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"My whole life has been a process of finding labels that fit": A thematic analysis of autistic LGBTQIA+ identity and inclusion in the LGBTQIA+ community

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Abstract

Background: Being non-heterosexual and non-cisgender appears to be more common among autistic people. This intersection of identities is often stigmatised in research and society. However, we know that community involvement can protect against negative mental health outcomes associated with being a minority; researchers found this effect in separate studies examining participation in the autistic and Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual plus other gender and sexual orientation-based identity (LGBTQIA+) communities. The current study examined how autistic LGBTQIA+ individuals navigate their multiple marginalised identities and the LGBTQIA+ community.

Methods: Twelve autistic LGBTQIA+ people from the United Kingdom took part in semi-structured interviews. Questions focused on identity and community. We analysed the interviews using reflexive thematic analysis.

Results: We identified four overarching themes – Identity (Re)Development, Navigating Authenticity, Exclusion from Community Spaces and Creating Change. Participants viewed accessing a community of similar others as a means of increasing understanding, self-knowledge, and self-acceptance. We identified several barriers to inclusion, including accessibility and gatekeeping. Participants discussed strategies to combat these obstacles, such as the creation of intersectional community spaces and activism and representation as a means of increasing autism understanding.

Conclusions:

This study suggests that similar to other marginalised groups, autistic LGBTQIA+ individuals are motivated to engage in communities relevant to their identities. However, community spaces for autistic LGBTQIA+ are often inaccessible due to social, sensory, and

identity-based barriers. Participants highlighted autism understanding as a barrier to coming out both in community and non-community settings. This suggests that improving autism acceptance and understanding is crucial to achieve accessible, intersectional and inclusive community spaces.

Autism in Adulthood community brief

Why is this an important issue?

Autistic people are more likely to be part of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual plus other gender- or sexual orientation-based identity (LGBTQIA+) communities. Being part of a community may boost wellbeing. Because of a history of viewing autistic and LGBTQIA+ identities in a negative, medicalised way, we have limited understanding of autistic people's experiences of having both identities and being part of both communities. We think everyone could listen and learn more from autistic LGBTQIA+ people and think about ways of creating accessible spaces where autistic LGBTQIA+ people can flourish.

What was the purpose of this study?

We looked at autistic LGBTQIA+ people's experiences of the LGBTQIA+ community. We were also interested in understanding how autistic LGBTQIA+ people experienced their different identities (e.g., being both autistic and LGBTQIA+, and how these connect).

What did the researchers do?

We developed interview questions with a trans autistic collaborator. The questions were about experiences and identities as an autistic LGBTQIA+ person and getting involved in communities. We did interviews with twelve LGBTQIA+ autistic adults from the UK, who

were diverse in age, gender identity and sexuality. We then identified patterns in what the interviewees said.

What were the results?

Interviewees talked about how they'd made sense of 'who they were' over time and tried to be true to themselves. However, they mentioned many barriers when trying to access the LGBTQIA+ community. These barriers included community spaces which were overwhelming in social and sensory ways. While non-autistic LGBTQIA+ individuals might welcome autistic people into the community, they didn't really understand autism.

Interviewees were also concerned about 'gatekeeping', which means that some LGBTQIA+ community members decided who belonged in the community. Despite these barriers, interviewees still wanted to be part of LGBTQIA+ communities and suggested solutions, such as flexible online spaces, more autistic LGBTQIA+ role models, and fighting for change in society.

What do these findings add to what was already known?

These findings help us better understand a topic there is not much research on – the experiences of autistic LGBTQIA+ people. Our findings tell us about how our interviewees came to appreciate their different identities, and the benefits and challenges of being included in LGBTQIA+ communities.

What are potential weaknesses in the study?

Our findings reflect the experiences of a small group of people in the UK, so their experiences won't apply to everyone. Our group lacked diversity in some ways – all

interviewees were White and no-one reported having a co-occurring learning disability. We don't know how our findings would apply to people with other minority identities.

How will these findings help autistic adults now or in the future?

This study helps us better understand the experiences of autistic LGBTQIA+ people and the barriers they face. Community spaces specifically for autistic LGBTQIA+ could be good, to help people explore their identities and find similar people. These spaces need funding, and we must make sure that they are accessible to everyone, regardless of how they identify.

Background

Autistic people are more likely to be non-heterosexual and non-cisgender, with many identifying as bisexual, transgender or nonbinary.^{1–3} Relationships and communities may play a key role in promoting mental wellbeing for many autistic people.⁴ However, access to a community may be impacted when someone has multiple intersecting minority or marginalised identities.⁵ When someone holds several marginalised identities, marginalisation is arguably not additive – for example, *misogynoir* is not as simple as misogyny ‘plus’ anti-Black racism.⁶ We can consider experiences through an intersectional lens, focusing on how an individual can face inequality and oppression in different forms based on different identities, with the idea of intersectionality originally related to race and gender within Black Feminist thought.⁶ Since its conception, intersectionality has been applied to the experiences of people at different intersections, such as disability, sexuality, social class and ethnicity.^{7–9} More recently, intersectionality has been applied within autism research, with Mallipeddi and VanDaalen¹⁰ pointing out the need for more autism researchers to apply an intersectional lens to their work. In line with this approach, we sought to examine the experiences of autistic Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual plus other gender and sexual orientation-based identity (LGBTQIA+)¹ individuals—who will likely experience inequalities because they are both autistic *and* LGBTQIA+—and whether these particular minority identities impacted their opportunities for participation in the LGBTQIA+ community.

Marginalised individuals face a specific challenge when seeking to understand their identities in the context of a neuro-, gender- and heteronormative environment.¹¹ The horizontal nature

¹ The LGBTQIA+ acronym will be used in full throughout this study in order to promote the inclusion of underrepresented groups within the LGBTQIA+ communities, although whether autistic individuals are more likely to also be intersex is less understood.

of LGBTQIA+ identities means that someone may not share these identities with one's parents and lacks exposure to the linguistic and symbolic culture which accompanies identity development in a family context.^{12,13} Harper et al.¹³ discussed the importance of community engagement as a means of assimilation into the LGBTQIA+ community, and studied this phenomenon in gay and bisexual male adolescents, noting community engagement reduced the impact of stigma. For autistic people, the extent to which they accept their identity as autistic correlates with improved mental wellbeing and increased self-esteem.^{14–16} Connectedness to the autistic community may act as a buffer between poor mental health and the stress associated with navigating a stigmatising environment.¹⁷ This effect may be explained because of exposure to less deficit-focused identity-based messages in community settings.^{18,19} Community connectedness has been shown to have benefits for non-autistic LGBTQIA+ individuals more broadly,^{20,21} and higher collective self-esteem is associated with improved outcomes for transgender individuals.²² However, little is known about the importance of community participation for individuals who are *both* autistic and LGBTQIA+, and whether their multiple minority identities impact opportunities for community engagement.

