

Designing from the margins

Neurodivergent-led Organisations on Domestic Abuse
Perpetrator Programmes - Dr Nicole Renehan



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A brief note on language and terminology

Neurodiversity and neurodivergence are often terms that are used interchangeably. However, neurodiversity (much like biodiversity) refers to the natural neurological variation of the population. Neurodivergence is used to highlight when someone diverges from what is considered as 'typical' development.

Neurodiversity can be contrasted with a medical model. While the former advocates *differences*, the latter focusses on individual *deficits*. The latter has led to harmful and stigmatising stereotypes and narratives about neurodivergent people (Botha, 2021).

The findings within this report are firmly located within a neurodiversity perspective (Botha et al., 2024). Neurodiversity will be used when discussing all neurotypes (for example when talking about the composition of mixed neurotype groups). Neurodivergence will be used when specifically discussing the experiences, perspectives, and findings in relation to neurodivergent people.

Executive summary

This research project was born from the concern that domestic abuse interventions should be informed by the communities they seek to represent.

The findings were informed by and build upon on two previous projects. The first drew on the experiences of neurodivergent (Autistic and/or ADHD) men who had attended a domestic abuse perpetrator programme (DAPP), which identified the struggles these men faced on standard interventions above those experienced by their neurotypical counterparts (Renehan, 2024). The second sought the experiences and perspectives of international DAPP practitioners (some whom were neurodivergent themselves) that had adapted their approach to delivering interventions to neurodivergent people, and neurodiverse groups (Renehan and Fitz-Gibbon, 2022).

The second study resulted in 11 recommendations, outlined below and again in the findings section. These formed the bedrock of the current study, and were posed as questions to participants from neurodivergent-led organisations in the UK.

Headline findings

- Participants broadly agreed with the 11 recommendations that had been drawn from the practice experiences and views of DAPP practitioners regarding the challenges neurodivergent people face when accessing services that have not been catered to their needs.
- Their insights highlighted that there is still much more to do to achieve truly neuroinclusive services.
- Domestic abuse interventions need to be developed from the bottom up, rather than top down, drawing on the experiences and expertise of a whole host of neurotypes.
- DAPP practitioner training should also include neurodivergence training that is meaningful, and should be delivered by or in collaboration with neurodivergent people.
- DAPP practitioner training curricula should be catered to the learning styles and preferences of all neurotypes. This would mean that neurodivergent people could be upskilled to participate in the domestic abuse sector workforce, and to create a workplace culture that is acceptable for them to work in.
- Participants underscored the need for political will to change things, with neurodivergent champions at the core of the political establishment. This should include cross party agreement to sustain progress.
- There was a strong indication that research and services need to be designed alongside neurodivergent people to ensure -as one participant put it – interventions are designed not by what neurodivergence looks like *from the outside* but what it *feels like from the inside*.

Background to the research and rationale

The current research builds on the recommendations drawn from two previous studies which obtained i) the views and experiences of neurodivergent men who perpetrate domestic abuse (Renehan, 2024) and (ii) those of international domestic abuse perpetrator programme practitioners who had adapted their interventions to make them more neuroinclusive (Renehan and Fitz-Gibbon, 2022). The views of representatives from neurodivergent-led organisations were sought to ensure that the service recommendations for neurodivergent people were informed by the communities they seek to reach.

Research design

Ethical approval for the study was obtained via Durham University (UK). A participant information sheet, privacy notice and consent form were provided via email and were also made available on the [project website](#). All the interviews were anonymised, and each interviewee was given the option to comment on a draft of this report ahead of its publication.

Participant recruitment

A project page was designed outlining the project details, participant information, privacy policy, and how to contact the Principal Investigator. The project was distributed via social media and professional contacts with the aim of reaching as many international organisations as possible. Participants were invited to participate in an online interview or to make written submissions. Interested parties were provided with a participant information sheet, and a copy of the interview questions that were based on the 11 recommendations from the previous report.

Interview participants

Despite attempts to reach international organisations, the current study was limited to six organisations in England in the United Kingdom.

All of the participants were either the (co)founders or were employed as freelance specialist providers by a neurodivergent-led organisation. The organisations provided a broad range of services including mentoring, advocacy, therapy, support, training, and consultancy. All provided local and national services in person (where possible) and online.

All participants were themselves neurodivergent, identifying as Autistic, and/or ADHD, and other intersecting neurodivergences such as dyslexia.

Interviews

In accordance with the project aims, 6 semi-structured interviews were undertaken with representatives from neurodivergent-led organisations. All interviews were carried out online via MS Teams or Zoom and audio recorded. Each interview lasted between one hour to one and a half hours. The interviews were transcribed in full and anonymised at the point of transcription.

Participants were asked about their respective organisations and the services these provide. They were then provided with an overview of the 11 recommendations from the previous research study, and invited to share their views. The previous recommendations are outlined in full in the following page.

1. Assessment and referral processes should include information sharing about Autism/ADHD where it is known (unless the individual concerned has requested otherwise) and/or include this question to prospective programme participants.

2. Screening and/or assessment in this area needs further exploration and specific guidelines and training around assessment processes are needed.

3. Neurodivergent programme participants should be provided with a tailored and flexible response to their specific needs including preparation and support for programme engagement. This could include one to one work, but this should not be considered as the first or only option where the individual would be better suited to groupwork.

4. Practice standards in respect of perpetrator programmes should, at the very minimum, include reasonable adjustments that all programme providers can provide at a relatively small cost. This should also be accompanied by basic neurodiversity training.

5. Meaningful engagement means services will need to extend beyond reasonable adjustments. A diverse, competent, and supported workforce are required to untangle and address the range of lived experiences, neurodivergence and other intersectionalities from abusive behaviour that is controlling and harmful. This will also contribute to reducing the risk of misinterpreting behaviour and motivations for behaviour.

6. Recruiting and upskilling neurodivergent people to work within interventions will enhance the quality of perpetrator interventions. Recruitment adverts/strategies should reflect this. In order to achieve this, and build the workforce in this way, job advertisements should encourage neurodivergent people to apply for posts so that programmes are

run by people who are representative of their client base.

7. The dearth of skills is a significant challenge. Academic departments, programme providers, policy makers, and specialist organisations, including neurodivergent people, should collaborate to develop a training, recruitment, and retention strategy to fill this gap

8. Programme providers and specialist organisations should come together to design interventions, programmes and pathways that are responsive to the needs of neurodivergent people. This could operate on a multiagency model and/or via an integrated/co-located service design approach. Research based around pilot specialised interventions could be a way to stimulate this.

9. Government, policy makers, and commissioners have a role in ensuring that programme providers and relevant organisations have the resources needed to make sure their services are responsive to neurodivergent men who perpetrate domestic abuse, and to enhance safety for the victim-survivors of their abuse. This should be acknowledged and reflected in policy.

10. More research on the specific needs and outcomes for neurodivergent men attending perpetrator programmes is needed. This should include the voices of programme participants, victim-survivors, and practitioners.

11. Research is urgently needed on the experiences of victim-survivors, including children, who reside/have contact with a neurodivergent perpetrator of abuse. This research should be designed and carried out to inform enhanced perpetrator programme content and family safety contact work.

Research findings

Layout of the findings

The research findings presented below are based on the 11 recommendations outlined in Renehan and Fitz-Gibbon (2022). Each recommendation is written in full to remind and inform the reader of what these entailed. Though the reader should be aware that there were some overlaps, common themes that were identified across the research participants' responses are presented within their most relevant recommendation section.

