

## **INQUIRY INTO PREVALENCE, CAUSES AND IMPACTS OF LONELINESS IN NEW SOUTH WALES**

**Organisation:** Australian Autism Alliance

**Date Received:** 19 November 2024

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### Australian Autism Alliance

### Submission to the [Standing Committee on Social Issues](#), the [National Suicide Prevention Office](#), and the [Suicide Prevention Australia](#)

**About the Australian Autism Alliance:** The Australian Autism Alliance ('the Alliance') aims to provide 'A United Voice for Autism'. As of 1st July 2024, the Alliance is a funded Disability Representative Organisation. It is a national consortium of diverse key autism organisations represented and led by Autistic people, advocacy groups, peak bodies, service providers, and researchers. Reaching over half a million people through its communication channels, the Alliance's work is informed by Autistic people and their families and carers.



### **Language:**

A mix of person-first language (e.g. '*person with disability*' / '*person with Autism*') and identity-first language (e.g. '*disabled person*' / '*Autistic person*') is used throughout this written paper to reflect the diversity of preference in the disability community.

### **Acknowledgments:**

We acknowledge the Traditional Owners of Country throughout Australia, on which we all gather, live and work. We acknowledge your Elders and communities, and respect your enduring connection to the lands, seas, skies and waters.

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We recognise and thank emphatically all the Autistic and disabled people who contributed to this submission. We recognise their vital contribution and value the courage of those who share their unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

**Content Warning:** Ableism, child sex abuse ('CSA'), sexual assault & sexual harassment ('SASH'), & suicide.

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## Executive Summary:

The Australian Autism Alliance welcomes the opportunity to consult on and provide a submission to the Joint Standing Committee's [Inquiry into the Prevalence, Causes and Impacts of loneliness in New South Wales](#). We commend this initiative taken by the Minister for Mental Health, Rose Jackson, and the Parliamentary Standing Committee on Social Issues to examine the extent, causes, and impacts of loneliness – and how we may assist identifying those most at risk of social isolation in the state.

We also are tendering this submission as part of the consultations on the [National Suicide Prevention Strategy](#) and the [NSW Suicide Prevention legislation](#) respectively – due to the correlations between loneliness, isolation, suicidality, and victimisation. Indeed, we believe that in order to address the impacts of loneliness, we must address the causal factors for suicidal ideation – and vice-versa.

This written submission complements and supplements any views which we are willing to express verbally – in a face-to-face meeting. We firmly believe that Autistic people, especially Autistic victim-survivors, and their families/carers should have equitable access to supports. This is without fear of re-traumatisation and re-victimisation, that facilitates social reintegration and addresses high rates of suicidal ideation.

In summary our recommendations are:

- **Recommendation 1:** Federal and State/Territory Governments – in consultation with Autistic victim-survivors, their families/carers & the autism community - should ensure a whole-of-government, autism-affirmative implementation of **suicide prevention** and **social integration programs** which interfaces directly with the [National Autism Strategy](#) and the [National Roadmap to Improve the Health and Mental Health of Autistic People](#).

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- Part of this task must involve recognising Autistic people as a **priority group** due to the higher risk of loneliness, social isolation, suicidal ideation, and victimisation.
  - Part of this task must involve entrenching **autism-specific actions** – including **sensory affirmative practices** – within the policies and practices of both national and state/territory suicide prevention programs.
  - **Recommendation 2:** Federal and State/Territory Governments work directly with Autistic victim-survivors, their families/carers & the autism community to ensure intersectional implementation of suicide prevention policies, Victim Services Schemes, and other supports for Autistic victim-survivors of child sexual abuse (CSA).
    - Part of this task must involve co-creation (co-design, co-develop, and co-implement) of an evidence-based, lifespan-focused health and wellbeing strategy for Autistic people – such as a **NSW Roadmap to Improve the Health and Mental Health of Autistic People** – that will provide autism-specific guidance and assistance on a **state/territory** level.
    - Part of this task must involve interfacing the **NSW Roadmap to Improve the Health and Mental Health of Autistic People** (and any other **state/territory-level interventions**) with the [National Autism Strategy](#), the [National Roadmap to Improve the Health and Mental Health of Autistic People](#), the [National Plan to End Violence against Women and Children 2022-2032](#), and the [National Suicide Prevention Strategy](#).
  - **Recommendation 3:** Federal and State/Territory Governments – in consultation with Autistic victim-survivors, their families/carers & the autism community – should invest in more targeted research, data capture strategies, and stakeholder engagement strategies that specifically address the needs of Autistic people with a priority focus on Autistic victim survivors.

Part of this task must involve identifying and targeting priority Autistic cohorts disproportionately experiencing CSA and other forms of victimisation, Autistic

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priority cohorts includes Autistic people with **high support and dependency needs**, and **First Nations** and **CALD/CARM** communities.

- **Recommendation 4:** Federal and State/Territory Governments – in consultation with Autistic victim-survivors, families/carers & the autism community – should ensure that the programs & policies for Autistic victim-survivors, such as programs addressing **suicidality** and **social isolation**, accommodate the needs of Autistic victim-survivors and ensure that all reasonable adjustments identified by Autistic victim-survivors are promptly implemented. Part of this task must involve:
  - consideration of the interaction between the *mental health system* and the *criminal justice system*, as exemplified by the **National Redress Scheme**, the **NSW Victims Support Scheme** and **Commonwealth** and **State Ombudsmen**.
  - consideration of resolution mechanism (as opposed to complaints mechanisms) within the *health system*, the *justice system*, *education system* (at all levels – including preschool, primary, secondary and tertiary education), and other government systems.
- **Recommendation 5:** Federal & State/Territory Governments – in consultation with Autistic victim-survivors, their families/ carers & the autism community – should develop a targeted communication and engagement strategy for Autistic victim-survivors and Autistic-led and autism-informed independent advocacy services.
  - Part of this task must involve prioritising the provision – across both a Federal and state/level of appropriate training on **autism** and **neurodiversity**.
    - This training must be **trauma-informed** and **culturally safe** and also encompass topics which are pertinent to Autistic people, such as [supported decision-making](#), [dignity of risk](#), and [complex communication needs](#).
    - This training must be provided to all government staff administering the **National Redress Scheme**, the **NSW Victims Support Scheme**, the **Redress Support Services**, and the [wider ecosystem](#) at not only the **Department of Social Services** and the **National Suicide Prevention**

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Office but also the **NSW Ministry of Health**, the **NSW Police**, the **NSW Department of Communities and Justice** and the **NSW Department of Education**.

- **Recommendation 6**: Federal and State/Territory Governments, – in consultation with Autistic victim-survivors, their families/carers & the Autism community – should implement urgent actions to address the stigma, vilification, and misinformation which is propagating the disengagement of Autistic victim-survivors but Autistic people and their families/carers in general.
  - These actions must be implemented and delivered in conjunction with the [National Autism Strategy](#), the [National Roadmap to Improve the Health and Mental Health of Autistic People](#), and the [Multicultural Framework Review](#) – in order to ensure consistency in programs and to maximise impact.
- To remediate the stigma and vilification, Federal and State/Territory Governments should — in line with [Volume 4 of the DRC Final Report](#), especially **Recommendation 4.29** and **Recommendation 4.30** — prioritise:
  - amending Commonwealth and state/territory legislation, such as the *Disability Discrimination Act 1992* (Cth) or the *Anti-Discrimination Act 1977* (NSW), to prohibit disability vilification; and
  - harmonising the current tests for vilification laws with the test for vilification in the *Racial Discrimination Act 1975* (Cth).
- **Recommendation 7**: Federal & State/Territory Governments – in consultation with Autistic victim-survivors & the autism community – should review the accessibility and suitability of current mental health supports ('*Counselling and Psychological Care*') offered by the National Redress Scheme and the NSW Victims Support Scheme, with a view of expanding the range of psychotherapeutic supports to accommodate **non-verbal** psychological care.
  - Examples of evidence-based, non-verbal psychological care can include Art Therapy, Music Therapy, and Assistance Animals.



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- Part of this review must include examining the DVA's [Psychiatric Assistance Dog Program](#) and the potential utility of integrating a similar program into the *Counselling and Psychological Care* offered by the National Redress Scheme and NSW Victims Support Scheme.
  - **Recommendation 8:** Federal & State/Territory Governments – in consultation with Autistic victim-survivors, families/carers & the autism community – should review the current government policies on assistance animals and develop a **National Assistance Animal Framework** that meets the needs of people with PTSD, especially Autistic victim-survivors.
    - Part of this review must examine Queensland's *Guide, Hearing and Assistance Dogs Act 2009* (Qld) – with the aim of developing similar state/territory accreditation for NSW, Victoria, Tasmania, and NT.
    - Part of this review must consider the interface with the [National Autism Strategy](#), the [National Roadmap to Improve the Health and Mental Health of Autistic People](#), the [National Plan to End Violence against Women and Children 2022-2032](#) and the [National Suicide Prevention Strategy](#).
  - **Recommendation 9:** Federal & State/Territory Governments – in consultation with Autistic victim-survivors, their families/carers & the autism community – should review and improve the **cultural competency** of not only the *Counselling and Psychological Care* offered by the National Redress Scheme and NSW Victims Support Scheme but also suicide prevention providers within the mental health sector at large, with the view of better supporting Autistic victim-survivors with a special focus on First Nations, CALD/CARM communities and Autistic people with high support and dependency needs.
    - Part of this review must be delivered in conjunction with the [National Autism Strategy](#), the [National Roadmap to Improve the Health and Mental Health of Autistic People](#), and the [Multicultural Framework Review](#) – in order to de-silo programs and policies that impact Autistic victim-survivors.





