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# Examination of Race and Autism Intersectionality Among African American/Black Young Adults

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## Abstract

**Background:** African American/Black (AA/B) young adults with diagnoses of autism spectrum disorders rarely are studied in a way that acknowledges both their racial identity and their autism diagnosis. Little is known about intersectional oppression in the lives of these young adults. Early adulthood is a time when a young people of color may come to terms with a society that may not treat them fairly and equally due to their race. Autistic AA/B young adults may be even more vulnerable to stress and psychological disempowerment due to the added impact of negative experiences of being Black and having an autism diagnosis.

**Methods:** Thirty-two autistic and 30 non-autistic AA/B young adults took part in an online survey examining risk factors of everyday discrimination, perceived stress and potential protective factors of psychological empowerment, and Black identity. Differences in score measures for the autistic and non-autistic samples were examined along with the predictors of perceived stress assessed. Frequencies of intersectional discrimination experiences were also examined.

**Results:** Autistic AA/B participants reported significantly less everyday discriminatory experiences than non-autistic AA/B participants, whereas perceived stress was not significantly different between the two groups. The majority of non-autistic AA/B participants endorsed race as their prime source of experiences of discrimination, whereas autistic AA/B participants also cited being autistic as a major contributor to reports of discrimination. Although the autistic group had significantly lower reports of self-determination, they reported higher on the Black identity, private regard scale, pertaining to feelings about group membership, which can be considered a protective factor. There is heterogeneity in reasons for discriminatory experiences for autistic AA/B young adults whereby some of the participants (12%–30%) endorsed race + disability as dual reasons for experiencing regular discrimination.

**Conclusions:** Mental health clinicians and other direct service providers working with autistic AA/B young adults should understand that intersecting identities of race and disability may be at play when they are working with these individuals, and that treatment should consider these factors.

**Keywords:** intersectionality, race and disability, emerging adulthood, stress and resiliency, racism

## Community Brief

*Why is this an important issue?*

The experiences of autistic African American/Black adults need more attention. There is not much research looking at intersecting identities of race and disability.

*What was the purpose of this study?*

The purpose of this study was to examine race + disability intersectionality in discrimination experiences and to examine how risk factors and protective factors vary between autistic and non-autistic African American/Black young adults.

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*What did the researchers do?*

The researchers conducted an online study comparing the experiences of autistic and non-autistic young adults who identified as African American/Black. Thirty-two autistic and 30 non-autistic African American/Black young adults took part in the study looking at experiences of discrimination, stress, Black identity, and self-determination.

*What were the results of the study?*

Autistic African American/Black participants reported fewer everyday discriminatory experiences than non-autistic African American/Black participants, but perceived stress was not different between the two groups. Most of the non-autistic African American/Black participants listed race as their prime source of discrimination experiences, whereas autistic African American/Black participants also cited being autistic as a major contributor to reports of discrimination. Reasons for discriminatory experiences for autistic African American/Black young adults are varied, with up to 30% relating to experiences of discrimination being dual issues of race and disability.

*What do these findings add to what was already known?*

There is a lot of research on the experiences of African American/Black people facing social adversities due to race. This study adds to what is known by shedding light on discrimination experiences of autistic African American/Black young adults. The findings show the need for both societal change and trauma-informed practices with autistic individuals who are negatively impacted by a society that views them through a racialized lens.

*What are potential weaknesses in the study?*

This study is not reflective of all autistic African American/Black people. Individuals who took part in the study may have self-selected due to interest in the topic. In addition, gender was not taken into account for this study.

*How will these findings help autistic adults now or in the future?*

Knowing more about autistic African American/Black young adults' experiences can help inform advocacy to reduce discrimination and interventions to promote resiliency. The results of this study also highlight the importance of studying intersectionality in disability research. More research is needed about the experiences of autistic African American/Black young adults.

## Background

**I**N THE AFTERMATH of the killings of George Floyd, Ahmaud Arbery, Breonna Taylor and a specific acknowledgment of the avoidable death of Elijah McClain, an autistic Black male, there is an ongoing national reckoning with racism. Concurrently, the intersectionality of race + disability is garnering increasingly more attention in the disability community and society at large.<sup>1-3</sup> However, limited empirical research exists on the experiences of African American/Black (AA/B) autistic young adults. The terms AA/B are used together to acknowledge that people of African ancestry have diversity in culture, historical experiences, and personal self-identification.

The term "intersectionality" describes multiple identities and, at minimum, double marginalization in society due to coalescing social identities. Here, we focus on race and disability, although other dimensions of identity, including sex and gender identity, can also be involved. The study of intersectionality was birthed to give critical thought to the intersectional nature of oppression experienced in the lives of African American women.<sup>4-6</sup> The fundamental tenet of intersectionality underscores that social identities are not independent of themselves but interdependent; therefore, inequities in outcomes cannot be appropriately considered unless other intersecting identities are also considered for subjugated groups.<sup>5,7</sup>

Intersectionality scholarship continues to advance by casting a light on sub-populations nested within racial groups. These multiple, intersecting identities can manifest as experiences of double oppression,<sup>8</sup> such as for people of color living with a disability. An intersectional framework is useful with autistic AA/B young adults to better understand social phenomena, including issues of multiple forms of oppression (e.g., in the form of bias and discrimination) that produce heightened disadvantage over the lifespan.

