Autism
and Gender Identity

Jane Galloway

Transgender TREND
No child is born in the wrong body

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Introduction

There is increasing awareness among parents, caregivers, clinicians and therapists that there is a clear link between gender identity issues and Autistic Spectrum Disorder (ASD).

We know that currently, 76% of referees to The Tavistock & Portman Gender Identity Service (GIDS) are adolescent girls, and we also know from The Tavistock's statistics that 48% either have a diagnosis of, or show traits of Autism.[1]

Altogether, this is an astonishing number of young people sharing characteristics that are usually only present in 1% of the population. While there is clear evidence that there is a link between the number of children and young people with gender dysphoria or identifying under the transgender umbrella, there is no research that looks at *why*. Part of the reason for this is that the exponential rise in children and young people experiencing gender dysphoria or identifying as trans has taken place very quickly - too fast in fact, for research to keep up.

There has been an unprecedented overall increase in referrals to the NHS Gender Identity Service (GIDS) of over 3263% over the ten years from 2009 to 2019, with an increase in referrals from adolescent girls over that period of 5337% . With the understanding that a significant proportion of all referrals indicate autistic traits, it may be many more years before we see the results of any research into the reason for this. This assumes of course, that such research is taking place at all.[2]

Both the transition and detransition process (for which there is historically very little support) can be extremely traumatic, both psychologically and physically. There is at present a lack of robust exploration of what causes gender dysphoria, due in part to lack of funding for both CAMHS (Children & Adolescent Mental Health Services) and adult mental health services generally, as well as ongoing cuts to health budgets impacting on service provision at GIDS. Instead, it is easier and cheaper to follow an affirmation model.

The social and political landscape in which children and adolescents are experiencing dysphoria moves and shifts quickly and as more light is cast upon the evidence or lack thereof underpinning treatment guidelines, more and more professional bodies, clinical experts and academics as well as therapists, educators, parents and politicians are speaking out.

In March of 2022 the National Academy of Medicine in France released a statement urging caution in the treatment of gender dysphoria as

'There is no test to distinguish between persisting gender dysphoria and transient adolescent dysphoria. Moreover, the risk of over-diagnosis is real, as evidenced by the growing number of young adults wishing to detransition [c]. It is, therefore, appropriate to extend the phase of psychological care as much as possible'.

France has joined England, Finland, Denmark and Sweden in restricting or urging extreme caution in the use of puberty blockers and cross sex hormones to treat gender dysphoria in children and adolescents. In America, Dr Marci Bowers, president-elect of WPATH and Dr Erica Anderson, former president of the U.S. Professional Association for Transgender Health, who are among the most noted specialists in the country, have added their voices, expressing concern that children are being fast-tracked to a lifelong medical pathway.[3]

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1 'Taking the lid off the box': The value of extended clinical assessment for adolescents presenting with gender identity difficulties (icf-consultations.com)

2 Referrals to the Gender Identity Development Service (GIDS) level off in 2018-19 (tavistockandportman.nhs.uk)

3 Transgender Docs Warn About Gender-Affirmative Care for Youth (webmd.com)

In 2020 the Council for Choices in Healthcare in Finland (COHERE) issued the following statement after stringently updating their guidelines on transition for minors, making clear that any other comorbid psychiatric issues must be addressed fully before any issues with gender dysphoria are tackled.

'If a child or young person experiencing gender-related anxiety has other simultaneous psychiatric symptoms making specialised medical care, treatment according to the nature and severity of the disorder must be arranged within the services of their own region, as no conclusions can be drawn on the stability of gender identity during the period of disorder caused by a psychiatric illness with symptoms that hamper development.'

In 2021 the Karolinska Institute in Sweden, which houses the largest paediatric gender clinic in the country, restricted the use of puberty blockers and hormones to clinical trials only.[4] There is an acknowledgement that the so called 'Dutch Protocol' research upon which the World P A Transgender Healthcare guidelines for treating dysphoric children are based, studied a small cohort of boys, all of whom had developed dysphoria as young children and remained deeply affected by it throughout childhood and adolescence.

The recent research paper Reconsidering Informed Consent for Children, Adolescents and Young Adults (Levine et al 2022)[5] highlights the limitations of the Dutch protocol and interrogates the concept of informed consent from children and young people; the issue at the heart of the High Court challenge to the Tavistock GIDS brought by Keira Bell & Mrs A. The relevance of Mrs A's petition is that she was concerned that her 15 year old autistic daughter may not be able to meaningfully consent to medical transition.

The recently published interim report in the Independent review of gender identity services for children and young people led by Dr Hilary Cass, noted the concerns raised about the number of neurodiverse children presenting at GIDS.[6]

The current cohort of referees - the largest and fastest growing in history – is overwhemingly girls, all of whom developed dysphoria and/or adopted a transgender identity after commencing puberty and overwhelmingly in clusters of girls in schools and among friendship groups.

This cohort also appear to develop dysphoria very suddenly, and in tandem with binge watching social media channels such as YouTube or Tik Tok, and spending a significant amount of time in chat groups on websites Tumblr, Reddit and Discord. There, their dysphoria and/or identity will be swiftly validated by strangers who have no knowledge of their circumstances, medical history or any vulnerabilities that may be caused by neurological differences such as Autism or ADHD.

We are extremely concerned that autistic children and adolescents are not receiving optimal care; either in terms of their Autism being recognised, or taken into account when under the care of gender identity services. We have collated within this report all the research, studies, and media that make up our knowledge base for Autism and identity issues.

We hope that in pulling together all this information in one place, parents and caregivers - as well as professionals, can better understand autistic children and young people, support them more effectively, and engage with clinicians and therapists with greater confidence.

It is also to be hoped that researchers and advocacy organisations working in the field of Autism will see within this report a compelling basis for undertaking serious unbiased research into this unprecedented and fast moving phenomenon. The juvenile autistic community is vastly overrepresented among the current cohort of gender dysphoric children and adolescents. It is vital that we understand the reasons for this recent seismic shift in identity issues and investigate fully what it is about being an autistic youth in today's society that makes identifying away from your fundamental core self, such an attractive proposition.

Jane Galloway – Autistic Advocate
Transgender Trend 2022

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4 Sweden's Karolinska Ends All Use of Puberty Blockers and Cross-Sex Hormones for Minors Outside of Clinical Studies | SEGM

5 Full article: Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults (tandfonline.com)

6 Interim report – Cass Review (independent-review.uk)

Autistic Minds

1. Autism and the landscape of gender identity

When you are autistic you often don't realise that your thought processes aren't the same as everyone else. Autistic people don't cross-reference every thought against a neurotypical one to analyse if we are correct. We simply think, make decisions - and sometimes it goes horribly wrong because our thought processes have clashed with the way the rest of the world processes information.

At the age of twelve, I went to the cinema to see a film certified for ages fourteen and over. When the usherette asked my age, I told her I was fourteen. Afterwards, my autistic brain was thrown into months of anxiety as I was convinced that I had literally become fourteen because I had said this out loud. I thought that time was fluid, and I could change my age by thinking or saying it, because no one had ever told me that it couldn't be changed.

Growing up, every time I saw a part of my body that wasn't like other girls, it threw the reality of my body into question. I asked repeatedly if I was a boy - just in case. I had been told I was a girl but wanted to keep checking. I also experience low levels of interoception – the ability to interpret the messages sent from body to brain. As an adolescent I had no frame of reference for what my body was supposed to feel like. I still live with this inability to always interpret how my body is feeling, but this disconnection is something I can now compensate for.

I didn't know about nuance and I didn't know that some things were fixed and couldn't be changed. If I learned that one thing was fixed, I didn't extrapolate that everything else was fixed. That the sky is always blue, or the sea is a permanent fixture or that a girl can't become a boy.

Not recognising emotions or being able to name how we feel can lead to those feelings being misattributed. If a child at puberty feels uncomfortable with their body, or overwhelmed by hormonally driven feelings that they find it difficult to identify, they might then reject what they believe to be the source of the feelings – their body – thinking that this will make the feelings stop.

Additionally, if children are unaware that they are autistic, they may have no understanding that their theory of mind and social understanding may not be shared by others. They then continually second guess themselves. Add in alexythymia, which affects the ability to recognise emotions, alongside low levels of interoception, and a child can move through the world in a profound state of disconnection.

These are real experiences yet neurotypical Autism experts only ever have a theoretical understanding of them. Because large numbers of autistic children adopting a cross-sex or non-binary identity is such a new phenomenon, there has been little time to plan research. There are many factors that have never been taken into account when it comes to this new cohort and if a societal and medical change happens so fast that research can't keep up, we shouldn't risk making assumptions about what is happening and why.

CAMHS are not best placed to support these children, as not all localities have specialist teams working with neurodiverse or learning-disabled children, or expertise in supporting gender dysphoric children. It generally falls to CAMHS to refer on to the GIDS service in either London or their satellite service in Leeds for support.

The decoupling of gender dysphoria from its original ICD10 (World Health Organization) classification as a mental health diagnosis has left GIDS staff struggling to maintain a psychological basis for a condition that the WHO has reclassified as a sexual health issue, so it is unsurprising that there has been no development of a psychotherapeutic treatment pathway.

We don't yet know the reasons why autistic children are so overrepresented at the GIDS, although issues around puberty and bodily transformation, interoception, sensory issues, theory of mind and the influence of social media all may contribute.

Autism is often described as a system of social and emotional understanding that is 'lacking' rather than different. In a world designed for neurotypical people, this creates vulnerability. Autistic children, on a moment-to-moment basis, are not consciously aware that they process and think differently to others, so can't always spot the areas where their value system is different, or where others may take advantage of them.

An identity which encapsulates many of the issues experienced by autistic children: feeling othered, not fitting in, feeling different to your peers, being gender non-conforming and often feeling that the social mores, behaviours and clothing attached to your sex do not 'fit', will be an enticing thing for a child who is used to being ostracised, and who may not yet be aware that they are autistic.

The CQC Inspection report of the Tavistock & Portman Gender Identity Development Service recently rated the service as 'inadequate'.[7] The following is what was confirmed by the CQC report:

- In a random sample of 22 records, more than half referred to autistic spectrum disorder or attention deficit hyperactivity disorder (ADHD). These patient records did not record consideration of the relationship between autistic spectrum disorder and gender dysphoria.
- Staff did not develop care plans for young people. Many records provided insufficient evidence of staff considering the specific needs of autistic young people. Further, the service did not employ a specialist to focus on this area of practice.
- Staff did not sufficiently record the reasons for their clinical decisions. There were significant variations in the clinical approach of professionals in the team and it was not possible to clearly understand from the records why these decisions had been made.

7 Core Service - Gender identity services - (01/03/2021) INS2-9597245071 (cqc.org.uk)

- Staff had not consistently recorded the competency, capacity and consent of patients referred for medical treatment before January 2020.
- Staff did not always work well with other agencies to safeguard young people. Most records did not include plans agreed with other agencies on sharing information and protecting young people.

I would argue that not enough attention is being paid to the internal mental processes of autistic children. The need to confirm what is real, and the need for reassurances because their ideas are not fixed means they turn to adults to provide them with the answers. And if they are not adequately supported, they risk walking down a dangerous road looking for answers on the internet, on sites such as Reddit, Tumblr, Tik Tok, and Discord; places where online strangers are happy to affirm their identity without any understanding of how vulnerable these children are.

Detransitioner Keira Bell demonstrated exceptional courage in taking the Tavistock & Portman GIDS to a judicial review to try and prevent puberty blocking drugs being prescribed to children. The High Court decision that children under sixteen are unlikely to be able to give informed consent to a treatment that will have far reaching and permanent effects on their bodies, was overturned in 2021 following an appeal. The provision that ability to consent should be established by the courts was overturned in favour of retaining decision making within the medical sphere; however, the evidence base on which the original ruling was reached remains unchallenged. In Bell's wake, a growing number of detransitioners, many autistic, are gathering their courage and coming forward to express regret at medically altering their bodies to match their feelings. The years to come will see yet more detransitioners and I suspect, more court cases.

A growing body of clinicians, educators, academics, therapists, social workers, autistic people and parents of autistic children are questioning the concept of gender identity and are sceptical of the regulatory capture that has seen it imposed across society.

What is clear is that the NHS, the National Autistic Society, charities, researchers and any other organisations who support autistic children and families, need to urgently review their adoption of gender identity theory and prioritise robust research into the experiences of this poorly understood group.

1.1 Autistic Girls and Gender Identity

Both anecdotally, and in quantitative exploratory research by Lisa Littman,[8] it is clear that there may be an element of social contagion among adolescent girls when it comes to adopting a gender identity, particularly within a school setting. Identifying away from one's biological sex has emerged as a solution to the psychic pain of female adolescence as access to the internet and pressure to conform, perform and fit in has extended quite literally into teenagers' pockets. Smartphones and tablets act as a 24-hour conduit to social media, increased risk of bullying, and socially mandated forms of acceptance.

Media is now informed heavily by online pornography.[9] The pressure on girls to locate their physical appearance within a very narrow hyperfeminine focus while remaining sexually and emotionally available is enough to drive some girls away from womanhood altogether. Social media and the influence of an increasingly sexualised culture have pushed the value of appearance to the top of many young people's agenda, so girls who are uncomfortable with the way they look, or not at ease with their own body, will experience difficulties.

The 2020 House of Commons Body Image Survey results[10] reported that 85% of respondents under 18 thought that appearance was important or very important, with the top three reported influences on their body image being images on social media, stereotypes and celebrities. Of the under 18's surveyed, 73.4% spent at least 2 hours a day on social media, with 34.2% spending 5 hours or more. The most popular websites visited were Instagram (95%), YouTube (90%) Snapchat (75%) and TikTok (66%). In short, it is clear that there is much pressure to look a particular way, and this may significantly affect autistic girls who are frequently gender non-conforming and much less likely to subscribe to gender stereotypes than their neurotypical peers.

Autism expert Professor Tony Attwood writes about this on his website[11]

'Inevitably there will be times when she has to engage with other children and she may prefer to play with boys, whose play is more constructive than emotional, and adventurous rather than conversational. Many girls and women who have Asperger's syndrome have described to clinicians and in autobiographies how they sometimes think they have a male rather than a female brain, having a greater understanding and appreciation of the interests, thinking and humour of boys. The girl who has Asperger's syndrome can be described as a 'Tom Boy' eager to join in the activities and conversations of boys rather than girls'.

An article published in 'Clinical Child Psychology and Psychiatry' by GIDS clinicians Anna Churcher Clarke and Anastassis Spiliadis, described a joint case review of all their patients and focused on the pathway trajectories of two patients who were representative of their caseload as a whole.[12]

They reported that between 2011 and 2018, 48% of all referees to the Tavistock indicated autistic characteristics which presented challenges to the GIDS staff working with this new cohort.

When discussing their caseloads, they identified the risks inherent in socially transitioning, that it can 'lock in' an identity before any in depth exploration occurs. Both the young people they discuss (using their post-assessment preferred pronouns) exhibit clear autistic characteristics: 'Alfie' (pseudonym) is described as experiencing bullying at school; having a difficult transition to puberty leading to the

8 Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria (plos.org)

9 The effects of pornography on children and young people | Australian Institute of Family Studies (aifs.gov.au)

10 Body Image Survey Results (parliament.uk)

11 Girls and women who have Asperger's (tonyattwood.com.au)

12 'Taking the lid off the box': The value of extended clinical assessment for adolescents presenting with gender identity difficulties - Tavistock and Portman Staff Publications Online

rejection of the body; expressing interest in sex and sexuality in an 'intellectual' way, and displaying simplistic thinking ('I like wearing a dress therefore I must be a woman'). 'Louise' (pseudonym) has been caught within a 'landscape of action' that steers her toward medical transition as opposed to talking therapy (this is particularly relevant if, like many autistic young people, the young person has little access to an emotional vocabulary). She has a strong desire to cling to her trans identity, as the basis for her gender non-conformity.

Professor Attwood also touches on this aspect:

'She may prefer non-gender specific toys such as Lego and not seek acquisitions related to the latest craze for girls her age to be 'cool' and popular. There can be an aversion to the concept of femininity in wearing the latest fashions or fancy or frilly clothing. The preference can be for practical, comfortable clothing with lots of pockets'.

Many autistic children are extremely intelligent while at the same time, finding it difficult to understand context or the long-term consequences of the actions they take.

For autistic girls who are desperate to be accepted by their peers, a trans identity presents a socially sanctioned way of being different. This identity may be considered much more socially acceptable than being autistic, as Professor Attwood explains here:

'The girls may identify someone who is socially successful and popular, either from her peers or a character in a television soap opera and adopt that person's persona in mimicking speech patterns, phrases, body language and even clothing and interests using a social script. She becomes someone else, someone who would be accepted and not recognised as different. . . Girls and women who have Asperger's syndrome can be like a chameleon, changing persona according to the situation, but no one knowing the genuine persona. She fears that the real person must remain secret because that person is defective'

With an ability to perform an adopted persona so completely, not only do the girls risk believing that this is who they truly are, particularly if undiagnosed or unaccepting of their diagnosis, but they will easily convince others.

In the book 'Women from another Planet? Our lives in the Universe of Autism',[13] Mary Margaret wrote of her experiences of gender and sex *'My gender came in question – the boys would say "you aren't like other girls. You don't cry when you get hurt, so you are better than other girls, but you aren't a boy, so you are a Mary Margaret." Of course it was lonely being given a category to myself and it taught me to hate my gender. It would take feminist readings many years later to move me out of my male identified position'*

Autistic girls often struggle with mental health difficulties and extreme levels of anxiety, and research from the Karolinska Institute in Sweden has confirmed that autistic females have an unusually high risk of suicidal ideation; if co-morbid with ADHD they show a rate ten times higher than neurotypical females, with a high risk of completed suicide.[14] If a significant number of autistic and/or ADHD diagnosed girls are identifying as trans or non-binary, this may be a contributory factor in reported suicidal ideation that is attributed to being transgender.

13 **J. Kearns Miller (2003) Women from another Planet?:Our lives in the Universe of Autism, AuthorHouse**

14 **Autism linked to greatly increased risk of suicidal behaviour | Karolinska Institutet Nyheter (ki.se)**

In addition, access to the internet, which has been suggested as a factor in Lisa Littman's research into Rapid Onset Gender Dysphoria, is a relatively new phenomena. The spread of information, both factual and false, facilitated by almost unfettered access to laptops and smartphones, is creating a landscape that we are unlikely to fully understand for another decade at least, as we will only be able to fully assess its effect on society and young people in particular, with hindsight.

Laura B, a young autistic detransitioner, wrote an essay on her experiences for the website DetransVoices.[15] She notes the confusion of growing up gender-non-conforming, receiving a diagnosis of Autism at eleven, but receiving no support, and the confusion of trying to find an identity while feeling increasingly isolated:

'I wasn't aware of many social and gender norms at the time, but I knew I hated anything "girly." I was aware that I was different from girls, but I also did not feel connected to boys either. I felt very isolated and lonely even as young as 5-6 years old. Later I thought that this might have been proof that I was queer or trans, but now I know it's just because I was autistic.'

Similarly, detransitioner Penny launched a GoFundMe fundraiser, to pay for breast reconstruction surgery.[16] As a result of coming out as transgender at 11, Penny was affirmed by all the therapists and clinicians who treated her. She was prescribed puberty blockers at 13, cross-sex hormones at 14 and had a double mastectomy at 15. Two months after surgery, she was hospitalised with severe depression:

'During my hospital stay, I realized my mistake. Transition wasn't the fix I needed and it couldn't take away my mental health issues. I had never been tested for any body issues, so we assumed it was gender dysphoria.'

And then the familiar refrain:

'I was diagnosed with Autism last summer, and my current doctors have researched the link between Autism and gender identity, finding that might have been the cause of my issues. I understand that I am responsible for my choices and that I have to fix it myself. But my doctors didn't take into account my Autism, body issues, or other mental illnesses when allowing me to transition.'

Penny's willingness to shoulder responsibility for her decision to transition, belies what we know about adolescent development. The adolescent brain doesn't finish developing until the early to mid twenties[17] and so the clinicians and therapists involved in Penny's care must surely be responsible for their lack of interrogation of any underlying issues contributing to her dysphoria.

The formation of identity in adolescence has always been driven by experimentation, but in such an overwhelmingly gendered world, this is now manifesting at a remarkably high cost to the young autistic community.

1.2 Autistic Girls and the Female Phenotype

*** Although we talk about the female phenotype, it is also recognised that some males share what is described as a female presentation, just as some girls present in a way that is more commonly associated with boys.*

15 Detrans Story; Laura B. | Detrans Voices

16 Double Mastectomy at 15, Detrans 16-Year-Old Now Seeks Reversal - The Velvet Chronicle

17 Brain Development During Adolescence (nih.gov)

It has been suggested that the idea of the female phenotype may be partly based on socialisation, and sex-based stereotypes; if this is the case, it may be that in years to come, we recognise types of Autism based purely on presentation rather than inherently ascribing them to the sexes.

Most research into Autism Spectrum Conditions has historically been carried out by observing the behaviour of autistic boys. This means that most parents, teachers, therapists and medical staff base their knowledge and understanding of Autism only on the way that boys have been understood to present.

Common diagnostic tools such as the ADOS (Autism Diagnostic Observation Schedule) were developed using data based on observing boys and although there has been talk of the development of a diagnostic tool designed around the female phenotype, as yet, this hasn't come to fruition. In the meantime, alternative diagnostic tools like DISCO and ADI-R-are also in use and may be more sensitive to the female presentation.[18]

Girls who are autistic can present in very different ways. *This can frequently lead to parents, teachers and medical staff assuming that they are not autistic at all.* This can mean that their needs, both psychological and educational, are not met, which greatly affects their ability to thrive, both academically and in the future. The following list illustrates some of the ways that they might present differently to autistic boys. For more in-depth information, Staffordshire Council have produced the *Autism In Girls Checklist.*[19]

1.2.1 Social presentation

Autistic girls are very often quiet and therefore may be assumed to not be struggling or to 'be fine' when they are not. Parents may see their daughter as different or quirky, because many professionals don't recognise autistic behaviour in females, and she may be undiagnosed.

They can have obsessive interests just like boys, but these are often overlooked, as they frequently involve topics considered stereotypically normal for girls (e.g. pop groups, film stars, make-up, vloggers, fairies, fashion).

Autistic girls can spend so long mimicking their peers in order to fit in, that they can reach their mid to late teens without a solid sense of self. This can lead to them trying a variety of identities in order to try and find out who they are, including playing with ideas around style, looks, hair and make-up, or it may take the form of other interests, such as music, or trying out different careers. In some cases, this may present as opposite sex ideation. This can lead to their struggles being underestimated and their support needs not being met.

1.2.2 Communication

Although communication difficulties can lead to problems understanding how friendships work, autistic girls often have one or more close friends. Having friends is not an indicator that someone isn't autistic. However, they may be desperate to please in order to make and keep friends and fit in, and so can be vulnerable to peer pressure. This also applies to relationship pressure when reaching adolescence.

Understanding can be very literal and statements can often be taken at face value. This can sometimes cause difficulties when navigating social situations or relationships.

