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# **Gender Diversity and Neurodiversity**

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# About me

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transgender autistic man

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grew up in the 1970s – very different world

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a lot of difficulty when young

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things have worked out better over time

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autism – not diagnosed until age 33

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very common among autistics my age

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-Transgender – many barriers when young

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began medical transition age 40

**Section #1:**

**About Transitioning**

# Language and Terminology

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**Sex:** male or female biology (disputed)

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**Gender:** behavior of males/females (innate or socially produced debated)

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**Cis gender:** someone who conforms to gender assigned at birth

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**Gender diverse:** encompassing the full range of gender identities, terms, and expressions

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**Transgender:** someone crossing from one gender to another

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**Autistic, autistic person, autistic adults:** “identity first” language reduces stigma

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**Neurodiverse:** encompassing the full range of brain-based neurocognitive differences

# Alphabet Soup of Identities

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**MTF:** The person was assigned male at birth; now is female/woman

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**FTM:** : The person was assigned female at birth; now is male/man

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**Transmasc:** person identifies as male/masculine but not necessarily a man

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**Transfemme:** : person identifies as female/feminine but not necessarily a woman

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**Non-binary (NB):** person does not identify as male or female/doesn't live as man or woman

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**Gender fluid:** person goes back and forth between two gender identities

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**Gender queer:** person is a mix of identities, exploring, or both gender diverse and LGBTQ+

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**Transsexual:** an older term preferred by some to express full medical transition



**Cis gender or gender diverse person can be any sexual orientation (or asexual)**

**Sexual Orientation  
is Different**

# Transitioning: A Floodgate of Options

**Medical transition:** typically involves hormones, surgeries with many options, pros, & cons

**Social transition:** person transitions socially but not necessarily medically

- may change appearance
- may change pronouns or name
- may not

# Medical Transition: The Criteria

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Regulated by World Professional Association for Transgender Health (WPATH):

<https://www.wpath.org/>

**Basics for medical transition to begin:**

- medical diagnosis of Gender Dysphoria, persistent discontent with assigned gender
- letters of consent from 2 mental health professionals, one of whom has a PHD in psychology, and 1 doctor



# Transitioning: A Big Debate

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- At what age should someone be allowed to medically transition?
- How do schools deal with someone who has socially transitioned (e.g. bathroom)?
- At what point in the transitioning spectrum does someone have to switch sports teams?
- How do others respect the choices of a gender-diverse person when identity is non-obvious?

**Section #2:**

**Autism & Gender  
Diversity**

# Autism and Gender Diversity By the Numbers

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***About .5% of the general population identifies as “gender diverse”***

(Crissman, 2017)

***About 1% of the world is autistic***

(ADDMN, 2014; Baio, 2014)

***About 7% - 9% of autistic people are also gender diverse***

(Hisle-Gorman et al., 2019; Stagg & Vincent, 2019; van der Miesen et al., 2018)

# The Numbers: Specifics

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- **Hisle-Gorman et al. (2019)**: Children with ASD were over four times as likely to be diagnosed with a condition indicating GD
- **Stagg & Vincent (2019)**: In an online survey, 14% of gender diverse respondents matched criteria for ASD compared to 4% of cisgendered respondents
- **van der Miesen et al. (2018)**: 14.5% of ASD also GD compared to 3.4% GD in control sample

# How We Are Counting

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**Autism clinics/health records:** How many are gender diverse?

**Gender care clinics:** How many are neurodiverse/autistic?

# Older Studies

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**de Vries (2010):** 7.8% of children and adolescents at a gender clinic in Holland also qualified as being on the autism spectrum - 10 times the rate of gender variance in the general population

**Bedard (2010):** 12.5% (4 out of 32) adults with developmental disabilities recruited from a mental health clinic in Canada met criteria for GID

**Jones (2014):** 30% of transmen at a gender clinic in London had traits of autism

**Jones (2014):** 3% of transwomen at a gender clinic in London had diagnosis of autism

**1970s!:** case studies indicate that individuals with autism, as well as individuals with Intellectual Disability (MR), express a full range of alternative sexuality identities and gender nonconforming behavior

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Why?

