Neurodiversity and intersectionality in children and young people under 25

Evidence search report

Completed: 11th February, 2025

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Evidence search: Neurodiversity and intersectionality in children and young people under 25. Frankie Marcelline. 11th February, 2025. BRIGHTON, UK: Sussex Health Knowledge and Libraries.

Summary

This is the second of three individual evidence searches for each of SEND/LD/ND categories plus intersectionality or four categories of disadvantage - limited to ages 0-25 and the last 10 years. This evidence search focusses on database research and grey literature on neurodiversity which includes intersectionality (ethnicity, sexual orientation, deprivation and care experienced children). Key works include: Roman-Urrestarazu's, Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England. Also see, UK Parliament's, Support for neurodivergent children and young people.

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58. Health disparities and health promotion needs of college students with intellectual and/or developmental disabilities: A systematic literature review.
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63. The Design, Content and Delivery of Relationship and Sexuality Education Programmes for People with Intellectual Disabilities: A Systematic Review of the International Evidence.
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65. International journal of transgender health, LGBTQ + and autism spectrum disorder: Experiences and challenges.
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iii. ND and deprivation

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4. Childhood attention-deficit hyperactivity disorder: socioeconomic inequalities in symptoms, impact, diagnosis and medication.
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13. The causal association between maternal depression, anxiety, and infection in pregnancy and neurodevelopmental disorders among 410 461 children: a population study using quasi-negative control cohorts and sibling analysis.
14. The inequity of education, health and care plan provision for children and young people with intellectual and developmental disabilities.
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34. The association between socioeconomic status and autism diagnosis in the United Kingdom for children aged 5-8 years of age: Findings from the Born in Bradford cohort.
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40. Self-reported stigma and its association with socio-demographic factors and physical disability in people with intellectual disabilities: results from a cross-sectional study in England.
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3. Coram, Disability, disparity and demand: Analysis of the numbers and experiences of children in care and care leavers with a disability or long- term health condition.
4. Italian Guidelines for the diagnosis and treatment of Fetal Alcohol Spectrum Disorders: epidemiology.
5. Looked after children in prison as adults: life adversity and neurodisability.
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7. Educational and health outcomes of schoolchildren in local authority care in Scotland: A retrospective record linkage study.
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9. Adoption & Fostering, Profile of neurodevelopmental and behavioural problems and associated psychosocial factors among a cohort of newly looked after children in an English local authority.
10. The genetic assessment of looked after children: common reasons for referral and recent advances.
11. A systematic literature review of the risk factors associated with children entering public care.

D. Search strategy

E. Disclaimer

A. Search terms and notes

For database search strategies, please see the end of this report.

Google and Google Scholar search terms: (Limits used: country UK and last 10 years: 2015-2024. Site searches: site:ac.uk; site:org.uk; site:gov.uk) (neurodiver* OR autistic OR adhd OR dyslexia) AND (intersectional OR ethnicity OR race OR bame OR black asian minority ethnic OR gypsy OR roma OR traveller) AND (child* OR adolescent OR teen* OR "young people" OR "young adult")

(neurodiver* OR autistic OR adhd OR dyslexia) AND (intersectional OR "gender identity" OR lgb* OR sexual orientation) AND (child* OR adolescent OR teen* OR "young people" OR "young adult")

(neurodiver* OR autistic OR adhd OR dyslexia) AND (intersectional OR poverty OR deprivation OR disadvantage) AND (child* OR adolescent OR teen* OR "young people" OR "young adult")

(neurodiver* OR autistic OR adhd OR dyslexia) AND (intersectional OR "care leavers" OR "looked after" children) AND (child* OR adolescent OR teen* OR "young people" OR "young adult")

Sources searched (number of results in brackets):
Google (15)
Google Scholar (4)
Ovid MEDLINE (101)
PMC PubMed Central (24)

Date range: 2015-2025

Limits: Date and English language

For full search strategy see Section D below.

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C. Search results

i. ND and ethnicity or race

1. **Doubly Marginalized: The Interplay of Racism and Disability in Outcomes for Minoritized People With Down Syndrome.**
   Tewolde Salina Scott Ashley Higgins Alianna Blake Jasmine Michals Amy Fox Matthew P. Tripodis Yorghos Rubenstein Eric. Epidemiology (Cambridge, Mass.) 2025;36(1): 66 -75 .

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BACKGROUND: Intersectionality, or the multidimensional influence of social identity and systems of power, may drive increased morbidity and mortality for adults of color with Down syndrome. We documented racial and ethnic differences in death and hospitalizations among Medicaid-enrolled adults with Down syndrome and assessed the interaction of racial-ethnic group and Down syndrome., METHODS: Our sample consisted of 119,325 adults with Down syndrome and >3.2 million adults without intellectual disability enrolled in Medicare at any point from 2011 to 2019. We calculated age-adjusted mortality and hospitalization rates by racial-ethnic group among those with Down syndrome. We examined the additive interaction between Down syndrome and racial and ethnic group on mortality and hospitalization rates., RESULTS: Among those with Down syndrome, age-adjusted mortality rate did not differ between Black and White racial groups (rate ratio: 0.96, 95% confidence interval [CI] = 0.92, 1.01), while the mortality rate was lower for Pacific Islanders (0.80), Asian (0.71), Native (0.77), and mixed-race groups (0.50). Hospitalization rates were higher for all marginalized groups compared to the White group. When assessing the interaction between racial-ethnic group and Down syndrome, Black, Native Americans, and mixed-race groups exhibited a negative additive interaction for mortality rate, and all groups except Native Americans exhibited positive additive interaction for hospitalization., CONCLUSIONS: Increased hospitalization rates for adults with Down syndrome from marginalized racial and ethnic groups suggest worse health and healthcare. Similar mortality rates across racial and ethnic groups may result from an increased infant mortality rate in marginalized groups with Down syndrome, leading to reduced mortality among those surviving to adulthood. Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.

2. **A Review of the Literature on the Multiple Forms of Stigmatization of Caregivers of Children with Autism Among Ethnic Minority Groups.**
   Pang Ricci C. C Ho Mimi S. H Wong Paul W. C. Journal of racial and ethnic health disparities 2024;11 (1): 545 -559 .

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   Multiple forms of stigmatization are experienced by caregivers of children with autism among ethnic minority (EM) groups in various countries. Such forms of stigmatization can lead to delayed assessment and services for mental health among children and caregivers. This review identified the research literature on the types of stigmatization experienced by caregivers of children with autism with an EM background. A total of 19 studies published after 2010 (i.e., 12 from the USA, 2 from the UK, 1 from Canada, and 1 from New Zealand) of caregivers of 20 ethnicities were identified and reviewed, and their reporting qualities systematically also assessed. Four main themes: (1) self-stigma, (2) social stigma, (3) stigma towards EM parents of children on the autism spectrum, and (4) service utilization stigma, and nine sub-themes were identified. The discrimination experienced by caregivers were extracted, synthesized, and further discussed. While the reporting quality of the studies included is good, the depth of the understanding of this under-researched yet important phenomenon is very limited. The multiple forms of stigmatization experiences are complex, and it may be difficult to disentangle whether the causes of stigmatization were autism and/or EM related, and the types of stigmatization can vary enormously among different ethnic groups in different societies. More quantitative studies are needed to quantify the impacts of multiple forms of stigmatization on families of children with autism in EM groups so that more socially inclusive support for caregivers with an EM background in host countries can be developed. Copyright © 2023. W. Montague Cobb-NMA Health Institute.

3. **A Scoping Review of the Intersectionality of Autism and Intellectual and Developmental Disability with Social Inequity on Diagnosis and Treatment of Youth.**
   Weiss, M. D., Daniolos, P. T., Coughlin, K., Mulvaney-Day, N., Cook, B., & Rosenblum, D. Journal of child and adolescent psychopharmacology, 2024

   Objective: To describe how the intersectionality of race, ethnicity, and language with autism and intellectual and developmental disability (IDD) impacts mental health inequities in psychopharmacological management of youth. ***Method:*** This was a scoping review in which a series of searches were conducted in PubMed, Web of Science, Google Scholar, and manual review of the articles collected. ***Results:*** Although autism and/or IDD increases the risk for poor physical and mental health, social determinants of health such as race, ethnicity, and language account for approximately a third of poor outcomes. Minoritized children with autism/IDD experience significantly greater delays to diagnosis and misdiagnosis and are less likely to receive appropriate services. Access to psychological testing and psychosocial services is often limited by availability, skilled practitioners, a shortage of non-English-language providers or interpreters, and poor reimbursement. ***Conclusion:*** The intersectionality of autism and/or IDD with race, ethnicity, and language compounds the health inequities associated with either of these challenges independently.

Keywords: autism; health equity; intellectual developmental disability; psychopharmacology; social determinants of health.

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4. **Education at the intersections.**
   Hannah Lichwa. British Psychological Society (BPS), 2024

   An intersectional lens helps us consider the additional challenges students from ethnic minority backgrounds often face. Consider two neurodivergent teenagers who have social communication differences. Pupil A is Black Caribbean, and pupil B is White British. Both are experiencing difficulties managing school expectations, particularly concerning their interactions with others, frequently getting into disagreements and becoming visibly frustrated. Will their lived experience of neurodivergence be the same? Will how they are perceived by others be the same?

   Available online at this link

5. **Interactive Effects of Racism and Racial Centrality on ADHD Symptoms.**
   Boyd Kaylee Ware Maryam Mekawi Yara. Journal of attention disorders 2024;28 (10): 1368 -1377 .

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   OBJECTIVE: Although race-related stress is associated with numerous mental health outcomes, no previous research has examined associations with ADHD symptoms. We examine how such associations differ in Black Americans based on racial identity to allow for more nuanced understandings of racial discrimination's association with ADHD symptoms., METHODS: This study asked a sample of Black Americans to answer questionnaires assessing race-related stress, ADHD symptoms, and racial centrality., RESULTS: In predicting ADHD symptoms, we found a positive effect of race-related stress and a negative effect of centrality. At low levels of centrality, the association between ADHD symptoms and race-related stress was stronger than at mean and high levels of centrality. Through additional sub-group analyses we found the interaction effect not replicating in one of our conditions., CONCLUSION: These results suggest experiences of race-related stress and racial identity are important factors for consideration in the treatment of ADHD symptoms.

6. **Large-scale analysis reveals racial disparities in the prevalence of ADHD and conduct disorders.**
   Shalaby Noha Sengupta Sourav Williams Jamal B. Scientific reports 2024;14 (1): 25123 .

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   The primary purpose of this study is to highlight trends in the prevalence of attention deficit/hyperactivity disorders (ADHD) and conduct disorders (CD) between non-Hispanic White and non-Hispanic Black populations and identify potential diagnostic disparities between these groups. De-identified electronic health record data on the TriNetX platform of patients diagnosed with ADHD, CD, or both between January 2013 and May 2023 from 50 healthcare organizations in the US were used to investigate racial and sex disparities in the prevalence of ADHD and CD diagnoses. With a cohort of 849,281 ADHD patients and 157,597 CD patients, non-Hispanic White individuals were ~ 26% more likely to receive ADHD diagnosis and ~ 61% less likely to be diagnosed with CD than non-Hispanic Black individuals. The mean age of diagnosis of ADHD was over 8 years older for White patients than for Black patients, with a disproportionately higher number of White patients diagnosed in adulthood, compared to a comparatively negligible number of Black patients diagnosed with ADHD in the same age group. Additionally, Black females were the cohort least likely to be diagnosed with ADHD, while White females were the cohort least likely to be diagnosed with CD. Race disparities exist between Black and White populations, and sex disparities exist within each population. More information is needed to determine contributors to these differences, although implicit biases and systemic racism may be key contributing factors. Presenting evidence and increasing awareness of culturally relevant diagnoses can reduce unconscious bias and move toward more informed and objective psychiatric evaluations. Copyright © 2024. The Author(s).

7. **Racial-Ethnic Differences in ADHD Diagnosis and Treatment During Adolescence and Early Adulthood.**
   Adams Sydney M. Riley Tennisha Quinn Patrick
   D. Meraz Richard Karna Vivek Rickert Martin D'Onofrio Brian M. Psychiatric services (Washington, D.C.) 2024;75 (6): 521 -527 .

   Available online at this link

   Available online at this link

   OBJECTIVE: This study examined racial-ethnic differences in attention-deficit hyperactivity disorder (ADHD) diagnosis and treatment during adolescence and early adulthood., METHODS: A national health care claims database was used to identify a cohort of 4,216,757 commercially insured youths with at least 1 year of coverage during 2014-2019. Racial-ethnic differences in the prevalence of visits with a recorded ADHD diagnosis (identified through ICD-9-CM and ICD-10-CM codes) and of ADHD treatment (identified through medical claims for psychosocial treatments and pharmacy claims for ADHD medications) were examined. Period prevalence rates were determined within five age categories, stratified by race-ethnicity. Poisson regression with a natural log link was used within each age category to estimate prevalence ratios (PRs) comparing prevalence in each racially and ethnically minoritized group with prevalence in the White group., RESULTS: The overall prevalence of ADHD diagnosis was 9.1% at ages 12-14 and 5.3% at ages 24-25. In each age category, Asian, Black, and Hispanic youths had lower prevalence of ADHD diagnosis than did White youths (PR=0.29-0.77). Among youths with an ADHD diagnosis, relative racial-ethnic differences in treatment were small (PR=0.92-1.03)., CONCLUSIONS: Throughout adolescence and early adulthood, racially and ethnically minoritized youths were less likely than White youths to have health care visits with recorded ADHD diagnoses and, among those with diagnoses, were also slightly less likely to receive treatment. More research is needed to understand the processes underlying these differences and their potential health consequences among racially and ethnically minoritized youths.

8. **Support for neurodivergent children and young people.**
   Sam Vo, Laura Webb. UK Parliament, 2024

   This POSTnote considers support available for neurodivergent children and young people in healthcare and education, and barriers to accessing that support. Some known neurodevelopmental conditions include autism (sometimes known as ASD, or autism spectrum disorder), attention deficit hyperactivity disorder (ADHD), developmental coordination disorder (also known as dyspraxia) and specific learning difficulties such as dyscalculia and dyslexia. This POSTnote covers neurodivergence among children and young people, including known neurodevelopmental conditions. It focuses on support for neurodivergent children and young people in education and healthcare.

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9. **Prevalence of autism in different ethnic groups in Europe, North America, and Oceania, 2021-2023.**
Sophie McGrevey, William Farr, Ian Male, Anjum Memon. University of Sussex, 2023

Background: There is a large amount of research looking at the prevalence of autism in majority White population countries in Europe, North America, and Oceania. However, there is limited research on autism prevalence according to different ethnic groups. We conducted this study to ascertain the current prevalence of autism in different ethnic groups in these continents.

Aims: To examine the current prevalence of autism according to different ethnic groups in Europe, North America, and Oceania between 2021 and 2023. Methods: MEDLINE and PsycInfo databases were searched for autism prevalence studies in Europe, North America and Oceania published between 2021 and 2023.

Results: 18 studies reported on autism prevalence in Europe, North America, and Oceania. 14 papers did not provide enough information or did not report on ethnicity. The median prevalence was 316 per 10,000 for White children (range: 42-516; mean: 300), 212 for Black children (range: 50-522; mean: 261), 83 for Asian children (range: 60-106; mean: 83) and 230 for Hispanic children (range: 93-322; mean: 225).

Conclusions: With few studies reporting ethnicity data, it is hard to get an accurate representation of autism prevalence in different ethnic groups across Europe, North America, and Oceania. More research is needed to better understand the autism prevalence in different ethnic groups.

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10. **Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England.**
Roman-Urrestarazu A., van Kessel R., Allison C., Matthews FE, Brayne C., Baron-Cohen S. JAMA Pediatrics, 2021

Key Points

Question What is the prevalence of autism spectrum disorder (ASD) in the total English state school population, and what are the social determinants associated with ASD status?

Findings In this ASD prevalence cohort study of 7 047 238 pupils, national English prevalence was 1.76%, with marked differences according to racial/ethnic group. The highest prevalence was found in Black pupils (2.11%) and the lowest in Roma/Irish Travelers (0.85%), with important variability across geographic areas.

Meaning These results show differences in ASD prevalence estimates across racial/ethnic minority groups in England, which could be attributable to diagnostic biases, possible differences in detection and referral, or differential phenotypic prevalence for racial/ethnic minority groups.

Abstract

Importance The global prevalence of autism spectrum disorder (ASD) has been reported to be between 1% and 2% of the population, with little research in Black, Asian, and other racial/ethnic minority groups. Accurate estimates of ASD prevalence are vital to planning diagnostic, educational, health, and social care services and may detect possible access barriers to diagnostic pathways and services and inequalities based on social determinants of health.

Objective To evaluate whether socioeconomic disadvantage is associated with ASD prevalence and the likelihood of accessing ASD services in racial/ethnic minority and disadvantaged groups in England.

Design, Setting, and Participants This case-control prevalence cohort study used the Spring School Census 2017 from the Pupil Level Annual Schools Census of the National Pupil Database, which is a total population sample that includes all English children, adolescents, and young adults aged 2 to 21 years in state-funded education. Data were collected on January 17, 2017, and analyzed from August 2, 2018, to January 28, 2020.

Exposures Age and sex were treated as a priori confounders while assessing correlates of ASD status according to (1) race/ethnicity, (2) social disadvantage, (3) first language spoken, (4) Education, Health and Care Plan or ASD Special Educational Needs and Disability support status, and (5) mediation analysis to assess how social disadvantage and language might affect ASD status.

Main Outcomes and Measures Sex- and age-standardized ASD prevalence by race/ethnicity and 326 English local authority districts in pupils aged 5 to 19 years.

Results The final population sample consisted of 7 047 238 pupils (50.99% male; mean [SD] age, 10.18 [3.47] years) and included 119 821 pupils with ASD, of whom 21 660 also had learning difficulties (18.08%). The standardized prevalence of ASD was 1.76% (95% CI, 1.75%-1.77%), with male pupils showing a prevalence of 2.81% (95% CI, 2.79%-2.83%) and female pupils a prevalence of 0.65% (95% CI, 0.64%-0.66%), for a male-to-female ratio (MFR) of 4.32:1. Standardized prevalence was highest in Black pupils (2.11% [95% CI, 2.06%-2.16%]; MFR, 4.68:1) and lowest in Roma/Irish Travelers (0.85% [95% CI, 0.67%-1.03%]; MFR, 2.84:1). Pupils with ASD were more likely to face social disadvantage (adjusted prevalence ratio, 1.61; 95% CI, 1.59-1.63) and to speak English as an additional language (adjusted prevalence ratio, 0.64; 95% CI, 0.63-0.65). The effect of race/ethnicity on ASD status was mediated mostly through social disadvantage, with Black pupils having the largest effect (standardized mediation coefficient, 0.018; $P < .001$) and 12.41% of indirect effects through this way.

Conclusions and Relevance These findings suggest that significant differences in ASD prevalence exist across racial/ethnic groups and geographic areas and local authority districts, indicating possible differential phenotypic prevalence or differences in detection or referral for racial/ethnic minority groups.

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11. **South East All-age Autism Strategy 2021–2026.**
NHS England and NHS Improvement, 2021

Autism is a national priority, and the South East region is aware that variance currently exists in the support available to people across its geography. This document is intended set out a vision, key priorities and "direction of travel" (way in which support develops or progresses) for autism services in the South East of England. Whilst this is a health led piece of work, and therefore has a health focus, input has also been provided by autistic people and their families, social care, care providers, third and voluntary sector organisations.

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12. **Autism in black, Asian and minority ethnic communities: a report on the first Autism Voice UK Symposium.**
Kandeh, M.S., Kandeh, M.K., Martin, N. and Krupa, J. Advances in Autism, 2018

Little is known about the way autism is interpreted and accepted among the Black, Asian and Minority Ethnic (BAME) populations in the United Kingdom (UK). This report summarises a symposium on autism in the UK BAME community in 2018 organised by Autism Voice UK, Participatory Autism Research Collective (PARC) and the Critical Autism/Disabilities Studies Research Group (CADS) at London South Bank University (LSBU). The stance a family or community take about a condition like autism is influenced by their cultural background. The aims of the symposium were to highlight different perspectives about autism in BAME communities and to preserve the cultural dignity of the community in supporting autistic members. Beliefs about autism, diagnosis, acceptance and support for autistic people from a specific cultural perspective of BAME communities must be cautiously interpreted by autism professionals because beliefs vary among different cultural groups. Thematic analysis of feedback from participants yielded the following foci. Firstly, cultural, ethnic and religious sensitivities were important to participants who felt that these were often ignored by non-BAME professionals. Secondly, the need for collaboration to improve autism awareness within the community and understanding by professionals of the intersectionality between autism and identity in BAME families was prioritised. Thirdly, issues around feelings of stigma were common, but delegates felt that these were not well understood beyond people identifying as BAME. An action plan was created which highlighted raising public awareness through community engagement, improving access to information for parents, and culturally aware autism education for professionals and BAME communities.

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13. **Diverse perspectives: the challenges for families affected by autism from Black, Asian and Minority Ethnic communities.**
Guy Slade. National Autistic Society, 2014

We wanted to find out some of the key reasons why BAME autistic people are not receiving appropriate support or struggling to get a diagnosis. To help us do this, we asked BAME autistic people and their families about their needs and experiences and to consider the role that ethnicity, faith and language could play in this.

Five key themes came out of these discussions:

1

Challenges getting a diagnosis - some participants considered levels of understanding of autism to be lower in their communities, which may have delayed a diagnosis. Others said that teachers can fail to spot characteristics of autism due to incorrect assumptions about a child's behaviour or language abilities.

2

Barriers to accessing support services - parents talked about challenges understanding autism and knowing what services are available due to information often only being available in English, few translation services and professionals' use of jargon.

3

Communication problems with professionals - some families said they didn't feel confident dealing with professionals or they felt professionals could be patronising or lacking in cultural understanding. Others said some people from BAME communities could hold suspicious attitudes towards professionals and authorities.

4

Awareness and understanding of autism within communities - close communities can be an important source of support for people, but many participants reported coming across judgemental attitudes. Our charity was told that disability can be stigmatised in certain communities and sometimes blamed on parents. While some participants emphasised that their faith gave them strength, others spoke about a lack of support from faith groups and at places of worship.

5

Denial and isolation - some families said they initially refused to acknowledge that their child was autistic. Others believed that their child's difficulties should remain private and not be discussed outside the home. Along with feelings of blame and shame, many said that these issues could lead to parents, carers and siblings missing out on support and becoming socially isolated.

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ii. ND and sexual orientation and gender identity

1. **Autistic and transgender/gender diverse people's experiences of health and healthcare.**
   Green Kate Weir Elizabeth Wright Lily Allison Carrie Baron-Cohen Simon. Molecular autism 2025;16 (1): 4 .

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   BACKGROUND: Autistic people and transgender/gender diverse people experience poorer healthcare experiences and greater risk of diagnosed, suspected, and assessment recommended health conditions, compared to non-autistic and cisgender individuals, respectively. Despite this, there is a paucity of studies on the healthcare experiences and health outcomes of transgender/gender diverse autistic individuals., METHODS: We compared the healthcare experiences and health outcomes of cisgender autistic (n = 1094), transgender/gender diverse autistic (n = 174), and cisgender non-autistic adults (n = 1295) via an anonymous, self-report survey. All individuals whose sex assigned at birth did not match their current gender identity were categorized as transgender/gender diverse; this was possible to determine, as the survey asked about sex assigned at birth and gender in separate questions. Unfortunately, n = 57 transgender/gender diverse non-autistic participants were excluded from these analyses a priori, due to low power. Unadjusted and adjusted binomial logistic regression models with FDR correction were employed to assess healthcare experiences and rates of co-occurring mental and physical health conditions., RESULTS: Both transgender/gender diverse and cisgender autistic adults had higher rates of all health conditions (including conditions that are formally diagnosed, suspected, or recommended for assessment), compared to cisgender non-autistic adults. Transgender/gender diverse autistic adults were 2.3 times more likely to report a physical health condition, 10.9 times more likely to report a mental health condition, and 5.8 times more likely to report self-harm than cisgender non-autistic adults. Both autistic groups also reported significantly poorer healthcare experiences across 50/51 items., LIMITATIONS: These data were not originally collected to understand the experiences of transgender/gender diverse individuals. In addition, our recruitment strategies, use of a convenience sampling method, and the use of a self-report survey limit the generalizability of the study. As our sample was biased towards white individuals, UK residents, relatively highly educated individuals, those assigned female at birth, and those who currently identify as female, our findings may be less applicable to individuals of differing demographics. Finally, the present study does not include information on the experiences of transgender/gender diverse non-autistic people., CONCLUSIONS: Autistic people have poorer self-reported health and healthcare; however, being gender diverse is associated with further risk for certain adverse experiences and outcomes. Future research on the health and healthcare experiences of transgender/gender diverse autistic people is urgently needed. In particular, forthcoming studies in this area should aim to recruit large-scale and representative studies and should compare the experiences of transgender/gender diverse autistic people to those of transgender/gender diverse non-autistic people. Greater recognition of challenges and reasonable adjustments are essential for people with marginalized, intersectional identities in clinical practice. Copyright © 2025. The Author(s).

2. **Exploring the Intersection of Gender Diversity and Intellectual Disability: A Scoping Review With a Focus on Clinical Care.**
   Sternberg Kady F. Cloutier Joanna G. Ahlers Kaitlyn Moore Christina Koth Kathleen

A. Soda Takahiro Malhi Narpinder Kaur Verma Shikha Yeh Lisa C. McLaren Jennifer L. Journal of applied research in intellectual disabilities : JARID 2025;38 (1): e70010 .

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BACKGROUND: Little research has been conducted solely exploring gender diversity in people with intellectual disabilities. This review explores the literature, discusses the prevalence, and identifies clinical best practices for people at the intersection of gender diversity and intellectual disability., METHOD: A scoping review was conducted utilising PRISMA methodology of the following databases: PubMed, CINAHL Complete (EBSCO), Cochrane Library (Wiley), Dissertations & Theses Global (ProQuest), PsycInfo (EBSCO), Scopus and Web of Science., RESULTS: Five hundred seventy five titles and abstracts were screened, 61 full-text articles were reviewed and 17 met inclusion criteria. Four major themes were identified: prevalence, trauma and co-occurring mental health disorders, barriers to care and best practices., CONCLUSION: This review highlights the lack of research and provides valuable insight into the experiences of people with gender diversity and intellectual disability. Further research is needed to understand the prevalence and explore the intersection and experience of gender-diverse people with intellectual disabilities. Copyright © 2025 John Wiley & Sons Ltd.

3. **A comparison of gender diversity in transgender young people with and without autistic traits from the Trans 20 cohort study.**
Tollit, M. A., Maloof, T., Hoq, M., Haebich, K., Pace, C. C., Rodriguez, Z. M., Sial, M., Payne, J. M., & Pang, K. The Lancet regional health. Western Pacific, 2024

Background: There is an elevated co-occurrence of autism in trans individuals, with recent meta-analyses suggesting that 11% of trans individuals are autistic. The presence of autism in trans young people can create clinical challenges by adding complexity to the presentation, assessment and management of those presenting to gender clinics. Although many trans young people display traits of autism, how these traits relate to the nature of their gender diversity is unclear.

Methods: This study compared gender identity, gender expression and gender dysphoria (GD) in trans young people with and without autistic traits. Baseline data from a cohort study of trans children and adolescents who first attended the Royal Children's Hospital Gender Service (Victoria, Australia) between February 2017 and January 2020 were analysed cross-sectionally. Autistic traits were assessed via the Social Responsiveness Scale-2. Gender was assessed using tools that measure gender identity, social transition, GD, body dissatisfaction, voice dysphoria, and chest dysphoria.

Findings: 522 participants were included, of whom 239 (45.8%) exhibited autistic traits (SRS total T-score ≥60). Those with and without autistic traits were similar in their age (mean (SD) age 14.0 (2.9) and 13.1 (3.6) years respectively) and gender identity: the majority (73.7% (n = 174) and 70.5% (n = 198) respectively) identified in a binary way. Higher rates of social transition (specifically, changing pronouns) were noted in those with autistic traits (Difference in proportion 11.7, 95% confidence interval [CI] 2.4-21.1, $p = 0.014$). GD was high in both groups with ~95% displaying clinically relevant levels of GD. Chest dysphoria was similar between groups, while voice dysphoria was higher in those with autistic traits (standardised mean difference [SMD] = 0.3, 95% confidence interval [CI]: 0.1-0.5 $p = 0.00087$). Dissatisfaction with secondary gendered characteristics (SMD = 0.3, CI: 0.1-0.5 $p = 0.0011$) and hormonally unresponsive body characteristics (SMD = 0.2, CI: 0.1-0.4 $p = 0.016$) was higher in trans young people with autistic traits.

Interpretation: The similarly high severity of GD in those with and without autistic traits reinforces the importance of trans young people with and without autistic traits being availed the same opportunities to access gender-affirming care. Subtle differences identified between the groups in other areas of gender diversity suggest trans young people with autistic traits may have distinct needs and that gender-affirming care may need to be tailored accordingly.

Funding: The Royal Children's Hospital Foundation, Hugh D.T. Williamson Foundation; Australian National Health and Medical Research Council-Clinical Trials and Cohort Studies scheme (GNT 2006529).

Keywords: Autism spectrum disorder; Gender dysphoria; Gender identity; Health services research; Pediatric child and adolescent medicine; Transgender persons.

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4. **Development of a sexual consent intervention for adolescents with intellectual and developmental disabilities.**
Greene Alison Baugh Mika Sherwood-Laughlin Catherine Greathouse Lisa Galyan Jordyn Simic Stanjovic Ivanka Sangmo Dechen Jozkowski Kristen Dubie Melissa Chow Angela. Journal of applied research in intellectual disabilities : JARID 2024;37 (5): e13272 .

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BACKGROUND: Tailored sexuality education for adolescents with intellectual and developmental disabilities is a crucial, yet unmet, need as this population is particularly at risk for sexual abuse and victimisation. However, there are no evidence-based interventions to specifically address this need. This paper presents the development of an intervention framework to address equity in sexuality education and support adolescents with intellectual and developmental disabilities to understand and provide sexual consent, a foundational aspect of sexuality education and sexual health., METHODS: The Sexual Health Equity Project team used a Community-Based Participatory Research approach to develop a four-module sexual consent intervention for adolescents with intellectual and developmental disabilities. We leveraged a diverse, interdisciplinary team in a suburban Midwestern school district, and used Backward Design to create objectives and assessments which were rooted in findings from qualitative data by special education teachers., RESULTS: The resulting sexual consent intervention, Ask Me First-Choices, is comprised of four modules covering topics including definition of sexual consent; decision-making strategies and practice; communicating consent and refusal, identifying situations of consent and non-consent; and legal issues surrounding consent. Each module is divided into five components for content delivery: (1) introduction, (2) lecture, (3) supplemental activity, (4) assessment, and (5) conclusion. We detail the intervention's unique aspects, emphasising areas where we used Universal Design for Learning principles to support teachers' instruction and students' learning., CONCLUSION: Our efforts to create a sexual consent intervention directly address sexuality education equity issues. We offer commentary on our design process and decisions, as well as recommendations for future groups who want to develop sexual health interventions in similar contexts for students with intellectual and developmental disabilities. Next steps include further testing and validation of the sexual consent intervention to build the evidence-base of sexuality education for adolescents with intellectual and developmental disabilities. Copyright © 2024 The Author(s). Journal of Applied Research in Intellectual Disabilities published by John Wiley & Sons Ltd.