Autistic adults are affected by having a lifelong neuropsychiatric condition, typically diagnosed in childhood. Classic autism symptoms include persistent difficulties in social communication, sensory differences and special interests, and repetitive behaviors.<sup>9</sup> Due to the heterogeneity in autism, there is no one profile of autism; further, autistic traits can vary widely.<sup>10,11</sup> According to the 2020 U.S. Census, the Black or African American population represents 12.4% of the overall population.<sup>12</sup> Autism affects 1 in 44 children in the United States.<sup>13</sup> The CDC notes autism identification as being 1.1 times more likely for White children than Black children.<sup>14</sup> However, in recent research findings, the prevalence of autism across racial groups is similar.

Historically, White children have been diagnosed as autistic at a higher rate than other racial groups, which is likely an artifact of systemic bias.<sup>15</sup> A number of research findings conclude that there are trends in race-based autism disparities

in the United States, including AA/B children facing disparities in the age of first autism diagnosis, access to care, overall quality of care, etc.<sup>16,17</sup> Many service disparities result from differential treatment rooted in bias and systemic racism involving providers, health care institutions, and even insurance providers.<sup>18</sup>

Autism research that focuses specifically on the African American population is largely non-existent. In addition, when African Americans are studied as a part of larger studies, the sample sizes are typically too small to establish adequate power. The lack of sufficient inclusion of AA/B people in research means that experiences and needs of the entire autistic population are left out.<sup>3</sup> In addition, the field of autism has focused mainly on early diagnosis and early intervention, with the study of the trajectory of these children into adulthood lagging significantly. To this end, life course autism research is an emerging area that raises questions about the status of autistic AA/B adolescents entering into adulthood.

Decades of research have found causal associations between discrimination and allostatic load effects linked to physical and mental health consequences for African American adults.<sup>19,20</sup> Although researchers have employed empirical approaches to examine discrimination in the lives of AA/B adolescents and adults, the exploration of discrimination in the context of dual social identities and emerging adulthood is less explored. Across the span of the life course, differential experiences of discrimination and stress occur for AA/B people compared with White people.

As a result of these negative experiences, it has always been important for AA/B to have coping skills (i.e., positive cultural identity, self-determination, trusting social supports) to offset the cumulative nature of day-to-day societal insults. Researchers have touted emerging adulthood (spanning ages 18–29) as a period where racial identity, among other issues of identity and personhood, for example, sexuality, independence, and career pursuits, are sorted through.<sup>21</sup> Importantly, early adulthood is when a young person of color may *come to terms* with a society that will not fully embrace them (e.g., with fairness and equality) due to their race.

Ideally, the young adult develops adequate coping skills for contending with discrimination and microaggressions.<sup>21–23</sup> Researchers posit racial identity as a protective factor for AA/B young adults; however, a recent study finds that racial identity dimensions can have variability over time.<sup>24</sup>

The AA/B young adults who have autism are rarely studied in a way that acknowledges both their racial identity and their autism diagnosis. Little is known about intersectional oppression in the lives of autistic AA/B young adults. Autistic AA/B young adults may be at increased vulnerability for stress and psychological disempowerment due to the added impact of negative experiences due to being racialized as Black and also being autistic.

### *Intersectionality of autistic people*

This empirical study is the first to examine intersectionality in the context of discrimination among AA/B autistic young adults. This study examines how risk factors and protective factors vary between autistic and non-autistic AA/B young adults. The study then examines the impact of

risk and protective factors on perceived stress. Based on prior research, risk and protective factors that can moderate the experiences of stress and hardship in the lives of AA/B youth and young adults include racial discrimination, racial identity, and coping styles.<sup>25–27</sup>

It is hypothesized that AA/B autistic young adults will experience greater levels of discrimination and stress than their non-autistic counterparts. Further, it is hypothesized that AA/B autistic young adults will face greater challenges to transition in a societal context of ableism and racism. An examination of disability-associated discrimination in the context of potential cumulative hardship for AA/B young adults who also experience various degrees of race-based discrimination allows for bidimensional analysis. The findings from this study will inform risk/protective factor group differences (autistic and non-autistic) and an understanding of intersectionality in the lives of autistic AA/B young adults.

### **Methods**

The authors of this present study examined differences in risk and protective factors for autistic AA/B young adults versus their non-autistic peers. The authors also examined the associations of risk and protection with levels of perceived stress. An intersectionality lens is employed to account for race-specific experiences, disability-specific experiences, and the combination thereof.