18 Diagnostic tools (autism.org.uk)

19 Autism in Girls Checklist (staffordshire.gov.uk)

There may be a gap in processing auditory information - it is therefore important to keep instructions simple, and allow time for information to be processed and understood before moving on.

Autistic girls can often struggle reading the emotions or expressions of other people. In school settings, they may struggle to 'read' the expressions of teachers and other pupils. It can often be difficult to recognise and/or name their own emotions (This is called alexithymia). When listening to others, shouting or speaking loudly can often be confused with anger, causing fear or anxiety.

1.2.3 Anxiety

Autistic girls usually experience greatly heightened levels of anxiety compared to their peers. This may present as stimming (repetitive movements such as hand flapping, picking, tapping, chewing etc) in order to self soothe. When in school or college, they may need to leave the classroom for short breaks in order to reduce anxiety.

Unfortunately, rather than recognising heightened anxiety and meltdowns as possible indicators of Autism, these attributes are so often assumed to be stereotypically female that girls who are struggling can be ignored or written off as neurotic or over emotional. As a result, girls and women are statistically far more likely to be diagnosed with Anxiety Disorder, Bipolar Disorder or Borderline Personality Disorder than be recognised as autistic. This has historically led to women struggling in adulthood, because Autism has not been recognised.[20]

It is important to recognise that autistic girls are often excellent at masking or hiding their emotions. They can appear calm and composed during the school day, or when out socially with friends or family, and only feel safe enough to 'explode' once they are back at home. Appearing 'fine in class' or around others, does not mean they are not struggling.

Further, autistic girls frequently have sleep difficulties which mean they can be extremely tired the next day. This can cause them to become overwhelmed more quickly, and repetitive sleep problems will have a cumulative effect on their ability to cope on a day-to-day basis. This is an issue that is often overlooked by schools.[21]

1.2.4 Education

Autistic girls may have learning difficulties which are not be immediately obvious. They don't need to be hugely behind their peers in order to require support or intervention. They don't need to have an Education, Health and Care Plan (EHCP) or even a formal diagnosis in order to qualify for support in school, as it is based on need.

1.2.5 Sensory Issues

Autistic girls may become overwhelmed by noise, colour, lights or other sensory stimuli at home, in the classroom, or while out socially. While at school, they may benefit from a card system, allowing them to leave the classroom for a short break, if necessary.

There may be a sensory reaction to the type of clothing marketed to girls; clothes are more likely to be adaptations of adult fashions, and so may be manufactured with man-made materials, which can

20 The overlap between autistic spectrum conditions and borderline personality disorder (autismresearchcentre.com)

21 Sleep and autism

be hot and scratchy. They may have complicated fastenings, belts and zips, have trims or frills that can irritate. They may be tight fitting, or designed with fashion features like cut-out shoulders or cap sleeves which can feel uncomfortable. Therefore, autistic girls may prefer loose, comfortable clothing, or clothes that may appear to be gender non-conforming. Many autistic girls prefer wearing clothes marketed for boys, because they are designed for comfort and practicality rather than fashion. This is a choice that is usually based entirely on comfort but that may lead to negative comments or questions from peers, or family members who are unaware of these sensory issues.

Of course, conversely, autistic boys may experience sensory issues that mean that they may prefer the softer materials that are often associated with girls clothes.

1.2.6 Strengths

Autistic girls often have a good eye for detail, and an excellent memory. They can spot patterns in nature, or in their surroundings. This also extends to areas such as computer data and programmes. This often encompasses spotting errors in data patterns, or in written material and they are often excellent at proofreading and/or thinking outside the box. Autistic girls can often be extremely creative, with vivid imaginations. The idea that autistic people are not creative or imaginative is a myth.

Similarly, the idea that autistic people have low empathy is based on cognitive empathy rather than affective empathy. An autistic person may not recognise why someone is upset or struggling, and so is assumed to have low empathy. However, once the source of the upset or struggle is explained, they are generally extremely empathetic to others.

1.3 Identity Formation

When we are young, the perceived drudgeries of adulthood seem very far away. Part of adolescent identity formation involves separating from parents, and often rejecting their values, even if we later return to them. The idea of becoming like their parents can be anathaema to teenagers, just as the desire to carve their own path, change the world and achieve great things can be immensely attractive. What adolescents can't imagine is the kind of adult they will grow up to be and this is why it is foolhardy to wrap their future up in one fixed identity at such a young age.

To understand the stages of psychosocial development that children typically experience, and for various theories of child development, the Professional Association for Childcare and Early Years (PACEY) has a useful overview.[22]

Although the development of identity can be a lifelong process, it is during adolescence that separation from parents and caregivers begins, with the aim of developing a stable personal identity and growing into an independent adult. Erik Erikson,[23] whose theory of identity underpins a good deal of our understanding of modern identity development, proposed that during adolescence, we seek to establish our sense of self as separate from our parents and their ideals. It is during this period that we turn to our peer group for reassurance and validation which is why it can feel so important to gain approval from our friends rather than our caregivers.

It is also the time in our lives when young people engage in fantasy as a precursor to real life experience, both in terms of crushes on famous people and also in terms of desiring similar careers as

22 Fact Sheet title (pacey.org.uk)

23 Erik Erikson's Stages of Psychosocial Development (verywellmind.com)

their idols, in what for most people are unrealistic ambitions (such as wanting to be a premiership footballer, famous musician or film actor).

Identity is comprised of both a personal and a social identity. The social identity incorporates physical and social elements such as sex, sexual orientation, age, disability, ethnicity and language, while personal identity is focused on elements such as likes, dislikes and elements that make up the personality.

For autistic adolescents, this process can be more difficult, as it can be harder for them to be accepted by peer groups and they can frequently be subjected to bullying and ostracization. This will interrupt the usual process of finding a group where they feel they belong. In this respect, the emergence of friendship clusters based around gender identity, and the fact that so many online spaces offer support and a sense of instant belonging to any young person who claims a trans identity, there may be something very alluring about the LGBT+ community.

Autism is often viewed through a deficit model so the construction of an autistic identity may focus on how different the autistic child is from their peers and this can be internalised by a feeling of being 'less than'. This is exacerbated by the increasing complexity of social rules as children grow older, particularly as they will struggle with non-verbal communication. For autistic girls, a great deal of time is spent masking in order to fit in, which can result in overload and meltdowns once the need to mask is removed. This process of acculturation, through spending time mimicking the behaviour and personality traits of other girls, hinders the development of an authentic sense of self as it becomes increasingly buried.

Adolescents will start to develop a personal philosophy and framework of beliefs during their teen years but it can be easier in the short term to adopt 'ready-made' philosophies or ideologies until they have fully developed their sense of self. It is much less likely that these adopted philosophies will stick, as they are often not a true reflection of who the young person is or is becoming.

Ready-made identities such as non-binary, trans-masc or trans-femme or other trans identities fit in to this category and may seem to make sense of the sometimes overwhelming sense of isolation that so many autistic young people experience, as well as the natural tendency to gender non-conformity. There is a risk that they will then cultivate a sense of self that is not authentic, but built around a desire to remain part of a community that accepts them.

There needs to be a much greater understanding of the effect that isolation, bullying and feeling othered has on the development of self-esteem and a sense of self in autistic children, as well as the trauma that can be experienced as a result of pubertal changes. Without taking these into account as part of a wider look at identity formation, it may be easy for adolescents to adopt a trans related identity as a way of finding a place for themselves in a world that too often feels hostile and unaccepting.

2. Non Binary Identities and Autism

A new label has been added to the suite of gender identities, which encompasses the common feelings we have if our internal self- image doesn't match what we see in the mirror: the 'non-binary' identity. Our personalities are a mix of likes, dislikes and emotions that society places in either the 'male' or 'female' box, upholding sex-based stereotypes. Despite these being largely arbitrary, we are told that we *should* fit into one box or the other, and that if we find that challenging, we are outliers.

For autistic children, the placing of clothes, toys and interests into these boxes may be seen as a rule that can't be broken, so the parts of the personality that don't fit the male/female binary can feel wrong. Lobby groups and charities via educational packs for schools, are confirming that having a Non-Binary identity means someone identifies as neither male or female or both so it is perhaps unsurprising that some children think *'Well that's me!'* What they don't realise is that these feelings are absolutely normal.

What is striking is that despite having a solid understanding of male/female socialisation and how this has impacted their own lives as a gender non-conforming person, there is a determination by some in the wider trans community to suggest that adopting a non-binary identity somehow places someone outside the male/female binary in a *literal* sense.

Autistic girls or women deciding they are no longer female but non-binary, may then place themselves at potential risk by assuming the dangers they face *because* they are female, are no longer relevant to them. It is possible that having come out as Non-Binary, an autistic child or young person will believe that everyone else sees them the way that they see themselves and won't then understand if people react in a way that contradicts that.

It is important that children both male and female, who adopt a non-binary identity understand that this has no effect on the reality of their sexed body, but parents, carers or friends who try to point this out may be shut out, amid accusations of transphobia. Unfortunately, organisations who are lobbying for the government to adopt Non-Binary identities into official documentation and as part of GRA reform, are reluctant to acknowledge this obvious truth.

Meanwhile, non-binary celebrities now include singers Sam Smith, Miley Cyrus and Demi Lovato alongside actors Tilda Swinton, Lachlan Watson, Indya Moore, Bex Taylor-Klaus, Ezra Miller, Liv Hewson and Amanda Stenberg. As many of them became famous following roles in films and tv shows aimed at teens, they have a huge impact both as role models and as validation of trans identities. This follows a wider trend to relabel everything that comes under the LGBT umbrella as queer as part of a reclamation of the word.

However, in doing so, there has been a gradual disappearance of lesbian role models for girls, as many female celebrities who are same sex attracted rush to relabel themselves as either queer or non-binary. Unfortunately for girls who are same sex attracted, the homophobia they often experience in school can't be counteracted by role models if they are nowhere to be seen.

If as a society, we want to find a descriptor for people whose personality traits take in a broader spectrum of interests and feelings than just those that are socially sanctioned for them, and who don't 'feel' either male or female, then non-binary is as good as any. On that basis, It's not only understandable, but extremely common. So why might it be problematic?

By bringing this idea under a widened transgender umbrella, it not only gives the child an elevated sense of being special but also of being vulnerable and taking on the emotional load that we are told all transgender identified children carry. It confirms for them that they are now a member of an oppressed minority and as such, are owed a duty of care sometimes over and above their peers, even though their peers may be part of differing protected groups under the Equality Act; this despite the

fact that *identifying* as neither male, female or both (the definition of non-binary) makes no difference to the *reality* of being male or female.

Thirty years ago, playing with gender norms was much more common because it was accepted within the music industry and within youth culture. Now we see young men in lipstick or eyeliner, identifying as non-binary in order to reject gender norms without being subjected to homophobic bullying or violence. It is notable that the majority of the female celebrities listed above have explained their identity by stating that they have never *felt* female, but have always wanted to reject the constraints placed upon them *because* they are female.

Researcher Dr Wenn Lawson, who is both autistic and transgender, has carried out a tremendous body of research into female Autism, and since transitioning, has incorporated discussing gender identity into their work. In their presentation *Gender Dysphoria in persons with Autism*,[24] Dr Lawson quotes a young person, Drew, who describes their gender identity:

'I've recently been making exciting and very daunting discoveries about my gender. As a result, I currently identify as "30% 'George Clooney' and 70% 'Georgina Clueless". I'm frantically researching all the posh names for where I'm at and I'm guessing that I'm nonbinary / genderqueer with a degree of gender fluidity. Essentially, I live on Planet Drew, which has an erratic rotation around the Gender System. We're currently quite close to Venus. I'm an adult fan of Lego, a sci-fi geek, Doctor Who fan and the occasional gamer. I've also discovered that I can 'do' liquid eyeliner, which is nice!'

This is presented as evidence of autistic gender fluidity, but what Drew describes is just a desire not to be pigeonholed or restricted by gendered stereotypes.

At the National Autistic Society (NAS) Women and Girls Conference in 2019, doctoral researcher Marianthi Kourti made a presentation based on her 2019 research *"I Don't Feel Like a Gender, I Feel Like Myself": Autistic Individuals Raised as Girls Exploring Gender Identity.*[25]

The research was based on self-reported accounts of female autistic identity and feelings around gender from which the following quotes are taken:

'I believed myself to be a boy and was mortified and sick when I started developing as a girl.' (Ruth)

'I always had a pretty even split of ''girl toys'' and ''boy toys'' - baby-dolls, Ninja Turtles, stuffed animals, Ghostbusters, stickers, dinosaurs, crafty stuff, Lego.' (Kate)

'As a child and even now, I don't 'feel' like a gender, I feel like myself and for the most part I am constantly trying to figure out what that means for me.' (Betty)

In her NAS presentation Kourti includes further quotes from her research with autistic people with differing gender identities:

One such quote was *'What's the point of having all this (pointing at her breasts) if you're not gonna nurse a baby with your boobs, you know? So men can objectify me?'*

'I want to empower women and all that, but at the same time, I still have these hang-ups of not wanting to be one (which came from) the stereotypes and the sexual abuse'.

And this is a summary of a non-binary person's interview:

24 **Gender and Sexuality in ASC (foreningssupport.se)**

25 **(PPT) Autism and gender identity NAS | Marianthi Kourti - Academia.edu**

'When I was growing up, I was very disappointed when I couldn't keep playing football, because it wasn't something that girls did. It was a big loss for me' and later, 'I wasn't particularly interested in being male. It wasn't until a few years later that I heard the words non-binary and my gender identity finally clicked' and 'Gender has been very frustrating for me throughout my life. On the one hand, I was frustrated for being identified as female, on the other I was also frustrated with the stereotypes that came with it'.

All of these feelings are entirely understandable but are a response to living in a society that defines and restricts males and females by a system of stereotypical behaviour.

Kourti notes that *'the conceptual separation between gender identity and gendered stereotypes seems to be muddy'* and also the fact that *'participants didn't make many links between their autistic and gender identity'.* Like Lawson, her research reiterates that *'identity creation is ongoing; it is constantly changing throughout one's life'* which sits in opposition to the 'if you know you are, you are' mantra of the online trans community. Kourti herself adopted a non-binary identity in between starting and completing her research and while Dr Lawson and Marianthi Kourti are rightly free to identify as they wish, identifying as non-binary is not necessarily the benign option it may appear for children.

If an autistic girl believes she is neither male or female, she may assume for example that she is no longer at risk of becoming pregnant. Autistic young people may believe that their body is literally no longer either male or female, which may have health implications if they are living independently. It may also prove difficult if the child or young person believes that everyone around them sees them the way that they see themselves.

There is also increasing normalisation among young people who identify as non-binary to incorporate medical transition as a way of consolidating their identity. On the website of transgender support charity Mermaids, in the information section *Kids and Young People*, is a section on non-binary information. One of the links, transitioning while non-binary leads to an article on a website The Body is Not an Apology. The article opens with information about what transitioning might mean to a non-binary person:

'I know some people who have started hormones or had different surgeries. I know some people who started dressing differently. I know some people for whom the only transition they needed was to think of their gender in a different way, and shift their internal sense of themselves, without changing anything externally.'

While Mermaids clarify that the links are to external organisations and don't constitute an endorsement, to a child reading the article, it confirms that medical transition is a reasonable course of action if they have a non-binary identity.

Teen Vogue, an online magazine aimed at 13-16 yr olds, published *What it means to transition when you're non-binary* in 2017. In a series of interviews with non-binary individuals, the following advice was given:

'Non-binary people might take hormones, need surgical care or other forms of medical intervention to help us align our bodies with our gender identities and expressions. Yes, some non-binary people still need medical care even if our narratives are different from trans men and trans women'. [26]

Searching *non-binary transition* into the YouTube app brings up scores of videos featuring attractive teenagers and young adults discussing their medical transitions while identifying as non-binary, many of these involving taking hormones.[27]

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26 **What It Means to Transition When You're Non-Binary | Teen Vogue**

27 **non-binary transition - YouTube**

In addition, surgeons in the US have identified non-binary identities as a lucrative income stream; the Gender Confirmation Center in San Francisco, aims to *'empower transgender individuals to take control and become the self-made person they want to be'* and view microdosing with testosterone or estrogen or having either a mastectomy or 'non-binary contouring' as reasonable ways to achieve this.28 Online clinic FOLX provides prescriptions & delivery of estrogen or testosterone to over 18s. However, they invite those under 18 to *'keep in touch over e-mail and social… until that birthday'.* Online clinic GenderGP also promotes microdosing for non-binary people, to neutralise their hormones and offers to start the process with the offer that 'if you're still wondering: *"where can I buy male to female hormones?" Get in touch with us!'*[29]

This elevates a relatively benign and actually very common concept - that one doesn't identify solely with either male or female stereotypes – into behaviour that carries significant health risks to the children engaging in it.

In the current climate, it's impossible not to have sympathy with children and young people who decide that they are non-binary, rather than negotiate a world that tells them that they must adhere to one set of stereotypes or the other. But the new choices they are being given aren't really choices at all; they are socially sanctioned boxes that they may step into, with permission. Because if they don't, criticism and rejection await.

28 Microdosing Testosterone - Gender Confirmation

29 Microdosing Estrogen and Microdosing Testosterone (gendergp.com)

3. Autism & Mental Health

3.1 Transgender OCD

While preliminary research suggests possible links between OCD, Anxiety Disorder, Anorexia, Bulimia and Body Dysmorphic Disorder,[30] there may also be similarities in cognitive profile between Anorexia Nervosa and Autism, with suggested similarities coming via the Autism Quotient Scale.[31] While potential links between all these conditions warrant further research, there is a form of OCD that may be mistaken for gender dysphoria or confusion about a desire to transition.

OCD typically comprises distressing intrusive thoughts and subsequent repetitive actions as a way of neutralising them. In the early 2000s, reports emerged of intrusive thoughts related to sexual orientation, with gay men having intrusive thoughts about being straight and vice versa – subsequently distress was experienced due to confusion about their established sense of self, rather than the orientation itself. Subsequently, in 2015, the same year Caitlyn Jenner came out as transgender, researchers reported on a case of OCD which manifested as intense intrusive thoughts about wanting to transition to the opposite sex.[32] Known as T-OCD (transgender OCD) it manifests around repeated distressing intrusive thoughts about transitioning or questioning gender identity. Unlike pre-pubescent feelings of confusion about gender identity, it appears as part of a wider OCD profile. Because OCD is driven by a desire to neutralise these thoughts, it becomes compulsive in nature due to the uncertainty and upset about the thoughts themselves.

An autistic adolescent experiencing T-OCD may be distressed by the uncertainty of not knowing if the feelings are real and the compulsive actions can involve: researching transition; trying to remember if these are thoughts that have always been present; looking at transgender related websites or reading about gender identity; or engaging with online LGBT communities to ask questions and try to find answers. The more these actions are taken, the more the distressing thoughts are perpetuated.[33]

Complications to recognising T-OCD in autistic adolescents comes when attempting to identify which elements of their presentation are due to Autism and which to OCD.[34] The young person may incorporate fixed repetitive routines as part of their daily life but may not be able to recognise if they are repeating actions as a compulsive behaviour to neutralise a distressing thought, or as an anxiety reducing, soothing/stimming activity. This may not be something that they themselves can identify and this may solidify the notion of a transgender identity.

3.2 Eating Disorders

Gender Dysphoria in girls appears to share a pattern with eating disorders, in that both involve adolescent girls signifying trauma on their bodies, and because for many autistic girls puberty is experienced as a traumatic event. Jungian Psychotherapist Lisa Marchiano has referenced this and has expressed surprise that clinicians within psychiatry and psychotherapy are not making connections with previous social contagions that have affected adolescent girls. In an interview with

30 Affect and worry during a checking episode: A comparison of individuals with symptoms of obsessive-compulsive disorder, anorexia nervosa, bulimia nervosa, body dysmorphic disorder, illness anxiety disorder, and panic disorder - PubMed (nih.gov)

31 Using the Autism-Spectrum Quotient to Measure Autistic Traits in Anorexia Nervosa: A Systematic Review and Meta-Analysis - PubMed (nih.gov)

32 Transgender OCD: A New Theme Following a Familiar Pattern | Anxiety and Depression Association of America, ADAA

33 Obsessive-Compulsive Disorder Presenting as Gender Dysphoria/Gender Incongruence: A Case Report and Literature Review - ScienceDirect

34 International OCD Foundation | Treatments for Obsessive-Compulsive Disorder comorbid with Autism Spectrum Disorder (iocdf.org)

Suffragette City Radio in 2019, she observed that *'agreeing to medicalisation halts the process of exploration and processing and confirms the idea that there is something wrong with them'.*[35] She also observed that there is a crossover between eating disorders and gender dysphoria. There is also a high prevalence of eating disorders among autistic girls which suggests that research needs to be done into these obvious links, particularly given that for many autistic girls, eating disorders may well be a reaction to sensory issues with food.

3.3 Body Dysmorphic Disorder

There is a some evidence to suggest that both autistic people and people with a diagnosis of Body Dysmorphic Disorder (BDD) struggle with facial recognition and accurately appraising others' emotional responses. BDD is an anxiety disorder diagnosed when a person is preoccupied with perceived flaws in their appearance. In both conditions, there is evidence of the involvement of the amygdala.[36]

As mentioned earlier, Gender Dysphoria has recently been declassified as a mental health diagnosis by the World Health Organisation and moved to the category of sexual health. BDD remains within the mental health classification, however given that there are similarities between them, there is an argument to be made that children may be 'reading' body dysmorphic disorder and interpreting it as gender dysphoria. This is important, since gender identity issues are currently being taught in schools under the new statutory relationships and sex education syllabus. Although they are defined differently, an autistic child is unlikely to be aware of the difference in definition and may feel that their discomfort is due to gender dysphoria, because it is the situation that they are being presented with.

The largest twin study to date looking at BDD in adolescents, 'Prevalence and heritability of body dysmorphic symptoms in adolescents and young adults: a population-based nationwide twin study' (Enander, Ivanov et al 2018) found that among a cohort of 6968 fifteen year olds, the females reporting BDD symptoms were twice as likely to show signs of ADHD and five times more likely to show autistic characteristics than their peers without dysmorphia symptoms.[37]

In unlinking gender dysphoria from mental health, has the link between interoception, BDD, and Autism been overlooked?

If an autistic child is experiencing discomfort with their sexed body, or with the way their body is changing, it is worth considering the possibility that they are describing body dysmorphic disorder through the filter of the language that they have been exposed to. Additionally, many autistic children have alexithymia and low levels of interoception, and as a result may be living with a very real sense of disconnect from their bodies without the ability to name what they are feeling. Therefore it is clear there is a need for urgent research looking at how these different elements interconnect and how they are affecting autistic children.

