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## **The Theory Of Intersectionality: A New Lens For Understanding The Barriers Faced By Autistic Women**

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### **Abstract**

While disabilities studies scholars have already taken a great step forward in integrating the theory of intersectionality, progress is still required. Many theoretical and empirical disability studies papers operationalize disability in a vague and all-inclusive manner. Although it is important to research disability in a global way, it is just as important to regard the more specific experiences of disability. The study of specific disabilities and the barriers that are faced by those who have them is critical since living with one type of disability can lead to very different experiences as compared with having a different disability (Hirschmann, 2012). In addition to adding Autism to the discussion of intersectionality within disability studies, it is critical to include a disability studies perspective to other fields of research in order to successfully incorporate an intersectional framework.

### **Introduction**

Intersectionality, a theory developed in feminist literature, has been extended to research concerning the experiences of individuals with other identities, including those experiencing disability. This theory proposes that an individual who has several oppressed identities will live completely different experiences than someone who shares only one, or some, of those oppressed identities (Crenshaw, 1989). Autistic women<sup>1</sup> represent an important segment of the population

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<sup>1</sup> Throughout this article, both identity-first (ie. Autistic women) and person-first language (ie. people with disabilities) is used. Identify-first language was chosen in order to reflect the preference of many Autistic self-advocates (ie. Brown, 2011; Sinclair, 2013) who argue that "...when we say "Autistic person", we recognize,

of individuals with disabilities. Despite this fact, little research has been conducted with them in consideration and interventions used to support them are based on that male-centric research (Kirkovski, Enticott, & Fitzgerald 2013; Shefcyk, 2015). It is necessary to consider their unique perceptions and experiences when evaluating current literature regarding Autistic individuals, as well as the practices and policies begotten from this research. It is only through their involvement within research, policy, and community practices that the barriers currently preventing their full inclusion in society will be dismantled.

### **Intersectionality**

The theory of intersectionality was born from a need to gain a deeper understanding of the barriers that Black women confront (Crenshaw, 1989, 1991). Feminist and antiracist theories, while focusing on oppression, did not consider how the intersection of a Black woman's identities could result in the interaction of barriers (Crenshaw, 1989, 1991). Crenshaw (1989, 1991) argued that the oppression that Black women deal with by not being White *and* by not being male results in oppression qualitatively unlike that endured by Black men or White women. She examined how intersectionality could specifically explain the oppression of Black women in unjust court trials, as well as in situations of rape (Crenshaw, 1989) and domestic violence (Crenshaw, 1991).

What makes intersectionality unique is the fact that it considers identities as interacting with one another, rather than simply separate identities from which the most 'oppressed' is most salient (Pearson, 2010). The oppression that one is subject to if one is a Black woman is not a

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affirm, and validate an individual's identity as an Autistic person" (Brown, 2011). When referring to individuals with disabilities in general, person-first language is used, as this is what is recommended when a group's language preference is not known (Dunn & Andrews, 2015). It should be noted, however, that preferences vary between and within individuals and groups.

reaction to her race and gender separately, as would be explained by "...the additive analysis of oppression, which separates race, class, and gender into either/or categories within a stratified hierarchy" (Pearson, 2010, p.342). Rather, it is the interaction of both of these identities that results in a qualitatively unique experience of oppression (Crenshaw, 1989, 1991). This theory is not only useful for furthering our recognition of individuals' experiences based on their intersecting identities, but it can also allow for a better understanding of how to promote the inclusion of those individuals who are oppressed by societal barriers (Crenshaw, 1989). It is for this reason that disability researchers are beginning to utilize the theory of intersectionality in their own line of research, as people with disabilities are one of the most marginalized populations (Ballan, 2008).

