

National Autism Strategy Submission

Michael Morgan

1. **Develop formally and nationally recognised Certificates in Social Skills (or an equivalent term) ranging from Certificate I through to at least Certificate IV if not higher.** Many people, especially those with ASD level 1, can learn formally even if they are apparently less competent at learning the intuitive social skills. Include social reasoning, social intelligence, empathy (which depends on Theory of Mind and Central Coherence), tactfulness, diplomacy, conflict resolution and negotiation skills, persuasion skills etc. and these are intimately linked pervasively to the Autistic person's overall ability to negotiate their way through other domains in their lives like school, the workplace, conflict at home, conflict in the playground, on the sports field (if they play some sort of sport or physical activity, arts-activity and so on). Many times the person with Autism somewhere on the Spectrum has an innate ability and/or interest in something but social ostracism, bullying, emotional trauma and torture and segregation and exclusion get the better of them and they 'fail' or that opportunity ceases to be available to them. This can be misinterpreted by neuro-typical people widely, from the general public to clinicians and police or government staff, as innate inability when their apparent failure actually masks, and is a symptom of, absent social intuition, and other social skills they could learn formally instead. In both conflict assessment by others such as employers or

teachers, parents or clinicians, and in terms of laying appropriate blame, or conflict resolution strategies, whether the Autistic person has mastered 'Certificate I, II, III, IV etc. in Social Skills as a formal training package additional to mainstream things, can be a source of pride and validation – especially if they are alleging being bullied or otherwise mistreated- and can guide intervention strategies with the person. This can appear to be an extra burden but it could also be offered as a training package voluntarily if the person who wishes to take it progressively and can be recognised as a formal achievement. It can diminish stereotyping, bullying or at least the ability of others to victimise and harass the person. An Autistic person of whom others make complaints to the Teacher, or Police, parents And who has a formal, nationally recognised 'Certificate III in Social Skills' has a vastly different connotation to those who have a 'Certificate I' or those who don't have any. Authorities such as clinicians and teachers, judges and police who know the person has a Certificate IV in Social Skills additional to their mainstream or other formal training e.g. Diploma in IT or Bachelor degree etc. should be listened to with a different attitude to someone with Certificate I or none. If an Autistic person with an additional Certificate IV in Social Skills finds themselves making a formal complaint, it should be taken more seriously. This has enormous benefit for issues and conflicts about taking 'medication' or laying blame, decision-making about the person, interpersonal conflicts at school, at home, in the tertiary education environment, in the workplace. A person with ASD diagnosis who has a Certificate II, III or IV or higher can be expected to be able to do 'normal' mainstream casual, part time or full time work and keep the job or enter more tailored conflict resolution preventing the 80% of people unemployed with ASD, being unemployed. It should be regarded on the same premise as therapy of

Physio for people with CP but accredited so the person can take it with them. It is difficult for the neuro-typical to allege the person with ASD 'did it' or 'is to blame' or 'misinterpreted' when this Certificate training is implemented as a norm. It would also be the first in the world to do this in any country. Parallel training can be considered with mainstream other goals – the same as a school student who may also enrol in an extension subject or university subject before finishing school e.g. a person with ASD who is a VCE student studying'X' + also doing the extension course Certificate I in Social Skills which feeds into Certificate, II, III etc. ... when it comes to applying for jobs, it can reduce the conflict and burden of disclosing 'disability' or 'ASD' because the CV can include 'Certificate I, or II, or III, or IV ... Social Skills' which reduces the ability of the employer to be suspicious and reject the application (even informally without admitting why), or manage interpersonal conflict when others' complain or the person with ASD makes a complaint of being bullied. The burden of disease would be immensely reduced and the hardship for Autistic people will as well, including in the employment market. This means those who have an intellectual disability comorbid with ASD, or those only achieving Certificate I are also given the attention more specifically that they need and it avoids others in the general public being able to mislabel higher functioning persons as lower functioning or label them with some disparaging informal diagnosis of their own like 'mentally ill' or 'schizophrenic' for their behaviour. It should only be offered to people who first have a formal medical diagnosis of Autism Spectrum Disorder by a doctor or other recognised clinician such as a Clinical Psychologist and not for the general public. This should extend to allowances for those who achieve these levels e.g. Certificate III or IV in Social Skills to joining careers that legislation may currently

bar them from otherwise in Australia including the ADF and Police. If a person has a 'Certificate IV of Social Skills while they also have 'Autism' or 'ASD' for example it makes no sense to rely on legislation that disallows them acceptance into the ADF or Police or other organisations, on the basis of 'disability'.

