

Trauma Informed Care for Autistic Survivors

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Introductions

Morrigan Hunter (they/them)

- Autistic, white, agender survivor of IPV
- Social work student at Portland State University
- Board member of Autism Society of Oregon

Tobi Rates (she/her)

- Parent of 2 autistic people
- Not autistic
- Executive Director of the Autism Society of Oregon

Violet Nova (she/her)

- Autistic, Trans woman, survivor of IPV
- Multimedia student at Portland Community College
- Former Student Advocate at PCC Cascade's Queer Resource Center

Agenda

- What is Autism?
- What is Trauma Informed Care?
- Trauma Informed Care for Autistic Survivors & Universal Design
 - Based on questions you submitted to us
- Questions?
- Closing & Additional Resources

What is Autism?

Autistic people experience the world differently:

- Differences in communication
 - Both with speaking and nonspeaking individuals
- Social Interaction
 - May connect better with other autistic people
- May have intense interests and passions
 - Engage with them on their interests to form a good rapport with them
- May need to maintain a routine to know what to expect
 - Allow them to set their own schedule and do what you can to accommodate it
- May need support with sensory issues
 - Quiet, calm spaces help. Noisy, chaotic spaces are detrimental

Check out ASO Videos on Autism Facts, Autism Myths, Understanding and Supports at
<https://autismsocietyoregon.org/video-resources/>

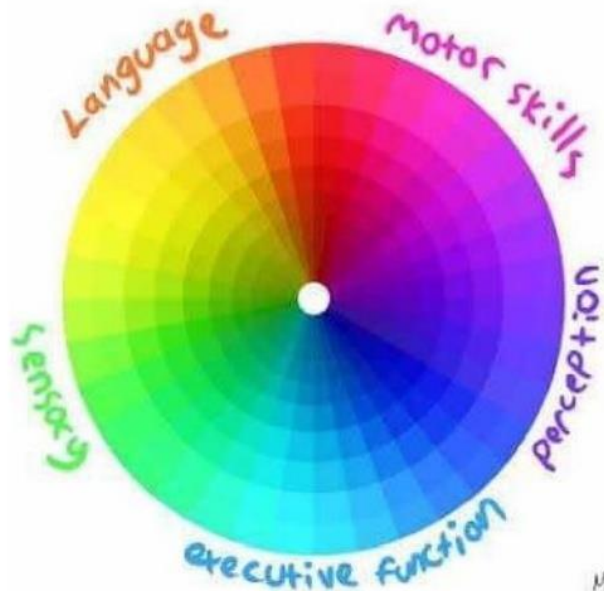
How Does Autism Present?

Autism is a spectrum, but an autistic person may need more support in some areas than others and no two autistic people will be the same. A kaleidoscope rather than a line. Autism is not a “one size fits all” condition.



How a person presents CHANGES due to a variety of reasons, including development, circumstances, and treatment.

VS.



Golden Rule: R-E-S-P-E-C-T

- Be **CALM.**
- Be **PATIENT.**
- Give them **SPACE.**
- **LISTEN. OBSERVE.**
- Allow **EXTRA TIME** for a response.
- If unsure, **ASK.**
- **EMPATHY.**
- Do **not** expect **eye contact**
- Do **not** **touch or hug** without permission
- **Avoid** **sudden changes**
- Do **not** **assume** what works for you or others will work for them.

Guiding Principles of Trauma Informed Care

SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014, <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Safety

Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Trustworthiness and transparency

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

Peer support and mutual self-help

These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Collaboration and mutuality

There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Empowerment, voice, and choice

Organization aims to strengthen the staff, client, and family members's experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

Cultural, historical, and gender issues

The organization actively moves past cultural stereotypes and biases, offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

<https://traumainformedoregon.org/resources/trauma-informed-care-principles/>



Centering BIPOC Autistic Survivors (cultural, historical, gender issues)

- Trauma informed care requires us to acknowledge the impact of historical and on-going violence against marginalized populations
- Disability justice requires us to center the margins
- Oregon was initially founded as a “white only” state
 - Lash Law (1844)
 - Dawes Act (1872)
- Autism often seen as a something that only applies to white cisgender boys, less support and understanding for BIPOC Autistic people (leading to harsher punishment and violence)
- We all live on stolen Indigenous land <https://native-land.ca/>

Understanding Autistic Survivors, Neurodiversity & Universal Design

What do we know about the factors that contribute to the high rates of abuse that Autistic people experience?

- Past and present of eugenics ideology (cultural, historical, gender issues)
- Lack of access to sexual health education (including consent and pleasure) (empowerment, voice, and choice)
- Expectations to be compliant and not assert boundaries or needs (empowerment, voice, and choice)
- Ableism that blames the survivor for their abuse, naturalizing abuse as normal (safety)
- Some Autistic people may be more trusting, autistic communication differs from non-Autistic communication (cultural, historical, gender issues)



What parts of Autistic/disability culture should providers know in order to provide trauma informed

care? (cultural, historical, gender
issues)

- Neurodiversity paradigm
- Many Autistic people prefer identity first language (Autistic person)
 - Ask each person what language they prefer
(empowerment, voice, and choice)
- Infinity loop instead of puzzle piece
- Avoid “functioning level” language
- Stimming as important part of self-regulation
- Celebration of multiple forms of communication (sign language, letter boards, text-to-speech devices etc.)

