SUPPORTING

AUTISTIC LGBTQ+

INDIVIDUALS

IN CRISIS

A Resource for Providers

by the Autism and Suicide Prevention Workgroup

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Why a specialized resource?

Many autistic people are LGBTQ+, and autistic LGBTQ+ individuals face a considerably heightened risk of suicidal thoughts and behaviors, beyond the already elevated risk seen in either group alone[1]. Yet, suicide prevention approaches are not designed with autistic and LGBTQ+ needs in mind[2,3]. This resource aims to begin filling this gap by addressing suicidality at the intersection of autistic and LGBTQ+ identities.

"autistic LGBTQ+ individuals face a considerably heightened risk of suicidal thoughts and behaviors"

What's in it?

In this resource for providers, we suggest steps on how to best support an autistic LGBTQ+ individual with active or passive suicidal ideation. We also include common terms, myths, and experiences relevant to suicidality in autistic LGBTQ+ individuals.

"The authors...wish to support autistic LGBTQ+ individuals in living long, fulfilling lives."

Who wrote it?

The authors hold many identities, some of whom are autistic, some of whom are trans, some of whom are queer, some of whom have lived experience with suicidality, most of whom are clinical mental health therapists, and all of whom wish to support autistic LGBTQ+ individuals in living long, fulfilling lives.

CONTENTS

Introduction..... 2

Table of contents..... 3

Overview of suicidality in the autistic LGBTQ+ population..... 4

Supporting an autistic LGBTQ+ individual with active ideation..... 5

Common terms..... 7

Common myths..... 9

Common experiences of autistic LGBTQ+ individuals..... 10

Supporting an autistic LGBTQ+ individual with passive ideation..... 12

Resources..... 14

Training / education..... 16

References..... 17

OVERVIEW

of suicidality in the autistic LGBTQ+ population

Autistic and LGBTQ+ people have existed throughout history, although how they have been identified and described has changed over time[4,5]. Both groups are at heightened risk of suicidal thoughts and behaviors:

An estimated 42% of transgender adults in the U.S. have attempted suicide at some point in their lives[6].

Approximately 25% of autistic adults have attempted suicide[2].

Autistic people are significantly more likely to identify as LGBTQ+ than the general population[7], and being both autistic and LGBTQ+ is linked to even higher risk of suicidal thoughts and behaviors than being either autistic or LGBTQ+ alone[1,8].

Why does unique crisis support matter?

The autistic and LGBTQ+ communities experience disproportionate rates of societal discrimination, social rejection, and mistreatment in healthcare and professional settings. These structural barriers contribute to reduced access to mental health support, especially during times of crisis.

- Among transgender people, 33% reported avoiding health care in the past year due to fear of being mistreated, and 48% of transgender people of color reported being mistreated by a health care provider, including being verbally harassed, denied care, or physically assaulted[6].

- For autistic individuals, research has documented significant barriers to accessing healthcare, including dismissive providers, lack of autism-informed care, and high rates of co-occurring mental health needs. Autistic people are also less likely to receive timely or effective mental health support, particularly during crises[6,9].

Supporting an autistic LGBTQ+ individual with

ACTIVE IDEATION

(having current thoughts about ending one's life, with intent and a plan)

If you've found this resource in an urgent situation, you can find our suggestions for navigating an active crisis below. We also encourage you to keep reading, when able. You'll find important information on common terms, myths, and lived experiences related to suicidality in autistic LGBTQ+ individuals, including guidance on how to support someone experiencing ongoing, passive suicidal ideation.

How often is a crisis *directly* about being autistic or LGBTQ+?

Not often directly, but it is frequently a result of systemic oppression and struggling to survive in a world that continues to harm them. Some may not yet know they are autistic or LGBTQ+, but they often describe feelings that they "should be different" or of being "wrong," "a burden," or "not functional enough." Common questions that arise in crisis are "Where do I meet queer people?" "How do I make friends as an autistic person?" and "Is it just me?"[10].

"it is frequently a result of...struggling to survive in a world that continues to harm them."

"they often describe feelings that they 'should be different' or of being 'wrong,' 'a burden,' or 'not functional enough.'"

Avoiding unintentional harm in crisis

Emergency responder interventions can be deeply distressing and even traumatizing for autistic individuals and exponentially more so for trans people, particularly Black, Indigenous, and People of Color (BIPOC) trans folks. Especially traumatic are forced hospitalization, restraint, and chaotic environments because traditional responses often neglect sensory, cognitive, emotional, and cultural needs.

