

# Supporting Gender Diverse Intersectional Youth: Intersecting Identities and Comprehensive Care

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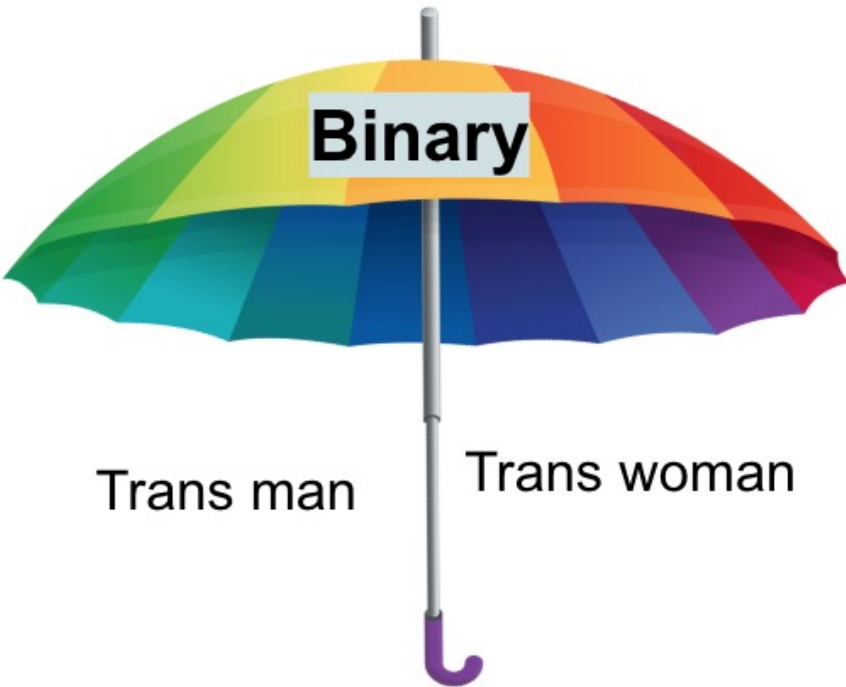
# Agenda



- 1 - Defining Gender Diversity
- 2 - Equity Issues
- 3 - Gender identity and Autism spectrum
- 4 - Evaluating the intersection of neurodiversity and gender diversity
- 5 – Barriers to care



# Transgender



## Binary

Trans man

Trans woman



## Non-Binary

Genderqueer

Genderfluid

Demiboy

Bigender

Demigirl

Agender

Neutrois

And more!

# Background: Terms

- Gender identity: Gender one experiences themselves as
- Gender **assumed at birth** = gender assigned at birth
- Cisgender: Assumed gender at birth = Gender identity
- Transgender: Assumed gender at birth  $\neq$  Gender identity
- Assumed gender vs. affirmed gender
- Transition – a dynamic and ongoing process

