Understanding and Supporting Autistic Survivors

Professional Development Guide

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Welcome to our professional development guide on Understanding and Supporting Autistic Survivors. This guide is designed to accompany our in-depth training session Understanding and Supporting Autistic Survivors but can also be used independently from the session. We would, however recommend attending for a deeper understanding.

For further information contact info@swanscotland.org

We would also like to thank other organisations who have contributed to this resource. You will find them acknowledged throughout the document.

We have also included some information on SWAN services, training and a link to sign up to our newsletter to keep up to date on our latest training opportunities, news and events.

If you are interested in working more in-depth on any further subjects we offer both in-house training tailored to your specific setting and focus as well as an all year round training calendar of different sessions available for individuals to book onto. Details on both of these are at the back of the workbook.

We hope you find the materials give you a greater insight into the experiences of autistic survivors and key practice considerations for supporting prevention and recovery.

If you have any questions or feedback please don't hesitate to get in touch.

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Contents:

The resources are arranged in the following categories:

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Resources

Throughout this guide there are resources and information relevant to each section. At the end of the guide you will find a key research section. All resources have been carefully selected to support continued professional development in understanding autistic identity, victimisation, trauma-informed practice, recovery, and neuro-affirming support. Wherever possible, we prioritise autistic-led, lived experience-informed, and evidence-based materials. In the key research section some research due to age of resources and perspective taken, they may contain language and views that are not inline with SWAN's but are referred to as an important part of the journey of understanding and history when it comes to understanding autistic experience

General Trauma, Victimisation, and Safeguarding

- Safeguarding Autistic Girls – Carly Jones
- Neurodivergence, Autism, and Recovery from Sexual Violence – Susy Ridout
- Professionals Are the Hardest to Trust
- Autistic Guide to Healthy Relationships
- Guard railing - Neuroclaustic
- https://autism.org/sexual-victimization-in-autism/
- ND Connections - Grooming and Coercive Control Summit
- Understanding Identity Management and the Role of Stigma – Kieran Rose & Amy Pearson

For many years, the autistic community has experienced disproportionately high levels of victimisation. Increasing research in this area has strengthened understanding of the extent and nature of victimisation experienced by autistic individuals across the lifespan. Current evidence suggests that a significant majority of autistic people—estimated at approximately 80–90%—experience interpersonal violence or sexual abuse at least once in their lifetime, with many experiencing multiple incidents. Research also indicates that around 92% of autistic individuals experience polyvictimisation, meaning exposure to multiple forms of victimisation over time (Hartmann et al., 2019; Thrundle et al., 2022; Weiss & Fardella, 2018).

The likelihood of victimisation increases further when additional intersectional factors are present, such as gender, sexual orientation, co-occurring mental health diagnoses, or socioeconomic disadvantage (Cooke et al., 2023). In particular, autistic women are at extremely high risk of sexual and gender-based violence, with studies suggesting that up to 90% report such experiences. Many report that their first experience of sexual violence occurred during childhood.

Research on the prevalence of sexual victimisation consistently demonstrates that autistic individuals—particularly those with more significant support needs—are at increased risk of unwanted sexual contact, violence, and exploitation (Brown et al., 2017). Autistic young people are estimated to be three to four times more likely than their non-autistic peers to experience sexual victimisation, and between 40% and 50% of autistic adults report experiencing sexual abuse during childhood.

Understanding these statistics is critical for professionals working with autistic individuals. It is important not only to recognise the scale of the issue but also to understand the factors that may contribute to increased vulnerability. These include differences in communication, social interpretation, and reporting experiences, as well as barriers to accessing appropriate support.

Experiences of victimisation are also closely linked to poorer mental health outcomes among autistic people, including increased rates of trauma, anxiety, depression, and suicidality. Developing a better understanding of how autistic individuals interpret and process these experiences is therefore essential for providing effective support and promoting recovery.

Importantly, the heightened risk of victimisation cannot be attributed to any single characteristic of autism. Rather, it reflects a complex interaction of social, environmental, and systemic factors. Addressing this issue therefore requires a multi-layered approach that includes improving professional awareness, strengthening safeguarding practices, providing trauma-informed support, and implementing preventative strategies to reduce the risk of victimisation in the first place as we discussed throughout the training session.

We hope that this guide will build on the conversations and themes that ran throughout our 'Understanding and Supporting Autistic Survivors' Training session. If you have any further questions or need any more support please contact SWAN at info@swanscotland.org and our team will be happy to help.

What do we mean by Neurodiversity?

Neurodiversity refers to the natural variation across humankind in neurology and body-minds.

Autistic neurology is one neurotype among many. Neurodivergence is not a euphemism for autism and adhd but has an important meaning as an umbrella term but for the purposes of this handout we will be talking about the experiences of the autistic community. However our conversations will be deeply rooted in the neurodiversity paradigm and many of the principles and practices are transferable different marginalised neurotypes,

Neurology is not just your brain, involves brain and entire nervous system, which controls, coordinates and influencing:

- Thinking and feeling.
- Movement and sensory processing.
- Interaction with the world.

We also do not live in isolation—our identity is shaped by:

- Cultures, systems, environments, and relationships.
- The intersection of our autistic identity with other aspects of our identity such as our gender, sexuality, age, ethnicity, culture.

Stereotypes and outdated narratives about neurodivergent people including autistic people still persist today, particularily within systems like health, education and support services may contribute to some autistic people being overlooked, misidentified, or receiving delayed or inadequate support at different points in their lives. This is particularly true among people who are assigned female at birth, trans or gender-diverse, or from culturally or linguistically diverse backgrounds.

Neurodivergent is an umbrella term for individuals who have a mind or brain that diverges from what is typical. It can be acquired or genetic, an innate part of you or not. Neurodivergence just means having a mind that functions differently to what is considered the norm, including learning, processing, interpreting, feeling, etc. (Kassiane Asasumasu)

Neurotypical refers to having a mind or functioning that falls within the society standards of what is deemed "typical", "common" or "normal". Neurotypical is the opposite of neurodivergent, someone who diverges, and is not a negative word at all, but a neutral word. (Sonny Jane Wise)

Autism, Where to Start?

Autism is not a learning disability nor a mental illness; it is a neurodevelopmental condition, a disability, a way of experiencing the world. Autism is one neurotype; the world is made up of many different neurotypes, we know this as neurodiversity. Autism is experienced across all genders, races, ages and cultures. Autism presents differently across people, and recognising this diversity is essential for identifying and supporting all autistic individuals. Although the autistic community is rich and varied, some of the common differences we have to other neurotypes like neurotypical people are -

- In the way that we communicate and interact - Autistic people have differences in the way they communicate, understand and use language. We engage in social life and build relationships from a different perspective (Milton, 2011).
- Autistic people are different from non-autistic people in the way we think and process, and the way we allocate attention. This includes the way we see patterns and connections, imagine and play, we are often detailed thinkers desperate to understand the whys and hows, building the pictures detail up when we are afforded the time.

Autism, Where to Start?

- We receive, process and respond to sensory information differently. We may have trouble interpreting our own sensations or experience times when our sensory experiences are invalidated by others. Our deep sensory connections can lead to creativity, passionate interests in music, art, nature, animals. Most autistic people will have and need sensory experiences they seek and need for regulation and joy but also experiences they avoid and find overwhelming or over-stimulating.
- We move differently and connect with the sensations of movement differently. We might have trouble with fine motor skills, coordination or speech.
- We often collectors and gatherers of items, for some of us this is objects of great importance and others its vast banks of knowledge, facts and information.
- Truth, fairness and social justice often matters to us and will will at times work hard and passionately to achieve it.
- The autistic community has huge range of support needs, for some this is in many aspects of daily life across our life span, for others it fluctuates and changes

Despite often narrow and sometimes damaging views and ideas of what being autistic is. The autistic community is rich and varied and many of our autistic characteristics are impacted by the environments, systems and people around us.

"Autism + Environment = Outcome" (Luke Beardon)

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Understanding autism – where to start?

- Different Minds
- Myths Vs Facts
- Reframing Autism - About Autism
- There's no one way to be autistic
- Talking in Pictures
- How to navigate being newly diagnosed
- Neurodiversity - Terms and Definitions
- Neurodiversity
- Introduction to Neurodiversity
- Human Traits
- Aucademy Bitesize - Autistic Basics Series
- Yellow Lady Bugs Spotlight on Autistic Girls
- Reframing Autism Autism Essentials Free Course
- Autism Positive Book List
- Recommended Book List
- https://www.catherineasta.com/work/thelatediscoveredclub/
- https://squarepeg.community/podcast/

“I knew that even if I found a way of putting into words what was happening to me, no one would really listen anyways, they never have, I learned a long long time ago that my pain, my fear, my hurt means nothing to no one, other than to tell me its wrong. I just wish one day I could get it right"
SWAN Member

- SWAN Member

“I still get uncomfortable when I tell people about my relationship and they look at my funny or shocked or as if it was something really terrible. And somehow that makes me feel like an even less normal person as I didn’t even realise that anything was wrong really.
**** told me they were just trying to help me learn to be a better person and the rules would help with that so that people wouldn’t think I was so weird or awful. And I had to learn to follow the rules or there were consequences. But what people don’t get is that is what people have been telling me my whole life. To follow their rules so that people don’t think I’m weird, that's just life as an autistic person. Why would I think that was wrong?” - SWAN Member

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Key Factors Shaping Vulnerability for Autistic People

Autistic people experience disproportionately high rates of bullying, abuse, exploitation, interpersonal violence, and systemic harm across the lifespan. It is essential to understand that this heightened vulnerability is not caused by autism itself. Autistic people are not inherently vulnerable because of who they are; rather, vulnerability is often created or intensified by social inequality, inaccessible systems, chronic misunderstanding, stigma, and power imbalances.

