

Aetiology, pathology, and anti-trans reflections: Engaging with the problematic present of autistic trans research.

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Abstract

At the intersection of two highly pathologised experiences, research increasingly investigates autistic trans people as a medicalised cause for concern, and anti-trans – or ‘gender critical’ – arguments against trans rights, lives and healthcare repeatedly weaponise the perceived vulnerability of autistic people. The interplay of the ‘vulnerable’ autistic person and ‘predatory’ or ‘seductive’ transness (or ‘gender ideology’) combines with a research literature which focuses on causation to incorrectly paint a picture that autistic trans people cannot exist: lacking in epistemic authority and self-knowledge, autistic people cannot ‘truly’ be trans, we must just think we are. Researchers continue to generate co-occurrence theories but often fail to acknowledge or take accountability for the harm caused by their continued signalling that autistic trans people are a problem which research must solve. In a time of such politicisation, where anti-trans narratives of ‘vulnerability’ and ‘social contagion’ increasingly highlight autistic trans people, it is not only a major oversight for research not to acknowledge this context but an ethical failing not to consider the impact that research might have. With this argument in mind, this paper outlines the ways in which this research interacts with the wider contexts of the anti-trans panic and the problematic histories of autistic and trans pathologisation in research, and calls for a broader engagement with critical work beyond the bounds of psychology.

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Community Brief

What is the purpose of this article?

The purpose of this article is to highlight some of the problems in how autistic trans people are thought of and spoken about in research. It also demonstrates the negative impact that the ideas produced by this research can have on autistic and/or trans people.

What personal or professional perspectives do the authors bring to the topic?

The lead author is an autistic trans PhD researcher and is therefore personally invested in improvement in this area.

Why is the topic important?

The topic is important because research should avoid contributing to the spread of harmful ideas or stereotypes. This article highlights how the current focus on causal links between being autistic and trans can be harmful.

Research about autistic trans people has mostly focused on trying to find out why, how, or if some autistic people are trans. Lots of theories about this (co-occurrence theories) suggest that autistic people might wrongly think they are trans because of specific autistic traits. For example, that autistic people may have a special interest in gender which leads to us wrongly believe we are trans. There is little to no reliable evidence for any of these theories.

Other research shows that autistic trans people have been harmed by the idea that being autistic and trans are incompatible. For example, some autistic trans people have been denied gender-affirming care because of their autism diagnosis. Further, anti-trans arguments have used these theories to suggest that many autistic children are being harmed by ‘falsely’ believing that they are trans. However, the research which proposes these theories rarely acknowledges the role it has played spreading these harmful ideas.

What do the authors recommend?

The authors recommend that future research should:

- move away from questioning why, how, or if autistic trans people exist,

- focus more on how research can improve and enrich autistic trans lives,
- consider how research might impact autistic trans people both directly and indirectly,
- meaningfully engage with the problematic history and present of autistic and/or trans research
- meaningfully engage with autistic trans people and their work as activists, academics, and lived experience experts.

How will this work help autistic adults now or in the future?

This research highlights the negative impact of current research about autistic trans people and suggests some ways that this could be different. The authors hope that this could contribute to research which has a more positive impact on autistic trans lives and reduce harm done.

Keywords: Autism, transgender, gender identity, co-occurrence, ethics

Introduction

Interest in autistic trans people within research has grown, following several prevalence studies that suggested high co-occurrence rates of autistic and trans experience.¹⁻³ Building on these studies, the majority of research concerning autistic trans people considers *how*, *why* or *if* there are higher numbers of autistic people within the trans population or vice versa, and there is a strong pre-occupation with causality within the literature.⁴⁻⁶ This research problematises autistic trans people as a phenomenon to be explained and conceptualises autistic trans experience as co-occurring (or ‘co-morbid’) disorders – ‘autism spectrum disorder’ and ‘gender dysphoria’.^{5,6} Reflecting the pathologisation of autistic and trans experience, the research focus therefore remains on the control, management and understanding of two co-occurring disorders, with research oriented towards practitioners and clinicians rather than autistic trans people ourselves.

Beyond co-occurrence and prevalence focused literature, there is a small but growing body of work which considers autistic trans experiences. Much of this work continues to focus on ideas of how autistic trans people experience their identities in *relation* to one another.⁷⁻⁹ However, several of these studies do acknowledge that

theories surrounding a 'link' have been used to perpetuate harm^{10,11} or acknowledge that many co-occurrence theories could be said to be dismissive of autistic adults identities'.¹² Beyond studies around individual identity, there has been a small increase in the number of articles considering experiences of support and support services - in particular, concerning experiences of trans healthcare.^{13,14} However, this type of work continues to be by far within the minority, and there has to date been no research identified in the UK which specifically explores autistic trans adults experiences of support services outside of trans healthcare.

Through critical discourse analysis of texts concerning the intersection of autistic and trans experience, Kerr and Ewert¹⁵ found that discussion of a link played a significant role in mobilisations against trans rights and healthcare through appeals to uncertainty. Yet the majority of research concerning autistic trans people continues to present itself as atheoretical and objective and gives little to no consideration to the socio-political context of autistic trans lives, despite echoing many anti-trans talking points. In a time of heightened politicisation, where anti-trans narratives of 'vulnerability' and 'social contagion' increasingly highlight autistic trans people,¹⁵ it is not only a major oversight for research not to acknowledge this context but an ethical failing not to consider the impact that research might have. With this argument in mind, this article outlines the ways in which this research interacts with the wider contexts of the anti-trans panic and the problematic histories of autistic and trans pathologisation in research. The article will then explore the need for broader engagement with critical work and reflection on the potential harms of the current body of research.

To do so the article will begin by exploring the interactions between the anti-trans moral panic, epistemic injustice and the causality focused literature. The focus will then move to considering how attitudes of health and social care practitioners and autistic trans experiences of support often reflect the problematisation of individuals and the pathologising assumptions present within the research literature. Finally, the article will argue for greater critical engagement with fields beyond psychology and greater accountability for the potential harm caused to the autistic trans *people* which this research is about. The work in this article comes from a project which focuses on autistic

trans experience in a UK context. Consequently, the majority of the anti-trans and service context is based on literature from within the UK.

Anti-trans and ableist reflections

The anti-trans moral panic in the UK

The UK (alongside many other countries in Europe¹⁶ and North America) is in the midst of an anti-trans moral panic, and the parliamentary and media agenda has furthered this panic by positioning trans people as a hyper-visible subject of continuous debate and controversy. In 2015-2022, trans people were the subject of an average of 154 articles per month in mainstream UK media and in the same period the discourse within UK parliament shifted from one of relative concern to one of overt problematisation.^{16,17} Despite ensuring that trans people have become hyper-visible, conversations within media and politics continue to marginalise our voices. Meanwhile anti-trans groups (often known by the misnomer “gender critical”¹⁸) have received disproportionate access to news coverage and framing.^{16,19} Anti-trans groups repeatedly claim to be silenced despite significant media and campaigning power, and in doing so reposition trans people not as a marginalised group but as organised ‘activist’ vectors of ‘transgender ideology’. Anti-trans actors have described trans people as “activists”,²⁰ “extremists”²¹ and “zealots”,²² and imbued us with significant power and access to push “transgender ideology” within schools, media, and politics. This semantic reversal of power allows anti-trans ‘gender critical’ groups and actors to reframe themselves not as hate-groups but as protectors of institutions and people who are vulnerable to ‘transgender ideology’.²³

‘Transgender ideology’ is constructed as a dogmatic and hegemonic ideology which is imposed onto unwilling populations, and it has been pushed by both right-wing and mainstream media as an embedded problem within public services, spaces, and institutions.¹⁶ ‘Transgender ideology’ can be summarised to encompass the following ideas:

- a person can have a different sex and gender identity;
- gender identity should be acknowledged;
- transition can be a positive choice;

- and children can be trans.²⁴

Collectively, anti-trans thought understands these ideas to be dangerous to many groups, including: cis women, 'LGB' people, children, and autistic people (amongst others). In particular, these ideas are considered to be dangerous to *white* cis women, *white* 'LGB' people, *white* children and *white* autistic people, and there are both implicit and explicit acknowledgements of the whiteness of the imagined 'victims' of transgender ideology prevalent within 'gender critical' writings.^{25,26} This not only reasserts whiteness as the un/named norm but ignores that any harms caused by the policies promoted by these actors will disproportionately impact racialised trans people who already have the least access to the rights and systems they threaten.²⁷ Anti-trans rhetoric concerning cis women and 'LGB' people centres around transmisogynistic tropes and essentialist interpretations of sex-based rights, whilst rhetoric around children and autistic people is focused on ideas of vulnerability and social contagion. While there is much written and to write about the former category, this article will focus on the latter as this is where narratives most often, and most explicitly, feature autistic trans people.

