

An Ecosystemic Perspective on Trauma, Risk and Resilience in Autistic Children and Young People Attending Mainstream Schools

Katy Bignold and Henry Wood-Downie
Doctorate in Educational Psychology,
School of Psychology, University of Southampton

This essay explores how use of an ecological systems model of resilience (Ungar & Theron, 2020) can help schools to minimise the risks and mitigate the impact of trauma in autistic children and young people. Autistic children and young people are at higher risk of experiencing adversity and trauma than the general population and may encounter, experience and process trauma differently to their neurotypical peers. Given the rising number of autistic children attending mainstream schools, it is vital that education professionals understand how schools can support through reducing risk and increasing resilience. The essay discusses risk and resilience with reference to the research literature. Neurodiversity-affirming practices and trauma-informed relational approaches are identified as improving children's quality of life, helping them achieve personally important goals, and promoting connection and belonging, which is important for resilience. Interventions and approaches to help autistic children develop emotional regulation, self-efficacy skills, self-understanding and self-esteem will also contribute to resilience when delivered from a neurodiversity-affirming perspective. Limitations in the current literature are acknowledged. Further research is urgently needed to explore the views and experiences of autistic people, and to evaluate school-based, trauma-informed, relational and neurodiversity-affirming approaches to building resilience in autistic children and young people. Research in both of these areas will be vital to inform the development of policy and practice at all levels of the ecosystem and improve outcomes for autistic children and young people.

Keywords: autism, children, education, trauma, resilience, neurodiversity

Autistic children and young people are at higher risk of experiencing adversity and trauma than the general population (Dodds, 2021; Hartley et al., 2024; Hoover & Kaufman, 2018; Kerns et al., 2015; Michna et al., 2023). Adversity does not necessarily result in trauma, as the same situation will be experienced and processed differently by different individuals (Baldwin et al., 2021; Rutter, 2012). Resilience is a protective buffer in the face of adversity and can be harnessed to reduce and mitigate against the risks of trauma (Masten, 2014; Ungar & Theron, 2020). Given the rising number of autistic children attending mainstream schools in England (Department for Education, 2025b), it is vital that education professionals understand how they can reduce risk and increase resilience to best support them. This essay will explore how the application of an ecological systems model of resilience (Ungar & Theron, 2020) can help schools to minimise the risks and mitigate the impact of trauma in autistic children and young people.

Defining Autism

This essay takes a neurodiversity-affirmative definition of autism as a neurological difference (Dwyer, 2022), in contrast to the medical, deficit-based definition set out in DSM 5 (American Psychiatric Association, 2013). Autistic people have strengths in the domains of sensory perception and memory, reasoning (including pattern recognition and attention to detail), expertise in areas of interest, and character strengths (Cherewick & Matergia, 2024). In addition, some of the difficulties associated with autism may result from the double empathy problem (Milton, 2012;

Milton et al., 2022), which argues that differences between autistic and neurotypical styles of living and communication lead to a situation where each group has difficulty in relating to and understanding the other and their needs. Lastly, from a systemic perspective, Lai and Szatmari (2019) argue that the difficulties associated with autism may arise from a poor fit between person and environment rather than a deficit in the individual. They suggest that experiences in daily life that challenge autistic people could be considered as adversities, or risk factors for trauma, and that an ecosystemic approach to resilience is appropriate to support this population.

Identity-first language (i.e. autistic person) is used throughout this essay, as it is the general preference of the autistic community in English-speaking countries (Kenny et al., 2016). However, it is acknowledged that the debate around use of person-first versus identity-first language is complex and as yet unresolved, and some people prefer to use person-first language (i.e. person with autism) (De Laet et al., 2025; Vivanti, 2020).

The number of autistic children and young people attending mainstream schools in England has been steadily rising in recent years. In the 2019-20 academic year, there were c.150,000 autistic children and young people attending school in England (Department for Education, 2020). By 2024/25, this figure had grown to over 263,000 (Department for Education, 2025b). Over 70% of autistic children and young people attend mainstream schools (National Autistic Society, 2023). These figures are likely an underestimate, as it is

acknowledged that autism is under-identified in children who mask their struggles (Pearson & Rose, 2021), and the figures do not include children and young people who are on the long waiting lists for autism assessment (Children's Commissioner, 2024). In addition, some autistic children and young people will also have trauma symptoms, which can inhibit or delay identification of autism. The overlap between autism and trauma is well documented, particularly in relation to attachment disorder (Davidson et al., 2022; Moran, 2010); however, it is now recognised that they can exist alongside each other (Kerns et al., 2015).

Trauma, Adversity and Resilience

Trauma can be defined as “the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact” (UK Trauma Council, 2020, p. 2). In addition, chronic multiple adversities can lead to complex trauma, which carries a greater risk of negative outcomes (UK Trauma Council, 2022). Felitti's (1998) seminal research identifying adverse childhood experiences (ACEs) as a public health risk found that children who experience abuse, parental divorce, or parental mental health illness/imprisonment are at greater risk of poor long-term physical and mental health outcomes, and the risk rises when multiple adversities are experienced. Felitti's list of ACEs has since been extended to include bullying, bereavement and community violence, in recognition of their adverse impact (World Health Organisation, 2020). However, it is now recognised that whilst ACEs can predict outcomes at a population level, individual outcomes vary (Baldwin et al., 2021). This variation may be due to different levels of resilience in individuals, their support systems and their wider environments (Bellis et al., 2018).

