

Differentiating High Masking Autism and Complex Trauma: A Self-Discovery Tool

Autism and [complex trauma](#) (CT) can present with overlapping traits and often co-occur, making it difficult to distinguish which features come from which experience. Autistic people are more likely to be exposed to traumatic situations and to [be affected by them](#), reflecting social-emotional sensitivity and cognitive-sensory overstimulation, not weakness.

The [Coventry Grid for Adults](#) (CGA), developed by clinicians in 2019 to differentiate autism and CT, is valuable despite being based on clinical experience, not research. I adapted it here into an accessible tool for adults for self-reflection. Unlike the original clinical tool, this version encourages curious, self-compassionate exploration. Note this process can be emotionally taxing or require support, especially with unresolved trauma. Take breaks, seek support, or stop if overwhelmed.

Diagnosing autism in adulthood is intricate, often complicated by overlapping traits with conditions like ADHD, OCD, anxiety, burnout, or trauma. Even as an autistic psychologist with extensive experience assessing adults, I've found that the more I do this work, the more complex it reveals itself to be. Consequently, while self-reflection is valuable, it cannot replace the expertise, objectivity, and comprehensive evaluation a qualified diagnostician offers. This resource is educational and affirming, but for specific concerns, consulting a professional is recommended.

This tool can support self-discovery; it isn't a standalone assessment instrument. Its diagnostic utility is entirely dependent on its integration into a comprehensive evaluation by an experienced clinician. Engage with this tool mindfully and prioritize your well-being throughout.

How to use this tool for self-reflection:

1. **As Guided Journaling:** For each point below, reflect on your experiences and take notes.
2. **Explore Both:** Autism and complex trauma often overlap. There's no need to 'pick a side' in the columns below. The aim is to identify what resonates from each experience.
3. **Consider Why:** For each point, reflect on why the experience might feel familiar. Does autism, complex trauma, or a mix of both best explain your internal experience?
4. **Be aware of confirmation bias:** a tendency to unintentionally seek or interpret information confirming existing beliefs. Our goal is open, curious exploration, not 'proving' an identity.

This tool organizes complex experiences into comparisons for the sake of clarity, but this kind of framework will always be reductionist. No list can capture the depth of a person. Traits described here are not definitive or mutually exclusive. Patterns exist, but individual variability is enormous. As the saying goes: "If you've met one autistic person, then you've met one autistic person." Neurodivergence is not a monolith; this guide is meant to support curiosity, not limit it.



1. Differences in Thinking and Behaviour

Autistic people and people who have experienced complex trauma may struggle with adapting their thoughts and actions to new or unpredictable situations (either of whom could also have significant [attachment difficulties](#)). Others may view this kind of behaviour as uncompromising or demanding.

1.1 Preference for Predictability and Consistency in Daily Life

| High-Masking Autism | Complex Trauma |
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| <p>a. Frequently tries to discuss topics they're passionate about. Frequently brings up or asks questions related solely to their interests.</p> | <p>i. Looks forward to new experiences but might find it challenging to handle the emotions they cause, such as difficulty dealing with feelings of excitement or disappointment.</p> |
| <p>b. Often uses or relies on specific, practiced social behaviours or verbal exchanges during greetings and small talk. May rehearse these phrases, saying them in a specific tone or manner. These phrases might have been learned from parents, therapists, media, researched online, or similar. May rely on "scripts" prepared beforehand. Behaviours may seem formal or out-of-place for the setting.</p> | <p>ii. Tries to keep friendships and relationships close, motivated by a worry that a change in how caring or affectionate someone is could mean they might leave or end the relationship.</p> |
| <p>c. Becomes anxious if expected routine is removed or changed. May try to impose their typical routine to cope (e.g., becoming distressed if daily habits/schedule or appointments are unavailable, may struggle while traveling or with house-guests or be reluctant/refuse to participate in unexpected change in plan or routine; might have difficulties shifting from a structured workweek to an unstructured weekend).</p> | <p>iii. Sudden alterations to plans, environments, or other people's moods may set off a fight/flight/freeze response or intense hyper-vigilance if unpredictability echoes earlier chaotic or unsafe experiences.</p> <p>Ask yourself "does my distress feel like danger, shame, or abandonment?" (trauma) vs. "does it feel like cognitive or sensory overstimulation?" (autism)</p> |
| <p>d. Enjoys and may try to repeat experiences, with day-to-day repetition becoming routine (e.g., becomes distressed if asked to sit somewhere else at work, for a meal, or when</p> | <p>iv. Relies on familiar places, routes, or situations that feel demonstrably safe. May prefer the same seat (often with back to a wall or near an exit), shops at the same store, or</p> |