Too often, discussions about autistic victimisation place undue focus on autistic traits such as social differences, communication style, or perceived naivety, rather than examining the wider structural conditions that increase risk. This can unintentionally reinforce victim-blaming narratives. A trauma-informed and neuro-affirming perspective recognises that autistic vulnerability is largely shaped by external environments and systemic failures, not by autistic identity.

Negative societal narratives have historically framed autistic people through deficit-based models, often portraying them as lacking empathy, socially impaired, incapable, or fundamentally deficient

Key Factors Shaping Vulnerability for Autistic People

These harmful stereotypes continue to influence:

- Public understanding of autism
- Professional responses within healthcare, education, and justice systems
- Safeguarding practices
- Access to support
- Autistic people's own sense of identity and self-trust

When autistic individuals are repeatedly treated as unreliable, "too much," incapable, or socially problematic, harmful treatment can become normalised, and recognising abuse may become significantly more difficult.

Communication and Systemic Barriers

Differences in communication, emotional expression, and processing can create significant barriers to safety.

Autistic people may:

- Communicate distress differently
- Use literal or direct language
- Require more processing time
- Struggle in systems reliant on spoken communication
- Be misunderstood when reporting abuse
- Have their concerns minimised or dismissed

Key Factors Shaping Vulnerability for Autistic People

Inaccessible services, narrow assumptions about communication, and professional misunderstanding can all increase vulnerability. In some cases, perpetrators may be more readily believed than the autistic person themselves, particularly when communication differences are poorly understood.

Compliance Conditioning and Boundary Confusion

Many autistic individuals grow up in systems that prioritise compliance over autonomy. Experiences such as behavioural interventions, restraint, physical prompting, or repeated correction can blur the boundaries between care and control.

This can contribute to:

- Difficulty recognising coercion
- Reduced confidence in bodily autonomy
- Increased vulnerability to abusive relationships
- Challenges saying no or setting boundaries
- Learned prioritisation of others' demands over personal safety

Over time, repeated experiences of compliance conditioning can erode self-trust and make exploitation more likely.

Key Factors Shaping Vulnerability for Autistic People

Masking, Identity Suppression, and Social Vulnerability

Many autistic people learn to suppress natural behaviours, communication styles, or sensory needs and project a more acceptable version of themselves in order to avoid harm. Masking is a survival strategy rooted in stigma, rejection, and trauma.

Long-term masking may contribute to:

- Identity confusion
- Burnout
- Chronic anxiety
- Reduced recognition of personal needs
- Increased people-pleasing behaviours
- Greater vulnerability to manipulation or coercive control

For some autistic individuals, the drive to maintain connection or avoid rejection can result in remaining in unsafe relationships at significant personal cost.

Conversely, some autistic individuals may be perceived as highly social or 'less autistic,' which can obscure underlying vulnerabilities, support needs, and the impact of masking. Trauma-driven masking may conceal social communication differences, fear of rejection, and difficulties recognising harmful intent, increasing vulnerability to exploitation

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Key Factors Shaping Vulnerability for Autistic People

Gaps in Relationship and Sex Education

Autistic young people are often infantilised or wrongly assumed to be unlikely to engage in intimate relationships.

This can lead to inaccessible, oversimplified, or absent education around:

- Consent
- Boundaries
- Healthy relationships
- Coercion
- Abuse recognition
- Sexual autonomy
- Communication in relationships

Without explicit and neuro-affirming relationship education, autistic individuals may be left without critical protective knowledge.

Testimonial Injustice and Disbelief

Autistic survivors frequently face systemic disbelief when disclosing harm. This reflects testimonial injustice (Fricker, 2007), where police and judicial systems may view autistic victims as less credible or "inappropriate witnesses." Communication differences, stereotypes, or assumptions about incapacity can lead to their reports being questioned, dismissed, or deprioritised.

Key Factors Shaping Vulnerability for Autistic People

This may include:

- Being seen as unreliable witnesses
- Professionals deferring to caregivers or partners
- Misinterpretation of trauma responses
- Dismissed safeguarding concerns
- Reduced access to justice

This form of testimonial injustice can significantly increase ongoing vulnerability and retraumatisation.

Intersectionality and Compounded Risk

Autism does not exist in isolation. Vulnerability often increases when autism intersects with other marginalised identities, such as:

- Gender
- Sexuality
- Race
- Poverty
- Mental health diagnoses
- Higher support needs

The more barriers an individual faces, the greater their risk of being disbelieved, unsupported, or harmed.

Key Factors Shaping Vulnerability for Autistic People

Lack of access to self-understanding

Dominant narratives about autistic identity often ignore gendered, racialised, and cultural differences, creating narrow stereotypes of autism. Combined with limited access to diagnosis and autistic-led resources, this leaves many autistic people—particularly those from marginalised genders or racialised groups—isolated, with delayed or missed diagnoses. This lack of recognition is linked to poorer mental health, reduced wellbeing, and increased vulnerability to victimisation.

Assumptions of incapacity and control

Autistic people are often presumed to misbehave, lack capacity, or require control, which positions others (partners, caregivers, family members) as default "supporters." This can lead professionals to defer to them—such as speaking to them instead of the autistic person—and creates opportunities for autism to be weaponised to justify restriction, isolation, or coercive control, with these actions often accepted without question.

Key Factors Shaping Vulnerability for Autistic People

Key Points :

Autistic vulnerability cannot be explained by one trait or one factor alone. It emerges from the interaction between:

- Social stigma
- Systemic exclusion
- Communication barriers
- Compliance conditioning
- Sensory and emotional differences
- Identity suppression
- Lack of accessible support
- Broader structural inequalities

Understanding autistic vulnerability means shifting from asking:
"What is it about this person that increases risk?"
To asking:
"How do our systems, assumptions, and environments create or worsen vulnerability?"
This shift is essential for building safer, more ethical, and more effective services for autistic survivors.

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Supporting Racialised Autistic Survivors

Supporting racialised survivors, the prevalence of abuse within different cultures, barriers to support, and key things to think about

In our conversations with racialised women, we documented life transitions and womanhood as Autistic people in our cultural contexts. Many were late-identified; many were dismissed by professionals for even referrals for assessments because of their 'success at life'. We heard stories of how as girls some were told they were too boyish and were made to conform to expectations- which were both neurotypical and ethnically cultural. The majority were single women- divorced / separated and some never married or not in a current relationship. The underlying factors of abuse that we heard included cultural expectations, rejecting hierarchy and not being explicitly taught how to work around expectations with a brain like theirs. A theme around autonomy was clear where the victim strived for autonomy which was taken away through cultural norms in a hetrosexual relationship. Even now, extended families and connected communities add to these expectations where the woman is blamed for not conforming- serving her family at the expense of her health, forced to be grateful that she is even married or for the smallest bit of care. The neurotypical culture is added on to the ethnic culture where any attempt to stand up to mistreatment and abuse is shut down with the excuse of honour, respectability, and shame. Not only is there shame in asking for help outside of the home, but also in seeking disability support itself.

Written by Sofia Farzana, Director Scottish Ethnic Minority Autistics CIC. www.sema.scot

Supporting Racialised Autistic Survivors

Seeking support means to break away from 'normality' and this fragile construct can't afford to be rocked by a community that faces existential threats. 'What will people think?' from within the society, in addition to, 'what will outsiders think of our community?' are the chains slapped on victims that stop them from seeking help of any kind.

Despite the DASA 2018 being celebrated as a radical feminist legislation, it has yet to prove to be applicable to racialised victims. The subtleties of what coercive control looks like within different settings is not always recognised, or the perception of what a victim looks like who presents confidently and not matching the stereotype of a migrant (or child of). That 'confident' speech is the formal and scripted language of an Autistic who had to repeat the experiences again and again, forcing words out at the expense of using up borrowed energy. We had a case where a police officer did not believe the Brown Autistic woman could be a victim of financial abuse (a section mentioned in the Act) because she spoke well and was an educated professional. Instead of taking the statement, her story was questioned and she was accused of setting up the abuser. The mistake she made was to quote the legislation to justify her complaint. The white male officer of "14 years" was offended that a Brown woman was teaching him the legislation he came to enact, or so she thought he did. Preconceived ways to communicate as a Brown woman did not match the expectations of many professionals.

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Supporting Racialised Autistic Survivors

We have heard of diagnostic overshadowing, but what about the overshadowing of ethnic culture that prevents real care. An example would be the advice of a psychiatrist casually suggesting a marital break up instead of an autism assessment. When we seek support, often cultural over-shadowing prevents professionals from seeing each issue as they are. This is perhaps what led Crenshaw (1991) to call out this discrimination. When hidden disabilities are added in, which are interpreted through the medical model, the identities are taken like a fruit salad, not a fruit smoothie. Some flavours are more apparent than others and therefore those are the focal point of support. But the interaction between them is not understood. An Autistic victim is more easily gaslit and pressured to stay within structures that embolden more able and convincing parties, especially in patriarchal cultures.

A major factor that prevents racialised people from leaving abusive relationships - this can be with immediate families and intimate partners- is finance. Autistics are overrepresented in unemployment statistics. This needs to be considered within the added barriers that racialised people face. In some cases, they will not have access to public funds (NRPF) and even have their legal status at risk which prevent them from seeking help or improving their circumstances.

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Supporting Racialised Autistic Survivors

Autistics are overrepresented in unemployment statistics. This needs to be considered within the added barriers that racialised people face. In addition to well documented racial discrimination in recruitment processes, in some cases, some may not have access to public funds (NRPF) and even have their legal status at risk, which would prevent them from seeking help or improving their circumstances.

Realising that communication is not equal for all is vital. Language barriers are not the same as communication barriers. Often, it is assumed that fluently speaking English means understanding and experiencing White British/ Scottish culture. Vocabulary can differ. The thinking process could be in a different language. References could be too abstract. Those of us who speak regularly, may not speak consistently. The pressure that Black and Brown families have on speaking has led to masking and costing energy. Adding on the impact of interpersonal abuse, forcibly speaking to professionals, who need extra explanations of our context and reasoning, further adds to our trauma. Offering Alternative and Augmentative Communication (AAC) methods at all stages of support will reduce this. Different languages can be used too, which would reduce the energy required to translate into (broken) English and help us fully explain ourselves. Sometimes there aren't any terms in English to describe what happened. Or we may use a reference that is not familiar with professionals to help us describe incidents or emotions. Echolalia or scripting is often met with a judgement of disingenuity, more so when visual difference is also race or ethnicity.