Resilience is “a broad systems concept referring to the adaptive capacity and processes involved in effective responses to system disturbances” (Masten et al., 2023, p. 2109). It is not a goal in itself; rather, it is a tool for achieving positive outcomes in the face of adversity (Ungar & Theron, 2020). Resilience is dynamic and it changes across the lifespan based on individual experiences and interactions (Masten et al., 2023; Ungar & Theron, 2020). Changes in systems and their interactions can foster and develop resilience in individuals just as much, if not more than changes on an individual level (Ungar, 2015; Ungar & Theron, 2020).

Ungar and Theron's (2020) Systemic Model of Resilience positions biological and psychological (within-person) systems in relation to the social, built and natural environment. Each system interacts with

the others, in a similar way to Bronfenbrenner's (1992) Ecological Systems Theory. These systems are co-dependent; if one changes, there is an effect on the others. ‘Promotive and protective factors and processes’ are included at each level of the model. They include: self-regulation, meaning-making, and agency and mastery (biological/psychological level); attachment and relationships (family and community level); and social justice and access to resources (social, built and natural environment). Ungar and Theron suggest that interventions to build resilience should focus on an ecosystemic rather than a solely or primarily within-person approach. They emphasise that resilience should be considered in the context of the risk factors for each person. Thus, ecosystemic resilience manifests through change at community, societal and environmental levels and leads to positive change within the individual.

Resilience in Autistic Children and Young People

Over the last ten years, an emerging body of research has explored the relationship between autism and adversity, trauma and resilience, separately or in combination. This has coincided with the rise of the neurodiversity paradigm (Dwyer, 2022), which offers a social- rather than medical-model perspective, viewing autism as a natural variation and not something that should be pathologised. In addition, participatory research practices have emerged, with a focus on involving autistic people in the co-production of research from its inception through to completion (Fletcher-Watson et al., 2019).

Research is unclear on the question of how autistic children and young people experience resilience (Black et al., 2024; Heselton, 2023), and whether they are as resilient as their neurotypical peers (McCrimmon et al., 2016; Ricles, 2017). Ricles found that autistic children and young people were significantly less resilient than their neurotypical peers. In contrast, McCrimmon and colleagues (2016) found no difference in resilience between the two populations. However, the two studies are not comparable due to their differing approaches. Whilst Ricles' sample consisted of 1,188 autistic children aged under 18 whose autism was ‘mild, moderate or severe’ (parental report), McCrimmon and colleagues' data came from a small sample of 20 ‘high-functioning’ autistic children aged 8-12. The majority of data related to boys (Ricles: 83%; McCrimmon: 95%) and 65% of Ricles' participants were White, whilst McCrimmon and colleagues did not report racial demographics. Whilst one possible hypothesis to explain the differing results is that cognitive ability may be a protective factor, no conclusions can be drawn

from these studies, especially regarding resilience in autistic girls and minoritised ethnic groups.

Both Rigles' and McCrimmon's studies used measures designed for use by a neurotypical population, which may not accurately measure resilience in autistic individuals, as resilience may be experienced differently by the autistic population (Black et al., 2024; Heselton, 2023). Black and colleagues (2024) found heterogeneity in how resilience is conceptualised and measured in neurodiverse populations. More research is needed to establish how autistic children and young people perceive and experience resilience.

In a scoping review on resilience and neurodivergence, Black and colleagues (2024) applied Ungar and Theron's (2020) Systemic Model of Resilience to the neurodivergent population. Their paper reviewed 176 papers, 58 (33%) of which related to the autistic population. They identified a range of individual factors specific to resilience in autistic individuals: coping and regulation skills; self-determination and autonomy; temperament; self-understanding and identity; self-efficacy and self-esteem; goal setting and accomplishment; and attachment style. However, Black and colleagues did not explicitly consider resilience in relation to risk factors other than neurodiversity in general, and their review therefore provides an overview rather than a targeted review of resilience in the face of traumatic experiences.

It is important to understand the risk factors in order to work towards resilience (Ungar & Theron, 2020). Kerns and colleagues' (2015) review of the literature regarding traumatic events and their impact on autistic children and young people lays the ground for an understanding of potential risk factors. The authors formulated a hypothetical model of the interactions between trauma, trauma-related difficulties and autism. Autism was positioned as a moderator that may increase the risk of the child encountering potentially traumatic experiences and may also affect how they are perceived and processed. The review also suggests that aspects of autism increase the risk of a child developing traumatic stress and psychological illness following exposure to adversity. The authors identified social understanding and communication difficulties, reduced coping skills, limited emotional regulation, and sensory sensitivities as additional risk factors for trauma in autistic children and young people. They also highlighted that the chronic nature of these difficulties and sensitivities puts autistic children and young people at greater risk of chronic stress and trauma.

