They aren’t great historians. How do we know it is true or they didn’t misremember?”
- “They are lying for attention.”
- “Services don’t work for them. They are too high needs.”

Sexual Assault and Neurodivergent Survivors: Consent

- Consent is often tied to navigating social cues, communication styles, and emotional regulation. It is often mistaken as only being a verbalized “yes.” Sometimes it is taught as an “enthusiastic yes.” But for neurodivergent people, things like tone and other communication cues can be difficult.
- Sometimes, neurodivergent people are “trained” out of saying no. When you have social skills classes teaching you to be agreeable and polite, or when the only “healthy relationships” you see modeled are those in movies or TV shows, consent is muddied.
- Consent isn’t just verbal. Consent can be withdrawn. Consent isn’t just your body saying yes, but your brain and emotions being in sync with that yes.




Neurodivergent Survivors

Impact of Victimization

- Sleep difficulties
- Depression and anxiety
- Withdrawn behavior
- Increased dysregulation (“meltdowns”) and/or stimming (especially new stims, or harmful stims)
- Self-injurious behavior
- Change in eating habits or behaviors
- Changes in communication
- Changes in care for self and body
- Emotional regulation
- Seeking reassurance (which can sometimes look like seeking out unhealthy relationships)
- Storytelling



Support Consideration s

- Communication is not just verbal.
 - Story is not always linear.
 - Validity isn't tied to behavior.
 - There is no "ideal" survivor.
 - Emotions don't have to "make sense."
 - Sensory seeking doesn't equal instability.
 - Time does not matter.
 - Meaning can change, trauma can hide, healing can look different.
- 


Poll

What could keep a neurodivergent survivor from seeking healing services?

- Choose:
 - Lack of Access
 - Lack of Knowledge
 - Inadequate or Unsupportive Support System
 - Discomfort
 - Other (in chat)

Accessibility of Healing Services

Questions to ask:

- Are we prepared?
 - Are we educated?
 - Can a survivor find us?
 - What makes us welcoming?
 - What makes us safe?
 - When they come, will they have communication access?
 - When they come, will they have understanding?
 - What internalized beliefs do our organizations hold about neurodivergent survivors? Stigma?
 - Are education and outreach materials accessible?
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Accommodations

Picture Guide and Communication Board

Empowerment Opportunities



A common question is “How can I help a survivor find their voice?” We have included visual empowerment opportunities to provide ideas to help a survivor move from over-compliance to empowerment.

Problem-solving



As counselors, you often encounter situations where a number of possible options could help resolve the matter. We have used a Problem-Solving tool throughout this Guide to aid you in thinking through some of those options.

Facts and Additional information



Material can be used to supplement content discussed in the guide.

