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“We’ve tried really hard to make autistic a neutral value descriptor, trans is not”: Gender identity development and affirmation at the intersection of transness and autism

Charles-Antoine Thibeault and Annie Pullen Sanfaçon

Canada Research Chair on Partnership, Research, and the Empowerment of Vulnerabilized youth (CRC ReParE), School of Social Work, University of Montreal, Montreal, Canada

ABSTRACT

Background: A few models of gender development have mapped trajectories individuals undertake from coming in, that is understand one’s own gender identity, to affirmation. These models however do not seem to correspond to accounts of young transgender and nonbinary youth and, most often, do not account for variations in neurotype. Indeed, although many trans and nonbinary youth also report having autism, current knowledge on their experiences of gender development and affirmation is scarce. This article aims at understanding how autism may shape transgender and nonbinary youth’s experiences of gender development and affirmation.

Methods: Semi-structured, family, interviews were conducted with 46 trans and nonbinary youth, spanning 6 countries (Australia, Canada, India, United Kingdom, United States, and Switzerland). From these 46 youth, 5 reported having an diagnosis of autism or being in the process of being assessed for autism. Using epistemic injustices as a theoretical framework, authors conducted a reflexive thematic analysis.

Results: Results highlighted experiences of testimonial injustices and their impacts on youth’s ability to both understand and affirm it their identities. Furthermore, results suggested that testimonial injustices were closely related to youth’s age and autism, both causing identity prejudices that hindered youth’s ability to affirm and sometimes name their transness.

Conclusion: Further research should take into account availability of epistemic resources and experiences of identity prejudice within autistic trans and nonbinary youth’s gender identity development and affirmation trajectories. Longitudinal research is needed to properly understand how these experiences shape such trajectories over time.

KEYWORDS

Autism; epistemic injustice; gender affirmation; gender development; trans and nonbinary youth

Introduction

To date, we know of at least four models of transgender identity development: Devor’s 14-stage model of “transsexual” identity development, Lev’s states of emergence, Hiestand and Levitt’s five stage model of “butch” identity development and Katz-Wise et al.’s pathways to transgender identity development (Devor 2004; Hiestand and Levitt 2005; Katz-Wise et al. 2017; Lev 2013; Pullen Sansfaçon et al. 2020; Riggs 2019). While those models differ slightly, they nevertheless attempt to highlight how growing up with a marginalized gender identity may produce important differences to that of the cisgender

child. For example, one model, proposed by Devor (2004), suggested the development of a “transsexual” identity in 14 stages. These stages begin with an anxiety related to gender ambiguity, moving to questions related to gender, learning about “transsexuality” and ending with a successful transition and pride. Lev (2013) suggested that transgender individuals go through 6 stages of gender identity “emergence”, described an intricate process of coming in and coming out, from gaining awareness of a transgender identity to accepting this identity. Hiestand and Levitt (2005) suggested a five stage model to the development of a butch identity, moving from gender conflict, to gender awareness to

acceptance, affirmation and pride. Although these models considered the very specific experience of developing a minority identity, that is an identity that deviates from the norm, they are mainly developed from sexual minorities' identity development models. As such they may not be fully adequate to describe the experiences of gender identity development and affirmation of transgender and nonbinary children. Experiences such as discussing gender with caregivers, seeking gender affirming medical care at the onset of puberty and negotiating gender nonconformity are left unrepresented in common transgender identity development models.

Indeed, recent works have suggested that transgender identity development theorizing for youth also requires considering consequences to transition, coping skills and resource availabilities for youth (Levitt and Ippolito 2014). Katz-Wise et al. (2017) have suggested that pathways to transgender identity development does not occur in isolation for children, but instead occurs through many transactions with caregivers and systems of support. Their proposed model of transgender identity development occurs in themes, not in subsequent stages, considering youth's realization of transgender identity, transition process, as well as sociocultural influences. Here, their model not only suggests that identity is an individual developmental process, but also occurs in contexts which may or may not give knowledge, permission and resources for individuals to navigate this process. An important aspect of this model is the influence of stigma, here specifically cisnormativity. Pullen Sansfaçon et al. (2020) further expand this idea by highlighting the interaction child-environment and by proposing three distinct gender identity development trajectories.

Although identity development has long been depicted as an internal process, such as is the case with Kohlberg's cognitive theory of gender identity development (Kohlberg 1966), current models of transgender identity development point out that experiences of affirmation and/or transphobia can interfere with youth's capacity to not only affirm their gender, but also to understand it (Katz-Wise et al. 2017; Pullen Sansfaçon et al. 2020; Riggs 2019), as some youth may not have the access to required resources to do so. As

such, transgender youth's identity development may not only implicate the individual's understanding of their own identity, but may also be impacted by outward factors, some of them as material and embodied as having access to safe spaces to affirm such identity, having access to medical care allowing for embodied gender expression to align with gender identity or even being able to live with a transgender identity without being rejected from essential spaces, notably schools and sports teams.

Although models of transgender identity development identify key elements to developing and affirming a transgender identity, trans and nonbinary youth is not a homogenous population. It is filled with youth varying in ages, cultural backgrounds, socio-economic status, and able status. Indeed, an increasing number of publications suggest a very strong overrepresentation between transness and autism (Warrier et al. 2020). A meta-analysis estimates the prevalence of autistic trans and non-binary (ATNB) youth to 11% (Kallitsounaki and Williams 2023). Some researchers have expressed doubts that shouldn't be omitted as to the real proportion of ATNB, notably due to the methodology utilized to account for either transness or autism (Fortunato et al. 2022; Turban and van Schalkwyk 2018), but recent publications still support reports of high prevalence of ATNB youth in research participants (Strang et al. 2023; Thrower et al. 2020). Beyond prevalence, literature specifically dedicated to understanding the gender identity development of ATNB youth is very scarce (Fischbach et al. 2025; Strang et al. 2023). It is likely that the experience of autism may color transgender youth's gender identity development and affirmation. Further research is however needed to understand how exactly autism may influence such pathways.