Whenever possible, crisis support should prioritize autonomy and consent by using peer-led options, tailored safety plans, or community services the person already trusts. For trans individuals, especially those of color, it's essential to avoid involuntary interventions, police involvement, and pathologizing environments. Instead, offer culturally informed, affirming, and trauma-aware support that centers dignity, choice, and safety[6,11,12].

"crisis support should prioritize **autonomy** and **consent**"

Steps for supporting an autistic LGBTQ+ individual experiencing active suicidal ideation:

1. Respect their reality; roll with resistance.

Validate their experience. Resist the urge to correct, reason, or argue. Respect their reality and emotions, even if they don't make immediate sense to you. Avoid pathologizing or dismissive responses (e.g., "life is hard for everyone," "no one's really asexual," or "that's just your autism showing."). Rolling with resistance to suggestions, help, or new perspectives, rather than confronting them, prevents escalation and builds trust (e.g., if someone says "nothing will help," you might respond, "it sounds like you've tried a lot of things and have been let down; that sounds exhausting.").

2. Focus on safety in this exact moment; reduce overwhelming stimuli.

Understand that true safety may be unfamiliar or feel unattainable for them, especially if they've faced ongoing discrimination. You can't change the world in this moment, but you can **help make this moment safer**. Minimize overwhelming stimuli (like noise, light, crowds, or even talking). Be a calm presence and ask if they need quiet, space, or a sensory tool. Remember that sensory needs are safety needs.

3. "I'm here; you're not alone."

Autistic LGBTQ+ people may carry trauma from rejection, so **your calm, nonjudgmental presence can make a profound difference** in helping them feel safe enough to survive the moment.

COMMON TERMS

Autism

Autism describes a neurodevelopmentally different way of being a human; it is a natural variation in how people think, communicate, and experience the world.

Being autistic is diagnostically characterized as having differences in social communication and a need for sameness and repetition. Many autistic people also experience differences in sensory processing such as a heightened sensitivity to lights, sounds, and certain types of touch.

However, no two autistic people are exactly alike, and this diversity is what is meant by the 'autism spectrum'. For many, autism is not simply a diagnosis but an integral part of identity because it touches all aspects of their experiences and can't be separated from who they are[13].

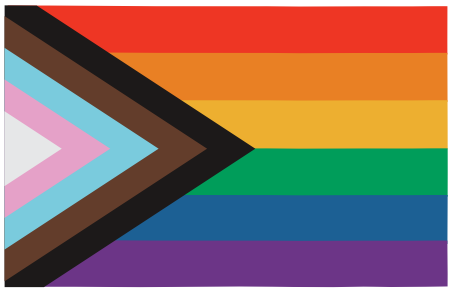
"for many, autism is...an integral part of identity"

"no two autistic people are exactly alike, and this diversity is what is meant by the 'autism spectrum.'"

Lesbian Gay Bisexual Transgender Queer/Questioning (LGBTQ+)

To be LGBTQ+ means having a sexual, romantic, or gender identity that differs from being heterosexual and/or cisgender (where one's gender identity aligns with the sex assigned at birth).

This umbrella term includes, but is not limited to, people who identify as lesbian, gay, bisexual, transgender, queer, nonbinary, asexual, intersex, and other diverse identities[14,15].



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Alexithymia

Alexithymia is a personality trait consisting of a difficulty identifying, describing, and processing one's emotions.

Autistic individuals are more likely to experience alexithymia, which can make it harder to recognize or articulate LGBTQ+ identities, potentially delaying self-understanding and contributing to feelings of confusion, frustration, or hopelessness, especially when the source of distress isn't easily named[16,17].

Gender Dysphoria

Gender dysphoria refers to the psychological distress that arises from a mismatch between one's gender identity and sex assigned at birth. This distress can involve discomfort with one's body, social roles, or gender expectations.

In autistic individuals, gender dysphoria may present differently or be harder to detect, partly due to differences in social communication and sensory processing. Autistic people may also describe their gender experiences in more nuanced or non-traditional ways and may be less influenced by societal gender norms, factors that can affect how gender dysphoria is experienced and expressed[18,19].