Gender  
Expression

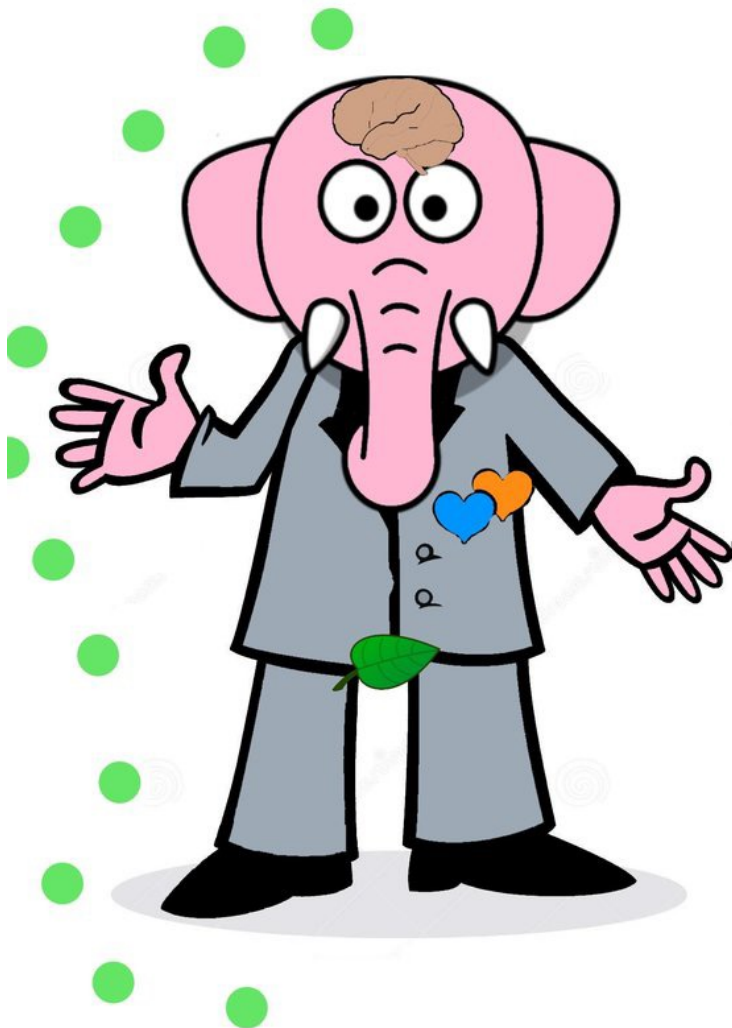
$\neq$

Gender Identity

Appearance,  
Interests

Sense of who you are

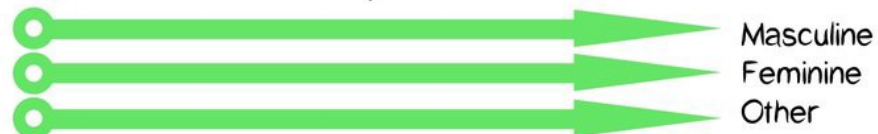
# The Gender Elephant



## Gender Identity



## Gender Expression



## Sex Assigned at Birth



## Physically Attracted to



## Emotionally Attracted to



To learn more, go to  
[ccgsd-ccdgs.org](http://ccgsd-ccdgs.org)

inspired by  
its pronounced **METRO**sexual

**TSER**  
Trans Student Educational Resources

# DSM-5 criteria for Gender Dysphoria: adolescents and adults

- A marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months.
- At least **two** of the following must be present:
  - A strong desire to be rid of one's primary or secondary sex characteristics (or a desire to prevent the development of secondary sex characteristics in younger adolescents because of incongruence with one's experienced gender)
  - A strong desire for the primary and/or secondary sex characteristics of the other gender
  - A strong desire to be another gender
  - A strong desire to be treated as another gender
  - A strong conviction that one has the typical feelings and reactions of another gender

# DSM-5 criteria for Gender Dysphoria: children

- A marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months.
- At least **six** of the following must be present (one must be first criterion):
  - **A strong desire to be another gender or insistence that one is another gender**
  - Preference for attire stereotypically considered of another gender
  - Preference for toys/games/activities stereotypically considered of another gender; rejections of activities typically attributed to assigned gender
  - Strong dislike of physical anatomy
  - Desire for physical attributes of another gender
  - Preference for playmates of another gender
  - Preference for cross-gender roles in imaginary/fantasy play

# Gender Diversity and Minority Stress

- **Minority stress theory**: negative impact to medical + mental health from **chronically high stress** experienced by members of a **stigmatized minority**
- Transgender individuals- face higher rates of family rejection, homelessness, victimization, trauma, financial and employment barriers, interpersonal discrimination, legal and systems biases- **especially for persons of color**

<https://vawnet.org/sc/serving-trans-and-non-binary-survivors-domestic-and-sexual-violence/violence-against-trans-and>