The scant literature on LGBTQIA+ autistic individuals is often deficit focused,²³ within the context of autism science which has been constrained by the pathologization of autistic people and a history of ableism.^{24,25} Little attention is paid to how dehumanising stereotypes concerning autistic individuals, such as claims that they are socially disinterested, might impact the coming out process.²⁶ Within the dominant medical model approach,²⁷ prior research has sought to identify “risk factors” associated with the intersection of autistic and LGBTQIA+ identities, rather than potential benefits this intersection may confer, such as increased social opportunities.^{23,28} The pathologization of identities at this intersection is also illustrated in research which seeks to discover a “cause” for this so-called ‘over-

representation'.¹¹ Some researchers have attributed the origin of this intersection to social and sensory difficulties,^{29,30} incomplete female socialisation,³¹ reduced cognitive flexibility and difficulties in mentalising abilities.^{32,33} This deficit focus ignores the opportunity for engagement on questions of binary genders and sexual essentialism¹¹ and how this intersection could be a result of an increased interrogation of social norms relating to gender and sexuality in autistic people.³⁴

Recent qualitative studies have aimed to counter the deficit-based literature. Studies by Nachman and colleagues^{35,36} attest to the difficulties experienced by autistic LGBTQIA+ individuals as they navigate predominately heteronormative and neuro-normative universities. Studies have taken place with sections of the autistic and LGBTQIA+ communities, for example looking at the experiences of autistic adults with gender dysphoria³⁷ or same-sex attraction in autistic individuals.³⁸ These studies reference the challenges encountered by autistic LGBTQIA+ individuals in terms of managing dual identities, and Coleman-Smith et al.³⁷ highlight how community support could be useful for alleviating this difficulty. In particular, the risk of invalidation for autistic LGBTQIA+ individuals is high.^{39,40} Autistic LGBTQIA+ individuals are often disenfranchised and disbelieved when it comes to their identities, an experience mirrored in the academic literature, as well as in the views of parents of autistic gender diverse children and the experiences of non-LGBTQIA+ autistic people.^{39–41}

The experiences of autistic LGBTQIA+ individuals are currently under-explored in research, and often interpreted through a pathological lens which views gender and sexuality as a deficit in understanding by autistic people.⁴² In light of this othering societal discourse, and the associated mental health impact of this, it is essential we explore access to community support in the autistic LGBTQIA+ population. Using interviews, our research aimed to

examine how autistic LGBTQIA+ individuals experience and understand their multiple minority identities and whether their identities impact their opportunities for participation in the LGBTQIA+ community. Particularly, our research aimed to identify barriers to participation, to facilitate the creation of more inclusive and intersectional community spaces.

Methods

Participants

Twelve LGBTQIA+ autistic people from the United Kingdom participated. We recruited by posting adverts on social media, using purposive sampling⁴³ to ensure we recruited a range of participants with identities at various intersections of the LGBTQIA+ and autistic communities. Nine participants were formally diagnosed and three were self-identifying, all scoring above the cut-off of 14 on the Ritvo Autism and Aspergers Diagnostic Scale (RAADS-14)⁴⁴. The average age was 34 ($SD=9.90$, range: 24-53). Eight participants identified as White British, four were from other White Backgrounds. Seven participants had undergraduate degrees, three had postgraduate degrees, one had High School and another ‘other’ qualifications. Six were employed, three were students and three were unemployed. Table 1 shows further participant details and pseudonyms. We received ethical approval from the University of Stirling General University Ethics Delegated Authority.

[Table 1 here]

Materials & Procedure

After reading study information and providing consent, participants completed a pre-interview questionnaire. This questionnaire included demographic questions and determined availability for the interviews, which took place in May and June 2020. Participants completed the RAADS-14,⁴⁴ to support self-reported diagnoses or self-identification for this

study, where in-person validation was not possible due to financial and pandemic constraints.

Most participants elected to view the interview schedule in advance.

We developed the semi-structured interview schedule with a trans autistic collaborator to ensure we phrased the questions accessibly and appropriately. The interview schedule covered topics such as navigating dual identities (being both autistic and LGBTQIA+) and engaging with the LGBTQIA+ community, for example, ‘What communities do you feel part of?’ and ‘In what ways have you experienced the LGBTQIA+ community?’. To accommodate communication styles, we provided various interview options.⁴⁵ Seven participants did the interview via video call, three chose instant messaging and two opted for a phone call. We transcribed audio-recorded interviews verbatim and these had an average length of 44 minutes (range: 20-78 min). The mean number of words in text-based interviews was 2,474. We sent an anonymised version of the transcript to each participant for their approval prior to analysis.

Methodology & Analysis

We used reflexive thematic analysis to identify patterns of meaning across the dataset.⁴⁶ This approach views the position of the researcher as an active participant in the interpretation of themes.⁴⁷ We analysed transcripts inductively, using a data-driven approach,⁴⁸ coding data at the semantic level, in line with critical realism. Critical realism is at the intersection between epistemic relativism and realist ontology, acknowledging that while many of the participants' experiences are influenced by sociocultural factors, their perspectives are located within a communal, unobservable reality.⁴⁹ This approach attends to how participants construe their experiences and the broader social reality.⁴⁶ Our interpretations are no doubt influenced by our alignment to the neurodiversity movement rather than the medical model.²⁷

In line with reflexive thematic analysis, we consider the subjectivity of the researcher to confer both advantages and disadvantages, rather than a bias to be removed.⁴⁷ The status of the first author as a non-autistic member of the LGBTQIA+ community meant the analysis was generated as an ‘outsider’ to the autistic community and an ‘insider’ to the LGBTQIA+ community.⁵¹ Participatory approaches are vital when conducting research involving minoritized communities of which one is not a member.⁵² As such, the second author, who is an ‘insider’ to both the autistic and LGBTQIA+ communities, provided feedback on the interview schedule, development of themes, and final manuscript. However, due to time and funding constraints, more autistic involvement was not possible.

We followed the stages of thematic analysis outlined by Braun and Clarke⁴⁶—data familiarisation, the generation of initial codes and subsequent development, refining and write-up of themes. We used NVivo 12 to collate data extracts to codes. Themes were produced in line with Patton’s⁴⁸ principles of internal homogeneity and external heterogeneity, meaning final themes were internally consistent and sufficiently different from one another. The first author completed the interviews, transcription and analysis, but all themes were discussed with the other authors at several points during analysis.

Results

We produced several iterations of the thematic map prior to arriving at the final version (Figure 1). The Supplementary Material contains further exemplary quotes for each theme. All names referred to are pseudonyms.

[Figure 1 here]

Theme 1: Identity (re)development

This theme explored how participants built self-knowledge and confidence in their identity over time. The process of realising their identity culminated in ‘making sense’ of their experiences considering new frameworks they became aware of through community engagement. We noted several subthemes within this:

Subtheme 1: Awareness of difference

Participants were aware of being different from an early age, although they often struggled to articulate why. As Adele stated, “*I spent my life thinking I was broken in some way, and I just didn't fit in*”. Participants viewed the process of understanding difference as a lifelong process, where someone may go through several labels and/or identities before finding ones that fit. This process was complicated by the need to understand being different along several dimensions, such as sexuality, gender and neurodiversity. Caleb reported the complexity of this process led to him misattributing and “*think[ing] oh I don't fit in because I'm gay*” when in fact he came to realise it was due to being autistic, a process he admitted “*could have made me have real problems with being gay and thinking this is why I don't get on with people*”. Adele reported being aware of her differences but actively not pursuing knowledge in relation to it as she was “*focused on just fitting in...and conforming to what was needed of me*”.

Subtheme 2: Absence of a framework

Another aspect which built upon awareness of difference, was how participants felt that they lacked a framework or point of reference for understanding themselves. Often, participants reported few role models during the formative stages of their identity development: “*When I was growing up, I didn't know what a trans person was...I knew they existed, but I didn't really understand it...how people actually transition...then I found out about how it actually works...I realised that maybe I could do something about it*” (Juno). Similarly, in terms of being autistic, participants spoke about how lack of accurate representation inhibited their

identity development, particularly if other identities did not coalesce with stereotypes about autism: “*I’d heard of autism when I was younger...[the resources that existed were] aimed at men...I couldn’t identify myself with it*” (Julie). Participants also expressed concerns about LGBTQIA+ representation: “*When I was growing up, there weren’t gay role models, they didn’t exist...[they] were just caricatures of camp gay men*” (Caleb). Participants discussed how inaccurate representation limited their ability to see themselves inhabiting certain identities: “*Lack of representation definitely made it more difficult...queer people tend to be represented in specific ways, which may not align with who I am, so I just didn’t think it was a possibility*” (Rowan).

