

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

**Annelou de Vries & Anna van der Miesen**





# Clinical considerations

## ASD symptoms

Communication problems

Concrete thinking; weak future thinking

Less flexible (black and white) thinking

## Potential impact on DX

What does individual think or want?

Understand implications of gender affirming medical?

Can individual consider all possibilities (e.g., non-binary)?



# Further clinical considerations

## ASD symptoms

Reduced self-awareness

Reduced social conformity

Over-focused interest

## Potential impact on DX

May not perceive gender concerns until later

May present in less common ways

Is this gender-diversity or preoccupation-related or both



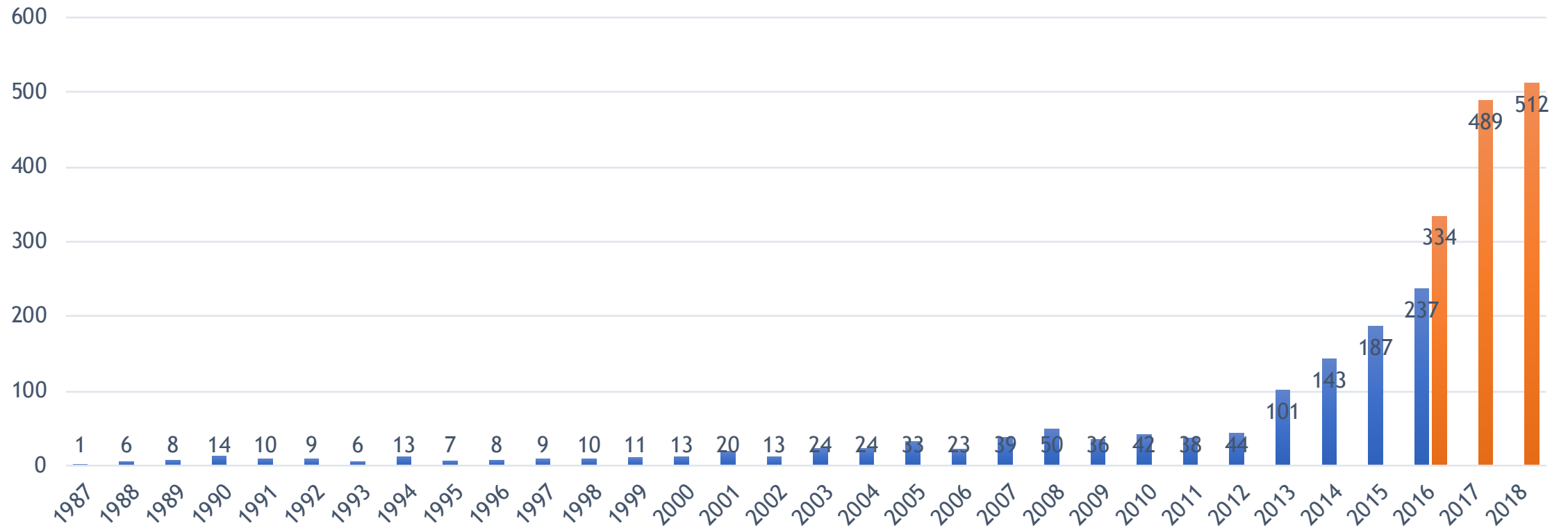
# Content

- 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:

