

Autism and Transgender Identity

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Abstract

Much discussion of the documented link between autism and transgender identity focuses on identifying a reason behind this link, with the implication that if a cause were to be identified, this would justify disregarding or questioning the trans identity of autistic people to a greater extent than is already the case. I focus instead on the commonalities between the trans and autistic experiences, including pathologisation, medical gatekeeping and a lack of representation in public discourse about both autism and trans identity, which tend to be dominated by non-autistic and cisgender people respectively.

I knew I was autistic long before I knew I was transgender. I also knew I was autistic long before I was able to obtain a diagnosis. I first began to understand myself as autistic at around the age of ten, when my aunt Charlotte Moore published her book *George and Sam*, about her two autistic sons. It was reading her book that first gave me a name to put to the essential difference I had always sensed between myself and other children.

I knew, aged ten, that I was autistic. I wasn't diagnosed until I was fifteen, despite repeated efforts on my part. I was raised as a girl, and transitioned to living as a man in my late teens. I faced, therefore, the same issues that many girls face in obtaining an autism diagnosis. My assertions that I was autistic were dismissed by medical professionals. I recently discovered a letter from a psychologist written when I was thirteen. I've omitted my birth name, but retained the feminine pronouns, because they are important to the way I was perceived by this psychologist. If she had seen me as a boy, I don't believe she would have written this about me. The letter reads in part:

You referred her last summer because she had expressed the wish to [...] discuss her idea that she may be suffering from Asperger's Syndrome or Autism. [...] In my opinion, she does not suffer from any of these two conditions [...] She has a complex personality and, in order to cope with the tragedy of her mother's deteriorating illness, she has developed perhaps a defensive position which includes the thought of being herself ill with a serious illness.

Reading this letter now, over a decade after my diagnosis, still feels like a punch to the stomach. It is emblematic of the way my pleas for help were ignored and dismissed. It suggests that my awareness of my autism was a kind of hypochondria developed in response to my mother's illness. My mother had Multiple Sclerosis, a condition which is not in any way comparable to autism. Both conditions are described here as "a serious illness". I didn't view autism as an illness. I viewed it as an urgently needed answer to the burning question of myself. In the end, it took a serious mental health crisis for me to finally be assessed and diagnosed with autism.

A growing body of evidence documents a statistically significant overlap between autism and trans identity. A 2020 study, the largest to date (Datarro, 2020), found that people who do not identify with their sex assigned at birth are three to six times more likely to be autistic. It's worth mentioning that autistic people are much more likely to be LGBT in general, not just trans in particular, with one study finding that 69.7% of autistic adults were not heterosexual (George and Stokes, 2017). It is telling that the focus is always on why autistic people are more likely to be trans in particular, not LGBT in general. It is less publicly acceptable to suggest that being gay or bisexual is a negative, or to express concern about the number of young people identifying that way.

In my experience, the worth of autistic people is often judged by how closely we are able to mimic the behaviour and thinking of neurotypical people. In a parallel to trans people, autistic people often adopt a form of "passing"; in other words, trying to "pass" as neurotypical. Autistic people like me spend our lives being taught that the "good" autistic person is the autistic person who does not appear autistic. We are praised when we act like neurotypical people, told how intelligent and articulate we are, and shamed when we betray our autism - by stimming, by failing to make eye contact, by having meltdowns, or by requesting accommodations for our disability.

This is a lesson that I am still unlearning. I have spent my life constructing a neurotypical mask to hide my autism, because that is what I have been taught to do. But this same mask makes it difficult for me to have my autism recognised, or to get accommodations I need. I cannot quell the instinct to mask when I am struggling, to pretend I am absorbing information that I am not, to nod and smile my way through conversations that I am struggling to follow. Over and over again, when people find out I am autistic, they express some variant on the sentiment "But you're so articulate!" For years, I treated this sentiment as validation that I was one of the "good" autistic people, and yet it is also the reason that I had to fight so hard to be recognised as autistic, and still do to this day.

