

# PacWest ITAC Learning Modules

Cultural Crossroads in Disability



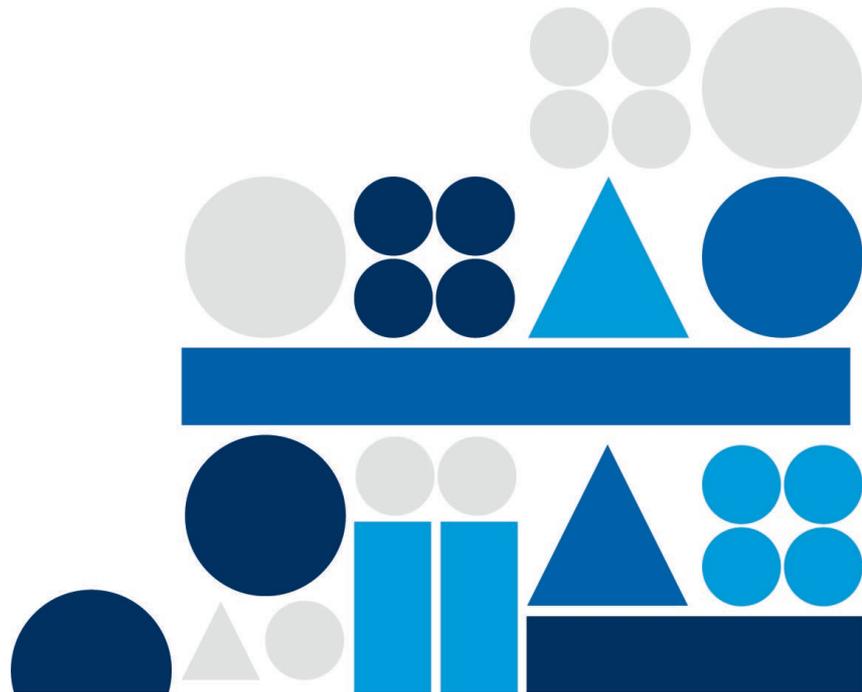
# Autism and Transgender Health

A novel approach to clinical care of this population

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# Learning Objectives

1

Background

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2

Clinical approach

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3

Future Directions

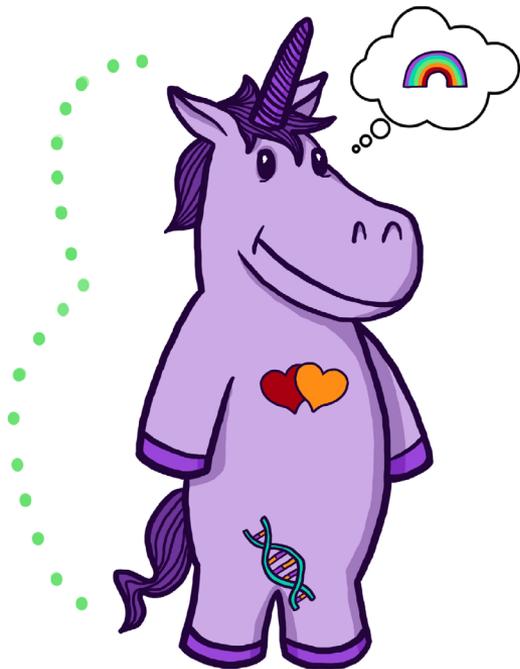
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# Background



# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



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

Design by Landyn Pan and Anna Moore

# Gender Health – Terminology and Definitions

- **Transgender:** Gender identity differs from birth-assigned sex
  - Transgender man: Female-to-male, FtM, trans man... or “man”
  - Transgender woman: Male-to-female, MtF, trans woman... or “woman”
  - Adjective: transmasculine, transfeminine
- **Cisgender:** Nontransgender
- **Gender non-binary:** gender-fluid, gender-nonconforming, gender-diverse, genderqueer, agender
  - Legal Gender X in CA
- **Intersex/DSD:** Conditions where reproductive or sexual anatomy does not exclusively align with typical definitions of female or male

