BRIEFINGS ON TRANS HEALTHCARE

NEURODIVERSITY

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In recent years there has been an emerging body of research highlighting the intersection of gender diversity and autism.¹⁻³ Research has primarily been undertaken in clinical contexts, looking at the prevalence of autism diagnoses and/or traits amongst trans people seeking gender-affirming healthcare, and the prevalence of trans and gender diverse identity among people attending autism services.¹⁻³ Findings suggest a higher prevalence of trans people who are autistic than in the wider population.^{1,3} Less is known about other forms of neurodiversity, such as ADHD, dyslexia, dyspraxia, and so on.

International research shows that autistic trans people have greater health disparities and more difficulties accessing primary and mental healthcare than trans people who are not autistic.¹ Australian research shows that trans people who have received an autism diagnosis have greater difficulty accessing gender-affirming healthcare than trans people who do not have an autism diagnosis.² Other Australian research shows a similarly high severity of gender dysphoria amongst trans people with and without autistic traits.⁴ Gender dysphoria is as real for autistic trans people as it is for trans people who are not autistic, but despite this, their access to healthcare is worse.

Some people try to restrict autistic trans people from accessing gender-affirming healthcare due to unevidenced claims that being autistic can "cause" someone to be trans, implying that they are "not really trans". There are also overstated, paternalistic concerns that autistic people may be unable to give informed consent for the healthcare they are seeking. These arguments assume that autistic people cannot be trusted to know themselves and their identities. Instead, best-practice guidelines suggest that gender-affirming healthcare providers receive training and develop expertise in working with autistic patients so that they can understand and provide the unique elements of care that autistic trans people may require. There is no mention of restricting access to gender-affirming hormones. Clinicians should not make assumptions about a person's abilities, or their capacity to consent, only because they have an autism diagnosis. Instead, clinicians should engage respectfully with each unique person, recognising their strengths, and making accommodations for any difficulties.









Strengths-based research conducted in partnership with autistic trans people, which addresses their needs and priorities, will contribute to improving their health outcomes. Importantly, such research can then inform clinical training, education, and guidelines. This will help lessen the barriers to care that autistic trans people currently contend with.

Intended use of information

While we make every effort to make sure the information in this resource is accurate and informative, the information does not take the place of professional medical advice.

Do not use our information as a substitute for the advice of a health professional.

If you are an individual seeking medical or health information for yourself or for someone else, you should obtain advice relevant to your particular circumstances from a health professional.

More information and support

For clinicians, please contact AusPATH for resources and support. www.auspath.org.au
For families and young people, please contact Transcend Australia for resources and support. www.transcend.org.au

This resource and associated evidence briefs and fact sheets can be downloaded from www.transcend.org.au/resources/evidence









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