There is a double-bind of being an autistic person perceived as "high-functioning", or, to use more up to date and less stigmatising terminology, "low support needs". People will praise me for being "articulate", but they will also use that to separate me from other autistic people. They see people like me as separate from those "other" autistic people - those who have high support needs, who may be partially or entirely non-verbal, who stim more frequently or openly. I am only listened to because I

have some ability to “pass” as neurotypical, to speak in a way that neurotypical people respect and understand. But at the same time, my very ability to do so means that I am seen as an exception to the rule, and so what I say about autism and autistic people can be discounted.

Of course, I cannot speak for everyone- there are as many autistic experiences as there are autistic people. But I want to make one thing absolutely clear. There is nothing that sets me apart from other autistic people, the people who are perceived as “more autistic”. I stim. I have meltdowns. I have periods when I am non-verbal. The only difference between them and me is that I have some ability, some of the time, to pass as neurotypical, or at least as the kind of autistic person neurotypical people will listen to. I have that ability because I’ve spent my whole life being taught that I need it in order to be worthy of respect by neurotypical society. But all autistic people, verbal and non-verbal, high support needs and low, are exactly as worthy of dignity and autonomy as I am.

As autistic people are judged on their ability to “pass” as neurotypical, any deviation from neurotypical behaviour is usually framed as negative. A 2020 study in the *Journal of Neuroscience* (Hu et al., 2020) compared the moral choice-making of autistic and neurotypical participants. Participants could accept or refuse to fund a good cause at the expense of their own funds, or they could accept or refuse to fund a bad cause in exchange for monetary benefit. The researchers had participants make these choices in two different settings – a public setting, where others could see what choices they made, or a private one.

The results showed a striking disparity. Autistic people were much more likely than neurotypical people to refuse the bad moral choice - that is, they refused to do harm to others in order to benefit themselves. Moreover, neurotypical people often accepted the bad moral choice in private, when others could not see them do it, while being more likely to reject it in public. Autistic people did not differ in their choices between the public and private setting, suggesting that autistic people are more likely to be driven by their own moral compass than by the desire to appear moral to others.

This study seems to suggest that autistic people generally behave more morally than neurotypical people. What I find truly remarkable about it, therefore, is that the researchers who conducted the study framed the more moral behaviour of their autistic participants as a *failing*. They described their findings this way: “Here, we show that ASD individuals are more inflexible when following a moral rule even though an immoral action can benefit themselves, and suffer an undue concern about their ill-gotten gains and the moral cost.” The phrasing “undue concern” was later amended to “increased concern”, but the thrust of the conclusion remains essentially the same: autistic people are abnormal and “inflexible” for behaving more morally than neurotypical people.

This conclusion strikes me as quite startlingly perverse. The article uses stigmatising language throughout, for example, referring to the neurotypical group as the “healthy group”, and describing autistic people’s actions within the study as “atypical moral behaviours”. It takes a remarkably cynical attitude to assert that being concerned with the impact of your actions is “atypical moral behaviour”. It seems to me that it is only possible to frame a consistent pattern of *behaving more morally* as a failing if you start from the conclusion that autistic people must be doing something wrong, and then work your way backwards from there.

It is certainly true that there are downsides to having a highly-developed sense of morality. Autistic people may find ourselves in one-sided relationships with people who exploit our desire to help other people. We may become overwhelmed or burnt out by our inability to fix everything that is wrong

with the world. I can certainly attest to this feeling. It is part of what motivates me to do the work that I do, and yet I am constantly overwhelmed by everything I cannot fix.

