
“Labels Do Not Describe Me”: Gender Identity and Sexual Orientation Among Women with Asperger’s and Autism

by Eva Mendes, MA, LMHC and Hillary Hurst Bush, PhD

My autistic friends and I are all at least one of the following: non-binary, trans, gay, polyamorous, polysexual/bisexual, asexual, agender. Such things are far more common among my autistic friends.

—Autistic and Agender, age 26

Intended Audience: This article is intended to address an audience of individuals with ASD, the family members and friends, and those who work with them, including health and mental health professionals.

A large number of women with Asperger Syndrome or Autism Spectrum Disorder (ASD) are currently undiagnosed or misdiagnosed. In the United States, for every four males diagnosed with ASD, only one female is diagnosed (Centers for Disease Control and Prevention, 2012). While there is likely to be a true sex difference in the prevalence of ASD, females are also more likely to be underdiagnosed with ASD. This may reflect, in part, a lack of awareness among health professionals and the general public about what ASD in women looks like. In addition to women being underdiagnosed or misdiagnosed with ASD, little scientific research currently exists on how they experience their sexualities. This is an unfortunate oversight, seeing that sexuality is common to all human lives (World Health Organization, 2002). The goal of this article is to shed light specifically on the gender identities and sexual orientations of women with ASD, drawing from our clinical and research experiences with autistic women.

The famous quote, “If you’ve met one person with ASD, you’ve met one person with ASD,” frequently attributed to autistic self-advocate, professor, and author Dr. Stephen Shore, captures how differently ASD may present from person to person. In addition, women with ASD often present differently from men

with ASD. Women with ASD may not have the overt and obvious behaviors of men with ASD, such as being fixated on a special interest, like train schedules; “monologuing” in conversations; avoiding social situations; or adhering to strict, rigid routines. Instead, a woman with ASD may have a special interest in a topic such as fiction, astrology, anime, fashion, poetry, engineering, or astrophysics, which may not be perceived by others as being unusual or out of the ordinary. While she may have trouble with deep, emotional conversations, she may be able to make ‘small talk’ at work or a party.

From an early age, she may have learned how to mimic others and alter her behavior in order to mask her socio-emotional challenges. She might have one or two acquaintances or friends, and sometimes, her closest friendships might be with men or people from non-mainstream culture due to the fact that they might be less likely to notice her social-communication differences. Further, she may also prefer structure in her life, and may have temper flare-ups when routines are disrupted or when transitioning through new situations. She may feel extreme sensitivity to certain smells or sounds, or taste or touch, but may not know to attribute this to having ASD. Noticing or dealing with one or two of these traits may not seem

like a problem at first; however, as the stresses of life increase, and their ability to cope decrease, many women with ASD go on the Internet and deduct that they might have ASD. In addition, women with ASD might visit doctors or psychotherapists to get help with symptoms of anxiety or depression, but they may not be aware that their symptoms are consistent with ASD too. Clinicians might diagnose anxiety, depression, attention problems, or other conditions, but fail to identify women correctly as having ASD.

In the last few years, the unique experiences of autistic women have been receiving more attention. This is largely due to the books, blogs, articles, and interviews with autistic self-advocates including Liane Holliday Willey, Temple Grandin, Rudy Simone, and Cynthia Kim. As a result, more and more adult women are discovering that their experiences are consistent with ASD. While some of them choose to undergo an evaluation by a mental health professional and receive a formal diagnosis, others choose not to pursue a formal diagnosis and instead self-identify as autistic. Since women with ASD have been underrepresented in the autistic world, little is known about their day-to-day experiences, let alone their experiences around less-explored topics such as gender and sexuality. Our goal, in this article, is to address that gap through our clinical and research experiences with autistic women in the community.

Sources of Clinical Case Studies and Research Findings

The clinical case examples and research findings presented here are drawn from two sources:

First, the clinical case studies are drawn from Ms. Mendes' work with hundreds of women with ASD (14-74 years old) for diagnosis, individual and couples' counseling, and in support groups. Many of these individuals identify as gender non-conforming, non-binary, or transgender. Many have sexual minority identities, including lesbian, bisexual, or asexual (see Tables 1 and 2 on pages 3 and 6 respectively).