### *Participants*

Participants in the study include 32 autistic and 30 non-autistic AA/B young adults in the United States. Forty-eight percent of sample participants live in the Western region of the United States. The remainder of the participants were from the South (28%), North (7%), and Midwest (17%). Recruitment occurred mainly through online methods, including sharing a digital study flyer on autism research study recruitment sites, community-based listservs, social media support groups, and email snowball strategies. These methods were used to mitigate risk due to the COVID-19 public health crisis occurring during recruitment. Also, printed flyers were shared in the northern California region.

Recruitment of participants occurred between March 2021 and June 2021 with consent gathered during online survey prequalification, including asking potential participants whether they understood that they were (1) participating in a research study and (2) had the right not to participate or leave the study at any time. Participants took part in the study until the sample quotas (30/30) were reached for the autistic and comparison group; autistic individuals were oversampled by two participants. To participate in the study, participants self-identified as AA/B; were between the ages of 18–26; and had a previous diagnosis of autism, Asperger's syndrome, autism spectrum disorder (ASD), or sensory processing disorder (study group) or identified as being typically developing/non-autistic (comparison group).

Participants also identified with understanding prejudice, bias, and discrimination. Study participants were queried at the start of the online survey on all of the items cited earlier. If the participant responded no to any of these questions, they were deemed ineligible for the study.

### Measures

The autism-spectrum quotient. The autism-spectrum quotient (AQ) is a 50-item validated scale widely used to assess/quantify autistic traits in the general population.<sup>28</sup> This self-administered instrument quantifies autistic characteristics among adults with average intelligence and covers five different areas of functioning (social skills, attention switching, attention to detail, communication, and imagination). Individuals with scores of 32+ generally indicate higher autistic traits.

Understanding discrimination scale. The understanding discrimination scale (UDS) was used to validate that the participants understood discrimination—as there may be variability in abstract reasoning abilities, particularly among the autistic sample.<sup>29</sup> The Principal Investigator of the study developed a five-item composite measure, indexing whether participants understood the experiences of discrimination, such as disability and racial discrimination. Three survey items and two free-response items were used as composite measures of this construct (see Appendix Table A1). The free-response options were coded as 0/has an understanding of having a minimum total score of three out of five correct scores.

The following three scales were used to examine the risk associated with stress in the lives of the study.

Everyday discrimination scale. Experiences of discrimination were assessed by using the everyday discrimination scale (EDS) short scale ( $\alpha=0.77$ ).<sup>30</sup> The EDS short scale is a validated 5-item measure that examines chronic and routine chronic unfair treatment in everyday life.<sup>31</sup> The EDS is a commonly used instrument that is used to explore discrimination in the lives of Black youth and adults with utility with different groups (e.g., gender, race, sexual orientation, shade of color, etc.). Although the EDS has not been used specifically with a combination of autistic and non-autistic adults in the past, the internal consistency for the EDS short ( $\alpha=0.81$ ) is found to be good. Response options are as follows: *almost every day, at least once a week, a few times a month, a few times a year, and never*.

To more thoroughly examine intersectionality, three items on the EDS short scale were explored further in the online survey: (1) *In your day-to-day life, how often do you receive poorer service than other people at restaurants or stores?;* (2) *In your day-to-day life, how often do people act if they are afraid of you?;* (3) *In your day-to-day life, how often are you threatened or harassed?*

If participants marked responses as occurring: *a few times a month, at least once a week, or almost every day*, they were prompted to give further explanation. They were prompted to choose categories that applied to their perception of the main reasons for these experiences with the options of: *being African American or Black, being autistic or having a sensory processing disorder, being Black and autistic or other (i.e., being male/female, being male/female and Black, etc.)*.

Perceived stress scale. The perceived stress scale (PSS) ( $\alpha=0.78$ ) is a 10-item self-report measure that is widely used to measure perception of stress and it examines the degree to which situations are appraised as stressful.<sup>32</sup> The PSS is a 5-

point Likert scale (0=never to 4=very often) that has been used with minority young adults.<sup>22,33,34</sup> Participants are asked about their feelings and thoughts during the past month. For this study cohort, the internal consistency for the PSS ( $\alpha=0.65$ ) is found to be good.

Multidimensional inventory of Black identity regard. The multidimensional inventory of Black identity (MIBI) regard consists of four sub-scales (salience, centrality, regard, and ideology) that are designed to examine dimensions of racial identity.<sup>35</sup> MIBI, regard refers to dimensions of public regard and private regard. The MIBI/Black identity, private regard scale ( $\alpha=0.76$ ) examines whether participants feel positively or negatively about their group membership, whereas the MIBI/Black identity, public regard scale ( $\alpha=0.74$ ) examines how participants perceive that others view the African American community.

All responses were measured based on a 7-point Likert scale (1=strongly disagree to 7=strongly agree). Higher scores on the private regard scale equate to more positive feelings about their group membership. Higher scores on the public regard scale mean that others outside of their group view the African American community more favorably.