Epidemiological arguments of social contagion are highly prevalent within UK 'gender critical' thought, and ideas of plague and contagion are common to fears surrounding increasing numbers of trans people presenting at gender identity clinics.²⁸ Amery²⁴ describes Rapid Onset Gender Dysphoria as the formalised theory behind these contagion fears, and – despite being widely discredited²⁶ – it remains highly influential within anti-trans circles, with barely distant echoes within UK government publications such as the Cass Report.^{24,29} Rapid Onset Gender Dysphoria rests on the assumption that children cannot be trans and suggests that children are becoming convinced that they are trans via peer relationships, exposure to trans internet communities, or school materials which discuss gender identity.³⁰ The theory therefore suggests that young people are presenting with gender dysphoria 'out of the blue' as a symptom of an underlying cause – such as internalised homophobia, internalised misogyny, autism, or poor mental health – and trans identities are considered to be a 'false belief'.^{30,31}

These suggested underlying causes map onto attributes which proponents argue make these children uniquely vulnerable to confusion or persuasion: for example, being

LGBQ+, being a girl, or being neurodivergent. Reflecting the ableist and sanist logics of the anti-trans movement, anti-trans actors repeatedly raise concerns about the levels of neurodivergence amongst trans youth,²⁹ and construct the claims of neurodivergent trans youth as particularly untrustworthy, delusional, or confused.²⁵ Autistic children, in particular, are repeatedly weaponised within anti-trans activism to emphasise “how vulnerable these children are”.^{33(p8)} For example, in a recent flurry of media attention to an autistic school signing an LGBT charter, reporting described that discussing gender with autistic pupils “is only going to make them very confused”, and emphasised that “you would expect schools, especially ones that specialise in autism, to respond very cautiously and with great care in this area”.²² Layering levels of vulnerability, these ideas encourage us not just to ‘think of the children’ but to think particularly of the *autistic* children who - presumed to be lacking in self-knowledge, social understanding and cognitive capacity – we are asked to believe to be particularly easily led or manipulated by predatory ‘transgender ideology’.³⁴

As other campaigns against queerness have weaponised vulnerability and innocence in the past, in defence of children’s assumed (proto)heterosexuality, anti-trans arguments weaponise them now in defence of an assumed cis destination.²⁴ The assumed whiteness of the imaginary autistic person, or child, influences what proponents imagine this cis future to look like and how they justify intervention,²⁵ and as Adair and Aizura summarise: “the preoccupation is with saving white middle-class children who are imagined as ideal reproducers of the nation”.^{35(p50)} Abigail Shrier references this explicitly where she describes the increase in trans youth as an attempt by (white) youth to distance themselves from whiteness as “the most reviled identity on today’s campuses”.^{25,36(p147)} The supposed social contagion of transness is therefore seen by Shrier to erode the category of whiteness, which throughout her work is tied closely to concerns around ‘woke culture’ and perceived threats to the nuclear family.^{25,36} Highlighted by the persistent focus on fertility,^{33,37–39} for proponents of ROGD, the future of trans youth must be corrected so that they may be reassimilated into ideals of the family.

In line with other moral panics, anti-trans content draws heavily on images of the (white) child as innocent and vulnerable, and therefore in need of protection from

dangerous ‘adult’ knowledges. As such, this content defines transness, in opposition, as devoid of innocence and inherently sexual, and constructs knowledge of transness as dangerous, corrupting, and contagious.^{24,35} It depicts trans people as an ‘exotic’ and ‘tempting’ force, diverting young people away from their imagined cis future and towards a dangerous and sexualised trans path.²⁴ The discourse is permeated with stories of regretful detransitioners, with precautionary tales of infertility, sexual dysfunction, and messy bodies.^{34–36} These images present gender-affirming care as the last remaining boundary between a happy, reproductive, cis future and a trans future filled with inevitable unhappiness and regret “from which you can never come back”.^{33(p65)} These arguments are therefore used to restrict access to healthcare – such as puberty blockers, banned for trans children in the UK in 2024 - on the basis of protecting the proto-cis child from inevitable regret and perceived risks associated with a trans life or body. Notions of vulnerability are significant throughout anti-trans social contagion arguments, with proponents using these ideas both to dismiss trans experience as a figment of ‘vulnerable’ and easily manipulated minds and to justify protective action from ‘transgender ideology’. Conceptualisations of vulnerability as inherent, as found in social contagion arguments, consider that individuals will always be vulnerable and therefore must be ‘protected’.⁴⁰ This has often been used by systems and individuals to justify overprotective care and legitimise the exclusion of people from decision making.⁴¹ In the name of protection, the label of vulnerability opens groups up to invasive interventions which would not otherwise be accepted, and agency may be denied on the basis of ‘knowing better’ or ‘knowing what’s best’.^{42,43}

Paternalistic attitudes towards those designated ‘vulnerable’ are therefore rife for exploitation by anti-trans activists, who use these attitudes to justify the expansion of the perceived need to protect against ‘transgender ideology’ beyond childhood and into adulthood. Ideas of autistic vulnerability have been frequently deployed in arguments for greater restrictions to the lives of trans adults; for example, against self-declaration models of legal gender recognition^{44(p15)}; for greater regulation of trans healthcare^{45(p77)}; or in arguing against bans on conversion practices.⁴⁶

The relative constructions of trans and/or autistic people as inherently dangerous or vulnerable, conceptualises being trans and autistic as inevitably oppositional. Autistic

trans people therefore become logical impossibilities in the eyes of many, and this dismissal reverberates through lived-experience: from interpersonal disbelief to the denial of gender-affirming care on the basis of an autism diagnosis.^{47,48} Reflecting the logics of Rapid Onset Gender Dysphoria, the interplay of the ‘vulnerable’ autistic person and ‘predatory’ or ‘seductive’ transness (or ‘transgender ideology’) incorrectly paints a picture that autistic trans people cannot exist: lacking in epistemic authority and self-knowledge, autistic people cannot ‘truly’ be trans, we must just think we are. The research literature simultaneously ignores this context and reflects it, echoing many of the pathologising and dismissive assumptions which these arguments are built upon and providing fertile ground for the proliferation of these ideas.

Epistemic injustice

To understand how and why the dismissal and suspicion of autistic trans experience and identity has become so central within research narratives and anti-trans arguments it is worth considering how research and culture have rendered autistic trans people so readily dismissed. An inherently sceptical stance towards the narratives and claims of autistic people has long underpinned autism research, and this scepticism extends to much of the research about autistic trans people. Whilst issues of trans epistemic unreliability do circulate within the research context, it is autistic epistemic unreliability which has underwritten many of the claims made about autistic trans people within anti-trans rhetoric, and research literature.