# Gender Health – Terminology and Definitions

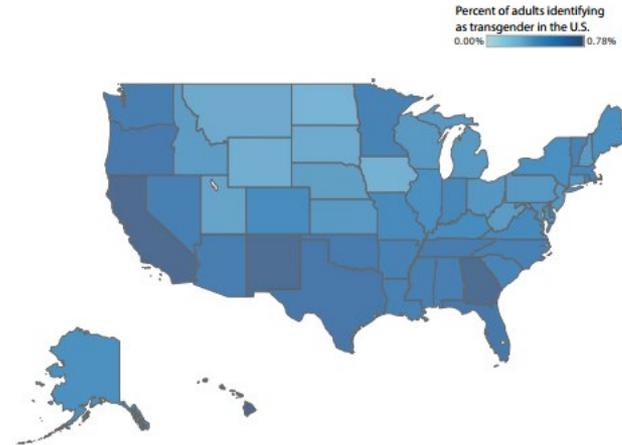
- **Gender dysphoria:** psychological distress caused by incongruence between GI and assigned sex
- **Transition:** Process by which an individual aligns gender expression with gender identity
  - Social, Legal, Medical, Surgical: Unique to individual
- **Gender affirmation:** Interacting with someone in a way that supports their gender goals
- **Preferred/Chosen Name and Pronouns:** May not correlate with GI
  - Feminine: She/her/hers
  - Masculine: He/him/his
  - Gender-neutral: They/them/theirs (and others: xe, ze, hir, zir)

# Epidemiology/Demographics

## Phone Survey:

- 0.6% US adults (28 states)
- Inverse correlation with age
  - (2.7% youth TGNC)
- Poor data on gender breakdown

Figure 1. Percent of Adults Who Identify as Transgender in the United States



HOW MANY ADULTS IDENTIFY AS TRANSGENDER IN THE UNITED STATES? 2

Source: UCLA Williams Institute, July 2016  
Data from CDC's Behavioral Risk Factor Surveillance System

# Higher Risk For:

1

**Violence /  
Mistreatment  
due to  
transgender  
status**

- Family, school, partners, sexual assault

2

**Economic Strain**

- Poverty, unemployment, homelessness

3

**Negative  
Health  
Outcomes**

- Discrimination, Mistreatment, lack of coverage, suicide

4

**Intersectionality**

- Negative effects amplified

# Gender Affirmative Model

- No gender identity or expression is pathological
- Gender presentations are diverse
- Gender involves an integration of biology, development, socialization, culture and context
- Gender may be fluid, is not binary, and can change over time
- Any pathology present is more often caused by cultural reactions to gender diversity than by internal psychological disturbances

**Focus is on resilience, coping, and wellness**

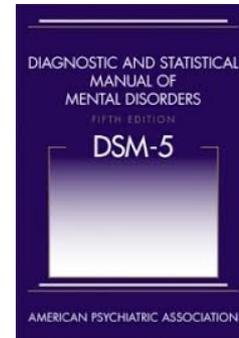
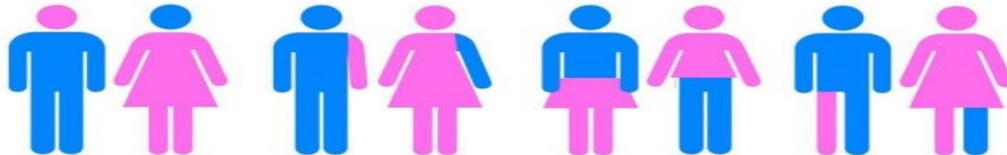
“Both sexual orientation and gender identity can be fluid, dynamic, and change over time and can only be meaningfully self-defined by each individual.”