Arc's (ARC) self-determination—psychological empowerment scale. The Arc's self-determination—empowerment scale (ARC) ( $\alpha=0.90$ ) is a 16-item measure of the aspects of psychological empowerment (e.g., beliefs in ability, perceptions of control, and expectations of success).<sup>36</sup> It is designed to examine self-determination among youth with disabilities. Therefore, higher total scores on a scale of 0 to 16 will reflect higher levels of empowerment/agency.

### Procedures

The online survey administration took place via Qualtrics, a web-based software. The study was open to individuals who met criteria and were willing to participate in the study. Once quotas were met for each study, sample participants could no longer take part in the study. For participation in the study, each participant received a \$20 e-gift card. On meeting criteria for the study, participants were allowed to come back and finish the survey if they did not complete the study in one session. Due to the sensitive nature of the study, the participants could opt for having a 15–20 debrief session with the principal investigator, who is a licensed mental health professional. The IRB approval for the study was obtained with the University of California, Davis.

### Analysis

The IBM SPSS version 28 statistical software was used to analyze results. Self-reported autism characteristics were compared between participants who reported as autistic and the group that reported as non-autistic. Independent sample *t*-tests analyses were utilized to compare the autistic and non-autistic sample across risk factors (everyday discrimination, perceived stress, and Black identity, public regard) and potential protective factors (Black identity, private regard, and psychological empowerment). A linear regression model was developed to examine which factors were predictors of perceived stress among all study participants.

TABLE 1. PARTICIPANT CHARACTERISTICS

Variable	ASD (n=32)	Non-ASD (n=30)	t	p*
Age, mean (SD)	24.00 (3.35)	23.00 (2.11)	$t = 1.11$	0.135
AQ, mean (SD)	29.64 (6.87)	23.73 (3.40)	$t = 3.26^*$	0.001*
Understanding discrimination scale (UDS), mean (SD)	3.69 (1.39)	4.22 (1.01)	$t = 1.63^*$	0.055

\* $p < 0.05$ .

AQ, autism-spectrum quotient; ASD, autism spectrum disorder; SD, standard deviation; UDS, understanding discrimination scale.

## Results

The 62 respondents all self-identified as AA/B with a mean age of 23.36 years (standard deviation [SD]=2.75, range=19–26). Approximately half (51.6%) of the participants reported having a previous diagnosis of autism, Asperger's syndrome, ASD, or a sensory processing disorder. The remainder of the participants (48.4%) reported they were not autistic. For autistic participants who noted age of the first diagnosis, the mean age of diagnosis was 15.52. Table 1 confirms that autistic participants had overall higher autistic symptoms (range: 19–42) than their non-autistic counterparts (range: 18–31). Both groups were also confirmed as having a reasonable understanding of discrimination based on average scores  $>3$  for the UDS scale.

Table 2 highlights the mean differences between the autistic sample and the non-autistic sample based on age, AQ, and UDS scores. The autistic group has a slightly lower AQ score average ( $M = 29.64$ ) than the threshold of 32+ (indicative of higher autistic traits), reflecting that the participants overall are not highly impaired in this study. Table 3 summarizes the differences between perceived stress, the risk factor of everyday discrimination, and potential risk/protective factors of Black identity, public regard self-determination, and Black identity, private regard.

The non-autistic sample had slightly higher reports of perceived stress ( $M = 23.53$ ) than the autistic sample ( $M = 22.14$ ), although the effects were not significant. The non-autistic group ( $M = 28.40$ ) had statistically higher reports of everyday discrimination than the autistic group ( $M = 26.06$ ), with differences found to be statistically significant. The autistic group had significantly higher scores for both MIBI/Black identity, private regard, and MIBI/Black identity, public regard. The non-autistic group had significantly higher scores on the ARC self-determination scale.

Simple linear regression was used to test whether everyday discrimination, self-determination, and Black identity, private regard significantly predicted perceived stress of study participants. The overall regression was statistically signifi-

cant based on everyday discrimination and Black identity, private regard [ $R^2 = 0.26$ ,  $F(1, 55) = 9.59$ ,  $p < 0.001$ ]. Another finding is that everyday discrimination significantly predicted perceived stress ( $\beta = 0.45$ ,  $p < 0.05$ ) irrespective of group membership. *T*-test results for ASD diagnosis and perceived stress did not show a significant effect for ASD diagnosis [ $t(57) = 1.26$ ,  $p < 0.05$ ].

There were no significant differences in perceived stress based on group membership, therefore ASD diagnosis was not included in the model as a dummy variable. Black identity and private regard significantly predicted perceived stress ( $\beta = 0.24$ ,  $p < 0.05$ ) among African American young adults.

