

*“Straight sex is complicated enough!”: The Lived Experiences of Autistics who are Gay,
Lesbian, Bisexual, Asexual, or Other Sexual Orientations*

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Abstract

Autistics are more likely than neurotypicals to be gay, lesbian, bisexual, asexual, and other sexual orientations. Autistics and sexual minorities represent populations at high risk for depression, anxiety, and suicidality. Little is known about the experiences of individuals living at this intersection. In this phenomenology, 67 individuals who identified as autistic sexual minorities participated in online interviews to describe the meaning of their experiences. Six themes emerged, including: self-acceptance is a journey; autistic traits complicate self-identification of sexual orientation; social and sensory stressors affect sexual expression; feeling misunderstood and isolated; challenges finding mutually satisfying relationships; and difficulty recognizing and communicating sexual needs. Autistic sexual minorities experience a “double minority” status that complicates identity formation and increases vulnerability in sexual relationships.

Keywords: Phenomenology, Qualitative, LGBTQ+, Sexual Relationships, Intimacy

Autistics are more likely than non-autistics to identify with a gender different from sex assigned at birth (Øien et al., 2018; Strang et al., 2018; van der Miesen et al., 2018). While less studied, evidence also suggests autistics are more likely to identify as a sexual orientation other than heterosexual, including but not limited to gay, lesbian, bisexual, and asexual orientations, referred to hereafter as “sexual minorities” (Dewinter et al., 2017; Rudolph et al., 2018). Since many cultures are both heteronormative and neurotypical-normative, meaning that those who are heterosexual and neurotypical have distinct and systematic privileges, it is likely that individuals who identify as both autistic and sexual minorities may face stigma, marginalization, and discrimination that can impact their mental health, identity formation, and quality of life. Yet, there is a paucity of research that captures the accounts and perspectives of autistics who identify as sexual minorities.

Autism & Sexual Orientation

Previous studies indicate that autistics are more likely to identify as sexual minorities than non-autistics. Large survey studies in Sweden (Rudolph et al., 2018) and the Netherlands (Dewinter et al., 2017) have reported that as many as 18-44% of autistics identified as sexual minorities compared to 10%-13% of neurotypicals in those countries. Other studies have reported similar findings (Fernandes et al., 2016; Gilmour et al., 2012; Strunz et al., 2017) with few exceptions (Dewinter et al., 2015). Demographic data from studies of autistics unrelated to sexuality are also telling, as some have reported occurrence of sexual minority status ranging from 37-70% (Hall et al., 2020; Lewis, 2017).

George & Stokes (2018) explored sexual orientation, gender identity, and autism and suggested that gender dysphoric traits may mediate sexual orientation. They postulated that many autistics experience gender identity formation differently than non-autistics and are more

likely to question their gender identity and explore opposite gender roles. Autistics who identified as sexual minorities in this study were more likely to report gender dysphoric traits, and this gender experience appeared to be tied to sexual orientation for some. George & Stokes hypothesized that social, biological, and psychological factors are all likely to contribute to the high correlation between autism and gender and sexual minority status.

Health Risks Among Sexual Minorities

Regardless of autism status, sexual minorities have been reported to have increased risk for physical conditions such as diabetes, cancer, and cardiovascular diseases compared to heterosexuals (Wallace & Santacruz, 2017). Studies on the mental health of sexual minorities have indicated that these individuals were at significantly higher risk for depression, anxiety, and suicidality compared to heterosexual individuals (Ross et al., 2018; Swannell et al., 2016). Ross et al. estimated the prevalence of anxiety and depressive disorder as 24% among bisexuals and 14% among gay men and lesbians, compared to 6% among heterosexuals; and prevalence of depressive disorder as 23% among bisexuals and 8% among gay men and lesbians, compared to 13% among heterosexuals. Many sexual minorities have also experienced discrimination by healthcare providers and limited access to healthcare services (Bonvicini, 2017).

In addition, a 2010 report from the United States indicated that sexual minorities were more likely to experience sexual violence than heterosexual respondents, with nearly half of bisexual respondents experiencing rape or other sexual violence (Walters et al., 2013). International studies found that 6-25% of gender or sexual minorities have experienced physical and/or sexual violence motivated by perception of their gender identity or sexual orientation (Blondeel et al., 2018).

Health Risks Among Autistics

Autistic adults experience their own health risks regardless of sexual orientation. For example, Hollocks et al. (2019) reported that approximately 27% of autistics have an anxiety disorder and 23% have a depressive disorder compared to an estimated 1-12% prevalence among neurotypicals. Previous research has also indicated that autistics were approximately nine times more likely to experience suicidal ideation and five times more likely to attempt suicide than the general population (Cassidy et al., 2014; Croen et al., 2015).

Studies have shown increased risk for physical conditions such as obesity, hypertension, hyperlipidemia, diabetes, thyroid disease, autoimmune disorders, gastrointestinal disorders, sleep disorders, and epilepsy, as well as limited access to preventative health services (Croen et al., 2015; Vohra et al., 2017). Many autistics have also been victims of bullying, physical abuse, and sexual violence (Brown et al., 2017; Brown-Lavoie et al., 2014; Weiss & Fardella, 2018).

Experiences of Autistic Sexual Minorities

Autistics who identify as sexual minorities live at the intersection of two high-risk groups. Experts have called for studies to qualitatively explore the experiences of this population (Bennett & Goodall, 2016; Øien et al., 2018). In a review of current literature, only three such qualitative studies were identified, with one focusing on health disparities of gender and sexual minority autistics and two focusing on gender identity only, not sexual orientation. These studies emphasized the challenges of being a “double minority” for gender-diverse autistics.

