

The Experiences of Stigmatization and Discrimination in Autistic People of Different Genders and Sexualities

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Autistic people that hold other marginalized identities, such as being LGBTQ+, may be especially vulnerable to stigmatization and discrimination, and their experiences may be understood through the lens of intersectionality. This study aimed to explore the differences in the experiences of stigmatization and discrimination between LGBTQ+ and non-LGBTQ+ autistic people. Eighty-seven autistic adults, 41 of whom were LGBTQ+, responded to a survey that measured stigma centrality and salience, stigma consciousness, experiences of everyday discrimination, and awareness of intersectional stigmatization. Results showed that LGBTQ+ autistic participants expected to be stigmatized and discriminated against more often and saw their autism, gender, and sexuality as more important to their identity than non-LGBTQ+ autistic participants. The frequency of everyday discrimination did not differ between LGBTQ+ and non-LGBTQ+ autistic respondents. The findings suggest that further research is needed to fully understand the intersection of autism and LGBTQ+ identities.

Keywords: autism, stigma, discrimination, gender, sexuality

Les personnes autistes possédant aussi d'autres identités marginalisées (p. ex., LGBTQ+), pourraient être particulièrement vulnérables à la stigmatisation et à la discrimination, et leur expérience pourrait être comprise via l'intersectionnalité. Cette étude explore les différences de stigmatisation et de discrimination vécues entre les personnes autistes LGBTQ+ et celles ne l'étant pas. Quatre-vingt-sept adultes autistes, dont 41 LGBTQ+, ont répondu à un sondage mesurant la centralité, la saillance et la conscience du stigmatisme, les expériences de discrimination quotidiennes et la conscience du stigmatisme intersectionnel. Les résultats montrent que les participants LGBTQ+ s'attendent à vivre plus de stigmatisation et de discrimination. Leur genre et leur sexualité sont également plus intégrés à leur personnalité que pour les participants n'étant pas LGBTQ+. La fréquence des expériences de discrimination ne diffère cependant pas entre les participants LGBTQ+ et ceux ne l'étant pas. Davantage d'études devraient être effectuées pour comprendre l'intersectionnalité entre l'autisme et les identités LGBTQ+.

Mots clés : autisme, stigmatisation, discrimination, genre, sexualité

Autism is a heterogenous neurodevelopmental condition characterized by two key differences: those in social communication and interaction, and repetitive behaviours and intense circumscribed interests (American Psychiatric Association [APA], 2013). Autistic¹ people may have differences in eye contact and nonverbal communication; they tend to struggle with social reciprocity and forming and maintaining relationships. Other features present in autism are sensory sensitivities, as well as insistence on routines and rituals (APA, 2013). As a result of these differences, autistic people, especially lesbian, gay, bisexual, transgender, and queer (LGBTQ+) autistic people, experience rampant stigmatization and discrimination in society (Botha et al., 2020). The present study aims to investigate whether experiences of stigmatization and discrimination differ between

LGBTQ+ and non-LGBTQ+ autistic individuals.

Stigma and Autism

Goffman (1963) defines stigma as an attribute that is devalued and ascribed negative meanings by society, thus leading to an individual's alienation. Stigmatization is a multilayered process involving assigning a label to those who display differences deemed undesirable in a given social context, forming negative stereotypes or overgeneralizations about them, separating those people from mainstream society, and discriminating them through power differences (Link & Phelan, 2001). Discrimination, or enacted stigma, refers to the extent to which a person is treated unfairly in society through rejection and deprecation (Gray, A. J., 2002). Felt stigma, on the other hand, is an individual's feelings of shame and

The author is deeply grateful to Professor Alison Chasteen for her supervision, guidance, and support and to Trinity College at the University of Toronto for funding the project. All correspondence should be addressed to Valeria Khudiakova at v.khudiakova@mail.utoronto.ca.

¹In accordance with the preferences of the autistic community, this paper uses identity-first language ("autistic person") as opposed to person-first language ("person with autism") (Kenny et al., 2016). However, the authors acknowledge that some people may prefer person-first language or other terms.

embarrassment due to their identity, as well as expectations of discrimination or prejudice (Scambler, 1998).

So far, research into stigma and autism has mostly focused on neurotypicals' perceptions of autistic people. For instance, Sasson and colleagues (2017) found that first impressions of autistic individuals engaging in social interactions tend to be overwhelmingly negative, with neurotypicals rating autistic individuals as less socially competent and reporting less desire to interact with them. Further, behaviours associated with autism elicit stigmatization and rejection in neurotypical-dominated society (Butler & Gillis, 2011). Dickter et al. (2020) found that neurotypical adults display negative implicit attitudes towards autistic adults and the behaviours associated with autism, which may contribute to their stigmatization in society.

