

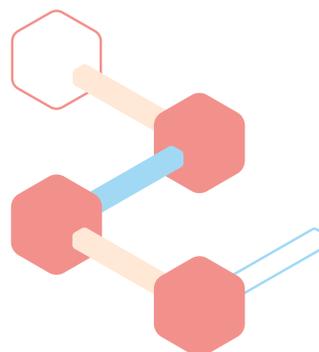
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intersectionality & LGBTQI+ identities fact sheet

OTARC | La Trobe University

People who identify as lesbian, gay, bisexual, trans and gender diverse, intersex, and queer (LGBTQI+) have long experienced **marginalisation, stigma, and discrimination** within society. As a result, they are **more likely to experience social and health disparities**, including poverty, unemployment or underemployment, barriers to housing, discrimination, harassment, abuse, hate crime, and trauma. These experiences contribute to higher rates of **anxiety, depression, and suicidality** compared to the general population. Moreover, autistic LGBTQI+ people have **higher rates of suicidal thoughts and behaviour** than non-autistic LGBTQI+ people, probably reflecting the compound effects of multiple minority status.

Autistic people are **significantly more likely** to identify as LGBTQI+ than non-autistic individuals. Evidence consistently indicates elevated rates of diverse sexual orientations and gender identities among autistic adults compared to the general population. Importantly, autistic LGBTQI+ individuals are known to **experience higher rates of suicidal thoughts and behaviours** than both autistic-only and LGBTQI+ only groups, reflecting the compounding impact of intersecting identities.



Intersectionality & Impact

Stigma and discrimination may also result in estrangement from family, friends, or community due to rejection of a person's sexuality or gender identity. Reduced social support, combined with increased isolation and loneliness, can further elevate mental health risk. LGBTQIA+ people also experience higher rates of some physical health conditions, which may interact with mental health and access to care.

Additional Barriers

Healthcare and Mental Health Support

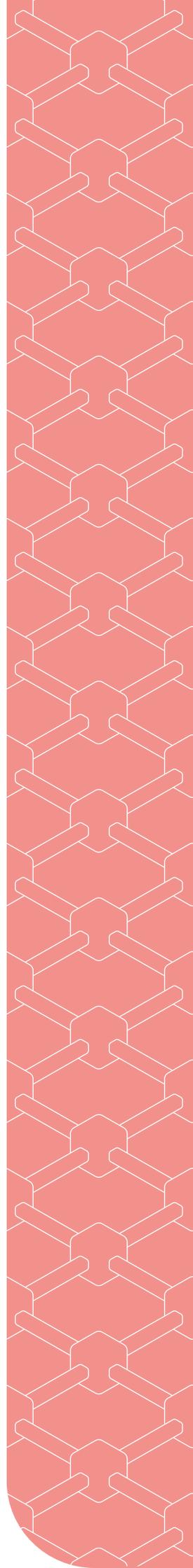
Despite increased vulnerability to mental health difficulties, LGBTQ+ people often face significant barriers to accessing healthcare and mental health services, particularly care that is affirming of gender diversity and sexual identity.

Healthcare systems frequently operate from cisgender and heterosexual norms, prioritising experiences that align with gender assigned at birth and heterosexual identities. As a result, LGBTQ+ people may encounter clinicians who lack understanding of sexual and gender diversity. This often places the burden on the individual to educate healthcare professionals, which can be particularly harmful during periods of distress or crisis.

Unexamined bias within healthcare settings can also result in discrimination, including misgendering, failure to respect pronouns, invalidation of identity, or inappropriate questioning. In some cases, this manifests as "trans broken arm syndrome", where health concerns, including mental health difficulties, are misattributed to a person's gender identity rather than recognised as valid medical or psychological concerns. This may involve unnecessary or invasive questioning about gender or sexuality that is not relevant to diagnosis or care.