Intersectionality

Intersectionality describes how multiple social identities (such as race, gender, sexuality, and disability) interact to shape a person's experiences, including how they encounter privilege, discrimination, and belonging. Individuals with intersecting identities may feel excluded or misunderstood in communities that focus on only one aspect of their identity. For example, being both autistic and transgender is a distinct experience, not simply the sum of being autistic and being transgender separately. These overlapping identities can result in unique challenges, such as facing exclusion in autistic or LGBTQ+ spaces, or experiencing compounded stigma in healthcare, education, or employment[20].

Minority Stress

Minority stress refers to the chronic stress experienced by individuals from marginalized groups due to societal stigma, discrimination, and systemic barriers. This stress can negatively impact mental and physical health over time. Autistic LGBTQ+ individuals experience compounded minority stress at the intersection of ableism, homophobia, and transphobia. This may include being misunderstood in both queer and autistic communities, facing inaccessible or unsafe healthcare, and encountering exclusion in public and private spaces[20,21].

The Double Empathy Problem

The Double Empathy problem refers to the fact that communication difficulties between autistic and non-autistic people are mutual, stemming from differences in how each group perceives and understands the other. Rather than a deficit located solely in autistic individuals, social communication challenges arise from a reciprocal misunderstanding between both parties. These differences in communication styles can lead to misinterpretations, social exclusion, and feelings of isolation for autistic people[22].

COMMON MYTHS

Myth: *Autistic people aren't interested in sexual or romantic relationships.*

FACT:

Autistic people experience a wide array of interest in sexual or romantic relationships, just like anyone else; this ranges from asexuality (no interest in sex) to hypersexuality (a lot of interest in sex)[23–25].

Myth: *Autistic people only think they're trans because they don't fit in.*

FACT:

While it's true that autistic people often don't 'fit in', this only means they may be less invested in societal norms. Autistic individuals' experiences of their gender identities are just as valid as allistic (non-autistic) individuals'[26].

Myth: *Someone's gender experience has nothing to do with someone's autism.*

FACT:

While autism and gender are distinct aspects of identity, they can and do intersect. Autistic individuals are more likely (than non-autistic) to identify outside the gender binary, experience gender fluidity, or identify as transgender or nonbinary. For this reason, some people have proudly claimed the term 'auti-gender' to describe lived experiences where autism deeply influences how gender is perceived and expressed in an authentic, meaningful way. This is a valid experience. Some suggest that lesser adherence to social norms among autistic individuals may contribute to a different experience of gender. However, each person's experience is unique[17,27].

COMMON EXPERIENCES

of autistic LGBTQ+ individuals

Autistic Burnout

Autistic burnout is a distinct syndrome characterized by persistent and overwhelming physical, mental, and emotional exhaustion, often accompanied by loss of skills and decreased tolerance for sensory input. It typically develops after prolonged masking or camouflaging of autistic and/or LGBTQ+ traits, coupled with chronic sensory overload and unaddressed support needs.

Masking requires constant emotional labor and distracts from self-care, leading to identity erosion and reduced resilience. When support is lacking, these stressors accumulate, making self-care increasingly difficult and precipitating burnout. Recognizing autistic burnout as distinct and real is essential for developing effective supports and safeguarding mental health[28].

Dysphoria

Autistic people may experience gender dysphoria in ways that overlap with, but also differ from, non-autistic trans individuals. Sensory sensitivities can make body changes, binders, or gendered clothing especially distressing. A need for consistency means gender incongruence may cause deeper emotional turmoil. Many autistic individuals struggle to find language that fully captures their gender experience, due to alexithymia or communication differences. Finally, in clinical settings autistic traits may trigger excessive gatekeeping, with providers questioning whether someone "truly understands their gender." Together, these factors mean gender dysphoria is often compounded and uniquely shaped by autism, underscoring the importance of autism-informed, individualized and affirming care[29,30].

Hopelessness

Many autistic LGBTQ+ individuals experience profound hopelessness rooted in repeated negative experiences and systemic oppression. Medical, educational, and familial support systems often fail to fully understand or accommodate their needs. Also contributing are chronic rejection, the challenge of navigating environments not designed for neurodivergent or queer identities, and the cumulative exhaustion of burnout. Furthermore, many autistic LGBTQ+ individuals fear for their survival within capitalism. Limited positive representation or visible success stories from people with similar intersecting identities further deepen this sense of despair[28,31].

