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Gender Dysphoria and autism

I am sharing some aspects of my journey to date in the hope this will contribute to understanding, acceptance and support. Receiving an official assessment of gender dysphoria is only the start of dealing with the symptoms.

I am writing this to let you know some of the facts and struggles of being a transgendered person with autism. For many of us, gender dysphoria (GD) is a lifelong condition that we haven't had a name for. Gender dysphoria is a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity.

Biological sex is assigned at birth, determined by chromosomes and depending on the appearance of the genitals, but biological sex, could be male, while the gender identity could be female (and vice versa). It's important to know that anatomical genitalia does not 'make' the gender identity (GI) of that person. Therefore, even if one believes their true GI is not in agreement with their physical aspects, they can chose to live in that GI without surgical intervention. It's not 'what's in your pants' that counts, it's the man or woman that you are. When an individual believes they are male or female born into the wrong body, in order to unite body and mind, we need to explore the changes transitioning brings. To do this we can talk to others of like mind, read stories and watch videos of others who have taken such a journey. If transitioning from one body to a different gendered version of that body is the conclusion we arrive at, we need to do our homework and appreciate the costs: emotionally, physically, socially, medically & financially.

The biology of gender

Gender dysphoria is not diagnosed if the symptoms co-occur with a physical intersex condition (mixed chromosomes and/or genitalia).
During early pregnancy, all unborn babies are female, because only the female sex chromosome (the X chromosome), which is inherited from the mother, is active. At the eighth week of gestation, the sex chromosome that is inherited from the father becomes active; this can either

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be an X chromosome (female) or a Y chromosome (male). If the sex chromosome that is inherited from the father is X, the unborn baby (foetus) will continue to develop as female with a surge of female hormones. The female hormones work in harmony with the brain, reproductive organs and genitals, so that the anatomical sex and gender identity (brain sex) are both female.
If the sex chromosome that is inherited from the father is Y, the foetus will develop as biologically male. The Y chromosome causes a surge of testosterone and other male hormones, which starts the development of male characteristics, such as testes. The testosterone and other hormones work in harmony on the brain, reproductive organs and genitals, so that the sex and gender are both male. Therefore, in most cases, a female baby has XX chromosomes and a male baby has XY chromosomes, and there is no mismatch between biological sex and gender identity.

Sexual and gender identity

It is important to know that GI is not the same as sexual orientation, as one's internal sense of gender identity may be different to one's sexual orientation.
Sexual and gender identity are not binary concepts. They may change at various points during one's life. Being a sexual human is a right and channelling one's sexual 'beingness' needs to be done right. It is never right to punish a behaviour that is human, right and alright. Just like with recognising autism spectrum conditions (ASC), we need to recognise individual gender and sexuality, because gender is also a spectrum, it is not black and white. We only have two words in English- male and female to represent gender, but the reality is quite different.
Mis-gendering is common practise because our prejudices/ belief systems tell us that the body dictates the gender. However it's not that simple! We need to be 'in tune' with the individual. Which means, observing, putting aside one's own agenda, and working 'with' the individual to uncover what's best for them.

How to tell an autistic individual's 'state of gender'?

How do we know an autistic individual is living with GD and not another 'special interest?' What if their gender status is simply an obsession or they are copying others?

Consider these two examples:

- A Boy who loves soft material and plays only with girls says 'I like soft things, I play with dolls with long hair, & I play with girls, I must be a girl'.
- Another says: I love dresses and drawing... girls wear dresses, I must be a girl.

Actually, the above single minded thinking may be related more to ASC than to gender ID.

Drew says: *"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 non-binary*

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/ gender-queer 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!

What happens after you discover you have GD?

What happens once an individual has moved to the reality they are living with gender dysphoria is an individual decision. Some of us seek assessment to confirm our belief and then follow the course suggested by the doctor. Some of us seek out a gender specific clinic and an endocrinologist (physician specialising in hormone treatment) who can set the appropriate course of hormone replacement. Others choose to do none of these but confidently declare to ourselves and others we will now be known as a woman or a man, in place of the gender we were born into. Whatever the choice, we need respect and support, either way.

In the autism population

In the world of autism spectrum conditions (ASC) about 20% of us live with GD. This can be apparent in very young children who refuse to wear the appropriate clothing for their anatomical sex (e.g. girls who refuse to wear dresses and boys who refuse to wear trousers wanting to wear dresses instead). They might also insist upon being called by an opposite gender name that they have chosen, rather than the one given to them. If this is a 'special interest' that an ASC child has adopted, it's unlikely to last. But, in children especially, the possibility of gender dysphoria must be considered, and parents need to watch out for the clues.

These might be:

- looking for gender biased separate interests
- wishing they were a girl (or boy)
- dressing in girls (or boys) clothes,
- wanting to play with toys stereotypically used by the opposite gender

Hormone Replacement Therapy (HRT)

Once HRT Is commenced, especially in female to male (FTM), many of the changes will be permanent and cannot be reversed. The decision to transition must never be considered lightly and must always be closely monitored by a specialist physician (e.g. endocrinologist).
I've put some other web addresses below for you to check out. They lead to videos that sum up the story of one individual's journey. This young man and his wife are role models for many of us living with an autism spectrum condition and we identify with lots of the things he and his wife Tiffany, say in the videos. I have also included some medical information you might be interested in that states being transgender is a biological condition and not simply a 'mental'

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state. 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.

Further reading:

- News Medical: Causes of Gender Dysphoria
- Huffington Post: Gender Dysphoria: DSM-5 Reflects Shift In Perspective On Gender Identity
- NHS Choices: Gender Dysphoria
- Monash University: Gender Identity

Follow other people's journeys:

- YouTube: How I knew I was transgender

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