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Supporting Racialised Autistic Survivors

Stimming and sensory supports may look different within different cultural contexts. It is impossible to make a list so the best advice to professionals is to be open minded and follow the lead of the victim on what helps them.

Unfortunately the 'Black and stupid' and 'angry Black/Brown woman' trope are still prevalent within white Scottish society. The institutional discrimination can only be felt by those who are on the receiving ends. The root causes of racism and ableism are the same- white supremacy and privilege that uphold capitalist values. What social workers see in white Autistic families they will not see in Black or Brown Autistic families. The masking, the cultural values around hospitality and cleanliness, or even things like the complicated dishes we cook from scratch out of force of 'habit' may seem like we are coping and happy. Still we hear how 'exoctic' our names and foods are. Some of us will have obvious language barriers, others while English speaking, will also have communication differences, in both cases Autistic traits are not attributed to our way of communicating.

Unfortunately intersectional data on interpersonal violence against disability and ethnicity is not available as well as data on autism diagnosis by ethnicity. This hinders the much needed drive for change and services to support individuals who are often ignored in the narrative around abuse.

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Supporting Racialised Autistic Survivors - Key Summary

What is Intersectionality?

Developed by Kimberlé Crenshaw, intersectionality describes how race, disability, gender, class, and other identities combine to create distinct, compounding experiences of discrimination.

For racialised autistic survivors this means:

- Racism and ableism operate together, not separately
- Mainstream services may fail them on multiple fronts simultaneously
- Community support structures may carry stigma around both autism and abuse
- Professional responses can compound harm — or prevent it

Prevalence: what we know

- Autistic people — especially women and non-binary people — face significantly elevated rates of domestic abuse and sexual violence
- Racialised communities access specialist support at far lower rates despite comparable or higher prevalence
- Late or missed autism diagnosis is disproportionately common in racialised communities, meaning survivors are less likely to have a framework for understanding their experiences
- Honour-based abuse and forced marriage carry specific risks for Autistic people
- Immigration status (including NRPF) may be weaponised by abusers

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Supporting Racialised Autistic Survivors - Barriers to Support

Structural barriers

- Services designed for white, neurotypical women
- Historic racism within health, social care and police creates well-founded distrust
- Inaccessible environments, communication formats, and appointment systems
- No Recourse to Public Funds (NRPF) blocks access to refuge and benefits
- Limited interpreters; family members must never be used

Cultural & individual barriers

- Stigma around disability and around leaving an abusive relationship
- 'Cultural' framings used to minimise or dismiss abuse — this is racism
- Collective, family-oriented values may make individual safety planning feel impossible
- Autistic people may not recognise coercive control as abuse
- Alexithymia may make it hard to describe distress in expected ways
- Prior bad experiences with services reduce willingness to re-engage

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An Intersectional, Anti-Racist and Neuro-Affirming Approach

Actively examining your own racialised assumptions

- Never using 'culture' to explain away abuse
- Knowing No Recourse to Public Funds (NRPF) provisions and advocating for access
- Understanding structural racism within Scottish services
- Supporting diversity and representation within your team

Neuro-affirming practice means

- Believing autistic people about their experiences
- Using clear, direct, literal language — no idioms or implied meaning
- Allowing time; not interpreting silence as disengagement
- Not reading flat affect or unconventional presentation as lack of credibility
- Adjusting sensory environments where possible
- Asking what someone needs — not assuming

References and further reading

- Life Experiences of Racialised Autistics- Womanhood and Transitions
- SEETEC.co.uk
- Minoritised Ethnic Women's Experiences of Domestic Abuse and Barriers to Help-Seeking: A Summary of the Evidence
- Neurodiversity and Domestic Abuse
- https://ndconnection.co.uk/gccsummit2023
- Guidance for MARACs
- A "Gold Standard" for Who? The Domestic Abuse (Scotland) Act 2018 as a feminist model
- Key organisations Shakti Women's Aid | AMINA Muslim Women's Resource Centre | Hemat Gryffe Women's Aid | Scottish Women's Aid | Autistic Mutual Aid Society Edinburgh | ARGH Scotland | AVATAR Borders

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Monotropism

The theory of Monotropism was first developed by Mike Lesser, Dinah Murray and Wenn Lawson in 1990s and gained a lot of support in the autistic community as a unified explanation of autistic experience.

The mind is like an interest system, directing its attention and processing resources to channels of interest. Autistic people, who it is said are monotropic, focus our attention and processing resources on fewer interests at any one time. 'Mono' meaning single and 'tropism' meaning channels, so single-channelled or focused, as opposed to polytropic which means many. Our minds get pulled intensely into what we might refer to as an attention tunnel, leaving fewer resources for other processes or other interests; this means that we miss things and lose awareness of what's outside of that attention tunnel due to how highly engaged and focused we are. It also means that moving between intense focuses and transitions can be really challenging and being expected to suddenly change can cause distress.

Conversely, polytopic minds (neurotypical minds) attend to multiple activities and interests at one time but generally with less intensity. Polytropic people tend to be able to shift attention between focuses much more easily,

In the right contexts, it can make for highly productive and focused connections, learning and activities and create space for real joy and the development of expertise and depth of knowledge in particular interests.

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Monotropism

For example, in communication, often a neurotypical person, who tends to be polytropic, relies on multiple channels of communication at once – words, body language, tone of voice, context, facial expressions, nuance, and so on, processing all of these and making meaning and expecting us to do the same. We also have to think about 'performing' in a way that is both understood and meets social expectations. As well as managing anything else that is pulling on our attention, such as other interests, sensory environments, etc.

Processing all the different channels of information as well as considering our own presentation and responses, means our attention is pulled in multiple directions is challenging and exhausting for a monotopic mind.

The problem is our world is predominantly polytropic, which means our workplaces, our education systems, the ways we are expected to socialise, communicate, play, learn are all built around the assumption that we allocate attention in a polytropic way. Meaning that those of us who don't not only get lables like inflexible, rigid, obsessive, slow. But its also exhausting filtering out all of the extra demands and pulls on our attention working, socialising, learning, playing, receiving care in these environments.

Monotropism

And when we can't do it its not framed that we are operating on a completely different cognitive rhythm, but it is framed as not keeping up and a personal failing.

Monotropic Split

Tayna Adkin and David Hammond have done some great work on Monotropic split which refers to a very specific type of attentional trauma experienced by monotropic people who are regularly exceeding their attentional resources by trying to live like polytopic people in an effort to survive in a predominantly polytropic world, usually leading to burnout.

Transitions and Change

If all your processing and resources are intensely connected and focused on a task, a thought, or an interest, then being expected to switch to something else suddenly takes a lot of work, which can be distressing and destabilising. We work a lot better when we are allowed to transition less and are prepared for transitions ahead of time.

Monotropism

Monotropism and Relationships

The tendency for autistic attention to become deeply focused on a small number of interests, activities, or relationships—can shape how relationships are experienced and may be exploited by abusive individuals. When an autistic person becomes intensely focused on a relationship, that person may quickly become a central source of connection, meaning, and emotional regulation, they can become our focus. Abusers can manipulate this by using tactics such as love bombing, gaslighting, and coercive control, encouraging intense emotional dependence while gradually isolating the person from friends, family, or other supports.

This intensity of attention (attention tunnelling) and affection can be mistaken for genuine acceptance or safety, Monotropic focus can also make it harder to step back and evaluate the broader situation—especially when combined with difficulties such as time blindness, where being deeply absorbed in the present moment makes it harder to reflect on patterns of behaviour or plan how to leave a harmful situation.

Monotropism

- Monotropism Explained
- Monotropism and Wellbeing
- Explaining Autistic Experience
- Monotropism One Step at a Time
- Monotropic Split
- Loops of Concern
- The Passionate Mind by Wenn Lawson
- What I want to Talk About by Pete Wharmby
- Stimpunks Monotropism
- Happy Flow State
- Supporting Autistic Young People Through Transitions
- Autistic Inertia
- Embracing Monotropism
- Getting Unstuck
- Monotropism, Learning and Flow state
- Comic Strip - https://saltformysquid.com/monotropism/
- Video Making sense of autism: Monotropism and the mind as an interest system

Monotropism

- Podcast - 1800 Seconds on Autism
- Podcast - Different Minds - Monotropism
- Podcast - Autism Stories
- https://autismunderstood.co.uk/autistic-differences/monotropism/
- https://employmentautism.org.uk/the-autism-spectrum-as-a-spiky-profile/
- https://stimpunks.org/glossary/spiky-profile/
- https://neuroclastic.com/autistic-skill-sets/
- https://autismunderstood.co.uk/autistic-differences/spiky-profiles/

“I would spend hours and hours practicing, ruminating, learning, watching, trying to be something, anything that made this world reject me less but after 40 years of trying I can honestly say I have failed. I don’t even recognise myself anymore, there’s a little bit of me inside and then there’s a me that just happens”

- SWAN Member

“What would you like? That is the worst question. How do you admit that you haven’t got a clue what you like and don’t like. The paralysing fear when anyone asks you and the rapid searching for clues as to what they are going to chose, what they chose last time or is the best answer. I wouldn’t even begin to know what my choice would be, how would I even know”

-SWAN Member

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Communication

Before we can meaningfully support autistic survivors, we must first consider communication.

Communication is often one of the earliest points at which autistic individuals experience misunderstanding, invalidation, or exclusion within services.

Many traditional systems continue to privilege neurotypical communication styles, often assuming that:

- Spoken communication is the default
- Fast responses indicate engagement
- Eye contact reflects trustworthiness
- Emotional expression appears in expected ways
- Verbal fluency reflects capacity
- Silence reflects disengagement

These assumptions can create profound barriers.

