Gender diversity and autism: Is there a link and what are the clinical consequences?

Annelou de Vries & Anna van der Miesen
## Clinical considerations

<table>
<thead>
<tr>
<th><strong>ASD symptoms</strong></th>
<th><strong>Potential impact on DX</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication problems</td>
<td>What does individual think or want?</td>
</tr>
<tr>
<td>Concrete thinking; weak future thinking</td>
<td>Understand implications of gender affirming medical?</td>
</tr>
<tr>
<td>Less flexible (black and white) thinking</td>
<td>Can individual consider all possibilities (e.g., non-binary)?</td>
</tr>
</tbody>
</table>
## Further clinical considerations

<table>
<thead>
<tr>
<th>ASD symptoms</th>
<th>Potential impact on DX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced self-awareness</td>
<td>May not perceive gender concerns until later</td>
</tr>
<tr>
<td>Reduced social conformity</td>
<td>May present in less common ways</td>
</tr>
<tr>
<td>Over-focused interest</td>
<td>Is this gender-diversity or preoccupation-related or both</td>
</tr>
</tbody>
</table>
Content

• It’s all about the news?
• Key terms.
• It’s all about the news and the link?
• Theory:
  • Current state of the literature.
  • Underlying hypotheses.
• Clinical recommendations: Themes.
• Clinical recommendations: Tools.
• Summary.
Increase in intakes / referrals
Gender identity development & keywords

Typical development: Gender role, gender identity & biological/assigned sex match.

Gender role:
Gender stereotypical behaviors, interests, preferences, personality characteristics.

Gender identity:
The subjective feeling of belonging to or being one of the genders.
Gender diverse development & keywords
Gender variance versus Dysphoria

**Gender Variance (GV)**
Gender expression that does not match culturally defined gender norms

**Gender Dysphoria (GD)**
Distress due to marked incongruence between experienced vs. birth-assigned gender
Adolescents (~11-12y)

Enter clinic

First
Diagnostic
Phase

No
Medical
Interventions

+ 6 months

Age 11/12 – 16 y

‘Extended Diagnostic Phase’

GnRH Analougues

Fully Reversible

Max 4 Years

Age 15/16 - 18 y

2nd Diagnostic Phase

Cross-Sex Hormones

Partially Reversible

Max 2 Years

Wiepjes et al., 2018; Arnoldussen, in preparation
The current literature

Øien et al., 2018
Case studies

- Published qualitative studies ($N = 21$).

- Examples:
  - First case study focused on gender identity: 2 assigned males at birth with described cross-gender pre-occupations (Williams et al., 1996).
  - Follow-up of adolescent with co-occurring GD and ASD currently having gender affirmative treatment (Tateno et al., 2015).

- Some case studies provide first hypotheses about co-occurring GD-ASD (e.g., Williams et al., 1996).
Current status of the literature: Quantitative work

For a review, see van der Miesen et al. (2016)
First diagnostic study

• First study using the DISCO interview (Wing, 1999).
• ASD diagnosis in 7.8% of clinic referred transgender children and adolescents (de Vries et al., 2010).

• Clinical chart studies \((N = 6)\) (e.g., Kaltiala-Heino et al., 2015).
The literature and the why?

• ASD increases the odds of GD?
  OR

• GD increases the odds of ASD?
  OR

• Shared neurobiological pathway?
Biological?

• Extreme Male brain theory: Individuals with ASD have in general a more extreme assigned male pattern of cognition (e.g., increased systemizing over empathizing) (Baron-Cohen, 2002).

• Assigned females at birth have more characteristics of ASD compared to neurotypical cisgender males (Jones et al., 2012).

• Increased fetal testosterone exposure might be a factor in co-occurring GD-ASD, especially in assigned females at birth (Jones et al., 2012).
Psychological?

• GD by ASD caused by specific interests (Williams et al., 1996).
  • Pink toys or clothes.

• GD by ASD caused by obsessive interests.

• Rigid thinking.

› Sensory attractions and differences in body awareness (for an overview, see van der Miesen et al., 2016).
Social factors?

• Being less aware of social relationships and feeling different (de Vries et al., 2010; Parkinson, 2014; Tateno et al., 2008).

• Less attention to gender stereotypes/gender roles (Kourti & MacLeod, 2018; Walsh et al., 2018).

• Less or different social learning opportunities.

• Different identity development and camouflaging (Hull et al., 2017).
OR?
OR: Elevated characteristics of ASD caused by being transgender?

• Is it just a “clinical phenomenon”?

• Individuals with GD suffer more often from conditions such as anxiety and depression: false positive results on screenings instruments? (Turban & Van Schalkwyk, 2018)
But...

- Now back to Tobi.

- Clinical consequences?
What are you going to do?
Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents


To link to this article: http://dx.doi.org/10.1080/15374416.2016.1228462

Comorbide genderdysforie en autisme: hypotheses over de etiologie en een exploratie van de behandelmogelijkheden

Anouk Balleur-van Rijn & Annelou L.C. de Vries
Theme 1: Psychoeducation

• Provide psycho-education about and explore the possibility of a range of gender outcomes (e.g., gender spectrum and gender role, etc.) This may require specific therapy targeting ASD related differences in cognitive flexibility (e.g., reducing all or nothing thinking).

• And, try it out.
Tool 1

100% mannelijk 100% vrouwelijk

__________________________
kleding

__________________________
hobby's

__________________________
lichaam

__________________________
gedrag

__________________________
vrienden

__________________________
kapsel
Theme 2: Become happier

- ‘lekker in je lijf’
- Gelukkiger met jezelf
Theme 3

• Creating realistic expectations of what Gender Affirmative Treatment can bring, and what NOT
Tool 3

- Photos, drawings, magazines and journal pictures
Summary

• Almost all studies published so far suggest an overrepresentation of ASD diagnoses and characteristics in individuals with GD and vice versa.

• Many possible explanations have been suggested but all lack sufficient evidence.

• Clinical consensus that GD and ASD can co-occur independently and that ASD is not an exclusion criterion for medical affirmative treatment

• Themes and tools can help to start the conversation.
Questions?

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