5. **Distressing Problems with Sexual Function and Symptoms of Attention-Deficit/Hyperactivity Disorder.**
Goldberg Simone Y. Thulin Maya C. Kim Hyoun S. Dawson Samantha J. Archives of sexual behavior 2024;53 (10): 3739 -3745 .

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Cognitive models of sexual dysfunction situate distraction as a core mechanism underlying difficulties with sexual function. It follows that individuals who have difficulties with inattention and distractibility (e.g., attention-deficit/hyperactivity disorder; ADHD) may be at increased risk of problems with their sexual function, though previous research is mixed, and no research has examined links with sexual distress despite distress being a necessary criterion for sexual dysfunction. The goals of the current study were to: (1) examine associations between ADHD symptoms, sexual function, and sexual distress; (2) examine group differences in sexual function and sexual distress as a function of presumptive ADHD diagnosis; and (3) establish whether individuals with presumptive ADHD are at greater risk of distressing problems with sexual function relative to controls. In a large mixed-gender community sample (N = 943: controls n = 837, presumptive ADHD n = 106), we found that ADHD symptoms were positively correlated with worse overall sexual function, as well as orgasm difficulties and greater sexual distress. Relative to controls, individuals with presumptive ADHD reported worse sexual function and greater sexual distress, controlling for age, biological sex, and sexual orientation. Individuals with presumptive ADHD were significantly more likely (OR = 2.16) to have distressing problems with sexual function than controls. Core difficulties related to ADHD, including inattention, distractibility, and emotion dysregulation, may make individuals more vulnerable to experiencing problems with sexual function and sexual distress, putting them at risk for developing sexual dysfunction. Taken together, these data support associations between ADHD and distressing sexual function problems, including possible mechanisms explaining these links such as difficulties with emotion regulation. Copyright © 2024. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.

6. **Exploring sexual health in people with mild intellectual disabilities: A concept mapping study on the perspectives of relatives and support staff.**
   de Wit Wouter Roeg D Frielink N Embregts P J. C M. Journal of intellectual & developmental disability 2024;49 (2): 241 -252 .

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   BACKGROUND: Sexual health includes physical, emotional, mental, and social wellbeing related to sexuality. Given people with mild intellectual disabilities' reliance on relatives and support staff, it is important to explore the latter's understanding of sexual health., METHOD: Relatives (n = 7) and support staff (n = 15) of people with mild intellectual disabilities participated in a concept mapping procedure that included brainstorming, sorting and ranking activities. An expert group interpreted the results., RESULTS: Relatives and support staff identified aspects of sexual health of people with mild intellectual disabilities, including sexual preferences, sexual behaviour and support and education. While relatives prioritised relationships, support staff emphasised sexual identity., CONCLUSIONS: The study highlights the necessity of adopting a comprehensive approach to sexual health for people with mild intellectual disabilities. This approach should consider developmental perspectives, incorporating support, education and a positive attitude towards their sexual health. Implications for research and practice are discussed.

7. **Exploring the Experience of Romantic Relationships and Sexuality Education in Neurodivergent and Neurotypical Young Individuals.**
   Smusz, M., Birkbeck, C., Bidgood, A. et al. Sexuality and Disability, 2024

   Purpose The literature indicates that sexuality education provided in schools/colleges in the United Kingdom (UK) may not be appropriate for people with Autism Spectrum Disorder (ASD). There appears to be a lack of understanding of the subject regarding young people with Attention-Deficit/Hyperactivity Disorder (ADHD) and a dual diagnosis (ASD co-occurring with ADHD). Research also suggests that compared to neurotypical peers, young people with ASD tend to receive less support on sexuality from their parents, who often feel that they lack the appropriate skills to help their children with some sex-related issues. Some young people with ASD and ADHD also report lacking an understanding of the social nuances of dating and intimacy, which is crucial for navigating romantic relationships. *Design/methodology/approach* This study explored sexuality education and romantic relationships in young people based on a semi-structured interview approach to the topic. Thematic Analysis (TA) was employed to analyze the data. *Findings* Six themes were developed from the participants' narratives: Societal ideology about sexuality;

Substandard school-based sexuality education; The role of adults in sexuality education; Pornography, as a very powerful alternative means of sexuality education; Young people and romance—a complicated world to navigate; Experience of abuse in the young neurodivergent population is a serious matter. Findings revealed that many neurodivergent and neurotypical young people received basic sex education in their schools/colleges and homes and encountered challenges navigating romantic relationships. Neurodivergent young people reported experiencing greater challenges related to their understanding of and building romantic relationships than their neurotypical peers. *Originality/value* To the researchers' knowledge, this is the first exploration of romantic relationships and sexuality education in neurotypical young people as well as three groups of neurodivergent young people (with ASD, ADHD, and ASD co-occurring with ADHD).

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8. **Gender diversity is correlated with dimensional neurodivergent traits but not categorical neurodevelopmental diagnoses in children.**
Mo Kelly Anagnostou Evdokia Lerch Jason P. Taylor Margot J. VanderLaan Doug P. Szatmari Peter Crosbie Jennifer Nicolson Robert Georgiadis Stelios Kelley Elizabeth Ayub Muhammad Brian Jessica Lai Meng-Chuan Palmert Mark R. Journal of child psychology and psychiatry, and allied disciplines 2024;65 (9): 1223 -1236 .

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BACKGROUND: Gender clinic and single-item questionnaire-based data report increased co-occurrence of gender diversity and neurodevelopmental conditions. The nuances of these associations are under-studied. We used a transdiagnostic approach, combining categorical and dimensional characterization of neurodiversity, to further the understanding of its associations with gender diversity in identity and expression in children., METHODS: Data from 291 children (Autism N = 104, ADHD N = 104, Autism + ADHD N = 17, neurotypical N = 66) aged 4-12 years enrolled in the Province of Ontario Neurodevelopmental Network were analyzed. Gender diversity was measured multi-dimensionally using a well-validated parent-report instrument, the Gender Identity Questionnaire for Children (GIQC). We used gamma regression models to determine the significant correlates of gender diversity among age, puberty, sex-assigned-at-birth, categorical neurodevelopmental diagnoses, and dimensional neurodivergent traits (using the Social Communication Questionnaire and the Strengths and Weaknesses of ADHD Symptoms and Normal Behavior Rating Scales). Internalizing and externalizing problems were included as covariates., RESULTS: Neither a categorical diagnosis of autism nor ADHD significantly correlated with current GIQC-derived scores. Instead, higher early-childhood dimensional autistic social-communication traits correlated with higher current overall gender incongruence (as defined by GIQC-14 score). This correlation was potentially moderated by sex-assigned-at-birth: greater early-childhood autistic social-communication traits were associated with higher current overall gender incongruence in assigned-males-at-birth, but not assigned-females-at-birth. For fine-grained gender diversity domains, greater autistic restricted-repetitive behavior traits were associated with greater diversity in gender identity across sexes-assigned-at-birth; greater autistic social-communication traits were associated with lower stereotypical male expression across sexes-assigned-at-birth., CONCLUSIONS: Dimensional autistic traits, rather than ADHD traits or categorical neurodevelopmental diagnoses, were associated with gender diversity domains across neurodivergent and neurotypical children. The association between early-childhood autistic social-communication traits and overall current gender diversity was most evident in assigned-males-at-birth. Nuanced interrelationships between neurodivergence and gender diversity should be better understood to clarify developmental links and to offer tailored support for neurodivergent and gender-diverse populations. Copyright © 2024 The Authors. Journal of Child Psychology and Psychiatry published by John Wiley & Sons Ltd on behalf of Association for Child and Adolescent Mental Health.

9. **Gender, assigned sex at birth, and gender diversity: Windows into diagnostic timing disparities in autism.**
McQuaid, G. A., Ratto, A. B., Jack, A., Khuu, A., Smith, J. V., Duane, S. C., Clawson, A., Lee, N. R., Verbalis, A., Pelphrey, K. A., Kenworthy, L., Wallace, G. L., & Strang, J. F. Autism, 2024

   Later autism diagnosis is associated with risk for mental health problems. Understanding factors related to later autism diagnosis may help reduce mental health risks for autistic people. One characteristic associated with later autism diagnosis is female sex. However, studies often do not distinguish sex assigned at birth and gender identity. Gender diversity may be more common in autistic relative to neurotypical people, and autism is more common in gender-diverse populations. We studied age at autism diagnosis by sex assigned at birth, gender identity, and gender diversity (gender-diverse vs cisgender) status, separately. We studied three separate autistic samples, each of which differed in how they were diagnosed and how they were recruited. The samples included 193 persons (8.0-18.0 years) from a research-recruited academic medical center sample; 1,550 people (1.3-25.4 years) from a clinic-based sample; and 244 people (18.2-30.0 years) from a community-enriched sample. We found significant differences in the clinic-based and community-enriched samples. People assigned female sex at birth were diagnosed with autism significantly later than people assigned male at birth. People of female gender were diagnosed significantly later than people of male gender. Gender-diverse people were diagnosed significantly later than cisgender people. Sex assigned at birth, gender identity, and gender diversity may each show unique relationships with age of autism diagnosis. Differences in how autistic people are diagnosed and recruited are important to consider in studies that examine sex assigned at birth or gender identity. More research into autism diagnosis in adulthood is needed.

   Keywords: age at diagnosis; autism; diagnosis; gender; sex.

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10. **Having Reliable Support: A Prerequisite to Promote Sexual and Reproductive Health in Young Women with ADHD.**
Wallin Karin Wallin-Lundell Inger Alehagen Siw Hanberger Lena Hultsjo Sally. Archives of sexual behavior 2024;53 (10): 4117 -4129 .

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    Living with attention deficit hyperactivity disorder (ADHD) may influence sexual behaviors and intimate relationships in young women, resulting in a higher risk of unwanted pregnancy, sexual victimization, and sexual dysfunction. To develop adequate support, the study aimed to describe conceptions of how to promote sexual and reproductive health (SRH) in young women with ADHD. A secondary analysis using phenomenography was performed on qualitative interview data exploring variations of support. The study involved 15 young women with ADHD, aged 15-29 years, and 16 health care professionals, with various professions, working in the fields of gynecology, youth health, and psychiatry. Having reliable support was conceptualized as fundamental for promoting SRH. Access to information concerning SRH and living with ADHD as well as early support from health care contributed to a reliable support enabling self-knowledge and management of sexual relationships. Trustful relationships in health care were perceived as important because of previous experiences of feeling misunderstood and criticized in life, making them feel comfortable discussing SRH. Clinical encounters with a clear structure were further perceived to make information more accessible and clinics that provided appropriate organizational conditions and collaborated with other clinics were described to enhance the availability of support. This study reveals the need for clinics to provide conditions that ensure SRH support is available, accessible, and free of stigmatization. Early intervention programs for young women with ADHD may be considered, offering guidance on SRH issues in both psychiatric and sexual health clinics. Copyright © 2024. The Author(s).

11. **Increase in Functional Tic Presentations in Sexual Orientation and Gender Identity Minority Youth During Coronavirus Disease 2019.**
Armstrong-Javors Amy Realbuto Evan Dy-Hollins Marisela E. Scharf Jeremiah M. Pediatric neurology 2024;155 182 -186 .

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    BACKGROUND: Functional tic disorders are among the least common functional movement disorders, but their prevalence rose during the coronavirus disease 2019 (COVID-19) pandemic. Although female adolescents develop functional neurological disorders at higher rates than males, investigations into sexual orientation and gender identity (SOGI) status of these patients are limited., METHODS: We completed a retrospective, cross-sectional time series examining the incidence of new-onset functional tic disorders in youth presenting to the Massachusetts General Hospital Movement Disorder clinics before and during the COVID-19 pandemic. Data were collected by searching for relevant International Classification of Diseases (ICD)-10 diagnostic codes in youth aged nine to 26 years using a hospital-wide data repository. Individual cases were reviewed for inclusion based on clinical criteria and expert consensus., RESULTS: The prevalence of functional tic presentations in youth rose 8.6-fold from pre- to postpandemic levels (Fisher exact test P < 0.001), whereas the prevalence of developmental tic presentations pre- and postpandemic remained stable (114 vs 112). SOGI minority youth comprised 37% of those with functional tics (total n = 19). Ninety five percent of patients with functional tics identified as female, with 10% of these identifying as transgender., CONCLUSIONS: Our data confirm previously demonstrated dramatic rises in functional tic presentations during the COVID-19 pandemic and, more notably, reveal a strong association with SOGI minority status. We highlight the potential link between functional tic disorders and SOGI minority status. Providing a safe and supportive clinical environment and addressing stress linked to SOGI minority status may help to improve patient prognosis. Copyright © 2024 Elsevier Inc. All rights reserved.

12. **Research methods at the intersection of gender diversity and autism: A scoping review.**
Mittertreiner, E. J., Ng-Cordell, E., McVey, A. J., & Kerns, C. M. Autism, 2024

    Research has increasingly focused on the intersection between gender diversity and autism. To better understand this literature, this scoping review systematically searched five databases for peer-reviewed literature on gender diversity and autism published between 2018 and 2023. Included studies (*N* = 84) were of English language, featured original qualitative or quantitative findings, and examined a psychosocial connection between autism and gender spectra variables. Most studies focused on measuring prevalence of autism among gender-diverse individuals. While the overall study rigor was acceptable, weaknesses in measurement, sample selection, and definition of key terms were noted. Promisingly, studies in this area appear to be shifting away from a pathologizing lens and towards research methods that engage in meaningful collaboration with the autistic, gender-diverse community to investigate how to best enhance the quality of life and wellbeing of this population.

    Keywords: autism; autism spectrum conditions; autism spectrum disorders; gender diversity; gender dysphoria; methodological quality assessment; research methods; scoping review; trans; transgender.

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13. **Sexual and reproductive health in young women with ADHD from the view of health care professionals.**
Wallin Karin Alehagen Siw Hanberger Lena Lundell Inger Wallin Hultsjo Sally. BMC women's health 2024;24 (1): 389 .

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BACKGROUND: Sexual risk-taking and struggles in managing romantic relationships may put young women with Attention Deficit Hyperactivity Disorder (ADHD) at risk of sexually transmitted diseases, unplanned pregnancies, and low relational satisfaction. To gain understanding of sexual behaviors and intimate relationships, this study aimed to identify and describe health care professionals' (HCPs) perceptions and experiences of sexual and reproductive health (SRH) in young women with ADHD., METHODS: Qualitative interviews were performed with 16 HCPs. Data was analyzed using reflexive thematic analysis., RESULTS: Analysis resulted in the themes Struggling to meet expectations, Sexual risk-taking, and Complex romantic relationships. HCPs' perceptions and experiences indicated that some women were afraid to be judged in clinical meetings when not living up to perceived expectations of sexual behaviors. Lack of impulse control was interpreted by HCPs to result in risk-taking behaviors leading to both negative and positive sexual experiences. Difficulties in assessing intentions of sexual partners were further perceived by HCPs to sometimes lead to sexual regrets or sexual victimization. The HCPs had experience of women wishing for romantic relationships but described these as being complicated by previous experiences, low self-esteem and conflict. ADHD medication and self-knowledge were perceived by HCPs to facilitate the women's relationship quality., CONCLUSIONS: This study highlights that, from the perspective of HCPs, self-stigmatization and hesitation to raise issues concerning sexuality with HCPs may pose risks for young women with ADHD. It provides insight into sexual risk-taking behaviors, showing the link to regretted sex and sexual victimization. The study concludes that there is a need for HCPs to understand the influence of stigma concerning ADHD and female sexuality as well as how symptoms and outcomes of living with ADHD may impact SRH in order to promote healthy behaviors and relationships in young women. Copyright © 2024. The Author(s).

14. **Supporting the health and wellbeing of trans autistic school-aged youth: a systematic literature review.**
Manley, J., Brownlow, C., & Brömdal, A. International journal of transgender health, 2024

Introduction *:* This systematic literature review (SLR) aims to synthesize available research which examines the supports required for trans autistic school-aged youth to improve their mental health, wellbeing, and quality of life. Current literature highlights the need to support this specific school-aged population, but the research that synthesizes the existing limited research is lacking. This SLR brings together existing literature and highlights recommended inclusive interventions, programs, support mechanisms, and protective factors needed to support and promote optimal mental health and wellbeing.

Methods: This review followed the 2020 PRISMA Guidelines and included JBI quality appraisal tools of included studies. Three electronic databases were used, with literature search conducted on 18 July 2023. Literature, including book chapters, were assessed against predetermined inclusion and exclusion criteria, with included studies written in English, online full-text availability, peer-reviewed, and reported data relevant to research question. Abstract, full-text review, and quality appraisal were conducted by three independent reviewers to ensure rigor. Findings from included studies were synthesized using thematic analysis.

Results: Twenty studies were included for final synthesis with five using qualitative methodologies, two case reports, and 13 cross-sectional studies. The final synthesis comprised five themes, indicating therapy should focus on mental health, particularly internalized feelings and emotions that may lead to suicidal ideation without support, whereas interventions should support executive functioning, communication, and socialization. Clinicians should make adaptions to their clinics and practices to support the neurodivergent-related needs of their clients. Schools should work toward having well-articulated and embedded policies supporting gender affirmation and preventing bullying and ostracization to ensure trans autistic youth develop positive health and wellbeing, and overall good quality of life.

Conclusions: In many cases support measures discussed were limited. The complexities of supporting the needs of school-aged trans autistic youth requires further research, specifically focusing on the voices of trans autistic youth.

Keywords: Autism; health; quality of life; school-aged youth; support; transgender/trans; wellbeing.

Available online at this link

15. **Symptom Severity and Health Impacts of Functional Tic-Like Behaviors in Youth.**
Berg Lindsay Martino Davide L'Erario Z Paige Pringsheim Tamara. Pediatric neurology 2024;155 68 -75 .

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    BACKGROUND: We performed this study to improve understanding of the relationship between functional tic-like behaviors (FTLBs) and quality of life, loneliness, family functioning, anxiety, depression, and suicidality., METHOD: This cross-sectional study assessed self-reported quality of life, disability, loneliness, depression, anxiety, family functioning, tic severity, and suicide risk in age- and birth-sex matched youth with FTLBs, Tourette syndrome (TS), and neurotypical controls. We performed specific subanalyses comparing individuals with FTLBs who identified as transgender/gender diverse (TGD) with cisgender individuals., RESULTS: Eighty-two youth participated (age range 11 to 25, 90% female at birth), including 35 with FTLBs, 22 with TS, and 25 neurotypical controls. A significantly higher proportion of participants with FTLB identified as TGD (15 of 35) than TS (two of 22) and neurotypical control (three of 25) participants. Compared with neurotypical controls, individuals with FTLBs had significantly lower quality of life, greater disability, loneliness, social phobia, anxiety symptoms, depressive symptoms, and suicidality. Compared with individuals with TS, individuals with FTLBs had more school/work absences due to tics, had more depressive symptoms, were more likely to be at high risk for suicidality, and had disability in self-care and life activity domains. There were no significant differences between cisgender and TGD participants with FTLB in any of the domains assessed., CONCLUSIONS: Youth with FTLB have unique health care needs and associations with anxiety, depression, sex, and gender. Copyright © 2024 Elsevier Inc. All rights reserved.

16. **The effectiveness of sexual health and development education given to children with intellectual disabilities: A randomized controlled study.**
Kurt Aylin Kurtuncu Meltem. Journal of pediatric nursing 2024;75 e49 -e57 .

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    PURPOSE: The purpose of this study is to determine the effectiveness of an educational program implemented to support the sexual health and development of children with intellectual disabilities, using the Mastery Learning Model, on their knowledge of sexual health and development, as well as on their mothers' awareness of their children's sexual development., METHOD: This study was conducted as a randomized controlled trial with 48 children who have intellectual disabilities, divided into two groups: an education group (n = 24) and a control group (n = 24). The program implemented was a sexual health and development education program based on the Mastery Learning Model. The data collection tools used were 'The Sexual Development Characteristics of Children with Adolescent Intellectual Disability Scale' for mothers and 'The Sexual Development Knowledge Assessment Scale for Children with Intellectual Disabilities' for children., RESULTS: Following the educational program, the children in the education group demonstrated an increase in knowledge regarding their sexual development and health. Additionally, the mothers in the education group showed an increased awareness of their children's sexual health and development. One month after implementing the education program, which utilized mastery learning, the children in the education group exhibited a greater level of knowledge compared to the control group., CONCLUSION: This study utilized the Mastery Learning Model to achieve effective and comprehensive sexual health and development education for children with intellectual disabilities., PRACTICE IMPLICATIONS: Pediatric and school nurses are recommended to use the Mastery Learning Model for sexual health education in clinics and school health practices. Copyright © 2023 Elsevier Inc. All rights reserved.

17. **The Experiences of 2SLGBTQ+ Adults Labeled with Intellectual and/or Developmental Disabilities When Navigating Mainstream Queer Social Spaces.**
    Santinele Martino Alan Moumos Eleni Ulicki Noah Robbins Meghan. Journal of homosexuality 2024;71 (13): 3078 -3097 .

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    Drawing on interviews with 31 2SLGBTQ+ people labeled with developmental and/or intellectual disabilities, this exploratory study focuses on participants' experiences navigating mainstream queer social spaces. The current study is an explorative qualitative view at the intersection of the 2SLGBTQ+ and disability community. There is a call for more inclusive spaces for people with disabilities within queer social areas. Although queer spaces attempt to be free and inclusive, many have inaccessible activities and locations. The findings depict that individuals with lived experiences are not often represented in the 2SLGBTQ+ community due to a lack of inclusion. Participants highlighted feelings of rejection as people with disabilities were not represented in many 2SLGBTQ+ focused groups or organizations. The current paper calls attention to creating more inclusive intersectional spaces to promote inclusivity and ensure people with disabilities have the opportunity to contribute through an active role in the 2SLGBTQ+ community.

18. **The missing clinical guidance: a scoping review of care for autistic transgender and gender-diverse people.**
    Bo, L., van der Miesen, A. I. R., Klomp, S. E., Williams, Z. J., Szatmari, P., & Lai, M. C. eClinicalMedicine, 2024

    The co-occurrence of autism and gender diversity has been increasingly studied in the past decade. It is estimated that ~11% of transgender and gender-diverse (TGD) individuals are diagnosed with autism. However, there is insufficient knowledge about appropriate gender-related clinical care for autistic TGD individuals. We performed a scoping review of current clinical guidance for the care of TGD individuals to identify what was said about autism. Clinical guidance documents were searched in PubMed, Web of Science, Google Scholar, Embase, Guidelines International Network, and TRIP medical database, as well as reference mining and expert recommendation. Evidence was synthesised by narrative synthesis, recommendation mapping, and reference frequency analysis. Out of the identified 31 clinical guidance documents, only eleven specifically mentioned the intersection between autism and TGD. Key concepts among the available recommendations included advocating for a multidisciplinary approach; emphasising the intersectionality of autism and gender-diverse experiences during assessments; and-importantly-recognising that autism, in itself, does not serve as an exclusion criterion for receiving gender-related care. However, detailed and practical clinical guidance is lacking due to a gap in evidence. Empirical research into the care experiences and outcomes of autistic TGD individuals using a developmental, lifespan, and strengths-based approach is needed to generate evidence-informed and tailored guidance.

    Funding: This study was funded through a Canadian Institutes of Health Research Sex and Gender Science Chair program (GSB 171373) awarded to M-CL.

    Keywords: Autism; Clinical guidance; Gender diversity; Practice guidelines; Review; Transgender.

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19. **'Exploring the perspectives of young adults with developmental disabilities about sexuality and sexual health education'.**
    Coulter Daina Lynch Claire Joosten Annette V. Australian occupational therapy journal 2023;70 (3): 380 -391 .

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    BACKGROUND: Sexuality is important in everyday lives; it contributes to a sense of self. Everyone has a right to access sexual experiences, form relationships, and obtain sexual health education. There is limited literature from the perspective of people with developmental disabilities about their sexuality and particularly how, or if, societal attitudes influence their sexuality and their opinions about sexual health education. The aim of this study was to explore the experiences of young adults with developmental disabilities about their sexuality, their perceptions about how their sexuality was viewed by the community, and about the sexual education that is required and how it should be delivered., METHOD: A qualitative interpretative phenomenological approach using a purposive sample was used to explore the perspectives of young adults, aged between 18 and 32 years old with developmental disabilities, to explore their perspectives on their sexuality, societal attitudes, and access to sexual health education. Seven semi-structured interviews were conducted and analysed using an interpretative phenomenological approach., RESULTS: Five main themes were developed from the data: (1) sexuality is multidimensional and important, (2) the challenges and fear of expressing sexuality, (3) societal views need to change, (4) close support enables sexuality, and (5) sexual health education needs to be individualised., CONCLUSION: Participants suggested that sexuality was important to them, and they had the same expectations about sexuality and relationships as many young adults. However, their autonomy and self-determination to set sexuality goals were constrained by societal attitudes. Supportive family and friends enabled opportunities, but they believed the knowledge and attitudes about disability, and about disability and sexuality, of community members, service providers, funders, and educators needed to change to enable increased opportunity to express their sexuality. Participants reported a need for individualised sexual health education provided by professionals with expertise. Copyright © 2023 The Authors. Australian Occupational Therapy Journal published by John Wiley & Sons Australia, Ltd on behalf of Occupational Therapy Australia.

20. **A Systematic Review of the Relationship Between Neurodiversity and Psychosexual Functioning in Individuals with Autism Spectrum Disorder (ASD) or Attention-Deficit/Hyperactivity Disorder (ADHD).**
    Young, S., & Cocallis, K. Neuropsychiatric disease and treatment,, 2023

    The scientific literature on psychosexual functioning shows a range of outcomes for individuals with neurodiversity. The aim of this article was to synthesize and critically evaluate evidence regarding psychosexual selfhood (orientation), behaviors and experiences in individuals with autism spectrum disorder (ASD) or attention-deficit/hyperactivity disorder (ADHD) to prioritize further research and identify interventions to reduce risk. A systematic review of the literature that compared sexual orientation, behavior and experiences of individuals with ASD or ADHD with those of neurotypical peers was performed in AMED, CINAHL, MEDLINE, PsycARTICLES and PsycINFO, Psychology and Behavioural Sciences Collection, Child Development and Adolescent Studies databases (supplemented by hand-searching of reference lists). Seventeen ASD and nineteen ADHD studies met inclusion criteria. Overall, the studies reviewed suggest poorer psychosexual functioning for individuals with ASD or ADHD compared to neurotypical peers, including a lack of satisfaction in their sexual relationships, sexual dysfunction, risky sexual behaviors, and victimization. This appears to be more marked for females. Individuals with ASD were more likely to identify with a non-heterosexual orientation compared with neurotypical peers. The study identifies gaps in our knowledge relating to risky sexual behaviors (in particular, those relating to sexual health and vulnerability to sexual victimization and perpetration). The public health implications of the findings are discussed. Future research is needed to clarify the mechanisms by which individuals with neurodevelopmental disorders may be at increased risk of adverse psychosexual outcomes and identify interventions that may mediate outcomes.

Keywords: ADHD; ASD; neurodiversity; outcomes; sexual behavior.

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21. **Affectivity, sexuality, and autism spectrum disorder: qualitative analysis of the experiences of autistic young adults and their families.**
Torralbas-Ortega, J., Roca, J., Coelho-Martinho, R., Orozko, Z., Sanromà-Ortiz, M., & Valls-Ibáñez, V. BMC psychiatry, 2023

Background: Autistic people have communication, sensorial, and social difficulties, which on many occasions, make their adaptation on the sexual and affective levels difficult. For this reason, it is important to know the opinion of individuals with autism spectrum disorders (ASD) and their families, to offer this perspective to professionals to facilitate adapted health education programs in mental health units.

Methods: This qualitative descriptive design presents the experiences of autistic individuals and their families in relation to the affective-sexual experiences from individual, family, and social perspectives. Two focus group sessions were held with eight family members and seven individual semi-structured interviews with autistic young adults. The transcripts were qualitatively analysed using content analysis.

Results: Four themes (Family and social dynamic; Social behaviour of the autistic individual; Affective-sexual relationships; Addressing affective and sex education) and 13 related categories emerged from these results. Communication and social interaction problems act as barriers for young adults when developing affective-sexual relationships, leading to the emergence of negative feelings and experiences that reinforce avoidance behaviours, further intensifying their difficulties in interacting with others. Families, especially mothers, exhibit a poor perception of their ability to provide affective-sexual guidance, leading to anxiety and frustration. There are also reports of poor sex education and lack of support systems.

Conclusions and implications for practice: The experiences of young people and their families are sometimes conflicting when it comes to affectivity and sexuality, but the parental role emerges as relevant in the sex education process. Families play a pivotal role in sex education, which is why professionals should provide them with support and information through health education programmes, foster empathetic communication and promote sexual and emotional development that is adapted to the characteristics and interests of autistic people.

Keywords: Adolescence; Affectivity; Autism; Autism Spectrum disorders; Families; Sexuality.

Available online at this link

22. **Gender Diverse Autistic Young Adults: A Mental Health Perspective.**
Genovese, A. C., Singh, S. C., Casubhoy, I., & Hellings, J. A. Archives of sexual behavior, 2023

Gender diverse autistic young adults often face mental health challenges which can increase the challenge of obtaining gender-affirming care. Social and communication differences associated with autism compounds the already complex process of navigating a path toward gender affirmation for individuals with these intersecting identities. In this case series of four gender diverse autistic adults, we demonstrate that success in management of their mental health crises was achieved through enlisting family and social support, obtaining effective mental health treatment, and accessing gender-affirming healthcare. These cases selected from two neuropsychiatric outpatient tertiary referral clinics demonstrate that effective mental health treatment supports ultimate success for these individuals in their journeys toward living as the gender with which they identify. We conclude that healthcare practices and treatment recommendations which incorporate internationally recognized standards of care guidelines for gender diverse individuals improve patient outcomes.

Keywords: Autism; Gender dysphoria; Mental health; Transgender; Young adult.