# Possibility #1: Extreme Male Brain Theory

- Proposed by Cohen to explain autism: assumes anatomical differences in male and female brains; autism brains are more “male” and do more “systematizing” than “empathizing”
  - A few studies suggest exposure to testosterone in utero causes males and females on the autism spectrum to come out with more “male” brains
- “...autistic individuals, regardless of their reported sex, on average were masculinized...” (Greenberg, 2018)

Refs: Auyeung, 2009; Auyeung, 2010; Baron Cohen, 1997; Baron Cohen, 2003; Baron Cohen, 2005; Baron Cohen, 2015; Greenberg, 2018; Ingudomnukul, 2007; James, 2014; Knickmeyer, 2006



# Holes in the Male Brain Theory (Just a Few)

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“...Many individuals with ASD display androgynous physical features regardless of gender...” (Bejerot, 2012)

“...It is difficult to see the value of describing a subset of characteristics or capacities as male or female to the exclusion of the other...” (Krahn, 2012)

“...The tests used to determine what counts as a "male" or "female" brain map cultural norms...” (Jack, 2011)

## Possibility #2: “Special Interest” Theory

- Autistic people have special interests, so if an autistic person “presents” as gender diverse, it is just a perseveration/obsession and not “true” or valid...

# Hole in “Special Interest” Theory

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“...one-third of the participants said other people had questioned their gender diversity because they are autistic...they said people had told them that their gender diversity is an obsession rather than a ‘real’ experience, or that the experience is a feature of autism itself. They found these assumptions distressing...” (Strang et al., 2018b).

## Possibility #3: Developmental Delays Theory

- maybe ASD individuals are just delayed developmentally in their understanding of gender and sex roles - once they catch up, they will lose any dysphoria

“People with intellectual disability may only reach certain developmental levels...” (Parks 2006)

“The tendency to be naive, immature, and inexperienced...may lead an individual to conclude that s/he does not fit in.” (Pasterski 2012)

# Giant Hole in the “It’s Just a Delay” Theory

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Ableism

# Zosia's Theory: Accidental Freedom Theory

- My autism unchains me from the heteronormative binary
- My autism frees me from what you are worried about

- If we did not have an oppressive, heteronormative, patriarchal society socializing us from infancy... we would probably see a lot of gender and sexuality diversity

**What Would  
The World  
Look Like *IF*?**

## **Section #3:**

**What Is Different for  
Neurodiverse  
People Who are Also  
Gender Diverse**



## What Professionals Expect of a Transgender Person

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Clear articulation of gender identity  
different than the one assigned at birth

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Consistent discussion of distress at not  
being able to live as preferred gender

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Conformity to expectations for preferred  
gender (dress, mannerisms, interests...)

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Socializing as preferred gender

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Determination to be understood as  
preferred gender

# “Barriers” When Neurodiversity Is Present

**Social – not always aware of expectations for preferred gender**

**Motivational – not always interested/able to “do” preferred gender**

**Sensory – may prefer clothing of “wrong” gender for sensory reasons**

**Communication – can’t always articulate feelings; trouble self-advocating**

**Executive functioning – shaving, self-care, dressing etc. complicated**

**Routines/low tolerance for disruption –unwilling to “do” preferred gender**

**Literal thinking – abstractions are difficult, need for concrete examples**

## Possible Results

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- Gender “news” may seem to come out of the blue
- Person may still wear, do, enjoy, socialize the “non-preferred” gender
- Person may not “get” how society is reading them
- Person may never “hang out with the guys” or “chat with the girls”
- Person may struggle to articulate needs, ask for support
- Person may resist traditional transition pathways

# Neurodiverse People Tend to Be Less Likely to Conform to Society's Expectations For Preferred Gender

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“...These individuals often push us to consider what gender truly is without the overlay of social expectations...” (Strang et al., 2018a)

# Disrupting the Gender Binary

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- We think gender only has two options: male, female
- We think there is just one way to be a “man” or a “woman”
- Autistic/neurodiverse people may express a much wider range not just of neurocognitive diversity but also gender/sexuality diversity
- Even if someone is not doing “man” or “woman” as you think it should be done, they still may be transgender
- They may also be non-binary or any number of other possible identities!