To examine intersectionality, cross-tabulation frequencies for three EDS items are reported for the autistic/non-autistic group as follows. "In your day-to-day life, how often do you receive poorer service than other people at restaurants or stores? What are the main reasons for these experiences." For autistic young adults: 48% reported being Black as the single reason; 30% reported being autistic and Black; 19% reported being autistic; and the remaining 3% reported being other (i.e., being male/female and Black). However, 86% of non-autistic participants reported being Black as the single reason for their experiences.

"In your day-to-day life, how often do people act if they are afraid of you? What are the main reasons for these experiences." For autistic individuals: 38% reported being Black as the single reason; 24% reported being Black and autistic; 28% reported being autistic; and the remaining 10% reported being other (i.e., male/female, male/female and Black, Black/female/autistic). However, 83% of non-autistic participants reported being Black as the single reason for their experiences.

"In your day-to-day life, how often are you threatened or harassed? What are the main reasons for these experiences." For autistic individuals: 34% reported being Black as the single reason; 12% reported being Black and autistic; 44% reported being autistic; and the remaining 10% reported being other (i.e., male/female, male/female, and Black). In contrast, 90% of non-autistic participants reported being Black as the single reason for their experiences.

TABLE 2. PROTECTIVE AND RISK FACTOR MEASURES IN STUDY (N=62)

	ASD, mean (SD)	Non-ASD, mean (SD)	t	p*
PSS	22.14 (4.30)	23.53 (4.19)	$t = 1.26$	0.106
EDS	26.06 (4.53)	28.40 (4.12)	$t = 2.12$	0.019*
ARC	9.56 (3.62)	11.00 (2.65)	$t = 1.70$	0.047*
MIBI/Black identity, private regard	22.24 (3.04)	19.73 (3.79)	$t = -2.80$	0.004*
MIBI/Black identity, public regard	21.00 (4.22)	19.83 (3.78)	$t = -1.09$	0.141

\* $p < 0.05$ .

ARC, Arc's self-determination—empowerment scale; EDS, everyday discrimination scale; MIBI, multidimensional inventory of Black identity; PSS, perceived stress scale.

TABLE 3. REGRESSION ANALYSIS SUMMARY FOR RISK FACTORS PREDICTING LEVELS OF PERCEIVED STRESS

Variable	B	95% CI	$\beta$	t	p
Everyday discrimination	0.54	0.26–0.82	0.45	3.85	<0.001
Black identity, private regard	0.28	0.00–0.55	0.24	2.01	0.05

$R^2$  is 0.19 for everyday discrimination and 0.26 for everyday discrimination and Black identity, private regard.

## Discussion

As a preliminary study, research aims examined the differences in autistic and non-autistic young adults related to risk factors (e.g., discriminatory experiences and Black identity, public regard) and potential protective factors (e.g., psychological empowerment and Black identity, private regard), and their associations with perceived stress. Another aim investigated the extent to which intersectional experiences of discrimination are prevalent in the lives of autistic Black young adults. Further, AA/B autistic young adults can experience vulnerabilities as they emerge into adulthood due to social conditions dictated by race and dis/ability colliding.

These two interlocking social identities can have adverse lifetime effects. This study is the first to examine the convergence of race and neurodiversity in the context of discrimination and to describe additive effects associated with being Black and autistic in early adult years. The study's findings did not support the hypothesis that AA/B autistic young adults experience greater discrimination than their non-autistic counterparts.

Systemic racism for the AA/B community is largely due to long-standing policies contributing to unfair allocation of resources and disadvantages in housing, education, and employment. As described by Bowleg,<sup>7</sup> “the intersection of multiple interlocking identities at the micro-level reflects multiple and interlocking structural-level inequalities at the macro levels of society” (p. 1267). Findings from this preliminary study revealed that both non-autistic AA/B and autistic AA/B young adults have encounters with discrimination, with the majority of experiences based on race for non-autistic participants (85%–90%).

Such findings validate past research findings on within-group racial experiences of discrimination, not taking into account intersectional experiences.<sup>37</sup> Based on this research, the legacy of racial intolerance in the United States continues to be alive as well as AA/B young adults can see themselves in the context of experiencing discrimination regularly.

Results for the three EDS inquiries reveal the overall heterogeneity of reported reasons for discrimination for autistic young adults who identify as AA/B. Intersectionality was reflected in 12%–30% of the responses based on respondents noting being Black and autistic as the main responses for the experiences they encounter at least a few times a month or greater. These intersectional insights demonstrate that stressful and potentially traumatic events can be nuanced for autistic AA/B people based on the occurrence of racial and disability experiences.

A fundamental tenet of intersectionality is the interdependence of social identities and that sub-populations within racial groups can have other identities that merge with their race-based identity to cause additional life adversity. The EDS item inquiry of “how often do people act as if they are afraid of you” has an intersectional response of Black and

autistic for nearly 25% of participants. In the future, gleaming the context of these intersectional experiences (i.e., people act as if they are afraid of you) would shed more light on the visibility (or invisibility) of autism.