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23. **Intersecting effects of sex/gender and autism on structural language: A scoping review.**
Oates, M., & Bean, A. Autism, 2023

Research about autism is mostly about boys and men, even though many autistic people are girls, women, and transgender/nonbinary. We wanted to learn more about how gender interacts with language skills in autistic people, so we reviewed existing research articles on this topic. We also wanted to know how this previous research talked about gender. Included articles had to measure language skills for autistic people of different genders. They also had to be published between 2000 and 2021. Twenty-four articles met these requirements. We found that autistic girls showed better language skills than autistic boys but worse skills than nonautistic girls. This may be one reason that autistic girls are underdiagnosed compared to autistic boys. If we compare autistic girls to nonautistic girls instead, we can see more language differences and possible areas to target in interventions. This study supports the need to create diagnostic and support measures for autism that take gender into account. Also, only one article mentioned autistic people who are transgender or nonbinary. Researchers who want to learn more about gender and autism need to understand gender diversity and recognize that many autistic people are transgender or nonbinary.

Keywords: autism; gender; language.

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24. **Longitudinal Examination of Sexual Risk Behavior in College Students With and Without Attention-Deficit/Hyperactivity Disorder.**
Weyandt Lisa DuPaul George J. Shepard Emily Labban Jeffrey D. Francis Alyssa Beatty Avery Anastopoulos Arthur D. Archives of sexual behavior 2023;52 (8): 3505 -3519 .

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The present study sought to identify differences in the rates and predictors of risky sexual behavior among college students with and without attention-deficit hyperactivity disorder (ADHD). Current ADHD diagnosis, medication status among those with ADHD, executive functioning, substance use, comorbid anxiety, comorbid depression, and gender were identified as potential predictors of increased risky sexual behavior. Multiple group latent growth curve modeling was used to estimate trajectories of risky sexual behavior across four years of college among college students with ADHD (nmedicated = 99, nunmedicated = 105) and a comparison group (n = 217) recruited from colleges throughout the eastern United States (M age = 18.23 years, 53% female, 70% White). First-year college students with ADHD reported significantly higher rates of sexual risk behavior than their peers without ADHD, with no significant differences found based on medication status. Students with ADHD who were taking medication for ADHD reported significant decreases in risky sexual behavior over time. Among college students with ADHD, anxiety was related to increased current risky sexual behavior in the medicated group, while depression was predictive of decreased future risky sexual behavior in the unmedicated group. Alcohol and cannabis use were significantly associated with increased mean levels of risky sexual behavior across all three groups, and cannabis use was associated with decreased future risky sexual behavior within the comparison group. Executive functioning deficits and male gender were predictive of risky sexual behavior within the comparison group. The results demonstrate that college students with ADHD, regardless of medication status, are at an increased likelihood of engaging in risky sexual behavior. Copyright © 2023. The Author(s).

25. **Phenomenology of gender dysphoria in autism: a multiperspective qualitative analysis.**
Cooper, K., Mandy, W., Butler, C., & Russell, A. Journal of child psychology and psychiatry, 2023

Background: Autistic people are overrepresented in gender clinic settings, but limited evidence is available to guide clinical decision making for this patient group. We aimed to generate a comprehensive understanding of the phenomenology of gender dysphoria in autistic people.

Methods: We conducted a multi-perspectival interpretative phenomenological analysis (IPA), from five different perspectives; autistic young people and adults with experience of gender dysphoria, parents of young people, and clinicians working with autistic people with gender dysphoria in both adult and young person settings (n = 68).

Results: IPA analysis resulted in two themes, 'discovering gender identity' and 'the complexities of moving towards gender comfort'. Participants agreed that there was often an interaction between gender dysphoria and features of autism such as sensory sensitivities. There was relative consensus across groups about the need for autism adaptations to be made in gender clinics. Autistic adults were more likely to see autism as an important identity than young people, but both groups were clear that autism did not impair their understanding of gender. In contrast, some parents and clinicians working with young people expressed concern that autism did impact self-understanding.

Discussion: While the groups tended to agree on the ways in which particular features of autism can compound gender dysphoria, there were a range of perspectives on the ways in which autism impacted on self-knowledge.

Conclusion: Recommendations for adaptations when working with autistic people with gender dysphoria are presented.

Keywords: Autism spectrum disorders; adolescence; gender dysphoria; gender identity.

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26. **The Gender-Diversity and Autism Questionnaire: A Community-Developed Clinical, Research, and Self-Advocacy Tool for Autistic Transgender and Gender-Diverse Young Adults.**
Strang, J. F., McClellan, L. S., Raaijmakers, D., Caplan, R., Klomp, S. E., Reutter, M., Lai, M. C., Song, M., Gratton, F. V., Dale, L. K., Schutte, A., de Vries, A. L. C., Gardiner, F., Edwards-Leeper, L., Minnaard, A. L., Eleveld, N. L., Corbin, E., Purkis, Y., Lawson, W., Kim, D. Y., … van der Miesen, A. I. R. Autism in adulthood, 2023

Background: Autistic transgender people face unique risks in society, including inequities in accessing needed care and related mental health disparities. Given the need for specific and culturally responsive accommodations/supports, the characterization of key experiences, challenges, needs, and resilience factors within this population is imperative. This study developed a structured self-report tool for autistic transgender young adults to communicate their experiences and needs in a report format attuned to common autistic thinking and communication styles.

Methods: This cross-nation project developed and refined the Gender-Diversity and Autism Questionnaire through an iterative community-based approach using Delphi panel methodology. This proof-of-principle project defined "expertise" broadly, employing a multi-input expert search approach to balance academic-, community-, and lived experience-based expertise.

Results: The expert collaborators (N = 24 respondents) completed a two-round Delphi study, which developed 85 mostly closed-ended items based on 90% consensus. Final item content falls within six topic areas: *the experience of identities; the impact of experienced or anticipated discrimination, bias, and violence toward autistic people and transgender people; tasks and experiences of everyday life; gender diversity- or autism-related care needs and history; the experience of others doubting an individual's gender identity and/or autism;* and *the experience of community and connectedness.* The majority of retained items relate to tasks and experiences of everyday life or the impact of experienced or anticipated discrimination, bias, and violence.

Conclusions: This study employed a multipronged multimodal search approach to maximize equity in representation of the expert measure development team. The resulting instrument, designed for clinical, research, and self-advocacy applications, has parallel Dutch and English versions and is available for immediate use. Future cross-cultural research with this instrument could help identify contextual risk and resilience factors to better understand and address inequities faced by this large intersectional population.

Keywords: adult; autism; autistic; gender diverse; nonbinary; transgender.

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27. **The lived experience of gender dysphoria in autistic young people: a phenomenological study with young people and their parents.**
    Cooper, K., Butler, C., Russell, A., & Mandy, W. European child & adolescent psychiatry, 2023

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28. **Autistic Traits, Empathizing-Systemizing, and Gender Diversity.**
    Hendriks Olivia Wei Yimeng Warrier Varun Richards Gareth. Archives of sexual behavior 2022;51 (4): 2077 -2089 .

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    Previous research indicates a link between autism and transgender and gender-diverse identities, though the association is not yet fully understood. The current study examined autistic traits (Autism Spectrum Quotient [AQ]), empathizing (Empathizing Quotient-Short [EQ-S]), and systemizing (Systemizing Quotient-Short [SQ-S]) in a sample of 89 adults and aimed to test whether gender-diverse individuals exhibit cognitive profiles consistent with predictions derived from the Extreme Male Brain (EMB) theory. As most research has considered only cisgender people, we recruited a more diverse sample by contacting > 200 UK LGBTQ+ organizations and posting on social media. A range of non-cisgender identities (e.g., transgender male, transgender female, non-binary, genderqueer, transmasculine) and non-heterosexual orientations (e.g., bisexual) were represented, and participants were categorized into one of four groups: (1) assigned female at birth but does not identify as female (transgender AFAB) (n = 32), (2) cisgender female (n = 21), (3) assigned male at birth but does not identify as male (transgender AMAB) (n = 18), and (4) cisgender male (n = 18). After controlling for age and autism diagnostic status, transgender AFAB participants had marginally higher AQ scores, and significantly higher SQ-S and systemizing-relative-to-empathizing (D) scores, compared with the cisgender female group. No such differences were detected between the transgender AMAB and cisgender male groups. Our findings are broadly in line with predictions derived from the EMB theory, though as no transgender AFAB participants reported being heterosexual, it was not possible to determine whether these effects relate specifically to gender identity, to sexual orientation, or to both. Copyright © 2022. The Author(s).

29. **Camouflaging in autism spectrum disorder: Examining the roles of sex, gender identity, and diagnostic timing.**
    McQuaid Goldie A. Lee Nancy Raitano Wallace Gregory L. Autism : the international journal of research and practice 2022;26 (2): 552 -559 .

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    LAY ABSTRACT: Camouflaging in autism spectrum disorder refers to behaviors and/or strategies that mask the presentation of autism spectrum disorder features in social contexts in order to appear "non-autistic" (Attwood, 2007). Camouflaging modifies the behavioral presentation of core autism spectrum disorder features (e.g. social and communication differences), but the underlying autistic profile is unaffected, yielding a mismatch between external observable features and the internal lived experience of autism. Camouflaging could be an important factor in later diagnosis of individuals without co-occurring intellectual disability, especially among those designated female sex at birth. Little research to date has examined how gender identity impacts camouflaging, however. Furthermore, no study has compared groups that differ in diagnostic timing to directly investigate if later-diagnosed individuals show elevated camouflaging relative to those receiving an earlier diagnosis. We used the Camouflaging Autistic Traits Questionnaire subscales (Assimilation, Compensation, and Masking) and investigated the roles of sex, gender identity (gender diverse vs cisgender), and diagnostic timing (childhood/adolescent-diagnosed vs adult-diagnosed), and the interactions of these factors, in autistic adults (N = 502; ages 18-49 years). Main effects of sex, gender identity, and diagnostic timing were revealed. Autistic females reported more camouflaging across all three Camouflaging Autistic Traits Questionnaire subscales compared to males. Gender diverse adults reported elevated camouflaging on the Compensation subscale compared to cisgender adults. Adulthood-diagnosed individuals reported elevated Assimilation and Compensation compared to childhood/adolescence-diagnosed individuals. We discuss how the aspects of camouflaging may have unique implications for later diagnostic timing and for the intersection of neurodiversity and gender diversity.

30. **Determination of sexual developmental characteristics of adolescents with intellectual disabilities.**
    Top Fadime Ustuner. Journal of intellectual disabilities : JOID 2022;26 (3): 672 -686 .

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    This cross-sectional study was carried out in order to determine the opinions of mothers on sexual development in children with intellectual disabilities. The sampling of this study included mothers of children aged 10-19 years with moderate and severe intellectual disabilities. Of the mothers, 45.7% stated that they felt incapable of providing sexual education to their adolescent children with disabilities and 97.6% stated that they had received no information on this subject themselves. Based on the mothers' opinions, the mean score for the sexual development of adolescent children was 11.33 +/- 16.18. In the sub-dimensions of sexual arousal (20.97 +/- 5.71), sexual harassment (12.22 +/- 3.13), sexual satisfaction (15.79 +/- 3.85) and sharing sexual issues (12.74 +/- 2.67) the mean score of the scale was found to be high. The knowledge levels of the mothers concerning the sexual development of their children with intellectual disabilities were found to be low, and they required education on this issue.

31. **Experiences of parents of adolescents with intellectual disabilities regarding the transition to sexual development: A transitions theory-based qualitative study.**
    Karatas N Isler Dalgic A. Journal of intellectual disability research : JIDR 2022;66 (3): 250 -264 .

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    BACKGROUND: To describe of the experiences of parents regarding the transition to sexual development of their adolescents with intellectual disabilities who are 15-19 years old., METHODS: This study employs a descriptive interpretative approach and uses Meleis's transitions theory as its theoretical frame of reference. This study uses purposive sampling methods for recruitment. We collected data through individual semi-structured interviews (n = 11) and researcher observations between February 2021 and April 2021 and employed an inductive content analysis approach., RESULTS: Three main themes emerged from the data: parental factors driving the transition process, parents' needs regarding the transition process, and outcomes of the transition process. In addition, most parents struggled to remodel their identities following the transition due to concerns over their adolescent's ability to cope with the challenges of adulthood., CONCLUSION: Considered in the context of middle-range transitions theory, we suggest that parental experiences regarding adolescents' transition to sexual development stem from varying levels of uncertainty and depend on the situation, preferences, and family needs of each individual parent. It is useful to utilise Meleis's transitions theory to understand deeply and explore the impact of the sexual development of adolescents with intellectual disabilities on parents. Copyright © 2021 MENCAP and International Association of the Scientific Study of Intellectual and Developmental Disabilities and John Wiley & Sons Ltd.

32. **Experiences of teachers, educators, and school counselors about the sexual and reproductive health of educable intellectually disabled adolescent girls: a qualitative study.**
Goli Shadi Rahimi Farzaneh Goli Marjan. Reproductive health 2022;19 (1): 96 .

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BACKGROUND: Adolescents with intellectual disabilities are probably twice as many people without intellectual disabilities to be sexually abused by family members, caregivers, close relatives, and others in the community. Sex education and training are essential components of children's and teenagers' education and human rights, as well as a source of worry for parents and society. While the parents are thought to be the most accessible choice as sexual educators, they often do not fulfill this role. Therefore, professional teachers and trainers who have undergone sex education courses for mentally retarded adolescents are more reliable sources to provide the sexual information in terms of their educational role. This study aimed to determine the experiences of teachers, educators, and school counselor parents regarding the sexual and reproductive health of educable intellectually disabled adolescent girls., METHODS: This was a qualitative content analysis study. 35 participants were selected via purposive sampling with maximum variation, and data were collected through in-depth individual interviews, focus group discussions and field notes, and analyzed using the conventional qualitative content analysis method simultaneously., RESULTS: Three subcategories have emerged: "knowledge and professional experience of teachers, educators, and school counselors with how to educate and care for adolescent sexual health", "proficiency of teachers, educators, and school counselors in guiding families in solving their child's sexual problems", "attitude of teachers, educators, and school counselors towards sexual behaviors and sexual education of adolescents" which formed the main category of "teachers, educators, and school counselors' inefficiency in maintaining ID adolescent girls' sexual and reproductive health"., CONCLUSIONS: Teachers, educators, and school counselors encounter a variety of issues related to the sexual and reproductive health of intellectually impaired teenage females, as a consequence of the findings. As a result, efforts should be made to enhance knowledge and skill development, as well as the evolution of negative attitudes. Therefore, the teaching of sexual guidelines for teenagers with mental impairments should be included in the agenda of the country's educational policies. Teachers and educators should be taught by health experts via the holding of in-service training courses. Copyright © 2022. The Author(s).

33. **Gender diversity and autism spectrum conditions in children and adolescents: A narrative review of the methodologies used by quantitative studies.**
Manjra, I. I., & Masic, U. Journal of clinical psychology, 2022

Aim: This narrative review aimed to analyse the methodologies used by quantitative studies to evaluate their evidence for the association between gender diversity and autism spectrum conditions (ASC) in child and adolescent population samples.

Method: A systematic search was conducted for papers published between 2010 and 2020.

Results: Fifteen papers met the inclusion criteria; all reported associations between their defined versions of gender diversity and ASC. Gender diversity was characterised as "dysphoria", "variance", and/or "diverse", and was correlated across ASC categories of "symptoms", "traits", or "empathising and systemising styles of thinking". Multiple diagnostic criteria and/or nonspecific, adult administrated measures were used to quantify youth gender experiences and ASCs.

Conclusion: Interpretations of the findings are discussed in relation to critical appraisal of methodologies used including data collection and deduction, the characteristics of the sample population, the usage of comparison groups, and the overall quality of statistical reporting amongst others.

Keywords: adolescents; autism spectrum conditions; autism spectrum disorders; children; gender diversity; gender dysphoria.

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34. **Healthcare providers' role in providing sexual and reproductive health information to people with intellectual and developmental disabilities: A qualitative study.**
Schmidt Elizabeth K. Beining April Hand Brittany N. Havercamp Susan Darragh Amy. Journal of applied research in intellectual disabilities : JARID 2022;35 (4): 1019 -1027 .

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BACKGROUND: Individuals with intellectual and developmental disabilities demonstrate disparities in sexual and reproductive health (SRH) compared to individuals without disabilities (e.g., lack of sexual education and knowledge, increased rates of abuse, unplanned pregnancies and sexually transmitted infections). Therefore, the purpose of this study was to identify topics healthcare providers address and perceived barriers and supports to SRH education., METHODS: We conducted semi-structured interviews with healthcare providers (N = 12)., RESULTS: Providers address relationships, safety, protection and appropriate sexual behaviours with clients with intellectual and developmental disabilities. Parent education and client-centred care were identified as supports, while the patient's level of understanding, the provider's lack of knowledge or access to resources and to appropriate referrals were identified as barriers to SRH education., CONCLUSION: Future studies are needed to link providers to resources they can use to provide comprehensive, accessible SRH education for clients with intellectual and developmental disabilities. Copyright © 2021 John Wiley & Sons Ltd.

35. **Key socio-demographic characteristics of children and adolescents with gender dysphoria: A British Isles surveillance study.**
Khadr Sophie Masic Una Clarke Venetia Lynn Richard M. Holt Victoria Carmichael Polly. Clinical child psychology and psychiatry 2022;27 (4): 1106 -1123 .

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The present research used linked surveillance systems (British Paediatric Surveillance Unit; and the Child and Adolescent Psychiatry Surveillance System) over a 19 month period (1 November 2011-31 May 2013) to notify of young people (4-15.9 years) presenting to secondary care (paediatrics or child and adolescent mental health services) or specialist gender services with features of gender dysphoria (GD). A questionnaire about socio-demographic, mental health, and GD features was completed. Presence of GD was then assessed by experts in the field using then-current criteria (DSM-IV-TR). Incidence across the British Isles was 0.41-12.23 per 100,000. 230 confirmed cases of GD were noted; the majority were white (94%), aged >=12 years (75.3%), and were assigned female at birth (57.8%). Assigned males presented most commonly in pre-adolescence (63.2%), and assigned females in adolescence (64.7%). Median age-of-onset of experiencing GD was 9.5 years (IQR 5-12); the majority reported long-standing features (2-5 years in 36.1%, >=5 years in 26.5%). Only 82.5% attended mainstream school. Bullying was reported in 47.4%, previous self-harm in 35.2%, neurodiversity in 16%, and 51.5% had >=1 mental health condition. These findings suggest GD is rare within this age group but that monitoring wellbeing and ensuring support for co-occurring difficulties is vital.

36. **Making Sense of Gender: The Perspectives of Autistic Children in Key Stage 2 and the Adults That Know Them Well.**
Wasilonek, C. University of East London, 2022

There has been little research to date, in the UK or otherwise, that uses participatory visual methods to understand how autistic children make sense of gender. This research explored the experiences of three autistic children in Key Stage 2, their parents and members of staff, using a mosaic approach to data collection. This mosaic comprised of three activities with the children to understand their opinions on clothes and toys, and to find out about their special interests. The results of these activities were fed back to them and their parents to allow co-construction. Semi structured interviews were carried out with four parents and two members of school staff to complete the mosaic. The data was analysed using Reflexive Thematic Analysis (RTA) to identify themes across the data. Five overarching themes were identified: The child's view of the world; Self-expression through hobbies, play and interests; Making sense of clothes, making sense of people; The impact of the immediate environment; and Gendered messages are everywhere in the wider world we live in. The findings are discussed in relation to the underpinning theory and the existing corpus of data, and avenues for future research are discussed. These findings are relevant to professionals working with autistic children and young people and shed light on the sense making process relating to gender. The aim is that we might better understand and support autistic children and those who might be gender-diverse.

Keywords: ASC; ASD; autism; autistic; gender identity; gender roles; gender stereotypes neurodiverse; social learning

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37. **Mental health correlates and potential childhood predictors for the wish to be of the opposite sex in young autistic adults.**
Chang, J. C., Lai, M. C., Tai, Y. M., & Gau, S. S. Autism, 2022

Autistic people/people with autism spectrum disorder are more likely to experience gender dysphoria. However, the possible longitudinal predictors and underlying mechanisms of this co-occurrence are unclear. To fill this knowledge gap, we assessed 88 people with autism spectrum disorder and 42 typically developing individuals at their average ages of 13.0 (baseline, childhood/adolescence) and 20.2 years old (follow-up, adulthood). At follow-up, their endorsement on the item "I wish I was the opposite sex" was used to evaluate gender dysphoric symptoms. We compared mental health symptoms between adults with and without this item endorsement at the follow-up assessment. We explored parent-reported family and autism characteristics-related predictors in childhood/adolescence to this item endorsement in adulthood. We found that more autistic adults reported the wish to be of the opposite sex than did typically developing individuals. Autistic adults who endorsed this item experienced more mental health challenges, more school bullying and cyberbullying, more suicidal ideation, and worse quality of life. Moreover, parent-reported lower family support and more stereotyped/repetitive behaviors during childhood/adolescence predicted the self-reported wish to be of the opposite sex in adulthood in autistic individuals. More attention and support should be provided to autistic people regarding gender development and related mental health and quality of life impact, especially during the transition period to young adulthood.

Keywords: autism; follow-up study; gender dysphoria; mental health.

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38. **Sex and Sexuality in Autism Spectrum Disorders: A Scoping Review on a Neglected but Fundamental Issue.**
Maggio, M. G., Calatozzo, P., Cerasa, A., Pioggia, G., Quartarone, A., & Calabrò, R. S. Brain sciences, 2022

ASD consists of a set of permanent neurodevelopmental conditions, which are studded with social and communication differences, limited interests, and repetitive behaviors. Individuals with ASD have difficulty reading eye gestures and expressions, and may also have stereotyped or repetitive language, excessive adherence to routines, fixed interests, and rigid thinking. However, sexuality in adolescents and young adults with ASD is still a poorly studied and neglected issue. This review aims to evaluate sexual function and behavior in individuals with ASD to foster a greater understanding of this important, although often overlooked, issue. This review was conducted by searching peer-reviewed articles published between 01 June 2000 and 31 May 2022 using the following databases: PubMed, Embase, Cochrane Database, and Web of Science. A comprehensive search was conducted using the terms: "Autism" OR "ASD" AND "Sexuality" OR "Romantic relation" OR "sexual behavior" AND/OR "sexual awareness". After an accurate revision of 214 full manuscripts, 11 articles satisfied the inclusion/exclusion criteria. This review found that, although individuals with ASD may have sexual functioning, their sexuality is characterized by higher prevalence rates of gender dysphoria and inappropriate sexual behavior. Furthermore, sexual awareness is reduced in this patient population, and the prevalence of other variants of sexual orientation (i.e., homosexuality, asexuality, bisexuality, etc.) is higher in adolescents with ASD than in non-autistic peers. Sexual health and education should be included in the care path of patients with ASD in order to improve their quality of life and avoid/reduce inappropriate and risky behaviors.

Keywords: autism spectrum disorder; gender dysphoria; sexual awareness; sexual behavior; sexual identity; sexual orientation.

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39. **Sexual Behaviors Associated with HIV Transmission Among Transgender and Gender Diverse Young Adults: The Intersectional Role of Racism and Transphobia.**
Lett, E., Asabor, E. N., Tran, N., Dowshen, N., Aysola, J., Gordon, A. R., & Agénor, M. AIDS and behavior, 2022

HIV prevalence and engagement in sexual behaviors associated with HIV transmission are high among transgender people of color. Per intersectionality, this disproportionate burden may be related to both interpersonal and structural racism and transphobia. The goal of this study was to estimate the association between interpersonal and structural discrimination and sexual behaviors among transgender and gender diverse (TGD) U.S. young adults. We used logit models with robust standard errors to estimate the individual and combined association between interpersonal and structural racism and transphobia and sexual behaviors in a national online sample of TGD young adults of color (TYAOC) aged 18-30 years (N = 228). Racism was measured at the interpersonal and structural level using the Everyday Discrimination Scale and State Racism Index, respectively. Transphobia was measured at the interpersonal and structural level using the Gender Minority Stress Scale and the Gender Identity Tally, respectively. We found that interpersonal racism was associated with transactional sex, and interpersonal transphobia was associated with alcohol/drug consumption prior to sex and transactional sex among TYAOC. We also found evidence of a strong joint association of interpersonal and structural racism and transphobia with alcohol/drug consumption prior to sex (OR 3.85, 95% CI 2.12, 7.01) and transactional sex (OR 3.54, 95% CI 0.99, 12.59) among TYAOC. Racism and transphobia have a compounding impact on sexual behaviors among TYAOC. Targeted interventions that reduce discrimination at both the interpersonal and structural level may help reduce the HIV burden in this marginalized population.

Keywords: Intersectionality; Race and structural racism; Systemic discrimination; Transgender; Transphobia.

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40. **The imperfect fit: Fetal alcohol spectrum disorder as the basis to commit individuals involuntarily as sexually violent predators/persons.**
Abbott Brian R. Behavioral sciences & the law 2022;40 (1): 112 -128 .

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Prenatal alcohol exposure produces a broad range of primary disabilities that lead to adverse life course outcomes in children raised in adverse environments. Inappropriate sexual behaviors are a commonly occurring secondary disability, with a large minority of individuals with fetal alcohol spectrum disorder (FASD) displaying sexual aggression. Adults with FASD who commit repeated criminal sexual acts may be subject to legal proceedings for indefinite involuntary civil confinement as sexually violent predators/persons (SVP) in certain jurisdictions in the United States. Studies about the diagnostic practices among psychologists and psychiatrists retained by states to evaluate individuals as SVP do not recognize FASD as a mental disorder, despite the likelihood that hundreds of individuals petitioned for involuntary commitment suffer from FASD. Establishing an FASD diagnosis may provide exculpatory evidence to refute a government petition that an individual suffers from a mental condition that affects emotional or volitional capacity by predisposing the person to committing criminal sexual behavior. This article provides a framework for identifying, assessing, and deciding whether individuals with the FASD diagnosis suffer from the legally defined mental disorder that is necessary to indefinitely confine individuals as SVP. Copyright © 2021 John Wiley & Sons Ltd.

41. **The intersection of autism and gender in the negotiation of identity: A systematic review and metasynthesis.**
Moore, I., Morgan, G., Welham, A., & Russell, G. Feminism & Psychology, 2022

    Influenced by theories of intersectionality, performativity and gender hegemony, this review sought to explore the intersection of autism and gender in qualitative research into autistic identity. Twelve papers were subjected to a thematic metasynthesis following a systematic search. Study participants were predominantly cisgender female or gender-diverse: perspectives of cisgender autistic males were lacking. The three superordinate themes developed related to: (1) the ways in which autism discourses restricted gender identities, through the influence of the “extreme male brain” and “masking” narratives and the use of autism to explain gender non-conformity and gender diversity; (2) the ways in which gendered autistic identities were positioned within social power hierarchies as “othered”, subordinate and less acceptable ways of being; and (3) possibilities for finding spaces of belonging and resistance. While autism as an identity may offer community and freedom from normative expectations, dominant autism discourses act to restrict and police gender, reinforcing existing power hierarchies. We encourage practitioners to reflect on the clinical, ethical and political implications of their positioning in relation to the constructs of “autism” and “gender”, and to explore alongside people seeking support the personal and political impacts of gendered autism discourses.

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42. **What are the experiences and practices of educational psychologists when working with and supporting autistic, gender-diverse children and young people?**
Allen-Biddell, D., Bond, C. Educational and Child Psychology, 2022

    Aims
    Research into the nature of educational psychologist (EP) practice when supporting autistic, gender-diverse children and young people (CYP) is within its infancy. This study explores the experiences and practices of five EPs with applied knowledge of work in this emerging area.

    Method
    Semi-structured interviews were conducted and a reflexive thematic analysis carried out to develop themes.

    Findings
    Findings highlight distinct areas of practice and challenges faced by participants. In particular, this study highlights the uncertainty and complexity of work in this area with a specific focus upon the intersectionality of autism and gender diversity. The nature of direct work with CYP and support for inclusive schooling practices are also explored alongside current gaps in educational psychology practice in this area.

Limitations
Given the aim of this study to provide an exploratory entry point into the practices of EPs working with this population of young people, the researchers did not aim for representativeness. Therefore, subjective participant experiences cannot be assumed to reflect those of all EPs with applied knowledge in this area.

Conclusions
Implications for research and practice are discussed including the development of resources and guidance within educational psychology services to support practitioners in their work in this area. A discussion of the need for EPs to utilise their knowledge of intersectionality when working with the uncertainty of dual identity casework is provided alongside reflections about the nature of EP work in supporting schools to further develop their inclusive practices.

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43. **Brief Report: Asexuality and Young Women on the Autism Spectrum.**
Bush, H. H., Williams, L. W., & Mendes, E. Journal of autism and developmental disorders, 2021

Existing research suggests that people with Autism Spectrum Disorder (ASD) are more likely than those without ASD to self-identify as asexual, or as being on the asexual spectrum. This study contributes to the literature by exploring aspects of sexuality and well-being in a large, community-based sample of young women (18-30 years old) with ASD (N = 247) and comparing the experiences of those with asexual spectrum identities and those with other sexual orientations (e.g., gay, bisexual, heterosexual). In the present sample, asexual participants reported less sexual desire and fewer sexual behaviors than those with other sexual orientations, but greater sexual satisfaction. Being on the asexual spectrum also was associated with lower generalized anxiety symptoms. Clinical and research implications are discussed.

Keywords: Asexuality; Autism spectrum disorder; Human sexuality; Internalizing symptoms; Women.

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44. **Experiences of adults with intellectual disabilities who identify as lesbian, gay, bisexual, or transgender within mainstream community: a systematic review of qualitative studies.**
Ramasamy Vemel Resh Rillotta Fiona Alexander June. JBI evidence synthesis 2021;19 (1): 59 -154 .