- Juno Obedin-Maliver and Harvey J Makadon

# Gender Dysphoria

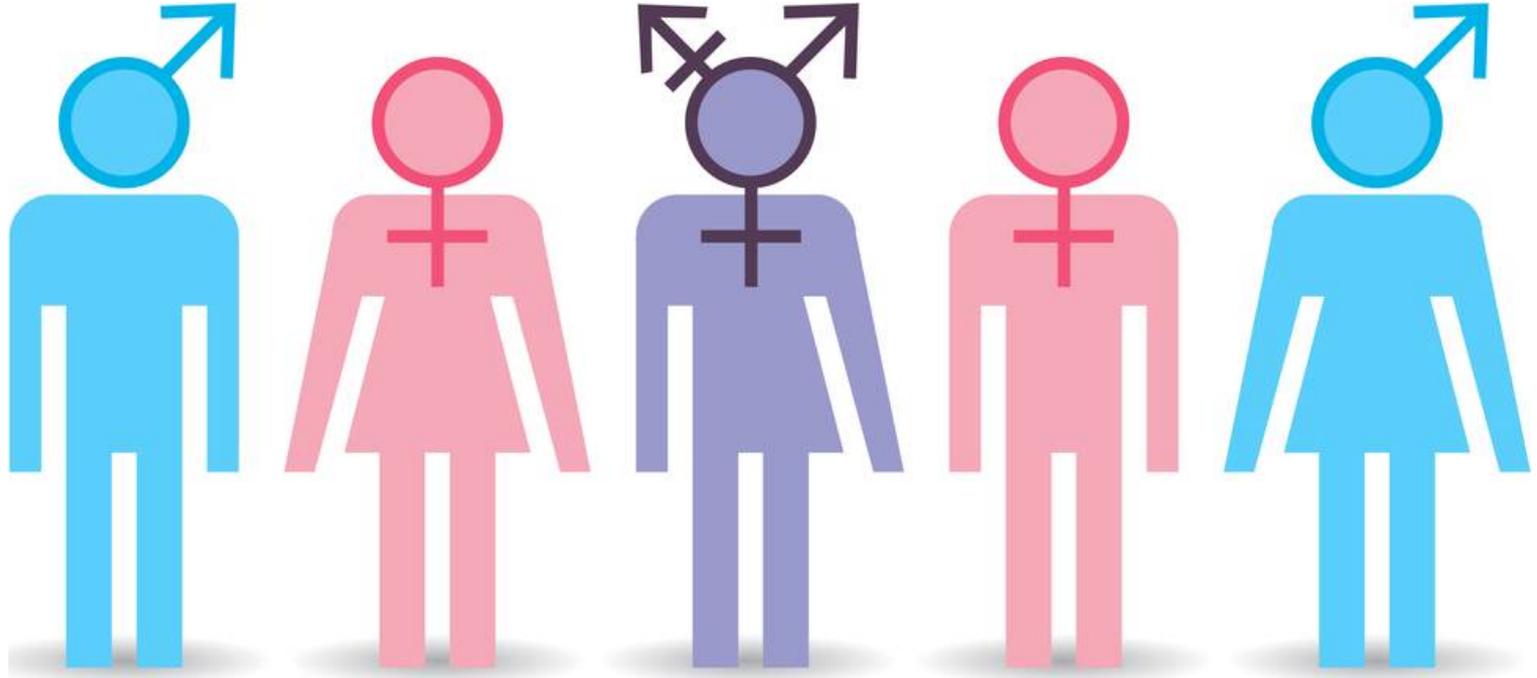
The distress that may accompany the incongruence between one's experienced or expressed gender and one's sex assigned at birth.

- Gender dysphoria is the terminology used in the APA Diagnostic and Statistical Manual (DSM 5)
- Endocrine Society Guidelines (2018), WPATH SOC8, ICD-11 use the term **Gender Incongruence**



# Transitioning – Every Transition is Unique

Social



Legal

Medical

Surgical

# Social Transitioning or “Coming Out”

Just because you don't understand it doesn't mean it isn't so.