The stress levels reported by Black young adults in this study irrespective of disability status were relatively similar, which could indicate racial stress playing a similar role in the lives of each group. Bernard et al.<sup>38</sup> describes the significance of racism as a major stressor in the lives of Black youth, which is confirmed in this study overall. Although this study found race to be a more common single issue than disability, disability is still a cited issue. The autistic sample reported being autistic as a more common single issue than race for the EDS item inquiring about being harassed or threatened.

This study is a start at amassing more empirical research on the experiences of intersectionality in the lives of AA/B autistic young adults. Empirical evidence that gives context to the convergence of racism and ableism in the life course of adults is critical for developing interventions and policies that ameliorate burden. The research is timely as a growing body of literature examining the impact of trauma and the benefit of integrating experiences in therapy.

Because Black identity, private regard is found to be a predictor of perceived stress in this study, the pernicious and structural nature of racism may result in diminishing protective effects even if group membership regard is generally positive. This is an area recommended for future research as the nation contends with past and present harms afflicted. These research findings also hint at implications for allostatic load and weathering experienced by African Americans. Lifespan approaches with autistic AA/B that omit race may contribute to harm, as this study demonstrates that AA/B autistic adults can have an awareness of discrimination and bias based on factors of racism and neurodiversity intolerance.<sup>23,39,40</sup>

The results of this study inform ways that mental health clinicians can be trauma-informed when working with autistic young adults who identify as AA/B. Discriminatory experiences that are race-based and/or disability-based experiences may be episodic or can be cumulative, potentially yielding symptoms that manifest as meeting criteria for PTSD. Potentially traumatic events can induce less severe symptoms; however, if left unaddressed, these symptoms can linger and also have potential adverse effects on coping styles and functioning of these youth.

Mental health clinicians that work with this population should demonstrate a high level of cultural humility from the beginning of therapeutic engagement and carefully integrate the use of various measures to capture race-based and disability-based adversities. The EDS is one novel tool that can be utilized in clinical care to capture intersectionality in the context of discrimination based on social identities. Trainings and consultations are appropriate for all clinicians, particularly for non-Black clinicians to better work with this

population; however, there is a need for the development of evidence-informed trauma interventions tailored to address intersectionality in the lives of autistic people of color.

### Limitations

Although the research was intended to be preliminary in nature, the sample size was small. The small sample size raised a concern about power. This study is not reflective of all autistic AA/B people and did not include a non-Black sample. It is probable that autistic individuals with co-occurring intellectual disability are not represented in this study. The study did not confirm the validity of a clinical diagnosis of autism in participants who endorsed being autistic and did not query participants on gender or income.

The study did not explicitly measure whether participants understood the terms “bias,” “discrimination,” and “prejudice” from an intersectional perspective. Lastly, individuals who took part in the study may have self-selected due to interest in the topic.

### Conclusion

As first articulated by feminist legal scholar Crenshaw,<sup>4</sup> intersectionality highlights the “multidimensionality” of individuals’ lived experiences. The results of this study underscore the importance of integrating intersectionality in disability research. Intersectional social justice, whereby members of society with double or multiple marginalized social identities have the same “basic rights, protections, opportunities and social benefits,”<sup>41</sup> is made possible through the process of understanding what societal forces are at play that promulgate injustice over the life course.

### Authorship Confirmation Statement

The authors of the article included the first author, an African American woman who is a licensed clinical social worker by training and an early researcher with interest in the impact of disability and race on the life course. The second author identifies as being a White Jewish woman and a psychologist by training who studies lifespan development in autism but is not an expert in qualitative or disparities research and these disciplines are not well represented at the research institute she is affiliated with. The third author identifies as being an African American woman and is a neurodevelopmental pediatrician by training, leading diversity, equity, and inclusion efforts at a nationally recognized institute for research and treatment of neurodevelopmental disorders and related conditions in children. Although the study was largely driven by the first author, the heterogeneity in the composition of authors played a role in the methods, results, and interpretation of study results. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Institutes of Health.

### Positionality Statement

The first author of this study is an African American woman who is a licensed clinical social worker and an early researcher with interest in the impact of disability and race on the life course. I am motivated to engage in intersectionality research that puts race and disability at the center of empirical analysis. I recognize that my life experiences have an influ-

ence on my research outlook and continue to seek to understand how social identities converge. I see race as an artifact of racism and a dimension of ableism being an artifact of neurotypical intolerance to difference. As I continue my research in the disability field, it is important that I recognize what biases or assumptions I may hold due to a range of positive or negative experiences as an African American woman in clinical settings, research, and disability work.

