



Healthcare for Gender Diverse Autistic Individuals: A Practitioner Perspective

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INTRODUCTION:

- Autistic adults have difficulty accessing adequate and quality healthcare¹
- Female and gender diverse autistic patients experience even more difficulty, as well as more health challenges than neurotypical counterparts²
- Little is known about clinician experience delivering healthcare to gender diverse autistic patients

CURRENT STUDY:

A pilot interview was conducted with a LEND clinician to investigate the clinician’s experience of treating female and gender diverse autistic youth to address the following research questions:

1. What is the experience of a LEND clinician in treating female and gender diverse autistic youth?
2. What does this clinician wish other healthcare professionals would know about treating this population?

METHODS:

- Interview was approximately one hour and was conducted via Zoom and recorded
- Coding followed thematic analysis³ and systematic consensus coding⁴

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EMERGENT THEMES

1) “Treating Autism” vs. Treating an Autistic Person:

“I would never say I’m treating autism. I’m caring for autistic patients and giving them the same primary care that any other person would get.”

2) Philosophy of Equity

“My clinical philosophy is one of equity in which... all patients should be able to receive high quality, primary care, regardless of their neurodivergent status...[or] their gender or their income level.”

3) Underrepresented/Misunderstood

“The stereotypical presentation of an autistic person would be male. So I think that when it comes to autistic females, I think that they are much more under-identified, and then much more misunderstood.”

4) Late Identification

“A very common pattern I see for autistic girls is to not be identified until... later... and to misidentified from age 8 on.”

5) Exploration of Identity in Adolescence

“It’s sort of this tumultuous time in adolescence where they’re discovering their neurodiversity as well as their gender diversity.”

6) Inhibitions/Restrictions in Female to Male (FtM) trans identified autistic patients:

“When they transition to male in the adolescence phase, they became much more obviously autistic.... As girls... I feel like they felt more constrained to have those stereotypes manifest, and then, when they took on the persona of more male, they seem less inhibited... I think that says a lot for expectations of female behavior.”

7) Clinical Experience vs. Open-Mindedness

“As a patient, you would want to tap into perhaps someone more of my age where we see... patients for 20 years, but then you also run the risk of having someone who may not be as open minded or language affirming.”

8) Exposure as Clinician Education

“I think that it’s just that a lot of it is exposure, exposure, and recognition that there’s this population and not letting doctors get away with, oh, I’ve never been trained, so I can’t [treat them].”

METHODS, CONT.

- Participant is a board-certified primary care physician with decades of experience treating neurodivergent youth in a national healthcare system.
- Interview protocol focused on collecting demographic information on patients, barriers to care for autistic female and gender diverse patients, and recommendations for professionals in the field when providing care for patients of this description.

DISCUSSION:

- This pilot interview, while preliminary, helps to broaden our understanding of healthcare for autistic female and gender diverse patients
- Experiences of this clinician can be used to shape interview protocol for future qualitative investigations into clinician experience.
- Future research should continue this line of inquiry to understand where areas of doctor understanding are lacking and how education for healthcare professionals can be improved and investigate autistic female and gender diverse patients’ experiences with primary healthcare.

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