

Module 4:
**Gender Identity
Development for
Transition Age Youth
diagnosed with Autism
Spectrum Disorder**

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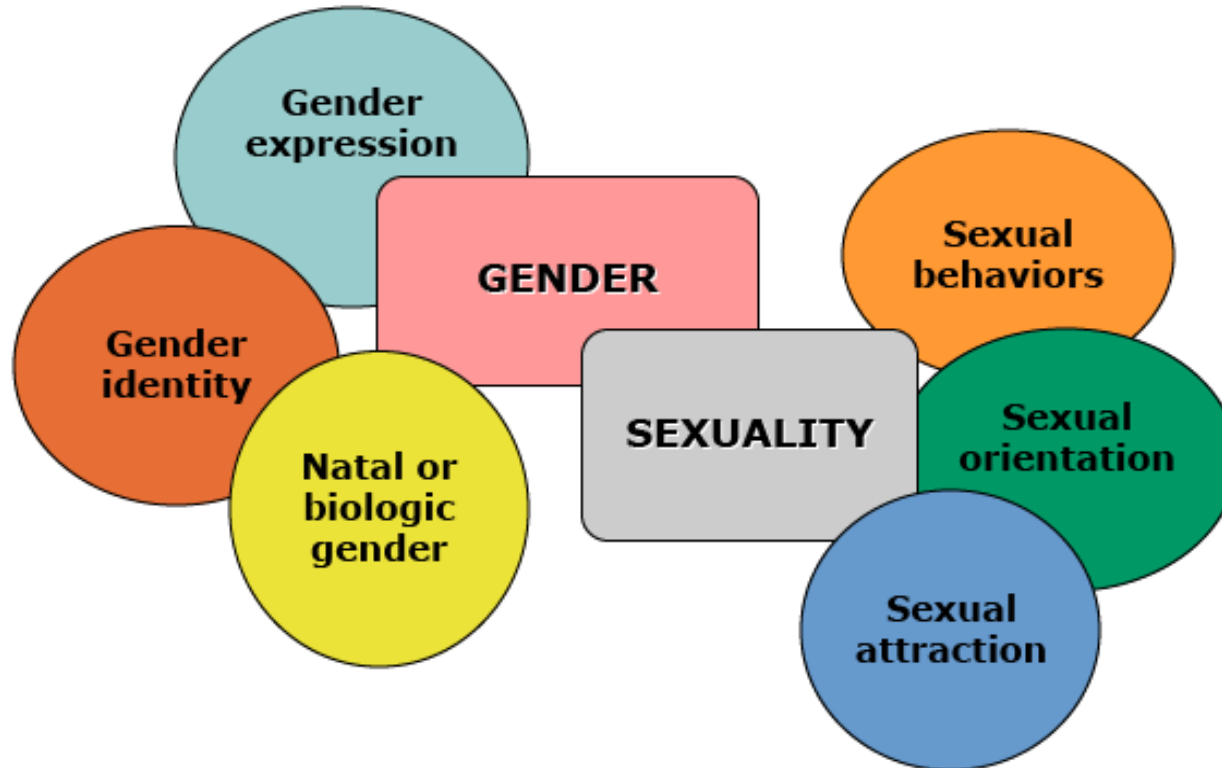
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EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Defining gender



- **Natal/biologic gender:** Gender assigned at birth; body parts, hormones, biology.
- **Gender identity:** The understanding of one's self (female, male, transgender, gender non-conforming, genderqueer, non-binary, gender fluid, cisgender)
- **Gender expression:** Ways in which a person acts, presents self, and communicates gender within a given culture

(Olson-Kennedy & Forcier, 2015)

Awareness of gender identity



Between ages 1 and 2

- Children become conscious of physical differences between sexes



At 3 years old

- Can label themselves as girl or boy



By age 4

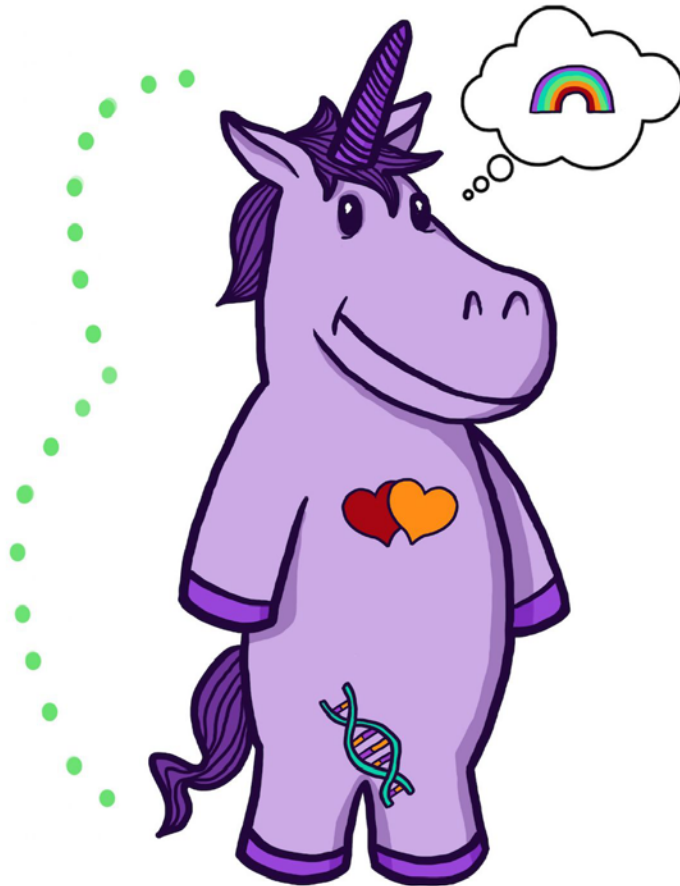
- Gender identity is stable
- Recognize that gender is constant

