

SUBMISSION – TOWARDS AUTISM ACCEPTANCE
AND ACKNOWLEDGING THE NEEDS OF
AUTISTIC MIGRANT WOMEN

MY BACKGROUND

I am an older Autistic migrant woman, diagnosed later in life, living in the outer working class suburbs of Melbourne. I am a divorcee with two grown up daughters, one of whom is also on the Spectrum. My daughters and I are all university educated and we all work. I teach and tutor part time. Almost all my students are from CALD backgrounds and some are also on the Autism Spectrum. In addition to my work and family commitments, I am keenly aware of current affairs and contribute as much as possible to the life of my community.

Although I work professionally in an area where my Autistic traits are highly advantageous, I have chosen not to be named in this submission because of widespread misconceptions about Autism. These misconceptions could affect my ability to continue working in my field and could also expose my Autistic daughter to present and future discrimination.

I am making this submission to share my experiences and understanding and highlight the intersectional issues faced by women and migrants on the Autism Spectrum as we do not fit the young white male nerdy stereotype. Although we are often overlooked, people like myself have unique insights and an unmatched personal strength that can move mountains if we can be true to ourselves and choose our own interests, philosophies and social and living environment.

I am from a mixed ethnic background. My parents were young refugees from Egypt's Suez Canal Crisis, living in England, when I was born. They did not wonder why I stared into space and didn't move around much as a baby, as nothing was known about Autism and there was no emphasis on developmental milestones or early intervention back then.

We migrated to Australia in the early 1960s and I began school the following year, where I became engrossed in lining up Cuisenaire Rods (maths blocks) and was overly dependent upon one best friend for many years. I otherwise was very shy, over-sensitive, quick to argue, experienced bullying, had difficulty playing sports and difficulties with my sense of direction. I especially had difficulties with the racist and sexist harassment that I attracted, in the 1960s and 70s, as a migrant girl who excelled in maths. As nothing was known about Autism back then, I assumed that these prejudices, together with cultural differences, were the sole source of my social difficulties. Having been diagnosed with high IQ Aspergers 6 years ago, I now feel that my social difficulties were mainly caused by the intersectional issues I have experienced as an Autistic migrant woman, and exacerbated by my lateness in learning social skills. I will explore these intersectional issues later in this submission.

Throughout my life I have had academic success and I hold a Bachelor of Science Degree in Mathematics. As a child, I worked very hard on teaching myself to look people in the eye, understand their social behaviour and overcome shyness. I have done acting, singing, public speaking, writing, read numerous self-help books and psychology articles and become involved in lobbying, meetings and campaigns. Social Equality issues are among my special interests. This has made me very articulate, giving me good leadership skills and a sense of

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purpose. I am not inclined towards small talk or neurotypical social competition and I prefer being this way. I believe I am not disadvantaged by my lesser inclination to read facial expressions as I have a very high IQ, strong analytical abilities and a great deal of life experience which all help me to interpret situations. I maintain my basic Autistic differences which I now discuss openly with like-minded people of my choosing.

PARENTS VS SELF-ADVOCATES

In describing my own understanding of Autism, parents of Autistic children with severe challenges and health problems could feel I am painting a rosy picture of Autism which doesn't resonate with their own experiences. In researching and advocating for Autistics, I have come across some tension within the Autism community between parent-advocates and adult Autistic self-advocates, as each side claims to legitimately represent the Autism Spectrum. Hopefully, as both a mother and an Autistic, I can contribute to some common understanding between the two groups. To help bridge the gap, I propose:

- 1. Autistic children with very challenging behaviours and multiple disability should correctly be identified as Autistic with Multiple Disability (AMD) rather than ASD. I believe the term *Autistic*, by itself, should not be used as an umbrella term to describe multiple co-occurring disabilities as this**
 - Contributes to media misrepresentations of the entire Autistic Spectrum
 - Causes undiagnosed Autistic adults to mistakenly believe they don't need a diagnosis because they are "not very Autistic", thus leaving them without self-awareness, accommodations or support
 - Adds to pressure on Autistics to conceal our diagnoses to avoid misconceptions by adopting masking behaviours to blend in, instead of being ourselves, which stops us properly contributing and leads to mental health pressures
 - The misuse of the term Autism to cover a myriad of severe disabilities promotes the notion of an Autism cure, when in fact most Autistics prefer being the way we are and do not seek a cure. My family and friends do not want me to change. We want Autism Acceptance.
- 2. Parent-advocates and self-advocates need to walk a mile in each other's shoes.** Parents of children with multiple disability in my area have sometimes invited election candidates into their homes to witness their daily struggles and inform policy. What better way to bridge the gap than for parents to invite self-advocates to witness these struggles also? Autistic self-advocates could then have their advocacy better informed and, conversely, parents may gain more insight into the reasons for their children's behaviour by gaining an adult Autistic's perspective. This process could be initiated through government assisted community programs where adult Autistics "adopt" a family with an Autistic child, help them with some daily chores and form friendships with the child and family and provide a positive role model as an Autistic adult.

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ACHIEVING EQUALITY FOR AUTISTICS

Government and community leaders must decisively pledge to move away from the Autism Awareness model towards the Autism Acceptance model. A suitable example for changing public persuasions and narratives can be found in the abandonment of White Australia era assimilation and its replacement with multicultural acceptance in the 1970s, a profound transformation which took years to realise but changed our attitudes and social make-up for the better and enriched our daily lives. Autism Acceptance will similarly enrich our daily lives by giving everyone a chance to enjoy and benefit from our Autistic achievements and perspectives.

A National Autism Strategy can begin with a sustained information campaign to depict Autism positively, as a wide spectrum of people. Governments and community leaders should encourage positive media portrayals of Autistic achievements, big and small. This could be complemented by a nation-wide advertising campaign encouraging respect, positivity and employability. Positive Autistic role models should be employed in schools to encourage Autism Acceptance and achievement. Government funded media outlets should be instructed to promote a minimum number of openly Autistic media personalities in areas that match their special interests eg as quiz masters, science reporters or movie reviewers. The government should further support an Autism Pride Week where Autistics proudly display their collections, knowledge and achievements nationwide.

Autistic self-advocates should assist in compiling a Guide to Autism-friendly Terms and Language, comparable to the *McGraw-Hill Guidelines for Non-Sexist Language* which gained sway in the 1970s and changed the way we speak everyday – eg the impersonal *he* being replaced by *he/she*, *Dear Sir* being replaced by *Dear Sir/Madam*, etc. In the case of Autistics, we consider that we *are Autistic* and we are not *battling Autism* or *touched by Autism*. Our achievements are not made *despite being Autistic*, in fact we are often high achievers *because of Autism*. We are not *mentally disturbed*, we have *different thinking styles* and *heightened sensitivities* that sometimes need to be better understood and accommodated. Government assistance would be needed to promote and distribute this proposed ***Guide to Autism-friendly Terms and Language*** to schools, workplaces, community organisations and media outlets and the adoption of this language usage should be mandated in any organisation that accepts government or rate-payer funding.

Medical terms and language need a shake-out. Our government should support changes to language usage by all medical professions, at the national and UN levels, to ensure that Autism is spoken about positively with patients and families. *The patient has co-morbidities* could be restated as *the person has co-occurring conditions* and other changes eg ASD becomes known as *Autistic Spectrum Differences*, not *Autistic Spectrum Disorder*. Autism Diagnosis becomes re-branded as *Autistic Identity Confirmation*. Positive depictions of Autism are extremely important and families should be directed to non-patronising support groups

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and services immediately upon diagnosis. However legal disability status must remain to ensure Autistics can access services and support as needed.