Recommendation 1. Assessment and referral processes

Assessment and referral processes should include information sharing about Autism/ADHD where it is known (unless the individual concerned has requested otherwise) and/or include this question to prospective programme participants.

There was a broad consensus across all participants that routinely sharing information about neurodivergence as part of standard referral processes could have both positive and negative consequences. Specifically, there was an 'ethical issue' (P6) to be considered in how that information may be 'used or misused' (P1), and whether the organisation receiving the information was well versed in neurodivergence and how to support neurodivergent people accessing their services. There was concern that there is still widespread stigma attached to neurodivergence because it is poorly understood and, hence, much discrimination towards neurodivergent people still exists. As such, it was, for them, important that sharing and receiving information about neurodivergence be tied to a wider programme of training.

If someone is not ready to value that [disclosure] – because every time you talk about being neurodivergent, you are exposing yourself to a lot of things, a lot of stigma of ignorance, bullying, harassment, lack of understanding, being seen as you are stupid. So, we need to train people a lot, especially those who are in a position of power in service. (P4)

A further concern raised was that a diagnosis may not be known given that waiting lists can currently be anywhere up to 7 years, affecting particularly working-class people who cannot afford private assessments (P5). Self-diagnosis was therefore seen as important in any assessment process. A more nuanced consideration was that of gendered identities, with three participants stating that, in their professional experiences, men were more reluctant to disclose or explore whether they were neurodivergent. This was interpreted in the context of masculine performance, resisting at once the intersection of being labelled a perpetrator and the stigma associated with being 'disabled':

I think with a lot of men, in particular that I've supported, they've not been open to discussing anything that makes them look into, when we've talked it through... things that are less normal in their mind. They want to be – not all the people, just the few I'm thinking of have wanted to appear normal and wanted to do the things that normal people do and talking about being Autistic was not one of those things and it is difficult for them even to talk about the ways they might support themselves. (P6)

Because of the stigma associated with neurodivergence, participants suggested that a simple 'yes' or 'no' tick box during intake should be supplemented with more inquisitory, needs based questions that could smooth the way to disclosure or reaching self-awareness:

I usually start asking these questions after having quite a good conversation with them when they shared things with me, you know, like what are the difficulties? How they feel around different settings and everything else and sometimes you have that moment of like "oh, okay", there might be something there". And I'm not saying that all of them are going to be neurodivergent and I'm trying to put everyone in one category. But even if they identify or even if they have similar struggles in a sensory [way], I can give them tools how to manage that difficult scenario for them, even if they are not neurodivergent. (P4)

Relatedly, it was suggested that self-awareness about neurodivergence might evolve over the course of the clients' involvement with the service and that practitioners would need to return to conversations about neurodivergence, specific needs and supports.

Despite their trepidation, participants suggested that it was important to identify neurodivergence as soon as possible. One reason for this is that non-inclusive sensory environments could be experienced as dysregulating. This could lead to clients being set up to fail if, for example, lighting or sound sensitivities had not been considered prior to or during initial consultations. As one participant pointed out, spending one's energy on regulating the nervous system on lighting alone can make it impossible to hear what

is being asked during assessments (P2). In this sense, at best, the client may be unable to disclose what their needs are and, at worst, could deter them from returning to participate in the programme.

To reduce the risk of stigmatisation from disclosure or misuse of shared information, participants suggested that all services should be neurodivergent affirming from the outset; as one participant said, it is a 'win, win' in 'everyone's wellbeing interests' (P2). A neuroinclusive environment would mean that all clients would benefit from the 'freedom, flexibility, choice and control' on offer (P1):

If a service is working in a neurodivergent affirming way, it's likely to benefit people who are Autistic, people who have ADHD and it's also likely to benefit people who are neurotypical. (P1)

Ultimately, the consensus was that gathering information about neurodivergence is helpful so that individual needs and adjustments could be made, together with designing services for neurodiversity from the outset which would be beneficial to all neurotypes.

Recommendation 2. Screening and assessment of needs

Screening and/or assessment in this area needs further exploration and specific guidelines and training around assessment processes are needed.

While DAPP practitioners would not be expected (or professionally qualified) to diagnose neurodivergence, it was deemed important that those who may be responsible for screening and assessing suitability for a DAPP programme be appropriately trained and knowledgeable about neurodivergence, from the perspectives of neurodivergent people themselves. Several participants disclosed difficult personal experiences during clinical diagnoses, assessments which are laden with dehumanising medical terms from which the starting point is one of individual deficits. This is, as one participant put it, a result of privileging outsider observations at the expense of insider experience:

[W]e have such misunderstanding about what it is to be Autistic and how it presents and what it means. So much of it has been about what it looks like from the outside rather than what it feels like from the inside. And so screening and assessment tools has largely been built around what it looks like from the outside and not what it feels like from the inside and so even those people who may have been referred or have an assessment might have been missed as having a diagnosis (P1)

Atypical stereotyping and (gender blind) assessments create barriers to diagnoses and may prevent neurodivergent people from identifying with certain presentations that do not reflect their internal worlds or lived experiences.

Before posing the question about neurodivergence for the purposes of identifying the client's needs, one participant said that it is important to build a 'therapeutic relationship' with the client (P4). In other words, those subject to interventions need time to build trust and feel that the practitioner genuinely cares about them and how the service will improve their lives (Renehan and Gadd, 2024). This is particularly important if the client has experienced intersecting traumas – such as domestic abuse, harm through stigma, and discrimination. Building relationships and working towards disclosure conversations can, however, take time:

I think once we have those stable relationships with that person, and it shouldn't really take that long to build if it's done skilfully, I would probably work with my knowledge and my observation, how a person is acting and I would adjust my communication with them. And then later on, I'll probably suggest, "maybe there is something around it", because if you say "neurodivergent", most people will probably say, "what is it"? That's what I get. So, I don't say "oh I think you are Autistic", or "you might be Autistic". I'm going to say, "now there's some of the things you're explaining to me, it actually fits into something that people who have diagnosis" [or] "fits into the struggles they may have". (P4)

In their own experience, participants said that they could then offer strategies on how to cope with moving forward within their services, and their lives.

Participants suggested that, while disclosure may be difficult for some due to stigma, for others it may be that no one has ever posed the question to them in a

way that represents their inner world. Thus, for some neurodivergent people, this may be a moment of recognition and relief, if practitioners approach this sensitively:

[T]here are questionnaires that you can have and there are things to listen out for what people say, and I – beginning, years ago – I wouldn't say to people, "have you thought about the possibility?". Now I feel really confident saying it, because generally people go, "ooh, no". "Ooh, yes, and I'm so glad you said that". So, it is in the way you say it and I think me self-disclosing I'm ADHD, "have you thought about this, because when you said this, it's just reminded me of this?". I think that's the way into that conversation". It's generally like a really helpful one there. (P3)

Designing neuro-inclusive services from the outset, however, was viewed as key to ensuring that those who were unable to disclose – whether due to stigma fear or not knowing or even questioning their own neurotype – were still able to benefit from support and accommodations.

Participants offered up some suggestions in terms of the kinds of accommodations that would be useful for neurodivergent people in terms initial meetings, inclusive environments, and identifying needs.