Literature review

Fysh et al. (2026) reported on two analyses indicating that ATNB youth's gender identity development, their understanding of their gender identity, and the gendered behavior they adopted, did not differ from neurotypical trans and nonbinary youth. This comparison echoes results

reported by Fischbach et al. (2025) reporting no difference in developmental and experiential traits of gender identity or sexual orientation between ATNB youth and neurotypical trans and nonbinary youth. As such, reports seem to indicate that ATNB youth understand and develop their gender identity in similar fashion as neurotypical trans and nonbinary youth. However, some studies reported that autism may impact individuals' pathways to gender affirmation. Notably, some participants reported that distinguishing sensations related to gender dysphoria and/or euphoria was quite difficult (Cooper et al. 2023a; Strang et al. 2018), communicating needs and affirming their gender with peers necessitated extensive social capacities (Coleman-Smith et al. 2020; Strang et al. 2018), and accessing gender affirming medical care was sometimes delayed by medical professionals' doubts in youths' gender identity and lack of knowledge (Coleman-Smith et al. 2020). For Strang et al. (2023), ATNB youth face more mental health difficulties than their neurotypical trans and nonbinary peers, as well as their cisgender autistic peers. This study also indicated that ATNB individuals would also face more difficulties accessing gender affirming medical care that is adequately adapted to their needs. This study not only reported a clear need for research projects centered around the experience of ATNB youth seeking gender affirming medical care, but also on their gender identity development and affirmation trajectories. Increasing the pool of empirical data available on the topic is essential to offering adequate clinical services to those who require it.

Still, doubts as to ATNB youth's ability to understand their identity continue to surface in the scientific literature (see for example Zucker et al. 2017). Strang et al. (2018) reported that these doubts are frequent difficulties for ATNB youth, who have to explain their gender identity with more certainty than their neurotypical counterparts. Doubts in their abilities to understand their "inner world", their capacity for consent or even the veracity of their gender identity created delays and sometimes rendered access to gender affirming medical care impossible, thus increasing their levels of overall distress (Strauss et al. 2022). Strang et al. (2018) not only indicated that

ATNB youth understand their gender identity, they also face additional barriers as they come out and seek care, oppressions affecting their experiences of gender affirmation. Not limited to trans and nonbinary youth, a report on autistic LGBTQIA+ individuals indicated that inclusion within the LGBTQIA+ community is difficult for autistic individuals due to gatekeeping, accessibility and rurality (McAuliffe et al. 2023). This report highlighted that autistic individuals experienced gatekeeping due to beliefs they could not know who they are and are performing their identities. Additionally, their participation in communities were rendered difficult due to sensory inaccessibility of spaces and the difficulty to find local adapted spaces. Still, autistic individuals reported desires to make "use" of their experiences and participate in activism, a desire that allowed them to contribute their testimonies in the creation of new knowledge.

Furthermore, studies interested in the gender identity development and affirmation of ATNB youth struggle in taking into account the diversity of this population. In recent publication, only Strang et al. (2023) included ATNB youth who were just under the diagnostic threshold for autism. They reported levels of distress and suicidal ideation just as elevated as that of diagnosed ATNB youth. Conversely, very few studies account for the temporality of discovery of either gender or autism (Rea et al. 2026). Cooper et al. (2023a) report that ATNB young participants, who had discovered their gender identity before their autism, reported few impacts of autism on their gender identity development. Coleman-Smith et al. (2020) report that ATNB participants, who had discovered autism before their gender identity, reported important barriers to their access to gender affirming medical care. It is thus possible that, whether officially diagnosed or not, the temporality of the discovery of either gender or autism impacts ATNB youth's experiences of gender affirmation. However, very few studies have found interest into this process.

Finally, a scoping study of the literature on the intersections of transness and autism report that 36 of the 99 studies published between 2018 and 2024 reported on common conditions between transness and autism, 22 reported on lived

experience and 16 reported on clinical needs of this population (Rea et al. 2026). Authors report that a majority of studies are quantitative and conducted with an adult population. Authors also indicate an important absence of attention offered to seeking and obtaining gender affirming medical care. As such, there is a growing need for studies reporting on the lived experience of ATNB youth, notably on their experience of gender identity development and affirmation, including their search for gender affirming medical care, especially those seeking such care before adulthood.

This article reports on results from the first phase of a qualitative longitudinal analysis of gender identity development and affirmation of trans and nonbinary youth. It specifically draws on a thematic analysis of the experience a subsample of 5 ATNB young participants, their parents and their siblings. This article aims to understand and trace their gender identity development and affirmation trajectories. This analysis led to the development of important themes relating to the gender identity development of these youth, such as their processes of self-exploration and discovery of gender identity, as well as their gender identity affirmation, such as how they discuss their gender identity within the family, the school, clinical settings and communities.

Materials and methods

Project description and recruitment

Since the summer of 2022, a qualitative, longitudinal prospective and international research project, Growing Up Trans, studies the impact of seeking gender affirming medical health care on the wellbeing of 46 young trans and nonbinary individuals and their families. In total, 45 families (one of them with two trans and nonbinary siblings), participate annually to semi-structured interviews of an approximate length of two hours, over a three-year period. Families were recruited by local research teams in each country (the UK, Australia, Canada, the US, India and Switzerland), with the support of community organizations, gender clinics and social media. Young trans and nonbinary participants approached puberty or was

a the very beginning of it at the moment of recruitment, and were seeking gender affirming medical care. Within this sample, 5 youth had also stated being autistic at the time of recruitment. These youth were in Australia ($n=4$) and in the US ($n=1$). Upon completing a sociodemographic questionnaire, these youth and their caregivers indicated that they either had received a diagnosis of autism, or were in an assessment process to receive one. Although other trans and nonbinary youth in the sample may also be autistic, some for example mentioned suspecting they were autistic in their third interview, only youth who had identified autism as part of their identity at T0—or baseline—were included in the analysis. Mostly, this exclusion criteria ensured that sufficient data was available, youth already discussing how autism impacted their gender identity development and affirmation processes at T0.

Data collection and analysis

Semi-structured interviews covered a large array of topics regarding youth's gender identity development and affirmation. Structured in 7 sections covering themes of gender identity, affirmation within the family, the school, the community, processes of seeking gender affirming medical care and socio-political context, interviews completed a nuanced portrait of ATNB youth's experiences of gender. Specifically, a reflexive thematic analysis (Braun et al. 2022) was conducted, allowing us to develop themes that could then be tracked over time. As this article only reports on baseline interviews, no longitudinal analysis is presented. The thematic analysis was completed upon receiving anonymized transcriptions of interviews collected at T0 by local research teams in Australia and the US. Interviews were analyzed using MAXQDA software and coded by the first author of this article. Reflexive memos were kept, facilitating theme development, keeping track of initial impressions, and identify biases.

Analysis followed Braun et al. (2019) six phases to reflexive thematic analysis. A first read through of all interviews allowed authors to familiarize themselves with the content of the interviews. Then, interviews were carefully coded. During this phase, many codes were developed and

remained very closely linked to participants' phrasing. Attention was then given to constructing overarching themes. As this stage involved stepping away from interviews and diving into codes, reflexive memos were essential to highlight possible interpretation biases. Prototypes of themes were created by finding relationship between codes and relating them back to the research question. They were then revised and refined by diving back into the interviews, collating participants' direct quotes from the codes and ensuring that thematic categories stayed true to the original meaning of the quotes.

