Learning Network

Mobilizing knowledge to end gender-based violence

Brief 48 | March 2026

Neurodivergence and Gender-Based Violence: Supporting Neurodivergent Survivors in GBV Contexts

Understanding neurodivergence in GBV contexts

Emerging research at the intersection of neurodivergence and GBV suggests that neurodivergence can influence how violence is experienced, recognized, and responded to across systems such as health care, education, justice, and community services.[1-2] In GBV contexts, this research highlights how neurodivergent survivors may communicate their experiences, describe harm, or navigate help seeking and engage with systems of support. While some of these dynamics overlap with trauma- and violence-informed (TVI) practice, they also point to ways that neurodivergence can shape access to support in distinct ways.

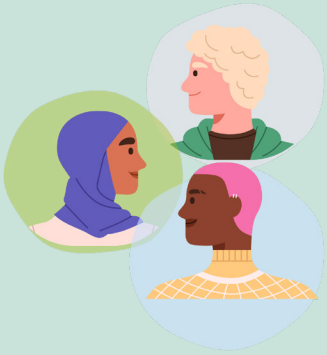
Neurodivergent individuals are people whose ways of thinking, communicating, sensing, or processing information differ from what is typically expected. This may include people with autism, attention deficit/hyperactivity disorder (ADHD), learning disabilities, sensory processing differences, intellectual or developmental disabilities, giftedness, or other forms of cognitive variation.[3] The concept of neurodiversity recognizes these differences as part of the natural variation in how human brains develop and interact with the world, rather than deficits to be corrected. At the same time, neurodivergence is not a single experience, and may encompass a wide range of experiences and support needs.

Across the GBV sector, service providers, researchers, and advocates are increasingly engaging with research and lived-experience perspectives that examine how neurodivergence shapes survivors' interactions with support systems. Survivors who communicate, sense, or process information differently may encounter misunderstandings or barriers when engaging with services designed around *neurotypical norms*. These norms reflect common expectations about how people's brains process information, which can be misaligned with neurodivergent experiences.[4-5]

In practice, these dynamics often show up in everyday interactions, shaping how survivors' experiences are understood and how support is offered. This Brief explores these dynamics to support more inclusive, responsive, and effective approaches to working with neurodivergent survivors of violence across GBV and allied services.

About this Brief

This Brief synthesizes emerging research and survivor-informed perspectives on the intersections between neurodivergence and gender-based violence (GBV). While neurodivergence is often discussed in relation to children and educational contexts, this Brief focuses primarily on the experiences of adult survivors navigating GBV services. Drawing on academic literature, practice insights, and perspectives from neurodivergent survivors, it introduces key concepts related to neurodivergence and neurodiversity.



The Brief then examines how common assumptions about communication, behaviour, and emotional expression can shape how survivors are understood within GBV services. It highlights barriers that neurodivergent survivors may encounter and explains how these barriers can emerge within everyday service practices and environments. The Brief also includes a practice-focused section that outlines considerations and practical strategies for supporting neurodivergent survivors within trauma- and violence-informed and neuroaffirming approaches.

This resource accompanies the Learning Network and Knowledge Hub webinar Exploring Neurodivergence, Disability, and Gender-Based Violence: *Toward More Affirming and Accessible Practices, presented by Dr. Patty Douglas.*

Suggested citation

Lopez, J. (2026). Neurodivergence and gender-based violence: Supporting neurodivergent survivors in GBV contexts. London, Ontario: Centre for Research & Education on Violence Against Women & Children. ISBN: 978-1-998746-18-7

Understanding Neurodivergence

Neurodiversity recognizes that there is natural variation in how people think, communicate, and interact with the world. It refers to the full range of neurological differences across people. The neurodiversity paradigm builds on this understanding by framing these differences as part of normal human variation, rather than deficits that need to be corrected.[5] It also challenges dominant assumptions about what is considered "typical" and centres the knowledge and leadership of neurodivergent people, including their lived experience, research, and advocacy.