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| relaxing; bothered if can't use their preferred mug, cutlery, towel, or similar). | keeps belongings arranged "just so" to preserve a sense of control and protect against perceived threat. This is more about maintaining safety/control (perhaps trauma-related), rather than managing sensory overload or straining executive functioning (perhaps autism-related). |
| e. Distressed when a routine cannot be completed as expected (e.g., when cannot follow their usual route because of road construction). | |
| f. Uses routines that may seem strict or inflexible; may feel frustrated, irritable, or overwhelmed when these are disrupted. Changes feel worse if they require unexpected socializing or being in an environment that aggravates sensory sensitivities. Examples: categorizing and organizing household items, may refuse to let others in household use certain items. Others may know not to surprise them with last minute changes. | |

1.2 Difficulties with Eating

| High-Masking Autism | Complex Trauma |
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| a. Limits what foods they eat based on criteria that others find unusual, most of which are based on sensory differences and desire for routine/sameness, such as texture of food, taste, shape, colour, or even the situation. Preferences may seem unusual, for example being okay eating chicken nuggets but not chicken, or only eating a certain brand of frozen food or similar. May become distressed if the packaging changes, and may worry that a | i. Avoids or becomes distressed by specific foods <u>if related to traumatic memories</u> (related to taste, texture, scent, association, and so on). |



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| store could someday stop selling their preferred brands. | |
| b. Discomfort or even fear of new foods, which may lead to a very limited range of foods eaten (related to sensory preferences, desire for sameness, etc.) | ii. May use binge eating or limit their food intake as a way to comfort themselves, or feel a sense of control, or to deal with difficult emotions. How often these behaviours are used can change depending on emotional state. |
| c. Prefers foods that are consistently and reliably the same, often standardized or processed foods, ordering the same items from the same restaurant and so on. | |
| (Note: disordered eating frequently co-occurs with autism but must be distinguished from sensory sensitivities. In the DSM5-TR, autism may also co-occur with avoidant restrictive food intake disorder (ARFID). There also seem to be links between trauma and disordered eating and they seem to be more likely to co-occur, though more research is needed here.) | |

1.3 Repetitive Use of Language

| High-Masking Autism | Complex Trauma |
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| <p>a. May sometimes repeat words or phrases they've heard, either right after hearing them or at a later time. This might include echoing someone they're speaking with, or using familiar lines from books, movies, or past conversations.</p> <p>Might use familiar phrases as a way to seek clarity or predictability in communication, feeling genuinely unsure how to interpret a situation (might also just ask directly).</p> | <p>i. May use or rely on familiar phrases in close relationships (e.g., "I can't bear this anymore") as a way to seek or elicit consistent reassuring responses or connection from others (e.g., to get a response like "I'm here for you").</p> <p>Many people with complex trauma experienced inconsistent or unsafe relationships. In this context, repeating familiar phrases can serve to check whether someone is still emotionally present and supportive. If past caregivers or partners only responded to overt distress, you may have learned to use specific phrases to elicit care or attention.</p> |



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| <p>b. May repeat certain words because their sound or the physical sensation of saying the word is enjoyable. This might not always be about sharing a specific message or emotion; it could simply be that the word's rhythm, tone, or the way it feels when spoken is comforting or satisfying.</p> | <p>ii. Communication may focus on seeking supportive or caring responses from others, even though receiving that caring response may not register as comfort or provide you with lasting relief. A person may still seek contact, yet due to trauma's effects, the caring responses may not be experienced as truly soothing.</p> |
| <p>c. May express ideas in formal, overly technical, or less commonly understood language. This might include terms or phrases that feel impersonal or unfamiliar to others, even when shared with positive intent and/or in a manner consistent with the context of the discussion.</p> | |

Reminder: Autism and trauma frequently co-occur; there's no pressure to only endorse one column or the other. Make notes on all points that feel true for you. Reflecting on past difficult situations can be uncomfortable. Take breaks, seek support, or stop as needed.