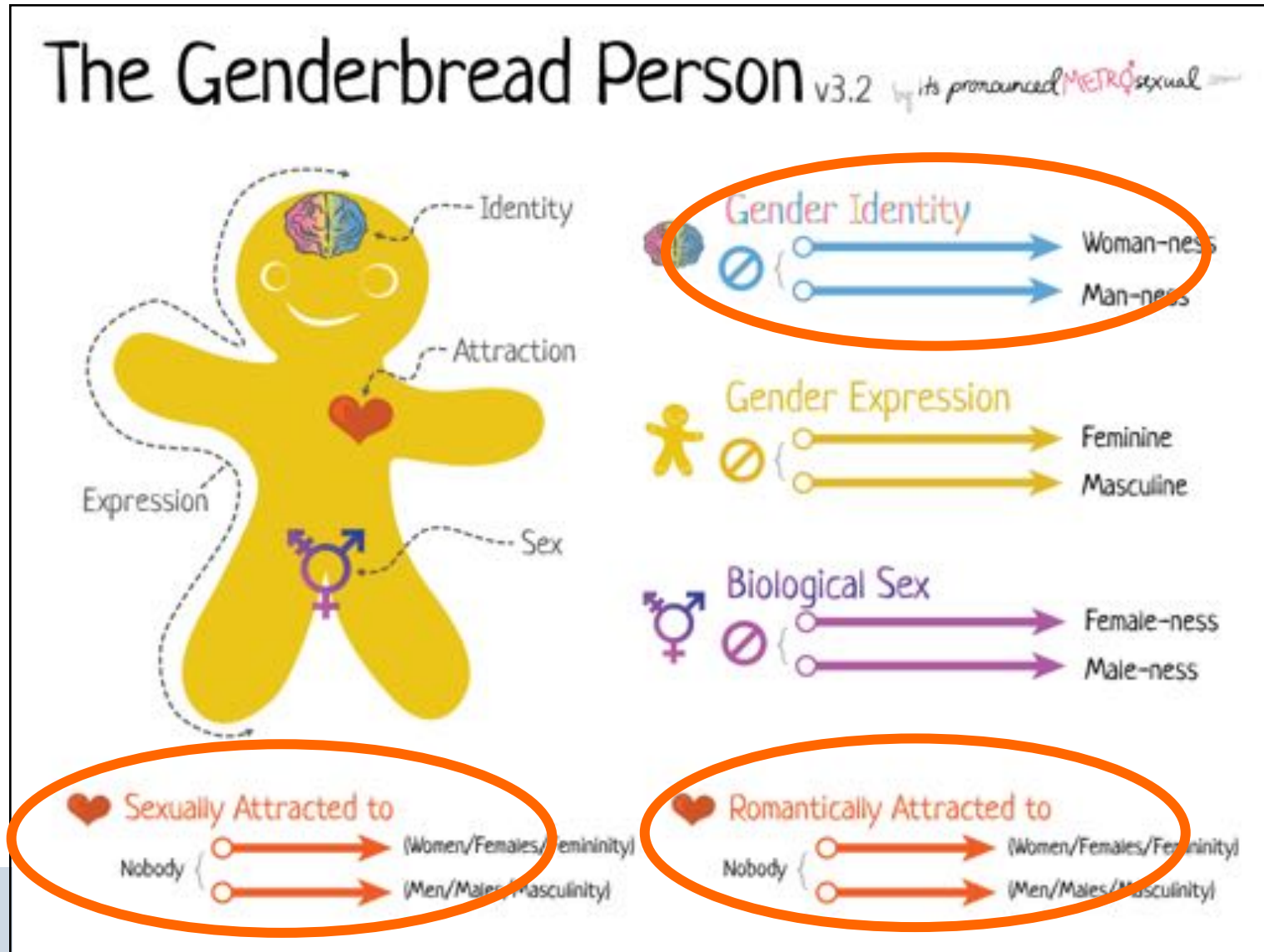
Gender stereotypical behaviors, interests, preferences, personality characteristics.