Intersectionality takes into account that "identities are ...culturally mediated constructs implicated in relations of power, privilege and oppression" (Liasidou, 2013, p.300). This is directly relevant to the social model of disability, conceptualized by Oliver (1983) in *Social Work with Disabled People* which proposes that disabilities are the result of societal barriers, rather than inherent deficiencies in the 'disabled' person (see also Appleby, 1994; Ballan, 2008; Hirschmann, 2012; Oliver, 1983). Individuals with disabilities face barriers constructed within the able-bodied communities in which they live (Ballan, 2008; Hirschmann, 2012; Oliver, 1983). They could lead 'normal' lives should these barriers (both physical and social) be removed, since it is these barriers that disable them (Hirschmann, 2012). Throughout history, Autism has been seen through a medicalized lens, where individuals with the disorder were viewed as deficient and abnormal (Bumiller, 2008). The neurodiversity movement has since emerged through the work of Autistic self-advocates, promoting the argument that Autism is the result of a difference in neurology which should be accepted as a form of human diversity (Autistic Self Advocacy

Network [ASAN], 2017). On her blog, self-advocate Lydia X. Z. Brown adds that neurodiversity promotes the understanding that, not only should Autism be accepted as part of one's identity, but also celebrated and valued (Brown, n.d.).

Intersectionality is consistent with the social model of disability and the concept of neurodiversity, and can add additional clarity regarding how other social identities interact with a disabled (Björnsdóttir & Traustadóttir, 2010) and Autistic identity. Specifically, it can demonstrate how the interaction between having a disability along with other oppressed identities results in facing multiple barriers due to the unequal structures inherent in society (Liasidou, 2013). While intersectionality discourse has been used to better comprehend the interaction of oppressed identities, including those mediated by ethnicity, gender, social class, and sexual orientation (Appleby, 1994), its inclusion of disability in that discourse is still an emerging notion. Liasidou (2013) states the importance of including disability in an intersectional framework, as it is only by observing its interaction with other identities defined by social class, ethnicity and gender that we can "...challenge deficit-oriented practices and make transparent the ways in which wider social structures and institutions create/perpetuate inequality" (p.303).

Being female and disabled results in a qualitatively different experience than that of males with disabilities. Due to having these two marginalized identities, women with disabilities are at a disadvantage (Gerschick, 2000). The intersection of the non-dominant female gender and disability has been shown to result in numerous negative outcomes, including extremely low employment rates (Naami, Hayashi, & Liese, 2012), domestic violence (Thiara, Hague, & Mullender, 2011), and sexual assault (Davis, 2011) that are recurring themes in literature regarding females with disabilities. Women with developmental disabilities (DDs) in particular,

which includes those with Autism Spectrum Disorder (ASD), are often victims of unspeakable abuse. In a study concerning the rate of sexual abuse among individuals with DDs, 61% of the female sample had definitely or likely been sexually abused in the past (McCarthy & Phil, 1996). Individuals with DDs have higher rates of abuse than neurotypical individuals, and women with DDs are more likely than males with such disabilities to be the victims of this sexual abuse (Szollos & McCabe, 1995). That these individuals are members of both the female sex and the disabled community, not one or the other, results in horrifying experiences of ultimate subjugation and abuse.

Men with disabilities, although impaired by able-bodied societal structures, can still benefit from male privilege (Gerschick, 2000). Globally, men are more likely to be involved in politics and are more likely to participate in economic activity (Dorius & Firebaugh, 2010). In addition, women in the United States are still earning only 76.5% of the wages that males earn (United States Census Bureau, 2012). These and myriad other inequalities exist between males and females, giving men inevitable advantages in society. This has been emphasized by Austin Shinn, a male blogger with Asperger's syndrome, who writes that while he is autistic, "...I'm also a cisgender, heterosexual white man...[and that]...Autism aside, I don't face much prejudice from the greater society" (Shinn, 2016). Shinn (2016) argues for the importance of taking an intersectional perspective, especially within the Autism community, since "...autism is never the only facet of a person".