Kerns and colleagues took a within-child approach to the risk factors for trauma in autistic children and young people and, other than a passing reference to "family stress", wider family, community and environmental risk factors are not mentioned. In addition, their model does not consider potential protective factors; there seems to be an assumption that autism is solely negative. More recent research drawing on the voices of autistic people robustly disputes this, presenting the case for autism as both a resilience and a risk factor (Black et al., 2024; Heselton et al., 2022). Potential resilience factors for autistic individuals include self-understanding and identity (Black et al., 2024, Heselton et al., 2022), determination (Heselton et al., 2022), and access to safe spaces where they can be themselves freely and are accepted by others, which can lead to a sense of belonging (Heselton et al., 2022, Shochet et al., 2016). Despite this limitation, Kerns and colleagues' article still has use as a starting point for exploring how autistic individuals may experience trauma differently to the neurotypical population. In addition, their more recent qualitative research exploring potential sources of trauma in autistic children identified themes of "social exclusion", being and/or feeling "trapped", "traumatic incongruities" (including sensory experiences), and "autism and traditional sources of trauma" (Kerns et al., 2022). When the literature regarding risk and resilience in autistic children and young people is combined, it is possible to see how resilience at all levels of the ecosystem around a child can reduce or mitigate the risks of trauma. Areas of risk and resilience will now be discussed in the context of an ecosystemic approach.

From Isolation to Belonging and Connection

Social and communication differences can result in autistic children, like other children with disabilities, being at increased risk of abuse. Social isolation, difficulties in understanding what is socially acceptable, and communication difficulties all act as obstacles to communicating what happened and asking for help, putting them at greater risk of victimisation (Kerns et al., 2015, 2022).

Autistic children and young people are more likely than their peers to be socially isolated, as they may find it difficult to form friendships and to experience a sense of belonging (Goodall, 2020; Hartley et al., 2024; Heselton et al., 2022; Kerns et al., 2022). In addition, the literature suggests that autistic children are up to four times more likely to be bullied due to their differences and vulnerabilities (Hartley et al., 2024; Hoover & Kaufman, 2018). A recent meta-analysis exploring the association of autism with ACEs (Hartley et al., 2024) found that the odds ratio for autistic

children being bullied was higher than the ratios of the original ACE categories. This suggests that bullying is a widespread adversity for autistic children and young people. In the face of bullying and rejection, the evidence suggests that autistic children and young people may avoid social interaction (Heselton et al., 2022). This can lead to a negative spiral of isolation.

The antithesis of isolation could be said to be connection and belonging, and the literature suggests that both are key aspects of resilience for autistic children and young people (Black et al., 2024; Heselton et al., 2022; Shochet et al., 2016). Participants in Heselton and colleagues' (2022) study spoke of feeling a sense of belonging when they were amongst others who accepted them as they were, and where they felt they could be themselves. They spoke of these safe people and places as a relief and a refuge. Likewise, taking part in special interests was experienced as a safe activity and one where the individual could connect with others who shared the same interest (Black et al., 2024; Heselton et al., 2022).

Belonging can happen at different levels of the ecosystem; an individual might feel that they belong to a greater or lesser extent in different environments. Autistic children and young people who feel accepted and are able to be themselves within their families, at school and in their wider community may be protected from adversity and have better outcomes (Black et al., 2024). Shochet and colleagues (2016) emphasise the importance of belonging, and in particular school belonging, for autistic young people's wellbeing. They suggest that school belonging is an indicator of how much students feel valued and cared for by the school community; how much they feel that they belong, and their relatedness to others within the community. This aligns with the views of autistic young people who conceptualised inclusion as "...a feeling (a sense of belonging), not a place..." (Goodall, 2020). Recent research also suggests that autistic students who have a greater sense of school belonging camouflage less and are less anxious (Atkinson et al., 2025), and that positive relationships between students and teachers predict positive outcomes for neurodivergent students (Black et al., 2024).

Towards Emotional and Sensory Regulation

The ability to recognise and name emotions is a key skill for emotional regulation and processing traumatic experiences (Kerns et al., 2015). Alexithymia, a difficulty in recognising or describing one's own emotions, commonly co-occurs in autistic people (Kinnaird et al., 2019), potentially making it more difficult for them to process traumatic experiences. Unprocessed trauma, in turn, can make emotional

regulation more difficult, creating a vicious cycle that undermines the child's ability to cope with future stress or adversity (Turner, 2010, as cited in Kerns et al., 2015). Emotional dysregulation can trigger distressed behaviour, and this may put the child at risk of being restrained for their safety or that of others, potentially adding further trauma (Kerns et al., 2022). In other cases, the child may mask their true feelings as a strategy to protect themselves. Masking is effortful to sustain and may lead to stress and autistic burnout (Pearson & Rose, 2021).

