FREE MATERIAL · PROFESSIONALS AND FAMILIES

When the sign becomes the diagnosis

Recognising indications of violence in neurodivergent children — and what to do next.

Paula Lins

Speech-Language Pathologist · CRFa 1-13828 RJ

@paulalinsrj

Na Rota do Afeto

Social program of Instituto Greenspan Floortime Brasil

CNPJ 68.802.225/0001-03

Na Rota do Afeto

capacitando e interagindo pelo mundo

Why this booklet exists

Children with disabilities are among those most exposed to violence — and among those least listened to.

When a neurodivergent child shows regression, aggression, new sleeplessness or refusal of someone, the explanation arrives ready-made: **“that's the autism”**, “that's her condition”, “she has always been like that”. The possibility of violence is rarely raised, and when it is, it meets a second barrier: the child does not speak, or speaks in a way nobody knows how to read.

The result is that the sign is read as the diagnosis, the suspicion is never recorded, and the case dies before it begins.

What this booklet is not

It is not a diagnostic instrument and it cannot establish that violence occurred — no list of signs can. It is about **when to suspect and how to proceed**. Investigation belongs to the competent authorities where you are.

The question that cuts through

Before looking at any list of signs, ask one thing.

Is this new? Or has it always been this way?

What points to possible trauma is not the behaviour itself. It is a **change from that particular child's baseline**. The same presentation can be routine for one child and an alarm for another.

This requires something many services do not have: knowing the child beforehand. If you follow her, you have that information. If you do not, ask the people who live with her — and ask about the change, not about the behaviour.

Three questions that help

- **Since when?** If the answer is a recent date or “after…”, look at what changed around her.

© 2026 Na Rota do Afeto · Social program of Instituto Greenspan Floortime Brasil · All rights reserved

- **Has anything changed** in routine, caregivers, school or transport?
- **Does it happen everywhere, or only in one place?** A presentation restricted to one setting or one person deserves attention.

Signs that deserve attention

Only when they represent a change from her usual functioning.

- **Loss of an established skill** — communication, independence, toileting, feeding.
- **New refusal** of a person, a place, an activity or part of the routine.
- **Change in sleep** — new difficulty falling asleep, waking, nightmares.
- **Change in eating** not explained by pre-existing selectivity.
- **Hypervigilance**, startling easily, stronger reactions to previously tolerated input.
- **Self-injurious behaviour that is new or more intense.**
- **Change in the content of play** — themes or scenes that did not appear before.
- **Disproportionate reaction to touch, bathing or changing** in a child who previously tolerated it.
- **New withdrawal, or new intense attachment** to one specific adult.

> ### No single item on this list indicates violence
>
> All of them have other possible explanations — pain, illness, a medication change, grief, a change in routine, puberty. What calls for attention is the **combination, the persistence and the novelty**.

What is not a sign in itself

The opposite error also happens, and it also harms the child.

Reading a neurodivergent child's ordinary functioning as evidence of trauma produces fragile reports, exposes the family and moves attention away from what actually needs looking at.

✗ **Stimming that has always been there** — rocking, flapping, vocal repetition.

✗ **Echolalia**, immediate or delayed.

© 2026 Na Rota do Afeto · Social program of Instituto Greenspan Floortime Brasil · All rights reserved

✗ **Long-standing food selectivity.**

✗ **Meltdown in a predictable context** — sensory overload, broken routine, transition.

✗ **Refusal of touch** in a child who has always refused it.

✗ **Restricted interests or literal language.**

The question stays the same: **did it change?**

What makes reading harder

Four characteristics that complicate assessment — and must be taken into account.

Interoception

Many neurodivergent children have difficulty noticing and locating internal sensation. “Where do you feel that in your body?” may simply not work. External anchors are needed: a visual scale, an object, a reference in context.

Alexithymia

Difficulty identifying and naming one's own emotional state. A child can be in intense distress and be unable to produce a word for it. Offering a hypothesis usually works better than an open question — provided it suggests nothing about what happened.

Masking

The child holds together at school or in session and falls apart at home. Without an account from the people who live with her, the professional does not see it. That makes listening to the caregiver part of the method, not an add-on.

A history of compliance training

Many of these children have spent years being reinforced for compliance and for tolerating discomfort. That weakens the capacity to refuse and to recognise that something is wrong — and is, in itself, a vulnerability the work has to undo.

© 2026 Na Rota do Afeto · Social program of Instituto Greenspan Floortime Brasil · All rights reserved

If you suspect

This is where most mistakes happen, almost always with good intentions.