## Gender identity:

The subjective feeling of belonging to or being **one of the genders.**



# Gender diverse development & keywords



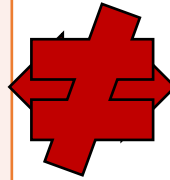


# Gender variance versus Dysphoria



## Gender Variance (GV)

Gender expression that does not match culturally defined gender norms

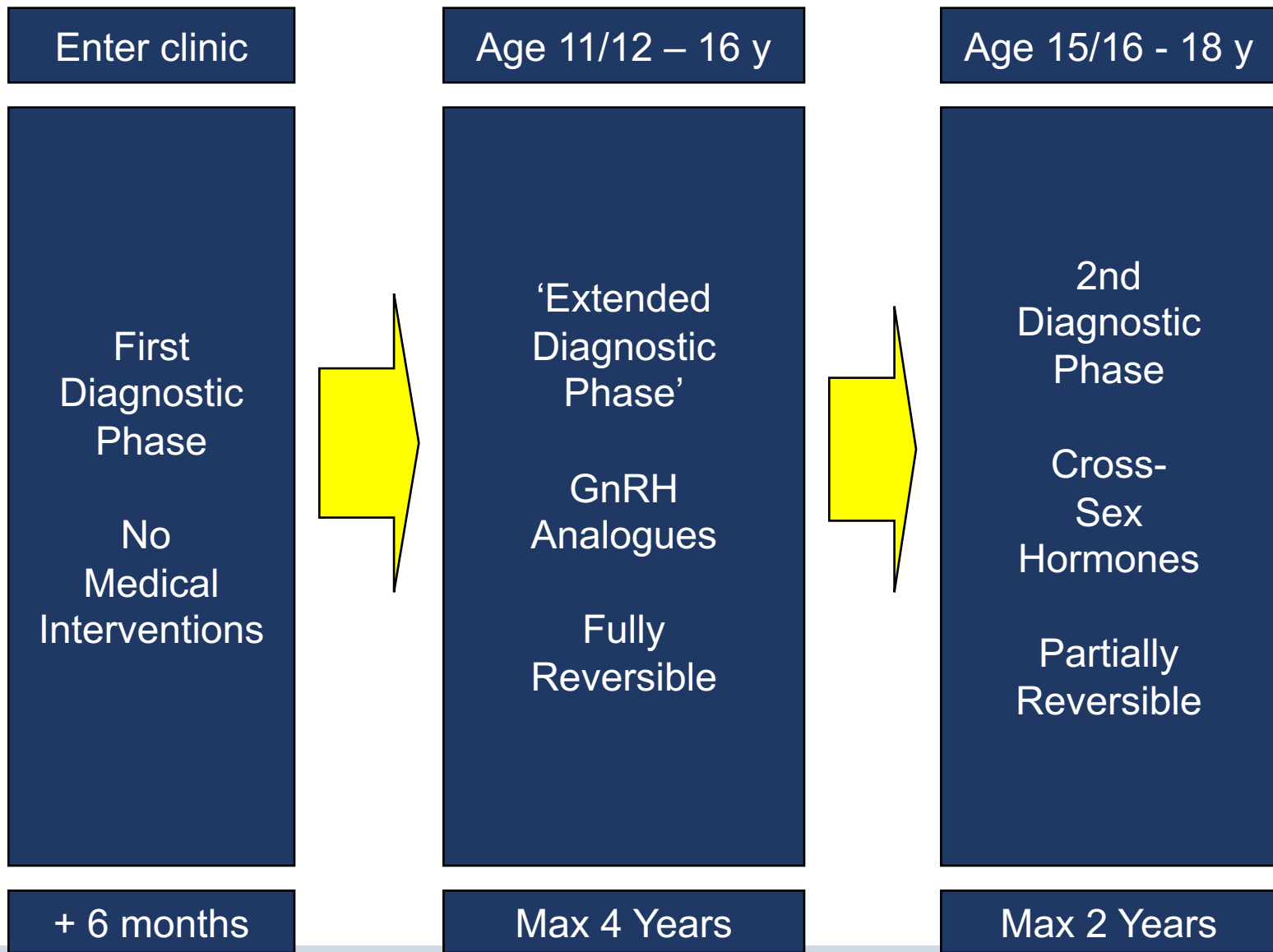


## Gender Dysphoria (GD)

Distress due to marked incongruence between experienced vs. birth-assigned gender