1.4 Unconventional Seeming Relationship with Possessions

| High-Masking Autism | Complex Trauma |
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| <p>a. Finds comfort or pleasure in creating collections of objects, which may be thoughtfully organized or arranged in a specific way (e.g., by category, colour, or alphabetical order). These collections can also be digital, particularly if significant time is put into their organization.</p> | <p>i. Enjoys showing certain possessions of theirs to others and appreciates receiving a response, including things like social approval or envy.</p> |
| <p>b. Has a collection (which may or may not align with social norms or seem "age appropriate") and is unlikely to seek external validation or approval for its existence or care.</p> | <p>ii. Relationships with possessions can be complicated or ambivalent; during moments of intense emotion, such as anger, there may be a tendency to deliberately damage or destroy items that hold emotional significance.</p> |



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| <p>c. Has a strong awareness of the location of cherished possessions and is likely to notice promptly if they are moved or rearranged.</p> | <p>iii. May hold onto items as a way of creating a sense of security, particularly if there have been past experiences of deprivation or loss. Keeping these belongings can provide comfort and a feeling of stability, even if their practical use isn't always clear.</p> |
| <p>d. Feels drawn to certain belongings because of their sensory qualities, such as texture, weight, or visual appeal (e.g., crystal glass figures). These items may provide a sense of comfort or enjoyment due to how they feel or look.</p> | |
| <p>e. Holds onto a wide range of items (or digital files), sometimes finding it challenging to distinguish between what might be considered useful or unnecessary.</p> | |

2. Intense Interests

Adults who are autistic or who have experienced complex trauma (or both) often have intense, focused interests. In childhood, this may have appeared in play preferences, such as organizing toys or finding imaginative play challenging. As adults, it often shows up in hobbies or how they navigate informal social situations.

2.1 Unique Approach to Hobbies or Interests

| High-Masking Autism | Complex Trauma |
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| <p>a. May have a preference for interests that are logical, structured, and predictable, such as various fields of science, certain games (e.g., Pokémon, MTG, etc.), collections, transportation systems, programming, and so on. Generally, these can be activities that provide a sense of order, focus, and</p> | <p>i. Interests are often tied to specific group identities or subcultures, such as music scenes or tattoos. Shifts in these interests may reflect an evolving or fluid sense of identity, with changes sometimes occurring suddenly as part of exploring or redefining oneself.</p> |



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| enjoyment through their clear patterns and systems. | |
| b. Some autistic individuals have a cognitive style that favours deep focus in a topic, on related specific details and structured information. This may lead to an interest in collecting facts, patterns, or statistics about a topic. However, engagement with the broader context varies; some people may prefer only interacting with detailed data related to a subject, while others have a deep understanding of conceptual aspects as well (e.g., knows football scores but does not show a strong interest in the match). | ii. Intense interests are often deeply connected to personal experiences, emotionally significant events, or relationships, whether positive or negative. These interests can serve as a way to process, connect with, or make sense of meaningful moments in life. |

2.2 Social Interaction Related to Interests

| High-Masking Autism | Complex Trauma |
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| a. Prefers to pursue interests alone, or only alongside others, in a parallel fashion. | i. Quickly forms friendships or sense of belonging with people who share similar interest, even if those interests are relatively superficial. |
| b. When interests are engaged in within a group setting, this tends to be in settings with clear social rules that may have been taught, such as going out for a meal, or playing board games. Generally, autistic people tend to find structured socializing easier to navigate than unstructured socializing (e.g., meetings or classes versus a holiday party for work). | ii. Shapes a sense of self by adopting the interests or traits of someone they idealize or admire. This can be a way of exploring identity or striving toward a version of oneself that feels aspirational or meaningful, especially if trying to acquire or make up for developmental experiences that were missed during youth. |
| c. Even when interests are shared with others, the focus may be on sharing one's own | |



knowledge or perspective rather than seeking out or incorporating others' opinions.

Might be sharing one's own detailed understanding in an attempt to be helpful (e.g., correcting the other person's mistaken understanding or sub-optimal approach) or to demonstrate empathy/understanding, though this kind of behaviour can be misinterpreted as self-absorbed or condescending. May not think to (or not be aware) that asking reciprocal questions is expected by non-autistic people.

3. Social Interaction and Communication

Both autistic individuals and those with complex trauma often share similarities in social interaction and communication. This can include a more self-focused style of relating to others and challenges in recognizing the nuanced shifts in social dynamics that help build and maintain diverse relationships, or shifts that represent subtle cues that non-autistic people may interpret intuitively.

