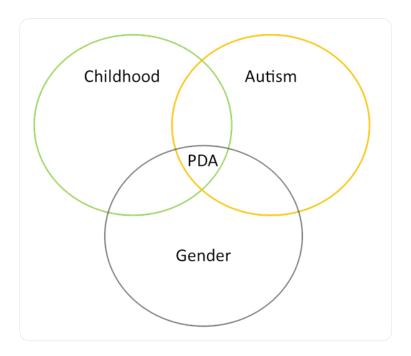
Is there is any merit viewing this perspective that some women who report trauma &/ or abuse are being misdiagnosed with autism &/ or ADHD (& thus probably discriminated against), as something plausibly occurring in the UK?



I think it is something that can plausibly be happening for a few reasons, including that it is possible for autism &/ or ADHD to be misdiagnosed itself. Some trauma presentations do appear similar as autism, like attachment disorder, or "quasi-autism".

There could be instances diagnostic substitution, where persons who would traditionally receive a BPD dx, are instead receiving autism &/ or ADHD dx.

I think it is more than plausible that with bias of "PDA Profile of ASD), which is based on non-compliance to non-autistic (& male centric) cultural norms, that is possible for some women to receive an autism dx due to transgressing cultural norms.



I am not saying that Jessica Taylor is definitely valid, & it is a problem. What I am doing considering if there is merit to consider that it MIGHT be plausible?

I think it is worth considering that. Who I am to say that Jessica Taylor's lived experience on this issue is not valid?

It is possible for her to be "correct" in some aspects, while those disagreeing with her can also be "correct" in some aspects.

Some extent this is a bit of a personal matter to me, considering the flack I get for considering that divergent on PDA might be as valid, as the "PDA Profile of ASD".

To me I treat the lived experiences of "PDA Profile of ASD" supporters equally to divergent opinion on PDA. E.g. I accept that Help4Psychology are seeing a particular version of PDA, but I also accept those who view PDA to be from "milder" presentations...

... That to me both presentations seem to be equally valid, from around the EDA-Q threshold to Help4Psychology ones. This is why those who view me to disregarding the lived experience of "autistic PDAers" as nonsense, I treating their views equally to others.

I am just not placing the views of those who strongly identify with PDA over other persons on the topic.

Although, there are good grounds to treat their views with a pinch of salt (same can be said with divergent views to).

I am still trying to work out why some autistic "PDAers" think they have extra rights to other persons because they strongly identify with PDA.

I suspect it is because they seem to view PDA as being biological/ genetically caused in nature & it must be from early infancy.

They seem to take a biological citizenship approach to it, where they assume PDA gives them extra rights based on an essentialist worldview. Which is linked to previous tweet about how they view PDA to be genetic/ biologically caused, & from early infancy.

This is a highly problematic approach to PDA on many different grounds. For one it remains to be seen what the causes of PDA are. There is no consensus over what PDA is, or how to diagnose it, & PDA is a highly controversial topic.

There is also a good case PDA's etiology is trauma &/ or aversive experiences https://rationaldemandavoidancecom.files.wordpress.com/2020/08/06-august-2020-pda-is-a-trauma-response-not-specific-to-autism-evidence.pdf

I present the rationale for a lower diagnostic threshold of PDA here:

https://www.researchgate.net/publication/353348556 Demand Avoidance Pheno mena Pathological Extreme Demand Avoidance is it a Disorder at a lower diagnostic threshold



Not to mention many autistic persons who identify with PDA on some level, but choose not be emotionally involved with PDA, would be discriminated against if we prioritise the views of those who strongly identify with PDA.

Subsequently, it would also highly likely bias PDA research & diagnostic criteria, which is something I discuss here where adopting a diagnosis over time approach to PDA.

https://www.researchgate.net/publication/338650142 Commentary Demand Avoidance Phenomena a manifold issue Intolerance of uncertainty and anxiety as explanatory frameworks for extreme demand avoidance in children and adolescents - a commentary on Stuar

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Modern understandings of Disorders (as how PDA would be diagnosed), is that majority of them are heterogeneous & spectrum in nature. So PDA should present as a heterogeneous spectrum throughout human population. I.e., "milder" PDA is STILL PDA!

While I am hard on my position that PDA is not a form of autism (& for too many reasons to go into now), I am open to PDA being a form of autism, if autism understandings fundamentally change.

While this is a bit of a tangent. It is relevant to partly why I am considering if Jessica Taylor's perspective some women who experience trauma &/ or abuse are being potentially misdiagnosed with autism &/ or ADHD.

Even if Jessica Taylor is correct that is happening in some capacity, how many women are likely to being misdiagnosed with autism &/ or ADHD due to disclosing abuse &/ or trauma?

It could be many, especially if it is a way of regulating scare resources due to austerity & likely pandemic backlogs. I.e., drop cases if autism &/ or ADHD are suspected, to prioritise other cases.

There seems to be issues with LA's using fake FIIs cases to raise money, & control access to services in the SEND system, especially against autistic mothers. As the likes of <u>@Shona_Mu</u> & <u>@Georgin24661487</u> can likely describe.

So using an autism &/ or ADHD dx to discredit some women, to ration/ regulate cases in the CJS etc, is plausible. I am not saying it is definitely happening. It is not outside the realms of possibility.

I do think it is worth considering if Jessica Taylor's concerns are plausibly valid.

This goes back to something I have been harping on about in recent weeks, it is about willing to be wrong, mistaken, to genuinely be open minded on something.

I think this is it on this thread. Apologies, if I have caused any offense to anyone with restarting a debate on the topic.

I am open to being mistaken to consider the merits of Jessica Taylor's position. If you do, please have a good argument why I am.

<u>@threadreaderapp</u> if you could please unroll again?

Thank you in advance.