In a focused interview study of five autistics who identified as lesbian, gay, bisexual, transgender, or queer, Hall et al. (2020) reported compounded health disparities in this population, including inappropriate care and in several cases, being refused care by health care providers. Participants in this study reported opting not to disclose their autism status and/or sexual orientation or gender identity to providers due to poor past experiences.

Hillier et al. (2019) conducted a focus group with four autistic adults who identified as transgender, agender, and gender queer. Participants described feeling othered and isolated from the LGBTQ+ community due to misperceptions about autism. In addition, they frequently felt invalidated and discredited by others who attributed their gender identity to their autism diagnosis, often not recognized as experiencing both phenomena simultaneously.

Similarly, in a framework analysis on the experiences of 22 gender-diverse adolescents (ages 12-20 years), Strang et al. (2018) reported that transgender youths often felt that others questioned their gender identity due to their autism diagnosis. Participants also described challenges discerning their gender identity due to decreased self-awareness of their own emotions that they related to autism, as well as challenges communicating and self-advocating for gender-related needs.

No study to date has systematically explored the perspectives and first-hand accounts of autistic sexual minorities on their broad experiences, and there is an ethical imperative to include their voices in this critical conversation. Therefore, the purpose of this phenomenological study was to answer the research question: What is the lived experience of being an autistic who identifies as gay, lesbian, bisexual, asexual, or other sexual minority orientation?

Methods

Research Design

Phenomenology is the study of the structure of a conscious experience (Husserl, 1954). When applied in research, phenomenology is a method used to explore the meaning of a lived experience by examining the memories, perceptions, and emotions that qualify the experience for the individual experiencing it (Colaizzi, 1978). When undertaking a phenomenological study,

researchers purposely select participants who have experienced the phenomenon of interest, known as a purposive sample, and their accounts serve as data. Researchers must remain open to accepting the meaning that participants place on the experience and identify themes across accounts to identify features of the phenomenon that are fundamental to its structure from the view of participants (Colaizzi, 1978).

Sample and Sampling

A university institutional review board approved this study. A sample of sexual minority autistics was recruited via online communities for autistics with permission from site moderators. A recruitment notice was posted with a link to the study. Individuals self-screened for eligibility prior to initiating the study and were eligible to participate if they: believed they were autistic, including those who were formally or self-diagnosed; identified as a sexual minority, including but not limited to gay, lesbian, bisexual, and asexual; were age 18 years or older; and able to read and write in English.

In total, 67 individuals participated in this study. Table 1 includes demographic characteristics of the sample. Due to the nature of this study, participants were asked to describe their sexual orientation and gender in both open-ended and close-ended format. Table 1 provides close-ended information about sexual orientation of this sample, and preferred terms for gender and sexual orientation are included after all quotations reported in the results section to provide additional context. Mean age of participants was 27.6 years (range 18-57 years, $SD = 8.8$). Fourteen countries were represented, with the majority of participants from the United States (40.6%), Australia (17.1%), United Kingdom (12.5%), and Canada (10.9%).

[INSERT TABLE 1 ABOUT HERE]

Data Collection

Data collection occurred online because autistics have shown a preference for text-based computer-mediated communication as a means to maintain control of conversation and increase comprehension and to lessen the emotional, social, and time pressures experienced in face-to-face communication (Benford & Standen, 2009; Gillespie-Lynch et al., 2014). Data were collected via asynchronous online interviews using a secure survey platform.

Participants initially responded in writing to broad open-ended questions about their experiences, and then answered individualized follow-up questions based on their initial responses. Table 2 includes initial questions and examples of follow-up questions. Follow-up questions were developed to broadly probe an additional response to initial interview questions if the participant gave a partial or “thin” response, that is, with little account of personal experience, thoughts, or feelings, or to clarify any statements that the research team was unable to clearly interpret. Follow-up questioning occurred until no further questions remained (1-3 phases of follow-up interview questions per participant). Demographic information was also collected. Besides email address, no other personal identifying information was collected.

Due to a larger than anticipated response to this study, data collection continued beyond saturation, with 63 individuals responding to the study in the first 2 weeks of data collection. Four additional participants responded after recruitment notices had been removed. Even with this unprecedented response, each individual who responded was invited to participate fully in follow-up questioning to ensure that all voices were heard.

[INSERT TABLE 2 ABOUT HERE]

Data Analysis

Colaizzi's (1978) 7-step method of descriptive phenomenology was used for data analysis. First, transcripts of data were gathered and read in entirety to get an understanding of the dataset. Then significant statements that focused directly on the phenomenon of interest were extracted, and formulated meanings for each statement were identified. Researchers sorted significant statements and their formulated meanings into clusters, putting like with like to allow themes to emerge from the data. After receiving training on phenomenology from the first author, three undergraduate nursing students independently analyzed data. Students then met with the first author, who also independently analyzed data, and findings were discussed until consensus among the four analysts was reached. This approach allowed researchers to understand multiple ways of viewing the data.

Researchers integrated the significant statements, formulated meanings, and clustered themes into an exhaustive description of the phenomenon and a fundamental structure that summarized the phenomenon in an as unequivocal statement as possible. Finally, the researchers returned to participants from the original sample to validate findings and incorporate any new information into the final analysis.

