Ensuring Bill S-243 Includes Autistic Women and Gender-Diverse People

Submitted by Kelly Bron Johnson
Autistic and Hard-of-Hearing disability rights advocate, M.Ed candidate

Purpose

Bill S-243, *An Act respecting the development of a national framework for women's health*, is an important opportunity to address longstanding inequities in healthcare and health research. The framework should explicitly include disabled women, autistic women, and gender-diverse people.

According to the 2022 Canadian Survey on Disability, **30% of women aged 15 and older in Canada - nearly one in three - have one or more disabilities that limit their daily activities**.[1] The Public Health Agency of Canada has also reported that **1 in 50 Canadian children and youth aged 1 to 17, or 2%, have a diagnosed autism spectrum disorder**.[2] Canada does not yet have a comparable national prevalence estimate for autistic adults. Women, gender-diverse people, racialized people, and older adults have historically been especially likely to be missed or diagnosed late.[3][4][5]

Disability and autism must therefore be integrated throughout the national framework rather than treated as secondary considerations.

Key Health Inequities

Diagnostic and healthcare barriers

Autism has historically been studied and diagnosed according to presentations more commonly recognized in boys and men. Autistic women and gender-diverse people may mask their traits or have them misattributed to anxiety, trauma or psychiatric conditions. As a result, existing health data may underrepresent this population.

Autistic people also encounter inaccessible sensory environments, communication barriers, rigid appointment systems and clinicians who lack autism-specific knowledge. Differences in speech, affect, eye contact, interoception or pain expression can cause symptoms to be underestimated or attributed to autism rather than appropriately investigated.

---

[1] Statistics Canada. (2024). A Demographic, Employment and Income Profile of Persons with Disabilities Aged 15 Years and Over in Canada, 2022. View source

[2] Public Health Agency of Canada. Autism Spectrum Disorder: Highlights from the 2019 Canadian Health Survey on Children and Youth. View source

[3] Cook, J., Hull, L., & Mandy, W. (2024). Improving Diagnostic Procedures in Autism for Girls and Women: A Narrative Review. Neuropsychiatric Disease and Treatment, 20, 505-514. View source

[4] Diemer, M. C., Gerstein, E. D., & Regester, A. (2022). Autism Presentation in Female and Black Populations: Examining the Roles of Identity, Theory, and Systemic Inequalities. Autism, 26(8), 1931-1946. View source

[5] Stagg, S. D., & Belcher, H. (2019). Living With Autism Without Knowing: Receiving a Diagnosis in Later Life. Health Psychology and Behavioral Medicine, 7(1), 348-361. View source

Accessible care should include alternatives to telephone booking; written information before and after appointments; quieter waiting options; direct communication; additional processing time; access to augmentative and alternative communication; explanations before touch or procedures; and support persons chosen by the patient without transferring decision-making authority away from them.

Reproductive health, gender and autonomy

Research and professional education should address the full lifespan, including puberty, menstruation, contraception, fertility, pregnancy, childbirth, postpartum care, abortion, perimenopause and menopause. Hormonal changes may interact with sensory processing, sleep, executive functioning, mental health and autistic burnout, yet autistic people remain underrepresented in reproductive and hormonal health research.[6]

Autistic people are also disproportionately likely to have diverse sexual orientations and gender identities. One international study found that 69.7% of autistic adult participants reported a non-heterosexual orientation. This was not a population-wide prevalence estimate, but it demonstrates the importance of considering sexual orientation in autism-informed health policy.[7]

A systematic review estimated that approximately 11% of people experiencing gender dysphoria or gender incongruence had an autism diagnosis.[8] Another large study found that transgender and gender-diverse participants were three to six times as likely to report an autism diagnosis as cisgender participants.[9]

An intersectional approach is essential. The framework should address the compounding healthcare barriers and discrimination experienced by autistic women and gender-diverse people, particularly those who are Two-Spirit or otherwise 2SLGBTQ+, racialized, Black, Indigenous, living in poverty, or facing additional disabilities.[10]

[6] de Visser, R. O. et al. (2025). Unmet Need for Autism-Aware Care for Gynaecological, Menstrual and Sexual Wellbeing. Autism, 29(4), 934-944. View source

[7] George, R., & Stokes, M. A. (2018). Sexual Orientation in Autism Spectrum Disorder. Autism Research, 11(1), 133-141. View source