As for the potential sources of anti-autistic stigma, negative and unrealistic stereotypes about autistic people can play a role. Such stereotypes include difficult personalities, social incompetence, or advanced abilities (Wood & Freeth, 2016). Furthermore, stereotypes about how autism presents may lead to people doubting a person's clinical diagnosis or self-identification due to their presentation of autism not fitting the stereotypes (Hurley-Hanson et al., 2020; Neely & Hunter, 2014). Even those who have not been formally or self-diagnosed with autism but display social and behavioural differences consistent with autism may be stigmatized due to their failure to fit into neurotypical society (Hurley-Hanson et al., 2020).

The stigmatization of autistic people may also be explained in terms of the power differences between the overwhelmingly neurotypical researchers who have historically constructed the social category of autism and those who get diagnosed with autism at some point in their lives (Botha et al., 2020). Autism falls under the neurodiversity umbrella, and autistic people differ from their neurotypical counterparts in terms of their cognitive processing style, a framework endorsed by autistic people themselves (Kapp et al., 2013). These differences have historically been pathologized, resulting in autism being seen as necessitating a cure or elimination hence the stigmatization of autistic people (Pearson & Rose, 2021).

The social nature of autism may affect the content of stigma autistic people experience when compared to other disabilities. Indeed, some researchers have found that the specific social identities a person holds can affect the specific ways they are perceived in society: for example, Pachankis et al. (2018) classified 93 stigmatized social identities, including autism, in

terms of five dimensions: disruptiveness, visibility, persistence over time, aesthetic unpleasantness, and origin. Autism was found to be highly visible—although autism is generally classified as an invisible disability as it does not manifest itself in terms of physical signs (Hatfield et al., 2017). The behaviours and social differences associated with autism may be conspicuous—aesthetically unremarkable, harmless, persisting throughout the lifespan, and being of uncontrollable onset (Pachankis et al., 2018). A follow-up survey which aimed to link the researchers' classification of stigmatized identities with different facets of stigma, including felt and enacted stigma, revealed that stigmatized statuses belonging to the same cluster as autism tended to be perceived by their holders as extremely impactful stigmas associated with health impairment and increased social distance. Therefore, the stigma associated with autism can have tangible impacts on one's health and quality of life, including social connections. However, this study by Pachankis et al. (2018) did not consider the impact of holding multiple stigmatized identities, especially those belonging to different clusters.

Research on how autistic people experience both felt and enacted stigma is still scarce. However, emerging studies have found that because of the stigma, autistic people experience widespread social ostracization and poorer mental health outcomes compared to their neurotypical counterparts (Botha & Frost, 2020). In fact, suicide rates are much higher in autistic people than in the general population (Cassidy et al., 2018a), a phenomenon that has been attributed to their social isolation and the societal pressure to mask their autistic traits in order to appear "normal" (South et al., 2020). Indeed, those who do not have an intellectual or language impairment are frequently expected to "[...] deal with the social world as if they were not disabled" (Gray, 2002, p. 735).

In response to the stigma associated with being autistic, some autistic people may deliberately employ camouflaging or compensatory strategies that would allow them to appear neurotypical in certain situations; examples of camouflaging include forcing eye contact, using prepared scripts in social situations, and imitating other people's social behaviour (Lai et al., 2017; Livingston et al., 2020). Camouflaging, however, comes at a cost. Autistic people, especially those who are assigned female at birth, who camouflage may "fly under the radar", their difficulties thus remaining unnoticed until much later in life (Bargiela et al., 2016). Camouflaging requires a lot of effort, which can be cognitively and emotionally taxing (Bargiela et al., 2016), leading to higher rates of anxiety and depression (Cage & Troxell-Whitman, 2019) and suicidal ideation (Cassidy et al., 2018b).

Camouflaging may have an impact on the development of a positive or neutral social or individual identity, as it involves continuously hiding natural parts of oneself from others (Lai et al., 2017). Further, as a stigmatized and marginalized community (Botha et al., 2020), autistic people may experience *minority stress* (Botha & Frost, 2020; Meyer, 2003). Meyer (2003) defines minority stress as the excessive stress that people belonging to stigmatized social groups experience as a consequence of their social identities, which suggests that autistic people—especially those belonging to other minority groups—may experience stress and other mental health problems as a result of existing in a social environment that is hostile towards those who are different.