Autistic children and young people may need more co-regulation and support to develop emotional regulation strategies than their same-age peers. From an ecosystemic perspective, although there is a within-child difficulty here, what matters is how the environment responds; how adults co-regulate, scaffold and contain. For schools, there is the question of whether behaviour policies are set up to support or exclude children who are struggling to regulate their emotions. Exclusion, whether temporary or permanent, is known to have a negative effect on children and young people's self-esteem, their sense of belonging, and their outcomes in adulthood (Madia et al., 2022; Obsuth et al., 2024). Positive relationships are crucial to children being able to trust adults when they are distressed, and for adults to be able to spot the early signs of distress or masking and engage pre-emptively with the child.

Sensory sensitivities in autistic children and young people can result in increased vulnerability to stress from environmental stimuli, and this can result in distress and dysregulation (Heselton et al., 2022; Kerns et al., 2022). Stimuli that are experienced as overwhelming can include bright lighting, noisy environments, smells, tactile stimuli such as clothing labels, and foods that are not tolerated due to texture sensitivity (Hazen et al., 2014; Kerns et al., 2022). In the school environment, the combination of simultaneous sensory stimuli can be overwhelming (Goodall, 2020) and, over time, this can become chronically stressful and may be experienced as traumatic by some autistic children and young people (Kerns et al., 2015, 2022).

If the difficulty is located within the child, it is down to the child to 'change' or adapt, for example by wearing ear defenders. Whilst ear defenders may be appropriate to enable a child to access some environments, some other within-child approaches are problematic. For example, research and the experiences of autistic adults suggests that the practice of 'desensitising' autistic children to sensory stimuli through repeated exposure is likely to be ineffective, will cause increased distress and may be experienced

as traumatic (Dwyer, 2018; Heidel, 2025; Jamal et al., 2021). In addition to the potential harm caused by the repeated exposure, these practices foster compliance and may increase the child's vulnerability to coercion and abuse (Chandler et al., 2019). An ecosystemic perspective demands consideration of how the environment can be adjusted to better meet the needs of autistic children and young people in school.

Developing Coping Skills, Self-Efficacy and Self-Esteem

Kerns and colleagues (2015) suggested that underdeveloped coping skills may cause autistic children and young people to be more severely affected by trauma than their neurotypical peers. Autistic children and young people may experience difficulties with executive function, including impulse regulation, attention and focus, working memory, and problem-solving skills (Robinson et al., 2009). The prefrontal cortex, where executive function is located, is known to be affected by early and/or chronic trauma, further complicating the picture (van der Kolk, 2003). Underdeveloped executive functioning can result in difficulties using coping strategies in daily life (Kerns et al., 2015). This can result in increased frustration, stress and anxiety, potentially fuelling emotional dysregulation and negatively impacting on the child or young person's self-esteem.

In a narrative review, Berger and colleagues (2021) suggested that developing strong relationships, emotional regulation strategies, and opportunities for students to experience choice and agency would be crucial for "reducing symptoms" in autistic and trauma-experienced children. The authors identified an overlap between the principles of trauma-informed care and elements of autism interventions used in schools. However, their emphasis on classroom behaviour management and their deficit-based approach to autism suggests that they may not have considered the benefits of a neuro-affirmative approach.

Interactions Within the Ecosystem

Discussion of the ecosystem would not be complete without exploring how different parts of the system relate and communicate in the best interests of the child. It is recognised that parents of autistic children experience high levels of stress, and are at greater risk of mental health difficulties and relationship breakdown than parents of typically developing children (Hartley et al., 2024; Hoover & Kaufman, 2018; McIntyre et al., 2023). Parent-school relationships can become strained when a child is struggling at school, and this can create further stress

(McIntyre et al., 2023). Resilience in the ecosystem around the autistic child can be strengthened by positive relationships between parent(s) and school. The child's family is perhaps the most important element of their ecosystem, and a positive and supportive relationship between parent(s) and school is a key resilience factor, particularly when the child's needs are complex due to the combination of autism and trauma (McIntyre et al., 2023).

Implications for Practice

The application of an ecosystemic model of trauma, risk and resilience in autistic children and young people has implications for both policy and practice, and it is highly relevant in the context of the SEND reforms and curriculum review currently underway in England. Current funding constraints and the austerity of recent years must also be acknowledged. However, there are numerous low-cost actions that schools can take to improve wellbeing and outcomes for autistic children and young people.

Recent research suggests very clearly that autistic children and young people experience and process trauma differently to their neurotypical peers (Black et al., 2024; Kerns et al., 2015, 2022). This new knowledge should be included in training that promotes neurodiversity-affirming and trauma-informed practice, with the aim of empowering school staff to minimise the risk of inadvertently causing, exacerbating or reactivating trauma for autistic students. Initial teacher training should also include sessions focused on this content (Morin & Kircher-Morris, 2023), given the growing number of autistic children and young people attending mainstream schools.