Autistic people also have very high rates of unemployment, even compared to those with other types of disability. Sticking to your morals in a capitalist society doesn't often lead to monetary benefit. Many autistic people have described their inability to do jobs they see as causing harm - denying people insurance, or convincing them to spend money on things they don't need. Perhaps this is a contributing factor to the Office for National Statistics 2020 report that just 22% of autistic people reported they were in paid work. This is significantly lower than the rates for disabled people in general, of whom around half are employed. Autistic people were among those disabled people with the lowest employment rate. (Office for National Statistics, 2020).

But none of this is explored in the study. It is not interested in the effects on autistic people of an acute sense of morality. It merely labels our morality as "inflexible", abnormal, and pathological.

With the pervasiveness of attitudes like the researchers of this study, the reaction to the increased prevalence of trans identity in the autistic community is hardly surprising. Autistic behaviour is always an aberration, a concerning departure from what is normal and natural; therefore, if we are more likely to identify as trans, we must somehow be doing it wrong.

However, it is worth considering the inverse. A 2018 study found that autistic resistance to social conditioning appears to play an important role in the incidence of transgender identity. One possibility, therefore, is that rates of trans identity in autistic people may in fact be closer to the true rates in the population as a whole. Non-autistic people are more susceptible to social conditioning and pressure to conform, and therefore may be more likely to suppress a potential trans identity.

At the same time, though, I think that focusing on the "why", is the wrong question. It makes no difference to the daily lives of trans and autistic people "why" we are trans and autistic- or, to put it the way it is more usually phrased, if we are trans "because" we are autistic.

To ask if I am trans "because" I am autistic seems to me a fundamentally useless question. People who are not autistic often imagine autism as a sort of shell that, if it could only be broken through, would reveal the "true" person inside. This is the principle behind the false idea that autism is something that can be cured. There is no "real me" behind my autism, because the autistic me is the real me. To talk about curing autism is to talk about curing me of being myself. To ask if I am trans because I am autistic is essentially asking "Who would you be if you were a completely different person?", which strikes me as neither useful nor interesting.

People who are not autistic often see autistic people's behaviours, identities and desires as somehow less real if they think they are "because" of their autism. This perspective has never made much sense to me. If I am passionate about something because it is a special interest of mine, why is that any less valuable than if I just happened to be interested in it? In the same way, if I feel or identify a certain way "because" I am autistic, it doesn't make it any less real.

While I don't think malicious intent is inherent in this question, it can be and is used to harm the autistic and trans communities. When the link between autism and trans identity is brought up in the media, it is almost always used to suggest that the identities of autistic trans people are somehow inauthentic. Autistic people are portrayed as gullible children, regardless of our actual age, who have been somehow tricked or manipulated into transition.

This idea is rooted in what the trans and autistic writer Laura Kate Dale calls “autism infantilisation” (Dale, 2019, p. 78) People assume that autistic people are incapable of real self-understanding, that we can’t think critically about our own identities, and that we’re easily manipulated into believing things about ourselves that we wouldn’t otherwise believe. We are denied the capacity to make informed decisions about our lives. When we describe our experiences and desires, we’re assumed to be confused or misled. Every assertion we make about ourselves is subject to scrutiny and analysis, as though we are lab animals and not sentient human beings. And thus, when we say we are trans, this is treated as an interesting puzzle to unpick, or a worrying pattern to analyse. Autistic people, myself included, often experience increased scepticism and pushback from friends and family when we come out as trans, as well as a higher degree of scrutiny and often additional hurdles and delays when we undergo the process of medical transition.

For this reason, I am wary of any attempt to find a “cause” for this link. I am sceptical of this for the same reason I am sceptical of the research that has endeavoured to find the so-called “gay gene”. If some definitive cause were to be found, it would quickly be used to disregard and invalidate the identities of autistic trans people. The next logical step, after the search for a cause, is a search for a cure. In actuality, you can no more cure someone of being trans than you can of being autistic- but a great deal of harm has been done in the name of doing both.

All of this is not to say that the link between trans identity and autism is of no interest to me- it’s something I spend a great deal of time thinking about. Rather than asking *why* these aspects of identity often coincide, I am much more interested in asking what parallels can be found between autistic and trans experiences, and how they overlap.