Albeit scarce, recent research has also investigated other aspects of the relationship between autism and stigma. Autistic people tend to embrace the neurodiversity paradigm, which proposes that autism is a naturally occurring variation in brain structure and function that does not necessarily lead to pain and suffering (Botha et al., 2020). The notion that autism is not a tragedy but another way of being is in line with the social model of disability, which distinguishes between disability and impairment and proposes that it is not one's impairment that causes the negative experience of disability, but rather, disability is constructed through an inaccessible and hostile society (Shakespeare, 2006). Indeed, Mandy (in press) argues that the difficulties autistic people experience are often attributed to their “deficits” as opposed to the rigidity of neurotypical society, which results in a mismatch between autistic people and the social environment they exist in. Arguably, conceptions of autism that rely on the neurodiversity paradigm and the social model of disability, as well as working towards a more accepting society, might result in less stigma directed towards autistic people.

In a small-scale qualitative study by Botha et al. (2020), autistic participants saw autism as a value-neutral characteristic akin to handedness which is central to their sense of identity but is also ascribed negative meanings and, hence, enacted stigma. Indeed, disability scholars have argued that society tends to shun those who do not fit the narrow definition of the normate—white, non-disabled, neurotypical, middle-class, cisgender, and heterosexual (Garland-Thomson, 2002). Since autistic people are less likely to be cisgender (Strang et al., 2014) and/or heterosexual (Dewinter et al., 2017), they may also experience stigma related to those identities as well as their intersections with autism, which is an emerging line of research.

In the face of such widespread stigmatization and discrimination, autistic people may experience

significant felt stigma, which means that they might absorb the negative attitudes about autism prevalent in society and try to distance themselves from the label of autism (Pearson & Rose, 2021). Felt stigma can also result in autistic people believing that the negative stereotypes about autism are true for themselves (Quinn et al., 2014). Furthermore, felt stigma can have adverse effects on mental health, such as increased levels of depression, social isolation, and decreased self-esteem (Drapalski et al., 2013). Pearson and Rose (2021) also argue that, in the context of autism, felt stigma can result in a reduced ability to identify when one is camouflaging one's autism so that one is subsequently able to choose not to camouflage and be themselves.

Although, to the authors' knowledge, there have been no published studies focusing specifically on felt stigma in autistic people, a brief survey of personal accounts by autistic self-advocates suggests that felt stigma is a major issue for the autistic community. For instance, Brown (2016) writes that while uncovering their own felt stigma and realizing that they do not always pass as neurotypical in social interactions, they have been feeling as if they should be ashamed if non-autistic people could notice their autism, Libas (2017) highlights that after finding out that they had been diagnosed with autism as a child, they felt extremely ashamed and subsequently internalized the negative stereotypes about autism: “I was discriminating against myself” (para. 3). Empirical research is needed to investigate the impacts of felt stigma on autistic people, especially those holding other marginalized identities, such as being racialized or LGBTQ+.

In a broader-scope study, Botha (2020) found that, in autistic people, felt stigma can be alleviated through political connectedness to the autistic community. However, based on that study, further research is needed on the experiences of felt stigma in autistic people and the mechanisms by which it can be decreased through autistic community connectedness and potentially other individual factors, such as self-acceptance, as well as the impacts of other stigmatized identities they may hold.

LGBTQ+ Autistic People and Intersectional Stigma

The term intersectionality was first coined by Crenshaw (1989), who defined it as a framework for understanding the unique experiences of oppressed people with multiple marginalized or devalued identities face. Evidence suggests that LGBTQ+ autistic people may have their gender identity or sexuality dismissed altogether based on the false assumption that autistic people do not have enough self-awareness to recognize their gender or sexual identity as something that deviates from the cisgender and heterosexual norm and falls on the LGBTQ+ spectrum (Hillier et al., 2019). The authors concluded that this invalidation of

LGBTQ+ autistic people is an experience of oppression qualitatively different from that of non-autistic LGBTQ+ people and an added layer of oppression when compared to cisgender heterosexual autistic people. Further, LGBTQ+ autistic people might experience some degree of *intersectional invisibility*—they may be perceived as non-prototypical members of the LGBTQ+ community due to them having another marginalized identity (Purdie-Vaughns & Eibach, 2008). Further, they may not be sufficiently represented in the media, suggesting that their invisibility may be representational as well as interpersonal (Neel & Lasseter, 2019). They might be invisible in LGBTQ+ communities; as such communities may not see autistic people as valid members due to harmful assumptions and stereotypes about them not being self-aware enough to declare themselves members of those communities (Hillier et al., 2019). This might also be due to LGBTQ+ autistic people being perceived as irrelevant to the goals of the broader LGBTQ+ community, thus resulting in them being intersectionally invisible (Neel & Lasseter, 2019).