The term neurodivergent is often used to describe individuals whose neurology differs from dominant expectations. Neurodivergence includes a wide range of experiences, strengths, and support needs. Some individuals may require significant support in areas such as communication, daily living, or learning, while others may not need formal supports but still encounter barriers. These needs are not always visible, and challenges are often overlooked within existing systems and services. At the same time, neurodivergent people bring diverse perspectives, creativity, and ways of problem-solving to relationships, communities, and systems of care.

Across different settings, many neurodivergent individuals encounter shared social and systemic challenges. Systems such as education, health care, social services, and justice institutions have historically been structured around neurotypical norms of communication, behaviour, and regulation—for example, expectations related to making direct eye contact, interpreting subtle social cues, communicating in particular ways, or regulating movement and emotion in socially prescribed ways.[4, 6] When these norms shape how behaviour and communication are understood, neurodivergent individuals often experience misunderstanding, stigma, barriers to access, or exclusion within these environments.[7-8]

These experiences are not the same for all neurodivergent people. Gender, race, and other social identities shape how neurodivergence is interpreted and responded to within society.[9] For example, behaviours that diverge from dominant expectations may be understood differently depending on social context and identity. Racialized individuals, in particular, are more frequently perceived as threatening or disruptive within institutional settings and are be more likely to encounter disciplinary responses, policing, or other forms of social control.[9-10]

Understanding Violence Against Neurodivergent Survivors: Structural and Intersectional Contexts

Awareness of neurodivergence has grown in recent years. However, how neurodivergence intersects with gender-based violence (GBV) is still emerging across research, training, and practice guidance. Increasingly, research is identifying patterns in how neurodivergent people experience violence, as well as the broader social conditions that shape risk.

Across studies, neurodivergent people experience higher rates of intimate partner violence (IPV) than the general population.[11-16] Some research points to particularly high rates of sexual and interpersonal violence among autistic women and gender-diverse individuals.[17-19]

These findings are important, but they require careful interpretation. Neurodivergence itself is not the source of vulnerability. Rather, risk is shaped by broader social conditions and systems of inequality. This perspective aligns with TVI approaches that situate experiences of harm within wider structural contexts.[20] For example, stigma toward neurodivergence, gender inequality, and social exclusion can interact in ways that increase exposure to violence.[21] Feminist disability scholars emphasize that violence against neurodivergent women and gender-diverse people must be understood at the intersection of patriarchy and neuronormative systems. These systems privilege "typical" communication, behaviour, and ways of processing information, which can marginalize neurodivergent ways of being.[9] A focus on individual vulnerability alone risks obscuring the conditions that allow violence to occur.

These dynamics do not exist in isolation. They intersect with other systems of inequality, including racism, colonialism, heterosexism, and transphobia. Research also suggests that neurodivergent populations include higher proportions of gender-diverse and 2SLGBTQIA+ individuals compared with the general population, making these intersections particularly important in GBV contexts.[22-23] These intersecting systems shape both vulnerability to harm and access to support.[6, 9]

In some situations, people who cause harm deliberately exploit differences in communication, social expectations, or support needs. They also rely on stigma or misunderstanding surrounding neurodivergence to dismiss survivors' experiences or undermine their credibility within systems of support.[24]

Institutional environments also contribute to harm by producing everyday violence for neurodivergent individuals. The concept of *misfitting* describes what happens when neurodivergent ways of sensing, communicating, and learning are treated as deficits within systems structured around neurotypical norms.[25] From this perspective, violence is not limited to overt acts of abuse. It can also take shape through everyday interactions and expectations that produce shame, isolation, or pressure to conform.[25]

Over time, these experiences can accumulate. Neurodivergent individuals report high rates of trauma-related stress, including post-traumatic stress symptoms linked to repeated experiences of violence, exclusion, or bullying across the life course.[26-27] These experiences can interact with later victimization, shaping how survivors interpret danger, respond to harm, and seek support.[28]

What This Means for GBV Practice

Together, these patterns shape how neurodivergent survivors encounter and move through GBV services and systems of support. In addition to experiencing higher rates of violence, neurodivergent survivors face barriers when seeking help, disclosing violence, or navigating services. Many of these barriers are not immediately visible. They often emerge when systems rely, often unintentionally, on particular expectations about how survivors should communicate distress, describe harm, or engage with support.