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- Part of this task must involve entrenching **autism-specific actions** – including **sensory affirmative practices** – within the policies and practices of both national and state/territory suicide prevention programs.
- Part of this task must involve prioritising the provision – across both a Federal and state/level – of appropriate training on **autism** and **neurodiversity**. This training must be **trauma-informed** and **culturally safe** and also encompass topics which are pertinent to Autistic people , such as [supported decision-making](#), [dignity of risk](#), and [complex communication needs](#).

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## Terms of Reference:

### I. Extent of Loneliness, Social Isolation, & Suicidality experienced by Autistic People

1. Loneliness and social isolation are significant issues in not only NSW but also Australia at large, affecting various demographics – especially Autistic individuals. Research indicates that Autistic people experience loneliness and social isolation more acutely and more frequently than their neurotypical peers, which potentiates their heightened risk of self-harm and suicidal ideation.<sup>1</sup> Indeed, **66%** of recently diagnosed Autistic adults have thought of suicide – and **35%** have made plans or attempts.<sup>2</sup> Due to the high prevalence and extent of suicidality and loneliness among Autistic individuals, researchers reinforce the need for improved, trauma-informed, and neuro-inclusive data capture techniques that consider the unique experiences of Autistic individuals – especially those who are victim-survivors and those who are pressured to camouflage.<sup>3</sup>
2. Autistic individuals face significant, systemic barriers in accessing government supports, including those relating to social services, family and community supports, education supports, and health and mental health supports – such as community-level interventions typically proffered to address loneliness, wellbeing, and mental ill-health writ large.<sup>4</sup>

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<sup>1</sup> Darren Hedley et al, 'Understanding depression and thoughts of self-harm in autism: A potential mechanism involving loneliness' (2018) 46 *Research in Autism Spectrum Disorders* 1.

<sup>2</sup> See, eg, Darren Hedley & Mirko Uljarević, 'Systematic Review of Suicide in Autism Spectrum Disorder: Current Trends and Implications' (2018) 5 *Current Developmental Disorders Reports* 65; Sarah Cassidy et al, 'Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: a clinical cohort study' (2014) 1(2) *Lancet Psychiatry* 142; Sarah Cassidy & Jacqui Rodgers, 'Understanding and prevention of suicide in autism' (2017) 4(16) *Lancet Psychiatry* e11; Michele Raja, 'Suicide risk in adults with Asperger's syndrome' (2014) 1(2) *Lancet Psychiatry* 99; Darren Hedley et al, 'Understanding depression and thoughts of self-harm in autism: A potential mechanism involving loneliness' (2018) 46 *Research in Autism Spectrum Disorders* 1.

<sup>3</sup> Ibid. See also Sarah Cassidy et al, 'Is Camouflaging Autistic Traits Associated with Suicidal Thoughts and Behaviours? Expanding the Interpersonal Psychological Theory of Suicide in an Undergraduate Student Sample' (2020) 50(10) *Journal of Autism & Developmental Disorders* 3638.

<sup>4</sup> See, eg, Brenna Maddox et al, 'Mental Health Services for Autistic Individuals Across the Lifespan: Recent Advances and Current Gaps' (2021) 23(10) *Current Psychiatry Reports* 66; Cos Michael, 'Is

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Underscoring the systemic barriers faced by Autistic Australians and the explicit need to treat Autistic people as a **priority cohort**, the Senate Select Committee on Autism reported key statistics, such as:

- 2.1. Autistic people have a life expectancy **20–36** years shorter than the general population, with over **two** times the mortality rate;
  - 2.2. **75%** of Autistic people do not complete education beyond Year 12; and
  - 2.3. the unemployment rate for Autistic people is almost eight times the rate of people without disability.
  - 2.4. Autistic individuals are significantly more likely to think about, attempt, and die by **suicide** than the general population, whereby Autistic people without intellectual disability have a suicide risk **7** times higher compared to the general population.<sup>5</sup>
3. Moreover, Autistic people – especially Autistic victim-survivors – experience risk factors that further victimisation and social isolation, stymying both recognition and redress of abuse.<sup>6</sup> These risk factors include more frequent encounters with community-based mental health settings and other forms of contact through which a perpetrator can isolate an Autistic child as a potential target of isolation and abuse.<sup>7</sup> These high rates of isolation and victimisation directly contribute to the disproportionately high rates of loneliness,

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Being Othered a Co-Occurring Condition of Autism?’ (2021) 3(2) *Autism in Adulthood* 118; Vanessa Vogan et al, ‘Tracking health care service use and the experiences of adults with autism spectrum disorder without intellectual disability: A longitudinal study of service rates, barriers and satisfaction’ (2017) 10(2) *Disability and Health Journal* 264.

<sup>5</sup> See especially Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life Outcomes for Autistic Australians (2022) [3.2]-[3.4]. See also Vanessa Vogan et al, ‘Tracking health care service use and the experiences of adults with autism spectrum disorder without intellectual disability: A longitudinal study of service rates, barriers and satisfaction’ (2017) 10(2) *Disability and Health Journal* 264. Research underscores that Autistic people without intellectual disability, due to the conflation of Autism and Intellectual Disability within health systems, are experiencing discrimination and barriers due to the lack of autism-specific healthcare.

<sup>6</sup> See Meredyth Goldberg Edelson, ‘Sexual Abuse of Children with Autism: Factors that Increase Risk and Interfere with Recognition of Abuse’ (2010) 30(1) *Disability Studies Quarterly* 1.

<sup>7</sup> David Mandell et al, ‘The prevalence and correlates of abuse among children with autism served in comprehensive community-based mental health settings’ (2005) 29(12) *Child Abuse & Neglect* 1359

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mental ill-health, and suicidality reported amongst Autistic people – especially Autistic people without intellectual disability.<sup>8</sup>

4. One systematic review underscored the heterogeneous prevalence of victimisation amongst Autistic people – with **16%** having experienced **child sex abuse** ('CSA'), **47%** having experienced bullying, **40%** having experienced sexual victimisation, and **84%** having experienced multiple forms of victimisation, which in many instances remain underreported and unaddressed to the detriment of the victim-survivor and their family.<sup>9</sup> In addition, Autistic Australians experience higher levels of loneliness than neurotypical, non-Autistic people, correlating with higher levels of suicidality and depressive symptoms.<sup>10</sup>
5. Furthermore, revictimisation, retraumatisation, and institutional trauma are evident as recurrent themes, with one study noting that **75%** of victim-survivors reporting that their first experience occurred during childhood.<sup>11</sup> The collocation of multiple traumas and marginalisation has featured in the qualitative analysis of the reports from Autistic victim-survivors.<sup>12</sup> Notably, these collocations of social isolation and traumatisation are resulting in heightened suicidality for Autistic people, who are consequently experiencing higher

<sup>8</sup> See, eg, Vanessa Vogan et al, 'Tracking health care service use and the experiences of adults with autism spectrum disorder without intellectual disability: A longitudinal study of service rates, barriers and satisfaction' (2017) 10(2) *Disability and Health Journal* 264; Victoria Newell et al, 'A systematic review and meta-analysis of suicidality in autistic and possibly autistic people without co-occurring intellectual disability' (2023) 14(12) *Molecular Autism* 1; Dheeraj Rai et al, 'Association Between Autism Spectrum Disorders With or Without Intellectual Disability and Depression in Young Adulthood' (2018) 1(4) *JAMA Network* e18146.

<sup>9</sup> Grace Trundle et al, 'Prevalence of Victimisation in Autistic Individuals: A Systematic Review and Meta-Analysis' (2023) 24(4) *Trauma, Violence & Abuse* e152483802210936. See also Fabienne Cazalis et al, 'Evidence That Nine Autistic Women Out of Ten Have Been Victims of Sexual Violence' (2022) 16 *Frontiers in Behavioral Neuroscience* e852203.

<sup>10</sup> See, eg, Dheeraj Rai et al, 'Association Between Autism Spectrum Disorders With or Without Intellectual Disability and Depression in Young Adulthood' (2018) 1(4) *JAMA Network* e18146; Melissa Paquette-Smith, Jonathan Weiss, and Yona Lunsy, 'History of suicide attempts in adults with Asperger syndrome' (2014) 35(4) *Crisis* 273; Dheeraj Rai et al, 'Association of Autistic Traits with Depression from Childhood to Age 18 Years' (2018) 75(8) *JAMA Psychiatry* 835.

<sup>11</sup> *Ibid.*

<sup>12</sup> See generally Vicki Gibbs & Elizabeth Pellicano, 'Maybe we just seem like easy targets': A qualitative analysis of autistic adults' experiences of interpersonal violence' (2023) 27(7) *Autism* 2021.