When I think back on my attempts as an adolescent to obtain an autism diagnosis, I am struck by the resemblance to my later struggle to medically transition on the NHS. I find a certain irony in the fact that, having been denied an autism diagnosis for years, my autism was then used to deny my trans identity. The commonality here is clear. Autistic and trans people are not listened to about our own experiences. Our identities are only taken seriously if they have been “validated” by medical professionals. Neither trans nor autistic people are taken at face value when we say who we are, or treated as though we can claim expertise in the subject of ourselves.

I knew I was autistic many years before I was diagnosed, and my assertion that I was autistic was repeatedly dismissed. Then when I came out as trans, I had to struggle for years for access to treatment. My autism was an exacerbating factor in this.

The process of obtaining medical transition on the NHS is currently done through a system of clinics known as gender identity clinics. For the sake of brevity, I will refer to these by the acronym GICs. Although the World Health Organisation no longer classifies gender dysphoria as a mental disorder, NHS GICs still operate on the assumption that trans people are mentally ill, and cannot be trusted to act in their own best interests. This is used to justify the repeated hurdles that trans patients are subjected to before they are finally offered treatment. Patients have to undergo repeated psychological examinations where the sincerity of their desire to transition is scrutinised. They are often asked invasive questions about their sex lives, or have their gender presentation critiqued for being insufficiently “masculine” or “feminine”. When I had my first appointments at my GIC, I would deliberately pick out my most boring, masculine clothes, scrub off any makeup or nail varnish I might be wearing, and do my best to downplay any aspects of my life or pastimes that might be perceived as

“too feminine”. Almost every trans person I know has done some version of the same thing. We know that we are more likely to get treatment without additional hurdles if we fulfil stereotypical expectations of our gender identity, even if this is not at all how we are in the rest of our life.

The questions asked by clinicians often betray this highly stereotypical view of trans people, with patients being asked, for example, what sort of toys they played with as a child. I have heard people describe that clinicians insisted that they come out to elderly relatives with Alzheimer’s, who could not process or retain that information, or telling them that treatment would be withheld unless they came out to relatives they knew would be hostile and abusive. It would be inappropriate even for a personal therapist to exert this kind of blunt-force influence on a patient’s life - to force them to make major choices about their life and relationships against their will, or else have treatment withheld. For a GIC clinician, who will have met a patient at most a handful of times, it is an outrageous overreach. It is symptomatic of a paternalistic attitude that assumes that there is only one “right” way to transition, and that GIC clinicians know more about their patient’s lives than the patients do themselves.

This burdensome system, in which each patient has to be seen two or three times before they can even start treatment, is part of the reason why the average waiting time for a first appointment at an English GIC is now 3.5 years. None of England’s seven NHS GICs comes close to meeting the legal standard that patients should receive specialised care within 18 weeks of referral (Moore and Moore, 2021)

To give you an idea of how quickly this situation has escalated, you can take me as an example. When I was referred to my GIC in 2015, I waited ten weeks for my first appointment. When I tell other trans people this now, I am met with incredulous envy. The waiting time at the same gender identity clinic is now over three years. At some clinics, the waiting time is up to six years. According to calculations by transgender charity Gendered Intelligence, if London’s only GIC continues moving through referrals at its current pace, a patient referred now can expect to wait 26 years for their first appointment (Gendered Intelligence, 2021)

As I have already described, the GIC system functions on the assumption that trans people - particularly neurodivergent ones - cannot be trusted to make informed decisions on their own behalf. So finally reaching a first appointment - even if you’ve waited three or even six years - is not the same thing as actually getting treatment. When you add on the two or three additional appointments you will need to go through before actually being issued a prescription, that will add on roughly another one to three years. (Parsons, 2021)

Trans people are already treated as if they cannot be trusted to make decisions on their own behalf. For people who are both trans and autistic, this is doubly the case. Therefore, the process of accessing gender-affirming treatment is made even more onerous. The infantilising narrative that autistic people are susceptible to being tricked, manipulated or confused into transition makes our identities automatically suspect. Autistic patients may have additional hurdles to transition added before they are approved for treatment, on top of the already burdensome process faced by other trans patients.