Theory of mind has been, and remains, influential in conceptualising autistic people as epistemically unreliable and incapable of self-knowledge by suggesting that, in lacking a ‘theory of mind’, autistic people are unable to understand the feelings or motives of others.⁴⁹ Through the presumption that autistic people lack the capacity for understanding other minds, researchers have suggested we are unable to form community or social relationships⁵⁰ and Frith and Happé^{51(p7)} described it as a “logical extension” of the theory to assume that we are just as incapable of understanding our own minds. The ideas of theory of mind have contributed to media and common perceptions of autistic people as lacking in empathy and emotion, with generally very few ‘human’ traits being attributed to us.^{52–54} Dehumanisation is embedded within such constructions of autistic people both within and outside of academia; with these theories

acting to strip us of emotion, agency, and self-knowledge and rendering us “blank pages, empty shells, bare slates, who cannot think about themselves, nor other people...”.^{54(p8)} Theory of mind understands the amorphous idea of ‘autism’ to preclude self-knowledge and understanding, considering autistic people not as agentic people in our own right but as “passively subject to the motions of brains and dermis gone awry”.^{53(p8)} These ideas therefore render autistic knowledge inherently suspect by virtue of being a product of ‘autism’, and this is reflected in the repeated scepticism towards autistic claims to trans experience.

Many writers and researchers have raised significant doubt about the ability of autistic people to produce reliable or ‘useful’ knowledge, and Botha and Cage⁵⁵ identified the epistemology of autism research as a core disagreement within the field, noting much debate about who can create reliable knowledge about autism. Historically many groups have laid claim to autism knowledge, including researchers, practitioners, and parents - becoming authorised as “autism somethings”^{53(p2)} – while mainstream autism discourses continue to marginalise autistic people within research and other discussions.⁵⁶ Mainstream narratives often dismiss self-advocates as either ‘too autistic’ or ‘not autistic enough’ to be representative and, while conceptualising autistic people as inherently biased, allow non-autistic researchers to retain the luxury of presumed objectivity and epistemic authority.^{54,57} This is the context which autistic trans research exists in, and the result is a body of work which expends significant research energy on problematising autistic claims whilst offering little attention to autistic experiences or desires.

Co-occurrence and causality

The research literature about autistic trans people is saturated with causality, and there is an almost singular focus on the development of co-occurrence theories to explain *how*, *why* or *if* autistic trans people are autistic and trans. Co-occurrence research examines autistic trans people as a phenomenon to be explained, and in doing so serves to further problematise autistic trans people while adding very little of value to autistic trans lives.^{15,34} There are not yet any studies considering research priorities for autistic trans people, but separately autistic and/or trans people have identified that issues with implications for everyday lives, and moving away from pathologising and damage-centred representations are top priorities.^{58–60} It is therefore highly unlikely that current

autistic trans research is aligned with community priorities and in many cases is likely to be in direct contrast to autistic trans desires. Some work has begun to directly challenge some of the below co-occurrence theories and, while this work is in the minority, it is a positive sign that the potential harms of this body of work are beginning to be recognised.^{61–63}

As Felix Moore³⁴ highlights, it makes very little difference to autistic trans people *why* we are autistic and trans, or whether we are one *because* of the other. Yet research continues to generate and restate these co-occurrence theories. The following list is therefore not included to give credence to these ideas – particularly, given their lack of supportive evidence^{58–60} – but to demonstrate the depth and breadth of work that researchers have dedicated to the problematisation of the ‘link’ between autistic and trans experiences. For example, these theories have attempted to explain autistic trans people as a consequence of:

- An extreme male brain,^{2,61}
- High birthweight,⁶⁸
- Prenatal androgen exposure,^{63,64}
- Atypical gender development amongst autistic people,^{65,66}
- Obsessive autistic interest in gender,^{67,68}
- Obsessive trans interest in gender,^{62,67}
- Autistic ‘rigid thinking’,^{69,70}
- Sensory sensitivities,^{3,71}
- A stronger relationship between sexual orientation and gender amongst autistic people,⁷⁴
- Theory of mind deficits,^{66,72}
- Weakened sex differences amongst autistic people,^{73,74}
- Autistic resistance to social norms,^{7,75}
- Autistic mothers promoting gender-non-conformity in early interactions with their children,⁸²
- Delayed or poor childhood integration of gender related words/concepts i.e. “boy-girl”, “pink-blue”, “trucks-dolls”,^{83(p145)}
- Trans social differences leading to misdiagnosis as autistic,^{78,79} and

- Minority stress causing ‘autism-like’ symptoms amongst trans people.^{80,81}

As seen above, some studies suggest that high prevalence may be the result of trans experiences producing ‘autism-like’ symptoms, while the majority investigate the contribution of specific autistic traits to being trans.⁸⁸ For example, some researchers suggest that being trans is caused by an obsession or ‘unusual pre-occupation’ with gender, misinterpretation of sensory sensitivities as ‘gender dysphoria’, or a lack of understanding of social norms.^{64,83} Reflecting the inherent suspicion of autistic self-knowledge within autism research, where a researcher views autism as ‘driving gender dysphoria’, autistic claims to trans identity are often seen to be less ‘valid’ through their perception as a product of autism.^{4,34} This is reflected in the context of trans healthcare, where concerns have been raised about causality providing challenges in assessing the ‘authenticity’ of autistic trans clients.⁸⁹ Being autistic therefore creates a level of uncertainty in the eyes of researchers and others that suggests that greater scrutiny is required for practitioners to assess claims to trans experience.¹⁵

Where research continues to focus on how many autistic trans people there are, or the potential reasons for this, research continues to identify and reiterate that this is a problem. Importantly, it identifies autistic trans people as a problem which has yet to be solved, and this perceived uncertainty and need for further research around this ‘problem’ has been used effectively by anti-trans groups who mobilise against trans rights and healthcare.¹⁵ Although presented as atheoretical and objective, the causal underpinnings of this research reflect and reproduce the scepticism and dismissal of autistic trans people present in anti-trans discourses, and research fails to position itself within or acknowledge this broader context. In removing all political and social context, this research is not only inaccurate but irrelevant to the material lives of autistic trans people who must live within the culture (re)produced by these narratives.

Pathologisation and the problematisation of individuals

In setting this agenda, co-occurrence and prevalence research remains firmly rooted in medical model perspectives, and continues the long history of pathologisation of autistic and/or trans people.⁹⁰ Pathologisation describes the ways in which behaviours, characteristics and identities come to be defined as medically disordered.^{91,92}

Everchanging categorisation and criteria for varying ‘autism spectrum disorders’ and shifting diagnostic labels of ‘transsexualism’, ‘gender identity disorder’, ‘gender dysphoria’ and ‘gender incongruence’ have storied the pathologisation of autistic trans people over time. Diagnostic criteria require the demonstration of distress, and high rates of suicidality, poor mental health, and unemployment have been wielded as evidence not of our oppression but of our pathology.^{4,93,94} Ignoring social and political context, these medical model perspectives locate distress and disorder within the individual: as a consequence of individual deficit or amorphous concepts of ‘autism’ and ‘gender dysphoria’.^{90,95} Research, policy, and practice, therefore remains focused on the problematisation of individuals rather than systems and considers autistic trans experience only in terms of disorder and distress.

Experiences of autistic and/or trans people interacting with systems repeatedly demonstrate the impact of this focus on individual problematisation. For example, a review of the literature relating to autistic and/or trans people’s experiences of health and social care evidenced many experiences of diagnostic overshadowing.^{90–92} This highlights a strong association in the minds of practitioners between autistic and trans experience, and disorder and distress. Diagnostic overshadowing describes here the assumption that any reason for presentation at a service must be related to, or caused by, being autistic and/or trans.⁹⁹ Another way to describe this would be to say that there were many cases of ‘trans broken arm syndrome’, as many presenting mental or physical needs were frequently overlooked because some practitioners were unaware why they would be working with a trans person outside of specialist gender services.^{93,97} Similarly, Rodgers et al.⁹⁶ identified over-focus on autistic diagnosis as a key barrier to accessing support, with some autistic people unable to access services because they were viewed as “too complex” for non-specialist services.^{96,100} A singular pathologising diagnosis therefore had the potential to obscure many other needs, which significantly impacted the ability of autistic and/or trans people to access the care and support they might need.