Subtheme 3: Building up knowledge

Without frameworks to understand their differences, participants had to find alternative ways of building up their knowledge and self-understanding. They talked about how this process was often conducted anonymously or passively: “[*I’ve] been a passive observer in various online communities ... but I typically don’t engage... I just absorb them*” (Bo). Prior to the widespread availability of the internet, some participants referenced “*getting into gay culture more by buying LGBT magazines on the quiet*” (Ben) and “*stealing copies of Gay Times off the top shelf in the shop*” (Caleb). Similarly, for autistic identity, the internet helped them find “*things that are written by people with that experience...like blogposts..[which].make a lot more sense than anything that’s written by authority figures*” (Drew). The knowledge shared in these forums included aspects such as “*tips about how [to] cope with stuff [...] stereotypes that your community shares...like bisexuals cannot sit properly on a chair*” (Drew). Through these forums, participants could reclaim stigmatising stereotypes and posit alternative narratives based on mutual understanding: “*following people that have similar experiences helps me to make sense of my own*” (Mia).

Subtheme 4: Identity affirmation

Another important aspect of identity (re)development was being able to have an identity affirmed by others. When exploring their identities, some participants reported ‘checking in’ with a community member, prior to claiming the identity publicly: “*being able to talk to people about identities that are close to your own definitely helps in crystallising things and confirming that the reality is the reality*” (Bo). In terms of being autistic, this affirmation could come in the form of a diagnosis: “*the aspect of being autistic or being different for some reason has always been there... and the diagnosis solidified it*” (Mia). Validating identity took on additional importance as some participants mentioned they feared being “*appropriative*” (Bo). As Drew said: “*Before I had got the autism diagnosis, I felt uncomfortable claiming that identity...I was worried that I was undermining the experience of real autistic people*”. The mention of “*real autistic people*” illustrates how representation might influence identity formation. Community members were a valuable source of support which aided participants in navigating their new-found identities, as Drew stated: “*you are valid...there are a lot of people on the internet who will agree with you on that*”.

Subtheme 5: Making sense

After navigating many of the experiences described in our sub-themes above, participants reached a point where things fell into place. They spoke about how once they had discovered certain identities, they better understood their experiences. In terms of being autistic, participants stated that “*it gave me answers*” (Mia) and “*the previous 24 years suddenly made sense*” (Naoise). Participants utilised this understanding to make sense of their identity: “*my autism has given me an overarching structure within which my personality fits*” (Ben). Participants felt joy and relief at accessing this self-understanding: “*I got a sense of euphoria when I first started to identify as agender or autistic, I just felt yes this makes so much sense*”

(Drew). Participants had access to a framework and community: “*It’s not that I am awkward or different...I am different but...I’m different with a lot of other people as well*”(Caleb).

Theme 2: Navigating authenticity

This theme dealt with how participants navigated their identities and the world around them. Meeting similar others enabled participants to feel more accepted, understood and less alone. Despite increased self-acceptance, participants often had to conceal their identities due to stigma. We explore these points in our subthemes:

Subtheme 1: Self-acceptance

Participants discussed how being autistic made accepting their other identities easier, as they were less concerned with “*artifice*” and more with being “*authentic*” (Julie). Drew acknowledged that although “[*being autistic*] helps me avoid performing things”, it also “*makes it harder for me to closet myself...in more unsafe spaces it might be [a] problem*”. Participants felt getting a diagnosis was useful, as it “*enabled me to be okay or at peace with parts of my personality*” (Naoise). Adele reported increased self-compassion following diagnosis, which permeated other areas of her life: “*it’s like I’ve relaxed...and I’ve not had to be this thin, outgoing, perfect person...I’ve just gone...yeah...whatever*”. This sense of self-acceptance impacted her coming out: “*my coming out [as bisexual] was entirely dependent on my being diagnosed as autistic*” as she decided to “*forgive myself for being who I am [and] to be exactly who I want to be.*”

Subtheme 2: Experiencing belonging

Participants discussed benefits of belonging, saying it “*feel(s) comfortable and natural... just normal, I guess —it just feels like home*” (Rowan). Other participants conceptualised this comfort physically, as “*the space between your shoulders*” relaxing (Julie) or “*get[ting]*

home and tak[ing] your bra off” (Drew). Some participants compared freedom afforded by being around similar others to “*the sense of being in a group where you can flop about in your pyjamas*” (Drew). Naoise emphasised the importance of creating “*spaces where autistic people can be unapologetically themselves*”. These spaces often facilitated strong bonds between community members, as Rowan reflected: “*my friends feel like found family...finding people who understand me and my experiences on such a deep and personal level has given me such a strong sense of self and so much more confidence! I would not be where I am today without having such a community in my life*”.

Participants emphasised that acceptance from others was key to self-acceptance: “*while we need to accept ourselves, for ourselves, I think it is important for most of us to be accepted by other people and community is a huge part of that*” (Marianne). Community spaces were vital for feeling “*safe and accepted*” (Mia). Many discussed awareness of “*how many autistic people are in the queer community*” (Marianne) and how this helped them feel more understood. Community spaces were crucial for contextualising identity in a less negative light: “[*being autistic*] can be wonderful. It’s not just a barrier or a difficulty” (Adele).

Subtheme 3: Inter-minority solidarity

Some participants reflected on how experiences of marginalisation meant some non-autistic LGBTQIA+ people were more accepting of other forms of diversity: “*To me, it seems as if the LGBT community are so used to being put in boxes and seen as different that they’re more accepting of people who are different in other ways as well*” (Marianne). However, there was a distinction between understanding and acceptance: “*in the LGBTQ+ community I would expect people to be accepting of people being autistic but to not understand it*” (Bo). Solidarity was limited for more marginalised groups in the LGBTQIA+ community: “*You’ve got at least as much work to gauge whether [lesbian and gay individuals] are going to be*

supportive as you have got with straight people. I've got no extra guarantee that they're gonna be supportive" (Drew). However, participants discussed how their own marginalised identities made them more compassionate towards others: "*I'm more open to other people's differences than I was before being open to mine...I'm a lot more helpful and accommodating than I maybe would be without realising how it felt to be different*" (Mia).

Subtheme 4: Coming out

Participants underscored that coming out was a continuous process — many reported being out in some settings and not in others. However, there were challenges navigating disclosure with multiple minority identities: "*When you try and explain it to people who think of themselves as normal, it feels like this huge pile of labels and after like the third one, brains start to melt and they assume you're just doing it for the attention*" (Drew). The risk of invalidation was particularly difficult when someone was in the early stages of understanding their identity: "*people wouldn't believe I was autistic, which I found frustrating and invalidating but [now] I'm more settled in the identity and I'm not invalidated by other people's ideas*" (Naoise). Several reported that coming out as autistic was more difficult than coming out as LGBTQIA+: "*I've had more adverse reactions to telling people I'm autistic than I have telling people I was gay*" (Caleb). Participants attributed this to misconceptions and misunderstandings: "*people's ideas around autism come from lack of education and lack of understanding*" (Naoise). The burden of explanation fell on participants: "*I've had some bad reactions...you get bored of explaining it*" (Caleb).

Subtheme 5: (In)visibility

Participants spoke about navigating visible and invisible aspects of their identities and concealing their identities in some settings. Marianne emphasised that although others saw her as "*high functioning... that doesn't mean that I don't have a lot of difficulties, it just*

means I'm bloody good at masking." Masking was conceptualised as an essential adaptation to a majority neurotypical society, enabling participants to have more harmonious relationships with others and "*to hold a job*" (Caleb). However, participants found masking "*exhausting to pretend I'm someone I'm not*" (Rowan) and "*it feels wrong that I'm hiding a part of me*" (Marianne). Mia referenced getting support from other members of the autistic community to deal with the toll of masking: "*I tend to rant to my [autistic] friends...that's massively useful...I feel less alone in being exhausted from everyday life when everyone else seems fine*".