35 Suffragette City Radio: SCR Extra. Interview with Lisa Marchiano on Apple Podcasts

36 ajp16050559 313..316 (psychiatryonline.org)

37 Prevalence and heritability of body dysmorphic symptoms in adolescents and young adults: a population-based nationwide twin study Psychological Medicine Cambridge Core

3.4 Trauma

Another possible factor in the development of gender dysphoria is the experience of trauma in the form of Adverse Childhood Incidents. These can include physical, sexual and emotional abuse, either witnessing or experiencing domestic violence, parental drug abuse or alcoholism, divorce or attachment issues in early childhood. This then also relates to looked after children and we know that there is a larger than average representation of local authority Looked After children identifying away from their sex; the research paper *Gender Dysphoria in looked-after and adopted young people in a gender identity development service* (Matthews, Holt et al) confirms that despite making up 0.58% of the UK population, Looked After children represent 4.9% of referrals to the Tavistock GIDS and adopted children make up 3.8% of referrals.[38] This is replicated in the US and also in Canada.[39]

Research suggests that autistic children have a higher than average chance of experiencing an ACE or experiencing post traumatic stress.[40] Research at the Gillberg Neuropsychiatry Centre at the University of Gothernberg has found that children with high levels of neurodevelopmental disorders are more likely to experience ACEs. This also proved to be the case in twin studies with a twin who is neurotypical.[41]

There may be traumatic issues that the child or adolescent is dealing with or exploring in a therapeutic process. Conversely it may be a trauma that they are not consciously aware of which is affecting their mental health or informing gender dysphoria.

For autistic children traumatic experiences are not limited to the overt traumas listed above; Simply navigating day to day transitions, sensory input and the stresses attached to differences in processing and communication, are now recognised by researchers as leading to a possible variation of PTSD.[42]

For many autistic children the sensory experience and communication differences that they experience during a single school day can cause a sense of overwhelm by the end of the school day known colloquially as the coke bottle effect. This means that their day may be made up of multiple small stress events, which could include being asked questions, remembering books and equipment, taking notes, keeping up with and retaining information, maintaining focus, and sensory input such as excessive noise levels, strip lights flickering or buzzing, and having to sit in one place for extended periods of time.

Additional factors can include sensory responses to school uniform and school staff not making reasonable adjustments for movement breaks, or allowing stimming (repetitive movements as a mechanism for self-soothing). This can in some cases then lead to staff holding autistic children responsible for what they interpret as challenging behaviour that results.

This is enough to cause psychological overload which is released at the end of the day when the child no longer has to mask their behaviour, and can metaphorically 'explode' when they are in a place where they feel safe. This can necessitate taking time to recover. Repeated on a daily basis however, this overstimulation and anxiety stress can elicit a trauma like response.[43]

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38 Gender Dysphoria in looked-after and adopted young people in a gender identity development service - Tom Matthews, Victoria Holt, Senem Sahin, Amelia Taylor, David Griksaitis, 2019 (sagepub.com)

39 Foster kids & Gender Clinics – @STILLTish. Gender Abolition (gendercriticalwoman.blog)

40 Association of autistic traits in adulthood with childhood abuse, interpersonal victimization, and posttraumatic stress (nih.gov)

41 Adverse Childhood Experiences and ESSENCE: a complex story | University of Gothenburg (gu.se)

42 At the intersection of autism and trauma | Spectrum | Autism Research News (spectrumnews.org)

43 Delayed effect, after school meltdown

In addition autistic children are frequently taught compliance behaviours with the aim that they will 'fit in' to school and workplace environments that are not designed to meet their needs. This can however create a vulnerability to traumatic experiences, as the compliance behaviours may lead to them following the demands of abusive or manipulative people, while not recognising that what is being asked of them is inherently abusive.[44] Autistic children can find it very difficult to recognise when someone is lying and can operate on the basis that everybody is telling the truth, thus opening themselves up to risky behaviours.

Autistic children are much likely to experience bullying than their peers however most anti-bullying programmes for mainstream schools don't incorporate an autistic perspective or differentiate for autistic learners. Research indicates variable levels of bullying experienced by autistic children, ranging from an estimated 87% of autistic secondary age children being bullied once a week to 65% of autistic children in the US bullied each year to 77% of autistic children in Canada per month.[45] This is likely to be in part a reflection of the Double Empathy problem as defined by Dr Damian Milton.[46]

There has been much written about autistic children and a perceived lack of empathy. However, in terms of communication, it is clear that there is an element of reciprocity in the lack of understanding between the neurodiverse and the neurotypical population. Milton's theory is based on this idea that *both* populations experience difficulty decoding and understanding the other's perspective, however it is only one population (the neurodiverse) who are expected to learn how to communicate and empathise. It is a given across society that being neurotypical is the default so again, it falls to the autistic population to bend their understanding and neurocognition to fit. In terms of counteracting bullying and traumatic experience, this is unlikely to be helpful as it places the autistic child at a disadvantage, risks increasing low level trauma by forcing an unnatural process upon them and as such, is likely to impact on their self-esteem and feelings of self-worth.

3.5 Misdiagnosis

In her book *Sexy but Psycho; How the patriarchy uses women's trauma against them,* Dr Jessica Taylor 47 discusses the experience of autistic women and the medicalisation of women's experiences of trauma. Autism is frequently misdiagnosed in women as Borderline Personality Disorder (BPD) – a diagnosis that can lead to feelings of intense shame, as the public perception of personality disorders is negative and informed by misinformation and assumptions. In such an arena, it is unlikely that an undiagnosed autistic young person would want to admit to having such a diagnosis.

Dr Christopher Gillberg and his team at the University of Gothenberg have pioneered the ESSENCE programme, *Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations.* These include ASD, ADHD, Oppositional Defiance Disorder, Tourettes Syndrome, and other neurodevelopmental conditions. He has observed that a high proportion of young children diagnosed with ASD/ADHD will meet the criteria for a personality disorder by the age of 18. In addition, adults diagnosed with personality disorders on or after the age of 18, will have displayed symptoms congruent with one of the ESSENCE conditions.

He highlights in his blog the case study of a young man diagnosed with ASD and ADHD in childhood co-morbid with a personality disorder in adulthood, as well as meeting the criteria for Schizoid

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44 "This Was Just How This Friendship Worked": Experiences of Interpersonal Victimization Among Autistic Adults | Autism in Adulthood (liebertpub.com)

45 Full article: Bullying of children and adolescents with autism spectrum conditions: a 'state of the field' review (tandfonline.com)

46 The double empathy problem (autism.org.uk)

47 Taylor, J., (2022) *Sexy but Psycho; How the Patriarchy uses women's trauma against them* Constable (an imprint of Little, Brown Book Group), London

Affective Disorder (S.A.D). However, in the case of the latter diagnosis (and by extension the criteria for S.A.D) Gillberg hypothesises that it was in fact his Autism/ADHD masquerading as a personality disorder. He believes that the majority of cases of adult personality disorders are in fact misdiagnosed ESSENCE related conditions.[48]

Of 1019 autistic adults, of which 50.1% were women, 62.7% of females and 37% of males had a prior psychiatric diagnosis with mood and personality disorders being the most common.[49]

The diagnostic criteria for Borderline personality Disorder is listed below. Looked at through the lens of autistic traits, it is clear that there are numerous similarities.

There are difficulties inherent in diagnosing BPD[50] as the cluster of symptoms covers a variety of mental health disorders and there are no biological markers or diagnostic tests that can detect it. Based on the diagnostic criteria in the DSM V it is easy to see why autistic traits would meet the benchmark for a diagnosis.

A pattern of unstable and intense interpersonal relationships - this is not uncommon n in the autistic population due to difficulties with communication as well as unrealistic expectations for interactions with others. Many autistic people form lasting bonds both in friendship and in romantic attachments however, the ease with which autistic people can be manipulated may contribute to the statistic that autistic women and girls are more likely to be subjected to domestic abuse, either as part of a relationship or witnessing it within their family unit.

Identity disturbance: markedly and persistently unstable self-image or sense of self - forming a coherent identity can be problematic, mainly due to many years masking emotions and mimicking the social behaviours of others in an attempt to fit in. This means that it can take longer to develop a strong sense of self.

Impulsivity in at least 2 areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Does not include suicidal or self-mutilating behaviour covered in criterion 5. - again, there are reasons why an autistic adolescent may engage in behaviours that appear to be impulsive and risky. Mimicking the behaviour of others as a mechanism for finding a place within a social group, or engaging in risky behaviour because it is expected of them are both likely. Some autistic adolescents may not have a good understanding of money or financial systems so may fall into debt easily or be persuaded to take out numerous credit cards. In addition, poor mental health can lead to eating disorders which are often co-morbid with autism.

Recurrent suicidal behaviour, gestures or threats, or self-mutilating behaviour. *T*he autistic community have high levels of suicidal ideation due to multiple factors.

Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability or anxiety usually lasting a few hours and only rarely more than a few days) - Autistic adolescents are often prone to anger issues and mood fluctuation; this is exacerbated by hormonal fluctuations but could also be attributed to sensory overload or communication difficulties or possible pathological demand avoidance.

Chronic feelings of emptiness - this could be a conflation with loneliness, or an underlying feeling of being 'wrong' within oneself. Having no or few friends may lead to internalising feelings of worthlessness and depression.

48 Personality disorder – real or unreal? | University of Gothenburg (gu.se)

49 Stability of co-occurring psychiatric diagnoses in autistic men and women - ScienceDirect

50 Diagnosing borderline personality disorder (nih.gov)

Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights). Autistic sensory reaction - see book.

Transient, stress-related paranoid ideation or severe dissociative symptoms - Low levels of interoception, wherein the internal signals sent to the brain from various internal systems are not interpreted, along with alexithymia which is an inability to name and recognise emotions, could lead to a disconnection from the body that could be interpreted as disassociative.

Diagnostic Criteria of Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by 5 (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behaviour covered in criterion 5.
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least 2 areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behaviour covered in criterion 5.
5. Recurrent suicidal behaviour, gestures or threats, or self-mutilating behaviour.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

*Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.*[11] Copyright © 2000 American Psychiatric Association.

Detransitioner Elizabeth Hawker identified as transgender from the age of 15 to 21. She became involved in the transgender community online and now acknowledges that being trans became her autistic special interest, admitting that

'I loved nothing more than spending hours researching and debating trans topics and online I surrounded myself with everything trans and non-binary'.

Having subsequently been diagnosed as autistic, she now believes that what we are currently seeing is another manifestation of misdiagnosis.

'I hypothesize that we are witnessing a new wave of common misdiagnosis for ASD girls emerging: Gender dysphoria. This misdiagnosis is very different to the others; where treatment for these mental illnesses involves cognitive behavioral therapy (CBT), changes to your day-to-day living like eating healthier and sometimes medication. The treatment for gender dysphoria is physical, irreversible body-altering hormone injections and surgeries'.[51]

51 **Autism, Puberty, and Gender Dysphoria (4w.pub)**

Autistic Bodies

4. Puberty, Autism and Gender Identity

One of the aspects of Autism that can cause enormous difficulties is navigating change, or transition. Transition covers everything that happens during the day, from the moment our eyes open and we transition from asleep to awake, through getting dressed, eating, or changing activity or class in school. Anything that can be described as moving from one state to another or one activity to another, can be challenging for autistic children and young people.

Possibly the biggest transition that a young person will experience is puberty. For autistic children it can be traumatising, as the body they are growing up in suddenly starts to change. Maintaining control is a common technique for managing transition and anxiety, but puberty is the one area of change that they cannot control or stop. It is not uncommon for puberty to trigger gender dysphoria in autistic children, but it is important to note that having gender dysphoria is not the same as adopting a transgender identity. They *can* go together, but they are not the same thing.

We have spoken to parents whose daughters have asked for puberty blockers as a way to stop their periods, or the development of breasts or body hair. Information about gender dysphoria is widely available online; for example the Childline website contains a video 'Trans Puberty Myths'[52] in which the presenter Tio, chats with YouTuber and transman Alex Bertie and transwoman Charlie Martin about puberty. Tio explains that young people can go to their GP or medical practitioner and be prescribed hormone blockers. He also suggests that some GPs can be 'a bit tricky' and if so, that young people can change their GP to find one who is more sympathetic. Alex also explains that if you change your mind, and stop taking the blockers, they are completely reversible – something we now know is not true.[53]

The physical, psychological and emotional changes that happen in puberty can trigger a very real fear of growing up. For autistic children, this can result in a denial of what is happening to them.

52 Puberty | Childline

53 The-Tavistocks-Experimentation-with-Puberty-Blockers-1.07-0gocpq (1).pdf

Parents of autistic children can find it useful to talk to their children early about puberty and the changes that will happen. Social stories, comic book conversations and Picture Exchange Communication System (PECS) cards can be very useful when explaining the changes that puberty brings.

Preparing autistic children for puberty should include introducing them to accurate, age appropriate illustrations of sexed bodies, and explaining how the human body works. This will enable them to link the physical and sensory changes of puberty to their own body.

Listed next are some of the biggest changes that occur during puberty and why they may contribute to an autistic child experiencing gender dysphoria.

4.1.1 Breast Development

The development of breast buds in girls is often the first sign that puberty is starting. It can be a difficult change to manage as it is often the first change in the developing adolescent body that is noticeable to others. For an autistic girl, seeing their body change shape can be alarming particularly if they are among the first in their peer group to start puberty.

Not only does this mark them out as different, but can also bring unwanted attention, teasing or bullying from peers. The necessity to wear a bra can add to the feeling of difference, especially if the other girls their age are not yet wearing one. Some girls may associate bras with the sorts of sexualised imagery seen in music videos or fashion adverts, or simply associate them with adulthood, which may lead to a desire to avoid growing up. Wearing a bra can also trigger sensory issues and difficulty with fastenings if they have difficulties with fine motor skills. This may lead to girls avoiding wearing a bra altogether.

Another difficult aspect of breast development is that there is no standard or predictable breast size. This can create a paradox for girls, as it may feel that however their body develops, it is wrong. Social media can compound this; a YouTube search - 'are my breasts too small?' shows a confusing range of videos including 'I got a boob job at 20', as well as 'What men think about small boobs' and numerous promotion videos by plastic surgeons.[54]

The onset of breast development may also signal the start of objectification by older boys and even adult men. This can be difficult to process and may engender deep feelings of internalised guilt and shame. Most girls and women will experience such objectification over several decades, and the sheer volume of media discussing female bodies in both positive and negative terms serves to reinforce the idea that objectification of their bodies is something from which they cannot escape.

4.1.2 Height

Girls usually grow in height earlier than boys, although boys will eventually overtake them once puberty has started. Being taller than their friends can lead to girls feeling out of sync and different and for boys, the reverse can be true if they are a late developer and don't gain in height until their mid-teens.

Gendered ideas of femininity can be located in concepts such as 'cute' or 'dainty' so for girls this may be represented by the idea that girls should be small or petite, so that they can be protected and taken care of. The current trend among teenage girls for the Japanese Kawaii aesthetic is a reflection

54 are my breasts too small - YouTube

of this, as well as representing a regression to childhood. It also overlaps with the so-called Lolita aesthetic, which represents a more deliberately provocative, sexualised version of the same style.[55]

Pre-puberty most children are of a similar height, but as puberty starts, they will develop at different rates. The unpredictability of growth spurts throughout adolescence adds an additional element of uncertainty which autistic children can find hard to process. For autistic boys, who may take longer than girls to reach their full height, they may equate being shorter with femininity.

4.1.3 Menstruation

The onset of menstruation can be one of the most daunting parts of puberty for autistic girls. As a very rough guide, menstruation usually commences two years after the development of breast buds although this will vary from girl to girl.

A particular challenge can be heavy menstrual flow which can be traumatising, causing deep feelings of shame and embarrassment if it floods through clothes, particularly if this has taken place in public. If this happens in school, it can be compounded if their peers laugh or bully them because of it.

Many autistic girls have profound sensory reactions to menstrual blood; when blood mixes with air, it has a distinctive metallic smell that can seem very strong and may be overwhelming for girls with sensory sensitivities. They may also believe that if they can smell the blood, then everybody else will be able to, causing them to feel self-conscious.

The physical sensation of passing blood, especially if the period flow is heavy, can trigger a profound sensory response. It can feel sticky and uncomfortable and, in some cases, clots can be passed. This can be a particularly frightening experience, as it can literally feel as though part of the body is falling out. Many autistic girls find mess or dirt hard to cope with and so find the practicalities of dealing with menstruation extremely challenging. They can find having to touch their own blood repulsive, or it can provoke an extreme anxiety response.

In an environment where girls have immediate access to information about gender dysphoria, the profound visual and sensory experience of menstruation can be a powerful trigger to identify away from the female sex. They may decide that taking medication such as testosterone, is a useful way of stopping puberty and menstruation altogether, as YouTube contains many videos about using 'T' to stop periods.[56]

4.1.4 Practical ways to help

A particular challenge that comes with the onset of periods, is the irregularity. In the early stages of menstruation, it can take up to two years for a cycle to settle, which makes it harder for girls to predict when they are likely to menstruate. Once the cycle has become regular, it would be useful to download a period app for smartphones, which will help them keep track of when their period is due, so that they can feel more prepared and in control.

It can be useful to prepare girls by letting them choose a make-up bag or similar that they like, and keeping sanitary towels, spare underwear, baby wipes, disposal bags and a body spray in it. They can then keep this in their school bag in case their period starts unexpectedly. It can also be useful to practice with them how to self-care during their period; how to use sanitary protection, how to

55 Kawaii-B All About: The Wonderful World of Lolita | Kawaii-B (kawaiibuk.blogspot.com)

56 FTM How To Stop Your Period Pre-T - YouTube video

change towels or tampons, and dispose of them hygienically. This can take a lot of practice, so it is worth planning for this well in advance.

Some girls may find it more difficult than others to manage their periods independently, and in this case, identify a staff member at school who your child will trust, who will be able to help them. It may be appropriate to use school toilets at a quiet time of day, when there will be fewer pupils around. In the case of flooding through clothes, it can be worth teaching your daughter to pack a spare set of clothes in her bag (such as spare tights, a skirt, or trousers along with underwear) so that she always has something to change into, and perhaps purchase some period pants.

In the event that the school has installed gender neutral toilets, parents or carers should enquire where the single sex toilets are, that girls will be able to use in order to manage their periods with privacy and dignity. Since more schools are now refashioning their single sex toilets into mixed sex 'gender neutral' toilets, girls are reported as missing school rather than risk managing their periods in a cubicle next to a boy, or have to wash blood from hands, off clothes or rinse out menstrual cups at shared sinks in a mixed sex area.[57]

4.1.5 Body Hair

The thickening of body hair on legs, arms and for boys, across the chest, can seem strange and unattractive. Body hair is completely natural; we have it for a reason - to help regulate body temperature and to prevent foreign bodies from entering the vaginal canal, as well as the anus and the urethra.

Unfortunately a great deal of stigma has been attached to female body hair, and hair removal is a large sector of the grooming and beauty industry. According to the Oxford Economics 'Value of Beauty' report for the British Beauty Council, the UK beauty industry was worth £27.4 billion in 2018; of this, £810 million was spent on hair removal products and services alone.[58]

Notably, the report highlighted a new market sector being driven by online influencers, creating new channels for the industry to reach potential consumers (this is also reflected in the recent Transgender Trend report on the influence of social media on adolescent identity formation).[59]

Many books aimed at children and adolescents to guide them through puberty, normalise the removal of body hair by advising that some girls choose to remove armpit and leg hair. Although they don't mention pubic hair removal, this may be reinforced via peers as well as on social media via YouTube or Instagram influencers as well as the wider media.[60]

In addition to the powerful targeted messages telling children that body hair is undesirable, it can also trigger sensory issues. Body hair can *feel* profoundly uncomfortable for autistic children, especially in the pubic region. Levels of hair growth will vary between adolescents, so the pressure to remove body hair can be immense if a child has dark or thick body hair or starts hair growth earlier than their peers.

Body hair can range from light to very dark depending on individual colouring, so dark-haired children may find their body hair more noticeable than blonder children. Medical conditions such as Polycystic Ovary Syndrome (PCOS), can cause hair on the abdomen, and face, as well as on leg and arms. This

57 Girls are skipping school to avoid sharing gender neutral toilets with boys | Daily Mail Online

58 Value_of_beauty_FINAL.pdf (britishbeautycouncil.com)

59 https://www.transgendertrend.com/product/the-transmission-of-transition-2

60 https://journals.sagepub.com/doi/10.1177/0959353516680233

can lead to feelings of shame and self-consciousness and can be particularly difficult, as it can often remain undiagnosed until adulthood.

Even very young girls experience a great deal of pressure to adhere to western beauty standards including hair removal. They may pluck or pick at body hair, or may try and 'shave' hair with scissors or kitchen knives. In some cases, they may want to remove all their body hair. This can be because they misunderstand the unwritten rules around which areas of their body are 'supposed' to be hair free, or because they develop sensory issues around body hair and the way it feels. This can also be connected to the sensory feel of body hair against clothes, or even just the sight of body hair (i.e around the bikini line or under the armpits when swimming, or when wearing summer clothing).

4.1.6 Emotional Regulation

Hormones can have a devastating effect on emotional regulation and this can be very frightening for autistic children. Puberty can trigger emotional dysregulation through mental health conditions that sometimes accompany Autism, such as OCD or Generalised Anxiety Disorder which can exacerbate emotional dysregulation.

Hormones are both natural and necessary for development as they act as the catalyst or 'switch' for the many functions of children's bodies that are vital to enable their bodies to mature to adulthood. However, they are powerful chemical messengers and the hormonally driven mood swings that are so common during adolescence can be very frightening in their unpredictability.

Autistic children may attempt to manage mood changes by using control mechanisms, and this may present as angry outbursts, or reactions similar to those described as part of Pathological Demand Avoidance (PDA). In fact, the perceived loss of control leads to an extreme fear reaction and this is manifested by meltdowns or outbursts of anger.

This is also accompanied by uncertainty as to the reactions of others. Autistic theory of mind suggests that autistic children are often bewildered by the reactions of neurotypical people around them, either peers or adults - which can lead to conflict in relationships and contribute to a feeling of being misunderstood or out of control.

4.1.7 Sexuality

Autistic children may not connect the onset of puberty and hormonal changes with the onset of sexual feelings. They may assume that when they do develop emotional or sexual attachments, that they will have a heterosexual orientation, as this is presented as the default norm in most societies.

In fact, a high proportion of children and young people who develop gender dysphoria or identify as trans or non-binary, have a lesbian, gay or bisexual orientation, regardless of whether they are neurodiverse or not.[61]

Children who are gay or lesbian may find themselves teased or bullied, and for those who have an emerging sexuality, it can be off putting and frightening to find themselves teased or called names for expressing feelings of admiration for other friends, or saying that another girl is pretty or that a boy is good looking.

61 https://www.researchgate.net/publication/268879198_Young_people_with_features_of_gender_dysphoria_Demographics_and_associated_difficulties

This attitude is still expressed in wider society and crucially, in schools. In particular, coming out as a lesbian has become increasingly difficult. Many female celebrities who had previously identified as lesbian or bisexual, such as Miley Cyrus and Elliott Page (formerly Ellen Page) are now regrouping under the label 'Queer' or 'Non-Binary' and rejecting LGB identities entirely. There are very few young lesbian role models for girls to look up to.