Masking one's autistic traits may result in reduced visibility and disruptiveness from the stigmatizer's standpoint, which thus brings those experiences of autism closer to Innocuous Persistent Cluster in Pachankis et al.'s (2018) framework, which is the cluster where stigmas associated with homo- and bisexuality are located. Although people with identities located in that cluster seemed to have more positive outcomes in terms of mental and physical health than people in other clusters, camouflaging may still result in adverse health outcomes (Cage & Troxell-Whitman, 2019). However, as mentioned above, Pachankis et al. (2018) do not address how experiencing multiple stigmas belonging to different clusters can result in qualitatively different experiences of oppression and discrimination, which highlights the need for more research into the intersections of qualitatively different stigmas, such as the intersection of autism and LGBTQ+ identities.

The Present Study

The purpose of this study is to examine the stigmatization of autistic people through a gender and sexuality lens by measuring LGBTQ+ and non-LGBTQ+ autistic people's perceptions of stigmatization and discrimination related to their autism, gender, and sexuality. Due to the lack of research on the topic, no hypotheses were preconceived, and this study was approached as an exploration.

Method

Ethics Statement

This study was approved by the University of Toronto's Research Ethics Board (Protocol #00041014), and all participants gave informed consent before participating.

Participants

The sample was recruited from Prolific, an online participant recruitment service. A total of 98 people took part in the study, all of whom were compensated with \$0.40 (Canadian dollars) per minute spent participating. The responses of 11 participants were excluded due to incomplete, blank, or duplicate responses, leaving the final sample size to be 87. The inclusion criteria were being 18 years of age or older, having a formal diagnosis of autism or self-identifying as autistic, and fluency in English. Both LGBTQ+ and non-LGBTQ+ autistic people were welcome to participate.

Demographics. All participants were over 18 years old ($M = 27.28$, $SD = 7.80$, range = 18–60) and were either formally or self-diagnosed with autism. Including self-diagnosed participants ensured that the perspectives of those who are unable to access an official diagnosis due to equity-related barriers, such as race, gender, or immigration or financial status (Sarrett, 2016) were not excluded from the study. Slightly more than a third of participants (35.6%) had a formal diagnosis of autism. Thirty-seven percent were self-diagnosed and seeking a formal diagnosis; the remainder were self-diagnosed but not trying to get a formal diagnosis.

As for gender, most participants (57.5%) were men, including one transgender man, and 32.2% were women, including one transgender woman and four women who selected additional nonbinary gender identities. The remainder were nonbinary, genderfluid, agender, demigender, or genderqueer, or selected multiple non-binary gender identities. Participants' gender assigned at birth was not collected in favour of asking them about the gender they related to and identified with the most.

Slightly more than half of participants were heterosexual (52.9%). Thirty-two percent of participants were bisexual, 9.2% identified as asexual, and 4.6% were pansexual. Three participants each were gay and lesbian. The distribution of diagnostic status did not differ by gender ($\chi^2 = 32.47$, $df = 26$, $p = .18$). For the purposes of this study, those who reported a gender identity other than cisgender man or cisgender woman and/or a sexuality other than "heterosexual" were classified as LGBTQ+; the rest were classified as non-LGBTQ+. Overall, 41 participants were categorized as LGBTQ+, and the remaining 46 were classified as non-LGBTQ+.

Most participants were white (88.5%); 11.5% were Hispanic or Latinx. One participant was Black, and one was mixed race. None were East, Southeast, or South Asian or Indigenous. The percentages do not add up to 100% as participants were encouraged to choose as many racial and ethnic identities as they felt the need to.

Participants represented a range of countries, albeit mostly European. The most common country of residence was Poland (20.7%), and the two next most common ones were the United Kingdom and Italy (10.3% each). Seven participants resided in Portugal, six in Hungary, five in Mexico and South Africa each, and four in Spain. Three participants each lived in Finland, Chile, The Netherlands, and Ireland, while the United States and Sweden were home to two participants each. Finally, Australia, Belgium, Canada, Estonia, France, Greece, Norway, and Slovenia each accounted for one participant.

The most common highest level of educational attainment was a high school diploma (37.9%), followed by bachelor's degree (28.7%) and some high school but no diploma (9.2%). Seven participants had completed trade or vocational training, six had attained a college diploma, five had a master's degree, two had a doctorate, and one held a postgraduate diploma or certificate.