3.1 Differences in Social Interaction

| High-Masking Autism | Complex Trauma |
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| a. Has difficulty noticing what others might need or be subtly indicating to them during social interactions; may find it challenging to tune into the natural give-and-take of conversation (e.g., taking turns speaking or responding to social cues). | i. Highly attentive and sensitive to the tone, volume, or body language of others; may feel especially alert or concerned about signs of emotional rejection or criticism, even if unintended. This kind of hyper-vigilance is typically rooted in fear based on past difficult, abusive, or chaotic experiences, monitoring one's surroundings very carefully to either avoid or mitigate the chances of similar events happening again in the future. |
| b. Typically does not intentionally influence others' emotions (except in moments of | ii. Usually feels comfortable starting conversations, though this may become more |



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| <p>frustration or anger), which may lead to outbursts. There is often little effort to seek approval or ingratiate oneself with others. Interactions tend to be straightforward and genuine.</p> | <p>challenging when feeling emotionally overwhelmed or upset.</p> |
| <p>c. May not vary eye contact based on one's own emotional state, though may still vary it at times (e.g., when putting effort into making eye contact as part of masking).</p> <p>Autistic people often interpret and use (or avoid) social cues, such as eye contact, in a deliberate or analytical manner where as many non-autistic people use them intuitively, reflecting or reacting to moment-to-moment internal feelings.</p> | <p>iii. Use of eye contact may vary depending on emotional comfort or stress levels, becoming easier or harder based on how one feels in the moment.</p> <p>Trauma can affect emotional regulation and social engagement, making eye contact feel unsafe or overwhelming during stress. Comfort with eye contact may also fluctuate based on feelings of safety in the moment, which a history of abuse or intimidation etc could affect.</p> |
| <p>d. Often approaches social interactions with a logical or systematic mindset, such as relying on a learned or rote understanding of body language or social cues.</p> <p>Autistic people often think in a bottom-up manner, observing and collecting many details, including researching social behaviour in this case. Then we try to analyze that information to figure out patterns or rules, to develop systems or strategies to help us know what behaviours mean and how we're expected to act.</p> | <p>iv. People-pleasing response: May work hard to keep others comfortable (e.g., quickly apologising, mirroring opinions, offering compliments, or down-playing personal needs) to head off conflict or rejection. The goal is safety, not manipulation; it's a reflex learned from past situations where harmony = protection.</p> <p>People-pleasing can develop when, in early life, expressing needs or emotions led to punishment, rejection, or emotional distance. Over time, harmony and compliance may come to feel like the only path to safety or connection. People-pleasing isn't always trauma-based, as it can also come from social anxiety, cultural norms, or personality. It may reflect complex trauma when it feels compulsive, fear-driven, or comes at the cost of one's own identity.</p> |
| <p>e. Likely to assume others have the context to promptly understand any topic you bring up, even when they don't (i.e., differences in</p> | |



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| <p>“theory of mind”). Often does not start conversations by addressing the person/context but starts with the subject matter, for example, instead of greeting a coworker in the morning, you might just ask them the work question you’ve been thinking about.</p> <p>Many autistic people can understand other people’s perspectives when they’re different from their own, but <u>we tend to unconsciously assume</u> that other people are experiencing the world the similarly to how we are.</p> | |
| <p>f. Being physically nearby other people might be unrelated to desire to interact socially (i.e., close proximity may not signal intimacy or desire for contact).</p> <p>Autistic people sometimes interpret social signals differently (or miss the cues) and also use their own signals to mean one thing but a non-autistic person might interpret it another way.</p> | |

Reminder: take breaks when needed. This is a lot to process in one sitting.

| 3.2 Interacting in a Group Setting | |
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| High-Masking Autism | Complex Trauma |
| <p>a. May not recognize or be aware of the social expectations around sharing, such as taking turns in conversation or balancing talking time in group settings.</p> | <p>i. Feels anxiety that other members of the group they’re in or part of are not safe.</p> |



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| <p>b. Social interactions may be fairly one-sided at times, with a focus on sharing one’s own thoughts or interests rather than engaging in a balanced exchange. This can reflect a genuine enthusiasm for the connection, even if the dynamic isn’t always reciprocal.</p> | <p>ii. Hyper-alert to any indications of threat from others, and often seen by others to “over-react” to these. This could include behaving in a hostile way, withdrawing, or making special efforts to ingratiate self with others or get on their “good side.”</p> |
| <p>c. May laugh along with jokes or humour but does not grasp why they are funny, or may laugh at moments that others find unexpected or at the “wrong” moment. Often misses subtle or nuanced aspects of humor, such as wordplay or contextual cues.</p> | <p>iii. Patterns in social relationships often reflect efforts to meet emotional needs, whether through trying to please others or maintaining a sense of distance.</p> <p>These kinds of dynamics can originate in a desire for connection, safety, or self-protection, depending on past experiences and comfort levels.</p> |
| <p>d. Feels more comfortable and manages better in social interactions that are more highly structured, such as appointments or formal settings. The clear expectations and predictability of these situations can make them easier to navigate compared to more open-ended or spontaneous interactions.</p> | <p>iv. May consciously or unconsciously place others, such as professionals, into roles that mirror past relationship dynamics. This can reflect a way of relating that feels familiar, even if it doesn’t fully align with the current context or the other person’s actual role.</p> |
| <p>e. Finds it challenging to keep pace with fast-paced or subtle social cues, such as sarcasm, flirting, tone shifts, or body language.</p> <p>These kinds of rapid and nuanced behaviours can be harder to interpret in the moment, making such interactions feel more complex or overwhelming.</p> | <p>v. Initiates interactions that repeatedly allows you to act in familiar roles, such as a “victim” or “bully,” based on past experiences.</p> <p>It can take a lot of humility to acknowledge a pattern like this in one’s self, but due to trauma, people sometimes act this way because it can create a sense of predictability or continuity, even if it reinforces patterns that may not be helpful in the long term. While trauma represents a wound from something that happened to us, years later we may still “repeat what we don’t repair.”</p> |