Additional considerations were given to favor youth's voices in analysis, although caregivers were present and participating in interviews. The topic of this analysis relating specifically on youth's experiences, it was important to give them as much space as possible when recounting their own experiences. However, in the case of some youth, especially Avery's, a 9 y. o. nonbinary participant with selective mutism, it was not always possible to rely solely on youth's quotes. For Avery, most answers were whispered into his caregivers ears for them to repeat, pointed to between multiple choices or written down and then relayed to the interviewer. As this research project is longitudinal, this youth was not excluded from analysis even though participation in semi-structured interviews was difficult at T0, their ability to share their experience with the interviewer could possibly evolve in the course of three years. In this analysis, quotes where Avery interacted either nonverbally with their caregivers, such as nodding or pointing to an answer, were favored. Quotes where caregivers hypothesize on Avery's experience are relayed using the conditional tense.

Theoretical framework

In 2007, Fricker introduced concepts of epistemic injustice. She argued that minority communities suffer from a credibility deficit, rendering their testimonies less likely to be believed on the basis of identity prejudice (i.e., prejudices on the basis of identity markers such as race, gender, age, ability, etc.). She demonstrated that hearers, those who receive a speaker's words, holding prejudicial

beliefs toward certain identities will likely unconsciously doubt the credibility of the speaker. Speakers of marginalized groups thus suffer from testimonial injustices, struggling to be heard and believed. Cumulated over time, these injustices can have tremendous material and epistemological impacts on the lives of individuals, she exemplified these impacts ranging from difficulties getting promoted or finding work to being fully excluded from recounting and understanding one's own experience.

She argued that identity prejudices not only renders individuals less credible, this also puts them at a disadvantage to understand their own experiences. She qualified this phenomenon as hermeneutic injustice, defined as such: "Hermeneutical injustice is the injustice of having some significant area of one's social experience obscured from collective understanding owing to a structural identity prejudice in the collective hermeneutical resource" (Fricker 2007, p. 155). In the case of transgender individuals, for example, the absence of words or concepts to make sense of a gendered experience beyond that of binary "man-woman" categories renders the experience of nonbinary individuals unintelligible, not only to individuals experiencing gender as a binary, but also to nonbinary individuals themselves. These communities are then at a disadvantage compared to those who are part of dominant groups for whom words and concepts to make sense of their experience are readily available and easily understood. In the absence of knowledge, minority communities have to explain their experience using already available language, often the language of dominant groups. If minority communities attempt to explain their experience without using readily available and legible knowledge to dominant groups, they face testimonial injustices, in which case their experience cannot be understood by dominant groups (Fricker 2007).

In the context of queer epistemology, Hall (2017) argued that queer individuals not only face testimonial injustice in the form of doubts others may hold for their own identities, but also in the compulsory nature of testimonies regarding their identity. For queer individuals, she stated: "testimony is not optional" (p.159). This statement holds even more weight for trans and

nonbinary youth, for whom social support is strongly related to wellbeing (Travers et al. 2012; Veale et al. 2015). For George and Goguen (2021), recent increased access to information regarding transness on social media, and advances in language such as the appearance of neopronouns are at the origins of a certain epistemic liberation for trans and nonbinary individuals. The authors identified many indications of such liberation: the increased number of youth identifying as trans and nonbinary, the accounts of a sudden “eureka” moment when youth have access to words that fit who they are (Fricker (2007) names such moments *stories of revelation*. In queer literature, it is more commonly referred to as *coming in*), or a desire to consume media representing trans and nonbinary people (George and Goguen 2021). Many epistemic injustices have also been identified to qualify the experience of autistic individuals. For Chapman and Carel (2022), the lived experiences of autistic individuals is too often limited by stereotypes dictated by biomedical perspectives. Autistic peoples’ accounts of their own experiences are then often invalidated or discredited due to cognitive deficits assigned to them *de facto*. For Pyne (2020), whereas it is possible a certain epistemic liberation for trans and nonbinary youth is ongoing, citing the abolition of conversion therapy in Canada, systems of oppression and of invalidation of the experience of autistic trans and nonbinary youth still contribute to delay, or even halt, their liberation.

To date, there is no study examining the experience of ATNB youth while paying attention to experiences of epistemic injustices and their impact on their capacity to understand, communicate and affirm their gender. This perspective which allows to take into consideration both internal processes of identity construction and external availabilities of “construction blocks”, is largely absent from literature on the experience of ATNB youth. It is for this reason that epistemic injustices served as a framework for this analysis, and more largely, as theoretical framework for this doctoral project.

Positionality statement

The first author of this article is a doctorate student, neurodivergent and transgender. The

second author is a cisgender woman who has close personal exposure to the dynamics of caregiving a trans child and author one’s PhD director. Interviews were completed by research assistants also identifying as neurodivergent and transgender. Both neurodivergence and transness being large umbrellas however, sharing these labels does not signify closeness to participants.

Results

Results are here presented in two sections, reporting first on themes related to gender identity development, then gender affirmation. Young participants and their families shared central elements to their gender identity processes: (1) Finding words to define their experience, (2) freely exploring their identity, (3) navigating internalized violence, and 4) navigating gender norms. Gender identity is however not only an internal process. In explaining their processes of understanding their gender, young participants and their families have also frequently shared elements related to gender affirmation, such as a desire to be affirmed and strategies utilized to reach that goal. Here, three themes were developed: (1) affirming through adversity, (2) a desire to be seen without compromise, and (3) finding a supportive community.

Moreover, participants recounted impacts of autism, sometimes direct, sometimes, indirect, on their gender identity development and affirmation. To favor the development of significant themes and avoid the classification of experiences in semantic categories, these impacts are noted along the presentation of the results, within all related corresponding themes. In any case, we note that as all participants are here autistic, elements of gender identity development and affirmation reported on all relate to ATNB youth’s trajectory.

Gender identity development

Finding words to define experience

As participants were seeking gender affirming medical care before the age of puberty, families unanimously underscored being knowledgeable of youth’s gender identity very early in their life.