- 2. Legislation change that gives enforcement power to disability discrimination and anti-bullying. Crimes, including stalking – even by authorities like Police – must be taken much more seriously and the ASD person provided with security BEFORE being labelled mentally ill or confused.** This should be at a level that is parallel to the seriousness taken for people who allege childhood sexual molestation of themselves, rape or sexual harassment. The burden of proof should be with the defendant not the person with Autism. It doesn't matter if the person has an Autism Spectrum Disorder, also described as a Cognitive Disability or Neurological Impairment – if other's treated them normally and respectfully they would not be innately and maliciously inclined to make any vexatious complaints. Autism means (broadly) drawing mental energy from within. It is only when their attention is drawn by others who harass and irritate or bully them pro-actively that this attention is drawn to those concerns, resulting in absent-mindedness, inability to concentrate on the task at hand, difficulty working or studying, neglect of duty or self-neglect, social anxiety, depression, confusion, anger management problems ... and various legislation implicitly supports this view such as the Royal Commission into Disability Violence, Abuse, Neglect and Exploitation; the (Victorian) Royal Commission into Mental Health mistreatment as a system that is catastrophically broken; and various legislations that include the UN Covenants. People with ASD are NOT inherently

'bad' and don't innately 'cause trouble' and this social attitude needs to be stamped out with these reforms. Behaviour modification 'therapies' such as Irabina must be punished formally and the victims of such violence, abuse neglect and exploitation, must be compensated formally by the conspirators against them, the perpetrators or the system and organisation the perpetrators belong to. It should be the case that if a person with formally diagnosed ASD makes a complaint of bullying it must be legislatively taken seriously the same way as it is if a person makes a complaint of child abuse as an adult, or rape or sexual harassment. The person with disability – the person with ASD is to be taken very seriously and the people they name terminated from employed, limited from contact, the ASD person given an automatic Personal Safety Intervention Order (or another Order to that effect), perpetrators fined and if necessary charged and jailed. The person with ASD should not be forced to explain themselves or justify their claim or disbelieved unless they provide conclusive evidence immediately. An Autistic person who makes a formal complaint about employee or employer bullying and discrimination must be taken extremely seriously. They want to keep their jobs, not conflict with employees or employers. People with ASD have up to an 80% chance of being terminated on unlawful grounds or bullied out of jobs or prevented from having them. This history requires a dramatic overhaul and employees, employers etc. should be frightened of trying to do this to an ASD person. The health and economic burden on the community from people being allowed to do this freely is enormous. Right now many people are (in practice) terrified of potential sexual harassment allegations against them if they 'say this' or 'do that' and while that is harsh, it is effective. The same needs to occur towards believing people with ASD about bullying allegations or

disability discrimination. If legislation has teeth these behaviours towards people with ASD will stop. The person with the ASD is on the 'back foot' here, not the person or organisation they're accusing or suspicious about. This should extend to all things – be it school, workplaces, tenancy act reforms, and other legislation ... because this kind of horrific undercurrent of mistreatment towards people with ASD is *that pervasive*. People who allege or accuse an organisation or person of disability discrimination should be believed by default, first. Legislation 'with teeth' should allow for a common practice of providing the mild ASD person in the community accused of things, or who accuses others, with security measures such as body camera's (documentaries on this by famous Swimmer Ian Thorpe have shown this reveals the ASD person is telling truths); home security measures, dash cams if they drive and training to use technology (ideally funding for it too) such as anti-malware or anti-spyware BEFORE automatically considering the person 'delusional' or 'cognitively impaired' in their problems, complaints or accusations.

- 3. Police must have extensive formal training in disability, especially things labelled as cognitive disability or Autism (ASD). They must be subjected to the same legislation** as point 2 if the Autistic person makes any allegations or complaints and not automatically protected by an attitude of rose coloured glasses that police can do no harm or can do no wrong or never have any negative intentions. They must be taught that ASD is not a mental illness and that cognitive impairment is not global necessarily unless specified by a clinician. They must know that they are legislatively not allowed to bully, mistreat, hold in contempt, coerce to take medication, ignore or question the sanity of, disparage, gang up on, stalk etc. a person with 'cognitive

disability' or ASD and must not allow others to do so either. There must be provisions in place to take a person seriously (as above) and pro-actively and formally protect them in the community and respect them as sentient human beings. There is no room for violence, abuse, neglect or exploitation and there must be recognised legislation against criminalising a person by profiling them based on their disability diagnosis without chargeable evidence irrespective of vexatious complaints by community or other people about them. Ideally there should be a formal Police department for management of violence towards people with disability in the community where Officers are officially recognised and have official powers to act on protecting a person with ASD or another disability and where they have powers and authority to question, bring formal charges on, members of the community who bully, take advantage of (gain the upper hand by deception), neglect, violate, stalk or otherwise pursue a person with ASD – including members of their own Police Force who do that. Disability Hate Crime should be formally recognised in legislation as should Autism Hate Crime, Autism Bullying, Autism Harassment ...