For autistic girls in particular, this is problematic as the negative effect of homophobia leads many to reject the idea that they might be lesbian. Autistic theory of mind may also lead to heteronormative assumptions that if they are attracted to the same sex, that they must themselves be the opposite sex. If they are attracted to girls, then they must themselves be a boy.

Dr David Bell who wrote a report outlining the concerns of staff at the Tavistock & Portman Gender Identity Development Service (GIDS), noted that of the children who attended, 40% were autistic, many had experienced trauma or had complicated family backgrounds, and that a large number of girls would, if supported, grow up to have a lesbian sexual orientation. When interviewed for Channel Four News, he expressed concern that in the current climate young girls may believe that they are a heterosexual boy rather than accepting that they are lesbian.[62]

This same logic leap can also lead them to assume that *others* will believe them to be the opposite sex. Indeed, they may believe that their parents will be happier with a straight son rather than a lesbian daughter, no matter if this is true or not. It may be that under these pressures, identifying as a boy feels like a logical solution to what may appear to be complex or insurmountable difficulty.

4.1.8 Being Sexualised by Others

Puberty, with accompanying bodily and emotional changes, is the point at which girls become aware that they are viewed very differently than before. As their bodies start to mature and change, unwanted attention from male peers or from older boys and men, often begins. Alongside this comes the realisation that a new set of unwritten social rules has come into play, and expectations from others can change dramatically.

Sex based stereotypes mean that the expectations of girls and boys can be very different, however, at puberty the gendered expectations of behaviour become more constrictive. Pressure to conform to socially sanctioned modes of femininity increases as girls enter adolescence, and social currency is lost or gained according to how closely girls conform to societal norms.

Unfortunately the current mode of femininity in the West has been increasingly shaped by the availability and influence of online pornography, social media and selfie culture. This has created a template of a slim, large breasted girl, with long hair, full make-up, minimal body hair, and who is (or appears to be) sexually available; images shared by girls of themselves are overwhelmingly heavily filtered so that a uniform appearance is created that many adolescents feel the need to conform to and which becomes self-perpetuating.

For girls, this is a big change as before puberty they are allowed a great deal more freedom to express themselves and enjoy a certain wildness of spirit. It is little wonder then, that when these sex-based stereotypes begin to be reinforced around them, that so many are rejecting them.

Attention from older men or teenage boys can be unexpected, unwanted and upsetting. It is also possible that without clear support and information, autistic girls may believe that the expectations placed upon them to be feminine, sexually available and compliant, are a route to friendship,

62 **'Children have been very seriously damaged' by NHS gender clinic, says former Tavistock staff governor – Channel 4 News**

acceptance and love. The desire to make friends and to fit in can be a huge driver of risky behaviours that can have damaging long-term consequences.

Children can also experience a change in their relationship with their parents, who may find talking about puberty, sex and relationships embarrassing or difficult. This then provides an opening for children to seek information online. This is a risk factor as the internet has very little quality control and children and adolescents often lack the critical thinking skills required to filter out inaccurate information or to identify grooming behaviour.

4.2 Alexithymia

The Tavistock GIDS webpage features a section of parent's stories. A parent's story - Charlotte 63 focusses on an autistic girl who wants to identify as a boy. Charlotte's mum mentions that autistic girls' *'emotional age is typically well below their chronological age'.*

This is also referenced by Professor Tony Attwood who states that (as a rule of thumb) *"The emotional maturity of children with Aspergers syndrome is usually at least three years behind that of their peers.'*[64] This may be due in part to the phenomenon called alexithymia - difficulty in recognising or naming emotions.

If a child doesn't understand their emotions and can't name them, or if they don't understand the context for those emotions, they are very likely to misunderstand the reasons for those feelings. For an autistic child, it may be easier to attribute such discomforting feelings to a contemporary phenomenon that they know their peers will understand, especially when issues relating to alexithymia are poorly understood, even by practitioners working with autistic children.

There are two types of alexithymia; cognitive and affective. Cognitive alexithymia refers to the difficulty experienced when it comes to recognising and naming how we feel, or recognising emotions when they are expressed by other people. Affective alexithymia refers to impairment in imagining emotions and feelings and recognising how emotions can make us physically feel or react. This is one reason why autistic children may not be aware that they are becoming overwhelmed by sounds, sights, crowds, or other stimuli that may eventually lead to a meltdown.

Autistic vlogger Yo Samdy Sam talks about alexithymia in her videos *Demi-sexual identities* and *What's it like to not know how you feel?* [65] While describing her responses to dating and relationships, she talks about whether there is a link between alexithymia and sexuality, including how sexuality might be influenced by not being able to quickly label emotions, or taking longer than neurotypical people to decide whether there is sexual attraction.[66]

Alexithymia can also cause difficulty differentiating between heightened emotional states such as anxiety, fear, excitement and arousal, feelings which all share physiological similarities. In order to differentiate between them, we rely on recognition of both context and how a given situation might make us feel. This may also depend on recalling the emotional memory of a previous situation that was similar. These are all concepts that an autistic child may struggle with.

63 **A parent's story – Charlotte | GIDS**

64 **What is Asperger's? (tonyattwood.com.au)**

65 **Alexithymia // What it's like to not know how you feel #alexithymia - YouTube**

66 **Demisexuality and AUTISM: is there a link? - YouTube**

4.3 Interoception

Interoception, also known as the eighth sense, is the mechanism by which our body connects with our brain, through which we have an awareness of what our body is doing. It is interception that allows our brain to translate messages from our body, such as our awareness that we want to go to the toilet, or are too hot or too cold, or feel pain.

The brain receives and decodes signals sent to it by the anterolateral system (which carries messages about touch, temperature and pain) and the viscerоceptive system (the vagus nerve, part of the parasympathetic nervous system, that sends messages from internal organs to the brain) and there is evidence to suggest that this system functions imprecisely in some autistic children. This means that they can't always make sense of their brain's signals and have an awareness of what their body is doing. For example:

- Bladder fullness/Needing to go to the toilet
- Pain
- Feeling cold/hot
- Recognising with what others are saying when they talk about their bodies
- Feeling ill, or feeling pain
- Being aware of bodily changes.

Because cognitive functions are connected to physical functions, impaired interoception can affect decision making, social understanding and processing, sensory issues, self-care, and the ability to understand and process emotions. It can manifest in numerous ways, including disordered eating, anxiety, and sleep problems.

It can also make it much harder to learn to recognise emotions, as part of emotional recall is connected to physical feelings in the body. Low levels of interoceptive awareness can leave children unable to locate the difference between excitement and anxiety, nervous energy and fear and other emotions that cause similar physiological changes in the body. If a child is unable to make sense of or recognise their heart racing, increased sweating, gastrointestinal responses such as butterflies in the stomach or diarrhoea, flushing or any of the other common physical manifestations of emotions, then it becomes harder to teach them to recognise what they are feeling or link it to the situation they are in. This can also apply to attraction, with it proving very difficult to decode what the physiological changes related to attraction and arousal signify.

Research has linked low levels of interoception with Autism.[67] [68] If an autistic child struggles with the ability to decode the internal messages sent by his or her body to their brain, as well as an inability to label emotions, then a situation is created where they can be profoundly disconnected from their own body.

67 The Feeling of Me Feeling for You: Interoception, Alexithymia and Empathy in Autism | SpringerLink

68 The link between interoceptive processing and anxiety in children diagnosed with autism spectrum disorder: Extending adult findings into a developmental sample - ScienceDirect

69 Health Consequences of Chest Binding | FTM Top Surgery

4.4 Binders and sensory pressure

Autistic girls who identify as trans or non-binary may want to use a binder, or be encouraged by others online to use one.

It is important to be aware that binders, which are designed to compress breast tissue to achieve a flatter, more masculine silhouette under clothes, are known to have a damaging effect on the body particularly during adolescence when the body and skeleton are still growing. Intense pressure placed around the chest and ribcage can compress the lungs. Side effects of wearing a binder include breathlessness, bruising, rib pain, cracked ribs and chest pain.[69]

This is particularly risky in girls who already have respiratory conditions such as asthma. These effects are widespread; a research study of 1800 female to male adults reported 98% of them experiencing at least one of 28 negative effects of binding.[70]

For context, it is important to understand that many autistic children seek out sensations of intense pressure as a way of reducing anxiety or because they have difficulty assimilating sensory input. Autistic advocate and researcher Temple Grandin developed her 'squeeze machine' to apply deep touch pressure, finding the sensory pressure comforting.[71] Her research supports the fact that for many autistic children deep touch pressure can reduce tension and it is likely that wearing binders will, for some girls, provide a level of sensory pressure that they find calming.

If wearing a binder leads to lowered anxiety and increased comfort, it may not be possible for them to accurately identify why this is; whether the need for deep sensory pressure is providing comfort or if it is relief from gender dysphoria. It may not be possible to differentiate between the two, so some may assume that the relief they find in wearing a binder is confirmation that they are really a boy.

The recently implemented Cornwall Schools Transgender guidance, written in collaboration with The Intercom Trust, Devon and Cornwall Police, Cornwall Council and Head Teachers, contains advice that includes:

> *'An F to M adolescent who is developing breasts may strap down their chest so that it is less obvious. This can be hot, uncomfortable and restrictive but very important to their psychological and emotional wellbeing. It might make certain PE lessons difficult for them to participate in and could sometimes lead to breathing difficulties, skeletal problems and fainting'*[73]

The guidance recommends that pupils should take regular breaks from binding and not wear them overnight, due to health risks. As far as the school day is concerned, the guidance advises that pupils take extra care during games and PE lessons as the level of exercise undertaken while wearing a binder can cause exhaustion.

The lobby group 'Gendered Intelligence' link to the website Gender Construction Kit for advice about binding, which contains the following concerning advice:

> *'Use of a binder is almost always accompanied by some undesirable symptoms, most commonly back, chest or shoulder pain, overheating, shortness of breath, itching (possibly*

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70 Health impact of chest binding among transgender adults: a community-engaged, cross-sectional study: Culture, Health & Sexuality: Vol 19, No 1 (tandfonline.com)

71 The Temple Grandin Squeeze Machine: History and Benefits - Health Guide Info

72 schools-transgender_guidance_booklet-2015.pdf (cornwall.gov.uk)

73 Binding - Gender Construction Kit (genderkit.org.uk)

due to fungal skin infections), and bad posture. Rarer but more serious effects of binder use include scarring, swelling, rib fractures and respiratory infections'.

There is a lengthy stream of videos on YouTube, posted by teenagers and young women most not yet out of adolescence, talking about their 'binder journey' and reviewing and comparing binders from different manufacturers. Viewers can also find videos about creating home-made binders or for binder giveaways from the more popular trans identified vloggers. As with most social media sites, there is very little quality control over the content hosted by YouTube and none of the vloggers demonstrate awareness of the fact that their audience may be very young, impressionable and autistic.

More generally, clothes can be a strong sensory trigger with girls often rejecting the scratchy, fiddly restrictive clothes marketed at girls for the looser fitting and more comfortable t-shirts and jogging bottoms or trousers usually marketed at boys. In the same way, boys may be attracted to the softer fabrics, often pretty and sparkly, aimed at girls. There is also an expectation that girls are more tactile, engaging in hugging, touching or linking arms. For girls who find excessive touch difficult it may be easier to socialise with boys, where there is much less pressure to engage in overt displays of tactile touch. Conversely, boys who are naturally tactile and often affectionate, may feel more at home among female peers who engage in hugs and where they feel less pressure to adopt a 'front' of masculinity.

Noise levels as part of sensory input can also have an impact. For sensory seekers who need the input of loud noise, hobbies in adolescence based around going to gigs, joining bands, or driving cars or motorcycles might be attractive but play against type in terms of stereotypes. Children with sensory sensitivities may be the opposite and avoid learning a musical instrument or singing, or as they get older avoid loud sporting events such as football matches due to the overwhelming noise and crowds. This may be taken as evidence of gendered interests rather than simply a reaction to levels of sensory input.

5. Social Communication Issues

5.1 The Hidden Curriculum

The Hidden Curriculum, as defined by Brenda Smith Myles, refers to all the social information that we are not formally taught, but that we absorb or learn by watching the people around us.[74]

Autistic children often miss the sort of information that their peers will pick up via a process of implicit learning, as they find it hard to interpret, or to contextualise. This can cause difficulty when it comes to gendered behaviour, which is often learned this way.

Neurotypical girls learn more easily how to display the behaviours and appearance that are socially sanctioned for adolescent females. They learn that femininity is a uniform that they are expected to adopt, although they may do so to varying degrees and some reject it altogether. This process has become pathologized, with degrees of masculinity and femininity now labelled on a new spectrum of genderqueer identities.[75]

74 **The Hidden Curriculum for Understanding Unstated Rules in Social Situations for Adolescents and Young Adults | Books (brendasmithmyles.org)**

75 **Genderqueer: What Does It Mean? (healthline.com)**

However, Autism can hinder the social understanding necessary to make this jump from androgynous prepubescence to carefully constructed gender presentation and girls may confuse their struggle to read these social cues, with cross gender identification – 'If I am not feminine, then I must be masculine'.

Smith Myles talks about autistic people interpreting things in a more literal sense, so believing that people say what they mean and mean what they say – in this sense, they have no need to search for any other meanings.

It is outside the scope of this report to list examples of the many ways the hidden curriculum is manifested, but it is important to note that autistic children and adults can be taught, or shown the many social norms, skills and expectations that neurotypical children pick up more easily.

This can include unspoken rules in the classroom (e.g. if a teacher tells one pupil to be quiet, the tacit understanding is that all the pupils should be quiet) and the playground, as well as in social interactions (e.g. understanding that lying is discouraged but there is a concept of 'white lies' that some people use when asked to comment on someone's appearance).

An autistic child who rejects gendered stereotypes may do so for a variety of reasons such as sensory issues restricting the type of clothing they wear, a lack of interest in fashion or current trends, not making sense of gendered expectations, or having their focus on other interests. For this reason, it is important to explain sex-based stereotypes, and that because a child is a boy or a girl, that they are not restricted to a particular set of behaviours or appearance/dress, despite current cultural norms suggesting otherwise.

This, however, may mark them out as different and they may feel isolated from friendship groups in their class. This isolation is a common experience for autistic children and can be a contributing factor in them adopting an identity that they think will help them fit in. If they see that a trans or non-binary identity will allow them to maintain their individualism in their rejection of gender norms, it may appear to be a solution to social difficulties. The instant acceptance into online communities which often accompanies this 'coming out', may reinforce this belief.

For more detailed information about the hidden curriculum, please see Brenda Smith Myles' website which outlines her work and advocacy.[76]

5.2 Communication

Autistic children learn how the world works by studying the information that we place in it. And if that information tells them that if they hate their periods, or want to wear a binder or play football, that they may actually be a boy, they may accept it as fact. As children they haven't yet learned the critical thinking skills needed to make decisions about whether information is true or relevant to them. They may never master this skill, which is why the way that we communicate with them is so vital for their wellbeing.

Autistic children may not have the confidence to talk openly about their body or about feelings they can't easily identify. They can struggle to accurately describe what is happening to them. The desire to fit in and find a tribe to belong to, is a powerful driver and may lead to mimicking behaviours, to facilitate a way in and 'say the right thing' even if it isn't what they want.

Any adult professional working with children needs to be aware that if a child is neurodivergent, the right form of communication is key. Autistic theory of mind suggests that while an autistic child may be very clear about their own perception, that they may not be able to predict the other person's

76 Brenda Myles | Brenda Smith Myles

perception of them. In the case of gender identity issues, it is vital to remember that autistic children may not understand that they cannot control how they are perceived by others. This can lead to distress and may lead the child or young person to label the responses (such as misgendering) transphobic, because this is the message they are receiving from the community surrounding them.

Autistic girls will look to the arts, celebrities, film, television, music, books, and social media to see how they are supposed to look and act, this influence on them shouldn't be underestimated.

It is important to interrogate their understanding is of what is meant by concepts such as transgender, gender identity and transition, whether they have a trans identified child in their school or friendship group or they are talking about their own sense of self.

In the 2020 research paper, *Elevated rates of autism, other developmental and psychiatric diagnoses and autistic traits in transgender and gender diverse individuals*, Warrier et al & Professor Simon Baron-Cohen note that for the purposes of the research biological sex and gender identity are separate concepts, and define gender identity as a 'person's sense of their own gender'. While they offer definitions of biological sex and intersex conditions, they neglect to do so for the concept of gender.[77] If senior academics are unable to pin down a coherent definition of terms, it is questionable whether children and adolescents are able to do so.

When children undergo therapeutic intervention for gender identity issues, building a relationship can take a great deal of time. The Tavistock GIDS model, like CAMHS, is based on a gap between appointments, of weeks or sometimes months, which allows time for therapeutic explorations to embed and the child to give them thought. However, for an autistic child, long gaps between appointments may mean that they view the relationship as transient. Some therapists ask open questions in order to give the child time to access their thoughts and feelings about a given issue; this may be a difficult style of work for an autistic child to manage. Indirect questioning may simply cause confusion as an autistic child may not know what information is required, and end up saying nothing.

There needs to be space for them to process what they are being asked. There can be a two or three minute delay in processing information and so it may not be apparent that children have misunderstood something, or answered the wrong question until later on. It is vital that adults allow them time to process what has been said, and then check back that they have understood and decoded the correct information.

Additional time is also needed for them to formulate an answer which may not come to them until some time later. There can be an assumption in therapy and in schools, that autistic children need to be 'taught' conversation skills and turn taking, when one of the issues is the additional time taken – and this could be hours rather than minutes – to fully process what they want to say in return. If accommodations aren't incorporated into conversations, it can be easy to talk at cross purposes; time needs to be given to allow them to formulate a response that is clear for both them and the other person.

Word recall can also be a problem, and if the wrong word is selected due to error, pressure or anxiety, it can change the meaning of what it being said. This may cause the conversation to shift out of context so that the child appears to understand something that he or she may not.

Sensory issues may affect conversations. The autistic brain doesn't process sound in the same way as the neurotypical brain and cannot filter out background noise easily. Conversations shouldn't be rushed and adults need to check that children are picking up the important points.

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77 **Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals | Nature Communications**

78 **Transphobic hate crime results in increased sentence for Mold teenager | The Crown Prosecution Service (cps.gov.uk)**

79 **CPS Hate Crime Newsletter, Issue 26 | The Crown Prosecution Service**

Finally, social understanding may cause difficulties when navigating relationships with peers or with others in wider society. The prosecution and conviction for hate crime of a young autistic adult for shouting 'is it a boy, or is it a girl?' at a transgender police officer in 2020, is a case in point. Declan Armstrong, 19, was convicted of a public order offence for shouting abuse, which was uplifted under hate crime legislation due to what District Judge Roger Lowe described as its 'transphobic nature'.[78] Armstrong has a diagnosis of Asperger Syndrome which, while mentioned in court by his defence team, was not elaborated upon. Armstrong may have had no comprehension that the police officer perceived his remark as hurtful and distressing. Notably, the CPS website along with the majority of press reports, neglected to mention that Armstrong was autistic which is suggestive of the importance that his disability was given.[79]

This situation is an illustration of how the depth and variation of communication difficulties in the autistic population is still widely misunderstood. Enormous care is needed when the vulnerability of an autistic child meets the sense of vulnerability inculcated in children who experience gender identity issues. The repeated reports in the media and in online communities that being transgender leads to suicidal ideation and increased likelihood of attacks both verbal and physical, cannot help but instil in children a feeling of heightened fragility.

This brings about difficulties within school communities if an autistic child perceives a peer as being the same sex as them, and the other child identifies away from it. It can be extremely confusing to be told that a fellow student is now a different sex, or identifies as neither. They may respond in a way that seems blunt, or dismissive, due to them simply stating what they see.

Misgendering is presented by the charity Mermaids as a 'crisis' to be addressed urgently and online communities refer to hurtful words as 'literal violence'. When trans youth (autistic or not) internalise the message that misgendering is a deeply harmful occurrence, this places other children as the guardians of their mental health, which a huge burden for an autistic child to carry. [80]

The concept of gender as separate from sex - when the words are often used interchangeably, is inherently confusing when it is in opposition to the perceptions of autistic children. Communication differences are already a contributor of stress to autistic children, so it is vital that adults caring for or working with them understand the added complexities when autistic children are navigating concepts of their own, or others' gender identity.

5.3 Informed Consent

In reducing complex ideas to a level that children can understand, it is clear that autistic children are being given a hugely simplistic idea of what transition means. This is important when discussing informed consent. When obtaining consent from children and young people for medical procedures, models of information are designed for neurotypical children and may not take into account the variance in cognition, communication, and theory of mind of autistic children and adults. This means that 'informed consent' may not be meaningful because it is based on a common understanding of the effects - both long and short term - of the procedure being discussed. This applies equally to parents, who may also be autistic or neurodiverse.

The High Court proceedings in the Keira Bell & Mrs A vs The Tavistock GIDS demonstrated the complex issues involved in consent to taking puberty blockers. Documented risks include loss of fertility, especially if puberty blockers were commenced before or in early puberty, before the egg reserve has a chance to mature or sperm production commenced. Evidence showed that nearly 100% of children prescribed them go on to take cross-sex hormones, that involve a variety of side effects

80 Pronouns and Prejudice: Over a third of Brits do not recognise non-binary pronouns - Mermaids (mermaidsuk.org.uk)

81 Female To Male » Side Effects of Testosterone Treatment

such as (in biological females) chest hair, facial hair, male pattern baldness, enlarged genitals, deepening of the voice to a male register, along with an increase in risk of cardiac problems, blood lipid abnormalities, high blood pressure and an increased risk of heart attack or stroke. Having commenced cross sex hormones, many go on to have double mastectomies (or 'top surgery'), which carry the risk of infection, wound drainage issues post-surgery, necrosis following re-siting of the nipple, as well as long term numbness and/or tingling at the site of surgery. Phalloplasty (or 'bottom surgery'), carries a risk of loss of sexual function, urinary issues resulting from re-siting of the urethra, and significant scarring to the thigh or forearm where tissue is removed in order to form the neo-phallus.[81]

For boys, the effect of estrogen on their bodies includes reduced libido, erectile dysfunction, possible permanent infertility, mood changes, and cardiovascular health risks, especially thromboembolism. High levels of estrogen are an increased risk for heart attack, stroke and prostate disease.[82] Again, if puberty blockers are started before or early in puberty, then loss of fertility is more likely as sperm production has not initiated. The effect of puberty blockers will be to reduce the size of the penis and scrotum so they are unlikely to provide enough material to create a neo-vagina, perhaps necessitating using a section of colon. If the penis is inverted, then there is a risk of external hair follicles growing inside the neo-vagina, causing infections. Either method will result in the young person or adult having to dilate the area for many years, to prevent it closing.[83]

At the 2021 Endocrine Society conference, concern was raised about the need for more research in the area of fertility preservation in transgender adolescents. Dr Maria Menke from the University of Michigan, noted that many adolescents on a medical transition pathway have given no consideration to future fertility issues and where they are discussed with patients she noted that 'often there is no recollection by patients of such discussion prior to referral to endocrinology'.[84]

None of these are aspects that autistic children can adequately imagine or consent to at a young age. Neither can they imagine the social side effects, such as the potential difficulties of a reduced dating pool as an adult, or the potential for social marginalisation. Idealistic notions about sexuality can further complicate this. The belief that it is common to fall in love with a personality irrespective of body type is generally unrealistic and not reflective of most relationships in current times.