When survivors communicate, process information, or express distress in ways that differ from these expectations, their experiences may be misunderstood or dismissed within systems of support.[1, 28] In practice, this can influence how survivors' accounts are received, how risk is assessed, and how support is offered.

At the same time, important insights are emerging through the work of neurodivergent survivors, advocates, and scholars. These perspectives are reshaping how disability, care, and GBV are understood. Attending to these experiences offers an opportunity for GBV services to reflect on existing assumptions and continue strengthening more neuroaffirming, responsive approaches to supporting survivors.

Neurodivergence and Accessing GBV Support

Understanding how neurodivergence intersects with GBV means looking not only at survivors' experiences, but also at how those experiences are understood and responded to within service systems.

In practice, responses to GBV often rely (often implicitly) on expectations about how survivors communicate distress, disclose harm, and engage with support. These expectations shape how experiences are understood and, in turn, what kinds of support are offered. While they may reflect common patterns, they do not always align with how neurodivergent individuals experience or express distress.

Many service systems are still organized around neurotypical norms of communication and engagement. When survivors communicate or respond in ways fall outside of these expectations, their experiences may not always be fully recognized or understood, creating barriers to support.[9]

Some of these dynamics may feel familiar in GBV work. Trauma can shape how survivors communicate, recall events, or process information, particularly during stressful interactions. At the same time, neurodivergence can also influence how individuals process information, express emotions, communicate distress, and navigate service environments. These experiences can overlap, but they are not the same.

When survivor experiences are understood only through a trauma lens, important aspects of communication, sensory needs, or support strategies can be overlooked. Recognizing neurodivergence as a distinct, but sometimes overlapping, dimension of survivor experience can support more responsive and individualized approaches to care.

It is also important to recognize that many women and gender-diverse individuals are identified as neurodivergent later in life, or not at all. Early research and diagnostic criteria were largely based on the experiences of boys and men, which has shaped who is recognized and identified as neurodivergent.[29-30] Access to diagnosis is also influenced by factors such as access to health care, cost, geographic location, race, and social assumptions about what it means to be neurodivergent. As a result, some survivors may not identify as neurodivergent, even when their communication or sensory experiences reflect neurodivergent patterns, while others may self-identify without a formal diagnosis.In practice, self-identification plays an important role in how individuals understand and describe their experiences.

Barriers in service contexts have been well documented. These include inflexible service structures, environments that do not accommodate sensory or communication needs, and limited training related to neurodivergence.[31-33] These barriers can be intensified for survivors who are also navigating racism, colonialism, homophobia, transphobia, or other forms of systemic marginalization, underscoring the importance of intersectional approaches to GBV support.[9]

These barriers do not arise because neurodivergence itself creates vulnerability. Rather, they reflect a mismatch between neurodivergent ways of communicating or processing information and service systems designed around neurotypical expectations[1, 9]

How Barriers May Appear in GBV Service

Barriers often show up in two closely connected ways: how survivor communication is understood, and how service environments and support processes are structured.