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OBJECTIVE: The objective of this review is to identify, appraise, and synthesize the available qualitative evidence on the lived experiences of adults with intellectual disabilities who identify as lesbian, gay, bisexual, or transgender in mainstream society., INTRODUCTION: People with intellectual disabilities who identify with a non-normative sexual orientation and gender identity (eg, lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual) are dually stigmatized due to the prevailing notion of ableism and heteronormativity within the wider society. This layered stigma can generate further segregation within society, increasing vulnerability in this population and limiting their facilitation of a meaningful and satisfying life. To date, there are no existing systematic reviews that have explored the proposed study., INCLUSION CRITERIA: The review considered qualitative studies that explored adults (aged 18 and over) who have a formal diagnosis of intellectual disability or mental retardation (preceding diagnosis) in conjunction with their lesbian, gay, bisexual, transgender, queer or questioning, intersex, or asexual identity., METHODS: The search strategy of eligible papers followed a three-step process. The search strategy aimed to locate published and unpublished studies in English from 1990 onward. The databases within the designated platforms that were searched included CINAHL, MEDLINE, PsycINFO, ScienceDirect, ERIC, ProQuest Dissertations and Theses Global, Scopus, PubMed, REHABDATA Database, Wiley Online Library, Google Scholar, and Google Advanced. The search was conducted in April 2017 and updated in January 2020. Titles and abstracts were screened by two independent reviewers for alignment with the inclusion criteria. Eligible studies underwent critical appraisal by three independent reviewers for methodological quality. Findings were assigned a level of credibility and synthesized using JBI's meta-aggregative method., RESULTS: Following critical appraisal, 15 studies were included in this review. These studies were published between 1995 and 2018. The majority of the studies included in each synthesized finding scored either four or five "yes" responses or two or three "yes" responses on the relevant critical appraisal questions; therefore, the dependability scores were downgraded one level. With reference to the level of credibility, all findings in this systematic review were rated as unequivocal (U). Each synthesized finding was rated as moderate on the ConQual score. Data extracted from these studies resulted in 184 findings, which were then aggregated into 26 categories based on the similarities of meanings to form the eight synthesized findings. The synthesized findings provide a deeper and more comprehensive understanding of the lives of the participants. None of the participants in this review identified as queer or questioning, intersex, or asexual. Therefore, the findings in this review solely report on the lived experiences of participants with intellectual disabilities who identify as lesbian, gay, bisexual, or transgender., CONCLUSIONS: The synthesized findings indicated participants experienced a myriad of intersecting issues and multilevel environmental challenges that had a profound and adverse impact on their daily lives and development of a positively evaluated sense of self. Recommendations for policy and practice are provided to initiate further awareness and give precedence to a minority group within society that tends to be under-represented and overlooked. Copyright © 2021 JBI.

45. **Initial Engagement in Oral Sex and Sexual Intercourse Among Adolescent Girls With and Without Childhood Attention-Deficit/Hyperactivity Disorder.**
Halkett Ashley Hinshaw Stephen P. Archives of sexual behavior 2021;50 (1): 181 -190 .

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We investigated initial engagement in oral sex and sexual intercourse, as well as number of sexual partners, among a prospectively followed sample of adolescent girls with and without a thorough childhood diagnosis of attention-deficit/hyperactivity disorder (ADHD). Participants were adolescent girls (ages 12-19) followed longitudinally as part of a study of ADHD in females. A diverse sample of 140 girls with clinician-diagnosed ADHD (47 inattentive, 93 combined) and 88 age- and ethnicity-matched comparison girls were initially recruited and invited to partake in research summer programs. We utilized data on initial engagement in oral sex, sexual intercourse, and number of sexual partners, collected during follow-up interviews conducted 5 and 10 years after baseline participation. Girls with a childhood diagnosis of ADHD engaged in oral sex at a significantly younger age and reported nearly twice as many oral sex partners than their typically developing peers. Post hoc tests revealed that group differences were driven largely by girls with the combined presentation of ADHD (i.e., those with childhood histories of both inattention and hyperactivity/impulsivity). No significant differences emerged with respect to age of initial sexual intercourse or number of male sexual intercourse partners. In sum, adolescent girls with ADHD, particularly those with the combined presentation, were more likely to engage in oral sexual activity at a young age and with a greater number of both male and female partners. Findings highlight the need for longitudinal research that quantifies and distinguishes between various forms of sexual behavior and later reproductive and mental health outcomes.

46. **Mental health difficulties among trans and gender diverse young people with an autism spectrum disorder (ASD): Findings from Trans Pathways.**
Strauss, P., Cook, A., Watson, V., Winter, S., Whitehouse, A., Albrecht, N., Wright Toussaint, D., & Lin, A. Journal of psychiatric research, 2021

Recent research highlights an overlap of gender diversity and autism spectrum disorders (ASD); however, data on individuals who are trans and also on the autism spectrum are largely from clinical samples and may not be representative of individuals who are trans with ASD in the general population. In addition, there is scant literature on the mental health of these individuals and their experiences in accessing gender-affirming care. We investigated the prevalence of ASD in trans young people, their mental health (psychiatric diagnoses and self-harm and suicidal behaviors) and experiences in accessing gender-affirming care. This is an analysis of data collected in an Australian cross-sectional mixed methods survey (N = 859) of trans young people aged 14-25 years. Overall, 22.5% of participants had ever received a diagnosis of ASD from a health professional. This group was more likely to exhibit current psychopathology, have engaged in self-harming and suicidal behaviors, and was also more likely than the non-ASD diagnosed reference group to have received a psychiatric diagnosis. The ASD-diagnosed group were also more likely to experience barriers in accessing gender-affirming care. This is the first large population-based sample of trans individuals with ASD to report on mental health outcomes and experiences in accessing gender-affirming care. We highlight the necessity for clinicians working with either trans or ASD populations to have awareness of the co-occurrence, and to cultivate skills to work with individuals who are both trans and on the autism spectrum.

Keywords: Autism spectrum disorder; Gender affirmative care; Gender identity; Trans; Transgender.

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47. **Romantic Relationships and Sexual Behavior Among Adolescents With ADHD.**
Margherio Samantha M. Capps Elizabeth R. Monopoli John W. Evans Steven W. Hernandez-Rodriguez Melissa Owens Julie Sarno DuPaul George J. Journal of attention disorders 2021;25 (10): 1466 -1478 .

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Objective: Both qualitative and quantitative analyses were used to (a) describe the romantic and sexual relationships of adolescents with ADHD and (b) examine how ADHD-related impairments (e.g., social skill deficits and emotion dysregulation [ED]) are associated with romantic relationship outcomes in this group. Method: Adolescents with ADHD (N = 171; 80% male; 70% White) responded to questions about their romantic and sexual relationship experiences and ED. Parents provided ratings of ADHD symptoms, ED, and social skills. Results: Adolescents with ADHD reported high rates of romantic relationship turnover and low rates of physical intimacy. More severe self-reported ED was associated with increased likelihood of engaging in romantic relationships, having more romantic relationship partners, increased likelihood of engaging in sexual intercourse, and increased likelihood of engaging in unprotected sex. Conclusion: Early intervention programs that alter the developmental trajectory of romantic relationships among individuals with ADHD may benefit from targeting ED among these youth.

48. **Sexual health concerns in women with intellectual disabilities: a systematic review in qualitative studies.**
Matin Behzad Karami Ballan Michelle Darabi Fatemeh Karyani Ali Kazemi Soofi Moslem Soltani Shahin. BMC public health 2021;21 (1): 1965 .

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BACKGROUND: Studies indicate that women with intellectual disabilities (ID) face various personal and socio-environmental barriers in their sexual lives. This study aimed to identify the concerns and sexual health needs experienced by women with ID., METHOD: A systematic review of relevant qualitative articles was conducted in PubMed, Web of Science Scopus and PsycINFO databases from June 2018 to August 2018. We designed our search strategy according to two main foci: (1) sexuality; and (2) women with ID. In the study, searches were limited to articles published from January 2000 to December 2017. In this review, studies on women ages 16 and over were included., RESULTS: Within the four databases, the search found 274 unique articles. After three steps of screening (title, abstract and full text), 22 studies were included in the final review. The articles mentioned difficulties with lack of sexual experience, negative experiences with sexuality, negative attitudes towards sexuality by nondisabled individuals, limited cognitive capacities to understand sexual identity, difficulty with finding the right partner, lack of access to sexual health information, lack of school-based sexuality education, violence and sexual abuse, lack of support from families and caregivers about sexuality, fear of sexual acts and unwanted pregnancy, shyness in expressing sexual desires, and limited knowledge of sexual behaviors., CONCLUSION: Our findings indicate that women with ID need to be provided with school-based sexuality education tailored to the level of understanding needed to attain the requisite knowledge to form relationships, understand sexual and romantic relationships, and practice safe sex when they choose this option. Families along with education and healthcare systems should provide opportunities for women with ID to talk about their sexual needs and make their own choices. Copyright © 2021. The Author(s).

49. **Sexuality Among Adolescents With Intellectual Disability: Balancing Autonomy and Protection.**
Enujioke Sharon C. Leland Brian Munson Emily Ott Mary A. Pediatrics 2021;148 (5):

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Adolescents and young adults living with intellectual disability (ID) have made significant advancements integrating into multiple aspects of western society, but there has been less progress with regards to sexual health. While advocating for individuals with ID to live life to the fullest, pediatricians have practical concerns regarding the ability to consent to sex as well as avoid coercion and manipulation in sexual encounters. This has led to tension between supporting the autonomy of a patient with ID while protecting them from harm. We present a case of a young adult with moderate ID who is engaging in a sexual relationship with her boyfriend without parental knowledge. The pediatrician must decide the most appropriate course of action to support the patient's autonomy but also ensure that the patient is a willing participant and understands the risks of engaging in sexual activity. This case highlights 4 main themes: (1) practical concerns when approaching sexual health in the adolescent with ID, (2) advocating for the rights of those with ID to live life to the fullest, (3) the critical inclusion of individuals with ID in decisions directly affecting them and their peer group, and (4) decision-making capacity and respect for autonomy in individuals with ID. This case highlights the delicate balance providers face when providing care to adolescents and young adults with ID: supporting autonomy to make decisions while reducing harm to a vulnerable population. Copyright © 2021 by the American Academy of Pediatrics.

50. **The Experiences of Autistic Transgender and Gender-Diverse Young People.**
Milne, C. University of East London, 2021

There is a dearth of research in the UK eliciting the voices of autistic gender-diverse young people exploring their lived experiences, including their educational experiences. This research explored the experiences of autistic young people in the UK who are gender-diverse (participants were transgender, non-binary or gender questioning), related to gender identity and autism, particularly looking at their experiences of education. Semi-structured interviews were conducted with six autistic gender-diverse young people (aged 16 to 26 years old), which were analysed using Interpretative Phenomenological Analysis (IPA). This qualitative approach examines how individuals make sense of their life experiences. Five superordinate themes emerged from the analysis: My identity - understanding me, acceptance & rejection; Emotional & mental health challenges; Emotional, social, & physical transition; School (& College) stressors; and Supportive solutions at school. Findings are discussed in relation to psychological research and theory, several areas for future research are identified. Findings are relevant to professionals, so that the needs of these young people are better understood, particularly those that work in education including school staff and Educational Psychologists (EPs). EPs are well positioned to offer children and young people (CYP) support at an individual and systemic level, including sharing their knowledge with school staff to help ensure gender-diverse autistic young people's needs are better met.

Keywords: Trans, transgender, gender dysphoria, gender diverse, Autistic Spectrum Disorder, Autistic, ASD, neurodiversity

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51. **The Health and Well-Being of Transgender Australians: A National Community Survey.**
Bretherton Ingrid Thrower Emily Zwickl Sav Wong Alex Chetcuti Daria Grossmann Mathis Zajac Jeffrey D. Cheung Ada S. LGBT health 2021;8 (1): 42 -49 .

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    Purpose: Transgender, including gender diverse and nonbinary (trans), people experience significant health disparities. We aimed to better understand the health status and needs of Australian trans people to guide resources and health and well-being programs. Methods: This anonymous, cross-sectional online survey utilized nonprobability snowball sampling of Australian adults (18 years and over) who self-identified as trans between September 2017 and January 2018. This descriptive study assessed demographic data, community views on access to health care, health burden, access to health resources, and priorities for government funding in transgender health. Results: Of 928 participants, 37% reported female, 36% reported male, and 27% reported nonbinary gender identities. Despite 47% having tertiary qualifications, the unemployment rate was 19%, with 33% reporting discrimination in employment due to being trans. Discrimination in accessing health care was reported by 26% and verbal abuse and physical assault were reported by 63% and 22%, respectively. Lifetime diagnosis of depression was reported by 73% and anxiety by 67%. Sixty-three percent reported previous self-harm and 43% had attempted suicide. Autism spectrum disorder and attention-deficit/hyperactivity disorder were reported by 15% and 11%, respectively. The most preferred method of receiving health information was through online resources, with the most popular source being Reddit, an online peer discussion board. Better training for doctors in trans health issues was the top priority for government funding. Conclusions: Barriers, including widespread discrimination and unemployment, contribute to health inequity and prevalent mental health conditions. Better training for health professionals in the provision of safe, gender-affirming and general health care for trans people is urgently required.

52. **The Lived Experience of Sexuality Among Adults With Intellectual and Developmental Disabilities: A Scoping Review.**
Bathje Molly Schrier Mallory Williams Katherine Olson Linda. The American journal of occupational therapy : official publication of the American Occupational Therapy Association 2021;75 (4):

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    IMPORTANCE: Sexuality is an important part of the human experience. However, little is known about the experience of sexuality from the perspective of adults with intellectual and developmental disabilities (IDD)., OBJECTIVE: To review evidence about the lived experience of sexuality among adults with IDD to inform future research and practice., DATA SOURCES: We located articles using search terms summarized into three categories: intellectual disability, sexual activity, and feelings/opinions. Articles were indexed in the following electronic databases: CINAHL, Scopus, PubMed, and PsycINFO. Study Selection and Data Collection: Arksey and O'Malley's methodology was used to review scientific literature published between 2008 and 2018. The studies were in English, were located in peer-reviewed journals, and described the experience of sexuality from the perspective of people with IDD or observations of expressed sexuality., FINDINGS: Seventeen articles met inclusion criteria. Four main themes emerged: intimate relationships, oppressed sexual activity, knowledge, and identity. Findings indicate that sexuality is a part of the lives of many adults with IDD, regardless of their engagement in sexual activity., CONCLUSIONS AND RELEVANCE: Barriers to expression of sexuality exist for people with IDD. Some of these barriers are internal, although many are external. The results provide support for addressing sexuality among adults with IDD. What This Article Adds: This review provides evidence to support occupational therapy practitioners in including sexuality as a part of their holistic view of clients and as an area for advocacy. Copyright © 2021 by the American Occupational Therapy Association, Inc.

53. **The sexual health, orientation, and activity of autistic adolescents and adults.**
    Weir, E., Allison, C., & Baron-Cohen, S. Autism research, 2021

    Small studies suggest significant differences between autistic and nonautistic individuals regarding sexual orientation and behavior. We administered an anonymized, online survey to n = 2386 adults (n = 1183 autistic) aged 16-90 years to describe sexual activity, risk of sexually transmitted infections (STIs), and sexual orientation. Autistic individuals are less likely to report sexually activity or heterosexuality compared to nonautistic individuals, but more likely to self-report asexuality or an 'other' sexuality. Overall, autistic, and nonautistic groups did not differ in age of sexual activity onset or contraction of STIs. When evaluating sex differences, autistic males are uniquely more likely to be bisexual (compared to nonautistic males); conversely, autistic females are uniquely more likely to be homosexual (compared to nonautistic females). Thus, both autistic males and females may express a wider range of sexual orientations in different sex-specific patterns than general population peers. When comparing autistic males and females directly, females are more likely to have diverse sexual orientations (except for homosexuality) and engage in sexual activity, are less likely to identify as heterosexual, and have a lower mean age at which they first begin engaging in sexual activity. This is the largest study of sexual orientation of autistic adults. Sexual education and sexual health screenings of all children, adolescents, and adults (including autistic individuals) must remain priorities; healthcare professionals should use language that affirms a diversity of sexual orientations and supports autistic individuals who may have increased risks (affecting mental health, physical health, and healthcare quality) due to stress and discrimination from this intersectionality. LAY SUMMARY: This is the largest study on the sexual activity, orientation, and health of autistic adults. This study reaffirms that the majority of autistic adults are interested in sexual relationships and engage in sexual activity. Sexual education and sexual health screenings must remain a priority for all individuals, including those with autism; healthcare professionals should be aware that autistic patients may be more likely to identify as Lesbian, Gay, Bisexual, Trans, Queer, Asexual, and other identities not listed here (LGBTQA+) which may put them at greater risk of mental and physical health difficulties due to discrimination.

    Keywords: adolescents; adults; sexual activity; sexual health; sexual orientation.

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54. **'Them Two Things are What Collide Together': Understanding the Sexual Identity Experiences of Lesbian, Gay, Bisexual and Trans People Labelled with Intellectual Disability.**
    Dinwoodie Robert Greenhill Beth Cookson Alex. Journal of applied research in intellectual disabilities : JARID 2020;33 (1): 3 -16 .

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    BACKGROUND: Previous research aiming to understand the lives of lesbian, gay bisexual and trans (LGBT) people labelled with intellectual disabilities is limited. There are few recent studies and available findings are often contradictory and inconsistent., METHOD: This study aimed to explore how LGBT people labelled with intellectual disabilities experienced their sexual identities. Five LGBT people labelled with intellectual disabilities were interviewed, and data were analysed using interpretative phenomenological analysis methodology., RESULTS: Four superordinate themes represented the following: common experiences of bullying/abuse, understanding sexualities, other's responses to intellectual disabilities and sexualities, and navigating acceptance., CONCLUSIONS: Strategies for coping with abuse maintained participant's engagement in local communities. Sexuality was often problematized by others despite being generally accepted by participants. Coming out was a continual process of decision-making to facilitate safety and acceptance. To feel fully supported, participants desired holistic service provision sensitive to their sexuality and intellectual disability needs. Clinical and research implications are suggested. Copyright © 2016 John Wiley & Sons Ltd.

55. **A deviation too many? Healthcare professionals' knowledge and attitudes concerning patients with intellectual disability disrupting norms regarding sexual orientation and/or gender identity.**
Sommaro Susanna Andersson Agneta Skagerstrom Janna. Journal of applied research in intellectual disabilities : JARID 2020;33 (6): 1199 -1209 .

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    BACKGROUND: People with intellectual disability (ID) have few role models for sexual expression and behaviour, and those who identify as LGBTQ experience dual marginalization. The aim of this study is to explore knowledge and attitudes concerning patients with both ID and norm-breaking sexuality and/or gender identity among healthcare professionals in habilitation centres., METHOD: Data were collected from four focus group interviews that included 19 healthcare professionals from child and adult teams at two Swedish habilitation centres. Data were analysed using thematic analysis., RESULTS: Three themes were identified as follows: heteronormative treatment in health care, barriers for inclusion and possibilities for inclusion., CONCLUSIONS: Norm-breaking sexuality and gender identity are still relatively invisible in habilitation centres. People with ID are still predominately desexualized and perceptions regarding their sexuality are lagging behind the rest of society. Conditions that allow for more LGBTQ-affirmative practice were described by the teams that have undergone LGBTQ training. Copyright © 2020 John Wiley & Sons Ltd.

56. **Consensus-based good practice guidelines for clinical psychologists to support care staff in enabling sexual expression in people with intellectual disabilities-A Delphi study.**
English Brad Tickle Anna das Nair Roshan Moore Kate. Journal of applied research in intellectual disabilities : JARID 2020;33 (2): 268 -282 .

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    BACKGROUND: Care staff supporting people with intellectual disabilities (PWID) report accepting views on PWID's sexual expression, but people with intellectual disabilities report their sexual expression is restricted by care staff., METHODS: We recruited a panel of 17 UK clinical psychologists experienced in helping care staff support PWID's sexual expression. We used the Delphi Method to develop consensus-based practice guidelines for UK clinical psychologists supporting care staff in this way., RESULTS: Having proposed three guidelines each in Round One, panel members reached consensus (>=90% agreement) that 12 were important, falling under four themes: "Addressing staff attitudes," "Addressing uncertainty about rights and responsibilities of people with intellectual disabilities," "Locating the problem, being part of the solution," and "Supporting care staff to understand and reflect upon their role.", CONCLUSIONS: Clinical psychologists help care staff support PWID's sexual expression by normalizing care staff concerns, encouraging reflection, clarifying PWID's rights, and prompting those at managerial and service level to support care staff. Copyright © 2019 John Wiley & Sons Ltd.

57. **Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals.**
Warrier, V., Greenberg, D. M., Weir, E., Buckingham, C., Smith, P., Lai, M. C., Allison, C., & Baron-Cohen, S. Nature communications, 2020

It is unclear whether transgender and gender-diverse individuals have elevated rates of autism diagnosis or traits related to autism compared to cisgender individuals in large non-clinic-based cohorts. To investigate this, we use five independently recruited cross-sectional datasets consisting of 641,860 individuals who completed information on gender, neurodevelopmental and psychiatric diagnoses including autism, and measures of traits related to autism (self-report measures of autistic traits, empathy, systemizing, and sensory sensitivity). Compared to cisgender individuals, transgender and gender-diverse individuals have, on average, higher rates of autism, other neurodevelopmental and psychiatric diagnoses. For both autistic and non-autistic individuals, transgender and gender-diverse individuals score, on average, higher on self-report measures of autistic traits, systemizing, and sensory sensitivity, and, on average, lower on self-report measures of empathy. The results may have clinical implications for improving access to mental health care and tailoring adequate support for transgender and gender-diverse individuals.

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58. **Health disparities and health promotion needs of college students with intellectual and/or developmental disabilities: A systematic literature review.**
Oakes Lindsey R. Milroy Jeffrey J. Hickerson Benjamin D. Journal of American college health : J of ACH 2020;68 (7): 742 -753 .

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Objective: A new population of college students is emerging on campuses across the United States: students with intellectual and/or developmental disabilities (IDD). With this new and growing population of college students, an important question persists: are their health and wellness needs being identified and met?Participants/Methods: ProQuest Central, WorldCat, General OneFile, and ArticleFirst were searched in June 2017 using the following criteria: health of college students with IDD, health of adults with IDD, health of adolescents with IDD, and peer-reviewed. Twenty-four articles were selected for final review. Results: Specific health and wellness topics were revealed: transition experiences and worries; college experiences, coping strategies, and support needs; sexuality, dating, and romantic relationships; mental health; and drugs and alcohol. Conclusions: Research on this unique population should continue, and the etiology of health and wellness issues of college students with IDD should be established to develop and implement evidence-based programing.

59. **Health knowledge and the impact of social exclusion on young people with intellectual disabilities.**
Pownall Jaycee Wilson Sarah Jahoda Andrew. Journal of applied research in intellectual disabilities : JARID 2020;33 (1): 29 -38 .

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BACKGROUND: Cognitive impairments are often assumed to underlie individuals' difficulties with understanding health issues. However, it was predicted that socially excluded individuals would have greater difficulty gaining understanding of sensitive topics related to sexuality than other public health messages, such as alcohol use., METHOD: The health knowledge of 31 typically developing young people, 29 young people with mild intellectual disabilities (ID) and 23 participants with physical disabilities but no cognitive impairments was compared., RESULTS: The largest group differences were related to more private and personal health issues, such as pregnancy/contraception. Both groups of young people with disabilities had less knowledge of pregnancy/contraception than their non-disabled peers. Thus, deficits in this sexual knowledge did not just appear to be the result of cognitive deficits., CONCLUSIONS: The findings suggest social exclusion may contribute to young people with intellectual disabilities' poorer knowledge of pregnancy and contraception. The results have implications for interventions. Copyright © 2017 John Wiley & Sons Ltd.

60. **Psychosexual knowledge and education in autism spectrum disorder individuals.**
Chianese, A. A., Jackson, S. Z., & Souders, M. C. Journal of the American Association of Nurse Practitioners, 2020

    Background: Autism spectrum disorder (ASD) is a highly prevalent neurodevelopmental condition. Autism spectrum disorder individuals are interested in sexual activity and pursuing romantic relationships, yet they often lack psychosexual knowledge and engage in risky sexual behaviors. The special learning needs of ASD individuals influence their exclusion from educational and social settings, resulting in fewer opportunities to acquire sex knowledge from reliable sources.

    Objectives: This review aimed to explore factors influencing sexual knowledge and evaluate outcomes of comprehensive, ASD-tailored psychosexual education.

    Data sources: PubMed, PsychINFO, and EBSCOhost databases were used to locate peer-reviewed articles in English in the 5 years between 2013 and 2018. Keywords included "autism spectrum disorder," "child abuse," "sexual," "sexual offenses," "sexual abuse," and "sexual education."

    Conclusions: Nine articles were included in the review. Compared with neurotypical adults, ASD adults had less sex-related knowledge, more victimization experiences, and obtained sexual information from more nonsocial sources. Knowledge is a partial mediator between ASD diagnosis and sexual victimization. Parents expressed having little support to educate their offspring and provided less sex education to children with intellectual disability and severe symptoms. Psychosexual education programs that are tailored to suit developmental and cognitive differences of ASD individuals increase knowledge and improve parent-child communication, especially for younger adolescents.

    Implications for practice: Nurse practitioners who care for ASD individuals should assess knowledge and victimization experiences, assess parent perceptions and concerns, and provide guidance for developmentally and intellectually appropriate sex education. These should be incorporated into practice starting at a young age and continue across the lifespan.

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61. **Sexual health education for adolescents and young adults with intellectual and developmental disabilities: recommendations for accessible sexual and reproductive health information.**
Roden Rosemary Claire Schmidt Elizabeth Koss Holland-Hall Cynthia. The Lancet. Child & adolescent health 2020;4 (9): 699 -708 .

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    Sexual and reproductive health is an important aspect of human development, but discussions with adolescents and young adults on this topic are often challenging for health-care providers. As a result, many adolescents and young adults do not receive appropriate, comprehensive sexual education, despite recognition from WHO and the UN that access to this education is a human right. Adolescents and young adults with mild to moderate intellectual or developmental disability, or both, are just as likely to be sexually active as are their peers without disability; however, these individuals are less likely to receive comprehensive sexual education. To ensure adequate comprehensive sexual education for adolescents and young adults with intellectual and developmental disabilities, sexual health educators should facilitate conversations about sexual and reproductive health that are non-judgmental and sexually inclusive. Such initiatives should use an educational framework grounded in universal design for learning, including use of multiple media types with clear, concise language and images. Copyright © 2020 Elsevier Ltd. All rights reserved.

62. **Sexuality and Gender Issues in Individuals with Autism Spectrum Disorder.**
Pecora, L. A., Hooley, M., Sperry, L., Mesibov, G. B., & Stokes, M. A. Child and adolescent psychiatric clinics of North America, 2020

This article reviews relevant literature on sexuality in individuals with autism spectrum disorder (ASD). Findings reveal a growing awareness of desire for sexual and intimate relationships in individuals with ASD. However, core impairments of ASD lead to difficulties establishing requisite knowledge and skills necessary to attain a healthy sexuality and facilitate relationships. Consequently, individuals with ASD present with increased risk of engaging in inappropriate sexual behaviors and sexual victimization than their typically developing peers. The literature asserts the need to implement effective sexual education programs to assist in development of healthy sexual identity and relationships that meet each individual's needs.

Keywords: Autism; Autism spectrum disorder; Gender; Relationships; Sexual functioning; Sexual orientation; Sexuality; Transgender.

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63. **The Design, Content and Delivery of Relationship and Sexuality Education Programmes for People with Intellectual Disabilities: A Systematic Review of the International Evidence.**
Brown Michael McCann Edward Truesdale Maria Linden Mark Marsh Lynne. International journal of environmental research and public health 2020;17 (20):

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There is growing empirical evidence regarding the relationship and sexuality experiences and needs of children, young people and adults with intellectual disabilities. A total of twelve papers met the inclusion criteria regarding relationship and sexuality education (RSE) programmes specific to the needs of this population. The preferred reporting items for systematic reviews and meta-analyses (PRISMA) guidelines were followed and quality appraisal undertaken. The four themes identified were principles informing RSE programme development, design and content of RSE programmes, delivery of RSE programmes and evaluation of RSE programmes. The discussion presents areas that need to be addressed to ensure that people with intellectual disabilities, their families, carers and professionals are fully involved in the design and delivery of RSE programmes. Further research is required to identify the impact of the programmes and the sustained outcomes achieved. Recommendations are made regarding the activities required to enable the development of evidence-based and person-centred approaches to relationship and sexuality programmes.

64. **Gender Variance and the Autism Spectrum: An Examination of Children Ages 6-12 Years.**
Nabbijohn, A. N., van der Miesen, A. I. R., Santarossa, A., Peragine, D., de Vries, A. L. C., Popma, A., Lai, M. C., & VanderLaan, D. P. Journal of autism and developmental disorders, 2019

Gender variance (GV) and autism spectrum disorder (ASD) frequently co-occur in clinical populations. We investigated GV in association with ASD characteristics in nonclinical children and in children with developmental/mental health diagnoses. In 6-12-year-olds (N = 2445; 51% birth-assigned boys), the Gender Identity Questionnaire for Children measured GV and the Children's Social Behavior Questionnaire measured six subdomains of ASD characteristics. Among nonclinical children, GV was associated with parent-reported difficulties orienting socially and stereotyped behaviors. GV was also associated with parent-reported clinical diagnoses of ASD, sensory processing disorder, and oppositional defiant disorder. These findings suggest associations between specific ASD characteristics and GV in nonclinical children. Also, childhood GV should be further examined in a range of clinical populations, including ASD individuals.

Keywords: Autism spectrum disorder; Gender dysphoria; Gender variance; Oppositional defiant disorder; Sensory processing disorder.

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65. **LGBTQ + and autism spectrum disorder: Experiences and challenges.**
Hillier, A., Gallop, N., Mendes, E., Tellez, D., Buckingham, A., Nizami, A., & OToole, D. International journal of transgender health, 2019

Background: Research focused on gender identity, autism spectrum disorder (ASD), and the experiences of those who identify as LGBTQ+, remains minimal. Initial findings have indicated that those on the autism spectrum may be more likely to identify as homosexual and experience more fluid gender identity. Insufficient consideration has been given to intersectionality around a disability status and gender identity, and few have focused this conversation specifically on the experiences of those with ASD. ***Aim:*** The aim of this study was to improve current understanding of the first-hand experiences of those on the autism spectrum who identify as LGBTQ+, particularly regarding challenges stemming from these dual identities. ***Method:*** A focus group was conducted with four participants with ASD who presented with a range of gender identities (as they defined them) including male, transgender; agender/nonbinary; agender; and queer. ***Results:*** Qualitative analysis of the focus group transcription identified key themes: (1) Effect of Dual Identities: experiencing dual identities, autism spectrum, and LGBTQ+; (2) Multiple Minority Stressors: challenges experienced by the participants, the impact of discrimination/misunderstanding, and holding minority statuses; (3) Isolation: barriers caused by lack of understanding; (4) Lack of Service Provision. ***Discussion:*** These preliminary findings underline the need for better support, understanding, and practices regarding sexuality and gender identity among those on the autism spectrum. The current study is important for giving voice to adults on the autism spectrum who identify as LGBTQ+, and has implications for the disability community more broadly.

Keywords: LGBTQ+; Autism spectrum disorder; gender diversity; gender identity; intersectionality.

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66. **The contribution of ADHD and attachment difficulties to online pornography use among students.**
Niazof Daniel Weizman Abraham Weinstein Aviv. Comprehensive psychiatry 2019;93 56 -60 .