These experiences of diagnostic overshadowing suggest that when a service understands a person as autistic and trans, they understand this person as outside of the norms of the expected service-user. Where this non-normalcy is associated with disorder and distress, practitioners may associate non-normalcy with risk and - as health and

social care professions aim to reduce risk - there may be an implicit or explicit desire to reduce non-normalcy.¹⁰¹ Autistic trans people are therefore valued based on how well we can conform to normative values and non-normalcy is a cause for increased scrutiny, discrimination, or exclusion.^{101,102} Through the identification of a disordered 'other', pathologisation simultaneously identifies norms of non-disordered behaviour, 'health', or being which can be used to measure these norms in comparison to the 'other'.¹⁰³ Therefore, this designation as disordered marks autistic-/trans futures and ways of being as undesirable, risky or wrong and so systems and services attempt normalisation in many ways to bring us back to order.^{101,104} This may occur with explicit normalising and 'curative' aims such as within applied behaviour analysis (ABA) or conversion practices, or through less explicit pressure to conform, for example, as reflected within masking and passing discourses.^{102,104,105}

The interpretation of autistic and trans lives as inherently risky, justifies increasing levels of observatory and regulatory power in the name of preventing risk, and authors have identified normalising effects and aims across health and social care.^{101,103,106,107} For example, in interviews with autistic mothers of autistic children, Benson¹⁰¹ demonstrated that social workers frequently prioritised the appearance of normalcy and compliance above the needs of mothers and their children, and took autistic traits as evidence of suspicion, distress, or harm. Similarly, social services have subjected trans families to increased scrutiny due to assumptions that trans parents will unduly influence or confuse their children by virtue of being trans.⁹⁸ Again, this singular focus on non-normative identities obscures the wider context of our lives and diverts attention away from the structural, social, and cultural barriers which, if tackled, could result in more effective support and services.

In contrast to the co-occurrence and prevalence literature, the literature which considers autistic and/or trans experiences of support more often acknowledges the broader contexts of ableism, transphobia, and pathologisation which underscore the experiences described above. Yet within the conclusions drawn and recommendations made research often continues to return the responsibility for change to individuals. For example, much work considering autistic and/or trans experiences of health and social care concludes with a recommendation of 'further training' to improve the knowledge-

base of individual practitioners.^{12,91,101} But systems of power such as ableism, cultural cisgenderism, neuronormativity and cisnormativity function “less as anyone’s personal failings than something like the weather”^{109(px)} and cannot be ignored or reduced to increased training. Consequently, this paper calls for the further proliferation of a body of *critical* autistic trans scholarship: shifting the focus from individual problematisation of autistic trans people and practitioners and towards questions of power and systemic oppression.

Critical engagement and accountability

Researchers, academics and activists have worked for decades in various fields (e.g. neurodiversity studies, disability studies, trans studies, and mad studies) to challenge and question the underpinning assumptions which remain present in this research. Work around pathologisation,^{97,103,104} epistemic injustice,^{50,53,105} and normalisation^{106–108} lays bare the problems underpinning much of this wave of research. These fields demonstrate the depth of harm that work which focuses exclusively on the problematisation of individuals can cause,^{52,109,110} and highlight the importance of researcher accountability.^{111–113} Yet despite the depth and age of this work, research continues to be published without accountability to the potential harms caused.

For example, despite being described as “a disturbing reconstruction of gender and disability stereotypes in the guise of new scientific knowledge” over 15 years ago, the most popular co-occurrence theory continues to be ‘extreme male brain theory’ (EMB).^{66,121(p973)} Based on sex stereotypes, EMB posits that cis women have a greater drive to empathise, and cis men have a greater drive to systemise; therefore, as proponents perceive autistic people as unable to empathise but above average at systemising, they argue that autistic people have an ‘extreme male brain’.¹²² By extension, some authors posit that the EMB of autistic people leads to gender dysphoria in ‘assigned female at birth’ (‘AFAB’) autistic people due to a lack of ‘female’ characteristics and a predisposition for masculinity.⁶⁵ Not only does this argument fail to explain co-occurrence amongst trans women and trans-feminine people, but the theory is also reliant on ideas of sexual dimorphism and essentialist views of sex for which there is no reliable evidence.^{66,102} This over-reliance on outdated theories reflects a lack of critical engagement with the many criticisms that have been made of autism research over the

preceding decades, an issue which research concerning autistic trans people reflects in many ways.

Similarly, the overall body of literature reflects very little engagement with concepts of gender or consideration of the broader trans literature, and the bulk of research remains grounded in cisnormative and bigenderist ideas.¹²³ This is reflected in the persistent misuse of the language of ‘assigned sex’ (which is itself co-opted from intersex activism). In a review of the literature considering the ‘link’ between autism and trans identity, Mittertreiner et al¹²⁴ found that 83% of articles reviewed reported ‘sex assigned at birth’ with only 63% reporting participants’ actual sex/gender. When researchers designate ‘assigned sex’ as the more important factor in analysis, the literature reasserts the cissexist assumption that ‘assigned sex’ is somehow more legitimate, material, or important than trans self-knowledge and forces (non-binary) trans people back into binary gender/sex categories.¹²⁵

The language of ‘assigned sex’ originally intended to highlight its *incorrect* and *assigned* nature, emphasising that sex is not an unquestioned truth. Therefore, research which reports ‘assigned sex’ where it is not relevant and prioritises this above actual sex/gender reflects that ‘assigned sex’ has merely replaced the language of ‘biological sex’ in such texts without any change in the underpinning ideas or assumptions. This inappropriate usage reflects a lack of understanding or critical consideration of why this language has changed or is used, and continues to reassert the very assumptions which the language of ‘assigned sex’ attempted to subvert. In the same way that neurodiversity-lite has been coined to describe work which co-opts the language of neurodiversity without adopting the underlying values or assumptions of the approach, it may therefore be possible to identify a similar ‘trans-lite’ approach.^{126–128} An approach which adopts the allegedly ‘correct’ terminology in lieu of meaningful attempts at engaging with or understanding trans politics and experiences.

The repetition of language originally intended as part of a resistance to the dominant discourses of autistic and/or trans experience within these dominant discourses can cause once useful words to become far removed from their original source and intention. For example, Livingstone et al¹²⁹ found that academics who used the language of ‘neurodiversity’ (many different ways of being) but did not use the

language of ‘neurodivergence’ (diverging from neuronormativity) were far less likely to acknowledge the activist or community roots of the term. Through repetition and misuse these words can become non-performative; in other words, they no longer function as resistive language but their usage signals to some that a change has been made.¹³⁰ Bringing resistive language into the fold of dominant research narratives, begins a process of standardisation in which this resistance is brought as close to the existing norm as possible.^{131,132} Consequently, as Ahmed^{130(p4)} describes, this co-option of language into the existing regime of thought allows it to be “emptied of force”, and the more these words move around “the less work they do”. To resist or minimise the role played in the co-option and depoliticisation of terminology and movements, researchers must therefore pay due care and attention to the arguments made by those at the brunt end of the harm done.

Conclusion

To be accountable to the people who we research and to avoid causing harm, it is an ethical imperative to engage with the long histories of violence and oppression within our own fields.¹³³ For example, Vincent¹³³ identifies this understanding of research history – in particular the history of medicalisation – as essential to ethical trans research, highlighting that greater sensitivity is possible when researchers can explicitly recognise the problematic history of trans research. In the case of autistic trans research, it is essential for researchers to understand not only the problematic *history* of research concerning autistic and trans people separately but to contend with, acknowledge and actively challenge the problematic *present*. We must acknowledge these critical histories (and presents) to avoid repeating the same mistakes which perpetrate harms against the communities which research proports to support.

The focus on questions of co-occurrence and causality positions autistic trans people as an escalating problem for research to solve, and this logic is legitimated through the unquestioned repetition of these theories across many texts. We must move beyond investigations of the ‘link’ between autistic and trans identity and stop producing material which benefits the anti-trans actors who actively harm the autistic trans community. Given the highly politicised context of autistic trans lives and the very real barriers faced across access to employment, support and services,^{11,93,94} it is important

that research not only moves beyond these harmful lines of inquiry but that research re-orientes towards work which might support and enrich our lives.