3.3 Potential Difficulties in Intimate Relationships

| High-Masking Autism | Complex Trauma |
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| <p>a. May have difficulty understanding what makes others feel loved and appreciated (e.g., may only buy practical presents). Many autistic people resonate with the “neurodivergent love languages” more than the standard love languages.</p> | <p>i. Experiences a pattern of seeking out closeness or attachment with others, only to later withdraw or reject those same connections.</p> <p>This can reflect a complex interplay between a desire for intimacy and a need for self-protection or emotional safety, often causing understandable though sometimes disproportionate reactions.</p> |
| <p>b. May find it challenging to navigate the unspoken rules of relationships, sometimes becoming deeply focused on others without realizing or considering whether the feelings are mutual.</p> | <p>ii. Has the expectation that others are likely to be harsh, abusive, or punitive (i.e., aiming to punish you), even in the absence of evidence.</p> <p>This can create a sense of wariness or defensiveness in relationships, or shutting down or withdrawing. More likely to perceive that someone is upset with you when they are not; may view neutral signals as personal and negative. Example: “even though he said he’s just tired, I think he’s actually annoyed with me and doesn’t want to see me. What have I done wrong?”</p> |
| | <p>iii. Often feels highly attuned to real or potential threats or risks within relationships, with a heightened sensitivity to the possibility of abandonment, especially in close or intimate connections. This can create a sense of vigilance or caution, even in stable or supportive dynamics.</p> |



4. Mentalizing/Theory of Mind

Autistic individuals and those with complex trauma may find it challenging to mentalize or understand others' perspectives (i.e., theory of mind differences). This can include differences recognizing that others' thoughts, feelings, or intentions may differ from their own, as well as interpreting social cues or unspoken intentions. Autistic people tend to unconsciously assume others are experiencing the world similarly to how we are, but if deliberately cued (internally or externally), we can usually achieve effective perspective taking, especially if we can ask questions and analyze the situation.

4.1 Appreciating Others' Thoughts and Perspectives

| High-Masking Autism | Complex Trauma |
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| a. Less likely to consider or incorporate the perspective/views of others in their own thinking, planning, actions, or in conversation. | i. Makes efforts to feel safe by influencing social interactions and trying to evoke desired emotional responses in others. This may be perceived as controlling. |
| b. Often uses logical reasoning or established rules (established through analysis, observation, study, etc.) to understand others' intentions and behaviours. | ii. Often prioritizes agreement or seeks to please others (to "ingratiate yourself") as a way to create a sense of safety or security in relationships. |
| c. Often fails to take into account how others will feel when making decisions about one's own behaviours. | iii. Often deeply curious about others' thoughts and perspectives, though early experiences or deeply held beliefs (i.e., "schemas") may make it difficult to interpret their intentions or actions accurately, even when they are positive or caring. You may feel suspicious when receiving loving or caring behaviours from others. Example beliefs: <ul style="list-style-type: none">• "I am unlovable"• "Other people are unsafe"• "Getting emotionally close with someone is unsafe" |
| d. Fails to acknowledge or offer comfort when someone has been hurt or needs comforting. This may happen because you fail to notice they're hurt or need comfort, you're | |



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| <p>unsure of what to say or do, you're unsure what form of comfort is appropriate in the present situation or given your relationship with the person, you want to help but are burned out, you're overwhelmed or overstimulated, you're shutdown, and so on. "Wanting to help" is separate from knowing how, and from actually taking action. This question is asking about taking action.</p> | |
| <p>e. Very frequently reflects on past interactions, carefully analyzing them through a logical lens to make sense of what happened. May get preoccupied doing this kind of thinking at times, and it's part of what makes autistic people often "process slowly" regarding social and emotional experience.</p> | |