Neurodiversity-affirming approaches can be defined as interventions and practices that "affirm or support the identities of autistic children, with a focus on modifying environments or tasks" (Wagland et al., 2025), and encompass individual, systems and policy levels within an ecological systems model. They encompass both environmental adaptations and the selection of appropriate interventions (Wagland et al., 2025). Firstly, a neurodiversity-affirming approach to interventions involves selecting interventions that will improve children's quality of life and help them achieve personally important goals, affirm autistic communication styles, and avoid targets that may lead to increased masking, such as those that encourage young people to rigidly adopt neurotypical communication and interaction styles (Wagland et al., 2025). Appropriate supports and the explicit teaching of skills such as problem-solving, alongside the experience of being accepted without judgement, can

improve autistic children's school experience (Black et al., 2024; Goodall, 2020; Heselton et al., 2022). In addition, schools can play a key role in supporting autistic children to develop self-efficacy skills in both learning and social contexts, scaffolding their independence and supporting the development of self-understanding, positive self-perception and self-esteem, all of which contribute to resilience at an individual level (Black et al., 2024; Heselton et al., 2022).

Secondly, environmental adaptation relates to the classroom and curriculum; for example, integrating subjects that a child is interested in within teaching approaches, and modifying the environment to meet autistic children's sensory needs (Wagland et al., 2025). Thirdly, from a relational perspective, promoting acceptance and valuing individual differences as a whole school practice will likely enhance autistic students' wellbeing and sense of belonging (Atkinson et al., 2025; Morin & Kircher-Morris, 2023). Strong student-teacher relationships are protective, particularly when teachers and staff members look beyond the child's diagnosis and see them as an individual (Black et al., 2024).

Trauma-informed approaches in education aim to mitigate and repair the impact of trauma on children and young people's development, functioning in school and educational outcomes, and avoid re-traumatising children (Brunzell et al., 2016). Current UK government guidance sets out six principles of trauma informed practice: safety, trustworthiness, choice, collaboration, empowerment and cultural consideration (Office for Health Improvement and Disparities, 2022). Trauma-informed practices are implemented at a universal level, with targeted and specialist interventions available for those children and young people who need them.

In practice, schools whose ethos is based on a trauma-informed approach may be helping support resilience in their autistic students as part of the school population. However, this will likely only be effective if the school is also taking a neurodiversity-affirming approach; otherwise, the school is running the risk of promoting belonging on a purely neurotypical model and unintentionally isolating students for whom this is not a good fit. Schools also have a statutory responsibility to ensure that no student is bullied (Department for Education, 2025a), and when this part of the ecosystem is strong it effectively guards against autistic children and young people experiencing this adversity. Thus, it is important to combine trauma-informed practice with neurodiversity-affirming approaches, maintaining an awareness of the adverse

impact of cumulative adversities such as micro-aggressions and exposure to sensory stressors.

Lastly, on a mesosystem level, if the school ethos is based on a relational and neurodiversity-affirming approach, there is the potential for parents to experience their child being accepted by others and belonging within the school community whilst having their needs met. This positive experience may go some way towards reducing stress and promoting resilience. Schools can also promote resilience in the family through a supportive approach; for example, signposting families who are struggling to the agencies that can best support them (McIntyre et al., 2023).

Recommendations for Further Research

Resilience in relation to trauma in autistic children and young people is an emerging area of research, and few articles were found in this area. In addition, the less recent literature is mostly based on a deficit-based understanding of autism rather than a neurodiversity-affirmative perspective. The emergence of participatory research practices (Fletcher-Watson et al., 2019) and a move towards exploring the views and experiences of the autistic community have resulted in an increase in qualitative literature. However, further research is needed.

Firstly, there is a need for further research exploring how autistic children and young people experience and process adversity and trauma, and how they conceptualise and experience resilience. Such research would offer an insight into autistic people's views and experiences, leading to a greater understanding of whether and how their experience is different to the neurotypical population and what approaches are needed to best support them. It could also inform the development of resilience measures that are specific to autistic children and young people. Secondly, research evaluating the efficacy of school-based trauma-informed, relational and neurodiversity-affirming approaches to strengthening resilience in autistic children and young people is needed to inform best practice for building resilience from an ecosystemic perspective. Lastly, and importantly, future research should explore the views and experiences of girls and minoritised ethnic groups, addressing the current bias towards boys in autism research. Research in all these areas will be crucial in informing the development of policy and practice at all levels of the ecosystem, to improve outcomes for autistic children and young people.

Conclusion

This essay set out to explore how the application of an ecological systems model of resilience (Ungar &

Theron, 2020) can help schools to minimise the risks and mitigate the impact of trauma in autistic children and young people. Autistic children are at increased risk of experiencing adversity and trauma, and they may encounter, perceive and process trauma differently to their neurotypical peers (Black et al., 2024; Kerns et al., 2015, 2022). Based on Ungar and Theron's (2020) ecosystemic application of resilience these children and young people can be supported to develop resilience when the systems around them are resilient, when relationships are strong and when they feel a sense of belonging. Neurodiversity-affirmative (Cherewick & Matergia, 2024) and trauma-informed approaches (Brunzell et al., 2016) may be highly appropriate for use by schools as a resilience approach, alongside interventions to develop emotional regulation, self-efficacy skills, self-understanding and self-esteem. More research is urgently needed to improve understanding and inform the development of policy and practice at all levels of the ecosystem, with the aim of improving outcomes for autistic children and young people. In summary, relationships, belonging and connectedness within the intricate, interconnected ecosystem around the child are central to facilitating change and resilience for a positive future.

Funding Statement

No funding was received for this paper.