Ongoing research into meeting the needs of people on the Autism Spectrum. This research should be based around achieving accurate and timely diagnoses for both males and females and best practise support for people on the Spectrum at all life stages. Particular attention should be given to people with high support needs and those experiencing intersectional issues such as women, migrants, Indigenous people and LGBTIQ people on the Autism Spectrum. Research funds should not be hijacked by bodies seeking to cure or eliminate Autism as people on the Autism Spectrum do not seek a cure and in fact we prefer being the way we are. Society benefits greatly from the innovations of Autistics and many employers have begun seeking out people on the Autism Spectrum for various roles. We often seek to alleviate co-occurring conditions such as scotopic sensitivity (Irlen Syndrome) which causes over-sensitivity to bright lights or reading difficulties, Irritable Bowel Syndrome which is more common with Autism, etc. Autistics with multiple disability do need cures and treatments for their medical problems and interventions for developmental delay and learning difficulties and aides and strategies to cope with over-sensitivities. This is where medical research should be directed.

Regular Autism re-training for every frontline service provider. All medical staff, teaching staff, disability support workers, public transport staff and law enforcement staff need in-depth knowledge about relating to people on the Autism Spectrum and understanding the variety of needs and different presentations of Autism. They regularly need paid time out from work to catch up on the latest research about Autism which is pertinent to their professional roles.

Autism Acceptance training for every single person who works or volunteers. In recent times, workers and volunteers have been given OH&S training, anti-harassment and anti-discrimination modules to ensure that their skills match the demands of legislation and to cover workplaces legally. This basic skill set should be expanded to include Autism Acceptance Training so that all workers and volunteers can give a better service to Autistic customers/clients and work productively alongside people on the Autism Spectrum who think or socialise differently.

Flexibility and support at all levels of education. Teachers aides, academic note takers and academic assistants should be properly remunerated with secure jobs to ensure the best quality support for Autistics at all levels of education. Restrictive guidelines should be lifted and Teacher's aide assistance should be offered to every child who, in the opinion of the teachers and parents, would benefit from this assistance. Sensory friendly areas are needed in all schools. There should be enough staff and flexibility to adapt teaching methods to suit an Autistic child's special interests or properly engage a gifted Autistic student. Investing in Autistic children today will see most of them become taxpayers and not welfare recipients tomorrow.

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Accessible and sensory friendly public facilities in all areas. Following the lead of legislation which mandates disability parking and ramp/lift entry to buildings, Autism Quiet Rooms and sensory friendly places and session times should be incorporated into every facility which is used by the public. This could be mandated through building codes and Human Rights legislation.

Employment quotas for all workplaces. As Professor Tony Attwood has stated that approximately one person in 40 (= 2.5% of the population) is on the Autism Spectrum, a fair-minded, diverse workplace should employ Autistics in 2.5% of all its staffing positions. This should become law, starting with the Public Service. Interview requirements should be relaxed to give Autistics a fair go and accommodations should be made to ensure Autistics can work in a comfortable bullying-free environment.

Clubs that encourage Autistics' social and employability skills development in every town and suburb. Social skills and support programs such as Be Confident Belong for adolescents, The ICAN Network in schools, The Lab computer skills for Autistic children and Aspergers Victoria Adult Support Group can help the development of vital social skills and get Autistics job ready. These activities should enjoy federal government funding and support throughout Australia.

Maximum support to families of Autistics with high care needs. Adequate quality personal care, sibling support services and respite services to assist all family members. Therapy and medical assistance to help Autistics with high care needs gain independence and communication skills and relate to the outside world should be available throughout their lives. Suitable changes to home environment should be publicly subsidised eg re-establishing the family in a quieter area with a larger yard to reduce sensory overload. Conditions surrounding the granting of Carer's Payment and Carers Allowance should be relaxed, enabling parents to devote more time to their Autistic child and siblings. An adequate number of independent living and group home alternatives are needed so Autistics can live the lives most suitable for them and have their care needs fully met.

INTERSECTIONAL ISSUES AFFECTING AUTISTIC MIGRANTS AND WOMEN

Women's rights have made great strides in recent years and this is very important for women on the Autism Spectrum. We are beginning to understand the different presentations of Autism in both men and women, the fact that Autistic women teach ourselves social skills and feel forced to mask our differences to be accepted as women in society. We need respect for our different social and thinking styles and our individualism.