Second, the research findings reported here are drawn from Dr. Bush's recent survey-based study of multiple aspects of sexuality and well-being among young (18-30 years old) autistic and non-autistic women, including transfeminine women and individuals with more fluid gender identities. In total, 248 autistic individuals and 179 non-spectrum individuals

participated, for a total sample size of 427. The sample was culturally diverse, with over 20 countries represented. Great diversity was observed in the way the participants described their gender identities and sexual orientations. For the purposes of this paper, we will refer to this study as the [Autistic] Women's Sexuality Study.

Gender Identity

In the [Autistic] Women's Sexuality Study, participants were recruited online to complete a survey of "women and others with autism." In other words, in order to be eligible, participants had to identify as either female or as gender non-conforming. They were asked to describe their gender identity in an open-ended format (as opposed to being forced to pick "male," "female," or "other," a forced-choice or "checkbox" approach). Among the 248 individuals in the autistic sample, 50% reported not identifying as a woman and instead having a non-binary gender identity, as compared to only 21% of participants without ASD. As you can see in Table 1 (page 3), the autistic participants in our sample described themselves as having a wide range of gender identities.

What Do People with ASD Say About Gender Identity?

In the study, individuals were asked: If you identify as being on the autism spectrum, how if at all has being on the spectrum influenced your sexuality and/or gender identity? Some participants discussed their gender identity when responding to this question. Below are selected quotes that speak to this experience:

"My autistic friends and I are all at least one of the following: non-binary, trans, homosexual, polyamorous, polysexual/bisexual, asexual, agender. Such things are far more common among my autistic friends."

— Agender, 29, European American

"I've always kind of been the 'weird kid' and have never really conformed to gender, so I don't think I grew up with anyone that I cared about really expecting me to be straight or genderconforming. If you're different from the start, it doesn't really surprise anyone all that much when you keep being different. Having progressive and supportive parents probably helped with this, though, so this experience might not apply to everyone."

— Genderfluid, 27, Asian American

Table 1

<p>What is gender identity? Gender identity is one’s internal, deeply held sense of one’s gender. In our society, people are primed to have a gender identity either as a woman (if they are biologically female) or as male (if they are biologically male). For some individuals, their gender identity may not align with their biological sex. Also, some people notice changes in their gender identity over time. Regardless of their biological sex, people may identify as masculine, feminine, both, neither, or as other gender identities.</p>	
<p>Agender (17% of ASD sample)</p>	<p>Having no gender; not identifying as masculine, feminine, or another gender.</p>
<p>Bigender (1% of ASD sample)</p>	<p>Having two gender identities, which may be masculine, feminine, and/or other genders. The extent to which someone identifies as their two genders may or may not change over time, and it may or may not be influenced by context or environment.</p>
<p>Cisgender (50% of ASD sample)</p>	<p>“Cis” is a Latin prefix meaning “on the same side as,” and is used to describe people whose gender identity is aligned with their sex assigned at birth (e.g., a female who identifies as a woman, a male who identifies as a man). Among people without ASD, a cisgender identity (e.g., female, male) is most common.</p>
<p>Demigirl (7% of ASD sample)</p>	<p>Identifying partially, but not completely as a woman, girl, or feminine. People who identify as demigirl may or may not have other gender identities too.</p>
<p>Genderfluid (4% of ASD sample)</p>	<p>Moving across genders or having a fluctuating gender identity. Changes may occur quickly or slowly, and these may or may not be influenced by context or environment.</p>
<p>Gender non-conforming/ Genderqueer/ Non-binary (15% of ASD sample)</p>	<p>Not identifying exclusively as masculine or feminine, or as a cisgender man or woman, and not ascribing to the traditional gender roles and societal expectations of the gender associated with one’s sex assigned at birth. These terms are often used interchangeably, although some people may prefer one over the other. Individuals with these identities may have either fixed or more fluid gender identities.</p>
<p>Pangender (1% of ASD sample)</p>	<p>Experiencing all genders; not identifying exclusively as masculine and/or feminine. Some pangender people experience genders that they cannot describe, or that society does not recognize.</p>
<p>Transgender (3% of ASD sample)</p>	<p>Having a gender identity that does not match the sex one was assigned at birth (i.e., a male with a feminine gender identity, a female with a masculine gender identity).</p>

Note: The definitions presented in this table are adapted from those provided by Nonbinary.org, the GLAAD Media Reference Guide, and recent scientific research on sexual orientation.