Neuro-inclusive meetings and processes:

- Send a picture of the venue in advance, and a map of the building
- Send a list or overview of questions that will be covered in advance of their first meeting
- Ask whether there are any preferences in how information is

explained or received (written, visual) and whether any support will be required to complete forms

- Do not expect the first meeting to be face-to-face – some neurodivergent people may need to build up confidence over telephone or via another preferred form of communication
- Consider meetings and group time preferences – morning or evening – to fit in with differences in functioning
- Consider any preferences that the client has that will prevent barriers to attending appointments or group work

Neuro-inclusive environments:

- Leave fidget toys on tables
- Give permissions for people to move their bodies how they choose, including moving around the room

Assessments to identify specific needs:

- Do you have sensitivity to lights?
- Do you have a preference around lights, heating, sunlight, or natural light?
- Do you find background noise challenging?
- Do you have any sensitivities to smell?
- Do you require movement breaks?
- Do you have preferences around communication (ie telephone calls, message, email, etc)
- How do you best learn?

Recommendation 3. Tailored and flexible responses

Neurodivergent programme participants should be provided with a tailored and flexible response to their specific needs including preparation and support for programme engagement. This could include one to one work, but this should not be considered as the first or only option where the individual would be better suited to groupwork.

Participants offered up a range of personal and professional reflections from accessing services themselves, and developing and providing services to other neurodivergent people. Their suggestions based on sensory and social processing were particularly insightful, as outlined below.

In respect of group formation, participants stated that neurodivergent people should not have a group work format forced upon them as this could have a detrimental impact on their wellbeing:

Give people flexibility as well, like don't push people to come to groups. If someone is overwhelmed in groups settings, big rooms, different smells and things like this, noises, you know, sounds, they are not going learn anything in these settings because they are going to be overwhelmed just to survive for two hours in settings. They are going to absolutely destroy them and exhaust them, and again, this is often being seen as they don't want to engage, they are being difficult. They are not being difficult; they simply cannot function in the way you expect them to function. (P4)

In such cases, one-to-one support and/or online sessions would be more beneficial.

Mixed neurotype groups was, however, broadly viewed as beneficial amongst participants. Drawing on personal experiences, one participant described the mutual benefits of mixed neurotype groups they had attended. From their perspective, listening to neurotypical people describe their emotional experience and responses – something 'generally neurotypical people are much better at doing' (P1) – had helped them to identify and recognise their own emotions. Their own contribution to group environments and learning involved their 'directedness and honesty' in communication that they said had been 'really helpful for other people' (P1).

Drawing on their professional practice experience, another participant drew attention to the differences we all encounter in our everyday interactions and relationships, and highlighted that mixed neurotype groups offered opportunities to learn about and 'regulate indifference':

From my perspective, in terms of integrating back into society and also developing healthy relationship tolerance, and actually regulation around difference, is one of the key features of reducing [abuse]. (P2)

There are, however, differences that DAPP practitioners would need to consider in ensuring sensory and social differences were managed in the context of group dynamics, and in particular when considering an individuals' intersecting neurodivergences. There was a recognition that some Autistic and ADHD people can be either hyper or hypo sensitive to emotional content and disclosures. Group environments, such as DAPPs, which have high levels of hostility, anxiety and shame may therefore be 'overwhelming' for someone who was 'hypersensitive to emotionality' (P1).

Similarly, hyposensitivity posed its own challenges in group environments:

Walking into that mix of strong and often it sounds quite negative emotion, sounds potentially overwhelming. And the way that a lot of us manage hyper emotionality and sensitivity is to dissociate and to cut off, which is not going to support the aims of the programme. I imagine that might be similar for anyone actually. But I guess at the other extreme... So often we are, we have, you know, very spiky profiles either, hyper or hypo and for those people who are hyposensitive, they don't pick up a lot. I think, I guess there's a risk of like missing cues and missing expectations, not understanding nuance or, like there seems to be this kind of neurotypical characteristic of inferring something, but without stating it directly. And that can be really confusing if you miss that and don't pick up on something. And it sounds like this could be the type of scenario where things are inferred rather than explicit. Which can be really challenging. (P1)

Key to addressing these differences, participants agreed, would be a really skilled facilitator that could: attune to different response styles, invite and hold space for people who are experiencing strong emotions to be vulnerable and describe their experience, and to do so in a way that facilitates emotional leaning for the whole group.

Facilitating a safe space to communicate in group environments was viewed as key to improving participation and engagement. On the one hand, this might mean giving permission to leave the room when needed to regulate. On the other, participants said it is about creating an environment in which all clients and

practitioners engage in equal emotional labour when learning about and tolerating difference; instead of expecting neurodivergent people to mask their differences and perform to a neurotypical culture:

So, talk to people about stimming and what it is and why people do it and the fact it's absolutely okay, because people will need to stim when you're stressed. So, for example – because people with ADHD stim just as much as people with Autism and it can be you know, pacing about, can't sit, it can be moving your leg, it can be flicking something. But no stigma around anything like that. It's not "oh you're not interested". "You're not looking at us so you're not interested". It's well actually, "you're in your own space, doing your own thing". It's how you hold that space for people, isn't it, in a non-judgemental way. (P3)

Some suggestions to achieve this included:

- Removing judgement of others by preparing group rules that foster inclusiveness, and understanding and tolerance of difference
- Explaining that all people move their bodies and regulate their emotions differently, and to be given permission to do so
- Provide predictability and clarity of boundaries around how you will 'hold space' and how you will manage 'cross talk'

There were several suggestions offered up by way of ensuring that the physical environment and group structure provided more familiarity, reduced anxiety, and hence fostered preparedness for neurodivergent people to engage.

Participants suggested that practitioners could:

- Include processes that provide familiarity with the building, layout of the room and interventions staff. This could include a pre-arranged tour, introductory videos, or staff photos (particularly important for those who may experience 'facial blindness')
- Have clear expectations about the group structure set out well in advance
- Consider smaller group sizes – preferred by both neurodivergent and neurotypical people
- Provide a script at the beginning of each session – including what will be covered, comfort breaks, etc
- Start and finish on time
- Clarity around roles so everyone knows what to expect from other people in the room
- Knowing what is expected of you – the client
- Ending sessions: saying what exactly will be covered the following week or session

Beyond group processes, programme content was also considered important. A typical DAPP curriculum includes recognising and exploration of emotions, coping strategies and communication/conflict resolution skills. Several participants suggested that mainstream programmes would likely need to be re-worked with a group of Autistic and/or ADHD people to 'bring diversity to the examples' so that these are cognisant of 'neurodivergent culture and communication norms' (P1). Without wider representation, neurodivergent clients could simply revert to masking their understanding:

I think people are just going to want to get through it... my sense is those participants want to learn skills and learn how to live differently. But you are completely right about masking. We have to say the right things to get through it. And for example, an Autistic man, or a man with ADHD will be at risk of being ridiculed on there. (P5)

A lack of diversity in programme content that reflect different coping strategies, communication, and conflict resolution styles, risks offering little in the way of how a neurodivergent person might identify with what is being explained – particularly when drawing on abstract metaphors – or how to apply this in the family context:

[I]f they're getting that wrong, then what else are they getting wrong, because they [will think they] "don't know me, they're not going to help me". It might not be what your experience is...that kind of thing might really impact it [understanding], because it's very easy to go, "that's not me, this isn't going to help me. (P6)

Participants suggested that the benefits of a diversity of examples would include:

- Countering neurotypical assumptions about relationships, communication, interaction and sensory processing
- Reduce the need to mask understanding and performance of neurotypical scripts
- A paced delivery of the information being relayed suitable to all group members
- Better opportunities to identify emotions

- Facilitate understanding of hypo and hypersensitivity in relational spaces

Ultimately, while there was consensus that mixed neurotype group work had a 'massive value', all participants agreed that one-to-one and online group formats should be available for those who cannot tolerate group environments. Further, DAPP related content would need to be developed in collaboration with neurodivergent people, to ensure that coping and communication strategies reflect the diverse relationships dynamics of the communities that they serve.