Gender dysphoria

- Gender dysphoria is defined (by the APA) as:
 - A conflict between a person's physical or assigned gender and the gender with which he/she/they identify. People with gender dysphoria may be very uncomfortable with the gender they were assigned, sometimes described as being uncomfortable with their body (particularly developments during puberty) or being uncomfortable with the expected roles of their assigned gender.
 - While some children express feelings and behaviors relating to gender dysphoria at 4 years old or younger, many may not express feelings and behaviors until puberty or much later.

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression/Presentation

- Feminine
- Masculine
- Other

Sex Assigned at Birth

- Female
- Male
- Other/Intersex

Sexually Attracted To

- Women
- Men
- Other Gender(s)

Romantically/Emotionally Attracted To

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

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Coles 5

Gender dysphoria and ASD: Data from the past decade

- Prevalence of gender dysphoria (GD)
 - 0.005-0.5% in overall population
- Rates of GD are higher in individuals with ASD
 - 5.4-7.2% of youth and adults with ASD dx
- Rates of ASD are higher in individuals with GD
 - 7.8-26% of youth presenting to gender clinics

(Strang, 2014; van der Miensen, 2016; **de Vries, 2010**; Kaltiala-Heino, 2015; Shumer, 2016)

How to screen? Approaching gender identity with patients

- Ask!!!

When you think of yourself as a person, do you think of yourself as male, female, both, or another gender?

Gender dysphoria and ASD: More questions than answers

- Do individuals with ASD have the same awareness and development of gender identity as individuals without ASD dx?
- Are youth with autism less aware of social restrictions against expressing gender variance?
- Does more rigid thinking in individuals with ASD lead people with mild or moderate gender nonconformity to believe that they are transgender?
- Is there a biological connection between ASD and gender dysphoria?

Regardless of the reasons...

- ...Gender dysphoric individuals with ASD deserve affirming medical care
- “Even if their interpersonal deficits are severe, people are still more comfortable in their affirmed gender, no matter what else is going on in their life.”

Quote from Katherine Rachlin, PhD, gender therapist

Gender dysphoria individuals with ASD

Deserve affirming medical care

- Initial clinical guidelines for co-occurring autism spectrum disorder and gender dysphoria or incongruence in adolescent (2016)
- Expert consensus to define clinical care summarized
 - Establish appropriate clinical team with ASD and gender expertise
 - Address and assess intensity of gender feelings
 - Provide psycho-education about and explore the range of gender outcomes
 - Provide structure for gender exploration
 - Continue to assess for signs that GD/GNC is caused by sx of ASD over time
 - If medical transition is indicated, ensure that a gender specialist is involved
 - Consider the accessibility and appropriateness of adjunct gender and/or ASD-related supports

(Strang et al., 2015)

MH outcomes with GD and ASD

- Individuals with GD report an increased risk of depression, anxiety, self-harm, and suicide
 - MH risk is reduced when youth are “affirmed in their gender identities in all aspect of their lives.”
- Individuals with ASD have inc risk of other MH issues
 - Specifically anxiety, depression, and self harm
- But...there is no solid data on MH outcomes when individuals have dual diagnoses of GD and ASD
 - Possible increase risk of certain MH outcomes
 - Likely depends on level of social support

(Gotham et al., 2015; Grant et al., 2010; Kerns et al., 2015; Olson et al., 2016; Simonoff et al., 2016; Takara & Kondo, 2014)

Psychiatric support for pts with ASD dx around gender treatment decisions

- For individuals with unclear/inconsistent signs of GD
 - Do not dismiss as a phase
 - Encourage exploration of gender identity over time before potentially irreversible gender-related medical treatment
- Consent for treatment may be more complex
 - Assist in developing specialized consenting plan with benefits and risks presented in a manner appropriate for the individuals cognitive and communication abilities
- Pay attention to how ASD-related sensory issues and problems with changes in routine may impact gender-related medical treatment

(Strang et al., 2016)

For many of us [autistic people], gender mostly impacts our lives when projected onto us through other people's assumptions, but holds little intrinsic meaning.

Someone who is gendervague cannot separate their gender identity from their neurodivergence – ***being autistic doesn't cause my gender identity, but it is inextricably related to how I understand and experience gender...***” For many (but certainly not all) autistic people, we can't make heads or tails of either the widespread assumption that everyone fits neatly into categories of men and women, or the nonsensical characteristics expected or assumed of womanhood and manhood.

From “Gendervague: At the Intersection of Autistic and Trans Experiences” by Lydia X. Z. Brown



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