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rates of suicidal ideation and behaviour, including in Autistic children **under 10 years old**.<sup>13</sup>

6. Despite Australia's dearth of autism-specific research on CSA and autism-specific research on suicidality and loneliness, international research – including that concerning not only Autistic people but also people with neurodevelopmental disabilities writ large – indicates the rates of victimisation for children with developmental conditions double of that for neurotypical children.<sup>14</sup> Concerningly, research illuminates how the vulnerability of Autistic people – particularly due to **isolation** and **bullying** – would potentiate social isolation, which would not only lead to their targeting by perpetrators but also increase the risk of further abuse.<sup>15</sup>
7. However, despite the collocation of trauma, abuse, and isolation experienced by Autistic victim-survivors, national and state/territory programs regarding suicidality and isolation – such as the draft [National Suicide Prevention Strategy](#) and the consultation papers regarding the proposed [NSW Suicide Prevention Legislation](#) – has so far acknowledged neither Autistic victim-survivors and their lived experience nor the National Autism Strategy.
8. The Autism community and Autistic people are noticing the ongoing lack of policy integration with the [National Autism Strategy](#) (and the [National Roadmap to Improve the Health and Mental Health of Autistic People](#)). Indeed, **Lauren\***, an Autistic victim-survivor, described her lived experience of surviving suicide and assault – and why policies must recognise Autistic people as a priority cohort:

<sup>13</sup> Victoria Newell et al, 'A systematic review and meta-analysis of suicidality in autistic and possibly autistic people without co-occurring intellectual disability' (2023) 14(12) *Molecular Autism* 1. See also Kairi Kõlves et al, 'Assessment of Suicidal Behaviors Among Individuals With Autism Spectrum Disorder in Denmark' (2021) 4(1) *JAMA Network e2033565*.

<sup>14</sup> See, eg, Renitta Goldman, 'Children and youth with intellectual disabilities: Targets for sexual abuse' (1994) 41(2) *International Journal of Disability, Development and Education* 89; Grace Trundle et al, 'Prevalence of Victimisation in Autistic Individuals: A Systematic Review and Meta-Analysis' (2023) 24(4) *Trauma, Violence & Abuse* e 152483802210936; Vide Ohlsson Gotby et al, 'Childhood neurodevelopmental disorders and risk of coercive sexual victimization in childhood and adolescence – a population-based prospective twin study' (2018) 59(9) *Journal of Child Psychology and Psychiatry* 957.

<sup>15</sup> Grace Trundle et al, 'Prevalence of Victimisation in Autistic Individuals: A Systematic Review and Meta-Analysis' (2023) 24(4) *Trauma, Violence & Abuse* e 152483802210936.



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- 8.1. *“Nobody [working in government] cares about the **National Autism Strategy** or the **National Roadmap** [to improve the Health and Mental Health of Autistic People]. So, what if we had a Disability Royal Commission or a Senate Inquiry into Autism? None of the recommendations are being implemented. We are still... not being treated as a **priority cohort**. The Federal Government is spending all this money, claiming that Autistic people matter, but where are the mentions of Autistic people in the **National Suicide Prevention Strategy**? Where are the mentions of Autistic people in the **NSW Suicide Prevention Legislation**? Where are the mentions of Autistic **deaths in hospital settings**? How many more Autistic people need to **die from suicide**, after being **isolated** from their communities, until governments finally listen to Autistic people?”*
9. In fact, the Senate Select Committee on Autism noted that generic disability and generalised suicide prevention approached have failed to address the discrete challenges and enablers of Autistic people – and that therefore recommended that the National Autism Strategy harmonised with national, state, and territory-based strategies and policies regarding disability and mental health... to ‘*ensure that suicide prevention approaches for people with [autism] are **prioritised** in policy with appropriate resources to create systemic change*’ – especially to ensure that vulnerable Autistic people, such as Autistic children, are appropriately supported in social reintegration.<sup>16</sup>
10. Despite the recommendations and call to action to ensure that Autistic people are treated as a priority cohort within disability and mental health policies (especially regarding suicidality and social isolation), much of the materials and resources concerning suicide prevention and social isolation espouses *solely* a generalised approach – as opposed to incorporating neurodiversity-affirmative and autism-specific approaches that acknowledges the disproportionately higher suicide rates and victimisation experienced by Autistic people compared to the generalised disability cohort.<sup>17</sup> Without acknowledging

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<sup>16</sup> Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life Outcomes for Autistic Australians (2022) [14.28]. See also Susan Dickerson Mayes et al, ‘Suicide ideation and attempts in children with autism’ (2013) 7(1) *Research in Autism Spectrum Disorders* 109.

<sup>17</sup> See, eg, Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life Outcomes for Autistic Australians (2022) [3.17]; Darren Hedley & Mirko Uljarević, ‘Systematic Review



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the high isolation, victimisation, and suicide rates experienced by Autistic people, many Autistic victim-survivors may continue to face obstacles in not only reporting abuse and in pursuing justice but also integrating into mainstream society.<sup>18</sup>

11. The collocation of racism and ableism further affects Autistic people from Culturally & Racially Marginalised ('CARM') backgrounds.
12. As **Vanessa\***, a D/deaf and Autistic woman from a migrant background, described in her lived experience as a victim-survivor:
  - 12.1. *"Why should any of us trust the **police**, the **courts**, or the **legal system**? Why should **Autistic people** do that? Why should **immigrants** do that? The whole justice system consists of white people who only see the demographic of my race, the colour of my skin, and the presumption of my disability. When I reported the assault, the police officer told me that I must have **misremembered**. He said that **Autistic** people do that. He said that people like me... are **r\*\*\*\*\*ed**."*
13. In fact, the final report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability recommends an intersectional reform — which would concurrently address both racism and ableism,<sup>19</sup> insofar as CALD/CARM people with disability 'experience more violence and abuse than those without disability' — at **33%** compared with **23%**.<sup>20</sup>
14. The Disability Royal Commission's recommendations for intersectionality apply to supports and policies to address loneliness, social isolation, and suicidal ideation – such as the National Suicide Prevention Strategy, the NSW Inquiry into the Prevalence, Causes, and Impacts of Loneliness, and NSW Suicide Prevention legislation.

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of Suicide in Autism Spectrum Disorder: Current Trends and Implications' (2018) (5)(1) *Current Developmental Disorders Reports* 65.

<sup>18</sup> Helen Williams & Alison Jobe, 'Testimonial injustice: exploring 'credibility' as a barrier to justice for people with learning disabilities/autism who report sexual violence' (2024) *Disability & Society* <<https://doi.org/10.1080/09687599.2024.2323455>>.

<sup>19</sup> Ibid. See also Ilias Bantekas, 'Article 7 Children With Disabilities', in Ilias Bantekas, Michael Ashley Stein and Dimitris Anastasiou (eds), *The UN Convention on the Rights of Persons with Disabilities: A Commentary* (Oxford University Press, 2018) 198.

<sup>20</sup> Commonwealth, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report* (2023) vol 3, 12-14.



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15. Indeed, both the Disability Royal Commission and the Senate Select Committee on Autism noted that policies and programs affecting First Nations and CALD/CARM people with disability would require cooperation and integration of the Federal Government and the states/territories.<sup>21</sup> Similarly, policies and programs affecting Autistic people with high support and dependency needs – due to the complex interplay between the National Disability Insurance Scheme ('NDIS') and the state/territory systems – rely upon cross-jurisdictional implementation, especially during life-stage transitions.<sup>22</sup>
16. Without a state/territory-level interface, many national policies – as well-intentioned as they are – may fail to actualise material outcomes for Autistic, CALD/CARM people, who are experiencing discrimination across not only the health sector but also the migration and education sectors. Because CALD/CARM people with disability interact with both state/territory agencies and Federal departments, cross-jurisdictional interaction – through implementing autism-specific programs on both a Federal and state/territory level – is vital to intersectionality.<sup>23</sup>
17. Similarly, the barriers reported by Autistic people from First Nations communities – such as the lack of culturally competent supports – demonstrate the urgent need for state/territory-level implementation of autism strategies, insofar as states and territories are often responsible for the delivery of public health services.<sup>24</sup>
18. Moreover, barriers experienced by Autistic people with high support needs, LGBTQIA+ Autistic people, and Autistic people from lower socioeconomic backgrounds – such as

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<sup>21</sup> See, eg, Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life Outcomes for Autistic Australians (2022) [14.20]-[14.27]; Commonwealth, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report* (2023) vol 4.

<sup>22</sup> Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life Outcomes for Autistic Australians (2022) [2.38]; [6.122]-[6.127]. See also Marie Huska, & Alexandra Devine, & Lucio Naccarella. "If there is a Dream there, Don't Squash it!": School to Life-after-School Transition Experiences of Autistic Youth within Australia's National Disability Insurance Scheme' (2023) 2(1) *International Journal of Educational and Life Transitions* 22.

<sup>23</sup> Ibid. See also Toby Freeman et al, 'Challenges facing primary health care in federated government systems: Implementation of Primary Health Networks in Australian states and territories' (2021) 125(4) *Health Policy* 495.

<sup>24</sup> See Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life Outcomes for Autistic Australians (2022) [7.23]-[7.30].



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more frequent and/or adversarial interactions with the state/territory justice system – potentiate the risk of poverty.<sup>25</sup> In turn, the increased risk of poverty can limit the outcomes realisation of national policies such as the [National Autism Strategy](#) or the [National Suicide Prevention Strategy](#), insofar as only certain states or territories – such as [ACT](#), [Victoria](#), or [South Australia](#) – have state/territory strategies to improve the outcomes of Autistic people.