All analysts engaged in reflexive journaling in an attempt to bracket presumptions throughout analysis. Presumptions were discussed by the research team throughout analysis as a means to view data through the lens of participants without biased interpretation. For example, researchers noted some internal bias when analyzing accounts of participants who reported discomfort in social situations related to sex while simultaneously sharing that they believed their asexuality was unrelated to autism. This bias was journaled independently and addressed by the team openly to attempt to view data as true to reality for participants as possible.

Trustworthiness

Lincoln & Guba's (1985) criteria were used to establish trustworthiness. All participants were invited to review a summary of themes and provide feedback, and ten individuals opted to participate in this phase. Of those, seven responded that the findings described their experiences well, for example stating, "It is pretty spot on," and "I can't describe how much I relate to that." Three others shared that most aspects of the findings were relevant to them and that they felt the overall themes were valid, but they added details to share ways that some of their experiences varied from the description provided. In those cases, participants provided additional context and examples to help illustrate the diversity of individual experiences. For example, one shared, "Throughout my 48 years of life, I developed many mechanism and skills to help me adapt, so there is some of the description that I don't feel applies to me anymore, even though I relate to the theme as a whole." Feedback did not indicate that any themes needed to be added or removed, but responses added robustness to the understanding of existing themes. Triangulation of analysts was used to facilitate deeper understanding of accounts.

Results

Six themes emerged from the data, including: (1) self-acceptance is a multi-layered journey; (2) autism complicates understanding of sexual identity; (3) anxiety, sensory overload, and social stressors affect sexual expression; (4) feeling misunderstood and misunderstanding others; (5) concerns about the ability to find mutually satisfying relationships; and (6) inability to effectively identify and communicate intimate desires. Themes are described in detail in the following sections. Participant identification numbers are provided with all quotes to illustrate diversity of responses.

"My self-identity is a fluid and flexible thing": Self-acceptance is a multi-layered journey

Participants described working towards self-acceptance as a long and often ongoing journey. As one participant shared, “I'm pretty comfortable with my identity at the moment, but it's been a long journey to get to this point” [13; female; queer, attracted to all genders]. Another shared that self-acceptance was a continuous process, saying: “My self-identity is a fluid and flexible thing that can evolve the moment I realise something else about myself. That's how it has always been with me. I'm not a rock so much as a tree” [155; female/non-binary; asexual].

Many described discovering they were autistic and identifying their sexual orientation as distinct steps in understanding and accepting their own identities. These aspects of identity were usually processed separately, and many individuals reported that they were more comfortable with one than the other. For example, one participant who identified as asexual homoromantic shared, “I'm not 100% comfortable yet. I'm starting to come to terms with being an adult with ASD which is good. I'm 100% comfortable with being attracted to guys but not confident in openly identifying as asexual” [7; male].

Several participants described struggling with shame, either related to their autism or their sexual orientation. One participant diagnosed with autism at age 37 shared:

I have been somewhat confused for a long time about feelings I was having for other people and not having any professional support to talk to or explore this with so I have felt disgusting [sic] with myself, a possible threat to others and all sorts of other feelings I am not able to describe (I suffer with Alexithymia as part of my ASD). [17; non-binary; pansexual]

Another shared, “Both [autism and sexual orientation] brought intense shame” [9; transgender girl; pansexual]. One participant was not comfortable placing a label on her sexual orientation due to shame: “I'm not very comfortable with it to the point where I do not wish to label myself.

My parents are not accepting either, as a result I am ashamed of who I am and deal with internal homophobia” [6; female; attracted to females].

Other participants also discussed the impact that people around them had on their comfort with their own identity. Negative reactions from others made them feel hurt, isolated, and often prevented them from fully disclosing their identities to loved ones. One participant shared, “I have family members who I'm scared might hurt me if they found out that I'm queer, and who would tell me that I'm full of shit if I told them I was on the autistic spectrum” [73; female; demisexual panromantic pansexual]. Another wrote:

My father was in denial for a very very long time, and still now, when he has seemingly accepted that I am autistic, he doesn't actually accept or want me. I don't have any problem with my ASD or my orientation, but I do have some issues with my dad and his actions and the effect it had on my life. It hurts to be treated that way. [96; female; questioning bisexual or asexual]

Others described a sense of peace and comfort that came from accepting themselves, including autism, sexual orientation, and gender. One participant shared:

Knowing is much better than not knowing. I was intensely uncomfortable with myself, obsessively ruminating over my sense of self. That started at an early age, but got much worse at puberty, and didn't stop until I accepted both my aspergers and gender dysphoria. [9; transgender girl; pansexual]

Another participant shared that he had learned to “ignore” the opinions of others, saying, “I've learned well enough that I shouldn't create/adopt identities in the pursuit of acceptance of others, or to make it easier to accept myself” [131; male; asexual].