4. **The Vocational Education and Training system should be overhauled to include VET programs that are more inclusive of and tailored to people with ASD** (and other disability) so that they can choose to do recognised VET training that is certified nationally, in vocational things that help them get a job after leaving school – even if it is similar to the Traineeship, Apprenticeship, or early school leaving recognition. This should include things like Certificate II, III, or IV in Cleaning, Health Service Assisting (Client and Patient Services) for orderly or hospital environmental services

jobs after leaving school, and Security Operations where it is possible to apply legitimately for a private security licence where the person can find a job as a Security Officer whether or not they go on to tertiary study in the same or other areas. This can allow people with ASD to find gainful employment as an early school leaver, or as a school leaver – even if they are doing a degree as well. Many people in the neuro-typical community can rely on family, friends, and social connections to find work but the person with Asperger's or ASD cannot do that and they have to rely on formal skills and qualifications. For someone with a disability the re-skilling should be ideally free because for a person with ASD who is bullied out of the workforce or finds themselves unemployed, it can be extremely hard to get a reference for a job, perform in an interview, or have money for re-skilling training.

- 5. Employment law and industrial relations must be overhauled in regards to people with ASD specifically.** Although there is an informally accepted system of giving employers the natural right to choose their employees and this seems fair and reasonable, the outcome historically is that they find methods of declining to employ people with Asperger's Syndrome or ASD, to a level where this group as a population group is chronically and catastrophically unemployed most of their lives while no one cares, and blames the person with disability or the 'system' that should 'look after them better'. Although it superficially appears radical, it is sensible to legislate that if (and only if) a person has a formal medical diagnosis of ASD (including level 1, Asperger's), and this can be verified e.g. with the diagnosing Clinical Psychologist or Psychiatrist etc., then the person is not allowed to be declined for a job application if they also have the formal education or licence for that role. In practice many people

with ASD struggle with social skills and the interpersonal aspects of work including the interview process which in practice chooses people the interviewer likes best personally rather than people who do the job tasks; and this issue can extend to co-worker interpersonal bullying even if the person with ASD does the job properly, ticks the boxes, has the skills or qualifications. References for a person with ASD should be not required unless they want to voluntarily provide some because many co-workers or others take 'issue' with the concept of ASD and won't give a reference on that basis; they rely on stereotypes, suspicions, scapegoating etc. and the person with ASD should not be required to provide a list or explanation of 'experience' either because the person is likely to have been severely bullied their whole lives. It should be normal process for the person with ASD, by the stage of employment, to have potentially a school history that may include VET subjects (mix/match) that might include 'Security' or 'Cleaning' or 'Patient Services' in addition to any other academic subjects; AND to be able to prove a formal ASD diagnosis e.g. from a Clinical Psychologist or Doctor, which is normally verifiable with that clinician by contacting them. But this should suffice, based on the in-practice historical evidence of what happens to people with diagnosed ASD. If there's a gap in employment history it should be recognised that bullying and exclusion has occurred and left the person with this disability in abject poverty and hardship and they should not be required to account for that. This is a social phenomenon the person does not ask for and is often embarrassed about or can't explain. It does not occur in the general population unless the neuro-typical person is a psychiatric patient or criminal and the ASD person can be neither and cop the same attitude or presumption from others. With other submitted changes here-in that include Certificates in Social Skills,

these issues can be progressively reduced if not eliminated over time in the Asperger's and ASD population group.

- 6. People with a formal diagnosis of ASD anywhere on the spectrum should be given the option of a medical alarm bracelet/alert and/or key card that acts as an ID card** for the person with the impact that it protects them in the community against others in the community stalk them, pursue them, make life miserable or try to start an affray against the person with ASD and record their reaction as though it was unprovoked e.g. using a smart phone; troll and publish them on the dark web or other internet, attempt to destroy their employment, housing or relationship options in life, vilify them, verbally abuse them to the point of 'picking a fight' with them ... Police (etc.) attending should be bound by respecting the Key Card/ID card that specifies and is formally registered in a system, as 'Autism Spectrum Disorder' e.g. ASD, level 1; with basic medical or clinical information about the person that the person can simply hand over for inspection or as proof to validate themselves in a conflict or difficult scenario – especially one where they might be blamed or they're non-verbal or are too distressed to express themselves calmly ... it should shield them from further abuse, violence, harassment, and bigoted responses, including from Police and should trigger police protection in an event where Police are called out. It should be labelled respectfully, e.g. 'neurological-social condition' or 'neuro-diversity' and not 'neurological impairment' or 'cognitive disability', or 'mental health condition' (unless they have a separate one). It should not be used to disparage, neglect or mistreat the person or ignore their concerns because they're 'ASD' or 'cognitively disabled' but it should act in a similar way as some other ID

cards. People with ASD are made to be a burden in the justice and medical systems and this can reduce this immensely. Language as 'neuro-diverse' or 'neurological-social condition' is extremely important in shaping attitudes and decisions. If it is done with the other suggestions such as tailored Police disability liaison Department staff – who may include sworn Officers who attend, it can be helpful and reduce violence, legal affronts and corrections interventions potentially or at least streamline them.