While disabilities studies scholars have already taken a great step forward in integrating the theory of intersectionality, progress is still required. Many theoretical and empirical disability studies papers operationalize disability in a vague and all-inclusive manner. These studies either identify 'disability' in such a non-specific way that it could include any kind of

impairment (e.g. Ballan, 2013; Liasidou, 2013), or simply discuss disability in terms of physical impairments (e.g. Thiara et al. 2011; Naami et al. 2012) or learning/intellectual disabilities (e.g. Björnsdóttir & Traustadóttir, 2010). Although it is important to research disability in a global way, it is just as important to regard the more specific experiences of disability. The study of specific disabilities and the barriers that are faced by those who have them is critical since living with one type of disability can lead to very different experiences as compared with having a different disability (Hirschmann, 2012). In addition to adding Autism to the discussion of intersectionality within disability studies, it is critical to include a disability studies perspective to other fields of research in order to successfully incorporate an intersectional framework. Understanding that the experience of disability is mediated by societal barriers, as understood through the social model of disability (Oliver, 1983), is paramount for intersectionality, thus necessitating the use of a disability studies lens.

A thorough inquiry, while beyond the scope of this paper, is also critical regarding the experiences of Autistic people of colour. The theory of intersectionality, which was developed in order to understand and combat the combined barriers experienced by women of colour, is equally critical in gaining an understanding of the unique barriers that Autistic people of colour, and certainly Autistic women of colour, face in society. Caroline Narby, an Autistic feminist writer, expresses that, "...race is neglected not only in tracing the history of autism, but in contemporary research and coverage..." and that "[t]he intersection of autism and race is a site of thorough erasure" (2012). The Autism Women's Network (<https://autismwomensnetwork.org/>), along with Lydia X. Z. Brown, sought to address this erasure by developing an anthology of works written by Autistics of colour titled *All the Weight of Our Dreams: On Living Racialized Autism*. Such pioneering work that provides a platform for

the voices of Autistic people of colour is essential and important, and clearly lays a foundation where much more inquiry is needed.

Autistic women have three explicit identities that contribute to their experienced barriers. They are of the female gender, which is still acknowledged as the gender that faces more barriers and subjugation. They are also disabled in a largely able-bodied world, where they "are engaged in an asymmetrical power relationship with their temporarily able-bodied counterparts" (Gerschick, 2000, p.1264) and face various obstacles to being fully included within their communities. Finally, because they are Austistic women, they are a minority in ASD research, practice based on research, as well as the largely male-centric ASD community (Shefcyk, 2015). The barriers that these women face can only be fully understood by looking at the interaction of their three oppressed identities.

### **Autism Spectrum Disorder and Sex Differences**

New prevalence data estimates that about one in 68 children has an ASD, which is an increase of 29% since 2008 (Center for Disease Control and Prevention [CDC], 2014). It is estimated that approximately one in 189 girls have an ASD which, while lower than the one in 42 prevalence for males (CDC, 2014), is still considerably high. The fact that there are such high rates of ASD, and that rates are steadily increasing (Bumiller, 2008), is evidence for the need to develop efficient strategies that can be used to help this large population of individuals thrive within a predominantly neurotypical and ableist society. Furthermore, because females are a minority in the ASD community, it is necessary to ensure that they do not go unnoticed by the research community or support programs (Shefcyk, 2015).



ASD does not appear to have a consistent phenotype across the two sexes, which may be the result of a different developmental system (Lai et al., 2011). Several studies have observed that Autistic females exhibit less repetitive and stereotypical behaviours, a main diagnostic feature of ASD, than males with the disorder (Hartley & Sikora, 2009; Mandy et al., 2012). They are also shown to have more advanced fine motor skills (Mandy et al., 2012) than males on the spectrum. However, not all differences between Autistic males and females are favourable for females. Lai and colleagues (2011) gave a self-report to a sample of Autistic adults which measured how much they exhibit specific Autistic symptoms, such as difficulties with communication. Results showed that female participants reported experiencing significantly more symptoms than males in the sample (Lai et al., 2011).