Key recommendations:

1. Researchers should consider the socio-political context of autistic trans lives, and consider the potential implications as an ethical responsibility throughout research;
2. Seek out critical work (past and present) to avoid repeating harms and mistakes which researchers and activists have already identified;
3. Meaningfully engage with autistic trans people and their work as activists, academics, and lived experience experts;
4. Prioritise research which asks how it could better support autistic trans people, or how it could improve our lives.

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Author 1 (EA): Conceptualisation (lead); funding acquisition (equal); investigation (lead); project administration (lead); writing – original draft (lead); writing – review and editing (lead).

Author 2 (PM): Conceptualisation (supporting); funding acquisition (equal); supervision (lead); writing – review and editing (supporting).

Author 3 (MB): Conceptualisation (supporting); funding acquisition (supporting); supervision (supporting); writing – review and editing (supporting)

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There are no human participants in this article and ethics approval was not required.

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Not applicable.

Consent for publication

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References

1. De Vries ALC, Noens ILJ, Cohen-Kettenis PT, Van Berckelaer-Onnes IA, Doreleijers TA. Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents. *Journal of Autism and Developmental Disorders*. 2010;40(8):930-936. doi:10.1007/s10803-010-0935-9
2. Nobili A, Glazebrook C, Bouman WP, Baron-Cohen S, Arcelus J. The stability of autistic traits in transgender adults following cross-sex hormone treatment. *International Journal of Transgender Health*. 2020;21(4):431-439. doi:http://dx.doi.org/10.1080/26895269.2020.1783738
3. Warrier V, Greenberg DM, Weir E, et al. Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals. *Nature Communication*. 2020;11(1):1-12. doi:http://dx.doi.org/10.1038/s41467-020-17794-1
4. Sparrow M. Introduction. In: *Spectrums: Autistic Transgender People in Their Own Words*. Jessica Kingsley Publishers; 2020:13-19. doi:http://dx.doi.org/10.5040/9781805014935
5. Pyne J. Autistic Disruptions, Trans Temporalities: A narrative “trap door” in time. *The South Atlantic Quarterly*. 2021;120(2):343-361. doi:http://dx.doi.org/10.1215/00382876-8916088
6. Adams N. Autistics Never Arrive: A Mixed Methods Content Analysis of Transgender and Autistic Autobiography. *Bulletin of Applied Transgender Studies*. 2022;1(1-2):145-161. doi:10.57814/DE1E-GJ97
7. Coleman-Smith RS, Smith R, Milne E, Thompson AR. ‘Conflict versus Congruence’: A Qualitative Study Exploring the Experience of Gender Dysphoria for Adults with Autism Spectrum Disorder. *J Autism Dev Disord*. 2020;50(8):2643-2657. doi:10.1007/s10803-019-04296-3
8. Peachey M, Crane L. “I Don’t Understand Their Sense of Belonging”: Exploring How Nonbinary Autistic Adults Experience Gender. *Autism in Adulthood*. 2024;0(0). doi:10.1089/aut.2023.0071
9. Voltaire S, Steinberg H, Garfield T, et al. Inextricably tied: Nonbinary autistic individuals’ views on how their gender identity and autism are connected. *Autism*. 2024;28(12):3156-3166. doi:10.1177/13623613241257600
10. Maroney MR, Horne SG. “Tuned into a different channel”: Autistic transgender adults’ experiences of intersectional stigma. *Journal of Counseling Psychology*. 2022;69(6):761-774.
11. Greene RK, Rutter TM, Phelps RA, Olsen EK, Harmon R, Moyer DN. Diagnostic assessment of autism spectrum disorder in transgender and gender diverse youth. *The Clinical Neuropsychologist*. Published online March 26, 2024:1-22. doi:10.1080/13854046.2024.2331272
12. Cooper K, Mandy W, Butler C, Russell A. The lived experience of gender dysphoria in autistic adults: An interpretative phenomenological analysis. *Autism*. 2022;26(4):963-974. doi:10.1177/13623613211039113

13. Bruce H, Munday K, Kapp SK. Exploring the Experiences of Autistic Transgender and Non-Binary Adults in Seeking Gender Identity Health Care. *Autism in Adulthood*. 2023;5(2):191-203. doi:10.1089/aut.2023.0003
14. Rios N. Accounting for neuronormativity in transgender medicine. *Social Science & Medicine*. 2025;367:117802. doi:10.1016/j.socscimed.2025.117802
15. Kerr M, Ewert R. Constructing the Autistic–Transgender Intersection: A Critical Discourse Analysis. *Sociology Health & Illness*. 2025;47(6). doi:10.1111/1467-9566.70063
16. RESIST. *The RESIST Project: Transnational Findings*. RESIST; 2024.
17. RESIST. *Anti-Gender Tactics in Europe - The Resist Project: Research Findings*. The RESIST project; 2024.
18. Ahmed S. Gender Critical = Gender Conservative. *feministkilljoys*. October 31, 2021. Accessed August 1, 2024. <https://feministkilljoys.com/2021/10/31/gender-critical-gender-conservative/comment-page-1/>
19. Lavery G. The Gender Critical Movement is Undermining Academic Freedom. Presented at: March 18, 2022; University College London. Accessed August 3, 2024. <https://www.gracelavery.org/undermining-academic-freedom/>
20. Massie A. Holyrood in another fine mess over gender laws; Proposal to ban “conversion therapy” is confused when clarity is needed. *The Sunday Times*. January 14, 2024. Accessed February 8, 2024. <https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6B3K-3ND1-JCBW-N4M9-00000-00&context=1519360>.
21. McVey E. Common Sense at the Heart of Government. Presented at: May 13, 2024; Centre for Policy Studies. Accessed May 20, 2024. <https://cps.org.uk/events/post/2024/speech-by-the-rt-hon-esther-mcvey-mp/>
22. Sanderson D. Autism school signed up to LGBT charter pushing “pseudoscientific” trans ideology. *The Telegraph*. May 9, 2024. Accessed May 13, 2024. <https://www.telegraph.co.uk/news/2024/05/09/autism-school-pushing-pseudoscientific-trans-ideology/>
23. Cammaerts B. The abnormalisation of social justice: The ‘anti-woke culture war’ discourse in the UK. *Discourse & Society*. 2022;33(6):730-743. doi:10.1177/09579265221095407
24. Amery F. Protecting Children in “Gender Critical” Rhetoric and Strategy: Regulating Childhood for Cisgender Outcomes. *DiGeSt - Journal of Diversity and Gender Studies*. 2023;10(2). doi:10.21825/digest.85309
25. Maddox R. The ‘new’ trans population: An exploration of the uses and abuses of autism. *European Journal of Women’s Studies*. Published online 2025. doi:10.1177/13505068251350458
26. Horbury E, Yao C “Xine.” Empire and Eugenics: Trans Studies in the United Kingdom. *TSQ: Transgender Studies Quarterly*. 2020;7(3):445-454. doi:10.1215/23289252-8553104