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BACKGROUND: There is a high rate of ADHD among individuals with compulsive sexual behavior disorder (CSBD). There is also evidence for an association between compulsive sexual behavior disorder, sensation seeking and attachment difficulties. Problematic pornography use may be considered as a subtype of CSBD hence it merits investigation. The aim of the current study was to investigate the relationships between ADHD, attachment style, sensation seeking and problematic use of pornography online in the general population., METHODS: The sample was comprised of 85 participants [38 men (44.7%) and 47 women (55.3%)] with mean age 25. 66 (SD=4.63) and 26.42 (SD=6.94) years, respectively. There were 30 participants (35%) with ADHD and 55 participants (65%) without ADHD. They were recruited on-line via social network sites. They filled in a demographic questionnaire, Zukerman's Sensation Seeking Scale, Experience in Close Relationship (ECR) questionnaire that assessed anxious and avoidant attachment and the Cyber Pornography Use Inventory (CPUI)., RESULTS: Individuals with self-reported ADHD had higher scores of avoidant attachment on the ECR and CPUI compared with individuals without ADHD. Multivariate linear regression analysis has indicated that male gender, ADHD and anxious attachment on the ECR contributed significantly to the variance of cyber pornography use, and explained 34% of the variance., CONCLUSIONS: The results indicate that males with ADHD and anxious attachment show an extensive use of pornography online. Males with ADHD who have difficulties in close relationship may use online pornography excessively that in turn may exacerbate their difficulty in forming secure attachment at adult life, a finding that has major clinical implications. Copyright © 2019 The Authors. Published by Elsevier Inc. All rights reserved.

67. **A narrative review of the literature about people with intellectual disability who identify as lesbian, gay, bisexual, transgender, intersex or questioning.**

Wilson, N. J., Macdonald, J., Hayman, B., Bright, A. M., Frawley, P., & Gallego, G. Journal of intellectual disabilities, 2018

This narrative review of the research literature presents a summary about the key issues facing people with intellectual disability (ID) who identify as lesbian, gay, bisexual, transgender, intersex or questioning (LGBTIQ). The aim of this review was to consolidate research of the topic; to identify whether any pilot studies reporting social/sexual/educational interventions had been published; and to offer some perspective on the type of future research required to better inform policy, practice and theory that may lead to better outcomes for people with ID who identify as LGBTIQ. Almost all of the research literature on the topic is either exploratory or descriptive which serves to outline the range of issues faced by people with ID who identify as LGBTIQ. Urgently needed as the next step, however, is a concerted effort to conduct a range of innovative educational and social interventions with collection of targeted and appropriate outcomes data.

Keywords: bisexual; gay; intellectual disability; intersex; lesbian; questioning; research; sexuality; transgender.

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68. **Autistic Traits in Treatment-Seeking Transgender Adults.**
Nobili Anna Glazebrook Cris Bouman Walter Pierre Glidden Derek Baron-Cohen Simon Allison Carrie Smith Paula Arcelus Jon. Journal of autism and developmental disorders 2018;48 (12): 3984 -3994 .

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The present study aimed to compare prevalence of autistic traits measured by the self-reported autism spectrum quotient-short (AQ-short) in a transgender clinical population (n = 656) matched by age and sex assigned at birth to a cisgender community sample. Results showed that transgender and cisgender people reported similar levels of possible autistic caseness. Transgender people assigned female were more likely to have clinically significant autistic traits compared to any other group. No difference was found between those assigned male. High AQ scores may not be indicative of the presence of an autism spectrum condition as the difference between groups mainly related to social behaviours; such scores may be a reflection of transgender people's high social anxiety levels due to negative past experiences.

69. **Sexual activity and sexual health among young adults with and without mild/moderate intellectual disability.**
Baines Susannah Emerson Eric Robertson Janet Hatton Chris. BMC public health 2018;18 (1): 667 .

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BACKGROUND: There is widespread concern about the sexual 'vulnerability' of young people with intellectual disabilities, but little evidence relating to sexual activity and sexual health., METHOD: This paper describes a secondary analysis of the nationally representative longitudinal Next Steps study (formerly the Longitudinal Survey of Young People in England), investigating sexual activity and sexual health amongst young people with mild/moderate intellectual disabilities. This analysis investigated family socio-economic position, young person socio-economic position, household composition, area deprivation, peer victimisation, friendships, sexual activity, unsafe sex, STIs, pregnancy outcomes and parenting., RESULTS: Most young people with mild/moderate intellectual disabilities have had sexual intercourse by age 19/20, although young women were less likely to have sex prior to 16 than their peers and both men and women with intellectual disabilities were more likely to have unsafe sex 50% or more of the time than their peers. Women with intellectual disabilities were likely to have been pregnant and more likely to be a mother., CONCLUSION: Most young people with mild/moderate intellectual disabilities have sex and are more likely to have unsafe sex than their peers. Education and health services need to operate on the assumption that most young people with mild/moderate intellectual disabilities will have sex.

70. **The Romantic Relationships of Adolescents With ADHD.**
Rokeach Alan Wiener Judith. Journal of attention disorders 2018;22 (1): 35 -45 .

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OBJECTIVE: This study compared the romantic relationships of adolescents with and without ADHD with regard to romantic involvement, relationship content, and relationship quality., METHOD: A community sample of 58 participants (30 ADHD, 28 Comparison), ages 13 to 18, completed questionnaires assessing various features of romantic relationships., RESULTS: Adolescents with ADHD reported having more romantic partners than their typically developing (TD) peers. Females with ADHD were found to have shorter romantic relationships than TD adolescents while males with ADHD reported their age of first intercourse to be nearly 2 years sooner than TD peers. Irrespective of gender, adolescents with ADHD had nearly double the number of lifetime sexual partners. However, the romantic relationships of adolescents with and without ADHD did not differ on levels of aggression or relationship quality., CONCLUSION: Given the outcomes associated with poor-quality romantic relationships, comprehensive assessments of adolescents with ADHD should include queries into their romantic relationships.

71. **They Thought It Was an Obsession": Trajectories and Perspectives of Autistic Transgender and Gender-Diverse Adolescents.**
Strang, J. F., Powers, M. D., Knauss, M., Sibarium, E., Leibowitz, S. F., Kenworthy, L., Sadikova, E., Wyss, S., Willing, L., Caplan, R., Pervez, N., Nowak, J., Gohari, D., Gomez-Lobo, V., Call, D., & Anthony, L. G. Journal of autism and developmental disorders, 2018

Despite research exploring autism in gender-diverse adolescents, no studies have elicited these individuals' perspectives. In-depth interviews with 22 well-characterized autistic gender-diverse adolescents revealed critical themes, including: recollections of pre-pubertal gender nonconformity; vivid experiences of gender dysphoria; a fear of social gender expression due to perceived animosity toward transgender people; and specific challenges that result from the interplay of gender diversity and neurodiversity. During the ~ 22 month study social gender affirmation increased in six participants and gender dysphoria attenuated in four participants. Given the ethical imperative to understand and prioritize the voiced perspectives and needs of autistic gender minority adolescents as well as the discovery of shared themes and experiences in this population, results should inform clinical research approaches and priorities.

Keywords: Autism spectrum disorder; Autistic; Gender dysphoria; Gender minority; Gender nonbinary; Gender-diverse; Neurodiversity; Transgender.

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72. **Autism-spectrum disorders in adolescence and adulthood: focus on sexuality.**
Turner, D., Briken, P., & Schöttle, D. Current opinion in psychiatry, 2017

Purpose of review: The combination of the core symptoms, characterizing individuals with autism-spectrum disorder (ASD), can lead to problems in romantic relationships and sexual functioning. The purpose of this article is to review studies on sexuality in individuals with ASD published since January 2016.

Recent findings: Individuals with ASD and especially women show a higher diversity in sexual orientation in comparison with the non-ASD population. Furthermore, ASD women are more frequently in a relationship and usually report more previous sexual experiences. Up to now, sexual education programs specifically addressing the needs of the ASD population were scarce, which was criticized by patients, their parents, and caregivers. With the development of the Tackling

Teenage Training program, a psychoeducational intervention designed specifically for ASD individuals was introduced, leading to significant improvements in psychosexual functioning and knowledge. Such programs are needed because a considerable rate of problematic sexual behaviors, including public masturbation and paraphilic sexual interests were found in the ASD population.

Summary: Just like their typically developing counterparts, individuals with ASD show the whole range of normal-to-problematic sexual behaviors. Improving sexual knowledge could lead to less inappropriate sexual behaviors and could improve sexual health as part of a healthy and satisfying life.

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73. **Changing the culture of neurodisability through language and sensitivity of providers: Creating a safe place for LGBTQIA+ people.**
Moreno, A., Laoch, A., & Zasler, N. D. NeuroRehabilitation, 2017

Background: There is an increasing interest in sexual and gender diversity in neurorehabilitation. Healthcare professionals wanting to improve their practice know the importance of understanding the needs and expectations of specific communities.

Objective: To critically review the literature about neurological disorders in people who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, and people with other sexual orientations and forms of gender expression (LGBTQIA+).

Methods: Systematic search in electronic databases (CINAHL, EMBASE, Medline, PsycINFO, Scopus, and Web of Science) and identification of relevant studies.

Results: Quantitative and qualitative findings are summarized and reported by neurological disorders: a) neurodisability/epilepsy (17.7%), b) intellectual disability/autism spectrum disorders (19.6%), c) dementia/HIV-related dementia (39.2%), d) spinal cord injury (7.8%), and e) traumatic brain injury/stroke (15.7%).

Conclusions: LGBTQIA+ people with neurodisabilities and their partners/families of choice can conceal their sexual orientation or gender identity for fear of diminished quality of care. Their invisibility translates into health disparities, lack of policies and services that meet their unique needs. Dementia is the most common neurodisability documented in LGBTQIA+ people. We provide recommendations to increase LGBTQIA+ cultural competency for clinical practice, research, and policy to help different stakeholders to promote a positive change in the culture of neurodisability.

Keywords: LGBT; LGBTQIA+; Neurosexuality; gender identity; neurodisability; sexual diversity; sexual orientation.

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74. **Familial Factors, Victimization, and Psychological Health Among Sexual Minority Adolescents in Sweden.**
Donahue Kelly Langstrom Niklas Lundstrom Sebastian Lichtenstein Paul Forsman Mats. American journal of public health 2017;107 (2): 322 -328 .

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OBJECTIVES: To determine the influences of victimization experience and familial factors on the association between sexual minority status and psychological health outcomes among adolescents., METHODS: We used data from the Child and Adolescent Twin Study in Sweden, a prospective, population-based study of all twins born in Sweden since 1992. Cross-sectional analyses included individuals who completed assessments at age 18 years (n = 4898) from 2000 to 2013. We also compared psychological health among sexual minority adolescents and their nonminority co-twins., RESULTS: Sexual minority adolescents were more likely than were unrelated nonminority adolescents to report victimization experiences, including emotional abuse, physical abuse or neglect, and sexual abuse. Sexual minority adolescents also reported significantly more symptoms of anxiety, depression, attention-deficit/hyperactivity disorder, disordered eating, and substance misuse in addition to increased parent-reported behavior problems. Victimization experience partially mediated these associations. However, when controlling for unmeasured familial confounding factors by comparing sexual minority adolescents to their same-sex, nonminority co-twins, the effect of sexual minority status on psychological health was almost entirely attenuated., CONCLUSIONS: Familial factors-common genetic or environmental influences-may explain decreased psychological adjustment among sexual minority adolescents.

75. **Hair cortisol concentration in preschoolers with attention-deficit/hyperactivity symptoms-Roles of gender and family adversity.**
    Pauli-Pott Ursula Schlos Susan Ruhl Isabelle Skoluda Nadine Nater Urs M. Becker Katja. Psychoneuroendocrinology 2017;86 25 -33 .

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    OBJECTIVE: Previous studies on the association between hypothalamic-pituitary-adrenal axis (HPAA) activity and ADHD yielded inconsistent findings, particularly in younger children. This might be due to the heterogeneity of the disorder, making moderator effects of variables probable, which circumscribe more homogenous subgroups. There have been indications of moderator effects on this association by gender of child and exposure to family adversity. Moreover, difficulties in capturing long-term basal HPAA activity in younger children might have contributed to the inconsistencies. We therefore analyzed moderator effects of gender and family adversity while using the hair cortisol concentration (HCC) to assess integrated long-term HPAA., METHODS: The community-based sample consisted of 122 4-5-year-old preschoolers (71 screened positive for elevated ADHD symptoms). ADHD symptoms were measured by a clinical parent interview and parent and teacher questionnaires. HCC in the most proximal 3-cm scalp hair segment was analyzed using luminescence immunoassay. An extended family adversity index was used., RESULTS: Hierarchical linear regression analyses yielded an interaction effect (p<.05) between ADHD symptom groups and gender on HCC, indicating a low HCC in boys with elevated ADHD symptoms. Further exploratory analyses revealed that this interaction effect was most pronounced under the condition of family adversity. The results held after controlling for oppositional, anxiety, and depressive symptoms., CONCLUSION: Low HCC might indicate a specific pathogenic mechanism in boys with elevated ADHD symptoms. This mechanism might further involve an exposure to family adversity. However, the results need to be cross-validated before definitive conclusions can be drawn. Copyright © 2017 Elsevier Ltd. All rights reserved.

76. **Sexual Orientation, Gender Identity, and Romantic Relationships in Adolescents and Adults with Autism Spectrum Disorder.**
    Dewinter J De Graaf H Begeer S. Journal of autism and developmental disorders 2017;47 (9): 2927 -2934 .

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    This study compared sexual orientation and romantic relationship experience in a large sample of adolescents and adults with autism spectrum disorder (ASD) (n = 675) and general population peers (n = 8064). Gender identity was explored in the ASD group in relation to assigned gender at birth. Compared to general population peers, more people with ASD, especially women, reported sexual attraction to both same- and opposite-sex partners. About half of the participants with ASD was in a relationship (heterosexual in most cases) and most of them lived with their partner. A notable number of autistic participants, again more women than men, reported gender non-conforming feelings. Attention to gender identity and sexual diversity in education and clinical work with people with ASD is advised.

77. **Aspects of Sexuality in Adolescents and Adults Diagnosed with Autism Spectrum Disorders in Childhood.**
Fernandes Lucrecia Cabral Gillberg Carina
I. Cederlund Mats Hagberg Bibbi Gillberg Christopher Billstedt Eva. Journal of autism and developmental disorders 2016;46 (9): 3155 -65 .

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The literature concerning sexuality in autism spectrum disorders (ASDs) is limited regarding inappropriate sexual behaviours and paraphilias and its relation to age, verbal ability, symptom severity, intellectual ability, or adaptive functioning. A cohort of 184 adolescents and young adults (ages 15-39 years) with ASD diagnosed in childhood, including both low and high functioning individuals, was examined. The large majority were found to have a sexual interest and showed interest towards the opposite sex. Inappropriate sexual behaviours and paraphilias were reported for about a fourth of the individuals. No relationships were found between inappropriate sexual behaviours and any of the background variables listed above. However, associations were found between paraphilias and ASD symptom severity, intellectual ability, and adaptive functioning.

78. **The experiences and support needs of people with intellectual disabilities who identify as LGBT: A review of the literature.**
McCann, E., Lee, R., & Brown, M. Research in developmental disabilities, 2016

Background: People who identify as lesbian, gay, bisexual and transgender (LGBT) can face many challenges in society including accessing education, care and support appropriate to individual needs. However, there is a growing and evolving evidence base about the specific needs of people with intellectual disabilities (ID) in this regard.

Aims: The aim of this review was to explore the experiences of people with ID who identified as LGBT through an examination of studies that addressed their views and highlighted specific issues, concerns and service responses.

Methods and procedures: A comprehensive search of relevant databases from February 1995 to February 2015 was conducted. Studies were identified that met specific criteria that included: empirical peer reviewed studies, the use of recognised research methods and focused on people with ID whom identified as LGBT. The search yielded 161 papers in total. The search was narrowed and 37 papers were screened using rigorous inclusion and exclusion criteria. Finally, 14 papers were considered suitable for the review.

Outcomes and results: The data were analysed and key themes identified that included accessing health services, gender and sexual identity, attitudes of people with ID regarding their LGBT status, and education, supports and therapeutic interventions.

Conclusions and implications: There is a need for service providers and carers to be more responsive to the concerns of people with ID who identify as LGBT to improve their health and well-being by reducing stigma and discrimination and by increasing awareness of their care and support needs. The implications are discussed in terms of policy, education, research and practice developments.

Keywords: Bisexual; Gay; Intellectual disability; Lesbian; Review; Service developments; Transgender.

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iii. ND and deprivation

1. **Nature and prevalence of long-term conditions in people with intellectual disability: retrospective longitudinal population-based study.**
   Lewin Gemma Kousovista Rania Abakasanga Emeka Shivamurthy Rishika Cosma Georgina Jun Gyuchan Kaur Navjot Akbari Ashley Gangadharan Satheesh. BMJ open 2025;15 (1): e090857 .

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   OBJECTIVE: Explore the nature and prevalence of long-term conditions in individuals with intellectual disability., DESIGN: Retrospective longitudinal population-based study., SETTING: Primary and secondary care data across the population of Wales with the Secure Anonymised Information Linkage (SAIL) Databank., PARTICIPANTS: 14 323 individuals were identified during the study date period 1 January 2000 to 31 December 2021 using the following inclusion criteria: 18 or older, alive at the cohort start date, a resident of Wales, with a primary care registration at a SAIL providing general practice with available records and a recorded diagnosis of intellectual disability. Once individuals were identified, health records were observed from birth., RESULTS: 13 069 individuals had a recorded diagnosis of intellectual disability and at least one long-term condition, reflecting 91.25% of the population. Demographic data from the SAIL dataset reveal that the study population is predominantly White, with low levels of representation of non-White ethnic groups. In the cohort, a larger proportion of patients live in the most deprived areas of Wales (22.30%), with fewer individuals in less deprived categories. Mental illness was identified as the most prevalent of the identified long-term conditions, whereby 30.91% of the population had a recorded diagnosis of a mental illness which was chronic. For many common conditions, including epilepsy, thyroid disorders, upper gastrointestinal disorders, chronic kidney disease and diabetes, there was an overall trend of higher prevalence rates in the intellectual disability cohort when compared with the general population. The prevalence of hypertension was lower in individuals with intellectual disability. Chronic constipation, chronic diarrhoea and insomnia were examples of long-term conditions added as relevant to individuals with intellectual disability. Notable differences in the distribution of long-term conditions were observed when comparing across sex and age groups. The number of long-term conditions increases with age. Conditions which may usually be expected to emerge later in life are present in younger age groups, such as diabetes, hypertension and chronic arthritis. When hospital episodes were analysed, epilepsy, diabetes, chronic airway disease and mental illness were commonly treated conditions during hospital admission across both sexes. Conditions which were less prevalent in the intellectual disability cohort, but which were treated during >=6% of total hospital admissions include cancer, cardiac arrhythmias and cerebral palsy., CONCLUSIONS: This study establishes a range of 40 relevant long-term conditions for people with intellectual disability through an iterative process, which included a review of the available literature and a series of discussions with a Professional Advisory Panel and Patient and Public Involvement groups of this research project. The findings of the study reinforce the high prevalence and early emergence of long-term conditions in the intellectual disability cohort. It also demonstrates the difference in the range of conditions when compared with the general population. There were differences in long-term conditions when separated by sex and age. Long-term conditions which commonly require treatment in hospitals were also revealed. Further work is required to translate the findings of this study into actionable insights. Clusters of multiple long-term conditions, trajectories, outcomes and risk factors should be explored to optimise the understanding and longitudinal care of individuals with intellectual disabilities and long-term conditions. Copyright © Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY. Published by BMJ Group.

2. **A cross-sectional investigation into the role of intersectionality as a moderator of the relation between youth adversity and adolescent depression/anxiety symptoms in the community.**
   Havers Laura Bhui Kamaldeep Shuai Ruichong Fonagy Peter Fazel Mina Morgan Craig Fancourt Daisy McCrone Paul Smuk Melanie Hosang Georgina M. Shakoor Sania. Journal of adolescence 2024;96 (6): 1304 -1315 .

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BACKGROUND: Adolescents exposed to adversity show higher levels of depression and anxiety, with the strongest links seen in socially/societally disadvantaged individuals (e.g., females, low socioeconomic status [SES]), as well as neurodivergent individuals. The intersection of these characteristics may be important for the differential distribution of adversity and mental health problems, though limited findings pertain to the extent to which intersectional effects moderate this association., METHODS: Combined depression/anxiety symptoms were measured using the emotional problems subscale of the Strengths and Difficulties Questionnaire in 13-14-year-olds in Cornwall, United Kingdom in 2017-2019. In a cross-sectional design (N = 11,707), multiple group structural equation modeling was used to estimate the effects of youth adversity on depression/anxiety symptoms across eight intersectionality profiles (based on gender [female/male], SES [lower/higher], and traits of hyperactivity/inattention [high/low]). Moderation effects of these characteristics and their intersections were estimated., RESULTS: Youth adversity was associated with higher levels of depression/anxiety (compared to an absence of youth adversity), across intersectional profiles. This effect was moderated by gender (stronger in males; beta = 0.22 [0.11, 0.36]), and SES (stronger in higher SES; beta = 0.26 [0.14,0.40]); with indications of moderation attributable to the intersection between gender and hyperactivity/inattention (beta = 0.21 [-0.02,0.44])., CONCLUSIONS: Youth adversity is associated with heightened depression/anxiety across intersectional profiles in 13-14-year-olds. The stronger effects observed for males, and for higher SES, may be interpreted in terms of structural privilege. Preliminary findings suggest that vulnerability and resilience to the effects of youth adversity may partially depend on specific intersectional effects. Importantly, the current results invite further investigation in this emerging line of inquiry. Copyright © 2024 The Authors. Journal of Adolescence published by Wiley Periodicals LLC on behalf of Foundation for Professionals in Services to Adolescents.

3. **Associations between prenatal alcohol exposure and early education outcomes: a matched controls study using the born in Bradford dataset.**
McCarthy Robyn Cook Penny A. Pink Joshua Eddy Lucy H. Journal of developmental origins of health and disease 2024;15 e29 .

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Prenatal alcohol exposure (PAE) is associated with cognitive, behavioural, and developmental impairments throughout the lifespan of affected individuals, but there is limited evidence on how early this impact can be identified through routinely collected childhood data. This paper explores the relationship between PAE and the Early Years Foundation Stage Profile (EYFSP), a statutory teacher-based summative assessment of early development in relation to learning goals. This analysis uses the Born in Bradford dataset, a UK based cohort (n = 13,959; full dataset), which collected self-reported PAE from 11,905 mothers, with 19.8% reporting drinking alcohol at some point during pregnancy. Coarsened exact matching was conducted to examine relationships between patterns of PAE and children achieving a 'Good Level of Development' on the EYFSP, a binary variable assessed at 4-5 years of age, controlling for known confounders, including deprivation, mother's education, exposure to other teratogenic substances, and child's age at assessment. Additionally, we examined EYFSP sub-scores to identify specific developmental deficits associated with PAE. The key finding is a statistically significant association between PAE at a level of consuming 5 or more units of alcohol (equivalent to 50 ml or 40 g of pure alcohol) at least once per week from the 4th month of pregnancy onwards and lower EYFSP scores when accounting for established confounding variables. These findings highlight that the detrimental impact of alcohol during pregnancy can be identified using statutory educational assessments. This has implications internationally for prevention work, policy, and commissioning of support services for people impacted by PAE.

4. **Childhood attention-deficit hyperactivity disorder: socioeconomic inequalities in symptoms, impact, diagnosis and medication.**
   Pearce Anna Henery Paul Katikireddi S Vittal Dundas Ruth Leyland Alastair H. Nicholls Dasha Viner Russell M. Fenton Lynda Hope Steven. Child and adolescent mental health 2024;29 (2): 126 -135 .

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   BACKGROUND: Children from disadvantaged backgrounds are at greater risk of attention-deficit hyperactivity disorder (ADHD)-related symptoms, being diagnosed with ADHD, and being prescribed ADHD medications. We aimed to examine how inequalities manifest across the 'patient journey', from perceptions of impacts of ADHD symptoms on daily life, to the propensity to seek and receive a diagnosis and treatment., METHODS: We investigated four 'stages': (1) symptoms, (2) caregiver perception of impact, (3) diagnosis and (4) medication, in two data sets: UK Millennium Cohort Study (MCS, analytic n ~ 9,000), with relevant (parent-reported) information on all four stages (until 14 years); and a population-wide 'administrative cohort', which includes symptoms (child health checks) and prescriptions (dispensing records), born in Scotland, 2010-2012 (analytic n ~ 100,000), until ~6 years. We described inequalities according to maternal occupational status, with percentages and relative indices of inequality (RII)., RESULTS: The prevalence of ADHD symptoms and medication receipt was considerably higher in the least compared to the most advantaged children in the administrative cohort (RIIs of 5.9 [5.5-6.4] and 8.1 [4.2-15.6]) and the MCS (3.08 [2.68-3.55], 3.75 [2.21-6.36]). MCS analyses highlighted complexities between these two stages, however, those from least advantaged backgrounds, with ADHD symptoms, were the least likely to perceive impacts on daily life (15.7% vs. average 19.5%) and to progress from diagnosis to medication (44.1% vs. average 72.5%)., CONCLUSIONS: Despite large inequalities in ADHD symptoms and medication, parents from the least advantaged backgrounds were less likely to report impacts of ADHD symptoms on daily life, and their children were less likely to have received medication postdiagnosis, highlighting how patient journeys differed according to socioeconomic circumstances. Copyright © 2024 The Authors. Child and Adolescent Mental Health published by John Wiley & Sons Ltd on behalf of Association for Child and Adolescent Mental Health.

5. **Clinical, socio-demographic, and parental correlates of early autism traits in a community cohort of toddlers.**
   Gale-Grant Oliver Chew Andrew Falconer Shona Franca Lucas G. S Fenn-Moltu Sunniva Hadaya Laila Harper Nicholas Ciarrusta Judit Charman Tony Murphy Declan Arichi Tomoki McAlonan Grainne Nosarti Chiara Edwards A David Batalle Dafnis. Scientific reports 2024;14 (1): 8393 .

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   Identifying factors linked to autism traits in the general population may improve our understanding of the mechanisms underlying divergent neurodevelopment. In this study we assess whether factors increasing the likelihood of childhood autism are related to early autistic trait emergence, or if other exposures are more important. We used data from 536 toddlers from London (UK), collected at birth (gestational age at birth, sex, maternal body mass index, age, parental education, parental language, parental history of neurodevelopmental conditions) and at 18 months (parents cohabiting, measures of socio-economic deprivation, measures of maternal parenting style, and a measure of maternal depression). Autism traits were assessed using the Quantitative Checklist for Autism in Toddlers (Q-CHAT) at 18 months. A multivariable model explained 20% of Q-CHAT variance, with four individually significant variables (two measures of parenting style and two measures of socio-economic deprivation). In order to address variable collinearity we used principal component analysis, finding that a component which was positively correlated with Q-CHAT was also correlated to measures of parenting style and socio-economic deprivation. Our results show that parenting style and socio-economic deprivation correlate with the emergence of autism traits at age 18 months as measured with the Q-CHAT in a community sample. Copyright © 2024. The Author(s).

6. **Determinants of unintentional injuries in preschool age children in high-income countries: A systematic review.**
Gallagher Laura Breslin Gavin Leavey Gerard Curran Emma Rosato Michael. Child: care, health and development 2024;50 (1): e13161 .

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   BACKGROUND: Injuries are the leading cause of death and disability in preschool children who are subject to specific risk factors. We sought to clarify the determinants of unintentional injuries in children aged 5 years and under in high-income countries and report on the methodological quality of the selected studies., METHODS: A systematic review was conducted of observational studies investigating determinants of unintentional injury in children aged 0-5. Searches were conducted in Web of Science, Medline, Embase, PsycInfo and CINAHL. All methods of data analysis and reporting followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2021) guidelines. Determinants are reported at the child, parental, household and area level., RESULTS: An initial search revealed 6179 records. Nineteen studies met the inclusion criteria: 17 cohort studies and 2 case control studies. While studies included longitudinal surveys and administrative healthcare data analysis, the highest quality studies examined were case-control designs. Child factors associated with unintentional injury include male gender, age of the child at the time of injury, advanced gross motor score, sleeping problems, birth order, attention deficit hyperactivity disorder (ADHD) diagnosis and below average score on the standard strengths and difficulties scale. Parental factors associated with unintentional injuries included younger parenthood, poor maternal mental health, hazardous or harmful drinking by an adult within the home, substance misuse, low maternal education, low paternal involvement in childcare and routine and manual socioeconomic classification. Household factors associated with injury were social rented accommodation, single-parent household, White ethnicity in the United Kingdom, number of children in the home and parental perception of a disorganised home environment. Area-level factors associated with injury were area-level deprivation and geographic remoteness., CONCLUSION: Child factors were the strongest risk factors for injury, whereas parental factors were the most consistent. Further research is needed to examine the role of supervision in the relationships between these risk factors and injury. Injury intent should be considered in studies using administrative healthcare data. Prospective research may consider utilising linked survey and administrative data to counter the inherent weaknesses of these research approaches. Copyright © 2023 The Authors. Child: Care, Health and Development published by John Wiley & Sons Ltd.

7. **Editorial: Can Physical Health Conditions in Childhood Predict Attention-Deficit/Hyperactivity Disorder Symptoms in Late Adolescence?.**
Trelles M Pilar. Journal of the American Academy of Child and Adolescent Psychiatry 2024;63 (2): 120 -121 .

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   In this issue of the Journal, Reed et al.1 present compelling data on the cumulative effect that certain non-psychiatric health conditions, grouped by clusters according to physiologic mechanisms, could have on symptoms of attention-deficit/hyperactivity disorder (ADHD) in late adolescence. The study leverages data collected through the Millennium Cohort Study (MCS). The MCS is valuable to characterize longitudinal associations, as it follows the development of a well-characterized, population-representative sample of more than 19,000 individuals born in the United Kingdom (UK) between 2000 and 2002.2,3 At the time of the study, 7 data sweeps had been conducted between 9 months and 17 years of age. Importantly, and as has been previously done with data collected through the MCS, standardized weights were applied to account for missing data from groups that are more likely to withdraw (eg, participants from disadvantaged backgrounds). As such, the sample represents the general UK population. Copyright © 2023 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.

8. **Lead exposure sources and public health investigations for children with elevated blood lead in England, 2014 to 2022.**
   Dave Mona Busby Araceli Shammari Lena
   Al Iqbal Neelam Coole Louise Bagnall Helen Crabbe Helen. PloS one 2024;19 (7): e0304866 .