Several participants described their sexual orientation and autism status as unchangeable facts about themselves, and therefore felt there was no point in wishing these facts were different. One participant embraced these traits:

I already have to spend so much energy every day trying to make sense of the world, why would I waste it on internal discord over something about me that is unchangeable? For me, being on the spectrum and being a lesbian is no different than having brown eyes. It's something I was born with and it is just part of who I am. It is more worth it to me to learn to embrace it and take advantage of my unique differences than to fixate on them and fight them. We all have our unique differences and being a lesbian with ASD are some of mine. They contribute to who I am as a person, and I believe it is our inherent differences as people that make life special and worth living. [90; female; lesbian]

***“It’s hard to imagine things you’ve never experienced”*: Autism complicates understanding of sexual identity**

Participants frequently questioned the relationship that their autistic and sexual identities had on one another. Many felt that autism delayed or complicated their understanding of their sexual identity, saying, “I think my ASD significantly increased my initial confusion,” [14; male; pansexual] and, “I also think that being autistic might be part of the reason it took me so long to realize I was queer” [207; genderqueer; asexual]. They talked about challenges identifying their own feelings due to autism, which made it difficult to recognize sexual feelings and attractions. For example:

Having ASD really does complicate things when it comes to identity. On a logical level I know I've never felt attracted to men, but since it's very difficult to identify sexual and

romantic feelings in myself, I can never be quite sure what my "native" sexual and gender identity would be if [I did not have] the difficulties ASD presents. [58; female; lesbian]

Others attributed their lack of romantic and/or sexual experience to the social challenges of autism. They felt it was harder to understand their sexual identity without experience with intimacy. One participant explained:

My extreme difficulty in relating to others, and in forming relationships with others, has been a pretty thorough barrier to understanding my sexuality. It's difficult to examine one's own preferences when you spend the vast majority of your life as a spectator, viewing romantic relationships from the outside. [144; male; pansexual]

Others shared, "I can't place a label on it with absolute guarantee because I never dated anyone before," [153; female; questioning bisexual or homosexual] and, "Since I have never been anywhere close to having a partner my sexual orientation is irrelevant" [27; male; homosexual].

One participant described that autism further complicated her ability to imagine being in a sexual relationship. She shared that she primarily identifies as asexual but often wonders if she is a lesbian, saying, "It's hard to imagine things that you've never experienced" [79, trans-woman; asexual, romantically attracted to women].

A few participants questioned whether autism affected their romantic and sexual attractions more directly. For instance, one participant shared that he felt like he "lacked a filter" that affected both his autism and his sexual orientation [113; male; omnisexual]. Another shared:

ASD made me question if that diagnosis pushed me into asexuality. I'm still struggling with that thought, actually. Since the society around me is highly sexual, maybe since I don't really "get" society, I don't get "sexual attraction". Maybe understanding one would

make the other understandable. Even as I'm writing this, I know it's ridiculous. We're all different. My ASD doesn't control my sexual identity. Still... The thought fills me with unease. [155; female/non-binary; asexual]

One asexual aromantic participant felt that autism did not affect her sexuality but did impact her romantic attraction to others. She shared:

I feel that my aromantic identity may have something to do with my Autism (not wanting to be in a romantic relationship is at least partly linked to me not wanting to be 'stuck' in an intense, regular relationship like that - I like to be able to 'escape' when I need to).

[107; female; asexual aromantic]

In general, while many felt that autism hindered their ability to recognize their sexual orientation, most participants felt that their sexual orientation was not related to their autism identity, and several shared that they resented when others assumed these were connected. In particular, some asexual participants felt invalidated in their sexual identity by individuals who claimed that their sexual orientation was a result of autism. One shared, “I think a lot of people feel like my asexuality is just because I lack ‘experience’ or it's just because I'm ‘antisocial’ as a result of my autism so they still want to ‘fix’ me” [15; agender; asexual]. Another said, “People often think that my lack of interest in sex is due to my Asperger's and will not listen when I explain to them this is not the case, making it harder to present asexuality as a legitimate orientation” [28; female; asexual]. This doubt from others increased confusion and dysphoria for some participants. One participant wrote:

As someone who is afab [assigned female at birth] I have come across a lot of online content saying that afab autistic people who are trans, are actually not trans just confused and masculine leaning. This has made me feel very invalidated and has made me doubt

my own feelings of gender and increased my dysphoria. [86; trans-man;
bisexual/biromantic on the asexual spectrum]

***“It’s like getting an intrusive physical from a doctor”*: Anxiety, sensory overload, and social stressors affect sexual expression**

Several participants viewed genitals and sexual intercourse as “gross,” “disgusting,” and “repulsive.” One participant shared, “I’m sex-repulsed. All sexual practices are disgusting to me,” [168; female; asexual] and another said, “I’m a bit disgusted by the idea of [sex]. I think this may be related to my depression, but I am also considering it may just be a part of my sexuality” [96; female; questioning bisexual or asexual]. For some, this sex repulsion existed regardless of their own sexual drive and interest in sex in general. For example, one participant wrote:

I think genitals of all kinds are pretty gross. I have a sex drive and I masturbate frequently, but I think of it as a third way of going to the bathroom. It’s somewhat contradictory and that’s made it confusing. I am completely disinterested in having actual sex with anyone, but I will put myself in sexual situations in my head and I can get into that, so sex to me is an abstract concept rather than something that people actually do. I don’t think that I could actually go through with it outside of my head, I wouldn’t even react physically. Could be a supermodel coming on to me, it wouldn’t make a difference. I strongly suspect it would be a foreign and uncomfortable experience, like getting an intrusive physical from a doctor. ... I think the root cause of all of this is rooted in the hyper-sensitivity of autism. [24; male; asexual, aesthetically attracted to women]

Many participants also described the impact of hypersensitivity to physical touch and sensory overload as complicating factors during sexual activities. One participant said, “Physical

contact with other people can be very difficult normally, let alone in a sexual context” [52; agender transfeminine; bisexual or asexual]. Another participant wrote:

I have of recently been aware that, during sex, I do have issues with my overall performance due to my inability to communicate clearly enough, and some degree of sensory input; that is, too much or too little stimulation is a fairly hard line to stay just in between. [210; male; gay]