“I’m sure that being autistic did affect my sexuality in ways I’m unaware of, but I can’t quantify them because I never really knew, I just accepted that I was vastly different than a lot of my peers and moved on with life. I have noticed that I am a lot more likely to completely discount gender identity as important than most of my peers, which is part of the reason I identify as genderqueer and pansexual (because as far as I’m concerned everyone else is sort of genderqueer too; the gender doesn’t matter to me).”
— Genderqueer, 29, European American

“I don’t see gender as a relevant thing because it is a construct that makes little sense to me. I have no preference in partners because their gender is not something that is important to me when it comes to attraction.”
— Genderqueer, 27, European American

The quotes above, from study participants, are consistent with the experiences of many gender non-conforming or non-binary women Ms. Mendes has encountered in her counseling work. Below, Ms. Mendes presents illustrative composites of some these individuals. While certainly many women with ASD identify as a woman (i.e., have a cisgender identity), our goal is to shed light on the experiences of the many non-cisgender women with ASD, which are reflected in the vignettes below.

All vignettes presented here are fictitious narratives of gender non-conforming individuals, intended to further illustrate the gender identity and sexual orientation experiences of some women with ASD. They are not based on any specific individuals or clients.

Anik’s Story

Anik, 22, who is White and European American, began counseling at the behest of their parents due to their questions about ASD and gender identity. Anik currently uses and prefers to be referred to by the pronouns “they/them/theirs”. They dress in business casual attire—oversized silk blouses neatly tucked into their tailored trousers, and keep their messy, curly hair in a ponytail. They have a bachelor’s degree in history and are currently unemployed and looking for a job. Anik was designated female at birth and was given a girl name. For the last two years, they had begun to suspect that they were agender and had been using the name Anik.

Anik first received a diagnosis of anxiety disorder and ADHD at 12 years old, when they first began to worry about their parents getting a divorce. In spite of the fact that their parents remained married, at 15 years old, Anik was diagnosed with depression and anorexia and was briefly hospitalized. More recently, Anik came across a blog about women with autism and began to wonder about being autistic. Their parents thought that it would be useful for Anik to come see an ASD specialist to find out more about ASD.

In counseling, being diagnosed with ASD was a huge relief to both Anik and their parents. Finally, Anik was able to understand why they struggled with social anxiety, had emotional meltdowns, expressive language challenges, trouble initiating communication and was frequently overwhelmed by smells, only wore cotton clothes, was obsessed with WWII Japanese history, anime, and entomology. Their parents were also able to learn why Anik seemed younger than their peers, didn’t yet drive a car, and generally avoided a lot of social contact with family members and the world at large.

After several sessions focused on ASD and self-awareness of ASD traits and experiences, Anik began to discuss their gender in counseling, saying, “I’ve been wondering about being agender for two years now. The word comes and goes from my mind, but lately I have been feeling more of an urgency to solve this for myself. I first heard the term two years ago after I saw a friend post something on their Facebook page about being agender. I really feel like this makes sense to describe who I am because I don’t intrinsically feel like I’m male or female. I don’t really identify with either. I’ve also been experimenting with binding my breasts for the past few months. I wish they were detachable! Maybe someday, I’ll think about what I want to do about them.”

Simone’s Story

Simone, White and European American, entered individual therapy at age 29 in order to process a recent divorce. “In high school, my social anxiety and depression got so bad that I had a breakdown. But more recently, I’ve begun to believe that I’m autistic.” In addition to therapy, Simone also wanted me to diagnose her and provide her with a letter for work accommodations.

In the session where we discussed her ASD diagnosis,

Simone revealed, “Finally, everything about me makes sense. My chronic depression...ever since I can remember. The earliest age I was aware of my depression was age 5 and at 11 years old, I remember feeling suicidal because of a bullying incident at school. And my anger issues... My anger can often escalate in seconds. I also have really bad sensory sensitivities to light and sound.”

Elaborating on some of her ASD traits, Simone reflected, “I’ve also never had many friends. In college, I had just one or two people I would speak to, but I wouldn’t even call them friends. We took the same classes together and sometimes studied together. Somehow, I have never felt the need for friends.”

Simone worked at a sporting goods store. She kept her purple hair in a half-shaved hairstyle, and dresses exclusively in jeans and plaid shirts, “but sometimes I like to wear makeup and doll up in a dress!”