Disclosure Statement

There are no competing interests to declare.



*Copyright: © 2025 by the authors.
This article is an open access
article distributed under the terms
and conditions of the Creative
Commons Attribution (CC BY)
license
(<https://creativecommons.org/licenses/by/4.0/>).*

References

- American Psychiatric Association. (2013). *Diagnostic & Statistical Manual of Mental Disorders (DSM-5)* (5th Edition). American Psychiatric Association.
- Atkinson, E., Wright, S., & Wood-Downie, H. (2025). "Do my friends only like the school me or the true me?": School belonging, camouflaging, and anxiety in autistic students. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-024-06668-w>
- Baldwin, J. R., Caspi, A., Meehan, A. J., Ambler, A., Arseneault, L., Fisher, H. L., Harrington, H., Matthews, T., Odgers, C. L., Poulton, R., Ramrakha, S., Moffitt, T. E., & Danese, A. (2021). Population vs individual prediction of poor health from results of adverse childhood experiences screening. *JAMA Pediatrics*, 175(4), 385–393. <https://doi.org/10.1001/jamapediatrics.2020.5602>
- Bellis, M. A., Hughes, K., Ford, K., Hardcastle, K. A., Sharp, C. A., Wood, S., Homolova, L., & Davies, A. (2018). Adverse childhood experiences and sources of childhood resilience: A retrospective study of their combined relationships with child health and educational attendance. *BMC Public Health*, 18, 792. <https://doi.org/10.1186/s12889-018-5699-8>
- Berger, E., D'Souza, L., & Miko, A. (2021). School-based interventions for childhood trauma and autism spectrum disorder: A narrative review. *Educational and Developmental Psychologist*, 38(2), 186–193. <https://doi.org/10.1080/20590776.2021.1986355>
- Black, M. H., Helander, J., Segers, J., Ingard, C., Bervoets, J., de Puget, V. G., & Bölte, S. (2024). Resilience in the face of neurodivergence: A scoping review of resilience and factors promoting positive outcomes. *Clinical Psychology Review*, 113, 102487. <https://doi.org/10.1016/j.cpr.2024.102487>
- Bronfenbrenner, U. (1992). Ecological systems theory. In *Six theories of child development: Revised formulations and current issues* (pp. 187–249). Jessica Kingsley Publishers.
- Brunzell, T., Stokes, H., & Waters, L. (2016). Trauma-informed positive education: Using positive psychology to strengthen vulnerable students. *Contemporary School Psychology*, 20(1), 63–83. <https://doi.org/10.1007/s40688-015-0070-x>
- Chandler, R. J., Russell, A., & Maras, K. L. (2019). Compliance in autism: Self-report in action. *Autism*, 23(4), 1005–1017. <https://doi.org/10.1177/1362361318795479>
- Cherewick, M., & Matergia, M. (2024). Neurodiversity in practice: A conceptual model of autistic strengths and potential mechanisms of change to support positive mental health and wellbeing in autistic children and adolescents. *Advances in Neurodevelopmental Disorders*, 8(3), 408–422. <https://doi.org/10.1007/s41252-023-00348-z>
- Children's Commissioner. (2024). *Waiting times for assessment and support for autism, ADHD and other neurodevelopmental conditions*. https://assets.childrenscommissioner.gov.uk/wpuploads/2024/10/CCo-report-on-ND-waiting-times_final.pdf
- Davidson, C., Moran, H., & Minnis, H. (2022). Autism and attachment disorders—How do we tell the difference? *BJPsych Advances*, 28(6), 371–380. <https://doi.org/10.1192/bja.2022.2>
- De Laet, H., Nijhof, A. D., & Wiersema, J. R. (2025). Adults with autism prefer person-first language in Dutch: A cross-country study. *Journal of Autism and Developmental Disorders*, 55(6), 2027–2033. <https://doi.org/10.1007/s10803-023-06192-3>
- Department for Education. (2020). *Special educational needs in England, Academic year 2019/20*. Department for Education. <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2019-20>
- Department for Education. (2025a). *Keeping children safe in education 2025: Statutory guidance for schools and colleges*. https://assets.publishing.service.gov.uk/media/68add931969253904d155860/Keeping_children_safe_in_education_from_1_September_2025.pdf
- Department for Education. (2025b). *Special educational needs in England: Academic year 2024/25*. <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2024-25>
- Dodds, R. L. (2021). An exploratory review of the associations between adverse experiences and autism. *Journal of Aggression, Maltreatment & Trauma*, 30(8), 1093–1112. <https://doi.org/10.1080/10926771.2020.1783736>