4.2 Difficulty Recognizing How Others Perceive Them

| High-Masking Autism | Complex Trauma |
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| <p>a. May approach personal responsibility taking with "unusual" or unconventional logic, or may struggle to notice a moment where others are expecting them to take responsibility or apologize. For example, a person may have difficulty in acknowledging unintentional mistakes or their impact (or a mistake that wasn't their fault), not out of avoidance but due to a different perspective on the situation.</p> | <p>i. After complex trauma, it can be hard to see how others experience you. Sometimes, that shows up as blaming others for things that went wrong. Taking responsibility can feel dangerous when it's tied to shame, rejection, or past punishment. Blaming others can be a way to protect against those feelings. In moments of stress, a person might lash out to avoid being blamed. In more shut-down states, it may be hard to remember what really happened or see our own role clearly.</p> <p>Understanding these patterns is a step toward healing and building safer ways to relate.</p> |



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| <p>b. You may have difficulty recognizing how others perceive or think of you. This may also include a lack of awareness of how your actions or struggles are thought of from an outside perspective.</p> | <p>ii. May attempt to influence how others perceive them by sharing information in a way that aligns with social expectations, potentially emphasizing or exaggerating certain details.</p> <p>This is another point that can require some humility to identify; if we're acting this way it's due to trauma and is a form of self-protection that we might not be using consciously.</p> |
| <p>c. May not recognize the expectation/importance of social conventions in shaping how others perceive them. For example, they might respond to situations by being "too honest," perhaps accidentally causing offense (e.g., when a friend gets a haircut and asks what you think, telling them that it doesn't suit them).</p> | |

4.3 Challenges Distinguishing between Fact and Fiction, Blurring of Boundaries

| High-Masking Autism | Complex Trauma |
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| <p>a. Unskilled at (or unwilling) to fabricate, be dishonest, or use "white lies." Apparent misrepresentations still may occur due to differences in understanding, communicating multiple perspectives, and so on.</p> | <p>i. May struggle to assess whether the likelihood of a perceived threat occurring is realistic. May respond to all threats, even minor or unlikely ones, as if they need to be defended against.</p> |
| <p>b. May form deep emotional bonds with objects or fictional characters. These connections may feel safer and more predictable than relationships with real people, especially if past social experiences were confusing or painful. This isn't about confusing fiction with reality; it's a way of</p> | <p>ii. May sometimes tell stories that seem confusing or inconsistent. This isn't about lying; it can be due to how trauma affects memory and awareness. For example, they might lose track of time during a dissociative episode, have gaps or shifts in memory, or be so overwhelmed by fear or shame that they leave things out or say</p> |



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| <p>finding real comfort and connection. It's fairly common for autistic people to have high emotional (affective) empathy, which can make these bonds feel especially strong.</p> | <p>something that protects them in the moment. These kinds of distortions come from survival responses, not from an intent to deceive or cause harm.</p> |
| <p>c. May experience a vivid and immersive inner world, where imagined scenarios, daydreams, or fictional universes feel emotionally powerful and deeply engaging. While understanding these aren't "real," the emotional impact of these internal experiences may be fairly strong.</p> <p>These inner worlds may serve as a space for exploration, expression, and even regulation, especially when real-world social or sensory environments feel unpredictable or overwhelming.</p> | <p>iii. Past trauma can make internal feelings (like fear or shame) so overwhelming that they can start to feel like undeniable facts in situations outside of what caused the trauma. This can make it hard to tell the difference between what's felt inside and what's actually happening in the present (sometimes years after the traumatic situation), leading to a strong belief that "because I feel so unsafe right now, this person <i>must</i> be a threat," even if there's no clear outward proof.</p> <p>This point is challenging because trauma can sharpen a person's ability to pick up on legitimate and subtle cues that something isn't right. But it can also lead to emotional reasoning, where strong feelings are mistaken for facts. Part of healing involves learning to sort out when a feeling of threat is a helpful signal, and when it might be a leftover imprint of past danger. This can require humility, as we may feel reluctant to examine or acknowledge when this has happened, but many people (myself included) have acted this way, hurting or withdrawing from safe relationships. Being willing to notice these patterns is a powerful step toward healing and rebuilding trust with ourselves and others.</p> <p>Conversely, significant trauma can distort threat perception in other ways. A person might underestimate or normalize unhealthy situations in the present if they seem less severe than past traumatic experiences. Alternatively, trauma can cause such deep self-doubt that a person questions their own judgment, struggling to trust their instincts even when they correctly identify a genuine present danger.</p> |



5. Emotional Regulation

Autistic individuals and those with complex trauma often face challenges in managing/regulating their emotions. What is sometimes described as a “meltdown” in autism can closely resemble the intense emotional experiences sometimes seen in complex trauma. Both reflect a deep overwhelm, where emotions become difficult to process or contain, though their origins differ substantially.