It is well known that Autistic women dress for comfort not fashion and more openly question society's norms. As the early feminist movement advocated more comfortable clothes and

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questioned society's norms, it is undeniable that **Autistic genes contributed to the development of the feminist movement and today's generation is indebted to Autistic women for advances in equality and fairness.** It is time for Autistic women to be publicly acknowledged as contributors to feminism instead of being automatically cast as fragile misfits struggling under a burden of mental health crises.

While we are at last shining a spotlight on women on the Spectrum, it is however **much harder to find material about the experiences of Autistics from different racial or CALD backgrounds** on the internet, yet my own experience as a migrant woman on the Autism Spectrum tells me that there are issues of concern and interest that need to be better understood and highlighted.

My internet searches for relevant information sometimes take me to blogs written by Black American Autistics, who similarly complain that Autistic community leadership is assumed to be the preserve of white men. They note there is virtually no research or discussion about Blacks on the Spectrum, and they lament hearing comments like, **"I thought only white folks got Autism."** Occasionally I have found a social media post from an Asian-American Autistic, making observations like, **"everyone expects Asians to be nerdy anyway"**, thus making it more difficult to seek an Autism diagnosis when it's needed, and again they say that there's not enough discussion or information about their particular situation.

These blogs and social media posts suggest that **racial stereotyping can interfere in the process of seeking and sharing an Autism diagnosis** and that there may be, in addition to differences in male and female presentations of Autism, **different signs of Autism within ethnic communities, different barriers to obtaining diagnosis and services and different patterns of life experience** as well. After being continuously frustrated by this dearth of attention and information about the Australian CALD Autistic experience, I have begun public speaking and writing about these matters myself, ie becoming the change that I want to see in the world. I hold a Bachelor of Science Degree, have personal and professional experience in the field, speak publicly and write prolifically. I am not seeking to have the final say on these matters; I am only sharing my experience and raising questions that need attention and could prompt further discussion and research.

Some of the signs and symptoms of Autism, and suggested therapies, are likely to be different amongst different cultures in multicultural Australia. The most common give-away of possible Autism, difficulty looking people in the eye, isn't really relevant for children from those Asian cultures where people are not meant to look into each other's eyes anyway. Similarly, looking out for a preference for animals' as opposed to people's company, or advocating therapy dogs, could be inappropriate for strictly practising Muslim families. While interest in horses and literature as opposed to maths and science might define many Anglo-Australian girls on the Spectrum, Indian-Australian and Chinese-Australian girls are often coached extensively in maths by their families who see maths as being equally of interest to both boys and girls. Thus girls with Autistic traits in these cultures may be just as inclined towards maths as the boys.

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Thus the conversations about Autistic differences need to be broadened to include the different cultural experiences.

Many Autistic adults begin their diagnosis journey researching Autism on the internet to see if they tick the boxes, to decide if seeking a formal diagnosis is warranted. Some of these lists of traits cite drug and alcohol abuse – as a migrant woman I had the opposite experience – I was not brought up with pubs or alcohol and, for the most part, refused to get involved when I went to university, despite persistent pressure from Anglo-Australian colleagues and friends to do so. I believe many other Autistic migrants would share this experience.

These are the different attributes that I suspect could be part of the way many Autistic migrants from more traditional cultures would present:

1. A refusal to adopt a cultural practice of the new culture when most other members of your ethnic group have already done so
2. Dropping a traditional cultural practice that most members of your ethnic group continue to adhere to
3. Preference for learning English alone, out of a book, and an avoidance of practising through conversation

Like many people on the Autism Spectrum, I have IBS (which was more problematic when I was younger). Occasionally I sought the advice of dietitian-inspired allowable food lists VS food exclusion lists. Invariably, these lists are almost totally monocultural lists of Anglo-Australian foods. I had no idea whether any of our traditional foods were allowed or disallowed and ended up having to exclude both the suspect food and the tasty ethnic food. Needless to say, these diets didn't last very long. It is frustrating and alienating that **dietary advice seems to be written for Anglo-Australian patients by Anglo-Australian experts and the needs of Autistic migrants with IBS are being ignored.**