During our diagnosis and therapy sessions, Simone spoke about her gender identity. “I began identifying as genderfluid in my late teens. I’m 29 years old now. I use the pronouns she/her about 75% of the time, but sometimes depending on how I’m feeling, I can go by they/their as well. I didn’t always have words for what I was. I just never felt girly I guess. And was never into the things that other girls were. I was always a tomboy hanging out with the boys in my neighborhood. Then, I got into sports as well and that was great! However, I didn’t always enjoy the social aspects of it. I would run home after my soccer team won a game. I just couldn’t handle the socialization after the games. I would get so overwhelmed with the social input from people and especially the noise...so much talking! I would get a migraine from it sometimes.”

Simone was recently divorced from a cisgender man. “My husband was very much into gender equality and such, so actually didn’t mind my gender ambiguity. He might be autistic too, but his lack of emotional reciprocity just got too much for me to handle. Contrary to what people think, we do have emotions!”

Cassiopeia’s Story

Cassiopeia, a 24 year old African American, lesbian, who works as a therapeutic mentor, entered counseling because they wanted to discuss being gender

non-binary. In our first session, Cassiopeia started by saying, “So, I’m gay and have been recently being thinking that I’m non-binary. It’s taken me a while to come to this conclusion. You would think that I would have clued in at some point. I’m autistic myself and have been working for about a year now for a program for autistic teens, many of whom have fluid gender identities. Listening to a lot of the teenagers, I realized that I too wake up feeling gender neutral. Then somewhere during the day, I end up feeling either male or female. Or both.”

I asked Cassiopeia what her preferred gender pronouns were, as this had not come up during our initial emails used to set up the counseling appointment. Cassiopeia responded, “You’re the first person who’s ever asked me about my preferred pronouns. I think I like they/them/theirs, but no one has ever addressed me that way.”

Cassiopeia reports that they have always felt uncomfortable in their body. “As an autistic person, I’ve never really felt like I belonged in my skin. I have sensory issues and have always have trouble coping with the physiological reactions of stress. I took up yoga 5 years ago as a way to feel more sensorily integrated.”

Describing how they felt about the clothes they wore and their external appearance, Cassiopeia says, “I’ve never felt the need to dress masculine or anything, but on the inside, I often feel male. In a day, I could fluctuate between feeling male, female or both. I haven’t felt the need to address that on the outside, but now I’m wondering if that’s more due to socialization than my true desire. I think I’m going to experiment with my clothes and see how I feel.”

Cassiopeia’s experience shows how family and cultural beliefs around gender can affect gender identity exploration for young adults on the spectrum. “I was raised in a really religious Christian home, so coming out as gay was a big deal, so I probably pushed back my gender-identity exploration. Although, I have to admit that I wasn’t as self-aware when I was younger as much as I am now.”

Sexual Orientation

In the [Autistic] Women’s Sexuality Study, participants also were asked to describe their sexual orientation in an open-ended (i.e., non-checkbox) manner.

Table 2

<p>What is sexual orientation? An aspect of identity that captures the gender(s) of the individuals one feels sexually attracted to and/or engages in sexual activity with, in relation to one’s own gender identity. Some people experience little or no variation in their sexual orientation or in the individuals they are attracted to, while others notice changes in their sexual orientation over time. Sexual orientation is related to, but ultimately different from gender identity.</p>	
<p>Asexual/ Gray asexual (25% of ASD sample)</p>	<p>Not experiencing sexual attraction or desire toward others. “Aromantic” is often used to describe people who do not experience romantic and/or emotional attraction toward other people; people can be both asexual and aromantic, or they can be asexual but not aromantic, or aromantic but not asexual. People who identify as asexual may differ in their desire for solo sexual activity. People who identify as “gray asexual” experience may experience physical, romantic, and/or emotional attraction toward others, but in fewer contexts, with fewer people, and/or with less intensity relative to other people.</p>
<p>Bisexual (14% of ASD sample)</p>	<p>Experiencing sexual attraction toward individuals of two genders (usually men and women, but may include other genders).</p>
<p>Gay (8% of ASD sample)</p>	<p>Experiencing sexual attraction primarily toward individuals of one’s own sex and/or gender (e.g., a woman who feels attraction toward other women). Some gay women prefer the term “lesbian,” and others do not.</p>
<p>Heterosexual (16% of ASD sample)</p>	<p>Experiencing sexual attraction primarily toward individuals of the “opposite” sex (i.e., men who are attracted to women, and women who are attracted to men). Among people without ASD, this is the most common sexual orientation.</p>
<p>Pansexual (12% of ASD sample)</p>	<p>Experiencing sexual attraction toward individuals of any sex or gender, or of no gender; not limited in sexual attraction or choice toward any sex or gender.</p>
<p>Queer (10% of ASD sample)</p>	<p>While queer is traditionally a pejorative (i.e., put-down) term, queer has been appropriated/reclaimed by some gender and sexual minorities to describe themselves and their experiences. For some, the word “queer” has political connotations. Not everyone who identifies as a sexual minority also identifies as queer.</p>