As Dr David Bell, retired consultant psychiatrist at the Adult department of The Tavistock, as well as Staff Governor, observed when discussing his whistleblowing of concerns about the GIDS [on the Savage Minds political and scientific podcast with Julian Vigo]:

> *'[T]he clinicians felt that children didn't have the capacity to properly consent. How can a nine- or ten-year-old child, when they're told for example, that if you start puberty blockers and go on to opposite sex hormones eventually, you might not be able to have an orgasm, you won't be able to have children, what do you think the child does? The child goes "Eugh! I don't want to talk about that. I don't want children, I don't want to talk about orgasms, I'm ten." They can't think about the long-term implications.'*

He went on to comment on the original High Court judgment on the prescribing of puberty blockers [85] saying:

82 **Feminizing hormone therapy - Mayo Clinic**

83 **Puberty Blockers: The Real Side-Effects (gendergp.com)**

84 **Many Unknowns on Fertility Preservation in Transgender Patients (medscape.co.uk)**

85 **https://podcasts.apple.com/gb/podcast/david-bell/id1535634480?i=1000520416453**

'What they meant was, the children were likely to be in such an intensely conflicted and painful state of mind, with very limited ways of being able to consider things, that they couldn't properly weigh up the pros and cons, they just wanted the treatment so to speak, and they also recognised that there was no evidence base for this treatment.'

The evidence indicates that not only are autistic children unable to fully consent to these long-term implications, they are unlikely to be able to conceptualise them in any meaningful way. It is important that services recognise this and work to safeguard autistic children.

5.4 The Influence of External Factors

As we have mentioned, internal factors that may be influencing autistic children towards a trans identity include interoception, alexithymia, social understanding, literal thinking, theory of mind, sensory processing issues, and not easily understanding the hidden curriculum. But what of the wider factors in their social landscape that may be contributory factors?

5.4.1 Online Influencers

As evidenced by the Transgender Trend report *Transmission of Transition*,[86] children are growing up in a hugely influential digital landscape. This has had a profound effect on the way that they interact with the world and on their mental health, something that author Jean M Twenge has linked this to the rise in ownership of mobile phones in 2012.[87] The rise in ownership of smartphones and tablets as well as increasing numbers of teenagers having laptops for schoolwork, has given children immediate access to influencers, who to younger generations are simply another facet of the constellation of celebrity. They are hugely popular but as safeguarding on the internet continues to lag behind technology, they are largely unaccountable in terms of the content they provide.

Platforms like YouTube and TikTok have very little in the way of gatekeeping and content moderation beyond cursory age limits which are unenforceable. It is possible to block anything pornographic but there is a huge array of misinformation and fake news among the videos aimed at young people, and no way for them to be able to sift out information that is inaccurate or fictional.

In addition, many autistic children, particularly girls, look to celebrities, influencers and actors as models from whom to mimic behaviour and social interactions and to base their 'personality'. If a person they admire is successful they may become an object of mimicking.

The level of influence of social media cannot accurately be measured, and it is a mainly unregulated space where children can immediately have their beliefs affirmed while also being convinced that anyone who doesn't affirm them is against them. This makes it profoundly difficult for parents and other adults to offer an alternate point of view, or to encourage critical thinking.

Researcher and sociologist Jonathan Haidt, author of The Dark Psychology of Social Networks, has written about the idea that words can be considered violence and the consequent rise in demand from college students for safe spaces online. He observed that the addition of the like button on Facebook and the share button on Twitter in 2009, created systems whereby young people have become dependent on 'likes' and 'shares' for validation and self-esteem. Algorithms then flood feeds

86 https://www.transgendertrend.com/product/the-transmission-of-transition-2

87 Have Smartphones Destroyed a Generation? - The Atlantic

88 Jonathan Haidt: How Social Media Drives Polarization | Amanpour and Company

89 https://www.thesocialdilemma.com/

with what they already like or approve of, as well as confirmation of what is offensive, creating what he describes as 'outrage machines'.[88]

In his interview for the Netflix documentary *The Social Dilemma*, Tristan Harris, former Design Ethicist for Google and founder of the Centre for Human Technology, says 'The classic saying is if you're not paying for the product, then you are the product'.[89]

Computer scientist and author of 'Ten arguments for deleting your social media accounts right now', Jaron Lanier, goes further saying 'It's the gradual, slight, imperceptible change in your own behaviour that is the product…that's the only thing there is for them to make money from. Changing what you do, how you think, who you are'. What Harris describes as 'Surveillance Capitalism', Shoshana Zuboff PhD, Professor Emeritus at Harvard Business School describes as a marketplace where tech companies 'trade exclusively in human futures'. Part of a system that she describes as making internet companies 'the richest companies in the history of humanity'.

The landscape of social media is still very new and for the majority of adults, it is very difficult to keep abreast of the emerging landscape that young people are navigating. In many ways, this is a huge social experiment and it will be many years before we see the true impact on society and young people in particular.

5.4.2 Public health and support websites

Information that affirms gender identity is published by organisations that children are taught to trust. At the time of press, Childline,[90] Kooth,[91] the NSPCC,[92] Young Minds,[93] Mencap,[94] the NAS [95]and NHS Choices,[96] all have extensive web pages about gender identity. Mencap supplement this with an animation to explain gender identity to people with learning disabilities.

The NHS Choices website has updated its guidance for gender dysphoria in children and the prescribing of puberty blockers. Although the treatment pathways for adult gender dysphoria within the NHS are well established, the evidence base for treating children with anything other than supportive therapy is thin. Nevertheless, the NHS Choices website still refers to the separate and more recent concept of gender identity as unquestionable. That no one is investigating the root cause/s of this growing cohort of gender dysphoric autistic children is a scandal in the making, because autistic children trust easily and depend upon being told the truth.

Teachers, parents, medical professionals and CAMHS are signposting children and families to these websites believing that they will be safe providers of balanced, evidence-based information and support for vulnerable children. Generally, in amongst the excellent content that many of these sites contain, we may find politicised messages about the existence of an unquestioned gender identity, along with advice about transition, and how to be an ally to any trans identified friends. There seems to be very few support organisations for children and young people that do not cover gender identity and trans issues as standard.

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90 Gender identity | Childline

91 Gender-identity-and-suicidal-ideation.pdf (xenzone.com)

92 Gender identity | NSPCC

93 Supporting Your Child with Gender Identity Issues (youngminds.org.uk)

94 Mencap - Your Gender & Sexuality - Kong Studio Animation (kong-studio.com)

95 autism and gender identity

96 Gender dysphoria - NHS (www.nhs.uk)

Kooth is a nationwide charity that is brought in by 77% of Child & Adolescent Mental Health Services (CAMHS) across the UK, providing a safe platform for children aged 11-18 to access mental health support. It has a moderated forum and a separate magazine section which contains hundreds of articles written by adults and service users. It is filled with message boards of children talking about gender identity and hundreds of editorial pieces about having a gender identity and wanting hormones, puberty blockers and binders. This website is publishing information accessed by extremely vulnerable children and teenagers, which is well-meaning but unevidenced. Although it employs a team of therapists and counsellors, Kooth isn't run by medical staff, but by tech entrepreneurs who design health-based interfaces. Like the other websites, when it comes to gender identity, Kooth seems to be providing simplistic answers to what are usually complex difficulties.

The NSPCC provide a huge amount of information via their Childline website, but it has no safeguards to prevent younger children from accessing age-inappropriate information. Again, while presenting gender identity as an issue affecting young people, it is covered through an uncritical lens, with all aspects of gender identity and dysphoria presented as irrefutable. The screenshots here are taken from their Childline webchat function which isn't hidden or protected but easily viewed by anyone who wants to look. These are clearly vulnerable children, having online conversations that clearly flag up potential safeguarding risks. The NSPCC and Childline's unquestioning acceptance of the affirmation position means that these chats (and there are thousands of them) are mostly unmoderated.

If autistic children viewing a trusted web resource are informed that everyone has a gender identity, then they will believe it, and will potentially invest time and energy in trying to work out what their gender identity is.

5.4.3 The sexual landscape

Possibly the biggest change in the cultural landscape that young people are growing up in, is the rise and availability of online pornography.

Mainstream pornography has always favoured a perspective on sex that prioritises the male gaze. However, the rise in access to online porn has led to the uploading of free and homemade porn as well as spycam porn.[97] In order to compete with the proliferation of free content, major platforms like Mindgeek (owners of Pornhub) have had to modify their content in order to justify charging for it.

This has led to a gradual increase in the violent tone of porn, which commonly now includes choking, tying up, beating, urinating, slapping, hitting and spitting on women by men.

This is reported to have a significant impact on relationships and the expectations placed upon teenage girls and young women. Porn has become normalised among schoolchildren as young as 11, at a point when they are developmentally unable to understand or contextualise what they are seeing.

The Women & Equalities Committee report on sexual harassment and sexual violence in schools,98 found that *'Data published in September 2015 showed that 5,500 sexual offences were recorded in UK schools over a three-year period, including 600 rapes'.*

In addition, researchers found that:

- *59% of girls and young women aged 13–21 said in 2014 that they had faced some form of sexual harassment at school or college in the past year.*

97 https://www.independent.co.uk/news/uk/home-news/women-spy-cameras-hidden-public-places-peeping-toms-a8689626.html

98 Sexual harassment and sexual violence in schools (parliament.uk)

- *Almost a third (29%) of 16–18-year-old girls say they have experienced unwanted sexual touching at school.*
- *41% of UK girls aged 14 to 17 who reported an intimate relationship experienced some form of sexual violence from their partner.*
- *22% of young girls aged 7–12 have experienced jokes of a sexual nature from boys.*

In February of this year, a website *Everyone's Invited*[99] was set up by sexual abuse survivor Soma Sara to record past and present experiences of sexual assault and abuse in schools. Within weeks, over 8000 testimonies had been uploaded, leading to a government investigation into the widespread reports of sexual abuse in both private and state schools.[100]

In light of this, the advice given on the Childline website about porn is confusing and contradictory, advising children between 12 and 18 that they shouldn't worry if they watch porn, that it is a choice, and that it is something that they may wish to send to their boyfriend, girlfriend, possibly as a joke. There is no concept of safeguarding children from harm, or from exposure to ideas and sexual violence that they have no understanding of and no context for.

5.4.4 Sex based Stereotypes

Despite the gains of previous decades in breaking down rigid gender stereotypes, the last twenty years has seen a gradual backlash, culminating in a far more rigid binary of sex-based expectations than before. Our consumer landscape is awash with a pink and blue divide, rigidly demarcating the social expectations placed upon the sexes from birth, complemented by an increasingly sexualised media landscape.

The word Tomboy is disappearing from the lexicon, replaced by transboy, transman, or transmasc as gender non-conforming girls find fewer spaces in life and online, to accommodate them. It can feel almost impossible to fight against a cultural wave of hyper femininity and sexualisation, shored up by Instagram, TikTok, and Snapchat, where self-worth is calculated by 'likes' and the peer approval of the latest selfie. If adolescent bodies are consistently measured against Instagram's often filtered unreality, modifying bodies with hormones or surgery may seem like a logical extension of that same culture.

The UK statutory Relationships and Sex Education (RSE) syllabus teaches that these stereotypes are arbitrary and should be dismantled, while at the same time they are being promoted to young children in books such as *10,000 dresses*[101] and *Jack not Jackie*[102] aimed at Key Stage One classes; stories that emphasise that boys who like dresses, or girls who want to do things that boys do, are really the opposite sex.

5.4.5 Homophobia

Despite increasing commercialisation by businesses raising the profile of events like Pride, and the welcome increase in legislation protecting the LGBT community from discrimination and harm, our society can still be hugely discriminatory. While transphobia is a genuine concern for the community,

99 Welcome - Everyone's Invited (everyonesinvited.uk)

100 How the #MeToo movement in UK schools began - and where it could lead | The Week UK

101 10,000 Dresses : Ewert, Marcus: Amazon.co.uk: Books

102 Jack (Not Jackie) : Silverman, Erica: Amazon.co.uk: Books

103 Tackling HBT bullying for disabled CYP and those with SEN - short guide - FINAL Sept15.pdf (anti-bullyingalliance.org.uk)

it has recently become elevated in the public consciousness, leading many to mistakenly believe that this represents a reduction in homophobia, lesbophobia and biphobia. On the contrary, despite the legislative gains of recent years, gay and lesbian young people are still the focus of tremendous bullying within schools.

For children with disabilities in particular, the Anti Bullying Alliance reports that they are more likely than non-disabled children to experience homophobic, biphobic and transphobic (HBT) bullying, with two thirds having experienced it. It was also reported that a lack of understanding of neurodiversity and LGBT issues meant that teachers were sometimes ineffective at dealing with bullying.[103]

For autistic girls, some of whom will be lesbian, homophobia in schools alongside the promotion of gender identity, may be enough to persuade them that they are actually boys. Further confusion lies in the widening of the definition of attraction by Stonewall in their LGBT RSE guide for schools:[104]

For some people, their sexual orientation (who they are physically or sexually attracted to) and their romantic orientation (who they might want to have a romantic relationship with or fall in love with) can be different. Some people may not be interested in sexual activity, or only sometimes. Some people may not be interested in romantic relationships, or only sometimes.

Not only is this new definition potentially confusing for *all* adolescents, but adding the concept of non-attraction, in the form of aromantic and asexual, any child who hasn't yet reached the developmental stage to feel attraction, increases complexity.

For young Lesbians, it can appear much easier to transition than to face the levels of Lesbophobia inherent in society, in particular if they are being pressured to redefine themselves in the image of transwomen, and accept that 'some girls/women have penises' and accept them into their dating pool.[105]

In her article about transman Alex Bertie, Janice Turner spoke to Jessie, who observed

'No-one uses the word Lesbian any more. It's so uncool. It has really negative connotations'. This is echoed by Dr K, a therapist speaking anonymously about her practice.

'What we can't underestimate', says Dr K, *'is the sheer homophobia outside middle-class liberal bubbles. "Lesbian" is at worst a grave insult, at best uncool. "The gay hierarchy is this," she says. "At the top are gay men who can pass as straight, then camp gay men, then pretty, straight-passing lesbians. And right at the very bottom are butch lesbians. Masculine women have no cachet. But if you transition, you zoom right over the gay hierarchy to become a straight man'.*[106]

5.4.6 Peer Groups

The desire to fit in is a powerful driver for autistic children, and one of the most challenging areas for them to manage successfully. Difficulties with social understanding and social communication in a neurotypical environment can make peer relationships confusing to navigate, and lack of compliance to social rules can lead to bullying, or peers drifting away as attempts to build reciprocal friendships are unsuccessful. This can feel like an emotionally perilous landscape; and while some autistic children will respond by becoming loners, others will comply with peer demands or mimic them in order to be accepted, often to their detriment.

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104 Putting_it_into_practice.pdf (stonewall.org.uk)

105 'We're being pressured into sex by some trans women' - BBC News

106 Meet Alex Bertie, the transgender poster boy | The Times Magazine | The Times

107 Why Is Transgender Identity on the Rise Among Teens? | Psychology Today

In addition, if an autistic child learns to fit in by mimicking those around them, but without the supporting cognitive framework, they risk adopting a persona that may cause them harm. In spite of this, reports of social contagion[107] among teenagers who are adopting trans or non-binary identities in clusters across year groups, suggests that transgender identities are considered more valuable in terms of social currency than being autistic.

5.4.7 Plastic Surgery and body modification

Over the past twenty years, plastic surgery has been normalised as a widely available consumer choice. Botox and fillers are seen as everyday procedures, and clinics advertise widely in glossy magazines.[108] Sitting alongside this is a social media culture in which girls are comparing themselves against their peers' heavily filtered photographs, who in turn are comparing themselves to the heavily airbrushed photographs of celebrities.

Girls and young women are growing up with fabricated views of what women look like in the real world, and instead of recognising this, measure themselves and each other against impossible standards. No wonder then that they look at the boys around them and think that their lives look easier to manage!

The normalisation of plastic surgery has led to it being regarded as simply another body modification tool available to buy, which creates a vulnerability in autistic children and young people. For children growing up in the noughties, these procedures are considered part and parcel of a beauty routine for the twenty something young women who are their role models,[109] and as gender has entered the lexicon of youth culture, having surgery to modify your body is no longer considered outlandish, but something aspirational. Against this landscape, altering your body with Testosterone or having the euphemistic 'top surgery' (bilateral double mastectomy) blends seamlessly in to the prevailing landscape.[110]

5.4.8 Special Interests

Many autistic children will develop a special interest or possibly several over a period of time. While these are usually related to areas of interest or hobbies, and can vary in intensity and length of time, autistic detransitioners have spoken of gender dysphoria, gender identity and being transgender as becoming special interests. Hours a day have been spent on the internet, on forums and websites and on social media, researching and watching every YouTube video and TikTok channel they can, as they go into a state of autistic hyperfocus. This creates a feedback loop whereby the more time they spend researching their interest and interacting with others online, the more convinced they become that this represents their true authentic self.

Although not directly linked to gender dysphoria, autistic writer Lucy Kross Wallace has written eloquently about her brief foray into autistic advocacy. Following her diagnosis in her teens, Lucy immersed herself into the autistic social justice movement, using it as a way of creating an identity via a narrative of victimhood.[111]

'The implicit dichotomy underlying the social model, which divides the world into victims and perpetrators of ableism, gave me a binary choice. I could notice the ways in which I was privileged,

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108 Rise Of Cosmetic Surgery | Glamour UK (glamourmagazine.co.uk)

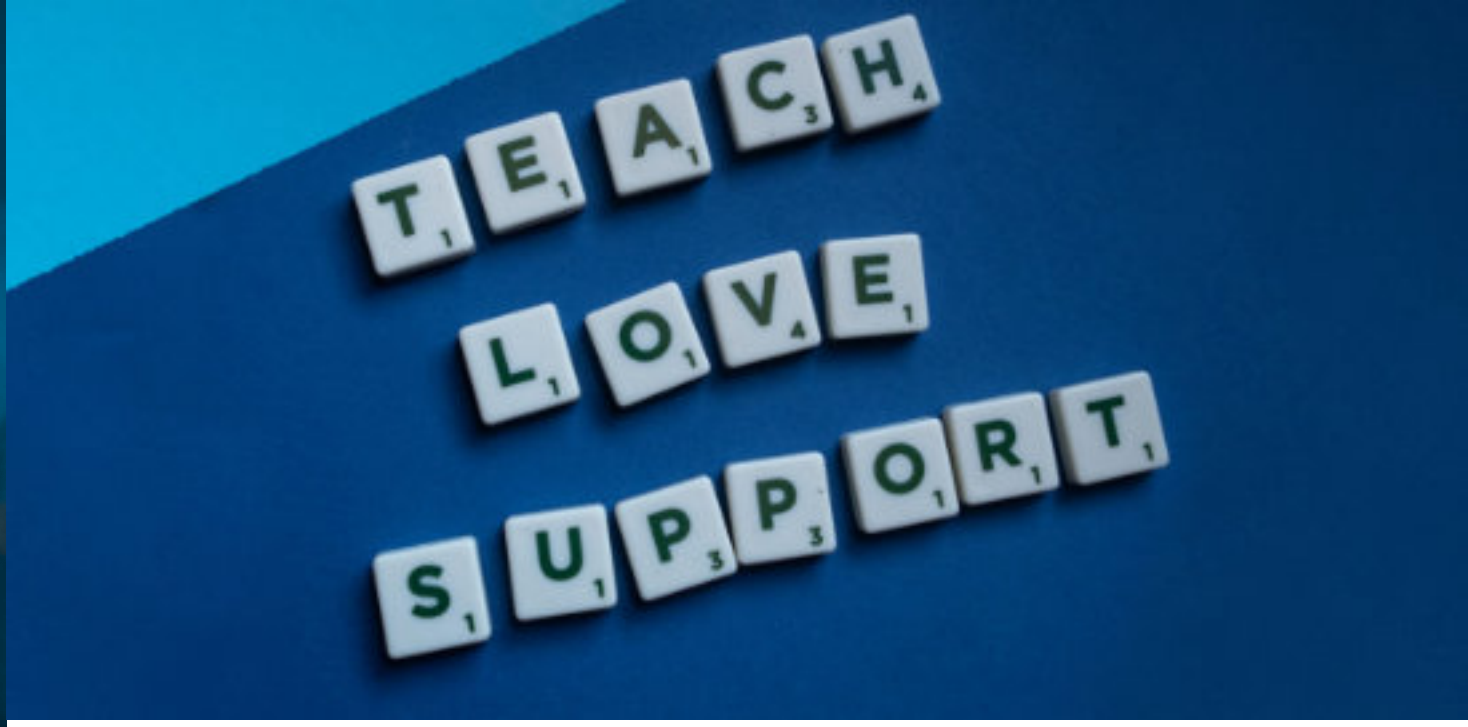
109 Botox ban for under 18s set for next month | Comparethetreatment.com

110 1 YEAR ON T: FTM TRANSGENDER

111 My Brief Spell as an Activist (quillette.com)

assigning myself to the dominant group, or I could continue to concentrate on my misfortunes, convincing myself that I was innocent and helpless. I would play a constant game of sorting the world into good and bad, dominant and dominated, oppressor and oppressed. I would drift further and further from objectivity. I would grow obsessed with the injustice I saw all around me. And I would label myself the victim every time'.

When adolescents are caught up in the maelstrom of hormones and emotional uncertainty that define the teen years, finding a movement that provides a sense of purpose, particularly if it pertains to a nascent identity, can be a very powerful thing. Wallace's essay perfectly encapsulates the combination of focus, sense of justice and ability to commit to a movement that provides social meaning that is inherent in autistic identity. What she also portrays is the often narrow autistic hyperfocus that can prevent us from clearly seeing the rest of the world around us.



Autism, Gender and Society

6. Public Bodies

6.1 Schools Guidance

Stonewall are leading the vanguard of organisations providing training and guidance to schools, to fulfil the LGBT requirements of the new statutory RSE curriculum.[112] Other[113] organisations include Educate & Celebrate, the Intercom Trust, the Allsorts Youth Project, and the Proud Trust. Notably, the schools guidance produced by these organisations doesn't mention Autism or wider SEND issues, with the exception of The Allsorts Youth Project guidance and the relaunched Stonewall schools guidance.

To the untrained eye (and training for school staff about Autism is usually only a basic overview) it looks legitimate because some of it is - the information about Autism and SEND is accurate but unconnected to LGB orientations or Trans identities. Earlier versions of their guidance suggested that SEND pupils just need to have trans identities and issues around transition explained more accessibly. This remains as a core message, but is surrounded by more generalised SEND guidance. [114]

They are clearly addressing Autism but ignore the complexity and breadth of other SEND conditions. There is also nothing in their guidance aimed at supporting children with physical disabilities who may grow up and navigate LGB relationships or gender identity issues.