Procedure

The study was administered online using Qualtrics software. The methodology was adapted from the second part of the study by Pachankis et al. (2018), in which participants were administered surveys about their experience of stigma, in addition to psychological and physical health measures. Three of the five stigma measures used by Pachankis et al. (2018) were selected for this study, in addition to a measure of intersectional stigmatization and discrimination partially adapted from the *Intersectional Discrimination Index* (Scheim & Bauer, 2019). The four measures can be found in the Appendix. After completing the four measures, participants were invited to answer an optional open-ended question about their personal experiences with stigmatization and discrimination because of their autism, gender, and sexuality.

Measures. The first scale, the *Stigma Centrality and Salience (SCS) Scale*, included five questions measuring the extent to which participants considered their identities to be essential and important to their self-image, as well as how frequently they thought about their identities, regardless of whether they regarded their identities as positive or negative (Quinn et al., 2014). To form the first scale, items 1 and 2 from the *Importance to Identity Subscale of the Collective Self-Esteem Scale* by Luhtanen and Crocker (1992) were adapted for the purposes of this study (e.g., *Being*

autistic is an important reflection of who I am), and item 3, from the same scale, was used as is. This scale was scored on a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

The second measure was the eight-item *Stigma Consciousness (SC) Scale* adapted from the *Stigma-Consciousness Questionnaire* (Pinel, 1999) which aimed to quantify how much participants expected to be stigmatized by others. Items 1, 4, 5, and 6 were selected as they had the highest factor loadings and were adapted to reflect the topic of the study (e.g., *Stereotypes about LGBTQ+ people have not affected me personally*). This scale was also scored on a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

Participants also completed Williams et al.'s (1997) *Everyday Discrimination Scale (EDS)* containing nine items measuring the frequency of experiences of stigmatization and discrimination in their daily life. An example item is *People act as if they think you are dishonest*, and the EDS was scored based on frequency, ranging from 1 (*never*) to 6 (*almost every day*).

The fourth and final scale, the six-question *Intersectional Stigma (IS) Scale*, measured participants' anticipated experiences of intersectional stigmatization specific to gender, sexuality, and autism as well as how much intersectional stigmatization they perceived to exist in society in general. The first two items were created by the author, while the final three were adapted from the *Intersectional Discrimination Index* created by Scheim & Bauer (2019). A sample item would be *People do not take LGBTQ+ autistic people seriously enough*, and a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) was used to score the IS scale as well. All four measures can be found in Appendix 1.

Finally, in an optional open-ended question, participants were asked to share any stigmatization or discrimination they had experienced because of their autism, gender, or sexuality, if they felt comfortable doing so.

Results

Table 1 summarizes the average score on each measure broken down by group (LGBTQ+ and non-LGBTQ+). Overall, LGBTQ+ participants reported significantly higher levels of stigma centrality and salience than non-LGBTQ+ participants. It is important to note that this score reflects stigma centrality and salience in relation to autism, gender, and sexuality altogether: the way stigma centrality and salience differ for those identities is explored later in this section. LGBTQ+ respondents also had significantly higher scores on the *Stigma Consciousness Scale*. The reported frequency of everyday experiences of stigmatization

Table 1
Mean Scores on Each Measure

Scale	Mean Score per Item for All Participants (<i>SD</i>)	Mean Score per Item for LGBTQ+ Participants (<i>SD</i>)	Mean Score per Item for non-LGBTQ+ Participants (<i>SD</i>)	<i>p</i> -value for the Group Difference	Absolute Effect Size (Cohen's <i>d</i>)
Stigma Centrality and Salience	3.16 (0.77)	3.44 (0.72)	2.90 (0.73)	.001	0.74
Stigma Consciousness	2.94 (0.81)	3.23 (0.88)	2.68 (0.64)	.002	0.72
Everyday Discrimination Scale	2.82 (1.07)	2.79 (0.95)	2.84 (1.18)	0.81	0.05
Intersectional Stigmatization	3.19 (0.89)	3.49 (0.89)	2.92 (0.80)	0.002	0.68

Table 2
Pearson's Correlations Between the Measures

	Intersectional Stigmatization	Stigma Centrality and Salience	Everyday Discrimination Scale	Stigma Consciousness
Intersectional Stigmatization	-	0.47 ****	0.48****	0.56 ****
Stigma Centrality and Salience	0.47****	-	0.19 .	0.47 ****
Everyday Discrimination Scale	0.48****	0.19 .	-	0.35 ***
Stigma Consciousness	0.56****	0.47 ****	0.35 ***	-

Note.