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### Author Disclosure Statement

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### References

1. Cascio MA, Weiss J, Racine E. Making autism research inclusive by attending to intersectionality: A review of the research ethics literature. *Rev J Autism Dev Disord.* 2021; 8(1):22–36.
2. Harris J. Reckoning with race and disability. *Yale Law J Forum.* 2021:130. [https://scholarship.law.upenn.edu/faculty\\_scholarship/2379/?utm\\_source=scholarship.law.upenn.edu%2Ffaculty\\_scholarship%2F2379&utm\\_medium=PDF&utm\\_campaign=PDFCoverPages](https://scholarship.law.upenn.edu/faculty_scholarship/2379/?utm_source=scholarship.law.upenn.edu%2Ffaculty_scholarship%2F2379&utm_medium=PDF&utm_campaign=PDFCoverPages) Accessed November 12, 2021.
3. Lovelace TS, Comis MP, Tabb JM, Oshokoya OE. Missing from the narrative: A seven-decade scoping review of the inclusion of Black autistic women and girls in autism research. *Behav Anal Pract.* 2021:1–13.
4. Crenshaw K. Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *Univ Chicago Legal Forum.* 1989:139.
5. Crenshaw K. Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Rev.* 1991;43(6):1241.
6. Collins PH. Intersectionality’s definitional dilemmas. *Annu Rev Sociol.* 2015;41:1–20.
7. Bowleg L. The problem with the phrase women and minorities: Intersectionality—an important theoretical framework for public health. *Am J Public Health.* 2012;102(7):1267–1273.
8. Stuart O. Race and disability: Just a double oppression? *Disabil Handicap Soc.* 1992;7(2):177–188.
9. Centers for Disease Control and Prevention. Diagnostic criteria. <https://www.cdc.gov/ncbddd/autism/hcp-dsm.html> Accessed November 24, 2021.
10. Hobson H, Petty S. Moving forwards not backwards: Heterogeneity in autism spectrum disorders. *Mol Psychiatry.* 2021;26:7100–7101.