- More likely to receive inadequate health care, and historically seen by medical/mental health providers as inherently mentally ill
- GD folks then less likely to seek health care, more likely to experience systemic barriers to care



(IOM 2011; Rosario et al, 2





# Minority stress model, cont.

- In context of social stigma/bias/discrimination, GD youth may feel the need to hide gender experiences, may feel shame and isolation
- In exploring gender may feel pressure to hide identity, “coming out” can be multiple stages
- Combination of overt/covert discrimination + social stigma/bias + internalized transphobia
- Gender diverse youth - like any other stigmatized minority group- more likely to experience psychopathology vs. cisgender peers
- Higher rates of anxiety, depression, self-harm, suicide attempts
- **Rates tend to normalize in more accepting environments/families**



# Reflections on being Hispanic, autistic, and transgender

Excerpt from interview of autistic, transgender male:

*“Yes, my experiences are different because of my cultural background. Being transgender and LGBTQ is viewed negatively and there’s a lack of education for these topics. Especially for Hispanic women, there is a lot of pressure to stay in the closet...As far as ASD, it’s almost a forbidden subject in Hispanic culture. It’s not viewed as something to talk about and there’s heavy shunning for anything related to mental health and autism.”*

*Gender Identity, Sexuality, and Autism: Voices from across the spectrum  
Mendes & Maroney, 2019*

# GENDER IDENTITY AND AUTISM SPECTRUM DISORDER



## Autism Spectrum

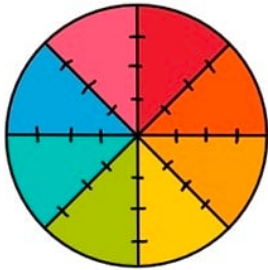
The Autism Spectrum is NOT linear



less autistic

very autistic

The Autism Spectrum looks more like:



- Social differences
- interests
- repetitions
- sensory sensitivities
- emotional regulation
- perception
- executive functioning
- other

Terms like "high functioning", "low functioning" and "Asperger" are harmful and outdated.

Autism\_sketches

# Gender identity and autism

*Among individuals with gender dysphoria receiving clinical services there is increasing evidence of a higher prevalence rate of autism compared with the general population (Glidden et al. Sex Med Rev 2016)*

Overall estimates among transgender/gender diverse youth, **6 - 22.5%**  
**are Autistic**

Emerging evidence suggests that **up to 15% of Autistic adults identify as a gender different than their assigned sex at birth**

# Autism ⇔ Gender Diversity: Theories



- 1) Autism + Gender diversity are truly co-occurring?
- 2) Shared genetic, neuroendocrine, or neurobiological mechanisms?
- 3) Theory of mind differences: Autistic people less influenced by societal factors, “freer” to come out or express differently?
- 4) Gender diversity and/or gender dysphoria- reaction to or discomfort with puberty/hormonal developmental effects?
- 5) Autism-like traits or social challenges more frequent in GD youth?

# Gender and sexual identity in Autistic individuals: It's a spectrum



- *High rates of gender heterogeneity* in autism, particularly among assumed females at birth (George & Stokes 2017)
- *Lower rates* of gender identification and gender self-esteem in autism vs. gender diverse controls (Cooper, Smith, & Russell 2018)
- Higher rates of diverse sexualities among autism + those with autistic traits (Qualls et al. 2018)
- Recurring themes for gender diverse, autistic youth: recall of early gender nonconformity, different descriptions of experiences of gender dysphoria, specific challenges with interplay of gender and neurodiversity (Strang et al. 2018)

# Reflections of gender stereotypes through the lens of autism

Excerpt from interview of autistic, transgender male:

*“It’s not so much about my identities, but how I express them. I like to do things like wear makeup and hair extensions and nail polish. For me, they are expressions of masculinity that isn’t fragile. Sometimes people see these things as feminine only and that’s utterly bizarre to me. Assigning a judgment like that to a self expression does not make sense to me in the least and maybe because I am autistic. I like to wear clothes that feel right, even if they don’t always “look” right to others, because of sensory things. I like legging and flowy tops, things seen as feminine. To me, they’re just comfortable.”*