- Dwyer, P. (2018). How not to treat sensory anxiety. *Autistic Scholar*. <https://www.autisticscholar.com/how-not-to-treat-sensory-anxiety/>
- Dwyer, P. (2022). The neurodiversity approach(es): What are they and what do they mean for researchers? *Human Development*, *66*(2), 73–92. <https://doi.org/10.1159/000523723>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Fletcher-Watson, S., Adams, J., Brook, K., Charman, T., Crane, L., Cusack, J., Leekam, S., Milton, D., Parr, J. R., & Pellicano, E. (2019). Making the future together: Shaping autism research through meaningful participation. *Autism*, *23*(4), 943–953. <https://doi.org/10.1177/1362361318786721>
- Goodall, C. (2020). Inclusion is a feeling, not a place: A qualitative study exploring autistic young people’s conceptualisations of inclusion. *International Journal of Inclusive Education*, *24*(12), 1285–1310. <https://doi.org/10.1080/13603116.2018.1523475>
- Hartley, G., Sirois, F., Purrington, J., & Rabey, Y. (2024). Adverse childhood experiences and autism: A meta-analysis. *Trauma, Violence, & Abuse*, *25*(3), 2297–2315. <https://doi.org/10.1177/15248380231213314>
- Hazen, E. P., Stornelli, J. L., O’Rourke, J. A., Koesterer, K., & McDougle, C. J. (2014). Sensory symptoms in autism spectrum disorders. *Harvard Review of Psychiatry*, *22*(2), 112–124. <https://doi.org/10.1097/01.HRP.0000445143.08773.58>
- Heidel, J. A. (2025). Autistic people do not ‘get used to’ forced sensory stimuli (and science proves it). *Jaime A. Heidel - The Articulate Autistic*. <https://www.thearticulateautistic.com/autistic-people-do-not-get-used-to-forced-sensory-stimuli-and-science-proves-it/>
- Heselton, G. A. (2023). Childhood adversity, resilience, and autism: A critical review of the literature. *Disability & Society*, *38*(7), 1251–1270. <https://doi.org/10.1080/09687599.2021.1983416>
- Heselton, G. A., Rempel, G. R., & Nicholas, D. B. (2022). “Realizing the problem wasn’t necessarily me”: The meaning of childhood adversity and resilience in the lives of autistic adults. *International Journal of Qualitative Studies on Health and Well-Being*, *17*(1), 2051237. <https://doi.org/10.1080/17482631.2022.2051237>
- Hoover, D. W., & Kaufman, J. (2018). Adverse childhood experiences in children with autism spectrum disorder. *Current Opinion in Psychiatry*, *31*(2), 128–132. <https://doi.org/10.1097/YCO.0000000000000390>
- Jamal, W., Cardinaux, A., Haskins, A. J., Kjelgaard, M., & Sinha, P. (2021). Reduced sensory habituation in autism and its correlation with behavioral measures. *Journal of Autism and Developmental Disorders*, *51*(9), 3153–3164. <https://doi.org/10.1007/s10803-020-04780-1>
- Kenny, L., Hattersley, C., Molins, B., Buckley, C., Povey, C., & Pellicano, E. (2016). Which terms should be used to describe autism? Perspectives from the U.K. autism community. *Autism*, *20*(4), 442–462. <https://doi.org/10.1177/1362361315588200>
- Kerns, C. M., Lankenau, S., Shattuck, P. T., Robins, D. L., Newschaffer, C. J., & Berkowitz, S. J. (2022). Exploring potential sources of childhood trauma: A qualitative study with autistic adults and caregivers. *Autism*, *26*(8), 1987–1998. <https://doi.org/10.1177/13623613211070637>
- Kerns, C. M., Newschaffer, C. J., & Berkowitz, S. J. (2015). Traumatic childhood events and autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *45*(11), 3475–3486. <https://doi.org/10.1007/s10803-015-2392-y>
- Kinnaird, E., Stewart, C., & Tchanturia, K. (2019). Investigating alexithymia in autism: A systematic review and meta-analysis. *European Psychiatry*, *55*, 80–89. <https://doi.org/10.1016/j.eurpsy.2018.09.004>
- Lai, M.-C., & Szatmari, P. (2019). Resilience in autism: Research and practice prospects. *Autism*, *23*(3), 539–541. <https://doi.org/10.1177/1362361319842964>