However, despite this early realization, their accounts indicated that ATNB youth and their families faced many barriers in the acquisition of a common language to define their experience. For some ATNB youth, recognizing signs of their transness, or of their dysphoria, as part of a “trans”, “nonbinary” or even gendered experience was not immediate. Similarly, recognizing certain functioning patterns as signs of autism was not an easy process. For some, signs of transness were confused, describing a general sensation that their gender assigned at birth did not fit. It was the case for Lilah, who described not having a specific moment of gender realization. She states: “Lilah: There’s never really a big story of me figuring out and putting pieces together. It’s just “You know, I don’t really like this.” (Lilah, trans girl, 13 y. o. at T0, Australia). For her mother, although there was no sudden realization of transness, a number of signs preceded the adoption of a “trans” label. She mentions:

Lucy: Yeah. When the kids were growing up, [...] I always thought that gender and toys and clothes were stupid. So I always let them play with whatever they wanted to play with. So it didn’t trigger to me that she preferred to play with fairy princesses and would throw away her boy clothes and stuff. I just thought that she just didn’t like that stuff. So I don’t know. When she came out as trans, I was like, “Oh, OK, yeah, that makes sense, I suppose. (Lucy, Lilah’s mother, Australia)

In Lilah and Lucy’s case, as gender norms were not strictly imposed, their transgression were only interpreted as signs of transness many years after Lilah understood her gender identity. Imogen shares a similar experience, she states:

Imogen: So when I was going to the toilets, I had a burning desire to rip off the penis, it didn’t work. I couldn’t rip it off. [...] Very sad. So it wasn’t a big surprise that I was transitioning. (Imogen, trans girl, 11 y. o. at T0, Australia)

Imogen’s account of acute dysphoria and a desire to remove her genitals were interpreted here as signs of distress that later on took meaning under the lens of a trans experience.

For Kody, a 14y. o. trans man, his mother recalls that the process of finding words to define

his experience was difficult. For him, feelings of gender identity were diffused, difficult to identify. She states:

Rhea: When he was eight or nine, he was questioning more, saying, “Mum what’s wrong with me? Why do I feel weird? I don’t know why I feel this way.” Didn’t specifically say trans, just didn’t understand why his body and he felt unusual. (Rhea, mother of Kody, Australia)

For him, making sense of his experiences, such as dysphoria, feeling strange or out of place, were difficult to interpret as transness. Alesha, mother of Avery, a 9y. o. nonbinary youth, shares a similar difficulty that she believes may be related to neurodivergence. She mentions:

Alesha: One of the things I’ve noticed about Avery’s neurodivergence is introspective stuff like, I know the way this feels in my body when I think about it, is very hard for them to name. (Alesha, mother of Avery, United States)

It is possible here that for young participants, signs of a trans and nonbinary gender identity were present early in childhood, but accessing the language to make sense of the experiences of dysphoria required time.

Freely exploring gender identity

Within the LGBTQ+ umbrella, many participants shared not immediately knowing which term fit their identity best. Instead, participants played with pronouns and labels before choosing a language that fit their identity. It was the case for Imogen for example, her mother and her recall:

Melody: I think when you came home, you weren’t, I don’t think you were that comfortable with ‘they, them’ pronouns either.

Imogen: No.

Melody: That didn’t seem to fit right either. So there was a bit of a transition just around what fit you. And then one day you were sitting, I think we were just sitting, and you said, “You know what? I think I just want to be – I just need to be female. I don’t want to, I’m not they, them. I’m not he, him. I’m she, her,” and that was –

Imogen: And that’s what we did. (Melody (parent) and Imogen, trans girl, 11 y. o. at T0, Australia)

For Miles, an 11 y. o. trans boy, he expressed discovering a masculine gender identity progressively over the years. He explains:

Miles: When I was younger, I would take off dresses and all of that. And then when I could finally talk, I was like a tomboy-ish. And so then I was like, “I don’t feel the right body and stuff,” and I was like, “I want to be like boys and stuff.” So I was like, “I want to be a boy. (Miles, trans boy, 11 y. o. at T0, Australia)

For Miles, just like Imogen, a certain exploration was necessary before finally settling down on words to define themselves. These accounts, shared by quite young participants at the time of the interview, approaching puberty, signal an important temporal aspect to the development of gender identity. Miles and Imogen took time to reflect and experience exploration, settled on an identity that fit for them, all the while communicating and affirming this identity within their family. They both had access to safe environments to try out pronouns, ask questions and fluidly explore different labels.

Navigating internalized violence

Not all young participants used the label “trans” to define their gender. For some, although their gender identity is not in doubt, the stigma associated to the label discourages them to adopt it. This phenomenon, where trans individuals internalize violences predicated toward them or their peers, is typically referred to as internalized transphobia. Here, young participants and their families reported the beliefs that using the words “trans” or “nonbinary” to define their gender may resolve into experiences of transphobia, judgment or, in worst cases, violence. Similarly, words such as “neurodivergent” and “autistic” were also sometimes accompanied by the same internalization of stigma. As such, we use the term “internalized violence” to describe such experience, at the intersection of transness and autism. The internalization of possible stigmatization has led to the avoidance of certain words to define youth’s identities. It was the case for Kody, his mother explains:

Interviewer: Do you identify yourself as transgender or do you just identify yourself as male?

Kody: [looking at his mother, Rhea] You say it.

Rhea: You want me to say it? He just identifies as male as he doesn’t want the, unfortunately, the stigma attached to people. (Rhea (parent) and Kody, trans boy, 14 y. o. atT0, Australia)

For Imogen, this sentiment might be shared. Whereas the autistic label is perceived as positive, transness remains pejorative. They explain:

Melody: We’re quite open about the fact that we’re autistic as a family so we—and that’s taken a lot of work and not everybody is accepting of autistic. [...] We’ve tried really hard to make autistic a neutral descriptor. It’s just a value neutral. It’s who we are. That’s it, full stop and if you’re going to be an asshole about it, well, you can bugger off and we don’t care. But I think there’s still a lot of fear that we’re a long way from even beginning to think about trans in that sort of just a value neutral descriptor. It is part of Imogen’s journey. It’s part of who she is. It’s part of her identity and until we can just say that and expect that there is a level of whatever. Like I have blue eyes. I am tall. I am –

Imogen: Short.

Melody: – whatever. Until it comes with that expectation of just unquestioning acceptance and that people are not going to make some judgement, I think we’ve got a long way to go, hey?

Imogen: Yes. (Melody (parent) and Imogen, 11 y.o., Australia)

For participants, using the label “trans” is not only an identity label, but also accompanied by stigma. It is important to note here that this stigma certainly affects youth’s gender identity affirmation (reported on below), but the internalization of this stigma, such as the implicit belief that being trans is undesirable and may resolve in negative consequences, seems to also effect youth’s capacity to integrate transness as a part of their identity. Transness then becomes something to hide, a shameful part of identity. Sometimes, the impact of this sentiment is tangible. For Melody and Imogen, for example, being able to affirm a feminine gender identity without needing to divulge Imogen’s transness is expressed as a relief. As they reflect on moving, they share:

Melody: But that has been the bonus of moving away to a completely new place is that –

Imogen: Four hundred kilometres away.

