SPACE: A framework for supporting Neurodivergent clients in domestic abuse perpetrator interventions. (Adapted from Doherty, M., McCowan, S. and Shaw, S.C., 2023. Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings. *British Journal of Hospital Medicine*, *84*(4), pp.1-9.)

| NEED | DESCRIPTION | DEVELOPING NEUROINCLUSIVE DAP INTERVENTIONS |
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| SENSORY | Sensory sensitivities are common amongst Autistic and/or ADHD people. These relate to five external senses: sight, sound, smell, taste, touch, temperature, and three internal senses; proprioception, vestibular and interoception, plus pain awareness and the sensations and physiological experiences of emotions. Sensory stimuli can disrupt and distract attention. Sensory overload(s) can lead to communication difficulties and distress, and nervous system dysregulation resulting in meltdown and shutdown. Such responses and how this presents can lead to distress being misconstrued as 'challenging behaviour'.<br><br>Sensory issues may make attending interventions totally inaccessible. Further, a Neurodivergent client will not be able to engage (i.e. with assessments, learning) in circumstances where sensory overload is being experienced and nothing therapeutic can happen during such events. While there can be obvious signs of sensory discomfort, this may not be easily recognised by practitioners as many Neurodivergent people have learned to mask this, often automatically and unconsciously. | Creating sensory friendly environments as routine is therefore helpful (and benefits everyone). This can include:<br>• Provide quiet/break out spaces to regulate<br>• Create low arousal environments (light, sounds) (see section 5.1)<br>• Maintain room temperature (e.g., not too hot, cold)<br>• Embed regular comfort/movement breaks into intervention sessions (see section 5.1b)<br>• Be aware of signs of sensory discomfort, including what it looks like when someone shuts down/experiences meltdown and what to do (e.g., remove sensory traffic such closing windows, flickering lights, ticking clocks) (see sections 5.4d, e)<br>• Encourage stimming and sensory soothing activities to support regulation<br>• Undertake individual assessments regarding sensory sensitivities and adjustments during intake that help the client to self-regulate (see section 5.2). |
| PREDICTABILITY | Unfamiliar and unpredictable environments and processes can be a source of increased and/or extreme anxiety, particularly if changes are made at short notice. Predictability and routine can reduce anxiety. Many Autistic and/or ADHD individuals develop routines as a coping strategy for managing an unpredictable and/or chaotic world. It is | Neurodivergent clients will be able to access interventions and engage more effectively with the requirements of an intervention if:<br>• they are provided with clarity and structure around processes in relation to attending appointments, |

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| | important to understand/be aware of individual coping strategies.<br><br>There are several domains that are relevant in respect of considering predictability in the context of domestic abuse, interventions and Neurodivergence. These include:<br><br>• Programme/intervention access<br>• Programme/intervention engagement.<br>• Coping strategies within the home<br><br>For instance, Neurodivergent clients:<br><br>• may struggle with timeliness; arriving too early or arriving late due to challenges with executive function – or arriving exactly on time and feeling agitated and disengaged if interventions do not run to time.<br>• may find transitions (between spaces and also between people and between activities) challenging and need some extra processing time to adjust.<br>• may also have developed coping strategies for maintaining predictability in the home environment, which may be coercive and/or be experienced in that way by their partner/children. However, Neurodivergent individuals are not entitled to regulate their needs through abuse, coercion and/or control of their partner. | interventions and the roles and expectations of everyone involved during these interactions (see sections 5.1, 5.2, 5.4a).<br><br>• where possible, it is also important to maintain consistency in staff as sudden changes can be disruptive and stressful. If there is a change, clients need to be provided with as much advance notice as possible before the session (see section 5.4b).<br>• If the client prefers to use the same room/chair/cup it can be good to facilitate this where feasible. Familiar objects and environments may help build safety.<br>• Assessment for individual requirements/adjustments is undertaken during the induction phase (see section 5.2)<br><br>It is important to understand how coping strategies intended to provide predictability present within the home, and how this intersects with domestic abuse and the impact on the victim survivor. Practitioners should:<br><br>• Explore how regulation and dysregulation manifests within the home<br>• Identify what strategies have been adopted to minimise anxiety and provide predictability, and the impact (e.g., expectations placed) on the victim survivor<br>• Engage with the victim-survivorsafety worker, to explore whether their views and experiences reflect those of the person using violence |