> **Do not investigate. Report.**
>
> Questioning, insisting or asking a child to repeat can alter her memory and undermine the credibility of what she says later. Besides hurting her. **Suspicion is enough — proof is not your job.**

Step by step

- ✓ **Ask no investigative questions.** Not who, not how, not how many times. Do not repeat the question. Do not test the account.
- ✓ **If the child communicates something spontaneously, receive it without steering.** Listen to the end. Say you believe her and that she was right to speak. Make clear it is not her fault.
- ✓ **Write it down afterwards, alone.** Date, time, context, who was present, and the **exact words or signs** she used. Never your interpretation.
- ✓ **Do not record the child.** Home or session recordings are commonly challenged and can weaken a case.
- ✓ **Contact the child protection service** where you are. In many countries this is a legal duty for health and education professionals, and it does not depend on certainty.
- ✓ **Do not confront the person suspected**, and do not announce the report when the suspicion falls within the household. It can increase the danger.
- ✓ **Keep the therapeutic work going.** The child still needs a predictable space where she does not have to defend anyone.

© 2026 Na Rota do Afeto · Social program of Instituto Greenspan Floortime Brasil · All rights reserved

How to record

Case notes can become evidence. Write with that in mind from day one.

Record

✓ Date, time and context of the session.

✓ Who was present and who brought the child.

✓ The exact words in quotation marks, or a literal description of the gesture, sign or selection on the communication board.

✓ The behaviour observed, described objectively.

✓ What was reported, to whom, and when.

Do not record

✗ Conclusions about who did it.

✗ Judgements about the family or about credibility.

✗ Interpretation presented as fact — "clearly showed fear of her father".

✗ Diagnostic terms you are not qualified to establish.

> **The difference in practice**
>
> Instead of "the child showed fear when her stepfather was mentioned", write: **"when the name [X] was mentioned, the child left the table, went to the corner of the room and stayed there for about ten minutes. She did not return to the activity."**

How the child should be heard

Procedures differ between countries. These principles do not.

- **As few times as possible.** Every repetition makes the child relive it and increases the chance of inconsistency being used against her.
- **By someone trained for it**, in a setting built for the purpose — not in a corridor, not in a waiting room, not by whoever happens to be available.

© 2026 Na Rota do Afeto · Social program of Instituto Greenspan Floortime Brasil · All rights reserved

- **Separately from the person accused.**
- **In a sensory environment she can tolerate.** For an autistic child, minimal visual and auditory input is not a comfort detail: it determines whether she can stay available at all.
- **In a format she can actually use.** A child who does not speak is not a child without an account.

> ### The mistake is about timing, not technique
>
> A communication system is not built on the day of the interview. A board handed over at that moment is not access — it is a performance. The system has to exist beforehand, and the child has to command it.

What this asks of therapy, long before

This is where a child's ability to report is actually built.

- A **functional communication system** the child already uses fluently in daily life.
- Vocabulary that includes **body parts, pain, fear, "no", "stop", "I want to leave", "I didn't like it"** — not only requests for preferred items, which is how most systems are built.
- **Independent access**: no physical support from another person, no hand being guided. Communication that depends on an adult's hand cannot be treated as the child's own.
- An environment matched to her sensory profile, so she can stay available.
- Permission to refuse, practised daily — a "no" that is honoured immediately, including for hugs, tickling and affection.

© 2026 Na Rota do Afeto · Social program of Instituto Greenspan Floortime Brasil · All rights reserved

Functional communication is a protective measure. It is not a long-term therapeutic goal — it is what allows a child to say that something is wrong, on the day she needs to.

This booklet offers guidance on care and communication. It is not legal advice and does not describe the laws or services of any particular country. Procedures for reporting and for hearing a child differ between countries — always check what applies where you are.

Paula Lins · CRFa 1-13828 RJ · @paulalinsrj
Na Rota do Afeto — Social program of Instituto Greenspan Floortime Brasil · CNPJ 68.802.225/0001-03.
All rights reserved. Reproduction authorised in full, without alteration, for non-commercial purposes.

Na Rota do Afeto
capacitando e interagindo pelo mundo

Local contacts

Fill this page in with the services available where you are.

Every country organises child protection differently. Before you need them, find out which of these exist near you and write them down here.

Emergency number

Child protection authority

Police / specialised unit

Health service

Free legal assistance

School contact

Other notes

© 2026 Na Rota do Afeto · Social program of Instituto Greenspan Floortime Brasil · All rights reserved