Recommendation 4. Reasonable adjustments & training

Practice standards in respect of perpetrator programmes should, at the very minimum, include reasonable adjustments that all programme providers can provide at a relatively small cost. This should also be accompanied by basic neurodiversity training.

Since the publication of the 11 recommendations that provided the foundational discussions for the current study, the UK Home Office (2023) has now produced Standards for Domestic Abuse Perpetrator Interventions. These include the need for DAPP providers to consider the needs of neurodivergent people. However, as the participants pointed out, providing reasonable adjustments is also a legal duty in the UK.

Many of the suggestions outlined in previous sections are considered reasonable adjustments. For example, organising site tours or photos, considering lighting, heating, background noise, offering rest breaks and/or breakout rooms, and giving permission to move one's body as they see fit to support emotional and sensory regulation. There was, however, some concern around what constituted 'basic training' to accompany practitioners' understanding around reasonable adjustments. By reflecting on their own experiences of attending neurodiversity training, participants highlighted some problematic practice. The training that two participants had attended was deemed so harmful that they had left the course and had subsequently complained to the respective training providers:

There's free training all over the place at the moment...if you're on social media, you'll see every other advert is "free level two training on Autism", "free level two training in ADHD." So, there's lots of training available. I did start one of them and actually had to complain and leave. There was some dodgy stuff in there. (P5)

Aside from reproducing harmful stereotypes about neurodivergent people, participants were concerned that practitioners would require more in-depth training to really understand the importance of reasonable adjustments to ensure that accommodations went beyond – less costly – tweaks to the physical environment. It was generally considered that meaningful training, at the very least, could not be less than one day:

So, as an organisation, buying a package where they just deliver a two-hour workshop, I think would give people – I think one on ADHD and one on Autism, the basics. But I think it is about understanding, isn't it? It's about understanding and not judging, and I think you know, people with Autism, particularly, feel very judged. So, if somebody isn't understanding that say, they're not making eye contact or they can't sit still or whatever it is, or you know – then they're going... to disengage... People struggle to get to places as well. They... might say, "the bus was late" or "I missed the bus", rather than, "I've no idea about time", which is an ADHD trait, or "it was too hot on the bus so I got off" which is an Autistic trait, or "I've got no money left", ADHD trait, because I've spent it all. (P3)

Further, participants suggested that practitioners may need an understanding of communication differences across neurotypes, and co-occurring struggles alongside neurodivergence. Several participants said that alexithymia and prosopagnosia are common amongst Autistic people, meaning that some Autistic people may struggle with identifying their own emotions and recognising faces, respectively:

So, I think what you've got in there with the double empathy and understanding the difference of communication...you've got big issues with alexithymia if you're supporting someone who is alexithymic. It's not going to go the way you think it's going to go, especially if they don't know – it might look like they... don't want to engage with this, but maybe they can't engage with it. Maybe they don't understand what emotions are coming up. It might be – the other things like prosopagnosia if they're not understanding – not recognising people, it might seem like they're being obstinate and rude, but it might just well be, I don't know your face. And those intricacies that aren't in the public domain when we talk about Autism. (P6)

Crucially, it was considered vital that this training be delivered by neurodivergent people, or co-delivered by mixed neurotype facilitators to enhance neurodiversity knowledge and neurodivergent differences and model 'how we work together':

You need to involve neurodivergent people. I mean, if you really want to know how it is and get as close to the experience as you possibly can if you are neurotypical, then you need to speak to the person who experiences it. This is also the one thing that we are doing in our service, for people who had experience with drugs or alcohol. We are including them in shaping the service and support and working with our clients, and exactly the same needs to happen here. (P4)

Participants suggested that the core areas for DAPP practitioner neurodivergence training should include information on:

- Sensory and social processing differences, including proprioception and vestibular senses
- What all bodies share in common in terms of needing to use the toilet, drinking, temperature, moving and standing, and how each of our bodies may differ in respect of these five functions too.
- Cultural communication
- Use of language – avoiding dehumanising deficit terms and communicating terms that accurately reflect inner neurodivergent experiences
- Unconscious bias and stereotypes
- Delivery with empathy, compassion, and without judgement

The best way of ensuring neurodivergent friendly services, however, was to promote and embrace recruitment of neurodivergent people into all organisations who 'support the change' and 'help to remind' people how to embed it in their everyday practice. I explore this in more depth in recommendation 6.

Recommendation 5. Meaningful engagement

Meaningful engagement means services will need to extend beyond reasonable adjustments. A diverse, competent, and supported workforce are required to untangle and address the range of lived experiences, neurodivergence and other intersectionalities from abusive behaviour that is controlling and harmful. This will also contribute to reducing the risk of misinterpreting behaviour and motivations for behaviour.

Interviews undertaken previously with domestic abuse practitioners highlighted that neurodivergent clients attending DAPPs are often mistakenly considered to be belligerent, disruptive, or disengaged due to professionals' lack of understanding about social interaction, communication, and sensory differences. Similar concerns regarding the misinterpretation of behavioural issues and distress were reflected on in the current study:

That really resonates and one of the things that I speak about a lot in my work is that like, expressions of distress are misinterpreted as behavioural problems, and I'm always curious, what is it that is happening for this person that is leading to them being dysregulated and distressed and sometimes it's sensory and sometimes it's relational and sometimes you know, there's kind of domestic abuse or – or other issues (P1)

Similarly to DAPP practitioners, participants suggested that domestic abuse, neurodivergence, and other lived experiences intersect. Taken together, this

suggests that practitioners need to go beyond simply providing reasonable adjustments to consider the relational dimensions of practice.

Participants similarly emphasised that Autism and ADHD should not be considered as causative of or an excuse for abusive behaviour, and that the need for some neurodivergent people to control their environment should not be conflated with coercive control:

The first thing that comes to my mind is, are these people knowingly neurodivergent or not? Because if they are not, and they are being expected to think and react and understand neurotypical people, if it's going to be in a programme, or in a family setting, there's always going to be a clash. Okay, because if you even think about... shutdowns people will not understand what is going on here and that can be seen as trying to control someone else, or emotional control...when this person actually is struggling so much, they cannot really react in any different way... And the other thing is if they are neurodivergent and they know they are neurodivergent, is it the need of structure, or is it the need of a control?... Let's say explosion of behaviour, is it because they need it to function well with the structure, or they truly want to control and they are angry that the person is not doing what they expected them to do. So, I think that would be quite interesting to understand the difference between need of structure and need of control. (P4)

Whilst there was agreement that being neurodivergent may involve exerting some control over one's life and relationships to provide some certainty in a neurotypical world, participants said this did not entitle

one person to demand or expect the compliance of another. Gender inequalities, expectations and abuse of power was viewed as a major factor in the perpetration of abuse, and had several implications for developing boundaries in practice too:

I think there has to be a level like, feminist discourse in here and entitlements to that we are not entitled to other people, and to their regulation actually... We're entitled to support and reasonable adjustments but we're not entitled to owning that person... You know, and I think there needs to be an education piece in that you're not entitled to people. Right? This is where the boundary has to set when I'm working therapeutically with people or working in mentorship with their families, I'm like, "you're not entitled to me". I'm here, but there has to be a level of understanding that I'm not your commodity. So, for me that's where we would need to unpick that...(P2)

There was an understanding however that there may be overlaps in how control manifests in the lives of neurodivergent people and exertion of power and control; nuances that would need to be thought through when addressing this in practice:

I think it's worth saying that it's probably not, there might be times where this is straight forward, but like often this isn't going to be straight forward and having that really good working understanding of neurodivergence of, particularly the sensory and social processing, particularly the cultural communication, to be able to really work with people, to understand... what's important for you and appropriate and what's actually about somebody else's choice and control. (P1)

Participants also underlined how important it is to consider how an individuals' neurodivergence intersects with their other gendered, ethnic, and sexuality identities, coupled with intersecting issues such as trauma and substance dependence:

And it's incredibly important to understand just the general aspects of neurodivergence – neurodiversity. But...Asian and black people...then you have the cultural differences, it's so multi-layered, it's almost impossible to have that understanding for every person you might be supporting. I definitely don't have – I mean, every day you learn something new, and that's why it's so important. Ask people if you don't know. If you don't know what to do, ask them what they'd prefer. (P4)

These quotes underscore the importance of having skilled facilitators who really understand neurodivergence, domestic abuse, and how to develop trusting relationships. A good understanding of these intersecting issues can foster meaningful engagement. However, participants also highlighted that neurodivergent people can be vulnerable to ridicule and exploitation and that facilitators would need to be alert to such dynamics in the context of group work:

Yeah, and as I said before, it's a room full of individuals in a group and we have to be watching that and neurodivergent people are vulnerable, and are vulnerable to manipulation and there will be people in that group that are good at manipulation and I'm presuming and hoping that the facilitators know that and understand that. (P5)

Similarly to neurodivergent DAAP practitioners, the participants in this study struggled to articulate how exactly they were able to attune to neurodivergent clients, or to clearly map out how neurotypical practitioners might learn from this:

It comes kind of naturally to me and I'm not being arrogant here, but because I am neurodivergent, it kind of – I have that meaningful engagement because quite often there is a different way of clicking at the beginning. There's a different form of understanding, even before we start exploring if there is neurodivergency going on or not, it's there. It's hard to explain. But there isn't another dimension to understanding. It's almost like there is a different vibe going on in the conversation. (P4)

This quote underlines the importance of having a workforce that represent the communities they serve (a point to which I turn in the next section). To improve understanding and counter potential for harmful practice, participants suggested that it was essential that mixed neurotype programme facilitation was embedded within interventions teams; as well as obligatory training on understanding neurodivergence and intersectionality, and how these intersect with trauma, stigma and discrimination.

This section has highlighted that practitioners will need to go beyond providing necessary reasonable adjustments and consider the relational dimensions of practice, particularly when considering the different ways of relating across neurotypical and neurodivergent populations.

Recommendation 6. Neurodivergent friendly recruitment, training & workplaces

Recruiting and upskilling neurodivergent people to work within interventions will enhance the quality of perpetrator interventions. Recruitment adverts/strategies should reflect this. In order to achieve this, and build the workforce in this way, job advertisements should encourage neurodivergent people to apply for posts so that programmes are run by people who are representative of their client base.

“We are actually everywhere” (P5)

Findings outlined in the previous section emphasised the valuable contributions that neurodivergent people bring to service delivery. A point of discussion turned to whether it was ethical to encourage neurodivergent people into a sector where practitioners are often precariously employed, undervalued, underpaid, and exposed to highly emotive topics that may reflect some of their own lived experiences (Renehan and Gadd, 2024). Participants, rightly, pointed out that such working conditions are unlikely to benefit any neurotype. However, as one participant highlighted, neurodivergent people are already likely to be in the DAPP workforce:

For me, I find it odd if there are not neurodivergent people within the organisation, because we are actually everywhere, and the idea that we might – there might be a whole organisation without any of us in, is a bit bizarre really. So, it’s quite possible that there are neurodivergent trainers that no one knows – we’re hiding in plain sight. (P5)

While being properly remunerated is of course important, participants highlighted that neurodivergent people would likely enjoy other benefits such as doing work that it is purposeful. However, to access meaningful employment, participants said that employers needed to reduce the barriers neurodivergent people experience in accessing and remaining in work. One participant said that only 3% of Autistic people in the UK are in full time employment, people that could be bringing a diverse set of skills to enhance service design, delivery, and culture. Participants suggested that employers could attract and retain neurodivergent people by creating a truly neurodivergent friendly (and not exploitative) workplace culture, that they considered to be another benefit of working in this space:

It’s acknowledging that there’s that level of sensory processing and then I’ve travelled on a train and then there’s lights. You just don’t have that resilience perhaps in the nervous system. I’m not talking about emotional resilience someone of a different neurotype might have. So, there’s the sensory processing environment in recruitment, there’s the paying well. There’s the recognition that there needs to be a culture of wellbeing, and also you know, only recruit if you’re willing to make a change. Don’t use them. Please. (P2)

Participants stressed that wellbeing should be foregrounded in this work. This was described as supportive supervision, not ‘management supervision’. They said this would be key to attracting neurodivergent people into the profession:

So probably supervision more so like you would get in like the counselling profession, that really in-depth reflection and time to deal with anything that comes up. Rather than it just being someone overseeing your work. (P6)

Participants said that a truly neurodivergent friendly workplace culture would include:

- A commitment to working differently – not superficially
- Meaningful adjustments
- Flexibility in hours and trusted to deliver
- Rooms to work in that accommodate needs
- Neurodivergence champions
- Wellbeing support – including access to clinical supervision
- Constructive feedback that supports progress, rather than trigger shame and guilt
- Neurodivergent-led peer support groups for neurodivergent clients and colleagues to ensure both workforce and service delivery is enhanced.

The benefits of a neuroinclusive environment would include working somewhere where everyone felt valued and supported and purposeful employment.

Participants said that once a neurodivergent friendly workplace culture was in place, recruitment processes would also have to be improved to level the playing field. Prospective candidates would, however, have to be confident that job adverts accurately reflected the workplaces described. This was not

always the case in several of the participants' own experiences:

Job advertisement, well we know it's not neurodivergent friendly, is it? It's absolutely not. All the pre-recruitment questions, psychological screening and everything you have, that is for a neurotypical world. So, obviously that is going to be less accessible to us, or you are going to mask... just to go through. And if you mask, it is taxing. So, if you have to do it to just get a job, how difficult it's going to be to keep the job. A lot needs to be done. I think the programme 'Employer Disability Confident' is very false. It looks good on their website but people don't have any understanding of how and what it really means and what they need to do. Employers don't know their responsibilities and legal duties of giving reasonable adjustments and supporting employees. So, yeah. I think every company would benefit from neurodivergent people and workers, but again, you need to create the settings that we actually can work there. (P4)

Once employers had truly committed to providing neurodivergent environments to work in, participants suggested prospective neurodivergent job applicants would feel more encouraged to apply. They welcomed the idea that recruitment adverts should clearly state that neurodivergent people are encouraged to apply, and should list the range of benefits, accommodations and the supportive environment that they can expect to work in:

Yeah, well there's a huge, particularly since Covid, a huge thing around neurodivergence and should people disclose that...when they're applying for jobs. So, actually, just seeing it on applications would just be really refreshingly helpful for a lot of people, because particularly with ADHD, a lot of people have often struggled with school, so there's an opportunity to do something, isn't it? (P5)

Further, participants suggested that consideration should be given to job shares where possible, to cater for diverse profiles and needs – conversant of that each neurodivergent person is an individual and may have intersecting neurodivergences and specific needs.