Studies confirm that there are many clinical differences between Autistic males and females. Autistic women are shown to experience higher rates of sensory difficulties (Lai et al., 2011) and more social problems (Billstedt, Gillberg, & Gillberg 2007; Holtmann, Bolte, & Poustka, 2007) including communication difficulties (Hartley & Sikora, 2009) as compared to their male counterparts. They also report higher rates of thought and attention difficulties (Holtmann et al., 2007), sleep issues (Hartley & Sikora, 2009), a greater likelihood of developing dementia (Tsakanikos et al., 2011), as well as more emotional problems (Mandy et al., 2012), including anxiety and depression (Hartley & Sikora, 2009). There is also a larger proportion of Autistic females who have co-morbid intellectual disabilities than Autistic males (Giarelli et al., 2010). This understanding of sex differences among Autistic people is still widely undiscussed, as recounted by the Autistic blogger of "Autism through the Medium of Cats". She explains that, in general, what is written about Autism and Asperger's is based "...on how it appears in boys only" (Autism through the Medium of Cats, 2015).

The fact that Autistic females have significantly different symptoms and presentations of ASD is important for several reasons. These differences impact the experiences and barriers faced by these women in terms of diagnosis, interventions, and social inclusion. The application of intersectionality to current research regarding ASD and sex/gender will allow for a better understanding of the specific and unique barriers that Autistic women face due to their intersecting identities.

### **Application of Intersectionality**

#### **Barriers in Research Literature**

The "male as norm" trend in the literature has been an issue throughout the history of scholarship, particularly since the beginning of child development research (Jacklin & McBride-Chang, 1991). This false belief that, despite using solely males as research participants, results could still be generalizable to females, has been observed in ASD research as well. Within the research literature, Autistic females are all but ignored (Shefcyk, 2015). Most studies conducted regarding ASD have utilized either fully male participant samples, or samples with too few females for satisfactory comparison of the sexes (Kirkovski et al., 2013). The research is therefore not truly generalizable to Autistic females (Kirkovski et al., 2013). This male bias in research participant samples is not only evident in research regarding Autistic symptomatology, but also research regarding co-morbid mental health problems among this population (Tsakanikos et al., 2011). Viewing this trend in ASD research through the lens of intersectionality, it is obvious that Autistic women are at a clear disadvantage. Women in general are at a disadvantage due to the "male as norm" trend. Autistic women are particularly inconvenienced because they are a minority in samples of Autistic individuals, and are

underrepresented in the research. However, not only does intersectionality allow one to view the inherent barriers that Autistic females face in research studies, it also provides a lens to view the barriers that they face in the theories driving these research programs.

A very popular theory used in ASD research is that called the extreme male brain (EMB) theory, made widely known by Baron-Cohen (2002). This theory proposes that males and females are naturally different in terms of how they process information and phenomena: it is more likely for males to systemise information, whereas females are more likely to empathise with others (Baron-Cohen, 2002). In this case, 'systemise' refers to finding recurring patterns of behaviour/phenomena and being able to predict the future based on these patterns, whereas 'empathise' refers to analyzing behaviours based on what one thinks others are feeling/thinking (Baron-Cohen, 2002). It is hypothesized that Autistic individuals have an extreme male brain: they systemise *more* than the average male, and empathise *less* than the average male (Baron-Cohen, 2002). The EMB theory rationalizes why there exists a much larger proportion of males diagnosed with the disability as compared to females (Baron-Cohen et al., 2011). Baron-Cohen and colleagues (2011) propose that this male bias may be due to various biological processes that alter the brain structure and cause it to become more 'male'. Such biological mechanisms may include fetal exposure to testosterone, differences in X-chromosome expression, and differences in Y-chromosome expression (Baron-Cohen, 2011).

Many Autistic women have been vocal against this interpretation of the Autistic brain. In the literature, "women who write about their experiences with gender often protest against the assumption that they are "male-brained" " (Jack, 2012, p.6). They express their disagreement with the idea that they are not empathisers, and consider many of their non-typical interests in animals and the environment as 'empathising' pastimes (Jack, 2012). Furthermore, while they

may have some interests similar to those with males on the spectrum, Autistic women often have other, more female-typical interests that males do not exhibit, such as interests in human biology and crafting (Jack, 2012).