You might be thinking that all of this sounds incredibly upsetting and frustrating. But if you are a GIC patient, you had better be careful not to seem upset or frustrated at having waited years for an appointment, only to be told that you will likely wait years more for treatment. There is a cruel paradox of the GIC system. If you aren’t perceived as urgently wanting treatment, you run the risk of being

dismissed as not being serious about transition. But if you want it *too much* - if you exhibit distress at the prospect of waiting years for treatment - you risk being labelled too “unstable” to treat.

It would be incredibly difficult for anyone to walk this tightrope, but for autistic people, it is almost impossible- particularly as autistic people often express distress or frustration in ways that are much more likely to be perceived as “unstable”.

I speak from personal experience here. When I was navigating the GIC system for the first time, the thought of waiting months or years more to start hormones felt unbearable. I decided I would seek out hormone treatment privately, continue being seen by the NHS GIC and switch from a private prescription to the NHS one once I had obtained it.

Waiting lists are now so long that this is practically standard. I don't think I know a single person waiting for GIC treatment who isn't either paying for a private prescription, or self-medicating with hormones bought online or obtained through friends. But when I told my GIC clinician about this plan in 2015, her response was: If you start taking hormones privately, we will kick you out of the programme and you will have to start again from the back of the waiting list.

That appointment was one of the worst moments of my transition, in a process full of horrible moments. There are very few occasions I can remember feeling worse. And yet even in that awful moment, I knew that I couldn't display my feelings. I knew that if I lost control, the treatment I needed might be pulled even further out of my reach. I wasn't able to stay completely calm - I don't think many people would be. I think I cried. I might have raised my voice, while doing my utmost not to. I held my feelings in as hard as I could, even while I was feeling about as bad as I had ever felt. I did my best to hold it in, because I knew that as an autistic patient, I was on thin ice from the start.

It wasn't enough. In the summary letter about that appointment, the clinician wrote that she had “concerns” about my “willingness to engage with the service”. She wrote: “I am unclear at this point whether physical interventions are appropriate, will bring the hoped-for benefits, and Felix is able to weigh the decision and manage the complex process of social and medical changes that he is seeking.” She gave it as her opinion that “further assessment” was required prior to physical intervention, which would have added months onto the process. In other words, because I was unable to adequately conceal my distress at having treatment delayed, I was threatened with having treatment delayed still further.

It's baffling to me that any compassionate person could think that withholding treatment benefits a patient who is experiencing a mental health crisis *because they need that treatment*. It's like saying a depressed person is too depressed to go on antidepressants.

In the end, I was lucky. I don't know exactly what happened, but the prospect of an extended assessment period was not brought up at my next appointment with a different clinician. I've been on hormones for five and a half years now, and I'm happy to report that I have found myself more than capable of “managing the complex process of social and medical changes”. Other autistic people may not be as fortunate.

It should hardly need to be said that it does immeasurable harm to patients to have vital treatment withheld for years. In May 2021, a young trans woman called Sophie Gwen Williams took her own life. She had been on a GIC waiting list for five and a half years, awaiting her first appointment. Upon moving from Belfast to London, she was informed that she would now have to wait a further four years

for a first assessment. Of nearly 800 trans people surveyed in 2018, 63.5% reported that waiting for an appointment at a GIC had contributed to their suicidal ideation, and 32.7% reported that waiting for an appointment had contributed to them acting on suicidal ideation. Almost 40% reported that it had contributed to them self-harming. When a supposed mental health service causes over sixty percent of its patients to contemplate suicide, that service must be radically reformed.

