

The Intersection of Neurodiverse and Gender Identities

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Here's The Plan

Neurodiversity 101
Diagnostic Criteria
Gender Diversity
Look at the Numbers
Listen to Experiences
Lessons We Can
Learn





Neurodiversity 101



The myriad of ways individuals experience and interact with the world.

No “right way” to think, learn, or behave

Differences are not deficits

Attention Deficit Hyperactivity Disorder (ADHD)



- A. Persistent pattern of inattention AND/OR hyperactivity-impulsivity that interferes with functioning or development
 - A. Need 6 of 9 of either symptoms of inattention OR hyperactivity-impulsivity
 - B. Must be present for at least 6 months, to a **degree that is inconsistent with developmental level and negatively impacts social and academic activities**
- B. Symptoms were present before age 12
- C. Symptoms are present in **two or more settings**



Diagnostic features

Inattention

- Fails to give close attention to detail
- Difficulty sustaining attention
- Does not seem to listen when spoken to directly
- Does not follow through on instructions
- Difficulty organizing tasks/activities
- Avoids or dislikes tasks requiring sustained mental effort
- Loses necessary items
- Easily distracted
- Forgetful in daily activity

Hyperactivity-Impulsivity

- Fidgets, taps, squirms
- Leaves seat at inappropriate times
- Runs about or climbs where inappropriate
- Unable to play or engage in leisure quietly
- Often “on the go”
- Talks excessively
- Blurts out answers
- Difficulty waiting turn
- Interrupts or intrudes on others



Autism Spectrum Disorder

- A. Persistent deficits in **social communication and interaction** across multiple contexts
- B. **Restricted, repetitive patterns of behavior**, interests, or activities
- C. Symptoms must be present early in developmental period but may be masked or not obvious until social demands exceed limits.

*may or may not be accompanied by intellectual impairment, language impairment, or known genetic condition

There is a spectrum of functioning



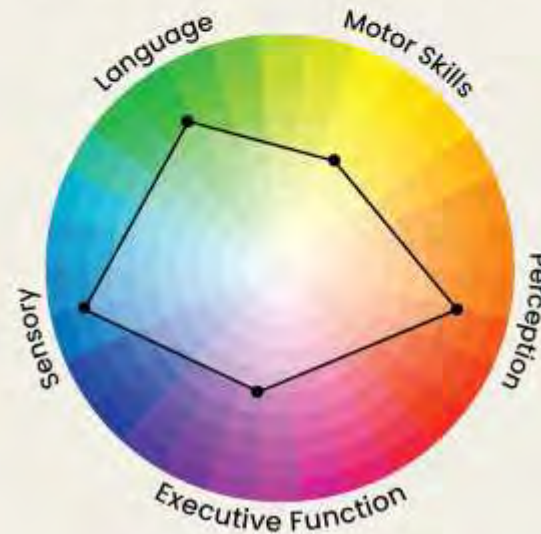
Autism is a Spectrum



What people think autism spectrum is like:



Autism spectrum looks more like:





Gender and Neurodiversity

Boys are more likely to be **diagnosed** than girls, but prevalence estimates do not support a **true** sex difference

Historically, gender diversity was pathologized in this population

“gender confusion”

“RRBI”

“fixation”



Historical Numbers

7.8% referred for GD services met criteria for ASD (de Vries, et al, 2010)

- 10x prevalence in the general population

14.5% of individuals with gender dysphoria met criteria for ASD (Van der Miesen et al, 2018)

Current Estimates 6-27%

There is an overrepresentation of gender diversity in the Autistic community.





But Do They Have the Insight?

“When I’m forced to play the part of the girl and wear dresses and makeup I feel like crying. And I don’t think that’s normal.”

“I guess I’m not good at explaining [gender] much to people and when people ask questions I’m often overwhelmed by the questions.”

Quotes taken from “They Thought It Was an Obsession”: Trajectories and Perspectives of Autistic Transgender and Gender-Diverse Adolescents (Strang, et al, 2018).



“Together I feel like there are a fair amount of challenges with both [autism and gender]. I suppose panic attacks are both issues for people. Bad work places. Bad communication especially when it becomes pertinent to gender. **The inability for people to take you seriously at first blush.** There are a lot of times when you tell someone that you’re autistic and they say **you’re not a white, cis male. No way- you’re not autistic! But you show emotion,** but you’re not Leonard Nimoy. Seems to have not progressed as much as some other discourse.”



“So when I first came out they said something like, ‘you know there is a lot of overlap between people who are on the spectrum and people who are transgender.’ I wondered if they meant, **‘Are you sure this isn’t just the autism talking?’**”



So, What Now?



Things to Consider

1. Assess for both gender diversity and neurodiversity
2. Recognize that the experience is unique
3. Self-advocacy may be more challenging
4. More marginalization = More risk

These identities are not pathology





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