One of the many drawbacks of the EMB theory is that it places the male and female brain on a continuum (Jack, 2011) which is conceptually problematic (Krahn & Fenton, 2012). Krahn and Fenton (2012) argue that, just because Autistic males may exhibit certain characteristics more often, does not mean that they are in and of themselves 'male' characteristics. They argue that, if that was conceptually correct, being physically taller should be characterized as having 'male' height, since males often taller than females (Krahn & Fenton, 2012). Moreover, EMB theory takes away attention from the needs of females on the spectrum (Jack, 2011), and policies that are developed as a result of EMB-influenced research likely exacerbate the barriers experienced by Autistic women (Krahn & Fenton, 2012). It is therefore due to being both female AND Autistic that Autistic women are largely invisible within the research literature. Hence, the theory of intersectionality allows us to understand how Autistic women experience barriers within autism research by acknowledging the theories and research procedures that uniquely affect, and subjugate, Autistic females. This marginalized experience is qualitatively different than that experienced by males with the disorder, who are the focus of ASD research. This experience is also qualitatively different than that of women with other disabilities, particularly due to the disproportionate male bias in ASD.

### **Barriers in Diagnosis**

Intersectionality can also be used to evaluate the barriers that Autistic women face in receiving diagnoses. Autistic females are shown to have significantly different Autistic

symptoms compared to Autistic males (Giarelli et al., 2010). Because screening measures are based on male Autistic symptomatology rather than female symptomatology, it is possible that females are being under-diagnosed (Bumiller, 2008; Kirkovski et al., 2013) or mis-diagnosed (Kirkovski et al., 2013). This may be especially true for Autistic women who are labelled as 'high functioning' (Kirkovski et al., 2013), who could be "better at masking their autistic features, perhaps because of better self-awareness and self-referential cognitive abilities" (Lai et al., 2011, p.7).

It might be due to the complexity of diagnosing Autistic women, as well as the use of sex-specific diagnostic instruments, that there are significantly more males diagnosed with ASD than females (Baron-Cohen et al., 2011). Giarelli and colleagues (2010) found that among a sample of Autistic males and females, more males than females had received a clinical diagnosis of the disorder. Because more Autistic females than males have co-occurring intellectual disabilities, they may be more likely to be diagnosed with the former disability, and the ASD may go unnoticed (Giarelli et al., 2010). Due to a lack of appropriate diagnoses, it is likely that many Autistic females are not receiving the tools and support needed as early as they could (Giarelli et al., 2010) or to the extent that they should (Bumiller, 2008), which may consequently result in a lower quality of life and the development of more severe symptoms.

Being diagnosed with ASD earlier in life is reportedly quite valuable for Autistic individuals, since they feel that they benefit from knowing how and why they are different from others (Bumiller, 2008). The "Autism through the Medium of Cats" (2015) writer has expressed that being an Aspergian female meant going through life believing that there was not anyone else in the world like her, and that this feeling was very painful. She writes that, due to male-based diagnostic criteria, she was not diagnosed until a later age, and that this only occurred because

her parents located a psychologist who specialized in diagnosing Autistic and Aspergian women (Autism through the Medium of Cats, 2015). A diagnosis is paramount, as it can lead to feeling more confident about one's unique experiences as an Autistic individual, and can lead one to work on accepting and embracing their differences (Ryan & Räsänen, 2008).

It is the intersection of having both a female and Autistic identity that results in these particular barriers in diagnosis. As discussed previously, Autistic males do not face the same impediments to diagnosis as do women with this disorder. Furthermore, it is due to having this specific disability that these women are neglected by diagnostic measures. Certainly, women with other forms of disability may experience sexism and neglect with regards to diagnosis. However, if Autistic women did not have ASD, and instead a different disability that lacked a male bias and had more appropriate screening measures, this problem would not be as salient. Using the theory of intersectionality to observe the unique barriers that Autistic women encounter in getting appropriate diagnoses illuminates their particular struggles due to inappropriate screening measures that do not acknowledge the distinctive presentation of ASD in females.