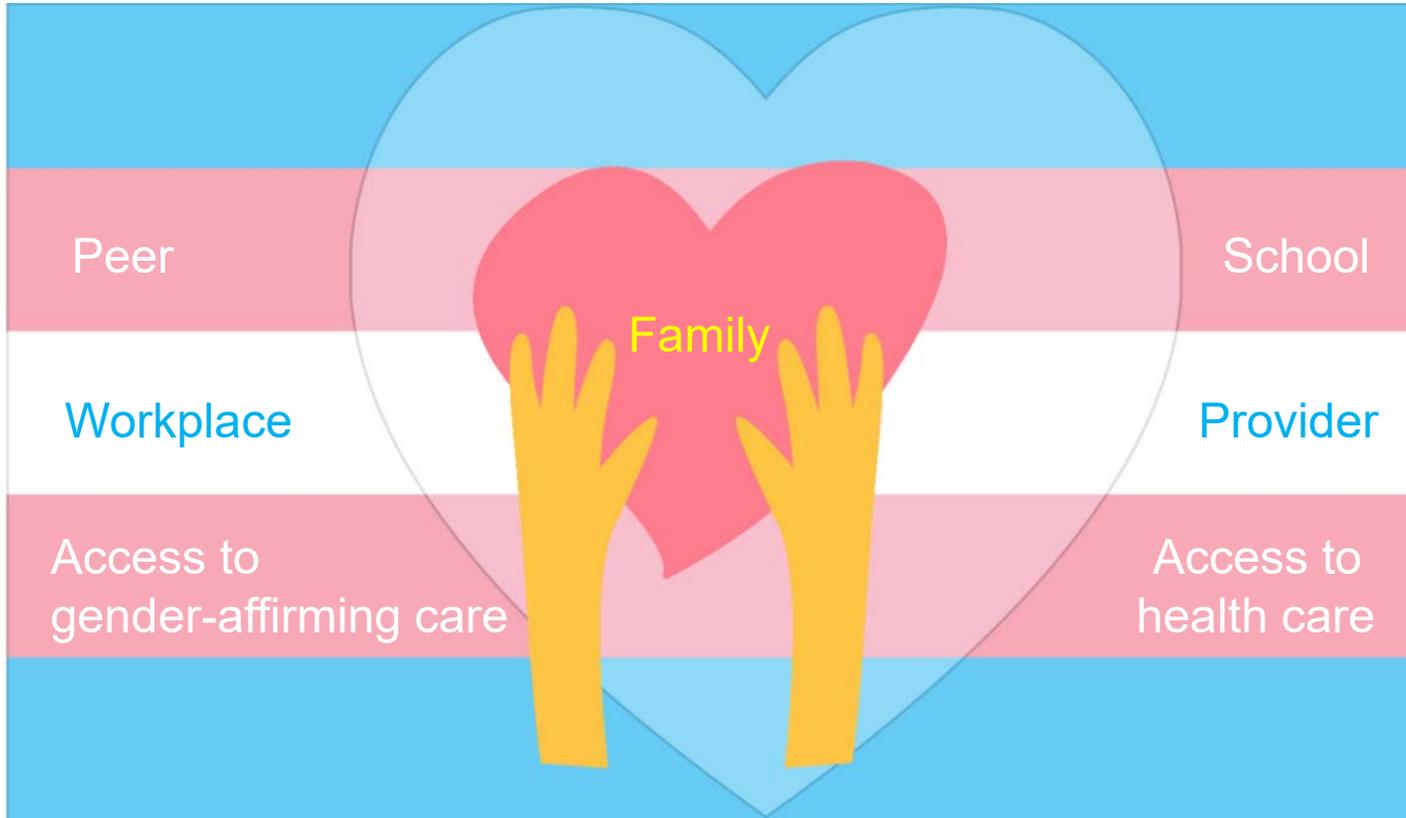


## TRANSGENDER COMING-OUT BINGO

YOU ARE TOO YOUNG TO KNOW	YOU'RE JUST A CISSY/TOMBOY	THIS IS JUST A PHASE	JUST ACCEPT YOURSELF	CHROMOSOMES
NEVER BE A REAL BOY/GIRL	STANDARD TRANS NARRATIVE	YOU NEED TO GO TO CHURCH	YOU NEVER 'SHOWED SIGNS'	PERVERT
AUTO-GYNE-PHILIA	BUT YOU LIKE BOYS/GIRLS	★ FREE ★	THIS IS SO SUDDEN	BLAMES MEDIA/INTERNET
FREAK	DOES THIS MEAN YOU ARE GAY	NOT WHILE YOU LIVE UNDER MY ROOF	GOD MADE YOU A BOY/GIRL	ARE YOU GETTING 'THE SURGERY'?
YOU'LL ALWAYS BE X TO ME	YOU'LL NEVER FIND LOVE	NEEDED A MALE/FEMALE ROLEMODEL	JUST SEEKING ATTENTION	CAITLYN JENNER



# Support Improves Outcomes



# Medical and Surgical Transition

- Treatment involves **evidence-based interventions** which **reduce gender incongruence** and thus **improve gender dysphoria**
- Gender-affirming treatments include:
  - **Hormone therapy**
    - Pre-pubertal (Tanner 1): no medical treatment indicated, consider social transitioning measures
    - Early puberty (Tanner 2-4): “Blockers” (puberty suppression with GnRH analogs)
    - TW: Estrogen + testosterone-blockers
    - TM: Testosterone
  - **Gender-affirming surgeries**
    - “Top surgery”: Chest reconstruction
    - “Bottom surgery”: Genital reconstruction
    - “Facial feminization”: Facial reconstruction
    - “Tracheal shave”: Reduction chondrolaryngoplasty
  - **Other gender-affirming measures:**
    - TW: Electrolysis/laser hair removal, Voice therapy/surgery, Body shaping procedures (liposuction, etc), Silicone injections (pumping), Tucking
    - TM: Binders, voice therapy/surgery, packing