# Evaluating autism in the context of gender dysphoria

- Many referred gender diverse patients are older than the average age of autism diagnosis
- Large portion of patients are assigned females at birth and exhibit milder traits in early childhood consistent with female profiles of autism
- Gender dysphoria often coincides with other mental health issues, differential diagnosis is complex
- Due to mental health complexities, level of impairment may look higher currently than earlier in childhood
- Social communication challenges and social avoidance in the context of repeated incongruence between assigned and affirmed gender; *have there been shifts in social dynamics after coming out as affirmed gender?*



# Evaluating gender dysphoria in the context of autism

- Early childhood gender differences may be less apparent or not easily recounted by patient/family
- Differences in peer relationships due to autism can influence early gender identification/gravitation toward certain gendered peers
- Puberty may be distressing to many autistic youth, need to distinguish from gender dysphoria-specific concerns.
- Gender questioning **may occur later** in autism (e.g., at/after puberty onset, can impact medical/surgical options)
- Rate of social transition may be impacted by cognitive differences, "black and white" or "all or nothing" thinking patterns often seen in autism.

# Evaluating gender dysphoria in the context of autism

- Must consider intellectual and/or language differences, adjust interviews and assessments accordingly
- Ability to articulate clear gender identity differences may be limited due to social communication challenges
- Need to carefully assess decisional capacity- may be more complex evaluation if additional factors of cognitive rigidity, communication differences, etc.
- Comorbidities (ADHD, anxiety/OCD) are common in autism and may further impact clinical presentation and evaluation.

# Deliberating Autism vs. neurodivergence

- **Severity/pervasiveness of social-communication** differences versus significant challenges.
- **Severity/pervasiveness of RRB** differences versus significant challenges
- **Consider “autistic girls” profile**
- **Other Neurodevelopmental Explanations**
  - ADHD, learning disorder, “gifted” – 2E, executive functioning deficit, uneven cognitive profile, FASD
  - We know kids with ADHD often have “some” autism characteristics and vice versa
  - Is this “sufficient” or do they also meet autism criteria? What’s primary?
- **Impact** of giving the diagnosis
- **Self-identification**
  - Explanation of autism vs. traits
    - “meeting full criteria”
    - spectrum of neurodiversity



# Autism Likelihood in SCH Gender Clinic Population

- 113 patients, ages 8-20, SCH Gender Clinic intakes- mental health measures, qualitative interviews.
- Autism screening measure- AQ-10: if above screening cutoff, considered "high risk" for autism (HR-ASD)
- **20% screened HR-ASD, vs. 8% w/ known/documented dx autism**
- Co-occurring diagnoses for HR-ASD group: anxiety (57%), depression (44%), ADHD (22%)
- HR-ASD status correlated with higher self-harm rates
- HR-ASD youth may be under-identified, have unique risk factors for psychological distress/reduced coping skills

# Complexities in gender-affirming care for Autistic youth



- Parents may be especially cautious with interventions
- Medical teams may be especially cautious – i.e., if provider/surgeon requires extra steps for “psych clearance”
- Possible difficulty in monitoring physical + psychological responses to hormones- if patient has difficulty w/ communication, describing inner experiences or physical sensations, etc.
- Patient may be more concrete with transition goals- ex. delay social transition until after hormones (cognitive rigidity)
- Concurrently addressing co-occurring concerns

# Added care access barriers: Gender diverse Autistic youth

- Accessing gender-informed care can be challenging, especially when needing multiple specialty consults
- Difficulty finding & establishing care with clinicians who are comfortable and/or competent in neurodivergent & gender diverse youth; urgent need for more education/consultation
- Diagnostic and treatment complexities can result in treatment delays/refusals, inappropriate evals
- Integrative/interdisciplinary care (like CAC Gender Clinic!) can be extremely useful, but access is limited.

