

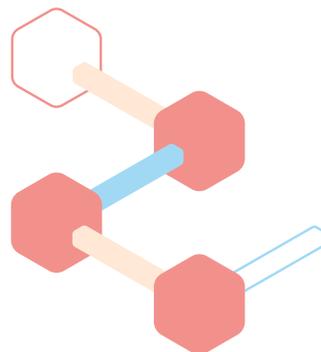
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peer work in suicide prevention fact sheet

OTARC | La Trobe University

A lived experience of suicide can include one or more of the following:

- experiencing **thoughts** of suicide,
- being a suicide **survivor**,
- **caring for someone** in suicide related distress,
- **living with the grief and loss** from losing someone to suicide.



Suicide Prevention

What is a Suicide Prevention Worker?

Suicide prevention peer workers are trained professionals with lived experience of suicide, who provide relational, non-clinical, person-centred support to people experiencing suicide-related distress, connected through a shared understanding of similar experiences.

Peer workers complement traditional care and bring humanity, authenticity and lived wisdom into clinical spaces that can otherwise feel risk-averse or overly medicalised.

Peer work embraces the disability rights principle “Nothing about us without us” as foundational. This means the person experiencing distress actively informs and shapes their own support, rather than having decisions made about them without their involvement.

This approach shifts the focus from “What is wrong with you?” (a purely diagnostic perspective) to “What happened to you?” (a trauma-informed perspective), recognising that distress is often a valid response to life events and environments rather than a personal failing.

Core principles include:

- **Mutuality:** Meeting as equals, not experts.
- **Holding space:** Listening, being present without looking for answers.
- **Modelling hope:** Sharing how life can improve through personal experiences.

Where Does Peer Work Fit Within Suicide Prevention Approaches?

Peer workers are often members of multidisciplinary teams, bridging relational gaps between people in suicide-related distress and professionals, ensuring the person’s voice and lived experience shape their support. Peer workers don’t perform assessments, diagnose, provide therapy, or manage medication. Instead, peer workers specialise in early outreach, stigma reduction, post-vention, and bereavement support.

When a peer worker is concerned about imminent risk in a clinical setting, they share their concerns with the clinical team, while clinicians remain responsible

for formal risk assessment and clinical decisions; at the same time, peer workers stay alongside the person during and after these crisis moments so they feel heard, less alone, and more able to stay connected with support.

How Can Clinicians Work Alongside Autistic Suicide Prevention Peer Workers?

- Involve peer workers early, introducing them as equal members of the care team.
- Actively support peer workers to build and maintain relationships with the people they support, grounded in peer work values and principles, recognising them as experts in their field and respecting their lived-experience-informed peer practice.
- Ask how the peer worker prefers to collaborate (for example, warm introductions, independently or joint sessions) and respect their lived-experience expertise in autism and suicide.
- Share relevant information and engage peer workers in the development of care and safety plans, and include them in handovers and reviews so their insights can inform decision-making.

Lived Experience & Neuro-Affirming Peer Practice for Autistic People in Suicide Related Distress

Peer matching is an essential concept in peer work that maximises connection, safety, and engagement by aligning the worker's lived experience with that of the person receiving support. Beyond a shared experience of suicidality, an autistic peer worker possesses an added layer of insight into the unique intersection of being autistic and experiencing suicide-related distress. This shared understanding helps peers intuitively navigate challenges often amplified by factors such as sensory overload, camouflaging, and alexithymia.

This shared experience of being autistic and having lived through suicidal distress can reduce misunderstanding, help the person stay engaged with support, and make conversations about suicide safer and more meaningful.

Neuro-Affirming Peer Practice

Autistic peers naturally use neuro-affirming practices that traditional clinical settings often lack. Post-crisis, this approach not only reinforces safety plans but ultimately builds the capacity of the individual to navigate future challenges should they occur:

- **Low-demand pacing:** Allowing ample time for processing and responding without pressure.
- **Explicit language:** Using clear, direct communication and avoiding idioms or abstract metaphors.
- **Personalised structured sessions:** Providing predictability and structure tailored to individual preferences, which enhances a sense of safety and control.