One more shared:

Before I lost my virginity, I assumed that in spite of my insignificant sexual desire towards others, it was just something I'd probably like upon trying it. However I was quite wrong, and the experiences all felt completely forced, uncomfortable even. Not to mention my heightened sensory inputs can easily make it even more unpleasant. My repulsion to various aspects of the human body exceeds whatever joy I might feel from reaching such a level of human intimacy. [131; male; asexual]

Participants described concerns about hygiene and cleanliness that affected their enjoyment of sexual activities. One participant said:

Hygiene comes into play quite a lot, in my mind, because I have challenges and needs surrounding the cleanliness I expect in people that I am going to be physically close to. I am highly turned off by a person smelling like they are not clean. And if/when that has been the case, it has turned me off faster than virtually anything. And I'm not speaking of genital regions. It's more of an overall sense of good hygiene. If people have body odor, their hair smells dirty, their teeth appear dirty, or they smell like food or smoke or anything like that, it's too much for me. [208; female; lesbian]

One participant explained that these sensory and hygiene concerns were particularly difficult and even guilt-inducing when she wanted to be intimate with a partner. She wrote:

I also find it challenging when some of my sensory issues raise their heads. Some thing just gross me out, and it sucked when I was dating a girl and her touching me - even leaning against me - set off my sensory issues regarding hygiene and other people's icky body stuff touching me. ... Trying to figure this sensory response out, feeling guilty, trying to make it go away - it was really emotionally difficult. [73; female; demisexual panromantic pansexual]

In addition to physical concerns about sex, several participants also described feeling “self-conscious” and “anxious” about the social aspects of sex. One participant explained:

I'm aroused by women's bodies but don't have much of a desire to have sex with anybody because I'm too self-conscious for it to be pleasant – and lesbian sex is more "complicated" to me which makes me think I'm more likely to screw up. But I don't really identify as asexual all the same. [58; female; lesbian]

On the other hand, one participant shared that he felt sexual encounters were less stressful than other social encounters. He shared, “Sex is easier than verbal and social communication, not more complicated. It is possible to get closer to someone through sex and arrive at a tender respect more efficiently than through smalltalk, which gets in the way of self-disclosure” [220; male; gay].

***“It’s hard for people to understand exactly how I feel”*: Feeling misunderstood and misunderstanding others**

In general, participants felt that it was difficult for others to understand their perspectives. As one participant wrote, “I am comfortable with my own identity as a concept and feeling but I would love to be able to articulate it better to those around me. ... I tend to explain things in ways that are different to others and become frustrated when I am not understood. [86; trans-man; bisexual/biromantic on the asexual spectrum]. Another said, “Being a ‘double minority’ in this sense makes it particularly hard for people to understand exactly how I feel” [7; male; asexual homoromantic].

Some participants found acceptance and comfort in finding others who shared attributes of their identity. For example, one shared, “I have found LGBTQ people are often more accepting of differences because they too have been marginalized. They are less likely to conform to societal and gender norms and less likely to punish you for not conforming” [13; female; queer, attracted to all genders]. Another wrote, “It does seem like there are disproportionately many queer people with ASD, and vice versa; autistic people who are queer. This may have helped me fit in with the community” [79, trans-woman; asexual, romantically attracted to women].

More often, however, participants shared a sense of isolation from both the LGBTQ+ community and from the autism community. One participant wrote:

Despite the regular portrayal of both communities as very open-minded and accepting places, this has not been my experience. The LGBT community frequently ostracized me for being "weird" and I have found myself mistreated and bullied by other autistic people for being a lesbian - so I just don't really get involved in either. [1; female; lesbian]

One participant further felt that her identity was questioned and invalidated by these groups, saying:

Other people without ASD have been less likely to take my GSM [gender/sexual minority] identification seriously, or conversely people who know me as having a GSM identity are less likely to take my ASD diagnosis seriously (“making things up/exaggerating for attention”). [78; nonbinary and transgender, transmasculine, genderfluid and genderqueer; pansexual, grey-asexual]

Another participant said:

There is such a sense of community among those who identify as being LGBT, unless you're on the spectrum. Being on the spectrum makes it difficult to form meaningful connections with others, and as an individual who also identifies as a sexual minority, it further isolates you. You're isolated by not only your brain wiring, but also by the hard wiring of the social constructs of society. [90; female; lesbian]

This same participant shared that, beyond romantic relationships, she felt isolated from others due to a lack of shared experience. She wrote:

Forming meaningful, lasting relationships is hard enough when you're on the spectrum because you miss so much of the unsaid world around you, the societal expectations you never picked up, the physically expressed emotions and desires. When you add on being a sexual minority, you're also often missing out on some of the classic growing up experiences that help bond people together by virtue of your relationship being different as well. As a cisgendered woman who is attracted to other women, you can't reminisce with your friends about the first time you kissed a boy because for you it is all about the first time you kissed a girl, and they don't want to hear about that experience generally. ... It's hard enough trying to help people understand being on the spectrum, but when you add in a different sexual orientation too, it takes incredibly empathetic people to see

beyond the differences and see the person to form a relationship with them.