For children with gender dysphoria, there is little discussion of how they may be supported to approach and manage relationships. Teen and adult sexuality navigated through the locus of a trans

112 Putting_it_into_practice.pdf (stonewall.org.uk)

113 Supporting transgender and gender identity questioning children and young people in Brighton & Hove Schools and Colleges (theproudtrust.org)

114 Is your school a Stonewall School Champion? - Transgender Trend

identity are beyond the scope of schools guidance but are nonetheless an important aspect of transition that is often not discussed. For children who undergo a medical pathway, the reality of underdeveloped genitalia and remaining in a temporary state of arrested development while they watch their peers go through puberty, grow taller and more emotionally mature and then have to try and navigate a sexual relationship with a medically altered body will be exceptionally challenging but these complex realities must be raised. One of the difficulties with the notion of the 'trans child' (as opposed to a child with gender dysphoria who with support may desist) is that the realities of transition are too complex to explain appropriately to children and be understood, so they must be hugely simplified. In doing so however, children both autistic or not, will be given unrealistic expectations of transition.

What is notable by its absence is that many autistic and SEND pupils will have an Education and Healthcare Plan (EHCP). These are legally binding documents that outline the steps a local authority and school must put in place in order to meet the educational and health related needs of a child. They are detailed documents with a high degree of specificity about the support in place, how it is funded and who is responsible for the provision concerned. They are reviewed yearly and revisions can be made, but on the basis of provable need.

A child with a SEND profile who is socially transitioning or who has been prescribed puberty blockers should have this flagged up within the context of their SEN Support plan or EHCP; given that they can be in place until the age of 25. Further, how would the safeguarding duty of the various multi-disciplinary teams that support SEND children and/or the provision of EHCPs (the Early Intervention Team, Team around the Child, or an EHCP review panel) fit with mandating and managing support for a social or medical transition? The assortment of schools guides simply avoid the issue altogether.

There is no indication in their advice about how identity formation may differ in autistic children, or children with other disability-related needs and no correlation between Autism and the huge rise in referrals to The Tavistock GIDS. The answer to an exponential increase in referrals with 48% of all referrals from children with autistic traits, shouldn't be an enlarged chapter in schools guidance; it should be an urgent enquiry into what might be happening with this particular, already marginalised cohort of children and young people.

One of the most obvious omissions is information or resources for young people who either desist or detransition. The only guidance that seems to be given by any of the organisations supporting trans young people, is 'some people may desist or detransition, but it's rare'. There is no signposting to support, or acknowledgement that having gone through the process of social transition, and possibly the start of medical transition, that a more robust mechanism for support will be necessary.

It is precisely this lack of resources that makes the schools guidance so incredibly concerning from a safeguarding point of view; the direction of travel is assumed to only be one way and so support is only given on one direction.

It is my opinion that hundreds of young people who wouldn't have considered themselves trans in the past, are now adopting that identity because they are having entirely normal feelings *portrayed* to them as a trans identity. The schools guidance approaches the teaching of gender identity with a one-size-fits-all approach, tempered with an acknowledgement that an autistic child may need a clearer explanation. What isn't addressed is that for autistic children, who can take longer than their neurotypical peers in terms of emotional development, teaching of RSE and LGBT issues needs to be carefully tailored to their emotional and cognitive understanding.

The national safeguarding framework *Keeping children safe in education*[115] is clear about the need to not place developmentally inappropriate expectations on a child as well as the need to be mindful of

115 Keeping children safe in education - GOV.UK (www.gov.uk)

the diverse needs of the children in their care. The RSE curriculum is one area where this is particularly important, both for adjusting lessons to provide clear information that can be understood, but to check back and make sure that communication needs are being met. It is hard to imagine the potential confusion for autistic children reading the Gendered Intelligence trans youth sexual health booklet[116] with its statement *'A woman is still a woman, even if she enjoys getting blow jobs. A man is still a man, even if he likes getting penetrated vaginally'.*

An autistic child, depending on their profile, may not have an accurate concept of what a relationship is, or should look like. Alexythymia and low levels of interroception may leave them with no way to make sense of confusing feelings, emotions and sensations. They may have an entirely different concept of what sex and relationships involve than may be assumed, and this may leave them open to abuse or coercion.

Rather than trying to 'bend' an autistic child around neurotypical concepts, it is more appropriate to tailor an RSE curriculum, with safeguarding in mind, around the diverse needs of the child, taking into account the very different process of social and emotional understanding, therefore teaching the RSE syllabus in a way that plays to their strengths.

The Proud trust have a video on their website where three young transgender identified children are interviewed about how they knew they were trans and what they want from a supportive school environment.[117] Zach, who identifies as a boy, says 'What I would have changed about my school is the teachers being more casual about it, because the teachers thought it was a huge deal'.

Charlie, identifying as non-binary, says of their realisation that they were trans/non-binary, 'At primary school, we were divided up into boys and girls and I didn't feel like it was fair'. Lastly Natalie, identifying as a girl, observed that 'you just know' when asked how they knew they were transgender, adding at the end 'I'm just me, really'.

These young people have provided heartfelt testimony about why they chose their identities, but the reasons given are simplistic enough that autistic children watching this film are likely to see themselves in the young protagonists. However, I argue that what so many autistic young people are experiencing as gender dysphoria, are in fact common worries about how to navigate puberty. A review of research shows that between 60 and 90% of young people with gender dysphoria will desist[118] - suggesting that most autistic young people who are supported through puberty will not continue to identify as trans.

Autistic children and young people can often interpret information in unexpected ways. The assumption so far, is that as a growing number of autistic children are identifying away from their natal sex, so we should treat them all as though they are *actually* the opposite sex, or non-binary as appropriate.

Anecdotally, parents report that autistic girls are talking to each other about the possibility of using puberty blockers not as a way of changing identity, but as a convenient way of halting the development of their breasts and periods. To these children they are simply another option; a medicine that appears to be readily available if you follow the right script which is easily accessible on YouTube or Tumblr. This is reinforced by the number of young transmen posting videos about their transition and making it seem not just easy, but edgy and cool.

Stonewall's guidance encourages teachers and school support staff to affirm a trans identity, on the basis that the child will know better than you who they are. However, identity formation in young

116 **17-14-04-GI-sexual-health-booklet.pdf (theproudtrust.org)**

117 **About -The Proud Trust**

118 **Sexology Today!: Do trans- kids stay trans- when they grow up?**

people is a long and complex process during which they will try on many identities for size before reaching adulthood. The idea that a child can have a fixed identity at such a young age, with no possibility that they will change their minds, goes against everything that we know as a society about child psychological development. The idea that adults working with neurodiverse children can easily navigate these uncharted waters based on the scant guidance provided, is unrealistic in the extreme.

It is important to teach children, as part of LGBT education, that a very small number of people suffer from a mismatch between their sexed body and their sense of themselves as a male or female, and that they may choose to live differently. That this is not an excuse for unkindness, or cruelty, and those who are unkind, cruel or who hurt trans people are breaking the law, just as others who are Homophobic, Lesbophobic or Biphobic are breaking the law. That this sits alongside discrimination based on Race, Sex and Disability in the Equality Act, and breaching it is a criminal act.

It is important for educators to acknowledge that children may know people who are part of the LGBT Community, this may include their families and is part of what makes our society so rich and varied and valuable. That children may grow to realise that they themselves are part of the LGBT community and that they are protected. All this should be simple to do. But it should be done without telling children and young people that if they like things that we have arbitrarily designated for the opposite sex, or if they like a mixture of both, or if they don't *feel* male or female, that they are Trans.

This is complicated by schools outsourcing this teaching to groups, many of whose educational focus is built around an activist agenda. The excellent *Children's Rights Impact Assessment* of the Allsorts Youth Trust schools guidance by Helen Saxby[119] highlights a lack of attention to safeguarding within it, resulting in many local education authorities withdrawing it. However, it shouldn't take these measures for local authorities to examine the toolkits their schools are using, and assess whether or not they breach not only safeguarding guidelines but also the Equality Act.

If teachers or schools staff come across information that they are unsure about yet don't feel able to question within the school setting, this should ring alarm bells. There is nothing related to working with children, no theory related to education or the care of children, that should be beyond question. Schools are bound by legislation that governs child safeguarding, and with that in mind, there should be nothing that cannot be raised and no questions that are off limits when it comes to safeguarding concerns.

6.2 The National Autistic Society

As the leading advocacy organisation for autistic people in the UK, the National Autistic Society (NAS) is often the first port of call for autistic people and their families to find information that is accurate, up-to-date, and that they feel they can trust.

There is no doubt that the NAS wants to do the best it can for the autistic community and there is a wealth of well-researched information as well as links to academic centres of excellence such as The Tizard Centre at the University of Kent.

The NAS Gender Identity page[120] opens with this confusing statement: *Gender Identity and sex are different things. People are usually assigned a gender at birth according to their genitalia – male or female*

How someone feels about their gender is known as gender identity. Some people identify as the gender they were assigned with at birth, others don't. Some people may be assigned male at birth, but identify as female. Some may be assigned female but identify as male, or people may identify as

119 **Children's Rights Impact Assessment: Allsorts Trans Inclusion Schools Toolkit. Digital Download - Transgender Trend**

120 **autism and gender identity**

neither female nor male. Some people may feel both male and female at different times. We all express our gender in different ways, for example in how we dress and act.

From the start, they confuse biological sex and the concept of gender by using the words both interchangeably and to mean different things. It is this confusing wordplay that makes it so hard for people to navigate this subject. Given that the NAS exists to support people with a neurological difference in the areas of social communication and understanding, it is hard to understand why they would write about this subject in such a confusing fashion.

They do link to a number of articles and research papers, but these are not reassuring. While the NAS and their team supporting trans youth clearly want to support autistic children with gender dysphoria, the support links are to Mermaids, Stonewall and GIRES (the UK Gender Identity Research and Education Society). They also link to Young Minds, a mental health charity for children and young people, but qualify it by stating that they don't tailor their information to autistic young people; in fact, none of the organisations listed cater for gender dysphoric autistic children – they are expected, as in so many other areas, to just fit in around information geared to a neurotypical audience. In fact, a quick look for Autism on the Stonewall website at the time of writing, brought back the message 'sorry, no results found'.

The Mermaids website appears not to have a search function at all, but at the time of writing, there didn't appear to be any reference to Autism. A search on the GIRES website brings up seven webpages about Autism, mostly discussing the link between Autism and gender identity.

The link that the NAS give on the same page for the clinical guidelines for Co-occurring Autism and Gender Dysphoria or incongruence[121] states in the abstract both that there is an overrepresentation of youth with co-occurring Autism but also acknowledges that *there are no guidelines for clinical care when ASD and GD co-occur.* But two of the contributors to the study, which incorporates what is described as *best clinical practice of current experts* are Dr Norman Spack and Diane Ehrensaft. Both Spack and Ehrensaft are proponents of the gender affirmative model for children. Crucially, the study acknowledges the complications inherent in diagnosing gender dysphoria in autistic children:

Diagnosing GD can be complex in adolescents with ASD due to ASD-related weaknesses in communication, self-awareness, and executive function. For example, ASD communication deficits can result in unclear, tangential communication, which can make it difficult to know how an adolescent truly feels about their gender. ASD-related executive function deficits may result in concrete thinking and struggle with ambiguity and future thinking, which can make assessing an adolescent's understanding of the long-term implications of gender transition/treatment challenging. In addition, ASD-related flexibility difficulties can limit a young person's ability to embrace the concept of a gender spectrum or that gender can be fluid; adolescents with ASD may present with more "black-and-white" thinking about gender.

NAS also link to a paper by van der Miesen et al, called 'Is there a link between Gender Dysphoria and Autism Spectrum Disorder?'[122] The paper contains this measured acknowledgement:

Given the low-grade evidence in this field for most clinical recommendations, good-quality research is of great relevance. We support the debate on the GD-ASD literature and acknowledge that translations of the findings to the lay press such as "Do transgender children just have Autism?" are not helpful. Also, we agree with many of the limitations brought forward by the authors and acknowledge that, at present, sound underlying evidence for a GD-ASD link is lacking. However, we believe that some nuance in argumentation could help forward the debate of this clinically important topic.

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121 **Full article: Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents (tandfonline.com)**

122 **Is There a Link Between Gender Dysphoria and Autism Spectrum Disorder? - PubMed (nih.gov)**

Following the full High Court case which highlighted that the Tavistock GIDS have kept no statistics or records about the number of autistic children they have referred on to medical pathways[123] as well as the recent decision by the Karolinska Hospital in Sweden to stop prescribing puberty blockers and cross sex hormones to dysphoric children under 18,[124] we think that the NAS should be more cautious in their approach.

As the largest advocacy organisation in the UK for the autistic community, the NAS have a duty to act responsibly on the issue of gender dysphoria and autistic children and young people. In the light of the increase in media coverage and awareness of the last six years, it is no longer possible for any organisation, least of all the NAS, to state that they were unaware of the unprecedented increase in children with gender dysphoria and the link with Autism.

At the very least they should be reporting responsibly and in order to do that, they must review the evidence. The NICE review of the evidence base for treating children and adolescents with puberty blockers[125] and cross sex hormones,[126] both of which indicate a sparse evidence base, is echoed by international clinicians. In addition to Sweden, concerns have been voiced by clinicians in the Netherlands, as noted by Dr Thomas Steensma from the Centre for Expertise on Gender Dysphoria at Amsterdam UMC.[127]

Further, Michael K Laidlaw MD, an endocrinologist in California and member of the Society for Evidence Based Gender Medicine (SEGM), has written extensively about the potential harms of suppressing puberty[128] while SEGM has highlighted the huge rise in children globally presenting with gender dysphoria with autism and ADHD and noted that 'the reasons for these changes are understudied and remain poorly understood'.[129]

Three of the professionals who have submitted research papers to the NAS's Network Autism platform are Dr Wenn Lawson, Dr Sally Powis and Joe Butler, a SEND Consultant who provides training alongside Stonewall trainers, on supporting SEND LGBT children in school.[130]

Dr Wenn Lawson, a trans man who specialises in research on Autism in females, is, rightly, a hugely respected figure within the autistic community. Much of what they write in their paper Gender Dysphoria and Autism[131] is based on their own journey with dysphoria and transition. Dr Lawson is in fact, one of the few contributors who acknowledges the need to 'appreciate the costs – emotionally, physically, socially, medically and financially' of transitioning. They are also very clear that the 'decision to transition must never be considered lightly and must always be closely monitored by a specialist physician (eg: endocrinologist). They also, in stating that sexuality and gender identity are not binary concepts, acknowledge that *they may change at various points during one's life*. While these are both sensible points to bear in mind, what we know is that in the current climate, there simply aren't enough resources to provide the level of psychotherapeutic work that is needed to potentially unpick the basis for a trans identity in an autistic young person, and assess properly whether any gender dysphoria is rooted in other factors, such as autistic difficulties with puberty, sensory issues or theory of mind, mental health diagnoses, sexual abuse or the rejection of - or confusion around - sex based stereotypes.

123 Bell -v- Tavistock judgment (judiciary.uk)

124 Sweden's Karolinska Ends All Use of Puberty Blockers and Cross-Sex Hormones for Minors Outside of Clinical Studies | SEGM

125 20210323_Evidence+review_GnRH+analogues_For+upload_Final.pdf

126 20210323_Evidence+review_Gender-affirming+hormones_For+upload_Final.pdf

127 More research is urgently needed into transgender care for young people: "Where does the large increase of children come from?" - Voorzij

128 The Pediatric Endocrine Society's Statement on Puberty Blockers Isn't Just Deceptive. It's Dangerous. - Public Discourse (thepublicdiscourse.com)

129 Home | SEGM

130 Special Schools LGBT Inclusion project - flyer.pdf (oxfordshire.gov.uk)

131 Dr Wenn Lawson Network Autism28_05_2015.pdf

Dr Lawson is very clear that, for autistic people, a special interest, obsession or an attempt to mimic a peer can often be mistaken for gender dysphoria; what they describe as *single-minded thinking*. Dr Lawson ends their paper with the observation that 'It's not about us choosing this, but about ending the struggle of living with a disconnection from who we really are, in other words, it chooses us'. An observation that I suspect resonates with most autistic people who turn to the gender diverse community as a place where they will be welcomed, as opposed to many neurotypical communities where they struggle to find a place that they belong.

Dr Sally Powis, Consultant Clincial Psychologist at Kingswood Trust and Spectrum Specialists, in her 2017 paper *Gender dysphoria and Autism: Challenges and support,*[132] acknowledges that for many autistic children and young people, the desire to transition can be a reflection of confusion, a fetish or distress at growing up. She acknowledges that it can be difficult to help autistic people with reduced cognitive ability to understand their feelings, find a way to help them communicate them and decide on the best outcome for them.

This contrasts with the Stonewall, Mermaids and Gendered Intelligence approach of affirmation, and raises the possibility of young people embarking on medicalised pathways without the necessary cognitive understanding.

Dr Powis suggests that gender clinics will want to embark on work with a therapist to explore these feelings, but this approach been exposed as uneven at the Tavistock GIDS by Newsnight. The 'extended psychiatric evaluation' she mentions as part of the requirement for medical treatment was found to be variable in its application.[133]

Powis is very clear about the likelihood of autistic girls being gender non-conforming and finding difficulty tuning in to the social cues of peers, as well as a fear of changes to the body during puberty and she acknowledges the high rates of suicidal ideation in the autistic population. However her assertion that gender specialists are becoming more aware of Autism needs to be shored up by robust training of all gender clinic staff including the many and varied ways that Autism can present.

Joe Butler is a SEND Consultant who provides SEND LGBT training in conjunction with Stonewall, and has helped produce the Allsorts Youth trust schools guide. She has written a paper for the NAS Supporting *trans and gender questioning autistic pupils.*[134]

She writes from the perspective that autistic pupils who identify as trans probably are trans and her advice is to '*ensure that a pupil's expression is not automatically attributed to Autism i.e. clothing preferences or hair length seen as a sensory need or behaviours explained as special interests.'*

She suggests that staff should advocate for a pupil in the event of barriers to communication or misconceptions, such as the pupil lacking capacity. This is a valid observation, however, the majority of school staff working with autistic children on a day-to-day basis across the UK don't have the depth of understanding of Autism as well as gender identity issues, to be able to manage this safely and confidently.

She talks about staff having an awareness that some girls with sensory issues may experience the emotional impact of not being able to manage wearing a binder, but neglects to add that many autistic girls may be attracted to wearing binders precisely because they need the extreme pressure as a way of self-soothing throughout the day. For some girls, they may become confused that this means they are trans as opposed to a girl who has specific sensory needs.

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132 Dr Sally Powis Network Autism 16_03_2017.pdf

133 NHS child gender clinic: Staff concerns 'shut down' - BBC News

134 Joe Butler Network Autism 10_10_2017.pdf

As well as signposting to Gendered Intelligence and Stonewall as support organisations, she also suggests that other pupils should be supported and educated when a peer transitions. This is followed by an observation that transition is easier in a school where a culture and curriculum have gender identity embedded in it; therefore adding an additional layer of difficulty and challenge to pupils with social communication difficulties who may find it very difficult to understand complex concepts like transitioning.

Schools are also encouraged to make gender neutral toilets available, be led by the wishes of the child, and to be explicit that the school proactively teaches about gender and trans awareness. All of this is prescribed without any mention of safeguarding, either of the gender dysphoric child or the other pupils in the school.

Part of the role of the NAS is to encourage an exploration of this 'conceptual separation'; Given that the number of autistic young people identifying as trans is significant, and the lack of a robust evidence base for the affirmative model of treatment now recognised, the delay in addressing these issues is extremely concerning.

6.3 Parenting and Autism

Parenting an autistic child, as with any kind of additional needs, can be incredibly challenging. Much of the challenge arises as a result of the barriers faced by autistic children and adults when navigating a world that simply isn't designed to match up with an autistic mode of processing. If we understand the brain as an operating system, then the autistic population are navigating the world using Apple's iOS system, while the world has been designed for a population running on an Android system.

Add into this the fact that although the majority of people are now aware of autism, most don't really *understand* autism. This is perhaps understandable given that most training and information provided about autism can only give an overview; every autistic person will have a different profile of social, emotional, communication and sensory needs that is unique to them so there can never be a one-size-fits-all set of tools for supporting autistic children. Funding across the country provided to local authorities for SEND support are not ringfenced by schools for use by individual pupils, nor are they required to report back to the government how the money is spent, so levels of support vary across local authorities.

It is also the case that autistic children often have at least one parent with autism or other neurodiversity but these are often undiagnosed. All these factors combine to mean that parents of autistic children, particularly if they are neurodiverse themselves, can be a constant uphill struggle. It can be absolutely exhausting to have to fight for every resource that your child needs, while local authorities who are chronically underfunded, are fighting to hold on to them. Adding gender dysphoria into this already fraught mix may feel like one issue too many, or at least one issue that many parents will feel ill equipped to manage. In these circumstances parents can't be blamed for turning for advice to the organisations that they are signposted to by CAMHS and by schools; Mermaids, Gendered Intelligence and Stonewall. As these organisations are heavily skewed towards an affirmation approach, it is essential that autistic advocacy organisations, schools, youth organisations and statutory bodies like CAMHS and the NHS interrogate the resources they are using and ensure they are in line with the most up to date recommendations of the interim Cass report, NICE guidelines and Department for Education guidelines around using fact based and evidenced resources.

6.4 Parenting and Identity

Parenting in a digital age is exceptionally challenging. In the online social landscape children are increasingly competing for affirmation of their worth among strangers and competing for attention from a range of online influencers who have replaced pop stars and actors in the firmament of celebrity.

A possible contributor to the acceptance of identity politics among some parents has been the desire over the past few decades to tell our children that they are special. On the contrary, the vast majority of us are quite delightfully ordinary, and all the better for it. Most of us lead quite similar lives, surrounded by friends, family and colleagues, enjoying pleasures, joy and laughter, tempered by emotional pain, illness and loss.

It's likely that what the majority of parents actually mean when they tell their children 'you're special' is 'you have *value* and *you are loved*'. Because it's true; everyone does have value and is worthy of love. But the words we use to describe our children are inadvertently distorting that, along with a sense of their place in the world.

For recent generations of young people, the idea that they can achieve anything they want can, in many cases, set them up for disappointment when the reality of adult life is realised; the realities of the job market, a natural ability in one area not aligning with the ability needed to follow their dreams and financial insecurity all often provide a rude awakening. This is exacerbated by the proliferation of reality based television shows, promoting the idea that fame, glamour and happiness are there to be won, and that any of us are capable of winning them. It is no surprise then that for some autistic children, it is easier to live within this dream world where they are accepted, loved and valued in a way that day to day school life can rarely match.

For autistic children, the lure of instant acceptance is incredibly hard to resist and affirmation model allows children and their parents to be celebrated without qualification; the irony comes as we realise that in affirming a binary sense of cross-gender, we reinforce the very gendered stereotypes that we purport as a society to have been trying to dismantle.

It can be tremendously hard to look at your child and see them suffer. But we accept, as parents, that this is a part of their journey to adulthood. A necessary yet exquisitely painful process that they must pass through in order to develop a secure sense of self. Identity is something that all young people wrestle with, often trying on a variety of personas for size, before amalgamating their fractured adolescent selves into a rounded and secure adult.