Melody: – nobody has met us before. So when we introduce Imogen as our daughter [...] people make their assumptions and you have – Imogen as a female name and so they make their assumptions and we don't correct any of those assumptions, –

Imogen: No.

Melody: – we just go with it because it's easier. One of the reasons for me was to give you that fresh start that you could choose who you told. (Melody (parent) and Imogen, trans girl, 11 y. o. at T0, Australia)

Melody and Imogen not only share going to great lengths to have the possibility of choosing who they share Imogen's trans identity, but also a desire to have the capacity to adopt a feminine gender identity, instead of transfeminine one. For Lilah, a similar, but more general sentiment is expressed. Her and her mother share:

Lucy: I think she just wants to live. She just wants to not have to go to the doctor's all the time, and not have to see all these specialists, and not have to talk about it with everybody. She's like, "I just want to be."

Lilah: I just want to be human and normal. Just live a normal life. Yeah. (Lucy (parent) and Lilah, trans girl, 13 y. o. at T0, Australia)

Here, their account adds nuance to the reasons that might lead youth to reject a "trans" label. Whereas Kody and Imogen want to avoid divulging their trans identity as they anticipate judgemental, violent or disrespectful reactions, Lilah shares the weight of a continuous and repeated identity affirmation, reminding her she is not "normal".

Navigating gender norms

Participants and their families frequently remarked how contact with others had contributed to their understanding of their own gender identity. For example, Imogen and her mother shared:

Melody: One of the things that happened in your second school is when you really began to understand that you didn't identify as male. Because they would have things like at the end, I remember, at the end of your – they would get you to line up in boys lines and girls lines.

Imogen: Yes. (Melody (parent) and Imogen, trans girl, 11 y. o. at T0, Australia)

For Imogen, this moment accentuated a discomfort and led to the realization that a

masculine gender category did not fit. Avery's parents shared a similar experience, when entering school was synonymous to contact with new gender norms that did not fit. Yvonne explains:

Yvonne: What we ended up inadvertently doing was maybe just being like not really thinking about gender at all. And then I can't remember what it was, but things started to shift. And I mean Avery went to preschool for the first time, and all that, and I think it sort of started. (Yvonne, nonbinary, parent of Avery, 9 y. o. at T0, United States)

For Imogen, as for Avery, a feeling of estrangement from cisgender children's experiences of gender and gender norms transpiring in a school environment highlighted gender exploration and led to subsequently understand their own gender identity.

Gender identity affirmation

Affirming gender through adversity

Although conceptualisations of identity tend to limit themselves to internal processes, such as individuals' own capacity to understand and define themselves, transness and autism are identity markers often delegitimized and discredited. For Imogen, the need to confirm her gender identity at each step of seeking gender affirming medical care creates feelings of frustration. Discussing questions she faces in medical appointments, her and her mother share:

Melody: They're feel like a lot more than microaggressions, but they feel like there's a lot of small things that just add up to make it feel like who you are is you have to prove who you are. And every time we go to the hospital, it's like they ask the same question, do you still identify as being female? We have check.

Imogen: Yes, of course I do. Yes, I course I do. Why am I going to the hospital if I don't?

Melody: And I get that. They do have to check but they way that they do it, it's an assumption – it's like we have to, every time we go, you have to prove that you are still – yeah, I'm still feeling it. [Laughs] I'm still feeling the trans. (Melody (parent) and Imogen, trans girl, 11 y. o. at T0, Australia)

For Imogen, a profound certainty in her gender identity and an affirmed personality led her to affirm her gender many times with health

care providers. For Miles, this same certainty preceded his coming out. At an early age, his mother remembers:

Darcy: He said, “Don’t do that anymore,” because I think Monica’s [mother] grandmother stayed and she was a bit – she just kept saying, “You’re a beautiful little girl,” and then he said, “No, I don’t want you to do that anymore.” But then probably about three months after that, I reckon, three or four months after that, he came out and wrote Miles in pretty thick Texta on his chest. And that was pretty clear. (Darcy, Miles’ mother, trans boy, 11 y. o. at T0, Australia)

The need to affirm his gender identity in school, as in extended family, is a frequent requirement for Miles. He shares multiple times needing to affirm his right to access gendered spaces, such as bathrooms and changerooms, or sports teams, disregarding others’ opinions of which space he should use.

For Lilah, however, such self-affirmation is not possible. She prefers avoiding gendered spaces altogether. Her and her mother mention:

Lucy: How do you feel about public bathrooms?

Lilah: I just never go in them.

Lucy: Yeah, she usually doesn’t use the bathrooms in public, because I think she’s still a bit nervous about public bathrooms. [...] even at school, where she would just wait until she got home to use the bathroom. (Lucy (parent) and Lilah, trans girl, 13 y. o. at T0, Australia)

For some participants, the adversity faced is such that affirmation does not seem possible. In these cases, avoiding spaces where their gender identity might be questioned, to the point of facing potential dangerous and violent reactions, is preferable.

For Avery, caregivers notice they might not mind or be conscious of others’ opinions, unless they are overtly transphobic. They state:

Alesha: If you’re saying something transphobic or homophobic, or racist, or anything, Avery will notice right away. But other than that –

Yvonne: –but otherwise, I don’t know that there is always a ton of awareness of other people’s emotions, or experiences, or responses.

Alesha: Or they process it and then very much later they will talk to me about something.

Yvonne: Like months. (Alesha and Yvonne, parents of Avery, nonbinary, 9 y. o. at T0, United States)

Yvonne and Alesha seem to indicate that, although Avery is still impacted by overt transphobic comments, they do not attempt to change their gender identity or expression to avoid them, nor to avoid spaces that may not be affirming.

Desire to be seen without compromise

All young participants mentioned a desire to be seen as themselves without needing to explain or argue who they are with others. For many participants a desire to be seen as such required seeking gender affirming medical care, care that not only allow having affirming gender experiences and diminish their experiences of dysphoria, but will also limit the need to communicate and insist on their gender identity to be affirmed. To this effect, Imogen and her mother shared great worry at the onset of puberty, a developmental age that may permanently modify Imogen’s physical appearance. They explain:

Melody: So when you’re about ten, I think [brother] started to have some – and he’s gone through puberty pretty quickly and pretty spectacularly. He’s well on his way through puberty and I think you were confronted with the idea that actually that might not be that far away for you, and you were so upset by the idea that things would grow and there would be hair and there would be –

Imogen: Hair not on my head.