- 7. Parents and family of people diagnosed with ASD on any level should be legislatively protected** – protected transparently and formally through the rule of law from proxy-style disability discrimination as parents or relatives of the person with ASD. They should be legislatively protected by the same disability legislation against losing their jobs or workplace bullying – which can occur because they're known to be the parents or relatives of a person with ASD diagnosis. They ideally should be entitled to claim financial support for ASD specifically, as family members above the current level offered to parents of young children. ASD is potentially lifelong. Parents and relatives of a child with ASD are also parents and relatives of an Adult one day with ASD. Economic assistance might be linked to the level of the ASD person's education or achievement with the (above-mentioned) Certificates in Social Skills but also be a minimum entitlement because even adults with ASD, or elderly parents of adults with ASD can be subjected to victimisation and ageism (being taken advantage of as older people who are the parents of someone with ASD) as can others such as Aunties or Uncles, cousins, nieces and nephews, brothers and sisters, or even someone's kids if they're parents with an ASD.

MYTHS OF AUTISM

&

HOUSING ISSUES

(National Autism Strategy submission)

Michael Morgan

The National Autism Strategy has an obligation to the clinically diagnosed autistic population and the general community to clarify the dis-information and misinformation about ASD that is destroying others' lives, and fix the housing problem autistic people face silently.

Some Major Myths About ASD:

1. Autism or ASD is 'autistic psychopathy'. Reality: there is no such thing.
2. Autism is an intellectual disability in every person who has it. Reality: intellectual disability is a comorbid, separately diagnosed condition with ASD and not everyone with ASD has an intellectual disability.

3. Autism means the person has no feelings or doesn't like people or doesn't want anything to do with people. Reality: this is a problem of the general public's understanding of empathy. People with ASD technically lack empathy but not in the sense of having no feelings. The 'lack of empathy' is a reflection of the person's Theory of Mind and Central Coherence difficulties clinically, not an issue of not caring.
4. Autistic people cannot get a formal or mainstream education and have an upper limit. Reality: there are people in the world who have formally diagnosed ASD, Asperger's or Autism, and who have a doctoral degree from a mainstream university in various disciplines, including but not limited to Psychology.
5. All Autistic people are computer nerds and if someone says they're Autistic and not a computer nerd, then they're lying about being Autistic. Reality: Autism is about the social components of the brain processing non-verbal and verbal information and forming large scale social schemas from it, not about being an IT or computer genius or terribly interested in computers. People with ASD might be interested in computers but also might do this job because it protects them from being bullied.
6. People who are famous and claim to have an Autism diagnosis are not really Autistic because if they were, they wouldn't be famous. Reality: There are people out there who are famous and have ASD diagnosed. That's because it refers to the clinical factors mentioned above.

7. Autistic people are catastrophically personality disordered. They'll infect polite society with their diseased unclean thinking or behaviour and the whole of society will fall apart. Reality: Autism is individualism. Not an infection on social norms. It can be – and often is – the catapult or catalyst for new thinking, creativity, new designs, new attitudes, new understandings ... Many people who did this became famous or have taken humanity in directions they didn't think of before, for societies betterment. They're not a 'disease' on society that society needs to be cleansed from.

8. Autistic people are mentally ill and the terms and diagnosis of 'ASD' are just a polite way of calling the person mentally ill, schizophrenic, delusional or psychotic. Reality: the ASD diagnosis is formally recognised by the American Psychiatric Association and others, including the DSM-V, as quite a separate and independent diagnosis from mental illness and mental illness is a comorbid diagnosis if it exists at all. Often, 'mental illness' such as anxiety, depression etc. are secondary to the societies failure to implement the social model of health/disability well.

9. Autistic people should all take antipsychotic medication. Reality: neuroleptic, psycho-tropic or anti-psychotic medication is not researched and developed for ASD's. It is researched and developed for what some believe to be 'schizophrenia'. There are qualitative differences in the thinking and behaviour between the two. A person with ASD does not necessarily need to take medication and often this step is

a hoped-for quick fix or band aid solution to tranquilize the person rather than resolve the problems.

10. School or workplace interpersonal conflicts are always the Autistic person's fault because they have Autism. Reality: clinically the person with ASD might be socially awkward or keep to themselves. They're attacked rather than the attacker and only hit back when attacked. They don't hide this like neuro typical people do because they don't have the social skills to enable them to do that. So it is more obvious. This leads them to be blamed and punished or attacked more. People who believe they're socially skilled compared to a person with ASD shouldn't have 'issues' in getting along with the Autistic person because they have higher level social skills that empower them to get along even if the person with ASD struggles. People without ASD need to be responsible for their own thoughts, feelings, words and actions as well. They cannot just hide and point fingers at the Autistic person instead.

11. It is appropriate for 'normal' people to be authoritarian with an Autistic person until or unless they learn how to behave. It's appropriate to punish, berate and hurt them emotionally, socially, financially and psychologically if not physically, because they need to be told/taught. Reality: this attitude reveals absence of understanding the neurological mechanism of Theory of Mind, and Central coherence. Beyond that, punishment, bullying, berating, segregating, hurting, humiliating etc. a person with ASD does not equate to teaching them anything except that society is made up of bad people who will never be kind to them. The brain is known to physiologically process pain signals from rejection in the same areas as it processes physical pain.