Note: The definitions presented in this table are adapted from those provided by Nonbinary.org, the GLAAD Media Reference Guide, and recent scientific research on sexual orientation.

Sexual orientation is widely understood to be an individual's enduring physical, romantic and/or emotional attraction to another person. In sexual orientation research theory, sexual orientation is comprised of one's attraction toward others, one's behavior with others, and one's own self-identity. While the majority of people in our society identify as heterosexual (i.e., women who are sexually oriented toward men, and men who are sexually oriented toward women), there are a number of individuals who do not identify as heterosexual and instead have a sexual minority identity (e.g., gay, lesbian, bigender, asexual, pansexual).

There is a growing amount of research showing that autistic adults are significantly more likely than non-spectrum adults to identify as a sexual minority (e.g., Byers, Nichols, & Voyer, 2013; Gilmour, Schalomon, & Smith, 2012). This pattern was also found in the [Autistic] Women's Sexuality Study. Among the 248 autistic participants, 84% had a non-heterosexual sexual orientation. This percentage was significantly greater than the 60% of non-spectrum participants who reported a sexual minority identity (although this percentage was significantly greater than the rates reported in previous, much larger population studies). Below is a breakdown of the sexual orientations reported by the autistic participants, along with a table of brief explanations of the different identities.

What Do People with ASD Say About Gender Identity?

In their responses to the open-ended item about how being on the autism spectrum has influenced their sexuality, some participants in the [Autistic] Women's Sexuality Study discussed what it was like to navigate both being autistic and having a sexuality minority identity. Below are selected quotes that illuminate this lived experience:

"I feel like being on the spectrum has made me a lot more willing to question my sexuality and be outside the box concerning it. Sometimes I think about the concept of heteronormativity, and I'm just like, 'Wow, I have no investment in this concept...'"
— Demifemale identity, 21, European American

"I don't stick to social norms and boundaries of sexuality. I identify as me and understand that everyone is unique. Autism allows me to identify negative views people have on such matters and question them."

— Genderqueer, 24, Asian

"Before meeting my significant other, I considered myself asexual and aromantic, and I think part of that was because how emotionally withdrawn I had always been from everyone. Even in the first few months of dating, it took me a while to become acclimated to being touched, and even now I'm only comfortable with being touched by my significant other, and everyone else asks before hugging me or touching me in any way."

— Cisgender woman, 21, European American

"Because of my ASD, I have a much harder time getting dates, which leaves me feeling frustrated. The Queer community often has trouble accepting anyone who is less than 'perfect', by which I mean white, 'straight acting', monosexual, cis, wealthy, thin, and as a Latina on the autism spectrum who is polysexual, trans, poor and fat, I have trouble fitting in."

— Demigirl identity, 21, Latina

"I'm somewhat less experienced than others of my age in the queer community where I live. Although I live in a city dense with lesbians, and I'm acquainted with many of them, I'm generally way too shy to even consider approaching any of them with sexual intentions. I feel especially awkward at queer dance clubs, a major focus of hangouts for lesbians in my city, because I don't dance due mainly to social anxiety and partly to apathy, and I don't know how to explain this to people who want me to dance..."

— Genderneutral identity, 29, European American

Here, we again provide anecdotes of fictionalized cases drawn from Ms. Mendes' work, which illustrate a range of experiences of women with ASD around sexual orientation:

Larisa's Story

Larisa, 30, is a Mexican American woman who entered therapy along with her transmasculine partner for couples counseling. "We're here to help me manage my anger issues and meltdowns which have become more and more frequent lately. This has been really damaging our relationship."