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| | | • Support clients to recognise abusive coping strategies, regardless of their motive/intent<br>• Support clients to develop and take responsibility for developing non-abusive coping strategies to manage anxiety and provide predictability to ensure they can navigate disabling environments (see section 5.5 for all of the above). |
| ACCEPTANCE | It is important not just to have awareness, but to be accepting of Neurodivergence and the different ways that Autistic and/or ADHD people experience, process, move in, and communicate with the world around them. For example, some Autistic people may stim for joy, hyper-focus on a specific topic and ask repetitive questions for more context. Someone with ADHD may engage in repetitive movements (foot tapping, tapping a desk), struggle with time keeping (time blindness), or need support to keep focussed on or transition between a tasks.<br><br>A neurodiversity-affirmative approach recognises and values people's inherent differences and reduces harmful and stigmatising stereotypes. No two Neurodivergent individuals are the same, and each person will have their own unique profile and characteristics which should be respected.<br><br>The double empathy problem is relevant here. The burden of being accepted is overwhelmingly placed on Neurodivergent people who disproportionately take on the labour of interactions. If they do not feel like they will be | Practitioners should not assume that a Neurodivergent person is experiencing interaction or the sensory environment in the same way or judge their presentation/engagement based on neurotypical ways of communicating.<br><br>Laying the foundations for respect, non-judgement and accepting difference is an important step in interventions settings.<br><br>Practitioners should:<br>• Read about the double empathy problem (see section 2.3.4)<br>• Check and suspend their own biases during interactions and/or making/writing assessments<br>• Provide explicit permission for clients to move their bodies, regulate as and when they need to<br>• Prepare and embed a neurodiversity inclusive statement during intervention orientation (see section 5.4a)<br>• Explore and prepare for potential competing needs, |

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| | accepted, this can result in masking (e.g., discomfort, movement, communication preferences), which is cognitively demanding and can lead to anxiety, depression and even suicidality[34].<br><br>Feeling accepted is important for:<br>• Building a therapeutic or working alliance: feeling accepted can foster a relationship of trust.<br>• Managing group (especially mixed neurotype) dynamics: Neurodivergent people could be subject to ridicule, the object of anger, or misunderstood.<br>• Impact on judgements/assessments re engagement. | particularly in group interventions (see section 5.4f) |
| COMMUNICATION | Neurodivergent people may have different preferences and styles of communication, which can often be subject to misinterpretations.<br><br>Preferences for method of communication can vary and some Neurodivergent people may struggle to talk over the telephone and/or may prefer written communication.<br><br>Verbal communication, including articulating present state or needs, can be impacted by sensory overload. Some individuals with ADHD may struggle with reciprocal discussion (turn taking), which can (often unintentionally) lead to dominating a discussion. In an intervention context, groupwork or otherwise, a Neurodivergent person may | Clear communication is key. Practitioners can:<br>• Avoid hints, idioms, metaphors or vague information (see section 5.4c).<br>• Be prepared to provide some context and/or be asked for more information.<br>• Avoid stacked or nested questions (see section 5.4c)<br>• Allow processing time to answer questions (see section 5.4c)<br>• Be clear on interaction boundaries (i.e. when and how to contribute). This can be included in a neurodiversity statement, outlining expectations prior |

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| | respond by remaining quiet and/or interjecting with repetitive questions. This might be misinterpreted as someone not engaging and/or being disruptive.<br><br>Conversely, difficulties in understanding social cues and when to participate in a conversation may lead to overwhelm and/or zoning out.<br><br>Neurodivergent people may also engage in atypical nonverbal communication. Gaze, eye contact, gestures and posture can show up in different ways (e.g., not making eye contact, fixed gaze). Misunderstandings about such presentations can lead to misinterpreting and judgements. Situational mutism is also common amongst Neurodivergent people which is an involuntary response to overwhelm and includes a temporary loss of speaking ability due to dysregulation.<br><br>Assessments can be hindered and appointments missed if a Neurodivergent individuals' communication needs and preferences are not met.<br><br>Nonverbal communication differences (such as not maintaining eye contact, repetitive movements or a fixed gaze) may also be taken as not being engaged or even as disrespectful or intimidating. | to commencing interventions (see section 5.4a)<br><br>• Providing opportunities for people to communicate non-verbally is also helpful, for instance through the use of pen and paper, mini whiteboards, etc. (see section 5.4c) and can support Neurodivergent people experiencing situational mutism. |
| EMPATHY | Autistic people have historically been perceived as lacking empathy; this is both harmful and ill conceived. Empathy can be experienced and expressed differently.<br>Many Autistic people are, in fact, hyper-empathetic and this | Understanding differences in experiencing and expressing the thoughts and feelings of others, and what this looks like in practice, is important. Practitioners can: |