GICs justify the hurdles built into their system as necessary to avoid patient regret, or, to use the word that is causing so much tabloid-fuelled panic in the British press, “detransition.” Firstly, let me say that the idea that incoming GIC patients haven’t put sufficient time into considering medical transition simply isn’t borne out by the facts. In the 2018 survey I have already cited, 42.6% of patients reported that they had been considering medical transition for more than two years before they even requested a referral to a GIC, and 63% had considered it for more than a year. They will then, on average, wait a further three and a half years for a first appointment, so that by the time they arrive at that appointment, most patients will have been considering medical transition for four or five years. How much more “time to think” do we need?

If trans and autistic people have one thing in common, I would say it is this: we are not treated as the primary authorities on the subject of ourselves. There is a huge amount of inflammatory, scaremongering coverage about trans people in the UK press, and almost none of it is written by trans people. As of May 24th, the Times had published 223 stories about trans people and “trans issues” in 2021 - an average of almost two a day. Most of those stories were written by cisgender people. Similarly, the majority of people who are considered experts on autism, and who write about autism, are not themselves autistic. Parents of autistic children are given a louder voice in discussions of autism than autistic people themselves. If you go looking for autism-related resources, you will find mostly resources geared towards parents and family members of autistic people, not autistic people themselves. It's a crushing, lonely feeling when you go looking for help, and instead find help for those who might be unfortunate enough to be related to you.

Non-autistic people often seem to give little to no thought to the idea that autistic people might see what they are saying about us. When autistic children are murdered by their parents, as in the recent case of ten year old Dylan Freeman, those parents are lavished with sympathy and support. Media coverage emphasises the overwhelming burden on parents of looking after an autistic child, suggesting that the strain of having an autistic child is so great that it is understandable for a parent to murder them. I grew up reading these stories. I've known since I was a teenager that I am widely considered such a burden that it would be viewed as understandable if my parents murdered me. I often think to myself when I read those stories, *Do you know that we can read? Do you realise that we see this?*

I have been open about being trans since the start of my transition; it never occurred to me to do anything else. But it's only in the last couple of years that I've begun speaking publicly about my autism. I had a great deal of hesitancy about doing so. I was afraid that people would see my trans identity as less legitimate - and to some extent, that fear was justified. People have said that I must have been manipulated into transition, or that I was a lonely autistic person lured into transitioning by the promise of community.

But I don't feel like I have any choice but to be open about my autism. Autistic trans people are perfect scapegoats for whipping up anxieties about trans issues, particularly the concern that vulnerable young people are being rushed into transition. It is absurd to suggest that anyone is being “rushed

into” transition in a system where the average waiting time for a first appointment is three and a half years. Nevertheless, autistic trans people are ideal for this purpose; firstly because of the widespread assumption that autistic people aren’t equipped to make decisions on our own behalf, but secondly because nobody listens to us. Autistic people are almost always spoken *about* without being spoken *to*.

So I feel a responsibility to speak publicly about my autism. If I don’t speak on my own behalf others will do it for me, and they will do it with an agenda that harms me and people like me. It sometimes feels like an overwhelming amount of pressure, as though I have to speak on behalf of all autistic trans people.

But, of course, I can’t speak on behalf of all autistic trans people. I am one person. There are many experiences that I am simply not equipped to talk about. I cannot speak for the experiences of people of colour, for whom it is much harder to obtain an autism diagnosis in the first place. I cannot speak for trans women, who face violence and harassment I have been lucky enough to avoid. I ask you, therefore, to seek out the voices of other autistic and trans people. But most of all I urge you to foster an attitude that the people who can speak with authority on trans and autistic experiences are trans and autistic people ourselves. Listen to us. Believe that we are who we say we are. Grant us the dignity to think for ourselves, to choose for ourselves, and to speak on our own behalf.

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https://www.youtube.com/watch?v=GEAz_t8QCJ0

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