Communication may include:

- Spoken language
- Writing
- Typing
- AAC
- Gestures
- Body language
- Movement
- Behaviour
- Silence

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Communication

Some autistic individuals:

- Speak consistently
- Are non-speaking
- Experience intermittent or unreliable speech
- Lose access to speech during distress
- Prefer written communication
- Use scripts
- Communicate more effectively with reduced sensory load

Speech is only one form of communication, and many autistic people regularly use multi-modal communication through necessity or preference. Our ability to use different communication methods will often fluctuate and change based on environments, and inner states such as energy levels

Communication differences are not deficits.

At its core:
Communication is an intended exchange of information to reach a shared understanding.

For many autistic people, communication in neurotypical systems may involve significant hidden effort. This is often due to managing sensory distractions, translation neurotypical language and social cues and constant internal checking and scripting. Many autistic people live with a constant fear of misunderstanding due to previous experineces of invalidation. and this can lead to a suppression of natural communication styles and monitoring of tone, movement or facial expressions. What appears simple externally may involve substantial internal cognitive, sensory, and emotional labour.

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Communication

Autistic communication may include:

- Direct or literal communication
- Strong preference for clarity
- Detailed explanations
- Interest-led conversation
- Clarifying questions
- Delayed responses
- Alternative communication methods
- Reduced or atypical eye contact
- Different tone or body language
- Scripting or rehearsed communication

These are not inherently problematic.
Difficulties often arise when autistic communication is judged solely through neurotypical frameworks.

One key area to think about when considering safety is our preference for honesty and often challenge around picking up on hidden agendas, indirect language, messages conveyed through facial expressions that differ to the words spoken. This can increase our vulnerability to coercion, and manipulation but is also important to think about in therapeutic contexts when using metaphors or abstract language.

In practice try to use

- Specific questions
- Clarifying prompts
- Concrete language
- Explicit explanations

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Communication

Communication is dynamic and may fluctuate significantly based on our sensory experineces, energy levels, sense of safety, hormones, environment, processing and other factors.

During periods of distress or overwhelm our communication can shift and change. This might include a slurring of our speech, repeating phrases or pointing, communication stopping entirely. You may see an increase of formulaic scripts or rehearsed answers. In periods of significant distress we may lose control of our speech or communication saying or indicating things we that are out of character.

This is our system responding to the external and internal sensations that are overwhelming it not non-compliance or defiance.

During these times prioritise

- Safety
- Sensory safety
- Regulation - particularly co-regulation
- Alternative communication - if the person is able to engage with this
- Reduced demands

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Communication Adaptations Checklist

Although reflecting on communication needs is more than a quick check list but a deep exploration of bias, assumptions, practices and processes. Here are some starting points.

Adaptations:

- What communication works best for you? Here are some things that people have tried before, would you like to try any of these?
- Processing - How do you best process information? Do you need more processing time?
- Is there anything in the environment making communication difficult?
- Written supports - Is it helpful if we create a written summary together at the end?
- Concrete language and Reduced ambiguity
- Predictable structure
- One question at a time
- Clarification opportunities in both directions
- Flexible pacing
- Alternative communication methods - Am I valuing speech over communication?
- Visual aids - Does visual or written information help you? Does it help to have any of this in advance?
- Explicit consent checks

Safety

- Does this person feel safe enough to communicate authentically?
- Am I reducing or increasing pressure?
- Do they know what to expect in this interaction?

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Communication Adaptations Checklist

Group Work Considerations -

Group settings whether online or offline may increase:

- Processing difficulty
- Anxiety
- Social uncertainty
- Sensory overload
- Communication fatigue
- Challenges with turn-taking or reciprocal conversation may unintentionally lead to interrupting or dominating discussions.
- Neurodivergent communication styles may also differ from neurotypical expectations
- Difficulty processing fast-paced conversations •
- Uncertainty about when to contribute and mentally rehearsing responses, only for the conversation to move on
- Anxiety around being put on the spot
- Sensory and social overload

To improve inclusion its really important to normalise communication differences from the beginning in the group rules and allow varied participation. As a facilitator try and offer structure and predictability building in psychological safety. Allow for info dumping but also supportive structures around turn taking.

Be creative and allow alternative ways to participate, think about your group layout and dynamic, provide opportunities to break gaze/eye contact, offer regulating tools or activities for hands and focus reduce pressure to respond immediately

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Communication

Articles, Blogs and Research

- Autisticality - Situational Mutism
- More than words: supporting effective communication with autistic people in health care settings
- Barrack, C. (2023) Double Empathy, Spectrum Gaming
- Boing Boing & University of Brighton (2022) More than words: Supporting Effective Communication with Autistic People in Healthcare Settings
- Boran R 'Double Empathy Problem, Stimpunks Foundation
- Boran R 'Situational Mutism' Stimpunks Foundation
- Emma, (2021) Autistic Body Language, Neuroclastic
- Heyworth, M. (2020) Milton's Double Empathy Problem; A summary for non-academics; Reframing Autism
- Heyworth M, Chan T, Lawson W. (2022) Perspective: Presuming Autistic Communication Competence and Reframing Facilitated Communication. Frontiers in Psychology.
- Katy, E.(2022) Am I being Rude, Authentically Emily
- Leonardoyeates (2019) Autistic Communication differences and how to adjust for them; Neuro Clastic
- Neuroclastic (2021) On Using NonSpeaking, minimally speaking, or unreliably speaking over non-verbal; Nonspeakers weight in, Neuroclastic
- Price, E, (2024) Autistic Communication Features; Autistic SLT
- Silvertant, M. (2021) Valuing Truth Over Conformity, Embrace Autism

Communication (continued)

Books

- Cook, B & Yenn, P. (2022) The Autism and Neurodiversity Self Advocacy Handbook, Jessica Kingsley Publishers
- Gaynor, Z et al, (2020) Is that clear? Effective Communication in a Neurodiverse World: Acrobat Global
- Wharmby, P. (2022) What I want to talk about, Jessica Kingsley Publishers
- Creating Safe Spaces for Autistic People - Scott Neilson and Laura Hellfield

Videos and Podcasts

- The Different Minds Podcast Episode 10- The Double Empathy Problem
- Rose, K (2022) An Introduction to the Double Empathy Problem,
- Aucademy: Autistic Empathy
- Communication First (2021) Listen
- Kinghtsmith, P (2023)Neurodiverse Friendly Communication

Masking

> **Masking is the conscious or unconscious suppression or projection of aspects of self and identity, and the use of non-native cognitive or social strategies**
>
> **Pearson & Rose 2023**

Autistic masking lies at the core of many autistic experiences. It is a response to invalidation, marginalisation and challenging sensory environments. Masking refers to both conscious and unconscious efforts to suppress or alter aspects of oneself, or to use alternative strategies to navigate social situations. Autistic people often learn, from a young age, that their feelings and behaviours are not accepted, leading them to supress their authentic selves as a means to feel safer.

It might include

- Suppressing natural behaviours (e.g., stimming, expressing pain or emotion)
- Scripting and rehearsing conversations; copying accents or gestures
- Shifting personality, exaggerating or hiding character traits
- People-pleasing, overcommitting, or taking on expected roles
- Adopting societal gender norms, sometimes feeling pressure to perform a certain gender identity

Masking

Masking is a deep-rooted survival strategy, not simply pretending. It is often a response to trauma and a way to avoid further harm in environments that feel unsafe.

Masking can have significant negative effects, including:

- Difficulties developing a sense of self; identity confusion
- Fear of rejection or being 'found out'
- Chronic exhaustion and burnout
- Risk-taking, substance misuse, and isolation
- Increased risk of depression, anxiety, and suicidality
- Late diagnosis and long-term effects on self-esteem and autonomy
- Vulnerability to unhealthy, co-dependent or exploitative relationships

Masking develops as a survival strategy to gain acceptance and stay safe, within harmful relationships as a response to violence and/or feeling unsafe.

However it can also lead to increased compliance, difficulty asserting boundaries, and social exhaustion. In response to trauma autistic individuals may fawn, emphasising agreement and approval to maintain safety, and further reinforcing patterns of people-pleasing and self-suppression. While masking can arise in response to previous harm, it can also increase vulnerability to further exploitation, as individuals who appear highly compliant and more easily manipulated are often increasingly manipulated within coercive or co-dependent relationships, creating a harmful cycle of victimisation.

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Masking in Theraputic Relationships

Masking profoundly affects how autistic individuals engage in therapeutic and healthcare relationships.

- If therapeutic goals aim to:
  - Fix or condition compensatory behaviours.
  - Reduce autism or enforce masking.
  - "Normalize" autistic identity.
- Outcome: unattainable goals → failure → harm → deeper trauma.
- Autistic people need spaces where we can communicate and express naturally without having to translate, interpret or match other people's expectations and goals.

- Its important to create therapeutic relationships where we feel:
  - Connected, valued, understood.
  - Safe, secure, and empowered.

- Professionals are in a unique position to model:
  - Mutual respect and appropriate reciprocity.
  - Validation of autistic identity.
  - Respond to autistic expression and distress in a curious, creatively supportive and safe way

- Avoid patterns that:
  - Mirror bullying or subtle therapeutic invalidation.
  - Suggest our thinking, feeling, or experience is "wrong" or "broken."