Theme 3: Exclusion from community spaces

Despite the importance of accessing contexts for being authentic and meeting similar others, barriers existed for some autistic LGBTQIA+ people. These included identity-based barriers such as gatekeeping, and barriers to do with location, such as accessibility and rurality:

Subtheme 1: Gatekeeping

Participants explained how privileging some LGBTQIA+ identities over others restricted access to LGBTQIA+ community spaces. Stereotypes concerning autistic individuals compounded this identity-based exclusion, namely that "*autism somehow disqualifies people from knowing who they are*" (Bo), which was then used to invalidate LGBTQIA+ identities: "*[the] sense that autistic people don't really know their own mind, they don't really understand what gender is because they don't understand social constructs*" (Drew). Within the LGBTQIA+ community, Rowan asserted "*in-community gatekeeping*" was an issue for nonbinary people and attributed this to "*a lack of understanding*." Bo conceptualised this as a "*dynamic of people that are closer to broad recognition at some level feeling that in order to finish getting their recognition they need to attack those further from recognition*". Several bisexual participants experienced biphobia: "*[I've] had friends become friends with me*

because they think I'm gay and then cease to be friends with me because they realise I'm bi" (Adele). The intra-community prejudice was a significant barrier to participation: "*[it's] challenging to break those taboos and be confronted with other ones*" (Julie). Prejudice was also evident towards asexual participants: "*people saying ace² people are basically straight because they pass as straight*" (Drew).

The notion that boundaries of the LGBTQIA+ community need policing to prevent infiltration from so-called "*normal people*" was illustrated in concerns about "*perform[ing] alternativeness*" (Drew). As Drew stated, "*you can't just turn up in a cardigan for [a queer event] and say, 'hey you are my people' and expect people to accept that.*" Although it can be positive to find community and learn about community norms, participants struggled with performativity that often became prescriptive: "*it was a lot of work to buy the clothes and get the piercings and listen to the right music*" (Drew). Here, the heteronorms which dominate in mainstream society were replaced by homonorms: "*[the] expectation that you like certain types of camp entertainment [and] media*" (Ben). Although this process may be engaged in as groups attempt to define their identities, it can become exclusionary as "*people were getting turned away from queer clubs...for not looking queer enough*" (Drew).

Subtheme 2: Accessibility

Many barriers to inclusion in LGBTQIA+ community spaces centred around "*the kind of spaces that are abundant for LGBT+ people, such as bars*" (Rowan). These spaces and events like Pride were "*loud, annoying and not accessible*" (Drew). Several participants also recognised that "*very few [venues] are accessible to anyone in a wheelchair*" (Marianne). They acknowledged the commercialisation of community spaces and alcohol-centred venues:

² Asexual; people who experience little or no sexual attraction.

“once you stop drinking, the gay world disappears” (Caleb). Social accessibility and expectations were a barrier: *“even though it was very clearly an environment that was designed with the explicit intention of people getting to know people, it was not an environment in which that felt possible to me”* (Bo). Participants described how the cumulative effect of sensory and social overload impacted on events: *“I just couldn’t cope with the sensory stuff and all the social stuff...I didn’t really know people and I just found it highly stressful”* (Naoise). Ben explained strategies he used to cope with sensory overload such as *“step[ping] outside the pub if the music gets too loud or overwhelming”*. However, he reported *“people ma[de] me feel that these things are weird”*.

Subtheme 3: Rurality

Several participants living in rural locations discussed feeling *“marooned in heterosexual land”* (Julie). Being LGBTQIA+ in a rural setting had an impact on identity expression, such as being *“not very keen on public displays of affection [in a] small town”* (Julie). Caleb referenced how being both autistic and LGBTQIA+ made it less likely that they would meet similar others in rural settings: *“well I’m in 10% of the people are gay, 1% [are autistic], so I’m in a tiny... you know there’s me and five other people on this whole island sort of thing”*. Rurality had an impact on opportunities for community participation: *“it’s been hard to meet people up here... it’s all kind of travelling into [city] if I want to see anyone that’s queer”* (Julie). Participants mentioned the advantages of accessing community spaces online during the COVID-19 pandemic: *“There’s no geographic barriers, you’re getting rid of a lot of the time barriers but you’re getting rid of an awful lot of communication barriers as well”* (Marianne).

Theme 4: Creating change

Despite issues within the LGBTQIA+ community, participants still wanted to engage in it and contribute to community activism:

Subtheme 1: Fighting for equality

Participants highlighted discrepancies in acceptance for LGBTQIA+ and autistic individuals. They acknowledged historical struggles for LGBTQIA+ equality and that being gay “*seems to be way less of an issue [these days]*” (Caleb). This contrasted with the experiences of Ben who described being autistic in current social context as a “*a throwback to the lack of confidence that I felt back in the 1990s about being gay*”. Participants highlighted how the autistic community is “*still really developing*” (Adele) and the organisation of autonomous autistic-led community spaces was ongoing, contrary to the assumptions of “*people who think that we’re less capable than we are*” (Drew). Participants positioned themselves as both beneficiaries and contributors to the fight for LGBTQIA+ autistic equality. As Adele explained in relation to past struggles of the LGBTQIA+ community, “*if they hadn’t fought all their battles, I wouldn’t be where I am now*”.

Subtheme 2: Existence as rebellion

In many environments, participants conveyed how their existence as openly LGBTQIA+ autistic individuals was a form of rebellion. They often framed this in terms of improving representation for the next generation: “*giv[ing] autistic children...the ability to see other autistic adults who have normal happy lives...and also do things like stim and all kinds of things that people think are weird*” (Naoise). Some expressed a desire to counteract the idea of being LGBTQIA+ as something inherently disruptive by seeking to convey it as “*as normal and frankly boring as it actually is*” (Adele). Participants considered advocating for equality and accessibility as a communal responsibility – Adele mentioned starting a group for LGBTQIA+ students, where “*my role is to have that space available*”. Mia acknowledged

how when organising Pride events, she “*push[ed] for more inclusive quieter spaces and not busy parties*”. Participants also benefitted from communal activism, as Drew discussed starting a new job where the path to acceptance was easier due to “*a non-binary person ahead of me who did the work*”. By creating accessible alternatives, participants often ensured not only their own inclusion but that of similar others.

Discussion

Several commonalities were evident in participants’ understanding of their identities and inclusion in the LGBTQIA+ community. Participants highlighted how they had initially lacked a framework to understand their identities but engaging in relevant communities was helpful to amend this. The benefits of engaging in community spaces, such as a sense of belonging and self-compassion, juxtaposed with the difficulties of belonging to a stigmatised minority group, as participants faced prejudice and had to conceal some identities. Participants also found themselves multiply excluded from LGBTQIA+ community spaces, often due to sensory, social, and identity-based barriers such as gatekeeping. Despite this, there was a motivation to engage in community activism and improve conditions for marginalised groups.