12. Autistic people can't have relationships or don't want to. Reality: this is flatly wrong and there are plenty of global examples. Often people with ASD can learn social skills formally or learn to 'read' a person they're intimately in connection with. They can be a partner and a parent and a family member.
13. Autistic people have special interests that are always simplistic and idiot-savant such as enjoyment of spinning wheels or shiny things. Reality: special interests are individual in an Autistic person and might be complicated, such as music, the rules of law, the facts of medicine, the entrancement of 'space' and associated astronomy or space science, the meanings of literature or the mechanics of cars, the craft of Acting or the 'story' behind human beings, a particular species of animal, or the environment, how the earth works as a geological system etc.
14. Autistic people have secret 'delusions' because they have 'cognitive disability'. Reality; the Theory of Mind and Central coherence of ASD is the big thing, not 'delusions' based on errant brain activity or misperception.
15. If a neuro-typical person doesn't understand the Asperger or ASD person, then it means the ASD person has a thought disorder or is talking in riddles or 'word salad'. Reality: this is an issue of verbal communication not an issue of thought. The person might want to impart information verbosely without following the social conventions of conversation or they may use technical jargon or language the recipient doesn't understand in the context it is being used. The person might be speaking about a

factual thing, without implicit reference in the talking, to the social convention of it and this is hard for neuro-typical people to grasp.

16. Autistic people can or should only do simpleton jobs like supported employment or trolley collecting for a major supermarket and cannot be doctors, lawyers, psychologists, allied health professionals, nurses, business people, entrepreneurs ...

Reality: there are people in the world who DO these jobs and have ASD. The Social Model of Health/disability empowers them to do it safely and properly in the context and country in which they live.

17. Autistic people should all be on the DSP and NDIS. Reality: ASD is a Spectrum.

Government pays for severely disabled people not people who can be supported by the social model in the community where those community members take responsibility for their own thoughts, feelings, words and actions in relation to those ASD people.

18. Autistic people should not be communicated with because it is a waste of time;

they're cognitively impaired or neurologically impaired. Decisions should be made about them without them and no one should waste their time trying to

communicate with an Autistic person. Reality: ASD is neuro-diversity, and it is a

spectrum. ASD is not 'cognitive vegetable disease'. Where a person with ASD –

especially Asperger Syndrome, level 1 ASD, is present the skill is communicating with them MORE and more clearly – not less.

19. Autistic people are born or developed of bad parenting. Reality: no such thing. The 'issues' often seen in families with ASD are to do with social brain components' processing of social information, theory of mind and central coherence and arise from gaps in social processing causing emotional confusion, exasperation, possibly the effect of being oblivious to a matter (such as tone of voice, eye gaze expressions, hidden social expectations...) and not malice or mistreatment by family but there can be the impact of those causing retaliation or a crime on the person with ASD. That happens essentially because the theory of mind and central coherence issues weren't properly looked after and the social model wasn't implemented properly.

20. Autistic people are actually or potentially criminal; you can tell by their uncaring, obnoxious, rude, arrogant, or dubious nature and the way they fail to make appropriate eye contact. Reality: all of those presumptions and stereotypes are directly to do with the person's clinically significant difficulty with theory of mind – that is interpreting/reading another person's eye contact, facial expression, body language, gestures, tone of voice or verbal communication style; and/or the social meanings developed – which might come also from being bullied, tormented, touched, or touched inappropriately, berated, deceived, enslaved, verbally abused, and otherwise mistreated. There is no clinical evidence suggesting that Autistic people have a higher rate of crime commission than the general public. They may also fail to make eye contact or scan the environment incessantly for the same reasons here, and because of awareness of stereotypes and scapegoating or negative intentions about them which they have empirical knowledge of.

HOUSING AND HOME OWNERSHIP AS AT 2023 FOR PEOPLE ON THE SPECTRUM

It is inappropriate for people on the spectrum who are diagnosed, to be given substandard housing because they have a disability or to live in social housing (ASD clinical features). It's inappropriate to have legislation that allows a person with ASD to be evicted or removed from a private rental or other housing arrangement based on the contentions of neighbours or others. While this is not often considered to be happening, in practice it does.

Neighbours can form a coalition to effectively remove a person from a private rental next to them or in their block or near them because that person is weird, suspicious, keeps to themselves, or is (found to be) easily rattled by the same neighbours or community members. A person with ASD is more likely, in the lower socioeconomic sector, to be subjected to stalking including technology facilitated stalking, trolling and publishing of their private behaviour for laughs or to humiliate or coerce and manipulate or threaten them.

