A minority within a minority- sexually-diverse and gender-diverse individuals with autism.
Sexual Orientation and Gender Identity in High-Functioning Individuals with Autism

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Let's talk about SEX!
Different Sexual and Gender profile in Autism

• Existing studies indicate ↑ non-heterosexuality in ASC
  • But there are methodological issues
    • Small samples, all- male samples, child & adolescent samples
    • Confounded studies using multiple populations (LD, ADHD, DS)
    • Instruments used often not validated

• Studies using transgendered participants & case studies indicate association between ASC and Gender-dysphoria (GD)
Why does this matter?

Minority within a minority within a minority!
Study design

• Participants with ASC were recruited internationally
• TD participants were recruited by word of mouth and through social media
• The study was solely conducted in electronic format
• $N = 571$
  • 261 TD (103 M, 158 F)
  • 310 ASC (90 M, 219 F)
  • 1 intersex individual with ASD
Study I

Compared to TD respondents

- Males and females with ASC were MORE likely to endorse HOMOSEXUAL attraction, contact, & identity
- Males and females with ASC were LESS likely to endorse HETEROSEXUAL attraction & contact
Study I

Wider range of Sexual Orientations in the group with ASC than TD group
(70% non-het in ASC, 30 times more than in wider population)
Study II

Individuals with ASD reported more GDT than TD individuals (Rates of GD 135 times more and rates of transgenderism 20 to 40 times more in ASC than wider population)
Study II

Individuals with ASC more likely to report gender non-conforming identities than TD individuals.

![Bar chart showing gender identities of ASD and TD individuals]
Is there a relationship between these constructs—ASC, GD and Non-heterosexual orientation?
Study II- Relationship between GDT, Sexual Orientation and ASC

Gender non-conforming group reported ↑ non-heterosexuality.

Positive correlation between autistic traits and GDT
GDT were a significant **mediator** between AQ scores and Sexual orientation.

** p < 0.01
***p < .001

Perhaps for some persons with ASC, their sexual orientation develops as a function of GDT, which in turn, appears to be associated with the strength of ASC symptomology.
Profile analysis revealed mental health concerns ↑ASD

- ↑ Non-heterosexual orientation
- ↑ non-conforming identity

- Parallelism without interaction indicated additivity of effects
Increasing Mental health problems as minority membership is increased

- Belonging to a non-heterosexual orientation and a gender non-conforming identity increased mental health concerns among individuals with ASC.
Qualitative study
Study IV - Qualitative Study

Sample: 109 individuals with ASD (41 males, 68 females)
70 TD individuals (36 males, 34 females)

Measure: 29 open-ended questions. eg:

1. Would you consider your gender as playing an important role in your identity as a person? Please share your thoughts as to why you do/don't believe your gender defines your identity:

2. Are you in an intimate relationship (sexual, romantic, or otherwise) at the moment or were you in one at an earlier time? If yes, what is or what was the gender of your partner?

3. When choosing an intimate partner (sexual, romantic, or otherwise), would you consider companionship more important than the gender of the person? Please share your thoughts.

4. Are you happy with your gender-identity? Feel free to elaborate
Study IV- Qualitative Study

Findings:
• Androgynous self-concept, but cognizant of ‘biological gender’
• Dissatisfaction with gender-roles
• Liberal attitudes toward sex of romantic partner
• Alternative sexual identity and gender identity labels
What does ‘gender’ mean to you?

Meaningless  Confusing  Nuisance  Non-binary  Limiting

Not very manly

Don’t share same interests and enjoy same activities (sporting events and pubs)

I’m shy and sensitive.

I like soft women’s clothing. Specific sensory desires

Don’t feel girly
Hate make-up, itchy tight women’s clothes, gossip, sex-talk, mind-games, emotional outbursts.

Difficulties with nurturing. Feel like a man straightforward, logical, no drama technical, blunt interactions.
“I wish gender didn't exist. I just want to be a person. I guess other people don't have a problem with gender like I do, so it's a useful concept for them, but it just doesn't really make sense to me that we have defined roles that people are supposed to fit into just because of the biological "parts" they were born with.”
Hide the Aspie!

**Females**
Look---Copy---Act!
Dress like other women, modulate voice
Maintain all the superficial social behaviors
Apologize often and feign interest
*Exhausting and draining!!*

**Males**- Avoid conversation to avoid conflict.
Reasons for increased sexual and gender diversity

Biological reasons

Hormonal explanations:

↑ fT – EMB theory

Hyper-masculinization in autism
Reasons for increased sexual and gender diversity

Social reasons

• Less bothered by social norms (less likely to suppress same-sex attraction; character/compatibility over gender)

• Lesser emotional intuition- Theory of Mind, Weak Central Coherence

• Cognitive inflexibility around gender-roles
Gender spectrum

- Perceived location for those with ASD
- Masculinity
- Androgyny
- Femininity
- High Masculinity
- Low Masculinity
- Low Femininity
- High Femininity
Summary

• Increased sexual diversity in ASC
• Increased gender diversity in ASC
• Increased mental health concerns in Non-Het ASC with GDT
• Gender-confusion can mimic GD; ASC vs TD identity more than desire for a cross-gendered lifestyle.
• Tenable that tension culminates in a true GD. Clinical discernment required in management of ASC clients with gender concerns
• ASC and GD share a common pathophysiological pathway
• Social rather than biological reasons to sexual and gender diversity
Recommendations

• Awareness of sexual and gender diversity in ASC and unique health concerns in minority populations

• Gender variance in presentation, diagnosis, and perhaps aetiology

• Developmentally-tailored sex-education programs with a specific focus on Gender and Sexual Identity

• Increase awareness, support and respect for this vulnerable group

• Lasting personal comfort, self-fulfillment, clarity and confidence not pathology and confusion.
Friendship and acceptance are fundamental to every human-being
Acknowledgements

- Supervisor- A/Prof Mark Stokes

- Deakin University,
  School of Psychology