

Gender Incongruence and Autistic Spectrum Conditions

Intersections and Interactions

There's certainly overlap

- Experientially and anecdotally evident for years
- Even before adult autism was well recognised
- Parents and Carers of folk with autism still almost never advised of this early on, like so many things.
- Autism basket effect
- Autism spectrum dismissal effect
- Almost never of high non-heterosexuality rates, also

CX Audit Lenihan et al (2013)

New referrals 18-22, over the course of 2011-2013 at CX GIC were considered

At intake and again at just after second opinion they were assessed to see if there had been a diagnosis of an autistic spectrum disorder.

144 patients aged 18-22 were included.

12 were already diagnosed with autism before arrival.

Two were suspected to have autism at first assessment, one thought highly likely.

One new diagnosis was made elsewhere post second opinion. Seven suspected to be autistic by others.

Of the 12 patients ratio was 5:7 F:M, so the rate is very much higher in natal females, in whom this is a much rarer diagnosis than in natal males (though diagnosis in females may easily be missed)

Rate of autism is thus up to 9%. If those suspected are included this rises to 13%.

This is about ten times population average, which is 1 to 2% according to Simon Baron Cohen.

(More recently, [Eur Psychiatry](#). 2019 Sep;61:17-22. doi: 10.1016/j.eurpsy.2019.06.003. Epub 2019 Jun 28)

Other study

16% of child GIC patients had an autistic spectrum disorder in a 19 month all UK and Ireland study

Probably even higher in those with ID too

- Bedard study showed 4 out of 32 individuals with ID had GD too.
- Very hard to assess in the non-verbal - but attempts have been made - 2 of 30 children with severe ID "failed" the Michigan test despite being good with balls and dogs, boys and girls.

Institutional responses

- Conflation with sexuality
- Temporarily useful guidance given
- Longer term frustration grows
- Next threshold is socialisation
- Fear is that of victimisation
- Increased confidence and well-being can offset this risk
- 'Dressing down' confers greater risk, not lesser

Diagnostic issues

- In adults can be distinguished from special interests and enthusiasms as is not exterior to the self
- If not by referrers, at GIC assessment (sexuality can be a confusion factor)
- Paradoxical lack of preceding gender incongruence can be very (suggestively ?) striking and look like 'ROGD'
- May relate to poor apprehension of sex differences and social conformity
- Presentation can be atypical as a result of autism or information paucity, responds well to concrete advice or professional guidance
- Crossplaying cosplaying is often a precursor

Etiological theories

- ‘Extreme male brain’ - Simon Baron-Cohen
- ‘Poor perception of expected role’ - Reubes Walsh
- ‘Atypical foetal testosterone receptors’ - Seal and Barrett
- None is entirely convincing; most lack experimental testing, in part for ethical reasons - ‘natural experiments’ give suggestive but not conclusive findings.
- Finally, correlation does not equal causation

Course and prognosis

- Psychological and social improvement usually follows role change
- Very skilled SLT may be needed with voice
- Advice needs to be ‘concretised’
- Sources of presentational advice can help
- Sexuality may increase and may be unusual (if not surprising)

Regret and detransition

- CX Study by Rypma, Richards, Davies and McIntyre
- 2016-2017 patients' notes studied - there were 3398
- 16 expressed transition related regret - 0.47%
- 14 assigned male at birth, 2 assigned female
- Assigned female rate is 0.06%, assigned male 0.41%

Age distribution

- 20-29 - 4 patients
- 30-39 - 3 patients
- 40-49 - 2 patients
- 50-59 - 1 patient
- 60-69 - 4 patients
- 70-79 - 2 patients

What happened ?

- 1 expressed regret but was not considering detransition
- 2 expressed regret and were considering detransition
- 3 detransitioned
- 10 detransitioned and subsequently retransitioned

Why ?

- 2 felt they were not trans
- 12 experienced social or family lack of support or frank rejection
- 2 experienced physical problems
- 2 patients it wasn't clear why

What about the children ?

- Increase in referrals is predominantly middle adolescence
- Pre-pubertal referrals do not show the same increase
- Expressions of concern induce a sense of deja vu in me
- Sudden onset gender dysphoria has parallels

Counselling ?

- All depends on what you mean by counselling
- No contract, no therapy
- Those advocating counselling seem to have an unstated aim in mind

More ?

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