What are the misconceptions about Autistic people that can prevent them from getting support?

https://media.pdx.edu/media/t/1_krzyd9cx

https://docs.google.com/presentation/d/1mhsObItDcKk7nNsVDFca_1IMfhFTPR-ifQkNCsSplo4/edit?usp=sharing

- Stereotyped as perpetrators, harder to get support and be believed
- Stereotyped as uninterested in sex or relationships/ not at risk for abuse
- Lack of awareness of abuse experienced by people who are not cisgender straight women. Many Autistic people are transgender/gender diverse. Masculine Autistic people also experience high rates of abuse.
- Autistic people of color who are survivors of violence may be especially likely to be unfairly labeled as the perpetrator, making it easier for abusers to hide their actions. Stimming may cause others to see them as “dangerous.” More likely to experience police violence. (safety, cultural, historical, and gender issues)

What sort of accessibility issues should be considered for making DV resources available to Autistic people?

- Consider all aspects of sensory experience
 - Fluorescent lighting?
 - Smells?
 - Environmental noise?
 - Bright colors?
- Predictability, clear guidelines (trustworthiness and transparency)
- Consider use of visual examples
- Name tags
- Give time to process information, don't give too much information at once (collaboration and mutuality)
- Are there quiet spaces?
- Are there spaces for people to move about and stim/ self regulate? (safety)

What does a neurodiversity friendly environment look like?

(cultural, historical, gender issues)

- Recognition that neurodivergent people (including Autistic people) are valuable, celebrating difference
- Hiring staff who identify as neurodivergent. Autistic people communicate best with other Autistic people (peer support)
- Attention to time and space
 - Things may take longer
 - Environment impacts the individual
- Recognition that neurodivergent people may express emotion differently than expected
- Eye contact may be uncomfortable and distracting
- Safe stim toys and other sensory items (safety, empowerment, voice, and choice)

What is Universal Design? Why is it important?

- Designing to be as accessible as possible, benefits everyone
- Decreasing all barriers
- Decreasing the need to ask for accommodations
- Not everyone will be able to ask for accommodations
- Not all Autistic people will know they are Autistic
- Many Autistic people experience other disabilities

**Your
questions,
answered**

Q

What other ways beside physically coming into the office or by phone can we aid Autistic people who are experiencing domestic violence?

A

- Text options, multiple ways of reaching out (empowerment, voice, and choice)
- Help with navigating systems
- Help with directions, navigating around office
- Transparency about all options (trustworthiness and transparency)
- Numbered lists
- Community support?
 - Abuser may be caregiver
- Connecting with peers (peer support)
- Education on consent, pleasure (empowerment, voice, and choice)

Q

Are there tools or methods that can be used in shelter and in the office that would provide some comfort and put Autistic people a little more at ease?

A

- Predictability, let people know what to expect
 - Be clear about any rules and consequences
- Non-Autistic people may feel it is rude to be direct, but may be helpful for Autistic people
- Avoid large blocks of text, use numbered lists
- Pictures and social stories for visual thinkers

Q

What are some differences in the ways that Autistic people handle their trauma? (cultural, historical, gender issues)

A

- May have trouble expressing what they are feeling/may have physiological symptoms instead (e.g. upset stomach)
- May not express distress in ways that non-Autistic people expect, (e.g. might laugh when upset)
- Energy release/meltdown- Is very distressing to the individual
- Shutdown-Might have trouble expressing themselves
- Masking- Can result in burnout

Q

Are there different coping mechanisms that seem to work better for Autistic people?

A

- Many Autistic people use stimming (empowerment, voice, and choice)
- Please note that BIPOC Autistic people might be unjustly seen as threatening if they have stims that are loud or expressive (safety, cultural, historical, and gender issues)

Q

Are Autistic people
more or less likely
to be resilient?

A

- Autistic people experience high rates of negative life events, including abuse and bullying, across the lifespan
- High risk for trauma and mental health issues
- More likely than non-Autistic people to have unmet healthcare needs (see [AASPIRE Healthcare Toolkit](#))

Q

How to identify if
someone might be
Autistic without
having a diagnosis?

A

- Benefits to Universal Design approach, may not know they need accommodations
- Autistic people are often good at identifying/communicating with each other
- Hire Autistic staff/have neurodiversity friendly environment (peer support)
- Not everyone is comfortable with Autistic identity, let people identify as they choose regardless of diagnostic criteria (empowerment, voice, and choice)

- Morrigan is currently making trauma informed care guidelines for service providers working with adults with disabilities, including Autistic folks, as part of their internship at Trauma Informed Oregon.
- They would love to know what sort of deliverables would be most helpful for your agency.
- Please feel free to contact them at morriganehunter@gmail.com.

Questions?

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