

DOCUMENT SUMMARY

This document is a research article by Rumball, Happé, and Grey (2020) exploring the experience of trauma and the prevalence of PTSD symptoms in autistic adults. The study finds that autistic individuals are at a heightened risk of developing PTSD from a broader range of life events than typically recognized. Crucially, it shows that both standard **DSM-5 Criterion A** traumas and **non-DSM-5 traumas** (like bullying or bereavement) can act as catalysts for probable PTSD, with over 40% of the sample showing symptoms. The paper argues for a wider definition of trauma in clinical practice for autistic individuals to ensure they receive appropriate diagnosis and care.

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METADATA

- **Primary Category:** RESEARCH
- **Document Type:** research_article
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- **Tags:** #ptsd, #trauma, #autism, #asd, #dsm-5, #non-dsm-5-trauma, #clinical-assessment, #mental-health, #neurodiversity
- **Related Docs:** This paper provides critical context for the "Trauma-Informed ND Care" service pillar and informs the clinical approach to assessment.

FORMATTED CONTENT

Experience of Trauma and PTSD Symptoms in Autistic Adults: Risk of PTSD Development Following DSM-5 and Non-DSM-5 Traumatic Life Events

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Lay Summary

This study explored the experience of trauma and rates of probable post-traumatic stress disorder (PTSD) in adults with autistic spectrum disorder (ASD). We asked 59 autistic adults to complete online questionnaires about their experiences of stressful or traumatic events and related mental health difficulties. Autistic adults experienced a wide range of life events as traumatic, with over 40% showing probable PTSD within the last month and over 60% reporting probable PTSD at some point in their lifetime. Many of the life events experienced as traumas would not be recognized in some current diagnostic systems, raising concerns that autistic people may not receive the help they need for likely PTSD.

Introduction

Individuals with **autistic spectrum disorder (ASD)** are known to be at increased risk of experiencing adverse life events, such as peer victimization and maltreatment. Co-occurring mental health difficulties are common, and it has been posited that core features of **ASD** may also confer heightened risk of **post-traumatic stress disorder (PTSD)**.

According to **DSM-5** criteria, **PTSD** is only diagnosable following exposure to actual or threatened death, serious injury, or sexual violence (**Criterion A**). However, the definition of "trauma" has been widely debated, and a range of non-Criterion A events have been reported to trigger **PTSD** symptoms, such as cumulative stress from bullying. It has been suggested that for individuals with **ASD**, a broader or different range of life experiences may be interpreted as traumatic and act as a catalyst for **PTSD**-like symptoms. This study aims to explore what events are interpreted as traumatic by adults with **ASD** and the rates of probable **PTSD** following both **DSM-5** and **non-DSM-5 traumas**.

Methods

Fifty-nine adults with a diagnosis of **ASD** who had experienced an event they found traumatic completed online questionnaires. Trauma exposure was measured using the **Life Events Checklist (LEC-5)** for **DSM-5** events, and a series of open-ended questions for **non-DSM-5 traumas**. **PTSD** symptomatology was assessed using the **PTSD Checklist (PCL-5)** for both current and lifetime symptoms.

Results

Traumatic Life Events

- **DSM-5 Traumatic Life Events:** 33 participants reported a traumatic life event meeting **DSM-5 Criterion A**. The most commonly reported traumas were **sexual and physical abuse**.
- **Non-DSM-5 Traumatic Life Events:** 35 participants reported a traumatic event that did not meet **DSM-5 Criterion A**. The most commonly reported **non-DSM-5 traumas** included **bullying, bereavement**, and traumas relating to mental health problems such as anorexia and "breakdowns." Other reported events included the **ASD diagnostic process** itself, abandonment, and stress from social difficulties.

Probable PTSD Rates

- **Following DSM-5 Trauma:** The rate of probable current **PTSD** was **45%**. The rate of lifetime probable **PTSD** was **61%**.
- **Following non-DSM-5 Trauma:** The rate of probable current **PTSD** was **43%**. The rate of lifetime probable **PTSD** was **63%**.
- **Across the total sample:** The rate of probable current **PTSD** following any trauma was **47%**, and the lifetime rate was **64%**.

Discussion

Adults with **ASD** reported a broad range of life events as traumatic. The rate of probable **PTSD** in our **ASD** participants following **DSM-5** or **non-DSM-5** traumas was similar, ranging from 43% to 45%. This is far higher than rates previously reported in trauma-exposed general-population studies.

Interestingly a similar proportion of individuals experienced PTSD symptoms after **non-DSM-5 traumas** that would not meet DSM-5 PTSD Criterion A. This finding... highlights the importance of the individual's subjective response to and interpretation of an event when defining "trauma".

The study suggests that the more subjective definition of trauma in the **ICD-11** ("an extremely threatening or horrific event or series of events") may be better suited for diagnosing **PTSD** in the **ASD** population compared to the more restrictive **DSM-5** criteria.

The elevated rates of probable **PTSD** for **ASD** adults may be explained by a number of cognitive, behavioral, and neurological risk pathways. Cognitive models of **PTSD** highlight pre-trauma vulnerability factors that are often features of **ASD**, such as detail focus ("weak-central coherence"), difficulties with social interaction, and emotion dysregulation.

Clinical Implications

General population research has shown that PTSD can go undetected if individuals are not asked about the occurrence of specific traumas. In individuals with ASD, for whom socio-communicative difficulties are a cardinal feature, trauma assessment should ideally include self-report via standardized trauma checklists and clinical interviews, as well as gathering of information from different sources and informants.

Worryingly, recent statistics suggest that only 10% of **ASD** providers in the United States routinely screen for trauma-related symptoms. The present findings suggest that clinicians should be ready to consider a wide range of experiences as traumatic and concentrate on the subjective experience of **ASD** adults.

...where symptoms meet criteria for PTSD with re-experiencing of trauma memories occurring, withholding a diagnosis based on DSM-5 Criterion A risks denying much needed support and treatment.

Conclusions

Adults with **ASD** described a wide range of life events as being experienced as traumatic. Findings indicate that adults with **ASD** may be at increased risk of **PTSD** development following both traumas meeting **DSM-5 PTSD Criterion A** and **non-DSM-5 traumatic events** that do not meet Criterion A. Clinical services for adults with **ASD** would benefit from routine screening for trauma exposure and assessing **PTSD**

symptomatology in trauma-exposed individuals, allowing for current evidence-based treatments to be delivered to this potentially at-risk population.