Lacking a framework to understand identity impacted participants’ understanding of themselves and their place in the world. Similar results have been noted elsewhere, such as Hillier et al.’s³⁹ research with four autistic LGBTQIA+ individuals who reported lacking the language for how they identified in the early stages of understanding their identities, and this had a detrimental impact on their self-esteem. In Coleman-Smith et al.’s³⁷ study with ten autistic adults with gender dysphoria, lack of language to describe one’s identity was attributed to “the interplay of their experience of gender and difficulties related to autism” (p. 2467). This interpretation ignores the impact of societal discourses which obscure knowledge

in relation to non-heterosexuality and non-cisgenderism.⁵³ Participants in our study linked their early identity confusion to a lack of representation, and once they had more information about various identities, this alleviated earlier confusion. Participants highlighted how resources (e.g., articles, blog posts) produced by the autistic community were relevant to their experience and facilitated more positive understandings of identity. This supports the function of community participation as means of counteracting the stigmatisation of minoritized identities¹³

The internet was important for community building for autistic and LGBTQIA+ people, removing communication barriers and concerns around disclosure.^{54,55} The ability to anonymously explore gender identity or neurodiversity online in a supportive setting was invaluable; similar benefits have been found for non-autistic LGBTQIA+ adolescents in the early stages of understanding their identities.¹³ The expansion of community spaces to incorporate cyberspace was contested by early theorists, who argued that the growth of virtual communities would lead to the atrophy of in-person community establishments.⁵⁶ Today, Delanty⁵⁷ outlines how contemporary ‘communication communities’, despite their fragmented and diffuse nature, remain centred on belonging. Indeed, our participants discussed how in-person spaces were often not accessible, and online spaces enabled them to access similar, geographically dispersed individuals, who helped them understand their experiences. Research examining autistic online peer support networks notes how these spaces often consist of a mutually beneficial interaction in which participants receive support, while also supporting others.⁵⁸

Our participants portrayed their new-found understanding of their identities as increasing self-confidence and community connections. This finding aligns with research which suggests that engaging in community spaces where individuals are no longer minoritized is

associated with various benefits, including increased self-acceptance and decreased social isolation.⁵⁴ Our participants discussed how, following discovery of the autistic and LGBTQIA+ communities, they felt more understood and less alone. Being more compassionate towards oneself following diagnosis as autistic was also noted.^{16,59} Several participants felt that accepting their identities as autistic impacted their acceptance of other minority identities, including being LGBTQIA+ and vice versa. Despite stereotypical portrayals of autistic individuals as socially disinterested,²⁶ our study supports research which suggests that autistic people experience a sense of belonging, ease and authenticity in relationships with other autistic people.^{4,28}

Despite the benefits of engaging in community spaces, participants faced substantial challenges due to prejudice. Many talked about how they used masking to navigate stigma and become ‘invisible’, as has been noted elsewhere.^{60–62} For late-diagnosed autistic, bisexual women in our study, their perceived proximity to straightness and neurotypicality complicated their concerns about visibility. These feelings may relate to stereotypes about autistic people as young and male, and the construction of sexuality as a consequence of the gender of one’s partner.^{63,64} This point highlights the importance of an intersectional lens when considering community participation. Further research needs to be conducted on the impact of identity intersections, including ethnicity, and the implications of structural inequalities for community participation.⁶⁵

Many participants sought opportunities for in-person community building but found these environments inaccessible. This finding is supported by qualitative research with gay autistic men, which reported that sensory aspects of some spaces, accompanied by lack of structure, made them inaccessible.³⁸ Recommendations to improve this include having more quiet spaces available, making social expectations clear by structuring discussions around an

activity, and having formal introductions relating to pronouns.³⁷ Additionally, our study highlights the need to increase autism acceptance, supporting research on the stigmatisation of autistic behaviours and the need for educating non-autistic individuals.^{66,67}

Poor understanding of autistic people was a barrier to coming out as autistic, a finding supported elsewhere.⁶⁸ Our participants were more reluctant to disclose being autistic than their sexuality, which was also noted in a study examining same-sex attraction in autistic individuals.³⁸ Although our participants reported that LGBTQIA+ people were more likely to accept them, they underscored that they did not necessarily understand autism. Lack of understanding meant that participants risked being invalidated when identities diverged from stereotypes, a finding which supports research looking at experiences of stigma in non-LGBTQIA+ autistic individuals.^{59,69} Invalidation is amplified at the intersection of autism and gender diversity, as gender expression is often dismissed and attributed to being autistic.⁴⁰ Educational tools which aim to improve autism acceptance could benefit from applying an intersectional lens by explaining gender and sexual diversity amongst autistic individuals in non-pathological ways.

Participants also discussed their desire to contribute to community activism. This activism included organising inclusive community events to utilising strategic disclosure to destabilise stereotypes, a strategy also referenced in Botha et al.'s²⁸ study of how autistic adults manage stigma. It has been argued that segregating particular identities through labelling provides a basis for stigma and prejudice.⁷⁰ However, our participants suggested that embracing identity can increase self-acceptance and provide connection to a community. Yet, this potential unity contrasts with the fragmented portrayal of the LGBTQIA+ community in our study, as our participants reported experiencing gatekeeping, biphobia, acephobia and transphobia.

Performative expressions of identity were seen as necessary in order to 'fit in' to some

communities, and may be understood as an attempt by a stigmatised group to prevent infiltration by so-called “normals”.⁷¹ However, exclusionary boundary policing contradicts the building of more inclusive, intersectional, and solidarity-based community spaces.

Limitations and implications

Our study is limited in terms of cultural and ethnic diversity, as all participants were White and based in the United Kingdom. Therefore, our study cannot speak to the systemic oppression that Black autistic LGBTQIA+ individuals would experience (for example). Qualitative research does not claim to be generalisable,⁷² and the experiences here reflect only those of our participants. There is also heterogeneity within our sample, with our participants having a range of different gender and sexual minority identities. Some participants did not have formal autism diagnoses, but we did not seek to gatekeep and appreciate that there are many barriers to diagnosis.⁷³ We do not subscribe to positivist paradigms where we might claim objectivity or seek data saturation.⁵⁰ Our interpretation of the data will be subjective and we have made judgements on where to draw the lines for our themes. Undoubtedly other researchers may interpret our participants’ experiences differently, but we have tried to outline our reasoning for each theme and hope that this research stimulates further work and discussion in this area. Specifically, more research with specific groups of LGBTQIA+ and autistic communities, as neither community is monolithic, would be useful. Additionally, more effort is needed to include those with co-occurring physical disabilities and learning disabilities, to gain a full picture of the manner in which heteronormativity, gender normativity and ableism impact these populations.⁷⁴ Concepts such as inter-minority solidarity, which has been explored in relation to other minorities, should be further examined at the intersection of autistic and LGBTQIA+ identities.⁷⁵

Our findings show that autistic LGBTQIA+ individuals are motivated to engage in communities relevant to their identities. Funding for community-building enterprises such as autistic-led LGBTQIA+ spaces is needed, in line with research on autistic-led peer support and creative endeavours which improve authentic autistic LGBTQIA+ representation.^{4,39,76} Another relevant and linked area for future research to consider is representation within sex education curriculums, which are often not inclusive of identities outside of cisgender and heteronormative binaries.^{39,77} Access to intersectional, inclusive sex education is crucial for autistic adolescents, particularly since they often receive less sex education than their non-autistic peers and this could be compounded if they are also LGBTQIA+.^{78,79} Additionally, the current study supports the need to reduce prejudice against autistic people by developing intersectional educational programs which improve autism acceptance among the non-autistic population.⁶⁷

This study is the first, to the best of our knowledge, to examine how being autistic and LGBTQIA+ impacts opportunities for LGBTQIA+ community participation. We suggest autistic LGBTQIA+ individuals face numerous barriers, such as accessibility and gatekeeping, when navigating their identities and accessing affirming community spaces. This study supports the notion that autistic LGBTQIA+ identities are inherently intersectional and occupy multiple terrains—such as the urban and rural, the real and the cyber-real, the scene and the non-scene. More research is necessary to fully interrogate these domains and their implications for identity expression, the possibilities of which are indebted to the past and bound up with fighting for a better future.