# Narrow Gender Notions Hurt All Gender Diverse People, Not Just Neurodiverse/Gender Diverse Individuals

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Egregious and harmful article:

*“...my patient...would ask how to act as a woman and I would say that if he were essentially female he would know how to act...He would despairingly plead for female hormones...It became obvious that he did not share any interest in the arts of makeup and coiffure - or in finding high heel shoes that would fit...Not without grief, it dawned on him that he was not transsexual.” (Parkinson, 2014)*

**Section #4:**

**How to Help**

# the basics for all gender-diverse people

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- use person's preferred name, pronouns – it's not too hard (Pollitt et al., 2021)
- make an effort to understand the person's experiences and viewpoints
- do not “blame and shame” if the person changes over time
- get mental health support immediately
- take struggles seriously



## when the person is also neurodiverse

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- factor in communication, sensory, executive functioning, and other ND-related challenges but never to discount the person's identity
- do not make assumptions about what “counts” as being a man or a woman
- do offer social skills support and guidance, IF desired (they may be fine as they are)
- help advocate through systems of care
- be on the person's team

# Professionals: When Assessing

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- harm reduction is a valid standard for provision of gender care (Dietz & Halem, 2016)
- behavior is communication
- lack of verbal language cannot be used as barrier to treatment
- lack of cognitive skills cannot be used as barrier to treatment
- autism-related needs and differences cannot be used as denial of trans identity

# Special Mental Health Needs of ND/GD Individuals

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- Higher rates of suicidality for all trans individuals (Mak et al., 2020; Narang et al., 2018; Toomey et al., 2018)
- Greater struggles with social complexities and executive functioning among autistic/neurodiverse individuals who are also trans/gender diverse can worsen mental health (Strang et al., 2021a)

# Time Factor: How Fast is Too Fast?

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- encourage people to take their time and explore before leaping to make big gender-related decisions
- exception: if mental health is at risk - in that case, professional guidance is needed urgently

# What ND/GD Teens Say Helps

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- emotional support – inner experiences can be confusing; may not have language
- role models – need to see gender diverse people to understand
- peer group – need to belong, to be with others also exploring
- exploration and expression opportunities – even those with more significant issues
- executive functioning + social skills strategies
- parent support (but separate)

# Local Resources

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## Dr. Strang – Children's National

-support group for ND/GD teens; support group for parents; clinical support

## Chase Brexton

-various locations Baltimore metro  
-counseling, support groups (even for teens)  
-medical transition (Dr. Elise Pine – children)

## Whitman-Walker

-D.C. metro  
-range of services

# National Resources

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Trans Lifeline Hotline: <https://translifeline.org/hotline/>

-suicide prevention

Trevor Project: <https://www.thetrevorproject.org/>

-information, counselors, peer support

Autism/Asperger Network (AANE): <https://www.aane.org/>

-online support groups including for parents

PFLAG: <https://pflag.org/>

-for parents and relatives, school resources, rights and laws, support groups

Transgender Legal Defense & Education Fund: <https://transgenderlegal.org/>

-policies and laws, name changes, updates and news

# Social Media Resources

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**Facebook:** Autistic and Trans group; FTM and MTF groups

**Autistic Women and Nonbinary Network:** blogs, news, webinars

**Instagram + Twitter:** accounts of self-advocates

**Lex:** Dating app for LGBTQ+ by location – friendship as well (18 years+)



# Role Models

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Dana International (MTF singer):

[https://en.wikipedia.org/wiki/Dana\\_International](https://en.wikipedia.org/wiki/Dana_International)

Quinn (nonbinary Olympic athlete):

<https://www.washingtonblade.com/2021/08/07/quinn-becomes-first-trans-non-binary-olympic-gold-medalist/>

Marcie Bowers, transgender doctor:

<https://marcibowers.com/>

MORE including Chaz Bono, Laverne Cox, Carmen Carrera & Devin Lowe:

<https://medium.com/@emisilcustomerservice/20-transgender-role-models-of-our-century-439509e6de5f>

*Thank you!*

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