

Neurodivergence & Queerness

A gentle guide to identity, masking, and finding your own way

For people of all genders exploring the intersections of neurodivergence and LGBTQ+ identity—whether these experiences are long familiar, newly recognized, or still unfolding.

You are allowed to explore

Some people discover that they are autistic, have ADHD, or identify with another neurodivergent experience around the same time they begin questioning their sexuality or gender. Others have known one part of themselves for years before finding language for another. There is no correct order, timeline, or destination.

Research shows meaningful overlap between autism and sexual and gender diversity. It does not show that being neurodivergent causes someone to be queer, or vice versa. Your identity does not need to be explained away.

What does the research suggest?

- Autistic people, as groups, report greater diversity in sexual orientation and gender identity than many non-autistic comparison groups.
- Transgender and gender-diverse research participants have shown elevated rates of autism diagnoses and autistic traits in large studies.
- Research on ADHD and queer identities is growing, but there is less evidence than for autism.
- Statistics describe groups—not what any one person must feel, want, or become.

Two kinds of masking can overlap

Neurodivergent masking or camouflaging can mean hiding sensory needs, rehearsing conversations, copying social behaviour, or suppressing natural ways of communicating. Queer identity concealment can mean hiding attraction, gender expression, or relationships to protect safety or belonging.

These are different experiences, but they may overlap. Both can involve watching yourself closely, anticipating other people's reactions, or feeling unsure what you prefer when no one is expecting anything of you.

Masking is not a moral failure. Sometimes privacy, adaptation, and selective disclosure are wise forms of self-protection. Unmasking should be a choice, not a demand.

When recognition happens later in life

New language for your experience can bring relief and excitement alongside grief, anger, uncertainty, or fatigue. You may revisit relationships, childhood memories, gender expectations,

friendships, or the roles you have played. You do not need to dismiss your past to make room for who you are now.

Gentle questions for reflection

Choose one question, skip any that do not fit, or return later. There is no need to answer everything.

Where do I feel most at ease, and what helps me feel safe enough to be myself?

Which social rules or expectations have I learned to follow, even when they do not fit?

What parts of my experience feel like genuine preference, and what parts feel like obligation?

What kinds of relationships, communication, touch, or closeness feel good to me?

What would I like to keep private, and what might I want to share—with whom, and when?

Ways to support yourself

- Move at your own pace. You do not owe anyone a label, diagnosis, disclosure, or explanation.
- Notice your body's cues: energy, tension, sensory comfort, pleasure, and the need for rest.
- Experiment with small accommodations, such as quieter environments, direct communication, movement, or extra processing time.
- Seek affirming people and communities where curiosity is welcome and identity is not policed.
- If therapy is helpful, look for someone who understands both neurodiversity and LGBTQ+ experiences and respects your autonomy.

For conversations with a therapist

You might ask: “Can we explore masking without assuming that I need to stop doing it?” “How will you accommodate sensory or communication needs?” “Can we talk about identity without deciding on a label?” “How do you approach neurodivergent and LGBTQ+ affirming care?”

Research notes: What the studies mean

The following annotations explain the research behind this guide. Studies describe patterns across groups; they do not determine any individual’s identity or experience.

Warrier et al. (2020) — Autism and gender diversity. This large study (641,860 participants across five datasets) found that transgender and gender-diverse participants were more likely to report autism diagnoses and autistic traits than cisgender participants. It demonstrates an association, not that one identity causes another. DOI: [10.1038/s41467-020-17794-1](https://doi.org/10.1038/s41467-020-17794-1)

Weir et al. (2021) — Sexual orientation among autistic people. In a survey including 1,183 autistic respondents, sexual orientation patterns differed from those of non-autistic respondents, including more reports of non-heterosexual identities. Survey findings may not represent every autistic community. DOI: [10.1002/aur.2604](https://doi.org/10.1002/aur.2604)

Hull et al. (2017) — Understanding autistic masking. Interviews and qualitative accounts from autistic adults described ways people camouflage differences in social situations, often to fit in or avoid negative reactions. This helps explain masking, but the study did not specifically establish how autistic masking interacts with queer identity concealment. DOI: [10.1007/s10803-017-3166-5](https://doi.org/10.1007/s10803-017-3166-5)

Cook et al. (2021) — Masking and well-being. This systematic review found that greater reported camouflaging was often associated with poorer mental health, while noting important differences in measurement and study quality. Association does not prove masking directly caused distress. DOI: [10.1016/j.cpr.2021.102080](https://doi.org/10.1016/j.cpr.2021.102080)

Goetz and Adams (2024) — ADHD and gender diversity. This systematic review examined research on ADHD among transgender and gender-diverse people. It identified an emerging area of study and a need for more affirming, community-informed research; evidence is less developed than for autism. DOI: [10.1080/19359705.2022.2109119](https://doi.org/10.1080/19359705.2022.2109119)

What is still unknown

Researchers have not established a single explanation for the overlap, or a universal sequence of late identification and unmasking. Experiences also vary across gender, culture, disability, race, and access to assessment. The idea of “intersecting unmasking” is a useful question for exploration—not a proven clinical model.

These annotations are educational summaries rather than individualized clinical guidance.

Further reading and support

Research and theory: Warrier et al. (2020), Nature Communications, <https://doi.org/10.1038/s41467-020-17794-1>; Hull et al. (2017), Journal of Autism and Developmental Disorders, <https://doi.org/10.1007/s10803-017-3166-5>; Meyer (2003), Psychological Bulletin, <https://doi.org/10.1037/0033-2909.129.5.674>.

Accessible resources: Devon Price, Unmasking Autism; Neurodivergent Insights (neurodivergentinsights.com); Egale Canada (egale.ca); PFLAG Canada (pflagcanada.ca); Autism Canada (autismcanada.org). These organizations offer different kinds of information, community, or support; availability and suitability vary.

A final reminder

You can be questioning, certain, changing, private, out, diagnosed, self-identified, or unsure. There is no single right way to be neurodivergent or queer. Your needs, boundaries, relationships, and identity deserve care and respect.

Take what resonates and leave the rest.

Educational resource only; not a diagnostic tool or a substitute for individualized mental health care.