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| | can lead to emotional distress and burnout. Burnout can lead to decreased empathy for everyone.<br><br>Similarly, ADHD individuals can be portrayed as lacking empathy because of, for example, differences in active listening skills, turn taking, hyperfocus, and how emotional dysregulation appears.<br><br>Damien Milton (2012) challenges this misconception through the double empathy problem, demonstrating that a bi-directional, mutual misunderstanding occurs between Autistic and non-Autistic people. This is also evidenced in other cross neurotype interactions, including ADHDers and non-ADHDers[35] In other words, it is a 'double empathy problem'.<br><br>Understanding and having empathy for how people feel and present is important in the context of interventions, because:<br>• Building a therapeutic alliance is reliant on understanding the person sat in front of us.<br>• Group work discussions can be highly charged and emotive.<br>• Hypo/hypersensitivity to emotions can present in different ways (i.e. shutdown or meltdown).<br>• Practitioners may struggle to empathise with Neurodivergent clients due to a lack of training regarding neurodiversity and Neurodivergence. | • Engage in ongoing training regarding neurodiversity and Neurodivergence<br>• Read about the double empathy problem (see Part 2, Milton's research, and resources in this Guide)<br>• Be curious about how the client is feeling, presenting<br>• Check and suspend their own biases during interactions<br>• Check in with the client about how they are experiencing their interactions, sessions<br>• Build understanding and empathy towards neurodiversity (e.g., different ways of presenting, experiencing the world, presenting in interactions) into orientation statements<br>• Include personal regulation/dysregulation planning during initial assessments (e.g., ask the client what shutdown/meltdown looks like for them, how practitioners will know this, and what practitioners can do/say in that moment, see section 5.2) |

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| | • Differences in communicating understanding of empathy (e.g., perspective taking) may be misinterpreted (either as a Neurodivergence deficit or as unwillingness to engage in behavioural change). | |
| PHYSICAL SPACE | Attention to physical space is important as some Neurodivergent people may find it difficult to tolerate being in close proximity to others. | In the context of interventions, physical space is important both in terms of group size and proximity to other group members. Practitioners should:<br>• consider group size more generally.<br>• ask clients during the assessment stage of an intervention about physical space needs.<br>• Consider room layout (e.g., proximity and space between group members)<br>• Provide photos of the room in advance (see sections 5.1, 5.2 for all of the above). |
| PROCESSING SPACE | Neurodivergent people process information in different ways and pace. Some may require additional time to process new information and may need additional contextual information if this has not been clear.<br>Autistic and/or ADHD individuals may also become distracted by other stimuli/nervous system response.<br>Group work/interventions use learning content that can be challenging for some Neurodivergent people if metaphors are | To ensure processing needs are taken into consideration, practitioners could:<br>• consider processing time during individual assessment and also during initial contacts within the group dynamic (see section 5.2a,b,c).<br>• Thinking time may need to be structured into interventions rather than an expectation that prompts |

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| | used to represent real world issues or relationships. | can be responded to immediately.<br>• It may even be useful to provide specific prompts ahead of the session, so that people have time to consider how they feel, what they want to say and the support they need for behaviour change.<br>Programme skills and tools such as 'thermometers', 'icebergs', 'man's house' may cause confusion. Where possible:<br>• Provide written descriptions and information, used alongside visuals to ensure different ways of understanding and processing information are catered for.<br>• Do not bombard people with further information or questions as a Neurodivergent client may be processing the information at a slower pace.<br>• Use prompts such as 'are you still thinking?' and where appropriate provide a scaffold to help people support and structure their thoughts.<br>• Provide paper and pen to write down thoughts and/ or to doodle whilst thinking (see sections 5.2c,e and 5.4c) |
| EMOTIONAL SPACE | Differences in identifying, processing and managing emotions – particularly when these are not understood by practitioners – can be challenging.<br>Sensory overload or overwhelming emotions can lead to Autistic meltdown or shutdown. | Being aware of differences in emotional processing is important. Practitioners should:<br>• Build in appropriate time and space to process emotional content<br>• Build in time and space to discuss delayed emotional |

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| | Differences in expressing emotions and overwhelm should be expected.<br><br>While each individual is different (which can be explored during assessments/intake into programmes/interventions), time and space to process and or recover is generally an important first step.<br><br>As stated above, group work contains difficult material, involves emotion-laden discussions, and requires participants to engage in introspection which can be challenging. Key considerations involve:<br>• Sensory overload and Hypo/hypersensitivity to emotions can present in different ways (e.g., shutdown or meltdown).<br>• Delayed emotional processing/emotional responses to conversations which may come some time after a session finishes<br>• Alexithymia (challenges in identifying feelings and emotions in oneself) will present specific challenges when understanding and processing emotive content/discussions.<br>• Recognition that programme content will contain neurotypical assumptions about (healthy/unhealthy) relationships that may be difficult for Neurodivergent clients to understand and/or relate | processing within post/in between session support<br>• Create low arousal interactions and environments<br>• Model and educate about de-escalation and self-regulation<br>• In the context of Alexithymia, it may be useful to co-develop language for emotions and/or use creative metaphors to describe them (e.g., colours, waves[36])<br>• Whilst programme content is typically set, it may be useful to consider exploring different perspectives within that context to aid understanding of 'healthy' and 'unhealthy' behaviours in Neurodivergent/ cross-neurotype relationships.<br>• Consider embedding neurodiversity into examples used in programme content, exercises, examples regarding different neurotypes in relationships.<br>• While programme content cannot always be changed (i.e. because of programme integrity) we will make some suggestions in 'other considerations' for service providers to think about going forward in Part 5. |

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