It is likely that refugees who migrate to Australia after years of traumatic experiences have never had a chance to read about Autism and do not access information about Autism in their first language. **Girls in many traditional cultures are allowed to be shy and their Autistic traits may not be picked up until they go through some difficult life transition.** In addition, some traditional cultures have very fixed social rules, dictated by tradition and religion, which are more explicitly taught, making it easier for an Autistic child to respond to family social expectations without appearing different. Their families may socialise within a small ethnic community when they first arrive in Australia, where everybody knows each child and is used to his/her characteristics, and it is then possible that no one in this circle really notices any social differences in a child with Autistic traits. The inability of an Autistic child from such a background, to pick up and respond to social cues, only becomes apparent after that child settles in Australia and his/her social circle expands and he/she is suddenly confronted with a big wide world full of people with a different culture and much sharper social skills.

My experience as an Autistic migrant girl growing up in Australia is that **people latch onto outward differences, like skin colour or customs, to attribute social differences to cultural**

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background rather than Autism. (Autism was unknown when I was young but this could still apply to undiagnosed Autistic migrant girls today.) The Autistic migrant (or CALD Australian-born) girl can then be culture-shamed by her peers and goaded into acting more “Australian”.

The usual process of Autistic girls learning social skills, by hanging out and copying peers, can be hampered within some newly arrived migrant families, who don’t allow girls to go out to some social occasions or wear certain clothes for cultural reasons. This lack of progress in keeping up with peers can make Autistic migrant girls even more alienated and anxious and cause major family and social issues.

These were my experiences as a migrant girl on the Autism Spectrum, but how common are these experiences and what effect can they have on Autistic migrant women later in life? We don’t know, but one thing is certain – if nobody’s asking the questions, nobody’s going to get the answers. **Autistic migrant women and girls cannot be adequately represented by either nerdy white boys or any new trend towards defining the female presentation of Autism solely by the way in which Anglo-Australian Autistic women present, while treating Autistic migrant women as invisible inhabitants of the too-hard basket.**

I will now explore my experiences as the mother of an undiagnosed Autistic daughter, and my own diagnosis journey, which illustrate intersectional issues affecting Autistic women and migrants further. My daughter was only diagnosed with Autism as a teenager, despite six years of early intervention to address her delayed development, including hundreds of therapy, nurse, doctor, hospital, psychologist, geneticist and paediatrician visits. My own diagnosis followed soon after.

Clearly the lateness of our diagnoses was because of our different presentations of Autism as females. We were both socially quiet but engage with people and don’t have challenging behaviours, only low muscle tone stood out. Yet having now extensively researched Autism myself, I can see that there were quite a few Autism signs that could have prompted a line of inquiry, by any one of the professionals we met, to establish whether my daughter and/or I, was on the Spectrum. In fact I have since met two people highly trained in the disability field who correctly guessed I was on the Spectrum without me having told them. Perhaps not quite as much was known back then, 15-20 years ago when my daughter was having early intervention, but the reality is that **some medical professionals, even some “experts”, are still deficient in their knowledge and attitudes towards Autism.**

My first experience in Autism advocacy was straight after my diagnosis in 2013, when I received my written report, which quoted my low-average HSC English score (as opposed to my high maths-science scores), to conclude that, **“It is very difficult for someone with Aspergers Syndrome to write words and sentences.”** I was furious. I rang the clinic and complained to the receptionist and continued calling back to confront the psychologist, who had charged me \$660 for this tripe, and was supposed to be an expert, with half the alphabet after her name. She was clearly avoiding me. In the end I emailed her and said that I felt offended by this insult to my writing skills and any report a psychologist writes about me

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should be based on my own attributes and not based on generalisations about Aspergers. I demanded that she re-write the report. She replied by saying she was terribly sorry that I was offended. She agreed that it should not contain generalisations and she re-wrote the report.

I was shaken by reading these demeaning statements about my writing ability in my initial psychologist's report, as I was still adjusting to my diagnosis and questioning myself about my "disability". I ripped up the report and threw it in a recycle bin in a park, so as not to have any part of it in my home. Eighteen months later I published a book about my family's refugee experiences and began giving speeches about immigration history to community organisations. I now teach creative writing as well as maths.