. : .05 < *p* < .10

*: .01 < *p* < .05

**: .001 < *p* < .01

***: .0001 < *p* < .001

****: *p* < .0001

and discrimination did not differ significantly between LGBTQ+ and non-LGBTQ+ participants. Finally, LGBTQ+ participants reported more awareness and experiences of intersectional stigmatization in relation to their identities.

Table 2 demonstrates how scores on the four measures correlated with each other. Scores on all measures except for the EDS were significantly correlated with scores on the remaining three measures. However, everyday experiences of discrimination did not have a significant relationship with stigma centrality and salience. An a priori multiple regression analysis revealed no interactions between participant group (LGBTQ+ or non-LGBTQ+) and stigma centrality and salience when predicting scores on the EDS or the SC Scale.

Analysis of Subscales

Each of the four scales used in this study captures a wide range of experiences and can therefore be broken down into two or more subscales, each reflecting a dimension of the concept measured by the entire scale. For instance, items 1 and 2 on the SCS scale aim to capture how someone feels about their identity as an autistic person, while items 3 and 4 on the same scale deal with gender and sexuality, and item 5 asks about the general importance of social groups to one's sense of identity. Thus, the SCS Scale has three distinct dimensions. The full list of subscales and the items forming them can be found in the Appendix.

Table 3 summarizes the differences between scores on each subscale for LGBTQ+ and non-LGBTQ+ participants. Although belonging to social groups was equally important to LGBTQ+ and non-LGBTQ+ participants' identity, autism and gender/sexuality were significantly more salient in LGBTQ+ participants. LGBTQ+ participants also reported significantly higher stigma consciousness in relation to autism and gender/sexuality than non-LGBTQ+ participants. However, reported frequency of everyday experiences of discrimination was slightly, albeit not significantly, higher in non-LGBTQ+ participants. Finally, LGBTQ+ participants anticipated personally experiencing more intersectional stigmatization and discrimination, as would be expected. The level of awareness of intersectional stigmatization of LGBTQ+ autistic people did not differ significantly between the two groups.

Qualitative Responses

Overall, 39 participants responded to the open-ended question about any specific experiences of harassment/discrimination. Participants frequently reported experiences of social rejection, either because of their autism and their gender and/or sexuality. Many were closeted about their neurotype and gender and/or

sexuality in order to avoid discrimination and stigmatization. Some reported being treated differently when people found out about their autism, gender, or sexuality. For instance, one person wrote that they "have only told select people that [they] have autism and that [they are] bisexual specifically because people will and do treat someone different [sic] after learning those things." Experiences of bullying, infantilization, harassment, and physical or emotional abuse were commonly reported as well in both LGBTQ+ and non-LGBTQ+ participants.

Interestingly, three bisexual participants experienced "erasure" due to their autism and sexuality oftentimes not being visible to others. As one person wrote, "... I mostly experience erasure of both my autism and my sexuality because I 'seem' so 'normal'".

Finally, several participants reported that their gender and/or sexuality have been dismissed by other people due to their autism. One participant reported having their mother tell them that they "don't have enough self-awareness to know that [they are] asexual," and another participant wrote that their bisexuality has been invalidated by their girlfriend, possibly because "it had something to do with their autism."

Discussion

The present study aimed to investigate whether experiences and perceptions of stigmatization and discrimination, including intersectional stigmatization and discrimination, differ between LGBTQ+ and non-LGBTQ+ autistic adults. In this study, LGBTQ+ and non-LGBTQ+ autistic adults were administered a set of four measures of different aspects of stigmatization and discrimination and were invited to also describe their experiences in an open-ended question if they felt comfortable doing so.

It was found that participants who were LGBTQ+ considered their autism and gender/sexuality to be more salient and important to their identity than cisgender heterosexual participants, both with sizeable effect sizes, although there was no difference in the personal importance of belonging to social groups between LGBTQ+ and non-LGBTQ+ participants. LGBTQ+ respondents also expected to be stigmatized and discriminated against because of their autism, gender/sexuality, and their intersection to a greater degree than non-LGBTQ+ participants. This is not unexpected as unlike non-LGBTQ+ people, LGBTQ+ people might expect to be socially stigmatized because of their gender and sexuality. However, experiences of everyday discrimination did not differ significantly between the two groups, regardless of the type of discrimination. One potential explanation for this could be the degree to which LGBTQ+ people are perceived as LGBTQ+ by other people. LGBTQ+ people who 'pass' as cisgender

and/or heterosexual may not experience much overt stigmatization or discrimination due to their gender and/or sexuality. It should also be noted that choosing not to present oneself as LGBTQ+ in public can be a protective strategy against discrimination or harassment, especially in certain parts of the world. However, more research is needed to investigate this somewhat unexpected finding.