Together, these practices reduce the risk of shutdown or overload, support clearer communication about suicide related distress, and help autistic people remain connected to care during and after crisis.

Autistic Survival Responses in Suicide-Related Distress

Autistic people may respond to overwhelming suicidal distress in ways that are often misunderstood, including fawning or appeasement, masking, shutdown and “blinking out.” These are survival responses to threat and overload, not signs of manipulation or lack of interest in help.

Fawning, Appeasement & Masking

Fawning or appeasement has been described in autistic contexts as a trauma-driven, people-pleasing safety strategy that often overlaps with masking or camouflaging, where autistic people suppress needs, agree, or become overly compliant to avoid conflict, rejection or harm.

Setting firm boundaries and saying no to unreasonable or excessive demands is vital.

What it can look like:

- Quick agreement with suggestions, saying “I’m fine” or “I don’t want to be a bother,” and excessive apologising.

Why does it happen?

- Past experiences of being dismissed, punished or misunderstood.
- Fear that visible distress will lead to conflict, coercion or withdrawal of support.

Shutdowns & Blanking Out

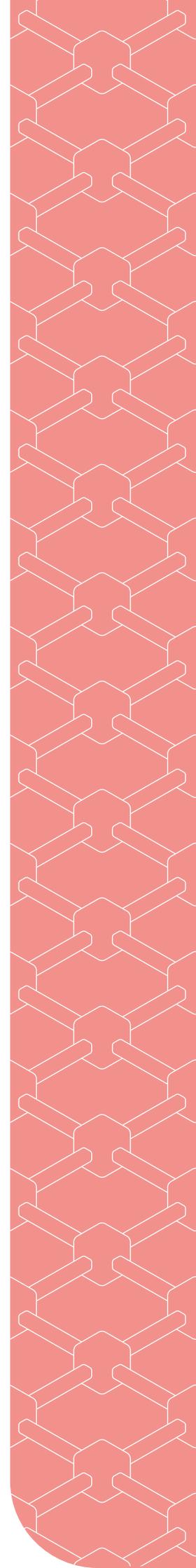
When suicidal distress reaches critical mass, autistic people can experience shutdowns or blanking out, the brain’s involuntary “emergency brakes” from overload.

What they look like:

- **Blanking out:** Glazed stare, frozen thoughts and words.
- **Shutdown:** Situational mutism, physical stillness, need for dark, quiet isolation, emotional detachment..

Why do they happen?

- Sensory overload (noise, lights, unfamiliarity, change in routine).
- Masking exhaustion and prolonged camouflaging.
- Stress builds up, tipping into “everything must stop.”



Communication with Autistic People in Crisis

Declarative Language is Useful

Declarative language is a useful and functional communication style for approaching the sensitive topic of suicide with autistic people. This method is specifically designed to work with common autistic communication preferences and anxiety responses.

Why Use Declarative Language (Stating Observations)?

Autistic people often experience sensory overload, social anxiety, and process information differently.

- **Direct questions** (e.g., “Are you okay?”) can increase processing demands and social pressure, which often initiates or deepens a shutdown or “freeze” response. This stops the conversation entirely.
- **Declarative statements** (e.g., “It looks like everything has become too much”) name the distress collaboratively without demanding an immediate verbal response. This lowers the pressure, enables de-escalation, and provides processing time..

The “Essential Question” & Its Context

Once a foundation of trust and safety is established through pacing and silence, asking the vital questions is critical.

The explicit question:

“Are you thinking of suicide? Are you thinking of killing yourself?”

Why is it Used?

- Autistic people often prefer explicit, literal language and may struggle with abstract or euphemistic language.
- They might not interpret vague questions like “Are you going to hurt yourself?” as a direct question about suicide.

- Using clear, unambiguous language ensures that there is no misinterpretation, directly addressing the core safety risk and allowing the person to answer truthfully.

The process flows from a low-demand, neuro-affirming approach to a crucial, direct check for safety.

Autistic suicide prevention peer workers can model and coach clinicians in using declarative language, low-demand pacing, and clear, explicit questioning about suicide, making these conversations more accessible and less overwhelming for autistic people.

Resources

Roses in the Ocean is Australia's national lived experience of suicide organisation: <https://rosesintheocean.com.au/>