27. Elster M. Insidious Concern. *TSQ: Transgender Studies Quarterly*. 2022;9(3):407-424. doi:10.1215/23289252-9836064
28. Thornton M. Gender Pandemic? Queer Disability Studies Network. 2021. Accessed November 21, 2023. <https://queerdisabilitystudies.wordpress.com/gender-pandemic/>
29. Horton C. The Cass Review: Cis-supremacy in the UK's approach to healthcare for trans children. *International Journal of Transgender Health*. Published online March 14, 2024:1-25. doi:10.1080/26895269.2024.2328249
30. Ashley F. A critical commentary on 'rapid-onset gender dysphoria.' *The Sociological Review*. 2020;68(4):779-799. doi:10.1177/0038026120934693
31. Littman L. Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. Romer D, ed. *PLoS ONE*. 2018;13(8). doi:10.1371/journal.pone.0202330
32. Gentleman A. "An explosion": what is behind the rise in girls questioning their gender identity? *The Guardian*. November 24, 2022. Accessed February 1, 2024. <https://www.theguardian.com/society/2022/nov/24/an-explosion-what-is-behind-the-rise-in-girls-questioning-their-gender-identity>
33. Galloway J. *Autism and Gender Identity*. Transgender Trend; 2022.
34. Moore F. Autism and Transgender Identity. *Murmurations: Journal of Transformative Systemic Practice*. 2022;4(2):1-9. doi:http://dx.doi.org/10.28963/4.2.2
35. Adair C, Aizura A. "The Transgender Craze Seducing Our [Sons]"; or, All the Trans Guys Are Just Dating Each Other. *TSQ: Transgender Studies Quarterly*. 2022;9(1):44-64. doi:10.1215/23289252-9475509
36. Shrier A. *Irreversible Damage: The Transgender Craze Seducing Our Daughters*. Regenery Publishing; 2020.
37. Vine S. A crime against our children that beggars belief: Doctors were so blinded by trans ideology they gave vulnerable children life-changing gender surgery and cancer-linked drugs while anyone who protested was branded a bigot. *Scottish Daily Mail*. March 6, 2024:17.
38. Reint J. "It turned out to be a mistake." Gen Z's trans poster-child Milo from 2016 MTV show re-emerges and tearfully regrets hormone jabs, hairy belly and "dead ovary". *Mail Online*. June 21, 2023. Accessed July 15, 2024. <https://www.dailymail.co.uk/news/article-12219343/Gen-Zs-trans-poster-child-Milo-2016-MTV-reemerges-tearfully-regretting-hormone-jabs.html>
39. Tilley C. Autistic woman, 20, sues American Academy of Pediatrics over claims she was rushed onto transgender hormone-warping drugs - despite suffering from a number of mental health conditions. *Mail Online*. October 26, 2023. Accessed July 15, 2024. <https://www.dailymail.co.uk/health/article-12671149/american-academy-pediatrics-transgender-detransition-lawsuit-isabelle-ayala.html>
40. Brown K. Vulnerability: Handle with care. *Ethics and Social Welfare*. 2011;5(3):313-321. doi:http://dx.doi.org/10.1080/17496535.2011.597165

41. Hasler F. Disability, care and controlling services. In: Swain J, French S, Barnes C, Thomas C, eds. *Disabling Barriers, Enabling Environments*. Sage Publications; 2014:174-178.
42. Herring J. *Vulnerable Adults and The Law*. Oxford University Press; 2016.
doi:<http://dx.doi.org/10.1093/acprof:oso/9780198737278.001.0001>
43. Virokannas E, Liuski S, Kuronen M. The contested concept of vulnerability: A literature review. *European Journal of Social Work*. 2020;23(2):327-339.
doi:<http://dx.doi.org/10.1080/13691457.2018.1508001>
44. The Scottish Government. *Gender Recognition Reform (Scotland) Bill: Consultation Analysis*. The Scottish Government; 2021.
45. Genspect. *The Gender Framework: Draft Version 1*. Genspect; 2023.
46. For Women Scotland. Ending conversion practices in Scotland. For Women Scotland. April 4, 2024. Accessed April 20, 2024. <https://forwomen.scot/04/04/2024/ending-conversion-practices-in-scotland/>
47. Adams N, Liang B. *Trans and Autistic: Stories from Life at the Intersection*. 1st ed. Jessica Kingsley Publishers; 2020. doi:10.5040/9781805014621
48. Hillier A, Gallop N, Mendes E, et al. LGBTQ+ and autism spectrum disorder: Experiences and challenges. *International Journal of Transgender Health*. 2020;21(1):98-110.
doi:<http://dx.doi.org/10.1080/15532739.2019.1594484>
49. Baron-Cohen S, Leslie AM, Frith U. Does the autistic child have a “theory of mind”? *Cognition*. 1985;21(1):27-46. doi:[http://dx.doi.org/10.1016/0010-0277\(85\)90022-8](http://dx.doi.org/10.1016/0010-0277(85)90022-8)
50. Barnbaum DR. *The Ethics of Autism: Among Them, but Not of Them*. Indiana University Press; 2008. doi:<http://dx.doi.org/10.2979/5255.0>
51. Frith U, Happé F. Theory of Mind and Self-Consciousness: What Is It Like to Be Autistic? *Mind & Language*. 1999;14(1):82-89. doi:10.1111/1468-0017.00100
52. Gernsbacher MA. Editorial perspective: The use of person-first language in scholarly writing may accentuate stigma. *Journal of Child Psychology and Psychiatry*. 2017;58:859-861.
doi:<http://dx.doi.org/10.1111/jcpp.12706>
53. Yergeau MR. *Authoring Autism: On Rhetoric and Neurological Queerness*. Duke University Press; 2018. doi:<http://dx.doi.org/10.1215/9780822372189>
54. Botha M. Academic, Activist, or Advocate? Angry, Entangled, and Emerging: A Critical Reflection on Autism Knowledge Production. *Front Psychol*. 2021;12:727542.
doi:10.3389/fpsyg.2021.727542
55. Botha M, Cage E. “Autism research is in crisis”: A mixed method study of researcher’s constructions of autistic people and autism research. *Frontiers in Psychology*. 2022;13:1-22.
doi:<http://dx.doi.org/10.3389/fpsyg.2022.1050897>
56. Milton DE. Autistic expertise: A critical reflection on the production of knowledge in autism studies. *Autism*. 2014;18(7):794-802.
doi:<http://journals.sagepub.com/doi/10.1177/1362361314525281>

57. McGill O, Robinson A. "Recalling hidden harms": autistic experiences of childhood applied behavioural analysis (ABA). *A/A*. 2021;7(4):269-282. doi:10.1108/AIA-04-2020-0025
58. LeBlanc M, Radix A, Sava L, et al. "Focus more on what's right instead of what's wrong:" research priorities identified by a sample of transgender and gender diverse community health center patients. *BMC Public Health*. 2022;22(1):1741. doi:10.1186/s12889-022-14139-z
59. Poulsen R, Brownlow C, Lawson W, Pellicano E. Meaningful research for autistic people? Ask autistics! *Autism*. 2022;26(1):3-5. doi:http://dx.doi.org/10.1177/13623613211064421
60. Cage E, Crompton CJ, Dantas S, et al. What are the autism research priorities of autistic adults in Scotland? *Autism*. Published online February 4, 2024:13623613231222656. doi:10.1177/13623613231222656
61. Kallitsounaki A, Fysh MC, Williams DM, Spinner L, Kennedy E. Behavioural phenotypes of autism in autistic and nonautistic gender clinic-referred youth and their caregivers. *Autism*. 2026;30(1):163-175. doi:10.1177/13623613251379920
62. Fysh MC, Kallitsounaki A, Williams DM, Kennedy E, Spinner L. Gender Identity Profiles in Autistic and Non-Autistic Cisgender and Gender Diverse Youth, and Their Caregivers. *Autism Research*. 2026;19(1):e70142. doi:10.1002/aur.70142
63. Kallitsounaki A, Fysh MC, Williams DM, Spinner L, Kennedy E. Implicit and explicit gender identification in autistic and nonautistic gender clinic-referred youth, and their caregivers. *Eur Child Adolesc Psychiatry*. 2026;35(3):857-868. doi:10.1007/s00787-025-02869-5
64. Van Der Miesen AI, Hurley H, De Vries ALC. Gender dysphoria and autism spectrum disorder: A narrative review. *International Review of Psychiatry*. 2016;28(1):70-80. doi:http://dx.doi.org/10.3109/09540261.2015.1111199
65. Wattel LL, Walsh RJ, Krabbendam L. Theories on the Link Between Autism Spectrum Conditions and Trans Gender Modality: a Systematic Review. *Review Journal of Autism and Developmental Disorders*. 2022;11:275-295. doi:http://dx.doi.org/10.1007/s40489-022-00338-2
66. Bouzy J, Brunelle J, Cohen D, Condat A. Transidentities and autism spectrum disorder: A systematic review. *Psychiatry Research*. 2023;323. doi:http://dx.doi.org/10.1016/j.psychres.2023.115176
67. Kung KTF. Autistic traits, systemising, empathising, and theory of mind in transgender and non-binary adults. *Molecular Autism*. 2020;11(73). doi:10.1186/s13229-020-00378-7
68. VanderLaan DP, Leef JH, Wood H, Hughes SK, Zucker KJ. Autism Spectrum Disorder Risk Factors and Autistic Traits in Gender Dysphoric Children. *J Autism Dev Disord*. 2015;45(6):1742-1750. doi:10.1007/s10803-014-2331-3
69. Dewinter J, De Graaf H, Begeer S. Sexual Orientation, Gender Identity, and Romantic Relationships in Adolescents and Adults with Autism Spectrum Disorder. *J Autism Dev Disord*. 2017;47(9):2927-2934. doi:10.1007/s10803-017-3199-9
70. Pecora LA, Hancock GI, Hooley M, et al. Gender identity, sexual orientation and adverse sexual experiences in autistic females. *Molecular Autism*. 2020;11(1):57. doi:10.1186/s13229-020-00363-0