### **Barriers to Social Inclusion**

Finally, the theory of intersectionality can be used to develop an appreciation for the unique struggles that Autistic women face in gaining social inclusion. People with disabilities "...face prejudices and attitudinal barriers such as the presumption of incompetence, infantilization, dehumanization, the belief that disabled people are incapable of being sexual beings, paternalism, and the prevailing assumptions that our lives are tragic and that it should be normal for a disabled person to seek to be cured of disability" (Brown, 2012). Autistic

individuals are particularly discriminated against as they are unfairly believed to be unable to interact appropriately with others (Bumiller, 2008), unable to feel empathy (Brown, n.d.), and to be living a tragic existence (Sinclair, 1993). Many individuals on the spectrum report that, even when they are among their own families, they feel socially isolated and as though they do not fit in (Ryan & Räisänen, 2008). Such beliefs often lead the way to depressive states (Ryan & Räisänen, 2008). It is possible that women with ASD are particularly vulnerable to feeling isolated as a consequence of their intersecting identities.

Disability shapes how one performs and experiences their gender (Gerschick, 2000). Autistic women, in particular, report feeling "a profound sense of distance and difference from both the male majority of ASD sufferers and predominant stereotypes of femininity surrounding other, neuro-typical women" (Davidson, 2007, p.660). These women understand that they are female, however, they also often feel disconnected from typical women (Davidson, 2007). This may be due to the specific difficulty with understanding social norms that individuals with ASD experience (Kunce & Mesibov, 1998, cited by Bauminger, 2002). Because these women are less likely to instinctively understand social (including gender) norms, they are less likely to understand gender expectations or to conceptualize gender in terms of the traditional male/female dichotomy (Jack, 2012). This may explain why they are less likely to be able to identify with neurotypical women (Davidson, 2007), who often do understand and perform these feminine gender roles as the result of societal expectations. Moreover, as denoted by the extreme male brain theory (Baron-Cohen, 2002), women are, in general, expected to be empathisers and better communicators as compared to men. Autistic women, therefore, are at a particular disadvantage when it comes to social interactions (Davidson, n.d.). Due to their ASD, Autistic women may have trouble understanding social situations and following social norms,

which makes them even more susceptible to discrimination from the neurotypical society (Bumiller, 2008).

The barriers that Autistic women encounter in trying to achieve social inclusion are unique. The intersection of their identities as female and individuals with ASD results in the experience of social isolation that women with other types of disabilities and men with ASD do not experience. They are therefore "twice excluded: once from the neurotypical female population, and once again from the ASD community" (Shefcyk, 2015, p.132). Because they are female, they are held to social standards that males with ASD are not. Because they have ASD, they experience particular social difficulties that cause them to encounter even more barriers in the social world. Again, intersectionality allows us to observe the distinct marginalized experiences that these women must face.

## **Future Directions**

### **Research**

The utilization of intersectionality to analyze the experiences of Autistic women indicates a need for further research that can positively influence their lives. For this research to be useful for Autistic females, there needs to be much more inclusion of women with this disability in research studies (Shefcyk, 2015) as well as comparisons between the sexes (Kirkovski et al., 2013). More research regarding sex differences among these individuals will allow for a better understanding of the needs and required support for both Autistic males and females (Hartley & Sikora, 2009). In addition to research regarding Autistic symptomatology and interventions based on those symptoms, it is also important to conduct research regarding psychological health of both Autistic men and women (Tsakanikos et al., 2011).



Intersectionality has allowed us to discover the inherent barriers that Autistic women face with regards to research. The utilization of this perspective necessitates a complete reassessment of research procedures. In particular, participant samples would need to be altered. Because intersectionality argues that Autistic women face different experiences than Autistic men and neurotypical women, it is critical to compare them to these other groups in empirical studies. A study taking into account intersectionality would therefore include four participant groups: a group of neurotypical males, a group of neurotypical females, a group of Autistic males, and a group of Autistic females. Data collected from the sample of Autistic women would then need to be compared to the three other groups in order to reveal any traits unique to this group. Not only does this new perspective inform research in terms of procedure, but it also provides a guide for the multiple contexts that must be studied. Because intersectionality posits that individuals face barriers within various domains in society, research would have to acknowledge all of the social domains in which Autistic women participate. Research programs reflecting this perspective would therefore need to include examinations of occupational, family, romantic, educational, and recreational experiences to develop a fully comprehensive analysis of the barriers that Autistic women confront.