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Masking and identity

- An Autistic Identity
- Stigma and minority stress
- Theory of mind
- What 'is' autism Vs autism 'theories
- Milton's Double Empathy Problem - A Summary
- NAS - Double Empathy
- An Introduction to the Double Empathy Problem
- Book - Understanding Identity Management and the Role of Stigma by Kieran Rose and Amy Pearson
- Book - Martian in the Playground - Claire Sainsbury
- Book - Different Not Less - Chloe Hayden
- Book - Odd Girl Out - Laura James
- The impact of positive autism identity
- Discovering Your Autistic Identity
- Life on the outside
- Rejection Sensitive Dysphoria in Autism and ADHD
- Living with rejection sensitivity dysphoria
- Co-Occurring Rejection Sensitivity Dysphoria
- Authentically Emily - Rejection Sensitivity Dysphoria

Masking and identity (continued)

- Podcast 'Oh thats just my autism' -RSD
- Podcast 'Square Peg' Finding the Right Fit- Autism, Health and RSD
- Podcast 'Square Peg' An Outcast in thick Armour
- Video - Purple Ella - Rejection Sensitivity Dysphoria
- Difference not disorder - impact of language
- On Rejection Sensitive Dysphoria, Codependency, & Identity NeuroClastic
- Podcast - Uniquely Human Unmasking with Devon Price
- Autistic Masking - Unlearning Trauma Responses
- Reframing Autism - Taking off the Mask
- Autistic Women and their Journeys
- Autistic Masking Really
- Behind the Mask for Autistic Women and Girls
- Masking and Burnout
- Masking and Mental Health
- Conversations on Masking
- Masking and Unmasking

“I get dismissed at a glance, if my mask is in place. I look together. Or after hearing me speak, i sound coherent, logical. Suicide isnt logical so i must be fine. But it made sense at the time.”

-SWAN Member

“I sometimes don't look or act the way others believe you 'should' when in crisis and so I'm not taken seriously. Also the process of needed to phone or go somewhere to access will often stop me.”

-SWAN Member

I didnt feel able to reach out and ask for help. I couldnt find the words to express how I was feeling. I text one service, but the support was very limited and I didn't feel able to phone anyone”

-SWAN Member

“I struggle to verbalise what I am experiencing on the spot. I do far better if I’m asked questions and allowed time to think or write down what I feel and need, but I am never given the opportunity.”

-SWAN Member

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Sensory Processing

Our sensory system takes in information from the world around us. Our senses work together to send messages through our nervous system which we process and turn into motor and behavioural responses.

Thinking back to our neurology, all parts of this process can be different for autistic people: the amount of sensory information we take in; how we experience sensory input; how we process it; and how we respond to it.

Understanding how our bodies work and how we experience sensory information is essential for helping us interact with the world around us, make decisions, and maintain our wellbeing.

There are 8 recognised senses, We have our external senses - vision, hearing, taste, smell and touch. We also have bodily or internal senses - interoception, vestibular and proprioception.

- Interoception – information from internal messages/sensations that tell us things like when we are in pain, hungry or full, have a headache or need the toilet

Sensory Processing

- Vestibular – our sensory system that responds to changes in our head's position and regulates our balance and movement; think of twirling, spinning, and clumsiness.
- Proprioception – the information from your muscles about where your body is in space, how heavy, how much force or stretch or contraction is going through your body.

We tend to experience our senses in a hyposensitive (muted) way or a hypersensitive (intense) way. And depending on how we experience them will affect how we typically respond to them. We might seek more of the sensation out because it provides us with comfort or we aren't getting enough of it. Or we might avoid the sensation because it causes us distress and pain. Or we might not respond to the sensation at all, because we haven't registered it.

Our experience of our different senses can change and fluctuate based on context, energy levels, hormones, age and other factors; what might feel intense and distressing in one situation may not in another.

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Interoception

Interoception enables us to sense and interpret what's happening inside our bodies, playing a critical role in maintaining both our emotional and physical well-being. It significantly shapes many aspects of our lives, including self-regulation, mental health, and our ability to connect socially. How do we figure out what we like or dislike? How do we recognize our feelings?

Challenges arise when our awareness of internal sensations is either dulled or overly intense; this can disrupt choices in areas such as clothing, self-care, eating, or drinking. Interoception is also essential for identifying and managing our emotions, and it's closely tied to alexithymia. Increasingly, interoceptive dysfunction is being linked to various mental health conditions, including suicide risk.

Our bodies store interoceptive sensory memories—about what's safe, comfortable, enjoyable, painful, hot, or even revolting—so that next time we encounter something, our body predicts the experience and may even send us a physical warning. When an autistic person wants to adjust or neutralize these predictions, it must be approached from a trauma-informed perspective specific to autism. Validating someone's sensory experiences and ensuring they feel safe are fundamental. It's important to plan and think about strategies that respect different sensory profiles and responses, rather than forcing repeated exposure until someone stops noticing their bodily cues or ceases to share how they're feeling.

Interoception

The journey often begins by learning to connect with ourselves—understanding our own signals and working co-productively with others around us to reach a shared understanding. Autistic individuals frequently face invalidation or dismissal of their unique ways of communicating, moving, feeling, and processing. From a young age, being told that our bodily signals are wrong can lead to distrust of our bodies, disconnection, or even hypervigilance and attempts to control certain areas.

From birth, the way we learn about and engage with our bodies, interpret those messages, respond to them, and convey them to others is shaped by how people respond to us. People who have spent much of their lives masking or ignoring their bodily needs commonly report unreliable interoceptive experiences. Masking, unfortunately, overrides our genuine internal experiences.

Most of us are never taught or encouraged to explore and connect with our bodies in a way that fits an autistic or ADHD perspective—with its distinct inner narrative and language. At any age, it can be truly valuable to begin reconnecting, paying attention to how our bodies react to different situations.

Alexithymia

Alexithymia, while not exclusive to autistic people, is notably more common in the autistic community. Research indicates that between 50–70% of autistic individuals experience alexithymia, compared to just 4–10% of the general population.

It is crucial to remember that autistic people, regardless of whether they experience alexithymia, do have emotions. Alexithymia is closely linked to interoception—the sense of the internal state of the body.

Common Experiences of Alexithymia

·Difficulty identifying and recognising emotions
·Difficulty describing emotions to others
·Challenges linking physical sensations and emotional states
·Confusion about emotions
·Differences in how emotions are expressed or portrayed
·Tendency to focus on events and practicalities rather than feelings

Barriers to Communication

Conversations and assessments often begin with questions like, “How are you?” or “What brings you here today?” For many autistic people, especially those with alexithymia, these questions can be difficult to answer. Responding with “I don’t know” is sometimes interpreted as being disengaged or uncooperative, when in reality, the person may genuinely not have access to that information or may express it differently.

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Autistic individuals might sense that they have an emotion or sensation—perhaps recognising it as generally positive or negative—but might not be able to specify what it is or identify its cause. Some may only recognise emotions when they become intense or overwhelming, while spending much of the time feeling disconnected from their bodies and emotions. There can be a rapid shift between feeling disconnected and experiencing strong emotions, with little awareness of the middle ground.

Autistic people who are alexithymic often find it hard to match our body language or facial expressions with the emotion in the way we are expected to. We can often have atypical facial expressions or flat affect in our voice. With many autistic people having to intentionally act out our responses to convey our meaning to non-autistic people which can come across as false.

Challenges in Preferences and Assessment

People with alexithymia may struggle to identify personal likes or dislikes, making decisions and expressing preferences challenging. Standard assessment tools and rating scales can be particularly difficult if they assume a person can easily describe their feelings or problems. If therapy or assessment starts with this expectation, it can present a significant barrier to engagement.

Interoception and Alexithymia - Consent and Reporting

Autistic people who have differences in the way they experience there bodies are not taught about consent in a way that links into their felt experiences.

What happens if you find it hard or need time to process what you like, dislike or if it fluctuates and changes - how do you communicate this and put safe boundaries around this in intimacy. How might a disrupted relationship with internal signals affect a person's experience and genuine consent during sex? And how can we better support practices and environments that nurture body trust and interoceptive connection as a means to ensuring someone is authentically consenting —especially for those who've been taught to ignore or question their inner cues?

Is it ok if your sexual relations don't look the same as they do in movies, the internet, books - as this is where may autistic people get their sex education from.

Interoception and alexithymia also play a role in reporting. With misinterpretations of our facial expressions, levels of distress and pain or our challenges around accurately describing physical sensations fuelling disbelief or concerns about being a credible witness.

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Approaches to Support

·Recognise that not everyone can easily name or express emotions; start from the individual's own experience and language.

·Use the person's own words and expressions when discussing feelings and experiences.

·Explore and validate each person's unique internal experiences, rather than imposing expectations about how they should feel.

·Help re-establish trust in bodily sensations—there is no "wrong" way to feel.

How might you support a child or young person to use other cues like energy levels, body cues, behaviours, patterns, smart watches etc ?

·When supporting autistic people with chronic stress or mental health difficulties, assess and support their interoceptive awareness alongside emotional wellbeing.

How might you model curiosity about feelings without expecting clear answers?

Think about how someone accessing your service might ask for help without needing the "right words"?

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Frame questions carefully. Instead of asking, “Do you know when you feel hot?”, try “How do you know when you feel hot?” or “What signals does your body give you when you are getting hot?” This approach helps assess interoceptive awareness more accurately.

·If someone struggles with interoception focus on developing reconnection and safety first before expecting progress in emotional awareness.

Remember, many autistic people have not been encouraged to connect with or understand their bodies and emotions in ways that fit their neurotype. Supporting them means respecting their individual ways of experiencing and expressing feelings, and avoiding assumptions based on neurotypical norms.

Sensory-Aid Boxes

Just like a physical first aid box these are things that help you look after your wellbeing through your sensory needs in emergencies or when you need some self care and comfort. This can change from situation to situation and it might be a useful idea to include items which will increase (stimulate) and decrease (calm) your arousal levels. Create a box or a bag that you have in an accessible place that has things in it that help you feel safe, regulated and calm, you could keep it in your work bag, at home, or in your car. It might have in it anything that you find helpful!

