

Autism Spectrum Disorders and Sexual and Gender Expansive Identities: Correlations and Treatment Considerations

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EXECUTIVE SUMMARY

An increased correlation between expansive gender has been identified in individuals with autism. A case study of a family with a young boy with autism and Klinefelter's syndrome is presented that discusses the specific challenges from a parental perspective. Additional treatment considerations are presented.

INTRODUCTION

In recent years a correlation has been identified among individuals having a diagnosis of autism spectrum disorder (ASD) who express expansive gender (de Vries et al, 2010) and sexual identities (George & Stokes, 2018; van Rijn et al., 2012). This chapter will briefly discuss the language associated with sexual and gender expansive identities, prevalence of these identities in the autism community as it compares to general population, as well as challenges and ethical considerations during the

diagnostic and treatment processes. In addition, a case study of a young intersex individual diagnosed with autism will be presented to discuss the specific challenges the individual and family face during diagnosis, treatment, and the future.

LITERATURE REVIEW

LGBTQIA+ is a contemporary and evolving abbreviation for sexual and gender identities. Historically, LGBT (lesbian, gay, bisexual, transgender) were letters used to promote inclusion of a the “gay community” into the mainstream population. Since then, several letters, Q (Queer or Questioning), I (Intersex), and A (Ally or Asexual) have been included to represent the expansive forms of identity. The plus (+) is representative of numerous other identities that are not included in the abbreviation (Appendix A). Three main categories can be derived from the LGBTQIA+ abbreviation: physical sex, gender identity, and sexual orientation. It is important to note that these terms describe separate categories, but are often used interchangeably. For example, gender markers on legal documents in the U.S. are stated as male and female which relate to physical sex rather than using the terms man or woman which are more representative of one’s gender identity. For the purpose of this chapter, we will differentiate between the three categories described above, but also make notes of some of the overlaps found in the language and how the concepts interact with each other within self-identity.

Physical Sex

Physical or biological sex refers to the external genitalia, reproductive structures, chromosomes, and hormones of an individual (George & Stokes, 2016). Most commonly, physical sex is assigned at birth as male or female based on the visual appearance of the genitals; however; there are physical and genetic variations to this binary system. A wide range of genetic, genital, reproductive or hormonal conditions can impact the development of a person’s reproductive organs and genitalia. For example, Sex Chromosome Aneuploidy (SCA) such as XXY/Klinefelter Syndrome, XXY, and XXYY, are abnormal chromosomal conditions that can result in a physical and hormonal variation (Cover, 2012).

Intersex is a socially constructed term used to describe the range of conditions that result in development beyond the standard male and female anatomy (Erickson-Schroth, 2014). Prevalence of intersexuality has been recorded as high as one in sixty individuals (Fausto-Sterling, 1992). However, the frequency is hard to determine given the vastness of the intersex definition.

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