

Autistic Spectrum Disorder, Adverse Childhood Experiences and Trauma Comparison

What is an Autistic Spectrum Disorder?

An Autistic Spectrum Disorder (ASD), usually called Autism, is something you're born with. Autism is a lifelong developmental disability which affects how people communicate and interact with the world. It means that the way the person thinks about and experiences the world is different to most people.

Autism is highly variable – the word 'spectrum' refers to how autism is experienced differently by different people. Autism is considered a spectrum because it's different for every autistic person – some autistic people might need more support than others to live the lives they want to lead. The way autism affects a person can change as they grow and develop, and experience different environments.

What is Autism video

What are Adverse Childhood Experiences?

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.” (Young Minds, 2018).

Examples of ACEs:

- Physical abuse
- Sexual Abuse
- Emotional Abuse
- Emotional Neglect
- Living with someone who abused drugs

- Living with someone who abused alcohol
- Exposure to domestic violence
- Living with someone who has gone to prison
- Living with someone with serious mental illness
- Losing a parent through divorce, death or abandonment.

These experiences directly affect the young person and their environment, and require significant social, emotional, neurobiological, psychological or behavioural adaption. In other words, ACEs can affect the way young people feel, behave and view the outside world. Experiencing ACEs can have an impact on future physical and mental health, and ACEs can be a barrier to healthy attachment relationships forming for children.

Please note: not all young people who face childhood adversity experiences, go on to develop a mental health problem,

[Adverse Childhood Experiences Video](#)

What is Trauma?

We all face emotionally challenging situations during our childhood, which is a normal part of growing up. However, some children and young people grow up in environments and have experiences that they are unable to cope with. These can be traumatic and may have a long-lasting effect on a young person's development, learning, health and behaviour. Trauma isn't a mental health condition, but experiencing trauma can result in a young person struggling with their mental health.

Not every child sees or responds to the same experience as an adverse one. Adversity and ACEs are, to some extent, in the eye of the beholder. What is traumatic is very much about perception. In simple terms, not every child who experiences a traumatic event is traumatised by it.

[Childhood trauma and the brain video](#)

Why make a comparison between ASD and ACEs/trauma?

There are a range of social and communication difficulties seen in children and young people who have experienced ACES and/or trauma. Many of these have similarities to some of the difficulties and differences seen in children with ASD.

Parents and educators can find themselves bewildered as to why a child is behaving in a way that seems so different to that of other children. Trauma-informed nurseries, schools and communities consider two questions – “Why is the child behaving like this?” and “Have any significant Adverse Childhood Experiences happened to this child?”

Parents, carers and fellow professionals will tell professionals about painful life experiences, particularly trauma and loss that the family, and/or child, have experienced. It is important to consider these significant experiences in a child’s history so we can provide more effective approaches to support the child’s development and to ensure we are signposting the child to the most relevant professional when considering possible referrals.

Please note – children who have ASD, ACEs/trauma will not have all of the differences or difficulties listed. The difficulties and differences are given as examples and are not exhaustive.

Area of differences/difficulties	How this may look in children with ASD	How this may look in children with ACEs/trauma
Lack of flexibility – rigidity of thought	<ul style="list-style-type: none">• Insists on following own agenda• Over-focused, unusual or highly specific interests and hobbies• Displays repetitive behaviours or rituals• Becomes anxious/distressed/dysregulated if routine or ritual is removed/changed	<ul style="list-style-type: none">• Repetitive questioning with changes in routines and new experiences• Has a need for order, for sameness and repeated routines.• May show extreme anxiety with any changes.• May enjoy some motivational changes e.g. a birthday party, a trip to the zoo• Hypervigilant – notices, and may react, to small changes within the environment and with the adults around them