Sensory Wellbeing

- 3 Senses you never knew existed
- The Autistic Experience of Overwhelm
- Interoception and Wellbeing
- Interoception
- Autistic Sensory Trauma
- Feeling Autistic -Interoception and Differences in Emotional Processing
- The subtle spectrum – Joanna Grace
- Autistic Shutdowns
- It is never just a sandwich
- How sensory trauma affects how we grow, learn and develop
- Interoception and masking
- On being regulated and Calm
- Interoception Curriculum
- Interoception and Mental Wellbeing
- Autism ADHD and Interoception
- Interoception Resources
- Responding Empathetically
- Joanna Grace a sensory exploration -
- Walk in my shoes
- https://autismunderstood.co.uk/sensory-differences/

Sensory Wellbeing (continued)

- Autism and Clothing
- Sensory Overloads
- Breathe by Becky Hemsley
- Demystifying Overstimulation
- Autistic Sensory Relaxation Techniques
- Autistic Thriving
- https://pikaiafilms.co.uk/In-Motion-2022
- https://ndconnection.co.uk/blog/why-i-no-longer-sit-on-my-hands
- Why autistics should stim out loud
- The importance of stimming
- https://www.autism.org.uk/advice-and guidance/topics/behaviour/stimming
- Chloe Hayden Friendly Stimming

Alexithymia

- Alexithymia
- Alexithymia and Autism
- What are emotions?
- Authentically Emily - Alexithymia
- https://stimpunks.org/glossary/alexithymia/
- Emotional dysfunction - alexithymia
- Autism in company - Alexithymia
- Podcast - Thinking through my body
- Autism and Alexithymia the Fallout for Our Mental Health
- https://embrace-autism.com/alexithymia/

“Trying to use the 'correct' language or facial expressions all day everyday is exhausting. When in crisis, trying to explain something I don't understand myself is near impossible”

-SWAN Member

“When I try to seek support or help I find that health professionals don’t understand what I’m trying to express, because I can’t always communicate my emotions/thoughts in a way people understand, I get brushed off when I’m in crisis and don’t give the time or help.”

-SWAN Member

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Autistic Recovery and Wellbeing

As we start thinking about recovery and wellbeing, we really need to challenge some of the ideas that mental health and survivor services have historically normalised when working with autistic people.

Too often, what gets framed as treatment or progress is actually about:

- Increasing compliance
- Reducing visible autistic traits
- Encouraging productivity
- Teaching people to tolerate distressing environments
- Or helping someone appear more neurotypical

But that is not the same as healing.
Healing is not teaching autistic people to perform normality.
For autistic survivors, recovery needs to be about safety autonomy, authenticity, self-understanding, meaningful connection and sustainable wellbeing
So this asks us, as professionals, to become more curious, more creative, and more reflective.

What is meaningful for this person?
What is happening for them?
What actually supports their wellbeing?"

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Autistic Recovery and Wellbeing

Feeling genuinely understood and connected are foundational as the building blocks of the strongest predictors of positive wellbeing

When we think about wellbeing we think about the topics we have covered already in this guide like sensory wellbeing, safety, predictability, time in flow, rest.

Exploring rest with an autistic person can be incredibly beneficial. Rest does not mean sitting still for everybody. Rest might be about clearing space in your mind by infodumping passionatly, spending time in flow, deep diving into regulating sensory activities, lowering demands, pacing, restoring energy, and removing draining activities. Rest can look different, but needs paid attention to.

We also need to think of crisis planning and tools that fit autistic neurology, leaning into our strengths, like stimming, scripting, interests, routines, detailed planning and so on.

Spending time reconnecting and noticing our own bodies signals can be so important, this maybe lifelong work and involve a lot of validation and practical tools but learning to notice what we need and validating it by responding compassionately is key to our wellbeing.

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Autistic Recovery and Wellbeing

When we think about recovery goals, we must ensure they are personally meaningful and sustainable, challenging wider societal views of wellbeing.

Rather than based on:

- Social comparison
- Productivity standards
- External expectations

Because healing is not about teaching autistic people to appear neurotypical.

Healing is about restoring autonomy, identity, safety, and authentic wellbeing

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Autistic Recovery and Protective Factors

Much of the focus in survivor support is understandably on risk, harm, and vulnerability. But trauma-informed, neuro-affirming practice must also ask:

What helps autistic survivors recover, rebuild, and stay safer in the future?

Recovery is not only about reducing symptoms or preventing further harm. It is also about supporting autistic people to reconnect with identity, autonomy, community, safety, and self-trust.

Recovery Is Not About Becoming Less Autistic

Autistic recovery should not mean learning to mask better, tolerate more distress, or appear more neurotypical.

Authentic recovery may involve:

- Understanding autistic identity
- Rebuilding trust in body signals and emotions
- Reducing masking demands
- Developing safer relationships
- Accessing autistic community
- Learning boundaries and advocacy skills
- Feeling believed, respected, and understood
-

Healing is not teaching autistic people to appear neurotypical. It is restoring autonomy, safety, and authentic wellbeing.

Autistic Recovery and Protective Factors

Positive Autistic Identity as a Protective Factor

Many autistic survivors have experienced years of stigma, correction, exclusion, or disbelief. Over time, this can affect confidence, self-worth, and the ability to trust personal experiences.

Developing a positive autistic identity can be protective because it helps people move from:

"I am broken"

to

"My needs, strengths, interests, focus, communication, and experiences make sense."

Supportive practice can help autistic survivors:

- Understand their neurology
- Challenge internalised ableism
- Recognise strengths and needs
- Build self-compassion
- Access autistic-led knowledge
- Develop language for their experiences

Peer Support and Community Connection

Peer support can be an incredibly powerful part of recovery.

For many autistic people, autistic peer spaces may offer one of the first experiences of being understood without needing to explain, justify. Understanding your experiences from other people in the autistic community is a really key part of many autistic people's recovery. Community connection can also reduce isolation and be a positive space for affirmative relationships

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Autistic Recovery and Protective Factors

Safe Relationships

Recovery often involves rebuilding trust in relationships.

Many autistic survivors have experienced relationships shaped by misunderstanding, coercion, invalidation, or control. Support may need to include exploring what safe connection actually looks and feels like. Deep discussions on consent, boundaries, communication and other key aspects through an autistic lens

This may include asking:

- What does respect look like in practice?
- What does reciprocity feel like?
- What helps you feel safe with another person?
- What are your boundaries?
- How do you know when something feels uncomfortable?
- What communication helps you feel understood?
- Discussions on consent, boundaries and recognising abuse as an autistic person
- Differentiating between saying yes, compliance, masking and feeling safe enough to say no

Safe relationships are not built on compliance, performance, or masking. They are built on mutual respect, autonomy, honesty, and the freedom to be authentic. This has to be done co-productively and should not only focus on risk. It should also help autistic people explore what relationships, intimacy, and connection mean for them personally.

Autistic Recovery and Protective Factors

Empowerment

Empowerment has to be a key part of recovery for autistic people, this starts in undetstanding our own bodies and needs, and being validated in these experiences.

Empowerment is central to trauma-informed recovery.

Many autistic survivors have been taught, directly or indirectly, that their needs are wrong, their boundaries are inconvenient, or their perceptions are unreliable.

Recovery may involve rebuilding the ability to:

- Say no
- Set boundaries
- Recognise needs
- Ask for support
- Advocate for adjustments
- Trust internal experiences
- Make decisions safely

But empowerment cannot simply mean telling someone to “self-advocate.” for someone who has experienced years of invalidation, self-advocacy may feel frightening, confusing, or unsafe. Empowerment might need scaffolding and elements of interdependence with trusted advocates, practical assistance navigation and peer support.

Autistic Recovery and Wellbeing

- Neurodivergent Friendly DBT Workbook
- Know your normal toolkit - https://soyoureautistic.com/well-being-2/
- The autistic survival guide to therapy -by Steph Jones
- Standing up for myself - by Evaleen Whelton
- From Hurt to Hope - by Mair Elliot
- The autistic Survival Guide to Therapy - by Steph Jones
- What therapy works for autistic people
- Wellbeing for and by autistic people
- Interoception and Wellbeing
- Autistic Wellbeing
- Reframing Autism have a series of videos interviewing different indivduals on wellbeing and autistic identity
- 'No you're not' A Portrait of autistic women
- Neurodiversity Video
- Aucademy Mental Health Playlist
- Misdiagnosis and the importance of getting it right
- Autism Adapted Safety Plan

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Autistic Recovery and Wellbeing

- Autism and Anxiety - Luke Beardon Book
- Looking after your autistic self by Naimh Garvey
- Guide to Supporting Autistic Mental Health - AMASE
- The Guide to Good Mental Health on the Autism Spectrum by Jeanette Purkis, Emma Goodall, Jane Nugent
- https://autisticmentalhealth.uk/
- Unbroken by Alexis Quinn
- Autism and Mental Health Course
- The Autism and Neurodiversity Self Advocacy Handbook - by Barb Cook and Yenn Purkis

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“When I was in crisis I needed to be heard and believed. I needed those working with me to know that I wasn't being over dramatic. I needed calmness and compassion and patience. I needed to know what was happening.”

- SWAN Member

“I think more knowledge of autism to understand myself better and for you as clinicians, maybe asking me more different questions since I struggle to express myself when in distress I need prompting more, explaining things in more depth”

-SWAN Member

“People alongside me without the usual checksheet of questions, sensory regulating, spending time doing my interests with someone also interested, safe spaces that feel safe”

- SWAN Member

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Accessible Services

During the training session we spoke about the importance of accessible services. Many autistic people identify that they face barriers to accessing the help and understanding that they need.

The neurodiversity paradigm recognises that all neurological differences are valuable and necessary parts of humanity. It is grounded in disability rights and justice and calls for meaningful change—not just inclusive language, policies, or symbolic gestures, but deeper shifts in attitudes, cultures, and environments.

Neurodiversity-affirming practice is a framework for supporting neurodivergent individuals across all contexts. It recognises and respects neurodivergent identities and experiences, including Autistic identity, and values each person's unique way of being.

Adopting a neuro-affirming approach often requires unlearning assumptions shaped by systems built around "normative" ideas of thinking and behaviour. It involves changing not only actions but also beliefs and organisational culture.

Accessible Services

A key starting point is recognising that people can experience the same situation very differently. Without acknowledging this, we may overlook our assumptions or fail to question established practices.