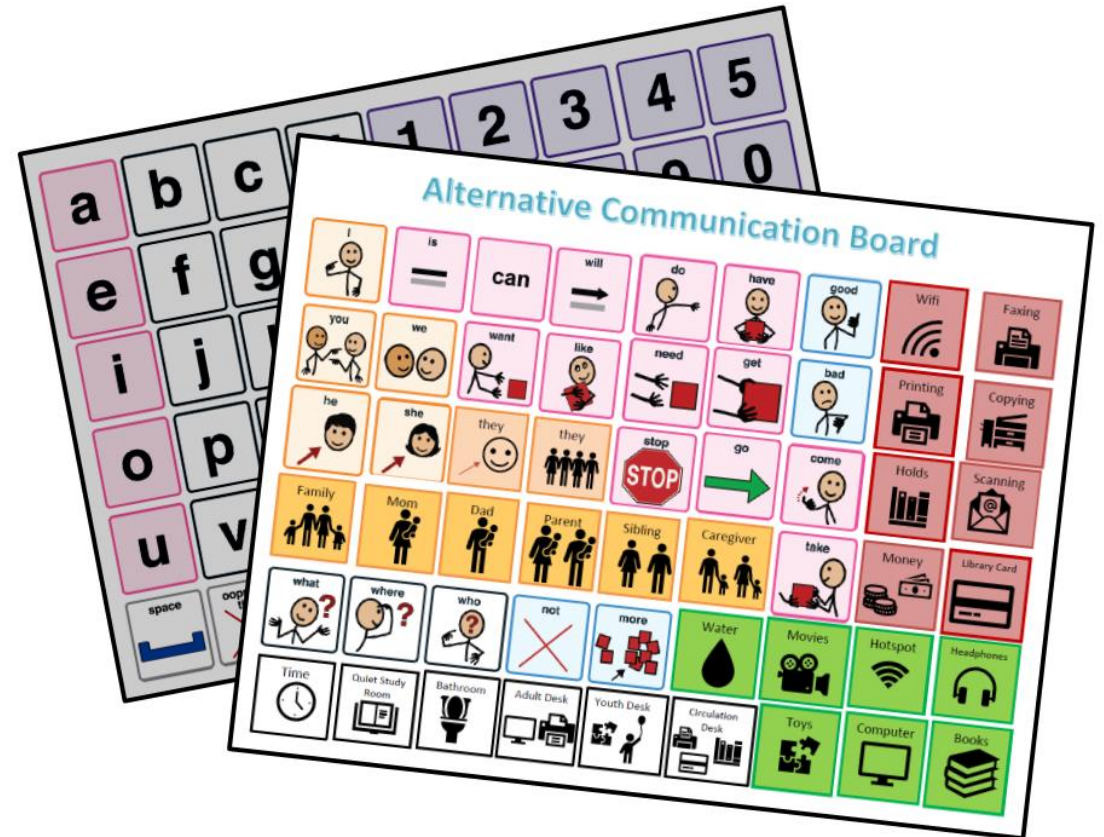
Resource



Throughout this guide, readers will find links to other resources which will provide new or additional information.

Think About It

Throughout this Guide, readers will be encouraged to think about the information presented and its implications to practice. These can also be used as a part of staff meetings or trainings as a conversation starter.



Intro to Plain Language

What is plain language?

Clear and simple words that everyone can understand quickly and easily.

Who benefits?

- People with disabilities
- People learning English
- Consumers
- Experts

Why use plain language?

- Fits any audience
- Meets federal laws like the **Plain Writing Act of 2010** and the **Americans with Disabilities Act (ADA)**

Who should use plain language?

- Businesses
- Non-profits
- State & Local Government

Tips for using plain language

Use simple words

Choose common, easy words

Write for one audience

Focus on specific audience to make message clear

Know your audience

Write with their needs in mind.

Cut unnecessary words

Get to the point quickly

Keep sentences short

Aim for sentences with 15-20 words.

Editing Tools

- Check grade levels in **Microsoft Word** or **Hemingway Editor**
- Check grammar & spelling in **Grammarly**