Melody: Yeah, your voice would change and when we did some research and we realised that those things can be quite hard to undo. (Melody (parent) and Imogen, trans girl, 11 y. o. at T0, Australia)

Here, Melody and Imogen insist on a growing worry that accompanied the knowledge that her body would change and create important distress in the near future. When questioned on his expectations upon receiving gender affirming medical care, Miles shares:

Miles: I guess knowing that other men have beards and then I have a beard as well and it doesn’t look all singled out. (Miles, trans boy, 11 y. o. at T0, Australia)

For Imogen, as for Miles, receiving gender affirming medical care is a desirable avenue to avoid developing unwanted secondary sexual characteristics, as well as being perceived

“like others”. For these youths, this process is a necessary step to the affirmation of their gender.

For Kody, his gender expression currently allow him to affirm his gender without needing to divulge his transness. His mother shares:

Rhea: So in that sense, I think Kody just wants to be able to have that [facial hair] visually so then people can see it and treat him that way, which people do anyway. We haven't had any mistakes from nobody that knows him. So any random that we meet are always like, “Oh your son.” If they were to be told I think they'd be quite flabbergasted and shocked. (Rhea, mother of Kody, 14 y. o. at T0, Australia)

Here, Rhea adds an important temporal notion quite specific to participants' age. At the onset of puberty, having begun or completed social transitions (i.e., informing social networks of changes in names and pronouns), and receiving familial support, young participants reported very few experiences of social dysphoria. They however share anxieties generated by the onset of puberty, which may increase experiences of dysphoria and reduce their ability to affirm their gender with others as they develop unwanted secondary sexual characteristics of their sex assigned at birth.

As such, many participants and their families have shared seeking gender affirming medical care, a search that has brought many challenges. Most mentioned challenges specifically related to autism, both in Australia and in the United States. Imogen's mother shares:

Melody: Trying to find a GP who would take on the care of a trans autistic little girl seemed quite hard, to be perfectly frank. So lots of people were—proclaim to have respectful gender diverse care but actually when you came to trying to get a GP for Imogen, it's taken me six months probably to find a GP who will take her care on. So we now have one which is awesome and she's lovely, but it took a lot of getting through gatekeepers to have someone who was willing. (Melody, mother of Imogen, trans girl, 11 y. o. at T0, Australia)

Although Imogen shared experiencing dysphoria since she was very young, finding a healthcare provider confident in taking on a young trans autistic girl was an important challenge. Avery and their parents also shared this experience. Alesha explains:

Alesha: And I feel like that piece of the gender affirming care is also made harder by the the fact that, like

we are in like a neurodivergent family [...] And so the good news is, in a lot of ways, I think if you find someone who's really confident in terms of gender stuff and queerness, there is a very good chance that they are also familiar or comfortable with, you know, neurodivergence because there is such an intersection there. But like it is really hard to find someone, and there's already so few place. (Alesha, mother of Avery, nonbinary, 9 y. o. at T0, United States)

Families thus expressed a need to find gender affirming care, medical or mental health related, that are inclusive and knowledgeable of both gender and neurodivergence. Finding such care was however quite difficult. Melody and Alesha's accounts remind of the importance of training healthcare providers for autistic trans youth's needs.

Finding a supportive community

Finding an affirming and supportive community for young participants was reported as essential to their gender affirmation. Families described groups of people with whom youth's gender identity was affirmed without question. These communities were formed of friends, family members, community organizations, academic institutions or religious community members. These communities allowed families to find comfort, to orient toward resources, and even, at times, to develop common language to understand and name their needs. We note that some of these elements also allowed youth to develop and affirm their gender identity. Notably, the development of common language by interacting with communities who shared their experiences and the support offered to parents, offering them resources to understand their child's experiences of gender. In that sense, finding communities that share similar experiences of both gender and autism was an important theme of affirmation identified by many families.

Being surrounded by familiar stories. Avery's mother shares that surrounding herself with members of the LGBTQ+ community was an important step to understanding and affirming Avery's gender identity. She explains:

Alesha: I have no idea what I'm doing most of the time. I just try to do what I think is best for us in

the moment and talk to [Avery] about things, and always in a developmentally appropriate way. I look up from community members who can relate to it more than I can, because I am a cis person, what language they would use, and then I change it to what I know my kid understands, and maybe my kid understands more than another kid. So like just being willing to make mistakes and talk to [Avery] about it, and then be willing to say, “Oh, I made a mistake, and I learned more”. (Alesha, mother of Avery, 9 y. o. at T0, United States)

For her, having contact with a community that shares Avery’s experience allows her to understand their experience and develop common language. This language then facilitates discussions on important questions related to Avery’s gender development and affirmation. For Kody as well, this search for similar experiences facilitated discussions related to his gender identity with his mother. She remembers:

Rhea: Kody does his own research. So before he even came out, he’d been watching YouTube, TikTok, finding how he could relate to somebody else and then he stumbled across a TikTok or someone talking about themselves and about their journey and he shared that with me. And I sat down and I watched it and that’s how I learnt and understood. (Rhea, mother of Kody, 14 y. o. at T0, Australia)

These experiences allowed participants to situate their own experience and find words to share it with their families. These words also facilitated discussions around needs, how to find resources and support, at least for aspects of their experience that was shared with other members of the trans community.

However, we note that in certain spaces, such as support groups in community organizations, contact with other trans and nonbinary youth and families were not necessarily positive. Many families shared avoiding these spaces, as they considered them triggering, depressing and negative. Lucy, for example, shared:

Lucy: Sometimes [support groups] can be triggering. Because I know that a lot of the time when people are finding a support group, it’s because they’re having a hard time. So very rarely do you see people in there that are like “It gets better.” It’s usually quite a negative space. (Lucy, parent of Lilah, 13 y. o. at T0, Australia)

Avery’s parents shared a similar experience and name that listening to other people’s struggles can be a difficult experience. They share:

Yvonne: It was really hard and really odd, because, it was all these people in very different places, which was understandable, but there is some level of trauma honestly, that can occur when you’re having to sit there and listen to people who are in a very different place, you know.

Alesha: Question their kids-

Yvonne: Yeah question their kids. And so like, I think we’ve just mostly made our own self-selected like self-created circles of information. (Alesha and Yvonne, parents of Avery, 9 y. o. at T0, United States)

Some groups offered interesting support for families to acquire more knowledge or share struggles, but also required considerable effort, as hearing other families’ struggles was difficult. In the absence of groups responding adequately to trans and nonbinary youth’s needs, some parents, such as Yvonne and Alesha, created their own support group to better accompany their child’s transition.