- Madia, J. E., Obsuth, I., Thompson, I., Daniels, H., & Murray, A. L. (2022). Long-term labour market and economic consequences of school exclusions in England: Evidence from two counterfactual approaches. *British Journal of Educational Psychology*, *92*(3), 801–816. <https://doi.org/10.1111/bjep.12487>
- Masten, A. S. (2014). *Ordinary magic: Resilience in development*. Guilford Press.
- Masten, A. S., Tyrell, F. A., & Cicchetti, D. (2023). Resilience in development: Pathways to multisystem integration. *Development and Psychopathology*, *35*(5), 2103–2112. <https://doi.org/10.1017/S0954579423001293>
- McCrimmon, A. W., Matchullis, R. L., & Altomare, A. A. (2016). Resilience and emotional intelligence in children with high-functioning autism spectrum disorder. *Developmental Neuropsychology*, *19*(3), 154–161. <https://doi.org/10.3109/17518423.2014.927017>
- McIntyre, L. L., Santiago, R. T., Sutherland, M., & Garbacz, S. A. (2023). Parenting stress and autistic children's emotional problems relate to family-school partnerships and parent mental health. *School Psychology*, *38*(5), 273–286. <https://doi.org/10.1037/spq0000531>
- Michna, G. A., Trudel, S. M., Bray, M. A., Reinhardt, J., Dirsmith, J., Theodore, L., Zhou, Z., Patel, I., Jones, P., & Gilbert, M. L. (2023). Best practices and emerging trends in assessment of trauma in students with autism spectrum disorder. *Psychology in the Schools*, *60*(2), 479–494. <https://doi.org/10.1002/pits.22769>
- Milton, D. (2012). On the ontological status of autism: The 'double empathy problem'. *Disability & Society*, *27*(6), 883–887. <https://doi.org/10.1080/09687599.2012.710008>
- Milton, D., Gurbuz, E., & López, B. (2022). The 'double empathy problem': Ten years on. *Autism*, *26*(8), 1901–1903. <https://doi.org/10.1177/13623613221129123>
- Moran, H. (2010). Clinical observations of the differences between children on the autistic spectrum and those with attachment problems: The Coventry Grid. *Good Autism Practice*, *11*(2), 46–59.
- Morin, A., & Kircher-Morris, E. (2023). Is your school welcoming to neurodiverse students? *The Learning Professional*, *44*(5), 46–48.
- National Autistic Society. (2023). *Education report*. National Autistic Society. https://dy55nndrxkelw.cloudfront.net/file/24/asDKIN9asAvgMtEas6glatOcB5H/NAS_Education%20Report%202023.pdf
- Obsuth, I., Madia, J. E., Murray, A. L., Thompson, I., & Daniels, H. (2024). The impact of school exclusion in childhood on health and well-being outcomes in adulthood: Estimating causal effects using inverse probability of treatment weighting. *British Journal of Educational Psychology*, *94*(2), 460–473. <https://doi.org/10.1111/bjep.12656>
- Office for Health Improvement and Disparities. (2022, November 2). *Working definition of trauma-informed practice*. <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>
- Pearson, A., & Rose, K. (2021). A conceptual analysis of autistic masking: Understanding the narrative of stigma and the illusion of choice. *Autism in Adulthood*, *3*(1), 52–60. <https://doi.org/10.1089/aut.2020.0043>
- Rigles, B. (2017). The relationship between adverse childhood events, resiliency and health among children with autism. *Journal of Autism and Developmental Disorders*, *47*(1), 187–202. <https://doi.org/10.1007/s10803-016-2905-3>
- Robinson, S., Goddard, L., Dritschel, B., Wisley, M., & Howlin, P. (2009). Executive functions in children with autism spectrum disorders. *Brain and Cognition*, *71*(3), 362–368. <https://doi.org/10.1016/j.bandc.2009.06.007>
- Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, *24*(2), 335–344. <https://doi.org/10.1017/S0954579412000028>
- Shochet, I. M., Sagers, B. R., Carrington, S. B., Orr, J. A., Wurfl, A. M., Duncan, B. M., & Smith, C. L. (2016). The Cooperative Research Centre for Living with Autism (Autism CRC) conceptual model to promote mental health for adolescents with ASD. *Clinical Child and Family Psychology Review*, *19*(2), 94–116. <https://doi.org/10.1007/s10567-016-0203-4>
- UK Trauma Council. (2020). *Beyond the pandemic:*

- Strategic priorities for responding to childhood trauma.* UK Trauma Council. <https://uktraumacouncil.link/documents/Coronavirus-CYP-and-Trauma-UKTC-Policy-Briefing-Sept-2020.pdf>
- UK Trauma Council. (2022). *Complex trauma: Evidence-based principles for the reform of children's social care.* UK Trauma Council. <https://uktraumacouncil.link/documents/UKTC-ComplexTrauma-Principles.pdf>
- Ungar, M. (2015). Practitioner review: Diagnosing childhood resilience – a systemic approach to the diagnosis of adaptation in adverse social and physical ecologies. *Journal of Child Psychology and Psychiatry*, 56(1), 4–17. <https://doi.org/10.1111/jcpp.12306>
- Ungar, M., & Theron, L. (2020). Resilience and mental health: How multisystemic processes contribute to positive outcomes. *The Lancet Psychiatry*, 7(5), 441–448. [https://doi.org/10.1016/S2215-0366\(19\)30434-1](https://doi.org/10.1016/S2215-0366(19)30434-1)
- van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics of North America*, 12(2), 293–317. [https://doi.org/10.1016/S1056-4993\(03\)00003-8](https://doi.org/10.1016/S1056-4993(03)00003-8)
- Vivanti, G. (2020). Ask the Editor: What is the most appropriate way to talk about individuals with a diagnosis of autism? *Journal of Autism and Developmental Disorders*, 50(2), 691–693. <https://doi.org/10.1007/s10803-019-04280-x>
- Wagland, Z., Sterman, J., Scott-Cole, L., Spassiani, N., & Njelesani, J. (2025). Promoting neurodiversity-affirming care for autistic children: A scoping review. *Neurodiversity*, 3, 27546330251357479. <https://doi.org/10.1177/27546330251357479>
- World Health Organisation. (2020). *Adverse Childhood Experiences International Questionnaire.* World Health Organisation. [https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-\(ace-iq\)](https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-(ace-iq))