[8] Kallitsounaki, A., & Williams, D. M. (2023). Autism Spectrum Disorder and Gender Dysphoria/Incongruence: A Systematic Literature Review and Meta-Analysis. Journal of Autism and Developmental Disorders, 53, 3103-3117. View source

[9] Warrier, V. et al. (2020). Elevated Rates of Autism, Other Neurodevelopmental and Psychiatric Diagnoses, and Autistic Traits in Transgender and Gender-Diverse Individuals. Nature Communications, 11, 3959. View source

[10] Diemer, M. C., Gerstein, E. D., & Regester, A. (2022). Autism Presentation in Female and Black Populations: Examining the Roles of Identity, Theory, and Systemic Inequalities. Autism, 26(8), 1931-1946. View source

Suicide, violence and mental health

Autistic women experience a serious suicide-prevention disparity. A Danish population study found that autistic girls and women had more than eight times the adjusted rate of suicide attempts found in its non-autistic reference population and more than four times the rate among autistic boys and men.[11] Swedish research found that autistic females had approximately 13 times the odds of suicide death compared with non-autistic females.[12] Canadian data from Ontario also show markedly elevated rates of recorded self-harm among autistic females.[13]

Autistic women and gender-diverse people may also face heightened risks of sexual violence, intimate-partner violence, exploitation and caregiver or institutional abuse.[14][15] Crisis services, shelters, forensic examinations and counselling must be accessible to people with different sensory and communication needs. Professionals must be trained not to dismiss disclosures because of a person's affect, communication style or disability.

Recommendations

The national framework developed under Bill S-243 should:

1. **Explicitly include both disabled and autistic women and gender-diverse people** as underserved populations, including 2SLGBTQ+ autistic people.

2. **Establish accessible healthcare standards** addressing communication, sensory environments, appointment systems, clinical examinations, pain assessment and diagnostic overshadowing.

3. **Fund autism-inclusive research**, including reproductive and hormonal health across the lifespan; gender diversity; violence; mental health and suicide; and the experiences of late-diagnosed adults.

4. **Take an intersectional approach** and create safeguards against reproductive coercion and discrimination in gender-affirming care.

5. **Ensure meaningful participation and accountability** by including and compensating autistic people with diverse identities, communication methods and support needs in the framework's development, implementation and evaluation. Data should be disaggregated by disability, sex, gender, race, Indigeneity, age, and geography.

---

[11] Kõlves, K. et al. (2021). Assessment of Suicidal Behaviors Among Individuals With Autism Spectrum Disorder in Denmark. JAMA Network Open, 4(1). View source

[12] Hirvikoski, T. et al. (2016). Premature Mortality in Autism Spectrum Disorder. British Journal of Psychiatry, 208(3), 232-238. View source

[13] Lai, M.-C. et al. (2023). Self-Harm Events and Suicide Deaths Among Autistic Individuals in Ontario, Canada. JAMA Network Open, 6(8). View source

[14] Trundle, G., Jones, K. A., Ropar, D., & Egan, V. (2023). Prevalence of Victimisation in Autistic Individuals: A Systematic Review and Meta-Analysis. Trauma, Violence, & Abuse, 24(4), 2282-2296. View source

[15] Douglas, S., & Sedgewick, F. (2024). Experiences of Interpersonal Victimization and Abuse Among Autistic People. Autism, 28(7), 1732-1745. View source

6. **Align the national framework with the Framework for Autism in Canada and Canada's Autism Strategy** by incorporating relevant priorities and federal initiatives, including those related to diagnosis, healthcare access, research, data collection and professional knowledge, with explicit attention to autistic girls, women, and gender-diverse people.

Conclusion

With nearly one in three girls and women aged 15 and older in Canada living with a disability, disability inclusion must be foundational to a national framework for women's health. Broad references to women, disability or equity-deserving populations will not automatically address the distinct barriers experienced by autistic girls, women, and gender-diverse people.

Bill S-243 should explicitly name autistic women and gender-diverse people within the national framework and require autism-informed, trauma-informed, gender-affirming, and culturally safe intersectional approaches across research, professional education, healthcare access and suicide prevention. Autistic people must be meaningfully involved in developing, implementing and evaluating the framework.