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Author confirmation statement

CM conceived of the study and led the design, data collection, and data analysis, and wrote the first draft as their dissertation for their MSc in Autism Research at the University of Stirling. EC was the supervisor and provided guidance on study design and data analysis, and played a significant role in editing the manuscript for publication. RJW provided feedback on the interview schedule, development of themes, and final manuscript. All authors approved of the final version before submission. This article has been submitted solely to this journal and is not published elsewhere.

Conflict of interest statement

The authors have no conflicts of interest to declare.

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References

1. George R, Stokes M. Sexual Orientation in Autism Spectrum Disorder. *Autism Research*. 2018;11(1):133-141. doi:10.1002/aur.1892
2. George R, Stokes M. Gender identity and sexual orientation in autism spectrum disorder. *Autism*. 2018;22(8):970-982. doi:10.1177/1362361317714587
3. Kristensen ZE, Broome MR. Autistic traits in an internet sample of gender variant UK adults. *International Journal of Transgenderism*. 2015;16(4):234-245. doi:10.1080/15532739.2015.1094436.
4. Crompton CJ, Hallett S, Ropar D, Flynn E, Fletcher-Watson S. I never realised everybody felt as happy as I do when I am around autistic people': A thematic analysis of autistic adults' relationships with autistic and neurotypical friends and family. *Autism*. Published online 2020. doi:10.1177/1362361320908976
5. McConnell E, Janulis P, Phillips G, Truong R, Birkett M. Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology Of Sexual Orientation And Gender Diversity*. 2018;5(1):1-12. doi:10.1037/sgd0000265
6. Crenshaw K. Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*. 1991;43(6). doi:10.2307/1229039
7. Gutmann Kahn L, Lindstrom L. "I Just Want to Be Myself": Adolescents With Disabilities Who Identify as a Sexual or Gender Minority. *The Educational Forum*. 2015;79(4):362-376. doi:10.1080/00131725.2015.1068416
8. Levine-Rasky C. Intersectionality theory applied to whiteness and middle-classness. *Social Identities*. 2011;17(2):239-253. doi:10.1080/13504630.2011.558377
9. Hurtado A, Sinha M. More than Men: Latino Feminist Masculinities and Intersectionality. *Sex Roles*. 2008;59(5):337-349. doi:10.1007/s11199-008-9405-7
10. Mallipeddi NV, VanDaalen RA. Intersectionality Within Critical Autism Studies: A Narrative Review. *Autism in Adulthood*. Published online November 24, 2021. doi:10.1089/aut.2021.0014
11. Jackson-Perry D. The Autistic Art of Failure? Unknowing Imperfect Systems of Sexuality and Gender. *Scandinavian Journal Of Disability Research*. 2020;22(1):221-229. doi:10.16993/sjdr.634
12. Solomon A. *Far From the Tree: Parents, Children and the Search for Identity*. 1st ed. Scribner; 2012.
13. Harper G, Bruce D, Serrano P, Jamil O. The Role of the Internet in the Sexual Identity Development of Gay and Bisexual Male Adolescents. In: Hammack P, Cohler B, eds. *The Story of Sexual Identity: Narrative Perspectives on the Gay and Lesbian Life Course*. Oxford University Press; 2009:297-326.

14. Cooper K, Smith LGE, Russell A. Social identity, self-esteem, and mental health in autism. *European Journal of Social Psychology*. 2017;47(7):844-854. doi:10.1002/ejsp.2297
15. Cage E, Monaco JD, Newell V. Experiences of Autism Acceptance and Mental Health in Autistic Adults. *J Autism Dev Disord*. Published online October 25, 2017:1-12. doi:10.1007/s10803-017-3342-7
16. Corden K, Brewer R, Cage E. Personal Identity After an Autism Diagnosis: Relationships With Self-Esteem, Mental Wellbeing, and Diagnostic Timing. *Frontiers in Psychology*. 2021;12:3051. doi:10.3389/fpsyg.2021.699335
17. Botha M. *Autistic Community Connectedness as a Buffer against the Effects of Minority Stress*. (Doctoral Dissertation,. University of Surrey; 2020.
18. Parsloe S. Discourses of Disability, Narratives of Community: Reclaiming an Autistic Identity Online. *Journal Of Applied Communication Research*. 2015;43(3):336-356. doi:10.1080/00909882.2015.1052829
19. Brownlow C, O'Dell L. Constructing an Autistic Identity: AS Voices Online. *Mental Retardation*. 2006;44(5):315-321. doi:10.1352/0047-6765(2006)44
20. Meyer IH. Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*. 2003;129(5):674-697. doi:10.1037/0033-2909.129.5.674
21. Kaniuka A, Pugh KC, Jordan M, et al. Stigma and suicide risk among the LGBTQ population: Are anxiety and depression to blame and can connectedness to the LGBTQ community help? *Journal of Gay & Lesbian Mental Health*. 2019;23(2):205-220. doi:10.1080/19359705.2018.1560385
22. Sánchez FJ, Vilain E. Collective self-esteem as a coping resource for male-to-female transsexuals. *Journal of Counselling Psychology*. Published online 2009. doi:10.1037/a0014573
23. Bennett M, Goodall E. Towards an Agenda for Research for Lesbian, Gay, Bisexual, Transgendered and/or Intersexed People with an Autism Spectrum Diagnosis. *Journal Of Autism And Developmental Disorders*. 2016;46(9):3190-3192. doi:10.1007/s10803-016-2844-z
24. Botha M. Academic, Activist, or Advocate? Angry, Entangled, and Emerging: A Critical Reflection on Autism Knowledge Production. *Frontiers in Psychology*. 2021;12:4196. doi:10.3389/fpsyg.2021.727542
25. Bottema-Beutel K, Kapp SK, Lester JN, Sasson NJ, Hand BN. Avoiding Ableist Language: Suggestions for Autism Researchers. *Autism in Adulthood*. Published online September 2, 2020. doi:10.1089/aut.2020.0014
26. Jaswal V, Akhtar N. Being versus appearing socially uninterested: Challenging assumptions about social motivation in autism. *Behavioral And Brain Sciences*. 2018;42. doi:10.1017/s0140525x18001826

27. Pellicano E, den Houting J. Annual Research Review: Shifting from 'normal science' to neurodiversity in autism science. *Journal of Child Psychology and Psychiatry*. 2021;n/a(n/a). doi:10.1111/jcpp.13534
28. Botha M, Dibb B, Frost D. Autism is me": an investigation of how autistic individuals make sense of autism and stigma. *Disability & Society*. Published online 2020:1-27. doi:10.1080/09687599.2020.1822782
29. Abelson AG. The development of gender identity in the autistic child. *Child: Care, Health and Development*. 1981;7(6):347-356.
30. Williams PG, Allard AM, Sears L. Case study: Cross-gender preoccupations with two male children with autism. *Journal of Autism and Developmental Disorders*. 1996;26(6):635-642. doi:10.1007/BF02172352
31. Jones R, Wheelwright S, Farrell K, et al. Brief Report: Female-To-Male Transsexual People and Autistic Traits. *Journal Of Autism And Developmental Disorders*. 2012;42(2):301-306. doi:10.1007/s10803-011-1227-8
32. De Vries AL, Noens IL, Cohen-Kettenis PT, Berckelaer-Onnes IA, Doreleijers TA. Autism spectrum disorders in gender dysphoric children and adolescents. *Journal of Autism and Developmental Disorders*. 2010;40(8):930-936. doi:10.1007/s10803-010-0935-9
33. Jacobs LA, Rachlin K, Erickson-Schroth L, Janssen A. Gender dysphoria and co-occurring autism spectrum disorders: Review, case examples, and treatment considerations. *LGBT Health*. 2014;1(4):277-282. doi:10.1089/lgbt.2013.0045
34. Walsh R, Krabbendam L, Dewinter J, Begeer S. Brief Report: Gender Identity Differences in Autistic Adults: Associations with Perceptual and Socio-cognitive Profiles. *Journal Of Autism And Developmental Disorders*. 2018;48(12):4070-4078. doi:10.1007/s10803-018-3702-y
35. Nachman B, Miller R, Vallejo Peña E. Whose Liability Is It Anyway?" Cultivating an Inclusive College Climate for Autistic LGBTQ Students. *Journal Of Cases In Educational Leadership*. 2020;23(2):98-111. doi:10.1177/1555458919897942
36. Miller R, Nachman B, Wynn R. I Feel Like They are all Interconnected": Understanding the Identity Management Narratives of Autistic LGBTQ College Students. *College Student Affairs Journal*. 2020;38(1):1-15. doi:10.1353/csj.2020.0000
37. Coleman-Smith R, Smith R, Milne E, Thompson A. Conflict versus Congruence': A Qualitative Study Exploring the Experience of Gender Dysphoria for Adults with Autism Spectrum Disorder. *Journal Of Autism And Developmental Disorders*. 2020;50(8):2643-2657. doi:10.1007/s10803-019-04296-3
38. Hogan M, Micucci J. Same-sex relationships of men with autism spectrum disorder in middle adulthood: An interpretative phenomenological study. *Psychology Of Sexual Orientation And Gender Diversity*. 2020;7(2):176-185. doi:10.1037/sgd0000372