19. For further information on the validity of a state/territory-level autism strategy, we have written to NSW Ministers, asking for a **NSW Autism Strategy**, and can provide the letters upon request.

Consequently, we are providing the following recommendations in our submission:

- **Recommendation 1**: Federal and State/Territory Governments – in consultation with Autistic victim-survivors, their families/carers, & the autism community – should ensure a whole-of-government, autism-affirmative implementation of **suicide prevention** and **social integration programs** which interfaces directly with the [National Autism Strategy](#) and the [National Roadmap to Improve the Health and Mental Health of Autistic People](#).
  - Part of this task must involve recognising Autistic people as a **priority group** for higher risk of loneliness, social isolation, suicidal ideation, and victimisation.
  - Part of this task must involve entrenching **autism-specific actions** – including **sensory affirmative practices** – within the policies and practices of both national and state/territory suicide prevention programs.

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<sup>25</sup> See also Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life Outcomes for Autistic Australians (2022) [7.12]-[7.18]; [7.39]-[7.47]; [16.1]-[16.73].



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- **Recommendation 2:** Federal and State/Territory Governments work directly with Autistic victim-survivors, their families/carers, & the autism community to ensure intersectional implementation of suicide prevention policies, Victim Services Schemes, and other supports for Autistic victim-survivors of child sex abuse ('CSA').
  - Part of this task must involve [co-creation](#) (co-design, co-develop, and co-implement) of an evidence-based, lifespan-focused health and wellbeing strategy for Autistic people – such as a **NSW Roadmap to Improve the Health and Mental Health of Autistic People** ('*NSW Autism Roadmap*') – that will provide autism-specific guidance and assistance on a **state/territory** level.
  - Part of this task must involve interfacing the aforementioned **NSW Autism Roadmap** (and other **state/territory-level interventions**) with the [National Autism Strategy](#), the [National Roadmap to Improve the Health and Mental Health of Autistic People](#), the [National Plan to End Violence against Women and Children 2022-2032](#), and the [National Suicide Prevention Strategy](#).

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## Terms of Reference:

### II. Identification of Autistic People who are most at risk.

1. **Autism-specific Data & Research:** The first intervention that is urgently recommended is procuring more **data** and **research** on Autistic Australians – especially those who are victim-survivors of child sexual abuse (CSA) – and their experiences with **isolation** and **suicidality**. As the final report of the Royal Commission into Institutional Responses to Child Sexual Abuse notes, most Australian research adopts generalised approaches to not only CSA but also victimisation, isolation, and suicidality, conflating all children with disability as a homogenous group – as opposed to recognising, as international studies and global comparators do, the higher risk factors faced by Autistic children and children with neurodevelopmental conditions.<sup>26</sup>
2. The lack of data and research is further compounded for Autistic Australians from diverse backgrounds, such as First Nations people and CALD/CARM communities.<sup>27</sup> The lack of autism-specific research regarding victim-survivors, let alone culturally responsive research regarding Autistic, CARM victim-survivors, would widen policy gaps and poorer life outcomes experienced by Autistic victim-survivors from diverse backgrounds.<sup>28</sup>
3. Due to the societal stigma around autism and the high collocation of isolation, victimisation, and suicidality amongst Autistic people, it is vital to Australian victim-survivors that governments ensure that policies & strategies – such as **suicide**

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<sup>26</sup> Commonwealth, Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 2, 23.

<sup>27</sup> See also Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life outcomes for Autistic Australians (2022) [7.34].

<sup>28</sup> See, eg, Kairi Kõlves et al, 'Assessment of Suicidal Behaviors Among Individuals With Autism Spectrum Disorder in Denmark' (2021) 4(1) *JAMA Network* e2033565; Karola Dillenburger, Lyn McKerr, & Julie-Ann Jordan, 'Lost in Translation: Public Policies, Evidence-based Practice, and Autism Spectrum Disorder' (2014) 61(2) *International Journal of Disability, Development and Education* 134.

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- prevention mechanisms on both a **Federal** and **state/territory level** – continue procuring data and research on the lived experience of Autistic Australians in particular.
4. **Autism-led Accountability**: Secondly, Federal & State/Territory Governments should interrogate why many Autistic people, especially Autistic victim-survivors, do not wish to engage with services and programs administered by government agencies, such as the Commonwealth's Department of Social Services or the NSW Department of Communities & Justice.
  5. Building upon the research into betrayal trauma experienced by victim-survivors, the term '*institutional betrayal*' refers to wrongdoings perpetrated by an institution upon individuals dependent on that institution – including failure to prevent or respond supportively to wrongdoings committed within the context of the institution.<sup>29</sup> For many Autistic victim-survivors, the collective trauma that many of them had experienced across their lifespan – including that of forced hospitalisations or Robodebt – exacerbate their lived experience of institutional betrayal and hence their lived experience of anxiety.<sup>30</sup>
  6. Unless remediated through institutional courage which is defined as an institutional commitment to transparency and accountability, any institutional betrayal and betrayal trauma can discourage and disincentivise victim-survivors from feeling comfortable to report and disclose.<sup>31</sup> This need for institutional courage is particularly relevant for Autistic victim-survivors, insofar as research indicates that they are less likely to see their cases successfully proceed through the criminal justice system.<sup>32</sup> Therefore, we recommend that

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<sup>29</sup> Alec Smidt & Jennifer Freyd, 'Government-mandated institutional betrayal' (2018) 19(5) *Journal of Trauma & Dissociation* 491. See also Jennifer Freyd & Alec Smidt, 'So you want to address sexual harassment and assault in your organization? Training is not enough; Education is necessary' (2019) 20(5) *Journal of Trauma & Dissociation* 489.

<sup>30</sup> See, eg, Valerie Braithwaite, 'Beyond the bubble that is Robodebt: How governments that lose integrity threaten democracy' (2020) 55(3) *Australian Journal of Social Issues* 242; Carly Parnitzke Smith & Jennifer Freyd, 'Dangerous Safe Havens: Institutional Betrayal Exacerbates Sexual Trauma' (2013) 26(1) *Journal of Traumatic Stress* 119.

<sup>31</sup> *Ibid.*

<sup>32</sup> Helen Williams & Alison Jobe, 'Testimonial injustice: exploring 'credibility' as a barrier to justice for people with learning disabilities/autism who report sexual violence' (2024) *Disability & Society* <<https://doi.org/10.1080/09687599.2024.2323455>>.

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programs & policies – targeting loneliness and suicidality – ensure that **Autistic-led accountability** is centred in decision-making processes.

7. **Autism-informed Engagement**: Thirdly, a paucity of resources exists regarding forensically interviewing and supporting **Autistic victim-survivors** – such as victim-survivors of assault, CSA, discrimination, and other crimes that contribute to isolation and suicidality.<sup>33</sup> Without such resources around interviewing and communicating with Autistic victim-survivors of CSA, the policies & programs targeting isolation and suicidality may continue to be inaccessible for many Autistic people. Targeted engagement and communication strategies are necessary.
8. Moreover, many Autistic victim-survivors may present as non-verbal, while others may ‘camouflage’ their Autistic differences and difficulties, thereby stymying the provision of targeted and individualised support.<sup>34</sup> In light of any communication differences from neurotypical peers, many Autistic people may request reasonable adjustments – pursuant to the *Disability Discrimination Act 1992* (Cth) or the *Anti-Discrimination Act 1977* (NSW) – that are not a ‘one-size-fits-all’.<sup>35</sup> Because autism– also known as ‘*Autism Spectrum Disorder*’ (‘ASD’) – is a spectrum condition which can manifest and present in a manifold of different ways, a communication modality that may work for one Autistic person may not necessarily work for another.<sup>36</sup>

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<sup>33</sup> See generally Meredyth Goldberg Edelson, ‘Challenges in determining whether youth with autism spectrum disorder have been sexually abused: implications for forensic interviewing’ (2023) 25(2) *Journal of Forensic Practice* 152.

<sup>34</sup> Julia Cook et al, ‘Camouflaging in autism: A systematic review’ (2021) 89 *Clinical Psychology Review* e102080.

<sup>35</sup> See especially Senate Select Committee on Autism, Parliament of Australia, *Services, Support and Life Outcomes for Autistic Australians* (2022) [6.135]–[6.137]. See also Commonwealth, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report* (2023) vol 4.

<sup>36</sup> Australian Autism Alliance, Submission No 52 to Senate Select Committee on Autism, Parliament of Australia, *Senate Inquiry into Services, Support, and Life Outcomes for Autistic Australians* 1-3. See also Clair Haydon et al, ‘Autism: making reasonable adjustments in healthcare’ (2021) 82(12) *British Journal of Hospital Medicine* 1.