Communication and Interpretation

Neurodivergent survivors may communicate distress in ways that differ from what is typically expected in service settings. Differences in eye contact, emotional expression, pacing of speech, or how a narrative is told can all shape how experiences are received and understood.[1]

In many systems, there can be unspoken expectations about how survivors typically present in service settings, including familiar patterns of communication and behaviour.[2] Service providers supporting neurodivergent survivors may observe features of communication such as flat affect, highly detailed recall, delayed verbal or emotional responses, long pauses, silence, or significant difficulty describing internal emotional states. When these differences are not recognized as part of neurodivergent ways of being, what survivors are sharing may be misunderstood or not fully received. Expectations about communication are also shaped by broader gender norms, which influence how women and gender diverse individuals are expected to express distress. This can further shape how neurodivergent survivors are perceived and responded to in service settings.

For some neurodivergent survivors, differences in emotional language also play a role. *Alexithymia*, for example, refers to a difficulty identifying or describing emotional states.[34] This does not mean that emotions or trauma responses are absent. Rather, it reflects differences in how internal experiences are recognized and communicated. Many neurodivergent individuals also describe *masking*, a process of adapting or suppressing aspects of oneself in order to meet social expectations or move more safely through environments.[15] This can be a conscious or unconscious process, and can be especially important for those navigating additional forms of marginalization, such as racism. While masking can support day-to-day interactions, it can also make distress less visible and more difficult to recognize.[21]

It is also helpful to consider how misunderstandings in communication arise. The concept of the *double empathy problem* suggests that breakdowns in communication between neurodivergent and neurotypical individuals are often mutual rather than located solely within the neurodivergent person.[4] In practice, this means that differences in interpretation or expectation on both sides of an interaction can shape how communication unfolds. Together, these dynamics can shape how survivor experiences are understood within support systems.

Service Environments and Support Processes

Barriers can also emerge through the environments and processes that shape how services are delivered.

Many neurodivergent individuals experience sensory sensitivities related to sound, lighting, movement, or physical proximity.[8] In a busy waiting room, for example, bright lights, background noise, or crowded spaces can create sensory overload. This can make it difficult to focus, process information, remain verbally engaged, or stay regulated during conversations. For survivors who are already navigating the impacts of trauma and violence, these conditions can increase stress and make it harder to participate fully in support processes.[2, 31]

Accessing support related to experiences of trauma and violence can also involve navigating complex systems. Survivors may be asked to complete forms, share their experiences with multiple professionals, attend appointments across services, and process detailed information about legal, housing, or safety options.

For some neurodivergent survivors, these processes can place additional cognitive and organizational demands, particularly when appointments move quickly, expectations are unclear, information is delivered all at once, or plans change unexpectedly. Being asked to recount traumatic experiences repeatedly can also increase distress and create more opportunities for experiences to be misunderstood or reframed.[2]

Many of these considerations are already reflected in TVI practice. The research discussed here highlights how small adjustments, such as pacing conversations, offering information in different formats, or attending to sensory environments, can support more accessible and responsive approaches. These insights can be used to build on existing practice and strengthen support for neurodivergent survivors. The following section highlights key themes from research and survivor perspectives that can help guide more neuroaffirming approaches in GBV work.

Neuroaffirming Approaches

A *neuroaffirming approach* starts from the understanding that neurological differences are a natural part of human variation and not something that needs to be corrected, minimized, or made to fit dominant expectations. In practice, this means creating space for different ways of thinking, communicating, sensing, and engaging with the world, and responding in ways that support those differences rather than trying to change them.

In GBV contexts, neuroaffirming approaches often involve:

- recognizing and making space for diverse communication styles
- supporting sensory needs and regulation
- adapting communication and support processes to meet individual needs
- presuming competence and respecting autonomy
- valuing lived experience and self-advocacy
- reducing stigma and deficit-based narratives
- easing pressures to conform to neurotypical expectations
- celebrating different ways of being as valuable

Neurodiversity-informed perspectives have helped shift how these ideas are understood. Rather than framing neurological differences primarily as problems to be addressed, this work draws attention to how environments, expectations, and social norms shape whether differences are supported or marginalized.[35] What may be experienced as a "difficulty" in one context can reflect a mismatch between the individual and the environment, rather than something inherent to the person.