39. Hillier A, Gallop N, Mendes E, et al. LGBTQ + and autism spectrum disorder: Experiences and challenges. *International Journal Of Transgender Health*. 2020;21(1):98-110. doi:10.1080/15532739.2019.1594484
40. Strang J, Powers M, Knauss M, Sibarium E, Leibowitz S, Kenworthy L. They Thought It Was an Obsession": Trajectories and Perspectives of Autistic Transgender and Gender-Diverse Adolescents. *Journal Of Autism And Developmental Disorders*. 2018;48(12):4039-4055. doi:10.1007/s10803-018-3723-6
41. Kuvalanka K, Mahan D, McGuire J, Hoffman T. Perspectives of Mothers of Transgender and Gender-Nonconforming Children With Autism Spectrum Disorder. *Journal Of Homosexuality*. 2017;65(9):1167-1189. doi:10.1080/00918369.2017.1406221
42. Bertilsdotter-Rosqvist H, Jackson-Perry D. Not Doing it Properly? (Re)producing and Resisting Knowledge Through Narratives of Autistic Sexualities. *Sexuality And Disability*. 2021;39(2):327-344. doi:10.1007/s11195-020-09624-5
43. Palinkas L, Horwitz S, Green C, Wisdom J, Duan N, Hoagwood K. Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration And Policy In Mental Health And Mental Health Services Research*. 2013;42(5):533-544. doi:10.1007/s10488-013-0528-y
44. Eriksson JM, Andersen LM, Bejerot S. RAADS-14 Screen: validity of a screening tool for autism spectrum disorder in an adult psychiatric population. *Molecular Autism*. 2013;4(1):49. doi:10.1186/2040-2392-4-49
45. Howard P, Sedgewick F. Anything but the phone!': Communication mode preferences in the autism community. *Autism*. 2021;136236132110149. doi:10.1177/13623613211014995
46. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77-101. doi:10.1191/1478088706qp063oa
47. Braun V, Clarke V. One size fits all? What counts as quality practice in (reflexive) thematic analysis? In: *Qualitative Research In Psychology*. ; 2020:1-25. doi:10.1080/14780887.2020.1769238
48. Patton MQ. *Qualitative Evaluation and Research Methods*. 2nd ed. Sage; 1990.
49. Gorski P. What is Critical Realism? And Why Should You Care?". *Contemporary Sociology: A Journal Of Reviews*. 2013;42(5):658-670. doi:10.1177/0094306113499533
50. Braun V, Clarke V. To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health*. 2021;13(2):201-216. doi:10.1080/2159676X.2019.1704846
51. Olive JL. Reflecting on the Tensions Between Emic and Etic Perspectives in Life History Research: Lessons Learned. *Forum: Qualitative Social Research*. 2014;15(2). doi:doi:

52. Strang J, Klomp S, Caplan R, Griffin A, Anthony L, Harris M. Community-based participatory design for research that impacts the lives of transgender and/or gender-diverse autistic and/or neurodiverse people. *Clinical Practice In Pediatric Psychology*. 2019;7(4):396-404. doi:10.1037/cpp0000310
53. Jack J. Gender Copia: Feminist Rhetorical Perspectives on an Autistic Concept of Sex/Gender. *Women's Studies In Communication*. 2012;35(1):1-17. doi:10.1080/07491409.2012.667519
54. McKenna KYA, Bargh JA. Coming out in the age of the Internet: Identity “demarginalization” through virtual group participation. *Journal of Personality and Social Psychology*. 1998;75(3):681-694. doi:10.1037/0022-3514.75.3.681
55. Walker N, Raymaker D. Toward a Neuroqueer Future: An Interview with Nick Walker. *Autism In Adulthood*. 2021;3(1):5-10. doi:10.1089/aut.2020.29014.njw
56. Wakeford N. New technologies and ‘cyber-queer’ research. In: Richardson D, Seidman S, eds. *Handbook of Lesbian and Gay Studies*. SAGE Publications Ltd; 2002:115-144.
57. Delanty G. *Community*. 3rd ed. Routledge; 2018.
58. MacLeod A. Welcome to my first rant! Report on a participatory pilot project to develop the ‘AS portal’, an online peer support network for higher education students on the autism spectrum. *Journal Of Assistive Technologies*. 2010;4(1):14-24. doi:10.5042/jat.2010.0041
59. Leedham A, Thompson AR, Smith R, Freeth M. ‘I was exhausted trying to figure it out’: The experiences of females receiving an autism diagnosis in middle to late adulthood. *Autism*. 2020;24(1):135-146. doi:10.1177/1362361319853442
60. Hull L, Petrides KV, Allison C, et al. “Putting on My Best Normal”: Social Camouflaging in Adults with Autism Spectrum Conditions. *J Autism Dev Disord*. 2017;47(8):2519-2534. doi:10.1007/s10803-017-3166-5
61. Cage E, Troxell-Whitman Z. Understanding the Reasons, Contexts and Costs of Camouflaging for Autistic Adults. *J Autism Dev Disord*. 2019;49(5):1899-1911. doi:10.1007/s10803-018-03878-x
62. Perry E, Mandy W, Hull L, Cage E. Understanding Camouflaging as a Response to Autism-Related Stigma: A Social Identity Theory Approach. *J Autism Dev Disord*. Published online March 31, 2021. doi:10.1007/s10803-021-04987-w
63. Pearson A, Rose K. A Conceptual Analysis of Autistic Masking: Understanding the Narrative of Stigma and the Illusion of Choice. *Autism in Adulthood*. Published online January 22, 2021. doi:10.1089/aut.2020.0043
64. Gurevich M, Bower J, Mathieson C, Dhayanandhan B. What Do They Look Like and Are They among Us?: Bisexuality, (Dis)closure and (Un)viability. In: Clarke V, Peel E, eds. *Out in Psychology: Lesbian, Gay,Bisexual, Trans and Queer Perspectives*. 1st ed. Wiley & Sons; 2007:217-246.