Navigating autism and community building. Many families named the desire to develop relationships with communities affirming of their child’s gender and looked to support groups to do so. However, for many families, support groups centered their activities around verbal interaction and were not adapted to ATNB youth’s needs. Melody, for example, mentioned seeking a youth group sharing Imogen’s experience of gender and autism, enjoying similar interests and accepting youth her age. She mentions:

Melody: And as I said, once Imogen turns 13, there might be some groups out there for her to connect with often. As I said, the ones I’m aware of are for autistic and there might be ones that are not autistic, but you often feel more comfortable if you know that the other people are also—because there’s intersectionality there that needs to be acknowledged. But they’re all for 13 plus. So there’s some of the groups that might be appropriate. There is an autistic D&D, LGBTQA+ D&D group but it’s for 15 plus which is annoying. Because what do you do? Are you just meant to put your social life on hold and you’re social support on hold until you turn an appropriate age [...] I don’t know if you’ve got a different sort of thought.

Imogen: No, no. (Melody and Imogen, trans girl, 11 y. o at T0, Australia)

For her, waiting for Imogen to reach 15 years old to participate in this activity is frustrating given its perfect fit for Imogen's needs. She sees in it a perfect avenue to provide a supportive environment for Imogen's gender, autism and interests, a space that could allow her to create a community with similar peers.

Rhea also shares important difficulties when looking for a community for Kody. She shares that the centrality of verbal communication and social interaction demanded too much social resources of him and were often accompanied by autistic burnout. She shares:

Rhea: So yeah, that's how we came across youth [group] and Kody continued to go because it gave him a place to go and hangout and have some – it can be stressful for him but that's the autistic side of things. He can handle a lot and sometimes he can't and that can cause a bit of a burnout or some meltdowns inside. (Rhea, mother of Kody, 14 y. o at T0, Australia)

For participating families, finding a community within which young participants could meet other ATNB youth was essential to their process of gender affirmation. Groups were named as vectors of socialization, of normalization of the trans and autistic experience and as possible spaces where they could find safety and comfort. However, finding groups adapted to the needs of young participants was a challenge, sometimes impossible to surmount.

Discussion

Results highlight that the gender identity development of young autistic trans and nonbinary participants was punctuated by language, freedom to explore identity, navigating internalized violence, and navigating gender norms. Their gender affirmation development followed similar patterns as young participants faced others' doubts and judgment, routinely needed to explicate their identities and navigated finding communities that would support all of their identity. These narratives contained many forms of testimonial injustices as youth's voices as speakers were often lessened by hearers, doubting their gender

identity or the needs related to it. This was demonstrated by frequent needs to re-affirm either their gender identity with peers, their right to share spaces limited to such gender identity (i.e., bathrooms, sports teams, or restrooms), or their assuredness regarding their need for gender affirming medical care (at this stage, namely puberty blockers).

Gender identity development

As stated earlier, Fricker (2007) warns of two potential harms that may emanate from testimonial injustices. First, the speaker may not fully be able to participate in the creation of new knowledge, and second, they may not be able to make sense of their experience. Our results highlight similar issues, as young participants referred to themselves with different names or pronouns, expressed gender dysphoria, or expressed desires for a different anatomy, yet they reported their testimonies were not always believed. They relied on their parents to effectively *translate* their experience in words available in collective hermeneutic resources. The emphasis on the word *translate* seems important here as parents did not influence, modify or alter young participants' experiences, but tried to convey youth's experience with as much veracity as possible, while also using intelligible language to hearers. That was highlighted in both participants' experiences of autism and of gender, as autism and/or gender diagnoses served as translators for ATNB youth to affirm their gender with healthcare providers, extended family members and sometimes school environments.

Furthermore, the use of the words "trans", "nonbinary", "autistic", or "neurodivergent" was limited by internalized violence, as youth did not want to utilize words associated to stigmatized identities. Current literature warns that internalized transphobia and lack of pride are associated with depressive symptoms for trans and nonbinary youth (Conn et al. 2023). Strang et al. (2018) also reported that gender exploration was negatively affected by stigma and fear of discrimination for ATNB youth. Research conducted with neurodivergent trans and nonbinary youth in Canada also reported that perceived potential

stigma prevented youth from using certain words to define their identity (Thibeault et al., submitted). Our results further highlight that this fear not only impedes youth's abilities to communicate their identity, it also impeded their abilities to find supportive communities. For young participants who did use words such as "trans", "nonbinary" and "autistic" openly, their identities were supported by close-knit communities. As McAuliffe et al. (2023) reported, participants however struggled finding communities that were both providing spaces adequate for youth's sensory and social needs, and locally available. Our results also highlight that this search was further complicated by youth's age.

Gender identity affirmation

Devor's Devor (2004) 14-stage model of gender identity development suggests that adopting a transgender identity label results in self-acceptance, transition and pride. Although most participants accepted their transness, our results suggest that as young participants affirmed their gender identity and were perceived as such, they also did not want to affirm a transgender identity. They mostly mentioned a desire to just be perceived as their gender without needing to explain who they are. Our results highlight certain strategies young participants and their families utilized to allow them to just be without explaining their gender, such as moving to a new city, or accessing gender affirming care. In both cases, young participants needed to rely on their parents to provide these safe spaces, either relying on them communicating with schools to avoid misgendering events or communicating their needs for gender affirming medical care with healthcare providers. These results are coherent with Katz-Wise et al. (2017), highlighting that trans and nonbinary youth's gender identity development is not only an internal process of knowing one self, but is also intimately connected to family support, peer interaction and access to desired gender affirming medical care.

Although young ATNB participants affirmed their gender with certainty, most participants still faced many doubts from peers, extended family,

school staff or medical professionals upon coming out. These events caused moments of frustration, irritation and anger, but did not result in youth doubting their own identities. These results converge with Katz-Wise et al. (2017) accounts of trans and nonbinary's experiences of gender affirmation. As interviewed ATNB youth also had strong parental support, it is possible that they benefited from sufficient support to remain confident in their own identity. This would be coherent with past literature suggesting that trans and nonbinary youth growing up within supportive environments experience less distress than youth lacking parental support (Durwood et al. 2017; Olson et al. 2016). Our results also suggest that as young participants had come out and been affirmed from a young age, most had little to no recollection of a time where their gender was not affirmed. As such, consequentially with recent literature (Coleman-Smith et al. 2020), timely access to gender affirming medical care was essential to avoid undesired pubertal changes. For young participants, this was not only necessary to avoid discomforts in gender embodiment, but would also allow them to avoid needing to constantly explicate their gender to others.

