CLAIMING THE RIGHT TO CARE

NEURODIVERSITY FACTS, TOOLKIT & RIGHTS

WHY NEURODIVERSITY MATTERS IN BI+ HEALTH

Despite significant overlap, neurodiversity in bi+ communities remains severely under-researched. Bi+ people are more likely to be neurodiverse than hetero- or homosexual populations, yet health care systems rarely account for how these identities intersect, leaving bi+ people unsupported, compounding social and health issues.

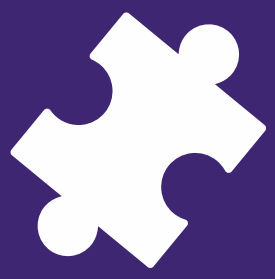
WHAT CLAIMING THE RIGHT TO CARE LOOKS LIKE

- Providers trained in both LGBTQ+ competence and neurodiversity
- Flexible communication, sensory-aware environments, and informed consent
- Care models that do not force people to choose which part of themselves gets acknowledged

FAST FACTS

Compared to peers, autistic folks report higher rates of attraction to multiple genders.[1]

Individuals diagnosed with ADHD are more likely to identify as bisexual compared to those without ADHD.[2]



Autism and bisexuality are both stereotyped as “hypersexual,” and autistic bi+ people may get hit with that double-stigma.[3]

Bi+ youth show elevated rates of mental health treatment and neurodevelopmental diagnoses compared to heterosexual peers.[4]

1. Weir, E., Allison, C., & Baron-Cohen, S. (2021). The sexual health, orientation, and activity of autistic adolescents and adults. *Autism Research: Official Journal of the International Society for Autism Research*, 14(11), 2342–2354. https://doi.org/10.1002/aur.2604
2. Mazur, E. (2026). Emerging adults’ identity and disclosure of ADHD in social relationships. *New Ideas in Psychology*, 80, 101213. https://doi.org/10.1016/j.newideapsych.2025.101213
3. Toft, A. (2023). ‘These Made-Up Things Mean Nothing to Me’: Exploring the Intersection of Autism and Bisexuality in the Lives of Young People. *Journal of Bisexuality*, 23(3), 229–249. https://doi.org/10.1080/15299716.2023.2214134
4. Lai, M.-C. (2025). Editorial: Towards an intersectional understanding of sexual identity, mental health, neurodivergence, and beyond. *Journal of the American Academy of Child & Adolescent Psychiatry*, 64(5), 558–560. https://doi.org/10.1016/j.jaac.2024.12.007

COMMON BARRIERS

In medical, educational, or behavioral health settings, bi+ neurodiverse people often experience:

- Bisexuality+ dismissed as a symptom of autism, ADHD, trauma, or “social confusion”
- Neurodivergence used to invalidate identity rather than support access needs
- Communication differences misread as instability, evasiveness, or lack of insight
- Diagnostic overshadowing (i.e., everything attributed to one label)
- Sensory needs ignored in clinical environments

If a provider is uncomfortable with either neurodivergence or bisexuality+, that discomfort can shape care, even unintentionally.

TOOLS

Request accommodations without justification (extra time, written instructions, sensory needs).

Ask providers how they adapt communication for neurodiverse patients.

You can bring a support person or written notes.

Neurodiverse bi+ people deserve care that adapts to them, not the other way around.

BEFORE STARTING CARE

Know your needs.
Sensory triggers. Communication preferences. Processing time. Executive functioning challenges.

Know your history.
Prior diagnoses or assessments. What supports have helped. What has caused harm.

Decide.
Do you want your bi+ness discussed? Do you want your neurodiversity centered or just accommodated?

Write it down.
Specific access needs. Questions about assessment and/or support. What you do no want pathologized.

YOU ARE NOT REQUIRED TO MASK TO BE TAKEN SERIOUSLY.

WHAT AFFIRMING NEURODIVERSITY CARE LOOKS LIKE

- Treats neurodiversity as a difference, not a defect.
- Does not frame bisexuality+ as a symptom of neurodiversity.
- Understands masking and minority stress as health factors
- Creates sensory-aware environments when possible
- Does not force patients to prioritize one identity over another
- Centers patient-defined needs, access requests, and goals

IF NEURODIVERSITY CARE FEELS HARMFUL

Red flags include:

- Framing bisexuality+ as a symptom of neurodiversity
- Dismissing neurodivergence as attention-seeking or laziness
- Pressure to “mask” to be taken seriously

You can:

- Ask how conclusions were reached
- Request accommodations in writing
- Request a different clinician or referral
- Seek a second opinion
- End care that is causing harm

"My bisexuality+ is not a symptom."

"I need processing time before answering."

"That conclusion doesn't reflect my experience."

"Please don't attribute my identity to my neurodiversity."

"I don't think this framing is helpful for me."

LANGUAGE YOU CAN USE

GUIDANCE FOR PROVIDERS

- Do not reduce bisexuality+ to a feature of autism, ADHD, trauma history, or cognitive style

- Understand masking as a response to stigma, not proof that support is unnecessary

- Provide clear structure, direct language, and flexibility in communication

- Anticipate sensory and processing needs instead of waiting for crisis

- Educate yourself on the intersection of neurodivergence and minority stress

Care that requires patients to compartmentalize themselves is not competent care.

WHAT ARE YOUR RIGHTS?

1. To courtesy, respect, dignity, and timely, responsive attention to his or her needs.

2. To receive information from their physicians and to have opportunity to discuss the benefits, risks, and costs of appropriate treatment alternatives, including the risks, benefits and costs of forgoing treatment. Patients should be able to expect that their physicians will provide guidance about what they consider the optimal course of action for the patient based on the physician's objective professional judgment.

3. To ask questions about their health status or recommended treatment when they do not fully understand what has been described and to have their questions answered.

AMA Code of Mediical Ethics

WHAT ARE YOUR RIGHTS?

4. To make decisions about the care the physician recommends and to have those decisions respected. A patient who has decision-making capacity may accept or refuse any recommended medical intervention.

5. To have the physician and other staff respect the patient's privacy and confidentiality.

6. To obtain copies or summaries of their medical records.

7. To obtain a second opinion.

AMA Code of Mediical Ethics

WHAT ARE YOUR RIGHTS?

8. To be advised of any conflicts of interest their physician may have in respect to their care.

9. To continuity of care. Patients should be able to expect that their physician will cooperate in coordinating medically indicated care with other health care professionals, and that the physician will not discontinue treating them when further treatment is medically indicated without giving them sufficient notice and reasonable assistance in making alternative arrangements for care.

AMA Code of Mediical Ethics

RESOURCES

Autistic Self Advocacy Network
autisticadvocacy.org

Attention Deficit Disorder Association
add.org

Association for Autism and Neurodiversity
aane.org

Understood
Understood.org

Autistic Women & Nonbinary Network
awnnetwork.org

#BiHealthMonth