Another finding that should be replicated in future research is the significantly higher levels of autism identity salience and centrality, as well as autism-related stigma consciousness in LGBTQ+ participants as compared to non-LGBTQ+ participants. A possible explanation could be that LGBTQ+ people may view their gender and/or sexuality as inextricably linked to their autism (see Cain & Velasco, 2021; Mendes & Harris, 2019), and increased salience and centrality of gender and/or sexuality may result in autism becoming a more salient and central identity in LGBTQ+ autistic people.

A correlation analysis has revealed that those who considered their autism, gender, and/or sexuality as

more important to their identity expected to be stigmatized to a greater degree because of those identities and their intersections. However, there was no significant relationship between stigma centrality and salience and the actual frequency of discrimination experiences, which could be, in part, due to different levels of “outness” about those identities. The frequency of discrimination experiences was positively correlated with the degree to which participants anticipated stigmatization as indicated by the *Intersectional Stigmatization* and *Stigma Consciousness* scales, which could potentially indicate a causal relationship between the three scales: actually, experiencing stigmatization and discrimination may lead to expectations of more stigmatization. However, establishing causal mechanisms is beyond the scope of this study.

As for the qualitative analysis, out of the 39 participants who completed the final open-ended question, many endorsed the need to conceal their neurotype, gender, and sexuality in order to avoid stigmatization and discrimination, which is consistent with previous literature, including that on camouflaging

Table 3
Mean Scores on Each Subscale

Subscale	Mean Score per Item for All Participants (<i>SD</i>)	Mean Score per Item for LGBTQ+ Participants (<i>SD</i>)	Mean Score per Item for non-LGBTQ+ Participants (<i>SD</i>)	<i>P</i> -value for the Difference Between LGBTQ+ and non-LGBTQ+ participants	Absolute Effect Size (Cohen's <i>d</i>)
SCS-Autism	3.27 (0.99)	3.66 (0.93)	2.94 (0.92)	.0005	0.78
SCS-Gender/ Sexuality	3.15 (1.15)	3.52 (1.04)	2.82 (1.16)	.004	0.64
SCS-Overall	2.94 (1.32)	3.02 (1.31)	2.85 (1.34)	.56	0.13
SC-Autism	3.14 (0.96)	3.36 (1.07)	2.94 (0.81)	.042	0.45
SC-Gender/ Sexuality	2.73 (1.01)	3.09 (1.09)	2.41 (0.81)	.002	0.71
EDS-Less Courtesy	2.89 (1.21)	2.83 (1.20)	2.94 (1.22)	.666	0.09
EDS-Harassment	2.39 (1.21)	2.27 (1.07)	2.49 (1.33)	.394	0.18
EDS-Afraid of You	2.53 (1.53)	2.39 (1.36)	2.67 (1.67)	.386	0.18
IS-Personal	3.08 (0.94)	3.40 (0.92)	2.79 (0.87)	.002	0.68
IS-General	3.74 (1.05)	3.95 (1.07)	3.54 (1.00)	.072	0.39

and stigma (Bargiela et al., 2016; Botha et al., 2020). A particularly interesting finding that is in line with Hillier et al. (2019) was that some participants reported people dismissing their gender or sexuality because they are autistic, suggesting that there are intersecting effects of these minority stressors which should be explored in further research.

Implications

To the author's knowledge, this study was the first one to explore the stigmatization of autistic people specifically as it relates to gender and sexuality. It may therefore inspire future research on this topic, including qualitative and quantitative studies. A greater awareness of the issues LGBTQ+ autistic people face may inform interventions in the fields of education and social work; for instance, through providing LGBTQ+ inclusive sex education to autistic students and educating counselors working with autistic people on the intersection of autism and LGBTQ+ identities. Furthermore, since political connectedness to the autistic and the LGBTQ+ community can alleviate the adverse effects of felt stigma (Botha, 2020; Kaniuka et al., 2019), studies such as the present one can inform the creation of safe spaces for LGBTQ+ autistic people, such as support groups on university campuses.

Limitations and Future Directions

This study is not without its limitations. First, the sample was overwhelmingly white and European, which limits the generalizability of the findings to people of colour and/or those living in other parts of the world. It is, however, worth noting that even within Europe, cultures may differ in terms of social acceptance of both autistic and LGBTQ+ people, which can lead to qualitatively different experiences of stigmatization and discrimination. More research is needed to explore cultural differences in attitudes towards LGBTQ+ autistic people as well as their experiences of stigmatization and discrimination in different countries.