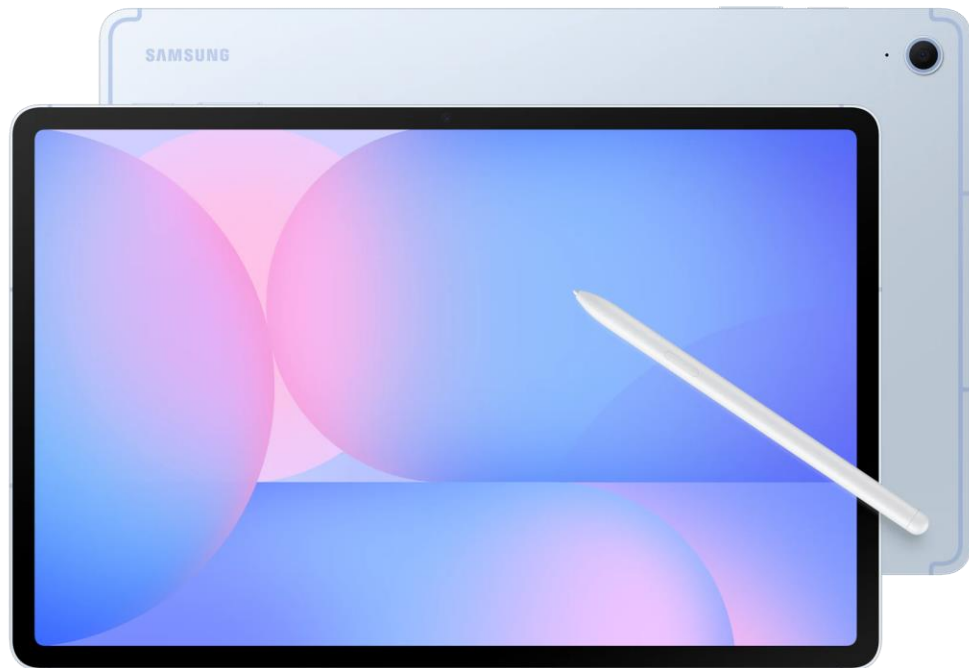
Have questions?

Get in touch with us!

CenterOnDisability.org

Plain Language Materials

Alternative ways to fill out forms and providing an aide



Sensory-friendly spaces, weighted blankets, stuffed animals, and fidgets



Modified safety plans

SAFE | stop abuse for everyone



Safety Planning with People with Disabilities and Deaf* People A Working Guide

*Deaf, DeafBlind, DeafDisabled, Late Deafened and Hard of Hearing

Emotional support animals



Remember:
Neurodivergent
survivors don't owe
anyone access to their
story or their trauma.



- Neurodivergent survivors are often infantilized and told “the right way” to respond to their victimization
- It is important to check in with your own biases and see if the reason you are trying to control the process is because you feel uncomfortable with how to communicate with someone who is neurodivergent.

Remember: Trauma is not a monolith and neither is neurodivergence.



- Just like you can't expect people to process trauma in the same way, you can't expect neurodivergent individuals to "be neurodivergent" in the same way.
- When you make sure your services are person-centered, rather than streamlined, you have a better chance at providing comprehensive, responsive, effective services



Masking

- For neurodivergent survivors, who are battling stigmatization and ostracization due to their disability, they may be more aware of needing to “mask” when discussing their assault.

Consider This: Access

- Neurodivergent survivors may need different access to services than neurotypical survivors. They shouldn't be an afterthought, but access should be “baked in.”
- Accommodations should be determined based on changing needs, not static ones.



Poll

What barriers do you perceive being the greatest to neurodivergent survivors in your organization?
Why?

- Choose one:
 - Accessibility
 - Accommodations
 - Attitudes
 - Outside barriers
 - Policies and procedures
 - Other (in chat)



Removing Barriers: Solutions

Policies and Procedures

- Intake and hotline policies
- Communication and language access policy
- Sensory-friendly spaces
- Emotional support animal and service animal policies
- Behavior expectations
- Confidentiality and mandated reporting

Materials

- Large-print, bulleted lists
- Plain language
- Definitions of commonly used terms
- Visual aids
- Fidget or stim toys
- Options vs. open-ended questions
- Modified resources
 - For example, a safety plan for a neurodivergent survivor might include a communication guide, social story, options for including sensory or comfort items, step-by-step instructions, question guide

Trainings

- What is our philosophy on mandated reporting? How do we communicate that?
- Do our staff and leaders understand neurodiversity and neurodivergence?
- How do we help when a survivor is dysregulated? What intake skills are needed when arranging services?
- How can we teach healthy relationships and consent?
- What are we communicating about this population online, in person?

When serving neurodivergent survivors, autonomy, self-determination, and self-identification are values that must be upheld through policy, procedure, and practice.



art by Adriana Morales-Díaz, 2023



Question: What can you do to better serve neurodivergent survivors? What will you share with your colleagues about serving neurodivergent survivors?



Questions?

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