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   BACKGROUND: Lead exposure at any concentration can adversely impact health, with children being more vulnerable to its effects. In England, children with an elevated blood lead concentration (BLC) are reported to Health Protection Teams (HPTs) for public health investigation. A detailed review of these cases has not yet been conducted., OBJECTIVES: The objectives of this study were to describe the demographics, likely setting and sources of lead exposure, risk behaviours, public health investigations and outcomes for children aged <16 years with a BLC requiring public health action reported to HPTs between 2014-2022 in England., METHODS: Data were collected via a lookback questionnaire and a live enhanced surveillance questionnaire. Data were deduplicated, cleaned and results summarised as numbers and percentages using R studio. A thematic analysis was conducted on qualitative responses to a question relating to problems experienced during case investigation., RESULTS: There were 340 cases in our study: the majority were aged 1-4 years old (53%) and male (69%). Ethnicity data was poorly recorded. A higher than expected proportion (31%) lived in the most deprived areas. Pica (76%) and learning difficulties (60%) were often present. Cases were primarily exposed to lead in the domestic setting (92%) with paint (43%) and soil (29%) the most common exposures. Most cases lived in rented accommodation (63%), with a higher proportion in social rentals (48%) than privately rented (37%). Case investigations were resource intensive and poor stakeholder engagement/response was most frequently identified as challenging by HPTs., CONCLUSIONS: Lead exposure is harmful to children and requires public health and clinical management, which can be complex and challenging. Prevention of lead exposure in children should be the focus of intervention efforts. Outreach, engagement and preventative work should focus on both renters and homeowners. Collecting ethnicity data consistently may enable identification of more specific groups at increased risk of lead exposure in England. Copyright: © 2024 Dave et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

9. **Mapping the link between socio-economic factors, autistic traits and mental health across different settings.**
   Del Bianco Teresa Lockwood Estrin Georgia Tillmann Julian Oakley Bethany F. Crawley Daisy San Jose Caceres Antonia Hayward Hannah Potter Mandy Mackay Wendy Smit Petrusa du Plessis Carlie Brink Lucy Springer Priscilla Odendaal Hein Charman Tony Banaschewski Tobias Baron-Cohen Simon Bolte Sven Johnson Mark Murphy Declan Buitelaar Jan Loth Eva Jones Emily Jh. Autism : the international journal of research and practice 2024;28 (5): 1280 -1296 .

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   LAY ABSTRACT: Autistic individuals are more likely than non-autistic individuals to experience a mental health condition in their lifetime, and this includes externalising and internalising symptoms. We know very little about how different environments and family conditions impact these symptoms for autistic individuals. Improving our understanding of these relationships is important so that we can identify individuals who may be in greater need of support. In this article, we seek to improve our understanding of how environmental and family conditions impact externalising and internalising symptoms in autistic and non-autistic people. To do this, we conducted analyses with two cohorts in very different settings - in Europe and South Africa - to ensure our findings are globally representative. We used advanced statistical methods to establish environmental and family conditions that were similar to each other, and which could be combined into specific 'factors'. We found that four similar 'factors' could be identified in the two cohorts. These were distinguished by personal characteristics and environmental conditions of individuals, and were named Person Characteristics, Family System, Parental and Material Resources. Interestingly, just 'Family System' was associated with internalising and externalising symptoms, and this was the same in both cohorts. We also found that having high traits of autism impacted this relationship between Family System and mental health conditions with opposite directions in the two settings. These results show that characteristics in the Family System are associated with internalising and externalising symptoms, and autistic persons are particularly impacted, reinforcing the notion that family stressors are important to consider when implementing policy and practice related to improving the mental health of autistic people.

10. **Predictors of Access to Early Support in Families of Children with Suspected or Diagnosed Developmental Disabilities in the United Kingdom.**
    Sapiets Suzi J. Hastings Richard P. Totsika Vasiliki. Journal of autism and developmental disorders 2024;54 (4): 1628 -1641 .

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    This study examined predictors of access to early support amongst families of 0-6-year-old children with suspected or diagnosed developmental disabilities in the United Kingdom. Using survey data from 673 families, multiple regression models were fitted for three outcomes: intervention access, access to early support sources, and unmet need for early support sources. Developmental disability diagnosis and caregiver educational level were associated with intervention access and early support access. Early support access was also associated with child physical health, adaptive skills, caregiver ethnicity, informal support, and statutory statement of special educational needs. Unmet need for early support was associated with economic deprivation, the number of household caregivers, and informal support. Multiple factors influence access to early support. Key implications include enhancing processes for formal identification of need, addressing socioeconomic disparities (e.g., reducing inequalities, increasing funding for services), and providing more accessible services (e.g., coordinating support across services, flexible service provision). Copyright © 2023. The Author(s).

11. **Service design for children and young people with common mental health problems: literature review, service mapping and collective case study.**
    Pryjmachuk Steven Kirk Susan Fraser Claire Evans Nicola Lane Rhiannon Neill Liz Camacho Elizabeth Bower Peter Bee Penny McDougall Tim. Health and social care delivery research 2024;12 (13): 1 -181 .

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    Background: The mental health of children/young people is a growing concern internationally. Numerous reports and reviews have consistently described United Kingdom children's mental health services as fragmented, variable, inaccessible and lacking an evidence base. Little is known about the effectiveness of, and implementation complexities associated with, service models for children/young people experiencing 'common' mental health problems like anxiety, depression, attention deficit hyperactivity disorder and self-harm., Aim: To develop a model for high-quality service design for children/young people experiencing common mental health problems by identifying available services, barriers and enablers to access, and the effectiveness, cost effectiveness and acceptability of such services., Design: Evidence syntheses with primary research, using a sequential, mixed-methods design. Inter-related scoping and integrative reviews were conducted alongside a map of relevant services across England and Wales, followed by a collective case study of English and Welsh services., Setting: Global (systematic reviews); England and Wales (service map; case study)., Data sources: Literature reviews: relevant bibliographic databases and grey literature. Service map: online survey and offline desk research. Case study: 108 participants (41 children/young people, 26 parents, 41 staff) across nine case study sites., Methods: A single literature search informed both reviews. The service map was obtained from an online survey and internet searches. Case study sites were sampled from the service map; because of coronavirus disease 2019, case study data were collected remotely. 'Young co-researchers' assisted with case study data collection. The integrative review and case study data were synthesised using the 'weaving' approach of 'integration through narrative'., Results: A service model typology was derived from the scoping review. The integrative review found effectiveness evidence for collaborative care, outreach approaches, brief intervention services and the 'availability, responsiveness and continuity' framework. There was cost-effectiveness evidence only for collaborative care. No service model appeared to be more acceptable than others. The service map identified 154 English and Welsh services. Three themes emerged from the case study data: 'pathways to support'; 'service engagement'; and 'learning and understanding'. The integrative review and case study data were synthesised into a coproduced model of high-quality service provision for children/young people experiencing common mental health problems., Limitations: Defining 'service model' was a challenge. Some service initiatives were too new to have filtered through into the literature or service map. Coronavirus disease 2019 brought about a surge in remote/digital services which were under-represented in the literature. A dearth of relevant studies meant few cost-effectiveness conclusions could be drawn., Conclusions: There was no strong evidence to suggest any existing service model was better than another. Instead, we developed a coproduced, evidence-based model that incorporates the fundamental components necessary for high-quality children's mental health services and which has utility for policy, practice and research., Future work: Future work should focus on: the potential of our model to assist in designing, delivering and auditing children's mental health services; reasons for non-engagement in services; the cost effectiveness of different approaches in children's mental health; the advantages/disadvantages of digital/remote platforms in delivering services; understanding how and what the statutory sector might learn from the non-statutory sector regarding choice, personalisation and flexibility., Study registration: This study is registered as PROSPERO CRD42018106219., Funding: This award was funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research programme (NIHR award ref: 17/09/08) and is published in full in Health and Social Care Delivery Research; Vol. 12, No. 13. See the NIHR Funding and Awards website for further award information.

12. **Sex differences in attention-deficit hyperactivity disorder diagnosis and clinical care: a national study of population healthcare records in Wales.**
    Martin Joanna Langley Kate Cooper Miriam Rouquette Olivier
    Y. John Ann Sayal Kapil Ford Tamsin Thapar Anita. Journal of child psychology and psychiatry, and allied disciplines 2024;65 (12): 1648 -1658 .

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    BACKGROUND: Population-based studies have observed sex biases in the diagnosis and treatment of attention-deficit hyperactivity disorder (ADHD). Females are less likely to be diagnosed or prescribed ADHD medication. This study uses national healthcare records, to investigate sex differences in diagnosis and clinical care in young people with ADHD, particularly regarding recognition and treatment of other mental health conditions., METHODS: The cohort included individuals diagnosed with ADHD, born between 1989 and 2013 and living in Wales between 2000 and 2019. Routine primary and secondary healthcare record data were used to derive diagnoses of ADHD and other neurodevelopmental and mental health conditions, as well as ADHD and antidepressant medications. Demographic variables included ethnicity, socioeconomic deprivation and contact with social services., RESULTS: There were 16,458 individuals diagnosed with ADHD (20.3% females, ages 3-30 years), with a male-to-female ratio of 3.9:1. Higher ratios (4.8:1) were seen in individuals diagnosed younger (<12 years), with the lowest ratio (1.9:1) in those diagnosed as adults (>18). Males were younger at first recorded ADHD diagnosis (mean = 10.9 vs. 12.6 years), more likely to be prescribed ADHD medication and younger at diagnosis of co-occurring neurodevelopmental conditions. In contrast, females were more likely to receive a diagnosis of anxiety, depression or another mental health condition and to be prescribed antidepressant medications, prior to ADHD diagnosis. These sex differences were largely stable across demographic groups., CONCLUSIONS: This study adds to the evidence base that females with ADHD are experiencing later recognition and treatment of ADHD. The results indicate that this may be partly because of diagnostic overshadowing from other mental health conditions, such as anxiety and depression, or initial misdiagnosis. Further research and dissemination of findings to the public are needed to improve awareness, timely diagnosis and treatment of ADHD in females. Copyright © 2024 The Author(s). Journal of Child Psychology and Psychiatry published by John Wiley & Sons Ltd on behalf of Association for Child and Adolescent Mental Health.

13. **The causal association between maternal depression, anxiety, and infection in pregnancy and neurodevelopmental disorders among 410 461 children: a population study using quasi-negative control cohorts and sibling analysis.**
    Hope Holly Pierce Matthias Gabr Hend Radojcic Maja R. Swift Eleanor Taxiarchi Vicky P. Abel Kathryn M. Psychological medicine 2024;54 (8): 1693 -1701 .

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    BACKGROUND: To address if the long-standing association between maternal infection, depression/anxiety in pregnancy, and offspring neurodevelopmental disorder (NDD) is causal, we conducted two negative-control studies., METHODS: Four primary care cohorts of UK children (pregnancy, 1 and 2 years prior to pregnancy, and siblings) born between 1 January 1990 and 31 December 2017 were constructed. NDD included autism/autism spectrum disorder, attention-deficit/hyperactivity disorder, intellectual disability, cerebral palsy, and epilepsy. Maternal exposures included depression/anxiety and/or infection. Maternal (age, smoking status, comorbidities, body mass index, NDD); child (gender, ethnicity, birth year); and area-level (region and level of deprivation) confounders were captured. The NDD incidence rate among (1) children exposed during or outside of pregnancy and (2) siblings discordant for exposure in pregnancy was compared using Cox-regression models, unadjusted and adjusted for confounders., RESULTS: The analysis included 410 461 children of 297 426 mothers and 2 793 018 person-years of follow-up with 8900 NDD cases (incidence rate = 3.2/1000 person years). After adjustments, depression and anxiety consistently associated with NDD (pregnancy-adjusted HR = 1.58, 95% CI 1.46-1.72; 1-year adj. HR = 1.49, 95% CI 1.39-1.60; 2-year adj. HR = 1.62, 95% CI 1.50-1.74); and to a lesser extent, of infection (pregnancy adj. HR = 1.16, 95% CI 1.10-1.22; 1-year adj. HR = 1.20, 95% CI 1.14-1.27; 2-year adj. HR = 1.19, 95% CI 1.12-1.25). NDD risk did not differ among siblings discordant for pregnancy exposure to mental illness HR = 0.97, 95% CI 0.77-1.21 or infection HR = 0.99, 95% CI 0.90-1.08., CONCLUSIONS: Maternal risk appears to be unspecific to pregnancy: our study provided no evidence of a specific, and therefore causal, link between in-utero exposure to infection, common mental illness, and later development of NDD.

14. **The inequity of education, health and care plan provision for children and young people with intellectual and developmental disabilities.**
    Lee I O. Wolstencroft J Housby H van den Bree M B. M Chawner S J. R A. Hall J Skuse D H. Journal of intellectual disability research : JIDR 2024;68 (10): 1167 -1183 .

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    BACKGROUND: Children and young people (CYP) with intellectual and developmental disabilities (IDDs) have significant additional educational needs compared with the general population. In England, the government has established a system of education, health and care plans (EHCPs) to support children with special educational needs and disabilities, but disparities exist between the degree of need and the availability of support. We conducted a prospective UK national cohort study (IMAGINE) of children with rare pathogenic genomic variants, all of which are associated with IDD, to investigate associated neuropsychiatric risk. Subsequently, we obtained information from the UK's National Pupil Database on their educational progress through the state school system. We aimed to identify whether they had received EHCP provision and whether that support was associated with their family's socioeconomic status, region of domicile, ethnicity, sex, primary special educational needs (SEN) type, academic performance and mental health well-being., METHODS: We recruited 2738 CYP from England into the IMAGINE study between 2014 and 2019. The educational histories of the participants (6-28 years old, mean +/- standard deviation = 14 +/- 4 years, 56% male) were obtained from the Department for Education's National Pupil Database in 2021. Educational data included attainment scores from the Early Year Foundation Stage (<5 years) to key stage 4 (15-16 years). Each family was assigned an index of multiple deprivation (IMD) score based on their home address postcode. Parents or carers rated their child's emotional and behavioural adjustment on the Strengths and Difficulties Questionnaire (SDQ). The association between receiving an EHCP and the child's IMD score, eligibility for free school meals, English region of domicile, ethnicity, sex, primary SEN type, academic attainment and SDQ score was investigated., RESULTS: In this cohort, 78% of participants had received an EHCP. CYP living in the most deprived IMD deciles were substantially less likely to receive EHCP support than those in the least deprived decile, irrespective of their degree of intellectual developmental disability, academic performance or associated mental health problems. There were no sex differences. Children of Asian heritage were more likely to have been granted an EHCP than White children from equivalent IMD deciles. There were striking regional disparities. Participants living in London were significantly more likely to have been awarded an EHCP than participants living anywhere else in England, regardless of their IMD decile; those in the least deprived decile had almost 100% EHCP provision., CONCLUSIONS: This study found evidence for nationwide regional inconsistencies in the awarding of EHCP to CYP with significant intellectual impairments of known genetic aetiology. Disparities in funds available to education authorities could be a contributory factor. EHCP support was potentially influenced by how strongly a parent advocates for their child. Copyright © 2024 The Authors. Journal of Intellectual Disability Research published by John Wiley & Sons and MENCAP.

15. **Youth adversity and trajectories of depression/anxiety symptoms in adolescence in the context of intersectionality in the United Kingdom.**
    Havers Laura Shuai Ruichong Fonagy Peter Fazel Mina Morgan Craig Fancourt Daisy McCrone Paul Smuk Melanie Bhui Kamaldeep Shakoor Sania Hosang Georgina M. Psychological medicine 2024;54 (10): 2677 -2687 .

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    BACKGROUND: Youth adversity is associated with persistence of depression and anxiety symptoms. This association may be greater for disadvantaged societal groups (such as females) compared with advantaged groups (e.g. males). Given that persistent symptoms are observed across a range of disadvantaged, minoritized, and neurodivergent groups (e.g. low compared with high socio-economic status [SES]), the intersection of individual characteristics may be an important moderator of inequality., METHODS: Data from HeadStart Cornwall (N = 4441) was used to assess the effect of youth adversity on combined symptoms of depression and anxiety (Strengths and Difficulties Questionnaire emotional problems subscale) measured at three time-points in 11-14-year-olds. Latent trajectories and regressions were estimated for eight intersectionality profiles (based on gender, SES, and hyperactivity/inattention), and moderating effects of the individual characteristics and their intersections were estimated., RESULTS: Youth adversity was associated with higher average depression/anxiety symptoms at baseline (11-12-years) across all intersectionality profiles. The magnitude of effects differed across profiles, with suggestive evidence for a moderating effect of youth adversity on change over time in depression/anxiety symptoms attributable to the intersection between (i) gender and SES; and (ii) gender, SES, and hyperactivity/inattention., CONCLUSIONS: The detrimental effects of youth adversity pervade across intersectionality profiles. The extent to which these effects are moderated by intersectionality is discussed in terms of operational factors. The current results provide a platform for further research, which is needed to determine the importance of intersectionality as a moderator of youth adversity on the development of depression and anxiety symptoms in adolescence.

16. **Factors associated with low school readiness, a linked health and education data study in Wales, UK.**
    Bandyopadhyay Amrita Marchant Emily Jones Hope Parker Michael Evans Julie Brophy Sinead. PloS one 2023;18 (12): e0273596 .

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    BACKGROUND: School readiness is a measure of a child's cognitive, social, and emotional readiness to begin formal schooling. Children with low school readiness need additional support from schools for learning, developing required social and academic skills, and catching-up with their school-ready peers. This study aims to identify the most significant risk factors associated with low school readiness using linked routine data for children in Wales., METHOD: This was a longitudinal cohort study using linked data. The cohort comprises of children who completed the Foundation Phase assessment between 2012 and 2018. Individuals were identified by linking Welsh Demographic Service and Pre16 Education Attainment datasets. School readiness was assessed via the binary outcome of the Foundation Phase assessment (achieved/not achieved). This study used multivariable logistic regression model and a decision tree to identify and weight the most important risk factors associated with low school readiness., RESULTS: In order of importance, logistic regression identified maternal learning difficulties (adjusted odds ratio 5.35(95% confidence interval 3.97-7.22)), childhood epilepsy (2.95(2.39-3.66)), very low birth weight (2.24(1.86-2.70), being a boy (2.11(2.04-2.19)), being on free school meals (1.85(1.78-1.93)), living in the most deprived areas (1.67(1.57-1.77)), maternal death (1.47(1.09-1.98)), and maternal diabetes (1.46(1.23-1.78)) as factors associated with low school readiness. Using a decision tree, eligibility for free school meals, being a boy, absence/low attendance at school, being born late in the academic year, being a low birthweight child, and not being breastfed were factors which were associated with low school readiness., CONCLUSION: This work suggests that public health interventions focusing on children who are: boys, living in deprived areas, have poor early years attendance, have parents with learning difficulties, have parents with an illness or have illnesses themselves, would make the most difference to school readiness in the population. Copyright: © 2023 Bandyopadhyay et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

17. **How do autistic people fare in adult life and can we predict it from childhood?.**
    Forbes Gordon Kent Rachel Charman Tony Baird Gillian Pickles Andrew Simonoff Emily. Autism research : official journal of the International Society for Autism Research 2023;16 (2): 458 -473 .

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    This study describes social, mental health, and quality of life outcomes in early adulthood, and examines childhood predictors in the Special Needs and Autism Project (SNAP), a longitudinal population-based cohort. Young autistic adults face variable but often substantial challenges across many areas of life. Prediction of outcomes is important to set expectations and could lead to the development of targeted early intervention. Autistic children were enrolled at age 12 and parents reported outcomes 11 years later when their children were age 23 (n = 121). Thirty six percent of autistic adults were in competitive employment or education and 54% had frequent contact with friends. Only 5% of autistic adults were living independently, and 37% required overnight care. Moderate or severe anxiety and depression symptoms were found for 11% and 12% of young adults, respectively. Subjective quality of life was similar to UK averages except for social relationships. Using childhood IQ, autism traits and adaptive functioning meaningful predictions can be made of living situation, employment and education and physical health. Prediction was poor for friendships, mental health outcomes and other aspects of quality of life. Our results suggest that although young autistic adults face challenges across normative, social outcomes, they may be faring better in regard to mental health or quality of life. Childhood IQ, autism traits and adaptive functioning are most useful for predicting outcomes. After accounting for these factors, childhood measurements of behavioral and emotional problems and language offered little improvement in prediction of adult outcomes. Copyright © 2022 The Authors. Autism Research published by International Society for Autism Research and Wiley Periodicals LLC.

18. **Increased rates of chronic physical health conditions across all organ systems in autistic adolescents and adults.**
    Ward John H. Weir Elizabeth Allison Carrie Baron-Cohen Simon. Molecular autism 2023;14 (1): 35 .

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    BACKGROUND: The poorer physical health of autistic adults compared to non-autistic adults has been highlighted by several epidemiological studies. However, research has so far been limited to specific geographical areas and has primarily focused on young autistic individuals (aged 35 years and younger). Recent studies indicate a higher rate of mortality in autistic people, as well as poorer quality of self-reported healthcare interactions. This study aims to determine, first, whether autistic people experience greater levels of non-communicable health conditions and second, whether these are explained by differences in demographics (i.e. sex, country of residence, ethnicity, education level), alcohol use, smoking, body mass index (BMI), or family history of medical conditions., METHOD: We employed a cross-sectional, convenience-sampling study via an anonymous, online survey of autistic and non-autistic adults (n = 2305, mean age = 41.6, 65.9% female, 49% autistic). The survey asked participants to self-report information about their demographics, autism diagnosis, diet, exercise, sleep, sexual health, substance use, personal medical history, and family medical history (for all first-degree, biological relatives). Binomial logistic regression across four iterative models of increasing complexity was applied to assess rates of physical health conditions. The Benjamini-Hochberg correction was used to account for multiple testing, and only physical health conditions that achieved at least 1% endorsement within the overall sample (n > 22) were included in the analysis to reduce risk of Type I errors. We also used novel network analysis methods to test whether there are increased levels of multimorbidity between autistic and non-autistic people., RESULTS: There were significantly elevated rates of non-communicable conditions across all organ systems in autistic people, including gastrointestinal, neurological, endocrine, visual, ear/nose/throat, skin, liver and kidney, and haematological conditions. We confirmed previous findings by showing highly significant differences in rates of neurological and gastrointestinal symptoms (p < 0.0001). In addition, we established in the largest sample to date that Ehler-Danlos Syndrome (EDS) was more likely to occur among autistic females compared to non-autistic females. Finally, we found a higher prevalence of Coeliac's disease among autistic individuals compared to non-autistic individuals after controlling for sex, ethnicity, country of residence, alcohol use, smoking, and BMI, but these results became non-significant after accounting for family history., LIMITATIONS: Our study is biased towards females, white individuals, highly educated people, and UK residents, likely due to sampling biases. Our self-report study design may also exclude those who lack access to computers, or those with intellectual disability. Our network analysis is also limited in size., CONCLUSIONS: This study provides evidence of widespread, physical health comorbidity that spans nearly all major organ systems in autistic adults compared to non-autistic adults, using both binary logistic regression and network models. Healthcare professionals must be made aware of the range of co-occurring physical health conditions that may be more common among autistic people. However, our findings also point towards potential avenues requiring further exploration, such as the association of autism with both Coeliac's disease and EDS. Copyright © 2023. BioMed Central Ltd., part of Springer Nature.

19. **Investigating young-adult social outcomes of attention deficit hyperactivity disorder.**
Riglin Lucy Todd Andrew Blakey Rachel Shakeshaft Amy Stergiakouli Evie Smith George Davey Tilling Kate Thapar Anita. The Journal of clinical psychiatry 2023;84 (2): 22m14379 .

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    Objective: Attention Deficit Hyperactivity Disorder (ADHD) is associated with a range of adverse outcomes in adult life. However it is unclear whether the risk pathways to adverse adult outcomes are established during childhood or whether associations are driven by concurrent ADHD symptoms that have persisted to adulthood., Methods: We examined associations between broadly defined child-limited (remitted) and persistent ADHD (assessed using the ADHD subscale of the Strengths and Difficulties Questionnaire) with social outcomes (low emotional and instrumental support, antisocial behaviour, employment, receipt of state benefits as an indicator of socio-economic disadvantage, homelessness) at age 25 years in a UK longitudinal population sample ALPSAC (the Avon Longitudinal Study of Parents and Children, age 25 data collected between years 2017 and 2018): total N=6439., Results: Up to 20% of young-people with less favourable social outcomes at age 25 had persistent ADHD. Persistent ADHD was associated with an increased likelihood of being not in education, employment or training (NEET: OR=3.71, 95% CI=2.06 to 6.67, p=1x10-05) and receiving state benefits (OR=2.72, 95% CI=1.62 to 4.57, p=2x10-04) at age 25 years compared to those without ADHD. We did not find strong evidence of associations between child-limited ADHD and social outcomes (NEET OR=1.20, 95% CI=0.54 to 2.69, p=0.65; state benefits OR=1.38, 95% CI=0.76 to 2.51, p=0.29). Persistent ADHD associations with negative social outcomes were observed across family-of-origin income groups, sex and were not explained by comorbidity., Conclusion: Our findings highlight the importance of continued monitoring and management of ADHD symptoms and related social as well as clinical outcomes across development into adulthood. Future research is needed to identify what factors promote positive social outcomes, including effective treatment of adult ADHD symptoms.

20. **Multi-Trajectories of Conduct Problems, Hyperactivity/Inattention, and Peer Problems Across Childhood: Results from the Growing Up in Scotland Birth Cohort.**
Morales Maria Francisca MacBeth Angus Swartzman Samantha Girard Lisa-Christine. Research on child and adolescent psychopathology 2023;51 (1): 55 -69 .

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    Using a person-centred approach, this study inspected multi-trajectories of conduct problems, hyperactivity/inattention and peer problems, and associated risk factors for group membership. The sample included 3,578 children (50.8% males) from a population birth cohort in Scotland (Growing Up in Scotland). The parental version of the Strengths and Difficulties Questionnaire (SDQ) was used when children were 4, 5, 6, 7, and 10 years old. Antecedent factors at the perinatal, child, and family levels were collected using parental reports, observation, and standardised assessments at 10, 24, and 36 months. A group-based multi-trajectory analysis was employed. Findings showed that a six-group model best fit the data. Identified groups included non-engagers, normative, decreasing externalising/low peer problems, low externalising/moderate peer problems, moderate externalising/increasing peer problems and multimorbid moderate-high chronic. Findings suggest multimorbidity between externalising behaviours and peer problems in the more elevated groups. Two common protective factors emerged across all groups: caregiver mental health and parent-infant attachment. Identified risk factors were specific to group membership. Risk factors for the most elevated group included single-parent status, social deprivation, previous neonatal intensive care unit admission, child sex, whilst children's expressive language was a protective factor. Taken together, findings contribute to the emerging literature modelling trajectories of externalising behaviours and peer problems simultaneously and have important practical implications for prevention of problems in childhood, by identifying targets at the perinatal, child, and family levels. Copyright © 2022. The Author(s).

21. **Pathways to social well-being of children with intellectual disability: testing the Family Investment Model.**
Totsika V Hastings R P. Hatton C Emerson E. Journal of intellectual disability research : JIDR 2023;67 (12): 1354 -1366 .

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BACKGROUND: Social well-being, including prosocial and peer relationship skills, independence and co-operation, is a particularly important developmental outcome in intellectual disability (ID). The present study investigated pathways to social well-being through the early years' family environment, particularly the role of parental investments in mediating the path from family poverty to child social well-being., METHODS: In line with the Family Investment Model (FIM), we tested whether parental investments between 3 and 5 years of age mediate the impact of family poverty at 9 months of age on children's social well-being at 7 years. Structural equation models were fitted to data from 555 children with ID identified from a UK population-based cohort., RESULTS: Findings indicated that home learning investments and the structural home environment (though not play) significantly mediated the effect of family poverty on children's social skills, albeit in different directions. While all parental investments reduced in the presence of poverty, the home learning environment appeared to promote social well-being, whereas the structural home environment did not. Sensitivity analyses controlling for co-occurring autism confirmed the pattern of findings. Child gender, ethnicity and parental educational qualifications did not moderate the mediational relationships, suggesting that FIM pathways to social well-being were relevant to all families., CONCLUSIONS: The FIM provides a helpful framework to map developmental pathways for children with an ID. Parental investments related to home learning, the structural home environment and play are reduced in the presence of poverty although their impact on child social well-being appears to differ. Copyright © 2023 The Authors. Journal of Intellectual Disability Research published by MENCAP and International Association of the Scientific Study of Intellectual and Developmental Disabilities and John Wiley & Sons Ltd.

22. **Young-Adult Social Outcomes of Attention-Deficit/Hyperactivity Disorder.**
Riglin Lucy Todd Andrew Blakey Rachel Shakeshaft Amy Stergiakouli Evie Davey Smith George Tilling Kate Thapar Anita. The Journal of clinical psychiatry 2023;84 (2):

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Objective: Attention-deficit/hyperactivity disorder (ADHD) is associated with a range of adverse outcomes in adult life. However, it is unclear whether the risk pathways to adverse adult outcomes are established during childhood or whether associations are driven by concurrent ADHD symptoms that have persisted to adulthood., Methods: We examined associations between broadly defined child-limited (remitted) and persistent ADHD (assessed using the ADHD subscale of the Strengths and Difficulties Questionnaire) with negative social outcomes (low emotional and instrumental support, antisocial behavior, employment, receipt of state benefits as an indicator of socio-economic disadvantage, homelessness) at age 25 years in a UK longitudinal population sample, the Avon Longitudinal Study of Parents and Children (age 25 data collected between years 2017 and 2018; total N = 6,439)., Results: Up to 20% of young people with less favorable social outcomes at age 25 had persistent ADHD. Persistent ADHD was associated with an increased likelihood of being not in education, employment, or training (NEET) (OR = 3.71, 95% CI = 2.06 to 6.67, P = 1 x 10-05) and receiving state benefits (OR = 2.72, 95% CI = 1.62 to 4.57, P = 2 x 10-04) at age 25 years compared to those without ADHD. We did not find strong evidence of associations between child-limited ADHD and social outcomes (NEET OR = 1.20, 95% CI = 0.54 to 2.69, P = .65; state benefits OR = 1.38, 95% CI = 0.76 to 2.51, P = .29). Persistent ADHD associations with negative social outcomes were observed across family-of-origin income groups and sex and were not explained by comorbidity., Conclusions: Our findings highlight the importance of continued monitoring and management of ADHD symptoms and related social as well as clinical outcomes across development into adulthood. Future research is needed to identify what factors promote positive social outcomes, including effective treatment of adult ADHD symptoms. © Copyright 2023 Physicians Postgraduate Press, Inc.

23. **Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK.**
    John Ann Friedmann Yasmin DelPozo-Banos Marcos Frizzati Aura Ford Tamsin Thapar Anita. The lancet. Psychiatry 2022;9 (1): 23 -34 .