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9. However, reasonable adjustments – including those required to accommodate the sensory and communication differences of Autistic people – are often not provided in practice.<sup>37</sup> Clinicians, advocates, and support services – as well as government staff at the Australian Public Service ('APS') and state/territory departments – are often reported to have a poor understanding of autism and concomitant sensory-communication needs.<sup>38</sup> Furthermore, the Final Report of the Senate Select Committee on Autism cautions against generalist approaches and generalist advocacy services for Autistic people, illuminating the shortcomings of generalised disability advocacy services in supporting Autistic people & their families.<sup>39</sup>
10. Indeed, the Final Report describes several instances of generalised disability advocacy services lacking a fundamental understanding of autism, thereby compounding the isolation and service fragmentation experienced by the Autistic person.<sup>40</sup> Autistic voices are missing, including those with complex communication needs, which can further alienate Autistic people who are already facing stigma and discriminatory myths in the community.<sup>41</sup> Illuminating the critical lack of autism-inclusive knowledge, the majority of Redress Support Services – for victim-survivors of CSA – are not Autistic-led and/or have neuro-affirmative practices, despite the high prevalence of victimisation amongst Autistic

<sup>37</sup> Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life outcomes for Autistic Australians (2022) [6.135]-[6.137].

<sup>38</sup> Ibid [14.111]-[14.112]. See also Brenna Maddox et al, "I wouldn't know where to start": Perspectives from clinicians, agency leaders, and autistic adults on improving community mental health services for autistic adults' (2019) 24(4) *Autism* 919; Christina Nicolaidis et al, "Respect the way I need to communicate with you": Healthcare experiences of adults on the autism spectrum' (2015) 19(7) *Autism* 824.

<sup>39</sup> Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life outcomes for Autistic Australians (2022) [9.17]-[9.30].

<sup>40</sup> Ibid.

<sup>41</sup> See especially Sandra Jones et al, 'Autism in Australia: Community Knowledge and Autistic People's Experiences' (2021) 51(10) *Journal of Autism and Developmental Disorders* 3677



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- people.<sup>42</sup> These gaps in services can further ostracise and disengage Autistic victim-survivors, thereby potentiating them further to suicidality and social isolation.<sup>43</sup>
11. The stigma around autism further substantiates the pressing need to remediate the **nation-wide lack of autism-specific protocols** (including those regarding communication adjustments), which hinder Autistic victim-survivors from engaging with government programs. Almost **1 in 5** people, according to one Australian study,<sup>44</sup> held prejudicial and ill-informed views that Autistic people were violent and dangerous, even though Autistic people were more likely to be victims of crime rather than perpetrators.<sup>45</sup>
  12. This stigma is discouraging and disenfranchising Autistic victim-survivors from disclosing and reporting abuse and crimes, which includes CSA and other crimes which could grant them access to the National Redress Scheme and the NSW Victims Support Scheme. backgrounds. As **Sam\*** – an Autistic victim-survivor – articulated in their account of sector-wide stigma and vilification, the widespread misinformation on autism has impacted their health:

12.1 *"I genuinely don't remember a time when my **accessibility needs** as an Autistic person were met through the [disclosure, reporting, and referral] process. Instead of **adjustments**, I got **ridicule**. Instead of **assistance**, I got **turned away**. What's really scary... is that a lot of service providers and advocacy services genuinely think that by virtue of working in the disability sector, they're somehow... incapable of ableism. I was once told by an advocate that I couldn't possibly be Autistic because I was '**too verbal**'. I... **stopped engaging** [in the services] after that."*

<sup>42</sup> See Grace Trundle et al, 'Prevalence of Victimisation in Autistic Individuals: A Systematic Review and Meta-Analysis' (2023) 24(4) *Trauma, Violence & Abuse* e 152483802210936e.

<sup>43</sup> See generally Senate Select Committee on Autism, Parliament of Australia, *Services, Support and Life Outcomes for Autistic Australians* (2022).

<sup>44</sup> Sandra Jones et al, 'Autism in Australia: Community Knowledge and Autistic People's Experiences' (2021) 51(10) *Journal of Autism and Developmental Disorders* 3677.

<sup>45</sup> Ibid. See also Helen Williams & Alison Jobe, 'Testimonial injustice: exploring 'credibility' as a barrier to justice for people with learning disabilities/autism who report sexual violence' (2024) *Disability & Society* <<https://doi.org/10.1080/09687599.2024.2323455>>.

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13. Furthermore, research indicates that this ableist stigma around autism arises from sensationalist and damaging media coverage about Autistic people, propagating stigmatising comments and attitudes which can potentiate prejudice against already-ostracised people.<sup>46</sup> The lack of legal penalties against '*rhetorics of disgust*' is well-established – including by the Disability Royal Commission – as facilitating this propagation.<sup>47</sup>
14. Currently, all jurisdictions – except for Tasmania and the ACT – neither criminalise nor prohibit vilification on the basis of disability.<sup>48</sup> Policies and programs that enable vilification and stigmatisation affect people with disability but especially Autistic people, due to the prevailing myths which demonise them as a societal threat and/or a burden to be euthanised.<sup>49</sup> For Autistic victim-survivors, this impact of stigma is especially deleterious. Indeed, Autistic victim-survivors are reported to be less believed than other victim-survivor solely due to their autism.<sup>50</sup>
15. Also known as '*testimonial injustice*', this phenomenon is occurring because the Autistic speaker is perceived by the listener – whether an APS staffer administering the National Redress Scheme, a police offer, or a generalised disability advocate – as less credible due to prejudice and implicit bias held by the listener.<sup>51</sup> Testimonial injustice is correlated

<sup>46</sup> See, eg, Mark Sherry et al (eds), *Disability Hate Speech: Social, Cultural and Political Contexts* (Routledge, 2021) 1, 76-87; Sandra Jones et al, 'Autism in Australia: Community Knowledge and Autistic People's Experiences' (2021) 51(10) *Journal of Autism and Developmental Disorders* 3677; Wiktor Soral, Michał Bilewicz, & Mikołaj Winiewski, 'Exposure to hate speech increases prejudice through desensitization' (2018) 44(2) *Aggressive Behavior* 136.

<sup>47</sup> Commonwealth, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report* (2023) vol 4. See also Mark Sherry et al (eds), *Disability Hate Speech: Social, Cultural and Political Contexts* (Routledge, 2021) 1, 76-87.

<sup>48</sup> Commonwealth, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report* (2023) vol 4, 325. See also *Criminal Code 2002* (ACT) s 750.

<sup>49</sup> See, eg, Katrine Del Villar et al, 'Voluntary Requests, or Vulnerable Adults? A Critique of Criminal Sentencing in Assisted Suicide and 'Mercy Killing' Cases' (2022) 45(2) *University of New South Wales Law Journal* 449, 455; *R v Dawes* [2004] NSWCA 363, where the mother strangled her 10-year-old Autistic son when he refused to get ready for school.

<sup>50</sup> Helen Williams & Alison Jobe, 'Testimonial injustice: exploring 'credibility' as a barrier to justice for people with learning disabilities/autism who report sexual violence' (2024) *Disability & Society* <<https://doi.org/10.1080/09687599.2024.2323455>>.

<sup>51</sup> Ibid. See also Rena Kurs & Alexander Grinshpoon, 'Vulnerability of Individuals With Mental Disorders to Epistemic Injustice in Both Clinical and Social Domains' (2018) 28(4) *Ethics & Behavior* 336.



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with higher rates of disengagement, loneliness, and isolation,<sup>52</sup> as the testimonial of **Zheng\*** – an Autistic young person and a CALD/CARM victim-survivor of domestic violence and CSA – illustrates:

15.1 “Every stage of my life has had pain. In **childhood**, I had to go to school and listen to other **schoolkids** call me slurs such as **ch\*nk** and **ch\*ng-ch\*ng**. In **adulthood**, I had to listen to my own **parents** tell me that they wish that **they had killed me in the womb**, because that could have at least spared them a lifetime burden of caring for me. Do you know what it is like to grow up in a **community**... full of people who **don’t value your life**? It’s... devastating.”

16. Moreover, this ableist stigma and vilification can compound the deleterious retraumatisation that many Autistic victim-survivors experience due to the adversarial nature of complaints processes. Many complaints mechanisms, such as those of the state and territory Ombudsman, do not provide transparency on outcomes and risk revictimising Autistic complainants by opting not to investigate matters of discrimination, maladministration, and assault.<sup>53</sup>
17. Because adverse interactions with the legal, policing, and justice sector can increase further distrust, loneliness, and poorer mental health outcomes,<sup>54</sup> this systemic ableism – especially within reporting processes – can exacerbate life outcomes and contribute to suicidality for not only Autistic people but also their families.<sup>55</sup>

<sup>52</sup> See especially Geetanjali Gangoli & Marianne Hester, ‘Epistemic Injustice: Racially Marginalised Adult Survivors of Child Sexual Abuse’, in Aisha Gill & Hannah Begum (eds), *Child Sexual Abuse in Black and Minoritised Communities* (Palgrave Macmillan, 2022) 31.

<sup>53</sup> Dinesh Wadiwel, Claire Spivakovsky, & Linda Steele, ‘Complaint Mechanisms: Reporting Pathways for Violence, Abuse, Neglect, and Exploitation’ (Research Report, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, November 2022), 193-194. See also Vicki Gibbs et al, ‘Police interactions and the autistic community: perceptions of procedural justice’ (2023) 38(9) *Disability & Society* 1608.

<sup>54</sup> Senate Select Committee on Autism, Parliament of Australia, *Services, Support and Life outcomes for Autistic Australians* (2022) [3.17]- [3.21]; [4.40]-[4.42]; [16.62]-[16.64]. As the Senate Select Committee notes, the failure of justice settings to accommodate the needs of Autistic people can cause particular flow-on effects.