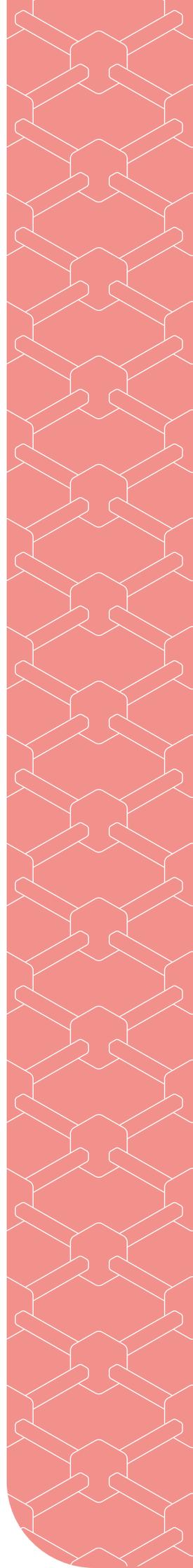
Autism-Specific Intersectional Considerations

Autistic LGBTQ+ individuals often experience additional layers of invalidation within healthcare settings. Some report having their autism dismissed or misattributed to their gender identity, or conversely being told their gender identity is a result of autism. This occurs despite a well-established association between autism and



LGBTQI+ identities.

These intersecting forms of invalidation can contribute to delayed diagnosis, misdiagnosis, or lack of access to appropriate support. Given the elevated suicide risk observed in autistic LGBTQI+ populations, these barriers have particularly serious implications. Repeated dismissal or harm within healthcare settings may lead individuals to disengage from services altogether, even when experiencing significant distress or suicidal thoughts.



Guidance for Healthcare Professionals

Clinical Implications

The combined impact of autism-related barriers, identity-based stigma, and systemic exclusion places autistic LGBTQI+ individuals at heightened risk of mental health difficulties and suicidal behaviour. Clinicians should be aware that mistrust of healthcare systems may be well founded and that engagement may require additional time, care, and flexibility.

Experiences of cumulative trauma related to marginalisation can shape how individuals present in therapy, how safe they feel disclosing information, and how they interpret clinical responses.

Approaches that fail to recognise these intersecting identities may inadvertently reinforce harm or invalidate lived experience.

Recommended Strategies

- Avoid assuming heterosexual or cisgender identities.
- Use a person's chosen name and pronouns consistently.
- Approach identity-related discussions with sensitivity, curiosity, and respect, rather than assumption.
- Validate autistic, gender, and sexual identities without framing them as problems to be explained or resolved.
- Recognise the impact of multiple, intersecting forms of marginalisation and the likelihood of cumulative trauma.
- Adopt a trauma-informed approach that prioritises safety, choice, and control.
- Acknowledge resilience while avoiding expectations that individuals must always be strong or coping.
- View the person holistically, recognising how autism, gender identity, sexuality, and mental health interact.
- Allow trust to develop at the person's pace and avoid pressuring disclosure.

- Be mindful that some therapeutic techniques may be unsuitable, such as body-focused exercises for individuals with gender dysphoria, or breathing exercises that are uncomfortable for those wearing binders.
- Where appropriate, consider alternative or creative therapeutic approaches, particularly in early stages of engagement.
- Be attentive to sensory impacts related to aspects of gender affirmation or transition and explore supportive adjustments collaboratively.

Resources for LGBTQI+ Peoples

- QLife: <https://qlife.org.au/>
- The Suicide Response Project: <https://www.suicideresponseproject.com/>
- Australian Research Centre in Sex, Health and Society (ARCSHS). LGBTQI+ mental health and suicidality: <https://www.latrobe.edu.au/arcschs/work/lgbtiq-health/lgbtqa-mental-health-and-suicidality>
- Polidori, L., Sarli, G., Berardelli, I., Pompili, M., & Baldessarini, R. J. (2024). Risk of suicide attempt with gender diversity and neurodiversity. *Psychiatry Research*, 333, 115632. <https://doi.org/10.1016/j.psychres.2023.115632>

Resources for First Nations and Culturally and Linguistically Diverse Peoples

- 13YARN: <https://www.13yarn.org.au/>
- Department of Health Disability and Ageing. National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-suicide-prevention-strategy?language=en>
- Aspect. Resources for Aboriginal and Torres Strait Islander peoples: <https://www.aspect.org.au/our-services/going-to-school/additional-support/resources-for-aboriginal-and-torres-strait-islander-peoples>
- Autism Awareness Australia. Supporting Culturally and Linguistically Diverse and Indigenous Communities: <https://www.autismawareness.com.au/navigating-autism/supporting-cald-and-indigenous-communities-with-autism>