Recruitment processes should also be more accessible. These include:

- Role carving as the norm – inviting people to tell organisations about their strengths and interests
- Clear timelines regarding recruitment processes and feedback that are explicit from the start, and that welcome candidate communication/clarification
- Provide a FAQ with the role description and application form
- Make all the application questions on the form visible, with clear word counts
- A Q&A session for all roles so people can engage and ask questions before applying
- Interview questions in advance
- Invite people to tell employers in advance if they have reasonable adjustment requests for the interview process
- Ask for preference about the light and if the candidate would like to sit or move around. Be comfortable with fidget toys, written notes, lack of eye contact, and moving around
- Have a relaxed view of what is appropriate to wear to the job interview. Many divergent people are sensitive to different fabrics, and might not be able to wear a suit, or heels or any formal clothing.
- Be open to offering different ways of attending interviews such as an online interview, allowing candidates to submit pre-recorded answers to interview questions
- Respect contact preference for example sending an e-mail and text, and do not force yourself on candidates by calling them.
- Do not be afraid to use closed questions, you will most likely get the context anyway. If context is not given, ask another question to get more information.
- Do not double up on questions
- HR and managers taking part in an interview process must have recent training in unconscious bias including aspects of neurodiversity, and legal duties regarding reasonable adjustments and disability.
- Flexible and work-from-home work needs to be normalised and accepted.
- Flexibility about how many days and times that people work

Recommendation 7. Recruitment & training strategy

The dearth of skills is a significant challenge. Academic departments, programme providers, policy makers, and specialist organisations, including neurodivergent people, should collaborate to develop a training, recruitment, and retainment strategy to fill this gap

National leadership, local partnerships, and bottom-up approaches to curriculum development were viewed as key to delivering a meaningful recruitment, training and retainment strategy for the domestic abuse perpetrator intervention sector. Participants spoke specifically in the context of how neurodivergent people and organisations could be a part of a wider strategy to support this.

At the national level, participants broadly agreed that such a strategy would require leadership and forward-thinking vision:

I think it needs some clear vision and leadership, but I actually think that, if there was some clear vision and leadership and engagement, there would be a huge amount of interest. Like this is a really big issue and where there is purpose and meaning making and people feel that their contribution is going to add value and make a difference, they will often willingly make it. The challenge is I think, many people are overwhelmed and exhausted and asked to do things that don't make any difference or that don't get changed.
(P1)

National level coordination is, of course, a huge task and would require a long-term commitment from across various sectors. One of the concerns, as highlighted in the quote above, is that the neurodivergent-led organisations have become 'overwhelmed' and 'exhausted' by creating

visions that transpire into few meaningful results:

It [neurodiversity] was this massive explosion that something is going on, something good is going to happen and the neurodivergent communities got quite excited about it. Once you read it, it's like – you feel very deflated because what they included, like the information, the statistics and everything, we know that. You are not telling me anything new. Tell me what you're going to do with that information, in a practical and supportive way, and how you're going to revolutionise you know, work places and employment, and then maybe it's going to work or not. (P4)

Participants shared that recruitment drives for neurodivergent people are often tokenistic and come from the point of view of reducing the overall benefits bill, when what neurodivergent people need is flexibility, less rigidity, and employers being truly prepared to make changes to workplaces.

A further suggestion was that local partnerships with a 'willingness to do things differently' (P1) could work together to explore initiatives which could start to build the evidence base needed to inform a wider strategic approach at the national level.

[I]f there was a local programme, wanting to work in partnership or, you know, wanting to explore doing things differently, I feel like there's a great deal of potential. But it does need someone kind of, you know. Perhaps your work is the thing that lights the fire underneath it all, you know. (P1)

Such partnerships should be made up of experts in their respective fields – education, training, domestic abuse, neurodivergent-led advocacy and service design – and adopt a ‘whole society approach’. (P2).

Participants also stressed that it would be crucial that neurodivergent people were at the centre of designing a recruitment, training and retainment strategy – not least because of the barriers to employment mentioned in the previous section:

Well, I think – to develop the recruitment and training strategy you need to have people who are neurodivergent or who understand neurodiversity really, really well to propose the programme. (P4)

This would also ensure that a training curriculum was accessible and not solely based on neurotypical assumptions about how people process, absorb and apply their learning in practice. In the field of forensic psychology education – of which some trainees go on to deliver DAPPs – research found that there was little information about what supports neurodivergent MSc trainee psychologists could expect, nor any research about what neurodivergent learners might need to flourish (Bennett and Worthington, 2023). Similar concerns regarding inaccessible training, and progression, were highlighted by participants in this study:

Well, speaking specifically from a counselling point of view, and this is relevant. So, the BACP wants people to be accredited. If you’re neurodivergent, the accreditation process is virtually impossible. So, if you put that into other contexts, people tend to stay at a level because, you know, how to upskill is not accessible. Or people will often find that they can work but not study because they get burnout. So, I think generally, more knowledge of this, and also accommodations for how people are going to do it, because if you’ve got people within an organisation who could be a neurodiversity champion, or could do something, but for whatever reason, they’re not doing it, you need to look at the barriers. Why are they not doing it...and making information accessible. (P3)

There was agreement amongst participants that one way of ensuring the workplace and programme training was accessible was to design these for neurodivergent people. In other words, designing from the margins would ensure that everyone would be captured in all workplaces, service delivery, and education. In this sense, recruitment would be improved, and workplaces would be able to retain highly skilled and experienced workers who are not forced to leave because of non-inclusive environments:

We have to be more visible and not – from what people are always saying – men and women – they will not tell their manager they are neurodivergent because they fear the backlash. Because we’re not valued. We’re just seen as a problem, because it’s presented – neurodivergent behaviour is presented as a problem, and not valued. (P5)

Recommendation 8. Designing neurodivergent informed interventions

Programme providers and specialist organisations should come together to design interventions, programmes and pathways that are responsive to the needs of neurodivergent people. This could operate on a multiagency model and/or via an integrated/co-located service design approach. Research based around pilot specialised interventions could be a way to stimulate this.

Much like inclusive recruitment and training provision, participants stated that developing inclusive domestic abuse interventions would require collaboration in terms of design at the service and programme level. Central to this would be for the domestic abuse sector to work alongside experts with lived experience to co-produce interventions. Reaching out to and building networks across sectors to design (rather than adapt) neuro-inclusive programmes and approaches was viewed as one way to develop an evidence base with all neurotypes and lived experiences from the beginning.