71. May T, Pang K, Williams KJ. Gender variance in children and adolescents with autism spectrum disorder from the National Database for Autism Research. *International Journal of Transgenderism*. 2017;18(1):7-15. doi:10.1080/15532739.2016.1241976
72. Kallitsounaki A, Williams DM, Lind SE. Links Between Autistic Traits, Feelings of Gender Dysphoria, and Mentalising Ability: Replication and Extension of Previous Findings from the General Population. *J Autism Dev Disord*. 2021;51(5):1458-1465. doi:10.1007/s10803-020-04626-w
73. Zucker KJ, Nabbijohn AN, Santarossa A, et al. Intense/obsessional interests in children with gender dysphoria: a cross-validation study using the Teacher's Report Form. *Child Adolesc Psychiatry Ment Health*. 2017;11(51). doi:10.1186/s13034-017-0189-9
74. George R, Stokes MA. Gender identity and sexual orientation in autism spectrum disorder. *Autism*. 2018;22(8):970-982. doi:10.1177/1362361317714587
75. Jacobs LA, Rachlin K, Erickson-Schroth L, Janssen A. Gender Dysphoria and Co-Occurring Autism Spectrum Disorders: Review, Case Examples, and Treatment Considerations. *LGBT Health*. 2014;1(4):277-282. doi:10.1089/lgbt.2013.0045
76. Lemaire M, Thomazeau B, Bonnet-Brilhault F. Gender Identity Disorder and Autism Spectrum Disorder in a 23-Year-Old Female. *Arch Sex Behav*. 2014;43(2):395-398. doi:10.1007/s10508-013-0141-x
77. Nabbijohn AN, Van Der Miesen AIR, Santarossa A, et al. Gender Variance and the Autism Spectrum: An Examination of Children Ages 6–12 Years. *J Autism Dev Disord*. 2019;49(4):1570-1585. doi:10.1007/s10803-018-3843-z
78. Glidden D, Bouman WP, Jones BA, Arcelus J. Gender Dysphoria and Autism Spectrum Disorder: A Systematic Review of the Literature. *Sexual Medicine Reviews*. 2016;4(1):3-14. doi:10.1016/j.sxmr.2015.10.003
79. Vermaat LEW, Van Der Miesen AIR, De Vries ALC, et al. Self-Reported Autism Spectrum Disorder Symptoms Among Adults Referred to a Gender Identity Clinic. *LGBT Health*. 2018;5(4):226-233. doi:10.1089/lgbt.2017.0178
80. Kallitsounaki A, Williams D. A Relation Between Autism Traits and Gender Self-concept: Evidence from Explicit and Implicit Measures. *J Autism Dev Disord*. 2020;50(2):429-439. doi:10.1007/s10803-019-04262-z
81. Walsh RJ, Krabbendam L, Dewinter J, Begeer S. Brief Report: Gender Identity Differences in Autistic Adults: Associations with Perceptual and Socio-cognitive Profiles. *J Autism Dev Disord*. 2018;48(12):4070-4078. doi:10.1007/s10803-018-3702-y
82. Shumer DE, Roberts AL, Reisner SL, Lyall K, Austin SB. Brief Report: Autistic Traits in Mothers and Children Associated with Child's Gender Nonconformity. *J Autism Dev Disord*. 2015;45(5):1489-1494. doi:10.1007/s10803-014-2292-6
83. George R, Stokes M. "Gender is not on my agenda!": Gender dysphoria and autism spectrum disorder. In: Mazzone L, Vitiello L, eds. *Psychiatric Symptoms and Comorbidities in Autism Spectrum Disorder*. Springer; 2016:139-150.

84. Skagerberg E, Di Ceglie D, Carmichael P. Brief Report: Autistic Features in Children and Adolescents with Gender Dysphoria. *J Autism Dev Disord*. 2015;45(8):2628-2632. doi:10.1007/s10803-015-2413-x
85. Turban JL. Potentially Reversible Social Deficits Among Transgender Youth. *J Autism Dev Disord*. 2018;48(12):4007-4009. doi:10.1007/s10803-018-3603-0
86. Turban JL, Van Schalkwyk GI. "Gender Dysphoria" and Autism Spectrum Disorder: Is the Link Real? *Journal of the American Academy of Child & Adolescent Psychiatry*. 2018;57(1):8-9.e2. doi:10.1016/j.jaac.2017.08.017
87. Fortunato A, Giovanardi G, Innocenzi E, et al. Is It Autism? A Critical Commentary on the Co-Occurrence of Gender Dysphoria and Autism Spectrum Disorder. *Journal of Homosexuality*. 2022;69(7):1204-1221. doi:10.1080/00918369.2021.1905385
88. Cooper K, Mandy W, Russell A, Butler C. Healthcare clinician perspectives on the intersection of autism and gender dysphoria. *Autism*. 2023;27(1):31-42. doi:10.1177/13623613221080315
89. Graves KJ, Kolman L. Gender diversity in autistic clients: an ethical perspective. *Frontiers in Psychiatry*. 2023;14. Accessed December 15, 2023. <https://www.frontiersin.org/articles/10.3389/fpsy.2023.1244107/full>
90. Shapira S, Granek L. Negotiating psychiatric cisgenderism-ableism in the transgender-autism nexus. *Feminism in Psychology*. 2019;29(4):494-513. doi:http://dx.doi.org/10.1177/0959353519850843
91. Ansara GY, Hegarty P. Cisgenderism in psychology: Pathologising and misgendering children from 1999 to 2008. *Psychology and Sexuality*. Published online 2011:137-160. doi:http://dx.doi.org/10.1080/19419899.2011.576696
92. Horton C. Depathologising diversity: Trans children and families' experiences of pathologisation in the UK. *Children and Society*. 2023;37:753-770. doi:http://dx.doi.org/10.1111/chso.12625
93. Hafford-Letchfield T, Cocker C, Rutter D, Manning R, McCormack K. Doing the right thing and getting it right: professional perspectives in social work on supporting parents from gender diverse communities. *International Journal of Transgender Health*. 2021;22(1-2):154-166. doi:10.1080/26895269.2020.1831417
94. Heslop P, Bushell M. Reporting Findings from an Exploratory Study of Social Workers' Perceptions about autism Training. *The British Journal of Social Work*. 2023;53(6):3218-3236. doi:10.1093/bjsw/bcad108
95. Goering S. Rethinking disability: The social model of disability and chronic disease. *Musculoskeletal Medicine*. 2015;8(1):134-138. doi:http://dx.doi.org/10.1007/s12178-015-9273-z
96. Rodgers J, Herrema R, Garland D, et al. Uncertain Futures: Reporting the Experiences and Worries of Autistic Adults and Possible Implications for Social Work Practice. *The British Journal of Social Work*. 2018;49(7):1817-1836. doi:10.1093/bjsw/bcy117