65. Jones D, Nicolaidis C, Ellwood L, et al. An Expert Discussion on Structural Racism in Autism Research and Practice. *Autism In Adulthood*. 2020;2(4):273-281. doi:10.1089/aut.2020.29015.drj
66. Sasson NJ, Faso DJ, Nugent J, Lovell S, Kennedy DP, Grossman RB. Neurotypical Peers are Less Willing to Interact with Those with Autism based on Thin Slice Judgments. *Scientific Reports*. 2017;7:srep40700. doi:10.1038/srep40700
67. Jones D, DeBrabander K, Sasson N. Effects of autism acceptance training on explicit and implicit biases toward autism. *Autism*. 2021;136236132098489. doi:10.1177/1362361320984896
68. Beardon L, Edmonds G. *The ASPECT Consultancy Report: A National Report on the Needs of Adults with Asperger Syndrome*. Sheffield Hallam University; 2007.
69. Bargiela S, Steward R, Mandy W. The Experiences of Late-diagnosed Women with Autism Spectrum Conditions: An Investigation of the Female Autism Phenotype. *J Autism Dev Disord*. 2016;46(10):3281-3294. doi:10.1007/s10803-016-2872-8
70. Corrigan P. How Clinical Diagnosis Might Exacerbate the Stigma of Mental Illness. *Social Work*. 2007;52(1):31-39. doi:10.1093/sw/52.1.31
71. Goffman E. *Stigma: Notes on the Management of Spoiled Identity*. Simon and Schuster; 2009.
72. Braun V, Clarke V. Novel insights into patients' life-worlds: the value of qualitative research. *The Lancet Psychiatry*. 2019;6(9):720-721. doi:10.1016/S2215-0366(19)30296-2
73. Huang Y, Arnold SR, Foley KR, Trollor JN. Diagnosis of autism in adulthood: A scoping review. *Autism*. 2020;24(6):1311-1327. doi:10.1177/1362361320903128
74. Wilkinson V, Theodore K, Racza R. As Normal as Possible': Sexual Identity Development in People with Intellectual Disabilities Transitioning to Adulthood. *Sexuality And Disability*. 2014;33(1):93-105. doi:10.1007/s11195-014-9356-6
75. Burson E, Godfrey E. Intra-minority solidarity: The role of critical consciousness. *European Journal Of Social Psychology*. 2020;50(6):1362-1377. doi:10.1002/ejsp.2679
76. Crane L, Hearst C, Ashworth M, Davies J, Hill EL. Supporting Newly Identified or Diagnosed Autistic Adults: An Initial Evaluation of an Autistic-Led Programme. *J Autism Dev Disord*. Published online April 7, 2020. doi:10.1007/s10803-020-04486-4
77. MacKenzie A. Prejudicial stereotypes and testimonial injustice: Autism, sexuality and sex education. *International Journal Of Educational Research*. 2018;89:110-118. doi:10.1016/j.ijer.2017.10.007
78. Ginevra M, Nota L, Stokes M. The differential effects of Autism and Down's syndrome on sexual behavior. *Autism Research*. 2016;9(1):131-140. doi:10.1002/aur.1504

79. Abbott K, Ellis S, Abbott R. We Don't Get Into All That": An Analysis of How Teachers Uphold Heteronormative Sex and Relationship Education. *Journal Of Homosexuality*. 2015;62(12):1638-1659. doi:10.1080/00918369.2015.1078203

Accepted Version

Table 1.

Participant demographic information. All names are pseudonyms.

| Pseudonym | Age | Gender | Sexuality | Autism diagnosis |
|-----------|-----|--------------------|------------------|------------------|
| Naoise | 27 | Non-binary | Queer | Diagnosed |
| Caleb | 48 | Man | Gay | Diagnosed |
| Adele | 47 | Woman | Bisexual | Diagnosed |
| Marianne | 39 | Woman | Bisexual | Diagnosed |
| Rowan | 24 | Non-binary | Queer | Self-identifying |
| Julie | 46 | Woman | Queer | Diagnosed |
| Ben | 45 | Man | Gay | Diagnosed |
| Drew | 53 | Non-binary/Agender | Bisexual/sexual* | Diagnosed |
| Bo | 24 | Agender | Other/Lesbian* | Self-identifying |
| Elliot | 39 | Man | Bisexual | Self-identifying |
| Juno | 30 | Non-binary | Bisexual | Diagnosed |
| Mia | 29 | Woman | Bisexual | Diagnosed |

*Where participants identified in a different manner in the pre-interview questionnaire and the interview (Drew) or identified in a different manner following interview (Bo), we have included up-to-date information, while also acknowledging changes in the identity of these participants since identity categories are often fluid and not mutually exclusive.

Figure legends

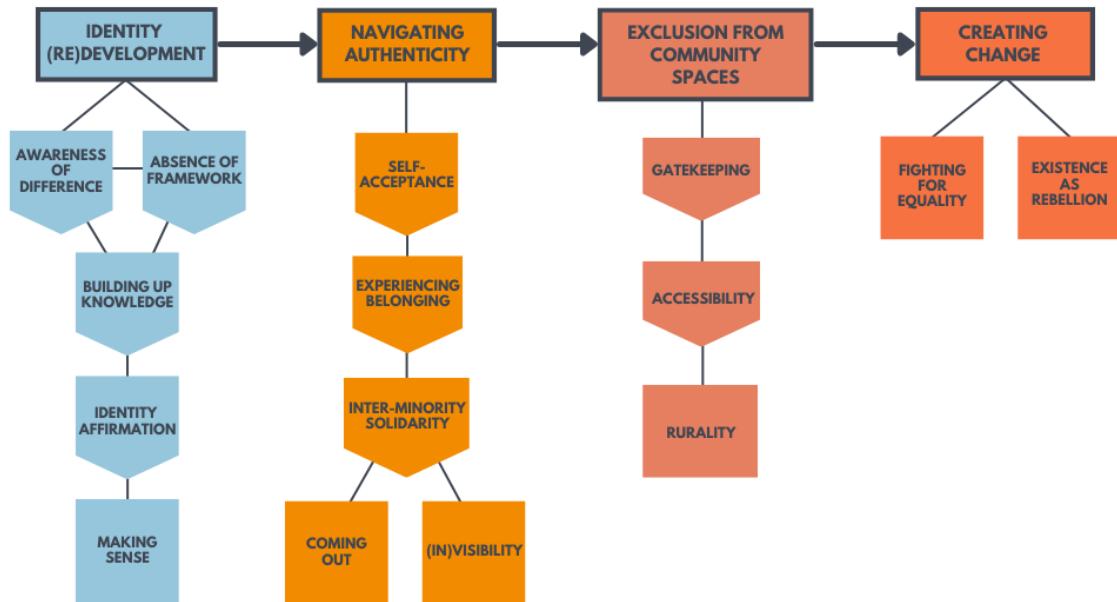


Figure 1. Thematic map showing the interrelation of the themes and subthemes. *Image description:* The image shows a diagram of all the themes and sub-themes. Main themes are shown in coloured boxes across the top of the image, there are four boxes. The first box on the left is in blue, and shows the main theme ‘identity (re)development’ at the top. This box then links to other sub-themes below it, in blue boxes with lines connecting them. These say: ‘awareness of difference’, ‘absence of a framework’, ‘building up knowledge’, ‘identity affirmation’ and ‘making sense’. The next main theme is a tangerine orange coloured box and is connected to the first box with an arrow. It says the theme is ‘navigating authenticity’. Beneath this, it is connected to the sub-themes in orange boxes which say ‘self-acceptance’, ‘experiencing belonging’, ‘inter-minority solidarity’, ‘coming out’ and ‘(in)visibility’. The next main theme, also connected across the top by an arrow, is in a salmon pink box, and the

theme is ‘exclusion from community spaces’. Underneath this is the connected sub-themes in salmon pink boxes: ‘gatekeeping’, ‘accessibility’ and ‘rurality’. The final main theme across the top is ‘creating change’ and this is in a burnt orange colour. Underneath this, are two sub-themes, ‘fighting for equality’ and ‘existence as rebellion’, also in burnt orange coloured boxes.