So, commissioners say, we're looking for bids or applications or expressions of interest for services who can meet this and generally, the things that I'm getting into, have an explicit expression that it must have a range of lived experience contributing to the design development delivery. And I would suggest that is the way. (P1)

Participants stressed that co-produced services were crucial, given that neurodivergent people are 'failed at every turn' (P1); underrepresented in the workplace, and overrepresented in the criminal justice system, and as victims of discrimination, abuse and violence (Pearson et al, 2023, HMI Probation, 2021). Neurodivergent people are then let down by the services they reach out to for help:

If there are services, meetings about shaping the service and there's like ten or twelve white men and no one else, and they are all neurotypical and you are discussing inclusivity, you are not being inclusive. So, I think again, this is another barrier that we need to break...invite people who are actually leading and building the society in your local area and then we can discuss how you can support them. (P4)

Participants suggested that services should operate on a multi-agency level – much like the original ethos of Duluth's Coordinated Community Response¹ – to ensure that all interventions are not only developed with neuro-inclusion from the outset but are also delivered by the communities they represent.

Designing interventions from the bottom did not, however, mean reinventing all that reinventing what we already know about domestic abuse. Indeed, neurodivergent people have much to offer in terms of adapting services and approaches to make them more inclusive of neurodivergent victim survivors. One participant reflected on how they were adapting content for a domestic abuse programme that would be inclusive of all

¹ [What is The Duluth Model? - Domestic Abuse Intervention Programs](#)

neurotypes and tailored to a diversity of lived experiences:

We are going to have mixed groups to start with, but what we want to do, what I'm going to do is I'm going to add a bit of information, why neurodivergent females might be more exposed to abuse...we don't really think you need to you know, build something from the scratch and...repeating everything else that was already invented. But just adding these things, and having neurodivergent females [practitioners] as well, with the experience of domestic abuse. I think it can again, give another layer of support and understanding. (P4)

Ultimately, participants suggested that working collaboratively towards a shared vision to reduce violence towards women in collaboration across sectors would set a model for societal level change that condemns violence, abuse, and discrimination in all its forms, and in particular that which is overwhelmingly targeted at minoritised and stigmatised communities.

Similarly, another participant stated that there may be instances when existing programmes can be made more neuroinclusive to improve and extend the offer out to neurodivergent people too:

We've gone to [Organisation] recently who offer parenting courses. We don't want to write our own course because one already exists that our members have told us is the best of a bad bunch. So, we've gone to them and we've said, can we make your course more Autistic friendly, and they have been very happy to hear that and they want to work with us. So, it's just finding out where to go, who to get involved in – I don't know. It's as well, trying not to look like you're treading on people's toes to get that involvement and collaboration (P6)

Recommendation 9. Government, policy & commissioning roles

Government, policy makers, and commissioners have a role in ensuring that programme providers and relevant organisations have the resources needed to make sure their services are responsive to neurodivergent men who perpetrate domestic abuse, and to enhance safety for the victim-survivors of their abuse. This should be acknowledged and reflected in policy.

We need to go grass roots up... bring in more lived experience voice... The more we can bring regulation into spaces, as individuals, and humanness, the better it will be for everyone. (P2)

This quote succinctly captures the shared view amongst all the participants interviewed in that policy needs to be constructed from the bottom up. By this they meant that policy agendas need to be grown, informed by, and reflect the needs of (neuro)diverse communities. Lived experience voice underscored how this should be done:

We have to move to lived experience voice, because with all the will in the world, you know, there are agendas, and people pay for agendas to be served and it's all about money, isn't it? So, the more we can position the lived experience voice and what works from that perspective, is a really positive thing. (P2)

However, participants reflected that neurodivergent people are often attacked when they speak out when advocating for a more caring, humane and inclusive

society. Some shared how the neurodiversity movement itself has faced a backlash. While increasing awareness of neurodiversity has led to neurodivergent people positively self-identifying and seeking diagnoses, a moral panic about the rates of ADHD and Autism diagnoses has also come in the wake of progress. To counter such backlash, and to share the emotional labour that awareness raising about neurodivergence can entail, several participants suggested that prominent figures needed to speak out. They suggested that a kind of neurodiversity champion of some sort could be appointed – such as a ‘Neurodivergent Premier’ or Commissioner - who could speak up for those who are marginalised and stigmatised and to undo many years of harmful beliefs and practices:

We're talking about undoing the years and years and centuries of thinking and behaving and it's not just what we think, because we are that person who thinks it. We grew up in that. It's almost like the part of core beliefs that are so difficult to change for the individual person and if you want to change for the individual person, and if you want to change that one core belief, if you have so many - it's generation after generation. (P4)

They also proposed that more neurodivergent people in positions of power was needed to develop and deliver on policy that is neuro-inclusive by design. Some suspected (and named) several people in power that they believed were neurodivergent but said that they either did not know themselves or did not speak out due to fears of being stigmatised themselves:

There are government advisors that are absolutely very clearly Autistic and I think just the role they're in and if we could just be more open about that, that would be great. (P5)

A concern was that there was no will amongst politicians and policy makers to truly invest in the kinds of resources needed to create a more inclusive society in which all people can participate and realise their full potential. By way of example, one participant described how they were involved in unpaid advisory work to improve health care responses to neurodivergent people. However, there were no accommodations put in place to ensure they could fully participate in forums and working groups:

They keep inviting me to go to parliament like with a few days' notice and I don't – I live in [far away Area] so, it's not close and they're not making any accommodations for my needs, but then want someone to talk about neurodivergent people's experience of [health care area]. They're not really making it accessible...It's really arduous and it doesn't really feel like any changes are being made based on real perspectives, just those that can come and do those things. (P6)

This section underscores many of the ideas, hopes and challenges of the previous sections. Achieving a neuroinclusive society, and response to violence and abuse, needs to be developed from the bottom up in collaboration with all of the communities that Governments serve. This requires a commitment to invest in the resources needed and should be spearheaded and supported by those who have the power to change things.

Recommendation 10 & 11 Inclusive research

Embarking on necessary research to understand the experiences and needs of domestic abuse perpetrators, victim-survivors, and practitioners.

“Nothing about us without us”²

In this final section, recommendations 10 and 11 have been drawn together to explore participants’ views on how ethical research with neurodivergent communities should be conducted. The strongest recommendation from all participants was in line with the slogan observed in the quote above, in that research about neurodivergent people should not be conducted without collaboration with them:

So I think that the way to do it is in collaboration. So, identifying a partner organisation who also believes this is a priority or is of interest or is willing to work with you, collaborating with folks with lived experience, I think, in making a difference and what would the research look like. (P1)

This quote underlines the importance of researching alongside organisations that are both passionate about making a difference and have the expertise to deliver on neuroinclusive service provision. This view was echoed by another participant who suggested that neurodivergent-led diagnostic organisations could offer valuable insights for the purposes of research. They said that, in their own experience, they had found their insights really helpful when making sense of their own experiences of neurodivergence presentations and abusive behaviours:

I was able to ask these questions to start to unpick – I asked him, what is neurodivergence and what is abusive and he gave a very clear opinion on that, and as a man, it was really helpful for me to – so there’s the diagnostic organisations, even private ones might have some insight for you. (P2)

Another point of consensus was that research should also be informed by those it represents, so that it “was meaningful and meets what is needed” (P1). Participants stated that conducting research to determine what neurodivergent service users need, should be informed by neurodivergent people, victim-survivors and perpetrators, who access them. Neurodivergent service users would be able to relay presentation differences to inform neuroinclusive approach to interventions:

My first reflection is, it probably needs to be developed with those people, they’re the ones who know best...I think should be involved in saying what’s going to be most useful to them. The other thing that really comes from my mind is around masking and how important it will be to understand how we present. So, for example, a lot of neurodivergent people, myself included, often have very flat affect or don’t have a lot of facial expression or I might be really upset but you might not be able to know it from looking at me or from hearing me, and I think that can be really, really confusing to people. So, I would say that these organisations need to be really neurodivergent informed (P1)

² See Bertilsdotter-Rosqvist et al, 2023
<https://journals.sagepub.com/doi/full/10.1177/13623613221132107>

Participants did, however, share that research recruitment would need to take into consideration that some neurodivergent people are cautious about speaking about their experiences for fear of recrimination:

Usually people talk to us about domestic abuse after. So, the people who have brought it up in our groups, are talking about it in the past. So, I don't know if that will change in the future...But it's at one-to-one's where the deeper things come out because it's one to one with someone that they trust has got the ability to deal with it. So, we've got a lot of people constantly apologising for – "I'm sorry, oh is that too much information?"... I think part of the reason we're not getting people talking about that stuff is because they're afraid that other services will get involved, especially in groups, because you don't know who is listening to you. (P6)

Oh my goodness, yeah, and like that's a minefield in the neurodiversity paradigm. If you're asking only for collecting in data from people who have been officially diagnosed, you know, you can imagine what you're going to hear. Because you've got a point. You really do have a point, and having coached some women, they'll say, I think my husband is Autistic. You know, okay. What does that mean? You're telling me you've been financially abused or whatever, it's not okay. So, yeah, you're really onto something". (P2)

Research would therefore need to be rigorous in its recruitment inclusion and exclusion strategy to ensure important insights were gained across neurodiverse relationships without risking stigmatising neurodivergent people.

Finally, recruitment would also have to be mindful of that while some neurodivergent people will have been able to obtain a diagnosis, many others would not and may therefore self-identify as neurodivergent. Further, there was a concern that victim-survivors may inaccurately raise suspicions that a perpetrator was neurodivergent when this was not the case. The below comment follows a conversation about a research study on neurodiverse relationships in which women were more likely to claim that dissatisfaction in their relationship was owing to their partner's neurodivergence, even though the partner was neither diagnosed nor self-identifying as neurodivergent (Lewis, 2023):

Concluding thoughts: Where to now?

Despite only being able to speak to a handful of neurodivergent people from neurodivergent-led organisations, the insights obtained are significant when considering the way forward in the development of safe and effective, neuroinclusive violence interventions.

The participants were asked to share their views on the recommendations made following interviews with DAPP practitioners (Renehan and Fitz-Gibbon, 2022), who had adapted their ways of working in some way to be more responsive to neurodivergent male perpetrators (and occasionally, victim-survivors). So, what has been learned?

Participants broadly agreed with what DAPP practitioners had said, and validated the recommendations that had been drawn from their practice experiences. The consensus was that neurodivergent people will, undoubtedly, face challenges when accessing and engaging in DAPPs that are developed and delivered by and for neurotypical people.

There is, however, still much more to do. While DAPP practitioners had mainly adapted existing interventions by altering their own approach to make them more inclusive when working with neurodiverse groups, the participants who participated in the current study had, in contrast, built their organisations by and for neurodivergent people from the outset. This has significantly enhanced our understanding of what a truly neuroinclusive service should look like.

The perspectives from neurodivergent-led organisations highlight the importance of developing interventions from the bottom up, drawing from the experiences and expertise of a whole host of neurotypes. This would involve embedding training that

is catered to the learning of all neurotypes. This would mean that neurodivergent people could be upskilled to participate in the domestic abuse sector workforce, and to create a workplace culture that is acceptable to work in.

At a higher level, this is going to take much more work and commitment. Participants underscored the need for political will to change things, and similarly neurodivergent champions at the core of the political establishment. Only through this could there be a whole scale illumination and reparation of the harms neurodivergent people have faced over decades. At the core of this work would be undoing the harmful stereotypes and epistemic injustices that have been created through the tools of a (neurotypical) medical model, and how these have shaped what is known about neurodivergent people, and how many have come to know themselves as a result (Botha, 2021). There was a strong indication that research and services need to be designed alongside neurodivergent people to ensure, as one participant put it, interventions are designed not by what their needs look like from the outside but what they feel like from the inside. Ultimately, the consensus was that designing from the margins (interventions, education, training, research) would benefit everyone.

Recommendations

Participants suggested several areas for domestic abuse interventions that would enhance the recommendations drawn from underpinning research with international domestic abuse practitioners. These are:

1. Collaboration with neurodivergent people to research, develop and deliver services that are representative of the communities they serve.
2. A commitment to re-think education and training curricula so that it is neuroinclusive, upskilling and providing meaningful employment for neurodivergent people.
3. DAPP practitioners to receive compulsory Neurodivergence training that is meaningful and delivered by neurodivergent people and/or with neurotypical people.
4. A truly neuroinclusive and safe workplace culture that neurodivergent people can work, contribute to and thrive in, welcoming both new and existing neurodivergent colleagues in a way that attracts and retains them in the long-term.
5. Commitment at a higher level to drive forward progress, with cross-government agreement to sustain positive change in the long-term.

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About the author

Nicole Renehan is an Assistant Professor in the Centre for Research into Violence and Abuse at Durham University. She specialises in domestic abuse perpetrator programmes and her research interests lie within the area of domestic abuse, both victim-survivors and perpetrators, and workforce development. More specifically, Nicole is interested in the perpetration of gender-based violence, neurodiversity, and mental health and how these complicate and compound families' experiences of abuse and service provision. Nicole has a practice background in domestic abuse within a multi-agency, child protection and also has extensive experience working with young men in secure settings and neurodivergent/disabled children and young people in distress.

Nicole Renehan Durham University Profile
durham.ac.uk/staff/nicole-renehan

Full projects list available at
www.nicolerenehan.com

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Resources

Please find a list of resources and domestic abuse services which may be of interest.

Resources on supporting neurodivergence

Neurodivergent friendly recruitment, Neurodiverse Connection
<https://ndconnection.co.uk/blog/neurodivergent-friendly-recruitment?rq=employment>

Grooming and Coercive Control Summit, Neurodiverse Connection
<https://ndconnection.co.uk/gccsummit2023>

Networks for academics, practitioners and organisations

Neurodivergence in Domestic Abuse Practice Network (NIDA Practice) join here
<https://www.jiscmail.ac.uk/cgi-bin/webadmin?SUBED1=NIDAPRACTICE&A=1>

Neurodivergence in Criminal Justice Network join here

<https://www.uwe.ac.uk/research/centres-and-groups/global-crime-justice-security/neurodivergence-in-criminal-justice>

Domestic abuse services

National Domestic Abuse Helpline: 0808 2000 247
<https://www.nationaldahelpline.org.uk/>

Respect, UK charity stopping perpetrators of domestic abuse.
<https://www.respect.org.uk/pages/about-us>



Durham
University

Department of Sociology

Inspiring the extraordinary

Dr Nicole Renehan
Assistant Professor in Criminology
Department of Sociology
29 Old Elvet,
Durham
DH1 3HN, UK

Centre for Research into Violence
and Abuse (CRiVA). Join for free
[here](#).
Personal website:
www.nicolerenehan.com



 @nikitarenee37

 Nicole Renehan

 @nikitarenee37.bsky.social