Shame (Internalized Stigma)

Both autistic and LGBTQ+ individuals often internalize harmful societal messages suggesting their identities are “wrong.” This can result from repeated invalidation such as assertions that autism disqualifies someone from understanding gender, or dismissals of queer identity, which leads many to mask their autistic traits or LGBTQ+ expression. Over time, this causes exhaustion, confusion, and erosion of self-identity. Cultural and religious rejection, coupled with ongoing pathologization in medical and psychological settings, further reinforce shame. Autistic individuals can internalize autism stigma, and LGBTQ+ individuals often adopt societal prejudice against their own identities, both contributing to depression, anxiety, and avoidance of care[32,33].

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Substance Use

Both autistic and LGBTQ+ individuals experience higher rates of substance use disorders, often to self-medicate and cope with anxiety, depression, trauma, or minority stress[34]. This increased substance use can contribute to impulsivity and elevate the risk of suicidality. Understanding and addressing substance use in these communities requires attention to the underlying barriers they face[34,35].

Systemic Exclusion

Autistic LGBTQ+ individuals frequently experience exclusion across multiple systems. In healthcare, gender-affirming care typically assumes neurotypical communication and sensory experiences. In employment, hiring biases, workplace hostility, and a lack of accommodations drive disproportionately high unemployment for autistic adults[36]. Both autism and LGBTQ+ issues have critical gaps in knowledge and supports. Additionally, autism-focused services often presume heteronormativity, while LGBTQ+ spaces tend to overlook neurodivergent needs, leaving autistic LGBTQ+ individuals with few accessible or affirming communities or resources[10].

Thwarted Belonging

Many autistic LGBTQ+ individuals experience a profound sense of not belonging as they navigate spaces that prioritize neurotypical communication, social norms, and sensory environments. They often struggle to find romantic or sexual relationships that meet both autistic and queer needs, while facing bullying, rejection, or abuse from peers, family, or partners. Individuals report masking both autistic traits and LGBTQ+ expression just to fit in, yet still feeling isolated. Additional factors may include sensory overload, unclear social expectations, and identity-based gatekeeping as core barriers to participation. They may experience a double exclusion feeling “too autistic” for queer spaces and “too queer” for autistic spaces, which can deepen loneliness and harm mental wellbeing[37].

Trauma and PTSD

Autistic and LGBTQ+ individuals face disproportionately high rates of childhood trauma, including bullying; neglect; and physical, emotional, and sexual abuse. In addition, many experience interpersonal sexual violence[36]. Research shows that up to 44% of autistic people are victimized, with 40% reporting sexual victimization, and that 32–60% meet PTSD criteria[38]. Trans and queer people are also more than twice as likely than heterosexual peers to develop PTSD[39]. Additionally, some individuals have endured trauma through “conversion” interventions or behavior modification therapies like applied behavior analysis (ABA); nearly half of ABA-exposed individuals report PTSD symptoms related to ABA[40]. These intersecting harms underscore how systemic and interpersonal violence drive mental health crises in autistic LGBTQ+ communities[38].

Unmet Needs

Autistic LGBTQ+ people often encounter services that aren’t designed for their intersecting identities. This can lead to significant barriers, including limited access to gender-affirming care that is sensitive to neurodivergent needs. Sensory-inclusive LGBTQ+ spaces are rare, making it difficult for autistic people to participate in community life without risk of sensory overload or social exclusion. Mental health services often lack providers who are trained to understand both autism and LGBTQ+ experiences, resulting in ineffective or even potentially harmful care. Additionally, many face economic hardship due to discrimination, underemployment, and challenges obtaining workplace accommodations, all of which can contribute to increased distress[10,41,42].

Supporting an autistic LGBTQ+ individual with

PASSIVE IDEATION

(ongoing thoughts about dying without plan and intent)

Many people have specific circumstances under which they might consider ending their lives, and these vary widely and are shaped by identity, experience, and trauma. While some risk factors are common (e.g., losing a job, home, or relationship), others may be deeply unique and personal, especially for autistic and LGBTQ+ individuals who face systemic and interpersonal marginalization.

Even if an autistic LGBTQ+ person's reasons don't make sense to a non-autistic or non-LGBTQ+ clinician, that doesn't mean they're not real or important. Targeting these reasons directly in a solution-focused way, while affirming identity and experiences, can be key to fostering a sense of hope, control, and safety.

