**Title**: Investigating Differences Among Formally Diagnosed and Self-Identified Autistic Adults Within the LGBTQ+ Community

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**Introduction**: Autistic adults who either choose not to pursue a formal diagnosis or are unable to obtain one (e.g., due to missed autistic traits or barriers such as distrust of healthcare professionals, limited access to adult autism specialists, or stigma; Lewis, 2017) are increasingly relying on self-identification – identifying as autistic without a formal diagnosis (Lewis, 2016). Some studies now include self-identified autistic adults, enhancing inclusivity and diversity within autism research. However, questions remain about potential differences between adults who receive a formal diagnosis and those who do not, particularly regarding differential diagnoses and comorbidities. This highlights the need to understand demographic and psychosocial differences. Greater understanding can improve the interpretation of research findings and inform effective clinical support.

While studies have investigated demographic and psychosocial differences between autistic individuals with and without a formal autism diagnosis, none have focused on those who also identify as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+). LGBTQ+ autistic adults report challenges in finding services and professionals equipped to support both of their identities (Hillier et al., 2019). Understanding factors associated with self-identification within this group can help service providers offer more affirming and inclusive care. The current study examines whether self-identified and formally diagnosed autistic LGBTQ+ adults differ in demographics (age, gender, ethnicity) and psychosocial (stigma, camouflaging, thriving) characteristics, as well as identifies which characteristics are most predictive of self-identifying as autistic.

**Method**: An online survey was completed by 240 autistic adults between 18 and 57 years of age (*M* = 28.32, *SD* = 7.86) who identified as part of the LGBTQ+ community. Of the 240 participants, 134 (56%) participants reported a formal diagnosis of autism by a healthcare professional and 106 (44%) participants reported that they self-identify as autistic and did not have a formal diagnosis. Participants reported on several demographic characteristics (e.g., age, gender, ethnicity) and their experience of stigma related to autism (*Internalized Stigma of Mental Illness Inventory, subscales: Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal, and Stigma Resistance;* Ritsher et al., 2003), camouflaging (*Camouflaging Autistic Traits Questionnaire*; Hull et al., 2018), and thriving (*Brief Inventory of Thriving;* Su et al., 2014)*,* For the purpose of our analyses, two categories were created for ethnicity (1 = “White” and 2 = “Visible Minority”) and three gender categories were created (1 = “Cisgender”, 2 = “Transgender”, and 3 = “Non-Binary/Gender Non-Conforming) by condensing “Cisgender Man” and “Cisgender Women” into “Cisgender”, “Transgender Masculine/Man” and “Transgender Feminine/Women” into “Transgender,” and “Non-Binary/Gender Non-Conforming/Gender Fluid,” “Agender,” and “Prefer to Self-Describe” into one “Non-Binary/Genderqueer” category.

**Results**: A Chi-square test of independence revealed that the association between ethnicity and self-identifying as autistic was significant, *X*2 = (1, *N* = 237) = 6.52, *p* = .01, suggesting that 63% of participants who identified as a visible minority self-identified as autistic compared to 41% of those who identified as White. A chi-square test of independence also demonstrated that there was a significant association between gender and self-identifying as autistic, *X*2 = (2, *N* = 240) = 12.56, *p* = .002, such that people who are non-binary/gender non-conforming (55%) were more likely to self-identify as autistic than those are cisgender (32%), or transgender (32%).

Point-biserial correlations revealed that the autism diagnosis variable (formal diagnosis = 1 and self-identification = 2) was negatively associated with perceived discrimination stigma subscale (*r* = -.15, *p* = .02) and positively correlated with camouflaging (*r* = .18, *p* = .006). The autism diagnosis variable was not significantly correlated with participant age or thriving.

A logistic regression was run to determine whether ethnicity, gender, perceived discrimination, and camouflaging predicted the odds of a person self-identifying as autistic. The logistic regression model was statistically significant, *X*2 (5) = 34.94, *p* < .001, explaining 19% (Nagelkerke R Square) of the variance in autism diagnosis status and correctly classifying 69% of the cases. Ethnicity was a significant predictor (*B* = .98, Wald = 6.15, *p* = .01) of self-identifying as autistic, indicating that the odds of self-identifying as autistic were 2.7 (95% CI [1.23, 5.82]) times higher among people who identified as a visible minority compared to those who identified as White. Gender was also a significant unique predictor of self-identifying as autistic. There was no significant difference in the odds of self-identifying when comparing being cisgender versus transgender (*B* = .20, Wald = .16, *p* = .69), however, there was a significant difference between those identifying as cisgender and non-binary/gender non-conforming (*B* = 1.10, Wald = 11.28, *p* < .001), such that the odds of self-identifying as autistic was 3.0 (95% CI [1.58, 5.75]) times higher among those with identified as non-binary/gender non-conforming compared to those who are cisgender. Perceived discrimination related to autism was also a significant predictor (B = -.98, Wald = 10.03, *p* = .002), with each unit increase in perceived discrimination associated with a 1.62 (Exp(B) = .38, 95% CI [.21, .69]) times decrease in the odds of self-identifying. Finally, camouflaging was a significant predictor (*B* = .02, Wald = 6.63, *p* = .01), though every one unit increase in camouflaging was only associated with a very small increase (OR = 1.02; 95% CI [1.01, 1.03]) in the odds of self-identifying as autistic.

**Discussion:** To our knowledge, the current study is the first to explore differences between self-identified and formally diagnosed autistic adults within the LGBTQ+ community. Our findings suggest that within this community, self-identified autistic people are more likely to be from a visible minority and non-binary/gender non-conforming, engage in higher levels of camouflaging, and experience lower levels of perceived autism discrimination. Importantly, self-identified and formally diagnosed autistic individuals did not differ in terms of their level of thriving. This has important implications for researchers and service providers who may be currently seeking knowledge regarding the intersectionality between identities and experiences of autistic individuals to better support people. Future research is needed to explore demographic and psychosocial differences between self-identified autistic people who do and do not want a formal diagnosis within and outside of the LGBTQ+ population.

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