They're more likely in the private rental market to be subjected to seedy people who may impersonate clinicians or police or other authority figures – especially if they do not own their own home. In the rental market, which occurs if government doesn't provide the means of them living independently in their own stand-alone home, the person may be subjected to behaviours that are essentially difficult to report or won't be taken seriously by Police – such as nefarious people who will loiter near their homes and blow a high pitched dog whistle to distract or annoy the person in the knowledge it sounds silly to report that and Police won't come. In housing blocks it is a real factor that autistic people are set upon by gang attack that is subtle enough to fly under the radar of chargeable offences – such as, but not limited to, drive pasts or walk-pasts and throwing something at the person's door or

home. In their own stand-alone home that the person has a proper job to pay off the mortgage with, they are likely to afford security, but this is not possible in the private rental market.

People with many other disabilities are afforded economic help for disability related equipment, disability fit-out cars etc. and a modified version of this should be afforded to people with Autism because living securely in their own home with secure lock-up garage, door alarms, window alarms, motion detectors, camera's, is far safer than a person relegated to living in the private rental market, or the public or the social housing sector where they can be attacked far more easily. Note Police are not a solution because they don't help people with ASD and many attack them or victimise them. Often people with ASD are auditory hyper-sensory and may (given the option) install double glazing and other sound-reduction mechanisms not offered in the standard rental market. The stand-alone home is not attached to another vexatious person's wall as well and having a fenced off yard around the house is immensely important for a person with ASD against stalkers and prowlers and people with morbid curiosity about 'Autistic people' and who have conspiratorial images of Dr Jeckyll and Mr Hide or Frankenstein or Boo Radley or the Elephant Man. These are legitimate disability reasonable adjustments like that of funding for a modified car for a wheelchair bound person and other equipment like Universal Design in their home.

Because of the way 80% of people are destroyed in the workforce regardless of their education or licences, the government should be prepared to offer significant economic assistance in both employment stability and legislated anti-bullying and disability

discrimination laws that have 'teeth' to get and keep work and pay off a mortgage, as well as serious help with a deposit or loan scheme to acquire a stand-alone home. Many people in the neuro-typical community have friends, family and networks that may assist them but a person with ASD may not have the same kind of support. Social housing is not appropriate for the reasons outline here.

There should also be legislation in the Tenancy Act that has enforceable power to prevent landlords or agents removing or evicting a person with disability. Even in very difficult times, the person with disability is prey not predator and is likely at the receiving end of serious bullying and mistreatment, which may include violence, abuse, neglect and exploitation in the community and at work. People with ASD want to work and contribute and pay their way properly.

MEDICAL TREATMENT IN ASD

1. **Psycho-tropic medication for children, teenagers and adults with ASD should be outlawed without a formal secondary diagnosis of mental illness specifically requiring that treatment.** Anti-psychotic, also called neuroleptic or psycho-tropic drugs, are often prescribed off-label and these are for purposes that are social not for medical purposes – such as tranquilizing the person for others' comfort, when social skills therapies aren't explored or it is being used as a quick fix rather than a proper treatment. This is extraordinarily damaging to a person's credibility without a genuine justification for it. The general public make presumptions that stick, that the

person's condition is 'the same as schizophrenia' because they're given, or take, the same medication, and medical suggestion that the social stereotype is wrong does not stop that stereotype. Police misuse this as well to spread information about the person that is unproductive and damaging to their credibility such as telling others for their own 'safety' or 'advising' or 'warning' when this is out of their depth in terms of training. Police and mental health may utilise or misappropriate police informants, and mental health consumers in this regard as well – essentially this disintegrates into bullying the person while protected to do so and making decisions that are to the person's detriment (which is against DDA legislation). There must be legislation that outlaws medical practitioners' capacity to prescribe this, or worse, the practice of giving it to the ASD person anyway – without a formal mental illness diagnosis independently of ASD to justify it. The Royal Commission on Disability Violence knows this practice occurs and in some cases has killed the person or led to them taking their own life to make it all stop. It is often also used as a weapon against the ASD person because others don't like them or don't tolerate their behaviour rather than for a medical reason – i.e. because the person is perceived as annoying, irritating, obnoxious, arrogant, ill-mannered or just 'difficult'.

2. Point 1 must be backed by **whistle-blower legislation** that makes it compulsory for any person who knows this practice is occurring towards a person with ASD, to report and divulge it and identify the perpetrator and details they know, with charges for failing to comply.

3. This **legislative change should be extended to any 'treatment'** including electroconvulsive therapy and behaviour modification therapy/disciplinarianism.

4. The legislative frameworks in each state that have special provisions for compulsory mental health treatment of any person must include a **clause that does not allow a person with prior ASD diagnosis to be suspected or considered mentally ill and treated that way without their informed consent, without transparency, particularly if the person is ASD-1 (Asperger's)** and will understand the information and the consequences of decisions that they may make or that others want to make in regard to them. It must not be allowed for example that in Victoria an Application for 'denial of access to documents' be submitted to the Mental Health Tribunal, for essentially secretive treatment of an ASD person without first establishing an independent mental illness diagnosis that the ASD person is thoroughly informed of – even if it is against their consent. A person with ASD has difficulty clinically with Theory of Mind and Central Coherence and this will cause severe issues if they're treated more or less compulsorily without their knowledge on the argument they are 'cognitively disabled'.