Finally, in order to truly utilize intersectionality in a way that is liberating, inclusive, and respectful, it is imperative that Autistic women, and Autistic people in general, be included in the conceptualization, design, and implementation of research projects. The Academic Autism Spectrum Partnership in Research and Education (AASPIRE) group (see <http://aaspire.org/site/>) is an excellent example of a partnership that involves academics, Autistic self-advocates, and other community partners, who have equivalent and equally critical roles in the execution of research projects. This group utilizes Community Based Participatory research "which involves

having members of a minority community as equal members of the research team" and "...strives to conduct research that has practical application for improving the quality of life for autistic adults in ways that autistic adults themselves want" (AASPIRE, n.d.). Autistic researchers are integral for research about ASD, as they are experts who have true insight on the subject. Michelle Dawson, an Autistic researcher, has discussed how the research team she is involved with "...[does] science, and this is something that some autistics are really good at. Autistics and nonautistics work together as equals and it is no big deal" (Dawson, 2012).

## **Diagnosis**

Intersectionality has also indicated a need for differential diagnostics for Autistic women. Not only do screening measures need to be sensitive to Autistic symptoms in general, they also need to be sensitive to Autistic symptoms in females (Constantino & Charman, 2012). Many changes would need to be made for diagnostic tools to be effective for Autistic women. These would include introducing lower cut-off scores so that girls on the cusp of a diagnosis do end up with a diagnosis, especially when the symptoms being measured are those more prominent in males, such as repetitive behaviours (Mandy et al., 2012). Other changes could include removing male-biased items on these screening measures and/or giving more weight to more neutral items (Mandy et al., 2012). Having measures constructed specifically for identifying Autism in women that can be used alongside official diagnostic measures, similar to Samantha Craft's (2016) "Females with Asperger's Syndrome Unofficial Checklist", may be particularly effective. These improved methods of diagnosis are important for two reasons: women would get the diagnoses that could allow them to better understand their strengths and needs, and there

would be potentially a greater sample of individuals who could participate in empirical studies used to benefit Autistic women.

### **Social Inclusion**

One of the first steps to breaking down the barriers of oppression and social exclusion in society is to gain a neurodiversity perspective (Bumiller, 2008). Since "[v]iewing autistic identity as abnormal ... lowers expectations and diminishes life chances for what is seen as a special class of less than fully human persons" (Bumiller 2008, p.984), the critical change from the 'ASD epidemic' view to seeing ASD as simply a different way that the brain processes information will no doubt cause a necessary shift towards inclusion for individuals with that identity.

Intersectionality proposes that the experiences of Autistic women are unique to them, which would suggest that the most effective social support would also need to be unique. Support programs would therefore need to focus on the specific experiences that Autistic women find pertinent to their quality of life. More research needs to be conducted in order to determine how to support the barriers they face in work environments, in the school environment, and within their own families. Only once this information is gained can social interventions be relevant and helpful for these women. The voices of Autistic women must be heard in order to gain this critical knowledge. Books such as the Autism Women's Network's *What Every Autistic Girl Wish Her Parents Knew* (2017) are providing the opportunity for Autistic women to describe their intersectional experiences and teach others about what it means to have both a female and Autistic identity, and more literature such as this is sorely needed.

In conclusion, the theory of intersectionality provides an important lens through which to observe the lived experiences of Autistic women. It allows for an appreciation of the barriers that these women face within the research literature, by male-biased diagnostic screening measures, and in gaining social inclusion. By utilizing intersectionality to recognize the obstacles that Autistic women encounter, it is then possible to address the issues that marginalize them. It is therefore an exceptionally significant theory which can be utilized to enhance lives and promote social justice.

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