<p>Difficulties in age related social play with peers</p>	<ul style="list-style-type: none"> • May not be able to tolerate others at the same activity/close to them • Finds adapting play to others' suggestions/actions difficult • Lacks interest in social play with parents/carers 	<ul style="list-style-type: none"> • Relies upon adults to provide play opportunities and/or to direct play • May prefer to play with adults rather than children • May watch others closely but not engage in social play
<p>Delayed social interactions/skills</p>	<ul style="list-style-type: none"> • Difficulties with social interaction • More successful in interactions with adults than peers • Does not share interests or enjoyment with peers • Indifferent to, or no interest in, age peers • Unaware of others' feelings • Lacks awareness of the social expectation to share • May not realise the needs of others waiting for their turn 	<ul style="list-style-type: none"> • Difficulties with social interaction • Own needs drive interactions • More successful in interactions with adults than peers • Seeks to provoke strong reactions in audience such as anger, sympathy, support, approval • Aware of the social need to share but anxious about sharing and may refuse or hoard or hide possessions and food to avoid sharing • May take things which are important to others with awareness that this will be upsetting for the other person
<p>Limited/delayed play skills</p>	<ul style="list-style-type: none"> • Exploratory play e.g. mouthing, looking, touching, exploring cause and effect, rather than imaginative play/storyline • May spend all their time organising toys and arranging in patterns (e.g. ordering by size, colour) • Interests may be narrow and not age appropriate e.g. numbers, Peppa Pig • May like to hold toys rather than 'play' with them • Strong preference for the familiar - may play with the same toys, in the same way, repeatedly i.e. every day 	<ul style="list-style-type: none"> • Uses possessions & actions to engage the attention of other children and adults • May play games which include own experience of traumatic life events and difficult relationships • May have poor concentration on activities • May be able to play alone only for very brief periods i.e. often seeks adult and/or peer attention • May not be interested in playing with toys or exploring their environment

<p>General communication problems</p>	<ul style="list-style-type: none"> • Poor awareness of the purpose of communication • Poor eye contact • Adults must often initiate interactions • Lack of pointing to show objects and share interest • Emotional responses to others may seem rude or inappropriate 	<ul style="list-style-type: none"> • Lack of attention to the needs of the listener • Eye contact affected by emotional state • May be overly sensitive to voice tone, volume and stance of speaker • Better able to initiate conversation • Non-verbal communication may be delayed (this includes reading of facial expressions & gestures) • Can be hypervigilant – notices and reacts to the smallest of changes in a person/environment
<p>Expressive communication</p>	<ul style="list-style-type: none"> • May be a delay in using babble • Early regression in language e.g. used some words when very young then stopped • May repeat certain phrases/words; often out of context e.g. says “Splashing in muddy puddles” whenever they see water • Non-verbal, or a delay in expressive language • May have unusually good vocabulary (often within specific interest areas) • Less use of vocabulary related to emotions • Gestures and non-verbal communication may be limited • Makes noises for personal pleasure (as with favourite words) e.g. barking, humming, lip smacking • Lack of spontaneous gesture that expresses emotion e.g. cuddling another person who is upset • Directs adult’s hands, pulls/pushes them to objects of interest rather than showing or pointing to them 	<ul style="list-style-type: none"> • Often poor vocabulary range for age and ability • Reduced memory capacity • May use more emotive vocabulary (to get needs met) • Attention-seeking noises (e.g. screams/screeches/whines under stress) to signal emotional needs and wishes • May develop rituals for anxiety provoking situations (e.g. says same things, in same order, when saying goodnight or leaving for school)

<p>Receptive communication</p>	<ul style="list-style-type: none"> • May not follow simple commands relating to objects not in view e.g. fetch your toothbrush • May not respond by looking when name is called • May appear like they are not listening/tuned out • Difficulties in responding to whole group/general instructions e.g. everyone sit on the carpet – needs instruction to be given specifically to them • Difficulties understanding gestures, body language, tone of voice, facial expression 	<ul style="list-style-type: none"> • Non-verbal communication may be delayed (this includes reading of facial expressions & gestures) • May understand instructions but choose not to follow
<p>Difficulties managing own emotions</p>	<ul style="list-style-type: none"> • Extremes of emotion • Does not easily learn management of emotions from modelling • Poor recognition of emotions • Frequent emotional meltdowns 	<ul style="list-style-type: none"> • Difficulty coping with extremes of emotion and recovering from them (e.g. excitement, fear, anger, sadness) • Frequent emotional meltdowns • May provoke extreme emotional reactions in others • Difficulties showing empathy in general but can show better empathy towards a significant other • May be highly tuned to non-verbal aspects of emotions e.g. raised voice, tone • Difficulty controlling impulses • Panic related to not having perceived needs met (especially food, drink, comfort, attention)

Further information and advice

The Coventry ASD vs Attachment Problems Grid

Trauma Informed Practice in Early Childhood Development

Anna Freud UK Trauma Council Resources