Some key ideas -

- Think about the referral process - phonecalls, vague wait times, ability to convey accessibility needs.
- What information can you make universally accessible about the venue, process, expectations, and personnel?
- How much information, options and resources are available to adapt the sensory environments to reduce any distress. Such as tools/aids, options of where to sit/wait, changeable lighting etc.
- Create reliable and predictable environments
- Do you plan for and provide easy access to alternative communication methods
- Are your services predominantly group based or do you offer 1-1 sessions.

Accessible Services

- Think about the flow of sessions - breaks, the start, finish, incorporating our interests, and how we take home information.
- Prioritise the person's lived experience over your own bias, assumptions, or expectations.
- Be aware of differing presentations, language and emotional experiences - validate these
- Remember that support needs can change and fluctuate
- Thinking about aligning therapeutic approaches to autistic experiences and individual strengths

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Accessible Services

- Neuroaffirming practice in therapy
- SPACE and TIME - Autistic Realms
- More than words: supporting effective communication with autistic people in health care settings
- It's not rocket science - young people's experience of inpatient care
- Autistic Body Language
- Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings
- Healthcare Experiences of autistic adults
- Autistic Experiences of Counselling and Therapy
- Neurodiversity Affirming Therapy
- Aurora Consulting - Autistic Accessibility Checklist
- EDAC - Sensory Audit Tool
- Barriers to healthcare and self reported adverse outcomes for autistic adults
- Neurodiversity Affirming Approach
- Neuroaffirming Environments
- Specturm Gaming - Report on CAMHS and Emotional Wellbeing
- Book - The Adult Autism Assessment Handbook – A Neurodiversity Affirmative Approach by Hartman et al. 2023
- Book - Creating Safe Spaces for Autistic People - Scott Neilson and Laura Hellfield

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Language Guides

- Neurodiversity - Terms and Definitions
- ND Connection - How to talk about autistic ways of being
- ND Connection - Neuroaffirming language guide
- Identity First Language Survey
- Neurodivergent Flashcards and guide
- https://amase.org.uk/glossary/
- Inclusive report writing
- Difference not disorder - impact of language
- Neuro-affirming reports
- Autistic Realms - Neuroaffirming Language

Think about external communication

- Example - Thornbridehall
- Example - Centre Parcs
- Example - National Museum of Scotland

Neuro-affirming Principles

- Book- Creating Safe Spaces for Autistic People - Scott Neilson and Laura Hellfeld or the digital version click here
- Sonny Jane Wise - Principles and Downloadable Poster
- Guide to coproduction with neurodivergent communities
- Principles for Neuroaffirming therapy
- What does it mean? British Psychological Journal
- Neurodiversity affirming therapy
- Neuroaffirming approaches in Education
- The Joys of Universal Design
- Principles of Universal design
- Neuroaffirming Environments
- Autistic Realms Neurodiversity Lite

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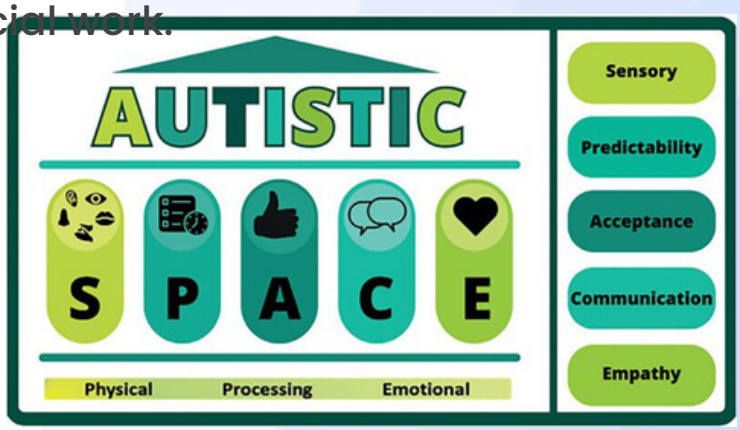
SPACE: A Framework

The Autistic SPACE Framework a tool created by autistic doctors (led by Dr. Mary Doherty) to help healthcare providers meet the needs of autistic patients, and reduce healthcare inequalities. It outlines five core domains; Sensory, Predictability, Acceptance, Communication, and Empathy; alongside Physical, Processing, and Emotional space to create autism-informed environments. Since its development it's been trialled across a range of settings, including healthcare, therapeutic environments and social work.



SPACE stands for:

- Sensory
- Predictability
- Acceptance
- Communication
- Empathy

The framework also asks us to think about physical, processing, and emotional space, and importantly, it recognises that capacity is not fixed. A person's ability to engage can fluctuate depending on:

- The environment
- Their familiarity with it
- And the stressors placed on them

So this isn't just about "needs"—it's about context. It's a really helpful way of thinking about neuro-inclusion across different contexts, including trauma-informed care.

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SPACE: A Framework

We have spoken about many of these principles throughout the training session and this workbook -

Sensory

A Neurodivergent individual will not be able to engage with services—at any point in their disclosure or recovery journey—if they are experiencing sensory overload. Nothing therapeutic can happen in that state. Is their nervous system safe enough to engage?

Predictability

Unfamiliar and unpredictable environments or processes can create significant anxiety, and in some cases, extreme anxiety.
This is particularly true where:

- Changes happen at short notice
- Expectations are unclear
- Or the environment feels inconsistent

This applies to: The physical space, the flow of processes, the behaviour and manner of professionals and even who the person is working with. Clarity, structure, and consistency are really important here. So plan ahead and communicate change and transition.
This is especially important during:

- First contact
- Disclosure
- Risk assessment
- Group work
- Transitions between services
- Endings in therapeutic relationships

For autistic survivors, transitions can be particularly destabilising. Ending support, changing workers, moving between services, or changing routines should be planned with care.

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SPACE: A Framework

Acceptance

A neurodiversity-affirmative approach recognises, respects, and values inherent neurological differences, while actively challenging harmful stereotypes, stigma, and deficit-based assumptions. It acknowledges that neurodivergent individuals are the experts in their own lived experience, and meaningful support must prioritise subjective experience, collaboration, and co-production rather than imposed assumptions. Many autistic survivors have grown up receiving repeated messages that their natural ways of communicating, moving, regulating, expressing emotion, or responding to the world are "wrong." Over time, this can contribute to masking, compliance, internalised shame, and disconnection from personal needs, identity, and bodily autonomy.

Acceptance is therefore not passive tolerance—it is the active creation of environments where autistic individuals can exist authentically without pressure to conform to neurotypical standards.

This includes recognising that:

- Belonging is essential for wellbeing
- Authenticity is safer than enforced conformity
- Differences are not deficits
- Masking is often a survival strategy, not evidence of wellness
-

It is also crucial to avoid confusing external presentation with internal wellbeing. A survivor who appears calm, articulate, compliant, or highly functioning may still be experiencing significant distress, overwhelm, fear, or unsafety.

True acceptance means looking beyond presentation, remaining curious about internal experience, and creating conditions where autistic survivors feel safe enough to be understood, rather than simply appearing to cope.

SPACE: A Framework

Communication

Communication is another key area. We should always be asking - How can we create shared understanding?

Empathy

Is often misunderstood in relation to autism.
Autistic people have historically been described as lacking empathy, but this is inaccurate and harmful. Empathy may be experienced and expressed differently. Some autistic people are highly empathic and may experience emotional overwhelm, distress, or burnout as a result.
The Double Empathy Problem reminds us that misunderstandings between autistic and non-autistic people are mutual. Different neurotypes may process, express, and interpret communication differently.

This means the burden of being understood should not sit only with the autistic person.

Empathy in practice means:

- Believing autistic people about their own experiences
- Being curious rather than corrective
- Not assuming your interpretation is the correct one
- Recognising distress even when it looks different
- Understanding that behaviour makes sense from the inside
- Reducing the expectation that autistic people must translate themselves into neurotypical terms
- What do I need to change so we can understand each other?

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Reflective Practice: How do we Start?

The significantly higher rates of abuse within autistic communities are shaped by a complex interaction of factors, including communication differences, sensory and emotional processing, social exclusion, masking, compliance conditioning, systemic barriers, stigma, and wider societal misunderstandings.

Autistic vulnerability is not inherent—it is often created or intensified by the environments, systems, and relationships people are navigating.
That is why this work is so important.

To meaningfully support autistic survivors, we need to understand not only why these risks are elevated, but also how autistic individuals may experience, present, disclose, and recover from victimisation differently.

Our role is not simply to respond after harm has occurred, but to better recognise risk, reduce barriers, adapt services, and ultimately work towards prevention.

This requires a multi-layered approach—one that addresses the individual, the environment, professional practice, and systemic inequalities together.

Only by understanding that complexity can we begin to build safer, more accessible, and more effective support for autistic people across the lifespan. So where do we start?

This framework is designed to support practical reflection, service development, and meaningful systems change. How do we move towards implementation?

When doing this its important to consider your teams views, people who access your service and if possible people who have stopped using your service as capturing why they haven't come back might give you valuable insight.

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1. Reflect on the barriers

1. How Does My Service Create Barriers?

Consider (it can also be helpful to check in with a range of people who use your services and support through a variety of means):

- Are referral routes accessible?
- Do we rely heavily on phone communication?
- Are environments sensory-safe?
- Are processes predictable?
- Do we unintentionally prioritise neurotypical communication?
- Are assessments accessible?
- Are group formats flexible?
- Do attendance expectations disadvantage neurodivergent individuals?
- Are clients expected to adapt to us more than we adapt to them?

"Would this service feel accessible if I experienced sensory overload, shutdown, alexithymia, or communication differences?"

2. Where Might We Be Unintentionally Retraumatising People?

- Forced eye contact
- Compliance-based expectations
- Rigid behavioural models
- Pathologizing language
- Dismissing sensory distress
- Misreading shutdown as disengagement
- Interpreting direct communication negatively
- Pressure for immediate disclosure
- Repeated retelling of traumatic experiences
- Invalidating autistic identity

:

"Are our systems promoting safety—or replicating past patterns of invalidation, coercion, or disbelief?"