When I received the second report, I felt I should share this with my local medical clinic and have it on my medical record. **The doctor asked, "Have you done the blood test for Aspergers Syndrome?" to which I replied, "There is no blood test."** He asked me how I knew and I said I had done the research. He promised to do the research too and, as he was competing with other doctors in the practise for his own patients, he told me to come back to him for "treatment for my Aspergers" and gave me his business card. Clearly it was time for another visit to the park recycle bin. These and other incidents convinced me to opt out of having a My Health Record. I simply do not want to disclose my Autism to any medical professional unless I have a reason to do so.

A number of years ago, pre-diagnosis, I sought help for how to deal with racial discrimination and other workplace putdowns. I knew that I was too slow on my feet in these challenging social situations and I was seeking advice and strategies. **A psychologist who I visited said, "You have a perception that you have been racially discriminated against" (which is a code-word for saying it's all in your head).** He then steered the conversations towards self esteem issues rather than exploring the types of discrimination I had experienced and why I had difficulty responding when it happened. In the face of these authoritative denials about the existence of discrimination I felt reluctant to pursue any more assistance. There have since been many people coming forward to openly talk about discrimination and my experiences have been very similar to theirs, so at last my experiences are being validated.

I have resolved these workplace discrimination issues by becoming self-employed and working mainly with multicultural students. In so doing my income has dropped and my employment options have been narrowed, but it is worth it to get away from casual racism around the lunch table and pressures to dumb down. I also share my early experiences of migration and discrimination in my writings and public speaking. My speeches are welcomed and encouraged by community groups, including Multicultural Arts Victoria who asked me to speak at the Piers Festival.

While working for larger employers, I also had difficulty with workplace chitchat and other conformist expectations. As I didn't know I was on the Autism spectrum then, I also could not properly advocate for myself when I needed written explanations or a map of the workplace to help me find my way around because of what I now know is *topographic agnosia*. I couldn't

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explain my reasons for needing this assistance as I didn't understand the reasons for my differences. My requests for these written instructions were either ignored or treated as some devious trouble-making by an overly intelligent misfit. **While my workplace abounded with grumpy old men, I was expected to be chatty and "one of the girls"**. Because of my difficulty with small talk and preference for properly written instructions instead of learning by copying others, I was accused of lacking in teamwork. My boss admitted I was good at my job while she was sacking me.

Returning to my daughter's early intervention journey, I noticed, obviously because of systemic disadvantages, relatively few migrant families involved in the early intervention playgroup, toy library, or private fee paying activities to improve children's muscle tone, such as Kiddie Gymbaroo. I also was able to access a variety of material about the value of early intervention and the plasticity of the growing brain which encouraged me to persist with my daughter's exercises, specialist visits and interventions even when I felt discouraged.

I would also march her up and down the stairs, to improve her muscle tone, while we were waiting to pick up my older daughter from school. This elicited stares and comments from other parents about my younger daughter's progress, which was really quite off-putting, as it reminded me of being stared at and questioned during the bad old racist White Australia days. I have no doubt it could be extremely difficult for a non-white or traditionally dressed migrant mother to risk further social ostracism by taking a visibly delayed or disabled child out publicly to exercise or play, clearly disadvantaging Autistic children of CALD backgrounds even further.

Some families of children with learning disabilities are warned by therapists to only speak English to their children so as not to confuse them. This is well meant advice but it is assimilationist – language is an important vehicle for cultural and religious learning and the development of identity, which is crucial to the emotional wellbeing of both Indigenous and migrant children including those on the Autism Spectrum. Giving up the mother tongue in favour of being mono-lingual in English will cause more identity issues to vulnerable Autistics. I currently have a student who needs Integration help and speech therapy but still manages Hindi classes, Bollywood and hip-hop dancing - her parents wouldn't dream of excluding her from their culture or her sibling's activities. This points to the need for more cultural awareness and diversity within early intervention therapies and more solid research.