<sup>55</sup> See, eg, Darren Hedley et al, ‘Suicide and Autism: A Lifespan Perspective’ in Roger Stancliffe et al (eds), *End of Life and People with Intellectual and Developmental Disability* (Palgrave Macmillan, 2022) 59, 59-94; Oren Shtayermman, & Jason Fletcher, ‘Predictors of Suicide Attempts of Individuals with Autism and Their Siblings’ (2022) 2 *Nursing Research and Practice* 1; Darren Hedley & Mirko

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18. Therefore, Federal and State/Territory Governments must implement urgent reforms to remediate this stigma, vilification, and misinformation; otherwise, Autistic victim-survivors may continue to disengage with not only mental health programs (designed to target suicide and social isolation) but also the victim-survivor support services and justice system writ large.

Consequently, we are providing the following recommendations in our submission:

- **Recommendation 3:** Federal and State/Territory Governments – in consultation with Autistic victim-survivors, their families/carers, & the autism community – should invest in more targeted research, data capture strategies, and stakeholder engagement strategies that specifically address the needs of Autistic people (especially Autistic victim survivors).
- Part of this task must involve identifying and targeting Autistic cohorts disproportionately experiencing CSA and other forms of victimisation. Autistic priority cohorts include Autistic people with **high support and dependency needs**, and **First Nations** and **CALD/CARM** communities.
- **Recommendation 4:** Federal and State/Territory Governments – in consultation with Autistic victim-survivors, their families/carers, & the autism community – should ensure that the programs & policies for Autistic victim-survivors, such as programs addressing **suicidality** and **social isolation**, accommodate the needs of Autistic victim-survivors and ensure that all reasonable adjustments identified by Autistic victim-survivors are promptly implemented. Part of this task must involve:
  - consideration of the interaction between the *mental health system* and the *criminal justice system*, as exemplified by the **National Redress Scheme**, the **NSW Victims Support Scheme**, and **Commonwealth** and **State Ombudsmen**; and

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Uljarević, 'Systematic Review of Suicide in Autism Spectrum Disorder: Current Trends and Implications' (2018) (5)(1) *Current Developmental Disorders Reports* 65.

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- consideration of **resolution mechanisms**, as opposed to **complaints mechanisms**, within the *health system*, the *justice system*, *education system* (at all levels – including preschool, primary, secondary and tertiary education), and other government systems.
  - **Recommendation 5**: Federal & State/Territory Governments – in consultation with Autistic victim-survivors, their families/carers, & the autism community – should develop not only a targeted communication and engagement strategy for Autistic victim-survivors but also Autistic-led and autism-informed advocacy services.
    - Part of this task must involve prioritising the provision – across both a Federal and state/level – of appropriate training on **autism** and **neurodiversity**.
      - This training must be **trauma-informed** and **culturally safe** and also encompass topics which are pertinent to Autistic people – such as [supported decision-making](#), [dignity of risk](#), and [complex communication needs](#).
      - This training must be provided to all government staff administering the **National Redress Scheme**, the **NSW Victims Support Scheme**, the **Redress Support Services**, and the [wider ecosystem](#) at not only the **Department of Social Services** and the **National Suicide Prevention Office** but also the **NSW Ministry of Health**, the **NSW Police**, the **NSW Department of Communities and Justice**, and the **NSW Department of Education**.
  - **Recommendation 6**: Federal and State/Territory Governments – in consultation with Autistic victim-survivors, their families/carers, & the Autism community – should implement urgent actions to address the stigma, vilification, and misinformation which is propagating the disengagement of not only Autistic victim-survivors but Autistic people and their families/carers in general.
    - These actions must be implemented and delivered in conjunction with the [National Autism Strategy](#), the [National Roadmap to Improve the Health and Mental Health](#)



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[of Autistic People](#), and the [Multicultural Framework Review](#) – in order to ensure consistency in programs and to maximise impact.

- To remediate the stigma and vilification, Federal and State/Territory Governments should — in line with [Volume 4 of the DRC Final Report](#), especially **Recommendation 4.29** and **Recommendation 4.30** — prioritise:
  - amending Commonwealth and state/territory legislation, such as the *Disability Discrimination Act 1992* (Cth) and the *Anti-Discrimination Act 1977* (NSW), to prohibit disability vilification; and
  - harmonising the current tests for vilification laws with the test for vilification in the *Racial Discrimination Act 1975* (Cth).



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## Terms of Reference:

### III. Psychological and Physiological Impacts of Loneliness and Social Isolation for Autistic People; Social Connection and Physical Health

1. The psychological impacts of loneliness on Autistic individuals include increased rates of anxiety, depression, and suicidal ideation. Physiologically, chronic loneliness can lead to heightened stress responses and poorer overall health outcomes.<sup>56</sup> The intersection of autism and loneliness necessitates targeted mental health interventions to address these compounded challenges. Due to the high levels of victimisation and the impacts of bullying, the provision of trauma-informed and autism-affirmative supports remains crucial.<sup>57</sup>
2. Social connections are crucial for physical health, reducing risks of chronic illnesses and improving overall wellbeing. For Autistic individuals, fostering inclusive social environments – especially because bullying can be a predictor of suicidality – can mitigate the adverse health effects associated with loneliness and mental ill-health for Autistic people, who are experiencing disproportionately higher rates of bullying and victimisation.<sup>58</sup> Autism-specific programs that promote social engagement and acceptance are essential in this regard.<sup>59</sup>

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<sup>56</sup> See, eg, Titia Arwert & Bram Sizoo, 'Self-reported Suicidality in Male and Female Adults with Autism Spectrum Disorders: Rumination and Self-esteem' (2020) 50(10) *Journal of Autism & Developmental Disorders* 3598; Darren Hedley et al, 'Understanding depression and thoughts of self-harm in autism: A potential mechanism involving loneliness' (2018) 46 *Research in Autism Spectrum Disorders* 1; d.

<sup>57</sup> Ibid. See also Chardée Galán et al, 'Exploration of Experiences and Perpetration of Identity-Based Bullying Among Adolescents by Race/Ethnicity and Other Marginalized Identities' (2021) 4(7) *JAMA Network Open* e2116364.

<sup>58</sup> See especially Rachel Holden et al, 'Investigating Bullying as a Predictor of Suicidality in a Clinical Sample of Adolescents with Autism Spectrum Disorder' (2020) 13(6) *Autism Research* 988.

<sup>59</sup> See, eg, Jin Han et al, 'Factors Influencing Professional Help-Seeking for Suicidality: A Systematic Review' (2018) 39(3) *Crisis* 175; Chardée Galán et al, 'Exploration of Experiences and Perpetration of Identity-Based Bullying Among Adolescents by Race/Ethnicity and Other Marginalized Identities'



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3. Because Autistic people are experiencing disproportionately higher rates of isolation, victimisation and suicidality, any policy, program, or intervention purporting to address isolation, loneliness, and suicidality must examine the psychological and physiological impacts of the status quo – especially for Autistic victim-survivors.<sup>60</sup>
4. People with autism, particularly Autistic victim-survivors, will require adequate and appropriate supports to engage with mainstream services, especially those in the criminal justice system through which they are expected to report their trauma and lived experience. Therefore, understanding the intersections of Post-Traumatic Stress Disorder ('PTSD') and Autism is crucial to identifying these supports.
5. Research establishes significantly higher rates of trauma exposure and PTSD symptomatology within autism.<sup>61</sup> Furthermore, the 'cumulative effect' of trauma exposure on PTSD symptomatology is more pronounced amongst Autistic people compared to people who aren't Autistic.<sup>62</sup> Therefore, an Autism Spectrum Disorder ('ASD') diagnosis may serve as a 'vulnerability marker for PTSD', increasing the risk and severity of PTSD symptomatology for Autistic people who have lived experience of trauma.<sup>63</sup> The higher rates of PTSD among Autistic people (32%) compared to neurotypical people (4%) substantiates the need to acknowledge the co-occurrence and interlinkages between ASD and PTSD.<sup>64</sup>

(2021) 4(7) *JAMA Network Open* e2116364; Maria Junttila et al, 'The traits of Autism Spectrum Disorder and bullying victimization in an epidemiological population' (2024) 33(4) *European Child & Adolescent Psychiatry* 1067.

<sup>60</sup> Ibid. See also Meredyth Goldberg Edelson, 'Sexual Abuse of Children with Autism: Factors that Increase Risk and Interfere with Recognition of Abuse' (2010) 30(1) *Disability Studies Quarterly* 1.

<sup>61</sup> Freya Rumball et al, 'Heightened risk of posttraumatic stress disorder in adults with autism spectrum disorder: The role of cumulative trauma and memory deficits' (2021) 110 *Research in Developmental Disabilities* 103848.

<sup>62</sup> Ibid.

<sup>63</sup> Nirit Haruvi-Lamdan, et al, 'PTSD and autism spectrum disorder: Co-morbidity, gaps in research, and potential shared mechanisms' (2018) 10(3) *Psychological Trauma: Theory, Research, Practice, and Policy* 290.

<sup>64</sup> Nirit Haruvi-Lamdan, et al, 'Autism Spectrum Disorder and Post-Traumatic Stress Disorder: An unexplored co-occurrence of conditions' (2020) 24(4) *Autism* 884.