In addition to feeling misunderstood by others, several participants shared that they struggled to understand societal norms around dating, particularly when these norms differed from norms in straight dating culture. Since these individuals often observed and mirrored social behaviors as a strategy in relationships, they struggled with the lack of role models of dating in the LGBTQ+ community. One participant wrote:

I don't really know what is 'the thing to do' or 'the way it is done', especially in queer dating, etc., because examples of it aren't even shown on tv or universally present in popular culture the way heterosexual dating, etc., is. I had to google how to behave on a date with a fellow woman! [73; female; demisexual panromantic pansexual]

Another said, “I always was attracted to females as well as males but it's hard for me to connect to females socially. I learn social behaviour through copying and I don't know how to flirt with women” [184; female; bisexual].

***“It’s difficult to form relationships of any kind, let alone sexual ones”*: Concerns about the ability to find mutually satisfying relationships**

Participants shared concerns that they did not know how to pursue romantic relationships. Several indicated that they struggled to make and maintain friendships, so the idea of finding a romantic partner seemed impossible. One shared, “It has been extremely difficult for me. I even have trouble making friends so dating is out of the question” [6; female; attracted to females], and another: “My ability to communicate and interact socially is so severely impaired that I have been unable to form relations with other people. I have yet to figure out how to make friends or even acquaintances” [27; male; homosexual].

Some participants described fear of pursuing romantic relationships despite their interest. For example, one said, “The idea of dating is terrifying. I have trouble with the idea of approaching someone and asking them out, it’s terrifying, I know that people do it everyday and it’s not that big of deal but it immobilizes me” [38; female; asexual]. Another said:

In my experience I find it very hard to make and keep genuine friends, so friendship is both something I really treasure but also am weary of, as it feels like it will all eventually go wrong, as it has every other time. [104; genderqueer; pansexual]

Others described difficulty reading romantic cues from others and expressing romantic interest. Participants shared that they struggled to separate friendship cues from romantic cues, made more complicated in same-sex relationships. As one participant shared:

I think that my issues with navigating social life and norms - difficulty figuring out what is the behaviour that indicates (insert emotion or intention) makes it difficult to put forth my possible romantic intentions, or to know if someone is interested in me. [73; female; demisexual panromantic pansexual]

Another shared that it “can be difficult to know if someone is trying to take advantage of you or is genuine” [52; agender transfeminine; bisexual or asexual], and, “As someone who is biologically female it is very hard to attract other girls and genuinely know if they’re interested” [104; genderqueer; pansexual].

Furthermore, several participants who were asexual shared fear that they would not be able to meet the needs of a romantic partner, which made them hesitant to seek out relationships. One participant said:

The majority of people I have been interested in are not asexual leaving me wondering if, getting into a relationship with them, I would be neglecting their sexual desires. I do not wish to leave a significant other in a tight or awkward position because of my own sexuality ... I am growing increasingly worried about the future of my potential relationships. [135; female; asexual, purely romantic-based attraction]

Another said:

Struggle to form relationships with others, and don't have any sexual drive to form a romantic relationship. This has lead me to be less willing to seek companionship out of fear of hurting other people by neither satisfying their emotional nor physical needs. [76; non-binary; asexual]

***“I just don’t know how to explain what I need”*: Inability to recognize and effectively communicate intimate desires**

Finally, participants shared that they struggled to identify and communicate their intimate emotions and sexual desires with romantic partners, making it challenging to have satisfying relationships. Some described difficulty recognizing and understanding their own sexual needs, which precluded them from being able to communicate these with a partner. As one participant said, “In terms of sexual expression, I would say that in order to express myself properly, I would need to be able to understand myself in the first place” [175; non-binary; gynoflexible]. Another said, “Being autistic makes it hard for me to process my emotions which has been a large barrier in relationships. My lack of connection to other people or ability to gauge how my experiences and feelings might be different from others is a challenge” [207; genderqueer; asexual]. One more shared, “Being on the spectrum, it is hard enough to readily identify my own

feelings in a given situation let alone articulate them to someone else in a meaningful manner” [90; female; lesbian].

Even for those who could identify their own needs and desires, participants struggled to communicate these with intimate partners. One participant shared:

I just don’t know how to explain what I need. I also have a lot of issues interpersonally, as far as communication is concerned. Even with someone that I consider myself exceptionally emotionally intimate with. ... I can’t seem to pull the emotions out of my words, and things inevitably come out sideways” [172; female; lesbian].

Another shared, “My biggest difficulty in relationships is communicating my needs sexually as well as emotionally. It is difficult to find a partner who is willing to take the extra time to understand me” [217; non-binary; pansexual].

Participants also felt that sharing their sexual orientation with potential partners often required a level of confidence and communication finesse that they lacked. For example, one wrote:

I am aware that a compromise of sorts can be made in these sorts of relationships [relationship where one partner is asexual], though I lack the confidence in my own abilities of communication to effectively convey my opinions on the matter without giving a false impression of hostility / aggression etc. [135; female; asexual, purely romantic-based attraction]

In addition, participants felt the need to “double disclose” both their ASD identity and sexual identity to partners, which was an additional hurdle in communicating their needs. One called it, “Doubly confusing” [161; male; bisexual], and another said:

My experience as an individual with ASD and being gay asexual has been quite a tricky situation to navigate. ... When meeting guys I feel as if I have to not only try and explain how differently I think (ASD) but also the fact that I don't like sex. [7; male; asexual homoromantic]

Participants described difficulty reading how others would respond when they disclosed their sexual orientation, for example saying, "I have trouble sensing whether someone will react badly to me being gay" [18; female; lesbian], and, "I'm uncertain when it is socially acceptable to divulge" [77; female; pansexual or panromantic and asexual]. Others struggled with how to respond to homophobic comments, sharing, "At times when people are homophobic towards you I'd reckon it's more difficult to know how to react" [52; agender transfeminine; bisexual or asexual].