# Treatment Outcomes

- *Pubertal suppression*: Improved depression, general functioning, behavioral and emotional problems. Reduced suicidality. No change in GD, body image
- *Hormones + surgery in youth-treated patients*: Functional and psychological outcomes at population norms
- Regret rates low

# Clinical Approach

# What Can Providers and Practices do?

- Rethink society's norms
  - Consider gendered language and gender bias in everyday life
- Practice cultural humility
- Treat your patients respectfully
  - Use correct patient identifiers
  - Use your patient's language for anatomy
    - (i.e. chest, genitals, bottom, front bottom)
  - See the patient as a whole person, not just their gender
  - If you make a mistake, take ownership, apologize, and MOVE ON!
- Educate yourself
  - Take ownership of ignorance/inexperience
  - Differentiate between "I don't know" and "science doesn't know"
  - Rather than turning the patient away, seek answers

## When greeting others

Avoid: ladies gentlemen ma'am sir girls guys etc.

Consider using instead:



### Why?

Shifting to gender-inclusive language respects and acknowledges the gender identities of all people and removes assumption.

## Be mindful of language

Based on Toni Latour's "Hello there" cards.

Learn more at [qcommunity.ca](https://qcommunity.ca)

Gendered Language	Neutral Language
girls and boys, you guys	students, pupils, scholars, kiddos, children, people, friends
mommies and daddies	grown-ups, adults, families
husband, wife, girlfriend, boyfriend	partner, spouse

# Clinical Approach – Interactions

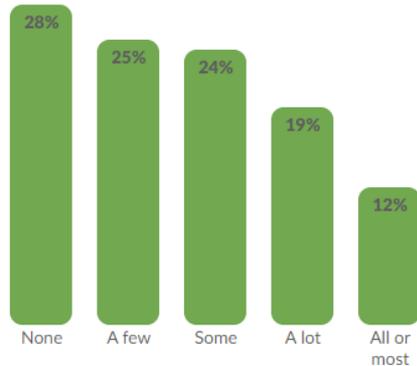
- There should be an open-ended and non-judgmental discussion about gender identity with patients with autism
- Validate their concerns and experiences
- Help them to identify their supports
- Referral to appropriate specialists for medical and surgical management and mental health support

# Clinical Approach – Interactions

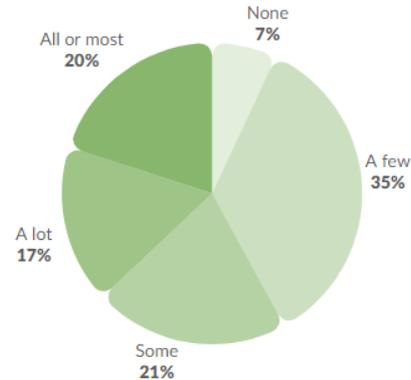
## (Why Pronouns Matter)

Transgender and nonbinary youth who report having their pronouns respected by **all or most** of the people in their lives attempted suicide at **half the rate** of those who did not have their pronouns respected.

Youth who attempted suicide, comparison of number of people who respected their pronouns:



Amount of people in transgender and nonbinary youth's lives who respect their pronouns:



# Autism and Transgender Overlap

1

Analysis of 5 databases looked at 641,860 people's responses

2

30,892 have autism and 3,777 identify as gender diverse

3

895 gender diverse people (24 percent) reported having autism

4

Gender-diverse people reported more traits linked with autism

# Clinical Approach – Social Determinants

- Consider and address health disparities that affect Transgendered people and people with Autism
- Both groups have higher morbidity and lower life expectancy
- The combined group has been studied and LGBTQ+ respondents with autism reported much higher rates of unmet health care need, inadequate insurance provider networks, and rates of being refused services by a medical provider.

# Future Directions

# Future Directions

- Standardizations of processes of care
- Better use of Electronic Health records
- More consideration of health disparities in both of these groups and the combined group

**Thank you!**

# References

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- Strang J.F. *et al.* *J. Autism Dev Disord*, **48**, 4039-4055 (2018) [PubMed](#)
- Some slides adapted from Dr. Amy Weimer's lecture series, "Transcending Gender: Medical Care for Gender-Diverse Youth" (UCLA Gender Health Program).

# Thank you for joining us!



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# Interview