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    BACKGROUND: Poor attendance at school, whether due to absenteeism or exclusion, leads to multiple social, educational, and lifelong socioeconomic disadvantages. We aimed to measure the association between a broad range of diagnosed neurodevelopmental and mental disorders and recorded self-harm by the age of 24 years and school attendance and exclusion., METHODS: In this nationwide, retrospective, electronic cohort study, we drew a cohort from the Welsh Demographic Service Dataset, which included individuals aged 7-16 years (16 years being the school leaving age in the UK) enrolled in state-funded schools in Wales in the academic years 2012/13-2015/16 (between Sept 1, 2012, and Aug 31, 2016). Using the Adolescent Mental Health Data Platform, we linked attendance and exclusion data to national demographic and primary and secondary health-care datasets. We identified all pupils with a recorded diagnosis of neurodevelopmental disorders (ADHD and autism spectrum disorder [ASD]), learning difficulties, conduct disorder, depression, anxiety, eating disorders, alcohol or drugs misuse, bipolar disorder, schizophrenia, other psychotic disorders, or recorded self-harm (our explanatory variables) before the age of 24 years. Outcomes were school absence and exclusion. Generalised estimating equations with exchangeable correlation structures using binomial distribution with the logit link function were used to calculate odds ratios (OR) for absenteeism and exclusion, adjusting for sex, age, and deprivation., FINDINGS: School attendance, school exclusion, and health-care data were available for 414 637 pupils (201 789 [48.7%] girls and 212 848 [51.3%] boys; mean age 10.5 years [SD 3.8] on Sept 1, 2012; ethnicity data were not available). Individuals with a record of a neurodevelopmental disorder, mental disorder, or self-harm were more likely to be absent or excluded in any school year than were those without a record. Unadjusted ORs for absences ranged from 2.1 (95% CI 2.0-2.2) for those with neurodevelopmental disorders to 6.6 (4.9-8.3) for those with bipolar disorder. Adjusted ORs (aORs) for absences ranged from 2.0 (1.9-2.1) for those with neurodevelopmental disorders to 5.5 (4.2-7.2) for those with bipolar disorder. Unadjusted ORs for exclusion ranged from 1.7 (1.3-2.2) for those with eating disorders to 22.7 (20.8-24.7) for those with a record of drugs misuse. aORs for exclusion ranged from 1.8 (1.5-2.0) for those with learning difficulties to 11.0 (10.0-12.1) for those with a record of drugs misuse., INTERPRETATION: Children and young people up to the age of 24 years with a record of a neurodevelopmental or mental disorder or self-harm before the age of 24 years were more likely to miss school than those without a record. Exclusion or persistent absence are potential indicators of current or future poor mental health that are routinely collected and could be used to target assessment and early intervention. Integrated school-based and health-care strategies to support young peoples' engagement with school life are required., FUNDING: The Medical Research Council, MQ Mental Health Research, and the Economic and Social Research Council., TRANSLATION: For the Welsh translation of the abstract see Supplementary Materials section. Copyright © 2022 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license. Published by Elsevier Ltd.. All rights reserved.

24. **Neuropsychiatric risk in children with intellectual disability of genetic origin: IMAGINE, a UK national cohort study.**
    Wolstencroft Jeanne Wicks Francesca Srinivasan Ramya Wynn Sarah Ford Tamsin Baker Kate Chawner Samuel J. R A. Hall Jeremy van den Bree Marianne B. M Owen Michael J. Skuse David Raymond F Lucy. The lancet. Psychiatry 2022;9 (9): 715 -724 .

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BACKGROUND: Children with intellectual disability frequently have multiple co-morbid neuropsychiatric conditions and poor physical health. Genomic testing is increasingly recommended as a first-line investigation for these children. We aim to determine the effect of genomics, inheritance, and socioeconomic deprivation on neuropsychiatric risk in children with intellectual disability of genetic origin as compared with the general population., METHODS: IMAGINE is a prospective cohort study using online mental health and medical assessments in a cohort of 3407 UK participants with intellectual disability and pathogenic genomic variants as identified by the UK's National Health Service (NHS). Our study is on a subset of these participants, including all children aged 4-19 years. We collected diagnostic genomic reports from NHS records and asked primary caregivers to provide an assessment of their child using the Development and Well-Being Assessment (DAWBA), the Strengths and Difficulties Questionnaire (SDQ), the Adaptive Behaviour Assessment System 3 (ABAS-3), and a medical history questionnaire. Each child was assigned a rank based on their postcode using the index of multiple deprivation (IMD). We compared the IMAGINE cohort with the 2017 National Survey of Children's Mental Health in England. The main outcomes of interest were mental health and neurodevelopment according to the DAWBA and SDQ., FINDINGS: We recruited 2770 children from the IMAGINE study between Oct 1, 2014 and June 30, 2019, of whom 2397 (86.5%) had a basic assessment of their mental health completed by their families and 1277 (46.1%) completed a medical history questionnaire. The mean age of participants was 9.2 years (SD 3.9); 1339 (55.9%) were boys and 1058 (44.1%) were girls. 355 (27.8%) of 1277 reported a seizure disorder and 814 (63.7%) reported movement or co-ordination problems. 1771 (73.9%) of 2397 participants had a pathogenic copy number variant (CNV) and 626 (26.1%) had a pathogenic single nucleotide variant (SNV). Participants were representative of the socioeconomic spectrum of the UK general population. The relative risk (RR) of co-occurring neuropsychiatric diagnoses, compared with the English national population, was high: autism spectrum disorder RR 29.2 (95% CI 23.9-36.5), ADHD RR 13.5 (95% CI 11.1-16.3). In children with a CNV, those with a familial variant tended to live in more socioeconomically deprived areas than those with a de novo variant. Both inheritance and socioeconomic deprivation contributed to neuropsychiatric risk in those with a CNV., INTERPRETATION: Children with genomic variants and intellectual disability are at an increased risk of neuropsychiatric difficulties. CNV variant inheritance and socioeconomic deprivation also contribute to the risk. Early genomic investigations of children with intellectual disability could facilitate the identification of the most vulnerable children. Additionally, harnessing parental expertise using online DAWBA assessments could rapidly identify children with exceptional needs to child mental health services., FUNDING: UK Medical Research Council and Medical Research Foundation. Copyright © 2022 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license. Published by Elsevier Ltd.. All rights reserved.

25. **Social gradients in ADHD by household income and maternal education exposure during early childhood: Findings from birth cohort studies across six countries.**
Spencer Nicholas James Ludvigsson Johnny Bai Guannan Gauvin Lise Clifford Susan A. Abu Awad Yara Goldhaber-Fiebert Jeremy D. Markham Wolfgang Faresjo Ashild White Par Andersson Raat Hein Jansen Pauline Nikiema Beatrice Mensah Fiona K. McGrath Jennifer J. PloS one 2022;17 (3): e0264709 .

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OBJECTIVE: This study aimed to examine social gradients in ADHD during late childhood (age 9-11 years) using absolute and relative relationships with socioeconomic status exposure (household income, maternal education) during early childhood (<5 years) in seven cohorts from six industrialised countries (UK, Australia, Canada, The Netherlands, USA, Sweden)., METHODS: Secondary analyses were conducted for each birth cohort. Risk ratios, pooled risk estimates, and absolute inequality, measured by the Slope Index of Inequality (SII), were estimated to quantify social gradients in ADHD during late childhood by household income and maternal education measured during early childhood. Estimates were adjusted for child sex, mother age at birth, mother ethnicity, and multiple births., FINDINGS: All cohorts demonstrated social gradients by household income and maternal education in early childhood, except for maternal education in Quebec. Pooled risk estimates, relating to 44,925 children, yielded expected gradients (income: low 1.83(CI 1.38,2.41), middle 1.42(1.13,1.79), high (reference); maternal education: low 2.13(1.39,3.25), middle 1.42(1.13,1.79)). Estimates of absolute inequality using SII showed that the largest differences in ADHD prevalence between the highest and lowest levels of maternal education were observed in Australia (4% lower) and Sweden (3% lower); for household income, the largest differences were observed in Quebec (6% lower) and Canada (all provinces: 5% lower)., CONCLUSION: Findings indicate that children in families with high household income or maternal education are less likely to have ADHD at age 9-11. Absolute inequality, in combination with relative inequality, provides a more complete account of the socioeconomic status and ADHD relationship in different high-income countries. While the study design precludes causal inference, the linear relation between early childhood social circumstances and later ADHD suggests a potential role for policies that promote high levels of education, especially among women, and adequate levels of household income over children's early years in reducing risk of later ADHD.

26. **The role of physical environmental characteristics and intellectual disability in conduct problem trajectories across childhood: A population-based Cohort study.**
    Baird Alister Papachristou Efstathios Hassiotis Angela Flouri Eirini. Environmental research 2022;209 112837 .

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    BACKGROUND: The paucity of research investigating the role of the physical environment in the developmental progression of conduct problems and the potential moderating effects of intellectual disability (ID) is surprising, given the clinical relevance of elucidating environmental determinants of disruptive behaviours., AIMS: To use data from a large UK cohort study to assess associations between physical environmental exposures, ID, and conduct problem trajectories., METHOD: The sample included 8168 Millennium Cohort Study children (1.9% with ID). Multilevel growth curve modelling was used to examine the role of physical environment characteristics in the developmental trajectories of conduct problems after adjustments for ID status., RESULTS: Exposure to external environmental domains was not associated with differences in children's conduct problems across development. Alternatively, internal aspects of the household environment: spatial density (b = 0.40, p < .001) and damp problems (b = 0.14, p < .001) were both significantly associated with increased trajectories. Various individual and familial covariates were positively associated with conduct problems over time, including: presence of ID (b = 0.96, p < .001), autism spectrum disorder (b = 1.18, p < .001), male sex (b = 0.26, p < .001), poverty (b = 0.19, p < .001), maternal depression (b = 0.65, p < .001), and non-nuclear family structure (b = 0.35, p < .001). Positive ID status appeared to moderate the effects of internal household spatial density, reporting a non-linear negative association with spatial density and conduct problems across development (b = -1.08, p < .01)., CONCLUSIONS: Our findings highlight the potential harmful consequences of poor internal residential conditions on children's development of disruptive behaviours. Copyright © 2022 Elsevier Inc. All rights reserved.

27. **Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England.**
    Roman-Urrestarazu Andres van Kessel Robin Allison Carrie Matthews Fiona E. Brayne Carol Baron-Cohen Simon. JAMA pediatrics 2021;175 (6): e210054 .

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Importance: The global prevalence of autism spectrum disorder (ASD) has been reported to be between 1% and 2% of the population, with little research in Black, Asian, and other racial/ethnic minority groups. Accurate estimates of ASD prevalence are vital to planning diagnostic, educational, health, and social care services and may detect possible access barriers to diagnostic pathways and services and inequalities based on social determinants of health., Objective: To evaluate whether socioeconomic disadvantage is associated with ASD prevalence and the likelihood of accessing ASD services in racial/ethnic minority and disadvantaged groups in England., Design, Setting, and Participants: This case-control prevalence cohort study used the Spring School Census 2017 from the Pupil Level Annual Schools Census of the National Pupil Database, which is a total population sample that includes all English children, adolescents, and young adults aged 2 to 21 years in state-funded education. Data were collected on January 17, 2017, and analyzed from August 2, 2018, to January 28, 2020., Exposures: Age and sex were treated as a priori confounders while assessing correlates of ASD status according to (1) race/ethnicity, (2) social disadvantage, (3) first language spoken, (4) Education, Health and Care Plan or ASD Special Educational Needs and Disability support status, and (5) mediation analysis to assess how social disadvantage and language might affect ASD status., Main Outcomes and Measures: Sex- and age-standardized ASD prevalence by race/ethnicity and 326 English local authority districts in pupils aged 5 to 19 years., Results: The final population sample consisted of 7047238 pupils (50.99% male; mean [SD] age, 10.18 [3.47] years) and included 119821 pupils with ASD, of whom 21660 also had learning difficulties (18.08%). The standardized prevalence of ASD was 1.76% (95% CI, 1.75%-1.77%), with male pupils showing a prevalence of 2.81% (95% CI, 2.79%-2.83%) and female pupils a prevalence of 0.65% (95% CI, 0.64%-0.66%), for a male-to-female ratio (MFR) of 4.32:1. Standardized prevalence was highest in Black pupils (2.11% [95% CI, 2.06%-2.16%]; MFR, 4.68:1) and lowest in Roma/Irish Travelers (0.85% [95% CI, 0.67%-1.03%]; MFR, 2.84:1). Pupils with ASD were more likely to face social disadvantage (adjusted prevalence ratio, 1.61; 95% CI, 1.59-1.63) and to speak English as an additional language (adjusted prevalence ratio, 0.64; 95% CI, 0.63-0.65). The effect of race/ethnicity on ASD status was mediated mostly through social disadvantage, with Black pupils having the largest effect (standardized mediation coefficient, 0.018; P < .001) and 12.41% of indirect effects through this way., Conclusions and Relevance: These findings suggest that significant differences in ASD prevalence exist across racial/ethnic groups and geographic areas and local authority districts, indicating possible differential phenotypic prevalence or differences in detection or referral for racial/ethnic minority groups.

28. **Educational and health outcomes of schoolchildren in local authority care in Scotland: A retrospective record linkage study.**
Fleming Michael McLay James S. Clark David King Albert Mackay Daniel F. Minnis Helen Pell Jill P. PLoS medicine 2021;18 (11): e1003832 .

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BACKGROUND: Looked after children are defined as children who are in the care of their local authority. Previous studies have reported that looked after children have poorer mental and physical health, increased behavioural problems, and increased self-harm and mortality compared to peers. They also experience poorer educational outcomes, yet population-wide research into the latter is lacking, particularly in the United Kingdom. Education and health share a bidirectional relationship; therefore, it is important to dually investigate both outcomes. Our study aimed to compare educational and health outcomes for looked after children with peers, adjusting for sociodemographic, maternity, and comorbidity confounders., METHODS AND FINDINGS: Linkage of 9 Scotland-wide databases, covering dispensed prescriptions, hospital admissions, maternity records, death certificates, annual pupil census, examinations, school absences/exclusions, unemployment, and looked after children provided retrospective data on 715,111 children attending Scottish schools between 2009 and 2012 (13,898 [1.9%] looked after). Compared to peers, 13,898 (1.9%) looked after children were more likely to be absent (adjusted incidence rate ratio [AIRR] 1.27, 95% confidence interval [CI] 1.24 to 1.30) and excluded (AIRR 4.09, 95% CI 3.86 to 4.33) from school, have special educational need (SEN; adjusted odds ratio [AOR] 3.48, 95% CI 3.35

to 3.62) and neurodevelopmental multimorbidity (AOR 2.45, 95% CI 2.34 to 2.57), achieve the lowest level of academic attainment (AOR 5.92, 95% CI 5.17 to 6.78), and be unemployed after leaving school (AOR 2.12, 95% CI 1.96 to 2.29). They were more likely to require treatment for epilepsy (AOR 1.50, 95% CI 1.27 to 1.78), attention deficit hyperactivity disorder (ADHD; AOR 3.01, 95% CI 2.76 to 3.27), and depression (AOR 1.90, 95% CI 1.62 to 2.22), be hospitalised overall (adjusted hazard ratio [AHR] 1.23, 95% CI 1.19 to 1.28) for injury (AHR 1.80, 95% CI 1.69 to 1.91) and self-harm (AHR 5.19, 95% CI 4.66 to 5.78), and die prematurely (AHR 3.21, 95% CI 2.16 to 4.77). Compared to children looked after at home, children looked after away from home had less absenteeism (AIRR 0.35, 95% CI 0.33 to 0.36), less exclusion (AIRR 0.63, 95% CI 0.56 to 0.71), less unemployment (AOR 0.53, 95% CI 0.46 to 0.62), and better attainment (AIRR 0.31, 95% CI 0.23 to 0.40). Therefore, among those in care, being cared for away from home appeared to be a protective factor resulting in better educational outcomes. The main limitations of this study were lack of data on local authority care preschool or before 2009, total time spent in care, and age of first contact with social care., CONCLUSIONS: Looked after children had poorer health and educational outcomes than peers independent of increased neurodevelopmental conditions and SEN. Further work is required to understand whether poorer outcomes relate to reasons for entering care, including maltreatment and adverse childhood events, neurodevelopmental vulnerabilities, or characteristics of the care system.

29. **Prevalence of fetal alcohol spectrum disorder in Greater Manchester, UK: An active case ascertainment study.**
McCarthy Robyn Mukherjee Raja A. S Fleming Kate M. Green Jonathan Clayton-Smith Jill Price Alan D. Allely Clare S. Cook Penny A. Alcoholism, clinical and experimental research 2021;45 (11): 2271 -2281 .

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    BACKGROUND: Despite high levels of prenatal alcohol exposure in the UK, evidence on the prevalence of fetal alcohol spectrum disorders (FASD) is lacking. This paper reports on FASD prevalence in a small sample of children in primary school., METHODS: A 2-phase active case ascertainment study was conducted in 3 mainstream primary schools in Greater Manchester, UK. Schools were located in areas that ranged from relatively deprived to relatively affluent. Initial screening of children aged 8-9 years used prespecified criteria for elevated FASD risk (small for age; special educational needs; currently/previously in care; significant social/emotional/mental health symptoms). Screen-positive children were invited for detailed ascertainment of FASD using gold standard measures that included medical history, facial dysmorphology, neurological impairment, executive function, and behavioral difficulties., RESULTS: Of 220 eligible children, 50 (23%) screened positive and 12% (26/220) proceeded to Phase 2 assessment. Twenty had a developmental disorder, of whom 4 had FASD and 4 were assessed as possible FASD. The crude prevalence rate of FASD in these schools was 1.8% (95% CI: 1.0%, 3.4%) and when including possible cases was 3.6% (2.1%, 6.3%). None of these children had previously been identified with a developmental diagnosis., CONCLUSIONS: FASD was found to be common in these schools and most of these children's needs had not previously been identified. A larger, more definitive study that uses a random sampling technique stratified by deprivation level to select schools is needed to make inferences regarding the population prevalence of FASD. Copyright © 2021 The Authors. Alcoholism: Clinical & Experimental Research published by Wiley Periodicals LLC on behalf of Research Society on Alcoholism.

30. **Determinants of an autism spectrum disorder diagnosis in childhood and adolescence: Evidence from the UK Millennium Cohort Study.**
Hosozawa Mariko Sacker Amanda Mandy William Midouhas Emily Flouri Eirini Cable Noriko. Autism : the international journal of research and practice 2020;24 (6): 1557 -1565 .

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This study aimed to identify determinants of a late autism spectrum disorder diagnosis, including diagnoses made 'very late' (i.e., in adolescence), using the Millennium Cohort Study, a nationally representative population-based cohort in the United Kingdom. Children diagnosed with autism spectrum disorder by age 14 (N = 581) were included and grouped by the parent-reported timing of diagnosis: before school (up to age 5), during primary school (age 5-11) and during secondary school (age 11-14). Predictors of diagnostic timing, at the child, family and school levels, were investigated using multinomial logistic regression. Most (79%) children with autism spectrum disorder were diagnosed after school entry, and 28% were not diagnosed until secondary school. Among those not diagnosed until secondary school, 75% had been identified at age 5 years by a parent and/or teacher as having socio-behavioural difficulties. Being diagnosed after starting school was predicted by living in poverty (adjusted relative risk ratio: primary = 1.90, 95% confidence interval: 1.03-3.53; secondary = 2.15, 1.05-4.42) and/or having no initial parental concerns (primary = 0.32, 0.15-0.70; secondary = 0.19, 0.09-0.43). Having typical-range intelligence also predicted diagnosis during secondary school. The result indicates that those without cognitive delays and poorer children were at risk of 'very late' (i.e. adolescent) diagnosis. Strategies to promote earlier identification, targeting age at primary school entry, could help those more likely to be diagnosed late. Lay abstractDespite policy emphasis on early identification, many children with autism spectrum disorder are diagnosed late, with some being diagnosed as late as in adolescence. However, evidence on what determines the timing of autism spectrum disorder diagnosis including children diagnosed in adolescence is lacking. Understanding these determinants, particularly in those diagnosed later than is ideal, can inform the development of effective strategies to improve earlier identification of autism spectrum disorder. This study used a nationally representative population-based cohort in the United Kingdom to explore child, family and school level predictors of timing of autism spectrum disorder diagnosis. In the United Kingdom, 79% of the children with autism spectrum disorder were diagnosed after entering primary school and 28% during secondary school. Among those not diagnosed until secondary school, 75% had shown social difficulties noticed by parents and/or teachers at age 5 years. The results suggest that healthcare providers should be aware that, even for universal systems of care, those living in poverty and having higher intelligence are most likely to miss out on a timely diagnosis. Strategies to promote earlier identification among school-aged children, including targeting primary school entry age (i.e. around age 5) and that encouraging referrals for a formal assessment at the first report of concerns over the child's social development may benefit those children who would otherwise be diagnosed later.

31. **Early childhood deprivation is associated with alterations in adult brain structure despite subsequent environmental enrichment.**
Mackes Nuria
K. Golm Dennis Sarkar Sagari Kumsta Robert Rutter Michael Fairchild Graeme Mehta Mitul
A. Sonuga-Barke Edmund J. S. Proceedings of the National Academy of Sciences of the United States of America 2020;117 (1): 641 -649 .

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Early childhood deprivation is associated with higher rates of neurodevelopmental and mental disorders in adulthood. The impact of childhood deprivation on the adult brain and the extent to which structural changes underpin these effects are currently unknown. To investigate these questions, we utilized MRI data collected from young adults who were exposed to severe deprivation in early childhood in the Romanian orphanages of the Ceausescu era and then, subsequently adopted by UK families; 67 Romanian adoptees (with between 3 and 41 mo of deprivation) were compared with 21 nondeprived UK adoptees. Romanian adoptees had substantially smaller total brain volumes (TBVs) than nondeprived adoptees (8.6% reduction), and TBV was strongly negatively associated with deprivation duration. This effect persisted after covarying for potential environmental and genetic confounds. In whole-brain analyses, deprived adoptees showed lower right inferior frontal surface area and volume but greater right inferior temporal lobe thickness, surface area, and volume than the nondeprived adoptees. Right medial prefrontal volume and surface area were positively associated with deprivation duration. No deprivation-related effects were observed in limbic regions. Global reductions in TBV statistically mediated the observed relationship between institutionalization and both lower intelligence quotient (IQ) and higher levels of attention deficit/hyperactivity disorder symptoms. The deprivation-related increase in right inferior temporal volume seemed to be compensatory, as it was associated with lower levels of attention deficit/hyperactivity disorder symptoms. We provide compelling evidence that time-limited severe deprivation in the first years of life is related to alterations in adult brain structure, despite extended enrichment in adoptive homes in the intervening years. Copyright © 2020 the Author(s). Published by PNAS.

32. **Neurodevelopmental multimorbidity and educational outcomes of Scottish schoolchildren: A population-based record linkage cohort study.**
Fleming Michael Salim Ehsan E. Mackay Daniel
F. Henderson Angela Kinnear Deborah Clark David King Albert McLay James S. Cooper Sally-Ann Pell Jill P. PLoS medicine 2020;17 (10): e1003290 .

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BACKGROUND: Neurodevelopmental conditions commonly coexist in children, but compared to adults, childhood multimorbidity attracts less attention in research and clinical practice. We previously reported that children treated for attention deficit hyperactivity disorder (ADHD) and depression have more school absences and exclusions, additional support needs, poorer attainment, and increased unemployment. They are also more likely to have coexisting conditions, including autism and intellectual disability. We investigated prevalence of neurodevelopmental multimorbidity (>=2 conditions) among Scottish schoolchildren and their educational outcomes compared to peers., METHODS AND FINDINGS: We retrospectively linked 6 Scotland-wide databases to analyse 766,244 children (390,290 [50.9%] boys; 375,954 [49.1%] girls) aged 4 to 19 years (mean = 10.9) attending Scottish schools between 2009 and 2013. Children were distributed across all deprivation quintiles (most to least deprived: 22.7%, 20.1%, 19.3%, 19.5%, 18.4%). The majority (96.2%) were white ethnicity. We ascertained autism spectrum disorder (ASD) and intellectual disabilities from records of additional support needs and ADHD and depression through relevant encashed prescriptions. We identified neurodevelopmental multimorbidity (>=2 of these conditions) in 4,789 (0.6%) children, with ASD and intellectual disability the most common combination. On adjusting for sociodemographic (sex, age, ethnicity, deprivation) and maternity (maternal age, maternal smoking, sex-gestation-specific birth weight centile, gestational age, 5-minute Apgar score, mode of delivery, parity) factors, multimorbidity was associated with increased school absenteeism and exclusion, unemployment, and poorer exam attainment. Significant dose relationships were evident between number of conditions (0, 1, >=2) and the last 3 outcomes. Compared to children with no conditions, children with 1 condition, and children with 2 or more conditions, had more absenteeism (1 condition adjusted incidence rate ratio [IRR] 1.28, 95% CI 1.27-1.30, p < 0.001 and 2 or more conditions adjusted IRR 1.23, 95% CI 1.20-1.28, p < 0.001), greater exclusion (adjusted IRR 2.37, 95% CI 2.25-2.48, p < 0.001 and adjusted IRR 3.04, 95% CI 2.74-3.38, p < 0.001), poorer attainment (adjusted odds ratio [OR] 3.92, 95% CI 3.63-4.23, p < 0.001 and adjusted OR 12.07, 95% CI 9.15-15.94, p < 0.001), and increased unemployment (adjusted OR 1.57, 95% CI 1.49-1.66, p < 0.001 and adjusted OR 2.11, 95% CI 1.83-2.45, p < 0.001). Associations remained after further adjustment for comorbid physical conditions and additional support needs. Coexisting depression was the strongest driver of absenteeism and coexisting ADHD the strongest driver of exclusion. Absence of formal primary care diagnoses was a limitation since ascertaining depression and ADHD from prescriptions omitted affected children receiving alternative or no treatment and some antidepressants can be prescribed for other indications., CONCLUSIONS: Structuring clinical practice and training around single conditions may disadvantage children with neurodevelopmental multimorbidity, who we observed had significantly poorer educational outcomes compared to children with 1 condition and no conditions.

33. **Attention-deficit/hyperactivity disorder: variation by socioeconomic deprivation.**
Prasad Vibhore West Joe Kendrick Denise Sayal Kapil. Archives of disease in childhood 2019;104 (8): 802 -805 .

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BACKGROUND: In England, there is a discrepancy between the prevalence of attention-deficit/hyperactivity disorder (ADHD) ascertained from medical records and community surveys. There is also a lack of data on variation in recorded prevalence by deprivation and geographical region; information that is important for service development and commissioning., METHODS: Cohort study using data from the Clinical Practice Research Datalink comprising 5196 children and young people aged 3-17 years with ADHD and 490 016 without, in 2012., RESULTS: In 2012, the recorded prevalence of ADHD was 1.06% (95% CI 1.03 to 1.09). Prevalence in the most deprived areas was double that of the least deprived areas (prevalence rate ratio 2.58 (95% CI 2.36 to 2.83)), with a linear trend from least to most deprived areas across all regions in England., CONCLUSIONS: The low prevalence of ADHD in medical records may indicate considerable underdiagnosis. Higher rates in more disadvantaged areas indicate greater need for services in those areas. Copyright © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2019. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

34. **The association between socioeconomic status and autism diagnosis in the United Kingdom for children aged 5-8 years of age: Findings from the Born in Bradford cohort.**
Kelly Brian Williams Stefan Collins Sylvie Mushtaq Faisal Mon-Williams Mark Wright Barry Mason Dan Wright John. Autism : the international journal of research and practice 2019;23 (1): 131 -140 .

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There has been recent interest in the relationship between socioeconomic status and the diagnosis of autism in children. Studies in the United States have found lower rates of autism diagnosis associated with lower socioeconomic status, while studies in other countries report no association, or the opposite. This article aims to contribute to the understanding of this relationship in the United Kingdom. Using data from the Born in Bradford cohort, comprising 13,857 children born between 2007 and 2011, it was found that children of mothers educated to A-level or above had twice the rate of autism diagnosis, 1.5% of children (95% confidence interval: 1.1%, 1.9%) compared to children of mothers with lower levels of education status 0.7% (95% confidence interval: 0.5%, 0.9%). No statistically significant relationship between income status or neighbourhood material deprivation was found after controlling for mothers education status. The results suggest a substantial level of underdiagnosis for children of lower education status mothers, though further research is required to determine the extent to which this is replicated across the United Kingdom. Tackling inequalities in autism diagnosis will require action, which could include increased education, awareness, further exploration of the usefulness of screening programmes and the provision of more accessible support services.

35. **Twice upon a time: Examining the effect socio-economic status has on the experience of dyslexia in the United Kingdom.**
Macdonald Stephen J. Deacon Lesley. Dyslexia (Chichester, England) 2019;25 (1): 3 -19 .

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From the mid-1990s, there have been a number of campaigns aimed at raising awareness of dyslexia and social inclusion. In conjunction with these campaigns, educational and employment policies have been implemented that advocate inclusive and workplace adjustments for people with dyslexia. This study aims to explore the intersectional relationship between dyslexia and socio-economic status. The findings analyse adult perceptions of education and employment, which have been shaped by 23 years of social policies promoting anti-discriminatory practice. The study applies a quantitative approach, which collected data from a national survey conducted from 2015 to 2017. The sample consists of 442 adult participants who reported having dyslexia. The social model of disability has been applied in this study to interpret the data findings from a disability studies perspective. The article suggests that socio-economic status significantly affects issues of diagnosis, educational, and employment experiences. The findings illustrate an intersectional relationship between socio-economic status and disability inequalities, which have an effect on the experiences of people with dyslexia in adulthood. Copyright © 2019 John Wiley & Sons, Ltd.

36. **ADHD in the United Kingdom: Regional and Socioeconomic Variations in Incidence Rates Amongst Children and Adolescents (2004-2013).**
Hire Adrian J. Ashcroft Darren M. Springate David A. Steinke Douglas T. Journal of attention disorders 2018;22 (2): 134 -142 .

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    OBJECTIVE: To describe the incidence and distribution of ADHD within the United Kingdom, and to examine whether there was any association between ADHD incidence and socioeconomic deprivation., METHOD: The study used data from the Clinical Practice Research Datalink (CPRD). Patients diagnosed with ADHD before the age of 19 between January 1, 2004 and December 31, 2013 were stratified according to the region in which their general practice was based. Practice Index of Multiple Deprivation (IMD) score was used as a surrogate measure of patients' deprivation status., RESULTS: ADHD incidence was relatively stable between 2004 and 2013, but peaked in the last 2 years studied. Statistically significant (p <= .05) differences in incidence were observed between U.K. regions. In almost every year studied, incidence rates were highest among the most deprived patients and lowest among the least deprived patients., CONCLUSION: In the United Kingdom, ADHD may be associated with socioeconomic deprivation.

37. **The cost of mental and physical health disability in childhood and adolescence to families in the UK: findings from a repeated cross-sectional survey using propensity score matching.**
Solmi Francesca Melnychuk Mariya Morris Stephen. BMJ open 2018;8 (2): e018729 .