However, a few participants shared the opposite reaction, feeling that their autism made them less likely to be concerned about others' reactions. One said, "Unlike other people around me who have a minority sexual identity, I don't seem to care about the opinion of others nearly as much, that might be because I am already looked down upon because of my mental issues" [121; male; pan-sexual hetero-romantic].

Discussion

The purpose of this study was to explore the lived experience of sexual minority autistics. Themes that emerged indicate that autistic sexual minorities may struggle to find self-acceptance, autistic traits can make it challenging to identify aspects of sexual orientation, sensory and social stressors often interfere with sexual relationships, many individuals feel they are misunderstood, many worry about finding mutually satisfying relationships, and they often have difficulty recognizing and communicating sexual needs with intimate partners.

Themes identified represent a holistic view of accounts across this varied sample, capturing ideas that were present in most interviews regardless of sexual orientation or level of autism identification (that is, both formally evaluated and self-diagnosed). Within these themes, two patterns were identified as unique to asexual participants. First, several asexual participants shared a fear of neglecting a partner's sexual needs, which complicated their drive to seek romantic partners in addition to challenges noted by others participants. Second, some asexual participants described feeling illegitimized in their sexual identity, sharing that others often believed their asexual orientation was part of their autism rather than as a distinct part of their identity. Other trends within subgroups such as those with non-cis gender identity or those who are questioning versus those with an identified sexual orientation were not explored in this study and should be explored in future research.

Implications for Practice & Education

Findings from this study provide a deeper understanding of the lived experience of this “double minority” population that can inform clinical practice and education. Implications for mental health, sexual health, and sexual education and counseling are described in the following sections.

Mental health

Participant quotes related to mental health are consistent with previous studies indicating presence of anxiety and depression (Hollocks et al., 2019; Ross et al., 2018). Though no participants mentioned thoughts of suicide, participants described complicated journeys to recognizing their own sexual identities and challenges finding self-acceptance. They described feeling “shame,” “depression,” “anxiety,” and even “possible threat to others” when sharing how they processed their feelings related to their sexual identities. Clinicians working with autistics

across settings must thoroughly assess mental health, particularly as it relates to sexual experiences and identity, and screening for depression, anxiety, and suicide risk is warranted.

In addition, participants shared challenges with the physical aspects of sexual relationships as well as the psychological and social components of intimacy and identity-formation. For many, these factors were inseparable as they described facing confusion, self-questioning, self-consciousness, and anxiety that inhibited physical performance, which only further confused their ability to assert their sexual identity. Clinicians should be mindful to discuss the impact of mental health on sexual expression in this population. Treatment of anxiety and/or depression may be indicated, and sex counseling may be warranted for autistics who wish to engage in sexual relationships but struggle with feeling self-conscious or anxious during sex.

Potential for sexual abuse

Findings also highlight the potential for abuse of sexual minorities on the autism spectrum. Many participants described difficulty reading social and sexual cues, questioning whether relationships were genuine, and difficulty communicating wishes related to sex, all factors that threaten their ability to detect sexual predatory behavior and rebuff unwanted sexual advances. Previous studies indicate that autistics are more likely than neurotypicals to be sexually victimized (Brown et al., 2017; Brown-Lavoie et al., 2014; Weiss & Fardella, 2018), and the themes identified in this study may contribute to this increased risk. Both physical and behavioral health professionals should be mindful of this increased risk and incorporate sexual abuse screening into care.

Sexual education & counseling

Given the potential for misinformation and abuse, clinicians should also be mindful to provide explicit education on safe sex practices for same-sex intercourse when working with autistics, such as use of condoms to limit transmission of sexually transmitted infections even when there are no concerns about potential pregnancy. Results are consistent with previous studies indicating that autistics may benefit from additional sex education beyond that typically provided to neurotypicals, particularly related to courtship behaviors and interpreting sexual cues and language (Hannah & Stagg, 2016; Solomon et al., 2019). Autistic sexual minorities in this study identified unique needs for education on communication when coming out to friends and family, disclosing sexual orientation to potential partners, and responding to instances of homophobia and discrimination related to their sexual identities. Several shared concerns that others might physically hurt them if they disclosed their sexual and/or autistic identities, and education on resources for support for these individuals as they navigate the double coming-out process is paramount. Future studies should explore educational interventions tailored to the needs of autistic sexual minorities.

Counselors should provide practical communication techniques on how and when to share sexual needs in relationships. Individuals who are on the asexual spectrum may need specific guidance about setting boundaries, creating realistic expectations with partners, and ways to engage in intimacy outside of sexual intercourse. Autistics could also benefit from counseling on ways to explore their own sexuality and sensuality independently to assist them in identifying their sexual needs so they can more clearly communicate these to intimate partners.

Many participants also described challenges with sensory overload and hygiene that limited their satisfaction in sexual relationships, and in some cases, affected their ability and/or willingness to engage in emotional intimacy and companionship. Sexual counselors may help

strategize ways to limit sensory disruption during sex. For example, based on the concerns that participants shared, autistics may benefit from engaging in sexual intercourse in a familiar environment where background textures, smells, and sounds would likely be most comfortable. Individuals might also be counseled in ways to clearly communicate hygiene preferences with intimate partners, such as asking a partner to brush teeth prior to sex or to avoid wearing perfumes. They may even wish to incorporate a hygiene ritual into sexual foreplay, such as co-showering prior to intercourse. Counselors should work with these individuals to identify specific areas of concern.