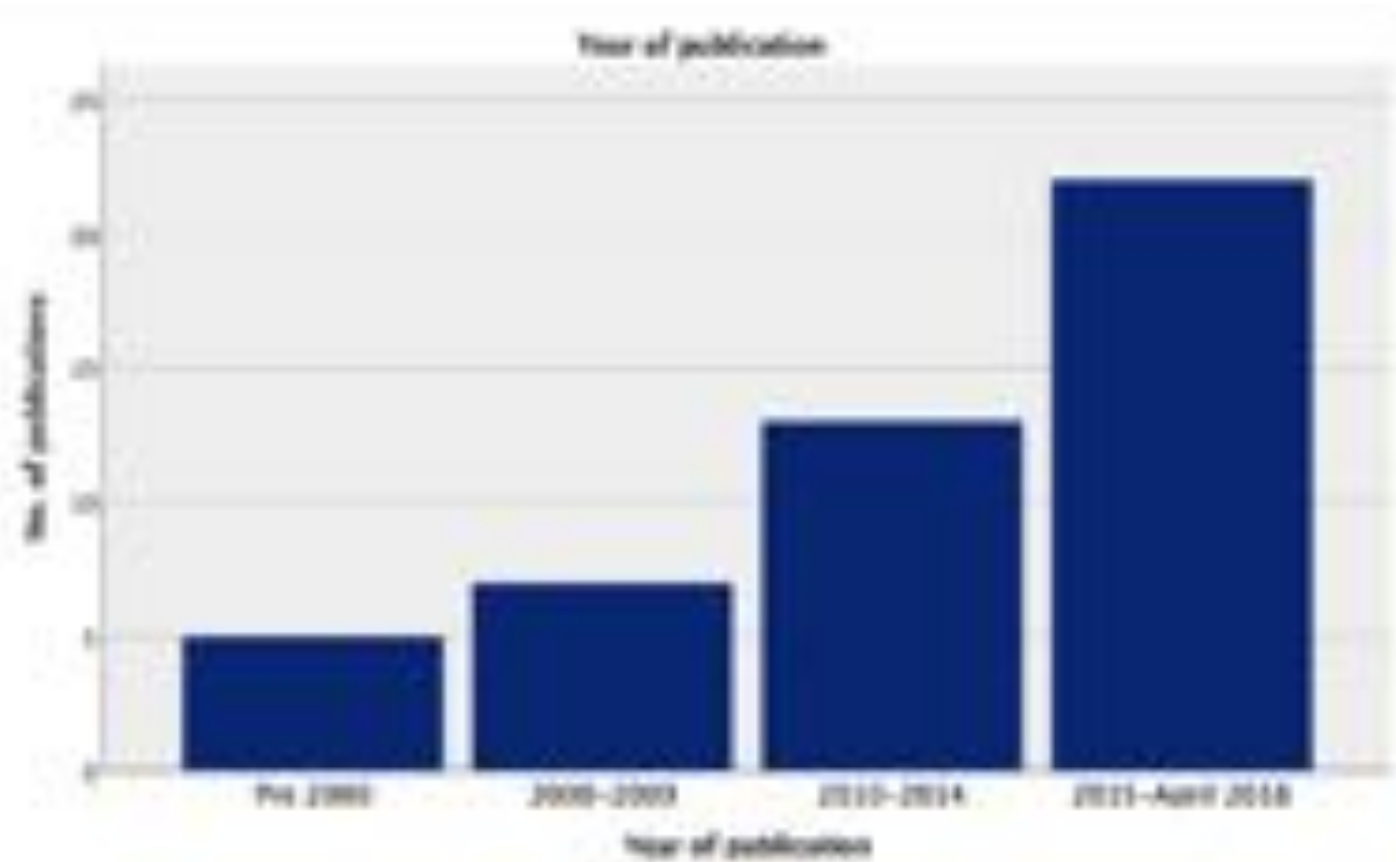
# Adolescents (~11-12y)