# Take-home points

- Research and clinical guidelines suggest higher intersection of gender diversity and neurodiversity than would be estimated by chance.
- Several hypotheses have arisen to help explain this co-occurrence with some empirical evidence for support.
- Co-occurring autism can add complexity to assessment for individuals with gender identity questions. Gender clinics should consistently screen for autism.
- Autism diagnosis should not be an exclusion criterion for gender dysphoria diagnosis or gender-affirming medical treatment.
- It is important to take autism-specific factors into account and to adjust the assessment process to meet the individual's needs in supporting their gender journey.



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THANK YOU!



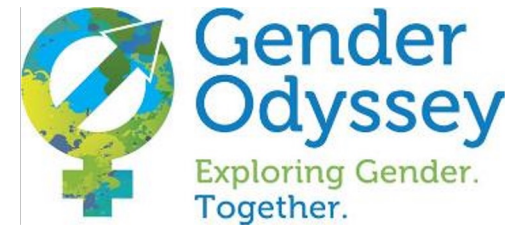
QUESTIONS?





# Resources

- **Community support groups that are Autism-inclusive:**



- **Name and gender marker change info**
  - Ingersoll Gender Center provides financial assistance and navigation support for changing identity documents: <https://ingersollgendercenter.org/what-we-do/community-financial-assistance/>
  - NCTE provides information about changing state and federal documents, including birth certificate, social security, and passport: <https://transequality.org/documents>
- **Seattle Children's Gender Clinic (Springbrook building)**
  - <https://www.seattlechildrens.org/clinics/gender-clinic/>
  - Phone: 206-987-2028

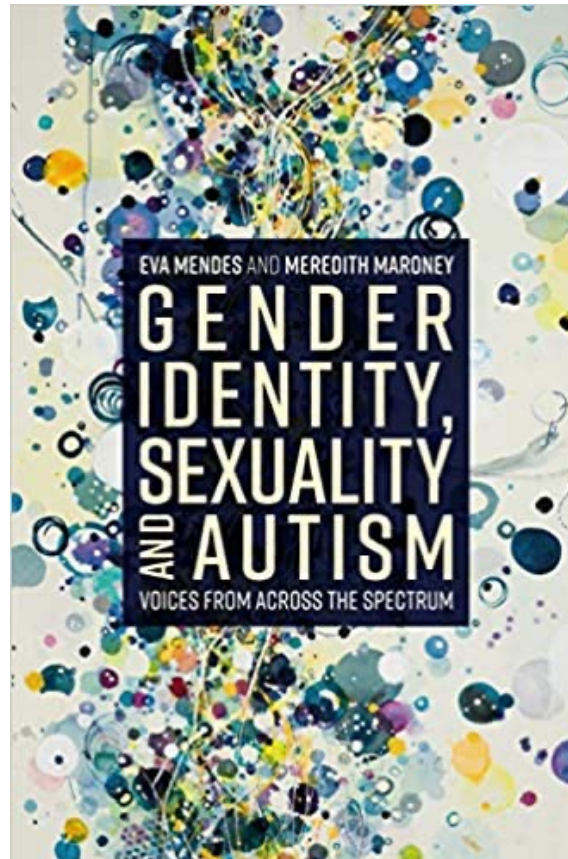
# Great Reads on the overlap of Gender Divergence and Autism