In GBV practice, this can involve a shift in how responses to violence are considered. It may involve revisiting assumptions about communication, disclosure, credibility, emotional expression, and participation in services.

The following section highlights several practical considerations that can support more neuroaffirming approaches within GBV services.

Supporting Neurodivergent Survivors in GBV Practice

Much of what we understand about supporting neurodivergent survivors comes from the work of neurodivergent advocates, scholars, and people sharing their lived experiences. Building on the barriers and system dynamics discussed above, this work points to several themes that can help make GBV services more accessible, responsive, and meaningful.[1, 2, 9, 21, 36] These insights offer practical ways to strengthen how support is provided.

Many of the values at the centre of trauma- and violence-informed (TVI) practice, such as safety, trust, choice, and collaboration, already align closely with neuroaffirming approaches.[20,37] At the same time, putting these values into practice in neuroaffirming ways may involve rethinking some common assumptions about communication, emotional expression, sensory environments, and how people participate in services.

TVI approaches often illuminate how experiences of violence shape emotional responses, memory, and sense of safety. A neuroaffirming lens adds another layer by recognizing that differences in communication, sensory processing, pacing, and information processing further shape how survivors express distress and engage with support. These differences often overlap with trauma responses, but they can also reflect enduring ways of processing and navigating the world.

Holding both perspectives together can support more nuanced responses to survivor needs, particularly in situations where experiences might otherwise be misunderstood or overlooked.

Disability justice perspectives offer a related and important perspective. Rooted in the leadership of Black, Brown, queer, disabled, neurodivergent, and racialized communities, disability justice centers care, interdependence, and collective access.[38-39]

Rather than locating difficulty within individuals, it draws attention to how ableism, environments, and social norms shape access to safety and support. In GBV contexts, this invites reflection on whose communication is understood, whose experiences are recognized, and whose needs are prioritized within systems of care.

Together, these perspectives point toward several practical considerations that can support more neuroaffirming approaches within GBV services.

Related Concept: Neuro-Inclusive Spaces

The idea of neuro-inclusivity is often used to describe environments that recognize and support different ways of thinking, communicating, sensing, and processing information. While this language is most often used in education and workplace contexts, the underlying ideas are relevant to GBV services.

At its core, neuro-inclusivity invites reflection on how environments, communication practices, expectations, and policies may unintentionally centre and privilege neurotypical norms. In many sectors, this has led to changes such as offering more flexibility in communication, adjusting sensory environments, and rethinking pacing and participation.

These same considerations can be applied in GBV contexts. Thinking about services through a neuro-inclusive lens can help identify small but meaningful adjustments that make spaces more accessible, responsive, and affirming for neurodivergent survivors.

For further reflection and practical guidance, see: Recommended Practices for Neuroinclusivity (Accessibility Institute, Carleton University), and Creating Sensory-Friendly Spaces (Autism Home Base), which provides concrete examples of how sensory-inclusive environments can be created in practice.

Communication and understanding

Being believed without needing to perform distress in expected ways

GBV services are grounded in the principle of believing survivors. Neurodivergent survivors may express distress in ways that do not always align with dominant expectations, for example through differences in emotional expression, narrative structure, pacing, or eye contact. Recognizing that trauma can be communicated in many different ways can help shift the focus toward what survivors are sharing, rather than how distress appears.

Clear, concrete communication

Using literal language, offering clear explanations of processes, and providing written and visual information can support understanding and reduce uncertainty for neurodivergent survivors navigating GBV services.

Recognizing diverse forms of communication

Communication can take many forms, including written, verbal, visual, or non-verbal expression. Treating all forms as equally valid can support a fuller understanding of survivors' experiences and needs.

Pacing and processing

Allowing time to process questions and respond

For some neurodivergent survivors, rapid questioning or pressure to disclose quickly can make it harder to communicate clearly. Allowing time to process and offering questions in different formats, and checking in about pace can support more accessible and meaningful conversations.

