

# WWDA POSITION STATEMENT

# NATIONAL AUSTISM STRATEGY

The National Autism Strategy must be gender responsive and informed by the experiences of autistic people of marginalised gender (including women, girls, and non-binary and gender diverse people) in all of their diversity.

# The issue

Autistic women and girls have long been marginalised in autism research, and the development and delivery of services and supports. Autism research and the development and delivery of services and supports have often taken place "about and without" autistic people, rather than being led by autistic people. The Australian Government's commitment to developing a National Autism Strategy presents an opportunity for a coordinated national approach to services and supports for all autistic Australians and their supporters. It is an opportunity to address the inequities experienced by autistic women and girls, and other autistic cohorts who experience overlapping forms of marginalisation.

### What we know

# **Diagnosis/Diagnostic assessment**

Autistic women and girls face significant barriers in accessing an autism diagnosis, with an estimated 80% remaining undiagnosed at the age of eighteen. These delays can negatively impact on health, education, employment, and other life outcomes. Autistic people who are non-binary or gender diverse also experience gender-related barriers to diagnosis. Factors that contribute to delays and barriers to diagnosis include:

- Intersecting misconceptions about gender and autism due to societal sexism, which
  can lead to delayed identification, misdiagnosis, and lack of diagnosis of autistic
  people of marginalised gender.<sup>3,4,5</sup>
- Misdiagnosis of autistic people with mental health conditions such as social anxiety or borderline personality disorder, resulting in inappropriate supports and services.<sup>5</sup>

# **Access to Supports**

Autistic people of marginalised gender often face barriers to accessing the supports they require due to these delays in diagnosis, as well as services which do not recognise their unique experiences and needs. For example, autistic women and girls face additional barriers to accessing the NDIS due to difficulty obtaining diagnosis. Autistic women and girls report that some service providers question their diagnosis, or have a limited understanding of their needs and are unable to provide the support they require.

#### **Data**

Data on the experiences of people with disability is rarely disaggregated by gender. This poses a barrier to identifying, understanding and addressing gender differences in experiences and outcomes. Data on the experiences of autistic women and girls is even more sparse due to the delays in identification. This can contribute to the experiences of women and girls not being considered in the development of policies and services.

#### Health

Autistic adults in Australia experience more barriers to healthcare than their non-autistic counterparts.<sup>6</sup> These barriers interact with the entrenched gender bias in the health care system. Rates of physical and mental health conditions, including disordered eating, are high among autistic people of marginalised gender - yet health and allied health services are often not tailored to the needs of autistic people. Autistic women report that health professionals often dispute their diagnosis or refuse to provide accommodations.<sup>7</sup> In addition, autistic women and people assigned female at birth report specific barriers to getting the support they need in relation to menstrual, sexual and reproductive healthcare.<sup>8</sup> Further contributing to a healthcare disadvantage is that autistic people are more likely than non-autistic people to be transgender<sup>9</sup>, a cohort that experiences further discrimination, social stigma, and difficulty receiving appropriate healthcare.

#### **Education**

Autistic students experience disproportionately poor educational outcomes in Australia.<sup>10</sup> Autistic girls who have not yet received a diagnosis struggle to get access to any support in school despite experiencing difficulties with the sensory and social requirements of the school system.

## **Employment**

Autistic people in Australia experience high rates of unemployment or underemployment. Many lack support to find a job and report that employers do not understand autism.<sup>11</sup> Autistic women face additional barriers and report not being able to access appropriate supports from employment providers due to a lack of understanding of their needs.<sup>12</sup>

### Violence, abuse and discrimination

Women and girls with disabilities in Australia experience disproportionately high rates of violence compared to both men and women without disabilities.<sup>13</sup> Evidence indicates that autistic women and girls experience even more elevated levels of violence. Some studies have found that up to 9 in 10 autistic women have experienced sexual violence.<sup>14</sup>

### **Applied Behavioural Analysis**

The practice of Applied Behavioural Analysis (ABA) is widely accepted and practiced in Australia, despite its inherently abusive nature.<sup>15</sup> The Strategy must not endorse ABA and must encourage a path forward that is based not in trying to 'cure' or 'mitigate' autism but in accepting, valuing, and accommodating autism in Australian structures and society.

# Autistic women with intellectual disability

It is estimated that approximately 30-60% of autistic people have an intellectual disability. Autistic women who have an intellectual disability experience compounded discrimination, including increased exclusion from services and the broader community, violence, and additional barriers to accessing appropriate support. Unfortunately, government consultation processes often overlook this cohort in the development of services, policies and support. The National Autism Strategy must be informed by the experiences of all autistic people including autistic women with an intellectual disability, and must address their needs. WWDA endorses the advice provided by Inclusion Australia on targeted engagement approaches to ensure that the Strategy is informed by the experiences of autistic people with an intellectual disability.

# **WWDA's Recommendation**

The National Autism Strategy must be informed by the experiences of autistic people of marginalised gender in all of their diversity, as well as their representative organisations. It is critical that the Strategy addresses the current inequities experienced by autistic women and girls. To do this, the Strategy must be developed and enacted at all stages in not just consultation but in active and open collaboration with autistic people, including autistic women and girls. Implementation of the strategy must involve a gender lens, focusing on improving access to diagnosis, collecting gender-disaggregated data, and ensuring access to tailored and gender-responsive supports.

# Suggested reading

Women With Disabilities Australia (WWDA) (2023). 'The experiences of Autistic women and girls.' WWDA Autism Research Project. June 2023. Women With Disabilities Australia (WWDA): Hobart, Tasmania. ISBN: 978-0-9876035-5-5.

# **Endnotes**

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