Address sensory needs

Sensory needs are safety needs. Daily sensory distress can significantly intensify emotional overwhelm. Identifying sensory triggers (e.g., bright lights, loud noises, uncomfortable clothing) and providing appropriate accommodations (e.g., such as quiet spaces, dim lighting, or sensory aids) is essential to creating a sense of safety and reducing distress.

Affirm the person's inherent worth

Many autistic people feel they should be "more functional" or mask their traits to fit in. Additionally, growing up in non-affirming environments can cause LGBTQ+ autistic individuals to experience self-doubt and distress. Internalizing these negative messages of autism and LGBTQ+ identities can lead to feelings of inadequacy and self-blame. Support should acknowledge these harmful messages while affirming the person's inherent worth. (e.g., "There's nothing wrong with being you. The ways you express yourself and experience the world are valid and valuable. You don't need to change who you are to deserve love and acceptance.").

Consider co-occurring conditions or circumstances

Many autistic individuals have co-occurring conditions that can impact their mental health and crisis experiences. For example, if someone has ADHD and takes stimulant medication, consider whether they currently have access to their medication or may be experiencing withdrawal, which can increase emotional dysregulation.

It's also important to consider the possibility of misdiagnosis or mis-prescribed medications. Many autistic people are misdiagnosed with mental health conditions that do not fully reflect their neurotype, and some medications, especially if not tailored to their actual needs, may worsen distress[43].

Additionally, be aware of other common co-occurring conditions that may heighten dysphoria or distress for autistic LGBTQ+ individuals, especially those that make it physically or emotionally harder to feel safe in one's body. These may include: Ehlers-Danlos Syndrome (EDS), chronic pain, Premenstrual Dysphoric Disorder (PMDD), Postural Orthostatic Tachycardia Syndrome (POTS), Mast Cell Activation Syndrome (MCAS), Polycystic Ovary Syndrome (PCOS), Endometriosis, Post-Traumatic Stress Disorder (PTSD), Fibromyalgia, migraines, and epilepsy, among others.

Understanding and validating the interaction between physical and psychological distress can help guide more compassionate, effective support.

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Focus on restoring a sense of agency

For many autistic LGBTQ+ individuals, suicidality can arise from a perceived or actual loss of control over their lives. Support should focus on restoring a sense of agency.

Retaining the option of suicide may feel like the last form of autonomy. Some autistic individuals report that knowing suicide is an option can bring a sense of comfort; attempts to remove that option entirely can increase distress and a sense of lost autonomy, potentially escalating a crisis. Instead of confronting the thought directly, focus on restoring autonomy in other areas of life.

Collaboratively explore ways to regain a sense of agency. Identify small choices they can control, and gently encourage delaying action on suicidal thoughts while supporting safety in the moment.

Offer resistance-based coping mechanisms

Acknowledge the struggle of hopelessness, and validate that life for an autistic LGBTQ+ person will likely be challenging. Consider introducing resistance-based coping mechanisms such as trans joy as resistance (e.g., “finding joy in your identity is an act of defiance against a world that tries to erase you”), spite as survival strategy (e.g., “continued existence is defiance against systemic oppression”), and autistic self-acceptance (e.g., “your brain is wired differently, and that is not something to fix but to understand and nurture”).

Recognize neurological differences vs symptoms

Some behaviors you identify as symptoms may actually be neurological traits of autism (e.g., persistence on a specific topic or ‘perseveration’). Rather than trying to “correct” these traits, instead redirect distressing thoughts and use pivot strategies to work with autistic neurology rather than against it.

Recognize the Double Empathy Problem

Challenges in connection often stem from a mismatch in communication styles between autistic and non-autistic people, not from a social deficit within the autistic person. Understanding this can help shift the autistic person’s focus away from self-blame and toward finding relationships and communities where mutual understanding is possible.

Solution-focused targeting

Instead of generalizing or minimizing difficulties, focus on understanding the person's specific reasons for wanting to die. Explore what those exact reasons are and work collaboratively to try to generate change on those exact circumstances. Track movement on these through time. Shifting these is key to feeling safer.

Validate both identities

Recognize that someone may not yet fully recognize or embrace their identities (LGBTQ+ or autistic) because exploration takes time. Avoid questioning or dismissing their identity or assuming they are “confused” due to their autism. External validation with concrete, affirming language can help create a safe space for self-discovery (e.g., “It’s okay to be exploring. You don’t need to have everything figured out right now. However you identify, your feelings are real, and I’ll respect what you share with me.”)