11. Wolfers T, Floris DL, Dinga R, et al. From pattern classification to stratification: Towards conceptualizing the heterogeneity of Autism Spectrum Disorder. *Neurosci Biobehav Rev.* 2019;104:240–254.
12. United States Census Bureau. Improved race and ethnicity measures reveal U.S. population is much more multiracial. <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html> Accessed November 5, 2021.
13. National Institute of Mental Health. Autism spectrum disorder (ASD). <https://www.nimh.nih.gov/health/statistics/autism-spectrum-disorder-asd> Accessed November 8, 2021.
14. CDC. Spotlight on: Racial and ethnic differences in children identified with Autism Spectrum Disorder (ASD). <https://www.cdc.gov/ncbddd/autism/addm-community-report/differences-in-children.html> Accessed November 10, 2021.
15. Baio J, Wiggins L, Christensen DL, et al. Prevalence of autism spectrum disorder among children aged 8 years—Autism and developmental disabilities monitoring network, 11 sites, United States, 2014. *MMWR Surveill Summ.* 2018;67(6):1.
16. Angell AM, Empey A, Zuckerman KE. A review of diagnosis and service disparities among children with autism from racial and ethnic minority groups in the United States. *Int Rev Res Dev Disabil.* 2018;55:145–180.
17. Habayeb S, Kenworthy L, De La Torre A, Ratto A. Still left behind: Fewer black school-aged youth receive ASD diagnoses compared to White youth. *J Autism Dev Disord.* 2021;52(5):2274–2283.
18. Čolić M, Araiba S, Lovelace TS, Dababnah S. Black caregivers' perspectives on racism in ASD Services: Toward culturally responsive ABA Practice. *Behav Anal Pract.* 2022:1–10.
19. Maenner MJ, Shaw KA, Baio J. Prevalence of autism spectrum disorder among children aged 8 years—Autism and developmental disabilities monitoring network, 11 sites, United States, 2016. *MMWR Surveill Summ.* 2020;69(4):1.
20. Lee DB, Kim ES, Neblett Jr EW. The link between discrimination and telomere length in African American adults. *Health Psychol.* 2017;36(5):458.
21. Hope EC, Hoggard LS, Thomas A. Emerging into adulthood in the face of racial discrimination: Physiological, psychological, and sociopolitical consequences for african american youth. *Transl Issues Psychol Sci.* 2015;1(4):342.
22. Sellers RM, Caldwell CH, Schmeelk-Cone KH, Zimmerman MA. Racial identity, racial discrimination, perceived stress, and psychological distress among African American young adults. *J Health Soc Behav.* 2003;44(3):302–317.
23. Jones SC, Anderson RE, Gaskin-Wasson AL, Sawyer BA, Applewhite K, Metzger IW. From “crib to coffin”: Navigating coping from racism-related stress throughout the lifespan of Black Americans. *Am J Orthopsychiatry.* 2020;90(2):267.
24. Willis HA, Neblett EW. Racial identity and changes in psychological distress using the multidimensional model of racial identity. *Cult Divers Ethnic Minor Psychol.* 2020;26(4):509.
25. Pachter LM, Caldwell CH, Jackson JS, Bernstein BA. Discrimination and mental health in a representative sample of African-American and Afro-Caribbean youth. *J Racial Ethn Health Disparities.* 2018;5(4):831–837.
26. Vines AI, Ward JB, Cordoba E, Black KZ. Perceived racial/ethnic discrimination and mental health: A review and future directions for social epidemiology. *Curr Epidemiol Rep.* 2017;4(2):156–165.
27. Caldwell CH, Kohn-Wood LP, Schmeelk-Cone KH, Chavous TM, Zimmerman MA. Racial discrimination and racial identity as risk or protective factors for violent behaviors in African American young adults. *Am J Commun Psychol.* 2004;33(1):91–105.
28. Baron-Cohen S, Wheelwright S, Skinner R, Martin J, Clubley E. The autism-spectrum quotient (A.Q.): Evidence from asperger syndrome/high-functioning autism, males and females, scientists and mathematicians. *J Autism Dev Disord.* 2001;31(1):5–17.
29. Jones CR, Simonoff E, Baird G, et al. The association between theory of mind, executive function, and the symptoms of autism spectrum disorder. *Autism Res.* 2018;11(1):95–109.
30. Williams DR, Yu Y, Jackson JS, Anderson NB. Racial differences in physical and mental health: Socio-economic status, stress and discrimination. *J Health Psychol.* 1997;2(3):335–351.
31. Clark R, Coleman AP, Novak JD. Brief report: Initial psychometric properties of the everyday discrimination scale in black adolescents. *J Adolesc.* 2004;27(3):363–368.
32. Cohen S, Kamarck T, Mermelstein R. Perceived stress scale. *Measur Stress.* 1994;10(2):1–2.
33. Krueger EA, Meyer IH, Upchurch DM. Sexual orientation group differences in perceived stress and depressive symptoms among young adults in the United States. *LGBT Health.* 2018;5(4):242–249.
34. Everett BG, Saint Onge J, Mollborn S. Effects of minority status and perceived discrimination on mental health. *Popul Res Policy Rev.* 2016;35(4):445–469.
35. Sellers RM, Rowley SA, Chavous TM, Shelton JN, Smith MA. Multidimensional inventory of Black identity: A preliminary investigation of reliability and construct validity. *J Pers Soc Psychol.* 1997;73(4):805.
36. Wehmeyer ML, Kelchner K, Richards S. Individual and environmental factors related to the self-determination of adults with mental retardation. *J Vocat Rehabil.* 1995;4(5):291–305.
37. Colen CG, Ramey DM, Cooksey EC, Williams DR. Racial disparities in health among nonpoor African Americans and Hispanics: The role of acute and chronic discrimination. *Soc Sci Med.* 2018;199:167–180.
38. Bernard DL, Calhoun CD, Banks DE, Halliday CA, Hughes-Halbert C, Danielson CK. Making the “C-ACE” for a culturally-informed adverse childhood experiences framework to understand the pervasive mental health impact of racism on Black youth. *J Child Adolesc Trauma.* 2021;14(2):233–247.
39. Danzer G, Rieger SM, Schubmehl S, Cort D. White psychologists and African Americans' historical trauma: Implications for practice. *J Aggress Maltreatment Trauma.* 2016;25(4):351–370.
40. Turner EA, Richardson J. Racial trauma is real: The impact of police shootings on African Americans. *Psychol Benefits Soc.* 2016;14. <https://psychologybenefits.org/2016/07/14/racial-trauma-police-shootings-on-african-americans/> Accessed November 15, 2021.
41. Barker R. *The Social Work Dictionary.* Washington, DC: NASW Press; 2003.

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(Appendix follows →)

APPENDIX TABLE A1. UNDERSTANDING DISCRIMINATION SCALE ITEMS

<i>Item</i>	<i>Corresponding responses</i>
1. Which of the following is an example of bias/prejudice?	<ul style="list-style-type: none"> <li>a. Judging someone negatively based on how they wear their hair, such as dreadlocks, braids, or an Afro hairstyle</li> <li>b. Admiring someone's ethnic style and giving them a compliment</li> <li>c. Appreciating differences in how others communicate or express themselves</li> </ul>
2. Which of the following is an example of racial discrimination?	<ul style="list-style-type: none"> <li>a. Two people of different races or cultures walking home together</li> <li>b. A security guard targets an African American and follows that individual while she or he is shopping at a store</li> <li>c. An African American student is elected as the president of the student government at his high school</li> </ul>
3. Which example is a form of disability discrimination?	<ul style="list-style-type: none"> <li>a. Someone with a disability not being hired for a job because they shared in an interview that they have a disability</li> <li>b. A disabled person at a company having fair and equal opportunity to be considered for a promotion</li> <li>c. When a person tells their teacher at school that they have a disability and their teacher understands and accommodates them</li> </ul>
4. Please describe an experience when you or someone you know experienced racism, discrimination, or bias because of who you are as a Black or African American person? Please detail this experience.	
5. Please provide a written example of when you or someone you know experienced discrimination or bias because of being an autistic person or a person with a disability. Please describe this experience.	