5. **Parents of adults with ASD 18+ years should never be allowed to engage in essentially secretive treatment of their Autistic child** if that child is not fully informed, respecting their ASD and knows what is occurring. The clinical nature of ASD makes this a disaster and leads to deep confusion, anxiety, depression, anger, hostility, resentment and suicidal ideation if not follow-through as well as potentially

attacks on the community because no one, police included, informs them honestly nor helps respectfully. Vicarious liability should be enforced here too in this regard.

6. **There must never be a system in place where loop-holes allow Police and health practitioners to essentially compulsorily treat an ASD person** in the community who they deem 'at risk' without a formal charge or conviction of anything, nor a secondary diagnosis of mental illness given to the person themselves, or utilise such compulsory treatment mechanisms to justify constant police surveillance or monitoring, reporting systems and so on. These unconscionable systems turn the person into a farm animal in practice and dehumanise them. The 'at risk factor is false because the ASD itself explains their 'suspicious' behaviour as a normal thing they do or would do.

7. **Any diagnosis of mental illness must be made secondary to ASD** and in addition and it must never be allowed to be considered as synonymous. To diagnose mental illness in addition to ASD must mean the person is assessed voluntarily or compulsorily (after apprehension) in a secure psychiatry setting controlling for the ASD first. Without controlling for ASD no mental illness diagnosis or treatment should be allowed, by legislation. This should be enforceable and punishable.

8. **The contents of this document if applied legislatively should take effect immediately and retrospectively,** and allow for remedies that include formally required accountability of those police or health care practitioners, formal apology,

and formal compensation arrangements that recognise the torture of doing these wrongs to the person, including behaviours that are covered in many stalking and surveillance legislation, and other crimes.

9. **The issue of Liability must be formal and punishable**, as should fraud in terms of acting on the person without formal orders given to them, without anatomical, biochemical or physiological evidence given to them, and without other requirements that include a legal representative, community advocate, mental health treatment hearing they are alerted to, prior social skills training, and have the offer of attending and providing submission to in-person counter-argument to, and this Liability should be national not state based. The Liability must take account of the Australian Law Reform Commission's suggestions that Liability be a legitimate claim against perpetrators based on intrusion into mental integrity and physical integrity irrespective of Medical Negligence arguments.

10. **Compensation should be significant.** ASD is a life-long neuro-diversity condition and not a transient occurrence. The impact of sustained suspicion about the person not validated by legally admissible and transparent evidence made clear to the person themselves, the potential for abuse of power to the extent of 24-hour, 7-day-a-week, 365-day-a-year behaviours that are properly called stalking (including surveillance) because of the persons' disability must be accounted for – those actions must be prohibited and compensated since they destroy a person's whole life from their employment security, to their income security, housing security, food security, credibility or reputation, credit rating, and even ability to pay taxes. This

catastrophically broken system affects individual mental and physical wellbeing, social wellbeing (particularly bad as they are already a person with ASD), family structure and family health and a raft of hidden other things such as community sentiment about them.

COMMUNITY CRIME IN TODAY'S WORLD

MICHAEL MORGAN

(see next page)

We live in a world of ever-changing technology and this now includes technology facilitated stalking of all manner of people both celebrity and non-celebrity, anyone for whom a conspiracy theory takes hold on social media or in the dark web, revenge porn, stalking, and a number of other crimes, including trolling and publishing without consent and keeping a 'suspicious' or 'weird' person under surveillance by community groups or gangs.

People with ASD are particularly at risk of being targeted. Not everyone with ASD is a computer nerd or has the interest or ability to counter-attack such things, or immerse themselves in the computing networks or IT world. People with ASD are particularly at risk of the ever-present Neo Nazi philosophy where they might be attacked as inferior or taken advantage of in a Social Darwinist frame of mind, especially if they're not utilitarian, not into popular morality or reactive to typical Neo Nazi style authoritarianism – which can lead to domestic terrorist style offences that may not reach the attention of Police who might prevent it or protect the person with ASD. The person is also at risk of being deceived into not reporting events if the perpetrators convince them – by taking advantage of their

disability – that they are ‘police’ (i.e. impersonating police) so there is no point reporting it. The same people can report fraudulently to others that the person with ASD shouldn’t be listened to, is mentally ill, confused, infantile in their intelligence and so on. Corrupt Police may do this as well – there are plenty of reports in the media and in formal research about corrupt police actions on people with ASDs where the person is never listened to and the perpetrators are never caught or charged.