5.1 Managing Your Own Emotions

| High-Masking Autism | Complex Trauma |
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| <p>a. Mood changes, especially frequent or sudden shifts (i.e., affective instability), may not be driven primarily by aspects of relationships. However, certain relationship factors (such as changes in another person’s behaviour) can still contribute to these shifts.</p> <p>Autistic people are often emotionally sensitive (and can be affected by relationships), though our emotions may be significantly impacted by things like unpleasant sensory experiences or overstimulation, disrupted routines, unexpected change, interruptions, and so on.</p> | <p>i. At times, you may respond to other people with intense emotions that can shift quickly. For example: love, distress, or anger.</p> <p>This sort of experience is common for people who experienced complex trauma, though it may be hard or uncomfortable to self-identify. Trauma can cause difficulties in emotional regulation; hypervigilance and differences in threat detection; differences in one’s fight, flight, freeze, or fawn responses; difficulties with clear identity or health self-worth; and emotional flashbacks: “the situation happening today is making me feel how I felt back in the past when the original difficult experiences happened,” like an unpleasant form of emotional time-travel.</p> |
| <p>b. May describe feelings and experiences without using typical emotional terms, often relying on metaphors, personal definitions, or connections to special interests. This can be partly due to alexithymia (difficulty identifying/describing emotions), which affects about half of autistic people. However, even without alexithymia, many find it more accurate or comfortable to use these alternative methods, reflecting inherent differences in how we process, understand,</p> | <p>ii. May experience intense emotional reactions or connections with others, even in relationships that are relatively new or brief.</p> |



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| and communicate internal states. | |
| | <p>iii. Tends to form personal or intimate connections quickly, often experiencing rapid shifts or changes in the depth or direction of those relationships.</p> <p>This can look/feel like “higher highs and lower lows” in a relationship overall (not your moment-to-moment mood), with changes happening on a fairly short timeline: days, weeks, or a few months, rather than years. For example, someone might form a deep emotional bond very quickly (e.g., within weeks) and then just as quickly feel a shift in their feelings or the dynamics of the relationship.</p> |
| | <p>iv. One’s emotional shifts or fluctuations, especially frequent or sudden shifts (i.e., affective instability), often arise in response to social situations or changes in relationships.</p> <p>Since complex trauma is almost always relational in nature (e.g., abuse, neglect, betrayal by caregivers), a person’s emotions may feel more affected/triggered by interpersonal situations, depending on the perceived level of rejection or support. With C-PTSD, emotional fluctuations are often driven by attachment wounds, emotional dysregulation, and hypersensitivity to rejection. Fear of abandonment, emotional flashbacks, and shame-based thinking can cause intense mood swings, leading to cycles of seeking closeness and pushing people away.</p> |



5.2 Differences in Appreciating Others' Emotions

| High-Masking Autism | Complex Trauma |
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| <p>a. Social relationships and interactions are often explained and approached logically or analytically, sometimes through the lens of a specific interest. For example, an interest in crime or politics might be used to explore how people influence each other's behaviours, providing a structured way to understand interpersonal dynamics.</p> <p>The autistic cognitive style includes analytical thinking, and a sort of "lossless" bottom-up reasoning involving all details, often with an aim to try and systematize in some manner. This reflects a preference for pattern recognition, a need for predictability, and an alternative way of navigating social interactions when intuitive social cues feel ambiguous or unreliable.</p> | <p>i. Highly attuned/sensitive to changes in others' emotions, with a tendency to perceive these as meaningful to themselves. There may be heightened awareness (i.e., hypervigilance) of specific emotions, such as anger, distress, or approval, with frequent notice or mention of these states.</p> <p>This is motivated by safety; it's one way to try and monitor for and mitigate risk.</p> |

5.3 Different Mood Patterns

| High-Masking Autism | Complex Trauma |
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| <p>a. Sudden changes in mood can occur in response to external factors, such as changes in the environment, disrupted routines, misunderstandings in communication, or unwanted sensory input.</p> | <p>i. Sudden mood changes may relate to internal states or experiences, such as from triggering memories or feelings of past trauma, flashbacks, and perceived emotional demands or feeling overwhelmed.</p> |
| <p>b. Sudden mood changes can arise in situations where a perceived injustice occurs, particularly when deeply held personal values</p> | <p>ii. Sudden mood changes can arise in response to a perceived injustice primarily when a person is feeling personally slighted, attacked, targeted or victimised. While it's natural for anyone to</p> |