The EDS assesses all experiences of everyday discrimination, regardless of the identity characteristics that precipitated it. Therefore, one cannot conclude that participants' scores on the EDS reflected solely their experiences of discrimination related to being autistic and potentially LGBTQ+. Their responses could have been related to other demographic factors, such as race, immigration status, and other disabilities, which were not assessed in this study.

Finally, discrimination based on gender is not specific to transgender individuals, as it can also affect cisgender (and heterosexual) women (Fiske & Stevens, 1993), which could have potentially been a confounding variable in this study, as well as another

dimension of intersectionality. Future research can examine how gender-based discrimination can impact LGBTQ+ and non-LGBTQ+ autistic women.

To conclude, this study is part of an emerging line of research on the intersection of autism, sexuality, and gender. The results suggest that LGBTQ+ autistic participants endorse higher stigma consciousness and salience in relation to both autism and their gender and/or sexuality compared to their non-LGBTQ+ counterparts. Although experiences of everyday discrimination did not differ between the two groups, those who faced more discrimination reported higher degrees of stigma consciousness pertaining to their autism, gender, sexuality, and their intersections. Qualitative data analysis suggested that experiences of bullying, harassment, and invalidation were common in the sample.

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Received September 5, 2021

Revision received November 25, 2021

Accepted December 31, 2021 ■

APPENDIX A

Scales and Subscales Used in the Study

Stigma Centrality and Salience (SCS; adapted from Luhtanen & Crocker, 1992)

Item Number	Item	Subscale
1	Overall, being autistic has very little to do with how I feel about myself.	SCS-Autism
2	Being autistic is an important reflection of who I am.	SCS-Autism
3	Overall, my gender and sexuality have very little to do with how I feel about myself.	SCS-Gender/Sexuality
4	My gender and sexuality are an important reflection of who I am.	SCS-Gender/Sexuality
5	In general, belonging to social groups is an important part of my self-image.	SCS-Overall

Stigma Consciousness Scale (SC; adapted from Pinel, 1999)

Item Number	Item	Subscale
1	Stereotypes about autistic people have not affected me personally.	SC-Autism
2	Most neurotypical people do not judge autistic people on the basis of their neurotype.	SC-Autism
3	My being autistic does not influence how neurotypical people act with me.	SC-Autism
4	I almost never think about the fact that I am autistic when I interact with neurotypical people.	SC-Autism
5	Stereotypes about LGBTQ+ people have not affected me personally.	SC-Gender/Sexuality
6	Most cisgender heterosexual people do not judge LGBTQ+ people on the basis of their gender or orientation.	SC-Gender/Sexuality
7	My gender and sexuality do not influence how cisgender heterosexual people act with me.	SC-Gender/Sexuality
8	I almost never think about my gender and sexuality when I interact with cisgender heterosexual people.	SC-Gender/Sexuality

STIGMA AND LGBTQ+ AUTISTIC PEOPLE

Everyday Discrimination Scale (EDS; Williams et al., 1997)

In your day-to-day life, how often do any of the following things happen to you?

Item Number	Item	Subscale
1	You are treated with less courtesy than other people are.	EDS-Less Courtesy
2	You are treated with less respect than other people are.	EDS-Less Courtesy
3	You receive poorer service than other people at restaurants or stores.	EDS-Less Courtesy
4	People act as if they think you are not smart.	N/A
5	People act as if they are afraid of you.	EDS-Afraid of You
6	People act as if they think you are dishonest.	N/A
7	People act as if they're better than you are.	N/A
8	You are called names or insulted.	EDS-Harassment
9	You are threatened or harassed.	EDS-Harassment

Response categories for all items:

Almost every day

At least once a week

A few times a month

A few times a year

Less than once a year

Never

Intersectional Stigma (IS; items 1 and 2 were created by the author, and the rest were adapted from Scheim & Bauer, 2019)

Item Number	Item	Subscale
1	People have dismissed my gender/sexuality because of my autism.	IS-Personal
2	People do not take LGBTQ+ autistic people seriously enough.	IS-General
3	Because of my gender/sexuality and being autistic, I worry about being treated unfairly by a teacher, supervisor, or employer.	IS-Personal
4	I worry about being harassed or stopped by police or security because of being my gender/sexuality and being autistic.	IS-Personal
5	I fear that I will have a hard time finding friendship or romance because of my gender/sexuality and being autistic.	IS-Personal
6	Because of my gender/sexuality and being autistic, I might have trouble finding or keeping a job.	IS-Personal