The Home Affairs Department, the Australian Cybersecurity Centre, Australian Signals Directorate, state and federal Police and any other relevant departments need to be aware of the ease with which people with ASD’s can become the targets of adversarial criminal activity such as cyber-crimes, financial fraud, ID theft so they can commit crimes in the other person’s name, the ability of criminal networks to target people with Autism Spectrum Disorder (ASD) for the purposes of making them a mule for drug trafficking – especially if the targeted person with ASD is also a victim of work related modern slavery, wage theft, disability discrimination, defamation (so they’re never listened to if they say anything), even photo-shopping of images of them, livestreaming smart phone or other criminally obtained private behaviour or other material, theft, vandalism, scapegoating, stereotyping, unemployment, under-employment, & not the recipient of government assistance or police protection. If the person is then neglected from protective services or government services, and left to fend for themselves in the community, such as the private rental market or in social housing, the situation is insurmountable for them.

Pathways Identification

A key factor in helping people, in addition to the above, is a clear and formal system of pathway identification, including for adults and not just children, of their talents and skills and direction and mentoring, with special attention to those skills and interests, with authorised reasonable adjustments, to achieve their aptitudes or interests in the community. This should ideally include a Preferential disability-confident legislation that ensures the person who is formally diagnosed by a recognised clinician, has preferential or legislated access for the purpose of equal opportunity in the mainstream community, to programs, traineeships, apprenticeships, and formal primary and tertiary education where applicable, in tailored special interests or skill development for a protected-characteristic career in that area, whatever it is. This could be IT or mathematics, but it could be anything ... a music apprenticeship or traineeship that pays while learning; a link to VET the person can start with at school; and a range of options. Some examples might include Piano Tuner, Certificate II or a VET linked Security Licence, Patient Services traineeship linked to acceptable prior school studies in Biology, Health and Human Development and/or PE, disability-preferential places in University Medical School, Law School, Arts such as publishing houses while undertaking a writing degree having studied English and/or Literature at School, and an Access-entry Point for late bloomers or people who 'missed the boat' and need to change ship and enter, or re-train in, something.

There could be disability preference pathways for anything, including Business, Engineering, Science, Psychology, but they can be especially mixed for Traineeship-links so the person can work and while the neuro-typical community may find these opportunities themselves and make it work, such as finding a reception job in a Student Counselling practice at the

University, while studying Counselling or Psychology, the person with ASD may need disability preference pathways to access or find this through a central mechanism.

It should be legislation that if ASD is mentioned the employer cannot exclude the applicant for employment and must employ the person given verification of a diagnosis. While this exists on some level it is thoroughly failing people with ASD and needs a central streamlined mechanism accessible to people with diagnosed ASD rather than having them look for it themselves in the open market or access Disability Employment Services (which don't do a good job of this in practice).

There is no reason why a schoolboy (or girl) with diagnosed ASD and who loves music cannot be streamlined via such a system into specialist mentoring and training in addition to other schooling, with intentions of VET at higher school certificate level in addition to any other chosen activity – with a Disability Preference Pathway as specific and tailored – that links to a Traineeship in music performance or music industry while undertaking other studies or the same studies linked to it. This potentially alleviates the massive employment issues common to people with ASD competing randomly in the open employment market and creates a historical achievement pathway for them. The system could be opened up to returners as well who 'did that' for a number of years and would like a new pathway of their own choice, with Disability Preference treatment to avoid being excluded in the mainstream.

Government currently fails to implement the current plans it has for disability inclusion and their departments themselves misuse it without oversight or accountability, to find out if a

person will disclose disability at which point the application is simply given an 'unsuccessful' rating to avoid employing them.

This system is not unfair on neuro-typical people. Neuro-typical people believe they have stronger social skills so the help places people with ASD on equal grounds to them. Up to 80% of people are unemployed with ASD regardless of skills, special interests, licences or qualifications. This needs to stop. People who have talents and special interests are not being mentored or listened to, and programs are not tailored for them when they should be.

People with ASD in such programs and who are working and performing, have much stronger self-confidence in the community and are seen (likely) in the community as better able since the concentration is on their strengths and talents rather than a medical reductionist attitude about their inabilities.

It must be legislated (as mentioned in this document) that enforceable power to insist employment of the person with ASD under DDA etc. takes place, and that it cannot be refused if the person has the qualification or licence required. It also must be legislated that no employer can refuse to pay the person equal pay for equal work, if they're licensed or qualified for that role, cannot insist the person does less work or modifies their job and then use that against them to pay them less or give a modified wage or blame the person's disability for conflict – especially if other things in this document are done such as certificates in social skills. An employer or school should not be legally allowed to exclude a person with diagnosed ASD who has not got such a Certificate in Social Skills but is willing to

obtain one – while they do they must be kept at school or in their job normally. It should not be a case where people with ASDs have to find the ‘nice’ employer in the bunch arbitrarily who employs them, because legislation insists all employers do, given formal diagnosis. Similar events should be the case in schools and community. If the person is bullied and has no economic capacity the government must fund them to obtain those certificates in social skills and provide traineeships/jobs protected as ‘protected characteristics’ for them. Current legislation must be far more aligned with enforceable powers of the DDA and other relevant acts and the Fair Work and other relevant bodies should be under legislative to act in favour of the person with the ASD because it is a protected characteristic. It would be helpful if OHS legislation existed to cover neuro-diversity and not ‘psychosocial’.