Speaking about her family of origin, and why she had not previously sought any counseling, Larisa described, "I was born and raised in Mexico in a really quirky family of intellectuals. My parents were med-

ical doctors and so I always had a very out of the box upbringing. In the quirky family, I wasn't considered odd at all. I invented my own language when I was 5 years old for example and no one told me that was weird or unusual. Also, I only wore black in my teen years, kind of like goth! Even though growing up in Mexico made it hard for me to socially isolate myself, I didn't have any friends outside the family in the true sense of the word."

Describing her childhood and school years in the context of her autistic behaviors, Larisa explained, "My teachers and classmates probably thought I was strange not only because of the way I dressed, but how I acted in school. I challenged authority a lot, but my parents were prominent in the community and things were somehow smoothed over for me. In hindsight, I do wish I were less protected. I might have learned more social skills that way. But, I also have to say that I was too accomplished to be diagnosed with a disability. I was a filmmaker and published poet by the time I was 10! I might have also not thought of myself as strange or different because I was always in my own little world."

"My family are creative and inventive people. One of my aunts was even openly gay and lived with her partner. Sexually, I first knew myself as bisexual, I didn't pick my partners based on gender, if I was attracted to them, I was attracted to them, male or female. But then, I met my current partner, who is transmasculine, and I became aware of the term pansexual. I'm definitely pansexual. I consider myself a cisgender woman, as I have a strong, internal sense of being female."

Anik's Story (Continued)

As Anik continued counseling, they began wondering if they were gay. "Last year, I had sort of a crush on a girl I met at Comic Con. We were kind of dating for a few weeks, but I wasn't sexual with her and didn't want to be. I'm still a little confused about that episode."

The more we discussed things in counseling, Anik began to identify more and more as asexual. "The word asexual has been deeply resonating with me. It's all I can think about lately. Maybe I'm not gay, I'm just not sexual at all! I don't really have sexual feelings towards anyone else, regardless of their gender. I've been reading forums by asexual people and am

beginning to realize that I'm not alone. What I am still figuring out is whether I have a romantic orientation – I'm not sure if I would want to be in a romantic relationship, and if so, the type of person I would want to be with."

After a several months of counseling, Anik decided that they wanted to share their agender and asexual identities with their parents. Anik had already "come out" to their friends, as they had been part of their journey of self-discovery. "My parents don't know exactly what to make of it, I guess. They have been open and willing to learn. They don't understand me completely, but then again, I still don't fully understand myself." Anik and I further discussed how one's gender identity can be an evolving process and it's okay to be where they were as long as they were being authentic and happy.

Over the next year, Anik came out to more and more people and also began the process of officially changing their name. "I had never identified with my given name and often made up goofy nicknames for myself as a child. I've been experimenting with a couple of names, but Anik just seems right and it keeps sticking. I don't know, I think I'm slowly beginning to feel okay with who I am and where I am right now."

Conclusions

Some autistic women identify as cisgender, or female: they are designated female at birth and grow up to have a feminine gender identity that is consistent with their sex. However, this is not the case for many individuals with ASD—including about half of the participants in the [Autistic] Women's Sexuality Study. Autistic individuals who are designated female at birth but have a gender non-conforming identity may be relieved to know that their experience is common. It may be the case that aspects of their neurology, while currently unidentified, may account for differences in their gender identity. Self-knowledge can be empowering to live authentically and to pursue meaningful relationships.

A theme that emerged from participants in the [Autistic] Women's Sexuality Study was the being less tuned into social communication subtleties – a feature associated with ASD – may protect someone from being oppressed or held back by social norms around gender. For some individuals, these norms can feel very restrictive. As a result of feeling less

bound by social norms, people with ASD may feel freer to explore their gender identity and to identify as neither male nor female, but as something different or somewhere in between.

The results of the [Autistic] Women's Sexuality Study clearly demonstrate the great diversity in gender identity and sexual orientation among young autistic women. The findings of this study are consistent with the few other studies in which autistic adults self-reported on their own sexuality identities and experiences (e.g., Byers et al., 2013, Gilmour et al., 2012). The study suggested that young women with ASD are more likely than those without ASD to identify as a gender minority and/or sexual minority. However, given the focus on 18-30 year olds in the [Autistic] Women's Sexuality Study, future research among older adults would be helpful in determining how generational factors might influence gender identity and sexual orientation. We do not know whether older adults with ASD may be more, less, or equally likely to endorse non-binary gender identities and sexual minority identities as younger people with ASD.