Wiepjes et al., 2018;  
Arnoldussen, in preparation



# The current literature



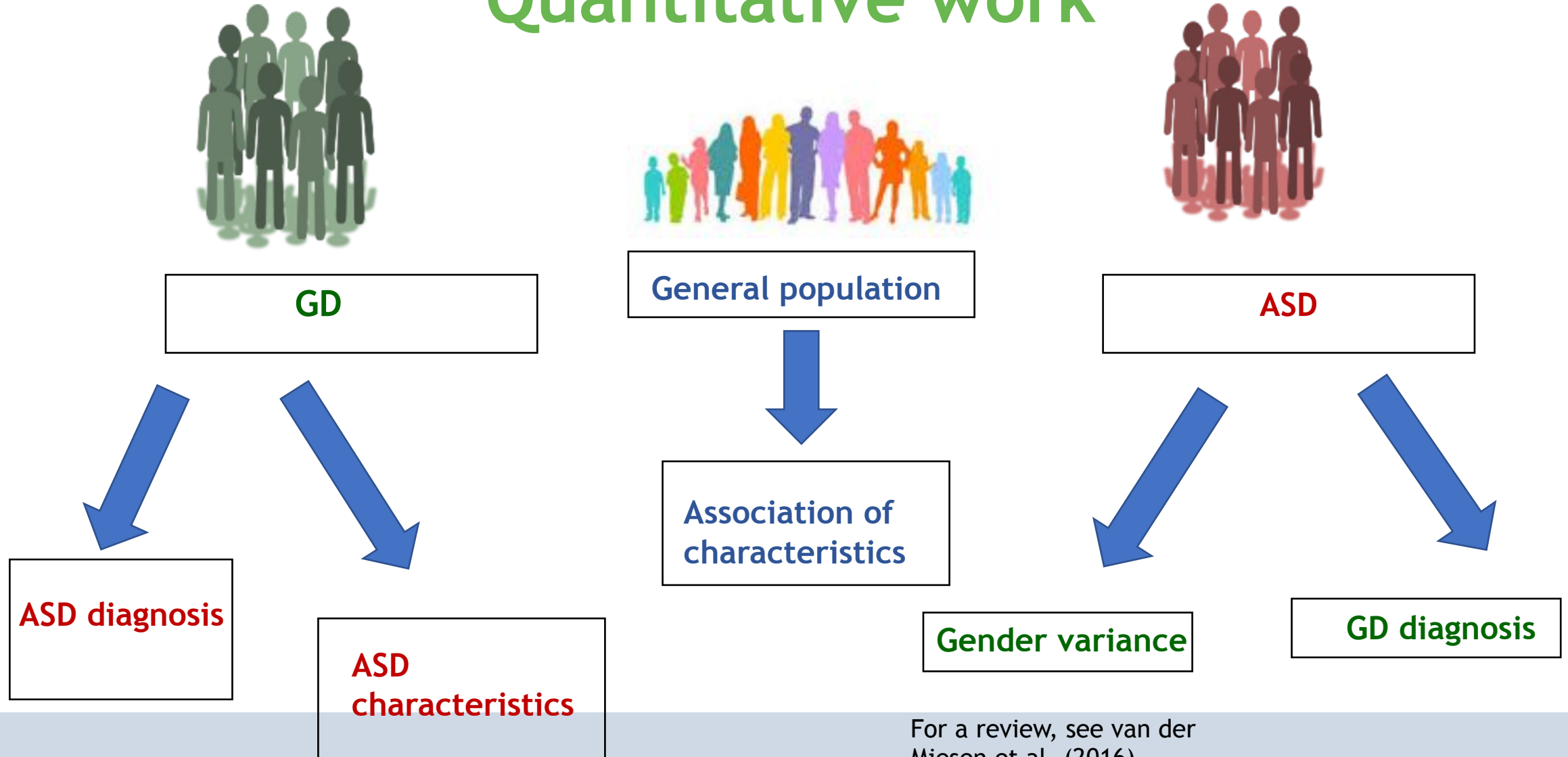
Øien et al., 2018



# 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

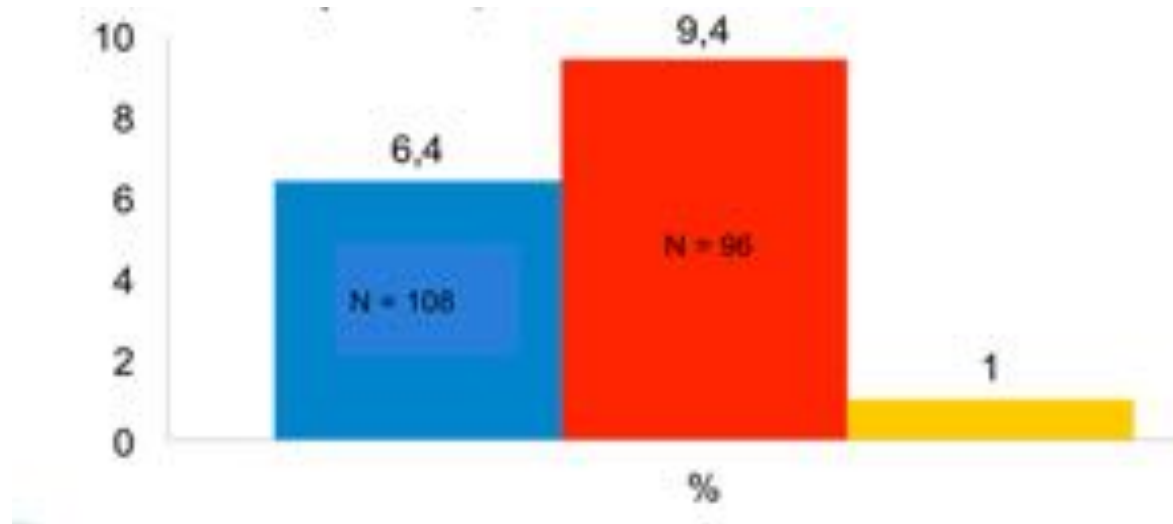


For a review, see van der Miesen et al. (2016)