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    OBJECTIVE: In the UK, families of disabled children are entitled to receive disability benefits to help meet costs associated with caring for their child. Evidence of actual costs incurred is scant, especially for mental health disability. In this study, we aimed to quantify the cost of mental and physical health disability in childhood and adolescence to families in the UK using the concept of compensating variation (CV)., DESIGN: Repeated cross-sectional survey., SETTING: The UK general population PARTICIPANTS: 85 212 children drawn from 8 waves of the Family Resources Survey., OUTCOMES: Using propensity score matching we matched families with a disabled child to similar families without a disabled child and calculated the extra income the former require to achieve the same living standards as the latter, that is, their CV. We calculated the additional costs specifically associated with several definitions of mental health and physical health disability., RESULTS: Families of a child with any mental health disability, regardless of the presence of physical health comorbidity, needed an additional 49.31 (95% CI: 21.95 to 76.67) and, for more severe disabilities, an additional 57.56 (95% CI: 17.69 to 97.44) per week to achieve the same living standards of families without a disabled child. This difference was greater for more deprived families, who needed between 59.28 (95% CI: 41.38 to 77.18) and 81.26 (95% CI: 53.35 to 109.38) more per week depending on the extent of mental health disability. Families of children with physical health disabilities, with or without mental health disabilities, required an additional 35.86 (95% CI: 13.77 to 57.96) per week, with economically deprived families requiring an extra 42.18 (95% CI: 26.38 to

57.97) per week., CONCLUSIONS: Mental and physical health disabilities among children and adolescents were associated with high additional costs for the family, especially for those from deprived economic backgrounds. Means testing could help achieve a more equitable redistribution of disability benefit. Copyright © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2018. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

38. **The relationship between financial difficulty and childhood symptoms of attention deficit/hyperactivity disorder: a UK longitudinal cohort study.**
Russell Abigail Emma Ford Tamsin Russell Ginny. Social psychiatry and psychiatric epidemiology 2018;53 (1): 33 -44 .

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PURPOSE: Attention deficit/hyperactivity disorder (ADHD) is associated with socioeconomic status (SES), in that children who grow up in low SES families are at an increased risk of ADHD symptoms and diagnosis. The current study explores whether different levels of ADHD symptoms are associated with prior changes in the SES facet of financial difficulty., METHODS: Using the Avon Longitudinal Study of Parents and Children (ALSPAC), we examined symptoms of ADHD measured by the Strengths and Difficulties Questionnaire (SDQ) hyperactivity subscale in relation to parent-reported changes in financial difficulty, grouped into four repeated measures at four time points across childhood; (n = 6416). A multilevel mixed-effects linear regression model with an unstructured covariance matrix was used to test whether different patterns of financial difficulty were associated with subsequent changes in ADHD symptoms., RESULTS: Families who had no financial difficulty had children with a lower average ADHD symptom score than groups who experienced financial difficulty. Children whose families stayed in financial difficulty had higher mean ADHD symptom scores than all other groups (No difficulty mean SDQ hyperactivity 3.14, 95% CI 3.07, 3.21, In difficulty mean SDQ hyperactivity 3.39, 95% CI 3.28, 3.45, p < 0.001). Increasing or decreasing financial difficulty predicted mean symptom scores lower than those of the in difficulty group and higher than the no difficulty group., CONCLUSIONS: Our findings contribute to the building evidence that SES may influence the severity and/or impairment associated with the symptoms of ADHD, however the effects of SES are small and have limited clinical significance.

39. **Social disadvantage and developmental diagnosis in pre-schoolers.**
Kayrouz Norma Milne Susan L. McDonald Jenny L. Journal of paediatrics and child health 2017;53 (6): 563 -568 .

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AIM: To explore the association between social disadvantage and developmental diagnoses in pre-school children., METHODS: Between 2012 and 2015, 845 pre-school children were assessed by the Child Assessment Team at Campbelltown Hospital. A social worker interviewed 469 families and these children were eligible for inclusion in the study. Autism spectrum disorder (ASD) was confirmed in 290 children. Of those without ASD, 72 did not have global developmental delay (GDD) and were excluded from the study. The remaining 107 children with GDD were used as the comparison group. Social risk factors in the two groups were compared using chi 2 tests. Variables with statistical significance were then entered into a logistic regression., RESULTS: After logistic regression, children with ASD were more likely to be male (odds ratio (OR) 3.1, 95% CI 0.195-0.529; P < 0.001) and their parents were more likely to have a clinically significant stress score (OR 1.3, 95% CI 0.334-0.992; P = 0.047). Children with GDD were more likely to live in a disadvantaged suburb (OR 1.7, 95% CI 1.042-2.940; P = 0.034), more likely to have a sole parent (OR 1.8, 95% CI 1.062-3.082; P = 0.029) and much more likely to have had involvement with child protection services (OR 3.9, 95% CI 2.044-7.416; P < 0.001)., CONCLUSIONS: Children with GDD without autism were more likely to be disadvantaged and to have had contact with child protection services than children with ASD. This has implications for the assessment, early intervention and support services for children with disabilities and their families. Copyright © 2017 Paediatrics and Child Health Division (The Royal Australasian College of Physicians).

40. **Self-reported stigma and its association with socio-demographic factors and physical disability in people with intellectual disabilities: results from a cross-sectional study in England.**
    Ali Afia King Michael Strydom Andre Hassiotis Angela. Social psychiatry and psychiatric epidemiology 2016;51 (3): 465 -74 .

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    PURPOSE: The aim of this study was to investigate whether socio-demographic variables and physical disability (e.g. sensory impairment and mobility problems) were associated with self-reported stigma in people with intellectual disabilities (ID), and to examine whether age, sex and ethnicity modified the relationship between severity of intellectual disability and self-reported stigma., METHODS: 229 participants with mild or moderate intellectual disabilities were recruited from 12 centres/sites in England from community intellectual disability services, day centres, supported housing schemes, voluntary organisations and invitation letters. Information on physical disability and socio-demographic variables were obtained using a structured data collection form. Self-reported stigma was measured using a validated questionnaire., RESULTS: Age was associated with self-reported stigma, with older adults reporting more stigmatising experiences. Participants with moderate intellectual disabilities were more likely to report being treated differently such as being made fun of and being treated like children. Physical disability such as sensory, mobility and speech problems were not associated with self-reported stigma. Gender modified the relationship between severity of ID and self-reported stigma as participants who were male and had moderate ID were more likely to report stigma compared to females with moderate ID. Categorical age also modified the relationship between severity of ID and self-reported stigma as older participants who had moderate ID were more likely to report stigma compared to younger people with moderate ID., CONCLUSIONS: Older adults and those with moderate ID are potentially at higher risk of being targets of public stigma or are more likely to report stigma. Interventions to help individuals cope with stigma could be targeted to this group.

41. **Rates of breastfeeding and exposure to socio-economic adversity amongst children with intellectual disability.**
    Gore Nick Emerson Eric Brady Serena. Research in developmental disabilities 2015;39 12 -9 .

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    Children with intellectual disability are at increased risk of experiencing poor health relative to their typically developing peers. Previous research indicates that exposure to socio-economic disadvantage contributes towards this disparity but that additional factors (including parenting practices) may be involved in mediating/moderating pathways. This study examined duration of breastfeeding amongst children with and without intellectual disability by a secondary analysis of data from the UK Millennium Cohort Study. Children with intellectual disability were significantly less likely to have been ever breastfed; breastfed exclusively or at all at 3 months or breastfed at all at 6 months relative to children without intellectual disability. None of these differences remained significant when other psycho-social risk factors for reduced breastfeeding were controlled for. The study adds to both the sparse literature on breastfeeding practices amongst families of children with intellectual disability and research demonstrating relationships between socio-economic disadvantage and wellbeing for children with intellectual disability. Copyright © 2015 Elsevier Ltd. All rights reserved.

42. **Socioeconomic Associations with ADHD: Findings from a Mediation Analysis.**
    Russell Abigail Emma Ford Tamsin Russell Ginny. PloS one 2015;10 (6): e0128248 .

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BACKGROUND: Children from disadvantaged socioeconomic backgrounds are at greater risk of a range of negative outcomes throughout their life course than their peers; however the specific mechanisms by which socioeconomic status relates to different health outcomes in childhood are as yet unclear., AIMS: The current study investigates the relationship between socioeconomic disadvantage in childhood and attention deficit/hyperactivity disorder (ADHD), and investigates putative mediators of this association in a longitudinal population-based birth cohort in the UK., METHODS: Data from the Avon Longitudinal Study of Parents and Children was used (n = 8,132) to explore the relationship between different measures of socioeconomic status at birth-3 years and their association with a diagnosis of ADHD at age 7. A multiple mediation model was utilised to examine factors occurring between these ages that may mediate the association., RESULTS: Financial difficulties, housing tenure, maternal age at birth of child and marital status were significantly associated with an outcome of ADHD, such that families either living in financial difficulty, living in council housing, with younger or single mothers' were more likely to have a child with a research diagnosis of ADHD at age 7. Financial difficulties was the strongest predictor of ADHD (OR 2.23 95% CI 1.57-3.16). In the multiple mediation model, involvement in parenting at age 6 and presence of adversity at age 2-4 mediated 27.8% of the association., CONCLUSIONS: Socioeconomic disadvantage, conceptualised as reported difficulty in affording basic necessities (e.g. heating, food) has both direct and indirect impacts on a child's risk of ADHD. Lower levels of parent involvement mediates this association, as does presence of adversity; with children exposed to adversity and those with less involved parents being at an increased risk of having ADHD. This study highlights the importance of home and environmental factors as small but important contributors toward the aetiology of ADHD.

iv. ND and care experienced

1. **Child- and parent-related determinants for out-of-home care in a nationwide population with neurodevelopmental disorders: a register-based Finnish birth cohort 1997 study.**
   Penttila Sanni Niemela Mika Hakko Helina Keski-Santti Markus Ristikari Tiina Rasanen Sami. European child & adolescent psychiatry 2024;33 (10): 3459 -3470 .

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   Neurodevelopmental disorders (NDDs) are among the most common health issues in childhood and adolescence. Psychiatric disorders are known to be overrepresented among children using child welfare services and placed in out-of-home care (OHC). Child- and parent-related determinants for OHC among a national population with NDDs were evaluated utilising longitudinal register data from the national Finnish Birth Cohort 1997 (n = 58,802) from birth to 18 years (1997-2015). The cohort members with NDDs (n = 5,143, 9% of total cohort) formed our study population. Based on their history of OHC, cohort members with NDD were categorised to OHC (n = 903) and non-OHC groups (n = 4,240). Of all cohort members with NDDs, 17.6% had a history of OHC. Within NDDs, a significant excess of ADHD diagnosis was observed in the OHC group compared to the non-OHC group (49% vs. 26%). The OHC group with NDDs was significantly characterised by having comorbid psychiatric diagnosis for conduct and oppositional disorders (adj. RR 2.21), substance use disorders (adj. RR 1.61) and depression and anxiety disorders (adj. RR 1.60). Of all parent-related determinants, the most prevailing in the OHC group compared to the non-OHC group, was social assistance received by parent (88% vs. 44.5%). The longer the period (in years) for received social assistance, the greater the likelihood for OHC (adj. RRs range from 2.41 for one year to 5.24 for over 4 years). Further, significantly associating determinants for OHC were parental psychiatric disorders (adj. RR 1.42) and parental death (adj. RR 1.23). Our findings from the population-based cohort of children and adolescents with NDDs highlight the importance of screening and assessment of family situation. Also, effective prevention and treating of comorbid psychiatric disorders, especially conduct and oppositional disorders is essential. Copyright © 2024. The Author(s).

2. **Children born to parents with mild intellectual disability: Register-based follow-up of psychiatric and neurodevelopmental diagnoses and out-of-home placements.**
   Lindblad I Landgren V Gillberg C Fernell E. Acta paediatrica (Oslo, Norway : 1992) 2024;113 (7): 1637 -1643 .

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   AIM: Study the outcomes in terms of registered neurodevelopmental diagnoses and out-of-home placements in children whose parents had been diagnosed with mild intellectual disability (ID) in childhood., METHODS: The study groups consist of (1) a population-based sample of 78 individuals, born in 1979-1985, meeting criteria for mild ID during childhood, and (2) their 88 children. From national registers, data on outcomes were retrieved in 2020 regarding psychosocial and psychiatric outcomes for the adults, and neurodevelopmental diagnoses and out-of-home placements for the children., RESULTS: Of the 78 adults with mild ID, 31 were parents of 88 children, aged 0-21 . The age-adjusted prevalence of neurodevelopmental disorders among the children was 67%. Of the 27 children aged between 13 and 21 years at follow-up, 16 had at least one registered neurodevelopmental diagnosis; 11 had ADHD and 7 had ID. Nine of these 27 children had experienced out of home placement., CONCLUSION: Children of parents with mild ID are at high risk of neurodevelopmental disorders, in particular ADHD and ID, and out-of-home placements. Our findings indicate that individuals with mild ID who become parents routinely should be offered individually tailored parent support and their children offered assessment regard neurodevelopmental disorders. Copyright © 2024 The Authors. Acta Paediatrica published by John Wiley & Sons Ltd on behalf of Foundation Acta Paediatrica.

3. **Disability, disparity and demand: Analysis of the numbers and experiences of children in care and care leavers with a disability or long- term health condition.**
   Claire Baker, Linda Briheim-Crookall. Coram, 2024

   Key Findings
   This report provides an important new analysis of the numbers of children and young people in and leaving care living with a disability or long-term health condition and the disparity between the support needs and those recognised or supported by local authorities.
   The data we received means that, for the first time, we can report:
   • 11% of 76,528 children in care were recorded as having a disability - this is the same proportion as children in the general population (11%)
   • 13% of 55,222 of care leavers were recorded as having a disability - this is lower than young people aged 16-24 in the general population (15.6%)
   However, there was wide variation in the proportion of children in care and care leavers with a disability recorded by local authorities:
   • For children in care with a disability this ranged from 3% to 32%
   • For care leavers with a disability this ranged from 1% to 36%
   Guidance to local authorities on collecting disability data instructs them to record 'type of disability'. Our analysis shows that for both children in care and care leavers the most common types of disabilities were 'learning', 'autism' and 'behaviour' (e.g. ADHD).
   When care leavers were asked directly (via the Bright Spots Programme) if they had a disability or long-term health problem, we found that just over a quarter self-reported disability.
   • This is a stark difference compared to the proportion recorded by professionals in local authorities (27% vs. 13%).
   • In addition, the proportion of care leavers self-reporting disability in the Bright Spots Programme has increased over time (22% in 2017 vs. 32% in 2023).
   To help to understand this, a new question has been introduced to the Bright Spots care

leaver survey.
This means that, when a care leaver answers, 'yes', they have a disability or long-term health condition, they are additionally asked: 'If you want to, please tell us more about your disability or long-term health problem'.
Analysis of the responses of nearly 300 young people shows many disabilities co-exist - it was rare for a young person to write just one disability or health problem.
- The top 3 disabilities recorded by young people were: autism, mental health conditions and ADHD.
- Care leavers often highlighted mental health conditions, e.g. depression, anxiety and PTSD (Post-Traumatic Stress Disorder) - these are not a specific 'type of disability code' in the data recorded by local authorities.

Care experienced young people need their workers to be curious about disability and to have conversations with them to hear their views and experiences.
Whichever way 'disability' is measured there is a significant group of children in care and care leavers affected, yet we know very little about how they are doing.

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4. **Italian Guidelines for the diagnosis and treatment of Fetal Alcohol Spectrum Disorders: epidemiology.**
Ceccanti Mauro Coriale Giovanna Fiorentino Daniela Tarani Luigi Messina Marisa Patrizia Vitali Mario Fiore Marco May Philip A. Italian Guidelines for the diagnosis and treatment of Fetal Alcohol Spectrum Disorders: epidemiology. 2024;59 (5): 259 -268 .

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Fetal alcohol spectrum disorders (FASD) are a significant global challenge characterized by complex diagnosis and research. The diagnostic process is complicated due to overlapping symptoms with other conditions, as well as factors such as maternal nutrition, socioeconomic status, and mental health, which can affect the severity of FASD traits differently in individuals. Risky drinking behaviors are prevalent in young adults, especially those aged 20-24, which coincides with high rates of unplanned pregnancies, increasing the risk of FASD. Specific subpopulations, such as children in care facilities and specialized clinical settings, face higher FASD prevalence. Preventing alcohol consumption during pregnancy is crucial for maternal and fetal well-being. Yet approximately 10% of women worldwide continue to drink during pregnancy, with notably high rates in the European Region. Young adults, especially in countries like Italy, continue to consume alcohol despite legal restrictions, mirroring the drinking patterns of men and raising concerns for fetal health and development. Research findings regarding alcohol's risks during pregnancy vary, emphasizing the need for increased education on this issue. Ethylglucuronide (EtG) is a reliable biomarker for monitoring alcohol intake during pregnancy, suggesting regular urine examinations throughout each trimester. Proactive education campaigns, particularly in educational institutions, and establishing early diagnosis centers are recommended to address FASD effectively.

5. **Looked after children in prison as adults: life adversity and neurodisability.**
Kent Hope Kirby Amanda Leckie George Cornish Rosie Hogarth Lee Williams W Huw. International journal of prisoner health 2023;19(4): 512 -523 .

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PURPOSE: Looked after children (LAC) are criminalised at five times the rate of children in the general population. Children in contact with both child welfare and child justice systems have higher rates of neurodisability and substance use problems, and LAC in general have high rates of school exclusion, homelessness and unemployment. This study aims to understand whether these factors persist in LAC who are in prison as adults., DESIGN/METHODOLOGY/APPROACH:

Administrative data collected by the Do-IT profiler screening tool in a prison in Wales, UK, were analysed to compare sentenced prisoners who were LAC (n = 631) to sentenced prisoners who were not LAC (n = 2,201). The sample comprised all prisoners who were screened on entry to prison in a two-year period., FINDINGS: Prisoners who were LAC scored more poorly on a functional screener for neurodisability (effect size = 0.24), and on four self-report measures capturing traits of dyslexia (0.22), attention-deficit hyperactivity disorder (0.40), autism spectrum disorders (0.34) and developmental co-ordination disorder (0.33). Prisoners who were LAC were more likely to have been to a pupil referral unit (0.24), have substance use problems (0.16), be homeless or marginally housed (0.18) and be unemployed or unable to work due to disability (0.13)., ORIGINALITY/VALUE: This study uniquely contributes to our understanding of prisoners who were LAC as a target group for intervention and support with re-integration into the community upon release. LAC in prison as adults may require additional interventions to help with employment, housing and substance use. Education programmes in prison should screen for neurodisability, to develop strategies to support engagement. Copyright © Emerald Publishing Limited.

6. **The challenges that social care services face in relation to looked after children with neurodevelopmental disorders: A unique insight from a social worker perspective.**
   Heady, N., Watkins, A., John, A., & Hutchings, H. Adoption & Fostering, 2022

   Looked after children (LAC) continue to be one of the most vulnerable groups in society with numbers and rates in care increasing year-on-year. The aim of this study was to explore the unique perspectives, perceptions and opinions of experienced social workers on the little explored subject of neurodevelopmental disorders (NDDs) in this population. Using purposeful sampling, 10 social work professionals with extensive experience of working with these children were interviewed using a semi-structured interview. A thematic analysis using NVivo software was utilised to analyse, code and identify themes that contributed to the aims of the study. Four overarching themes and sub-themes emerged from the findings: perceptions of NDDs, perceptions of diagnosis, access to service provision and the impact on care settings. Attention deficit hyperactivity disorder, autism spectrum disorder, dyslexia and dyspraxia were the more prominent conditions discussed. Even though these children are embedded in service provision, the findings raise important questions for both health and social care policy. There is a pressing need for research from a nationwide context to further explore areas of prevalence, training, resources, access to relevant specialist support services and the impacts on the already vulnerable LAC with an NDD.

   Available online at this link

7. **Educational and health outcomes of schoolchildren in local authority care in Scotland: A retrospective record linkage study.**
   Fleming Michael McLay James S. Clark David King Albert Mackay Daniel F. Minnis Helen Pell Jill P. PLoS medicine 2021;18 (11): e1003832 .

   Available online at this link

   Available online at this link

   BACKGROUND: Looked after children are defined as children who are in the care of their local authority. Previous studies have reported that looked after children have poorer mental and physical health, increased behavioural problems, and increased self-harm and mortality compared to peers. They also experience poorer educational outcomes, yet population-wide research into the latter is lacking, particularly in the United Kingdom. Education and health share a bidirectional relationship; therefore, it is important to dually investigate both outcomes. Our study aimed to compare educational and health outcomes for looked after children with peers, adjusting for sociodemographic, maternity, and comorbidity confounders., METHODS AND FINDINGS: Linkage of 9 Scotland-wide databases, covering dispensed prescriptions, hospital admissions, maternity records, death certificates, annual pupil census, examinations, school absences/exclusions, unemployment, and looked after children provided retrospective data on 715,111 children attending Scottish schools between 2009 and 2012 (13,898 [1.9%] looked after). Compared to peers, 13,898 (1.9%) looked after children were more likely to be absent (adjusted incidence rate ratio [AIRR] 1.27, 95% confidence interval [CI] 1.24 to 1.30) and excluded (AIRR 4.09, 95% CI 3.86 to 4.33) from school, have special educational need (SEN; adjusted odds ratio [AOR] 3.48, 95% CI 3.35 to 3.62) and neurodevelopmental multimorbidity (AOR 2.45, 95% CI 2.34 to 2.57), achieve the lowest level of academic attainment (AOR 5.92, 95% CI 5.17 to 6.78), and be unemployed after leaving school (AOR 2.12, 95% CI 1.96 to 2.29). They were more likely to require treatment for epilepsy (AOR 1.50, 95% CI 1.27 to 1.78), attention deficit hyperactivity disorder (ADHD; AOR 3.01, 95% CI 2.76 to 3.27), and depression (AOR 1.90, 95% CI 1.62 to 2.22), be hospitalised overall (adjusted hazard ratio [AHR] 1.23, 95% CI 1.19 to 1.28) for injury (AHR 1.80, 95% CI 1.69 to 1.91) and self-harm (AHR 5.19, 95% CI 4.66 to 5.78), and die prematurely (AHR 3.21, 95% CI 2.16 to 4.77). Compared to children looked after at home, children looked after away from home had less absenteeism (AIRR 0.35, 95% CI 0.33 to 0.36), less exclusion (AIRR 0.63, 95% CI 0.56 to 0.71), less unemployment (AOR 0.53, 95% CI 0.46 to 0.62), and better attainment (AIRR 0.31, 95% CI 0.23 to 0.40). Therefore, among those in care, being cared for away from home appeared to be a protective factor resulting in better educational outcomes. The main limitations of this study were lack of data on local authority care preschool or before 2009, total time spent in care, and age of first contact with social care., CONCLUSIONS: Looked after children had poorer health and educational outcomes than peers independent of increased neurodevelopmental conditions and SEN. Further work is required to understand whether poorer outcomes relate to reasons for entering care, including maltreatment and adverse childhood events, neurodevelopmental vulnerabilities, or characteristics of the care system.

8. **Families with fetal alcohol spectrum disorders: Exploring adoptive parents' experiences of family well-being.**
   Balcaen, L., Santos, R., Roger, K., & Mignone, J. Adoption & Fostering, 2021

   Fetal alcohol spectrum disorder (FASD) is the leading non-genetic cause of developmental disability in Canada. It poses many challenges at the individual, family and societal levels. This study explores adoptive parents' experiences of having a child with FASD in their family and how these experiences impact family well-being and, specifically, parenting, family dynamics, sources of support and coping strategies. Using an Interpretive Phenomenological Analysis (IPA) approach, in-depth semi-structured interviews were conducted with eight adoptive parents of children with FASD. Four main themes emerged, each with several subthemes: (1) managing individuals with FASD; (2) navigating family cohesion; (3) psychological warfare; and (4) experiences of supports. Findings showed how FASD affects all aspects of family life and has a constant and cumulative effect on the family's well-being. Hope, community and parents feeling successful in their efforts were found to have strong connections to well-being.

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9. **Profile of neurodevelopmental and behavioural problems and associated psychosocial factors among a cohort of newly looked after children in an English local authority.**
   Ogundele, M. Adoption & Fostering, 2020

   Limited research has been undertaken into the neurodevelopmental profile of looked after children and young people who are known to be highly vulnerable to mental and physical health morbidities. This study seeks to assess the prevalence of childhood neurodisabilities and related neurodevelopmental, emotional, behavioural and intellectual problems (NDEBIPs) among a cohort of children coming into care in an English local authority. A retrospective review of all referrals to a local authority health team between January and December 2018 was carried out as part of its clinical governance strategies. No identifiable patient record was used and no research ethical approval was required. A total of 56 out of 80 (70%) children had at least one or more NDEBIPs (average of two), including behavioural (32.5%) and emotional problems (16%), attachment difficulties (14%) and speech/language delay (12.5%). This compares with a prevalence of up to 15% reported in normal childhood populations. Fifty-one (91%) of the looked after children and young people with NDEBIPs experienced at least one or more psychosocial adversities/trauma (average of five). Each of them received help from an average of four multidisciplinary professionals including social workers, dentists, opticians and health visitors and had an average of three physical/mental health diagnoses. The implications of this high prevalence are discussed together with recommendations arising from clinical experience. Particularly salient is the need for planning future integrated multi-agency services to meet children's complex needs.

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10. **The genetic assessment of looked after children: common reasons for referral and recent advances.**
Parker Michael J. Teasdale Katherine Parker Michael J. Archives of disease in childhood 2016;101 (6): 581 -584 .

    Available online at this link

    Available online at this link

    Looked after children are recognised as generally having greater health needs than their peers. There are numerous potential causes, environmental and genetic, and the aetiology is often multifactorial. Assessments, especially clinical genetic ones, may be limited if the information available is incomplete or not shared. There have been some exciting recent advances in diagnostic genetic testing and more are on the horizon. However, we are currently only able to make a genetic diagnosis in less than half of patients, even when both parents are available for comparative testing. There may, therefore, remain an inevitable degree of residual uncertainty about the genetic contribution to a particular child's problems. There are increasing societal pressures for genetic information to be made available to individuals in general. However, there are significant considerations in carrier/predictive testing in children and we would maintain that looked after children should not be treated differently to other children in this regard, unless there is a compelling 'best interest' justification for so doing. Diagnostic criteria exist for fetal alcohol syndrome and other embryopathies and should be applied. Such should be considered as diagnoses of exclusion, so a child should not be prematurely labelled with these conditions, without fully assessing for the contribution of other factors, genetic or otherwise. Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/

11. **A systematic literature review of the risk factors associated with children entering public care.**
Simkiss D E. Stallard N Thorogood M. Child: care, health and development 2013;39 (5): 628 -42 .

    Available online at this link

    Available online at this link

    Children who enter public care are among the most vulnerable in society. In addition to services for their medical needs, a focus on identifying and intervening with families in need where children are at high risk of entering public care is a public health priority. This paper aims to identify the characteristics of children, their parents or their social circumstances which are associated with children entering public care. The databases searched were CSA Illumina, British Education Index, ChildData, CINAHL, Excerpta Medica, MEDLINE, the Campbell and Cochrane Collaborations, NHS Centre for Reviews and Dissemination, NHS Evidence, Social Care Online and TRIP; from start dates to 7 February 2011. A total of 6417 titles were reviewed. After review, 10 papers with cohort or case-control methodologies met the inclusion criteria and the included papers were appraised using questions from the Critical Appraisal Skills Programme to guide the critique of case-control and cohort studies. A narrative synthesis is used to describe the research identified. Socio-economic status, maternal age at birth, health risk factors and other factors including learning difficulties, membership of an ethnic minority group and single parenthood are described as risk factors associated with children entering public care. Health risk factors have been explored using databases developed for other purposes such as health insurance or hospital discharge. A number of risk factors for children entering public care are identified from the literature, some were culturally specific and may not generalize. The interaction between different risk factors needs testing in longitudinal data sets. Copyright © 2012 John Wiley & Sons Ltd.

D. Search strategy

Medline in OVID

1. exp Autistic Disorder/ or exp Autism Spectrum Disorder/
2. neurodiv*.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
3. 1 or 2
4. ("learning diffic*" or "learn*-diffic*" or (learn* adj3 diff*)).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
5. exp Dyslexia/
6. exp Apraxias/
7. exp Dyscalculia/
8. 4 or 5 or 6 or 7
9. exp Attention Deficit Disorder with Hyperactivity/
10. exp Intellectual Disability/
11. "Attention Deficit Hyperactivity Disorder".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
12. (dyslex* or dyscal* or dysprax*).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
13. 9 or 10 or 11 or 12
14. exp Tic Disorders/
15. exp Tourette Syndrome/
16. exp Fetal Alcohol Spectrum Disorders/
17. "tic disorder*".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
18. tourette*.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
19. "f*etal alcohol syndrome*".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word,

organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]

20. 14 or 15 or 16 or 17 or 18 or 19
21. 8 or 13 or 20
22. exp Intersectional Framework/
23. intersection*.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
24. 22 or 23
25. exp Child, Foster/ or exp Foster Home Care/
26. "child* looked after".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
27. "looked after child*".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
28. "care leaver*".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
29. "foster experienced".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
30. "child* in care".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
31. 25 or 26 or 27 or 28 or 29 or 30
32. exp Social Deprivation/
33. exp Socioeconomic Factors/
34. Poverty Areas/ or Poverty/ or Child Poverty/
35. (deprivation or deprived).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
36. disadvantag*.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism

supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]

37. poverty.mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
38. 32 or 33 or 34 or 35 or 36 or 37
39. exp Bisexuality/ or exp "Sexual and Gender Minorities"/ or exp Homosexuality, Male/ or exp Homosexuality, Female/
40. exp "Sexual and Gender Minorities"/ or exp Sexual Behavior/ or exp Transgender Persons/ or exp Gender Identity/ or exp Transsexualism/
41. exp Transgender Persons/
42. 39 or 40 or 41
43. exp Ethnicity/
44. exp Racial Groups/ or exp "Ethnic and Racial Minorities"/
45. (gypsy or roma or travel*er).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
46. exp Roma/
47. exp Asian People/ or exp Black People/ or exp Ethnicity/ or exp Minority Groups/
48. "black and racial* minorit*".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
49. "ethnic minority".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
50. "minority ethnic".mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
51. 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50
52. adolescent/ or child/ or child, preschool/ or infant/
53. exp Young Adult/
54. 52 or 53
55. 3 or 21
56. (england or "united kingdom" or "uk" or britain or british or wales or scotland).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word,

unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]

57. exp England/
58. exp United Kingdom/
59. exp Europe/
60. 56 or 57 or 58 or 59
61. 56 or 57 or 58
62. 42 and 54 and 55 and 61
63. 42 and 54 and 55 and 60
64. 31 and 54 and 55 and 61
65. 31 and 54 and 55 and 60
66. 38 and 54 and 55 and 61
67. 38 and 54 and 55 and 60
68. 51 and 54 and 55 and 61
69. 51 and 54 and 55 and 60

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