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| <p>or principles seem to have been compromised.</p> <p>This point can refer to how autistic people can have some difficulty with “black and white” thinking, which can feel like very clear thinking and lead to strong convictions about fairness, justice, or personal values. This kind of thinking can make perceived injustices feel particularly stark and emotionally impactful. High emotional (i.e., affective) empathy can contribute to this kind of mood change or concern for justice.</p> | <p>experience an emotional shift in such situations, a response heightened by complex trauma often distinguishes itself through its disproportionate intensity, prolonged duration, pervasive impact on other areas of life, and a strong sense of re-experiencing past emotional states rather than just reacting to the present event. It’s as if the current slight or injustice directly connects to, and re-activates, a much larger accumulation of past pain, fear, shame, or rage from earlier experiences.</p> |
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5.4 Inclined to Sudden and High Levels of Anxiety

| High-Masking Autism | Complex Trauma |
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| <p>a. Likely to feel significant amounts of anxiety related to changes in routines or to the sudden introduction of unexpected or novel experiences.</p> | <p>i. May feel intense anxiety when there is a sense that important emotional or relational needs (such as comfort, attention, or feeling understood or kept in mind) are not being met. This may lead to feelings of self-doubt or worry that others are indifferent or uncaring toward you.</p> |

6. Executive Functioning

Differences in executive functioning have been observed in autistic people and people with CT.

6.1 Unusual Memory

| High-Masking Autism | Complex Trauma |
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| <p>a. Memory may vary depending on interest level, with a tendency to recall details or experiences related to highly engaging</p> | <p>i. May have a strong focus on specific past personal events, with a tendency to revisit or dwell on them.</p> |



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| <p>topics more easily than those which are not.</p> | <p>May also find it challenging to connect these events to their past trauma or feelings of injustice.</p> <p>This can occur because trauma can fragment memory and sometimes cause dissociation, making it difficult to connect past experiences with present emotional reactions. May fixate on certain events due to unresolved distress while lacking full awareness of their deeper roots in past trauma.</p> |
| <p>b. May have exceptional long-term memory, particularly for areas of special interest, allowing them to recall extensive details. This detailed information is typically shared with consistent thoroughness across different contexts and audiences; for instance, they might provide the same in-depth account to an expert as to a casual acquaintance, sometimes offering comprehensive details when a brief answer would be more conventional or without tailoring the information to the listener's prior knowledge or engagement level.</p> | <p>ii. Recall of events may fluctuate, appear confused or change according to the audience.</p> <p>Trauma can affect memory consolidation, leading to fragmented, inconsistent, or shifting recall. Stress, emotional state, or perceived safety with different audiences can influence how memories are accessed and expressed.</p> |
| <p>c. Autobiographical memory (the ability to recall personal experiences or life events) may feel less detailed or accessible, with some challenges in connecting to or retrieving these memories over time.</p> | <p>iii. Memories of negative experiences may sometimes feel fragmented or selective, with certain details standing out more prominently than others. This can be a defense mechanism to manage overwhelming emotions or due to dissociative disruptions in memory processing.</p> |

6.2 Differences in Time Perception

| High-Masking Autism | Complex Trauma |
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| <p>a. May have a strong preference for precise times and/or external timekeeping tools, such as watches, alarms, or calendars.</p> | <p>i. Time has an emotional significance for the person (e.g., waiting a long time for someone to</p> |



Guessing or estimating the passage of time without these supports may feel challenging or unreliable.

Autistic people often experience differences in interoception (i.e., sensory information about the internal state of one's body), and time perception is related to that. Our preferences for predictability, sameness, and precision (and our executive functioning differences) can contribute to use of alarms and organizational systems too.

arrive may be quickly associated with a feeling of emotional neglect and rejection).

6.3 Differences in Information Processing

High-Masking Autism

a. Inclined to thoroughly examine all aspects of a situation, often making it difficult to distinguish between relevant and less relevant details when piecing together how events unfolded. As a result, recounting experiences or life history may include extensive details and tangents, sometimes lacking a clear or linear narrative structure.

This reflects a thoughtful and comprehensive approach to processing information, even if it can feel overwhelming or hard to streamline. It relates to executive functioning differences and also the kind of bottom-up thinking autistic people often use.

Complex Trauma

i. There is often a significant “emotional bias” through which situations are perceived, which can shape how details are remembered or shared. This may lead to a focus on elements that carry particular emotional weight, while other aspects of the situation might be less prominent or overlooked.