The Victorian Autism Plan states that there is a higher proportion of GLBTIQ people on the Autism Spectrum than there is amongst the general population. This is possibly due to Autistics feeling out of phase with traditional roles and expectations. My hunch is that there is also a higher proportion of what were once called *mixed marriages* and children of mixed ethnic origin within the Autism community, (my daughter and I for example) as parents with undiagnosed Autism may feel out of phase with family expectations that they should marry within their own culture. In fact they may feel more at home amongst other cultures where they are less likely to be "spotted" as being "different" because partners and in-laws of other cultures anticipate they will be different anyway. **There will be many unmet needs within**

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families of mixed ethnic backgrounds, where some family members have inherited Autistic traits, since they don't feel like they belong in society, and they also don't belong to any particular ethnic group. Again this calls for more understanding and research.

Kindergarten is another setting where children's development can be monitored and encouraged before the vital school years, but **some of my CALD Autistic students missed out on kindergarten because their traditional extended family looked after children until they went to school. The children were only picked up after they began falling behind in their schoolwork and feelings of failure had already set in.** This gives three- and four-year old kindergarten a special role and both levels should be fully funded.

Criteria for obtaining special needs help at school is too rigid to help an Australian-born child with a mild learning disability who doesn't speak English at home and doesn't qualify for extra assistance under either category. One unemployed migrant family was told there was only limited help available for their Autistic son through their school and they needed to pay privately for tutoring. Action on Disability in Ethnic Communities offered to help and they looked up the Aspergers Victoria website for Autism-friendly tutors on our side of town – my name was the only one that came up. I was soon told by the boy's grandmother, who obviously didn't understand the Autism diagnosis, that "he's lazy, that's why he can't read. I have other grandchildren so I know, he's just lazy."

This to me highlighted **the need for information about Autism in other languages and the need for positive portrayals of people on the Spectrum to change wider community perceptions.** Unfortunately, **in some cultures, mothers are blamed for producing children with disability or Autism and even seen as being punished by God.** This could well worsen if the Religious Discrimination Bills are passed as religious utterances of this type would be given more legal protection and would eventually become more commonplace.

Hardly a week goes by without an online petition to stop the deportation of whole families because one of their children was born with Autism or a disability. The rationale for these deportations is the Migration Health Act, citing the cost to the Australian community of accepting a migrant with Autism or disability, even in those cases where families have pledged to cover all their child's medical and educational costs themselves. We reject the notion of able-bodied immigrants stealing Australian jobs as being racist, yet we are slower to defend Autistics and people with disability from the accusation that they compete with their Australian counterparts for access to health and educational services. **Australia should never deport a child to any country which will deprive him or her of education or effectively lock up a woman in her home for producing an Autistic child.**

All migrants and women face prejudices, but **intersectional prejudices are particularly acute when an Autistic migrant woman's special abilities threaten the patriarchy,** the criticisms currently directed at climate strike leader Greta Thunberg being a good example. I personally experienced these paranoid, jealous reactions in schools and workplaces as an undiagnosed Autistic migrant woman with high maths skills and I felt constant pressure to dumb down.

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Some police officers mistakenly think that Autistic migrants look suspicious, especially during anti-terrorism campaigns. One of my Autistic students is a young, painfully shy Muslim with a learning disability and an awkward gait. At the height of the Be Alert Not Alarmed era, as he walked to his local library, a police helicopter continuously hovered over his head the whole way. He has been pulled aside and heaved by shop security when he was too scared to open his bag and answer their questions. He now fears people in uniform and never goes anywhere alone. These experiences have severely limited his developing independence and introduced added anxieties into his life.

It's often still considered the migrant's or Culturally and Linguistically Diverse CALD person's job to overcome racism, rather than the public's job to accept diversity: **migrants are told to prove we are just like everyone else by becoming super-friendly and popular. Clearly this will never work for most migrants on the Autism Spectrum because we have a hidden disability on our social interaction and we can't just change and become like everybody else.** We like being ourselves and we need acceptance of our many differences. We share the Australian dream for a bright future so let us be ourselves and let us contribute.

I hope that these intersectional issues faced by migrants and women will merit consideration by this Inquiry and that this will lead to positive change.