## SUPPORTING TRANSGENDER AUTISTIC YOUTH AND ADULTS

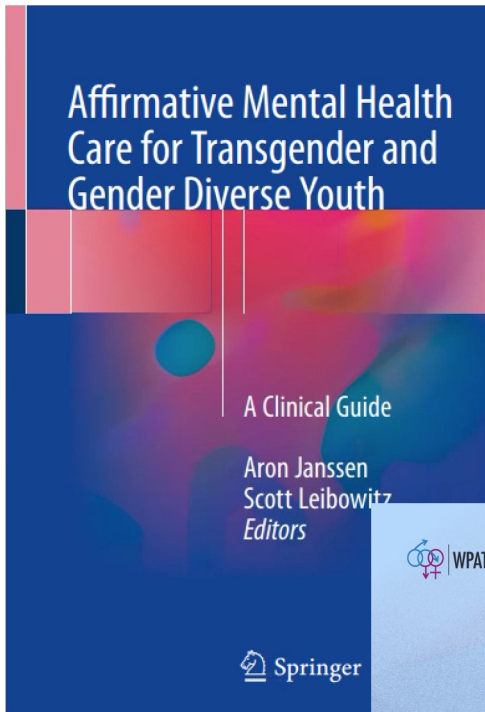
A Guide for Professionals and Families



FINN V. GRATTON, LMFT, LPCC

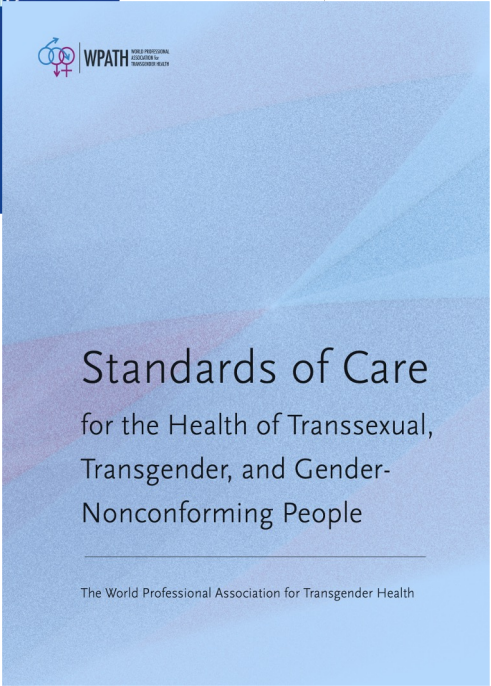
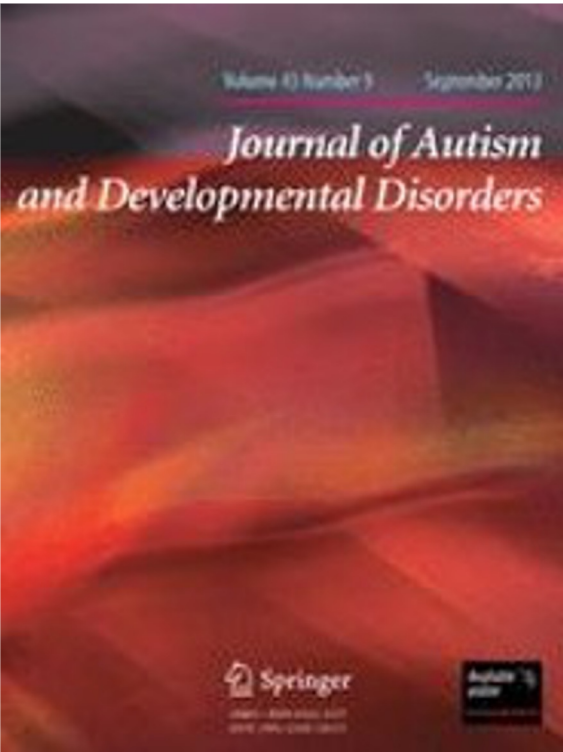


# Resources- continuing education



Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People

Center of Excellence for Transgender Health  
Department of Family & Community Medicine  
University of California, San Francisco  
2<sup>nd</sup> Edition – Published June 17, 2016  
Editor - Madeline B. Deutsch, MD, MPH



The National LGBT Health Education Center

The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

# Your Resources:

- Ghina book rec for kids:  
<https://us.macmillan.com/books/9781250302953>
- I am Jazz (book for kids)