# 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).





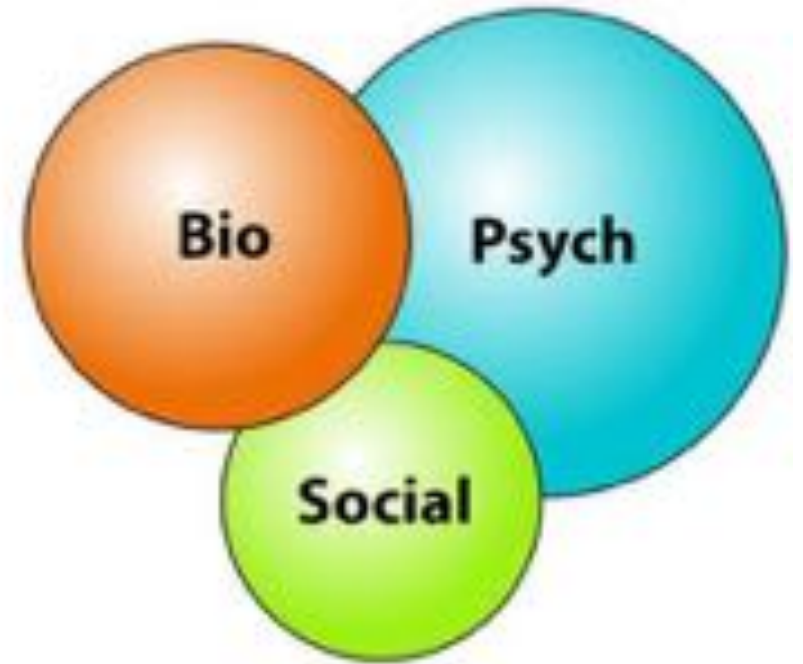
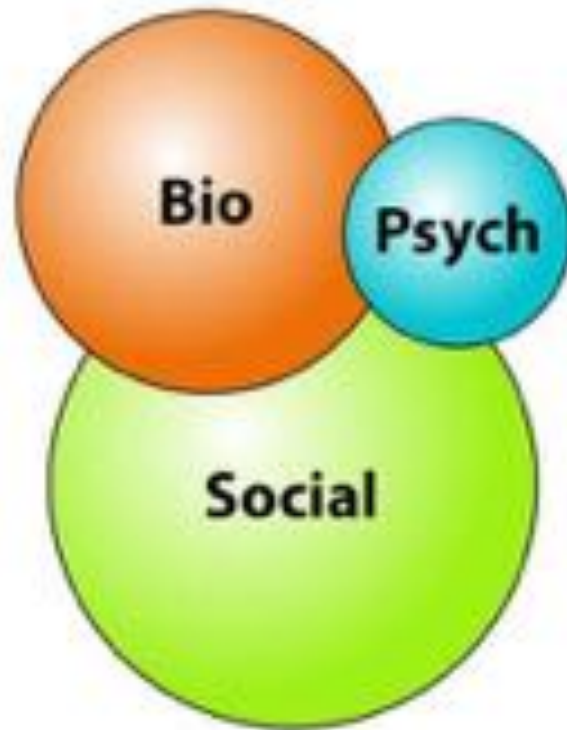
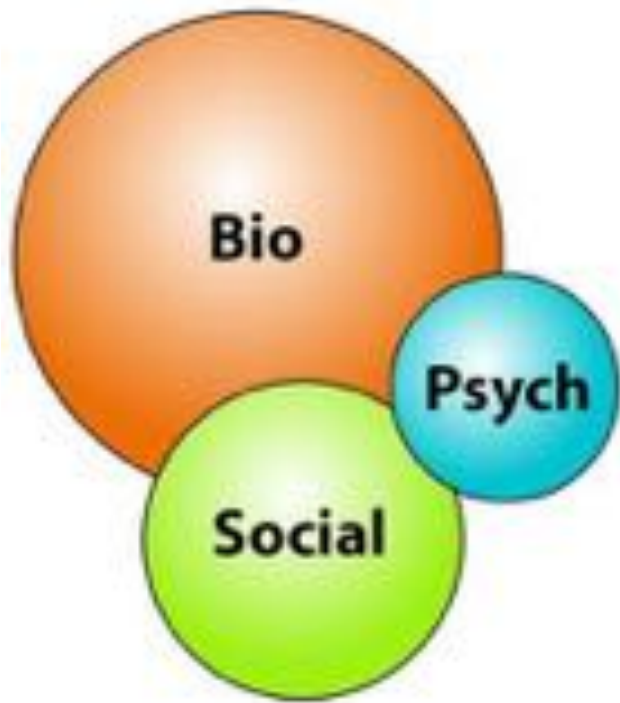