What Does this Mean for Families, Friends, and Professionals Working with Young People with ASD?

Raising the awareness of families, friends, and professionals about the diverse continuum present in gender identities and sexual orientations of people on the spectrum is important so that they can demonstrate sensitivity, understanding, and acceptance. For health professionals, it is important not assume that anyone is either cisgender or heterosexual. People in these roles are encouraged to ask their clients/patients about which pronouns they prefer (e.g., "she," "he," "they"), and respect and use these when talking to and about them. Further, it is important not to make assumptions about other people's identities based on the way they look or seem. For some people, their outward appearance is very much linked with how they identify on the inside (e.g., a female-bodied, female-presenting person who loves wearing feminine clothes and identifies as a woman). However, for some, their outward appearance may be different from their inner identity (e.g., a female-bodied person who identifies as pangender). Some individuals have fluid gender identities and sexual orientations that change over time. These changes may happen very quickly or very slowly, and people may choose to use different terminology to reflect these

changes (e.g., a person who previously identified as heterosexual may now identify as asexual). Since identity may change over time, it is important to re-assess it over time.

Overall, people involved in the lives of individuals with ASD, families and friends and in particular, would do well to educate themselves as much as possible about topics of gender identity and sexual orientation, while understanding that individuals with ASD may experience their gender and sexuality differently from individuals without ASD. It is important to demonstrate empathy, respect, and trust toward others' internal experiences, even if these experiences cannot be observed and may not align with one's own worldview or perspective.

About the Authors

Eva Mendes, LMHC, is an Asperger/autism specialist, psychotherapist, and couples' counselor in private practice in the Boston area where she's clients in person and via video conferencing for those who live out of state or anywhere in the world. She has met and worked with hundreds of individuals, couples, and families with Asperger's/Autism with diverse profiles, circumstances, and backgrounds. She also facilitates workshops, and trainings at various universities, mental health, and medical centers. Her book *Marriage and Lasting Relationships with Asperger's Syndrome* was published in 2015.



Hillary Hurst Bush, PhD, completed her doctorate in clinical psychology at the University of Massachusetts Boston. She completed her internship training in ASD at the Indiana University School of Medicine is currently a Clinical Fellow at Massachusetts General Hospital. Her research focuses on the personhood and different life domains of adolescents, young adults, and adults with ASD.



Footnotes:

¹The authors of this paper see ASD is a neurological difference rather than a disorder; therefore, in this paper, please read ASD to mean Autism Spectrum Difference.

² Among the autistic sample, 36% were self-diagnosed and 64% had a formal diagnosis. Among those with formal diagnoses, 59% had Asperger Syndrome, 30% had Autism Spectrum Disorder, 14% had autism, 8% had PDDPervasive Developmental Disorder – Not Otherwise Specified (PDDNOS), and 4% had other, related diagnoses. (e.g., a non-verbal learning disability); these percentages do not add up to 100% because some participants received more than one diagnosis in their lifetime. The study was advertised to participants via online communities, message boards, colleges and universities, clinics with a focus on autism, and organizations for autistic adults and allies.

³ This study has strengths and limitations, as all studies do. In terms of strengths, this study is unique in its specific focus on the experiences and identities of autistic young women. It is also strengthened by its large sample size (particularly for an adult ASD

sexuality study), its inclusion of a non-spectrum comparison sample, and its open-ended approach to the topics of gender identity and sexual orientation. Its limitations include the fact that the sample was self-selected (not randomly selected) and the possibility that the experiences reported by these participants do not reflect the experiences of all young women on the autism spectrum. Also, the focus on young women's experiences can be considered both a strength and a limitation, as the current study does not allow for comparisons between young men and women with ASD, or between younger and older women with ASD. Replication of the current study, as well as longitudinal research (i.e., research conducted with the same sample over a period of time), is needed to further understand the sexual experiences and identities of autistic individuals. For additional questions about the study or to receive more information, please contact Dr. Bush at umbwomensstudy@gmail.com.

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