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6. The presence of PTSD can exacerbate certain ASD symptoms, resulting in reduced help-seeking.<sup>65</sup> Due to the co-occurrence and compounded vulnerabilities of PTSD and ASD, providing Autistic victim-survivors with trauma-informed supports to decrease the impact of PTSD is therefore not only evidence-based but also vital.<sup>66</sup>
7. One such support is the use of **assistance animals** – also known as **service dogs**. Because many victim-survivors – especially victim-survivors of sexual assault – can view other people as a threat to their safety, the research-backed ability of service dogs to both present as a non-threat and a therapeutic aid offers great utility for people with PTSD.<sup>67</sup> Indeed, assistance animals critically alleviate the impact of PTSD symptomatology, which are often reported by Autistic victim-survivors with lived experience of suicide, victimisation, isolation, abuse, and CSA.<sup>68</sup>
8. Research demonstrates how access to assistance animals can provide significant benefits for Autistic individuals and those with PTSD. These benefits include reduced anxiety, improved social interactions, and enhanced overall well-being, as well as a greater desire to participate rather than disengage – a finding which is particularly relevant for promoting social reintegration and reducing suicidal ideation.<sup>69</sup> As one Autistic victim-survivor notes, consistent access to PTSD supports such as assistance animals can facilitate engagement with the justice system:

<sup>65</sup> Nirit Haruvi-Lamdan, et al, 'PTSD and autism spectrum disorder: Co-morbidity, gaps in research, and potential shared mechanisms' (2018) 10(3) *Psychological Trauma: Theory, Research, Practice, and Policy* 290.

<sup>66</sup> Ibid.

<sup>67</sup> See, eg, Simone Swartzentuber Emmons, 'Animal-assisted therapy for posttraumatic stress disorder in sexual trauma survivors', in Eric Altschuler (ed), *Animal Assisted Therapy Use Application by Condition* (Elsevier, 2022) 97; Sarah Leighton, Leanne Nieforth, & Marguerite O'Haire, 'Assistance dogs for military veterans with PTSD: A systematic review, meta-analysis, and meta-synthesis' (2022) 17(9) *PLoS One* e0274960; Janice Lloyd, Laura Johnston, & Julia Lewis, 'Psychiatric Assistance Dog Use for People Living With Mental Health Disorders.' (2019) 6 *Frontiers in Veterinary Science* 166.

<sup>68</sup> Ibid. See also Robert Viau et al, 'Effect of service dogs on salivary cortisol secretion in autistic children' (2010) 35(8) *Psychoneuroendocrinology* 1187.

<sup>69</sup> See, eg, Robert Viau et al, 'Effect of service dogs on salivary cortisol secretion in autistic children' (2010) 35(8) *Psychoneuroendocrinology* 1187; Kerri Rodriguez et al, 'The effect of a service dog on salivary cortisol awakening response in a military population with posttraumatic stress disorder (PTSD)' (2018) 98 *Psychoneuroendocrinology* 202.

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- 7a. “I have an **accredited assistance dog**, and without him, I don’t think that I would have felt **strong enough** to engage with the [victim support schemes]. As both an **Autistic** person and a **victim-survivor**, I don’t.... feel comfortable with most people. I feel much safer around my assistance animal than I do around advocates. My [assistance animal] is why I had the **energy** to apply for... Redress.”
8. However, Autistic people – especially Autistic victim-survivors – face barriers in accessing the appropriate supports, such as assistance animals for PTSD, which would enable them to engage with not only the National Redress Scheme and the NSW Victim Supports Scheme, but also other governmental programs designed to support people with lived experience. Indeed, assistance animals are seldom dispensed to Autistic people, despite the evidentiary base for their support in assisting people with lived experience of trauma.<sup>70</sup> Currently, the Operational Guidelines for the National Disability Insurance Scheme (**‘NDIS’**) excludes — without adequate justification or explanation — funding for a PTSD assistance animal unless the person’s only psychiatric diagnosis is PTSD.
9. Comorbidity is the norm for PTSD, whereby over **78%** of people with PTSD will experience at least one additional lifetime mental health disorder — and around **50%** will experience three or more psychological comorbidities.<sup>71</sup> Limiting assistance animals, which can significantly improve life-outcomes for people with PTSD,<sup>72</sup> to people without comorbid PTSD would arbitrarily exclude the majority of people with more complex, comorbid

<sup>70</sup> See generally National Disability Insurance Agency, ‘Operational Guidelines on Assistance Animals including dog guides’, *What’s an assistance animal?* (Operational Guidelines, 31 December 2021) <<https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/equipment-and-technology/assistance-animals-including-dog-guides/whats-assistance-animal>>.

<sup>71</sup> See, eg, Neil P Roberts et al, ‘Treatment considerations for PTSD comorbidities’ in David Forbes et al (eds), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (Guilford Press, 3rd ed, 2020) 417, 418–450; Tarik Qassem et al, ‘Psychiatric Co-Morbidities in Post-Traumatic Stress Disorder: Detailed Findings from the Adult Psychiatric Morbidity Survey in the English Population’ (2021) 92(1) *Psychiatric Quarterly* 321.

<sup>72</sup> See especially Sarah Leighton et al, ‘Assistance dogs for military veterans with PTSD: A systematic review, meta-analysis, and meta-synthesis’ (2022) 17(9) *PLOS One* e0274960; Kerri Rodriguez et al, ‘The effect of a service dog on salivary cortisol awakening response in a military population with posttraumatic stress disorder (PTSD)’ (2018) 98 *Psychoneuroendocrinology* 202, 202–210.

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presentations of PTSD — especially victim-survivors of CSA, for whom assistance animals could be an essential, reasonable and necessary support.

10. Furthermore, ASD and PTSD have a clinically significant cooccurrence, especially for victim-survivors of sexual assault — especially CSA.<sup>73</sup> Despite this clinical implication for policy, Autistic people with PTSD — including Autistic victim-survivors — can *only* access assistance animals through the NDIS, unless they are also a veteran who can access Department of Veterans' Affairs ('DVA') programs such as the **DVA Psychiatric Assistance Dog Program**.<sup>74</sup>
11. Furthermore, the Operational Guidelines of both the NDIS and the DVA currently limit funding to strictly assistance animals that have passed a Public Access Test ('PAT'), which is an independent assessment — by an accredited, independent assessor — that certifies whether the assistance animal can safely go into public places and on public transport.<sup>75</sup> However, Australia lacks a nationally consistent approach to the regulation and accreditation of assistance animals, despite calls for a national PAT or national accreditation standards. In fact, **four (4) states & territories (NSW, Victoria, NT, and Tasmania)** do not have a formal & legislated system that provides accreditation and training of assistance animals.<sup>76</sup>

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<sup>73</sup> See, eg, the Royal Australian & New Zealand College of Psychiatrists, 'Improve the mental health of communities', (Report and National Autism Strategy Submission prepared for the Department of Social Services, the Royal Australian & New Zealand College of Psychiatrists, October 2023) 4 <[https://engage.dss.gov.au/wp-content/uploads/2024/04/Public-Submission-Royal-Australian-NZ-College-of-Psychiatrists\\_Redacted.pdf](https://engage.dss.gov.au/wp-content/uploads/2024/04/Public-Submission-Royal-Australian-NZ-College-of-Psychiatrists_Redacted.pdf)>; Freya Rumball et al, 'Heightened risk of posttraumatic stress disorder in adults with autism spectrum disorder: The role of cumulative trauma and memory deficits' (2021) 110 *Research in Developmental Disabilities* 103848.

<sup>74</sup> See generally Department of Veterans' Affairs, 'Mental Health Care', *Our Psychiatric Assistance Dog Program* (Operational Guidelines, 30 August 2024) <<https://www.dva.gov.au/get-support/health-support/health-services/mental-health-care/our-psychiatric-assistance-dog-program>>.

<sup>75</sup> See Tiffani Howell et al, 'Defining Terms Used for Animals Working in Support Roles for People with Support Needs' (2022) 12(15) *Animals* 1975.

<sup>76</sup> See also the Disability Discrimination Legal Service, 'Policy and Law Reform on Assistance Animals', (Report and National Autism Strategy Submission prepared for the Australian Human Rights Commission, the Disability Discrimination Legal Service, 29 June 2015) 1-8 <<https://4073d2.p3cdn1.secureserver.net/wp-content/uploads/2015/07/Laws-and-policy-on-Assistance-Animals-June-2015.pdf>>.



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12. People from these states & territories – including victim-survivors from NSW – face increased barriers to access a PAT and to accredit an assistance animal to government requirements. People with PTSD – especially victim-survivors – already report significant barriers to accessing assistance animals, which are further worsened in the absence of a National PAT and nationally consistent policies.<sup>77</sup> Although over **94%** of respondents – to a [2021 DSS consultation on assistance animals](#) – called for improved national access to assistance animals, the Australian Government is yet to harmonise its siloed programs by co-designing a National Assistance Animal Framework.<sup>78</sup> Moreover, neither NSW nor Victoria have adopted Queensland’s approach of legislating a state/territory assistance animal accreditation scheme.<sup>79</sup>
13. It is this lack of a National Assistance Animal Framework – and this lack of a state/territory-based assistance animal scheme for NSW – that **Vic\***, one Autistic victim-survivor, cited as a reason why they felt like they could not apply for the National Redress Scheme or the NSW Victims Support Scheme despite their lived experience of surviving CSA:
  - 13.1. *“I would love to apply for the **National Redress Scheme**, especially to get that apology... but I just don’t have the **energy** to do it. I’m forced to use all my energy... to fight the **[National Disability Insurance Agency]**. My treating team tells me that all the research shows how an **assistance animal** would help with my **PTSD**... but there is no **national assistance animal policy** or **framework** to obtain one.*  
*Unless I become a **veteran** and access the **DVA Psychiatric Assistance Dog Program**, my only option is to pick between engaging with the **NDIS** or engaging with the **Redress Scheme**... and only **one** of those options will give me access to the supports that would*

<sup>77</sup> See Man Chi Coco Tsang et al, ‘Community members aren’t aware that assistance animals come in all shapes and sizes and help people with all kinds of disabilities’ – Experiences of using assistance animals within community living in Australia’ (2023) 18(6) *Disability and Rehabilitation: Assistive Technology* 942. **90%** of participants agreed that more public education was needed regarding assistance animals and public access rights.