Were your views the same as your service users views?

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2. Communication and Sensory

1. Going beyond just communication methods, reflect on how can you improve communication accessibility, in the environment, external and internal, groups and 1-1 interactions - both for practical and therapeutic engagements?

Review:

- Multiple communication formats
- Environmental communication and signage
- External communcation - formats, content, availability
- Written information
- Literal language
- Processing time
- Predictable session structures
- Alternative disclosure methods - non-disclosure methods
- Clarification opportunities
- Reduced ambiguity
- Visual supports
- Explicit consent and understanding checks
- Pacing

Ask:
“Am I creating shared understanding, or expecting neurotypical communication performance?”

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2. Communication and Sensory

4. How Can We Improve Sensory Safety?

It can be helpful to conduct a sensory audit - think about staff and service users, visiting professionals. It can be helpful to do this with neurodivergent individuals as this helps to avoid making assumptions.

Consider:

- All environments from waiting spaces, to bathrooms, to offices, to community spaces
- Regulation tools and sensory aids
- Quiet spaces and movement spaces
- Flexible sensory spaces that offer options
- Sensory preparation information and opportunities to disclose needs without diagnosis

Ask:
“Could this environment itself be causing distress?”

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3. Validation and Authentic Recovery

As an organisation and as an individual do we..

- Do we validate lived experiences?
- Do we believe reports of distress?
- Do we affirm identity?
- Do we recognise masking?
- Do we understand compliance conditioning?
- Do we support autonomy?
- Do we respect boundaries?
- Do we allow authentic communication?
- Do we challenge harmful assumptions?

Recovery should prioritise:

- Safety
- Identity
- Regulation
- Self-trust
- Community
- Empowerment
- Sustainable wellbeing
- Individual needs

Always ask - Are we helping this person recover, or simply adapt to harmful systems?

- Are my goals based on neurotypical norms?
- Is this intervention reducing distress?
- Does this person feel safer?
- Am I supporting identity?
- Are supports sustainable?
- Is the survivor's autonomy central?
- Are we addressing barriers, or misinterpreting behaviours?

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3. Validation and Authentic Recovery

What might this look like? Some examples

Traditional / Harmful Approach	Authentic Neuro-Affirming Recovery
Expecting and encouraging eye contact	Supporting communication that feels safe
Discouraging stimming	Encouraging regulation strategies
Prioritising attendance over accessibility	Adjusting access needs to improve engagement
Encouraging masking for social success	Supporting identity, safety, and autonomy
Behaviour suppression	Understanding distress and unmet needs
Productivity-focused goals	Meaningful, individualised wellbeing goals
Compliance-based safety plans and generic coping strategies	Flexible, sensory-aware crisis planning and individualised autistic crisis plans
Viewing shutdown as disengagement	Recognising shutdown as overload
Generic therapy models	Adapted, autistic-informed approaches
Teaching “resilience” without reducing barriers	Reducing systemic distressors
Expecting neurotypical emotional language and frameworks	Awareness of alexithymia and exploring energy levels, body sensations, patterns

3. Validation and Authentic Recovery

Safety -

Many services say, “This is a safe space.”
But for autistic survivors, safety is not created by saying it.
Safety has to be experienced in the body, nervous system, relationship, and environment.

A person may logically know they are safe, but still not feel safe.
Felt safety can be shaped by past trauma, sensory distress, communication barriers, invalidation, and repeated experiences of being misunderstood.

For autistic people, psychological safety includes:

- Safety to communicate differently
- Safety to move or stim
- Safety to use sensory tools
- Safety to say no
- Safety to ask questions
- Safety to take time
- Safety to be believed
- Safety to exist without masking

Reflection question

What behaviours might someone show if they do not feel psychologically safe?

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3. Validation and Authentic Recovery

As an organisation what might we need to commit to in order to work towards this at the depth it needs

- Community-led staff training
- Environmental audits
- Communication adaptations
- Autistic Survivor-led policy development
- Peer inclusion
- Flexible pathways
- Accessibility reviews
- Reflective supervision
- Ongoing adaptation
- Critical reflection
- Validating lived experience

It is not
How do autistic survivors fit into our systems?
The question is:
How do we build systems safe enough, flexible enough, and affirming enough for autistic survivors to truly heal?

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SWAN services are open to all women and non-binary people over 18 who identify as autistic - just visit our website or email us for more information

Who we are

SWAN is an autistic-led Charity delivering services, information and support for and by autistic women and non-binary people across Scotland since 2012

What we do

SWAN runs a range of autistic-led groups and activities, both in-person and online, including:

- In-person meet-up groups across Scotland
- Online meet up groups
- Wellbeing Walks
- Online peer-support Facebook group
- Autistic Discovery Group
- Autistic Identity Course
- Webinars and Workshops
- Training and consultancy

swanscotland.org
info@swanscotland.org

SWAN

SWAN

Services, information and support for and by autistic women and non-binary people across Scotland

SWAN Spaces

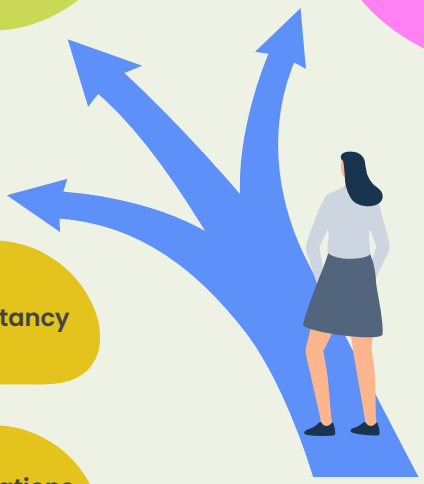
Regular online groups and events, facilitated by autistic staff and/or volunteers

- Autistic Discovery Drop-In
- Autistic Identity Course
- Autistic Wellbeing Course
- Queer Peer Support
- Autistic Parents/Carers Peer Support
- Students Peer Support
- Tuesday & Sunday Peer Support
- Highlands & Islands Peer Support
- Wellbeing Webinars
- One-to-one support
- Counselling
- Online Peer Support Forum

SWAN Places

Monthly in-person groups in locations across Scotland, facilitated by autistic volunteers

- Local Walking Groups
- Aberdeen, Fife, Glasgow, Oban, Stirling, More on the way...
- Local Meet-Up Groups
- Aberdeen, Ayr, Borders, Dumfries, Dundee, East Lothian, Edinburgh, Falkirk, Fife, Glasgow: Bridgeton, Glasgow: Queen's Park, Glasgow: West End, IShetland, Stirling, West Lothian



Training

Specialist training and consultancy delivered by autistic professionals and informed by lived experience

- Workshops for Allies
- Training for Professionals
- Consultancy
- In-house Training
- Research Partnerships
- Presentations & Info Sessions

Digital

Core services for information and enquiries

- Social Media
- Newsletter
- Email info & support
- Website

SWAN welcomes all women (cis and trans) and non-binary people, over 18 and living in Scotland, who identify as autistic. Visit our website for more information on all our services and how to get involved.

swanscotland.org
info@swanscotland.org

Delivered by autistic professionals and informed by lived experience

Training

Specialist, autistic-led training and consultancy to increase your understanding of autism and support you to develop neuro-inclusive practices

Regular online training calendar

Bespoke in-house training & consultancy to suit your organisation's needs

Including:

- Understanding Autism
- Supporting Autistic Wellbeing
- Inclusive Workplaces
- Supporting Autistic Survivors
- Autism and Eating Disorders
- Autistic Experiences of Pregnancy, Childbirth & Early Parenting
- Inclusive Education
- Inclusive Healthcare Settings
- Autism-Inclusive Support Work
- Inclusive Events and Activities
- Growing Up as an Autistic Girl

"I learned more in an hour than I have on any other autism courses"

- NHS Clinician

swanscotland.org/training

training@swanscotland.org

SWAN

SWAN Training & Workshops 2026

Delivered by autistic professionals and informed by lived experience

SWAN Training is aimed at professionals wishing to develop their knowledge and practice for working with or supporting autistic people.

SWAN Workshops are for anyone who wishes to learn more about autistic people, whether as an ally (families, friends, carers, colleagues and supporters) or a professional.

Training - for Professionals

Autistic Mental Health: Wellbeing, Crisis and Neuro-affirming Approaches
Wed 25 February 10:00-12:30pm

Understanding and Supporting Autistic Survivors
Thurs 30 April 10:00-12:30pm

Understanding and Supporting Autistic People during the Perinatal Period
Part One - Mon 1 June 12:00-1:30pm
Part Two - Mon 8 June 12:00-1:30pm

Autism, Eating & Eating Disorders: Neuro-affirming Practice
Part One - Tues 22 September 12:00-1:30pm
Part Two - Tues 29 September 12:00- 1:30pm

Autistic Mental Health: Wellbeing, Crisis and Neuro-affirming Approaches
Mon 10 November 1:00-3:30pm

Workshops - for Allies, (Families, Supporters and Professionals)

Autistic Girls: Gender, Identity and Growing up Autistic
Tues 3 February 12:30-2:30pm

Autism and ADHD– How to be an Ally
Tues 17 March 6:30-8:30pm

Understanding Autism - How to be an Ally
Tues 12 May 6:30-8:30pm

Understanding and Supporting Autistic Wellbeing
Thurs 27 August 6:30-8:30pm

Autistic Girls: Gender, Identity and Growing up Autistic
Thurs 22 October 7:00-9:00pm

Understanding Autism - How to be an Ally
Thurs 3 December 12:30-14:30pm

We also offer tailored in-house training on these and other specialist topics to suit your organisation's needs - visit our website or contact us for details.

info@swanscotland.org
swanscotland.org/training

SWAN NEWSLETTER

Sign up to our newsletter to keep up to date on all our SWAN news, training, groups and activities

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