Intersections of identity prejudice

Crenshaw (1989) defines intersectionality not as an accumulation of marginalized identities resulting in further discrimination. She defines it as an intersection of marginalized identities that color one's experience of the world. The many struggles faced at the intersection of autism and transness is then not simply a cumulation of discriminations autistic individuals and trans individuals would face, but its own specific color of discrimination. We note that autism and age seemed to color the ways in which they experienced some gender affirmation processes.

Autism

Our results demonstrated that despite all participants sharing they knew and understood their gender identity, they reported difficulties or specificities regarding communicating their needs, and facing other individuals' doubts in their

gender identity, most of them coming from healthcare professionals or school staff. Although all participants were currently seen in gender clinics, those who had difficulties finding words to translate their gender needs faced more difficulties in accessing adequate care. Some studies report on ATNB youth's difficulties accessing gender affirming medical care, as well as difficulties obtaining social and medical support (Cooper et al. 2023b; Strauss et al. 2021, 2022). Indeed, these authors report that ATNB youth's gender tended to be discredited due to youth's autism, impacting their search for gender affirming medical care. Our results are coherent with the literature, demonstrating that although ATNB youth are knowledgeable and quite reflexive of their gender identity, communicating their gender in intelligible words for healthcare professionals led to difficulties in finding adequate care.

Coleman-Smith et al. (2020) noted difficulties reported by ATNB participants to access LGBTQ+ resources adequate for autistic individuals, both in medical care and support groups. Notably, resources offered often centered on verbal communication, in spaces that were not adapted for sensory specificities. McAuliffe et al. (2023) further argued that these same difficulties rendered access to LGBTQIA+ communities difficult for autistic individuals. Our results support these findings. Participants have shared many difficulties finding resources adapted for their age, their sensory needs and their socio-communicative needs. We also echo Coleman-Smith et al. (2020) recommendations for resources to be centered around ATNB youth's interests, favoring sharing around activities instead of discussion only, and giving attention to youth's sensory needs.

Some studies reported experiences of invalidation of transness from ATNB participants due to their autism (Coleman-Smith et al. 2020; Cooper et al. 2023b; Strang et al. 2018). Our results only partially converge. Most young participants were supported in their transitions without regard for neurotype. However, all of them faced extensive assessment processes in gender clinics, some of them continuous and repetitive, leading to feelings of annoyance directed at constantly needing to affirm their gender. Our results do not align with Zucker et al. (2017) report that ATNB

youth's gender identity relates to specific interests of gender, or an intense obsession to transition. Young ATNB participants shared many specific interests, none of them relating to gender (most mentioned crystals, rocks, or animals). Although this sample is quite small, young ATNB participants shared a desire to live their gender without needing to constantly re-affirm or explain it, a desire that contrast greatly with that of a specific interest, of which they could discuss for long periods of time.

Although most studies tend to report on negative impacts of autism of ATNB youth's experiences (Fischbach et al. 2025; Strauss et al. 2021, 2022), we also note that many families shared that autism facilitated exploration and self-affirmation. Notably, families reported that ATNB youth did not worry about cisgender peers' opinions, a phenomenon they specifically linked to their autism. Coleman-Smith et al. (2020) reported similar results, indicating that for some participants, autism increased pressure to conform, compounding feelings of otherness, whereas for others, autism was reported as an increased capacity to live authentically, without worrying about others' opinions. Our result converge with this report, although more research could be completed on the topic as this was only reported by one participant.

Age

On the topic of early transgender identity development, as youth both came in and came out before the age of puberty, we note that processes of gender identity development and affirmation were enmeshed. Young ATNB participants did not develop their gender identity *before* they affirmed it, they developed their gender identity *and* affirmed it. This process of coming in and out at the same time illustrates well one of the developmental trajectory proposed by Pullen Sansfaçon et al. (2020), that is the 'affirmed child', and aligns more closely with what Fricker (2007) refers to as stories of revelation (p. 149), rather than the typical coming in stage models of queer identity development (Cass 1979; Devor 2004). In these models, the recognition of one's own queerness, whether related to sexuality or gender, is a

fully internal process of confusion and realization, followed by shame, acceptance and finally pride. For young participants, this process of confusion and realization happened in collaboration with adults, mainly parents and caregivers. This is coherent with current literature regarding trans and nonbinary youth's gender identity development and affirmation. Pullen Sansfaçon et al. (2020) notably reported that youth's age of discovering their gender identity and coming out was not only dependent on their internal feeling of gender, but also on their perception of acceptance of their families and communities. Katz-Wise et al. (2017) also denoted such interactions between youth's internal processes of understanding their gender and the support they received from families and communities. Young ATNB participants' experience here does not seem to differ, they relied on their parents observation of their gendered behavior and verbalisations of discomfort to identify a gender identity that fit.

Limits

We note a few limits to this research project. Notably, interviews were conducted for a research project that did not initially center on autism, it was thus impossible to contact participants to complete a full profile of their experience of autism. It is possible that, as a result, many experiences related to autism were not shared in interviews. However, interviews covered a very vast array of topics, both related to gender identity development and affirmation, leaving space for youth and families to choose which elements of their autistic experience was relevant for them to share. As such, many elements were found. Furthermore, the number of families included in this analysis is below the recommended threshold for thematic analysis. These results are exploratory and will be further developed in a longitudinal analysis over a period of three years. The familial nature of the interviews however provided multiple points of views, including youth, caregivers and siblings, an approach that greatly enriched interviews.

Conclusion

Our results indicate that ATNB youth did not lack certainty in their gender identity, but needed

welcoming and supportive spaces to explore new names, pronouns, clothing, gender norms, etc. Our results suggest that ATNB youth face multiple factors of oppression. They mentioned having to navigate strict gender norms as well as internalized violence, vicarious learning stemming from violence directed toward trans and autistic communities, difficulties finding supportive spaces adequate for their social and sensory needs, as well as difficulties finding adequately trained healthcare providers. Additional research centered around experiences specific to youth at the intersection of autism and transness, focused on clinical needs of these youth and conveying their voices are needed.

Ethical statement

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This study received ethical approval from University of Montreal's ERB, project #2021-3664. Informed consent was obtained from all individual participants included in the study.

Author contributions

CRedit: **Charles-Antoine Thibeault:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Writing – original draft; **Annie Pullen Sanfaçon:** Funding acquisition, Project administration, Resources, Supervision, Validation, Writing – review & editing.

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