Use tailored tools

Few evidence based practices included the autistic community in their development, and fewer mental health assessments have been created for autistic neurology. Where possible, use tools that have been tailored with autistic individuals such as the Autism Adapted Safety Plan.

RESOURCES

Academic Autism Spectrum Partnership in Research and Education (AASPIRE) (toolkit)

Toolkit for autistic individuals navigating healthcare systems:

Website: https://autismandhealth.org/

Autism Adapted Safety Plan

Safety plan tailored to autistic people

Website: https://sites.google.com/view/mentalhealthinautism/resources/safety-plan

Autistic Advocacy Network Resources

Guides and tools for navigating systems as an autistic person

Website: https://autisticadvocacy.org

BlackLine (non-carceral)

Black, LGBTQ+, and Black Femme lens

Call or text 1-800-604-5841 in US

Website: https://callblackline.com

LGBT National Hotline

Confidential safe space where callers of any age can speak about sexual orientation or gender identity / expression

Call 888-843-4564 in the US; Mon-Fri 2pm-11pm ET, Sat 12pm-5pm ET

Website: https://lgbthotline.org/

Reasons for Living

A suicide prevention resource for autistic individuals

URL: https://www.autismcrisissupport.com/_files/ugd/e747a4_aee42329db514a5784a8261baac28bee.pdf

Thrive Lifeline (non-carceral)

A non-carceral text-based line for underrepresented individuals

Text THRIVE to 1-313-662-8209

Website: https://thrivelifeline.org/

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Trevor Project (may use active rescue in some situations)

LGBTQI+ youth-focused (13-24) crisis intervention and suicide prevention.

Crisis text line: Text "START" to 678-678.

Website: https://thetrevorproject.org

TrevorSpace

A welcoming online social community for LGBTQ+ young people between the ages of 13-24

Website: https://thetrevorproject.org/visit-trevorspace/

Trans Lifeline (non-carceral)

A hotline staffed by transgender individuals for those in crisis

Hotline: 877-565-8860 Mon-Fri 10a-6p PT

Website: https://translifeline.org

Samaritans (non-carceral)

Available in many countries for immediate suicide prevention support

Hotline (US): 1-877-870-4673

Website: https://samaritans.org

National Alliance on Mental Health:

Resources, support groups, and available helpline

Call, Text or Chat with the HelpLine M-F, 10 a.m. - 10 p.m. ET
Call 1-800-950-6264 or Text "helpline" to 62640

Website: https://nami.org

SAGE

Advocacy and Services for LGBTQ+ Elders

Website: https://sageusa.org

Warmline Directory

Warmlines are for if you're not in crisis, but you want to talk

A directory for finding peer support

Website: https://warmline.org

TRAINING / EDUCATION

Academic Autism Spectrum Partnership in Research and Education (AASPIRE) (toolkit)

Toolkit for providers serving autistic clients:

Website: https://researchautism.org/healthcaretoolkit/healthcareproviders/

Autism 101 and Suicide Statistics

Website: https://www.mentalhealthacademy.com.au/catalogue/courses/autism-101-and-suicide-statistics

Crisis Supports for the Autism Community (pdf)

To aid crisis workers in identifying and supporting autistic individuals who are in crisis

URL: https://www.autismcrisissupport.com/_files/ugd/e747a4_61056b2d41cc4ea5b9f053c21ce0fbce.pdf

Crisis Support for the Autism Community (course)

Website: https://www.mentalhealthacademy.com.au/catalogue/courses/crisis-support-for-the-autism-community

SAGEcare

Training for cultural competency with LGBTQ+ Elders

Website: https://sagecare.org/sagecare-providers/

Reasons for Living and Coping Strategies for Autistic People in Crisis

Website: https://www.mentalhealthacademy.net/catalog/courses/reasons-for-living-and-coping-strategies-for-autistic-people-in-crisis

Warning Signs of Suicide for Autistic People (pdf)

Warning signs specific to autistic people

URL: https://www.autismcrisissupport.com/_files/ugd/e747a4_ebe62eeb3f124681abda180bbda0cf82.pdf

Warning Signs of Suicide for Autistic People (course)

Website: https://www.mentalhealthacademy.com.au/catalogue/courses/warning-signs-of-suicide-for-autistic-people

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