97. Stevens O. Trans voices in social work research: what are the recommendations for anti-oppressive practice that includes trans people? *Critical and Radical Social Work*. 2022;10(3):422-437. doi:10.1332/204986021X16455451639379
98. Brown C. Inclusive integrated care for LGBTQ+ families: An exploratory qualitative study in the United Kingdom. *International Social Work*. 2023;0(0). doi:10.1177/00208728231196367
99. Hallyburton A. Diagnostic overshadowing: An evolutionary concept analysis on the misattribution of physical symptoms to pre-existing psychological illnesses. *Int J Mental Health Nurs*. 2022;31(6):1360-1372. doi:10.1111/inm.13034
100. Hallett S, Crompton CJ. *Too Complicated to Treat? Autistic People Seeking Mental Health Support in Scotland*. Autistic Mutual Aid Society Edinburgh; 2018.
101. Benson KJ. Perplexing Presentations: Compulsory Neuronormativity and Cognitive Marginalisation in Social Work Practice with Autistic Mothers of Autistic Children. *The British Journal of Social Work*. 2023;53(3):1445-1464. doi:10.1093/bjsw/bcac229
102. Pearson A, Rose K. A conceptual analysis of autistic masking: Understanding the narrative of stigma and the illusion of choice. *Autism in Adulthood*. 2021;3(1):52-60. doi:http://dx.doi.org/10.1089/aut.2020.0043
103. Lupton D. *Risk*. 2nd ed. Routledge; 2013. doi:http://dx.doi.org/10.4324/9780203070161
104. Pyne J. "Building a Person": Legal and Clinical Personhood for Autistic and Trans Children in Ontario. *Canadian Journal of Law and Society*. 2020;35(2):341-365. doi:http://dx.doi.org/10.1017/cls.2020.8
105. Anderson AD, Irwin JA, Brown AM, Grala CL. "Your picture looks the same as my picture": An examination of passing in transgender communities. *Gender Issues*. 2020;37(1):44-60. doi:http://dx.doi.org/10.1007/s12147-019-09239-x
106. Brown C, Rogers M. Removing gender barriers: Promoting inclusion for trans and non-binary carers in fostering and adoption. *Child & Family Social Work*. 2020;25(3):594-601. doi:10.1111/cfs.12731
107. Vincent B. A strong motivation to tick the boxes: Non-binary perceptions and experiences of gender identity clinics. In: *Non-Binary Genders: Navigating Communities, Identities and Healthcare*. Policy Press; 2020:169-195.
108. Glackin A, Pearson A, Davis R. "You Are the Expert of Your Own Experience": A Thematic Analysis of Experiences of Autism and Gender Diversity in Adulthood. *Autism in Adulthood*. Published online September 8, 2023:aut.2022.0111. doi:10.1089/aut.2022.0111
109. Gill-Peterson J. *A Short History of Trans Misogyny*. Verso; 2024.
110. Stone S. The Empire Strikes Back: A Posttranssexual manifesto. In: Epstein J, Straub K, eds. *Body Guards: The Cultural Politics of Gender Ambiguity*. Routledge; 1991:280-304.
111. Awkward-Rich C. *The Terrible We: Thinking with Trans Maladjustment*. Duke University Press; 2022. doi:http://dx.doi.org/10.2307/j.ctv2vr9cxt

112. Price M. "Her Pronouns Wax and Wane": Psychosocial disability, autobiography, and counter-diagnosis. *Journal of Literary and Cultural Disability Studies*. 2009;3(1):11-33. doi:<http://dx.doi.org/10.1353/jlc.0.0010>
113. McRuer R. *Crip Theory: Cultural Signs of Queerness and Disability*. New York University Press; 2006. doi:<http://dx.doi.org/10.18574/nyu/9780814759868.001.0001>
114. Clare E. *Brilliant Imperfection: Grappling with Cure*. Duke University Press; 2017. doi:<https://doi.org/10.2307/j.ctv1168bcj>
115. Puar JK. *The Right to Maim: Debility, Capacity, Disability*. Duke University Press; 2017. doi:<http://dx.doi.org/10.2307/j.ctv11314kc>
116. Spade D. *Normal Life: Administrative Violence, Critical Trans Politics, and the Limits of Law*. Revised and expanded edition. Duke University Press; 2015. doi:<http://dx.doi.org/10.2307/j.ctv123x7qx>
117. Chapman R. *Empire of Normality: Neurodiversity and Capitalism*. Pluto Press; 2023. doi:<http://dx.doi.org/10.2307/jj.8501594>
118. Hale J. Suggested Rules for Non-Transsexuals Writing about Transsexuals, Transsexuality, Transsexualism, or Trans____. Sandy Stone. 1997. Accessed November 13, 2023. <https://sandystone.com/hale.rules.html>
119. Tuck E. Suspending Damage: A Letter to Communities. *Harvard Educational Review*. 2009;79(3):409-428. doi:10.17763/haer.79.3.n0016675661t3n15
120. Stryker S. (De)Subjugated Knowledges: An introduction to transgender studies. In: Stryker S, Whittle S, eds. *The Transgender Studies Reader*. Routledge; 2013:1-18.
121. Bumiller K. Quirky citizens: Autism, gender, and reimagining disability. *Journal of Women in Culture and Society*. 2008;33(4):968-991. doi:<http://dx.doi.org/10.1086/528848>
122. Baron-Cohen S. The extreme male brain theory of autism. *Trends in Cognitive Science*. 2002;6(6):249-254. doi:[http://dx.doi.org/10.1016/S1364-6613\(02\)01904-6](http://dx.doi.org/10.1016/S1364-6613(02)01904-6)
123. Price D. *Unmasking Autism: The Power of Embracing Our Hidden Neurodiversity*. Monoray; 2022.
124. Mittertreiner EJ, Ng-Cordell E, McVey AJ, Kerns CM. Research methods at the intersection of gender diversity and autism: A scoping review. *Autism*. 2024;0(0). doi:10.1177/13623613241245595
125. Serano J. *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. 2nd ed. Seal Press; 2016.
126. Neumeier S M. 'To Siri With Love' and the Problem With Neurodiversity Lite. Rewire News Group. February 9, 2018. Accessed July 28, 2025. <https://rewirenewsgroup.com/2018/02/09/siri-love-problem-neurodiversity-lite/>
127. Den Houting J. Neurodiversity: An insider's perspective. *Autism*. 2019;23(2):271-273. doi:10.1177/1362361318820762

128. Walker N. *Neuroqueer Heresies: Notes on the Neurodiversity Paradigm, Autistic Empowerment and Postnormal Possibilities*. Autonomous Press; 2021.
129. Livingstone B, Gibson MF, Douglas P, Leo S, Gruson-Wood J. Weighing In: Academic Writers on Neurodiversity. *IJDSJ*. 2023;3(3). doi:10.13169/intljofdissocjus.3.3.0072
130. Ahmed S. How not to do things with words. *Wagadu: A Journal of Transnational Women's and Gender Studies*. 2016;16:1-10.
131. Powers P. Discourse analysis as a methodology for nursing inquiry. *Nursing Inquiry*. 1996;3(4):207-217. doi:10.1111/j.1440-1800.1996.tb00043.x
132. Slemon A. Absences and Silences in Critical Discourse Analysis: Methodological Reflections. *International Journal of Qualitative Methods*. 2025;24:16094069251321250. doi:10.1177/16094069251321250
133. Vincent BW. Studying trans: Recommendations for ethical recruitment and collaboration with transgender participants in academic research. *Psychology and Sexuality*. 2018;9(2):102-116. doi:http://dx.doi.org/10.1080/19419899.2018.1434558