<sup>78</sup> See Jessica Hill et al, ‘Understanding the experience of assistance dog providers supporting people with disability: an exploratory study’ (2024) 31 *Disability and Rehabilitation* 1, which delineates how varying interstate legislation is having significant impacts on the acquisition of assistance dogs and causing additional unnecessary stress.

<sup>79</sup> See *Guide, Hearing and Assistance Dogs Act 2009* (Qld). Cf *Companion Animals Act 1998* (NSW); *Domestic Animals Act 1994* (Vic).



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*help me with my PTSD. And how am I supposed to apply for the **NSW [Victims Support] Scheme** if I barely have any energy to apply for the national one?"*

14. Even if Autistic victim-survivors are successful in applying for the National Redress Scheme or the NSW Victims Support Scheme, they may not receive appropriate, evidence-based support.
15. In fact, the limitations of mental health support offered by a successful application – constrained to counselling and verbalised psychotherapy – represent a gap within the National Redress Scheme and NSW Victims Support Scheme that Federal and State/Territory Governments should consider and reflect upon.<sup>80</sup> Also known as ‘talking therapy’, traditional psychotherapy may not be appropriate or accessible for Autistic victim-survivors, insofar as many of Autistic people – especially those who are non-verbal – may better respond to non-verbal interventions.<sup>81</sup>
16. Furthermore, the lack of culturally competent, counselling services restricts the choices of Autistic victim-survivors from First Nations CALD/CARM communities and high support and dependency needs.<sup>82</sup> The ‘siloe approach’ between government services – including

<sup>80</sup> See knowmore, Submission No 14 to Joint Standing Committee on Implementation of the National Redress Scheme, Parliament of Australia, *Inquiry into the Operation of the National Redress Scheme* 32-34.

<sup>81</sup> See, eg, Monika Geretsegger et al, ‘Music therapy for autistic people’ (2022) 5 *Cochrane Database of Systematic Reviews* CD004381; Andrew Christopher Wright, ‘Art therapy with an autistic person with learning disabilities: communication and emotional regulation’ (2023) 28(4) *International Journal of Art Therapy* 154; Chui Yee Joy Chong, ‘Why art psychotherapy? Through the lens of interpersonal neurobiology: The distinctive role of art psychotherapy intervention for clients with early relational trauma’ (2015) 20(3) *International Journal of Art Therapy* 118; Adrian Benbow, Jane Jackson, ‘Remember me’ – Dramatherapy with adults who have autism and complex needs and are non-verbal’ in Deborah Haythorne & Anna Seymour (eds), *Dramatherapy and Autism* (2016, Routledge) 120, 122-124.

<sup>82</sup> See, eg, Ethnic Disability Advocacy Centre, Submission No 75 to Senate Select Committee on Autism, Parliament of Australia, *Inquiry into Services, Support and Life Outcomes for Autistic Australians* 5; knowmore, Submission No 14 to Joint Standing Committee on Implementation of the National Redress Scheme, Parliament of Australia, *Inquiry into the Operation of the National Redress Scheme* 33; Kate Paton & Harriet Hiscock, ‘Strengthening care for children with complex mental health conditions: Views of Australian clinicians’ (2019) 14(4) *PLoS One* e0214821; Jodie Smith et al, ‘“What is early intervention? I had no idea”: Chinese parents’ experiences of early supports for their autistic children in Australia’ (2023) 108(October) *Research in Autism Spectrum Disorders* 102227.

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those within the multicultural affairs portfolio and the mental health and community services portfolio, including the National Redress Scheme or the NSW Victims Support Scheme – disadvantages Autistic victim-survivors, which substantiates the concerns raised regarding the lack of intersectionality reflected within the Federal and State/Territory programs at large.<sup>83</sup>

17. Considering the accessibility issues associated with many traditional forms of ‘talk therapy’ that are further compounded by the lack of culturally competent healthcare, the National Redress Scheme may therefore be falling short in offering Autistic victim-survivors a suitable range of tailored supports that are available upon a successful application. The poor service experiences discourage many victim-survivors from engagement – a worrying trend captured by the Senate Select Committee on Autism across all levels of government.<sup>84</sup>
18. Moreover, mental health providers and suicide prevention providers within the mental health sector at large – beyond the Domestic & Family Violence sector – do not often consider the availability of therapeutic modalities beyond ‘talk therapy’, whereby our desktop review reveals that many state/territory hospitals do not provide access to Occupational Therapists or Art Therapists. **Dani\***, one Autistic victim-survivor, cites this lack of availability – and an overreliance on ‘talk therapy’ – as part of their lived experience of loneliness, isolation, and suicidality:
  - 18.1. *“I felt so **lonely** and **suicidal** when I went to [the] public hospital. All the hospital wanted to do for me was match me with a **psychiatrist** or a **psychologist**, when talking is... difficult for me as [an Autistic person]. Where are the **Art Therapists**? Good luck trying to find one when you’re not on the **NDIS**. And I feel **talked out**... Repeating myself so many times is so... depleting.”*

Therefore, we urgently set out the following recommendations:

<sup>83</sup> Ibid. See also Department of Home Affairs, Multicultural Framework Review, *Final Report* (2024) 45.

<sup>84</sup> See generally Senate Select Committee on Autism, Parliament of Australia, Services, Support and Life outcomes for Autistic Australians (2022).



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- **Recommendation 7:** Federal & State/Territory Governments – in consultation with Autistic victim-survivors & the autism community – should review the accessibility and suitability of current mental health supports ('*Counselling and Psychological Care*') offered by the National Redress Scheme and the NSW Victims Support Scheme, with a view of expanding the range of psychotherapeutic supports to accommodate **non-verbal** psychological care.
    - Examples of evidence-based, non-verbal psychological care can include Art Therapy, Music Therapy, and Assistance Animals.
    - Part of this review must include examining the DVA's [Psychiatric Assistance Dog Program](#) and the potential utility of integrating a similar program into the *Counselling and Psychological Care* offered by the National Redress Scheme and NSW Victims Support Scheme.
  - **Recommendation 8:** Federal & State/Territory Governments – in consultation with Autistic victim-survivors, families/carers & the autism community – should review the current government policies on assistance animals and develop a **National Assistance Animal Framework** that meets the needs of people with PTSD, especially Autistic victim-survivors.
    - Part of this review must examine Queensland's *Guide, Hearing and Assistance Dogs Act 2009* (Qld) – with the aim of developing similar state/territory accreditation for NSW, Victoria, Tasmania, and NT.
  - **Recommendation 9:** Federal & State/Territory Governments – in consultation with Autistic victim-survivors, their families/carers, & the autism community – should review and improve the **cultural competency** of not only the *Counselling and Psychological Care* offered by the National Redress Scheme and NSW Victims Support Scheme but also suicide prevention providers within the mental health sector at large, with the view of better supporting Autistic victim-survivors, with a special focus on First Nations, CALD/CARM communities and Autistic people with high support and dependency needs.



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- Part of this review must be delivered in conjunction with the [National Autism Strategy](#), the [National Roadmap to Improve the Health and Mental Health of Autistic People](#), and the [Multicultural Framework Review](#) – in order to de-silo programs and policies that impact Autistic victim-survivors.
- Part of this task must involve entrenching **autism-specific actions** – including **sensory affirmative practices** – within the policies and practices of both national and state/territory suicide prevention programs.



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- Part of this task must involve prioritising the provision – across both a Federal and state/level – of appropriate training on **autism** and **neurodiversity**. This training must be **trauma-informed** and **culturally safe** and also encompass topics which are pertinent to Autistic people, such as [supported decision-making](#), [dignity of risk](#), and [complex communication needs](#).

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## Conclusion

We appreciate the opportunity to uplift and amplify the voices of Autistic people and their families/carers — in these consultations regarding loneliness, social isolation, and suicidality.

We commend the current consultations and recommend further consultations with Autistic people, their families, and carers.

We urge the Federal & State/Territory Governments to consider these recommendations to improve programs, policies, and initiatives targeting loneliness and suicidality – and their accessibility and effectiveness for Autistic individuals (and their families/carers). By implementing these strategies, we can ensure that all Autistic people – especially Autistic people from First Nations, CALD/CARM and high support and dependency need communities receive the support and justice they deserve.

We welcome further opportunity to discuss our recommendations.

### Contact:

Co-chair, Australian Autism Alliance