Reducing repeated retellings of traumatic experiences

Repeatedly recounting experiences across multiple services can increase distress and create opportunities for survivor narratives to be misunderstood or reframed. Where possible, coordinating communication and minimizing unnecessary retellings can help reduce this burden.




Creating supportive service environments

Flexibility in environments and expectations

Small adjustments to sensory environments, pacing, and communication approaches can make a meaningful difference in how safe and able to participate neurodivergent survivors feel within services.

Providing predictability and transparency

Clearly outlining what will happen next, who will be involved, what choices are available, and how survivors can participate can help reduce uncertainty and support engagement.

Centering survivor expertise

Presuming competence and avoiding pathologizing interpretations

Behaviours such as avoiding eye contact, moving during conversation, needing pauses, or communicating in highly detailed ways may reflect neurodivergent communication or regulation strategies rather than resistance or disengagement. Approaching these behaviours with curiosity rather than judgment can support more respectful and responsive interactions.

Respect for lived experience and self-knowledge

Neurodivergent survivors often emphasize the importance of being recognized as experts in their own experiences and needs.

Supporting self-identified needs and strategies

Many survivors have developed their own ways of communicating, regulating, or staying safe. Creating space for survivors to share what works for them can strengthen collaboration and support more responsive approaches.




Looking Ahead

The intersections between neurodivergence, disability, and GBV remain an evolving area of research and practice. What is becoming clearer is the importance of ongoing dialogue, particularly with neurodivergent survivors, alongside service providers, researchers, and advocates. This will continue to shape how responses to violence can become more inclusive and accessible.

Addressing violence against neurodivergent women and gender-diverse individuals requires attention to the social and structural conditions that shape safety and support, rather than focusing solely on individual traits or characteristics. This includes how systems interpret communication, how service environments are structured, and how ideas about credibility and care are defined and applied in practice. Building on the foundations of TVI practice while remaining attentive to insights from neurodivergent survivors and scholars offers an important path forward. These perspectives invite continued reflection and adaptation, with the goal of creating conditions where survivors are more likely to be understood, believed, and meaningfully supported.

Learn More

The following websites and organizations provide additional perspectives on neurodivergence, trauma, and supporting neurodivergent survivors.

Neurodivergent-Led Perspectives

Autistic Self Advocacy Network (ASAN)
autisticadvocacy.org

Autistic Women & Nonbinary Network (AWN)
awnnetwork.org

NeuroClastic
neuroclastic.com

Thinking Person's Guide to Autism
thinkingautismguide.com

AASPIRE (Academic Autistic Spectrum Partnership in Research and Education)
aaspire.org

Autistic Girls Network
autisticgirlsnetwork.org

Ask an Autistic (Neurowonderful)
YouTube playlist: https://www.youtube.com/playlist?list=PLAoYMFsyj_k1ApNj_QUkNgKC1R5F9bVHs

Agony Autie
YouTube channel: https://www.youtube.com/c/AgonyAutie/videos

Neurodivergence and Trauma

Neurodivergent Insights
neurodivergentinsights.com

National Autistic Society
autism.org.uk

Spectrum News
spectrumnews.org

Autism Canada
autismcanada.org

Neuroaffirming Practice Resources

Autism Level Up!
autismlevelup.com

The Therapist Neurodiversity Collective
therapistndc.org

Reframing Autism
reframingautism.org.au

Altogether Autism
https://www.altogetherautism.org.nz

AutismBC
autismbc.ca

Neurodivergent Rebel
neurodivergentrebel.com

ADDitude Magazine
additudemag.com

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Acknowledgements

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Suggested citation

Lopez, J. (2026). Neurodivergence and gender-based violence: Supporting neurodivergent survivors in GBV contexts. London, Ontario: Centre for Research & Education on Violence Against Women & Children. ISBN: 978-1-998746-18-7

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