# Social factors?

- 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)



**Potentially Reversible Social Deficits Among Transgender Youth**

Jack L. Turban<sup>1</sup>



## 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

John F. Strang, Haley Meagher, Lauren Kenworthy, Annelou L. C. de Vries, Edgardo Menvielle, Scott Leibowitz, Aron Janssen, Peggy Cohen-Kettenis, Daniel E. Shumer, Laura Edwards-Leeper, Richard R. Pleak, Norman Spack, Dan H. Karasic, Herbert Schreier, Anouk Balleur, Amy Tishelman, Diane Ehrensaft, Leslie Rodnan, Emily S. Kuschner, Francie Mandel, Antonia Caretto, Hal C. Lewis & Laura G. Anthony

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

### **Comorbide genderdysforie en autisme: hypothesen over de etiologie en een exploratie van de behandelmogelijkheden**

Anouk Balleur-van Rijn & Annelou L.C. de Vries

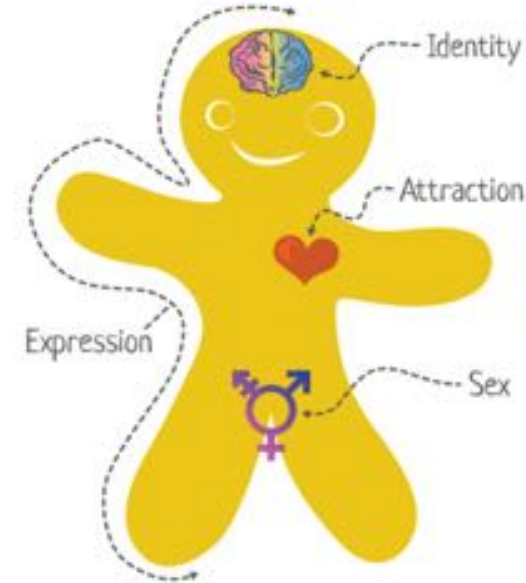


# Theme 1: Psychoeducation

- 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.

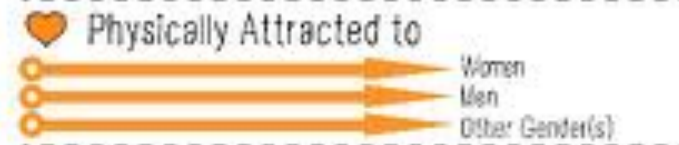


# The Genderbread Person v3.2 by its pronounced METROsexual



# The Gender Unicorn

Graphic by **TSER**  
The Gender Unicorn Educational Resource



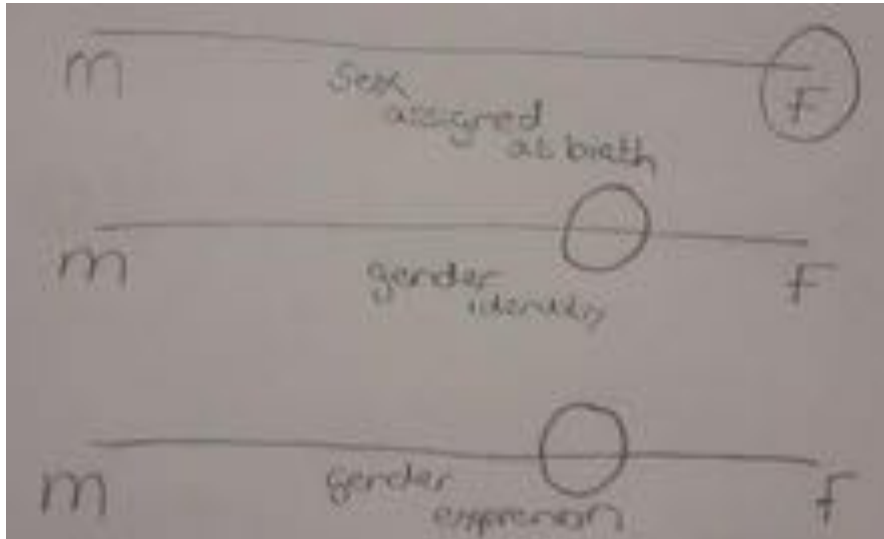
To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landryn Pav and Anna Moore