There can also be an overwhelming urge to protect our children from pain, to continue to 'kiss it better', to solve their problems for them, despite our knowing that we cannot protect them forever. Indeed, for young people, developing the skills to face and then navigate their own emotional landscape, is an essential part of growing up and developing emotional intelligence and resilience.

For some parents, seeing their child's pre-pubertal body gain strength and height and secondary sex characteristics may be difficult. Watching their child grow may cease to be a journey of wonder and cause feelings of panic and dislocation at the realisation of their own mortality or possible redundancy in their children's future lives.

This shouldn't necessarily be; healthy families have healthy relationships and a parent's strong sense of self allows for a life after parenthood (which is potentially a life long journey anyway). As we age our relationship with our children deepens as they develop their own personalities and opinions and realising that we are no longer the centre of our children's world can be a crushing but necessary realisation. The problems come when we refuse to let go.

It is also the case that many parents of autistic children are autistic or have ADHD or are otherwise neurodivergent. This is something that parents are becoming increasingly aware of, as they start to view their own traits through the filter of their autistic child. This has proven to be increasingly the case with women, many more of whom are now seeking diagnosis themselves following the diagnosis of their daughters.

Parenting as an autistic adult comes with it's own unique challenges as there is no guarantee that an autistic parent will have a similar sensory, social or learning profile to their child; this can cause difficulties when there are competing emotional or sensory needs and can be a difficult situation to adapt to.

There are also incidents of autistic parents adopting a non-binary or trans identity after their child has developed gender dysphoria or a trans identity, which may not be unexpected if they are looking for resources to support their child. As a great deal of information for parents is based around the concept of gendered behaviours, which themselves are socially constructed sex based stereotypes, it is understandable that they may then recognise themselves in these descriptions, particularly as they are more likely than average to be gender non-conforming themselves.

The risk is that there may then develop a situation wherein either the parent and child become dependent on each other for validation of their identity, or where one may feel unable to change their mind for fear of invalidating or upsetting the other.

Finally, the stresses of parenting a child with disabilities shouldn't be underestimated. A significant proportion of families with autistic or otherwise neurodivergent children are lone parent families. If they are able to work, this is likely to mean a lower paid job or a job with part time hours. Supporting children while navigating an often complex social care system, communicating with schools or colleges, managing hospital and CAMHS appointments and monitoring and supporting EHCP/SEN Support provision, can lead to periods where they become overloaded and need to decompress.

6.5 Suicidal Ideation

The autistic population already have a heightened level of suicidal ideation compared to their neurotypical peers, and in particular if they have the label of ADHD.[135] The National Autistic Society website provides information outlining the reasons for this in the wider population while also listing additional factors that may affect the autistic community. it is vitally important therefore, that these levels of risk can be teased out and separated from the figures attributed to children and young people with gender dysphoria as they are likely to have entirely separate origins.[136]

In their podcast *Gender – A wider lens,*[137] Sasha Ayad and Stella O Malley (both therapists working with gender diverse young people) state that it's very unlikely that young children will complete suicide, a fact that is echoed by the Tavistock's own research, which estimates that the rate of suicidal ideation and self-harm is no higher than that of CAMHS users.[138]

In fact, the two usually quoted pieces of research in the UK regarding the rate of suicide attempts by trans identifying youth, are the 2014 PACE study with Brunel University and the 2017 Stonewall Schools Survey. The difficulty with both these is that they are based on online self-selecting respondents, with no controls for previously existing mental health problems.

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135 Autistic women twice as likely as autistic men to attempt suicide (spectrumnews.org)

136 Suicide (autism.org.uk)

137 Gender: A Wider Lens Podcast: 34 - Gender Dysphoria & Suicide on Apple Podcasts

138 Parents and carers GIDS

The data showed that of the 2000 self-selecting LGBT respondents, there were only 27 trans identified young people under the age of 26. Thirteen of them reported attempting suicide although there was no further disaggregation to indicate when this was (either pre or post transition), if it coincided with incidence of co-morbid mental health difficulties, or whether it was related to sexual orientation (across the wider survey, Gay and Lesbian respondents all reported higher levels of suicidal ideation).This was confirmed in correspondence with the lead researcher, Dr Nuno Nodin of the University of London - Royal Holloway.[139]

Nevertheless, the PACE study result was misrepresented by the Guardian newspaper, who neglected to clarify the sample size of 27 in its assertion that 48% of trans youth have attempted suicide.

Of course, thirteen is still too many, but the greatly reduced cohort number suggests that the sample size may be too small to be conclusive and the suicidality may be attributed to other issues than simply being trans. Indeed, the Samaritan guidelines have always been abundantly clear that any reporting of suicide should never attribute suicide, or suicidal ideation to one single cause. In addition, body dysmorphia, eating disorders and emotionally unstable personality disorder are all common alongside autism, and all have comparatively high rates of suicidal ideation.

For clarity, longitudinal research collated in 2012 by Dhejne et al, indicates that post transition, the likelihood of death by suicide remains high.[140] Unfortunately having been misrepresented in the media, the figure of 48% has been continuously repeated, however without the additional contextual information.

Ayad and O Malley observed that adolescents in crisis situations often have passing suicidal thoughts, but these very often relate to wanting difficult feelings or situations to stop, rather than actually wanting to die. They also note that self-reported suicide attempts can vary significantly from a serious risk of death to taking four aspirins.

It is important to recognise the seriousness of young people experiencing mental health difficulties. Indeed, the landscape in which this is happening is fraught because of the paucity of funding for CAMHS and local charities and groups who support young people. However, it is fair to say that a significant factor in encouraging parents along an affirmation path is the ever-present spectre of the death of their child.

This is happening alongside young people online and in schools encountering the idea that if they are not allowed to transition, that they themselves will feel suicidal; in this way it risks becoming a self-fulfilling prophesy. In addition, as Ayad and O Malley observe, for young people, the *possibility* of suicide represents an option of control for them, at a time when they are navigating a raft of conflicting and important feelings.

Part of the narrative around the idea of transgender children is that while we are told that being trans isn't a mental health condition, it nevertheless brings with it a higher than average risk of mental health problems. This is rationalised by placing the blame for the mental health difficulties outside the child, and locating it in the people around them; those who are not accepting their identity in the same way they see themselves.

Despite the ethical problems inherent in making the community responsible for a child's ongoing good mental health, this claim is repeated widely. Transgender support charity Mermaids have recently extended this claim to the concept of misgendering. They commissioned a survey of 2000 UK adults conducted by Censuswide to gauge understanding of pronoun usage among the general population and carried out a self-selecting survey of young people via their Instagram page. On their

139 Pace-study-emails.pdf (transgendertrend.com)

140 Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden (nih.gov)

website, under the heading 'pronouns and prejudice', they reported that 86% of British adults don't understand that negative mental health is one of the most likely impacts of misgendering someone. In addition, only 6% of adults polled ask each new person they meet their preferred pronouns, with 45% stating that they don't feel the need to ask and 22% assuming the pronouns they would use based on appearance.[141]

These results are described by Mermaids CEO Susie Green as 'A misgendering crisis, with the UK public not understanding the mental health impact that using the wrong pronouns can have on young minds.' Instagram personality Ellesse Char goes on to claim in their video for Mermaids that misgendering someone 'can cause so much harm' but without offering any explanation of what this harm might be.

The well-publicised risk of suicide in young people with gender dysphoria recently led the Swedish Government to consider a bill that would allow 15 year olds to undergo sex reassignment surgery without their parents' permission. This was based on a 2015 Public Health Agency report in which 40% of young people stated that they had attempted suicide. Despite this being referenced in five separate places in the report, there was no source provided.

Speaking in the Swedish documentary The Trans Train,[142] Angela Samfjord the Head of Child and Adolescent Psychiatry at the University of Gothenberg commented that 'there is a very clear predominance of the female sex, up to 85% with high psychiatric morbidity and 90% with some psychiatric diagnosis. 80% have two or more psychiatric diagnoses. 45% are self- harming, 20% have an autism diagnosis but another 35% had so many symptoms that we wanted to refer them for a full evaluation.' This statistic reflects a similar percentage of autistic children attending at the London Tavistock GIDS. She went on to describe how clinicians were expected to initiate affirming treatments; something she described as playing on her conscience and as being unprepared for.

Danita Wasserman, Professor in psychiatry and suicidology at the Karolinska Institute in Sweden, is extremely sceptical of the claimed 40% rate of suicide attempts in the 15 – 19 year old age group. Speaking in the documentary, she said, *'In the scientific world we say that if you get surprising results, the first thing you do is verify they are really correct; that there's no error in method, in interpretation or that the study population isn't highly unusual. There are very many pitfalls to this kind of study.'* She was clear that she felt the study was unreliable and that she had serious doubts that the suicide attempt rate is as high as claimed.

The Swedish Public Health Agency also distanced itself from the statistic, advising that 'it is important to apply caution when interpreting these results. As a cross -sectional and self- report study, it is not randomised or verifiable.'

When challenged, Britta Bjorkholm, Department Head at the PHA Sweden, changed tack and suggested that a large proportion of transgender youth are troubled by suicidal thoughts and *many* have attempted suicide. The legislation is based on 'uncertain data' leading the documentary makers to question whether the clinic even knew what constituted a beneficial approach for gender dysphoric youth. Whether sex reassignment surgery at 15 reduces the number of suicides wasn't interrogated within the report, with Bjorkholm admitting that they didn't 'conduct any such analyses.' Further, Lena Hallengren, Minister for Health and Social Affairs stated that the figures were 'common knowledge; no-one questions that.'

This is similar to both the misrepresented PACE study and the Stonewall Schools Study, both of which were based on self-selecting online respondents with neither study controlling for pre-existing mental health conditions.[143] While the media, lobby groups and MPs repeat the assertion that 48% of gender

141 Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden (nih.gov)

142 The Trans Train 2 (Swedish docu with English subtitles) - YouTube

143 Suicide Facts and Myths - Transgender Trend

dysphoric children and young people have attempted suicide, the data on which these claims are made is considered to be unreliable.

Wasserman points out that vulnerable people are discouraged from making life-changing decisions when they are depressed or grieving, so why would oppositional advice be given to this vulnerable group of children when it is known that many of them are depressed and anxious; to this end she recommends talking therapy throughout puberty. It remains inexplicable that despite the Swedish cohort of GIDS patients having an even higher rate of autistic referrals than the Tavistock GIDS (55% comprised those with a diagnosis of autistic traits compared to 48% for the Tavistock) that there remain no research studies investigating why this is the case. This is important given the increased risk of suicidal ideation already evident in the autistic population. In the meantime, Swedish Gender Identity clinics for adolescents have seen a 30% drop in referrals since the Trans Train documentary was broadcast.[144]

6.6 Detransitioners

Genspect is an organisation comprised of therapists, clinicians, academics and members of the trans community who are advocating for parents of gender-questioning children and young people. This year, it hosted the first DeTrans Awareness Day conference. It featured an array of young people speaking about their experiences of medical transition and their later realisation that the concept of being trans was masking other issues such as homophobia, an awareness that there wasn't enough therapeutic intervention and that issues such as being Lesbian or autistic were either unacknowledged or masked by immersion into a transgender identity.

Twenty-two year old detransitioner Allie spoke eloquently about her transition at the age of nineteen and her detransition. Upon detransitioning, Allie was diagnosed autistic and recognised that living as undiagnosed autistic was a significant factor in her decision making process.

Ever since I grew up, I was a Tomboy, a very masculine child and I was raised in a very masculine environment…I always struggled to get along with girls.

There is a growing awareness, especially since the high profile judicial review led by detransitioner Keira Bell, that there is a sizeable and ever growing community of detransitioners; young people both male and female who transitioned as children or adolescents and have now begun the process of either detransition; reversing where possible the physical changes wrought on their bodies by hormones and surgery, or desisting: realising that they are not dysphoric or that the gender identity that they adopted is not an accurate reflection of who they are and that they are reconciled to their sexed bodies.

Peter lived as a woman until his late forties when, after extensive therapy, he became a trans man. "I just knew I had to do this to be happy. I was simply not a woman." He now runs a trans support group and is aghast at an online culture pushing young lesbians into hasty transition. "I think some of them actually want to hold on to the transitional state. For a girl who was once marginalised, it has prestige. You post videos updating your progress. You get endless attention." But actually living in your new gender can be a letdown. "They find their old problems have not gone away. And we pick up the pieces." Peter knows trans boys who consulted private doctors to obtain hormones without prior counselling "and now they've had a breakdown and are asking Facebook friends to donate money for therapy they should have had first."[145]

144 Referrals to Gender Clinics in Sweden Drop After Media Coverage (medscape.com)

145 Meet Alex Bertie, the transgender poster boy | The Times Magazine | The Times

One of the most compelling reasons for carrying out serious research on the link between the exceptionally high number of children and adolescents who are autistic and presenting with gender dysphoria is that the number of detransitioners with the same traits is again, far higher than one would expect from a community that makes up 1% of the population. There are a significant number of detransitioners who are autistic – this in itself is reason enough to give pause because something somewhere has gone wrong with the system within healthcare that is assessing and processing and suggesting pathways for these children.

A 2021 research paper by **Elie Vandenbussche**, *Detransition related needs and support; a cross sectional online survey* showed that 54% of the detransitioners surveyed experienced at least three diagnosed co-morbid conditions. The three most common were depression (70%), anxiety disorders (63%) and PTSD (33%). Among the detransitoners surveyed 20% had a confirmed Autism diagnosis with a further 26% with suspected autism. This is in line with the prevalence of reported autism and autistic traits among referees to gender identity development clinics and so it is expected that similar figures would be reflected in detransitioners.[146]

A recurrent theme in the research was that a significant number found it difficult to talk about detransition within LGBT spaces, with some mentioning feeling rejected. In addition many reported finding it difficult to find a therapist who was willing to discuss the reasons behind detransition with one saying *"I was doubtful that transition would help my dysphoria before beginning and was assured by multiple professionals that transition was The Solution and proven to work for everyone with dysphoria. A 'gender specialist' therapist flat-out told me that transitioning was the only method of reducing dysphoria that worked when I expressed my desperation for an alternate solution."*

Reasons given for detransition indicated that 70% felt that their gender dysphoria was related to other issues. 50% felt that transition didn't help with their dysphoria and 45% found alternatives to help with dysphoria. The vast majority have given reasons for detransitioning that strongly indicate that the assessment processes for transition are simply not robust enough.

These are all young people, whose average age at detransition was 22. Many autistic children are incredibly intelligent and it may be assumed by clinicians that they are not capable of giving consent if they are non-verbal or selectively mute; while these things do not correlate with being incompetent, all autistic children and adolescents need to be screened for their ability to genuinely give consent given that 70% of the detransitioners realised that their dysphoria was not related to gender identity.

Pablo Expositos-Campos, in the paper *A Typology of Gender Detransition and Its Implications for Healthcare Providers,* highlights the need for a robust set of supportive clinical guidelines to support detransitioners to include therapy, support in coming off medical regimes such as hormones as well as reversing, where possible, surgical procedures, and support informing friends, family and community that de-transition is taking place.[147]

146 Full article: Detransition-Related Needs and Support: A Cross-Sectional Online Survey (tandfonline.com)

147 Full article: A Typology of Gender Detransition and Its Implications for Healthcare Providers (tandfonline.com)

What Next?

This section provides recommendations for action aimed at each of the following groups, education staff, therapeutic and health practitioners, and parents.

7.1 Education

- Schools should take into account the Schools Guidance on the Transgender Trend website, in conjunction with the Children's Rights Impact Assessment also available on the website.
- All RSE curriculum resources provided by outside agencies or organisations should be checked – are they evidenced and based on fact? Are they respectful of the competing needs of all protected groups under the Equality Act?
- Schools should make sure that pupils are allowed to openly question during the lessons and be given appropriate, evidence-based answers, whilst respecting the viewpoints of others. It should be made clear that identities are personal, they are the product of more than just personal inner feelings, but are also shaped by other factors such as upbringing, faith, access to education, and socio-economic factors.
- Are LGB identities respected and taught as same sex attraction, alongside teaching respect for the trans community?
- In primary and early years settings, is child development taken into account when talking about identity-based issues? Is the social, emotional and cognitive level of the children taken into account when discussing LGBT issues?
- Are staff trained in Autism - not just at a basic level, but do they understand how presentations of autism vary from child to child – do they understand what is meant by autism being a spectrum and how this fits in to an individual child's sensory, emotional and psychological developmental profile?
- Is any curriculum learning around RSE and PHSE adapted for SEND pupils, including those with autism and/or ADHD?
- Is the importance of clear, unambiguous, and evidence-based teaching of RSE subjects to autistic children understood and factored in to lesson plans? Is the importance of ensuring this from a safeguarding point of view understood?
- Are teachers incorporating differing ways of communicating with autistic children, to ensure that they are understood - and checking that the child understands complex areas?
- In terms of safeguarding – it is important to recognise the issues around gender identity that apply to autistic pupils, for example trauma response, a wish to escape gender stereotyping, and the pressures from peers in response to the fast moving and unregulated online landscape in which they are immersed.

7.2 Therapeutic and Health Practitioners

- Make sure you are up-to-date with current issues that may affect autistic children, as well as an awareness of how autism may present. Although we talk broadly about the female phenotype, there are autistic boys whose presentation is missed as it more closely resembles the presentation associated with girls and women.

- Do you have training in autism and how it presents? Are you aware of the conditions that often accompany an autism diagnosis - like anxiety, ADHD, OCD conditions, eating disorders, etc.
- Are you aware of the communications differences that might be present in autistic children, and mindful of signs that might suggest an autistic profile?
- Therapy practitioners should take into account the issues discussed in the online podcast – 'Gender : A wider lens.'
- Make sure you take into account the young person's requirements and make reasonable adjustments for them, such as being able to request an appointment at a quieter time of day, being able to wait in a quiet room, extending the length of time of the appointment so that they feel less rushed, being informed if appointments are running to time or running late and being told if you will be seeing a different doctor. See NHS England's guidance on reasonable adjustments for more suggestions.

7.3 Parents

- Don't panic!
- Read as widely as possible, including published research papers.
- You know your child – trust in that. You know them better than anyone else.
- Don't be afraid to challenge, ask questions and ask for research to back up what you are being told.
- Bear in mind the need for many children to have boundaries around them. It is possible that rather than immediate affirmation, some children will feel more secure and more protected if offered support from parents, whilst holding space for them to change their minds. They may not want to embark on any transition process, and they may not want to be referred to GIDS.
- Remember that adopting a trans identity is not necessarily evidence of dysphoria, and gender dysphoria in and of itself is not evidence of a transgender identity.
- A child presenting with gender dysphoria may be struggling to reconcile their biological sex with the expectations placed upon them, or struggling to reconcile stereotypes that may sit in opposition to their interests or passions.
- It is important to demonstrate - as well as explain - that stereotypes that are applied to the sexes don't need to be a barrier to interests, hobbies and skills. If you can, model for your children that gender stereotypes are just that, and can easily be ignored.
- If you suspect that your child might be autistic, it is useful to use strategies to communicate with them that you would use with autistic children. Be clear, open and try to avoid using ambiguous language. Give them time to process what you are saying.
- Check back with them their understanding of what you are saying.
- Allow them space to decompress and process the day's events, if they have come home from school, college or work. They may feel overloaded and need time alone to be quiet.
- Be aware that Gender Identity Clinics are not necessarily experts in autism. Many clinicians, unless they are specialists, will have a broad overview of autism but not necessarily the in-depth knowledge that would allow them to differentiate between differing presentations or recognise the elements that may be confused with or cause gender dysphoria.

- This article was written for the support group Our Duty by members of the Detransition Advocacy Network, giving advice about how to best support a child or adolescent with gender dysphoria. **Advice for parents by detransitioners | Our Duty**

7.4 Autistic Girls; Gender's silent frontier

This article was originally published in Transgender Trend.

Jane Galloway is an Autistic woman with ADHD. Like so many autistic females, she was only diagnosed in her 40's, after a lifetime struggling to understand why she felt so 'other'. She is a passionate advocate for autistic women and girls and supports families like hers, in her local area, and writes about Autism in her spare time.

A new conversation is starting to emerge around the whole issue of transgender children and young people. A new question; What about Autism?

We know from research released by the Tavistock & Portman GIDS, that since 2011 there has been a phenomenal rise in young people accessing their services, and the group that has increased exponentially across this period, is adolescent girls.[148] We also know that that 48% of all referees to the Tavistock, have autistic characteristics.[149]

If this was any other issue that had such stratospheric increases in referral numbers and that potentially led to a lifelong, life-changing medicalised pathway for children; if there was any other connective factor affecting nearly 50% of all children referred to a particular service, there would be huge national interest and attendant press coverage. In fact, there is actually hardly any interest and even less research into why this is happening. It is unclear whether this is because to question gender is hugely discouraged, or because Autism is seen as an irrelevance, of no particular import. But it is important to ask; is this because this is overwhelmingly affecting girls?

There is some research that acknowledges that there is a link, but nothing that explores *why*. And it is the why that is so incredibly important. In making sure that anyone who goes down a medicalised pathway is doing so because they are dysphoric *and that all other differential diagnoses have been ruled out first.* We heard from the whistleblowers from the Tavistock that clinicians observed young people coming to the clinic from all over the country, and repeating the same words and phrases, as if learned by rote.[150]

Polly Carmichael, Head of the Tavistock, speaking at the 2018 Westminster Social Policy Forum 'Next steps for Trans equality' conference, admitted that they know that young people are spending time online, looking up symptoms and signs of dysphoria. She said "It's not exceptionally difficult for young people to fulfil the diagnosis, in the sense they can go online and see what it is". Within this context, it is essential to understand whether gender non-conforming girls at the Tavistock are there for the right reasons.

I must admit to having a very personal interest in all of this; I was diagnosed this year as Autistic.

I am an autistic woman who grew up as an autistic girl, I just wasn't aware of it. At 13 I had my first suicidal thoughts, which persisted on and off, until I was in my late twenties. I had no idea why I felt so disconnected from the world. I felt as though there was another planet that I was supposed to be on; that this one was just too small, too impossible, too *wrong*. Nothing made sense and I longed for

148 **Assessment and support of children and adolescents with gender dysphoria | Archives of Disease in Childhood (bmj.com)**

149 **Clarke 2019 extened clinical assessment.pdf | DocDroid**

150 **NHS transgender clinic accused of covering up negative impacts of puberty blockers on children by Oxford professor (telegraph.co.uk)**

something or somewhere else, where I could exist in a way that made sense. I couldn't understand why everyone around me seemed to know exactly what to do, how to talk, how to think, how they just seemed to know how to operate in the world, when I had no idea at all.

All I did was hide in my room, listen to music, lie down on my bed and rock from side to side. It allowed me a space to escape, decompress and to practice every conversation, argument, scenario, trying out different endings. I still do this now.