Furthermore, for autistics who might supplement formal sex education by observing social behaviors of others, participants indicated that sexual awareness may be complicated by a limited representation of LGBTQ+ dating norms among peers, media, and popular culture role models. These individuals may benefit from connecting with others who identify as autistic sexual minorities through social media, such as LGBTQ+/autism groups on Facebook.com, or through networks of information and support such as Twainbow.org. Connecting with others with a shared “double minority” experience may allow individuals to feel a sense of belonging as well as a safe space to gather information about LGBTQ+ courtship and sex practices.

Validation of sexual identity

Finally, individuals working with autistics across settings must be intentional about language used to discuss sexual orientation with autistics and avoid verbal and nonverbal messages that illegitimize the individual’s sexual identity. Several participants described feeling invalidated by others who attributed their sexual orientation to their autism rather than recognizing the legitimacy of their distinct sexual identity, particularly among those who identified as asexual. This is consistent with previous qualitative studies on gender identity in

autistics (Hillier et al., 2019; Strang et al., 2018) Those working with autistics should be careful to avoid language that implies a cause and effect relationship between autism diagnosis and sexual orientation, which may only further marginalize and disempower individuals as they attempt to assert their sexual identity.

Limitations

Participants were interviewed online, which limited the researchers' ability to read non-verbal communication such as body language and silence. In addition, this sample did not capture individuals who may be unable to access a computer due to cognitive, physical, financial, or other constraints. Reliance on online communities for recruitment may have excluded individuals who were not involved in online autism networks, who may be more likely to live on the periphery of the autism community and less likely to have a sense of belonging and support from others to whom they can relate. This sample also included international participants. It is likely that cultural acceptance (or lack thereof) of both sexual orientation and autism status may have influenced individual experiences. This factor was not directly explored in this study. This sample also included individuals who were formally evaluated and diagnosed with Autism Spectrum Disorder as well as individuals who were informally diagnosed and self-diagnosed. Findings should be viewed in light of the fact that an autism diagnosis was not confirmed beyond self-identification. In line with the philosophical underpinnings of phenomenology, truth was viewed through the lens of those living the experience.

Conclusion

The themes that emerged from this study contribute to understanding the experiences of autistics who identify as sexual minorities. Clinicians working with autistics across settings must be aware that identifying as a sexual minority is common in autism, potentially increasing the

vulnerability of individuals who identify as “double minority.” These individuals would likely benefit from support towards recognizing and asserting their sexual identities to move towards self-acceptance, as well as practical supports to limit sensory and social stressors that interfere with sexual relationships. Autistic sexual minorities commonly struggle with identifying and communicating their sexual needs with intimate partners, and assistance with these skills may enhance their ability to find mutually satisfying relationships.

Table 1. Sample characteristics (N = 67)

	n	%
Sexual Orientation (n = 64; 3 missing)		
Gay/Lesbian	15	23.4
Bisexual	10	15.6
Asexual	19	29.7
Pansexual	11	17.2
Demisexual	3	4.7
Omnisexual	1	1.6
Queer	3	4.7
No label	2	3.1
Gender (n = 64; 3 missing)		
Male	22	34.4
Female	28	43.8
Agender	4	6.2
Gender Fluid, Gender Queer, or Non-Binary	9	14.1
Transgender	1	1.5
Sex Assigned at Birth (n = 64; 3 missing)		

Male	28	43.8
Female	36	56.2
Diagnosis with Autism Spectrum Disorder (n = 64; 3 missing)		
Formally evaluated & diagnosed with ASD	42	65.6
Informally identified as autistic by a health professional	17	26.6
Self-diagnosed	5	7.8
Relationship Status (n = 63; 4 missing)		
Single	38	60.3
In a relationship	15	23.8
Married	8	12.7
Divorced	2	3.2
Highest Level of Education (n = 63; 4 missing)		
Some high school	2	3.2
High school graduate	8	12.7
Trade/technical/vocational training	2	3.2
Some college	19	30.2
College graduate	21	33.3
Some postgraduate work	7	11.1

Postgraduate degree	4	6.3
Employment Status (n = 64; 3 missing)		
Employed, full time	19	29.7
Employed, part time	8	12.5
Unemployed	13	20.3
Student	18	28.1
Unable to work/disabled	6	9.4
Ethnicity (n = 64; 3 missing)		
White, non-Hispanic	55	85.9
Hispanic or Latino	1	1.6
Black or African American	2	3.1
Native American or American Indian	1	1.6
Asian/Pacific Islander	1	1.6
Multi-Racial	4	6.2

Table 2. Interview Questions

Initial Interview Questions
<ol style="list-style-type: none">1. What has been your experience as an individual with ASD and identifying with a sexual minority identity? Please share any thoughts, feelings, and specific experiences in as much detail as possible.2. Please describe any challenges and/or aspects of pride.3. How would you describe your sexual orientation?4. Please describe your comfort level with your self-identity. How has this changed over time?
Examples of Individualized Follow-up Questions
<ol style="list-style-type: none">1. In your previous response, you said that you are “less willing to seek companionship out of fear of hurting other people by neither satisfying their emotional nor physical needs.” Can you tell us more about this?2. In your previous response, you said that you “don’t have any sexual drive to form a romantic relationship.” To clarify, do you desire a romantic relationship that does not involve a sexual relationship? For example, would you be interested in having an asexual romantic relationship with a partner?

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