# Tool 1



100% mannelijk

100% vrouwelijk

\_\_\_\_\_

kleding

\_\_\_\_\_

hobby's

\_\_\_\_\_

lichaam

\_\_\_\_\_

gedrag

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vrienden

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kapsel



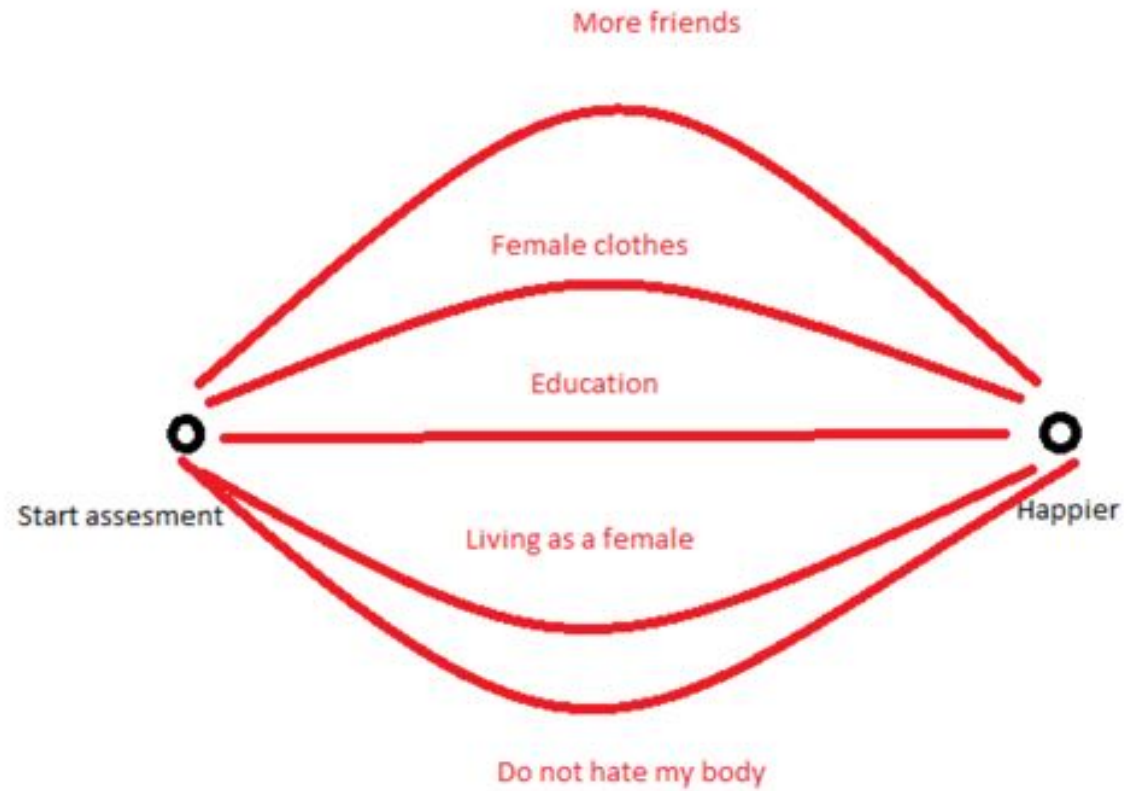
## Theme 2: Become happier

- 'lekker in je lijf'
- Gelukkiger met jezelf





# Tool 2





# 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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- [Ai.vandermiesen@vumc.nl](mailto:Ai.vandermiesen@vumc.nl)