I was obsessed with music. I developed an encyclopaedic knowledge of every band, song, genre. As I hit my late teens, I hung out with the boys in school who were in bands, because they 'got' me, or at least didn't care so much that I was so damn weird all the time. I felt so completely 'other'; I hated myself, I hated my body and I didn't know why. I genuinely felt that I belonged nowhere.

If my school had told me, or taught me, that I might have a different identity, a reason why I felt so utterly different to everyone else, a way of making sense of some of the pain and utter self-loathing and suicidality that I felt, I would have grabbed at it with both hands.

As it was, I hung out with the goths and the heavy metal boys and the alternative indie kids. I displayed my self -hatred with black hair dye, piercings, Doc Martens and hiding my face with eyeliner. You could do that in the 1980's. You could scream at the world through youth culture and music.

Nowadays kids don't have that option. We now live in a world driven by capitalism and neoliberalism, where each individual is a canvas onto which corporations project their wares. The extension of advertising to children (where previously this was understood to have ethical implications) has turned them into a generation of consumers.

Youth culture has been captured by this trend and has repackaged rebellion and sold it to young people as a product to be selected. Young people who feel disaffected now have no safe avenue through which to psychologically separate and experiment with their identity.

Instead we have a toxic mess where individual identity is held aloft as more important than society. So, if you are young and lost among this landscape, what do you do? You grab at the first thing that comes along that helps you make sense of your world.

Feeling utterly lost and disenfranchised, I spent decades launching myself at everything that crossed my path and thinking '*This*! This is who I am!' until it wasn't any more, and all the same feelings came flooding back (because they had only been temporarily buried) and I was forced to move on to the next thing, in my search for a sense of self.

Because it turned out that I was neurodiverse. Autistic with ADHD. But it took until my 40s to discover that. If I had been told as an adolescent that the reason I felt so permanently 'other' was because I might be trans, or non-binary, then yes, I *absolutely* would have grabbed that too, and thrown myself in without looking. And embraced the new community that would have made me feel less lonely, less other, less damn *weird*. Less like an oddity, and more like a girl that belonged somewhere.

The only reason I didn't, was because it simply wasn't presented as a viable option to the average teenager in the 1980's. Pre the 2004 Gender Recognition Act, pre the mainstream idea of children identifying away from their sex, and before the expanded Stonewall Trans Umbrella, at a time when the number of transsexuals in the UK was a steady 5,000 or so.

And by the time I realised that I wasn't trans at all, it would have been too late. You see, adolescents by definition, have very little filter, no long-term outlook, and a need to have their desires indulged *right now*; not because they are spoilt, but because impulse control and delayed gratification are far

off distant concepts when you are a teenager. And intentionally so, because our brains can't mature all in one go, and so it happens gradually and these are parts of the brain that develop later.

So yes, I would have decided I was trans if it had been an option.

The thing is, I genuinely didn't feel female, I didn't feel male, I had no internal sense of gender at all (back in the 1980's this was so self-evidently normal, that it wasn't even a 'thing' and the music scene was all the better for it - the likes of Marilyn, Boy George, and Annie Lennox all rocked androgyny and no- one questioned their sex). But now, this entirely pedestrian feeling of not identifying with, or feeling, male or female, has been pathologised beyond belief, to the point where singer Sam Smith, the latest of a notable line of celebrities embracing trans identities, has been lauded by the media for his bravery in announcing he is non-binary and feels like he has a fabulous woman inside him.

Meanwhile, back in 1986, I was stuck, with no internal sense of gender, no coherent feeling of being male or female but a crashing feeling of suicidality. If I had been told that this *_meant_* something, and I *belonged* somewhere because of it, I'd have grabbed at it with both hands. If it meant taking medication, no matter the side effects, even better, because with my particular sense of the world, medication meant that whatever I was experiencing was real.

I would know that the cacophony in my head was so important, so relevant, that a doctor somewhere had given me something to take to make it all better. It would give it meaning and leave no room for doubt; there was something wrong with me. It would have provided a sense of validation for my internal torment, and dare I say it, to my adolescent mind, a certain glamour ('I'm on *drugs*. This is *serious*').

It wouldn't have been real though. The *feelings* were real, but It would have been Autism and ADHD; all the stuff in my brain that I didn't know about yet, because back in the 1980's, far too many neurodiverse girls weren't diagnosed.

But we know now that we *can be* and *are* neurodiverse and we know that at the moment, these girls are vastly overrepresented at GIDS. And no one is saying 'slow down'.

We are letting this happen because it is easier than asking difficult questions. But these girls need us to speak out and say *'I felt like that too, and it's okay. Maybe it's Autism. Or maybe you're a Lesbian. Maybe that's why you feel different; hate puberty, hate girlhood. It's complicated isn't it? But it's okay'.*

We need to be the grown-ups again because these girls, who are lonely and lost and frightened, need to know that we're in charge and that we know what we are doing. That they can rely on us to act only on robust research and keep them safe, while they work out who they are.

They need to know that as they grow and experiment and change, and flirt with identity as the main driver of rebellion among teenage girls at the moment, that we are wise enough to tell the difference between a child genuinely troubled with dysphoria, and the girls who are making a youthful attempt to separate from their parents, through the *medium* of identity.

The price that is being paid by these girls though, is too high. The increasing number of detransitioner voices that are emerging in droves in the UK and US, examples including the Pique Resiliance Project,[151] and Detransition Advocacy Network, and Post Trans[152] should give us pause. Because while we are told by lobby groups that detransitioners are irrelevant, as they were never really trans in the

151 Home (piqueresproject.com)

152 Post Trans - Detransition Stories (post-trans.com)

first place, they certainly felt *something* strongly enough to take Testosterone and have a double mastectomy, and those are things from which you can never come back.

And if those autistic and/or lesbian girls made a mistake, you can bet that some of the current cohort of girls going through this now, are making a mistake too. All of this needs careful thought and consideration but we are told that this is not possible. We are told that this makes us bigots.

James Caspian at Bath Spa University attempted to base a research project on his work with the trans community, as he was interested in tracking the pathways of the increasing number of trans people he was counselling, who were detransitioning. But the research was blocked by the university as too controversial. A great pity, as I suspect the research could have told us something we badly need to know.[153]

In the meanwhile, we need robust research investigating the link between Autism and gender ID issues. This movement has escalated so quickly, and managed regulatory capture across all of the organisations and public services in the UK, including schools, the NHS, the Police, and even government, with such unchallenged success, that there simply hasn't been *time* to do any research.

So the autistic girls who are reliant on us to act based on what we know to be true, as opposed to what we are being told to *believe*, are being held aloft in front of us, like canaries in a coal mine. They represent an experiment in a new social justice movement that is moving so fast that we've hardly had time to catch our breath and see what is actually happening.

But to sound a word of warning, sometimes when things move too fast, things get missed.

We have no way of knowing whether the autistic brain processes ideas about masculinity and femininity (the social roles attached to the two sexes) differently and how that might impact on understanding of identity. Respected Autistic advocate and author Alis Rowe, writes eloquently and compassionately about autistic girls and gender on her blog,[154] but acknowledges, from her own experience, that not all girls who identify as boys will turn out to be trans.

There is also a false equivalence with LGB culture in the current narrative, driven by the lingering shame of Section 28, that states that anyone asking questions is part of a long shadow of historic bigotry. However, experimenting with or accepting a sexual orientation other than heterosexual does not involve making medical decisions with lifelong irreversible side effects, including mastectomies and the risk of sterility, loss of sexual function, and inability to orgasm.

The sudden influx of girls has come recently, alongside a rise in the diagnosis of Autism in females and a societal shift in access to online porn. This is informing a type of masochistic, violent, sex education which girls are, understandably, rejecting. The sudden meteoric rise in girls identifying away from their natal sex, with no previous indications, but after an intense period of time spent online or watching youtube videos of transitioning teens, has been named Rapid Onset Gender Dysphoria (ROGD) and the statistics demonstrate the link with autistic girls.[155]

As the mother of teenagers, I also know, from conversations I have with them, that there is a culture among autistic girls that has completely normalised all of this. In playgrounds and over lunch, they are talking about mastectomies and puberty blockers, not as a way of dealing with dysphoria, but as a practical solution to the troubling process of going through puberty; something that is exponentially harder for autistic children than for neurotypicals, as they find any kind of change very hard to process.

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153 **Bath Spa university bars research into transgender surgery regrets | News | The Times**

154 **Are autistic people more likely to have gender dysphoria? - The Girl with the Curly Hair**

155 **Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria (plos.org)**

I am also aware, as an adult, that children have very little understanding of the long-term impact that either of these actions would have on their bodies, or their still developing sense of self. Or even that hating their bodies and themselves are dreadful feelings, but actually entirely normal for adolescent girls.

With such a huge number of autistic girls identifying as trans, whether that be as a boy or as non-binary (a feeling that they identify as neither male or female, although they will biologically be female or in rare cases, intersex) we *have* to ask questions about why this is.

Growing up in a culture soaked by internet porn, in which women are expected to conform to highly sexualised, performative femininity, young girls are often facing impossible beauty standards. They are seeing a world of toxic gender roles that speak neither *for* nor *to* them and for young lesbians and autistic girls, the temptation to reject it outright, is overwhelming. Add in the differentiated theory of mind and social understanding of many girls who are autistic, and many of them will assume 'Because I am not this, I must therefore be *that*'.

We know that schools cannot afford to cascade down robust training in SEN/Autism across all staff, but statistically, each class now will have at least one ASC pupil in it. Factor in the nationwide lack of differentiated knowledge around autistic girls, and we have a crisis waiting to happen in terms of how gender variance within Autism is supported. None of the schools guidance that I have looked at makes any reference to autistic girls as the group that are overwhelmingly affected by this.

The guidance from the Equality and Human Rights Commission (EHRC) for the new RSE curriculum in schools, doesn't mention autistic girls either. None of the guidance offers advice about differentiating between an autistic or neurotypical child identifying as trans, beyond stating that they may need to have transition options explained to them more clearly.

There is nothing in *any* of the guides to advise teachers about supporting a child with competing protected characteristics under the Equality Act (EA2010). For an autistic girl, she would be covered under Sex, Disability and Gender Reassignment but there is no guidance around how to navigate these often competing needs and rights. Is this ablism, or the refusal to acknowledge that each protected characteristic of the EA2010 isn't an individual protected box? That many children will present in a Venn diagram of characteristics and it is this, among other things that, is so sorely missing from schools guidance or indeed, any other kind of guidance around transitioning children.

If the medical community is slow to action research into why these girls are identifying this way, the schools guidance provided by various organisations, simply neglects to acknowledge them as a group at all.

In January 2017, the National Association of Head Teachers launched new research into autistic girls, but this has not yet filtered down to classroom level. Autistic girls are not being given the space to find out who they are, and many of them are yet to be diagnosed. Some will be on the pathway, but many more will be struggling, as I did, with no idea that they are autistic at all.

New research from Sweden, also indicates that autistic females have a risk of suicide that is ten times that of neurotypical females. Our girls with Autism/GID deserve robust levels of support before they reach that point.[156]

We *must* invest in robust research and investigate thoroughly and impartially, why this sudden, unprecedented rise in girls identifying away from girlhood and womanhood has happened. How much is due to the neurodiverse brain? How much is down to cultural and emotional issues and how much, is down to feelings of dysphoria around one's sexed body?

Given that the most obvious differential diagnosis for sex dysphoria is trauma and sexual abuse, it is vital that on that basis alone, we call for a slowing down of pathways for children and young people,

and invest in resources to allow psychologists and therapists the space and time to engage in genuine psychological exploration with the young referees. The recently expanded Memorandum of Understanding inhibits this, on the basis that all exploratory therapy is considered equivalent to conversion therapy.

For autistic girls, lack of robust support and the intense desire to 'fit in', leaves them vulnerable to online communities, ready to affirm their identity, or worse, exposes them to online doctors and unscrupulous overseas pharmacies, who are all too eager to encourage them to buy hormone blockers or cross-sex hormones. With their differentiated theory of mind, they may therefore find themselves entering territory from which they cannot return.

Further Resources

8.1 Organisations

Genspect Home - Genspect

Society for Evidence Based Gender Medicine Home | SEGM

Bayswater Support - a support group for parents whose children make sense of themselves as trans or non-binary Home - Bayswater Support

Our Duty - a support group for parents who are concerned about the adoption of gender identity by their children. Welcome | Our Duty

Safe Schools Alliance is a grass roots organisation promoting safeguarding in UK schools Homepage - Safe Schools Alliance UK

VictimFocus is an organisation that is working to change the way professionals and the public understand, perceive and discuss victims of abuse, trauma and violence. Victim Focus | Home |

Brenda Myles Smith is an autism advocate and trainer who has written extensively on the Hidden Curriculum Brenda Myles | Brenda Smith Myles

Parents of ROGD Kids – a resource set up by a group of parents whose children appear to have very suddenly identified away from their sex Rapid-Onset Gender Dysphoria (ROGD) (parentsofrogdkids.com)

Detrans Voices is a community resource created for, by, and about people who have detransitioned and/or desisted from transgender self-identification Read Stories - Detrans Voices

Gender Health Query is a resource and community for those concerned about the number of same-sex attracted adolescents affected by medical treatment for gender dysphoria Gender Health Query (genderhq.org)

8.2 Written Media

An article from The Velvet Chronicle about a US teenage girl who detransitioned and was later diagnosed with Autism:
https://thevelvetchronicle.com/double-mastectomy-at-15-detrans-16-year-old-now-seeks-reversal/?fbclid=IwAR1kT2YEtFO1JzUIKcSDv0an41btvOn_3K5oMxaB-dS34FlvLAQkBUY94FE

An article by Sian Griffiths for The Sunday Times, about an autistic teenage girl being treated at The Tavistock GIDS:
https://www.thetimes.co.uk/article/my-child-needs-therapy-not-drugs-7z632m2x7

An article by Sian Griffiths for The Sunday Times looking at evidence presented to the High Couty by Professor Christopher Gillberg, about why girls who are autistic or anorexic appear more likely to say they want to become boys:
https://www.thetimes.co.uk/article/autistic-girls-seeking-answers-are-seizing-on-sex-change-3r82850gw?--xx-meta=denied_for_visit%3D0%26visit_number%3D0%26visit_remaining%3D0%26visit_used%3D0&--xx-mvt-opted-out=false&--xx-uuid=0bd1da4c158dc054d064a794ede438da&ni-statuscode=acsaz-307

Daily Mail article about parents who were investigated by social services after refusing permission for their autistic son to commence puberty blockers (this pre-dates the High Court ruling regarding their use):
https://www.dailymail.co.uk/news/article-6817935/Autistic-boy-taken-care-school-reports-parents-refusing-allow-sex-change-treatment.html

An article in The Gender Report Canada, outlining the reasons for the Swedish change in policy for treating gender dysphoric youth:
https://genderreport.ca/the-swedish-u-turn-on-gender-transitioning/

Guardian article about children and young people transitioning in Sweden which references Autism and ADHD:
https://www.theguardian.com/society/2020/feb/22/ssweden-teenage-transgender-row-dysphoria-diagnoses-soar

Spectrum website article about Autistic girls possibly experiencing puberty early:
https://www.spectrumnews.org/opinion/q-and-a/puberty-may-arrive-early-for-some-autistic-girls/?fbclid=IwAR2lxE7PNw_YFfntKh-eL61bMXsj_cKp3yzs2cJKXwB7rBg7nNWLy1nwAhU

Article from the Daily Mail about Sue Evans and 'Mrs A', one of the claimants in the Keira Bell case:
https://www.dailymail.co.uk/debate/article-7610877/SUE-REID-autistic-teen-asked-change-sex-school-GP-psychologist-agreed.html

One of the 'parents story' pieces on the GIDS website that references Autism:
http://gids.nhs.uk/parents-story-charlotte

Article by Dr Will Malone disputing the 'born in the wrong body' narrative.
https://www.sott.net/article/421017-Gender-identity-and-why-no-one-is-born-in-the-wrong-body

Review of Australian drama First Day by transwoman Debbie Hayton:
https://debbiehayton.com/2020/08/28/first-day-the-drama-about-a-transgender-12yo-shouldnt-be-on-the-bbc-childrens-channel-its-harmful-shameless-propaganda/

PBS article about health problems in the US associated with Lupron:
https://www.pbs.org/newshour/health/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems

Study into WPATH by Gender Report – Canada:
https://genderreport.ca/bias-not-evidence-dominate-transgender-standard-of-care/

Article investigating Dr Jack Turban, an outspoken critic of Abigail Shrier's book Irreversible Damage:
https://uncommongroundmedia.com/jack-turban-investigated-americal-medical-association/

Interview in Feminist Current with three young women detransitioners in Germany:
https://www.feministcurrent.com/2020/08/07/interview-sam-nele-and-ellie-transitioned-as-young-women-living-as-men-before-realizing-theyd-made-a-mistake/

Article about research indicating that autistic female masking increases mental health problems:
https://news.byu.edu/intellect/women-camouflaging-autistic-traits-suffer-severe-mental-health-challenges-byu-study-finds?fbclid=IwAR3iFjJ0yPKOJH8kqsJa-6uSwP4jGOGxGR1IhHDmOAJ6jeP7M-Aovp-Nkyc

Article by Tania Marshall on early signs of Autism in girls:
https://taniaannmarshall.wordpress.com/2013/06/22/first-signs-of-asperger-syndrome-in-young-girls-pre-school/

Blog post by an autistic detransitioner:
https://destroyyourbinder.tumblr.com/post/620860243262488576/unriddling-the-sphinx-Autism-the-magnetism-of

Article by Dr Gill Prestidge about gender and autistic girls (archived version):
https://web.archive.org/web/20200331075308/https://www.Autismhampshire.org.uk/about-Autism/gender-issues-for-autistic-girls

Daily Mail article investigating Autism in referrals:
https://www.dailymail.co.uk/news/article-7793557/A-quarter-youngsters-treated-transgender-clinics-just-autistic.html

Experiences of an autistic desisted woman:
https://4w.pub/Autism-puberty-gender-dysphoria-view-from-an-autistic-desisted-woman/

Article about Keir Starmer's (lack of) engagement with Mumsnet concerns:
https://eleanorscottarchaeology.com/els-blog/2020/2/3/keir-starmers-mumsnet-webchat-amp-the-lost-inquiry-into-childrens-safeguarding

Guardian article about trans lobby groups:
https://www.theguardian.com/society/2019/jul/27/trans-lobby-pressure-pushing-young-people-to-transition

Daily Mail article about Keira Bell:
https://www.dailymail.co.uk/news/article-7916945/Woman-given-puberty-blockers-joins-High-Court-fight-stop-drugs-prescribed-children.html

BBC article about Keira Bell:
https://www.bbc.com/news/health-51676020

Articles about resignations from Tavistock clinic:
https://quillette.com/2020/01/17/why-i-resigned-from-tavistock-trans-identified-children-need-therapy-not-just-affirmation-and-drugs/

8.3 Audio/visual Media

Channel 4 News report 23/01/21 regarding the Tavistock GIDS leave to appeal the Keira Bell High Court ruling. It features an interview with Dr David Bell, who references the high rate of autistic children being referred: https://www.youtube.com/watch?app=desktop&v=bHNh7lx2Z4U

Interview with Professor Tony Attwood, from his 'Ask Dr Tony' series (September 2017) which discusses gender dysphoria (at 32:50 approx): https://youtu.be/ngFueUBbIA0

A second interview with Professor Tony Atwood from 2018 – although his message has softened somewhat, perhaps due to pressure in response to the growing controversy about the issue:
https://youtu.be/bfVhwmE42L4

Discussion of Dr Tony Attwood's call for an urgent enquiry into the overrepresentation of autistic children presenting at the Royal Children's Hospital in Melbourne. https://youtu.be/7zzUK4I5fRo

Interview with Consultant Psychologist Dr Sally Powis where she suggests that if you've always feel like you didn't fit in, there's a chance you might blame gender not the Autism: https://vimeo.com/169667745

Interview with Dr Sally Powis for the National Autistic Society
https://vimeo.com/163281060
https://vimeo.com/163281577

Benjamin Boyce interviews Dr Deborah Soh, author of The End of Gender and Abigail Shrier, author of Irreversible Damage about the effect of gender identity ideology on young people.
https://youtu.be/DNhn2ufmSVg

The Trans Train – a three part Swedish documentary exploring the work of the Gender identity Service for children and adolescents

Part One - An investigation into the unprecedented rise in adolescent girls experiencing gender dysphoria and being referred to the Sweden Gender identity Service

The Trans Train (Swedish spoken, with English subtitles). - video Dailymotion

Part Two – A look at the viewpoint of Swedish politicians on the rise of gender dysphoric youth
https://youtu.be/73-mLwWIgwU

Part Three - A look at detransitioners and transition regret
(2) Trans Train 3 (Swedish docu with English subtitles) - YouTube

Part Four follows Leo an adolescent who started puberty blockers aged 11.
Uppdrag granskning – Mission: Investigate: Trans children | SVT Play

Transgender Kids; Who Knows Best? - a BBC documentary exploring the best approach for parents to take when their child is facing childhood gender dysphoria. https://dai.ly/x58s24i

Trans Kids – it's Time to Talk a documentary by psychotherapist Stella O Malley, who experienced gender identity issues as a child. Trans Kids — Stella O'Malley (stellaomalley.com)

The Call is Coming From Inside the House - a short documentary comparing the rise in trans identities with social contagion

https://youtu.be/PBInNGgdF2M

Dysphoric – a four part documentary series on the rise of gender identity ideology, it's effects on women and girls, especially in developing countries.

Dysphoric Part One https://youtu.be/w8taOdnXD6o
Dysphoric Part Two https://youtu.be/S3dbikSgvR4
Dysphoric Part Three https://youtu.be/FRePOJ5lbFI
Dysphoric Part Four https://youtu.be/yVzodw938c4

Detransitioners – a video made by a group of detransitioners, some of whom are autistic
https://youtu.be/EHGL_JyZOH8

8.4 Research Papers

'Taking the lid off the box': The value of extended clinical assessment for adolescents presenting with gender identity difficulties (icf-consultations.com)

Paper by Lisa Littman which led to her initial hypothesis about rapid onset gender dysphoria
Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria (plos.org)

Sweden's Karolinska Institute research into the risk of suicide in the autistic population
New Study Finds Autistic Women More Likely to Attempt Suicide | The Mighty

Medscape coverage of the landscape of GIDS referrals in Sweden
Referrals to Gender Clinics in Sweden Drop After Media Coverage (medscape.com)

Referrals to UK GIDS – figures over ten year period
Referrals to the Gender Identity Development Service (GIDS) level off in 2018-19 (tavistockandportman.nhs.uk)

Piece on the decision by the Karolinska Institute GIDS to end the use of puberty blockers.
Sweden's Karolinska Ends All Use of Puberty Blockers and Cross-Sex Hormones for Minors Outside of Clinical Studies | SEGM

Research on the issue of informed consent for children and adolescents
Full article: Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults (tandfonline.com)

The interim report of the Cass Review into the Tavistock GIDS, which highlights the overrepresentation of neurodiverse children being referred to the service
Interim Report

Transgender TREND

No child is born in the wrong body

www.transgendertrend.com